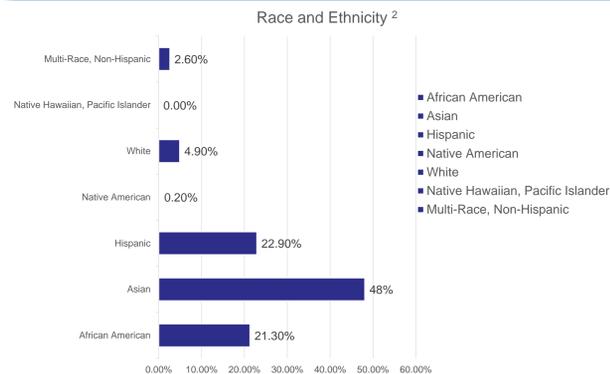


BACKGROUND

- Adolescents with intellectual disabilities are often perceived as asexual or "childlike," or conversely are perceived as inappropriately sexual.
- A lack of education creates vulnerability to exploitation, abuse, and poor reproductive health outcomes.
- Adolescents with intellectual disabilities are as sexually experienced, or more, as their peers without disabilities
- Children who have intellectual disabilities are **sexually abused at a rate of 2.2 times higher** than for children who do not
- These misperceptions and real fear of abuse lead to parental overprotection and affect the individual's ability to establish peer relationships.



Total # of Classes	229
Average Class Size	19.7
Number of Students	503
Female %	44.1
Male %	55.9
English Language Learner %	11.3
Students with Disabilities %	15.3
Economically Disadvantaged %	58.8

OBJECTIVE

- Develop an evidence-based sexual health curriculum for intellectually disabled students in collaboration with Tufts Medical Center physicians and special education teachers at a local high school in Boston
- Study the efficacy of our curriculum in providing students with comprehensive sexual health education.
- Establish an ongoing relationship between physician learners and the local community.

METHODS

- We obtained IRB approval from Tufts University. The project was funded by the AAP CATCH grant.
- The sexual education curriculum was created in response to local high school administrators, nurses, and teachers who expressed concern about students with intellectual disabilities experiencing STI's, sexual abuse, and pregnancy.
- We modified nine lessons from King County's FLASH Curriculum for Special Education including: Relationships, Public & Private, Communication, Reproduction, and Sexually Transmitted Diseases.
- Medical students and residents taught classes divided into groups of mild and moderately intellectually disabled students, ages 14-22 years, with 15 and 12 students in each class, respectively. Each classroom had one special education teacher and teacher's aid.
- Pre- and post-tests (4-5 questions in length) were administered, covering information taught. We used identifiers to correlate tests.
- Focus groups are being held with special education teachers and parents.

RESULTS

Trainees' Reflections on Teaching

"Teachers thanked us for providing the educational content on healthy emotional and physical relationships because the students are not provided with this content otherwise."

"The class with lower abled students I thought incorrectly would be the quieter bunch but they seemed less inhibited and participated more...it was really fun!"

"We have to be creative in assessing the efficacy of the class as written knowledge assessments are limited by students' reading comprehension and ability with advanced recall memory"

Teacher Focus Groups

Program benefits:

- Increased awareness
- Healthy dialogue about sex, relationships, hygiene
- Need to know they are fertile and what are consequences
- Discussion about consent

To Improve:

- More visual material and media resources
- Split classes by gender
- Improved understanding of limitations of kids
- More experiential learning

Requests:

- More time in hygiene for lower level kids
- Discussing consent – more focus on sex than personal space
- More focus on condoms and how to use them
- Nothing was too extensive; they need to know everything

DISCUSSION

- Written quizzes were not effective for assessing student knowledge, as some of our students cannot read and others had difficulty comprehending the questions.
- We chose to focus instead on qualitative measures such as feedback from teachers, students, and physician learners. We thus are modifying our assessments with focus groups.
- Teachers observed students having difficult peer relationships with poor knowledge of boundaries, and reflected that the relationships class was a relevant and timely topic.
- We found that lessons allowed for a "safe space" where students could access trusted adults. Students were able to disclose vulnerable situations such as rape or incest, and received help.

CONCLUSIONS

- Teachers, students, and physician learners all derived significant value from the implementation of a sexual health curriculum which was not provided to students otherwise.
- Based on feedback, our curriculum provided opportunities for our student population to ask questions and clarify misconceptions.
- Community collaboration between healthcare providers, teachers, and school nurses is an effective tool to improve awareness and education of sexuality and sexual health education in intellectually disabled youth.

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