

**The (Re)production of ‘Normal’ Sexuality:
A Study on Sexuality Education for Students with Disabilities**

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Abstract

Dutch school-based sexuality education is often described as a progressive program with a positive impact on adolescent sexual health. However, previous studies have examined how this education also represents a limited, although dominant discourse on ‘normal’ sexuality including neoliberal values, able-bodiedness, the white body, heterosexuality, and secularism. The representation of this discourse within sexuality education induces processes of in- and exclusion. One of the social groups that is placed outside the norm as a result of this discourse is people with disabilities. Crip theory therefore criticises the dominant representation of ‘normal’ sexuality and the way this affects school-based sexuality education. Research on this topic has so far not focussed on the (re)production of ‘normal’ sexuality within sexuality education for students with disabilities. This study therefore examined to what extent ‘normal’ sexuality is part of the development and implementation of this tailored form of sexuality education. By conducting a special case study, semi-structured interviews, participant observations, and a critical discourse analysis, this thesis demonstrates how, despite the applied flexibility in this tailored form of sexuality education, it still represents characteristics of ‘normal’ sexuality. To reduce this limited discourse, I recommend focussing on the practical application of sexuality education in addition to the theoretical point of view from crip theory. In this manner, we can include the disabled voices and real-life experiences of people with disabilities in order to meet their special needs.

Keywords: crip theory, normal sexuality, sexuality education, special needs education, the Netherlands

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Introduction

One of the rights defined by the United Nations is that every individual should be respected and supported in their personal rights and needs when it comes to sexual health, sexual development, and reproductive rights (United Nations Convention on the Rights of the Child, 1989). One way to accomplish this is school-based sexuality education. The Netherlands introduced sex education as a mandatory subject in primary and secondary education in the 1990s (Weaver et al., 2005). This was not only to support human rights, but also as a political reaction to rising societal problems after the sexual revolution, including unintended pregnancies and HIV. This form of sex education focussed primarily on biological characteristics of sexuality and risk prevention (Bonjour & van der Vlugt, 2018). Since 2012, an official shift has taken place towards a more comprehensive understanding of sexuality, called sexuality education or comprehensive sexuality education (Cense, 2019). This encompasses the importance of relationships, gender, safety, intimacy, and desire with regard to personal and cultural attitudes, beliefs, norms, and values (Bonjour & van der Vlugt, 2018; Thomas & Aggleton, 2016).

The Netherlands is regularly pictured as a progressive and liberal country with a tolerant and positive attitude towards sexuality (Cense, 2019; Ferguson et al., 2008; Weaver et al., 2005). Additionally, the sexual health outcomes of Dutch adolescents are significant when compared to other countries such as the United States, Australia, and France. For example, the youth pregnancy rates in the Netherlands are low, the use of contraceptives among young adults is high, and the prevalence of sexually transmitted infections is relatively low (Weaver et al., 2005). The Dutch comprehensive sexuality learning environment is presumed to be one of the key factors behind this success, as children from a young age get to build a comprehensive understanding of healthy sexuality (Ferguson et al., 2008). At the same time, the content of Dutch sexuality education also received a certain amount of criticism. This is

mainly because it represents a limited, yet dominant discourse on sexuality. Sexuality education is developed by people, meaning it is not value free but instead represents dominant discourses on sexuality, often caused by a certain political environment (Bonjour & van der Vlugt, 2018; Davies & Kenneally, 2020). The Dutch discourse on sexuality is therefore based on neoliberal values, able-bodiedness, the white body, heteronormativity, and secularism (Lubbers, 2022; Van Muijlwijk, 2021). Because these characteristics are dominantly represented within Dutch sexuality education, together this creates an idea of ‘normal’ sexuality. However, not every individual can relate to this representation of the Dutch discourse on ‘normal’ sexuality.

This is also the case for people with disabilities, as their special educational needs are regularly ignored and unmet within regular sexuality education (Baines et al., 2018; Borawska-Charko et al., 2016; East & Orchard, 2014). Multiple organisations have, as reaction to this shortcoming, developed sexuality education materials for special needs education as well as regular education. Special needs education is a tailored form of education for children with physical and/or mental disabilities or children with emotional, behavioural, or cognitive impairments. This education adapts to individual differences and needs by providing extra services and adjusted learning programs (Dijksma, n.d.).

The separation between sexuality education materials for special needs education and regular education have caused various controversies. First, materials for regular education are being criticised for their limited view on sexuality as a consequence of the dominant representation of the Dutch discourse on ‘normal’ sexuality (Davies & Kenneally, 2020). Second, the development of materials for special needs education are being criticised for reinforcing and perpetuating the designated differences between people with disabilities and people without disabilities as a result of the representation of ‘normal’ sexuality (Bennet, 2007; Lalvani & Bacon, 2019; Pihl et al., 2018). These two hypotheses are part of an ongoing

debate on how to develop an inclusive sexuality education program. This is predominantly based on ideological and theoretical knowledge. Opponents have therefore argued how it is important to accommodate individual differences into sexuality education in order to be able to acknowledge and respond to the special needs of different social groups.

There is a significant gap in the literature as knowledge on the actual development and implementation of sexuality education in general, but especially on special needs education, is limited (Van de Bongardt et al., 2013). This exploratory study will contribute to the ongoing debate by presenting a contextual and comprehensive understanding of the development and implementation of sexuality education for students with disabilities. In order to explore the differences between this tailored form of sexuality education and regular education, but also to examine potential processes of in- and exclusion, this is followed by an examination in what way discourses on ‘normal’ sexuality are (re)produced within the development and implementation of sexuality education for students with disabilities. By performing a special case study, semi-structured interviews, participant observations and a critical discourse analysis, I have tried to answer the following research question:

In what way is an idea of ‘normal’ sexuality (re)produced within the development and implementation of sexuality education for students with disabilities?

Since the current scholarly debate concerning an inclusive sexuality education program is primarily based on theoretical knowledge with an ideological focus, I have tried to pay specific attention to the practical application of sexuality education by answering the subsequent research question:

How is ‘normal’ sexuality (re)produced in the practical application of sexuality education for students with disabilities and what difference emerge here compared to the ideological discourse behind sexuality education?

Theoretical Framework

The Construction of 'Normal' Sexuality

In order to understand the way sexuality education accommodates processes of in- and exclusion, it is important to first outline how an idea of 'normal' sexuality is entrenched within Dutch sexuality education in more detail. Sexuality education functions as an instrument to respond to a certain political and societal climate, and therefore changes over time (Bonjour & van der Vlugt, 2018). In many Western countries, including the Netherlands, this means contemporary sexuality education functions as a reaction to the neoliberal political climate entailing a strong focus on autonomy, individual responsibility, and sexual agency (Davies & Kennealy, 2020). This comprehends Dutch tolerance and openness towards (adolescent) sexuality, but also individual responsibility for developing healthy sexuality. For example, by having safe sex, using contraceptives and being able to understand and communicate your own needs, desires, norms, and values (Cense, 2019). The neoliberal interpretation of healthy sexuality is interconnected with the idea of able-bodiedness, as the assigned characteristics of healthy sexuality are based on the idea of an able body and mind (McRuer, 2010; Pihl et al., 2018). Within sexuality education, there is a general assumption that people are, or will be, able to fulfil autonomy, individual responsibility, and sexual agency that together form the idea of healthy sexuality according to the neoliberal climate. However, this might not be achievable for everyone.

