

Staff Knowledge and Views of Dignity of Risk in Inclusive Postsecondary Education

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Abstract

The opportunities students with intellectual and developmental disabilities (IDD) experience in inclusive postsecondary education (IPSE) depend not only on program structures but also on staff decisions in daily practice. Staff influence access to services, supports, relationships, and experiences, while also shaping how families and campus partners perceive students with IDD. Staff perspectives on the concept of dignity of risk (DoR) may affect the decisions they make and the opportunities students with IDD have to engage in a full college experience comparable to their peers without disabilities. This study reports findings from a survey of 221 IPSE staff members in the United States across 110 IPSE programs in 42 states. The survey examined staff familiarity with the concept of DoR, how they define it, and their preferences for learning more about DoR in the future. The findings highlight implications for IPSE programs seeking to strengthen staff capacity and more fully integrate DoR into their program culture.

Keywords: college, inclusive postsecondary education, dignity of risk, intellectual and developmental disabilities

Plain Language Summary

- Staff in inclusive college programs help decide what opportunities students with intellectual and developmental disabilities have in college.
- The decisions staff make every day affect students' supports, friendships, and college experiences. These decisions can also shape how families and others see students with disabilities.

- **What we did in this study:** We asked staff from inclusive college programs across the United States to complete a survey. The survey asked about dignity of risk, what staff think it means, how they learned about it, and how they want to learn more.
- **Findings:** Staff had different levels of understanding about dignity of risk. Many staff said they wanted more tools to help them use dignity of risk in their daily work.
- **Conclusion:** This study helps inclusive college programs know what kind of training and tools staff need to support students in taking risks and making their own choices.

Young adults with intellectual and developmental disabilities (IDD) have big goals for their future. Their vision of adulthood often includes enrolling in postsecondary education, pursuing a meaningful career, living and participating in their community, and building a trusted network of family and friends (Bacon & Baglieri, 2021; DuBois et al., 2020). Yet many young adults with IDD are not meeting their own expectations because of ableist environments, attitudes, and structures (Eisenman et al., 2020). Historically, young adults with IDD have the lowest rates of engagement in postsecondary education or work after high school compared to their peers with other disabilities (Lipscomb et al., 2017). More recent data shows employment rates for youth with cognitive disabilities (ages 16–20 years) is 29.9%, substantially lower than the rate for peers without disabilities (46.5%; Erickson et al., 2026). Although these differences may be related to high school or college enrollment, employment data paint a similar portrait as youth with IDD move into adulthood; only 19% of working-age adults (ages 18–64) with IDD have a paid job in the community (Winsor et al., 2022).

Improving Outcomes Through Inclusive Postsecondary Education

One promising approach to improving these outcomes is the creation of inclusive postsecondary education (IPSE) programs for people with IDD, an option rarely offered before the Higher Education Opportunity Act (HEOA) of 2008. The HEOA paved the way to equitable financial aid and work-study options for college students with IDD; established the National Coordinating Center for IPSE; and funded the development and expansion of model demonstration programs. Students with IDD who complete IPSE programs (vs. those who did not attend an IPSE program) show improved outcomes in various domains, including higher wages and employment rates, increased rates of friendship, and enhanced health and physical fitness (Grigal, 2021; Grigal et al., 2022). Research also points to increases in self-determination during IPSE enrollment (Lee et al., 2021), but it is unclear to what extent students are experiencing opportunities for identity development and dignity of risk (DoR; Arnett, 2000; Bumble et al., 2022; Singh & Gilson, 2020).

Dignity of Risk in Inclusive Postsecondary Education

DoR is the idea that everyone—including people with IDD—has the right to take risks, make mistakes, and learn from them. This concept, introduced by Robert Perske (1972), challenges the common practice of overprotecting people with IDD. While protection is

often well-meaning, it can limit personal growth, independence, and quality of life (Blatt, 1987; Schloss et al., 1994). DoR means allowing individuals to make real choices, even when there is a possibility of failure. For students with IDD, this includes decisions about friendships, dating, finances, employment, and education. Rather than offering only “safe” or prescribed options, DoR promotes autonomy, where individuals are empowered to make meaningful decisions with real consequences. The ability to make mistakes, and to navigate their consequences, is foundational to identity development and resilience (Singh & Gilson, 2020). Without these opportunities, individuals may struggle to fully realize their potential (Blatt, 1987; Bumble et al., 2022), establish meaningful careers (Gilson et al., 2022), or fully integrate into their communities (Perske, 1972). This is especially important for young adults with IDD as they transition into adulthood.

This perspective on risk aligns closely with the goals of IPSE programs (Singh & Gilson, 2020). College is often regarded as a transformative period where students try new things, challenge themselves, and sometimes fail. In fact, traditional college programming is designed in alignment with theories of student development that value risk as a positive factor of growth and identity development (e.g., Chickering, 1969; Patton et al., 2016). While campuses provide structures for safety and support, most traditional college students are given wide latitude to make personal decisions, including those that involve risk. Whether it is joining a new club, trying a difficult course, managing time independently, or navigating social dynamics, these everyday decisions help students build self-determination skills and develop social networks that support them in navigating adult life.

