

**Sexual Health Education for Students with
Disabilities in Indiana Public Schools:
Professional School Personnel's
Perceptions and Current Practices**

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**THE INDIANA INSTITUTE ON
DISABILITY AND COMMUNITY**

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EXECUTIVE SUMMARY

The Center for Health Equity in collaboration with the Indiana Resource Center for Autism at the Indiana Institute on Disability and Community at Indiana University-Bloomington conducted an online survey between November 2019 and April 2020 to examine sexual health education for students with disabilities in Indiana public schools. Research literature shows that students with disabilities have lower levels of sexual health literacy and do not receive adequate sexual health education when compared to their counterparts without disabilities. The purpose of this survey was to determine Indiana public school personnel's perceptions and current practices regarding the delivery of sexual health education to students with disabilities. More specifically, the survey sought to examine the following among professional school personnel in Indiana public schools: a) beliefs about the delivery of sexual health education to students with disabilities; b) comfort in delivering sexual health education to students with disabilities; c) professional preparation for the delivery of sexual health education to students with disabilities; d) needs for and barriers to the provision of sexual health education to students with disabilities; and e) practices implemented in Indiana public schools regarding the delivery of sexual health education to students with disabilities.

Professional school personnel in public schools were recruited throughout Indiana to participate in the online survey. These personnel were eligible for the survey if they met the following inclusion criteria: a) they worked for a public school in Indiana at the time of the survey; b) they taught sexual health topic(s) (e.g., anatomy, puberty, sexually transmitted diseases, healthy relationships) to at least one student with disabilities in an Indiana public school between the Fall 2018 and Spring 2020 school semesters; c) they had active professional school staff or teaching licenses issued by Indiana during those semesters; and d) they taught sexual health topic(s) in a classroom setting. The total number of responses were 105, with 80 participants eligible to complete the full survey.

The following are some of the highlights of the survey results:

- Public school personnel who responded to the survey were predominantly female (88.3%), white (94.8%), and over the age of 40 (80%).
- Most participants taught sexual health topics through Family and Consumer Sciences courses.
- Nearly 90% of the participants (86.3%) reported that they taught students with and without disabilities together in an inclusion classroom.
- The majority of school personnel taught sexual health education in high schools (85.9%).
- The majority of school personnel believed that many of the topics that are taught in sexual health are very important, including anatomy and physiology (97.3%), puberty and/or adolescent development (84.9%), pregnancy and reproduction (84.9%), HIV/AIDS and other sexually transmitted infections (84.9%), sexual violence (91.5%), sexual consent and sexual decision making (96.7%), public and private behavior (84.7%)

and healthy relationships (94.5%). However, only about 30% of the respondents thought that it was very important to teach sexual orientation and gender identity (27.8%).

- Most school personnel (73.2%) were very comfortable teaching sexual health to students with disabilities in the classroom, but only about 60% reported that they were very well prepared (57.5%).
- School personnel were the least prepared to teach the topic of sexual orientation and gender identity. Less than half of the participants (44.8%) reported that they were not prepared to teach that topic.
- About six in ten school personnel did not use an official curriculum (57.1%) in order to implement sexual health education in classrooms to students with disabilities.
- Four in five participants (80.8%) reported that they did not receive any academic training at the undergraduate or graduate level on how to teach sexual health education to students with disabilities. Regarding educational experiences other than academic training, approximately one in four respondents (22.7%) reported that they had received continuing education/professional development training related to teaching sexual health education for individuals with disabilities.
- Approximately two thirds of the participants believed that there were no differences in the delivery of sexual health education to students with disabilities (62.9%) compared to students without disabilities in their school corporation.
- The survey participants reported the following factors as “very or somewhat” barriers to the content of their teaching sexual health education: parent/guardian input (42.0%), Indiana Department of Education Health and Wellness Standards (37.1%), Senate Enrolled Act 65 (35.5%), the type of disability a student had (35.4%), student grade level (30.7%), school corporation policies (25.8%), school administrators (21.0%), and student input (21.0%).
- A majority of the survey participants reported that they would be interested in receiving training in sexual health education for students with disabilities (57.4%).
- Many of the personnel were generally interested in learning about various topics within sexual health, including use of technology and social media in relationships (25.7%), healthy relationships (24.8%), public and private behavior (24.8%), sexual violence (22.9%), sexual consent and sexual decision-making (22.9%) and sexual orientation and gender identity (20%).
- Approximately three in five participants reported that they had not used an official curriculum/curricula (57.1%) in teaching sexual health education to students with disabilities. Of those who reported the use of an official curriculum/curricula, seven in ten participants reported that they had adapted their official curriculum to meet the needs

of students with disabilities (73.3%), and that they had supplemented their curriculum by utilizing outside organizations, presenters, or materials (70.0%).

- The common materials used in sexual health education included materials available online (37.2%), followed by commercial materials (19%); materials developed by the school (9.9%) and the school corporation (5.8%); and library materials (19%).

INTRODUCTION

Background

Sexual health plays a critical role in one's health, well-being, and quality of life. However, the importance and necessity of sexual health is often undervalued or neglected for people with disabilities. They are often stigmatized as asexual (Clatos & Asare, 2016), and are vulnerable to unsafe sexual practices and sexual abuse (Cheng & Udry, 2005; Harrell, 2017; Mandell et al., 2008). Research shows that young individuals with disabilities are sexually active, and that they are at a high risk for unsafe sexual practices. Male teenagers with a cognitive disability are twice as likely as those without a disability to have engaged in sexual activity (Cheng & Udry, 2003). In addition, adolescents with intellectual disabilities were less likely than their peers without disabilities to use contraceptives and had higher risks of sexually transmitted infections and pregnancy (Cheng & Udry, 2005; Mandell et al., 2008). Children with disabilities and individuals with intellectual disabilities or cognitive limitations are vulnerable to sexual abuse (Arc, 2015; Harrell, 2017).

Research indicates that individuals with disabilities receive inadequate sexual health education (Rowe, 2013). Parents or guardians of young students with disabilities are not well prepared to address sexual health needs of their children with disabilities. For parents in general, it can be an uncomfortable task. Wilson and colleagues (2017) show that parents felt uneasy talking about sex with their children and thought that someone else would do a better job. In addition, parents of children with disabilities may have additional fears and attitudinal barriers. Parents were concerned that such talk would encourage their children to have sex (Wilson et al., 2017). Mothers of children with intellectual disabilities discussed sexual issues with their children at a later age than mothers of children without intellectual disabilities or other disabilities (Pownall et al., 2012). This highlights the importance of sexual health education for students with disabilities in schools.

Students with disabilities are not receiving equitable access to sexual health education in schools. Barnard-Brak et al. (2014) revealed that 56 percent of students with mild intellectual disability and 84 percent of students with moderate to profound intellectual disabilities had received no sex education at all. Students with intellectual disabilities receive both less sex education instruction in school and less parental instruction on sexuality at home than their counterparts without disabilities (Cheng & Udry, 2003). Adolescents with physical disabilities showed low general sexual knowledge, with 55% of those aged 12-15 and 18% of those 16-18 years old reporting they received no sex education in their schools (Berman et al. 1999). There are assumptions that people with disabilities do not share the need for intimacy or sexual feelings and desires experienced by people without disabilities (Smart, 2015). Many educators do not have any adequate training in teaching sexual health topics to students in special education (Howard-Barr et al., 2005). There is limited literature on effective methods or curricula regarding sexual health education for students with disabilities (McDaniels & Fleming, 2016).

Sexual health education can increase sexual health literacy, which will reduce risks for unsafe sexual practices and sexual abuse. This makes it imperative to develop and implement effective and sustainable sexual health education interventions for students with disabilities. To this end, it is important to examine current practices in schools as well as professional school personnel's

perceptions of and preparation for sexual health education in order to better understand how to appropriately serve students with disabilities. Therefore, we conducted a comprehensive examination about public school personnel's perceptions and current practices regarding the delivery of sexual health education to students with disabilities in Indiana. More specifically, the survey collected information from professional personnel in public schools, in order to better understand the following: a) beliefs about the delivery of sexual health education to students with disabilities; b) comfort in teaching sexual health education to students with disabilities; c) professional preparation for the delivery of sexual health education to students with disabilities; and d) current practices including barriers and needs related to the delivery of sexual health education to students with disabilities.

METHODOLOGY

Research Questions

In order to accomplish the objectives of our study, a survey questionnaire was formulated based on the following overarching research questions:

1. What are public school personnel's beliefs about and comfort in the provision of sexual health education to students with disabilities?
2. Are public school personnel professionally prepared to provide sexual health education to students with disabilities?
3. What needs do public school personnel have in order to better provide sexuality education to students with disabilities?
4. What barriers do public school personnel face in delivering sexual health education to students with disabilities?
5. What are the current practices implemented in public schools regarding the provision of sexual health education to students with disabilities?

Survey Instrument

For the development of the survey, the project team conducted comprehensive literature reviews of sexual health education for students with disabilities in Indiana and the U.S., and related policies and practices; and widely-used guidelines for comprehensive sexual health education (e.g., guidelines for comprehensive sexuality education by the Sexuality Information and Education Council of the United States [SIECUS], 2004; the international technical guidance on sexuality education by the United Nations Educational, Scientific and Cultural Organization, [UNESCO], 2018; national sexuality education standards by the Future of Sex Education Initiative, 2011). Some of the sexual health topics chosen for the survey were based on the Indiana Department of Education Standards under the categories of Health and Wellness; Health Science; and Family and Consumer Sciences (Indiana Department of Education, 2020). Based on the aforementioned reviews, we included the following 14 sexual health topics in the survey: anatomy and physiology; puberty and/or adolescent development; personal hygiene; sexual orientation and gender identity; pregnancy and reproduction; abstinence from sexual activity; safer sex protection methods; HIV/AIDS and other sexual transmitted infections; healthy relationships; use of technology and social media in relationships; sexual consent and sexual decision making; sexual violence; preventive health; and public and private behavior.

The project staff had several meetings with various school personnel and professionals in Indiana in order to gain a general idea of the current practices of the provision of sexual health education to students in Indiana public schools. They included: a) a high school principal; b) a retired teacher of community-based instruction and former special education director; and c) one school corporation staff (director of student services; manager of coordinated school health; coordinator of moderate/severe classrooms and past teacher; and coordinator of inclusion programs).

