

Sexuality and Disability

'More than just the curriculum to deal with.' Experiences of Teachers Delivering Sex and Relationship Education to People with Intellectual Disabilities.

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Abstract:	Interviews with fifteen teachers and educators delivering sex and relationships education to people with intellectual disabilities were conducted. The aim of the study was to investigate their experiences and views. Thematic analysis was used to look for patterns and themes in the verbatim transcripts. Three main themes were identified: challenges when delivering sex education, how to overcome these difficulties, and important topics for sex and relationships education. Implications for delivering sex and relationships education for people with intellectual disabilities and support needed for teachers are discussed.

‘More than just the curriculum to deal with.’ Experiences of Teachers Delivering Sex and Relationship Education to People with Intellectual Disabilities.

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Abstract

Interviews with fifteen teachers and educators delivering sex and relationships education to people with intellectual disabilities were conducted. The aim of the study was to investigate their experiences and views. Thematic analysis was used to look for patterns and themes in the verbatim transcripts. Three main themes were identified: challenges when delivering sex education, how to overcome these difficulties, and important topics for sex and relationships education. Implications for delivering sex and relationships education for people with intellectual disabilities and support needed for teachers are discussed.

Keywords: sex education; learning disabilities; intellectual disabilities; SRE; RSE; SEN.

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Sex and relationships education is one of the most important tools to ensure that young people have the information they need to make informed choices and stay safe [1, 2]. It can also support young people in their sexual development and contribute to their health and wellbeing [3]. The same is true for individuals with intellectual disabilities (ID), especially in the light of findings showing that people with ID are more likely to be victims of sexual abuse [4]. Hence, it is crucial that people with ID receive good quality sex and relationship education (SRE) to equip them with the knowledge and skills required to be safe and healthy.

To enhance SRE teaching it is essential to uncover the challenges educators are facing and how they try to overcome them. Research also needs to highlight what educators themselves see as priorities when teaching SRE. Previous research suggest that teaching staff often feel that they have inadequate training or professional preparation in the area of SRE [5], and they often report a lack of resources [6, 7]. Special education teachers have reported feeling anxious or ambivalent about the topic [8] and a lack of clarity regarding their role and responsibilities [5, 7]. Insufficient parental and administrative support can also be a barrier when delivering SRE to people with ID [6, 9, 10].

There is a paucity of research investigating experiences of teachers and educators who deliver SRE to individuals with intellectual disabilities. The present study investigated difficulties faced by educators when delivering SRE to people with ID, and some of the ways that these difficulties can be overcome. In order to gain insight into the participants' experiences, qualitative methods of data collection and analysis were adopted.

Materials and Method

Participants

Please note, that two terms are used in the paper- teachers (T), which refers to qualified teachers working in schools, and educators (E), which refers to people employed by voluntary, non-government organisations, delivering sex and education workshops and training.

Fifteen teachers/educators working with people with ID were interviewed between March and July 2015. All participants had experience of delivering sex education to people with ID, either as a sole topic or as a part of Personal, Social and Health Education (PSHE). That was the only inclusion criterion for the study. Ten participants were teachers working in special schools and five were educators working for voluntary organisations providing support/education/ advocacy services for people with ID. Two people lived and worked

in New Zealand, one worked in Wales (retired at the time of the interview) and the rest worked in special education establishments or charities in England. As the educational and social care systems in New Zealand and Wales are very similar to English, experiences of the teachers were comparable.

Five men and 10 women took part in the study. No further demographic data or questions about training or time in post were gathered to ensure the anonymity of the participants. All information that could be used to potentially identify the participants, such as the name of the school or location, was not transcribed. Informed consent was obtained from all individual participants included in the study. Consent to publish has also been received from all participants.

Interview Schedule

The aim of the study was to explore experiences of teachers delivering SRE to people with ID. Eighteen semi-structured interview questions were created for this study with the research questions in mind (e.g. ‘What do you find the most difficult or uncomfortable to talk about?’, ‘How do parents generally feel about their children taking part in sex education sessions?’).

Procedure

At the beginning of each interview, information about the purpose and scope of the study was given to the participants. Informed consent was obtained, and participants were informed of their right to withdraw from the study. The interviews lasted between 30 to 55 minutes. Eleven interviews were conducted face-to-face and four using Skype. All meetings completed in person took place in the schools or charities where participants worked. All interviews were audio recorded and transcribed verbatim by the first author.

