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Assessing the Right to Interpersonal Relationships, Home and Family for People With Intellectual Disabilities

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ABSTRACT

Background: The Convention on the Rights of Persons with Disabilities recognises in Article 23 the right to marriage, family, parenthood and interpersonal relationships. However, monitoring this right is challenging due to a lack of evaluation tools.

Method: This study presents the psychometric validation of items assessing Article 23, which makes up the interpersonal relationships subscale of the #Rights4MeToo Scale, based on responses from 1215 people with intellectual disabilities, family members and professionals.

Results: The findings revealed a final unidimensional 7-item structure, high internal consistency, full invariance across gender and partial invariance across respondent types.

Conclusions: This subscale is established as a helpful tool with adequate evidence of validity and reliability for assessing the respect and exercise of this right, with significant implications for support planning and public policy concerning sexual and sentimental relationships, ultimately enhancing the quality of life for people with intellectual disabilities.

1 | Introduction

Interpersonal relationships, creating a home and the possibility of forming a family are fundamental aspects for the well-being and quality of life of any person, including those with intellectual disabilities. Maintaining meaningful interpersonal relationships (e.g., friendships, family bonds, romantic relationships) increases self-esteem, reduces loneliness and is essential for well-being, health and happiness (Pebdani 2016; Pulido and Herrera-Clavero 2018; Sullivan et al. 2016). However, establishing and maintaining these relationships can be especially complex (Charpentier and Carter 2023; Pérez-Curiel et al. 2023).

For people with intellectual disabilities, interpersonal relationships not only provide a valuable sense of inclusion and belonging (Lafferty et al. 2013), but also promote the development of social skills, learning of social norms and adaptive behaviours (Lacunza and Contini 2016). Adults with intellectual disabilities value and desire intimate romantic relationships, similarly to their peers without disabilities (Gil-Llario et al. 2018; Kelly et al. 2009; Lafferty et al. 2013; Neuman and Reiter 2017; Rushbrooke et al. 2014); finding a life partner is an important life goal for many of them (Bates et al. 2017; Rojas et al. 2016).

Interpersonal relationships are not only essential for well-being but are also recognised as a fundamental human right (Pérez-Curiel et al. 2023; World Health Organization 2018). To emphasise that this right extends to individuals with intellectual disabilities, the Convention on the Rights of Persons with Disabilities (CRPD; United Nations 2006) addresses this issue specifically in Article 23, titled 'Respect for Home and Family'. This article mandates that State Parties must implement effective measures to eliminate discrimination in all aspects of marriage, family, parenthood and relationships for persons with disabilities, ensuring equality with

Lay Summary

- Evidence of validity and reliability is provided for a scale measuring Article 23 of the CRPD, demonstrating a unidimensional structure, high reliability and consistency across gender and respondent type.
- This tool supports people with intellectual disabilities in learning about their rights and making decisions about intimacy, love and family life.
- This scale is helpful for monitoring how these rights are fulfilled, thereby guiding more inclusive services and rights-based planning.
- Policymakers must create inclusive frameworks and resources that support the rights of people with intellectual disabilities to form relationships and families, fostering their quality of life and ensuring their full citizenship.

others across all life stages. It explicitly affirms that people with intellectual disabilities have the right to marry and establish a family based on the free and full consent of the prospective spouses. It protects their right to decide freely and responsibly on the number and spacing of their children; access age-appropriate information and education on reproductive health and family planning; retain their fertility; and equality and appropriate support in matters of guardianship, adoption and child-rearing. Importantly, Article 23 extends these protections to children with disabilities, prohibiting their separation from parents solely because of disability and mandating alternative family-based care when necessary.

Among the most significant barriers that people with intellectual disabilities face in exercising their right to interpersonal relationships are a lack of knowledge, insufficient support from professionals, family influence, negative social attitudes, stigmatisation and overprotection (Beltrán et al. 2024). The false belief or stereotype that they cannot or should not maintain sexual relationships or form their own families remains quite widespread in our society (Pérez-Curiel et al. 2023, 2024; Rogers 2016; Young et al. 2012).

Similarly, coercive practices and overprotection by both natural and professional support networks remain widespread, particularly when it comes to individuals' most intimate and affective bonds. Even when well-intentioned and motivated by a desire to protect, such practices often undermine autonomy, heighten the risk of abuse (Byrne 2018; Wolfe et al. 2018) and result in a paradox (McCarthy 2014): although the right to an intimate life is formally acknowledged, it is frequently restricted in practice, silencing desires and limiting affective experiences (Evans et al. 2009; Santinele-Martino and Fudge-Schormans 2018). Restrictive measures such as forced sterilisation, mandatory contraception or institutional segregation—justified historically as protective interventions—have gravely violated the right of people with intellectual disabilities to lead fulfilling sexual and emotional lives (Carter et al. 2022; McLeod 2023; McCarthy et al. 2020; Strnadová et al. 2021; Swango-Wilson 2008; Wiseman and Ferrie 2020).

But protection cannot be used as an argument to deny the exercise of rights (Santinele-Martino 2023). These barriers not only infringe upon their fundamental rights but also perpetuate a cycle of discrimination, exclusion and vulnerability, underscoring the urgent need for societal change and more nuanced approaches to support and empowerment in the realm of interpersonal relationships. While support and protection are important considerations when addressing the interpersonal rights of people with intellectual disabilities, it is crucial to recognise that these should not translate into undue restrictions or the denial of fundamental freedoms. Providing the necessary support in a suitable manner involves a delicate balance that respects their autonomy and self-determination.

Structural barriers also limit opportunities for social interaction, such as the lack of inclusive and private spaces (Lafferty et al. 2013; Solish et al. 2010). Many people with intellectual disabilities are forced to hide their relationships or resort to inappropriate places due to the absence of conducive environments (Maguire et al. 2019).

While supports are the primary predictors and mediators of wellbeing, the imposition of (structural and attitudinal) restrictions is one of the main sources of distress (Fulford and Cobigo 2018). This not only acts as a barrier to the exercise of their rights but also confronts their desires to be seen as autonomous agents, capable of making decisions about their own lives, including their intimate relationships (McDonald et al. 2018; Santinele-Martino and Fudge-Schormans 2018). Instead, the provision of support should empower them to make informed choices, navigate relationships safely and cultivate their desired level of intimacy, as well as ensure that they have access to environments where they can enjoy intimacy as their peers do.

The lack of awareness among people with intellectual disabilities themselves, their support providers and society in general regarding their right to having a home and family life—coupled with the absence of systematic monitoring of the actual exercise of these rights—contributes to the persistence of restrictive practices and discrimination. Therefore, it is essential not only to recognise these rights but also to develop tools that enable learning about rights, monitoring their compliance and promoting their effective exercise.

The #Rights4MeToo Scale (Gómez, Morán, Navas, Vicente, et al. 2024) represents a unique approach to assessing CRPD rights in accordance with the Quality of Life Support Model (Gómez, Schalock, et al. 2021a, 2021b; Gómez, Morán, Navas, Verdugo, et al. 2024; Morán et al. 2023; Verdugo et al. 2021, 2024). This scale is aligned with the ecological model of disability, recognising not only the importance of providing personalised support (which becomes the means to achieve the objectives), but also the identification of goals that are desired and valued by the individuals themselves (which become the measurable outcomes to be pursued). By adopting this comprehensive, person-centred and rights-based approach, the #Rights4MeToo Scale represents a significant advancement in ensuring that people with disabilities can fully enjoy their rights.

Since the #Rights4MeToo Scale was designed to evaluate the rights enshrined in the CRPD, it is composed of a large number of items, organised around the eight domains of quality of life (Schalock and Verdugo 2002). Specifically, the items included in the Interpersonal relationships subscale are focused on evaluating the fulfilment of Article 23. The scale, written in Easy-to-Read format, has abundant evidence of validity based on its content and the alignment between the CRPD and eight-domain quality of life model (Gómez, Monsalve, et al. 2020; Gómez, Schalock, et al. 2021a; Gómez et al. 2022; Gómez et al. 2023), but evidence of its validity and reliability is not yet known.

