

## **'Sex under the age of 25' - Secondary education for children with special needs 2019: Summary**

Rutgers and Soa Aids Nederland have already carried out the study 'Sex under the age of 25' three times in collaboration with the Municipal Health Centres. This is a representative study into the sexual health of young people from 12 to 25 years in the Netherlands (De Graaf, Van den Borne, Nikkelen, Twisk & Meijer, 2017). Sex under the age of 25 has now been carried out for the first time in secondary education for children with special needs (vso). Three groups of young people participated in this research. In schools for students with severe learning disabilities (vso-zmlk schools), an oral survey was carried out among 99 participants. In schools for students with a physical disability or chronic illness (so-called mytyl-schools), 227 young people completed an online survey. This survey was also completed by 807 young people in cluster 4 schools (i.e., schools for children with a psychiatric illness or serious behavioural problems). In cluster 4, two groups took part: young people who are being educated in practical training and young people being educated at secondary vocational+ level (i.e. pre-vocational, senior general secondary or pre-university education). The results give insight into the sexual health of these groups of young people and the similarities and differences with peers in regular schools. The most important results are outlined below.

### **Love and relationships**

Many young people in special needs schools are, just like other young people, interested in love and relationships. Young people in special needs schools do not differ in this respect from their peers in regular schools. Even if young people are mentally challenged, physically impaired or have a behavioural problem, almost all of them fall in love and the majority have a relationship at some time.

The largest group of girls who ever had a relationship is to be found in cluster 4 schools, larger than the group of girls of the same age in regular schools. Young people in schools for the physically disabled were also asked if they think that it is more difficult for them to find a partner or have a relationship because of their physical impairment. A minority (3 to 4 out of ten young people) believes this to be the case. Like in regular schools, only a small amount of young people in special needs schools have ever been in love with someone of the same sex. The group is a little larger for girls in vmbo+ cluster 4, than for girls who take part in vmbo+ level at a regular school.

### **Sexual experience**

In kissing and sex, we see clear differences between the different clusters, but also between young people in special needs schools and those in regular schools. Young people in vso-zmlk schools and mytyl schools have less experience of kissing, masturbation, porn and sex than their peers in regular schools. One in three young people in vso-zmlk education and one in four young people in mytyl schools has ever French kissed. One in eight young people in vso-zmlk schools and one in ten young people in mytyl schools has had experience of intercourse. These results tie in with previous research which demonstrated that intellectually or physically disabled young people have less sexual experience and their first sexual experiences often take place later (Baines et al., 2018; Cheng & Dry, 2005; Kahn & Halpern, 2018). This sexual inexperience seems often to be one's own choice. Most inexperienced young people indicate currently having no need to have sex or they think they are too young to have sex. Only a small number of young people in mytyl schools indicate that sex is impossible or more difficult because of their physical disability.

Girls in cluster 4 schools have in fact more experience of kissing and sex than girls in regular schools. In cluster 4 schools at vmbo+ level one in three girls has experience with intercourse: twice as much as for a comparable group of girls at regular schools. These girls are also more experienced in 'solo sex' than girls in regular schools. Half of the girls in cluster 4 has ever masturbated, compared to a fifth of the girls at regular schools. Related to this, porn use is also higher among girls in cluster 4 than among their peers in regular schools. The high rate of sexual activity of girls in cluster 4 schools also gives rise to more different sexual partners. A quarter of the girls in cluster 4 has had sex with two or more different

partners, in comparison to one in twelve girls of the same age in regular schools. Boys in cluster 4 hardly differ in relation to the sexual experience of boys in regular schools. Boys in cluster 4 practical training level, however, have had more different sex partners compared to boys in regular practical education. The results regarding girls agree with the literature which demonstrates that young people with attention deficit disorders and those with externalising problem behaviour are sexually active earlier (De Graaf, Van Dijk & Wijsen, 2010; De Graaf & Maris, 2014). We cannot explain clearly why we do not see this difference with boys in cluster 4. When deciding whether to have sex or not, these boys' motives hardly differ compared to their peers in regular schools.

### **Attitudes**

Questions relating to sexual attitudes were only asked in schools for the physically disabled and cluster 4 schools. Young people in these schools differ little in their attitudes compared to young people in regular schools. Most young people approve having intercourse before marriage, in a relationship and when in love. Promiscuous sex and sex without love, on the other hand, is usually disapproved of. Boys in mytyl schools more often disapprove of sex before marriage than boys in regular schools, while girls in cluster 4 schools more often approve of sex without being in love more often than their female peers in regular schools. In their attitudes regarding gender roles and homosexuality, young people in special secondary education do not differ from young people in regular schools. Most young people at mytyl schools and cluster 4 schools have no problem with a girl flirting with a boy of vice versa. However, about a quarter of boys and one in six girls from both school types do not agree with a boy behaving in a feminine way. Also, in both types of school, the research showed that a larger number of boys more negatively judge two boys kissing than two girls or a hetero couple kissing.

