

Sexuality education from the perspective of teachers and pupils with intellectual disability

(science paper)

Zdeňka Kozáková, Petra Hermanová

Abstract: *The purpose of the paper is to present the selected results of a research study aimed at sexuality education of pupils with intellectual disability (ID). The main objective of the research was to examine the perspective of teachers and pupils with intellectual disability concerning sexuality education in a school setting. Another aim was to identify the degree to which sexuality education is implemented in classes and whether teachers and pupils consider such implementation sufficient. The opinions and practical experience of teachers and pupils were investigated by means of semi-structured individual interviews.*

The results of the research suggest that from the perspective of both teachers and pupils the implementation of school-based sexuality education is insufficient. Pupils report that sexuality education was little discussed and that the information they received was insufficient. Therefore, sexuality education should be more supported in schools and should be more frequently implemented in classes. This is especially important in the case of pupils with mild ID who have had fewer practical subjects in the past years. These subjects used to provide sufficient space for topics such as sexuality education. The research revealed several ideas and suggestions for improvement. They mostly relate to high-quality school equipment including visual aids as well as spatial arrangement. Greater attention should also be paid to further training of teachers and their methodological guidance in this area.

Keywords: *sexuality education, teacher, pupil with intellectual disability, special elementary school, elementary school*

1 Introduction

School-based sexuality education should be an integral part of preparation for future life. However, the most studies report a low level of knowledge in the area of sexuality in persons with ID compared with the common population (Whitehouse & McCabe, 1997; McCabe, 1999; Thompson, 2001; Aunos & Feldman, 2002; Galea et al., 2004; Kijak, 2013; Bernert & Ogletree, 2013; Jahoda & Pownall, 2014). Servais (2006) concludes that the knowledge among persons with ID is fragmentary, inaccurate and inconsistent. Similarly, according to a research study by Galea et al. (2004), persons with ID do not take any formal education in the area of sexuality, their education does not include all significant aspects and the information presented is not understood or remembered. A large number of individuals with ID have insufficient knowledge in the area of sexuality. In her study, Schaafsma et al. (2014) claims that the reason for not providing education in the area of sexuality to persons with ID might be the fact that other people think that these individuals are not sexually active or that they do not need this information.

However, practice shows that persons with ID need to acquire information as well as practical competences and skills. The information, competences and skills should be related to ordinary life in terms of relationships, sexuality as well as prevention of sexually transmitted diseases or sexual abuse (Volfová, Kozáková & Velemínský, 2008).

It is therefore important for the school to fulfil its role and for the teachers to know how to approach this aspect of life in persons with ID. At the same time, the parents (guardians) of these children should be provided with adequate information.

Presently, there is an overall trend suggesting that sexuality education should primarily be provided in the family but at the same time admitting that this is not always possible. An ideal environment seems to be the school. The advantage of the school setting is the long-term, continuous as well as interdisciplinary effect. It not only educates but also shapes and develops the learners' attitudes. Sexuality education, as recognized by the International Planned Parenthood Federation (IPPF) in accordance with the World Health Organization (WHO) "is not a mere preparation for sexual life but also supports the development of interpersonal and family relationships. It emphasizes contraception as well as the prevention of sexually transmitted diseases and sexual crime. It also addresses psychological and psychosexual issues associated with any partnership" (IPPF, 2008).

According to the Framework Education Programme (FEP) for Elementary Education, sexuality education is not a separate subject but is implemented in the following educational areas: Man and his world (educational subjects Basic humanities and Natural science), Man and society (Citizenship education), Man and nature (Natural history) and Man and health (Health education). Sexuality education can also be

included in the following cross-curricular subjects: Moral, character and social education and Civic education for democracy (Kozáková, 2013). If possible, the extent of the knowledge and skills provided should not differ from the common population.

1.1 Aims

The main objective of the research was to examine the perspective of teachers and pupils with intellectual disability concerning sexuality education in the school setting. Another aim was to identify the degree to which sexuality education was implemented in classes and whether teachers and pupils considered such implementation sufficient. The research was conducted in two selected special elementary schools and in an elementary school established pursuant to Section 16, Sub-section 9 of the Education Act No. 561/2004 Coll. designed for pupils with mild ID, multiple disabilities and autism spectrum disorders.

Following the operationalization of the objective, the following three research questions (RQ) were formulated:

RQ 1: In what way is sexuality education implemented?

RQ 2: From the teacher's perspective, is the implementation of sexuality education sufficient?

