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# Dating and Sexuality among Minority Adolescents with Disabilities: An Application of Sociocultural Theory

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Adolescents with disabilities, American Indians, Hispanics, and African Americans are more likely to experience victimization and pregnancy as teens. This study explored ethnic and racial minority youth with disabilities' dating and sexual experiences from the perspectives of social workers using Vygotsky's sociocultural theory. Thirteen in-depth interviews were conducted with master's degree–holding high school social work practitioners. Social workers described family beliefs and practices, socioeconomic status, special education, historical influences, and resiliency as aspects of adolescents' lives that impacted their dating and sexuality. Social workers' dialogue concerning family beliefs and attitudes toward abusive relationships were interpreted as internally oriented signs used by adolescents with disabilities to navigate their dating and sexuality. Socioeconomic status, family practices, and special education were interpreted as externally oriented mediational tools. Social workers reported that many adolescents experienced a history of violence, but that some adolescents adapted their cultural heritage by creating new values for themselves and engaged in healthier dating and sexual behaviors than their peers. Finally, although social workers were a source of support to adolescents with disabilities, they were also at times a portal for ethnocentric discourse.

**Keywords:** Race, disability, sexuality, adolescent, culture, special education, ethnicity

Adolescents with disabilities are just as likely, if not more likely, than other teens to experience sex and teen pregnancy (Shandra, 2011). Although having a disability augments unique dating and sexual experiences, the latter are inseparable from adolescents' ethnicity, cultural influences, and contexts. Correspondingly, sociocultural theory posits and research has shown that race, ethnicity, and culture impact the ways in which adolescents' sexual experiences and development unfold (Blacher & McIntyre, 2006). Adolescents with disabilities (Shandra) and those who are American Indian, Hispanic, and African American are more likely to experience sexual victimization and pregnancy as adolescents (Alleyne-Green, Coleman-Cowger, & Henry, 2012; Rutman, Taulii, Ned, & Tetrick, 2012). Further, American Indian, Hispanic, and African Americans disproportionately experience disabilities and receive special education (Artiles, Kozleski, Trent, Osher, & Ortiz, 2010; Artiles, Rueda, Salazar, & Higareda, 2005). Minimal research has assessed the dating and sexual experiences of adolescents with disabilities as contextualized by race, ethnic, or cultural considerations. That is, research has shown vulnerability for individuals with disabilities and for minority adolescents, but rarely do studies converge these contexts to better understand the dating and sexual experiences of racial and ethnic minority adolescents with disabilities. This research is a first step toward understanding how disability, race, ethnicity, and culture intersect to impact adolescents' sexual experiences, including those with pregnancy, parenting, and multiple forms of violence via the perspectives of school social workers that work directly with such youth.

### **Race, Ethnicity, and Disability**

American Indian, Hispanic, and African Americans are overrepresented in disability diagnoses, receipt of school resources, and/or receipt of special education services. African Americans and American Indians are overrepresented at a national level in high-incidence disability categories, such as specific learning disorders or emotional disabilities (Artiles et al., 2010). Although Hispanic students are not overrepresented in special education at a national level, they are more likely to be English Language Learners (ELL), which is a form of adapted education. ELLs with limited language proficiency are 1.42 and 2.43 times more likely than English-speaking

students to be placed in special education or resource programs for students with intellectual disability (formerly known as mental retardation), learning disabilities, and speech and language impairments; thus their language impairment is often treated as a disability in the school system (Artiles et al., 2005). Cultural norms, socioeconomic status, and other multisystemic factors differ within and across these racial and ethnic groups, underscoring the confounding nature of multiple layered risk factors. Artiles and colleagues (2010) hypothesize that poverty is a stronger predictor of disability and receipt of special education than is race.