### **Sexual perception**

Because so few young people in vso-zmlk schools and mytyl schools are sexually active, it is difficult to say how these young people perceive sex. The impression is that this small group generally perceives sex positively. Most of them enjoy sex and do not do anything against their will. In cluster 4 the sexually active group is larger. For most of these young people (two out of five boys and two thirds of the girls) the first time they had intercourse was completely unexpected. Most of the boys in cluster 4 enjoyed the first time, but a third of the girls found the first time unpleasant. The majority – 63% of boys and 71% of girls – often or always enjoyed sex with their last sex partner. Girls are often less confident about their appearance during sex than boys or are unsure of performing well. The perception of sex in special secondary education and the gender differences in relation to this differ little from what we see with boys in regular schools.

### **Body image**

Most students in zmlk-schools are reasonably satisfied with different body parts and with their body in general. However, we do see that girls are more often dissatisfied with their body than boys, a gender difference that we also found in regular schools. The body part that most young people are unhappy with is the stomach. In this they don't differ from young people in regular education. Zmlk pupils, particularly girls, seem to be more satisfied about their appearance than their peers in regular education. Boys and girls in cluster 4 schools are less satisfied about different aspects of their bodies than young people in regular education.

### **Need for and use of information**

Almost half of the boys and a third of the girls at zmlk schools said that they have questions about love and sex. If they have questions, they usually ask their parents, followed by teachers, friends and coaches. Some of the young people look for answers on internet. In mytyl schools and cluster 4 schools, boys say that they usually ask their mothers for advice or look up the internet. Girls also talk regularly with good friends (male or female). They consult the same sources as young people in regular schools. All young people mostly talk to parents and friends about relationships and love. This applies

to students with severe learning disabilities at vso-schools as well as young people in regular schools. Girls in zmlk and cluster 4 schools also often discuss contraception with their parents. Young people in mytyl schools discuss sexuality less often with their parents and friends than their peers in regular schools. Boys in cluster 4 schools, however, discuss wishes and boundaries more often, and girls the prevention of STIs.

Vso-schools pay attention to sex education. In zmlk schools four out of five young people indicate sometimes having had lessons about falling in love, relationships and sex. In mytyl schools most young people have received information on falling in love and relationships, contraception, pregnancy and abortion, STIs, homosexuality and sex against your will. However, both young people in zmlk- and mytyl schools seem to be behind their peers in sex education. Young people in mytyl schools also say they receive little information on relationships and sexuality of people with a disability. In vmbo+ cluster 4 schools most young people say that they at least received a little information on all the different subjects. Some subjects – e.g. sex on television, sending nude photos online and the good aspects of sex – receive less attention than others. Young people in vmbo+ cluster 4 schools indicate having covered different subjects more often than young people in regular education.

Both in mytyl and cluster 4 schools, there is room for improvement in relation to knowledge on sexuality, reproduction and STIs. 65% of boys and 54% of girls in cluster 4 schools think that you have less chance of contracting an STI if you wash yourself well after sex (or don't know if this is true or not). This also applies to 70% of boys and 62% of girls in mytyl schools. With regard to several knowledge, young people in mytyl schools have less knowledge than young people in regular schools, possibly partly because to their disadvantage in sex education, Despite the fact that cluster 4 students reported to have received more sex education, they do not differ from young people in regular schools regarding their knowledge level.

### **Risks of STIs and pregnancy**

In general, young people in zmlk and mytyl schools seem to run a lower risk of contracting an STI and having an unplanned pregnancy, because most of the young people in our research were not sexually active with a partner. The small group of young people who are sexually active also seem to mainly protect themselves well against STIs and unplanned pregnancy. Three in five zmlk girls use contraception, usually the pill. None of these girls has ever been pregnant. In schools for the disabled, contraceptive and condom use is also quite high among sexually active young people. More than half of the young people always used a condom and most young people took some measure to avoid pregnancy with their last partner.

