Providing Appropriate Sex Education to Young Adults with Moderate to Severe Intellectual Disabilities

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Abstract

Sexuality education for young adults with intellectual disabilities has been overlooked or inadequately taught in the student's curriculum. Without sexuality education, young adults with intellectual disabilities are ill prepared to make informed, safe decisions regarding sexual matters and intimate relationships. A number of factors have made sexuality education a low priority for individuals with an intellectual disability. Societal bias and the outdated or negative opinions of significant adults, including parents and care providers, have kept sexuality education from being accessed in a meaningful way by individuals with an intellectual disability. Although the Individuals with Disabilities Improvement Act (2004) and the American School Health Association (2003) clearly state that individuals with an intellectual disability receive access to comprehensive, ongoing sexuality education, the reality is that inadequate or incomplete sexuality education is being provided. Meaningful topics such as changing body image, sexual health and safety, pregnancy, contraception, STD's, HIV, AID's, public and private sexual behaviors, sexual intimacy and intimate relationships are incomplete or missing from sexuality education programs for individuals with intellectual disabilities. Many programs provided for young adults with an ID are simply a revised version of sexuality education programs provided for non-disabled students that the special education teacher has had to adapt. Teaching tools that are known to work for students with intellectual disabilities, including pictures, computer programs, and manipulatives are missing from these adapted programs. Due to this lack of appropriate information, the rates of pregnancy and sexually transmitted diseases in young adults with an intellectual disability are increasing.

As stated above, current legislation supports individuals with intellectual disabilities integrating into all aspects of the community, including employment, community living, and

social activities. With this current emphasis on independent living and independent living skills, more and more individuals with intellectual disabilities will be active in all aspects of community life, which include personal and intimate relationships. Sexuality education is required to ensure individuals with intellectual disabilities are able to competently protect themselves and make appropriate and safe decisions regarding sexual matters. To this end, curriculum needs to reflect and support ongoing, appropriate and comprehensive sexuality education for individuals with intellectual disabilities to allow them to fully and safely integrate into adult society.

Providing Appropriate Sex Education to Young

Adults with Moderate to Severe Intellectual Disabilities

"Where do babies come from?" This is one of the more developmentally awkward questions that parents or caregivers are asked, especially when it proceeds from the mouth of a very young child. The uncomfortable and squirming parent or caregiver can often delay explanations with vague references to storks, cabbage patches, or birds and the bees, knowing they have time enough to frame an appropriate response as their child physically, emotionally and intellectually develops. When the parent or caregiver receives the question from a physically mature young adult who has moderate to severe intellectual disabilities, the difficulty for the parent to formulate an appropriate response can increase. The parent or caregiver needs to develop an adequate explanation that will provide their young adult with appropriate, safe, and comprehensive information. These are concerns that parents and caregivers of people who have moderate to severe intellectual disabilities live with daily, understanding that as their child develops into a physically mature adult, like it or not, sexuality and intimacy is bound to become a component of their adult experiences.

Sexuality and relationships are an intricate part of the human experience. "Sexuality, an essential aspect of one's personality and sense of self, offers a gateway to intimacy that includes feelings of comfort, security, support, love and affection" (Isler, Tas, Beytut, & Conk, 2009). Parents and/or caregivers generally desire the young adult with moderate to severe intellectual disabilities to experience the joys of a healthy interpersonal relationship. However, the emerging sexuality of a person who has complex support needs poses a number of serious concerns for the parent or caregiver. Many parents and caregivers verbalize that they fear for the physical, mental, and emotional safety and wellbeing of their young adult with a moderate to severe intellectual disability. A survey by Evans, McGuire, Healy, and Carley (2009) reports that over 50% of parents and over 80% caregivers state that they support friendships between individuals with a moderate to severe intellectual disability. When the same parents and caregivers were asked about supporting intimate relationships between individuals with a moderate to severe intellectual disability, the number dropped significantly, with only 1% of parents and only 25% of caregivers supporting these individuals having an intimate relationship.

