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Incorporating Sexual Health Content into the Rehabilitation Counseling Graduate Program Curriculum: A Special Commentary

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Sexual health is considered a state of physical, emotional, mental, and social well-being (World Health Organization, 2006). Persons with disabilities are likely to be presumed as sexually inactive, asexual (Rico Alonso et al., 2021; Sant Angelo, 2000), or sexually deviant (Earle, 2001), often leading to their lack of sexual education, an increased risk of sexual exploitation, unwanted pregnancy, or sexually transmitted infections (STIs; Doughty et al., 2017). This commentary addresses three priorities for rehabilitation counseling graduate program curriculum. Clinical priorities should focus on providing persons with disabilities information and education regarding sexual health and wellness. Training priorities should focus on implementation of multicultural competence to holistically support persons with disabilities and understanding their sexual identities to better facilitate successful gainful employment and independent living. Research should prioritize sexual health for persons with disabilities and the association with employment outcomes to create a more inclusive rehabilitation counseling curriculum.

Keywords: counseling sexology, disability, rehabilitation counseling, commentary

Clinical Priorities

The World Health Organization (WHO) defines sexual health as a state of physical, emotional, mental, and social well-being in relation to sexuality; approached in a manner that is respectful and positive and free from coercion, discrimination, and violence (2006). Sexual health is fundamental to the well-being of persons with disabilities, persons without disabilities, and the economic development of communities and countries (WHO, 2012). In addition, sexual health and well-being does not only include engagement in sexual relationships but incorporates the understanding of safe sex practices, sexual identity (e.g., beliefs, behaviors, biases, knowledge, values), and gender expression (McDaniels & Fleming, 2018).

Though sexual identity and sexuality have been deemed a fundamental human right by the United Nations Standard Rules on the Equalization of Persons with Disabilities (United Nations, 2006), stigma and oppression continue to exist, creating low-level sexual knowledge and a reduced sense of self-worth as a sexual being (Shah, 2017). More than 1 billion persons live with a disability, including approximately 190 million persons 15 years of age and older with significant disabilities requiring healthcare services (WHO, 2020). Societal perceptions of sexuality within the disability community present with assumptions of asexuality (Rico Alonso, Francisco de Miguel, Cantero Garlito, & Pou-

sada García, 2021; Sant Angelo, 2000), as deviant when presenting sexual desires and behaviors (Earle, 2001) as having no capacity for sex (Kim, 2011), projecting fears or anxiety regarding 'non-normative bodies,' and reinforcing the isolating oppression or 'otherness' experienced by persons with disabilities (Lee, Fenge, & Collins, 2019). Research notes the importance of sexual wellness and well-being with regard to enhancing an individual's quality of life; however, little information exists regarding the impact sexual wellness presents on the quality of life for a person with a disability (Rosenbaum, Vadas, & Kalichman, 2014). Pebdani (2013) notes that by ignoring sexual health in persons with disabilities, the discrimination and oppression they face by being viewed as sexual beings is reinforced.

Compared to persons without disabilities, persons with

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disabilities (PWD) are perceived as not sexually active and less likely to marry or have children (Milligan & Neufeldt, 2001) and report higher rates of poverty with fewer opportunities for employment (Hosseinpoor et al., 2013; Mitra, Posarac, & Vick, 2013). Sexuality is an essential and integral part of the lives of persons with disabilities (Pebdani & Johnson, 2014). However, individuals with disabilities that include severe mental illness (SMI), in addition to experiencing stigma and negative societal attitudes regarding sexual activity, many individuals are often isolated with regard to sexual education (Blalock & Wood, 2015). Many PWD, including women with SMI, are misinformed or receive a lack of sexual information, develop poor perceptions of sexuality, or are often left sexually dissatisfied (Blalock & Wood, 2015). Additionally, without the proper implementation of sexual education or exploration of sexual wellness/identity, individuals with learning disabilities risk sexual exploitation, exposure to sexually transmitted infections (STIs), unwanted pregnancy, or unknowingly engaging in behaviors that cross legal boundaries (Doughty, Race, Emery, & Salt, 2017).

Training Priorities

Rehabilitation counseling is a systematic process that assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible through the application of the counseling process (Commission on Rehabilitation Counselor Certification [CRCC], 2021). The CRCC facilitates the Certified Rehabilitation Counselor (CRC) credentialing process and the CRCC Code of Ethics. Considerations of sexual wellness within the confines of the Rehabilitation Counseling graduate program curriculum, practicing rehabilitation counselors in the field are bound by the CRCC Code of Ethics (2023) and practice guidelines of the Rehabilitation Act of 1973. The CRCC Code of Ethics defines a Rehabilitation Counselors' scope of practice to systematically provide supports and services to individuals with disabilities to achieve not only employment goals but also their independent living and personal goals to achieve in the most inclusive and integrated environments (CRCC, 2023). Under these guidelines, Rehabilitation Counselors are bound by the Code of Ethics to maintain a holistic perspective (CRCC, 2023), an approach that considers physical, psychological, and interpersonal circumstances (Blalock & Wood, 2015).