However, students with IDD are often limited in their opportunity to make decisions due to protective policies or overbearing support models (Bumble et al., 2022; Jones et al., 2015). These limitations are not always intentional. They often stem from a tension that exists within universities themselves between legal obligations to provide equal access under the ADA and Section 504 of the Rehabilitation Act, and institutional risk management cultures that default toward caution and liability protection (e.g., Kaplin & Lee, 2014; Wertans & Burch, 2022). The result is that students with IDD are frequently excluded from ordinary college experiences, not because of specific safety concerns, but because of broad assumptions about disability and risk. DoR, in this context, becomes a guiding principle for designing IPSE programs that respect students’ rights to explore adulthood on their own terms, with similar supports as their peers without disabilities.

The Need to Explore Dignity of Risk

Although the concept of DoR is widely supported in theory, it is rarely fully embraced in practice. One contributing factor may be that promoting DoR requires significant investment—not only in individualized supports, but also in system-level and environmental changes (Marsh & Kelly, 2018). IPSE programs vary widely in design and inclusivity (Grigal et al., 2022), though recent efforts have aimed to create a more consistent college experience for students with IDD through the development of national accreditation standards (National Coordinating Center Accreditation Workgroup and Inclusive Higher Education Accreditation Council, 2024), which outline minimum requirements for inclusion and campus access. In addition, IPSE advocates have

emphasized the need for standards that go beyond minimum requirements, promoting full participation, a sense of belonging, and DoR (Jones et al., 2015). While research has explored the perspectives of different campus partners on inclusion and campus-related concerns (e.g., Bumble et al., 2023; Gilson et al., 2020; Sanderson & Bumble, 2022) and developed frameworks for evaluating risk (Bumble et al., 2022; Rooney-Kron et al., 2022), little is known about IPSE staff member perspectives on DoR specifically. As IPSE programs grow across the United States, integrating the DoR into staff training, policy, and daily practice is critical to moving beyond historically paternalistic approaches toward students with IDD. Understanding how staff define risk, how they have learned about it, and how they prefer to engage with future training is a first step toward developing relevant tools to support their learning. To better understand how DoR is perceived and applied in IPSE settings, we conducted a national survey of IPSE staff guided by four research questions: (RQ1) To what extent are IPSE staff familiar with the concept of DoR?, (RQ2) Where do IPSE staff learn about DoR?, (RQ3) How do IPSE staff define DoR?, and (RQ4) How do IPSE staff prefer to access information about DoR?

Method

Participants

Participants were 221 IPSE staff across 42 states and 110 programs in the United States (see Tables 1 and 2 for additional demographic information). Only those in paid IPSE roles and affiliate faculty were eligible to complete the survey. Participants worked as full-time staff (36.7%), directors and assistant directors (36.2%), part-time staff (19.0%), affiliate faculty (6.8%), and paid graduate assistants or interns (1.4%). Overall, 21.3% of participants reported having a disability. Among these, the most commonly reported were ADHD (53.2%), a mental health diagnosis (36.2%), and a chronic health condition (21.3%). Smaller proportions reported a physical disability (6.4%), autism (6.4%), a learning disability (6.4%), blindness or vision impairment (4.3%), or deafness/hard of hearing (4.3%). Participants could report more than one disability. In total, 250 participants opened the survey. We excluded 21 participants who opened the survey but did not complete any questions and we excluded eight participants who only completed the demographics section of the survey. Participants represented 30.5% of programs across the U.S. (361 total; Think College, 2025).

Table 1

Survey Participant Demographics

Variables	All (N = 221)
Age ^a	39.9 (13.4); 19-74
Years of experience working with people with IDD ^a	14.0 (10.5); 0-50
Role ^a	
Director or assistant director	36.2 (80)
Part-time staff	19.0 (42)
Full-time staff	36.7 (81)

Variables	All (N = 221)
Paid graduate assistant or intern	1.4 (3)
Affiliate faculty	6.8 (15)
Gender identity ^b	
Female	83.7 (185)
Male	14.9 (33)
Nonbinary or prefer to self-describe	0.5 (1)
Choose not to say	0.9 (2)
Race/ethnicity ^b	
White	81.9 (181)
Black or African American	9.0 (20)
Hispanic/Latino	3.6 (8)
Asian	3.6 (8)
American Indian/Alaskan Native	1.4 (3)
Middle Eastern or North African	1.4 (3)
Native Hawaiian/Other Pacific Islander	1.8 (4)
Choose not to say	3.6 (8)
Education ^b	
High school	5.4 (12)
2-Year degree	3.2 (7)
4-Year degree	24.0 (53)
Master's degree	44.8 (99)
Doctoral degree	22.6 (50)
Disability ^b	
Yes	21.3 (47)
No	78.7 (174)
Degree focus ^b	
Special education	35.0 (72)
Other education (e.g., higher education, elementary education)	17.5 (36)
Psychology or counseling	15.0 (31)
Social work	6.8 (14)
Vocational Rehabilitation	5.3 (11)
Other (e.g., communication, business, arts)	20.4 (42)

Note. ^aMean (SD); Range. ^bPercentage (*n*). IDD = intellectual and/or developmental disability. Participants could select multiple options for race/ethnicity and disability. Only those who reported having a postsecondary degree responded to the item about degree focus (*n* = 206).