Analysis

Thematic analysis was used as it is a good method of summarising the content of the data. It also tends to generate findings that can be understood and used by the general public and policy makers. Thematic analysis requires the researcher to familiarise themselves with the data thoroughly and identify themes that adequately describe what was said [11]. When conducting the analysis, the six steps suggested by Braun and Clarke [12] were followed:

(1) Familiarising with the data.

All interviews were conducted and transcribed by the first author, which gave the opportunity to familiarise with the data as well as helped to conduct the initial analysis.

(2) Generating initial codes.

After transcription and reading the transcripts an initial 26 codes were generated. The code could be a word, sentence or a paragraph that captured the principal content and essence.

(3) Searching for themes.

During the next stage, it was decided to group the codes into 6 themes and sub-themes: challenges in teaching, how to overcome difficulties, what students need to know, need to be in a relationship, safeguarding and other.

(4) Reviewing themes.

The next stage of the analysis involved re-finishing and reviewing the themes and sub-themes. This was completed through reading and re-reading of the scripts and discussions between the authors. Decision was made to incorporate the theme 'safeguarding' into the 'what students need to know' theme.

(5) Defining and naming themes.

At this stage it was decided not to include themes 'need to be in a relationship' and 'other' in the final report as they were not linked with the remaining themes and did not address the research questions. The 'what students need to know' theme was rephrased to 'important topics.'

(6) Producing the report.

Findings

Three main themes were identified: 1) challenges and difficulties in teaching; 2) how teachers overcame difficulties; and 3) important topics to cover in SRE.

Theme 1: Challenges and Difficulties in Teaching

Teachers talked about some general problems they encounter in their work, such as the level of comprehension of their students, as well as more specific issues such as using sign language to communicate with some people they work with. A range of challenges were also associated with the specific aspects of the subject of sexual health education, such as students feeling embarrassed. These are explored in more detail below.

Lack of Interest

Some teachers struggled with was the fact that a few of their students lacked interest or engagement in what was being taught, either because they did not consider it relevant to them, or because they had no pre-existing knowledge.

A lot of them because of their immaturity are thinking: ‘this is never going to happen to me.’ So, the barriers are coming down. It’s just not immediate enough for them (T7).

I suppose they ask less questions about things, because they're finding out about things they know very little about (T3).

Socially Inappropriate Behaviour

Several interviewees mentioned that there was sometimes ‘a lot of extremely sexualised behaviour’ (T4) when working with people with more profound disabilities. Teacher 4 also stated that as individuals ‘operate on a very sensory level’ and ‘have no concept of public and private’, incidents of masturbation or inappropriate touch of others happen, and teachers must deal with that. Some teachers said it was difficult finding the right way to explain to somebody with little conceptual language why they should abstain from something they enjoy and which makes them feel good.

Black and White Thinking

Another difficulty mentioned by participants delivering SRE to people with ID, and especially individuals with autism spectrum disorder (ASD), is rigidity in thinking.

For most students on the autistic spectrum everything is white or black (...) there is no room for shades of grey (T2).

This way of thinking can be particularly challenging when it comes to educating people about social norms and rules, as these tend to change depending on the circumstances.

It's those grey areas, why is it ok to do this in this situation, but not in this? And actually sometimes you have to think about as many situation as you possibly can and say: 'if you did that here, do you think you would do that there; why wouldn't you do it here? You could do it there?' (T10).

Experiences of Sexual Abuse

An important challenge discussed by teachers was the possibility of students having been abused in the past, and the need for caution and sensitivity. Teacher 5 stated:

You've got to be aware of the background, things that may have happened to the students. You've got to sometimes be incredibly sensitive about it and be aware that some issues may not be comfortable...so you have got to gauge it.

Other interviewees commented that students might not want to talk about the issues or may not understand that the classroom is not the right forum to discuss their experiences of sexual abuse:

We certainly have got pupils, and I'm not always aware, who were sexually abused in the past and sometimes that would come out, partly because they don't have an understanding that it's not the right forum to talk about that sort of things (T3).

Cognitive Abilities

Level of understanding and cognitive functioning presents a further challenge when teaching people with ID, as described in the two quotes below.

It's hard when you are working with people with such a low level of development and communication. Just to be able to get the message across (T4).

