REFLECTING ON STAFF TEACHING SEX EDUCATION CURRICULUM TO STUDENTS WITH INTELLECTUAL DISABILITIES

Shataria Branch, EdD, Colorado Technical University

ABSTRACT

In response to the historical nature surrounding the Intellectually Disabled (ID) population, having experienced global institutionalization and stigmatization with a focus on sex education curriculum, there was a need to explore the climate of those facilitating said services. The evolution of the climate among staff members servicing the ID population and mandated laws suggests that sex education curriculum for ID students is provided. However, after reviewing significant research within the last five to seven years, there was a need to explore the staff members' description of their delivery of sex education curriculum and staff attitudes toward working with the ID population. This reflective narrative highlights the academic journey and pursuit of research of a former Qualified Intellectual Disabilities Professional (QIDP) with experience in case management, curriculum design, and academic transformational practices for the Intellectually Disabled (ID) population with an interest in staff attitudes toward the sex education curriculum for students with ID and staff attitudes toward working with this population. Four themes emerged, highlighting staff attitudes toward sexual abuse, policies and procedures, evidence-based sex education curriculum implementation, and sexuality for ID students. Staff members' attitudes were positive with respect to the sex education curriculum and ID population. Implications suggest that there is a need for further explanation to improve the sex education curriculum for ID students.

Keywords: *Sex Education Curriculum, Intellectual Disability, Sexuality and Disability*

BACKGROUND OF THE PROBLEM

Words, phrases, and moments in time such as sterilization, institutionalization, asexuality, deviant, and the Eugenics Movement illustrate an intense picture of the historical atmosphere surrounding the treatment of the intellectually disabled population in relation to sex and sexuality. The ID population has endured stigmatization and less than positive perceptions held by the general population, which resulted in the subjection to unethical treatment and practices. The Eugenics Movement describes the institutionalization and sterilization of 60,000 individuals with ID, spanning over 43 years (Rowlands & Amy, 2017). It is challenging to realize that this movement existed such a short time ago.

The treatment of the ID population has since evolved; the ID population receives educational services, housing, and the tools needed to enhance their life skills and promote independence. However, the historical treatment the ID population received had a direct focus on sex and reproduction. While the treatment and regard for this population has evolved, there were

limitations surrounding discussions of sexuality and effective sex education curriculum for this population. The literature suggests that 70% of staff members have difficulties understanding policies and guidelines surrounding the facilitation of sex education curriculum for students with ID (Evenblig et al., 2019). More specifically, there is limited research on staff members' delivery of sex education and attitudes toward working with the ID population. The research suggests that staff members facilitating educational services for ID students find difficulties in providing sex education curriculum, displaying avoidance while increasing the chances of sexual abuse (McDaniels & Flemings, 2018). There is a gap in the research with respect to staff members' description of sex education curriculum and staff attitudes toward working with the ID population.

PROBLEM

In working amongst other staff members providing services to the ID population, a problem became apparent: there were challenges when there was a need to deliver sex education curriculum. Additionally, staff members did not express how they felt about providing services, although there was a need for said services. Staff members working in schools and day programs facilitated various services, including writing, reading, mathematics, and life skills. The staff members were responsible for teaching sex education curriculum as well. During my time working as a paraprofessional, direct support professional, and QIDP, I did not receive training on how to facilitate sex education curriculum. A portion of life skills was dedicated to hygiene, which included bathing or displaying how to effectively carry out those tasks for individuals who could independently complete the task. While I could speak about the nature of cleaning one's body or providing support when teaching a student how to do so, there were no explicit instructions on how to approach the matter. Although ID students received exceptional assistance in the remaining target areas across disciplines, a comprehensive sex education curriculum was unsupported. This is not to say that ID students did not have a curiosity or desire for sex. There were many instances where students expressed sexual vocalizations and displayed inappropriate acts that were sexual in nature. Staff members interrupted and redirected students and expressed the need for students to not engage in behaviors as such, but conversations regarding sex education curriculum and effective training did not extend beyond this scope. There was a need to gain insight into the staff members' quick, re-directive, but avoidant responses and the overall absence of a sex education curriculum for ID students.