Whether parents, caregivers, and/or society at large are able to reconcile the idea of young adults with a moderate to severe intellectual disability engaging in sexual relationships, the literature supports the reality of these relationships and demonstrates that adolescents with moderate intellectual disabilities are engaging in consensual sexual activities. “Among adolescents with disabilities who were 16 years old, 25% of the boys and 8% of the girls had experienced sexual intercourse” (Harader, Fullwood, & Hawthorne, 2009, p. 18). These young adults are also engaging in other forms of sexual activity. Pregnancy, sexually transmitted diseases, HIV, and sexual abuse can result from a lack of information, making it imperative that knowledgeable and competent adults provide sex education for students with intellectual disabilities.

The question posed earlier to the parents about what types of relationships they desire for their young adult with a moderate to severe intellectual disability is replaced by a more realistic directive to provide appropriate and effective sex education to ensure the safety and wellbeing of young people who have a moderate to severe intellectual disability. Young adults with an intellectual disability are participating in more community-based activities and, eventually, often move from their parent’s home to become part of an outside community-based living program. It is important to ensure that these individuals have the knowledge and skills to make positive, informed decisions, which will help to ensure their safety and increase their chances of forming healthy intimate relationships. Just as society provides sex education for students without disabilities, which allows them to make appropriate choices and remain safe, it is reasonable to promote sex education for our more vulnerable young adults who have a moderate to severe intellectual disability.

The purpose of this paper is to present a critical review of literature that gives educators and care providers information and tools to address the sexual health needs of individuals with an intellectual disability and provide effective sexuality education to this population. It will explore the historical and current barriers that young adults with an intellectual disability face regarding intimacy, sexuality, and sex education, and provide information that can assist individuals to overcome these barriers. This paper will explore the opinions of parents, care providers, and students with an intellectual disability regarding sexuality education. Finally, this paper will provide educators and care providers with an overview of current sexuality educational resources and programs for individuals who have a moderate to severe intellectual disability.

Relevant Literature

Historical Bias

Historically, individuals with intellectual disabilities and their sexuality have been treated with extreme prejudice and fear. They were often viewed as child-like, in need of protection, and unable to make choices for themselves. In the early 1900's, leading medical authorities and researchers throughout the United States endorsed forced sterilization for individuals who had specific physical or intellectual disabilities. Labeled eugenics, this process was supported socially, medically, and politically by leading social researchers, medical professionals, and politicians of that time period. It was viewed as a means to decrease mental and physical disability in the population by reducing the number of children born to parents who had a physical or intellectual disability. Wehmeyer (2003) reported that the fear of people with specific physical or intellectual disabilities procreating provided the impetus for legislation in the early 1900's for the "forced sterilization of more than fifty thousand Americans" (Wehmeyer, 2003, p. 60).

The legal ramifications for individuals with intellectual disabilities were significant. Snyder and Mitchell (2006) placed the origins of the eugenics movement as early as the 1880's and reported that the eugenic movement promised to reduce the number of individuals born with intellectual disabilities, but failed in that promise. Snyder and Mitchell asserted that what actually occurred as a result of eugenics was the marginalization of individuals with an intellectual or physical disability by society, resulting in a severe infringement on their rights as individuals. Their rights as citizens were taken away, such as living in communities of their choice, their right to marry, and their right to reproduce. These individuals were forcibly institutionalized, experimented upon, and sterilized. Snyder and Mitchell reported that the authorities of that time period rationalized these atrocities as benefitting posterity and being in the best interest of the individual with the disability.

Gougeon (2009) stated, "historically, intellectually disabled people's sexualities have been negated" (p. 281). The rights of individuals with a moderate to severe intellectual disability continued to be negated throughout the 1980's. Forced sterilizations continued and individuals with intellectual disabilities were still viewed as lacking the ability to make choices about their own sexual health and desires.

