

NEED FOR A COMPREHENSIVE SEX AND RELATIONSHIP EDUCATION PROGRAMME FOR ADULTS WITH LEARNING DISABILITY

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SUMMARY

Introduction: Most people with learning disabilities (PWL) have little understanding of the concept of sex and relationship. PWL are vulnerable and more likely to be victims of sexual offending. Currently, the only formal access to sex and relationship education that PWL have is in special need schools.

Background: The right to express their sexuality is frequently restricted or denied by restricted policies, negative attitudes and lack of awareness of their needs.

Aims: To provide a Comprehensive Sex and Relationship Education programme for PWL.

Methodology: These group/individual sessions will be led by a sexuality support worker with experience in working with PWL. They will be supported by members of the multidisciplinary team including, psychiatrist, psychologist, occupational therapists etc.

Conclusion: Providing sex and relationship education PWL would help them achieve a fulfilling and rewarding sexual experience and make them less vulnerable to sexual abuse. There should be greater emphasis to be placed on sex and relationship education in PWL; preferably by qualified professionals.

Key words: sex and relationship - education - adults - learning disability

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INTRODUCTION

Most people with learning disabilities (PWL) have little understanding of the concept of sex and relationship. Even when the knowledge is present, it is often times distorted. The prevalence of sexual offending in people with learning disability is much higher compared to the general population. People with learning disabilities are also vulnerable and more likely to be victims of sexual offending.

At the moment, the only formal access to sex and relationship education that people with learning disabilities have is in primary and secondary schools, (special need schools). This is provided within the framework of Personal health and social education. Some people with learning disability miss out on this opportunity for many different reasons. For example, they may have an erratic school attendance rate due to challenging behaviours or frequent hospital appointments.

It is also worth noting that due to the abstract nature of sex and relationship education, people with learning disabilities struggle to grapple with its concepts.

Hence, there is a need for a comprehensive education programme to help those who may have missed out on it while in school or help consolidate the knowledge in those who have had a prior experience.

If this need is met, it may not only reduce the high prevalence of sexual offending in people with learning disability, it could also make them less vulnerable to sexual exploitation and enable them achieve a fulfilled sexual life.

BACKGROUND

Historically, PWL have been discriminated against in terms of sex and relationships (Wright 2011). Society does not easily view them as sexual beings (NHS Health Scotland, 2008). Their right to express their sexuality is frequently restricted or denied by restricted policies, negative attitudes and lack of awareness of their needs (Box and Shawe, 2013). They are also more likely to engage in unsafe sexual behaviours and will experience a high level of sexual abuse. (McCarthy 1999). As a result, PWL are often denied the basic right to a safe and healthy sexual life.

AIMS

The aim of this project is to provide a Comprehensive Sex and Relationship Education programme for PWL. There is an opportunity to focus on the development of practical skills and behaviors by 'bringing to life' developmental theory. It may not only reduce the high prevalence of sexual offending in PWL but it could also make them less vulnerable to sexual exploitation and enable them achieve a fulfilled sexual life.

METHODOLOGY

These sessions will be led by a sexuality support worker with experience working with people with learning disability. He or she will be supported by other members of the multidisciplinary team including, psychia-

trist, psychologist, occupational therapists, support workers etc. The sessions will be in groups or individual sessions depending on the specific needs of the individual. The methodology has been accepted as a working project as part of the LeaP Programme 2014-2015 and has been presented at the celebration event in 2015.

EVIDENCE BASE

There are various studies over the years that have identified key issues around sexual health needs in people with a Learning Disability.

Emamiannaeini and Ferry (2010) writing on the Sexual Health Needs Assessment for people with learning difficulties identified lack of sex and relationships education as a key finding. This is supported by the fact that nearly 50% of staff working with individuals with Learning Disability identified more training and clear policy guidelines as the two means of increasing their confidence in dealing with issues of client sexuality (McConkey 2001). Families of people living with Learning Disability also express concerns about their children sexual vulnerability. Mothers of young people with intellectual disability held more cautious attitudes about contraception, readiness to learn about sex and decisions about intimate relationships (Pownall 2012). It is no surprise therefore that people with learning disability have less knowledge and have more negative attitudes towards sexual issues (McCabe).

Sexual health is an important component of human development & health throughout the life-span (The American Congress of Obstetricians and Gynaecologists 2011). Effective sex and relationship education is essential if young people are to make responsible and well informed decisions about their lives (Department of Health of and Employment 2000). Kirby (2010) writing on the impact of schools and school programs upon adolescent sexual behaviour stated that implementing effective programs may reduce sexual risk-taking behaviour. In the UK, the Department of Education and Employment recognises the importance of sex education in human development and advises that governing bodies of maintained primary schools must decide whether sex and relationship education should be included in their school's curriculum but that all maintained secondary schools must provide sex and relationship education and must teach human growth and reproduction as set out in the curriculum (Department of Health of Health and Employment 2000). Some PWLD more often than not are unable to access formal education and as a result miss out on this very important learning process. They often rely on community learning disability nurses to 'deal with' their sexuality issues at crisis points (Emamiannaeini 2010). This is in stark contrast with the emphasis placed on the sexuality of "mainstream" individuals highlighted above.

There is robust scientific evidence to support the fact that sexuality education for PWLD is effective in hel-

ping them achieve a fulfilling and rewarding sexual life. Some of the evidence is cited below.

Program evaluation of a sex education curriculum for women with mental retardation indicates that the program is effective and aids in understanding factors contributing to sexual knowledge for adults with mental retardation (McDermott 1999). Hayashi et al. (2011) obtained a similar impressive result in their work on sex education programme involving social skills training for people with a learning disability. In a separate study to evaluate the impact of sex education programs on sexual knowledge and feelings of men with a mild intellectual disability, Garwood and McCabe (2000) concluded that there was progress made in the sexual knowledge of participants at the end of the programs. Healy et al (2009) looking at a service-user perspective concluded that the provision of sex education training and promotion of positive attitudes towards appropriate sexual expression is critical to the realization of sexual autonomy for PWLD.

CONCLUSION

Providing sex and relationship education to individuals with Learning Disability would help them achieve a fulfilling and rewarding sexual experience and reduce risky sexual behaviours. Such a programme could empower individuals with Learning Disability about their sexuality and make them less vulnerable to sexual abuse, which currently have a prevalence rate 61% for men and 25% for women with Learning Disability (McCarthy 1997). Achieving ones sexual potential is a basic human right and people with learning disability should not be excluded in the process. There should be greater emphasis to be placed on sex and relationship education in people with Learning Disability; preferably by trained and qualified professionals to help them achieve a safe and healthy sexual experience

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