The targeted population for the study conducted was staff members teaching sex education curriculum to ID students in the Midwest region of the United States. The National Center for Education Statistics (NCES) (2020) reported that six of the 12 midwestern states mandate sex education curriculum. With six states in this region adhering to mandated laws requiring the facilitation of sex education curriculum for ID students, I did not anticipate significant limitations during the recruitment process. However, to my surprise, many recruitment letters sent to organizations servicing ID students were left unanswered. More than 80% of the responding organizations stated that they did not offer sex education services for ID students. Essentially, what I assumed would be less challenging was significantly impactful and ultimately delayed the data collection process.

REFLECTIVE READINESS

My learning objective for this reflective practice was to explore and evaluate the overall experience and descriptive nature of staff members providing sex education curriculum for students with ID relating to the problem. To participate in reflective practice, one must have the necessary attitude to ensure reflective readiness (Greenberger & Or, 2022). Reflective readiness focuses on why things may be the way they are or how one may behave with consideration of theory and experience (Dewey, 1997). Reflective readiness does not consist of presenting only a reflection; it is substantiated when the characteristics of wholeheartedness, responsibility, and open-mindedness are present (Kuban, 2024). Greenberger's (2023) revised Guide for Reflective Practice (GRP) served as a source to analyze the process of reflective readiness.

WHOLEHEARTEDNESS

Wholeheartedness, the first attitude of reflective readiness, suggests that there is genuine enthusiasm for a subject, which is an attitude that operates as an intellectual force (Dewey, 1997).

Wholeheartedness speaks to one's strong interest in a cause or object that results in full devotion (Dewey, 1997). Working in several positions in the special education sector with a strong therapeutic approach could be challenging for one to do without genuinely advocating for a population that may not be able to do so for themselves. Within my work, there was a strong presence of compassion and empathy, and I often asked myself how I would feel if I were in the position of another. Working in this field was no different; there was a constant need to go beyond the job requirements because I hoped that if I could not toilet and bathe myself properly, someone in the world would assist me. If I were non-verbal, I would hope that there were adaptive learning materials to use in place of my voice. This was a large portion of the responsibilities that I took on as a staff member. Curriculum and instruction design was not required; however, I was driven to elicit a transformative process within the organization. While in this field, I built rapport and trust with the students' families. In many instances, I could use my resources to purchase necessary resources and learning materials for the students. Networking opportunities arose because of strong relationships and my devotion to those who could not fully advocate for themselves or their families needing additional support.

RESPONSIBILITY

Responsibility is a second attitude of reflective readiness, suggesting that intellectual responsibility secures integrity. More specifically, to have responsibility is to thoroughly carry something out to its completion (Dewey, 1933/1989). It was important to discuss the organizational structure, roles, and responsibilities of ID students and staff as they pertain to mandated procedures and policies. To work in any of the three positions mentioned, one must undergo training, take continuing education courses, and participate in supervised meetings to meet certification requirements. Mandated reporting and respect for the rights of the staff, students with ID, and human subjects related to scholarly research, reporting, and practice are essential in assuming responsibility.

OPEN-MINDEDNESS

Open-mindedness, the third attitude of reflective readiness is the willingness to consider multiple perspectives while acknowledging the possibility of error or failure regardless of personal beliefs (Dewey, 1997). My goal to remain open-minded involved the exclusion of personal experience in hopes of gaining insight into staff members' thoughts because of choosing to conduct a descriptive study. More specifically, an expert panel reviewed data sources to ensure that the questions created for interviews, focus groups, and questionnaires allowed for generalizability. There is validation in interpreting critical and post-structural theories concerning staff experiences in their field of expertise (Rose & Johnson, 2020). Employing procedures such as semi-structured interviews and focus groups create a sense of credibility in overall findings on staff members' experiences and attitudes toward the sex education curriculum. There was a need to record, code, and analyze staff responses as accurately as possible. A semi-structured interview style also allowed for clarity, increasing credibility, and limiting possible assumptions based on personal experiences. Conducting a thematic analysis helped to establish themes while gaining insight beyond the scope of my experiences. Open-mindedness in the truest form was realizing and reporting staff experiences that differed from mine.

