

BRIEF GUIDE FOR PARENTS AND GUARDIANS

SEX EDUCATION FOR YOUNG PEOPLE WITH DISABILITIES



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INTRODUCTION

In Portugal, the application of sex education in schools is established by law number 60/2009 of August 6th. Article 2 lists the purposes of sex education, as) “The recognition of the importance of participation in the educational process of parents, students, teachers and health technicians;”. This topic is integrated, at all levels of education, within the scope of health education, in non-disciplinary curricular areas, and should be apart of the educational project of all schools “in the manner defined by the respective general council, after consulting the associations of students, parent associations and teachers.”¹ It is also defined the creation of teams responsible for the Promotion and Education for Health (PES)². Finally, the Article 11 reinforces the importance of the participation of the school community in the pursuit and implementation of the purposes of this law³.

With Decree-Law No. 54/2018 of 6 July⁴, the commitment to inclusive education was made official, according to the UNESCO definition (2009)⁵ based on the principle that schools are responsible for ensuring an education for all.

Since the school has the function of balancing economic and social differences and assuming itself as an inclusive school, the application of law 60/2009 of 6 August extends to all students and sex education is of great importance in the training of all and, in particular, in the population with intellectual disabilities, exerting an impact “at the level of attitudes and knowledge of young people, parents and professionals, thus improving their performance in the different contexts of life they integrate”.⁶

The teams responsible for Health Promotion and Education (PES) play a key role in the development of healthy citizens and societies, contributing “to the goals and objectives defined by the World Health Organization for Health and Welfare in Europe – Shealth2020⁷-, for the Strategy EU2020⁸, regarding sustainable growth and inclusive e Conference on Health Promotion (2016)⁹ reinforces the importance of promoting health and improving the level of health literacy in a global context of promoting sustainable development.”¹⁰

1. TALKING THE CHILDREN ABOUT SEXUALITY

The topic of sexuality is, in itself, a taboo for most parents, which can be more challenging when the child has a disability. The school works to support and guide both young people and the family, basing its approach on curricular and legal guidelines, which are based on the age group of young people. In secondary education, sex education is treated transversally, involving different subjects, as it is not part of the curriculum. The truth is, that its importance for the quality of life and needs of young people with disabilities for sexuality education to be recognized. If the young person has a good orientation, their sexual experiences will contribute to their performance and balance, strengthening their ability to establish interpersonal contacts and self-esteem.

¹ Law No. 60/22 009 of 6 August, Article 6.

² Law No. 60/2009 of 6 August, Article 3

³ Law No. 60/2009 of 6 August, Article 11

⁴ <https://dre.pt/dre/detalhe/decreto-lei/54-2018-115652961>

⁵ https://www.dge.mec.pt/sites/default/files/EEspecial/guia_diretor_16_9_net.pdf

⁶ Attitudes towards Sexuality in Intellectual Disability – The importance of training in Sex Education, Ana Filipa Sequeira Silva Master's Dissertation in Educational Psychology

⁷ WHO/Europe | Health 2020: the European policy for health and well-being - About Health 2020

⁸ Microsoft Word - Estrat(35)gia Europa 2020_(2011).eapn.pt

⁹ <http://www.who.int/healthpromotion/conferences/9gchp/health-literacy/en/>

¹⁰ Reference for Health Education, Ministry of Education – Directorate-General for Education Directorate-General for Health

It's up to the family first, to reflect on the notions they have about sexuality, understand each moment of their child's life, accepting and recognizing that sexuality is part of life and that it is much more important to be aware that the search for pleasure and curiosities are part of the process of human development.

The sexual manifestations of young people with disabilities develop as in any other young person and appear throughout their personal and social development, as there is no sexuality by and for the disabled young people. Therefore, the approach must accompany both physical and intellectual growth, with the same naturalness as if it were any other young person. The educational action of the family in relation to sexuality is the most important, as it involves the formation of young people's opinions, attitudes and behaviours. It results, therefore from an informal process in which parents are not aware that they are already educating since they transmit teachings more by what they do, than by what they say.

"The task of educating also implies the belief in some ethical values and fighting prejudices that hinder the development of sexuality. (...) The proposal of sex education is to inform, create conditions for the discussion of different points of view, show sexuality as something natural and encourage young people to respect the body and feelings." (SUPPLICY, 1983, p. 03).

The family should provide spaces for the discussion of values associated with sexuality, so that they can inform their child, without prejudice. Sex education includes values, beliefs, attitudes of the family and the environment, in addition to the messages that are conveyed by the media. Young people/adults with special needs are increasingly encouraged to actively integrate into society, which implies making decisions at work, on the street, about personal relationships, which increases the need to be informed.