Based on the findings of these meetings and our literature review of sexual health education for students with disabilities, the project staff created a survey draft. We then revised it based on feedback from two sexual health experts from Indiana University-Bloomington, and teachers in different school districts (one health, one biology, and one special education teacher in high school). Lastly, the project staff conducted a pilot test of the online survey on a small number of people who were in the target population. The final survey included 48 questions which were a mix of multiple choice and open-ended response questions.

Participant Recruitment

The survey was conducted between November 22, 2019 and April 30, 2020. Participant recruitment began by contacting professional teaching organizations, health organizations, and state agencies for their assistance in distributing information about the survey and survey link. The project staff asked liaisons at these organizations to distribute the survey link through their listserv, e-newsletter, Facebook, and/or Twitter page. Additionally, the project staff distributed postcards about our survey at the Indiana Assistant Principals conference and through autism leaders who work in schools across Indiana with the request to share with any staff who incorporate sexual health topics in their curriculum to take the survey. The organizations that assisted in distributing the survey included the following:

- Division of Nutrition and Physical Activity, Indiana Department of Health
- Indiana Association of Family and Consumer Sciences
- Indiana Assistant Principals Association
- Indiana Association of School Nurses
- Indiana Council for Administrators of Special Education (ICASE)
- Indiana Society of Health and Physical Education (IN SHAPE)
- Indiana Disability Justice Task Force
- Purdue University's Multicultural Efforts to end Sexual Assault (MESA)

The number of survey participants were lower than expected because of several challenges. The electronic survey was opened during the holiday season (Thanksgiving and Christmas breaks), which decreased the time potential participants' schools were in session. The project staff also needed to rely on teacher and health organizations and state agencies to help with distributing the survey information and link. It is unclear the extent that these organizations promoted the survey. A third challenge involved the sudden change from in-person to eLearning due to COVID-19 starting in the middle of March. We suspect that school personnel were overwhelmed with the abrupt task of remote teaching to complete the survey.

Participants

In order to participate in the survey, participants needed to meet all the following criteria: a) currently work in a public school in Indiana; b) teach at least one topic related to sexual health in

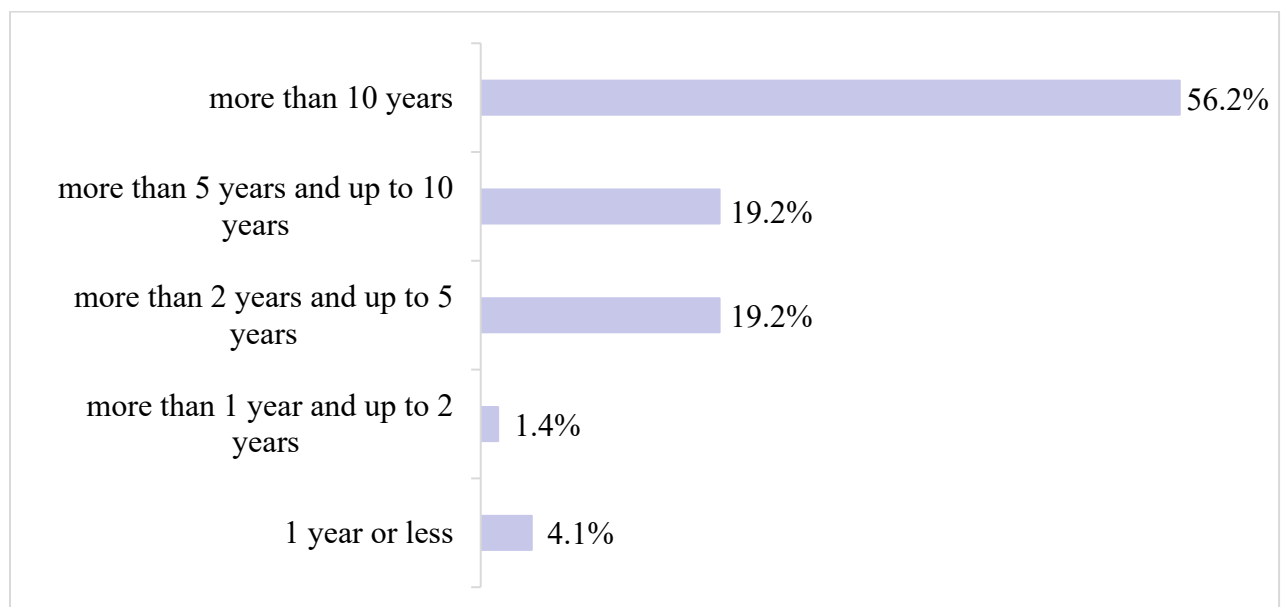
a classroom setting, to students with or without disabilities in an Indiana public school; c) teach sexual health to students with or without disabilities, during any of the following current and last school year (Fall 2018, Spring 2019, Fall 2019, or Spring 2020); d) teach sexual health to students in a classroom setting; e) hold an active teaching license issued by Indiana or hold an active license for professional school staff (e.g., school nurse, counselor, or social worker) issued by Indiana; and f) teach sexual health topics with at least one student with a disability included in the instruction. Participation in the survey was voluntary. A total of 105 respondents initially participated in the online survey. Out of the initial sample, 80 participants were eligible to complete the survey. All survey responses were anonymous.

RESULTS

Description of the Survey Respondents of Indiana Public School Personnel

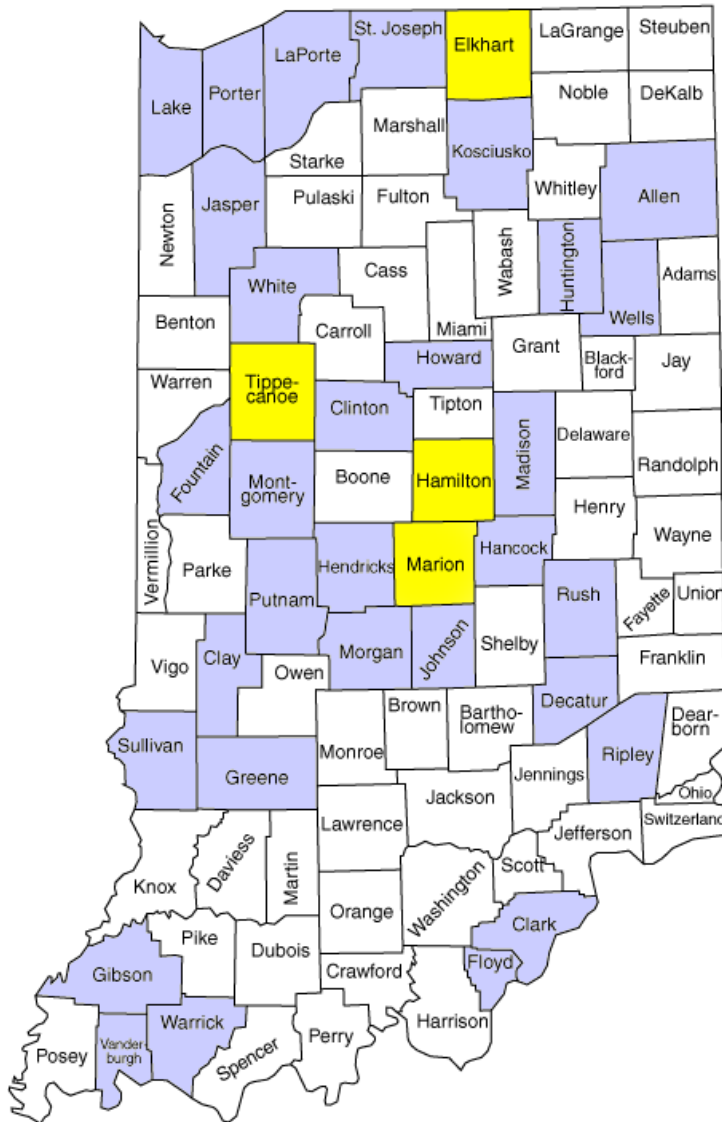
- The majority of school personnel were teachers (93.7%), but most were NOT special education teachers (87.7%). Only 5 participants were professional school staff (6.3%; e.g., school nurse, school counselor, or social worker).
- The primary assignment of these school personnel was in Family and Consumer Sciences (73.7%), followed by Health (14%), Physical Education (5.3%), and other (5.3%; i.e., health and physical education equally).
- The school personnel have had multiple years of teaching sexual health to students with disabilities in Indiana, with 56.2% having more than 10 years of experience (see Figure 1).

Figure 1. Distribution of the Participants by Years of Teaching Sexual Health to Students with Disabilities in Indiana



- The participants came from 35 of 92 counties in Indiana. Of the 35 counties (see Figure 2), the most commonly represented counties included Elkhart (7%), Hamilton (7%), Marion (9.9%), and Tippecanoe (7%).

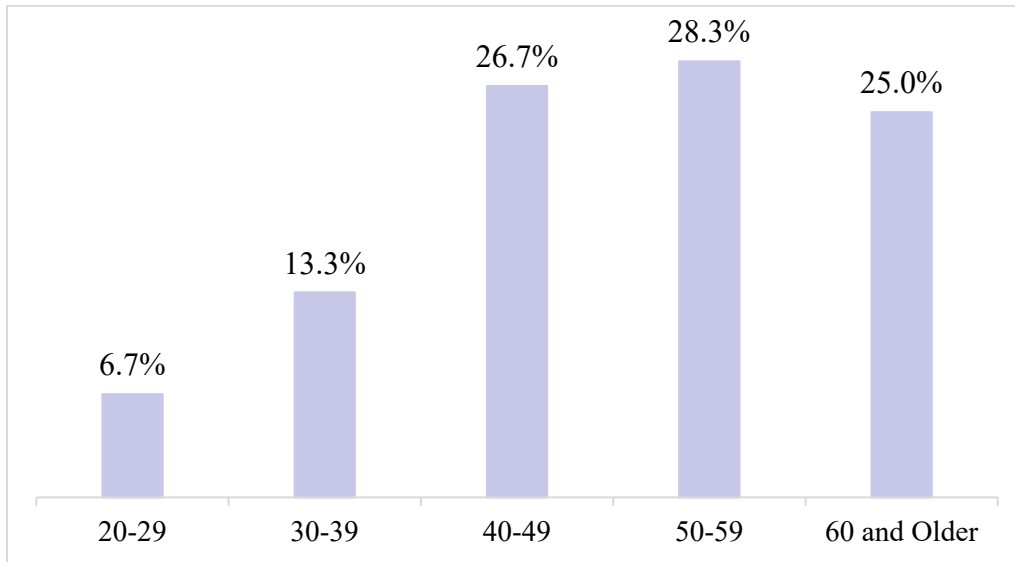
Figure 2. Indiana Counties Represented in Survey Responses