WORKING IDEAS

Reflective practice involves the creation of working ideas. More specifically, there must be a reflection on the potential causes of the problem as well as an analysis of those working ideas using one's professional expertise and intuition (Greenberger, 2023). This section highlights three working ideas related to key attitudes of the problem or why staff members may not have actively expressed the absence of the facilitation of sex education curriculum for ID students and their feelings toward providing said services. Those three working ideas surround organizational implementation, feelings of discomfort, and training opportunities.

ORGANIZATIONAL IMPLEMENTATION

Briefly, I mentioned earlier how many of the organizations I reached out to did not offer sex education curriculum to ID students. This is a challenge within itself to gain perspective into how staff members felt about organizational facilitation. Additionally, it reflects a significant attitude of why the problem exists, creating limitations in the research as well. In addition, my outreach at the

time consisted of those within the Midwest region of the United States. Considering that some states have not legalized sex education curriculum for ID students, I assume that numerous organizations do not offer said services.

Incorporating sex education into the overall curriculum was not present during my time working in the field. Upon completing my certification to become a Qualified Intellectual Disabilities Professional, sex education implementation was mentioned from an advocacy perspective; however, no exploration or implementation strategy was mentioned. Additionally, when situational experiences of students engaging in inappropriate sexual activity took place, there was a focus on quickly informing the student and re-directing said student(s) back to the targeted behavior (i.e., preferred behavior). Behavior analysts often utilized this method and were responsible for creating behavior plans and activities for students who may have displayed problematic behavior. Without an organization's advocacy and implementation of sex education curriculum, staff members would not be able to be able to effectively facilitate services or locate learning materials to address the topic accordingly.

FEELINGS OF DISCOMFORT

The second working idea and attitude of why the problem exists is feelings of discomfort. Before conducting my study, I was under the impression that staff members felt discomfort, resulting in avoidant behavior. This is also something that frequently appeared in my research, but there were not many reasons for it. Because sex involves intimacy, engaging and intertwining with another for pleasure and/or reproduction, speaking to another may result in discomfort. More specifically, facilitating a course for students with learning disabilities could further those feelings of discomfort. However, because the ID population has human rights, as we all do, it may be disturbing for staff members to outright state those feelings of discomfort. Also, because many of these students function cognitively at lower levels than their ages, staff members may view these students as children or incapable of harboring feelings associated with sex and sexuality.

TRAINING OPPORTUNITIES

Training opportunities are the third working idea of why the problem exists. Because advocacy was non-existent, and there were no implementation strategies for sex education curriculum within the organization I worked for at the time, without policies, training opportunities were limited as well. This also speaks to the non-participating organizations mentioned in my study. In some instances, this was the case for staff members mentioned in the study. While many staff members spoke about their experiences of utilizing materials online and within their respective organizations, others were unsure how to manage the implementation of sex education curriculum. Also, materials made available to staff members were outdated and unrelatable. More specifically, the staff members expressed their desire to advocate and implement sex education curriculum, but the lines were blurred when attempting to do so. The staff members wanted to tackle advanced sex education topics such as polygamy, the use of sex toys, and family planning. There were also structured levels of sex education based on cognitive functioning. Other staff members expressed their interest in using sex education implementation strategies, but they suggested confusion regarding unclear key roles and responsibilities.

As a staff member in this field, there are always over-arching responsibilities. Without structure, additional requirements that staff members have not been trained on could result in confusion and/or burnout. There is a need for effective, comprehensive sex education curriculum. Staff members need a clear understanding of what is acceptable to teach, who will specifically be required to teach this, and when strategies should be applied in classrooms. All staff training would be practical while also providing staff members opportunities to implement sex education for a period of the day. Lastly, training materials would need to be updated and visually appealing so that students could comprehend and align with present-day circumstances.

REFLECTIVE NARRATIVE

While working in a therapeutic educational institution servicing ID students and adults, I completed a number of service hours to receive a certification with respect to this field. To provide context, my role as a QIDP involved assessing and evaluating the student's needs and developing personalized service plans to help with goal achievement and independence. The QIDP also conducts various assessments to analyze strengths,

potential risks, cognitive function abilities, and skills while advocating on behalf of the student with respect to the population, assigned staff (Direct Support Professionals), and guardians. At the time, I was working with a Licensed Social Worker to complete my certification, which was a mandated requirement. During that time, she and I discussed an experience I had where two students of legal age engaged in sexual behavior while on a trip to the mall. I asked if the organization had sex education curriculum. The social worker, who had worked within the organization for more than 30 years, looked at me and said, "You know, we used to have a sex education program for the students, but we no longer have it." She went on to say that within the last 15 years, sex education had been phased out, and the leadership saw no need for it. I asked if there was a specific reason for this determination, and the social worker was not quite sure, but she certainly remembered when it was phased out of the program.