The present study aims to provide evidence of validity and reliability for items designed to evaluate and monitor Article 23 of the CRPD in a large sample of people with intellectual disabilities. Specifically, we focus on: (a) selecting items with the best psychometric properties, ensuring representation of the proposed indicators; (b) providing evidence of validity based on the internal structure of the scale and (c) offering evidence of the internal consistency of the proposed instrument. The use of this instrument in contexts of learning, evaluation and monitoring compliance with the rights recognised in the CRPD (particularly the right to maintain relationships and form a family), will facilitate evidence-based decision-making and improve the quality of life for people with intellectual disabilities.

2 | Method

2.1 | Participants

A total of 1215 participants completed the interpersonal relationships and the Right to Home and Family scale. Of these, 45.68% of the scales were self-reported by people with intellectual disabilities ($n = 555$), while 54.32% were reported by professionals and family members ($n = 660$).

The inclusion criteria for people with intellectual disabilities to complete the self-reported version were: (a) being at least 12 years old and (b) having sufficient comprehension skills to respond to the questionnaire independently or with support. For family members, professionals and other close individuals, proxy responding was allowed for persons with intellectual disabilities who were: (a) aged 4 years or older and (b) well known to the informant and observed in various contexts over the past 6 months. The inclusion of proxy respondents allowed: (1) the participation of people with significant comprehension limitations who could not respond, even with support and (2) the collection of sociodemographic information that participants could not provide by themselves (e.g., level of support needs).

On the one hand, 75% of the participating family members and professionals were female. Among the family members, mothers were the most prevalent profile, while for the professionals, direct support providers were the most common profile (Table S1).

On the other hand, of the 1215 people with intellectual disabilities evaluated 54.36% were men, 45.48% were women and 0.16% identified as non-binary (Table S2). The age range was between 4 and 81 years ($M = 34.95$; $SD = 14.37$). Most were unemployed (37.65%) or inactive (46.88%) because they were students, retired or receiving disability-related benefits. The majority lived in urban environments (81%) and in family homes (61.48%). Very few were in a romantic relationship (10.89%) or married (0.95%), while the majority were without a partner (single: 87.06%; separated: 0.59%; widowed: 0.47%). Although 32 people had children (2.66%), only three of them (0.2%) lived with both their partner and children. The most common type of support was intermittent (42.72%), followed by extensive (22.59%), with 95.92% of participants requiring at least some level of assistance in daily life. Data on intellectual functioning were available for 765 individuals: mild (29.67%) and moderate (32.8%) intellectual disabilities were the most frequent.

2.2 | Instrument

The pilot version of the Interpersonal relationships subscale of the #Rights4MeToo Scale (Gómez, Morán, Navas, Vicente, et al. 2024) is an online tool consisting of 16 items that can be freely accessed in Spanish at https://pre.tambientengoderechos.org. These items resulted from a systematic, multi-stage process. First, a systematic review of 65 studies identified potential indicators and personal outcomes related to CRPD Articles (Gómez, Monsalve, et al. 2020). Second, a Delphi study with 32 experts provided additional evidence of the content validity of 153 items, which formed the pilot version of the #Rights4MeToo Scale (Gómez et al. 2022). For a detailed description of the development process of the scale, see Gómez et al. (2023).

The items, formulated and presented in easy-to-read format in accordance with national accessibility standards (UNE 153101:2018), were displayed one at a time on the screen. The presentation of items was tailored to the characteristics of the individual being assessed: while three items were presented to the entire sample, the remaining items were conditioned to be older than 15, having a partner or having children (Table 1).

As shown in Figure S1, each item was preceded by an icon representing the domain of quality of life to which it belongs (i.e., interpersonal relationships). Following the icon, the item statement was presented, accompanied by an explanation of its content and examples to aid understanding. For complex terms, a glossary was provided in yellow.

Items were generally rated on a four-point Likert-type scale, ranging from 'totally disagree' to 'totally agree'. Some items included a fifth option, with wording varying depending on the content of each item, to indicate 'not applicable', meaning that the person did not need support in that regard (Table 1).

2.3 | Procedure

We conducted a comprehensive search to identify organisations in Spain that work with people with intellectual disabilities. We contacted several hundred organisations and services via email, outlining the aims of the study and seeking their collaboration. The study was also advertised through the website and social media platforms of INICO (University of Salamanca, Spain), as well as during various conferences and courses related to disability.

TABLE 1 | Items of interpersonal relationships subscale.

Article 23 indicators	Items (explanations)	Conditioned to	Valence	5th response option
Right to set up their own family	i01. I can get married and start my own family. (I can get married if I want to, and no one would make it hard for me)	≥ 16 years	Positive	
	i02. I can have children. (If I wanted, I could have children, I could adopt or I could use assisted reproductive techniques)	≥ 16 years	Positive	
	i03. I get guidance on how to start my own family if I want. (I have people to give me advice about starting my own family)	≥ 16 years	Positive	I do not need this type of guidance
	i04. I get specific support to maintain my family's well-being. (I have people who help me with important issues for my family and for my life with my partner or my children. For example, support on how to manage household finances)	Live with a partner or to have children	Positive	I do not need this type of support
	i05. I can live in a family setting. (If I want, I can live with my parents or with other people I love. I can live with people who feel like family to me)		Positive	
Right to be a parent	i06. My fertility was taken away against my will. (I cannot have children because other people made that decision for me. I have had a surgical operation so that I cannot have children. I did not make the decision to have the operation)	≥ 16 years old	Negative	
	i07. I can choose the number of children I will have. (If I want, I can choose to have lots of children, not many children or no children)	≥ 16 years old	Positive	
	i08. I get specific support to look after my children when I need it. (I have people who help me look after my children when I need it. For example, they explain what to do or remind me to do it, they help me with cooking, or run errands for me …)	Have children	Positive	
	i09. Some people do not let my children be with me. (Some people try to keep them away from me just because I have a disability)	Have children	Negative	
Dating people of own choice	i10. I have opportunities to meet other people. (I can meet new people)		Positive	
	i11. I have opportunities to have friends. (I can have the friends I want)		Positive	
	i12. I have opportunities to have romantic relationships. (I can have romantic relationships if I want)	≥ 16 years old	Positive	
	i13. I can be with the partner I want. (No one stops me from being with the person I want when that person also wants to be with me).	≥ 16 years old	Positive	
	i14. I can be alone with my partner when we both want. (No one stops us from being alone when we both want. For example, to have sex, to cuddle, to share secrets, to have fun together …)	≥ 16 years old	Positive	I do not have a partner
	i15. People treat me like a child in things to do with feelings and sex. (When it comes to sex and intimate relationships, people treat me like a child, instead of treating me like an adult with the same rights as other adults)	≥ 16 years old	Negative	
	i16. People who support me disapprove of my intimate relationships. (For example, my friends, my family or my support professionals make it hard, frown or criticise the people I date)	≥ 16 years old	Negative	

We supplied interested organisations with the necessary materials to implement the pilot version of the scale: a PDF manual and a short instructional video. For organisations that required extra assistance, our research team travelled to offer support to people in completing the questionnaire. Within each organisation, a designated person was responsible for (a) acting as a liaison between the research team and the participants, (b) sharing information about the study among professionals, family members and people with intellectual disabilities and (c) organising the assessment process within the centre.

Organised by the person acting as the manager in each involved organisation, participants accessed the scale through a web link and an access code. At the beginning of the application, they were provided with a clear explanation about how the scale worked. The first section of the scale included questions about sociodemographic variables, which differed depending on whether it was a self-report or a proxy report. In the case of self-report, only basic data were asked (i.e., date of birth, gender, whether the person was studying or working, if they had a partner and lived with them, or if they had children). In the proxy report, additional and more complex data were collected related to the type of housing, the level of support needs, or the health conditions of the person being evaluated.