How you make it relevant, how do you safeguard them, how do you give them enough information when they not really make sense of the world around them. That's a challenge (T6).

Heterogeneous Group

Even though most schools try to group pupils according to their cognitive abilities, some teachers still faced large differences in levels of understanding between students in the same class, which created difficulties in

1
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3 teaching. Pupils in each group can also vary depending on their diagnosis, communication abilities, sexual
4 experiences, cultural background etc.
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7 Sometimes in a group you have some that are very sharp and know a lot and others in the same group
8 that are not taking in (T2).
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10 11 *Homophobia*

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13 Some teachers mentioned that the level of homophobia among their students was high and learning about LGBT
14 issues was ‘something that students aren’t comfortable with’ or sometimes even ‘people would just not have it’.
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17 In the prejudice and discrimination lessons that I’ve been doing at the moment, we put on Christina
18 Aguilera’s video ‘Beautiful’ and the sight of two boys kissing-there were several students who turned
19 away ‘I can’t look at it, that’s disgusting!’, so we do have all kinds of barriers to cross (T7).
20

21 22 *Emotions*

23
24 Many teachers commented that their students lacked knowledge regarding the emotional side of relationships.
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27 You also get pupils, who think they know it all, but actually they know the factual side of things and not
28 the relationships’(T3).
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31 This could be because teaching practical, concrete aspects of sex is easier than trying to explain the
32 emotional nature of relationships, especially to students who struggle with recognising their own and others’
33 feelings. What is more, some pupils may have unmet emotional needs that they are trying to fulfil through
34 potentially dangerous behaviours. One of the teachers (T7) found it ‘horrendously worrying’ that ‘their
35 understanding of the lesson that you have just taught them is an intellectual one, but on the emotional level they
36 still have that unmet need.’ In his opinion, that meant that girls ‘can do all the work and produce lovely
37 worksheets and posters etc. and go out at break time and throw themselves at boys’ (T7). As a result, the
38 interviewee felt that no matter how hard he tried, his students would still be prone to abuse.
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40 41 *Negative Parental Attitudes*

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Attitudes of parents towards their children taking part in sex education varied and many teachers found it difficult to liaise with those who did not support it. Teacher 4 found it challenging to discuss inappropriate, sexualised behaviours of their children with the parents.

I think if there was anything [that I find difficult], that would be discussing with a parent, who finds it very embarrassing and you having to explain to parents some of the things that their child is doing... 'oh, my child doesn't do that, girls don't do that' and you're like: 'yes, she does, very often' ...err... so those kind of things are hard (T4).

I came across parents who have said: 'I don't want her to know that she has got a vagina, I don't want her to know that she can put anything there in case other people would start putting things up there' (E2).

Puberty and Anxiety

Puberty represents a very specific challenge and a time of anxiety, especially to individuals who do not like change. For example, Teacher 4 said that:

We'll always teach about puberty and how your body changes, because obviously our kids have difficulty coping with change and so when their body starts changing, obviously that's something that they totally cannot control of, that can be frightening for them. So we do a lot of work to prepare them for that kind of things.

Difficult Topics

Several teachers commented that sexual intercourse and contraception could be a particularly difficult subjects because the students are embarrassed or think it is 'dirty':

Some of them are on the autistic spectrum, so they are blocked, they don't want to know about this [sex] or they do want to know about it, but they think it's dirty or whatever (T1).

It's usually the contraception or when we get the condoms out, some of the boys get very embarrassed (T10).

Other Challenges and Difficulties

Teachers and educators emphasised how challenging their job could be. A key problem was differences in understanding between teacher and student and finding the right language with which to communicate. For example, E3, said 'I think language is a huge difficulty.' Using words that were easily understood and giving the students the right terminology was very important in the opinion of the educators who took part in this study.

Several interviewees stated that they found it difficult knowing whether participants understood what they were trying to teach: 'sometimes it's quite hard to pick up whether they understood something or not' (E2).

One of the teachers stated that sex education could be a problematic subject to some people as it was still considered 'a bit of taboo topic really, particularly here in England. (...) I think for some people that's a real challenge' (T8).

Theme 2: How to Overcome Difficulties

Theme 2 describes examples that the interviewees considered useful in their practice to overcome difficulties and challenges.

General Tools and Techniques

Most of the strategies used by the teachers could be applied to teaching in all subjects and were not specific to SRE. These included using different tools and approaching a topic in a variety of ways:

I think one of the important things in teaching people with disabilities is that you need a variety of tools...different things work with different students at different times (E2).