White: counties with 0 respondents
Blue: counties with less than 5 respondents
Yellow: counties with 5 or more respondents

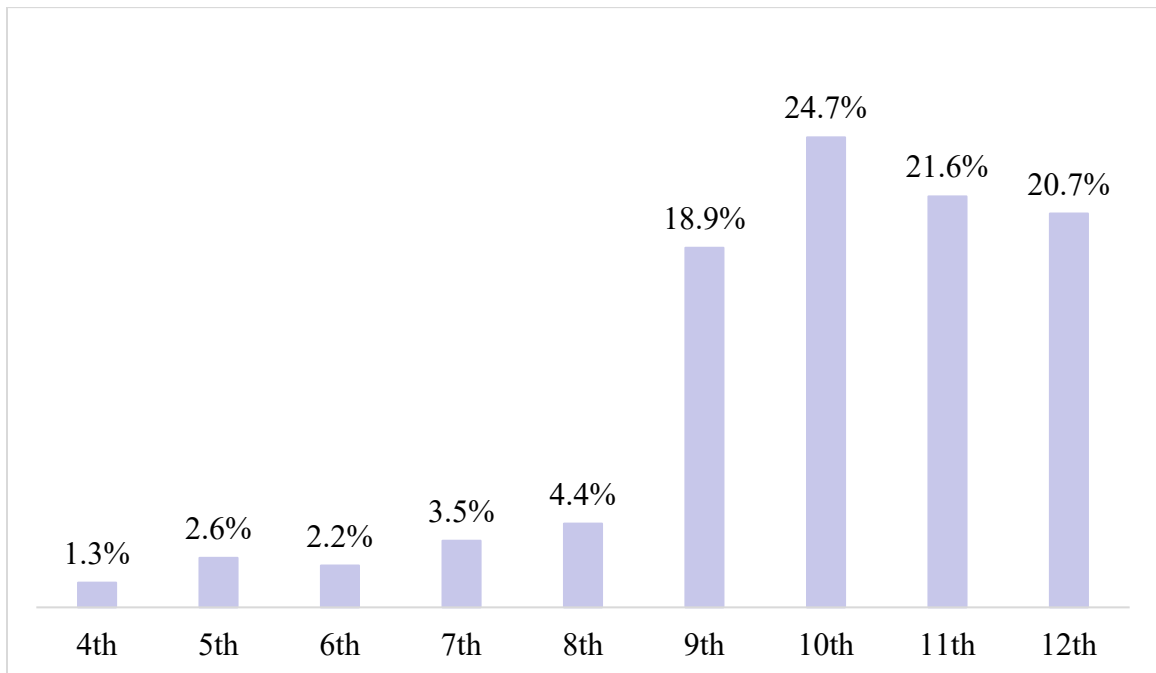
- The age of school personnel ranged (see Figure 3), but the majority were older individuals: 40 – 49 years old (26.7%), 50 – 59 years old (28.3%), and 60 years old and older (25%).

Figure 3. Age Distribution of School Personnel



- About 86.3% of respondents taught students with and without disabilities together in an inclusion classroom.
- School personnel who taught sexual health topics primarily did so for students in high school (see Figure 4).

Figure 4. Grade Levels that School Personnel Taught Sexual Health



Perceptions and Current Practices of Sexual Health Education to Students with Disabilities

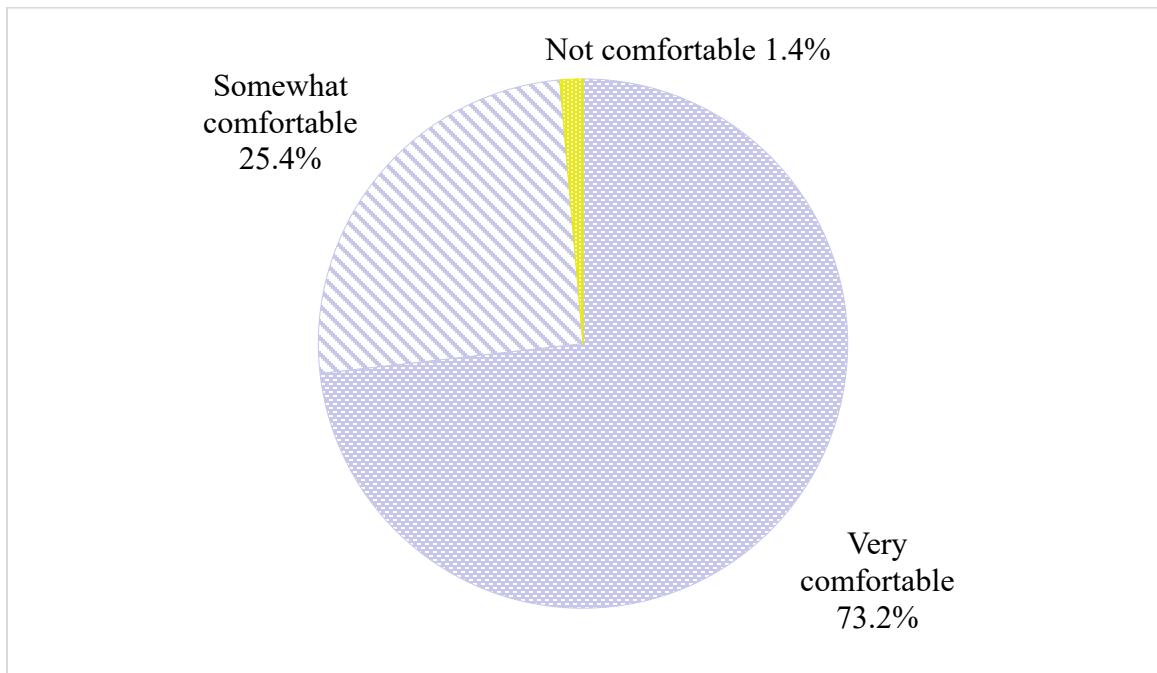
A. Beliefs about Delivery of Sexual Health Education to Students with Disabilities

- The majority of school personnel believed that many of the topics that are taught in sexual health are very important, including anatomy and physiology (97.3%), puberty and/or adolescent development (84.9%), pregnancy and reproduction (84.9%), HIV/AIDS and other sexually transmitted infections (84.9%), sexual violence (91.5%), sexual consent and sexual decision making (96.7%), public and private behavior (84.7%) and healthy relationships (94.5%).
- Sexual orientation and gender identity was the most divisive topic. Only 27.8% thought it was very important to teach, 38.9% thought it was important, and 33.3% did not think it was important.
- 97.3% agree that evidence-based sexual health education needs to be delivered to students with disabilities in public schools.

B. Comfort in Delivery of Sexual Health Education to Students with Disabilities

- Most school personnel (73.2%) were very comfortable teaching sexual health to students with disabilities in the classroom (see Figure 5).

Figure 5. Comfort Level in Teaching Sexual Health to Students with Disabilities



- School personnel were “very comfortable” teaching the following topics in sexual health:

- anatomy and physiology (87.5%)
 - healthy relationships (86.1%)
 - abstinence from sexual activity (84.7%)
 - pregnancy and reproduction (84.5%)
 - puberty and/or adolescent development (84.5%)
 - HIV/AIDS and other sexually transmitted infections (83.3%)
 - personal hygiene (81.9%)
 - sexual consent and sexual decision making (75%)
 - public and private behavior (74.6%)
 - preventative health (68.1%)
 - sexual violence (66.7%)
 - safer sex protection methods (65.3%)
 - using technology and social media in relationships (59.7%)
 - sexual orientation and gender identity (26.4%)
- One in four respondents reported that they are least comfortable teaching sexual orientation and gender identity (25.0%). Twenty-five percent reported they were somewhat comfortable, and about one fourth were very comfortable teaching the topic (26.4%).

C. Professional Preparation for Delivery of Sexual Health Education to Students with Disabilities

- Approximately three fifths of the respondents (57.5%) reported that they were very well prepared to teach sexual health education to students with disabilities. But 39.7% were somewhat prepared, and 2.7% were not prepared.
- The majority of school personnel (80.8%) did not receive academic training at the undergraduate or graduate level related to sexual health education for individuals with disabilities. For those who reported academic training, it was mostly minimal emphasis during a course (50.0%) or a few lectures during a course (42.9%). Regarding educational experiences other than academic training, some participated in continuing education/professional development training (14.3%) to gain exposure to teaching students with disabilities. Many relied on other means, such as self-directed learning (62.9%; e.g., conducting their own research in order to learn how to teach students with disabilities).
- School personnel stated that they were very well prepared to teach a wide range of sexual health topics, such as anatomy and physiology (75%), puberty and/or adolescent development (73.5%), personal hygiene (72.1%), pregnancy and reproduction (77.3%), and healthy relationships (72.1%).
- Approximately half of the participants reported that they were not prepared to teach sexual orientation and gender identity (44.8%). They reported that they were somewhat prepared to teach the following: use of technology and social media in relationships

(39.7%), sexual consent and sexual decision-making (29.4%), sexual violence (36.8%), and public and private behavior (29.9%).