Once the sociodemographic data were completed, participants accessed a general menu displaying the eight scales, including the one corresponding to Interpersonal relationships and Article 23 analysed in this study. Participants could begin with their desired subscale by clicking on it and continue in the order they wished to complete the subscales. Within each subscale, the order of items was always the same.

The study was approved by the Research Ethics Committee of the University of Oviedo (17_RRI_2021) and by the Ministry of Social Rights and Welfare of the Principality of Asturias (Spain). All participants provided informed consent. Confidentiality and anonymity of responses were ensured with access codes that were not linked to identifiable personal information.

2.4 | Data Analysis

Statistical analyses were conducted utilising SPSS v30 (IBM Corporation 2024), Factor v12.04.05 (Lorenzo-Seva and Ferrando 2023) and AMOS v29 (Arbuckle 2022). Initially, descriptive statistics were computed (mean, median, standard deviation, skewness, kurtosis) to examine the distribution of responses and assess their appropriateness for factorial analysis (Kline 2016). Subsequently, we provided evidence of validity based on the internal structure of the scale through exploratory factor analysis (EFA) and confirmatory factor analysis (CFA), both conducted on the sample divided into two halves. We hypothesised a unidimensional structure for the subscale based on the theoretical understanding that, despite Article 23 covering diverse indicators—such as establishing one's own family, being a parent and dating people of their own choice—these aspects are interconnected and can be considered expressions of a broader, latent construct related to interpersonal and family rights. This perspective is supported by existing literature (Fulford and Cobigo 2018; Strnadová et al. 2022), which emphasises that these indicators are interconnected manifestations of a common underlying dimension. Additionally, this latent construct aligns with the "interpersonal relationships" domain of quality of life, as described in previous studies (Gómez, Monsalve, et al. 2020; Lombardi et al. 2019, 2025; Verdugo et al. 2012), further justifying the expectation of a unidimensional structure. Finally, we established reliability evidence based on the internal consistency of the scale.

Three conditional items (i04, i08, i09) were excluded from the factor analyses due to the low prevalence of participants who were living with a partner or had children ($n = 33$). The sample was randomly divided into two groups of equivalent size, stratified by gender and total mean score. EFA was conducted on the polychoric correlation matrix of the first subsample ($n = 607$), using the robust unweighted least squares (RULS) estimation method (Lorenzo-Seva and Ferrando 2021). The suitability of the data (Tabachnick and Fidell 2019) was assessed using the Kaiser–Meyer–Olkin test (KMO > 0.80) and Bartlett's test of sphericity ($p < 0.05$). Additionally, we examined the individual measure of sampling adequacy (MSA > 0.50) for each item (Furr 2022) and employed Horn's parallel analysis to evaluate the actual dimensionality of the scale independently of sample size (Hayton et al. 2004). The quality of the factor model was evaluated through (Hu and Bentler 1999): (a) the total variance explained by the first factor, (b) the Comparative Fit Index (CFI > 0.95) and (c) the root mean square of residuals (RMSR < 0.08). Items were considered for removal based on (Furr 2022; Kline 2016): low factor loadings (< 0.30), low communalities (< 0.20), low sampling adequacy (MSA < 0.70) or standardised residuals exceeding $|2.58|$. Then a second EFA was conducted on the reduced item set to reassess the robustness of the unidimensional structure of the subscale.

Following the refinement of items based on the EFA, a CFA was conducted on the second subsample ($n = 608$). The process of item refinement and structural confirmation was aligned with current psychometric recommendations for conducting rigorous item-level factor analyses (Ferrando et al. 2022). The maximum likelihood (ML) method was employed for parameter estimation (Brown 2015). The model's adequacy was evaluated using (Hu and Bentler 1999; Schermelleh-Engel et al. 2003): CFI > 0.90; IFI > 0.90; GFI > 0.90; RMSEA < 0.08. Factorial invariance was assessed via multigroup CFA by gender (Byrne 2010; Milfont and Fischer 2010), and respondent type (self-report vs. proxy-report), testing for configural, metric, scalar and strict invariance. For the gender-based analysis, seven cases were excluded ($n = 601$) due to missing data ($n = 6$) or identifying as non-binary ($n = 1$). Chi-square (χ^2), CFI and RMSEA were used as fit indices. Invariance between nested models was determined by $\Delta\text{CFI} \leq 0.010$ and $\Delta\text{RMSEA} < 0.015$ (Chen 2007; Cheung and Rensvold 2002).

Internal consistency was assessed using Cronbach's alpha and McDonald's omega coefficients (Doval et al. 2023) and disaggregated by gender and respondent type (self-report vs. proxy-report) in the same subsample used for the CFA (Brown 2015; Flora and Flake 2017; Rodríguez et al. 2016). Values ≥0.70 were considered acceptable, >0.80 good and >0.90 excellent (George and Mallery 2003).

3 | Results

3.1 | Descriptive Analysis

Mean scores ranged from 2.14 to 3.35 (Table 2). Generally, items related to friendship or meeting new people obtained the highest means, while items concerning family and reproductive aspects, like getting married or starting a family, having children or choosing the number of children, showed the lowest means, suggesting relatively greater barriers in these areas, despite still being above the scale midpoint. Skewness and kurtosis values were within the acceptable ranges for univariate normality assumptions (Curran et al. 1996).

3.2 | Scale Refinement

An EFA was conducted on the first half of the sample ($n = 607$). Bartlett's test of sphericity was significant ($\chi^2 = 3481$; df = 78; $p < 0.00001$), and KMO = 0.865 (95% CI = [0.834–0.874]) confirmed excellent sample adequacy for factor analysis. All individual MSA values were > 0.50 (range = 0.638–0.948). Parallel analysis indicated a one-factor solution, accounting for 53.1% of total variance. Unidimensionality indices supported this solution (UniCo = 0.826; ECV = 0.798; MIREAL = 0.272) and reliability was high (EAP = 0.904; determinacy index = 0.951). However, RMSR was 0.994 (> 0.08). Factor loadings ranged from 0.117 to 0.802, and communalities from 0.342 to 0.871. Despite the global indices supporting the unidimensionality of the initial 13-item model (excluding the three conditional items), two items (i06, i16) were removed due to very low factor loadings (< 0.300) and MSA (< 0.700).

A second EFA was then conducted with the remaining 11 items. Fit indices improved (CFI = 0.927; NNFI = 0.906; GFI = 0.969; AGFI = 0.961; RMSR = 0.0975), and the explained variance was 48.8%. The model showed strong reliability (EAP = 0.905; determinacy = 0.951), and unidimensionality was mostly supported (UniCo = 0.962; MIREAL = 0.271; ECV = 0.821). However, items i10, i11 and i15 exhibited standardised residuals > |2.58|, prompting a new refinement.

A third final EFA was conducted with the remaining eight items, yielding satisfactory goodness-of-fit indices (CFI = 0.959, NNFI = 0.942, GFI = 0.984, AGFI = 0.978, RMSR = 0.0769). The model explained 53.3% of the variance and unidimensionality was supported (UniCo = 0.976; ECV = 0.848; MIREAL = 0.249). After the removal of item i13 due to high standardised residuals and content redundancy, the final scale retained seven items (Table 3).

3.3 | Validity Evidence Based on the Internal Structure

3.3.1 | Unidimensionality

The CFA was conducted on the second half of the sample ($n = 608$) using the seven selected items to verify their unidimensionality (Figure 1). Standardised factor loadings ranged from 0.296 to 0.882, indicating moderate to high item contributions to the latent factor (Table 4). The explained variance (R^2) for the items ranged from 0.087 to 0.778, with all regression coefficients reaching statistical significance ($p < 0.001$). The fit indices with a recommended threshold of 0.90 or

TABLE 2 | Descriptive statistics of the items.