For our students, you may say one thing and they'll look at you: 'what on earth are you talking about', but actually when you go around in three different ways, they get it, then they understand it. It's about being flexible and diversifying stuff (T9).

Using 'a lot of visual work,' concrete aids and resources appear to be a strategy used by many of the teachers.

You learn a lot by seeing (...) with all the resources, visual ones are the most beneficial (T1).

Another thing that some teachers in the sample found helpful was doing research together with students about resources in the local area, 'where they could go to get that information, who could help them on a range on topic' (T9). Teacher 10 also discussed with her students 'websites and places you can go locally and they can

find where their local clinics are. It's not just about sex, but all sort of things.' She would also visit Sexual Health Clinic with her students, not only to make them aware of places where they could receive advice or treatment, but also to make them feel more confident about visiting venues like this.

Adapting to Individuals

The teachers avoided 'one size fits all' approaches and stressed the need to respond to individual needs and adapt lessons accordingly.

I try very hard to adjust what we do to particular pupils and quite often we don't follow set programme every year (T1).

When there is an issue or there is something worrying them or something has come up, then we, I can change the lesson (T10).

However, arguments were also forwarded for not straying too far from the syllabus in case the syllabus became overly narrow:

It is important that education is not only reactionary and just respond to whatever happens. You can go down wrong routes if you do that, because you don't end up with very broad view of PSHE is or how it should be (T8).

Sense of Humour and Ice-breaking Exercises

According to some teachers 'having a good sense of humour and that sort of thing is really, really important' (T3). Teachers 5 and 9 also practised ice-breaking exercises at the beginning of teaching, not only to make the students feel more relaxed, but also to make them 'feel open' and aware that it was 'ok to talk about these things'. However, Teacher 8 presented a slightly different view, saying it was best not to get involved in 'silliness'. His way of dealing with students' laughter, which could be a reaction to embarrassment, was not to react and 'just sort of press on through.'

Self-esteem

Several participants saw increasing students' self-esteem as a task that schools should be addressing. Having higher levels of self-worth could positively improve the way pupils learn and potentially reduce some risky

behaviours. Teacher 7 mentioned that, in his opinion, because some students, especially girls, had unfilled needs and low self-image, they were 'throwing themselves at boys.' Hence, work on improving students' confidence should be included in teaching programmes.

Working with parents

Working closely with parents was a factor mentioned by many teachers in overcoming some of the challenges of delivering SRE. For example, Teacher 6 said:

We always try to invite parents to look at the resources and talk about what is going on if they are not sure or uncomfortable.

Cooperation and consistency between parents and the school were seen as crucial to improve challenging behaviour (e.g., masturbation in public):

With something like autism it's so routine led, that if we're doing it at school and it's being done at home as well, it's much more likely to work than if they're being given mixed messages. (...) And so we have to be working with parents in that way, it's really important' (T2).

Some teachers indicated that letters to parents were sent out 'at the start of every summer to say what we are going to teach' (T7). Teacher 8 stated that by doing that and 'explaining the topics that will be covered', parents had the opportunity to object and potentially withdraw their children from SRE lessons. Even though all schools practised giving the parents an option to remove their children from sex education, according to the teachers in this sample, withdrawal of pupils was rare.

Repetition

Interviewees often described repetition as one of the methods of overcoming difficulties when teaching, especially issues with understanding and remembering information. For example:

Quite often you have to go back, repeat it and repeat it, because they don't understand it fully the first time (T9).

The more you go over it, the more it does eventually...some of it stays (T2).

Starting early

Participants said that SRE should start as early as possible to make sure that it is effective and that the students have the tools and knowledge to protect themselves. The head teacher of one of the special education schools that the first author visited mentioned during an informal conversation that in his opinion, SRE should start as early as nursery. According to him, young children should start by learning about body parts and making choices. Teacher 1 reported that in the school where he worked, sex education started in primary school: 'just learning about their bodies, public-private, stranger-danger, this sort of things.' As stated by this teacher, starting education early was especially important for children with ID, as they were at greater risk of being abused.

Theme 3: Important Topics to Cover in SRE

This theme summarises what teachers and educators considered to be priorities in sex and relationships teaching.