D. *Current Practices in Delivery of Sexual Health Education to Students with Disabilities*

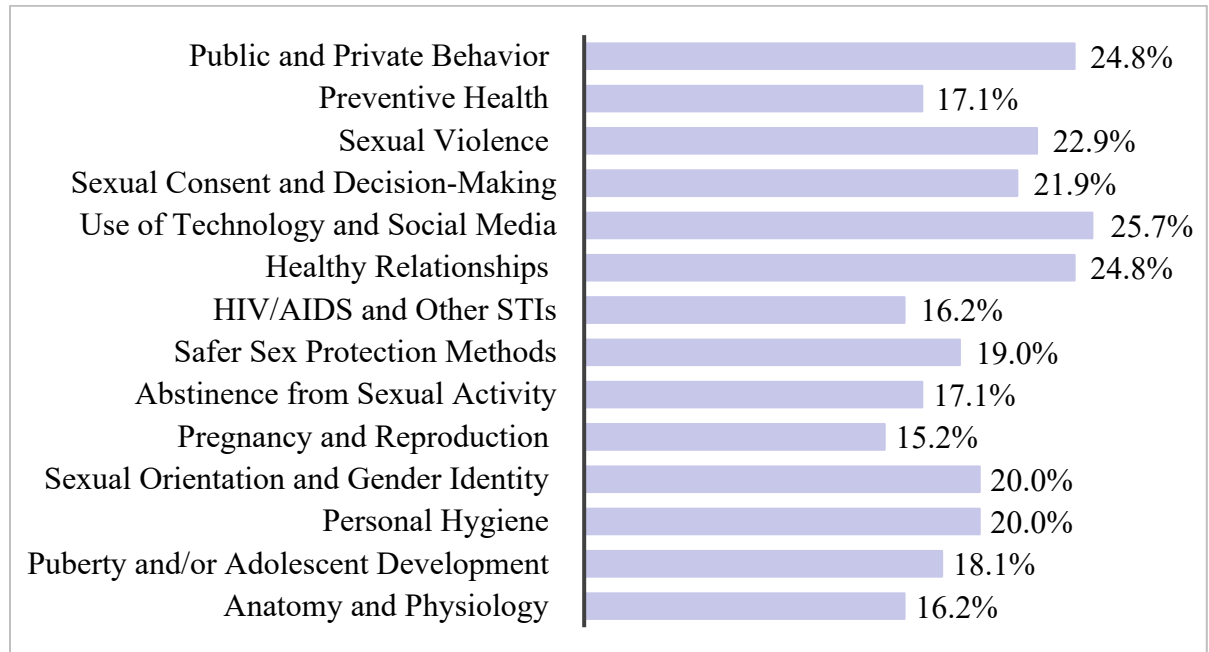
- The majority of the participants were very aware (58.1%) or somewhat aware (32.3%) regarding their school corporation's policies on teaching sexual health education.
- Approximately three in five participants reported that they did not use an official curriculum/curricula (57.1%) in delivering sexual health education to students with disabilities.
- The common materials used in sexual health courses included materials available online (37.2%), followed by commercial materials (19%); materials developed by the school (9.9%) and the school corporation (5.8%); and library materials (19%).
- When asked about what official curricula/curriculum school personnel used in teaching sexual health education, common responses included: *Safe Dates*, *Making Proud Choices*, *Indiana State Health Standards*, *Glencoe Health textbook*, and *Always Changing*.
- Of those who reported the use of an official curriculum/curricula, a majority of school personnel said that they had adapted their official curriculum/curricula to meet the needs of students with disabilities (73.3%). Additionally, many of them supplemented their curriculum/curricula by utilizing outside organizations, presenters, or materials (70.0%).
- Many respondents believed there were no differences in the delivery of sexual health education to students with disabilities (62.9%) compared to students without disabilities in their school corporation. Yet, 73.3% reported that they had adapted the official curriculum to meet the needs of students with disabilities.

E. *Needs Related to Delivery of Sexual Health Education to Students with Disabilities*

- About sixty percent of the participants stated that they would be interested in receiving training in sexual health education for students with disabilities (57.4%). Their comments included:
 - *"Please let me know of any trainings! This would be helpful in years to come."*
 - *"I am always looking for new ways to present information to my students."*
 - *"Need more curriculum and guidance."*
 - *"I would like to be better prepared to teach a class that is all students with disabilities."*
 - *"I would like advice on how to engage them."*
- The topics that school personnel wanted to learn more about for their delivery of sexual health education to students of disabilities included use of technology and social media in

relationships (25.7%), healthy relationships (24.8%), public and private behavior (24.8%), sexual violence (22.9%), sexual consent and sexual decision-making (22.9%) and sexual orientation and gender identity (20%). See Figure 6 for more details.

Figure 6. Sexual Health Topics School Personnel Want to Learn More About



- School personnel reported the following factors as “very or somewhat” barriers to the content of their teaching sexual health education: parent/guardian input (42.0%), Indiana Department of Education Health and Wellness Standards (37.1%), Senate Enrolled Act 65 (35.5%), the type of disability a student had (35.4%), student grade level (30.7%), school corporation policies (25.8%), school administrators (21.0%), and student input (21.0%).
- More than half of school personnel reported that a student’s disability had NOT been a barrier to the content of their sexual health education (54.8%). Yet, when asked to share any differences between teaching sexual health education to students with and without disabilities, barriers and modifications became apparent. It was noted that “*the way content is delivered is different. Some information is too high for students with learning disabilities to understand.*” Personnel shared that they “*may use vocabulary, terminology, content delivery or instructional methods which are best suited to those students*” and that “*material must be modified for understanding.*” Others shared a lack of training for students that are “*nonverbal and [have] severe cognitive disabilities.*” Personnel also described differences in the actual content provided. One respondent shared the following:

students at our alternative school do not always receive the same sexual health education classes/special speakers as their general education counterparts. Students in moderate and severe programs may not receive any lessons at all

unless they are integrated into other life skills lessons with their special education teacher.

- Students seek information on a range of sexual health topics. When asked what topics students with disabilities have inquired about with school personnel (beyond just information on abstinence and HIV/AIDS), school personnel reported questions about the following topics: birth control; pregnancy and pregnancy prevention; STIs; and domestic and sexual violence/abuse.

Limitations

Our research provides important information about current delivery practices of sexual health education to students with disabilities in Indiana public schools, as well as professional school personnel's perceptions related to sexual health education. However, our findings should be viewed in light of several limitations. First, this study used a convenience sample of 80 self-selected participants. Also, we only received responses from 35 out of the 92 counties in Indiana. Many of those counties, including larger counties (e.g. Allen, Lake, St. Joseph, and Vanderburgh) only had one respondent. These make it difficult to generalize our results statewide, and to compare different counties. Second, although we asked respondents about their comfort in and professional preparedness for teaching sexual health topics to students with disabilities, we did not specifically ask them to explain the reasons for their responses. This information would have potentially helped to better understand how to engage school personnel in improving their teaching methods for students with disabilities.

These limitations suggest caution in interpretation of the survey findings. However, this is the first statewide, comprehensive examination of sexual health education for students with disabilities in Indiana. Our findings provide important insights into current practices in the delivery of sexual health education to students with disabilities in Indiana public schools, as well as the perceptions of professional school personnel providing such education. The findings also help form the basis for the development of an effective curriculum and materials for sexual health education for students with disabilities as well as training for professional school personnel. This may reduce risks for unsafe sexual practices and sexual abuse and violence among students with disabilities.

RECOMMENDATIONS

Education and Training for School Personnel

The state of Indiana does not require comprehensive sexual health education in public schools, and this affects the training and experiences school personnel have in teaching sexual health topics. Teachers are not required to have training in sexual health education topics, and Indiana public schools are only required to promote marriage and abstinence in sexual health education (SIECUS, 2018). They do not have to provide education on contraception, abortion, and gender identity and sexual orientation (SIECUS, 2018). Additionally, there are currently no requirements for school personnel to teach about violence prevention, child sex abuse, consent, sex trafficking, communication skills, and decision-making skills (SIECUS, 2018). The results

from our survey indicate that school personnel in Indiana public schools generally perceive that they are prepared and comfortable teaching most topics in sexual health education. But they felt more prepared and comfortable teaching certain topics than others. Many school personnel showed an interest in additional continuing education and professional training for various sexual health topics.

Training in sexual health education will ensure that school personnel are not just prepared and comfortable to teach multiple topics, but that they teach these topics effectively (Barr et al., 2014). Research shows that teachers often avoid teaching the topics they are not prepared to teach or find controversial (Barr et al., 2014). Teacher training can influence educators' knowledge and perceptions about the importance of teaching sexual health, as well as their intentions for teaching, and actions for implementing sexual health education (Barr et. al, 2014). Also, most of the school personnel from our survey reported that they provided sexual health education to students in general education. However, it is questionable whether those students with disabilities in general education were able to comprehend the content and materials of the delivered sexual health education. School personnel and school corporations need to work together to ensure that the necessary training is available to continually meet the needs of students with disabilities. There needs to be required sexual health education training for school personnel that helps them to effectively address the needs of students with disabilities. Possible training formats and options include: online training, professional development days, and free/reduced tuition for university courses. Also, school personnel can work collaboratively with special education departments to increase their knowledge about teaching students with disabilities.

The topic of sexual orientation and gender identity was the most polarizing topic when it came to school personnel's comfort level, their perception of its importance in sexual health education, and their preparedness to teach the topic. Professional school personnel were more comfortable teaching other sensitive topics, like sexual violence, consent, and healthy relationships. The subject of sexual orientation and gender identity is important since they are intertwined with multiple areas of sexual health, such as consent, violence, and healthy relationships. Professional development and ongoing in-person or online training should be made available to school personnel in general education to help them become more comfortable and competent to address sensitive topics.

Curriculum and Educational Materials

Approximately three in five respondents reported that they did not have an official curriculum for sexual health education, and that some of them relied on online materials for courses. Online materials are useful in that they are convenient and easy to access. However, online materials may not be evidence-based and user-friendly. Evidence-based, user-friendly, and up-to-date materials should be readily available for school personnel. The respondents reported they currently use various curriculums (e.g., *Glencoe Health online*, *Making Proud Choices*, *Safe Dates Program*), but that they needed to create their own modifications to meet their students' needs. Creating comprehensive sexual health materials that are evidence-based and also easily adaptable for students with and without disabilities would be a helpful resource to sexual health educators. In addition, it is imperative to include people with different types of disabilities in sexual health education materials in order to negate stereotypes about people with disabilities,

like asexuality. Such materials will also help students and school professionals become aware that people with disabilities are vulnerable to issues like sexual violence.

Indiana public schools need to expand the topics of sexual health education beyond just marriage and abstinence to address the needs of students with disabilities. It is well documented that youth with disabilities are sexually active, and that they are vulnerable to unsafe sexual practices and sexual abuse (Arc, 2015; Cheng & Udry, 2003; Cheng & Udry, 2005; Harrell, 2017; Mandell et al., 2008). In addition, our findings show that the students of school personnel surveyed asked questions about sexual health beyond marriage and abstinence (e.g., birth control; pregnancy and pregnancy prevention; STIs; and domestic and sexual violence/abuse). These findings strongly suggest the necessity of comprehensive sexual health education for students with disabilities. Students with disabilities have a right to know about their bodies and how to have safe, healthy relationships with others (Barnard-Brak et al., 2014).