The topics to be addressed will always be linked to the age group of the young person and their physical and intellectual development, as for any other young person.. However, bear in mind that young people with disabilities have precarious, sometimes incorrect and superficial knowledge about sexuality, especially about bodily functions, reproduction, birth, sexually transmitted diseases, contraception and feelings.



1.1. BENCHMARK FOR HEALTH¹¹

This Reference, in the topic “Affects and Education for Sexuality” (p. 65), defines, in sub-theme 4 (“Development of sexuality”, p. 80) the concept of “sexuality”¹² as “an energy that motivates us to find love, physical contact, tenderness and intimacy; it is integrated into the way we feel, move, touch and are touched; it is to be sensual and at the same time sexual. Sexuality influences thoughts, feelings, actions and interactions and therefore also influences our physical and mental health.”

In this sense, when approaching sex education, at secondary education level, it must meet some objectives, which are listed.

- Being able to accept and integrate the physical and emotional changes associated with sexuality throughout life.
- Appreciate physical and emotional changes throughout life.
- Identify and deconstruct existing myths about sexuality¹³.
- Be responsible to yourself and to others.
- Valuing sexuality as a positive component of personal development, and interpersonal relationships.
- Respect the different individual options regarding sexuality.
- Distinguish the functioning of different contraceptive methods, and their suitability for different needs.
- Integrate condom use into sexual intercourse.
- Know how to negotiate healthy and safe sexual relationships.
- Understand know how to use the sexual health services and resources available in the community.

The importance that sexuality education is associated with education for values, beliefs and attitudes, as recognized internationally¹⁴, so that the sexual behaviors adopted are in line. In this sense, young people must be able to compare and contrast behaviours that are and those that are not in line with their own values, regarding sexuality and reproductive health.

Parents, for their part, must be aware that as their children grow, they develop their own values that may not coincide with their own. It is, in the first instance, for young people to recognize that their values about sexuality may differ from those of their parents/guardians. They must demonstrate ways to resolve the conflicts caused by this divergence.

¹¹ referential_educacao_saude_original_4julho2017_horizontal.pdf (mec.pt)

¹² World Health Organization (2001)

¹³ Law No. 60/2009 of 6 August, Article 11

¹⁴ <https://www.unfpa.org/sites/default/files/pub-pdf/369308eng.pdf> (“International Technical Guidelines on Sexuality Education”)

2. HOW TO ADDRESS ISSUES RELATING TO MY CHILD'S SEXUALITY

We know that the first step is related to the need to break down barriers and taboos. Parents are not always comfortable talking and providing guidance on sexuality, mainly because they do not have access to information specialised guidance, but also because of religious issues, lack of time, shame or shyness. If the person with an intellectual disability has siblings, they will be valuable partners in the process, as they share common experiences. The dialogue between them is more fluid, serving to clarify doubts, discuss from the viewing of movies/soap operas, or talk about sexuality, sex and demonstrations of affection. The truth is that adolescents with intellectual or other disabilities live their sexuality like any other person. They too seek affection and pleasure.

a) It is up to parents to be open to dialogue on the subject, and should:

- Talk naturally.
- Speak clearly.
- Explain about the body, hygiene, care.
- Talk about social rules, which must be respected according to each environment that the person frequents.
- Seek professional help if necessary.

It is important that, from childhood, the family guides their children in order to develop their autonomy, starting with teaching them some basic concepts related to taking care of their own body.

b) In this way, during bathing, hygiene and changing clothes, the family should teach the child to do it alone, talking about issues such as the importance of taking care of the body, speaking about not allowing strangers to touch them also instilling in them the importance of "privacy" in certain situations. This process will allow them to develop autonomy and grow into a more independent adult.

From childhood, it is important to use simple everyday activities to give the child the opportunity to "choose". The child should be encouraged to choose their own clothes, bearing in mind:

Where you go;

What kind of clothing will suit the occasion

If the clothing will be suitable for the weather (cold or hot).

These simple questions will help your child make their choice. Gradually, the choices become more natural and, throughout their life, the child will be able to make other types of choices confidently.

"In the dictionary there are several meanings for the word CHOOSE: Select, Adopt, Opt, Prefer and Elect. So when we provide young people with choice activities, many other experiences come along. Simple everyday activities, such as choosing clothes, choosing food, choosing a toy or game, music or movie, support the more complex choices that will appear throughout life."

The family should also teach what can be done in public and what should be done in private, which only concerns the child/young person.

c) If, from childhood, the child is oriented towards these differences in performance, the child with a disability will gradually understand these concepts, and as a teenager, he will understand that in intimate moments, when he wants to touch his own body (masturbation), he must look for a place where they are alone.

d) The concept of what is "Public" and "Private" must be shown through concrete examples (in the room, where everyone is gathered, the child must be told: "This place is public, because there are other people here". do the same in a bathroom and tell him: "This place is private, it's just you.").