Safeguarding

Safeguarding was described as 'paramount', 'probably the most important thing' and 'the first priority' by most of the interviewees in this sample (9 participants).

Whatever the level of their learning difficulty or disability, people are very vulnerable (T3).

How to stay safe was so important that 'it virtually covers the whole of SRE' (T7).

This included making students aware of who they should inform if something worrying was happening:

I think that is critical that every person with a learning disability has a safe person to whom they can talk intimately about anything that might be worrying. Sometimes it's a parent and sometimes it's another family member, but I always encourage parents to identify to their child and to have agreement about who that safe person will be (E2).

Many teachers stressed the importance of educating their students about the right to protest if they were not happy with what was going on.

It is all about getting them a knowledge about if somebody is taking advantage or behaving inappropriately towards them, they have a right to say 'no' (T6).

Internet Safety

Internet safety was discussed as important by some of the teachers and educators because students used social media more than going out.

Our students very rarely go out, most of them...a lot of them do sit on Facebook, play video games with live link (T1).

Teacher 8 called attention to the fact that for some people with ID, the media and internet were their main source of information, which could lead to incorrect knowledge and 'distorted views', especially if individuals had no capacity to assess the accuracy of what they saw.

Knowing what is Right and Wrong

According to some of the teachers, one of the most important things that students should be aware of at the end of their education was what was right and wrong.

It's important to channel their education so they know exactly (...) what is ok, what is not ok, what is acceptable, not acceptable so they don't get themselves into trouble, they don't get somebody else into trouble, and they don't become victims of crime (T1).

The topic is important as many students have 'a problem of not recognising the boundaries' and 'lack of social inhibition' (E2). Teacher 4 commented that the discussion about law and appropriate behaviour was often initiated by her students who did not want to 'get in trouble'. This meant that teachers needed to know 'the laws regarding, you know, if you can order a porn on the internet, which a lot of our kids would do, and actually there are very specific laws about what is ok and what's not ok' (T4).

Making choices

Some teachers said that their students found it difficult to make choices because 'decisions are made for them' and they 'don't like choice' (E2). An ability to make choices was therefore considered as another priority:

Being able to help to empower them really to be able to make their own decisions about what they do in their life (E3).

According to Educator 3, it was a role of teachers to give students' information and the 'confidence to say: "actually I would like to do this" or "I do not want to do that"' (E3).

Being able to say 'no' was also important to decrease the students' vulnerability.

It is crucial they know what they want and not be swayed by other peers or other people, because that's when their vulnerability comes in (T10).

Human Rights

Interviewees spoke about the rights of the people they worked with in two contexts: the right to knowledge and the right to be in a relationship.

They have a right to knowledge and a right to make decisions around their sexual lives...they are sexual beings (E1).

Teacher 8 expressed a belief that individuals with impairments might not be aware of their rights or be able to practice them because 'it's decided by the people who work with them'.

Positive Attitudes towards LGBT

Participants reported that attitudes towards LGBT behaviours varied a lot among students. Several teachers reported that 'there are students here that would be in the same sex relationships' (T1). Teachers, therefore, stated it was important to teach about equality and the range of different sexualities.

We teach them that as human beings this is acceptable in the society. We don't pick people out. It's ok to have the same sex relationships and they exist (...). Everyone has got a right to relationship whether it's the same sex or not (T2).

Developing social Life and Skills

Another important competence that students should possess, according to some participants, were social skills.

Teachers and parents should support pupils to attend activities outside of the school to practise them.

Interviewees reported that without this, students could become lonely and socially isolated:

When they leave school, they go to college and then everything stops. If they are not going into a workplace or whatever, so they then become very socially isolated (T3).

Therefore, 'helping them to have a social life and not be lonely' (T4) was an important thing.

Lack of social skills, opportunities for socialising and ‘staying at home and watching television all the time and never venture out’ could lead to a situation where ‘they [people with ID] have little knowledge of people’ (E5). The fact that some individuals with ID were ‘insulated from the real world’ could also mean that:

They are likely to stay in that teenage frame of mind much longer, in that sort of bigoted, tunnel vision for a lot longer than possibly other kids who are going out (T10) .