Table 2*Inclusive Postsecondary Education (IPSE) Program Characteristics*

Variables	
Number of students enrolled ^a	24.6 (19.6); 1-115
Founded ^b	
1-3 years ago	16.6 (35)
4-6 years ago	13.3 (28)
7-9 years ago	18.5 (39)
10 or more years ago	45.0 (95)
I'm not sure	6.6 (14)
Site ^b	
2-year college	18.5 (39)
4-year college	78.7 (166)
Tech or vocational school	2.8 (6)
Public or private institution ($n = 209$) ^b	
Public	86.1 (180)
Private	13.9 (29)
Geographic locale ^b	
Rural	17.1 (36)
Urban	50.2 (106)
Suburban	32.7 (69)
Percentage of students with ID ($n = 221$) ^b	
Less than 20%	0.9 (2)
20-39%	2.7 (6)
40-59%	3.2 (7)
60-79%	7.7 (17)
80-100%	81.9 (181)
I'm not sure	3.6 (8)
Length of program ^b	
1 Year	7.7 (17)
2 Years	52.0 (115)
4 Years	37.1 (82)
Other (e.g., 10 weeks, 12-18 months, 3 years, up to 5 years)	23.1 (51)
Student enrollment type ^b	
Dual enrollment	3.3 (7)
Exited high school only	79.1 (167)
Both dual enrollment and exited high school	17.5 (37)
Residential option ^b	
Yes	63.5 (134)
No	36.5 (77)
People with IDD on staff ^b	
Yes	54.0 (114)
No	29.9 (63)
I'm not sure	16.1 (34)

Note. ^aMean (SD); Range. ^bPercentage (*n*). Participants could select multiple options for length of program. Respondent numbers vary due to some participants exiting the survey early. Number of respondents is 211 except where noted. IDD = intellectual and/or developmental disability.

Recruitment

We recruited participants over a five-week period in spring 2025, following approval from our internal Institutional Review Board. Recruitment efforts focused on IPSE programs listed in the directory on the Think College website (2025). We reviewed both the Think College program listings and the individual websites of all listed IPSE programs, directly contacting all IPSE staff whose email addresses were publicly available. Each recipient received an email detailing the purpose of the study and a link to the online survey. They were encouraged to share the survey link with other staff members. We also distributed the survey through our personal and professional networks. In total, we directly emailed 776 potential participants. Those who completed the survey received a \$20 e-gift card to a retailer of their choice and an online guide with links to resources on the concept of DoR.

Survey Design and Measures

We developed the survey using an iterative process based on feedback from five current IPSE staff members, three IPSE-affiliated faculty members, and a member of the Think College staff. This team piloted the survey and provided feedback through email or as part of virtual meetings. Following their recommendations, we added additional response options to allow participants to communicate complex scenarios more effectively, updated wording to use more universal terminology, refined definitions of staff roles and responsibilities, revised the formatting of our scaled perspective questions, and enhanced overall clarity. The final survey (available upon request) was administered via Alchemer, took approximately 21 minutes to complete, and consisted of eight sections: (a) IPSE staff member familiarity with DoR, (b) IPSE staff member and IPSE program characteristics, (c) IPSE program instructional practices, (d) student experiences, (e) perspectives of DoR, (f) IPSE program capacity and practices, (g) perceived benefits of DoR, and (h) preferred ways of learning about DoR. Participants provided consent in the first section of the survey and were free to exit at any time. Only sections a, b, and h are addressed within this manuscript.

IPSE Staff Member Knowledge of Dignity of Risk

We used a series of Likert-type items to assess participants' knowledge of DoR. First, participants rated their familiarity with the concept on a scale from 0 = *I've never heard of it* to 4 = *I am very knowledgeable about it*. Next, participants who selected a rating above 0 identified where they had learned about DoR. They selected from multiple sources, including personal experience, conversations with colleagues, academic studies, professional conferences or webinars, workplace training, social media or online communities, and independent research. They also had the option to write in additional

sources. Finally, participants defined DoR in their own words based on their current understanding.

IPSE Staff Member and IPSE Program Characteristics

Participants reported their IPSE program name, state, and whether they had received employer-provided training related to the characteristics or supports of individuals IDD. Response options included: 0 = *No, never*; 1 = *Yes, prior to the last 10 years*; 2 = *Yes, within the last 10 years*; and 3 = *Yes, within the last three years*. Paid part-time staff, full-time staff, and graduate students also reported their program responsibilities by selecting from a list of roles, including instructor, program coordinator, coach or student support role, administrative assistant or office manager, and evaluator or research role. Participants could select multiple roles and had the option to write in additional responsibilities. IPSE directors, assistant directors, and affiliate faculty members did not complete this question, as their responsibilities are more clearly defined.

Preferred Ways of Learning About Dignity of Risk

To better understand participants' preferred methods for learning about DoR, we asked them to rate how likely they would be to access free information on the topic in various formats (e.g., tip sheets, brief videos) using a scale from 0 = *Not at all likely* to 4 = *Extremely likely*.