Items	*M* (men, women)	SD	Variance	Skewness	Kurtosis
i01	2.26 (2.36, 2.14)	1.020	1.039	0.316	−1.021
i02	2.14 (2.26, 2.00)	1.004	1.008	0.478	−0.858
i03	2.63 (2.67, 2.59)	1.069	1.143	−0.088	−1.255
i05	3.05 (3.13, 2.97)	0.934	0.871	−0.684	−0.465
i06	3.31 (3.39, 3.20)	0.818	0.669	−1.124	0.755
i07	2.21 (2.30, 2.11)	1.019	1.037	0.337	−0.98
i10	3.25 (3.28, 3.22)	0.697	0.486	−0.714	0.531
i11	3.35 (3.36, 3.34)	0.679	0.461	−0.816	0.515
i12	2.90 (2.96, 2.82)	0.920	0.847	−0.478	−0.604
i13	2.89 (2.97, 2.80)	0.921	0.848	−0.471	−0.612
i14	3.21 (3.27, 3.13)	1.005	1.011	−0.875	−0.602
i15	2.70 (2.74, 2.65)	0.955	0.911	−0.217	−0.894
i16	2.88 (2.94, 2.80)	0.859	0.738	−0.448	−0.398

above, such as CFI, IFI and GFI, were all met or exceeded. Although the RMSEA was slightly higher than the 0.08 cutoff, it was within the acceptable range for models of low complexity (Table 5).

TABLE 3 | Summary of items retained after third EFA.

Item	Factor loading	MSA	Communality	Article 23
i01	0.859	0.873	0.766	Setting up their own family
i02	0.842	0.830	0.896	
i03	0.669	0.927	0.701	
i05	0.341	0.888	0.243	
i07	0.819	0.783	0.803	Being a parent
i12	0.645	0.924	0.723	Dating people of own choice
i14	0.468	0.919	0.295	

3.3.2 | Multigroup Invariance by Gender

A multigroup CFA supported the structural equivalence across gender (Table 6). The configural model showed good fit (CFI = 0.964; RMSEA = 0.062), indicating that the internal structure of the scale was similar for men and women. Across increasingly constrained models, CFI values remained above 0.96 and RMSEA values were close to or below 0.060, supporting an adequate fit. Furthermore, the changes in CFI (ΔCFI) and RMSEA (ΔRMSEA) between nested models were below recommended thresholds for measurement invariance (Cheung and Rensvold 2002).

3.3.3 | Multigroup Invariance by Respondent

To examine the factorial equivalence of the subscale across informant types, another multigroup CFA was conducted comparing self-reports and proxy reports (Table 7). The configural model showed good fit (CFI = 0.967; RMSEA = 0.058), indicating that the structure of the latent construct was adequately replicated across informants. In all models, CFI values were

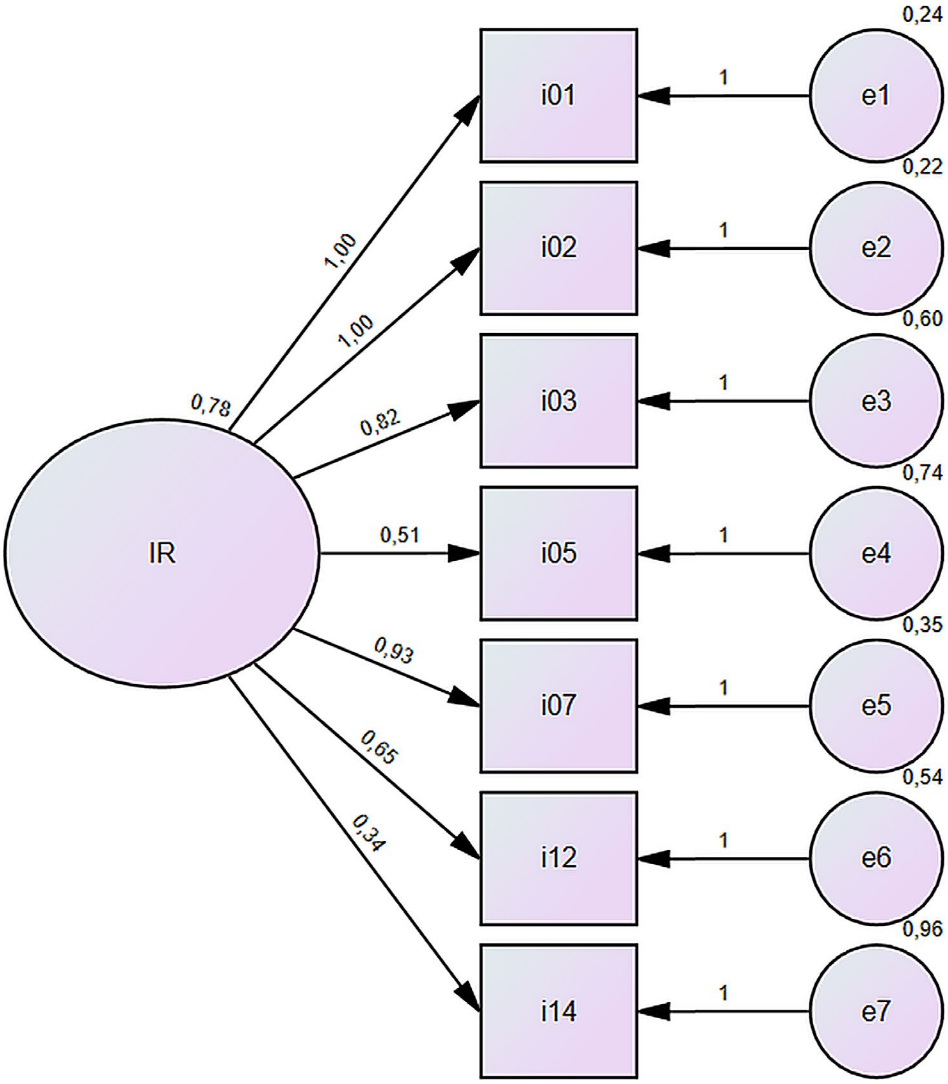

FIGURE 1 | Path diagram of the unidimensional structure.

close to the recommended threshold of 0.95, and RMSEA values approached 0.060, supporting an overall adequate fit. Nonetheless, a ΔCFI value slightly exceeded the recommended cutoff ($\Delta\text{CFI} < 0.010$) from the unconstrained model to the metric model, suggesting partial measurement invariance. The RMSEA changes ($\Delta\text{RMSEA} \leq 0.003$) remained within acceptable limits (< 0.015). Taken together with the significant chi-square differences, these results indicate that some parameters varied across informants.

3.4 | Evidence of Reliability

Internal consistency was assessed using Cronbach's alpha and McDonald's omega. All coefficients indicated adequate to good reliability across groups (Table 8). Reliability was slightly higher for self-reports and among women.

4 | Discussion

This study provides empirical evidence regarding the psychometric properties of a pool of items designed to monitor the fulfilment of Article 23 of the CRPD, which enshrines the right to family life, intimate relationships and parenthood. The final version of the subscale, including the seven validated items and three additional items related to parenting retained for future research, is available in both Spanish and English at https://sid-inico.usal.es/documentacion/escala-yotambien-tengo-derechos/.

TABLE 4 | Standardised factor loading and explained variance.

Item	Standardised loading (λ)	Explained variance (R^2)
i01	0.873	0.762
i02	0.882	0.778
i03	0.685	0.469
i05	0.461	0.212
i07	0.812	0.659
i12	0.611	0.373
i14	0.296	0.087

TABLE 8 | Internal consistency.

Group	N	Cronbach's alpha	McDonald's omega
Women	260	0.850	0.859
Men	336	0.835	0.846
People with intellectual disabilities	212	0.851	0.856
Proxies	396	0.808	0.816
Total sample	608	0.844	0.855

TABLE 5 | Global model fit indices.

χ^2	df	p	RMSEA	CI 90%	CFI	IFI	GFI
74.870	14	< 0.001	0.085	0.066–0.104	0.968	0.968	0.965

TABLE 6 | Fit indices and measurement invariance by gender.