RQ 3: From the pupil's perspective, is the implementation of sexuality education sufficient?

1.2 Sample and Methods

The research was based on a mixed design. The qualitative part was conducted by means of semi-structured interviews, while the quantitative part used questionnaires.

The main research method was the semi-structured interview, which can be defined as non-standardized inquiry with a predefined structure (Miovský, 2006). This method allows the interviewer to change the order of questions or add questions as required (Reichel, 2009). Its flexibility allows the researcher to obtain additional information and ask questions that arise during the inquiry. The method of individual interviews enables a direct contact between the researcher and the respondent and allows additional explanation by both the researcher and the respondent. It provides a deeper insight into this sensitive issue, offering greater authenticity and close understanding of the attitudes of the research participants. At the same time, its flexibility allows the researcher to obtain additional information and ask questions that arise during the inquiry. Other advantages include the possibility to obtain personal or sensitive information, analyse verbal as well as non-verbal responses and adapt the course of the interview accordingly (Skoutil, 2011).

The data for the analysis were obtained by verbatim transcriptions of the interviews into a text format. This was followed by open data coding. Miovský (2006, p. 219) describes the process of coding as “assigning keywords or symbols to text fragments in order to allow an easier and faster analysis of these fragments and to facilitate at any time the use of larger semantic units by means of the codes assigned.” The term coding refers to an operation the purpose of which is to “analyse, conceptualize and reassemble the data, which is the central process in the development of a new theory” (Miovský, 2006, p. 228).

The transcribed text was divided into units and each unit was assigned a code. The codes were entered directly into the transcribed text (pencil and paper method) and revised and modified after repeated reading. This was followed by categorization during which a list of codes was produced and the codes were categorized into subcategories. These subcategories were then classified into categories. In total, three main thematic units were defined. These units included the following categories:

- **Implementation of sexuality education in the school:** Implementation of sexuality education in the SEP; Implementation of extracurricular activities; Background for the realization of sexuality education (designated room, visual aids, methodology).
- **Sufficiency of the implementation of sexuality education from the perspective of the teacher:** Sufficiency of the implementation of sexuality education in classes; Sufficiency of the content of sexuality education; Sufficiency of the implementation of extracurricular activities.
- **School-based sexuality education from the perspective of the pupil:** 5th graders aged 10–13 years; 6th and 7th graders aged 12–13 years; 9th graders aged 15–16 years.

The research included 14 teachers (T 1–14) of pupils with ID and 25 pupils diagnosed with mild ID educated in an elementary school established pursuant to Section 16, Subsection 9. The pupils were investigated by means of individual semi-structured interviews and structured questionnaires. Prior to the research, the investigators obtained the consent of legal guardians concerning the pupils’ participation in the discussions, interviews, research as well as anonymous data processing and publication. The pupils indicated their gender and age. The class teacher added information about the class, education programmes as well as ID severity. The pupils were divided into three groups (see the Table 1 below). This division was necessary in order to adapt the research methods to the capabilities and intellectual maturity of the pupils.

Table 1: *Structure of the research sample*

Elementary school class		ID	Age	Number	Of whom	Of whom
Group 1	5 th grade	Mild ID	10–13 years	8 pupils	5 boys	3 girls
Group 2	6 th and 7 th grade	Mild ID	12–13 years	7 pupils	4 boys	3 girls
Group 3	9 th grade	Mild ID	15–16 years	8 pupils	8 boys	0 girls

Mild ID was very often combined with attention, comprehension and speech disorders. The semi-structured interviews and structured questionnaires examined the level of knowledge, personal experience and the degree of interest in the issue as well as the acquisition of new information in the area of sexuality. Due to the wide age range between 10 and 16 years and the large differences in the pupils' intellectual abilities and maturity between the groups, a different alternative of the structured questionnaire was produced for each group. The way of answering the questions was adapted in order to reflect the needs of the pupils. The development of the questionnaires was based on interviews with the teachers (including class teachers), observation of the pupils in their classes and an analysis of the content of the school's SEP performed prior to the research. For each group, the research tool and the course of the investigation was adapted to the pupils' individual capabilities. The questionnaires contained three types of questions: knowledge questions focused on the extent of the respondents' knowledge; experience questions focused on the respondents' experience in the area concerning their own relationships and sexual experience; experience with sexuality education. The third type of questions focused on the respondents' interest in the area and methods of obtaining new information. The questionnaires were completed individually with each pupil. For each question, understanding of its content was checked. In the case of knowledge questions, the pupils' responses were checked by means of feedback and additional questions in order for the respondents to demonstrate their understanding. In the case of pupils who had difficulty reading or understanding the text, the questions were read out, explained and reformulated in order to ensure the pupils' understanding. Following the questionnaire survey and individual interviews, discussions on sexuality education and healthy lifestyle were held during which the pupils had the opportunity to ask about anything they were interested in. Given the extent of the paper, focus is on a specific part of the results concerning the pupils' experience with sexuality education.