Crip theory has criticised this hegemonic and constrained understanding of healthy sexuality. This theory, developed by a group of scholars during the end of the 20th century as part of Disability Studies and Queer Theory, criticises how the dominant neoliberal climate normalises the idea of heterosexuality, individuality, and the able body and mind (Bone, 2017). The oppressive system that normalises the able body and mind is also known as ableism. When the able body and mind are being normalised, this means these bodies are

overrepresented and included. Subsequently, this is followed by a process of othering of the disabled body and mind, resulting in underrepresentation and exclusion of individuals with disabilities (Lalvani & Bacon, 2019). This distinction between ability and disability, between normal and abnormal, is a social construction, meaning it is defined and perpetuated by people (Bahner, 2018; van Muijlwijk, 2021). It also means the way we look at healthy sexuality is variable. The aim of crip theory and anti-ableism is to work towards an inclusive discourse on sexuality (education), meaning all different identities, not only based on ability and disability, but also race, gender, and social class, are represented in the hegemonic construction of healthy sexuality (Lalvani & Bacon, 2019). This illustrates how crip theory and anti-ableism disapprove of the way contemporary sexuality education for students with disabilities is separated from the regular materials as this reinforces the preconceived differences between ability and disability (Bennet, 2007; Lalvani & Bacon, 2019; Pihl et al., 2018).

Previous studies have shown how, apart from the representation of neoliberal values and able-bodiedness, the contemporary Dutch discourse on ‘normal’ sexuality also represents other characteristics, including the white body, heteronormativity, and secularism (Lubbers, 2022; van Muijlwijk, 2021). This is also observable within Dutch regular sexuality education. Multiple scholars demonstrated how most of the regular teaching materials from biology and civics, but also extracurricular materials, although less strong, include disparities in the way they illustrate different identities. There is an overrepresentation of the dominant characteristics of ‘normal’ sexuality, whereas there is an underrepresentation of characteristics that fall outside this hegemonic construction of sexuality. Again, this reinforces processes of in- and exclusion (Rasmussen, 2012). In particular, minority groups in the Netherlands, including the LGBTQ+ community, religious groups, people of colour, and people with disabilities are represented in separate chapters within teaching materials about

sexual diversity or chapters that are called ‘different’ (Lubbers, 2022). Simultaneously, these groups are scarcely included in chapters about love relationships, sexual behaviour, and reproduction (Lubbers, 2022; van Muijlwijk, 2021).

This does not only happen within the materials but is also regularly sustained by teachers. Lubbers (2022) explained with her study on sexual diversity within Dutch sexuality education how teachers predominantly make use of the dominant characteristics of ‘normal’ sexuality when talking about related topics during interviews. For example, when teachers talked about love relationships, they typically focussed on heterosexual couples.

Taken this all together, these two studies have demonstrated how the inclusivity of regular sexuality education is moderate. Despite the variation across different teaching materials, and the fact some materials have actively tried to improve their inclusivity, there is still a dominant (re)presentation of the Dutch discourse on ‘normal’ sexuality including neoliberal values, able-bodiedness, the white body, heteronormativity, and secularism (Lubbers, 2021; van Muijlwijk, 2021). This is consistent with the argument derived from crip theory which criticises the limited view on sexuality due to the contemporary neoliberal political climate and its interconnectedness with ableism (Davies & Kenneally, 2020).

Challenging Crip Theory

In recent years, crip theory has also received a certain amount of criticism. The main reason for this is because crip theory is an ideological discourse located within the academic field, developed by non-disabled academics, and predominantly based on theory. Critics have argued how this theory does not help to improve the lived experiences of people with disabilities, but instead sustains the division between ability and disability (Bone, 2017). In the first place, crip theory has not involved the lived experiences of disabled people and the existing variation among these experiences. Instead, crip theory limits the experience of disability to one generalised representation rather than seeing disability as a spectrum with a

wide range of lived experiences (Bone, 2017; Jenks, 2019). Different disabilities, such as physical or mental disabilities or intellectual impairments, also result in different outcomes and lived experiences. Moreover, crip theory ignores the fact that disability influences the lives of individuals and therefore often requires special needs, including extra healthcare and adjusted education (Bone, 2017; Borawska-Charko, 2017). From this perspective, although the aim of crip theory is to work towards an inclusive discourse on sexuality, in reality it silences the disabled experiences and strengthens the marginalised position of this social group (Vehmas & Watson, 2014).

By critically analysing the dominant discourse on ‘normal’ sexuality, crip theory challenges dominant power structures. This could potentially also function as an analytical framework to challenge the way ‘normal’ sexuality is embedded within sexuality education in the Netherlands. However, another limitation of crip theory is that it is based on theoretical knowledge with an ideological focus. Again, this represents an incomplete idea of disability and ignores the disabled experience (Bone, 2017). What is missing in crip theory is empirical knowledge and acknowledgement of real-life experiences. If we want to understand the way sexuality education induces processes of in- and exclusion, it is essential to integrate knowledge on the practical application of sexuality education. Among other things, this includes knowledge on the way sexuality education is implemented in the classroom, how topics concerning sexuality are being discussed, and to what extent teachers’ norms and values influence this process. Additionally, if we obtain empirical knowledge on the practical application of sexuality education for students with disabilities, we can critically analyse the separation between this tailored form of education and regular sexuality education.

Although previous studies have touched upon the practical application of sexuality education by examining teaching materials and conducting interviews with teachers, this is still limited to the formal frameworks of sexuality education (Lubbers, 2022; van Muijlwijk,

2021). This research therefore focused on the whole process of sexuality education for students with disabilities. Because little studies have focused on this tailored form of education yet, I have examined the development as well as the practical implementation by using a mixed-method research strategy. This can help us to better understand why crip theory has up to this moment failed in achieving its initial aim to improve the position of people with disabilities.

Analytical Approach

Methodology

This exploratory study incorporated a qualitative mixed-methods strategy. By using multiple research methods, I have created a thick description of sexuality education for students with disabilities, also known as a deep, detailed, contextual understanding (Bryman, 2015). First, I have conducted a special case study during *De Week van de Lentekriebels* at a primary school for special needs education. This is a widely used national program developed by two Dutch research centres, Rutgers and Soa Aids Nederland. The program provides a week of sexuality education modules suitable for all primary school age groups and special needs. The case study consisted of semi-structured interviews with the sexuality coordinator and four teachers, a critical discourse analysis of the materials from *Kriebels in je Buik* that were used during this week, and, after having received consent from all caregivers, participant observations during two sexuality education sessions. Being actively present during the sessions have helped me to examine the practical application of sexuality education.

Second, I have conducted semi-structured interviews with teachers who work at two other special needs school for both primary and secondary education and furthermore with people involved in the development of the most frequently used teaching materials for sexuality education in the Netherlands, including *Lang Leve de Liefde*, *Kriebels in je Buik*, and *Wonderlijk Gemaakt*. These recognized materials function as extracurricular sexuality

programs that can be used voluntarily by schools. Subsequently, I also performed a semi-structured interview with an employee of MEE, a Dutch certified foundation that, among other things, provides sexuality education seminars for special needs schools.

During the interviews I have used a topic-list to ensure important issues are covered during all interviews. This provided me with structured data and facilitated the process of analysing (Cresswell & Cresswell, 2018). Simultaneously, there was enough space for participants to come up with their own points of interests. In this manner, the semi-structured interviews clarified personal attitudes, interpretations, and ideas concerning sexuality (education) and the way this influences the practical application of sexuality education.

Finally, I have implemented a critical discourse analysis of the most frequently used teaching materials for sexuality education for students with disabilities, including *Week van de Lentekriebels*, *Kriebels in je Buik*, *Lang Leve de Liefde*, and *Wonderlijk Gemaakt*. The materials I was able to analyse consisted of (trial versions of) textbooks, digital learning environments, teacher guides, and student magazines. In this analysis, I have examined the way certain topics, ideas, norms, and values concerning sexuality are embedded in textual and visual data and how this (re)produces the Dutch discourse on ‘normal’ sexuality. All figures that are included in this thesis are publicly accessible.

Research Sample

The study consists of nine semi-structured interviews, including three interviews with developers of sexuality teaching materials and programs, five interviews with teachers who participate in special needs sexuality education, and one interview with a sexuality coordinator. Additionally, it also includes participant observations during two modules of sexuality education at a primary school for special needs education and a critical discourse analysis of four widely used sexuality education programs, including *Week van de Lentekriebels*, *Kriebels in je Buik*, *Lang Leve de Liefde*, and *Wonderlijk Gemaakt*.

