Sex education for children with intellectual disabilities

People with an intellectual disability have the same range of sexual thoughts, attitudes, feelings, desires and fantasies as people without disabilities, although they often have fewer opportunities to engage in age-appropriate sexual activity than their same-age peers. Yet, when people with an intellectual disability express their sexuality, it is often seen as a ‘problem’. Sex education is sometimes withheld, even though people with an intellectual disability experience STIs, unplanned pregnancy and sexual abuse at higher rates than the rest of the population if they do not learn protective behaviours.

It is important that all children are educated about sex and given the chance to explore, enjoy and express their sexuality in positive and healthy ways.

Sexual development
Most children with an intellectual disability begin puberty at the same age as other children and experience the same physical and hormonal changes. A child with an intellectual disability, however, may need more education and support to understand and manage these changes.

Children with higher care needs may need extra education and support to express their sexuality in positive ways. For example, it may be important to explain the concepts of ‘public’ and ‘private’ and to make it clear which behaviours are appropriate in different places.

At increased risk
People with an intellectual disability experience all forms of abuse, including sexual abuse, at higher rates than the rest of the population. Without adequate sex education and an understanding of protective behaviours, they may also be at increased risk of sexually transmissible infections and unplanned pregnancy.

Some of the reasons for this increased risk include:

- Lack of knowledge about sexual issues
- Misinformation about sex from peers, rather than books or other reliable sources
- Lack of intellectual ability to understand the changes happening to their bodies
- Misplaced trust in others due to increased dependence on others for assistance
- A tendency to be overly compliant, particularly those children requiring a high level of support
- Lack of assertiveness training or skills
- An overprotected lifestyle and limited social contact.

Sex education may be discouraged by some parents and carers
Some reasons commonly given for not educating children with an intellectual disability about sexuality include:

- There is a misconception that children with an intellectual disability don’t need sex education because they will always remain ‘child-like’ and therefore non-sexual
- Some parents fear a child with sexual knowledge will be more likely to experiment with sex and have an unplanned pregnancy, contract a sexually transmissible infection or ‘get into trouble’ in some way. The underlying hope is that a child who doesn’t know about sex will have no desire to express their sexuality. In fact, the reverse is true
- Some parents find it difficult to discuss sex with children, and this can be more difficult if the child has a disability
- The parents may have tried to talk to their child about sex, but weren’t able to express the information in a way the child could understand. Failed attempts may cause the parents to give up.
Obstacles to learning
It can be hard to explain the physical, emotional and social aspects of sex to a child with an intellectual disability. Some common learning difficulties include:

- Learning at a slower rate
- Communication issues
- Limited literacy skills
- Difficulties with abstract thinking and comprehension
- Trouble relating the ideas to their own life experience.

Aspects of education
Ideally, sex education should include information about:

- Self-esteem
- Building the social skills to develop and maintain relationships
- Public and private body parts, places and behaviours
- Different types of relationships
- Personal safety – protective behaviours
- Coping with relationship difficulties or rejection
- Sex and relationships, including marriage and parenting
- The changes of puberty, both physical and emotional
- Menstruation
- The physical mechanics of sex, including reproduction
- Appropriate and inappropriate expressions of sexuality
- Sexually transmissible infections
- Safer sex
- Contraception
- Masturbation
- Same sex attraction.

The benefits of sex education
Some of the documented benefits of sex education for children with an intellectual disability include:

- Increased social skills
- Improved assertiveness
- Greater independence
- An ability to take greater responsibility for their sexuality
- Reduced risk of sexual abuse, sexually transmissible infections and unintended pregnancy
- The language to report an incidence of abuse
- Changes to behaviour, such as adopting more acceptable expressions of sexuality
- Healthier choices
- Less chance of risk-taking behaviours.

The right time to introduce sex education
Suggestions include:

- A child is never too young to learn proper names for body parts, including genitals, or about ‘public’ and ‘private’
- Parents should look out for times when the child expresses interest or curiosity in sex – for example, if they see actors kissing in a movie on television and start asking questions
- Sex education is an ongoing process, not a single lecture. Children should be given basic information first, and then other topics should be introduced as the child matures.

Where to get help

- Family Planning Victoria Tel. 1800 013 952 or (03) 9257 0100 – the FPV resource centre has a range of useful books and educational resources for parents and carers
- Yooralla Community Learning and Living Centre Tel. (03) 9916 5800
- Scope Victoria Tel. (03) 9843 3000
- Disability Intake and Response Service Tel. 1800 783 783
Things to remember

• All children need human relations and sexuality education to explore, enjoy and express their sexuality in positive and healthy ways.
• Sex education can decrease the risk of sexual abuse, sexually transmissible infections and unintended pregnancy.
• Parents should look out for times when the child expresses interest or curiosity in sex and give positive messages about appropriate expression of sexuality.
• Don't be too serious.

This page has been produced in consultation with, and approved by:

DHS - Disability Services

This Better Health Channel fact sheet has passed through a rigorous approval process. The information provided was accurate at the time of publication and is not intended to take the place of medical advice. Please seek advice from a qualified health care professional.

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