Regarding the nature and sensitivity of the topic, the whole research was anonymous. The respondents gave their consent to the provision of the basic data necessary for the processing of the research and ensuring its validity.

The research was carried out in February–March and September–November 2020. Between April and August the research had to be interrupted due to the emergency

closure of schools. At the same time, the course of the research had to be changed and the number of elementary schools involved in the research had to be decreased due to the emergency measures against the spreading of Covid-19.

2 Results

The results of the research are presented for the three thematic areas. The first area focuses on school-based sexuality education, the second on the sufficiency of its inclusion, while the third is aimed at the experience with sexuality education from the perspective of pupils with ID.

2.1 Implementation of sexuality education in the school

Implementation of sexuality education in the SEP

Pupils with mild ID are educated according to the FEP for elementary education which defines the minimum recommended level of expected outcomes in the context of relevant support measures concerning sexuality and interpersonal relationships. According to the teachers, sexuality education classes comply with the SEP in the following subjects: Basic humanities, Natural science, Health education, Citizenship education. Sexuality education is delivered on a cross-curricular basis. “Naturally, sexuality education is mostly included in Health education in the 8th and 9th grades” (T1).

Pupils with moderate and severe ID are educated according to the FEP for special elementary schools, Volume I and II. According to the teachers, sexuality education is included in the SEP in the following educational areas: Man and his world – Material learning, Man and society, Man and health – Health education.

Implementation of extracurricular activities

All of the teachers confirmed that their schools held regular lectures with experts on sexuality: “Yes, about once every two years we have a lecture given by a sexologist. The lecture has two parts—one for the pupils and the other one for the parents and teachers” (T7). The schools also organize project days: “We regularly organize project days on cyberbullying and bullying” (T5).

Background for the realization of sexuality education (designated room, visual aids, methodology)

All of the teachers suggested that their school did not have a special room designated for relaxation, privacy and satisfaction of sexual needs, especially for pupils with more serious ID. “There is no special room for these purposes in the school” (P 14). “Sexual satisfaction very often takes place in school where pupils attempt

masturbation. Any efforts to suppress this behaviour often lead to the development of unrest, aggression, the pupil's willingness to cooperate decreases." In terms of visual aids, all of the teachers agreed that they lacked high-quality visual aids. "I have to make or provide all materials myself... Our pupils require visuals and the pictures we use are sometimes insufficient" (T4). All of the teachers agreed that a significant problem was missing or insufficient methodology for teaching sexuality education and recommended procedures for addressing situations associated with sexuality behaviours among pupils with ID. Most of the teachers use their own experience, understanding and personal attitudes. However, this may be extremely difficult for a beginning teacher without experience.

2.2 Sufficiency of the implementation of sexuality education from the perspective of the teacher

Sufficiency of the implementation of sexuality education in classes

The teachers in elementary schools established pursuant to Section 16, Sub-section 9 agreed that the implementation of sexuality education was absolutely insufficient. "Compared with for example ten years ago, today there is much less time and space for these topics. One of the main reasons is the change in the time allocation of individual subjects" (T1). All of the teachers agreed that the greatest risk related especially to pupils with mild ID. They are usually able to have an independent life but their decreased cognitive abilities often compromise their ability to make correct judgments, evaluate various situations and assess risks. "We often have to solve problems such as classmate groping incidents, sexual harassment, cases of cyberbullying with sexual undertones, over the past few years there were several cases of taking intimate photographs of classmates, there was even a case of abuse of a schoolgirl by a foreign person. We also had pupil pregnancy" (T13). According to the teachers, their pupils are overwhelmed by the number of subjects that are not so important in terms of their future careers. On the other hand, there is little space for practical and educational subjects. "Overall, both students and teachers are now under great pressure on their knowledge but there is little space for practical skills" (T2). Therefore, teachers try to address sexuality education beyond the scope defined by the SEP, especially in the context of informal class sessions. A major problem is the insufficient provision of information to pupils in their home environment: "This frequently results in unpleasant situations and a high level of risk caused by the lack of information" (T13). The situation is different in special elementary schools where pupils with moderate to severe ID are educated. All of the employees agreed that in this setting the topics relating to sexuality education were sufficiently represented and that they had sufficient time and space.