Data Analysis

For quantitative data, we conducted descriptive analyses to examine participants' familiarity with the concept of DoR, how they had learned about DoR, and their preferred ways of accessing information about DoR in the future. We then tested the hypothesis that familiarity with DoR would be higher among participants who were directors or assistant directors (compared to other paid staff), participants who reported having a disability (compared to other participants without a disability), and participants who had completed coursework or professional development related to supporting individuals with IDD within the past 10 years. We also hypothesized that familiarity with DoR would be higher in programs that were established more than 10 years ago, offered a residential option, and employed individuals with IDD on staff. Finally, we hypothesized that participants' age and geographic location would be associated with differences in preferred ways of accessing information about DoR. To examine these associations, we conducted univariate analyses, including t-tests and ANOVAs. Due to the large number of univariate analyses conducted, we made an a priori decision to only consider findings of $p \leq .01$ as significant.

For qualitative data, we used direct content analysis (Vanover et al., 2021) and general inductive coding (Thomas, 2006) to explore how participants defined DoR in their own words. All responses were exported from Alchemer into Google Sheets and Dedoose, a web-based software for qualitative analysis. In the first round, two primary coders independently reviewed and open-coded each of the responses on the survey in alignment with the third research question. We met to establish consensus on each

excerpt. There were no parameters set on the excerpt coding, including frequency, type, or focus area. In the second round, we drafted a codebook and refined the definitions based on the thematic synthesis at the code level (Vanover et al., 2021). To promote trustworthiness of the findings, we shared the codebook with two internal auditors, who were members of the research team but were not involved in the coding process. We revised the wording of the titles and descriptions of several themes based on the auditors' feedback.

We regularly engaged in discussions as a full project team about DoR, privilege and its influence on opportunities for risk-taking, and the ways our own experiences and assumptions might shape how we interpret the data. Here, privilege refers to the unearned social advantages associated with disability status, race, class, and professional roles that can influence who is trusted and supported to exercise autonomy and take risks in their daily lives. These ongoing reflexive conversations helped the team remain mindful of positionality throughout analysis of these and related data. The qualitative analysis team included researchers with and without disabilities, each bringing distinct professional and personal experiences as direct service providers, special educators, IPSE program leaders, and community organizers. Together, their combined perspectives contributed to a more nuanced and balanced interpretation of the findings.

Results

RQ1. To What Extent Are IPSE Staff Familiar With the Concept of Dignity of Risk?

On average, most participants (81.0%) had general awareness of DoR. About one-third (33.5%) reported they were "very knowledgeable" while others reported having a "good understanding" (20.8%), a "basic understanding" (17.2%) or that they "had heard of it but didn't know much about it" (9.5%). Remaining participants (19.0%) reported that they had never heard of the concept. Directors and assistant directors were significantly more familiar with the concept of DoR than other participants, $t(192.28) = 4.71, p < .001$, 95% CI [0.52, 1.27] (equal variances not assumed). Participants working for programs established 10 or more years ago were also significantly more familiar with the concept than participants working for newer programs $t(208) = 3.11, p = .001$, 95% CI [0.23, 1.03]. Similarly, participants from programs that employed people with IDD were significantly more familiar with DoR than those at programs that did not or were unsure if they did $t(209) = 2.69, p = .004$, 95% CI [0.15, 0.95].

There were no significant differences in familiarity based on several other staff characteristics (see Table 3). Specifically, no differences were found between participants with disabilities and those without, participants at programs with a residential option and those without, and participants who had attended a course or professional development related to supporting individuals with IDD in the past 10 years and those who had not. Due to participant attrition, sample sizes varied across items ($n = 210-221$), with fewer responses to questions appearing later in the survey. See Tables 1 and 2 for the samples for each item.

Table 3

Differences in Familiarity with Dignity of Risk Across Hypothesized Variables and Conditions

Variables and conditions	<i>N</i>	<i>Mean (SD)</i>	<i>t</i>	<i>df</i>	<i>p</i>	<i>95% CI</i>	<i>ES</i>
Role ^a							
Director or assistant director	80	2.98 (1.3)	4.45	192.3	<.001	.52-1.27	.62
Other paid staff	141	2.08 (1.5)					
Age of program							
Founded more than 10 years ago	95	2.79 (1.4)	3.11	208	.001	.23-1.03	.43
Founded less than 10 years ago	115	2.16 (1.5)					
Staffing							
At least one person with IDD	114	2.68 (1.4)	2.69	209	.004	.15-.95	.37
Does not have at least one person with IDD on staff or unsure	97	2.13 (1.5)					
Residential options							
Has residential option	134	2.49 (1.5)	.78	209	.218	-.26-.59	.11
Does not have residential option	77	2.32 (1.5)					
Disability status							
Person with a disability	47	2.19 (1.6)	-1.09	219	.139	-.75-.22	-.18
Not a person with a disability	174	2.46 (1.5)					
Past training							
Attended a course or PD related to IDD in last 10 years	178	2.40 (1.5)	-.07	219	.469	-.52-.48	-.01
Did not attend a course or PD related to IDD in last 10 years	43	2.42 (1.5)					

Note. ^aEqual variances not assumed. Means and standard deviations based on 5-point Likert-type scale from 0 = I've never heard of the concept to 4 = I am very knowledgeable. PD = professional development.

