

# Healthy and Respectful Relationship Education for Students in Oregon



Youth with disabilities are more likely to experience sexual abuse and assault than their peers without disabilities.<sup>1,2</sup> A lack of education about healthy and respectful relationships can exacerbate the problem by leaving youth with disabilities unprepared to recognize abuse and seek help. The sexuality of youth with disabilities is often ignored, and available research indicates that students with disabilities are less likely than their peers to receive sexual education in schools.<sup>3</sup> The purpose of this study was to: 1) compare high school students with and without disabilities on self-reported receipt of healthy and respectful relationship (HRR) education, and 2) examine the association between HRR education and experiences of sexual abuse among students with versus without disabilities.

## Oregon Healthy Teens Survey

The Oregon Healthy Teens Survey (OHT) was an anonymous survey designed to monitor the prevalence of self-reported health behaviors among 8<sup>th</sup> and 11<sup>th</sup> grade students in Oregon. (In 2020, OHT was replaced with the Oregon Student Health Survey.) We analyzed grade 11 OHT survey responses from 2019; 116 schools in 34 (of 36) Oregon counties participated in the survey. Survey responses were weighted to represent the entire statewide population of students at each grade level.

## Disability Identification

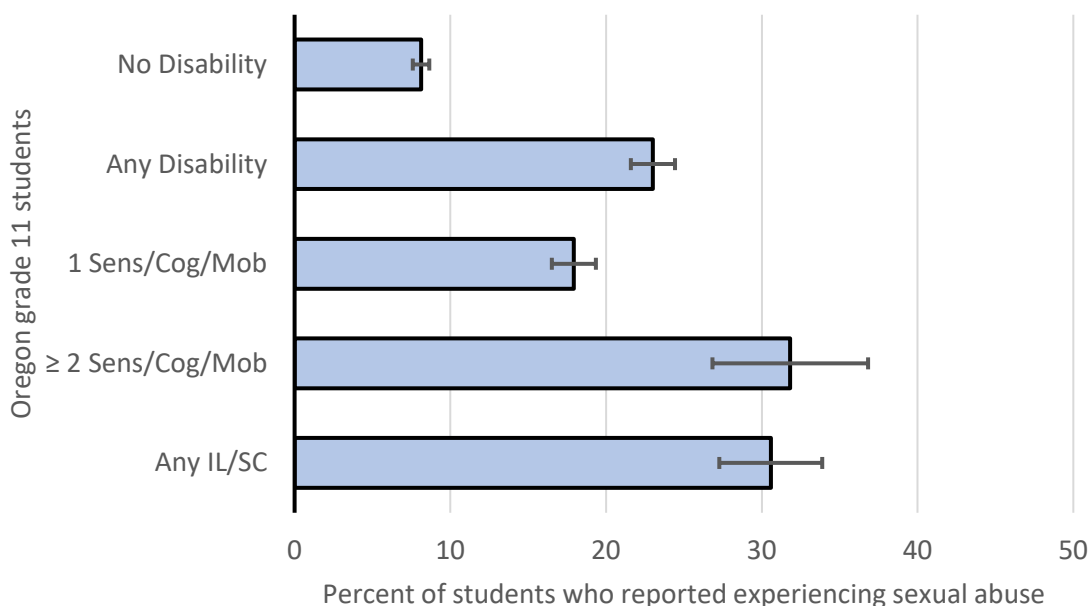
Disability was assessed with six questions: (1) Do you have serious difficulty hearing? (“hearing disability”); (2) Do you have serious difficulty seeing, even when wearing glasses or contact lenses? (“vision disability”); (3) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (“cognitive disability”); (4) Do you have serious difficulty walking or climbing stairs? (“mobility disability”); (5) Do you have difficulty dressing or bathing? (“self-care disability”); and (6) Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (“independent living disability”). Disability groupings include: (A) any disability or combination of disabilities; (B) 1 type of sensory (hearing/vision), cognitive, or mobility disability; (C) 2 or more types of sensory, cognitive or mobility disabilities; and (D) any independent living/self-care difficulty, regardless of any other reported disability.<sup>4</sup>

A total of 33.4% of 11th graders reported at least 1 disability. Of those with a disability, 60.4% had a single sensory, cognitive, or mobility disability, 8.3% had two or more sensory, cognitive, or mobility disabilities, and 31.3% had any independent living/self-care difficulty, regardless of any other reported disability.

## Sexual Abuse

Students reported if they had ever been forced to have sex, been pressured to have sex, or had sexual contact with an adult. We created a composite binary sexual abuse variable: yes = a yes response to any of the three abuse questions, no = a no response to all three abuse questions. Students with disabilities were more likely than those without disabilities to report having experienced abuse (Figure 1).

**Figure 1. Sexual abuse by disability status among Oregon students.** Percent of Oregon grade 11 students by disability status who reported experiencing sexual abuse. Error bars are 95% confidence intervals. *Data source:* Oregon Healthy Teens Survey, 2019. Accessible data table for this figure is available [here](#).



