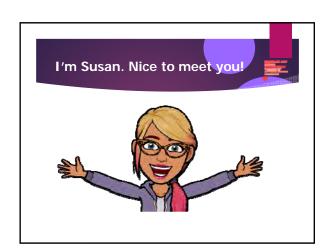


Learning Objectives

- Understand the myths and misperceptions about individuals with IDD and their impact access to education on healthy relationships and sexuality.
- Identify tools and strategies for teaching individuals with IDD about healthy relationships and sexuality.
- Understand the role of healthy relationship and sexuality education as a primary sexual abuse prevention strategy.



- Individual and group therapy
- Family support services
- Speech therapy
- Early Intervention
- Assistive Technology



Make new friends!

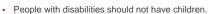
Howdy neighbor! What are you doing here?



People with disabilities are asexual. People with physical disabilities are unable to have sex. People with disabilities have more important things than sex to worry about discrimination begins in the family was and the understanding the property of the understanding the property of the understanding the understan

Sexuality and Disability: Myths

- · People with disabilities don't get sexually assaulted.
- People with disabilities don't need sex education.
- People with disabilities should only marry and have sexual relationships with other people with







Sexuality Education is Important!

- · Sexuality is a normal part of development, beginning in childhood and continuing across the lifespan.
- If we don't know what's healthy, how will we recognize what's unhealthy?
- · Do not wait until it becomes a problem!



Why is Sex Ed Important?

- · Sexual development is natural, and in most cases, inevitable
- · Promotes positive body image, self-confidence, and communication
- · Primary prevention tool for sexual abuse
- · In the event of abuse, helps children and adults navigate the disclosure and forensic interview process.
- · Facilitates Healthy Relationships
- · Promotes Health and Hygiene



Why parents, caregivers and educators need to talk about sexuality:

- Children in Special Ed are often not included in sex education in school
- Children with disabilities are less likely to benefit from "environmental learning" about sex
- Families, communities and agencies have their own values and rules around sex

How do I talk about sexuality?

- How do I know when to approach the topic?
- · When do I start?
- How do I make the information accessible to my child?
 - Developmental vs. Chronological Age
 - Comprehension of Concepts
 - Literalism vs. Euphemism



Open windows of oppor<mark>tunity</mark> to talk about Sexuality and Healthy Relationsh<u>i</u>ps



- Caregivers need to lead the discussion about what is healthy sexual behavior and what is abusive behavior.
- Service providers can help and support caregivers with this.

Laying the Foundation

- Inform yourself -
 - Books, on-line resources
 - Get comfortable with the vocabulary and find the words
- Make appropriate resources available to your child
- For parents/caregivers: Think about your own family practices

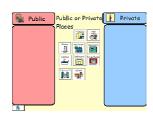






Key Concept: Privacy

- Public vs. Private
 - Places
 - Parts of the body
 - Things we say
 - Things we do



Privacy - Case Scenario

The teacher has called home to report that Anna often puts her hand in her pants or skirt while at school. The teacher is concerned about this behavior and how it might lead her classmates to tease her or cause other problems.



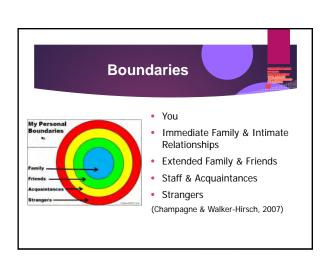
• What does Anna need help learning?

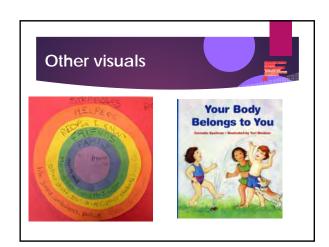
Forming a Plan

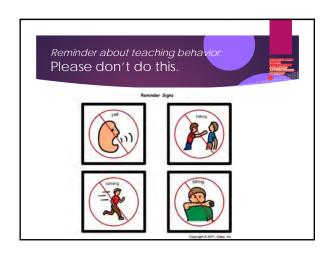
- Action Plan
 - Observation:
 - When Anna is anxious, she puts her hand down her skirt or pants.
 - Skill Needed:
 - Anna needs to learn about private behavior and private places.
 - Plan:
 - Who can help teach this skill?
 - What materials can we use to teach this skill?
 - What steps should we take?