The events that took place before my conversation occurred with a staff member who, at the time, worked as a Direct Support Professional (DSP) and facilitated all activities for a class of students with very high-functioning skills. DSP's aid with personal care/hygiene, life skills, transportation, independent living, and academics. Some students in this class could obtain employment, walk to the local store supervised, use the toilet, bathe themselves, and were quite intelligible when speaking and engaging in academic tasks. Two students publicly referred to themselves as a couple and wore beaded bracelets with each other's names to solidify their relationships. The couple often interacted in a loving way and sometimes a bit more explosive when trying to express their feelings for one another. The couple accompanied the staff members on the outing to the mall.

During their transport back to the school, the couple engaged in inappropriate sexual activity. Their engagement included the removal of clothing. The staff members were notified and quickly demanded that the students stop inappropriately engaging. When the staff members returned to school, I was notified. The staff members displayed discomfort and did not further the conversation. The staff member showed reluctance when speaking and had challenges explaining what happened. She spoke in a whisper as if what she was saying was completely taboo. I was asked to speak with both students about their behavior. However, there was no protocol in place to ensure that effective education took place. Discussions with this population must be carefully conducted regarding human rights, all parties involved, and organizational values and policies. However, the next course of action was challenging, considering there were no policies to manage said circumstances. Lastly, although both students were over the age of 18, due to their diagnosis, they were cared for by legal guardians who had the option to allow students to engage in sex education to reduce the risk of sexual exploitation, or at the very least discuss basic sex education fundamentals; this was not a part of the program curriculum.

Ultimately, I spoke with both students about their rights, legal guardians, and organizational policies, or lack thereof. However, this conversation did not extend beyond the ramifications of indecent exposure and respecting the boundaries of others in public spaces. No protocols were listed to alert parents of circumstantial incidents, which placed me in a challenging position. The lack of protocols, resources, and advocacy could have resulted in extreme ramifications that would significantly impact the students.

The staff members' inability to address the issue beyond the communication with the students was limited because of discomfort and a lack of training should these circumstances happen. Also, many of the staff members had children or were a product of sexual engagement; however, when speaking of matters involving sex and ID students, there was also a condensed version of what they had witnessed, as if sex was unheard of among this population or should not be taking place. Additionally, the removal of sex education curriculum for ID students placed them at the risk of exploitation, which could lead to abuse and legal ramifications because of inappropriate engagement in public places and a limited understanding of how to properly engage intimately. All of the factors mentioned contributed to the problem and aligned with the working ideas mentioned in the previous section, which were the lack of organizational implementation and advocacy of sex education curriculum, staff feelings of discomfort, and the lack of training opportunities.

EVALUATION OF IDEAS

Evaluating ideas in reflective practice starts with identifying and analyzing the problem (Dewey, 1938). There were three working ideas about the impact of staff attitudes on the delivery of sex education to ID students and toward working with the population. The three working ideas illustrated in Figure 1 were organizational implementation, feelings of discomfort, and training opportunities. This section evaluates the strengths and weaknesses in comparison to theory and research. The problem encountered involved staff challenges when there was a need to deliver sex education curriculum to ID students. Additionally, staff members did not express how they felt about providing services for said population.

Figure 1.

ORGANIZATIONAL IMPLEMENTATION

The history surrounding the organizational implementation of sex education curriculum for ID students paints a vivid picture of the uniformed Eugenics Movement. During that time, an attempt to eradicate the sexual nature of human beings, the ID population, was made through sterilization and policy (Ferrante & Oak, 2020). Staff attitudes have shifted, and positive attitudes were highlighted during my research. Additionally, recent research suggests that staff members must recognize that students have sexual desires and plan for educational intervention (Black & Kammas, 2019). Evenblij et al. (2019) used a multivariable logistic regression analysis in two cross-sectional studies to test levels of self-efficacy. Another study suggests that staff members' low confidence in teaching sex education curriculum is dependent upon organizational policies, training, and the overall promotion of sex education curriculum (Bloor et al., 2022). Staff members reported that institutional philosophies contributed to low self-efficacy when communicating with students with ID. Without organizational advocacy and implementation, staff members may be able to recognize sexual desires in ID students but are limited when the focus is shifted to policy and procedures.