By means of a convenience sample in my own personal network, but foremost through approaching special needs schools and organisations through internet and e-mail, I got in contact with stakeholders who are involved in special needs schools and *Soa Aids Nederland* and *Rutgers*. This has given me the opportunity to perform a special case study and to receive access to the teaching materials. This was followed by snowball sampling, meaning stakeholders and participants were asked if they know other people who would be willing to participate in this research (Cresswell & Cresswell, 2018).

Operationalization and Analysis

The data that was collected during the research period provides a comprehensive understanding of sexuality education for students with disabilities. This itself contributes to the literature, as little is known about the development and implementation of this tailored form of sexuality education. During the data collection, particular attention was paid to the (re)production of aspects of the Dutch discourse on ‘normal’ sexuality, which encompasses the representation of neoliberal values, able-bodiedness, the white body, heteronormativity, and secularism. By using an observation scheme, an interview topic-list, and a case study protocol the examination of these concepts was ensured. This is a deductive component of this study, as it examined the existing theory about the Dutch discourse on ‘normal’ sexuality. However, as this theory focuses on regular education, this study also has an inductive component. By gaining an extensive and contextual understanding of sexuality education for students with disabilities, it also aimed to explore new patterns in this tailored form of sexuality education (Bryman, 2015).

The collected data was then analysed in three steps by using ATLAS.ti. First, I applied open coding to schematically structure the data into themes and concepts. This was followed by comparing and organising the themes and concepts into a hierarchical construction in order

to identify significant themes, also known as axial coding. Finally, I performed selective coding in order to search for connections between the themes and concepts (Boeije, 2016).

Validity and Reliability

The use of data triangulation, which means I have used various methods of data collection, has helped me to compare and corroborate the findings. This contributed to the validity and credibility of this thesis. The validity was further enhanced by performing respondent validation, meaning I have verified the accuracy of the collected data from participant observations and the critical discourse analysis together with the participants during the interviews. This also helped guarding against confirmation bias, which refers to the tendency to collect and analyse the data I consider to be significant (Cresswell & Cresswell, 2018). Furthermore, having used an observation scheme, interview topic-list, and a case study protocol helped improving the reliability of this thesis (Bryman, 2015). Finally, as this research has a relatively small sample size and includes a special case study, the external validity is moderate. This refers to the modest generalizability of the findings to other contexts (Cresswell & Cresswell, 2018). It is not the aim of this thesis to generalise the findings to a larger population. Instead, this thesis provides in-depth knowledge about the development, and in particular the practical application, of sexuality education for students with disabilities.

Positionality and Ethical Considerations

This research incorporates qualitative research methods and a research question with potential sensitive topics, including sexuality and people with disabilities. Therefore, I made sure ethical considerations that are in line with the *General Data Protection Regulation*, as described in the ethical checklist, were contemplated during the entire research period. Because people with disabilities form a vulnerable social group, I have not collected any personal data of this social group. Instead, I have focussed on the teaching materials and the

practical application of sexuality education by focussing on the general structure and atmosphere in the classroom. Additionally, I have also examined teachers' behaviour, including their thoughts, norms, and values during both the interviews and the participant observations. Before I started the participant observations, I collected informed consent from all caretakers.¹

During the semi-structured interviews, it was possible I would touch upon sensitive topics and personal norms and values regarding sexuality. To protect their privacy, I have performed multiple steps. At the beginning of an interview, I informed participants about the procedure, purpose, and privacy procedures of this study through an informed consent form.² All participants have signed this form before the interview started. As soon as I started analysing the data, I made use of pseudonyms, meaning all names in this paper are pseudonyms. Additionally, I have saved all data in a password secured file on EUR OneDrive. The data will be saved here for a period of one year (June 2024). Thereafter, all personal data will be deleted.

By using qualitative research methods, my role as a researcher has influenced the data collection and analysis. My personal identification as a white, female, heterosexual, atheist, and able-bodied researcher affected the way I interpret findings. This is mainly because I can identify myself with the characteristics of the Dutch discourse on 'normal' sexuality. By making personal notes throughout the research period, I have reflected on this during all stages of this research (Cresswell & Cresswell, 2018). Additionally, respondent validation has helped me to ensure the accuracy of the findings. In this way, I have tried to turn it into a positive thing by creating awareness for personal norms and values and by considering the contextual setting.

¹ This informed consent form can be found in appendix B

² This informed consent form can be found in appendix C

Results

This chapter starts with outlining the most significant findings about the development and implementation of sexuality education for students with disabilities to show the similarities as well as the differences between this form of sexuality education and regular sexuality education. Subsequently, I will discuss in what way this determines the (re)production of 'normal' sexuality within the development and implementation of sexuality education for students with disabilities, with a particular focus on the practical application.

An Overview

According to teachers and developers of teaching materials, sexuality education for students with disabilities is based upon the same understanding of sexuality and sexual development as within regular education. This means the curriculum covers the same topics, including relationships, values, rights, culture and sexuality, skills for (sexual) health and wellbeing, the human body and development, sexuality and sexual behaviour, sexual diversity, and sexual and reproductive health. These topics are in line with the international guidelines on sexuality education (UNESCO, 2018). Therefore, the aim and learning goals, which is to provide children with skills, knowledge, and attentiveness to improve their social and sexual development and health, and to make them empowered and resilient, also correlates between the two contexts of sexuality education. This is not without reason; all participants of this research emphasised the importance of treating children with special educational needs similar to children from regular schools. One of them is Esther, a co-developer of *Lang Leve de Liefde* for special needs education as well as regular education. She explained the significance of treating all children equally:

When it comes to sexuality education, it is important to realise that you want to teach the same subjects in special needs schools as in regular schools. As we have learned through scientific

research, they have the same interests, the same questions, and more or less the same sexual development.³

As the formal structure of sexuality education is mostly similar in both contexts, so are the practical issues teachers face when implementing sexuality education. Nearly all teachers addressed the challenge to cover all sexuality education topics, aside from all the other mandatory subjects that are part of the curriculum. Additionally, they experience a lot of autonomy during this implementation. Although most teaching materials and organisations like Rutgers and the Municipal Health Services offer guidelines and additional training for teachers, teachers still argued how additional support would be appreciated. They explained how much room there is for their own interpretation of sexuality education. This can be challenging for teachers, especially for teachers who do not feel comfortable to talk openly about certain topics. Lotte indicates how this is also applies for the primary school where she works:

Mostly I feel very excited to teach about sexuality. I really enjoy talking about these topics. Especially if you notice the curiosity of the children, you know. However, talking openly about all topics can be challenging. I know some colleagues of mine feel uncomfortable talking about certain topics related to sexuality. This has to do with your personal norms and values, which I understand and is important to respect. I think it would be a good idea if our school would provide teachers with more guidance to make sure every teacher can implement sexuality education in an adequate way.

Previous research has shown how a high degree of autonomy and a lack of guidance are also issues within regular education (Lubbers, 2022). Teachers who have worked in both special

³ All interviews have been conducted in Dutch. For the purpose and readability of this thesis, I have translated quotations into English. During the translation process I have tried to ensure the original message as good as possible.

needs education and regular education mentioned in the interviews how they have, indeed, experienced this in both contexts.

This aspect of sexuality education, however, also shows differences between the two contexts. Whereas developers of teaching materials have tried to guide the regular education teachers as much as possible by developing extensively structured materials and preconceived guidelines, more flexibility is applied within the materials for special needs education. This is because special needs schools educate a highly diverse student population. All children are identified with different disabilities, which means their behaviour, attention span, learning abilities, and special needs also differ. The materials for special needs education therefore include multiple ways to talk about the topics. For example, *Wonderlijk Gemaakt* has implemented two standard options for the way exercises can be carried out. Figure 1 shows how this is indicated with a green and red textbox.