These past biases and fears towards individuals with an intellectual disability resulted in their isolation, mistreatment, and maiming. Even with the advances in human rights, many individuals with moderate to severe intellectual disabilities continue to be sterilized or placed on birth control, without the benefit of understanding the medical repercussions. Current research and educational advancements in understanding the mental, physical, emotional, and sexual needs of individuals with intellectual disabilities have resulted in an improved quality of life and participation in all aspects of community living.

The Need for Sexuality Education

Individuals with moderate to severe intellectual disabilities are accessing community social arenas, work opportunities, and community living programs in greater numbers than ever before. Mansell and Beadle-Brown (2010) reported that research into community living accommodations for individuals with intellectual disabilities showed improved socialization skills, higher productivity, and overall improved quality of life than for those individuals who remained in institutional settings. Social interactions among individuals with an ID were higher, due to access to community-based social activities such as organized dances, outings to movies, outings to restaurants, and sponsored sporting events.

Teenagers and young adults with intellectual disabilities have accessed many of these social activities. As social interactions among teens and young adults with an ID have increased, there is a greater likelihood of relationships being formed. “Many intellectually disabled young adults attend dances with the objective of finding a partner” (Lofgren-Martenson, 2004, p. 203). Teens and young adults with an ID are exposed to television shows, movies, and music that demonstrate the desirability of forming intimate relationships. With the development of relationships, sexual expression often follows.

As social interaction and relationships increase in this population, so does the need for sexuality education for adolescents and young adults with an intellectual disability. Hormonal changes and the development of secondary sexual characteristics are “not much different when compared to young people with standard intellectual development” (Kijak, 2007, p. 66). Changes in the body, and the accompanying sexual feelings, can be confusing or alarming to adolescents who are not prepared for these changes. Leutra and Mihokovic (2007) reported that adolescents with a moderate ID have the same sexual needs as their non-disabled peers. Sexuality education needs to address the bodily changes occurring for these teens and young adults, while also providing key information about personal safety, safe relationships, sexual expression, sexually transmitted diseases, HIV, pregnancy, and birth control.

Fear, Sex and Statistics

A number of studies have ascertained the need for sexuality education for individuals with intellectual disabilities. Cheng and Udry (2003) reported that 33% of males and females with an ID have had sexual intercourse. They also stated that students with an ID have over twice the risk for contracting an STD as their non-disabled peers (Cheng & Udry, 2003, p. 167). Harader et al. (2009) reported that 33% of females, between the ages of 11 and 23, have had sexual intercourse. In a poll of 1, 015 Family and Consumer Science teachers across the United States, the poll revealed that 53% of the teachers had between one and nine students with an intellectual disability who were pregnant or currently parenting a child (Jones, Domenico and Valente, 2006, p.28). The rise of sexual activity among adolescents and young adults with an ID confirms the need to begin sexuality education at an early age.

The most alarming studies reported the vulnerability of individuals with an ID to unprotected sexual contact, sexual coercion and sexual assault. A three-year study by Brown and

Turk (1994) focused on the potential for sexual abuse. The study concluded that, “the largest percentage of reported cases was in the age range 21-30 years” (Brown & Turk, 1994, p. 31). The study also reported that individuals with moderate, severe and profound intellectual disabilities made up the majority of sexual assault victims and that “for some individuals, the sexual abuse was of long-standing duration, originating in childhood” (Brown & Turk, 1994, p. 32).

The fear of sexual exploitation involving people with a significant intellectual disability seems valid. Peckham (2007) reports that the majority of individuals who sexually assault a person with an intellectual disability are trusted friends or caregivers. Individuals with a significant intellectual disability who live outside the home are often supervised twenty-four hours a day and come to see their caregivers as trusted family members. They are familiar with other people making decisions for them and are generally passive when it comes to personal decision-making. The lack of personal freedom, dependency upon caregivers, lack of sexuality information and/or poor understanding of sexuality information can promote the sexual exploitation of these individuals. The person with an intellectual disability may even believe that they have consented to the sexual activity, even though it was not their decision. Statistically, however, informed consent for a person with an intellectual disability is deemed valid when an individual has an IQ in the range of 65 or higher (Dukes & McGuire, 2009). Individuals with a moderate to severe intellectual disability generally have an IQ between 35 and 55, (Harader et al., 2009).

