A rationale for providing sexuality and relationships education (SRE) for students with a disability

Introduction

Children and young people with a disability will have many of the same personal and relationship needs as their peers without a disability. They will grow from children to adults and need to know how to understand the physical, social and emotional changes they will experience and learn how to participate in healthy, safe and fulfilling relationships.

Sexuality and relationships education (SRE) is essential learning for students with a disability who are more likely to require direct instruction to learn positive and protective skills and are more vulnerable to sexual abuse and exploitation (May & Kundert, 1996). Research consistently shows that SRE is important to students with a disability and can be successful in contributing to knowledge and skill acquisition as well as influencing positive behaviour development.

Key points

1. All children have the right to education, health and safety and adults have a duty of care to ensure children are healthy and safe.
2. Children and young people with a disability are significantly more vulnerable to sexual abuse and sexual exploitation and are more likely to experience negative mental and social health outcomes from trauma.
3. Schools are well placed to ensure students with a disability receive sexuality and relationships education.
4. Students with a disability benefit from sexuality and relationships education and are likely to acquire the knowledge and skills required through direct instruction and planned programs.

1. All children and young people have the right to education, health and safety and adults have a duty of care to ensure children are healthy and safe.

The United Nations Convention on the Rights of the Child, to which Australia is a signatory, provides an overarching framework which puts children at the front and centre of education, health and safety initiatives.

The authorities in each country must protect children and help ensure their full development — physically, spiritually, morally and socially (United Nations, 1990).

The Queensland Department of Education, Training and Employment recognises teachers’ responsibility to provide educational programs and Queensland teachers are mandated to actively prevent harm to students and to support students who have been harmed (DETE, 2011).

For children’s rights to be upheld, students with a disability can expect schools to provide an educational, physical and social environment where they learn the information and skills to achieve personal health and safety. Teachers can be guided by the Health and Physical Education curriculum to implement sexuality and relationships education programs which meet the learning needs of their students (Australian Curriculum, Assessment and Reporting Authority, 2012).
2. Children and young people with a disability are significantly more vulnerable to sexual abuse and sexual exploitation and are more likely to experience negative mental health outcomes from trauma.

Many children and young people with a disability get little in the way of education and support to understand their body, develop personal boundaries, make friendships or build intimate relationships. While some adults may consider they are protecting children and young people by avoiding sexuality or sexual matters, the lack of information and guidance is more likely to result in confusion, socially inappropriate behaviours and increased vulnerability to sexual abuse and exploitation (Shine SA, 2011). Educators have a unique opportunity to support the development of knowledge, skills and behaviours which help students be safe and to recover if they have experienced harm.

- Children and young people with a disability are up to 10 times more likely to experience sexual abuse than their peers without a disability (Charlton, Kliethermes, Tallant, Taverne & Tishelman, 2004).
- In 99% of cases the perpetrator of sexual abuse is well known to and trusted by the victim and their care providers (Baladerian, 1991 cited in Charlton et al, 2004) and the abuse is likely to occur on multiple occasions.
- In 98.5% of known sexual abuse cases, negative social, emotional and behavioural issues were seen in children and young people with a disability (Sobsey & Mansell 1994).
- The negative psychological impact of sexual abuse is likely to be greater on children and young people with a disability who have coping difficulties and limited protective factors (Dunne & Power 1990; Mansell, Sobsey & Moskal 1998).
- Children and young people with a disability who have experienced abuse tend to have poorer educational outcomes, academically and in terms of attendance (Sullivan & Knutson, 2000).

Much is now known about the negative impact of trauma on brain development and functioning. When children experience trauma from abuse it is likely to impair their perception of time, their cognitive function, affect and ability to respond to rules and to solve problems (Perry, 2001 cited in Charlton et al, 2004). The effects of sexual abuse on children with a disability may also be reflected in behavioural difficulties including poor boundaries relating to touch and sexual behaviour, showing poor skills regarding safe and unsafe situations, depressive symptoms and self harm (Mansell et al 1998).

Special education professionals can make a significant impact on the lives of students by being alert to signs of abuse and trauma, monitoring academic and behavioural progress and providing holistic responses to support health and wellbeing (Sullivan & Knutson, 2000).

*It would be negligent if I was not to teach it (SRE) based on my own baggage rather than the benefits and protective practices it offers the kids.*

Special education teacher, Brisbane, 2010

3. Schools are well placed to ensure students with a disability receive sexuality and relationships education.

_Schools are central in the lives of young Queenslanders and as such are ideally situated to establish plans, programs and practices that promote positive student health and wellbeing. A key component of improving student social and emotional wellbeing is the teaching of social and emotional skills for all students at each level of schooling as part of the school curriculum program (DETA, 2011)._  

Schools exist to meet the needs of children. Educators play a vital role in the identification, prevention and support of children and young people who have been abused or show
concerning sexual behaviours. Schools are the only place where children are seen outside of the home on a daily basis, thus providing a unique setting to provide sexuality and relationships education, protective interventions, advocacy and referral (Sullivan and Knutson, 2000).

Education about sexuality and relationships, delivered in accessible formats, is essential in helping students with a disability make informed, healthy and safe choices. Education improves social and emotional outcomes for students with a disability (Simpson, Lafferty & McConkey, 2006).

4. **Students with a disability benefit from sexuality and relationships education and are likely to acquire the knowledge and skills required through direct instruction and planned programs.**

Key goals of SRE programs in special education include supporting students to develop:
- a positive self image and personal identity
- protective behaviours to identify, avoid and prevent sexual abuse or exploitation
- healthy and safe relationships
- age appropriate knowledge and skills to prevent sexually transmitted infections and unplanned pregnancy (Kirby, 2007)

Most special education teachers acknowledge the need to teach sexuality and relationships education (SRE) throughout primary and secondary school (Howard-Barr, Rienzo, Pigg & James, 2005). Research indicates that children and young people with a disability attain better outcomes when they are taught SRE by teachers who they are familiar with (Johnson, Johnson & Jefferson-Aker, 2001). Special education teachers understand the impact of disability and know that their students require planned education to acquire the information and skills associated with healthy sexuality, relationships and behaviours (May & Kendert, 1996; Mazzucchelli, 2001).

*The students handle the information with more maturity than I anticipated. It’s the one class where they’re all sitting up ready to learn. They show me how much they want to learn about themselves and their relationships.*

Special education teacher, Cairns, 2011.
References