Figure 1

What Are Private Parts of Your Body?



Wat is privé?

Pak de blote pop of de tekeningen erbij, afhankelijk van het niveau van de leerling/cliënt.

Kies één van de volgende werkvormen.

1. Kleed de pop aan.
Waar moeten altijd kleren over heen? De penis/vagina is privé. De billen zijn privé. De borsten zijn privé. Bij een jongen/man ook? Waar gaan soms kleren over heen en soms niet? De armen.

2. Wijs elk lichaamsdeel aan van boven naar beneden.
Hoofd: Heb je hier kleren overheen? Mag iedereen dit bloot zien?

Laat je leerlingen/cliënten aanwijzen of inkleuren welke lichaamsdelen in ieder geval bedekt moeten zijn.
 Wat privé is, kleur je rood. Wat niet privé is, kleur je groen.
Waar moeten altijd kleren over heen? De penis/vagina is privé. De billen zijn privé. De borsten zijn privé. Bij een jongen/man ook? Waar gaan soms kleren over heen en soms niet? De armen, de nek, de rug.

Note. This text is part of a teacher's guide for sexuality education. From *Wonderlijk Gemaakt Speciaal Proefpakket*, Driestar Educatief, 2016 (<https://wonderlijkgemaakt.nl/system/WG-Speciaal-Proefpakket-Algemene-handleiding.pdf>). In the public domain.

Wonderlijk Gemaakt, *Lang Leve de Liefde*, and *Kriebels in je Buik* offer additional guidelines and teaching resources for special needs education. For example, extra video materials, visual images, and flashcards with pictographs that will stimulate children to understand and express their feelings. It is emphasised through the materials and guidelines that schools, but predominantly teachers, should consider what fits best and is most effective for all children. The importance of flexibility was also reported by Lauren, who is a teacher on a special needs school for primary education:

I need to be selective in the topics I discuss. Some topics, such as getting to know your own body and identity, expressing your feelings, and being resilient seem to be more important in the current group than other topics. Although I would like to cover everything, I always need to consider what is realistic to cover, as most of the children have a relatively short attention span.

This is something I noticed during the participant observations in class as well. After about twenty or thirty minutes, most of the children behaved restless and were easily distracted. Consequently, teachers had to shift their attention from teaching about sexuality towards reacting to distracting behaviour. During the interview with Esther, who is a co-developer of *Lang Leve de Liefde*, she elaborated the importance of providing special needs teaching materials:

Every individual is different. Some individuals have difficulties reading, others find it hard to communicate verbally, while others have trouble concentrating. It is therefore not realistic to apply the preconceived modules of the regular teaching materials. Instead, the special needs materials offer more flexibility. We suggest discussing certain aspects of every module, but also include variations on how to do this. For example, the materials include text materials, videos, and interactive exercises. This allows teachers to make use of the resources that fit best with their class.

The flexible and context-dependent structure of special needs sexuality education leads to a wide range of implementation methods in the classroom. Whereas some schools make use of the materials for special needs education, other schools have decided to make use of the regular teaching materials, for example the special needs school for primary education where I conducted a special case study. Yara, teacher and sexuality coordinator of this school elaborated on this during the interview:

We have decided to make use of the regular teaching materials from *Kriebels in je Buik* during the *Week van de Lentekriebels*. Children in our school have the same intellectual level as children in regular education. They also have the same sexual development. We decided to make use of the regular teaching materials as we think this is the most suitable for children in our school.

This does not mean teachers always follow the preconceived structures and guidelines of the materials. According to Merel, but also all other teachers I interviewed during the special case study, it is important to adjust in the materials to make sure it is suitable for the needs of the children:

I always try to structure the class around a certain module. However, if I notice certain topics or a certain way of teaching does not work, I try to adjust to make it work. This is dependent on the group of children and changes every time.

There are other schools who have decided to not use any sexuality teaching materials, but to make a teaching program based on the needs and questions of children in the classroom instead. One of the teachers who uses this method is Ellen, a teacher who works at a special needs school for primary education:

When I am in front of the class, I always try to teach in a way that is in line with the needs of the children. For example, this means I talk about sexuality whenever a question comes up or

when I overhear certain conversations. This happens regularly. As there is a high level of diversity within the group, I do not think it would work to discuss certain topics when the curiosity or interest is not there.

Aside from structural differences in the way sexuality education is implemented in special needs education, there are also practical differences when compared with regular sexuality education. First of all, special needs schools have a smaller class size, often with a maximum of 12 children. In addition, every class has one or two teaching assistants. This gives the opportunity to spend more time and more attentiveness to the needs of every individual, including more time to teach about sexuality. Subsequently, special needs schools have more freedom to adjust the learning goals to the specific needs of every individual, depending on their special needs and further education.

All characteristics of sexuality education for students with disabilities, including the structural and practical aspects, together result in a high level of flexibility. Special needs teachers therefore have a great influence and responsibility in the way sexuality education is implemented.

(Re)production of 'Normal' Sexuality

The high level of diversity and flexibility within special needs education leads to a context-dependent way of teaching. This means sexuality education for students with disabilities is supposed to focus on the personal needs and possible learning goals for every individual. Consequently, both the developers and the teachers try to avoid representing one way to develop (healthy) sexuality, but instead try to embrace different forms of sexuality.

This was also underlined by Annemieke:

I do not want to be too leading when talking about sexuality. I mean, if I give an example of how healthy sexuality would look like, they will think this is the only way. Many children in

special needs schools have the tendency to take everything literally. Therefore, I try to be as neutral as possible.

The goal to be as neutral as possible is also something Lauren mentioned. However, she also explained how challenging this can be:

I remember being pretty nervous when I started teaching about sexuality. I did not want to stress my personal perspective on sexuality too much. I want children to develop their own perspective, you know. However, once you have more experience this becomes easier. You become more comfortable to teach in a neutral way. How do I do this? I try to keep everything as objective as possible. I do not really talk about my own perspective or experiences, but just stick to factual information.

The teaching materials can be used as a helpful tool when sticking to factual information as much as possible. However, despite the fact that Ellen does not use any sexuality teaching materials in her classroom, this is also something she is being aware of:

If children in the classroom ask questions related to sexuality, I always try to formulate an answer based on factual information. This can be difficult sometimes because children ask anything. And sometimes I feel emotionally attached to a certain topic or question, meaning it can be difficult to stick with factual information. Especially when children make statements that go against my personal norms and values.

When I asked participants what they mean with factual and neutral information, they mostly explained this with giving formal descriptions of words related to the biological side of sexuality. For example, an explanation of the menstrual cycle or oral sex. However, when talking about certain norms and values related to sexuality, defining neutrality became more complicated. This illustrates how neutrality and normality are intertwined with each other,

something that also has been expressed by Iris, a teacher who works at a special needs school for secondary education:

When I talk about neutrality, I mean for example, normal behaviour that is in line with the different stages of normal sexual development. This is in terms of physical development, but also in terms of mental and emotional development. And this is observable in class, for example how children interact with each other, what kind of questions they ask, and their curiosity for certain topics. And you should know, children can ask anything. But I know this is normal and I think it is great when children openly ask questions about it. Nevertheless, I also know some children do not get to talk about it at home, because of discomfort, or because of cultural or religious backgrounds whereby it is unusual to talk about sexuality.

Despite the widespread use of flexibility within the teaching materials as well as the implementation in the classroom, this shows how sexuality education for students with disabilities also entails a representation of the dominant Dutch discourse on ‘normal’ sexuality.