Students with disabilities have diverse learning needs (Grove et al., 2018). School personnel need to be able to assess the relevant needs and assets of their students with disabilities, and to design activities that meet these needs of every student regardless of disability status. Universal Design for Learning (UDL) should be employed to promote inclusionary practices in the classroom. UDL is an educational framework that aims to change the design of the environment of the learner in order to reduce any barriers to learning and ensure that all learners engaged in the curriculum in the most equitable way (CAST, 2018). UDL takes into account various learning abilities, skills, needs, and technological modifications that might be necessary to meet all learning styles and needs (Grove et al., 2018). UDL will help students with disabilities to comprehend the topics addressed and engage better with their peers without disabilities. Examples of UDL in the classroom include: providing multiple options for completing an assignment, flexible work spaces, and audio and digital texts (CAST, 2018).

CONCLUSION

We aimed to determine professional school personnel's perceptions and current practices regarding the delivery of sexual health education to students with disabilities in Indiana public schools. Almost all survey participants agreed that evidence-based sexual health education needs to be delivered to students with disabilities in public schools. Although sexual orientation and gender identity are topics included in comprehensive, evidence-based sexual health education, it was a divisive topic among participants. About 30 percent of the participants thought it was very important to teach whereas 33 percent did not think it was important.

More than 70 percent of the respondents reported that they were very comfortable teaching sexual health to students with disabilities in the classroom, and about 60 percent of the respondents reported that they were very well prepared. However, comfort level and professional preparedness differed depending on the topic. School personnel felt the least prepared to teach the topic of sexual orientation and gender identity. Sexual orientation and gender identity should be addressed in sexual health education for all students.

Professional school personnel revealed great needs for training in sexual health education for students with disabilities. Approximately sixty percent of the participants were interested in receiving training in sexual health education for students with disabilities. They also wanted to learn about various topics within sexual health, including use of technology and social media in relationships; healthy relationships; public and private behavior; sexual violence; sexual consent and sexual decision-making; and sexual orientation and gender identity.

Approximately two thirds of the participants believed that there were no differences in the delivery of sexual health education to students with disabilities compared to their counterparts without disabilities in their school corporation. Most of the participants taught sexual health education in high schools, and they taught students with and without disabilities together in general education inclusion classrooms. It is exciting to find that students with disabilities receive sexual health education with their peers without disabilities in a classroom setting. Nonetheless, we do not know how accessible such education and materials used are to students with disabilities. The Indiana Department of Education and school corporations should incorporate the UDL framework to create a more accessible and equitable learning environment for *all* students.

It must be noted that about 60 percent of the participants did not use an official curriculum in teaching sexual health to students with disabilities. Of those who reported the use of an official curriculum, seven in ten participants reported that they had adapted their official curriculum/curricula to meet the needs of students with disabilities, and that they also supplemented the official curriculum/curricula by utilizing outside organizations, presenters, or materials. These findings may indicate that the official curriculum/curricula do not fully address the needs of students with disabilities and that professional school personnel in Indiana public schools need additional resources and training.

Further research should collect more detailed information about current practices. The following information should help us better understand official curricula and the necessity for their revision or development of a new curriculum. For example, the content of the official curricula for sexual health education and its appropriateness for students with disabilities, and how school personnel would change and improve their curriculum to help students with disabilities learn about sexual health. At the same time, current practices should be examined from the perspectives of students with disabilities and parents. It is especially important to examine students' comprehension of their sexual health education and their needs for sexual health education.

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APPENDIX

Survey of Public School Professional Personnel in Indiana

The survey questions and frequency tabulations of the responses are as follows. Comments about open-ended questions are provided as well.

1. Do you currently work in a public school in Indiana?

Type	Frequency	Percent
Yes	80	100.0%

2. Have you taught a sexual health topic (e.g., anatomy, puberty, sexually transmitted diseases, sexual abstinence, personal hygiene, healthy relationships) to students, with or without disabilities, in an Indiana public school?

Type	Frequency	Percent
Yes	80	100.0%

3. Have you taught sexual health to students with or without disabilities, during any of the 2018-2019 school year and the current school year (i.e., Fall 2018, Spring 2019, Fall 2019, or Spring 2020)?

Type	Frequency	Percent
Yes	80	100.0%

4. Have you taught sexual health to students, with or without disabilities, in a classroom setting?

Type	Frequency	Percent
Yes	80	100.0%

5. Do you currently hold an active teaching license issued by Indiana?

Type	Frequency	Percent
Yes	75	93.7%
No	5	6.3%
Total	80	100.0%

6. Do you currently hold an active license for professional school staff (e.g., school nurse, school counselor, school social worker) issued by Indiana?

Type	Frequency	Percent
Yes	5	6.3%
No	75	93.7%
Total	80	100.0%

7. When you taught sexual health topics, was at least one student with a disability included in your instruction during any of the 2018-2019 school year and the current school year (i.e., Fall 2018, Spring 2019, Fall 2019, or Spring 2020)?

Type	Frequency	Percent
Yes	80	100.0%

8. What was your school position during the semester you most recently taught sexual health to students with disabilities?

Type	Frequency	Percent
Administrator	1	1.3%
Teacher	73	91.3%
Counselor	1	1.3%
Nurse	5	6.3%
Total	80	100.0%

9. Are you a special education teacher?

Type	Frequency	Percent
Yes	9	12.3%
No	64	87.7%
Total	73	100.0%
Missing:	7	

10. What is your primary assignment field at your school, that is, the field which you teach most classes?

Type	Frequency	Percent
Science	1	1.8%
Health	8	14%
Physical Education	3	5.3%
Family and Consumer Sciences	43	73.7%
Other	3	5.3%
Total	57	100.0%
Missing: 23		
<i>Other:</i>		
<ul style="list-style-type: none"> • “Health and Physical Education” • “Health and Physical Education equally” • “both p.e. and health equally” 		

11. How many years have you taught sexual health to students with disabilities in Indiana?

Type	Frequency	Percent
1 year or less	3	4.1%
More than 1 year and up to 2 years	1	1.4%
More than 2 years and up to 5 years	14	19.2%
More than 5 years and up to 10 years	14	19.2%
More than 10 years	41	56.2%
Total	73	100.0%
Missing: 7		

12. In what settings have you taught sexual health to students with disabilities?

Type	Frequency	Percent
Special education classroom where all students have disabilities	8	11.0%
Inclusion classroom in a general education where students with and without disabilities study together	63	86.3%
Other	2	2.7%
Total	73	100.0%
Missing: 7		
<i>Other:</i>		
<ul style="list-style-type: none"> • “I taught in both types of classroom”; • “I have taught in both types of settings.” 		

13. In which county is your school located where you have taught sexual health most recently to students with disabilities?

County	Frequency	Percent
Allen	1	1.4%
Clark	1	1.4%
Clay	1	1.4%
Clinton	2	2.8%
Decatur	1	1.4%
Elkhart	5	7.0%
Floyd	1	1.4%
Fountain	1	1.4%
Gibson	2	2.8%
Greene	1	1.4%
Hamilton	5	7.0%
Hancock	3	4.2%
Hendricks	4	5.6%
Howard	2	2.8%
Huntington	3	4.2%
Jasper	1	1.4%
Johnson	1	1.4%
Kosciusko	1	1.4%
Lake	3	4.2%
LaPorte	1	1.4%
Madison	1	1.4%
Marion	7	9.9%
Montgomery	1	1.4%
Morgan	1	1.4%
Porter	2	2.8%
Putnam	2	2.8%
Ripley	1	1.4%
Rush	1	1.4%
St. Joseph	1	1.4%
Sullivan	2	2.8%
Tippecanoe	5	7.0%
Vanderburgh	1	1.4%
Warrick	2	2.8%
Wells	1	1.4%
White	3	4.2%
Total	71	100.0%

14. Do you agree or disagree with the following statement?: “Evidence-based sexual health education needs to be delivered to students with disabilities in public school.”

Type	Frequency	Percent
Agree	71	97.3%
Disagree	0	0
Do not know	2	2.7%
Total	73	100.0%
Missing: 7		

15. Please indicate the extent to which you believe it is important to teach each of the following topics to students

Anatomy and Physiology		
Type	Frequency	Percent
Very important	71	97.3%
Important	2	2.7%
Not important	0	0
Total	73	100%
Missing: 7		

Puberty and/or Adolescent Development		
Type	Frequency	Percent
Very important	62	84.9%
Important	11	15.1%
Not important	0	0
Total	73	100.0%
Missing: 7		

Personal Hygiene		
Type	Frequency	Percent
Very important	66	90.4%
Important	7	9.6%
Not important	0	0
Total	73	100%
Missing: 7		

Sexual Orientation and Gender Identity		
Type	Frequency	Percent
Very important	20	27.8%
Important	28	38.9%
Not important	24	33.3%
Total	72	100.0%
Missing: 8		

Pregnancy and Reproduction		
Type	Frequency	Percent
Very important	62	84.9%
Important	9	12.3%
Not important	2	2.7%
Total	73	100.0%
Missing: 7		

Abstinence from Sexual Activity		
Type	Frequency	Percent
Very important	55	75.3%
Important	17	23.3%
Not important	1	1.4%
Total	73	100.0%
Missing: 7		

Safer Sex Protection Methods		
Type	Frequency	Percent
Very important	55	75.3%
Important	14	19.2%
Not important	4	5.5%
Total	73	100.0%
Missing: 7		

HIV/AIDS and Other Sexual Transmitted Infections (STIs)		
Type	Frequency	Percent
Very important	62	84.9%
Important	8	11%
Not important	3	4.1%
Total	73	100.0%
Missing: 7		

Healthy Relationships		
Type	Frequency	Percent
Very important	69	94.5%
Important	4	5.5%
Not important	0	0
Total	73	100.0%
Missing: 7		

Use of Technology and Social Media in Relationships		
Type	Frequency	Percent
Very important	56	77.8%
Important	15	20.8%
Not important	1	1.4%
Total	72	100.0%
Missing: 8		

Sexual Consent and Sexual Decision-Making		
Type	Frequency	Percent
Very important	66	91.7%
Important	6	8.3%
Not important	0	0
Total	72	100.0%
Missing: 8		

Sexual Violence		
Type	Frequency	Percent
Very important	65	91.5%
Important	6	8.5%
Not important	0	0
Total	71	100.0%
Missing: 9		

Preventive Health		
Type	Frequency	Percent
Very important	55	76.4%
Important	15	20.8%
Not important	2	2.8%
Total	72	100.0%
Missing: 8		