### **Contraceptive Use and Pregnancy**

Adolescents with cognitive disabilities are less likely than other adolescents to use contraceptives and thus have higher risk of sexually transmitted diseases and pregnancy (Cheng & Udry, 2005). A study by Waddell, Orr, Sackoff, and Santelli (2010) found that Hispanic and African American youth experienced a higher likelihood of becoming pregnant than did white youth in their study, and that much of the predicted pregnancy risk was attributable to poor contraceptive use (19% for African Americans and 50% for Hispanics). Mirroring Artiles and colleagues' (2010) emphasis on poverty, school neighborhood (a proxy for socioeconomic status) was also associated with the likelihood of contraceptive use (Waddell et al.). Related to this, a study of adolescent and young adult American Indians with disabilities found that 38% had unprotected sex, 26% had unintended pregnancies, and 13% had three or more pregnancies (Rutman et al., 2012). Adolescents with disabilities disproportionately experience sexual and other forms of victimization, which undoubtedly plays a role in many youths' intimate partnering experiences. Alternatively, studies have not considered that adolescents with various disabilities may desire pregnancy; future research should include this variable because Shandra (2011) found that adolescents with disabilities are more likely both to expect and to become parents than those without disabilities. Deciphering among complex and intersecting influences necessitates examination of family beliefs, practices, and experiences within a culturally informed framework.

### **Family Influences**

In addition to larger societal contexts (e.g., poverty, neighborhood), studies have found that family beliefs and practices influence minority adolescents' dating and sexual behavior in unique and understudied ways. However, studies concerning family influences among adolescents with disabilities are limited. One study found that parents of adolescents with disabilities believe that parents are "the best sex educators" for their children; however, teachers and other staff should step in if parents are unable to fulfill the role as sex educators (Koller, 2000). Research with 102 adolescents with physical disabilities aged 12 to 22 found that fewer than half discussed puberty with their parents, and only 12% to 17% discussed sex with their parents (Blum et al., 1991). In addition, more than one-third of adolescent girls and half of adolescent boys felt that their parents were overprotective of their sexuality in a study of 36 youth with visual impairments (Kef & Bos, 2006). Kef and Bos also found that boys who perceived their families as overprotective were less likely to engage in sexual activity, whereas boys who perceived opposition to dating from their parents were more likely to engage in sexual activity. This association was not significant for girls. The authors recommended that adolescents with disabilities be encouraged to participate in peer socialization activities that foster healthy other-sex interaction.

In comparison with disability research, many studies have assessed familial influence on racial and ethnic minority adolescents' dating and sexual behavior. Although adolescents with disabilities were likely participants in these studies, the role of disability is unclear because it was not the foci of the research. Focus groups of African American adolescents and their parents revealed that mothers and fathers discussed sexual issues with their children, including encouragement to have self-esteem and to respect themselves and others by not engaging in abusive relationships (Akers, Yonas, Burke, & Chang, 2011). Many parents were concerned that their children would experience victimization or be perpetrators and felt that this stemmed from personal or family experiences of sexual abuse or intimate partner violence (Akers et al.). Their concerns are supported by research finding that experiencing abuse as a child is predictive of future intimate partner violence (Gomez, 2011). As parents shared stories, they sometimes presented girls as victims and boys as perpetrators, and they blamed the victim (Akers et al.).

Importantly, parental desires for youth are important indicators of adolescents' actual behavior. A quantitative study of Latino eight-grade students and their mothers found that perceived and actual maternal orientations toward their adolescent's engaging in romantic relationships explained 84% of the variance of their child's intentions to have sexual intercourse. Boys were significantly more likely to perceive that their mothers approved of their sexual behavior, including holding hands with a partner, kissing, and sexual intercourse. This study also found that adolescents' perceived maternal approval was greater than actual maternal approval for both genders, suggesting that adolescents see mothers as being more supportive of their sexual behaviors than they actually are (Bouris et al., 2012). Latino adolescents' perception that their mothers approved of their sexual behaviors parallels research among American Indian youth. Although adolescents engaging in sex and parenthood is not condoned, the overall high value placed on children and positive cultural beliefs about pregnancy in the American Indian culture may provide strong support for youth parenting (Kaufman et al., 2007).

### **Violence and Victimization**

Intimate partner victimization is common among adolescents with disabilities, American Indians, Hispanics, and African Americans. A study of 305 Hispanic and African American tenth- and eleventh-grade girls with disabilities found that 35% reported physical victimization, and 66% reported psychological victimization in a dating relationship. Hispanic girls were significantly more likely to report psychological victimization, and African American girls were more likely to report physical victimization (Alleyne-Green et al., 2012). Furthermore, adolescents with disabilities are more likely than other adolescents to be survivors of sexual assault specifically (Alriksson-Schmidt, Armour, & Thibadeau, 2010; Turner et al., 2011). For example, Rutman and colleagues (2012) found that 36% of American Indian adolescent and young women with disabilities had their first sex with much older partners, and 17% of the sample was forced to do so. Other research has also found that American Indian youth were more likely than others to experience traumatic brain injuries due to violence in relationships (Linton, 2014). Finally, Turner and colleagues (2011) also

found that children with disabilities who live in single-parent families, stepfamilies, and families with nonparent caregivers had significantly higher odds of experiencing maltreatment by a family member, including sexual victimization and other forms of abuse and neglect ( $OR= 2.3-2.4$ , respectively).