The important focus of these studies stress the importance of improving personal safety, empowering the individual with significant learning disabilities to protect him or herself from victimization, and protecting him or herself from unwanted pregnancy and sexually transmitted diseases. With the rise of sexual expression among adolescents and young adults, the majority of researchers agree that the key to empowerment is sexuality education.

Bias in Sexuality Education

Sexuality education and curriculum are established for young adults without an intellectual disability. These students are given sex education, usually with parental consent, from elementary school throughout high school. Although curriculums vary, at the very least, these students are taught basic facts about their own bodies, reproduction and pregnancy, reproductive health and safety, and potential health concerns from STD's, HIV, and AID's. In their mission statement, the Sexuality Information and Education Council of the United States (SEICUS) defines sexuality education as "a life-long process of acquiring information and forming attitudes, beliefs and values" (Sexuality Information and Education Council of the United States, National Guidelines Task Force, 2004.) This is an excellent guide for promoting early sexuality education for individuals with significant intellectual disabilities.

Although our society generally supports sex education for young people without an intellectual disability, educating individuals with a moderate to severe intellectual disability about sexuality is an uncomfortable subject for many parents and caregivers. H. Dixon, one of the developers and directors of the sexuality program, "Me and Us," reports that sexuality education can be a "controversial subject" for parents and caregivers, but that many parents are actually pleased "for someone else to be providing information and discussion, especially if the school explains carefully what they plan to do, how and when" (H. Dixon, personal communication, April 27, 2011). Even with a curriculum and specified program, parents and caregivers remain cautious about supporting sex education for individuals with a moderate to severe intellectual disability. Adult caregivers are concerned that teaching individuals with an intellectual disability about sex will prompt them to experiment and participate in sexual behaviors. A study by Fiduccia (2000) reports that individuals with an ID have been characterized as requiring protection or needing to be controlled. Some adult caregivers inaccurately believe that individuals with a moderate to severe ID do not have sexual feelings or urges. The lack of support for sex education to this population is generally due to individuals with a significant intellectual disability being seen as “child-like” or “asexual” (Rembis, 2009, p. 53).

The conflicting opinions of parents and caregivers about sex education for individuals with an intellectual disability often leads to ineffectual, delayed, or absent sexuality education. In a study of sixty adolescents with a moderate intellectual disability, “51.7% stated that they did not receive any education on sexuality” and “46.7% of adolescents did not speak about sexuality with their families” (Isler et al., 2009, p. 30). This is a lot of silence on a subject society deems crucial for students who do not have an intellectual disability.

Obstacles to education.

Conflicting opinions and beliefs about sexual matters from the parents or caregivers of young adults with an intellectual disability are one of the obstacles that impede the implementation of early, appropriate, sexuality education for these young people. Personal and societal biases exist towards viewing individuals with an intellectual disability as sexual beings. Harader et al. (2009) reports that although adults view holding hands, hugging, and kissing as acceptable behavior in young adults with an intellectual disability, sexual intercourse is considered inappropriate. A number of studies have documented the opinions of parents, caregivers, and health care professionals regarding sexual expression in people who have an intellectual disability, and the opinions are generally negative and restrictive. To overcome this negativity, parents and caregivers require information and education to understand the benefits of providing accurate and appropriate sexuality education to young adults with an ID. Educators promoting sexuality education can provide a safe environment that allows parents and caregivers the freedom to have a frank and respectful discussion about their fears and opinions regarding sexuality and sexually related issues. The educator can alleviate any misconceptions the adults might have. The educator can then impress upon the parent or caregiver that sexuality education provides the young adults with the tools to promote his or her own physical, mental, and emotional well-being.