During my research, staff members spoke about the process that takes place before implementing comprehensive learning materials and curriculum. The process can range from weeks to months in terms of deliberation and resolutions. To provide more context regarding various organization infrastructures, implantation, and policies, it is important to note that sex education curriculum is not mandated in seven states (NCES, 2020). Athanassion et al. (2020) suggested that high rates of ID students' exposure to sexual abuse are the result of inadequate sexual knowledge.

Most importantly, because providing sex education curriculum for ID students is a human right, there is a need to highlight limited research concerning personal testimonies from ID students regarding their knowledge about sex on a worldwide basis. Wang (2019) conducted a study in Shanghai focusing on the personal testimonies of ID students. The students reported being excluded from most of the curriculum compared to their peers without ID. Adhering to mandated sex education laws and the rights of ID students reiterates typical organizational philosophies that students are the biggest priority and that organizations have their best interests. However, not implementing an adequate sex education curriculum suggests otherwise. There is a lack of professional ownership over providing sex education and information about the sex educator's background, funding structure, and a clear understanding of all components of the population in need of services (Curtiss & Stoffers, 2024). This research is critical concerning the positive changes in staff attitudes while highlighting the limitations surrounding organizational philosophies and the inclusion of comprehensive sex education curriculum for ID students.

FEELINGS OF DISCOMFORT

Feelings of discomfort is an attitude and working idea that contributes to the problem. Oliver's (1983) Social Model of Disability suggests that limiting unhealthy attitudes surrounding sex education could elicit healthy practices, and action should be taken to reduce the restriction of knowledge based on the attitudes of the staff servicing ID students. Present-day research illustrates a shift

in staff attitudes toward sex education curriculum for ID students (Maguire et al., 2019). However, staff admittedly find it challenging and burdensome to assist ID students without establishing and maintaining healthy relationships (Ran, 2019). Additionally, staff members may find challenges in terms of trying to find alignment with parental figures, who struggle with the idea of sex education curriculum as well. Parents reported that they, too, needed support and training to help them speak to their children about sexuality and their bodies (Colarossi et al., 2023). The research highlights that the significance of the Social Model of Disability (Oliver, 1983), although dated, is still evident compared to challenges that staff members report in present-day research. This comparison also highlights the problem and limitations regarding staff members' elaboration on said feelings. During my research, it was concluded that staff members held positive attitudes toward their sex education curriculum and working with the ID population. Staff members expressed their need to advocate for ID students, utilize personal resources to advance their sex education programs, and expand on topics that may be viewed as taboo (i.e., pleasure, sex toys, polyamory, and relation to social media). As mentioned earlier, based on my experience in the field, feelings of discomfort serve as the most plausible reason for the problem.