RQ2. Where Do IPSE Staff Learn About Dignity of Risk?

Participants reported learning about the concept of DoR through a variety of sources, with many selecting multiple options. Of the 179 participants who were familiar with DoR, they most often learned about it through conversations with colleagues (61.5). Nearly half (48.4%) also identified professional conferences or webinars as a source of learning. Personal experience (40.3%), academic studies such as school or university coursework (39.8%), and self-directed research through online articles, books, or videos (38.5%) were also frequently reported. Fewer participants reported learning about DoR through workplace training (32.6%) or social media and online communities (18.6%). A small number (3.2%) selected "Other" and described sources such as additional trainings or learning directly from people with disabilities.

RQ3. How Do IPSE Staff Define Dignity of Risk?

A total of 157 participants responded to the open-ended question, "Based on your current understanding, how do you define DoR?" Participants' responses were organized into 11 themes (see Table 5). The themes are presented in order of highest to lowest frequency across participants. Most responses were coded under multiple themes.

Making Personal Choices

About half of the participants ($n = 73$) defined DoR as making one's own decisions about activities, goals, and daily life. Their responses emphasized the importance of involving students in decision-making and encouraging active participation. Many participants described DoR in relation to peers without disabilities, with one noting that "dignity of risk is the idea that anyone (regardless of age, disability status, etc.) gets to make their own decisions..." and another commenting that it "focuses on opportunities for individuals with disabilities to have the same opportunities to make decisions for themselves and experience the risks related to their decisions...as their peers without disabilities." Others emphasized the freedom to shape one's own future, describing it as "the freedom of a person to choose their own path and be allowed to make mistakes – this freedom promotes dignity."

Table 5

Themes Emerging from IPSE Staff Definitions of Dignity of Risk

Theme	Definition	Number of participants
Making personal choices	Making one's own decisions about activities, goals, and daily life	73
A human right	A basic freedom inherent to every person simply by virtue of being human	58

Theme	Definition	Number of participants
Freedom to fail	Taking risks can result in a range of outcomes—both negative and positive—that are valuable for supporting growth	58
Facilitated access	Access to dignity of risk is allowed or enabled by others	51
Learning through experience	Gaining new understanding by trying things and experiencing natural consequences	36
Pathway to independence	Taking steps that move a person toward autonomy and self-reliance	31
Limited to safe boundaries	Taking risks within contexts considered appropriate, reasonable, or safe for the individual	18
Determined by perceived ability	Dependent on a person's skills, ability, or capacity	12
Accessing necessary supports	Ensuring people have access to tools, resources, and information to navigate risk	11
A natural part of life	Recognizing that risk occurs naturally throughout different stages and experiences of life	8
Accepting responsibility	Taking ownership of the outcomes of one's actions within the risk-taking process	4

A Human Right

More than one-third of participants who responded to the open response item ($n=58$) defined DoR as a basic right inherent to every person simply by virtue of being human. They emphasized that taking risks is an essential part of learning, regardless of the potential consequences. Participants varied in how they described this right. Some linked it to the right to “make informed decisions,” to “engage in prudent risk-taking,” or to exercise “self-determination.” Overall, participants underscored that navigating risk is not a privilege granted to some, but an inherent aspect of being human. One participant captured this perspective succinctly, describing DoR as “the belief that all individuals, including those with disabilities, have the right to make choices that involve risk and to learn from their experiences.”

Freedom to Fail

The same number of participants ($n = 58$) discussed the importance of DoR even in the face of uncertain outcomes. They emphasized that taking risks can result in a range of outcomes—both negative and positive—but even setbacks were seen as valuable for supporting growth. One participant expressed this perspective as the “freedom to try and

fail (or try and succeed) even when the decision might not be the objective 'best'." Another participant elaborated further in their definition:

The 'dignity of risk' refers to the idea that individuals, particularly those with disabilities, have the right to take risks and make decisions for themselves, even if these decisions involve potential failure or harm. This concept emphasizes the importance of allowing people the autonomy to experience life fully and learn from their own choices.

Facilitated Access

A smaller number of participants ($n = 51$) described DoR in terms of being enabled by others, often using phrases like "allow" or "given the opportunity." This framing may reflect participants' word choice rather than their broader understanding of DoR. However, it also points to the relational nature of how risk is experienced—where access to risk is often mediated by others, such as caregivers or support staff. Compared with definitions emphasizing autonomy or inherent rights, these responses positioned DoR as something facilitated through relationships and support rather than initiated independently. For example, one participant defined DoR as "respecting a person's worth to provide/allow opportunities for them to take risks." Another emphasized the need to shift from a model of facilitated access, explaining DoR as "Changing our services and attitudes away from overly-protective/sheltering/infantilizing models that give students with disabilities limited choices and freedom; Instead stepping back so our students can make choices themselves to participate in activities that might have risk or damages."