## **SOCIOCULTURAL THEORY**

Clearly, multiple and complex factors interact to influence the dating and sexual realities of adolescents. Sociocultural theory has been utilized to better understand dating and sexual development of adolescents with disabilities and among racial and ethnic minority groups (Mercer & Howe, 2012; Upchurch, Aneshensel, Mudgal, & McNeely, 2001). Sociocultural theory posits that interpersonal interactions can be understood only with reference to historical and cultural forms. People obtain information through the combination of signs, internally oriented activities, and tools, externally oriented human influence. Signs that do not readily become object to consciousness act as mediators in development (Vygotsky, 1978). The sociocultural notion of the “dialogic,” including communication between adults and children, has inspired emphasis on teacher-child and parent-child communication (Mercer & Howe, 2012). Sociocultural theory posits that each generation continues to revise and adapt cultural heritage (Tudge & Winterhoof, 1999). Acculturation, or adaptation to the host culture, is a form of revising cultural heritage. Upchurch and colleagues (2001) found that the sexual behavior of Hispanic teens, for example, was shaped by their level of acculturation and by neighborhood contexts. Sociocultural theory also challenges assumptions of ethnocentrism, the imposition of value judgment from one’s own community onto another (Vygotsky, 1978).

## **THE PRESENT STUDY**

School social workers often provide direct support for adolescents with disabilities. To our knowledge, their perspectives concerning the convergence of disability, race, ethnicity, culture, and adolescent dating and sexuality have not been documented (although see Linton & Rueda, 2014; Rueda, Linton, & Williams, 2014). Some research has compared the experience of people from minority cultures to so-

called dominant norms in a negative light (Baker, 2010). Although trained to develop self-awareness and appreciation of multicultural identities, school social workers often represent the privileged culture since 87% of social workers are white (National Association of Social Workers, 2002). It is not only important to understand the way that school social workers see the impact of disability and culture on adolescents' dating and sexuality, but also to examine whether and how ethnocentrism may play a role in their perspectives. This study explored the dating and sexual experiences of minority youth with disabilities as described by school social workers using a sociocultural lens. The latter provides a frame of reference through which to interpret multiple intersecting influences, as well to explore the role of ethnocentrism in some school social workers' accounts.

## **METHOD**

### **Sample and Procedure**

Social workers that served adolescents with disabilities were purposefully recruited to participate in this study. We sought to interview enough participants that saturation was met, meaning that data cease to yield new information and, rather, reiterate emergent themes. It is suggested that a minimum of 10 participants be interviewed (Padgett, 2008), and we aimed to enroll approximately 12. Utilizing a web-based search, 18 school social workers were initially invited via e-mail to participate in an individual interview with either the first or second author. The invitation stated that we were interested in the dating and sexual needs and experiences of adolescents with disabilities, defined broadly as youth experiencing any degree of impairment and including youth with individual education plans (IEPs). This broad definition was to allow for social workers to define disability according to their own practice experience. Further, it aligns with the Individuals with Disabilities Education Act (IDEA, 2004), which encompasses multiple disability types (e.g., emotional, physical, mental, and intellectual disorders) within a unifying service delivery framework. Eight participants responded that met recruitment criteria and were subsequently scheduled for an interview. Respondents were asked for the names and contact information of others that may be interested in participating, and an additional five social workers



were scheduled in this manner. The governing Institutional Review Board approved this research, and all interviewees gave written consent for the study either before or at the time of data collection.