During the interviews, the critical discourse analysis, and the participant observations, I have examined to what extent the aspects of the Dutch discourse on ‘normal’ sexuality are being (re)produced within sexuality education for students with disabilities. First of all, drawings, and images in *Lang Leve de Liefde* (for special needs education) and *Kriebels in je Buik* (for both special needs and regular education) presented bodies of all colours in almost every chapter. This includes chapters about physical development of the body, social and emotional development, sexual diversity, relationships, resilience, sexual behaviour, reproduction, and sexual health. Previous scholars argued how the white body was predominantly pictured as the ‘normal’ body within regular sexuality teaching materials, especially because images and drawings that depicted sexuality mostly represented the white body (van Muijlwijk, 2021). Figure 2 and Figure 3 illustrate how *Lang Leve de Liefde* and

Kriebels in je Buik have clearly moved away from this limited view and implemented a wider understanding of the ‘normal’ body.

Figure 2

What Does Your Family Look Like?



Note. This drawing is part of an online trial version. From *Kriebels in je Buik: Speciaal Onderwijs*, Rutgers, n.d. (<https://kriebelsinjebukso.nl/>). In the public domain.

Figure 3

Discovering Your Body



Note. This drawing is part of an online trial version. From *Lang Leve de Liefde: Voortgezet Speciaal Onderwijs*, Rutgers & Soa Aids Nederland, n.d. (<https://langlevedeliefdevso.nl/>). In the public domain.

However, in the materials for special needs education of *Wonderlijk Gemaakt*, which entails a Christian perspective on sexuality, white people are very dominant in both pictures and drawings in all chapters. As I only received access to a trial version of the materials, I

cannot tell if this applies for the remaining materials as well. Not only is there a strong representation of the white body in the trial version of *Wonderlijk Gemaakt*, almost all pictures and drawings depicted heteronormativity (and the nuclear family), which is another component of the hegemonic Dutch discourse on ‘normal’ sexuality. An example of this can be seen in Figure 4.

Figure 4

Family Life



Note. This photo is part of a teacher’s guide for sexuality education. From *Wonderlijk Gemaakt Speciaal Proefpakket*, Driestar Educatief, 2016 (<https://wonderlijkgemaakt.nl/system/WG-Speciaal-Proefpakket-Algemene-handleiding.pdf>). In the public domain.

According to Lotte, one of the developers of *Wonderlijk Gemaakt*, more awareness for sexual diversity is incorporated into the updated version of *Wonderlijk Gemaakt*. I found more information about this in the trial version of the regular teaching materials, although implemented as additional information, but not in the trial version of the materials. However, again I cannot tell if this also applies for the remaining materials. Lotte also emphasised how the modules are all in line with the Christian notion of sexuality:

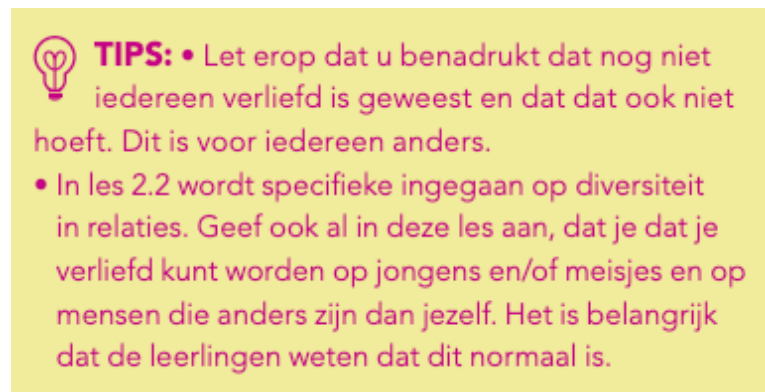
We have tried to implement the Christian vision onto the modules about relationships and sexuality. For example, how sexuality is best performed within the safe environment of a

relationship between two adults. But also, how you should always respect people around you and the choices they make.

The teaching materials from *Lang Leve de Liefde* and *Kriebels in je Buik* have included multiple forms of relationships and diversity. This is not only integrated in separate chapters about, for example sexual diversity, as is the case in multiple regular teaching materials according to previous researchers, but as is shown in figure 5, 6 and 7, also in almost all other chapters and examples throughout the book.

Figure 5

*Sexual Diversity*⁴



Note. This text is part of a trial version of a teacher's guide for sexuality education. From *Lang Leve de Liefde: Voortgezet Speciaal Onderwijs*, Rutgers & Soa Aids Nederland, n.d. (<https://langlevedeliefdevso.nl/>). In the public domain.

⁴ I have decided to not translate original work in Dutch into English in order to preserve the original message.

Figure 6 and 7

Relationships



Note. These drawings are part of an online trial version. From *Kriebels in je Buik: Speciaal Onderwijs*, Rutgers, n.d. (<https://kriebelsinjebuikso.nl/>). In the public domain.

All participants highlighted the importance of discussing sexual and gender diversity in the classroom. At the same time, during the interviews, but especially during the participant observations, I could still observe some forms of heteronormativity. Almost every time an example was given, it was about a relationship between ‘a girl and a boy’ or ‘a woman and man’. However, a couple of times, I have noticed how teachers corrected themselves and said, for instance, ‘or boyfriend and boyfriend’ and ‘or when two women fall in love with each other’.

When talking about the acknowledgement of sexual diversity during the interviews, it was frequently argued how this is an important component of Dutch norms and values. Aside from acceptance, the importance of open communication, individual agency, and self-reliance are also argued to be main components of sexuality education. These terms fall under the contemporary neoliberal political climate of the Netherlands, which happens to be another characteristic of the Dutch discourse on ‘normal’ sexuality. Neoliberal values are reflected in the development of the teaching materials as well as the practical implementation. First, individual responsibility and self-reliance are clearly emphasised throughout the whole

process. Esther states how sexuality education is meant to support children by developing individual agency and being able to communicate one's own desires and boundaries:

We are aware of the significance of being able to understand and communicate your own desires and boundaries. This is not only in the context of sexual relationships, but also in friendships and other relationships. Our materials therefore focus on learning and understanding these feelings, but also provide tools on how to communicate this and how to understand the desires and boundaries of others.

Teachers also spend a great amount of time on individual responsibility and self-reliance in the classroom. Children are being stimulated to speak up and express themselves. During the participant observations in the classroom, I could notice how teachers actively supported children who communicated their boundaries. Throughout the interviews, teachers explained how children with special educational needs form a vulnerable population for unwanted or dangerous actions and experiences, something that has been confirmed by scientific research as well (Davies & Kenneally, 2020) Therefore, self-reliance and autonomy is actively being stimulated by the teachers.

Open communication, which is also in line with the Dutch discourse on 'normal' sexuality, is also clearly reflected in the development and implementation of sexuality education for students with disabilities. The teaching materials are structured in such a way that openness about sexuality is normalised. For example, practical tips on 'how to talk about sex' (Figure 8) and 'how to approach your crush' (Figure 9) are provided. This reinforces the idea that sexuality should be expressed.

Figure 8 and 9

How to Talk About Sex and How to Approach Your Crush



Note. These texts are part of an online trial version of a student magazine. From *Lang Leve de Liefde: Voortgezet Speciaal Onderwijs*, Rutgers & Soa Aids Nederland, n.d. (<https://langedeliefdevso.nl/>). In the public domain.

Open communication is also actively supported by teachers. One of them is Ellen, who explained how she tries to create an open, accepting, and foremost safe environment within the classroom:

I always try to create a safe environment in the class when we are talking about sexuality. I want children to know that what we talk about is normal, that it is normal to talk about sexuality and that there is nothing they cannot ask in class or at home. And this needs time, you know. Some children need a bit of time to feel comfortable talking about this topic, while others cannot stop asking questions.

At the same time, most teachers also acknowledged the fact that some children do not feel comfortable talking openly about all topics. Yara underlined the importance of trying to respect this:

Sometimes children show discomfort when we are talking about certain topics. That is fine, and I always try to respect this. It is ok if children do not want to participate in a conversation, or only want to listen and not want to ask questions. It is also fine if someone wants to leave the classroom for a bit. We want to encourage children to express their boundaries in this. If this happens, I make sure I discuss it afterwards, often one-on-one. Because I do think it is important to talk about it.