Discussion

Most of the challenges reported by the participants in the study revolved around the abilities of the students, difficulties of the topic or parental attitudes. In contrast to previous studies [7, 8], none of the difficulties associated with delivering SRE mentioned by the participants in this sample concerned their own attitudes or feelings, for example anxiety or apprehension about the topic or causing harm to the students. The only context when the participants mentioned being worried was the vulnerability of their students. This could be due to the fact that the attitudes of society towards the sexuality of people with ID appear to be becoming more positive [6, 13, 14]. However, as suggested by Rohleder [8], by discussing and concentrating on struggles in a generalised way, participants might be trying to distance themselves from their own negative views. This might reflect their emotional ambivalence about providing sex education to people with ID.

Another difference, compared to previous research [5, 15, 16], is that none of the participants in this study mentioned inadequate training or professional preparation. No questions regarding training or professional preparation were asked during the interviews. Therefore, it is not possible to ascertain whether no reports regarding inadequate preparation were the result of feeling competent due to the training undertaken.

An additional challenge reported by participants in previous studies, for example in a study by Lafferty et al. [6] conducted amongst different professionals and family carers working with people with ID in Northern Ireland, was the lack of resources. This was not an issue mentioned by the teachers in this sample. The reason for such a finding could be that in the past few years, many good resources, and tools for people with ID have been created and are widely available e.g. a series of books “Talking together about...” published by the Family Planning Association [17]. Teacher 5 confirmed this in his interview. He stated that when he first started working in the field, it was a ‘hit and miss.’ However, in his opinion, over the past few years, things had changed for the better when it came to SRE: people had more positive attitudes towards it, the resources were better and there

was a wider choice of them, and there were many more people working in the field who could advise or guide if need be.

Another barrier to efficient SRE reported by staff in previous studies [6, 18] was cultural prohibitions stemming from religious beliefs. Such a difficulty was not mentioned by the interviewees in this sample, despite the fact that two participants worked in a Catholic school and one of the prompt questions was regarding the impact of religion on the knowledge of students.

An issue frequently mentioned by the participants in this study, was the fact that the students with ID were a heterogeneous group and presented various levels of knowledge. This was also reported by the educators in the study by Finlay et al. [19]. Teachers in the study by Nelson et al. [20] stated that students varied not only in their intellectual ability, but also sexual experience, making a general approach difficult. Michielsen and Brockschmidt [10] noted in their review that diversity in types and severity of disabilities could also be combined with diversity in religious and cultural backgrounds. Working with individuals with varying and diverse abilities, experiences and backgrounds could be difficult, as lessons had to be adapted to the individual needs of the pupils, which could be challenging and time consuming, especially if they were many pupils in the group. Another implication of this was that a variety of resources and methods should be used. This was another key finding of the study. The diversity of the tools and techniques used was also helpful to respond to different learning styles and make things more interesting, involving, and memorable. Practical implications of the study are discussed in more details below.

Another challenge mentioned by interviewees in the sample, was regarding negative parental attitudes towards sexuality of their children. Teachers in the study by Nelson et al. [20] also identified unsupportive home environments, combined with low socio-economic status, as a barrier to learning about sex and relationships. Unsupportive environments were defined as households where families were overprotective and believed that sex and relationship information was inappropriate for young people with ID or did not see SRE an important topic [20]. Similar observations were also made by Löfgren-Mårtenson and Ouis [9], Cuskelly and Bryde [21] and Hosseinkhanzadeh et al. [22].

When it comes to the issue of inappropriate sexual behaviour of the students reported by teachers in the sample, a similar theme was mentioned by the educators who worked with individuals with disabilities in the

study by Hanass-Hancock et al. [23]. Also, teachers working with adolescents on the autistic spectrum interviewed by Kalyva [15] noted that since children with ‘lower functioning autism’ interacted with peers mainly, if not exclusively, at school, teachers had to address sexual behaviours that were not exhibited in other settings due to the lack of social partners or sexual interest. Therefore, some of the sexual behaviours that are prominent at school may not be identified by the parents or the caregivers and had to be dealt with exclusively by the educators.

One of the most frequently mentioned points, and seen as the most important topic by many interviewees in this sample, was the vulnerability of the people with ID they worked with and the issues of safeguarding. Most teachers reported that their students lacked knowledge on how to stay safe. Some pupils, despite declared understanding of the issues of safety (e.g. not letting others touch them), did not possess skills, such as assertiveness, to implement that knowledge, or due to unfulfilled, emotional needs, chose to act in contrast with the information they had learnt, for example stay in an abusive relationship. Such a state of things affected the teachers and made them see the issues of vulnerability and safeguarding in many different ways: as a motivation to work, but also a disincentive or reason to be frustrated. Cambridge [24] made a similar observation that despite the fact that many individuals with ID appeared to understand the issues surrounding safer sex, it was frequently reported that safer sex was not practised by them in real life sexual encounters.