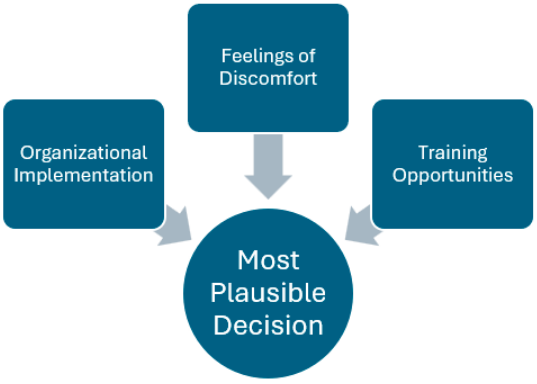
TRAINING OPPORTUNITIES

Training opportunities, the last working idea, suggests that the lack of said opportunities is a potential reason for the problem. The research suggests that services for students with ID are a priority, and effective competency-based training enhances the quality of services (Tyler & Wells, 2019). One of the most significant impacts of not providing sex education curriculum to students with ID is the heightened risk of sexual abuse. Staff members participate in mandated Abuse and Neglect training across organizations in the United States servicing students with ID. However, miscommunication during said training can impact students' legal rights to knowledge about sex and the right to engage in the act in a healthy and appropriate way. Additionally, in my experience, staff Abuse and Neglect training consists of what would be considered neglect with respect to students' independence, life skills, hygiene needs, transportation, and overall advocacy. While all are significant on a general scale, the language used throughout the training process does not address sex education curriculum. The research suggested that 70% of staff members reported having difficulties understanding policies and guidelines while attempting to implement sex education curriculum for ID students (Evenblig et al., 2019). More specifically, the Abuse and Neglect training does not address ID students' needs, behavior, and desires with respect to sexual engagement or policy regarding sex education implementation strategies to ensure staff members can effectively address such circumstances.

DECISION

Arriving at a decision about the most plausible reason for the problem is essential in reflective practice. Dewey (1938) suggested that the act of reflection is a process of examination and introspection. This section explains the most plausible reason for the problem: feelings of discomfort. Figure 2 seemingly highlights the evaluation of the three working ideas and the transformational process to arrive at a decision.

Figure 2.



FEELINGS OF DISCOMFORT

The most plausible explanation for the problem is feelings of discomfort. Historically, the less-than-positive attitudes held by the general population and staff members resulted in the Eugenics Movement. More specifically, the resistance to the ID person's ability to engage in sex and overall feelings about the ability to reproduce with respect to biological, neurological, and overall developmental differences resulted in sterilization and institutionalization.

Although staff attitudes have since shifted within organizations, and desired training opportunities to assist with effectively educating were mentioned, the feelings of discomfort impact the complete evolution of sex education curriculum. The Social Model of Disability (Oliver, 1983) suggests that the general population ostracizes disability in a large social capacity based on negative perceptions while ruling out the notion that ID students are human beings with needs and rights. Most importantly, society uses those characteristics to further disable the ID population along with their desires, which incites ableism and limits the implementation of sex education curriculum. The feelings of discomfort based on social bias and limitations regarding disability are not a result of limited training opportunities and organizational implications. It is quite the opposite; feelings of discomfort result from the two working ideas.

Ableism is displayed beyond social communities; it resides with the ID students within their guardians and parental figures. During my research, staff members expressed some reluctance to deliver sex education curriculum to students because guardians were not willing to allow such teachings. However, ID students are human beings; they would not be without conception and the very sexual engagement that some guardians are opposed to them receiving knowledge about.

Respect, acceptance, and an understanding of the sexual needs of ID students would humanize the population, as they are human. This would then allow organizations to treat them as such by properly advocating for an effective, universal, comprehensive sex education curriculum. Lessening feelings of discomfort provides an openness and evolutionary change for organizations to properly advocate and create strong philosophies that highlight the inclusion of all academically.

With situational experiences comes the ability to advocate in agreement for or against said situation. In other words, feelings of discomfort are a result of limited organizational implementation strategies regarding sex education curriculum for students with ID; more specifically, staff may not understand or know the proper steps to advocate for effective training to deliver sex education if the organization does not openly express their support of it. More specifically, if organizations fully supported sex education curriculum, the limitations surrounding training opportunities would lessen. Ultimately, theory and research suggest that it is attitudes and feelings of discomfort that enforce the lack of sex education curriculum within organizations servicing students with ID. The inability to implement such strategies that are normalized amongst the public and within academic institutions for those who have not been diagnosed with ID substantiates Oliver's (1983) Social Model of Disability.

REFLECTIVE CRITIQUE

The final stage of reflective practice involves critiquing the process surrounding the research conducted and the overall thoughts surrounding it. This reflective practice aimed to enhance and further my exploration surrounding the problem at hand. More specifically, there was a need to highlight the challenges surrounding the sex education curriculum for ID students and the impacts hindering the implementation of the curriculum. Ultimately, feelings of discomfort were critical in the research process after conducting research and aligning the research with historical stigmatization and theory regarding staff attitudes toward sex education curriculum for students with ID.