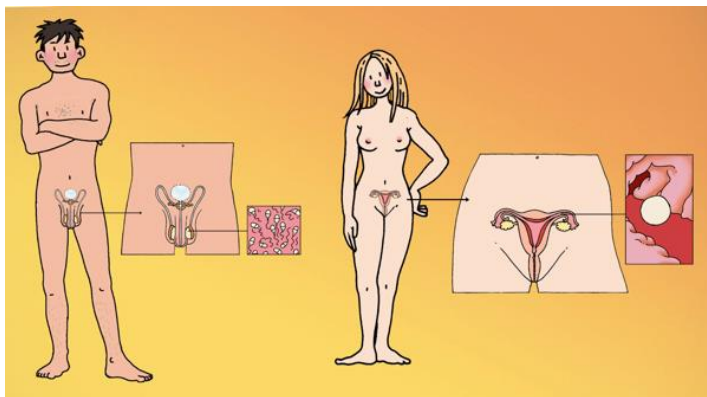
This quote shows how there is acknowledgment for feelings of discomfort when talking about sexuality. However, it also shows how open communication is normalised, something I also noticed during the participant observations. When teachers started a new module regarding sexuality, they discussed agreements together with the children. For instance, ‘you do not have to talk about anything if you do not want to’, ‘it is ok if you only want to listen’ and ‘if you feel uncomfortable, let me or one of the assistants know’. At the same time, teachers also normalised talking openly about sexuality by making comments like ‘it is important to talk about this’ and ‘if you do not want to discuss this in class, we can also talk about it at a later moment’. These examples show how the materials as well the implementation of sexuality education for students with disabilities include forms of normalising open communication. It also shows how not talking openly about sexuality is seen as unusual or deviating.

Crip theory argues how characteristics like open communication, individual agency and self-reliance are interconnected with able-bodiedness. In order to perform these aspects of ‘normal’ sexuality, you need to have an ‘able body and mind’. Previous scholars have shown how this compulsory able-bodiedness can be found in regular sexuality education (Lubbers, 2022; van Muijlwijk, 2021). To a certain extent, sexuality education for students with

disabilities also follows this idea of able-bodiedness. First, previous sections of this analysis show how children are expected to be autonomous and be able to define and communicate their own thoughts, feelings, desires, and boundaries. Second, many texts, images and drawings include representations of able-bodiedness. This is particularly the case in modules about physical development, love relationships, sexual behaviour, and reproduction. Figure 10 and 11 shows two examples of the representation of able-bodiedness.

Figure 10

Genitals



Note. This drawing is part of an online trial version. From *Kriebels in je Buik: Speciaal Onderwijs*, Rutgers, n.d. (<https://kriebelsinjebuikso.nl/>). In the public domain.

Figure 11

How Did Your Body Change?



Note. This text is part of a student magazine. From *Lang Leve de Liefde: Voortgezet Speciaal Onderwijs*, Rutgers & Soa Aids Nederland, n.d. (<https://langlevedeliefdevso.nl/>). In the public domain.

In other modules, a representation of disabled identities is also included. Figure 12 shows how materials from *Kriebels in je Buik* include drawings that acknowledge the fact ‘that we are all different’, whereas figure 13 shows how materials from *Lang Leve de Liefde* have included the disabled body as part of ‘normal’ sexuality. It is important to note, that disability is a spectrum, including forms of disability that are not physically observable. These disabled identities are difficult to include in visual representations.

Figure 12

We Are All Different



Note. This drawing is part of an online trial version. From *Kriebels in je Buik: Speciaal Onderwijs*, Rutgers, n.d. (<https://kriebelsinjebuikso.nl/>). In the public domain.

Figure 13

Where do You See Yourself in the Future



Note. This text is part of an online trial version. From *Lang Leve de Liefde: Voortgezet Speciaal Onderwijs*, Rutgers & Soa Aids Nederland, n.d. (<https://langevedeliefdevso.nl/>). In the public domain.

All teaching materials for special needs education provide additional information and tools for including disability into sexuality education. For example, additional information about slower physical and sexual development, how to talk about reproduction with individuals who have disabilities that impact their fertility, and tools that will support communication, such as using flashcards to express emotions. This allows teachers to represent a wider understanding of sexuality in the classroom.

Conclusion and discussion

By using a mixed-methods strategy, this qualitative research has answered the following research question: *In what way is an idea of ‘normal’ sexuality (re)produced within the development and implementation of sexuality education for students with disabilities?*

To make a meaningful contribution to the academic debate, I particularly focussed on the practical application of sexuality education by answering the subsequent research question:

How is 'normal' sexuality (re)produced in the practical application of sexuality education for students with disabilities and what difference emerge here compared to the ideological discourse behind sexuality education?

First, I have created an overview about the way sexuality education for students with disabilities is developed and implemented, as comprehensive knowledge on the actual practices in this context is missing within the current academic field. Subsequently, I have examined if, and in what way, the dominant Dutch discourse on 'normal' sexuality, including neoliberal values, able-bodiedness, the white body, heterosexuality, and secularism are part of this tailored form of sexuality education, with a particular focus on the practical application.

Special needs education in general, and sexuality education within this tailored form of education more specifically, encompasses a strong focus on flexibility due to a high level of diversity among the school population. This means materials are structured in such a way that teachers can adjust it to specific contextual needs. Teachers as well as developers of the materials argued how it is particularly important in this context to apply flexibility in the structure of the lessons, for example by choosing topics to discuss that are relevant for the specific group and adjusting the time you spend on topics depending on the attention span of the children. According to the teachers, flexibility is also applied in the way sexual development is represented. This is due to the fact that it differs per student what is achievable when it comes to sexual development. Previous studies on sexuality education stated how the acknowledgment of various experiences and possibilities would be a good starting point for improving sexuality education (Lubbers, 2022; van Muijlwijk, 2021). According to the findings of this study, this is something that sexuality education for students with disabilities has already integrated to a greater extent. This can be partly explained by the integrated flexibility, but also because most of the special needs schools use extracurricular teaching materials that are advanced and progressive. This is, however, also a limitation of

this study, as it only has examined advanced and progressive teaching materials, while some special needs schools use regular teaching materials from biology and civics.

Despite the implementation of flexibility, representing ‘neutral’ sexuality still entails a (re)production of the Dutch discourse on ‘normal’ sexuality in the teaching materials as well as the practical application. Within teaching materials, I have found mainly representations of neoliberal values, including the importance of individual agency and open communication. Additionally, in *Wonderlijk Gemaakt*, I also noticed representations of other characteristics of ‘normal’ sexuality, in particular the white body and heterosexuality. The materials from *Kriebels in je Buik* and *Lang Leve de Liefde* have clearly moved away from this limited representation by including bodies of all colours and sexual diversity in almost all modules.

The integrated flexibility, although seen as necessary and important by all participants of this study, also results in a high level of responsibility for teachers. This means the practical application of sexuality education is even more relevant in this tailored context. During the interviews and participant observations, I noticed how teachers also reinforce the construction of ‘normal’ sexuality by overrepresenting the assigned characteristics of this discourse. Yet, I also observed how most of the teachers are aware of this and try to correct themselves when possible. Due to the incorporated flexibility and great responsibility of teachers, the way this is dealt with differs significantly per context. This thesis shows how on the one hand sexuality education for students with disabilities comprehends a great amount of awareness for flexibility and adjustments to personal needs, while on the other hand, although to different extents, reproduces the Dutch discourse on ‘normal’ sexuality. This does not come as a surprise, for the reason that special needs and regular sexuality education show a lot of similarities in the assigned goals, topics, and materials. The most important differences are the adjustable structure of the materials, the additional tools and guidelines that are provided, and the integrated flexibility in both the materials as well as the implementation.

According to all participants, these modifications are of significant importance in order to provide children with special educational needs with appropriate sexuality education.