Sufficiency of the content of sexuality education

The content of sexuality education is disproportionate to the time allocation. The content requirements are increasing; over the past years, the content has expanded and includes a number of new terms such as “hebephilia, ephebophilia, frottage and many others. Similarly, in the field of prevention, greater attention is paid to new phenomena such as cybergrooming and other media issues” (T12). According to the teachers’ responses, in the past there was no need to address situations in relation to digital technology among pupils with mild ID. Recently, there has been an increase in offences relating for example to cyberbullying. Four of the teachers believe that their classes should include practical topics and visual teaching using appropriate pictures, pictograms and aids. This could relate for example to using means of protection, clear and illustrative instructions on masturbation and subsequent hygiene, etc.

Sufficiency of the implementation of extracurricular activities

The teachers agree that it would be desirable to organize discussions, project days and other activities in addition to the curriculum. These activities should be frequent and regular. According to most of the teachers, sexuality-related information is much more important for pupils with ID compared with intact pupils. Pupils with ID are not only very susceptible to abuse but at the same time it is much more difficult for them to search for the required information compared with intact pupils. Most of them require additional explanation in order to facilitate understanding. They need the information to be visual and illustrative, which most commonly available resources do not provide.

2.3 School-based sexuality education from the perspective of the pupil

The results are presented for the three groups of pupils (see the Table 1 above).

Pupils in the 5th grade aged 10–13 years

Seven out of eight pupils reported that they had never had sexuality education or similar topics in school. Only in Basic humanities and Natural science they spoke about the human body, identified female breasts but the differences between men and women were presented on a picture of dressed figures according to their clothes, hairstyles and appearance. They also learned about the different stages of human life and about the family. One of the pupils indicated that this topic had been discussed very little. This pupil came from a different elementary school not established pursuant to Section 16, Sub-section 9. Seven pupils suggested that they would like to know more and showed a great interest in a discussion on this topic.

Pupils in the 6th and 7th grades aged 12–13 years

As far as school-based sexuality education is concerned, three pupils confirmed their participation in this type of education or lecture, but this was in a different school not established pursuant to Section 16, Sub-section 9. Three pupils have not had this type of education, while one pupil reported very little involvement in this area. Three pupils consider the information they have received in school to be sufficient, while according to four pupils no information has been received. The three pupils who had participated in this type of education or lecture said that they understood the information presented.

Pupils in the 9th grade aged 15–16 years

In the question focused on sexuality education, only two respondents suggested that they had participated in a lecture on sexuality education. According to one student, this topic was discussed in different subjects, mainly in the context of Health education. Three pupils said they had discussed this topic very little, while four pupils reported that they had not participated in any sexuality education or lecture and they had not been instructed in this area in any way. Four pupils indicated that they had not learned anything in school and that the information they had was insufficient. Three pupils said that they had learned very little, while only two pupils reported that the information they had received in school was sufficient. Three pupils did not fully understand the information they had received in school, while one pupil did not understand at all. Only two pupils fully understood the information concerning sexuality that they had received in school.

In this group of pupils, an anonymous collection of questions on sexuality was performed. For this purpose, a worry box was provided and was available for 14 days in the classroom. The pupils could throw in any questions about sexuality. A total of 63 questions were thrown in. These questions were answered in a subsequent discussion. The pupils showed great interest in and gratitude for this topic being discussed with them. They appreciated the possibility to ask anonymous questions. Gradually, they lost their inhibitions and the questions started to be more intimate. These questions were subsequently processed and a list of the most popular topics was made. Very often, the pupils' questions related to problems associated with their first sexual intercourse attempts as well as relationship issues. The questions suggested problems with partnership communication and uncertainty about appropriate behaviour in different situations. Practical questions prevailed over theoretical ones. After the questionnaires had been evaluated, a discussion was held in all classes during which the pupils had the opportunity to ask any questions. The discussions were held in groups and the pupils were divided according to their knowledge so that one group could go into details that other pupils would probably not understand. The pupils were positive and enthusiastic about the discussions.