The Council on the Accreditation of Counseling and Related Education Programs (CACREP) serves as an accrediting body for graduate counseling programs including the entry-level specialties of Rehabilitation Counseling and Clinical Rehabilitation Counseling. According to these standards, students are expected to develop skills to understand how disability impacts an individual's holistic functioning – this includes sexual functioning (2015). However, accredit-

ing standards for other counselor education tracks do not include human sexuality as part of the coursework (Zeglin, Van Dam, & Hergenrather, 2017). Graduate student knowledge and level of comfort when addressing the topic of sex could be enhanced by incorporating the WHO definition of sexual health and would be inclusive of four components of physical, emotional, mental, and social well-being. Incorporating sexual wellness into the rehabilitation counseling graduate program curriculum, with the intent to transfer this information into professional practice, assists graduate students to develop competencies and confidence when broaching this subject with clients, peers, and rehabilitation professionals.

Professionals have reported perceiving themselves as ill-prepared to address the sexual wellness of persons with disabilities (Dyer & das Nair, 2013). Pebdani and Johnson (2014) reported that among a sample of 312 graduate students enrolled in accredited rehabilitation counseling programs in the U.S., approximately 46.2% received training on sexuality during their graduate program. Juergens et al. (2009) reported that among rehabilitation counseling students, both sexuality knowledge and comfort with sexuality directly affected willingness to discuss sexuality with clients. Sexual expectations and concerns could be explored and compared to the level of other life concerns (Juergens et al., 2009), including employment. Understanding intersecting identities of persons with disabilities (Higgins, 2010) is a crucial component of incorporating holistic, person-centered, and comprehensive services, and it will need to be a multicultural consideration in training moving forward (Mosher, 2017). Additionally, sexuality presents as an intersecting component of an individual's identity, thus enhancing the need for incorporating this topic within aspects of multicultural competence and social justice (Sanabria & Murray, 2018). Rehabilitation counselors' level of comfort talking about sex and disability and having a positive attitude toward sexuality have been associated with knowledge about sex and disability (Kazukauskas & Lam, 2009). Sexuality courses offered within training programs are less likely to address sexual wellness and likely to address pathology, dysfunction therapies, and sexually transmitted infections (Miller & Byers, 2010).

The WHO guiding principles for sexual health interventions recognize disability in cultural diversity (WHO, 2006). Because a person's sexuality may be influenced by several factors (e.g., biological, economic, historical, religious, social) inclusive of LGBTQIA+ identity, the sexual rights of all people must be protected for sexual health to be pursued and maintained. This includes the impact of sexual well-being, including LGBTQIA+ identity, and the impact on persons with disabilities.

Under Title 1 of the Rehabilitation Act of 1973, services are provided for individuals with disabilities who have been determined eligible. Within the eligibility determina-

tion process for Vocational Rehabilitation Services (VRS), a category for functioning is “activities of daily living” that typically includes bathing, dressing, and toileting but not sexuality. The provision of VRS to assist an individual with “preparing for, securing, retaining, advancing in or regaining an employment outcome” is provided in accordance with an individual’s abilities, designated strengths, and the available resources (Cornell Law School, n.d.). Within the scope of services available to individuals, personal assistant services and “other” are available options to support an individual in achieving their employment outcome. However, sexuality is not addressed.

Research Priorities

Research supports the impact well-being presents on an individual’s ability to pursue and maintain employment. Though not a formal, measurable employment outcome, quality of life often influences employment goals for rehabilitation interventions (Fleming, Fairweather, & Leahy, 2013). Fleming et al. (2013) utilized the International Classification of Functioning (ICF) as a model framework to determine the linkage between quality of life, daily living activities, and employment. Although the ICF incorporates sexual activities as part of the measurements, researchers did not incorporate this content area due to cross-loading (Fleming et al., 2013). Previous research on sexuality for persons with disabilities presents that sexuality is associated with quality of life (McCabe, Cummins, & Deeks, 2000) and well-being (Taleporos & McCabe, 2002); however, there is little research to make associations with employment. Inadequate resources, the stigma of disability, and limited communication regarding sexual wellness can affect the well-being of young persons with disabilities, facilitating sexual identity confusion and lower self-esteem (Shah, 2017). Dispenza et al. (2019) acknowledges the individual research on career development addressing individuals with disabilities and gender minorities and references the lack of research on the intersection of career development and the oppression this population continues to experience.

Limited research exists to demonstrate the impact of sexual wellness, including identity and employment, for persons with disabilities. Additionally, there is limited research in existence that provides guidance to rehabilitation counseling professionals to support individuals with disabilities in discussing the topic of sexual wellness and the impact it presents on their well-being or employment potential. This commentary supports the need for further research and additional training for the rehabilitation counseling profession (e.g., graduate students, counselors, educators, service providers) to address the topic of sexual wellness and persons with disabilities. Future research areas could address the impact on sexual well-being for minoritized and oppressed populations (e.g., LGBTQIA+, persons with disabilities), upon

employment status, and the integration of sexual wellness competencies into the rehabilitation counseling graduate program curriculum to ensure proper preparation of counselors.

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