Learning Through Experience

Other participants ($n = 36$) described DoR as gaining new understanding by trying new things and experiencing natural consequences. Participants discussed how consequences can lead to growth, both in the context of risk and decision making. For example, one participant noted, "People have to make their own decisions in their life in order to grow. We learn from our mistakes and decisions." Another stated "[Dignity of risk] offers an individual a universal human experience to learn from mistakes and gain confidence through problem-solving."

Pathway to Independence

Several participants ($n = 31$) discussed how DoR can move a person toward autonomy and self-reliance. Participants discussed the importance of agency in taking risks, even if it is "scary" for caregivers or staff members to see. One participant stated, "It's the right of individuals to undertake tasks, that while they may seem risky or better done with assistance, as independently as possible." This theme was also connected to the concept of establishing independent living skills. For example, one participant responded, "The opportunity for students to engage in independent living skills that could pose a risk, but not taking the risk limits the independence of the individual."

Limited to Safe Boundaries

A smaller subset of participants ($n = 18$) described the conditions under which individuals may take risks, emphasizing that these risks should be considered appropriate, reasonable, or safe for the individual. These participants highlighted the importance of balancing autonomy with protection, ensuring that individuals can learn and grow from experiences without undue harm. For example, one participant defined DoR as, "Allowing people to make an appropriate level of risk based on their choices. Allow[ing] an increase in the level of risk with previous successes. Giving them a chance to live their lives." Another similarly stated:

Those with intellectual disability should have a safe balance to be able to try things even though they may fail to learn from the experience. This 'risk' of failure should be a learning experience but it should also ensure the person's safety.

Determined by Perceived Ability

Twelve participants framed the availability of risk as dependent on a person's skills, ability, or capacity, suggesting that access to risk is closely tied to what someone is thought capable of handling. For example, participants described DoR in terms of the "ability to make informed choices," "ability to stand up for oneself in a risky situation," and "willingness to try new things and assume some risk." In contrast, others emphasized that DoR requires "presuming competence," highlighting the importance of offering opportunities regardless of perceived limitations.

Ability Accessing Necessary Supports

Eleven participants discussed the need for people with IDD to have access to a "supportive environment," including tools, resources, or information to guide the risk-taking process. One participant described this process: "helping them look at the pros and cons, but ultimately allowing them to make the choice, even if the outcome might lead to failure." Another participant framed it this way: "Providing people with disabilities with informed choice and supporting them with making the best decision for themselves. Supporting them if the choice results in unintended outcomes. Providing a safe space to learn from failure."

A Natural Part of Life

Eight participants described the role of risk within daily life. Participants highlighted that risk is present in all areas of life and occurs naturally throughout different stages and experiences. One participant shared:

Dignity of risk is the opportunity to participate fully in society as a person with a disability. It is offering the same opportunities for education, living, employment, leisure and in the community – with supports – as non-disabled peers. It is the ability to make choices and follow your interests and passions. It is the chance to LIVE which includes making mistakes, getting lost, being awkward, trying things that don't work, and going for something that may be out of reach.

Accepting Responsibility

Four participants stated the importance of taking ownership of the outcomes of one's actions within the risk-taking process. One participant described this as the "willingness to accept responsibility for the outcome, whether it's good or bad, expected or unexpected."

RQ4. How Do IPSE Staff Prefer to Access Information About Dignity of Risk?

Participants were most likely to access information about DoR through more traditional and concise formats (See Table 4). Tip sheets were the most preferred, with 63.8% indicating they were "very" or "extremely" likely to use them. Brief videos (57.1%), webinars (51.1%), and short guides of 3-5 pages (48.0%) were also rated highly, all with mean scores of 2.6 or higher. In contrast, formats such as blogs and other social media platforms were among the least preferred, with fewer than 18.6% of participants rating them as "very" or "extremely" likely. There were no significant differences in preferences based on geographic location. However, participants aged 30 and under were significantly less likely to access information about DoR through webinars or online workshops ($M = 2.27$, $SD = 1.18$) than participants over the age of 30 ($M = 2.79$, $SD = 1.02$), $t(190) = -2.98$, $p = .003$, 95% CI [-0.58, -0.18]. No other significant differences were observed based on age.

Table 4*Likelihood of Accessing Information on Dignity of Risk in Varied Formats*

Information format	Percentage of all respondents					<i>M (SD)</i>
	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Very</i>	<i>Extremely</i>	
Tip sheet	0.9	7.2	14.9	37.1	26.7	2.9 (1.0)
Brief videos	3.2	7.2	19.5	36.7	20.4	2.7 (1.0)
Webinars	2.7	11.3	21.7	29.4	21.7	2.7 (1.1)
3-5 page guides	2.7	11.3	24.9	28.1	19.9	2.6 (1.1)
Newsletters	2.7	14.9	25.3	28.5	15.4	2.5 (1.1)
Online modules	5.0	11.3	24.9	31.2	14.5	2.5 (1.1)
Research articles	6.3	15.8	26.2	25.3	13.1	2.3 (1.1)
In-person training	8.6	29.9	16.3	18.1	14.1	2.0 (1.3)
Podcast	17.2	24.0	20.8	14.9	10.0	1.7 (1.3)
Facebook	20.4	23.1	16.7	14.9	11.8	1.7 (1.4)
Blogs	22.6	25.3	23.1	9.0	6.8	1.5 (1.2)
Other social media	26.7	24.4	17.2	11.8	6.8	1.4 (1.3)

Note. $N = 192$. Means and standard deviations based on a Likert-type scale: 0 = not at all likely to 4 = extremely likely.