3 Discussion

The results of the research are “typical of and valid” for the schools involved and cannot be generalized to all schools. The results suggest that from the perspective of both teachers and pupils, school-based sexuality education should be provided with more space and attention. This topic should be included more in classes. This is especially important in the case of pupils with mild ID who have had fewer practical subjects in the past years. According to the respondents, this change is negative. The research suggests that pupils are interested in the topic and in gaining new information. Most of the pupils appreciated the possibility to discuss the topic openly, ask questions and have somebody to turn to in this area. In the future, this position could be held by a school psychologist or designated teacher. This position would be close to that of a sexual confidant in social services. The topics should be implemented on an extracurricular basis and the parents should be informed in an adequate manner. The research revealed several ideas and suggestions for improvement. They mostly related to high-quality school equipment including visual aids as well as spatial arrangement. Greater attention should also be paid to further training of teachers and their methodological guidance in this area. Teachers usually use their own experience, understanding and personal attitudes, which may be extremely difficult for a beginning teacher without experience. Last but not least, attention should be paid to providing appropriate and dignified conditions for the purposes of satisfaction of sexual needs or release of sexual tension, especially in the case of pupils with severe ID.

Ethical Aspects and Limitations of the Study

The study was limited by its main theme, which is of a very personal and intimate nature. The research and the interviews required a very sensitive approach. At the beginning of the research, seven elementary schools and special elementary schools were addressed, of which only three consented to their participation in the research. Not all teachers and pupils in these schools took part in the research. Given the focus of the research, pupil respondents had to be carefully selected and their legal guardians' consent had to be provided. One of the teachers refused participation with the whole class. Another limitation was the period in which the research was performed. Due to the emergency measures, elementary schools were closed down in the spring and autumn and the research could not be carried out as planned.

Another limitation was caused by the structure of the respondents. The research instrument had to be individualized for each pupil due to their different capabilities in the area of cognition and comprehension. The last significant limitation is the impossibility to verify the veracity of the responses in the experience part of the pupils' questionnaires. However, each response was validated during an individual interview. One of the interviews was eliminated due to a high degree of improbability. However,

given that the questionnaires were anonymous, the pupils did not have a reason to exaggerate or boast with false information.

4 Conclusion

The results of the research suggest that sexuality education should be paid more attention from the perspective of both teachers and pupils and sexuality topics should be more frequently implemented in classes. This is especially important in the case of pupils with mild ID who have had fewer practical subjects in the past years. This is related to the overall decrease in the time allocation of subjects with a predominance of practical and educational subjects. These subjects used to provide sufficient space for topics such as sexuality education. According to the teachers, this change is negative. Moreover, in some families this topic is still a taboo and pupils with ID are totally reliant on other sources of information, including the school. The research suggests pupils' interest in the topic and in gaining new information. Most of the pupils in the research believe that school-based sexuality education is insufficient. They say that individual topics were little discussed and that the information they received was insufficient. This is clearly a challenge for schools to try to support this frequently neglected educational area. In this context, schools should focus on increasing sexuality awareness and physiology but also on developing practical skills and competences in the area of relationships and emotions. The research has also revealed that schools are insufficiently equipped in terms of visual aids and educational materials as well as rooms that would ensure pupils' privacy or relaxation. A positive finding is the responsive attitude of most of the teachers in the research to sexuality of pupils with ID. They accept this topic very openly and are interested in improving education in this area. Also, the school directors promised to try to improve their attitude and implement sexuality education in classes. Further discussions have already been planned and the pupils themselves seem to be interested in these events. The research has suggested a more open attitude of parents, although there is still room for improvement. A problematic area seems to be the training of teachers and their methodological guidance in this area. Teachers do not feel sufficiently competent and qualified to teach sexuality education and primarily use their own experience and understanding. However, this is very difficult for beginning teachers without prior experience. In the context of sexuality education, this is even more difficult as teachers are confronted not only with the general standards and requirements of their schools but also with their own values and attitudes to sexuality as well as the values of the pupils' families.

The aim of the paper is to emphasise the fact that relationships and sexual needs are an integral part of the life of every individual and therefore, sexuality education of pupils with ID should be a natural part of preparation for future life.

Acknowledgements

The paper was supported by the following specific research project implemented at the Faculty of Education, Palacký University Olomouc: “Research on partnerships and sexuality in persons with intellectual disability (IGA_PdF_2020_038)”.