Obtaining knowledge on the practical application of sexuality education for students with disabilities has contributed to challenge crip theory and determine its shortcomings. Developing tailored forms of sexuality education is necessary in order to be able to respond to the special needs of people with disabilities. Both developers of teaching materials and teachers explained how it would be unattainable to implement the preconceived structures of regular sexuality education programs into special needs education and how this would overlook the special educational needs of this social group. This confirms the argument that crip theory is based on ideological knowledge and ignores the lived experiences of people with disabilities.

The findings also indicate how this tailored form of sexuality education does reproduce the Dutch discourse on 'normal' sexuality, although to somewhat different degrees depending on the kind of teaching materials and teacher. In this sense, crip theory can potentially be used as an analytical framework to critically examine existing power structures and destabilize the hegemonic characteristics that are part of the Dutch discourse on 'normal' sexuality. However, in order to implement this in an appropriate way, we must pay particular attention to the practical application of 'normal' sexuality and include the real-life experiences of people with disabilities and their special educational needs. Only if we acknowledge the importance of this, we can work towards an inclusive and adequate way of sexuality education. This thesis has laid the foundation for further research by providing empirical knowledge as well as theoretical knowledge on sexuality education for students with disabilities. I recommended future research to explore the practical application of sexuality education more extensively while including the expertise of teachers and other experts. It is also of crucial importance to include disabled voices and experiences within this process.

Furthermore, in order to raise societal awareness, I recommend providing training and support for teachers to build understanding of the (re)production of ‘normal’ sexuality in the practical application of sexuality education. In this way, we can move away from the academic and ideological focus of the ongoing debate, and instead make it contemporary and pragmatic.

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Appendix A - Ethical and Privacy Checklist



CHECKLIST ETHICAL AND PRIVACY ASPECTS OF RESEARCH

INSTRUCTION

This checklist should be completed for every research study that is conducted at the Department of Public Administration and Sociology (DPAS). This checklist should be completed *before* commencing with data collection or approaching participants. Students can complete this checklist with help of their supervisor.

This checklist is a mandatory part of the empirical master's thesis and has to be uploaded along with the research proposal.

The guideline for ethical aspects of research of the Dutch Sociological Association (NSV) can be found on their website (http://www.nsv-sociologie.nl/?page_id=17). If you have doubts about ethical or privacy aspects of your research study, discuss and resolve the matter with your EUR supervisor. If needed and if advised to do so by your supervisor, you can also consult Dr. Jennifer A. Holland, coordinator of the Sociology Master's Thesis program.

PART I: GENERAL INFORMATION

Project title: Sexuality education in special education

Name, email of student: Emma Fritz, 656343ef@student.eur.nl

Name, email of supervisor: Dr. Samira van Bohemen, vanbohemem@essb.eur.nl

Start date and duration: 20/03/2023 – 25/05/2023

Is the research study conducted within DPAS YES - NO

If 'NO': at or for what institute or organization will the study be conducted?
(e.g. internship organization)

PART II: HUMAN SUBJECTS

1. Does your research involve human participants.

YES - NO

If 'NO': skip to part V.

If 'YES': does the study involve medical or physical research?

YES - NO

Research that falls under the Medical Research Involving Human Subjects Act (WMO) must first be submitted to an accredited medical research ethics committee or the Central Committee on Research Involving Human Subjects (CCMO).

2. Does your research involve field observations without manipulations that will not involve identification of participants.

YES - NO

If 'YES': skip to part IV.

3. Research involving completely anonymous data files (secondary data that has been anonymized by someone else).

YES - NO

If 'YES': skip to part IV.

PART III: PARTICIPANTS

1. Will information about the nature of the study and about what participants can expect during the study be withheld from them? YES - NO
2. Will any of the participants not be asked for verbal or written 'informed consent,' whereby they agree to participate in the study? YES - NO
3. Will information about the possibility to discontinue the participation at any time be withheld from participants? YES - NO
4. Will the study involve actively deceiving the participants?
Note: almost all research studies involve some kind of deception of participants. Try to think about what types of deception are ethical or non-ethical (e.g. purpose of the study is not told, coercion is exerted on participants, giving participants the feeling that they harm other people by making certain decisions, etc.). YES - NO
5. Does the study involve the risk of causing psychological stress or negative emotions beyond those normally encountered by participants? YES - NO
6. Will information be collected about special categories of data, as defined by the GDPR (e.g. racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data for the purpose of uniquely identifying a person, data concerning mental or physical health, data concerning a person's sex life or sexual orientation)? YES - NO
7. Will the study involve the participation of minors (<18 years old) or other groups that cannot give consent? YES - NO
8. Is the health and/or safety of participants at risk during the study? YES - NO
9. Can participants be identified by the study results or can the confidentiality of the participants' identity not be ensured? YES - NO
10. Are there any other possible ethical issues with regard to this study? YES - NO

If you have answered 'YES' to any of the previous questions, please indicate below why this issue is unavoidable in this study.

This study focusses on the development and implementation of sexuality education in special education in order to examine the (re)production of 'normal' sexuality within this education. I will research the development by conducting semi-structured interviews and a discourse analysis. However, to examine the actual implementation of sexuality education within the classroom, it is necessary to be physically present to see in what way teachers apply certain materials and discuss/teach aspects of sexuality. With this, I can reflect not only on the espoused theory of teachers, which refers to their values and

worldviews, but also on their 'theory-in-use', which refers to their values worldviews reflected in their behaviour. With the use of participant observations, I will be able to shed light onto the implementation of sexuality education from a different angle and reflect on, if any, differences between the espoused theory and theory-in-use of teachers. As there are no national standardized programs for sexuality education, teachers have a lot of freedom in the way they implement this in the classroom. Being actively present in the classroom is the only way to examine the way teachers implement sexuality education.

It is important to emphasize, however, that despite the presence of children during the participant observations, I will only focus on the behaviour of teachers and the way the teaching materials are implemented. The behaviour of the children is not part of my research question and therefore I will not collect personal data on their sexuality or behaviour during the sexuality education classes.

What safeguards are taken to relieve possible adverse consequences of these issues (e.g., informing participants about the study afterwards, extra safety regulations, etc.).

First, I provided parents of the children available in the classroom with an information letter regarding my research (which can be found in appendix I). This included information about the aim of the research, what will happen with the knowledge I gain during the classes, what will happen with my overall research and finally the conditions considering their voluntary participation. Additionally, I asked permission from parents/carers to conduct participant observations during their children's classes. I will only use participant observations as a research method if I have received permission from all parents.

Second, as said before, I will only focus on teacher's behaviour and the way they implement the teaching materials. Due to the precarious position of children with a disability and being under 18, I will not collect any personal data of the children that are being present in the classes.

Thirdly, it could be possible I will gather personal data of teachers and people involved with the development of sexuality programs, like for example their views and values on sexuality (education) during both observations as well as interviews. This data can be sensitive and personal. Therefore, by following the next steps, I will make sure all data is processed anonymously. First, before starting the research, all participants will receive sufficient information about the research, what will happen with the data and the possibility to stop their participation at any time (consent form can be found in Appendix II). Second, I will make use of pseudonyms as soon as I start gathering data, including in my personal notes and transcripts. In this way I will ensure the privacy of the participants. And finally, I will use the principle of 'data minimisation', which means I will only collect data that is useful for my research.

Are there any unintended circumstances in the study that can cause harm or have negative (emotional) consequences to the participants? Indicate what possible circumstances this could be.

As said before, I will not focus on children's personal behaviour during the participants observations. However, it could be possible children are not comfortable with my presence during the classes. For this reason, the school has chosen specific classes I can be present at where they do not foresee any problems related to this problem. However, when children feel uncomfortable with my presence in the classroom, my participant observations will stop immediately. This is discussed with the sexuality coordinator as well as the teachers of the school I have been in contact with.

Please attach your informed consent form in Appendix I, if applicable.

Continue to part IV.

PART IV: SAMPLE

Where will you collect or obtain your data?