All participants ( $N = 13$ ) held a Master's of Social Work degree, and their school social work experience specific to adolescents with disabilities ranged from two to 27 years. Social workers defined disability within the broad spectrum of impairments as outlined by the IDEA (2004) and spoke primarily of youth with emotional difficulty (i.e., the "ED kids"), those receiving special education (i.e., the "sped kids"), and/or those having an IEP. School social workers in this study came from high schools serving diverse youth from a large Southwestern city. Over 40% of the demographic makeup of this city is Hispanic, 6.5% African American, and 2.2% is American Indian. Approximately one-quarter of the population is under the federal poverty level (U.S. Census Bureau, n.d.). Minority students are overrepresented in special education (Artiles et al., 2010; Losen, 2002) and correspondingly made up a significant proportion of social workers' caseloads. Social workers further described the students with whom they worked as coming from a diverse array of socioeconomic backgrounds. Nine of the social workers interviewed were Caucasian ( $n = 1$  male); others included two Italian American males, a Chinese American female, and one multiracial female. All served adolescents with disabilities; social workers that did not work exclusively with such youth were asked to think of them when answering interview questions. Key questions, which were kept consistent across interviews, pertained to the dating and sexual needs and experiences of adolescents with disabilities, including the role of culture, race, and/or ethnicity. Interviews lasted approximately one hour and took place primarily at social workers' high schools. A team of trained researchers transcribed all audiorecorded interviews verbatim, and each was checked for quality assurance by a second transcriber.

## **Analysis**

We utilized a theory-driven flexible template approach in the analyses of data (Crabtree & Miller, 1999). We were sensitized to sociocultural themes within social workers' descriptions of the sexual and dating experiences of adolescents with

disabilities (Padgett, 2008), and we wished to analyze and communicate these themes in a critical manner as informed by Vygotsky's (1978) sociocultural theory. Therefore, a hybrid of iterative deductive and inductive methods informed theme development; evidence of theory-based cultural signs and tools were sought and henceforth explored inductively to form major subthemes reflective of adolescents' sexual and dating experiences. Evidence of signs included internally oriented factors, as described by school social workers, which influenced such experiences. Tools, on the other hand, included externally oriented factors such as larger cultural and environmental contexts. In line with sociocultural theory, we also sought evidence of historical influences, cultural adaptation, and ethnocentrism. Some dialogue was coded within multiple themes/subthemes. Triangulation via multiple perspectives was used to enhance the rigor of the study (Padgett, 2008); one researcher has expertise in disability issues and the other in adolescent dating and sexuality. The codebook underwent several iterations, and each was documented as an audit trail to enhance the study's trustworthiness. A third independent researcher verified the reliability of the final codebook (kappa of .79).

## **RESULTS**

School social workers described how signs, tools, history, and cultural adaptation impacted the dating and sexual experiences of adolescents with disabilities. Social workers' dialogue concerning family beliefs and attitudes toward abusive relationships were interpreted as internally oriented signs used by adolescents with disabilities to navigate their dating and sexuality. Socioeconomic status, family practices, and special education were interpreted as externally oriented mediational tools. Social workers reported that many adolescents experienced a history of violence. School social workers expressed that some adolescents adapted their cultural heritage by creating new values for themselves and engaging in healthier dating and sexual behaviors than their peers. As social workers described adolescents' experiences, some illustrated ethnocentric attitudes.

### **Cultural Signs**

### *Family Beliefs about Sex, Pregnancy, and Parenting*

Adolescents' beliefs were directly related to family practices regarding dating and sexuality. Such beliefs concerned the use of birth control and parental attitudes toward parenting and adoption. Findings were mixed in that some social workers reported that parenting is valued for adolescent males and females among Hispanic families. This dialogue reflected a sexual double standard:

A lot of the Hispanic girls, because of the whole cultural thing about the hierarchy in the family, boys are prized and first born sons get away with murder and girls are pretty much on the bottom until they become mothers—then they jump up the pecking order.

Similarly, another social worker expressed that boys feel pressure to exercise hypersexuality: "It's their goal in life ... impregnate as many girls as possible and that makes you a man." Some felt that the priority of having children among Hispanic families was, in part, associated with a lack of birth control use. Its use was not only discouraged but also "looked down upon." This social worker continued, "they know how to buy condoms, but ... they're embarrassed." Others' opinions differed, however, because lack of contraceptive use was attributed to parental expectations to not have sex. For example, one social worker shared the following story about a female student that feared discussion with her parent about birth control:

She was on IEP, and she said her parents were strict already. She felt she didn't have a lot of freedom and that if she told them, even though they'd made it very clear that ... they'd rather she be protected, that they didn't want to have any teen pregnancies ... she was not willing to take that risk.

Social workers also discussed cultural differences in families' preferences concerning parenting, adoption, and abortion after an adolescent became pregnant. They voiced that if an adolescent were to have a child, American Indian, Hispanic, and African American families preferred kinship care rather than giving the child up for adoption. For some adolescents with disabilities, this may have translated to a belief in family support of child raising; as one social worker explained, "They have that extended network that would accept kids."