References

- [1] Aunos, M. & Feldman, M. A. (2002). Attitudes towards Sexuality, Sterilization and Parenting Rights of Persons with Intellectual Disabilities. *Journal of Applied Research in Intellectual Disabilities* [online]. 15(4), 285–296 [cit. 2019-04-08]. DOI: 10.1046/j.1468–3148.2002.00135.x.
- [2] Bernert, D. J. & Ogletree, R. J. Women with intellectual disabilities talk about their perceptions of sex. *Journal of Intellectual Disability Research* [online]. 2013, 57(3), 240–249 [cit. 2020-05-02]. DOI: 10.1111/j.1365–2788.2011.01529.x.
- [3] Galea, J., Butler, J., Iacono, T. & Leighton, D. (2004). The assessment of sexual knowledge in people with intellectual disability. *Journal of Intellectual and Developmental Disability*. 29(4), 350–365. [cit. 2017-03-23]. DOI: 10.1080/13668250400014517.
- [4] IPPF (2008). *Sexual rights: an IPPF declaration*. London. Retrieved 7/03/2020 from <http://www.ippf.org/en/Resourses/Statements/Sexual+rights+an+IPPF+declaration.htm>.
- [5] Jahoda, A. & Pownall, J. (2014). Sexual understanding, sources of information and social networks; the reports of young people with intellectual disabilities and their non-disabled peers. *Journal of Intellectual Disability Research* [online]. 58(5), 430–441 [cit. 2020-03-07]. DOI: 10.1111/jir.12040. ISSN 09642633.
- [6] Kijak, R. (2013). The Sexuality of Adults with Intellectual Disability in Poland. *Sexuality and Disability* [online]. 31(2), 109–123 [cit. 2020-05-02]. DOI: 10.1007/s11195-013-9294-8.
- [7] Kozáková, Z. (2013). Sexuální výchova osob s mentálním postižením. In VALENTA, M. et al. *Psychopedie: [teoretické základy a metodika]*. Praha: Parta.
- [8] McCabe, M. P. (1999). Sexual knowledge, experience and feelings among people with disability. *Sexuality and Disability*. 17(2), 157–170 [cit. 2020-08-13]. DOI: 10.1023/A:1021476418440.
- [9] Mioviský, M. (2006). *Kvalitativní přístup a metody v psychologickém výzkumu*. Praha: Grada Publishing.
- [10] *Rámcový vzdělávací program pro základní vzdělávání*. (2017). Praha: MŠMT.
- [11] *Rámcový vzdělávací program pro obor vzdělání základní škola speciální RVP ZŠS*. (2008) Praha: Výzkumný ústav pedagogický v Praze.
- [12] Reichel, J. (2009). *Kapitoly metodologie sociálních výzkumů*. Praha: Grada.
- [13] Schaafsma, D., Kok, G., Stoffelen, J. M. T., Van Doorn, P. & Curfs, L. M. G. (2014). Identifying the important factors associated with teaching sex education to people with intellectual disability: A cross-sectional survey among paid care staff. *Journal of Intellectual & Developmental Disability* [online]. 39(2), 157–166 [cit. 2019-04-08]. DOI: 10.3109/13668250.2014.899566. ISSN 1366-8250.
- [14] Servais, L. (2006). Sexual health care in persons with intellectual disabilities. *Mental Retardation and Developmental Disabilities Research Reviews* [online]. 12(1), 48–56 [cit. 2020-08-06]. DOI: 10.1002/mrdd.20093.
- [15] Skutil, M. et al. (2011). *Pedagogický a speciálně pedagogický slovník: [terminologický slovník zaměřený na primární a preprimární vzdělávání]*. Praha: Grada.
- [16] Thompson, D. (2001). Is Sex a Good Thing for Men with Learning Disabilities? *Tizard Learning Disability Review* [online]. 6(1), 4–12 [cit. 2020-06-02]. DOI: 10.1108/13595474200100002.

- [17] Volfová, I., Kozáková, Z. & Velemínský, M. (2008). *Prevence sexuálního zneužívání dětí a adolescentů se specifickými potřebami*. Praha: Triton.
- [18] Whitehouse, M. A. & McCabe, M. P. (1997). Sex Education Programs for People with Intellectual Disability: How Effective Are They? *Education and Training in Mental Retardation and Developmental Disabilities*. 32(3), 229–240.

(reviewed twice)

Mgr. Zdenka Kozáková, DiS., Ph.D.
Institute of Special Education Studies
Faculty of Education
Palacky University in Olomouc
Žižkovo náměstí 5
771 40 Olomouc
Czech Republic
e-mail: zdenka.kozakova@upol.cz,

Petra Hermanová
Institute of Special Education Studies
Faculty of Education
Palacky University in Olomouc
Žižkovo náměstí 5
771 40 Olomouc
Czech Republic
e-mail: petra.hermanova02@upol.cz