Model	χ^2 (df)	CFI	RMSEA	ΔCFI	ΔRMSEA	Conclusion
Configural	95.35 (29)	0.964	0.062	—	—	Adequate fit
Metric	103.18 (36)	0.963	0.056	0.001	0.006	Invariance accepted
Scalar	107.60 (42)	0.964	0.051	0.001	0.005	Invariance accepted
Strict	106.98 (41)	0.964	0.052	0.000	0.001	Invariance accepted

Note: ΔCFI and ΔRMSEA represent absolute changes in fit indices compared to the less constrained model.

TABLE 7 | Multigroup confirmatory factor analysis by type of respondent (self-report vs. proxy-report).

Model	χ^2 (df)	CFI	RMSEA	ΔCFI	ΔRMSEA	Conclusion
Configural	148.23 (76)	0.967	0.058	—	—	Adequate fit
Metric	170.12 (83)	0.955	0.061	0.012	0.003	Partial invariance
Scalar	192.47 (90)	0.948	0.063	0.007	0.002	Partial invariance
Strict	210.32 (97)	0.944	0.065	0.004	0.002	Partial invariance

Note: ΔCFI and ΔRMSEA represent absolute changes in fit indices compared to the less constrained model.

There was an urgent need for a psychometrically sound instrument that enables people with intellectual disabilities to learn about their rights and to advocate against their violation, given the persistent barriers affecting their intimate lives. Despite the normative framework established by the CRPD, numerous studies have shown that the right to establish and maintain affective and sexual relationships, form a family and make autonomous decisions about parenthood remains restricted for many people with intellectual disabilities, particularly women (Björnsdóttir and Stefánsdóttir 2020; Brown and McCann 2018; Strnadová et al. 2022). As noted by Bacherini et al. (2024), women with intellectual disabilities are more likely to be denied access to assisted reproductive technologies and to have their children removed by child protection services. These limitations are reinforced by systemic practices such as the medicalisation of intimacy, the lack of accessible reproductive and sex education programmes, and third-party control over reproductive choices, all of which increase vulnerability to abuse, exclusion from family life, and even removal of parental custody (Carter et al. 2022; Pérez-Curiel et al. 2023; Wiseman and Ferrie 2020).

These discriminatory practices are rooted in ableist and gendered narratives that delegitimise their roles as partners or mothers (Strnadová et al. 2022). As such, this study offers not only a psychometric contribution but also a rights-based response: it provides a tool to measure the fulfilment of personal rights from the perspective of the individuals concerned, in line with Article 31 of the CRPD on data collection and monitoring. The tool's development process, grounded in cognitive accessibility principles (Asociación Española de Normalización (UNE) 2018) and involving the active participation of people with intellectual disabilities (Gómez, Monsalve, et al. 2020), reinforces its legitimacy and practical utility. It provides an accessible mechanism to integrate the voice of people with intellectual disabilities into evaluative and planning processes in real-world settings, such as service delivery, quality of life assessment and monitoring of rights-based outcomes. In this context, the scale serves as a screening and preliminary assessment instrument aimed at reflecting, empowering and assessing current perceptions and support needs to guide immediate interventions, aligning with the philosophies of the Quality of Life Support Model. It is intended to enable people with intellectual disabilities and those who provide them with support to learn about and reflect on their rights, thereby fostering empowerment, informing targeted follow-up and encouraging rights-based dialogue between service users and supporters.

The tool aligns with contemporary efforts to embed disability rights within systems of support planning and public policy evaluation. This pool of items functions as a mechanism for translating the rights to home, family and intimacy into empirical evidence that can guide systems transformation and person-centred planning, enabling a meaningful operationalisation of abstract legal principles into actionable and measurable frameworks (Verdugo et al. 2021). Many participants with intellectual disabilities expressed that completing the scale encouraged them to reflect on their rights and motivated them to seek further information on how to act if these rights were not respected. At third-sector organisations, results were often integrated into person-centred planning processes, reinforcing needed supports and adding personal goals. Therefore, in applied settings, administrators of the instrument should receive training and guidance on how to proceed if rights violations are suspected, including information on appropriate reporting channels and safeguarding measures. Moreover, the use of this scale should be contextualised and complemented with multiple sources of information—including qualitative insights, systemic monitoring of legislation and policy implementation and media analysis reflecting societal attitudes towards disability. This triangulation approach is essential to form a comprehensive understanding of the real-world exercise of rights, avoiding reliance on a single measure as the sole basis for decision-making (Rioux et al. 2019).

The results support the robustness of the unidimensional factorial structure of the pool of items, their high internal consistency across gender and partial measurement invariance across respondent types. However, slight differences in the functioning of some items may occur depending on whether the report is self- or proxy-based. Proxies might underestimate or overestimate certain experiences, leading to systematic discrepancies—often rating outcomes lower than individuals themselves (e.g., Koch et al. 2015; Tournier et al. 2022). These patterns highlight the importance of analysing and interpreting self- and proxy-reports separately, considering their agreement, potential biases and context (e.g., proxy type). While self-reports should be prioritised and proxy-reports considered complementary, both perspectives offer a more comprehensive understanding, as discrepancies should be recognised as valuable information (Balboni et al. 2013; Claes et al. 2012).

This study presents certain limitations that suggest valuable avenues for future research. First, some items linked to parenting could not be included in psychometric analyses due to the small number of respondents with children. While these items were retained for their normative and theoretical importance given their relevance to Article 23, further research is needed to validate their psychometric properties and gain a deeper understanding of the parenting aspect. Importantly, this limitation also reflects a structural reality: only 32 participants had children. This low prevalence illustrates the significant barriers that people with intellectual disabilities continue to face in forming a family and exercising their right to parenthood. Second, although measurement invariance across gender was supported, the results also highlight subtle differences in how self- and proxy-reports operate, emphasising the need to explore how item interpretation may vary depending on who completes the scale. Future studies should examine differences in proxies' perspectives compared to those of the individuals they support, to better understand potential biases. Analysis of invariance by the level of support needs should also be conducted, as our distribution of participants across support needs levels did not permit this examination. Third, the recruitment process often relied on third-sector organisations as intermediaries, which acted as gatekeepers and could therefore either facilitate or hinder access to participants with intellectual disabilities (Brodeur et al. 2025). Fourth, biases such as social desirability, acquiescence, fatigue, the presence of support professionals during communication barriers could have influenced responses. Fifth, the cross-sectional design of this study limits conclusions regarding the scale's sensitivity to changes over time, indicating a need for longitudinal research to assess its responsiveness and utility in tracking progress.

Sixth, cultural and contextual factors specific to the study setting might influence responses. Further validation across diverse populations and contexts is necessary to ensure the scale's broader applicability. Indeed, investigating how individual and contextual variables impact the scores will enhance opportunities for meaningful relationships and reduce inequalities, guiding the development of more equitable interventions (Gómez, Schalock, et al. 2020; Kijak 2021).

In conclusion, this tool serves as a valuable resource for assessing a critical yet often overlooked aspect of the lives of people with intellectual disabilities. Its design, empirical grounding and alignment with international rights frameworks position it as a transformative instrument for advocacy, evidence-based practices and policymaking. In a context where affective and family rights are still frequently denied, having accessible and meaningful tools like this is essential not only for monitoring rights but also for supporting, protecting and enabling their full realisation.

Author Contributions

Patricia Pérez-Curiel: formal analysis, investigation, validation, methodology, writing – original draft preparation, writing – review and editing. **Eva Vicente:** conceptualisation, methodology, funding acquisition, supervision, writing – review and editing. **M. Lucía Morán:** funding acquisition, investigation, writing – original draft preparation, validation, writing – review and editing. **Estefanía Martínez-Isla:** investigation, validation, formal analysis, writing – review and editing. **Laura E. Gómez:** conceptualisation, investigation, validation, methodology, funding acquisition, project administration, supervision, writing – original draft preparation, writing – review and editing.

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Ethics Statement

The study protocol was approved by the Research Ethics Committee of the University of Oviedo (17_RRI_2021) and by the Ministry of Social Rights and Welfare of the Principality of Asturias (Spain).