### *Acceptance of Violence*

Social workers expressed that adolescents with disabilities who reported abusive relationships to them often had an attitude of acceptance of their situation. Report of this dynamic primarily related to American Indian youth. An example of an American Indian adolescent's response to abuse was "Well it happened to me and I didn't make a big deal about it, so why do we have to sit here and talk about it? Why do we have to report it? You just move on with your life. It happens." Another social worker described that the cultural belief of acceptance of abusive relationships may be exacerbated by geographic location, such as living on a reservation.

### **Cultural Tools**

#### *Socioeconomic Resources*

Social workers described that many of their clients come from underresourced families in "crowded households and crowded quarters." A social worker further demonstrated, "It doesn't matter if there's 10 people in one house, they could have no support, because everybody's working or they're all under the age of five." The U.S. economic crisis, a disability, and teen pregnancy exacerbated families' lack of resources. A social worker said that since the economic crisis schools have a "high percentage [of students] who qualify for homeless services, because they're staying with other people. The more challenges that the student with a disability has, it's harder for them." The following example illustrates the multifaceted challenges faced by financial challenges, disability, and teen pregnancy:

Well, the 15 year old. She has a learning disability. Freshman. Her sister is a junior or senior has a one year old. And, mom is babysitting cousins. Mom and dad are divorced. The older sister who goes to the [Teenage Parenting] Program, is living with the boyfriend, but then they go back and forth from the homes. My student is pregnant now. There's so many challenges that this family faces, it's like, where do we possibly start?

Social workers felt that it was not uncommon for adolescents with disabilities to live with their grandparents. Reiterating cultural signs regarding family beliefs, if an adolescent was pregnant and their family thought of giving the child up for the adoption,

the “extended family networks would say ‘No, we’ll take the baby.’”

### *Family Practices*

Social workers were concerned that families did not discuss sexuality with their children and, hence, did not provide them with sufficient support and education. As one social worker stated, “I have those that never have the discussion about sexuality at all.” Another reiterated, “it’s almost like, if we don’t talk about it, it won’t happen.” Some voiced that among cultural values that encouraged parenting and not the use of birth control, families might not have been motivated to discuss sex and pregnancy prevention.

### *Special Education*

Students with disabilities typically have Individualized Education Plans (IEPs), which dictate support provided for them by the school. Social workers expressed that the IEP provides additional resources and support for adolescents with disabilities; therefore, their dating and sexual health needs may be addressed and influenced more by school personnel than by other students. One social worker reported that special education provided more opportunity to work as a team with parents to address sexuality needs:

These are the parents that say “I think she’s having sex and we need to do something about it.” And I could talk to the parent and say “I want you to take her to Planned Parenthood and get a pregnancy test and you need to consider whether you want to put her on birth control or something.”... With special education, it is much easier because you have more contact with them [parents] much more.

On the other hand, although school practices held the potential to positively influence adolescents, another social worker reported that “when they leave the premises, all those messages would go out the window,” suggesting that long-held family beliefs and practices were difficult to change.

## **History**

According to the social workers interviewed, adolescents who receive special education or resource services, especially those with intellectual and emotional/behavioral disabilities, often report prior physical or sexual abuse or violence. Social workers reported that many of their clients have experienced past molestation, including “sex abuse from family members or older people.” One social worker felt that many adolescents with disabilities would report the abuse, but that they were not supported: “They say, ‘Oh my mom didn’t believe me’ or ‘I brought it on myself somehow.’” Social workers intervened to help adolescents to address their history of abuse in hope of preventing the cycle of violence: “Let’s heal that, and deal with that and help them understand their self-worth and respect and grief process in dealing with it.”

### **Adapting Cultural Heritage**

Although social workers felt that adolescents with disabilities experienced pressure to engage in dating and sexual behavior, some consciously chose to (re)define their own dating and sexuality. A social worker described:

You’d find these young Hispanic or African American girls who said, “You know what? I don’t want to live that life. I don’t want to be like every one of my cousins who got pregnant at 15 or 16 and then they dropped out of school. I have goals, I want to go to college, I want to do these things.” These kids would have a lot of pressure on them from their peers. “Oh, you’re a goody-two-shoes. You think you’re better than us.” That sort of thing because they weren’t like quote “tough” and like there was something wrong with them because they didn’t want to have babies. ... They would talk about this a lot.