It was through experiences of working with staff members who displayed feelings of discomfort while speaking about sex and sexuality for ID students that suggested a dire need for exploration on the topic. Following the study and reflective critique, it is important to highlight a recommendation for future research to explore organizational leadership and attitudes toward sex education curriculum for ID students. Because advocacy and mandated reporting are required from all staff members and organizations servicing students with ID, a recommendation for future research should surround understanding staff members' attitudes about teaching sex education curriculum to ID students. This recommendation would be useful in the United States as it extends beyond the scope of the initial study I conducted. There was also the need to gain an understanding of various organizations offering sex education curriculum for ID students in the Midwest, regardless of the state-mandated laws, because of the historical nature of stigma surrounding the topic.

Staff members teaching sex education curriculum to ID students and staff attitudes were the

focus of the research. Most importantly, along with the alignment of theory, feelings of discomfort appear to be the most significant reason why sex education curriculum is not implemented across the country, regardless of federally mandated laws. While this is what I initially thought about the problem at hand, I believe that organizations must not only meet regulated standards but also implement organizational philosophies that highlight their support of sex education curriculum for students with ID. To do that, overall attitudes or feelings of discomfort must be addressed at both macro and micro levels. Changes in attitudes create a change in behavior, systems, and overall structure of the environment. It became apparent that feelings of discomfort were the result of why organizations had not implemented sex education curriculum and effectively trained staff members to administer and understand that the idea of sex and sexuality for ID students is not a negative ideology.

References

Black, S. R. S., & Kammes, R. R. (2019). Restrictions, power, companionship, and intimacy: A metasynthesis of people with id speaking about sex and relationships. *Intellectual and Disabilities, 57*(3), 212–233.

Bloor, D., Ballantyne, C., Gillespie-Smith, K., Wilson, C., & Hendry, G. (2022). Investigating the challenges of teaching sex education to autistic learners: A qualitative exploration of teachers' experiences. *Research in Developmental Disabilities, 131*.

Colarossi, L., Riquelme, M. O., Collier, K. L., Perez, S., & Dean, R. (2023). Youth and parent perspectives on sexual health education for people with intellectual disabilities. *Sexuality and Disability, 41,* 619–641.

Curtiss, S. L., & Stoffers, M. (2024). Services models for providing sex education to individuals with intellectual disabilities in the United States. *Journal of Intellectual Disabilities, 28*(2), 434–452

Dewey, J. (1938). Experience and education. Macmillan. New York: Macmillian Company.

Evenglij, K., Koppel, M.T., Smets, T., Widdershoven, G.M.A., Onwuteaka-Philipsen, B.D., & Pasman, H.R.W. (2019). Are care staff equipped for end-of-life communication? A cross-sectional study in long-term care facilities to identify determinants of self-efficacy. *BMC Palliative Care, 18*(1). https://doi.org/10.1186/s12904-018-0388-z

Ferrante, C. A., & Oak, E. (2018). 'No Sex Please!' We have been labeled intellectually disabled. Sex education—Sexuality society and learning. *Sex Education, 20*(4), 383–397.

Greenberger, S. W. (2023). *Journal of Scholarly Engagement*. Guide for reflective practice.

Greenberger, S. W., & Or, J. (2022). Cultivating faculty readiness to reflect: Reconstructing Dewey's attitudes for reflection as character strengths. *Reflective Practice, 23*(3), 291–304. https://doi.org?10.80/14623943.2021.2015685

Maguire, K., Gleeson, K., & Holmes, N. (2019). Support workers' understanding of their role supporting the sexuality of people with learning disabilities. *British Journal of Learning Disabilities, 47*(1), 59–65. National Center for Education Statistics. (2020). *Schools and staffing survey (SASS).* https://nces.ed.gov/

Oliver, M. (1983). The social model of disability: Thirty years on. *Disability & Society, 28*(7), 1024–1026.

Ran, N. (2019). Attitudes of district support staff regarding couple relationships of adults with intellectual disability: Implications for the provision of support. *Journal of Social Service Research, 46*(5), 713–725.

Tyler, C. Y., & Wells, M. D. (2019). Direct support professionals' perspectives on ambulatory health care processes and quality. *Intellectual & Developmental Disabilities, 57*(3), 188–197.

Wang, L. (2019). Perspectives of students with special needs on inclusion in general physical education: A social-relational model of disability. *Adapted Physical Activity Quarterly, 36*(2), 242–263.