Consent

In the studies included in this review, the study-related procedures were performed in accordance with the Declaration of Helsinki. Participants enrolled in each study provided voluntary written informed consent.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author, Dr. Laura E. Gómez, upon reasonable request. Data access will be provided to researchers subject to review of their proposed use and adherence to confidentiality agreements, ensuring compliance with ethical guidelines. Data will be available in a deidentified form to protect participant privacy.

References

Arbuckle, J. L. 2022. *Amos (Version 29.0) [Computer Software]*. SPSS.

Asociación Española de Normalización (UNE). 2018. *Norma Española Experimental UNE 153101 EX [Spanish Experimental Standard UNE 153101 EX]*. Asociación Española de Normalización (UNE). https://www.une.org/encuentra-tu-norma/busca-tu-norma/norma?c=N0060036.

Bacherini, A., L. E. Gómez, G. Balboni, and S. Havercamp. 2024. "Health and Health Care Are Essential to the Quality of Life of People With Intellectual Disability." *Journal of Policy and Practice in Intellectual Disabilities* 21, no. 2: e12504. https://doi.org/10.1111/jppi.12504.

Balboni, G., A. Coscarelli, G. Giunti, and R. L. Schalock. 2013. "The Assessment of the Quality of Life of Adults With Intellectual Disability: The Use of Self-Report and Report of Others Assessment Strategies." *Research in Developmental Disabilities* 34, no. 11: 4248–4254. https://doi.org/10.1016/j.ridd.2013.09.009.

Bates, C., L. Terry, and K. Popple. 2017. "Supporting People With Learning Disabilities to Make and Maintain Intimate Relationships." *Tizard Learning Disability Review* 22, no. 1: 16–23. https://doi.org/10.1108/TLDR-03-2016-0009.

Beltrán, M., J. Fullana, M. Pallisera, A. Rey, C. Blay, and A. Vinatea. 2024. "Las Relaciones Afectivo-Sexuales de Las Personas Con Discapacidad Intelectual: Apoyos y Barreras Desde la Perspectiva de Personas Con Discapacidad Intellectual [The Affective-Sexual Relationships of People With Intellectual Disabilities: Supports and Barriers From the Perspective of People With Intellectual Disabilities]." *Siglo Cero* 55, no. 3: 29–48. https://doi.org/10.14201/scero.31860.

Björnsdóttir, K., and G. V. Stefánsdóttir. 2020. "Double Sexual Standards: Sexuality and People With Intellectual Disabilities Who Require Intensive Support." *Sexuality and Disability* 38, no. 3: 421–438. https://doi.org/10.1007/s11195-020-09643-2.

Brodeur, M., A. Schwartz, and K. McDonald. 2025. "A Scoping Review of the Ways Gatekeepers May Hinder or Promote Opportunities for People With Intellectual and/or Developmental Disabilities to Learn About Research Participation." *Journal of Intellectual Disability Research* 69, no. 5: 329–344. https://doi.org/10.1111/jir.13216.

Brown, M., and E. McCann. 2018. "Sexuality Issues and the Voices of Adults With Intellectual Disabilities: A Systematic Review of the Literature." *Research in Developmental Disabilities* 74: 124–138. https://doi.org/10.1016/j.ridd.2018.01.009.

Brown, T. A. 2015. *Confirmatory Factor Analysis for Applied Research*. 2nd ed. Guilford Press.

Byrne, B. M. 2010. *Structural Equation Modeling With AMOS: Basic Concepts, Applications, and Programming*. 2nd ed. Routledge.

Byrne, G. 2018. "Prevalence and Psychological Sequelae of Sexual Abuse Among Individuals With an Intellectual Disability: A Review of the Recent Literature." *Journal of Intellectual Disabilities* 22, no. 3: 294–310. https://doi.org/10.1177/1744629517698844.

Carter, A., I. Strnadová, C. Watfern, et al. 2022. "The Sexual and Reproductive Health and Rights of Young People With Intellectual Disability: A Scoping Review." *Sexuality Research & Social Policy* 19: 372–390. https://doi.org/10.1007/s13178-021-00549-y.

Charpentier, K., and E. W. Carter. 2023. “Romantic Relationships and Adults With IDD in Inclusive Supported Living: Considerations, Complexities, and Opportunities.” *Sexuality and Disability* 41, no. 2: 307–334. https://doi.org/10.1007/s11195-023-09775-1.

Chen, F. F. 2007. “Sensitivity of Goodness of Fit Indexes to Lack of Measurement Invariance.” *Structural Equation Modeling* 14, no. 3: 464–504. https://doi.org/10.1080/10705510701301834.

Cheung, G. W., and R. B. Rensvold. 2002. “Evaluating Goodness-of-Fit Indexes for Testing Measurement Invariance.” *Structural Equation Modeling* 9, no. 2: 233–255. https://doi.org/10.1207/s15328007sem0902_5.

Claes, C., S. Vandevelde, G. Van Hove, J. van Loon, G. Verschelden, and R. L. Schalock. 2012. “Relationship Between Self-Report and Proxy Ratings on Assessed Personal Quality of Life-Related Outcomes.” *Journal of Policy and Practice in Intellectual Disabilities* 9, no. 3: 159–165. https://doi.org/10.1111/j.1741-1130.2012.00353.x.

Curran, P. J., S. G. West, and J. F. Finch. 1996. “The Robustness of Test Statistics to Nonnormality and Specification Error in Confirmatory Factor Analysis.” *Psychological Methods* 1, no. 1: 16–29. https://doi.org/10.1037//1082-989x.1.1.16.

Doval, E., C. Viladrich, and A. Angulo-Brunet. 2023. “Coefficient Alpha: The Resistance of a Classic.” *Psicothema* 1, no. 35: 5–20. https://doi.org/10.7334/psicothema2022.321.

Evans, D. S., B. E. McGuire, E. Healy, and S. N. Carley. 2009. “Sexuality and Personal Relationships for People With an Intellectual Disability. Part II: Staff and Family Carer Perspectives.” *Journal of Intellectual Disability Research* 53, no. 11: 913–921. https://doi.org/10.1111/j.1365-2788.2009.01202.x.

Ferrando, P. J., U. Lorenzo-Seva, A. Hernández-Dorado, and J. Muñiz. 2022. “Decálogo Para el análisis Factorial de los ítems de Un Test [Decalogue for the Factor Analysis of Test Items].” *Psicothema* 34, no. 4: 485–492. https://doi.org/10.7334/psicothema2021.456.

Flora, D. B., and J. K. Flake. 2017. “The Purpose and Practice of Exploratory and Confirmatory Factor Analysis in Psychological Research: Decisions for Scale Development and Validation.” *Canadian Journal of Behavioural Science/Revue Canadienne Des Sciences du Comportement* 49, no. 2: 78–88. https://doi.org/10.1037/cbs0000069.

Fulford, C., and V. Cobigo. 2018. “Friendships and Intimate Relationships Among People With Intellectual Disabilities: A Thematic Synthesis.” *Journal of Applied Research in Intellectual Disabilities* 31, no. 1: e18–e35. https://doi.org/10.1111/jar.12312.

Furr, R. M. 2022. *Psychometrics: An Introduction*. 3rd ed. Sage.

George, D., and P. Mallery. 2003. *SPSS for Windows Step by Step: A Simple Guide and Reference. 11.0 Update*. 4th ed. Allyn & Bacon.

Gil-Llario, M. D., V. Morell-Mengual, R. Ballester-Arnal, and I. Díaz-Rodríguez. 2018. “The Experience of Sexuality in Adults With Intellectual Disability.” *Journal of Intellectual Disability Research* 62, no. 1: 72–80. https://doi.org/10.1111/jir.12455.

Gómez, L. E., A. Monsalve, M. L. Morán, M. A. Alcedo, M. Lombardi, and R. L. Schalock. 2020. “Measurable Indicators of CRPD for People With Intellectual and Developmental Disabilities Within the Framework of Quality of Life.” *International Journal of Environmental Research and Public Health* 17: 5123. https://doi.org/10.3390/ijerph17145123.