Some boys were also consciously choosing not to have sex and children. A social worker explained, “Then you get other boys who are really thoughtful about things and wait to have sex. I have boys who tell me, too, like ‘I’m not having sex yet,’ so it kind of runs the gamut.”

### **Ethnocentrism**

Comparisons between ethnic minority youth and Caucasians were commonly

made by school social workers. Although sometimes subtle, social workers' dialogue reflected personal judgments regarding what was best for adolescents without critical discussion of meeting clients within their cultural contexts. However, they often recognized their ethnocentrism by clarifying that their statements were generalized or simplified. For example, "I would say the Hispanic women tend to be more promiscuous and that's kind of a generality, but [they do have] a little bit more pregnant teens." Similarly, another social worker reported:

Well I guess this is maybe a, you know, oversimplification and a bit of a generalization, but it does seem that in some cultures, there is a lot more acceptance of the teenagers' pregnancy. ... "You need to keep this baby and raise this baby and now you're a parent, but that's okay." It's almost in some ways celebrated and enjoyed through the different generations of their family. Not like a catastrophe or "Oh my gosh you're 15 and now you're a mom. It's not what we wanted for you."

## **DISCUSSION**

This study sought to understand the dating and sexual experiences of racial and ethnic minority adolescents with disabilities from the perspectives of the school social workers that served them. The application of Vygotsky's (1978) sociocultural theory was useful in deciphering how cultural signs shaped adolescents' attitudes toward sex, parenting, and relationships, as well as how cultural tools intersected with the adolescent's ability to function within family and school support systems. Further, the use of this lens elucidated ways in which adolescents with disabilities exert agency to maximize their potential within their cultural and historical contexts and to interpret such perspectives within power and cultural differentials evidenced among (primarily Caucasian) social workers and the adolescents with disabilities whom they served.

School social workers felt that Hispanic cultural norms incite early transitions to parenting, thus discouraging contraceptive use. These findings align with the 2006–2011 National Survey of Family Growth, which found that Hispanic and African American youth were far less likely to be "very upset" if they were to be pregnant, and to have higher pregnancy rates as compared to white adolescents (Martinez,

Copen, & Abma, 2011). A recent longitudinal study of acculturating Mexican American youth similarly reported that family values remained strong even while other acculturative indicators (e.g., attitudes about gender) changed (Updegraff, Umaña-Taylor, McHale, Wheeler, & Perez-Brena, 2012). Findings accentuate mixed messages that Hispanic teens may receive from parents: on the one hand, parenthood and raising a family is valued; on the other, talking about sex is taboo and virginity is cherished, particularly among females (Milbrath, Ohlson, & Eyre, 2009). These cultural contexts reflect Catholic religious messages, regarded among Mexican American teens themselves as important (Milbrath et al.). Of note, Hispanic teen pregnancy rates have, however, evidenced a large decline in recent years (Hamilton & Ventura, 2012), and Hispanic adolescents are now enrolling in college at rates higher than white youth (Pew Research Center, 2013). The findings of this study add context to the higher witnessed teen pregnancy rates among adolescents with disabilities.

Findings point to the importance of converging multiple and intersecting circumstances, because ethnic and racial minority adolescents with disabilities may see a brighter future for themselves as family caretakers than they do via career (Shandra, 2011). They further highlight extended family resources as a continued source of strength among Hispanic youth. For youth with disabilities, this witnessing of kinship care may reinforce the tendency to view teen pregnancy as a viable option, or at least offer a “shaky” and “situation-dependent” locus of control whereby sexual decisions are made impromptu because the teen lacks a strong sense of what they want to happen (Suvivuo, Tossavainen, & Kontula, 2008). Social workers are in a key position to offer one-on-one services as tailored to adolescents with a range of disabilities and, perhaps for some youth, to also mentor youth toward planned and timely child rearing. The latter would require policy reformations that allow greater discussion of contraceptive use in schools (Rueda et al., 2014), although even while under abstinence-only guidelines, some social workers did discuss sexual health options with youth and families.