Public and Private Behavior		
Type	Frequency	Percent
Very important	61	84.7%
Important	11	15.3%
Not important	0	0
Total	72	100.0%
Missing: 8		

16. How comfortable do you feel teaching sexual health to students with disabilities in the classroom?

Type	Frequency	Percent
Very comfortable	52	73.2%
Somewhat comfortable	18	25.4%
Not comfortable	1	1.4%
Total	71	100.0%
Missing: 9		

17. Please indicate the extent to which you feel comfortable teaching each of the following topics

Anatomy and Physiology		
Type	Frequency	Percent
Very comfortable	63	87.5%
Somewhat comfortable	6	8.3%
Not comfortable	2	2.8%
Not in the curriculum	1	1.4%
Total	72	100.0%
Missing: 8		

Puberty and/or Adolescent Development		
Type	Frequency	Percent
Very comfortable	60	84.5%
Somewhat comfortable	9	12.7%
Not comfortable	1	1.4%
Not in the curriculum	1	1.4%
Total	71	100.0%
Missing: 9		

Personal Hygiene		
Type	Frequency	Percent
Very comfortable	59	81.9%
Somewhat comfortable	8	11.1%
Not comfortable	1	1.4%
Not in the curriculum	4	5.6%
Total	72	100.0%
Missing: 9		

Sexual Orientation and Gender Identity		
Type	Frequency	Percent
Very comfortable	19	26.4%
Somewhat comfortable	18	25.0%
Not comfortable	18	25.0%
Not in the curriculum	17	23.6%
Total	72	100.0%
Missing: 8		

Pregnancy and Reproduction		
Type	Frequency	Percent
Very comfortable	60	84.5%
Somewhat comfortable	6	8.5%
Not comfortable	2	2.8%
Not in the curriculum	3	4.2%
Total	71	100.0%
Missing: 9		

Abstinence from Sexual Activity		
Type	Frequency	Percent
Very comfortable	61	84.7%
Somewhat comfortable	8	11.1%
Not comfortable	2	2.8%
Not in the curriculum	1	1.4%
Total	72	100.0%
Missing: 8		

Safer Sex Protection Methods		
Type	Frequency	Percent
Very comfortable	47	65.3%
Somewhat comfortable	14	19.4%
Not comfortable	5	6.9%
Not in the curriculum	6	8.3%
Total	72	100.0%
Missing: 8		

HIV/AIDS and Other Sexual Transmitted Infections (STIs)		
Type	Frequency	Percent
Very comfortable	60	83.3%
Somewhat comfortable	7	9.7%
Not comfortable	3	4.2%
Not in the curriculum	2	2.8%
Total	72	100.0%
Missing: 8		

Healthy Relationships		
Type	Frequency	Percent
Very comfortable	62	86.1%
Somewhat comfortable	8	11.1%
Not comfortable	0	0%
Not in the curriculum	2	2.8%
Total	72	100.0%
Missing: 8		

Use of Technology and Social Media in in Relationships		
Type	Frequency	Percent
Very comfortable	43	59.7%
Somewhat comfortable	20	27.8%
Not comfortable	4	5.6%
Not in the curriculum	5	6.9%
Total	72	100.0%
Missing: 8		

Sexual Consent and Sexual Decision-Making		
Type	Frequency	Percent
Very comfortable	54	75.0%
Somewhat comfortable	12	16.7%
Not comfortable	2	2.8%
Not in the curriculum	4	5.6%
Total	72	100.0%
Missing: 8		

Sexual Violence		
Type	Frequency	Percent
Very comfortable	48	66.7%
Somewhat comfortable	17	23.6%
Not comfortable	2	2.8%
Not in the curriculum	5	6.9%
Total	72	100.0%
Missing: 8		

Preventive Health		
Type	Frequency	Percent
Very comfortable	49	68.1%
Somewhat comfortable	12	16.7%
Not comfortable	5	6.9%
Not in the curriculum	6	8.3%
Total	72	100.0%
Missing: 8		

Public and Private Behavior		
Type	Frequency	Percent
Very comfortable	53	74.6%
Somewhat comfortable	13	18.3%
Not comfortable	0	0%
Not in the curriculum	5	7.0%
Total	71	100.0
Missing: 9		

18. How well prepared do you feel you are to teach sexual health to students with disabilities?

Type	Frequency	Percent
Very well prepared	42	57.5%
Somewhat prepared	29	39.7%
Not prepared	2	2.7%
Total	73	100.0%
Missing: 7		

19. Did you receive academic training related to sexual health education for individuals with disabilities at undergraduate or graduate level?

Type	Frequency	Percent
Yes	14	19.2%
No	59	80.8%
Total	73	100.0%
Missing: 8		

20. If your academic training provided exposure to sexual health education for individuals with disabilities, how much time was devoted to this topic?

If your academic training provided exposure to sexual health education for individuals with disabilities, how much time was devoted to this topic?		
Type	Frequency	Percent
Minimal emphasis during a course	7	50.0%
A few lectures during a course	6	42.9%
An entire course	0	0%
More than one entire course	1	7.1%
Total	14	100.0%
Missing: 66		

21. What educational experiences have you had related to teaching sexual health education for individuals with disabilities other than academic training? (Check **ALL** that apply)

Type	Frequency	Percent
Continuing education/professional development training [please specify: _____ hours]	15	22.7%
Other [please specify: _____]	44	62.9%
None	7	6.7%
Total	66	100.0%
Missing: 39		

<p><i>Number of hours of continuing education/professional development training:</i></p> <ul style="list-style-type: none"> ● 10 ● 2 ● 20 plus ● 3 ● 4 ● 4 ● 4 ● 6 ● My educational experiences teaching individuals with disabilities was delivered via school site special education department in terms of what they observed from their male/female students; equivalent to about 12-15 hours over the course of my career to date

Other types of educational experiences related to teaching sexual health education for individuals with disabilities:

- A brief presentation at the National Association of School Nurses last summer
- Creating Positive Relationships
- Health Pros Presentations
- I have a health minor and a masters in special education
- I have done a lot of research on my own throughout all of my personal experiences. These experiences include dating, marriage, sexual relationships, assault and rape of a close friend, pregnancy and birth of my children, raising them into adulthood, teen pregnancy, adoption, watching and learning from a close relative who lives daily with a sexually transmitted disease, interacting with and supporting students who identify with a gender other than their biological gender, and others.
- Masters Education
- Other forms of education was on my own-research and reading best practices/strategies of delivery to the disable population in the classroom setting
- PLC with staff members- ie; special ed team, counselors
- Self-directed learning
- Minor in Health and also Family Life Education

22. How well prepared do you feel to teach each of the following topics to students with disabilities?

Anatomy and Physiology		
Type	Frequency	Percent
Very well prepared	51	75.0%
Somewhat prepared	13	19.1%
Not prepared	4	5.9%
Total	68	100.0%
Missing: 12		

Puberty and/or Adolescent Development		
Type	Frequency	Percent
Very well prepared	50	73.5%
Somewhat prepared	14	20.6%
Not prepared	4	5.9%
Total	68	100.0%
Missing: 12		

Personal Hygiene		
Type	Frequency	Percent
Very well prepared	49	72.1%
Somewhat prepared	15	22.1%
Not prepared	4	5.9%
Total	68	100.0%
Missing: 12		

Sexual Orientation and Gender Identity		
Type	Frequency	Percent
Very well prepared	14	20.9%
Somewhat prepared	23	34.3%
Not prepared	30	44.8%
Total	67	100.0%
Missing: 13		

Pregnancy and Reproduction		
Type	Frequency	Percent
Very well prepared	51	77.3%
Somewhat prepared	12	18.2%
Not prepared	3	4.5%
Total	66	100.0%
Missing: 14		

Abstinence from Sexual Activity		
Type	Frequency	Percent
Very well prepared	51	75.0%
Somewhat prepared	12	17.6%
Not prepared	5	7.4%
Total	68	100.0%
Missing: 12		

Safer Sex Protection Methods		
Type	Frequency	Percent
Very well prepared	41	60.3%
Somewhat prepared	19	27.9%
Not prepared	8	11.8%
Total	68	100.0%
Missing: 12		

HIV/AIDS and Other Sexual Transmitted Infections (STIs)		
Type	Frequency	Percent
Very well prepared	43	63.2%
Somewhat prepared	18	26.5%
Not prepared	7	10.3%
Total	68	100.0%
Missing: 12		

Healthy Relationships		
Type	Frequency	Percent
Very well prepared	49	72.1%
Somewhat prepared	17	25.0%
Not prepared	2	2.9%
Total	68	100.0%
Missing: 12		

Use of Technology and Social Media in Relationships		
Type	Frequency	Percent
Very well prepared	30	44.1%
Somewhat prepared	27	39.7%
Not prepared	11	16.2%
Total	68	100.0%
Missing: 12		

Sexual Consent and Sexual Decision-Making		
Type	Frequency	Percent
Very well prepared	43	63.2%
Somewhat prepared	20	29.4%
Not prepared	5	7.4%
Total	68	100.0%
Missing: 12		

Sexual Violence		
Type	Frequency	Percent
Very well prepared	36	52.9%
Somewhat prepared	25	36.8%
Not prepared	7	10.3%
Total	68	100.0%
Missing: 12		

Preventive Health		
Type	Frequency	Percent
Very well prepared	42	61.8%
Somewhat prepared	17	25.0%
Not prepared	9	13.2%
Total	68	100.0%
Missing: 12		

Public and Private Behavior		
Type	Frequency	Percent
Very well prepared	41	61.2%
Somewhat prepared	20	29.9%
Not prepared	6	9.0%
Total	67	100.0%
Missing: 13		

23. At what grade level have you taught sexual health education to students with disabilities during any of the 2018-2019 school year and the current school year (i.e., Fall 2018, Spring 2019, Fall 2019, or Spring 2020)? (Check **ALL** that apply)

Grade Level	Frequency	Percent
4	3	1.3%
5	6	2.6%
6	5	2.2%
7	8	3.5%
8	10	4.4%
9	43	18.9%
10	56	24.7%
11	49	21.6%
12	47	20.7%
Total	227	100.0%

24. While teaching sexual health to students with disabilities, have you taught it as part of another class (e.g., Physical Education, Science, etc.)?