Gómez, L. E., M. L. Morán, S. Al-Halabí, C. Swerts, M. A. Verdugo, and R. L. Schalock. 2022. “Quality of Life and the International Convention on the Rights of Persons With Disabilities: Consensus Indicators for Assessment.” *Psicothema* 34, no. 2: 182–191. https://doi.org/10.7334/psicothema2021.574.

Gómez, L. E., M. L. Morán, P. Solís, P. Sierra, P. Pérez-Curiel, and M. A. Verdugo. 2023. “The #Rights4MeToo Scale: A Tool to Monitor Compliance With the Convention on the Rights of Persons With Disabilities.” *Siglo Cero* 54, no. 3: 11–33. https://doi.org/10.14201/scero.31228.

Gómez, L. E., M. L. Morán, P. Navas, et al. 2024. *Escala #YoTambiénTengoDerechos [#Rights4MeToo Scale]*. INICO. https://tambientengoderechos.org.

Gómez, L. E., M. L. Morán, P. Navas, et al. 2024. “Using the Quality of Life Framework to Operationalize and Assess CRPD Articles and Sustainable Development Goals.” *Journal of Policy and Practice in Intellectual Disabilities* 21, no. 1: e12470. https://doi.org/10.1111/jppi.12470.

Gómez, L. E., R. L. Schalock, and M. A. Verdugo. 2020. “The Role of Moderators and Mediators in Implementing and Evaluating Intellectual and Developmental Disabilities-Related Policies and Practices.” *Journal of Developmental and Physical Disabilities* 32: 375–393. https://doi.org/10.1007/s10882-019-09702-3.

Gómez, L. E., R. L. Schalock, and M. A. Verdugo. 2021a. “A New Paradigm in the Field of Intellectual and Developmental Disabilities: Characteristics and Evaluation.” *Psicothema* 33, no. 1: 28–35. https://doi.org/10.7334/psicothema2020.385.

Gómez, L. E., R. L. Schalock, and M. A. Verdugo. 2021b. “A Quality of Life Supports Model: Six Research-Focused Steps to Evaluate the Model and Enhance Research Practices in the Field of IDD.” *Research in Developmental Disabilities* 119: 104112. https://doi.org/10.1016/j.ridd.2021.104112.

Hayton, J. C., D. G. Allen, and V. Scarpello. 2004. “Factor Retention Decisions in Exploratory Factor Analysis: A Tutorial on Parallel Analysis.” *Organizational Research Methods* 7, no. 2: 191–205. https://doi.org/10.1177/1094428104263675.

Hu, L., and P. M. Bentler. 1999. “Cutoff Criteria for Fit Indexes in Covariance Structure Analysis: Conventional Criteria Versus New Alternatives.” *Structural Equation Modeling* 6, no. 1: 1–55. https://doi.org/10.1080/10705519909540118.

IBM Corporation. 2024. *IBM SPSS Statistics for Windows (Version 30.0) [Computer Software]*. IBM Corporation.

Kelly, G., H. Crowley, and C. Hamilton. 2009. “Rights, Sexuality and Relationships in Ireland: ‘It'd Be Nice To Be Kind of Trusted’.” *British Journal of Learning Disabilities* 37: 308–315. https://doi.org/10.1111/j.1468-3156.2009.00587.x.

Kijak, R. 2021. “Close Intimate Relations Between People With Intellectual Disabilities Constructivist Research: The Polish Perspective.” *International Journal of Special Education* 35, no. 1: 37–46. https://doi.org/10.52291/ijse.2020.35.4.

Kline, R. B. 2016. *Principles and Practice of Structural Equation Modeling*. 4th ed. Guilford Press.

Koch, A. D., A. Vogel, T. Becker, et al. 2015. “Proxy and Self-Reported Quality of Life in Adults With Intellectual Disabilities: Impact of Psychiatric Symptoms, Problem Behaviour, Psychotropic Medication and Unmet Needs.” *Research in Developmental Disabilities* 45–46: 136–146. https://doi.org/10.1016/j.ridd.2015.07.022.

Lacunza, A. B., and E. N. Contini. 2016. “Relaciones Interpersonales Positivas: los Adolescentes Como Protagonistas [Positive Interpersonal Relationships: Teenagers and Main Characters].” *Revista Psicodebate: Psicología, Cultura y Sociedad* 16, no. 2: 73–94. https://doi.org/10.18682/pd.v16i2.598.

Lafferty, A., R. McConkey, and L. Taggart. 2013. “Beyond Friendship: The Nature and Meaning of Close Personal Relationships as Perceived by People With Learning Disabilities.” *Disability & Society* 28: 1074–1088. https://doi.org/10.1080/09687599.2012.758030.

Lombardi, M., C. Claes, H. Vandenbussche, L. E. Gómez, and R. L. Schalock. 2025. “Using a Participative Process to Implement CRPD Articles Towards Quality of Life Outcomes.” *Research in Developmental Disabilities* 162: 105025. https://doi.org/10.1016/j.ridd.2025.105025.

Lombardi, M., H. Vandenbussche, C. Claes, R. L. Schalock, J. De Maeyer, and S. Vandevelde. 2019. “The Concept of Quality of Life as Framework for Implementing the UNCRPD.” *Journal of Policy and Practice in Intellectual Disabilities* 16, no. 3: 180–190. https://doi.org/10.1111/jppi.12279.

Lorenzo-Seva, U., and P. J. Ferrando. 2021. “MSA: The Forgotten Index for Identifying Inappropriate Items Before Computing Exploratory Item Factor Analysis.” *Methodology* 17, no. 4: 296–306. https://doi.org/10.5964/meth.7185.

Lorenzo-Seva, U., and P. J. Ferrando. 2023. *Factor*. Universidad Rovira i Virgili.

Maguire, K., K. Gleeson, and N. Holmes. 2019. “Support Workers' Understanding of Their Role Supporting the Sexuality of People With Learning Disabilities.” *British Journal of Learning Disabilities* 47, no. 1: 59–65. https://doi.org/10.1111/bld.12256.

McCarthy, M. 2014. “Women With Intellectual Disability: Their Sexual Lives in the 21st Century.” *Journal of Intellectual & Developmental Disability* 39, no. 2: 124–131. https://doi.org/10.3109/13668250.2014.894963.

McCarthy, M., K. Milne Skillman, N. Elson, C. Bates, R. Forrester-Jones, and S. Hunt. 2020. “Making Connections and Building Confidence: A Study of Specialist Dating Agencies for People With Intellectual Disabilities.” *Sexuality and Disability* 38: 3–18. https://doi.org/10.1007/s11195-020-09619-2.

McDonald, K. E., N. E. Conroy, R. S. Olick, et al. 2018. “A Quantitative Study of Attitudes Toward the Research Participation of Adults With Intellectual Disability: Do Stakeholders Agree?” *Disability and Health Journal* 11, no. 3: 345–350. https://doi.org/10.1016/j.dhjo.2017.12.004.

McLeod, J. D. 2023. “Invisible Disabilities and Inequality.” *Social Psychology Quarterly* 86, no. 1: 6–29. https://doi.org/10.1177/01902725231153307.

Milfont, T. L., and R. Fischer. 2010. “Testing Measurement Invariance Across Groups: Applications in Cross-Cultural Research.” *International Journal of Psychological Research* 3, no. 1: 111. https://doi.org/10.21500/20112084.857.

Morán, M. L., L. E. Gómez, M. A. Verdugo, and R. L. Schalock. 2023. “The Quality of Life Supports Model as Vehicle for Implementing Rights.” *Behavioral Science* 13, no. 5: 365. https://doi.org/10.3390/bs13050365.

Neuman, R., and S. Reiter. 2017. “Couple Relationships as Perceived by People With Intellectual Disability—Implications for Quality of Life and Self-Concept.” *International Journal of Developmental Disabilities* 63, no. 3: 138–147. https://doi.org/10.1080/20473869.2016.1173422.

Pebdani, R. N. 2016. “Attitudes of Group Home Employees Towards the Sexuality of Individuals With Intellectual Disabilities.” *Sexuality and Disability* 34, no. 3: 329–339. https://doi.org/10.1007/s11195-016-9447-7.