Discussion

IPSE staff are often the primary bridge between students with IDD and the services, supports, and relationships they access on campus. Through their day-to-day interactions, they also influence how families and campus partners outside the IPSE program come to see the strengths of students with IDD and the risks that should be available to them. Understanding IPSE staff's familiarity with DoR, how they learned about it, how they define it, and how they would like to learn more in the future is an important first step in developing practical tools to advance DoR within inclusive college programs. This study is the first to explore IPSE staff perspectives specifically related to DoR. Findings from this study extend the literature and provide important implications for future research and practice.

First, familiarity with DoR seems to be widespread. Although nearly one in five participants (19.0%) reported having never heard of DoR, the majority had at least a basic understanding (71.5%) and 33.5% reported being "very knowledgeable." On the surface, this level of familiarity stands in contrast to longstanding critiques that IPSE programs struggle to provide authentic experiences and, in many ways, serve as an extension of the K-12 experience (Bacon & Baglieri, 2021; Bumble et al., 2022; Eisenman et al., 2020). However, *who* holds this knowledge may be a critical factor. We found that IPSE directors and assistant directors reported significantly more familiarity with the concept of DoR than those in other IPSE roles. This concentration of knowledge in leadership positions may help explain why familiarity with DoR does not consistently translate into practice, as those in higher-level roles are less likely to be responsible for providing day-to-day services and supports. Additionally, familiarity with DoR alone does not ensure implementation. Embedding DoR in practice is complex and requires sustained investment and coordination across campus systems. More research is needed to explore the multi-level factors such as policies, partnerships, and perspectives that influence how DoR is implemented and sustained over time.

Second, familiarity with DoR differed across some program and staff characteristics, though not always in the ways we anticipated. We were surprised that IPSE staff working in programs with residential components did not report significantly higher familiarity with DoR than those in commuter-based programs, even though residential contexts are typically where conversations about DoR occur. Similarly, staff who identified as having a disability and those who had attended training related to supporting people with IDD in the past 10 years did not report higher familiarity with DoR than their counterparts. Other program characteristics aligned more closely with our expectations and offer insights into how knowledge of DoR might develop within IPSE programs. Staff in longer-established programs and programs that employ people with IDD reported significantly higher familiarity scores, suggesting that institutional experience and working alongside colleagues who have direct experience navigating disability-related systems may contribute to increased familiarity with the concept of DoR.

Third, the definitions of DoR provided by IPSE staff illustrate how this concept is operationalized within programs. While many staff definitions aligned with the original conceptualization of DoR as a human right (Perske, 1972), others were in opposition, and

reflected more protective stances, reinforcing the need for “readiness” and safeguarding people against negative consequences. These diverse perspectives are not unexpected, as individual definitions of DoR are likely shaped by each person’s background, values, and priorities. In fact, many frameworks explicitly acknowledge this variability in how choice, risk, and self-determination are understood and enacted (e.g., Bumble et al., 2022; Burke et al., 2024; Schloss et al., 1994). This variability also raises important questions about who holds the power to define rights and for whom, as definitions of DoR that emphasize protection or readiness may reflect the values and priorities of support staff or systems rather than the individuals whose autonomy is at stake (e.g., Ward & Stewart, 2008). Recognizing this variation is important for IPSE programs, as it highlights that DoR may be implemented differently across staff and contexts and suggests that reflection, discussion, and shared understanding are essential for supporting consistent practices (Marsh & Kelly, 2018).

Fourth, our findings suggest a need for practical trainings and tools. Participants most often reported learning about DoR through informal conversations with colleagues (61.5%), while only about one-third (32.6%) reported learning about DoR through workplace training. Instead of being introduced through structured training, DoR may be learned “just-in-time,” when situations demand it. This finding highlights an opportunity to develop flexible, on-demand resources, such as short videos and downloadable tools, that can meet IPSE staff where they are and support practice across varied program contexts. Staff preferences further support this approach, with the majority indicating they were at least moderately likely to access tip sheets (78.7%) and brief videos (76.6%) versus more formal approaches like in-person training (48.5%). These patterns align with prior research on the learning preferences of secondary special educators (e.g., Bumble et al., 2023). It will also be important, however, to balance these preferences with the types of resources that may be needed to explore a concept as complex as DoR, as lighter-touch formats may not fully capture the depth of understanding required to meaningfully apply it in practice.