Type	Frequency	Percent
Yes	41	58.6
No	29	41.4
Total	70	100.0
Missing: 10		

25. In which class(es) have you taught sexual health to students with disabilities? (Check **ALL** that apply)

Subject	Frequency	Percent
Health	14	26.9%
Science	1	1.9%
Physical Education	6	11.5%
Family and Consumer Sciences	29	55.8%
Other	2	3.8%
Total	52	100.0%
Missing: 28		
<i>Other:</i>		
<ul style="list-style-type: none"> • Life skills • Biology 		

26. Have you used an official curriculum/curricula in order to implement sexual health education in your classroom to students with disabilities?

Type	Frequency	Percent
Yes	30	42.9%
No	40	57.1%
Total	70	100.0%
Missing: 10		

27. Please specify the official curriculum/curricula you have used for sexual health education:

- The official curriculum/curricula you have used for sexual health education:
- unsure of name of curriculum
 - Truth Talk -Creating Positive Relationships
 - The information shared through the textbooks for the particular classes and covering the standards adopted through the Indiana Department of Education
 - textbook
 - Text book, Interactive PE
 - Safe Dates/Health Pros
 - Safe Dates, Families Today, and The Developing Child
 - Planned Parenthood of Ohio, YMCA Domestic Program
 - Making Proud Choices
 - Making Proud Choices
 - Interpersonal Relationships
 - Indiana State Standards/ Reducing the Risk
 - Indiana State Health Curriculum Sex Education
 - I Decide For Me
 - Human Development / Interpersonal Relationships
 - Glencoe Health Textbook
 - Glencoe Health Books, On-line Resource
 - glencoe
 - Circles
 - Child Development, Interpersonal Relationships, Adult Roles, Communities Against Rape Education
 - Child Development, Advanced Child Development, Health Education
 - Care
 - Biology
 - Always changing and growing up.
 - Always changing

28. Have you adapted the official curriculum/curricula in your classroom to meet the needs of your students with disabilities?

Type	Frequency	Percent
Yes	22	73.3%
No	8	26.7%
Total	30	100.0%
Missing: 50		

29. Is the official curriculum/curricula supplemented by outside organizations, presenters, or materials?

Type	Frequency	Percent
Yes	21	70.0%
No	9	30.0%
Total	30	100.0%
Missing: 50		

30. Please specify the supplemental organizations, presenters, or materials:

<p>Supplemental organizations, presenters, or materials:</p> <ul style="list-style-type: none"> ● YWCA, Health Dept., doctors/nurses dare officers ● truth talk- creating positive relationships ● The Hope Center ● Reducing the Risk ● Proctor and Gamble ● Pregnancy Choices, Home Extension ● Our school library has a wide range of topics with lessons and videos to check out. ● Local Women's Care Center, Health Department ● internet based research, videos addressing the topic at the moment, current issues as they occur in society, presenters who have been trained in certain fields of study or who have personal experiences in the topic at hand ● Health Pros & Sheltering Wings Safe Dates ● Domestic Violence & Date Rape ● can't remember ● Alternatives, Inc

31. Have you taught each of the following topics to students with disabilities during any of the 2018-2019 school year and the current school year (i.e., Fall 2018, Spring 2019, Fall 2019, or Spring 2020)?

Anatomy and Physiology		
Type	Frequency	Percent
Yes	51	85.0%
No (in the curriculum)	4	6.7%
No (not in the curriculum)	5	8.3%
Total	60	100.0%
Missing: 20		

Puberty and/or Adolescent Development		
Type	Frequency	Percent
Yes	48	80.0%
No (in the curriculum)	4	6.7%
No (not in the curriculum)	8	13.3%
Total	60	100.0%
Missing: 20		

Personal Hygiene		
Type	Frequency	Percent
Yes	39	65.0%
No (in the curriculum)	3	5.0%
No (not in the curriculum)	18	30.0%
Total	60	100.0%
Missing: 20		

Sexual Orientation and Gender Identity		
Type	Frequency	Percent
Yes	15	25.4%
No (in the curriculum)	4	6.8%
No (not in the curriculum)	40	67.8%
Total	59	100.0%
Missing: 21		

Pregnancy and Reproduction		
Type	Frequency	Percent
Yes	48	80.0%
No (in the curriculum)	2	3.3%
No (not in the curriculum)	10	16.7%
Total	60	100.0%
Missing: 20		

Abstinence from Sexual Activity		
Type	Frequency	Percent
Yes	52	86.7%
No (in the curriculum)	0	0%
No (not in the curriculum)	8	13.3%
Total	60	100.0%
Missing: 20		

Safer Sex Protection Methods		
Type	Frequency	Percent
Yes	38	63.3%
No (in the curriculum)	5	8.3%
No (not in the curriculum)	17	28.3%
Total	60	100.0%
Missing: 20		

HIV/AIDS and Other Sexual Transmitted Infections (STIs)		
Type	Frequency	Percent
Yes	50	82.0%
No (in the curriculum)	3	4.9%
No (not in the curriculum)	8	13.1%
Total	61	100.0%
Missing: 19		

Healthy Relationships		
Type	Frequency	Percent
Yes	45	73.8%
No (in the curriculum)	2	3.3%
No (not in the curriculum)	14	23.0%
Total	61	100.0%
Missing: 19		

Use of Technology and Social Media in in Relationships		
Type	Frequency	Percent
Yes	36	61.0%
No (in the curriculum)	3	5.1%
No (not in the curriculum)	20	33.9%
Total	59	100.0%
Missing: 21		

Sexual Consent and Sexual Decision-Making		
Type	Frequency	Percent
Yes	47	77.0%
No (in the curriculum)	2	3.3%
No (not in the curriculum)	12	19.7%
Total	61	100.0%
Missing: 19		

Sexual Violence		
Type	Frequency	Percent
Yes	41	67.2%
No (in the curriculum)	1	1.6%
No (not in the curriculum)	19	31.1%
Total	61	100.0%
Missing: 19		

Preventive Health		
Type	Frequency	Percent
Yes	37	62.7%
No (in the curriculum)	1	1.7%
No (not in the curriculum)	21	35.6%
Total	59	100.0%
Missing: 21		

Public and Private Behavior		
Type	Frequency	Percent
Yes	33	55.0%
No (in the curriculum)	2	3.3%
No (not in the curriculum)	25	41.7%
Total	60	100.0%
Missing: 20		

32. Please indicate the extent to which each of the following factors has been a **barrier** to the content of your sexual health education.

Senate Enrolled Act 65, Instruction on Human Sexuality		
Type	Frequency	Percent
Very	7	11.3%
Somewhat	15	24.2%
Not at all	14	22.6%
N/A	26	41.9%
Total	62	100.0%
Missing: 18		

Indiana Department of Education Health and Wellness Standards		
Type	Frequency	Percent
Very	4	6.5%
Somewhat	19	30.6%
Not at all	27	43.5%
N/A	12	19.4%
Total	62	100.0%
Missing: 18		

My school corporation policies		
Type	Frequency	Percent
Very	7	11.3%
Somewhat	9	14.5%
Not at all	40	64.5%
N/A	6	9.7%
Total	62	100.0%
Missing: 18		

My school administrators		
Type	Frequency	Percent
Very	7	11.3%
Somewhat	6	9.7%
Not at all	44	71.0%
N/A	5	8.1%
Total	62	100.0%
Missing: 18		

Parent/guardian input		
Type	Frequency	Percent
Very	5	8.1%
Somewhat	21	33.9%
Not at all	32	51.6%
N/A	4	6.5%
Total	62	100.0%
Missing: 18		

Student grade level		
Type	Frequency	Percent
Very	4	6.5%
Somewhat	15	24.2%
Not at all	38	61.3%
N/A	5	8.1%
Total	62	100.0%
Missing: 18		

Student input		
Type	Frequency	Percent
Very	5	8.1%
Somewhat	8	12.9%
Not at all	43	69.4%
N/A	6	9.7%
Total	62	100.0%
Missing: 18		

The type of student disability		
Type	Frequency	Percent
Very	3	4.8%
Somewhat	19	30.6%
Not at all	34	54.8%
N/A	6	9.7%
Total	62	100.0%
Missing: 18		

33. What teaching materials have you used in your sexual health education? (Check ALL that apply)

Type	Frequency	Percent
Commercial materials (e.g., Positive Prevention <i>PLUS</i>)	23	19.0%
Materials developed by my school	12	9.9%
Materials developed by my school corporation	7	5.8%
Library materials	11	9.1%
Materials available online	45	37.2%
Other [Please specify:]	23	19.0%
Total	121	100.0%

Other types of materials school personnel used in sexual health education:

- adopted textbook
- Community Based materials, State Standards
- Community Organizations as Guest Speakers on Specific Topic Areas
- Curriculum Materials used in Professional Development Trainings
- from other FACS teachers and my own, guest speaker from McMillen Health Center
- Glencoe Teen Health Curriculum
- Health Pros
- I developed my own and used a few materials as springboards to provide basic knowledge
- Life Smart Youth
- Making Proud Choices
- Materials developed by myself
- materials from our speakers
- Materials I have researched and created
- My school had a group called building healthy relationships help out
- Only used materials in the provided in the Making Proud Choices kit
- outside source comes in
- Pearson Health and Removing the Risk Abstinence for High School Students
- Self created
- Textbook
- Textbook
- Textbooks
- Textbooks and other supplemental materials
- Those from our textbook

34. If you have used commercial teaching materials, please specify:

- Commercial teaching materials used:
- You tube, discovery education, Scholastic Resources
 - Textbook - Developing Child, Strengthening Family and Self
 - Textbook
 - Pregnancy Choices
 - Outside guest from community wellness
 - Creating positive relationships, Ham Co health dept
 - Creating Positive Relationships
 - Can't recall specific titles and do not have access to those materials at this time.
 - Always Changing/Growing

35. After teaching sexual health education to students with disabilities, have you received feedback from any of the following? (Check **ALL** that apply)

Type	Frequency	Percent
Student(s)	20	23.0%
Parent(s)/Guardians(s)	12	13.8%
Teacher(s)	12	13.8%
School administrator(s)	7	8.0%
Other (please specify)	1	1.1%
I have not received feedback	35	40.2%
Total	87	100.0%
Other:		
<ul style="list-style-type: none"> ● "Health pros" 		

36. You responded that you had received feedback after teaching sexual health education to students with disabilities. Please describe the feedback received:

- Feedback received after teaching sexual health education to students with disabilities:
- Well received and informed
 - We shortened how many terms the student had to learn for the test
 - Was able to accommodate the individuals. Those with emotional disabilities was tough. Everything that was said was taken out of context by the students.
 - Very positive and they appreciated the information.
 - Verbal
 - They were not aware of available birth control and how they prevented pregnancy. Not aware of how STD affect lives.
 - They were glad to have someone answer sexuality and birth control questions that they could ask anonymously

- Students report being very glad they had the opportunity to hear information their parents were not comfortable discussing with them.
- Positive. Sharing the importance of what I am teaching.
- Parents, Admin, and teachers like the course and see a need for it.
- Parents were happy that topics were discussed at school.
- Necessary topic of instruction; all students should receive instruction regarding sexual health.
- my disabled students feel somewhat uncomfortable during my lessons over reproduction. They typically don't like talking about it.
- material covered
- learned how one can get pregnant and myths
- I have had suggestions on how to improve the content and how to deliver by administration. I had questions of concern and not wanting their student to be involved with the teaching next time.
- didn't realize the effects of STI and passed onto the child
- Comments and emails.
- a teacher commented that kids should be able to make a cold call to a doctor's office if they were considering having sex

37. How well were you aware of your school corporation's policies regarding sexual health education while teaching it?

Type	Frequency	Percent
Very aware	36	58.1%
Somewhat aware	20	32.3%
Not aware	6	9.7%
Total	62	100.0%
Missing: 18		

38. Under your school corporation's policies, was it possible to address students' inquiries about topics other than abstinence, HIV and AIDS while teaching sexual health?