Lack of information and appropriate training is another barrier to providing sexuality education to young people with an ID. Several studies (Harader et al., 2009; Healy et al., 2009; Rembis 2009) report that family members, caregivers, and educators are uncomfortable with discussing sexuality, sexual relationships, sexual abuse, or other sexual matters with individuals who have an intellectual disability due to feelings of inadequacy and uncertainty. The researchers report that these adults feel ill equipped to broach the subject with individuals with an ID and tend to avoid discussions relating to sexuality. Providing information, materials and training to these significant adults regarding ways to discuss sexuality and sexual issues with young people who have an intellectual disability is a positive step towards bridging the gap in communication.

Although gaining parent and caregiver support is crucial to providing sexuality education to young adults with an intellectual disability, system support can be just as important. The American School Health Association (2003) determined that comprehensive, age appropriate, sexuality education be provided to students with disabilities by competent and trained teachers to all students in grades K-12. Educators require materials and training designed specifically for individuals with an intellectual disability and the ASHA encourages continued education for teachers to provide appropriate sexuality instruction. The Individuals with Disabilities Improvement Act (2004) supports the rights of individuals with disabilities to receive services specifically designed to assist them to live independently within the community and assist them with continued education and employment as needed.

Even with the support of ASHA and IDEiA, many sexuality education programs are not created specifically for individuals with an ID. Researchers have indicated that programs designed for individuals with intellectual disabilities tend to be too technical and overly scientific. Many of these programs are based upon programs for students without an intellectual disability and have been modified for use with students with an ID. Because the programs were modified and not created specifically with the needs of students with intellectual disabilities in mind, the delivery of the program to this population tends to be ineffective and clinical. Discussions of reproduction and reproductive physiology can take on a very clinical jargon, which is not conducive to relaying the information to individuals with intellectual disabilities. “The biggest issues for students include the nature of the approach being indirect, vague, and euphemistic” (Gougeon, 2009, p. 283)

Because system support for sexuality education is inadequate, educators are required to take information from a program targeted for students without a disability and adapt it to fit the needs of their students. Each educator revises it, without directions or support, and the effectiveness of the individual programs are not monitored for effectiveness or validity. Authors Grievo, McLaren and Lindsay (2006) reviewed programs designed to educate individuals with an intellectual disability and found that the material was too complex or too explicit, not designed for a person with an intellectual disability, had poor delivery methods, and that the content required the user to adapt it without providing clear guidelines. They stated, “the majority used concepts or resources that may have been too complicated for use with lower functioning individuals" (Grieveo et al., 2006, p. 36).

A final obstacle to sexuality education is the age at which sexuality instruction is introduced. Sexuality education material is often delayed for individuals with an intellectual disability and many individuals with a moderate to severe intellectual disability receive little information in school or from parents or caregivers. This makes the person with a moderate to severe intellectual disability "more susceptible to misinformation, victimization, unwanted pregnancies, and sexually transmitted diseases" (Harador et al., 2009.) Realistically, sexuality education needs to be introduced earlier, reviewed frequently, with systematically increased levels of difficulty, just like any other subject taught to an individual with a moderate to severe ID. As one of the developers and directors of the sexuality program, "Me and Us," H. Dixon stated that "any programme needs to be developmental and repetitive, you can't deliver it once and hope the info will be retained" (H. Dixon, personal communication, April 27th, 2011). In their Quality Sexuality Education for Students with Disabilities or other Special Needs resolution, ASHA (2003) stated that it supports "students with disabilities or other special needs to have developmentally appropriate, quality, comprehensive, medically accurate and skills-based sexuality education in grades K-12."

The ability of a person with an intellectual disability to learn is not in question. Methods for delivering math, English, social studies, daily living skills, and occupational instruction to this population have been designed, studied, and tested for excellence. The use of level appropriate print, pictures, and manipulatives, along with frequent review and assessment for understanding, which are methods used to teach other subjects, can be utilized to teach sexuality education to the student with a moderate to severe intellectual disability. There is substantial data to support early intervention for teaching students with an intellectual disability. Introducing a well-rounded sexuality education program to younger students with a moderate to severe intellectual disability is hindered by outdated ideologies that place a low priority upon sexuality education for young adults with an intellectual disability. However, an ideological shift in emphasis for individuals with an intellectual disability “will only hold when it is matched with an equivalent shift in family and staff carer attitudes and in the educational provisions” (Healy, McGuire, Evans, and Carley, 2009, p. 911).