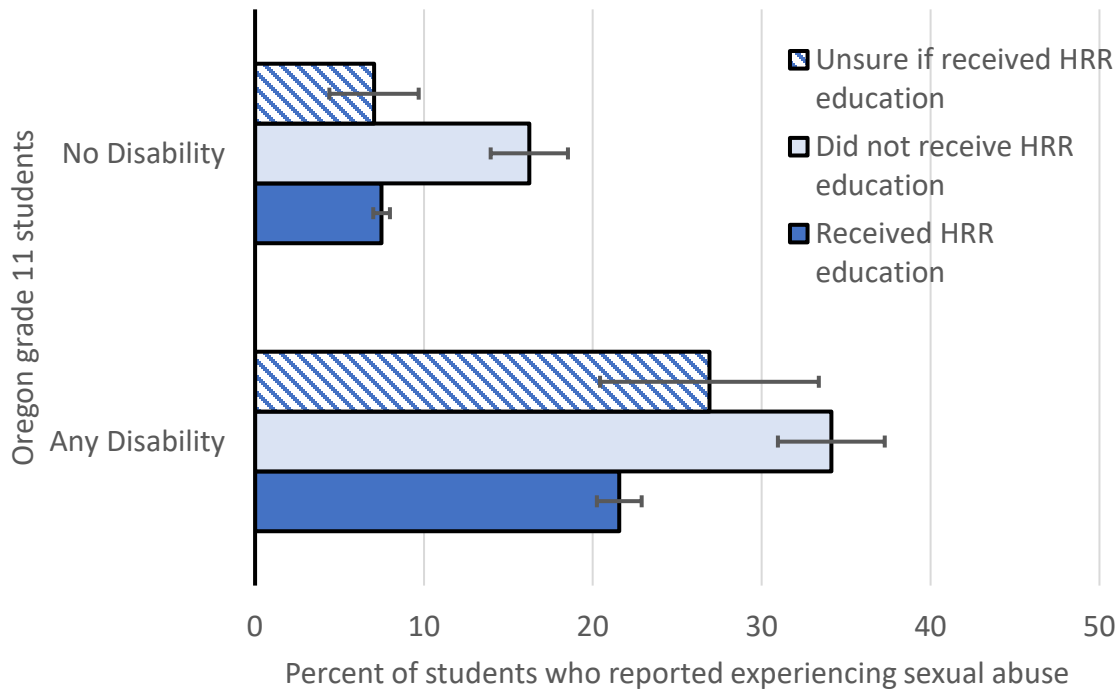
## Healthy and Respectful Relationship Education

Oregon requires that school districts incorporate age-appropriate education about teen dating violence and domestic violence into sexual health education instruction for students in grades 7 through 12.<sup>5</sup> We assessed receipt of healthy and respectful relationship education with the question: “Have you ever been taught in school about healthy and respectful relationships?” (yes, no, or unsure).

Students with disabilities were significantly less likely to have been taught in school about healthy and respectful relationships than those without disabilities (84.5% vs. 89.7%), and more likely to be unsure if they had received HRR education (4.7% vs. 3.2%).

Receiving education about healthy and respectful relationships was associated with lower levels of abuse among all students. The difference in prevalence was greater among students with disabilities than among those without disabilities (Figure 2). An estimated 34.1% of students with a disability who did not receive HRR education reported abuse, compared to 21.6% who did receive education. Among students without a disability, 16.2% who did not receive HRR education reported abuse, compared to 7.5% who did receive education.

**Figure 2. Experiences of sexual abuse by disability status and receipt of healthy and respectful relationship (HRR) education among Oregon students.** Percentage of Oregon grade 11 students with and without disabilities who experienced sexual abuse, grouped by their receipt of healthy and respectful relationship education. Error bars are 95% confidence intervals. *Data source:* Oregon Healthy Teens Survey, 2019. Accessible data table for this figure is available [here](#).



## Conclusions and Recommendations

Receiving education about healthy and respectful relationships is associated with a lower prevalence of sexual abuse among Oregon students. Oregon students with disabilities are more likely to experience sexual abuse than their peers without disabilities and are less likely to receive education about healthy and respectful relationships. Students with disabilities also have limited access to information from other sources: parents and healthcare providers are less likely to discuss sexual health or healthy relationships with youth with disabilities, and these youth may also be excluded from peer learning networks.<sup>3</sup>

Students with disabilities would benefit from receiving school-based sexual health education at the same time, as often, and with the same content as their peers. Sexual education programs with healthy relationship components can reduce interpersonal violence victimization and perpetration, improve knowledge and attitudes related to personal safety and touch, and improve social-emotional outcomes including communication skills, empathy and respect, and sense of self-control and safety.<sup>6</sup>

To design programs that meet the unique needs of adolescents with disabilities, curricula should be developed in collaboration with diverse groups of individuals with disabilities. Further, increasing social inclusion by including adolescents with disabilities in general sex education classes as well as ensuring they are represented in educational materials and activities can change the culture around how youth with disabilities are viewed and help show that they have the same needs, desires, and hopes as their peers.<sup>3,7</sup>

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