In further contextualizing our findings concerning social workers’ emphasis on unprotected sexual intercourse, it is important to note that a majority of literature



pertaining to Hispanic and American Indian adolescents supports the notion that parents *do* want their children to put off having children and to prioritize getting an education. In Haglund, Belknap, and Garcia's (2012) qualitative study of Mexican American youth, adolescents were cognizant of the sacrifices many of their families had made so that they could prioritize an education in the United States. Paralleling these findings, a nationally representative survey conducted by National Public Radio, the Kaiser Family Foundation, and the Kennedy School of Government (2004) found that a large majority of parents prefer that schools educate their youth on sexual health. Less explored are parental desires and expectations specifically concerning adolescents with disabilities. Future research should seek parental and adolescents' perspectives, including the nature of sexual education dialogue that may or may not occur in the home. This study suggests that social workers are in a key position to offer support services to families but also points to entrenched family circumstances that serve as barriers to social workers already serving high caseloads within tight budgetary constraints.

Adolescents with disabilities are vulnerable to violence and sexual victimization (Ariksson-Schmidt et al., 2010), including from family members (Turner et al., 2011). Dialogue from school social workers reflects their important role in validating and working to heal abuse, as well as accentuates the critical importance of such support to adolescents with disabilities. It is concerning that few school professionals, including counselors, have received training on how to work with adolescents that have experienced violence (Khubchandani et al., 2012). Having a disability adds another dimension of complexity that makes social work with such youth additionally challenging. Of further note, we know that adolescents prefer to reach out to friends rather than helping professionals (Black, Tolman, Callahan, Saunders, & Weisz, 2008). Adolescents with disabilities may be especially apt to experience loneliness and desire peer acceptance (Idan & Margalit, 2014), calling for intervention efforts that target peers as sexual health supporters and educators. Social workers also called for greater outreach to parents of adolescents with disabilities, particularly concerning the need for open and supportive dialogue with their youth about sexual and dating health.

School social workers felt positively that some adolescents with disabilities

enacted agency in making challenging decisions for themselves concerning sexual health and risk taking. Social workers' discussions of such decisions were embedded within what they described as multiple and overlaying risk factors, including peer (e.g., pressure to have sex) and cultural influences (e.g., acceptance of violence within their families, lack of discussion concerning sexual decision making). Mirroring this theme, their dialogue reflected the belief that becoming pregnant during the teen years was not desirable. Such a position reproduces the dominant discourse in the United States that aims to prevent adolescent pregnancy, including among minority youth. Such dialogue did not, however, demonstrate awareness or recognition that this viewpoint may not be aligned with families and youth of other cultures and may even run contrary to it. Imposing an ethnocentric worldview may inhibit meaningful dialogue among social workers and the families and youth they serve, as well as further a discourse that silences minority voices. Invoking a sociocultural lens opens spaces for discourse concerning how adolescents with disabilities may experience their sexuality within culturally influenced internalized beliefs and as influenced by historical contexts. Social workers, too, may benefit from increased reflection concerning how their experiences and perceptions have been shaped by dominant norms and discourses.

## **Limitations**

An enhanced understanding of how social workers interpret adolescents with disabilities' experiences with sexuality, including the role of family, culture, and past abuse, is a valuable contribution to the literature. This study is limited, however, in its transferability because it reflects the perceptions and experiences of a sample of school social workers that serve adolescents with a range of disabilities within a specific urban demographic of the Southwestern United States. Although a broad definition of disability limits the ability to infer how culture and sexuality intersect with individual diagnoses, it is valuable in reflecting how social workers' perspectives similarly aggregate in alignment with their job positions. To truly understand the impact of disability on the sexual and dating beliefs and experiences of adolescents, differentiation across disability type and severity is required. Moreover, ambiguous cultural references and comparisons (e.g., "some cultures") did not allow for an in-depth understanding

concerning social workers' nuanced perceptions of sexual experiences among Hispanic, as compared to American Indian and African American, adolescents. In addition, social workers rarely referred specifically to African American adolescents; thus more research is especially needed regarding these adolescents with disabilities' dating and sexual experiences. Future studies should seek the perspectives of adolescents themselves, as well as of parents and extended family.

## CONCLUSION

Social workers are uniquely positioned to offer individualized services to adolescents with disabilities, including educating and supporting them toward sexual health. This study points to social workers both a source of ongoing support to adolescents with disabilities, as well as a portal for ethnocentric discourse concerning culture as it intersects with adolescents' sexual decisions and parenting. As social workers are tools of influence, sociocultural theory underscores the critical relevance of reflection, advocacy, and continued research concerning how to optimize services for adolescents with disabilities.

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