Individuals with intellectual disabilities speak out.

As previously stated, individuals with intellectual disabilities are interacting in community-based activities more than ever before. Independent living group homes are established to allow adults with intellectual disabilities to have more freedom and autonomy than they might have living at home or in a more restrictive institutional setting. Individuals with an intellectual disability develop friendships and have a need for interpersonal interaction with other individuals. Whether it is talking, watching movies, participating in school activities, or occupational training, individuals with intellectual disabilities have a desire for relationships with other people. These relationships can develop into more meaningful relationships. Healy et al. (2009) noted that individuals living in a community living center reported that they had developed friendships, but that they were very interested in developing relationships with members of the same or opposite sex. As one participant stated, “It’s nice…someone to see everyday when you go to work anyway” (Healy et al., 2009, p. 908) This same study reported that individuals with intellectual disabilities developed close relationships and they engaged in activities with their boyfriend or girlfriend that included intimate contact such as, “holding hands, kissing” (Healy et al., 2009, p. 908) This type of expression demonstrates the desire for close, personal contact. Many participants in this study reported feeling hindered by staff or caregiver expectations and lack of privacy. They voiced that they wanted more intimate contact, but that restrictions were placed upon their behavior by staff and other caregivers.

Relevant sexuality education programs

It is clear that people who have significant intellectual and learning challenges are talking about sex education. The need for sexuality education has been promoted by a number of research studies, however, research has also indicated a lack of appropriate resources and tools to adequately provide sexuality education for individuals with intellectual disabilities.

The need for adequate sexuality education has been addressed by a group of researchers who have various learning or intellectual disabilities. The researchers from the national organization CHANGE in the U.K. discovered that information about sexuality education was not available in a form that was conducive to their intellectual abilities. This group has made a goal to provide accessible sexuality education information for other people who have intellectual disabilities. They report that individuals with disabilities "have lots of experiences with being treated unfairly" (Garbutt, Tattersall, Dunn, Boycott-Garnett, 2009, p. 29.) These researchers are currently developing a program with easy words and pictures that other individuals with intellectual disabilities can access and understand. Their group also provides drama workshops about sexual topics and relationships, which is put on by participants with intellectual challenges and created for other people with disabilities, parents, and educators. This program is projected to be available in the year 2012.

Another program from the U.K., "Me and Us," is a comprehensive sexuality education program that is geared towards young adults with mild to severe intellectual disabilities and for those individuals on the autism spectrum. It is a multi-faceted program that addresses all aspects of sexuality education and current issues in sexuality and relationships. The program promotes sexual awareness across all age groups. The program educates the user about gender specific body changes, including specific teaching about how to cope with these changes. It addresses private issues such as masturbation and nocturnal emissions, and teaches the importance of private versus public sexual behavior. It addresses sexuality, health and hygiene, including safe sexual practices and potential sexually transmitted diseases. It discusses STD's, HIV, AID's and hepatitis, the importance of sexual health care, and how to access public health facilities. The program discusses opposite and same sex relationships without bias. Values, self-esteem, relationship building, and personal safety are also taught. "Me and Us" uses tools such as written material below the 2nd grade level, line drawings, photographs, songs, anatomically correct dolls, and provides small, carry-along booklets to provide guidance to the individual with an ID while they are in the community.

"Me and Us" is based upon the active learning style and is supported in a number of studies. The "learn, apply, do, review" cycle is an important part of the learning techniques used in the program. The cycle can begin at any stage, but continues throughout the four stages. This allows the individual to begin the learning process at the stage at which he or she is most comfortable. Group, pair, and individual learning strategies are used to promote dynamic learning for individuals with different learning styles and abilities.