I will collect data through a discourse analysis on the teaching materials of *Lang Leve de Liefde* and *Week van de Lentekriebels*. Furthermore, I will collect data through participant observations and interviews on a primary school for special education in Amsterdam. Finally, I will collect data through interviewing stakeholders involved with the development of the teaching materials, like *Lang Leve de Liefde* from *Soa Aids Netherlands*.

Note: indicate for separate data sources.

What is the (anticipated) size of your sample?

- A critical discourse analysis on teaching programs (like *Lang Leve de Liefde* and *Week van de Lentekriebels*).
- At least 1 interview with a co-developer of *Lang Leve de Liefde* for special education. I am looking to do more interviews with other stakeholders from Rutgers.
- A special case study on a primary school for special education, including participant observation during sexuality classes, 2 or 3 semi-structured interviews with teachers, 1 semi-structured interview with the sexuality coordinator, and a critical discourse analysis on *Week van de Lentekriebels*.

Note: indicate for separate data sources.

What is the size of the population from which you will sample?

According to CBS (statistics Netherlands), there are 318 primary special education schools in the Netherlands and 335 secondary special education schools.

In the Netherlands, there are 5 main teaching programs available for sexuality education, depending on the cluster and the age of the groups (*week van de lentekriebels*, *Kriebels in je buik*, *Lang Leve de Liefde*, *Wonderlijk Gemaakt*, and *Gendi*).

Note: indicate for separate data sources.

Continue to part V.

Part V: Data storage and backup

Where and when will you store your data in the short term, after acquisition?

All data will be stored in a password-secured file on Eur OneDrive, including interview recordings, (copies or photographs of) teaching materials, interview transcripts, participant observation notes and personal information of the participants. Recordings will be deleted after I have transcribed an interview, which I will do no later than 5 working days after the interview.

I will save all data till the end of the research period (25-06-2023) and for a one year period after that to ensure the controllability of my research. After this year, I will delete all personal data.

Note: indicate for separate data sources, for instance for paper-and pencil test data, and for digital data files.

Who is responsible for the immediate day-to-day management, storage and backup of the data arising from your research?

I am, Emma Fritz.

How (frequently) will you back-up your research data for short-term data security?

Every day I work on my thesis, I will save the collected data in a password-secured file on EUR OneDrive. This means I will back-up of the data five days a week.

In case of collecting personal data how will you anonymize the data?

I will keep one password-secured file on the Eur OneDrive with personal information of the participants. Apart from this, I will make use of pseudonyms as soon as I start transcribing the interviews and will save this data on a different password-secured file on the Eur OneDrive. I will process all personal data in my research paper in such a way the personal information of participants cannot be traced back.

Note: It is advisable to keep directly identifying personal details separated from the rest of the data. Personal details are then replaced by a key/ code. Only the code is part of the database with data and the list of respondents/research subjects is kept separate.

PART VI: SIGNATURE

Please note that it is your responsibility to follow the ethical guidelines in the conduct of your study. This includes providing information to participants about the study and ensuring confidentiality in storage and use of personal data. Treat participants respectfully, be on time at appointments, call participants when they have signed up for your study and fulfil promises made to participants.

Furthermore, it is your responsibility that data are authentic, of high quality and properly stored. The principle is always that the supervisor (or strictly speaking the Erasmus University Rotterdam) remains owner of the data, and that the student should therefore hand over all data to the supervisor.

Hereby I declare that the study will be conducted in accordance with the ethical guidelines of the Department of Public Administration and Sociology at Erasmus University Rotterdam. I have answered the questions truthfully.

Name student: Emma Fritz

Name (EUR) supervisor: Dr. Samira van Bohemen

Date: 20-03-2023

Date: 20-03-2023



Appendix B – Informed Consent Form Participants Observations

Onderzoek naar seksuele voorlichting in speciaal onderwijs

Beste ouders,

Mijn naam is Emma Fritz en ik ben een student aan de Erasmus Universiteit in Rotterdam. Voor de master ‘sociale ongelijkheden’ (sociologie) ben ik momenteel bezig met mijn afstudeerscriptie. Hiervoor doe ik onderzoek naar seksuele voorlichting in het speciaal onderwijs, waarbij ik kijk naar de manier waarop dit zich onderscheidt van seksuele voorlichting in het reguliere onderwijs.

Om een goed beeld te krijgen van het onderwijs zou ik graag aanwezig willen zijn bij de lessen seksuele voorlichting van uw zoon/dochter gedurende de *Week van de Lentekriebels* van 20 t/m 24 maart. Tijdens mijn aanwezigheid zal ik uitsluitend letten op het gebruikte lesmateriaal en de besproken onderwerpen door de leraar/lerares. Daarnaast zal de informatie die ik verzamel anoniem verwerkt worden, zodat de privacy van de school gewaarborgd wordt.

Hierbij wil ik graag uw toestemming vragen voor mijn aanwezigheid tijdens de lessen van uw zoon/dochter. Om toestemming te geven kunt u het onderstaande formulier ondertekenen en afgeven bij de desbetreffende leraar/lerares. Als u verder nog vragen heeft, kunt u contact met mij opnemen via 656343ef@student.eur.nl.

Hartelijk dank voor uw medewerking!

Vriendelijke groet,

Emma Fritz



Ik, (ondergetekende),

..... (Volledige naam)

Ga ermee akkoord dat tijdens de lessen seksuele voorlichting van mijn zoon/dochter onderzoek verricht zal worden en ga akkoord met de volgende voorwaarden:

- (1) Ik heb voldoende informatie gekregen over het onderzoek;
- (2) Ik ga ermee akkoord dat tijdens het onderzoek informatie vergaard zal worden over het lesmateriaal en de besproken onderwerpen;
- (3) Ik begrijp dat er geen informatie zal worden verzameld over mijn zoon/dochter;
- (4) Ik begrijp dat alle gegevens anoniem verwerkt zullen worden;
- (5) Ik begrijp dat alle gegevens enkel gebruikt zullen worden voor het onderzoek;
- (6) Ik ben ervan op de hoogte dat ik op elk moment mijn toestemming voor dit onderzoek kan stopzetten, zonder opgave van reden;
- (7) Ik ben ervan op de hoogte dat ik op aanvraag een samenvatting van het onderzoek kan ontvangen.

Voor akkoord,

Plaats en datum

Naam + handtekening van de ouder

.....

.....

Plaats en datum

Naam + handtekening van de onderzoeker

.....

.....

Appendix C – Informed Consent Form Interviews

Onderzoek naar seksuele voorlichting in het speciaal onderwijs

Ik, (ondergetekende),

..... (volledige naam)

ga ermee akkoord dat de informatie verzameld tijdens dit interview gebruikt zal worden voor een onderzoek naar seksuele voorlichting in het speciaal onderwijs en ga akkoord met de volgende voorwaarden:

- (8) Ik heb voldoende informatie gekregen over het verloop en het doel van dit onderzoek;
- (9) Ik begrijp dat alle gegevens anoniem verwerkt zullen worden;
- (10) Ik begrijp dat alle gegevens alleen beschikbaar zijn voor de onderzoeker, Emma Fritz, en haar scriptiebegeleidster, Samira van Bohemen;
- (11) Ik ben ervan op de hoogte dat ik mijn persoonlijke gegevens op elk moment kan inzien;
- (12) Ik begrijp dat alle gegevens enkel gebruikt zullen worden voor het onderzoek;
- (13) Ik begrijp dat de gegevens opgeslagen zullen worden in een beveiligde omgeving tot een jaar na het einde van de onderzoeksperiode (25 juni 2024);
- (14) Ik ben ervan op de hoogte dat ik op elk moment mijn deelname aan dit onderzoek kan stopzetten, zonder opgave van reden;
- (15) Ik ben ervan op de hoogte dat ik op aanvraag een samenvatting van het onderzoek kan ontvangen.

Voor akkoord,

Plaats en datum

.....

Naam + handtekening van de participant

.....

Plaats en datum

.....

Naam + handtekening van de onderzoeker

.....