(adapted from Karakoussis, C., Calkins, C., and Eggeling, K. Sexuality: Preparing your child with special needs, 1998











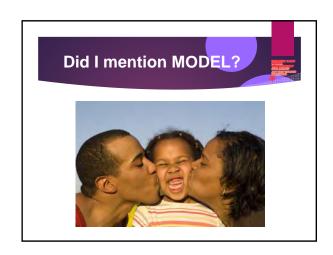


Key Concept: Healthy Relationships

- Respect, teach and model healthy relationships
- Provide opportunities at every age



Healthy vs. Unhealthy Relationships Relationships are a two way street!

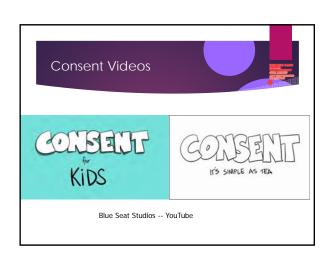


Healthy Relationship Skills

- Perspective Taking "Theory of Mind"
- Respect
- Assertiveness
- Independence
- Self-Esteem
- · Comprehension of concepts
 - Consent
 - Privacy
 - · Safety in Relationships



What do we mean by Consent? • Getting a "yes" that is freely chosen. • Freely chosen means without lies, threats, pressure, coercion/blackmail, intimidation or force. Curriculum: Sexuality Education for Adults with Developmental Disabilities



Determining Ability to Consent

Many ideas and criteria for assessing ability to consent.

Issues to consider:

- Ability to make rational decisions
- Sufficient knowledge and understanding to consider pros and cons
- · Ability to say "No"
 - Can the individual communicate "no"?
 - · Can they move away?

Lyden, M. Sex Disabil (2007) 25: 3. doi:10.1007/s11195-006-9028-

Program Policies on Relationships

Program policies promote:

- · Respect for participants
- · Safety for participants and staff
- Better communication between agency and participants
- Better communication between agency and families

Preventing Sexual Abuse



Children with disabilities are **three times** more likely than children without them to be victims of sexual abuse.

Preventing Sexual Abuse

Vulnerability Factors for disability:

- Dependence on multiple caregivers
- Socialized to comply
- · Limited understanding of sexuality
- · Limited social and communication skills

Hershkowitz, I., Lamb, M.E., & Horowitz, D. (2007). Victimization of children with disabilities. American Journal of Orthopsychiatry, 77(4), 629-635.

Additional Risk Factors

Social Isolation





Desire for social acceptance

Why Worry?

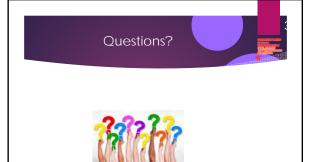
- People with disabilities are victims of violent crime at a higher rate than other populations
- People with disabilities are victimized by individuals known to them at a higher rate than other populations
- Intimate partner violence accounted for 13 percent of violence against persons with disabilities in 2010, similar to the percentage of violence against persons without disabilities, which is 14 percent.

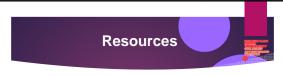
Erika Harrell, Crime Against Persons with Disabilities, 2009 – 2012-Statistical Tables, (Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice, 2014)

Education on Healthy Sexuality and Relationships Benefits

- · Respect for individual humanity and rights
- · Promote independence and self-esteem
- Reduce challenging behaviors
- · People are people. We lift ourselves up when we treat each other with respect.

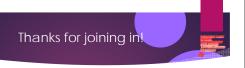






- Healthy Bodies Toolkit for Boys and Girls, with Appendices
 - http://kc.vanderbilt.edu/healthybodies/
- Sexuality Across the Lifespan for Children and Adolescents with Developmental Disabilities, a Parent Manual, 2011, by Florida Council on Developmental Disabilities (also available in Spanish)
- http://www.fddc.org/sites/default/files/file/publications/Parents-book-2011-LRes.pdf
- Prevention tipsheets from Chicago Children's Advocacy Center
- http://www.chicagocac.org/resources/for-children-with-disabilities/
- $Healthy\ Relationships, Sexuality\ and\ Disability\ Resource\ List\ http://www.mass.gov/eohhs/docs/dph/com-health/prevention/hrhs-sexuality-and-disability-resource-guide.pdf$
- Illinois Imagines toolkit
- http://www.icasa.org/index.aspx?PageID=1044
- UIC Sexuality & Disability Consortium website
- http://sdc.ahslabs.uic.edu/resources/

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