Summary

A number of researchers have ascertained the need for appropriate and comprehensive sexuality education for individuals with intellectual disabilities. Research by Mansell et al. (2009) and Lofgren-Martenson (2004) report that individuals with ID's are accessing community based activities and living communities in greater numbers. The result is that more young adults with ID’s are meeting in social settings and subsequently desire to form intimate relationships. Gougeon (2009) states that sexuality education is imperative to allow individuals with intellectual disabilities the information to make informed and safe choices in sexual matters.

Societal bias and the negative opinions of parents and caregivers are obstacles to overcome when providing sexuality education to individuals with an ID. The inaccurate opinions that individuals with an ID do not have sexual feelings, are asexual, require protection, or are overly sexual need to be addressed to ensure societal, parental, and caregiver support for sexuality education. Informing parents and caregivers about the positive goals of sexuality education and removing the outdated biases they may retain are crucial elements in gaining support.

Finally, acquiring support from administrators and policy makers will allow educators to acquire and provide comprehensive, age appropriate sexuality education programs designed specifically for individuals with intellectual disabilities across age groups. IDEiA (2004) and the American School Health Assocation (2003) already support comprehensive sexuality education for individuals with intellectual disabilities. The key is to gain the support of administrators, parents, and caregivers at the school level to implement age appropriate programs of sexuality education for students in grades K-12. Presenting current research about the need for sexuality education to improve the physical, mental, and emotional health and well-being of individuals with intellectual disabilities will assist educators with gaining the needed support from administrators, parents, and caregivers.

Conclusion

Sexuality and intimacy are an essential part of being human. Individuals with intellectual disabilities desire the same access to love, relationships, and intimacy as individuals without an intellectual disability. The expression of love through sexual intimacy is a natural and fulfilling aspect of a loving relationship, yet many individuals with intellectual disabilities lack the appropriate sexuality education and knowledge to make safe, informed decisions regarding sexual intimacy.

Providing comprehensive and medically accurate sexuality education to individuals with an intellectual disability will improve the individual's quality of life and their physical and emotional well-being. It will provide essential information about personal body changes, self-esteem, social skills, relationship building, sexual health information, community resources, and allow the individual to gain the skills needed to make informed decisions regarding sexual matters.

The understanding that an individual with an intellectual disability has the same right to intimacy and sexual expression may be hindered by "the attitudes of carers, many of which have failed to progress with the ideology of sexual autonomy" (Healy et al., 2009, pg. 911). By ensuring that individuals with an ID are given appropriate sexuality education, and by giving them the freedom and ability to enter into intimate relationships, these steps will reflect the changing attitudes of individuals and society regarding the rights of individuals with intellectual disabilities.

Legislation supports providing comprehensive and complete sexuality education to individuals with intellectual disabilities. Although legislation clearly supports this education, the reality is that it is not reflected in curriculum for many individuals with intellectual disabilities. Many teachers are required to adapt sexuality education materials that are used to teach individuals without intellectual disabilities, often without guidelines or instructions. Appropriate learning materials that are important tools for conveying information adequately to individuals with intellectual disabilities are missing from this adapted curriculum.

With more and more studies demonstrating the positive aspects of sexuality education for individuals with intellectual disabilities, programs are being developed specifically for individuals with intellectual disabilities. However, the programs are not readily available in many school curriculums. Funding at the district level for most schools is needed to ensure money is available to provide appropriate sexuality education curriculum throughout the schools. District curriculum advisors and educators must be diligent to ensure that programs obtained are able to adequately meet the complex needs of individuals with a range of intellectual disabilities.

Individuals with intellectual disabilities have the right to access all aspects of independent living to the best of their individual abilities. For this to occur, it is essential for educators to supply research based resolutions and advocate for sexuality education to all who are involved in the welfare of individuals with intellectual disabilities. By advocating for sexuality education, educators, parents, and caregivers can promote the mental, physical and emotional health, safety, and well-being of individuals with intellectual disabilities. With appropriate and comprehensive sexuality education, individuals with intellectual disabilities will be able to become well-informed adults who are capable of making educated decisions about intimacy and personal relationships.

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