In vmbo+ schools a much larger number of young people – especially girls – are sexually active. Moreover, not all sexually active young people use contraception and condoms all the time. Among the vmbo+ young people in cluster 4 who have experience of intercourse, 23% of boys and 18% of girls didn't use contraception for first-time sex. 58% of boys used a condom when having sex for the first time; for girls this was 52%. With their last partner, two out of five boys and one out of five girls didn't always use contraception. Almost half of the boys (48%) and one in three girls (32%) (also) had sex with this partner without using a condom. Because of the small numbers of sexually active young people, linked to the strict significance level that we use (.01), we have been unable to prove any significant differences in protective behaviour between young people in cluster 4 and those in regular education.

### **Sexual victimization**

Previous research revealed an increased risk of sexual victimization among young people with intellectual or physical disabilities (Van Berlo et al., 2011; Wissink et al., 2015). However, the vulnerability to sexual victimization that we had expected based on this did not emerge from the results. Young people at zmlk- and mytyl school do not differ in their experiences from their peers at regular schools. The study at these zmlk- and mytyl schools may underestimate the prevalence of sexual

victimization, because schools and parents do not allow young people who are known or suspected to have experienced sexual abuse to participate. We also know that signalling sexual violation is difficult for people with intellectual disabilities, because they do not always recognize and report it as such (Van Berlo et al., 2011). For that reason, attention to sexual empowerment is and remains very important in this group of young people.

Sexual victimization is common among girls at cluster 4 (whether this be practical training or vmbo+ level). Two percent of boys and 13% of girls in these schools who have experience with sexual intercourse, say they were forced to do so the first time. Three percent of boys and 27% of girls were forced into sexual acts once in their lives. For young people who follow cluster 4 education at practical level, this is 10% and 33% respectively. This is much more common for both vmbo+ students and practical education girls than for their peers at regular vmbo (7%). Almost half of the girls at vmbo+ cluster 4 and more than half of the girls at the practical training cluster 4 have experienced violation of sexual boundaries (from kissing and touching to anal sex against their will). This is significantly more often for vmbo+ girls than for vmbo+ girls in regular education.

### **Sexting and pornography**

Almost all young people at vso-schools use social media. WhatsApp and YouTube are popular among young people. Young people at mytyl-schools and cluster 4 schools are slightly less active on social media than young people in regular education. However, dating apps are not used by many young people. One in fourteen boys and one in twenty girls at mytyl schools once used a dating app. One in sixteen boys and one in six girls at vmbo+ cluster 4 schools once used a dating app.

Sexting (sending and receiving sexual images) occurs among young people on all vso clusters, but especially within cluster 4. Young people at zmlk schools seem to differ little from young people in regular education. In the past six months, one in eight young people has been asked to send sexy text messages and images of themselves. One in ten young people sent a nude photo of themselves during that period. Young people at mytyl schools are less often confronted with certain forms of sexting than young people at regular schools. In the past six months, one in six boys and one in ten girls saw sexual images of someone else. One in nine boys and one in 25 girls sent a nude photo or sex video of themselves to someone else. Girls in cluster 4 (both vmbo+ and practical training) are much more often confronted with sexting than a comparable group of girls in regular schools. A quarter of these girls have sent a nude photo or sex video of themselves to someone some time in their lives. And two out of five girls received a nude photo or sex video from someone else. Among the boys, only those on the basic educational level have more experience with sexting than boys in the comparison group.

### **Limitations**

This research had some limitations that we must consider when interpreting the results. Despite all efforts, the numbers of young people we have recruited in all three target groups remained lower than initially envisaged. In zmlk-schools, mytyl schools, girls in vmbo+ cluster 4 and both boys and girls in cluster 4 practical training, the samples are relatively small. That means that the chance of distortion of the results due to chance is greater. Moreover, the groups are sometimes too small to present percentages and/or to test differences, in particular if the questions have only been submitted to a specific subgroup. In addition, this means that some differences that seem to be quite considerable are yet not significant. This is reinforced by the fact that we are forced to use a stricter significance level due to the large number of tests that we do (.01).

Although we asked schools to select students or classes at random, a selection bias cannot completely be excluded. This is especially true for zmlk, because not classes but students were selected here and because the parents had to give active permission. Contact with the care coordinators of these schools showed that some schools were cautious when approaching students with (suspected) negative sexual experiences. Some schools indicated that they had paid attention to communication skills (whether or

not specifically related to this topic). Some of the selected students' parents did not give them permission to participate. According to schools, if parents gave a reason for this, it was often because they had difficulty with the topic of the study because of their religion or because they felt that their child was not yet ready to talk about it. Mytyl schools and cluster 4 schools also sometimes indicated that they did not want to participate because the research would be too great a burden on (part of) their students. As a result, it may be possible that a selection bias has occurred and that more vulnerable students at zmlk and mytyl schools have been underrepresented.