Type	Frequency	Percent
Yes	50	86.2%
No	8	13.8%
Total	58	100.0%
Missing: 22		

39. While you have taught sexual health, what topics other than abstinence, HIV and AIDS have the student(s) inquired about in your classroom? Please specify:

What topics other than abstinence, HIV and AIDS have the student(s) inquired about in your classroom:

- yes - everything about sex
- What is sex? How do you know you are ready? Why do I feel sexually aroused at certain times of the month?
- What causes pregnancy.
- STD's, pregnancy and ways to prevent it besides abstinence
- STDS, contraception
- Specific behaviors std sti sex lures reproductive health screens
- Sexual violence, STD's and STI's, pregnancy
- sexual assault
- Self wellness
- relationships, reproduction
- Relationships, pregnancy, oral sex, raising children, names of body parts, slang names for body parts and sexual activity, how to use birth control methods
- Preventing pregnancy
- Pregnancy, abuse, personal dating standards, relationships - acceptable and unacceptable behaviors
- Pregnancy,
- pregnancy prevention, sexual activity, safe sex practices, etc.
- pregnancy and affects of drugs and alcohol
- Other STIs, pregnancy, etc.
- Other STDs
- none
- none
- nocturnal emissions and oral sex
- NA
- na
- N/A
- My lessons are focused primarily on puberty and body changes.
- methods of contraception
- LGBTQ and gender identity, birth control, consent
- How each type of birth control prevents pregnancy.
- Forms of family planning
- Exactly how they get pregnant, amazing some still were not sure. Sexual violence and no means NO.
- Don't remember.
- Domestic Violence - Relationships (dating) - cyber relationships
- Different ways to prevent pregnancy
- Contraceptives and how they work

- Contraceptive Methods
- Consent, family planning methods, STI's other than HIV/AIDS, menstruation, ovulation, orgasms, etc.
- Birth Control, pregnancy
- birth control, menstruation cycle and sexual activity
- birth control, bodily fluids
- Birth control
- birth control
- best prevention methods

40. Do you think that there are differences in the delivery of sexual health education to students with disabilities and to students without disabilities in your school corporation?

Type	Frequency	Percent
Yes	23	37.1%
No	39	62.9%
Total	62	100.0%
Missing: 18		

41. Please specify the differences in sexual health education for students with and without disabilities in your school corporation:

- Differences in sexual health education for students with and without disabilities in your school corporation:
- We've had no formal discussions on the topic, I offer teachers a video presentation and offer to answer questions, they have their own curriculum they use. I have never been invited to go over it with them. I think the topic, at least for the 5th grade students, only gets covered if classroom behaviors are under control. It is not a high priority. We also have nonverbal and severe cognitive disabilities here that we don't have any training in addressing these issues. Do we do the teaching with parents? We'd love some help here.
 - Verbal presentation needs to be simple.
 - understanding
 - The variety of ages, IQ levels, and emotional concerns was a challenge. Our students at our alternative school do not always receive the same sexual health education classes/special speakers as their general education counterparts. Students in moderate and severe programs may not receive any lessons at all unless they are integrated into other life skills lessons with their special education teacher.
 - That information needs to be repeated and revisited for some disability

- Students with disabilities participate in a more basic curriculum that is less graphic.
- Students with disabilities get more information provided to them.
- Not sure
- not set materials between fcs and sped classrooms and/or health class
- Not all teachers in a school building teach the same material. For example a FACS teacher will focus on different material than one who teaches a health class.
- none
- material must be modified for understanding
- less specific information, only information critical to the student needs
- If the student has a learning disability or is mentally disabled or impaired, we may use vocabulary, terminology, content delivery or instructional methods which are best suited to those students.
- I have to believe that across the corporation no one delivers the same. Don't know that for sure.
- I feel that the way the content is delivered is different. Some information is too high for students with learning disabilities to understand.
- I am not sure of the differences. I am sure that for our self-contained classrooms there are differences. I use the same approach but differentiate
- I am not aware of sexual health education for those students who have severe & profound disabilities.
- Human sexuality is taught as a direct class to students with disabilities. When I teach the class there is a basic curriculum I developed and I cover what the students are missing and only review for understanding what they know. Students can also take the class more than once if parents see a need. This is discussed in the IEP meeting. Students without disabilities cover a few topics in the freshman health class and biology class.
- For some students, I have had met with them in a small group with alike peers
- Depth of knowledge and comprehension

42. Would you be interested in receiving training in sexual health education for students with disabilities?

Type	Frequency	Percent
Yes	35	57.4%
No	26	42.6%
Total	61	100.0%
Missing: 19		

43. What topics in human sexuality do you want to learn more about for the delivery of sexual health education to students with disabilities? (Check **ALL** that apply)

Type	Frequency	Percent
Anatomy and Physiology	17	16.2%
Puberty and/or Adolescent Development	19	18.1%
Personal Hygiene	21	20.0%
Sexual Orientation and Gender Identity	21	20.0%
Pregnancy and Reproduction	16	15.2%
Abstinence from Sexual Activity	18	17.1%
Safer Sex Protection Methods	20	19.0%
HIV/AIDS and Other Sexually Transmitted Infections (STIs)	17	16.2%
Healthy Relationships	26	24.8%
Use of Technology and Social Media in Relationships	27	25.7%
Sexual Consent and Sexual Decision-Making	23	21.9%
Sexual Violence	24	22.9%
Preventive Health	18	17.1%
Public and Private Behavior	26	24.8%

44. Please provide any comments about teaching sexual health to **students with disabilities** in Indiana:

Comments about teaching sexual health to **students with disabilities** in Indiana:

- What information/training is available to me for my students with disabilities?
- Treat them like normal students and make accommodations as needed.
- Students that are on non-diploma track or with more severely autism are the ones that struggle comprehending the information. Those with learning differences that can function in inclusion classrooms seem to appreciate the material received.
- Please let me know of any trainings! This would be helpful in years to come.
- One curriculum does not fit all. What matters is the abilities of the students. That is how you know how to present the material. If you are developing a curriculum it needs to have various levels within each topic. I marked more information about each topic because I am always looking for new ways to present information to my students.
- Often times, students with learning disabilities, intellectual disabilities, or emotional disabilities are often extremely sheltered and over-protected by their adult care-givers. Parents worry that are not emotionally mature enough to process this information, that they don't have boyfriends/girlfriends, etc. so they don't need this information. So they do not give consent for the students to be in attendance during the class sessions when this content is delivered. These students are curious and

have questions. They are naive and seek information. They often rely on misinformation from their friends. We also live in a very conservative county. We are challenged with parents who believe it is an inappropriate and unnecessary topic to be taught in class.

- Need more curriculum and guidance
- Kids are kids - curious about their bodies - despite disabilities most high schoolers have the same questions.
- I'd like to see a set curriculum and standards and have access to teaching materials.
- I'd love training in modifying instructions. I'm blessed to have a spec Ed teacher or aide with me when activities need to be modified
- I would like to be better prepared to teach a class that is all students with disabilities, I have only taught hygiene classes to these students and they deserve more. I would be interested in meeting with parents and showing them this list and asking them which of these topics they would be most interested in me teaching. I get no direction from administration on what to do, I don't think they care about the overall health of students especially sexual health unless a parent gets ticked otherwise they don't pay attention.
- I think parent involvement is necessary especially for the severely disabled. I would like advice on how to engage them.
- I can't separate what I learned in college training from what I have learned by teacher over 20 years It was a long time ago and in another state with different laws
- For me it really has not been a problem as we always have a para in with us and between the two or 3 of us we succeed with those students.
- Any resources are appreciated
- After mentally debating, I checked NO on the question regarding delivery differences of sex ed subject matter to sped students because they will not be sheltered in school forever and they will need to have knowledge of the sex ed subject matter. I almost checked yes, only because of maturity levels of some sped students are lower than most of their gen ed peers.

45. Are you of Hispanic, Latino/a, or Spanish origin?

Type	Frequency	Percent
Yes	2	3.3%
No	58	96.7%
Total	60	100.0%
Missing: 20		

46. Which one or more of the following would you say is your race? (Check **ALL** that apply)

Type	Frequency	Percent
White	55	94.8%
Black/African American	2	3.4%
American Indian or Alaska Native	0	0%
Native Hawaiian or Pacific Islander	1	1.7%
Other (specify)	0	0%
Total	58	100.0%
Missing: 22		
<i>Other:</i>		
<ul style="list-style-type: none"> • 2 responded as white and other. One specified that they were Hispanic but the other did not indicate their second race. 		

47. What is your age?

Type	Frequency	Percent
20 – 29 years old	4	6.7%
30 – 39 years old	8	13.3%
40 – 49 years old	16	26.7%
50 – 59 years old	17	28.3%
60 years old and older	15	25.0%
Total	60	100.0%
Missing: 20		

48. What gender do you identify as?

Type	Frequency	Percent
Man	7	11.7%
Woman	53	88.3%
Non-binary	0	0.0%
Other (specify)	0	0.0%
Total	60	100.0%
Missing: 20		