Safeguarding also includes internet safety. Several teachers in the sample mentioned that they tried to make their students aware of the potential risks of sharing information, interacting with people who they meet on-line, but also to be critical about the content they were accessing. The same observation was made by educators in the study by Nelson et al. [20], and is also in line with findings of Löfgren-Mårtenson [3], who reported that adolescents with ID were more likely to be affected by unrealistic images of men and women, especially those presented in pornographic materials.

The topic of safeguarding entails elements of protection. However, it would seem that in order to balance the impression that some students may have after hearing about the potential risks and dangers, many teachers in this sample concentrated on making the pupils aware of their rights, especially about the right to be in a relationship or to have sexual experiences. Such an approach is recommended by Garbutt [25], Rohleder [8] and Wood [26], who stated that educators should take care not to demonise the topic of sex but find a balance between safety and the fact that sex is natural and pleasurable and that people have a right to have a sexual life.

Similarly, in Wilkenfield and Ballan's study [7] on views of educators towards sexuality of individuals with ID, the topic of sexual expressions as a basic human right was the main theme reported by the interviewees.

The study was conducted in 2015. However, it would appear that the findings are general and not affected by time lapse too much. In a recent literature review, Michielsen and Brockschmidt [10] tried to identify barriers to sex and relationships education. The authors included studies presenting views of people with ID, families, professionals and teachers (14 articles in total, three describing views of educators [9, 15, 20]). The seven main barriers related to sexuality education for children and young people with disabilities identified in this scoping review were:

1. social misperceptions that people with disabilities as asexual,
2. social misperceptions that people with disabilities are in need of protection,
3. limited support for educators,
4. non-comprehensive and normative sexuality education,
5. educators seem to redirect responsibility for the provision of sexuality education to one another.
6. diversity among children and young people with disabilities, even within one specific type of disability, is large, making a general approach difficult; the diversity in types and severity of disabilities is combined with diversity in religious and cultural backgrounds,
7. competing priorities related to the health of children and young people with disabilities may position sexuality education low down on the list of issues to be addressed.

The overlap in the challenges reported in the study described in this article with barriers identified in the review mentioned above, as well as other literature, suggest that the findings are not limited to time and place. What is more, none of the previous research, according to our knowledge, included suggestions for practice and useful tips and advice, which makes this article useful for all practitioners working with people with ID, not only SRE teachers.

Practical Implications

One important practical implication emerging from the interviews relates to negative parental attitudes. Many teachers emphasised that adverse or ambivalent attitudes of carers were something that they struggled with, and this could be a factor negatively affecting the levels of knowledge or attitudes of students. The solution to this problem suggested by several interviewees was close cooperation between schools and parents, keeping carers informed about the content of the lessons, inviting them to view resources used and making sure that parents reinforce messages sent by teachers regarding, for example, problematic behaviour of the students. Craft et al. [27] also suggested having monitoring groups consisting of parents at schools, who could comment on resources, propose important topics and offer peer support to alleviate anxieties and give advice. Some authors recommend that close collaboration should be present not just between schools and parents, but also include professionals and communities [28].

Craft et al. [27] emphasised that if there was trust between parents and schools, carers were less likely to exercise the right to withdraw their children from SRE. However, parents interviewed by Garbutt [25] were not happy with the level of information they received from schools about the content of SRE taught to their children and complained that the schools did not discuss the topics covered with them first. This can, however, lead to difficulties when parental attitudes differ strongly from those of the school and educational authorities.

Another piece of advice offered by the participants of this study was to use a variety of tools and methods and to be adaptive and flexible in what is being taught to the students. This is in line with recommendations from previous research [3, 20, 29]. However, emphasis should be placed on skills rather than theoretical knowledge, for example knowing how to put on a condom was more important than being able to name all methods of contraception, according to findings from previous research [30].