In order to gain a better insight into the sexual health of young people in secondary special education compared to that of their peers who follow regular education, we have compared the results where possible with the results of the most recently conducted 'Sex under the age of 25' study (De Graaf et al., 2017). For young people at mytyl schools and cluster 4 schools this was generally quite possible. A similar method was used at these schools (an online questionnaire with the same questions) and the educational levels were comparable (practical education, pre-vocational, senior general secondary and pre-university education). For the youngsters at the zmlk that comparison was much more difficult. In order to make the comparison groups at least homogeneous in terms of age, only the 15 to 17-year-old zmlk students were included in the comparison. Making the groups comparable at educational level was not possible here. In addition, the research methods used were very different. For example, data for zmlk were obtained by means of face-to-face interviews, while in the regular "Sex under 25" survey respondents answered via online questionnaires. Due to the presence of an interviewer, it cannot be ruled out that socially desirable answers have influenced the results in this study (more) than in the regular study. Finally, most questions for this target group were phrased in simple words. All this means that the results of the zmlk are less comparable one-to-one with those of the regular group.

In most schools, interviews by means of a questionnaire were supervised by teachers in class. Some schools, however, indicated that they would be happy if this was supervised by researchers, in particular as they did not have sufficient computers and wanted to use tablets made available by the researchers. In some schools where researchers were present during the interviews, the atmosphere in the classroom was noisy and chaotic. Given the behavioural problems of the target group, this may have been the case in other schools as well. Therefore, the outcome of the questionnaires that were filled in may be less reliable than would have been the case in a quiet setting. We have tried to resolve this as well as possible by thoroughly checking the data for inconsistencies (see section 1.4.).

## **Conclusion**

In conclusion, this study shows that young people in secondary special education - both at zmlk, at mytyl schools, and at cluster 4 schools - have almost all been in love and that most also enter into romantic relationships. In this they do not differ from each other nor from young people in mainstream education. On other themes, however, we do see clear differences between these groups themselves or with young people in mainstream schools.

Young people at zmlk have little experience with kissing and sex. The majority of these young people do not yet want to get into that or think they are too young for it. Many of them sometimes have questions about love and sex and also discuss this with parents and friends, or it is discussed in class. They seem slightly more satisfied with their appearance than their peers in mainstream education. The small number of sexually active young people protects themselves well against STIs and unplanned pregnancy. Girls seem to use relatively often long-acting methods of contraception, such as the contraceptive implant or the injection pill. Contrary to expectations, we do not find more often experiences with sexual victimization at zmlk schools than at regular schools. The selection method of the sample may play a role here and the results may underestimate reality. Although sexting and porn use do not occur more often among zmlk young people than among young people at regular schools, the impact of it may be stronger. Therefore, attention for these themes remains important in this group.

Young people at mytvl schools have less experience with kissing, masturbating, sex and watching porn than their peers at regular schools. Many young people are not yet interested in or ready for sex. The protection against STIs and unplanned pregnancy within the sexually active group is comparable to that of young people in mainstream schools. Although these youngsters do not differ from regular schools in their experiences with sex against their will, their dependence on care does make them more vulnerable to sexual victimization. Four out of ten young people at mytvl schools report that their physical disability makes it difficult for them to find a partner and two out of ten agree when it concerns getting sexual experiences. Information about sexuality with a disability is useful for these young people in particular. Most young people at mytvl schools have not had any information about this at school.

Girls at cluster 4 schools have more experience with kissing, masturbating, sex and watching porn than girls at regular schools. Boys in cluster 4 do not differ in this respect from boys in mainstream schools. Both boys and girls at cluster 4 schools are less satisfied with their appearance than young people at regular schools. Young people in cluster 4 schools more often report that they have received information about this at school than young people in mainstream education. Yet, they do not protect themselves sufficiently against pregnancy and STIs. Girls seem to opt a little more often for long-acting methods of contraception, such as the contraceptive implant or the injection pill, than girls in regular schools. Girls on cluster 4 have much more experience with sexual victimization and sexting than girls in regular schools. A quarter of the girls of vmbo+ girls and one third of the practical training girls on cluster 4 were forced into sexual acts some time in their lives, compared to 7% of girls in mainstream education. A quarter of the cluster 4 girls have sent a nude photo or sex video of themselves to someone, compared to 6% of girls in regular schools. Extra attention is needed for this vulnerability.