Limitations and Future Research

Findings should be interpreted in light of several limitations. First, participants were primarily White (81.9%) and identified as female (83.7%). Although these demographics are generally consistent with staffing patterns in IPSE programs and postsecondary disability resources professionals nationwide (Scott & Marchetti, 2021), the perspectives captured here may not reflect the experiences of staff from culturally and linguistically diverse backgrounds. In addition, this study focused on paid staff; including unpaid staff, such as peer mentors or volunteers, may have yielded different perspectives on DoR. Second, reliance on self-report survey data presents inherent limitations. Participants may have overestimated their familiarity with DoR, particularly given that familiarity was assessed using a single item. Future research should examine IPSE staff knowledge of DoR more deeply using multiple measures or applied assessments. In addition, the survey may have attracted participants who were more knowledgeable about the concept or had a positive view of DoR, potentially influencing the findings. Future research should explore deliberate sampling strategies to mitigate this limitation. Third, definitions and conceptualizations of DoR were derived from a single open-ended survey item. While this

approach allowed participants to describe the concept in their own words, it may not have captured the full depth or breadth of how IPSE staff understand DoR. Future research should explore these concepts through in-depth interviews and focus groups, which would allow for more nuanced data. Fourth, familiarity with DoR should not be conflated with DoR in practice; understanding the concept does not necessarily translate into implementation. Further research is needed to better understand what DoR looks like in practice within IPSE settings, the factors that influence where programs fall along the DoR continuum (Bumble et al., 2022), and how different approaches to DoR may be connected to student outcomes in employment and community participation. Key questions include the extent to which IPSE programs are intentionally equipping students to navigate risk, how staff perspectives on DoR compare to observed practices, and how students' prior high school experiences shape their engagement with risk opportunities in IPSE programs. Addressing these questions can clarify how DoR is enacted across contexts and inform strategies to strengthen practice and improve student outcomes.

Implications for Practice

Findings from this study have practical implications for IPSE programs. First, the wide variation in definitions signals a clear need for shared language within and across programs. Although not part of this analysis, it is likely that definitions reported by staff in the same IPSE program varied in meaningful ways. Without shared understanding, IPSE staff may make inconsistent decisions about risk and differ in how they interpret the presence of DoR within their programming. Programs may benefit from structured conversations about how they define DoR, how their backgrounds and experiences shape those definitions, and how their interpretations influence day-to-day practices (Jones et al., 2015). Importantly, efforts to develop shared definitions should extend beyond IPSE staff to include students, families, and other campus partners who play a role in shaping risk-related decisions (Gilson et al., 2020).

Second, IPSE programs should examine the alignment between their shared definitions, stated values, and day-to-day practices (Jones et al., 2015; Rooney-Kron et al., 2022). Opportunities such as staff planning time, retreats, or professional development sessions can be used to engage in reflection and goal-setting, leveraging tools like the IPSE Dignity of Risk Continuum (Bumble et al., 2022). The continuum organizes risk along four levels—from highly structured and constrained (manufactured risk) to opportunities that reflect those available to all students on campus (authentic risk)—with each level reflecting differences in context, choice, supports and services, and the consequences students experience. The authors acknowledge that while the four levels can serve as a helpful tool, in reality, no program fits neatly into any one level. In fact, a single activity, experience, or program component may draw from multiple levels of risk. Rather than framing DoR as simply present or absent, the continuum can help teams identify where gaps exist between practice and their programmatic values. When gaps are identified, programs can set incremental goals to expand DoR across service contexts, the range of choices available to students, the supports and services provided, or the consequences students are able to experience based on their decisions. Teams can also work to build partnerships, increase knowledge, and raise awareness among staff and campus partners to support the realization of these goals.

Third, although the majority of IPSE staff were familiar with the concept of DoR, familiarity alone is insufficient. Programs should create opportunities for staff to practice using DoR in everyday situations, including decisions in the classroom, supporting students during campus activities, and helping them navigate social interactions or big decisions. Staff may benefit from talking through real scenarios and working together to solve challenges. Building this into team meetings, supervision, and planning sessions can help make DoR part of how a program actually operates, not just something staff know about.

Programs should also take deliberate steps to formalize training and supports in this area. Smith Hill et al. (2024) offer one place programs might turn for guidance, providing theoretically sound strategies for using a teaming approach to support student development across mind, social, emotional, and physical domains. Interdisciplinary teams work collaboratively with students to identify and problem-solve challenges, while also meeting behind the scenes to pool resources and ideas to ensure students have the right strategies to effectively navigate these issues. Ultimately, the goal is to move beyond transactional support, where staff are simply checking boxes and completing tasks, toward experiences that are truly transformational, ones that invite students to wrestle with real choices, develop their own values around risk, and grow as self-determined individuals (Singh & Gilson, 2020; Smith Hill et al., 2024).

Conclusion

The results of this study detail IPSE staff familiarity with the concept of DoR, how they first learned about it, and their preferences for learning more in the future. The study also highlights the range of definitions held by staff, which may shape how they enact DoR in daily programming. Although the factors that influence how IPSE programs are designed and operate are complex, including campus culture, administrative priorities, faculty perspectives, student needs, and family expectations, this initial exploration can guide future research aimed at measuring DoR and translating it into actionable practices. Such work could help programs expand opportunities for risk in intentional ways that align with their unique contexts.

Declarations

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The contents of this manuscript were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90IFDV0037). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this manuscript do not necessarily represent the policy of NIDILRR, ACL, or HHS, and you should not assume endorsement by the Federal Government.

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