It is common for people with intellectual disabilities to be more affectionate and not shy away from hugging and kissing others. This behaviour makes them more vulnerable to abuse, so it is necessary to teach the child to show affection in a safe way.

e) The concept of what is "Public" and "Private" must be shown through concrete examples (in the room, where everyone is gathered, the child must be told: "This place is public, because there are other people here". do the same in a bathroom and tell him: "This place is private, it's just you.").

Whenever a child, teenager or young person with a disability talks about sex, sexuality, dating, friendship, it is important to talk clearly using age appropriate language and visuals if required.

Today, information reaches us from everywhere: television is a vehicle of very diverse information, from programmes, soap operas and films, in which dating, kissing and sex scenes take place. The theme appears naturally. In public, on a daily basis, we see kissing, couples who are dating and embrace each other. People with intellectual disabilities, like everyone else, watch television and are out in public see the same scenes as we do. This arouses curiosity and it is important that they can talk to their parents or someone close to them, whom they trust.

In adolescence, people with intellectual disabilities watch:

f) A transformation from the infant body to an adult body; not always accompanied by a behaviour corresponding to this growth. The latter is often infantilized, which leaves parents confused, not accepting that the person with a disability has the same life cycles as anyone else: baby, child, pre-adolescent, adolescent, youth, young adult, adult and old man. The family has to develop the autonomy of the person with disability, being able to be attentive, but always encouraging their independence.

Relationships are important. Young people have to live in society, be part of a group, have friends and this is all important for our development. As a child it is easier to be part of a group at school or institution, the games are simple and the social demands are lower. However, as they grow up, people with intellectual disabilities begin to face a greater number of activities, duties and limits. Often, their social life is limited to the school/institution they attend, as they depend on the presence of others.

3. SOME SUGGESTIONS TO PREVENT SEXUAL ABUSE OF CHILDREN, YOUTH AND ADULTS WITH INTELLECTUAL DISABILITIES

- Always talk to your son/daughter from childhood.
- Explain the importance of body privacy.
- Discuss which parts of the body are intimate (penis, vagina and anus) and no one should touch, tickle or play with.
- Talk about times when family members can help with personal hygiene.
- When talking about private parts (penis, vagina and anus) include the mouth as an intimate part to avoid oral sex (any stimulation that uses the mouth on various parts of the body).
- Talk about what are considered “wrong touches” (don’t talk about bad touching because some touching can be pleasurable and the child/adult won’t know if it’s right or wrong). Explain that the wrong touching is when an adult stimulates our private parts.
- Teach them to say “no”, keeping their arms extended in front of them, when they say “No!” very loudly.
- You should not teach to say “I will tell” because this can result in threats from the abusive person.
- Some children/young people think that they can only tell good secrets and keep bad secrets, in order to not make other people sad.
- Teach about the functioning of the body.
- Encourage the autonomy of your sons and daughters. Abuse is about the power that other people can exercise over us. Practising autonomy and independence since childhood, it is possible to create a more aware and confident young person/adult.
- Talk about unsafe situations, based on daily examples such as problems with fire, electricity, taking medication or road safety. It is important to teach what to do in a dangerous situation and how to ask for help: how to use the telephone or how to choose someone in public who can help.
- Teach the child from an early age to tell the facts. Encourage them to talk about the details of the situation. Discuss with the child the importance of talking, that way, it will be easier if they need to tell you about a different, strange or dangerous situation.
- Know the full name, address, telephone and contact details of family members. All of this is important when there is a need to ask for help.

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TO BE CONSULTED:

1. Affects and Education for Sexuality

<http://dge.mec.pt/afetos-e-educacao-para-sexualidade>
Sexuality | citizenship (mec.pt)

2. The urgency of educating for values

A contribution to social literacy.

<https://www.dge.mec.pt/projecto-led-values>

<http://dge.mec.pt/sites/default/files/Esaude/ebookled.pdf>

3. Best Practices Guide “Adoles(Being): Sexuality and Affections”

http://dge.mec.pt/sites/default/files/Esaude/guia_adoles_ser.pdf

4. Sexuality guide booklet

https://fenacerci.pt/web/publicacoes/outras/cartilha_sexualidade.pdf

5. Education for citizenship

Resources | citizenship (mec.pt)

Sexuality | citizenship (mec.pt)

6. Directorate-General for Health

<https://www.dgs.pt/>

7. Legislation

Law No. 60/2009, of 6 August

Establishes the regime for the application of sex education in schools.

Ordinance no. 196-A/2010, of April 9
Regulates Law nº 60/2009, of 6 August.
Order No. 2506/2007, of 20 February
It defines guidelines for the coordinating professor in the health area.
Order No. 25 995/2005, of 16 December
Approves and reaffirms the guiding principles of the conclusions of the reports
regarding the education model for health promotion.



**BEAT THE
~~TABOOS~~**