Teachers also recommended starting SRE early. Topics taught at nursery levels could focus on friendship, body parts, diversity and, most importantly, making choices and being able to say 'no'. Such recommendations can be found in previous studies [7, 25]. In the study by Garbutt [25], parents of people with ID expressed opinions that the age of 9 or 10 was the right time to give youngsters information about sexual health. In Wilkenfield and Ballan's study [7] educators varied in their views regarding the best time to start sex education, but all agreed that it needed to be done before the onset of puberty. However, in Löfgren-Mårtenson's study [3], several young people with ID said that they received information about sexual health when they were

too young, which some of them found embarrassing and frightening. Factsheet published by Sex Forum and National Children's Bureau in partnership with Mencap [31] listing recommendation for effective SRE for people with ID, suggests that SRE should be part of life-long learning and begin at school entry and continue throughout formal education and beyond. SRE should start with core concepts such as public and private, using correct terms for private parts of the body, an understanding of rights relating to our bodies, rules relating to touch, positive friendships, respect and consent.

Another practical suggestion teachers proposed was the need to improve self-esteem. Several participants saw increasing student's self-esteem as a task that schools should be addressing. Having higher levels of self-worth could positively affect the way pupils learn, but also potentially reduce risky behaviour. Interviewees in the sample were trying to achieve this by incorporating activities aimed at increasing self-worth, for example asking students to say something nice about each other or by emphasising to the pupils progress they have made. In the Levenson-Gingiss and Hamilton's study [32], SRE teachers also expressed a belief that it was important to teach students methods to enhance self-esteem and interactional skills (see also [33]).

A further piece of advice, was to have a box where students could anonymously put any questions or suggestions they might have. Similar recommendation was made by Coathup [34].

One recommendation, which has not been mentioned in previous research but was suggested by several interviewees in this study, was to use humour during sessions, 'make it fun' and always start and finish 'on a high note'. Those teachers felt that humour could make students more relaxed and open, reduce uncomfortableness and embarrassment, make things more memorable and lift spirits after discussing challenging and difficult topics such as abuse.

Another technique that several teachers in the sample found helpful, which was not mentioned in previous studies, was doing research together with students about resources in the local area, where they could go to get information, who could help them on a range of topics. A tactic that could be used by teachers and parents was to show individuals websites where they could find useful and reliable information. It was also recommended to visit sexual health clinic with students, not only to make them aware of places where they could receive advice or treatment, but also to make them feel more confident about visiting venues like this.

Some of the above suggestions require policy makers to make sure that SRE is mandatory from early years (where it is not) and the recommendations regarding delivery of it to be very clear and non-ambiguous. Schools and funding authorities also need to make sure that an appropriate budget for provision of SRE, teacher training, and consultation with parents is allocated.

Limitations of the Study and Recommendations for Further Research

The main limitation of the study is the fact that participants involved in it were teachers working with young people (10) and educators (5), who worked with both young and older individuals. Although the sample was not big enough to make comparisons, those interviewees working with older adults might have had different experiences to those involved in the education of adolescents. There is also a possibility that tutors who agreed to take part in this research presented more positive and liberal attitudes towards the sexuality of people with ID compared to those who declined to participate. In addition, no questions regarding time in post, motivation or qualifications were asked. What is more, sample used in the study was a convenience sample and rooted in one cultural background. Future research could examine whether students and educators' age, religiousness or cultural background, policies within schools and services, shared approaches across staff teams, the nature and format of how education is delivered, teachers' professional preparation and motivation have any impact on the views and experiences of the teachers/educators and provision of sexuality education.

In relation to one of the main challenges mentioned by interviewees, the heterogeneity of the students, more research is needed to explore how teachers can meet diverse needs of the pupils, especially those with more severe difficulties, what techniques work and how to make education more inclusive.

At the time of interviews (2015), SRE was not compulsory in England and Wales. In New Zealand (where two interviewees worked), SRE was a compulsory part in state-funded schools, however, as Fitzpatrick [35] noted, many schools chose not to teach this area. Since September 2020, SRE is compulsory in all schools in England [36]. Also, in 2020 New Zealand's Ministry of Education published a reviewed guide for schools regarding sexuality education [37]. More research is needed to investigate whether national policies have impact on teachers' experiences and students' knowledge and satisfaction.

To conclude, understanding the nature of issues teachers struggle with can be useful in determining the nature of support needed and training required. Educators delivering SRE to people with ID face many

challenges and should be supported by senior level teams as well as where possible by parents and other professionals involved in the support and care of individuals with ID.

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