Pérez-Curiel, P., E. Vicente, M. L. Morán, and L. E. Gómez. 2023. “The Right to Sexuality, Reproductive Health and Parenthood for People With Intellectual Disability: A Systematic Review.” *International Journal of Environmental Research and Public Health* 20, no. 2: e1587. https://doi.org/10.3390/ijerph20021587.

Pérez-Curiel, P., E. Vicente, M. L. Morán, and L. E. Gómez. 2024. “What Do We Know About Sex Education of People With Intellectual Disabilities? An Umbrella Review.” *British Journal of Learning Disabilities* 52, no. 2: 272–290. https://doi.org/10.1111/bld.12577.

Pulido, F., and F. Herrera-Clavero. 2018. “Predictores de la Felicidad y la Inteligencia Emocional en la educación Secundaria [Predictors of Happiness and Emotional Intelligence in Secondary Education].” *Revista Colombiana de Psicología* 27, no. 1: 71–84. https://doi.org/10.15446/rcp.v27n1.62705.

Rioux, M., P. Campos, D. Wakene, R. Keravica, and J. Viera. 2019. “Reinventing Activism. Evidence-Based Participatory Monitoring as a Tool for Social Change.” In *The Routledge Handbook of Disability Activism*, edited by M. Berghs, T. Chataika, Y. El-Lahib, and K. Dube, 369–381. Routledge.

Rodríguez, A., S. P. Reise, and M. G. Haviland. 2016. “Evaluating Bifactor Models: Calculating and Interpreting Statistical Indices.” *Psychological Methods* 21, no. 2: 137–150. https://doi.org/10.1037/met0000045.

Rogers, C. 2016. “Intellectual Disability and Sexuality: On the Agenda?” *Sexualities* 19, no. 5–6: 617–622. https://doi.org/10.1177/1363460715620563.

Rojas, S., I. Haya, and S. Lázaro- Visa. 2016. “‘My Great Hope in Life Is to Have a House, a Family and a Daughter’: Relationships and Sexuality in Intellectually Disabled People.” *British Journal of Learning Disabilities* 44, no. 1: 56–62. https://doi.org/10.1111/bld.12110.

Rushbrooke, E., C. Murray, and S. Townsend. 2014. “The Experiences of Intimate Relationships by People With Intellectual Disabilities: A Qualitative Study.” *Journal of Applied Research in Intellectual Disabilities* 27, no. 6: 531–541. https://doi.org/10.1111/jar.12091.

Santinele-Martino, A. 2023. “Ethically Important Moments: Researching the Intimate Lives of Adults Labeled/With Intellectual Disabilities.” *Qualitative Research* 23, no. 6: 1800–1809. https://doi.org/10.1177/14687941221110179.

Santinele-Martino, A., and A. Fudge-Schormans. 2018. “When Good Intentions Backfire: University Research Ethics Review and the Intimate Lives of People Labeled With Intellectual Disabilities.” *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* 19, no. 3: 9. https://doi.org/10.17169/fqs-19.3.3090.

Schalock, R. L., and M. A. Verdugo. 2002. *The Concept of Quality of Life in Human Services: A Handbook for Human Service Practitioners*. American Association on Mental Retardation.

Schermelleh-Engel, K., H. Moosbrugger, and H. Müller. 2003. “Evaluating the Fit of Structural Equation Models: Tests of Significance and Descriptive Goodness-Of-Fit Measures.” *Methods of Psychological Research Online* 8, no. 2: 23–74. https://doi.org/10.23668/psycharchives.12784.

Solish, A., A. Perry, and P. Minnes. 2010. “Participation of Children With and Without Disabilities in Social, Recreational and Leisure Activities.” *Journal of Applied Research in Intellectual Disabilities* 23, no. 3: 226–236. https://doi.org/10.1111/j.1468-3148.2009.00525.x.

Strnadová, I., J. Loblinzk, and J. Danker. 2021. “Importance of Sex Education for a Successful Transition to Life After School: Experiences of High School Girls With Intellectual Disability.” *British Journal of Learning Disabilities* 49: 303–315. https://doi.org/10.1111/bld.12403.

Strnadová, I., J. Loblinzk, and J. Danker. 2022. “Sex Education for Students With an Intellectual Disability: Teachers' Experiences and Perspectives.” *Social Sciences* 11, no. 7: 302. https://doi.org/10.3390/socsci11070302.

Sullivan, F., K. Bowden, K. McKenzie, and E. Quayle. 2016. “The Close Relationships of People With Intellectual Disabilities: A Qualitative Study.” *Journal of Applied Research in Intellectual Disabilities* 29, no. 2: 172–184. https://doi.org/10.1111/jar.12168.

Swango-Wilson, A. 2008. “Caregiver Perceptions and Implications for Sex Education for Individuals With Intellectual and Developmental Disabilities.” *Sexuality and Disability* 26, no. 3: 167–174. https://doi.org/10.1007/s11195-008-9081-0.

Tabachnick, B. G., and L. S. Fidell. 2019. *Using Multivariate Statistics*. 7th ed. Pearson.

Tournier, T., A. H. C. Hendriks, A. Jahoda, R. P. Hastings, S. A. H. Giesbers, and P. J. C. M. Embregts. 2022. “Perspectives of People With Intellectual Disability About Their Family Networks: A Comparison Study With Key Support Worker Proxy Reports.” *Journal of Intellectual* *and Developmental Disability* 47, no. 1: 27–38. https://doi.org/10.3109/13668250.2020.1827143.

United Nations. 2006. *Convention on the Rights of Persons with Disabilities*. United Nations. https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf.

Verdugo, M. A., P. Navas, L. E. Gómez, and R. L. Schalock. 2012. "The Concept of Quality of Life and its Role in Enhancing Human Rights in the Field of Intellectual Disability." *Journal of Intellectual Disability Research* 56, no. 2: 1036–1045. https://doi.org/10.1111/j.1365-2788.2012.01585.x.

Verdugo, M. A., R. L. Schalock, and L. E. Gómez. 2021. "The Quality of Life Supports Model: Twenty-Five Years of Parallel Paths Have Come Together." *Siglo Cero* 52, no. 3: 9–28. https://doi.org/10.14201/scero2021523928.

Verdugo, M. A., R. L. Schalock, and L. E. Gómez. 2024. "The Quality of Life Supports Model as a Major Component in Applying the Quality of Life Paradigm." *Journal of Policy and Practice in Intellectual Disabilities* 21, no. 1: e12468. https://doi.org/10.1111/jppi.12468.

Wiseman, P., and J. Ferrie. 2020. "Reproductive (In)justice and Inequality in the Lives of Women With Intellectual Disabilities in Scotland." *Scandinavian Journal of Disability Research* 22, no. 1: 318–329. https://doi.org/10.16993/sjdr.677.

Wolfe, P. S., J. L. Wertalik, S. Domire Monaco, S. Gardner, and S. Ruiz. 2018. "Review of Sociosexuality Curricular Content for Individuals With Developmental Disabilities." *Focus on Autism and Other Developmental Disabilities* 34, no. 3: 153–162. https://doi.org/10.1177/1088357618800040.

World Health Organization. 2018. *La Salud Sexual y Su relación Con la Salud Reproductiva: Un Enfoque Operativo [Sexual Health and Its Relationship With Reproductive Health: An Operational Approach]*. World Health Organization. https://iris.who.int/bitstream/handle/10665/274656/9789243512884-spa.pdf.

Young, R., N. Gore, and M. McCarthy. 2012. "Staff Attitudes Towards Sexuality in Relation to Gender of People With Intellectual Disability: A Qualitative Study." *Journal of Intellectual and Developmental Disability* 37, no. 4: 343–347. https://doi.org/10.3109/13668250.2012.704983.

Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Table S1:** Sociodemographic characteristics of respondents. **Table S2:** Sociodemographic profile of people with intellectual disabilities assessed. **Figure S1:** Examples of items in the interpersonal relationships (Article 23) subscale.