

The Fine Line

*The balance between supporting individuals
who have intellectual disabilities in their
intimate relationships and protecting
vulnerable people*

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SIECUS (Sex Information & Education Council of the United States)

“ Persons with Physical, cognitive or emotional disabilities have a right to sexuality education, sexual health care, opportunities for socializing and for sexual expression. Family, health care workers and other care givers should receive training in understanding and supporting sexual development and behavior, comprehensive sexuality education, and related health care for individuals with disabilities”

Delicious Diversity of California

- Sexuality is not an easy topic and when you add cultural, religious, racial and ethnic differences, sex can become, well, difficult to discuss.
- We can learn from each other and have fun while we are at it; together we will contribute to the quality of life of people we support.

How 'we' learn about sex

- What messages did you receive as a child about sex?
- How did you actually learn about sex?

How people who have ID learn or don't learn about sex

- Inadequate sex education
- Lack of socializing/ability to practice
- Overprotected
- Seen as children
- Victimization

Vulnerability

- As high as 90% of people who have developmental disabilities have been sexually abused*
- Approximately 60 % of those individuals have been abused multiple times*
- As families and providers we have a responsibility to protect people who have developmental disabilities
- How do we balance protection with the right to express one's sexuality?

*(D.Valenti-Hein &L.Schwartz, 1995)

Sex, or Problematic Sexual Behavior?

Sex is not an easy topic but if we don't talk about it, who will?

- * What does “Sex” mean?
- * When does sex become a problem?
- * The importance of Informed Consent
- * Helping people make safe choices

Sex: What does that mean?

There isn't one definition, sex can mean different things to different people.

Doing it

Holding hands

Being in Love

Having a boy/girl friend

Good

Making a baby

Getting married

Kissing

Masturbation

Rape

Orgasm

Bad

Being hurt

Incest

We are all Sexual Beings

- Orgasm is the strongest reinforcer in the world. No sex – no humans
- Orgasms are healthy; release of endorphins
- We all need touch, intimacy and love
- Relationships come and go, we adjust to changes, but for many people we support, they have little choice regarding change.

Sexuality and Disability

1. Developmental Delay and Sexual Development are Two Very Different Things
2. Accurate Information Enables People to have Healthy and Safe Relationships
3. Efforts to Protect People can Contribute to their Vulnerability
4. Our Experiences and Attitudes Impact the People we Support

Myths and Perceptions

People who have developmental disabilities are often perceived as:

1. Children without any sexual needs or feelings
2. Not capable of intimate social relationships
3. Not intelligent enough to understand sexual desire

Protection & Vulnerability

- **Issues to consider:**

- Ignoring inappropriate sexual behavior
- Some folks may need help in identifying abuse
- Allow people to make mistakes (within reason). It is a learning process.
- Address our own inhibitions around sexual issues.
- Saying “no” to authority
- Help people understand their rights and how to report violations
- Education regarding sex, sexuality, words, both technical and slang.

Examples of problems

- Excessive masturbation
- Inappropriate staring
 - Breasts of female staff
 - Children or adults
- Touching without permission
 - Full body hugging
 - Patting bottoms
- Lack of knowledge
 - Basic sex education
 - Relationships/Boundaries

Problems..... continued

- Need for friendship, touch and relationships
- Limited social opportunities
- Helping families understand needs
- Lying to family & staff
 - Did you agree to this? No!
- Sexually assaulting non-verbal peers
 - Take what you can get when you can get it

Information is Power – so let's provide it!

- Determine knowledge level of sexuality and anatomy (VISCAT)
- Information must be basic, accurate and concrete
- Use pictures, slides or films that are anatomically correct
- Ask the individuals to explain the process to you
- Be repetitive
- Spend time on assertiveness and negotiation skills*

*Especially with staff and family

Social Skills

- Lack of social opportunities
 - Easiest way to deal with a budding relationship is to keep couple apart
 - Teach people
 - Shake hands
 - Things to talk about
 - Double date
 - Use Safety Plans, not only for people who have problematic sexual behavior, rather use as a planning tool.

Relationships

- Above all else, people need the opportunity to practice what they have learned:
 - Invite friends to dinner - Deal with rejection
 - Double date - Be a mentor

and remember.....

A positive attitude toward sex does not necessarily mean a motel room and condoms, rather it can mean the joy of hanging out with your best friend.

Information

- Celebrate sexuality- It's a good thing!
- Have fun! Play games!
- Discuss the media (TV, Movies)
- Discuss legal issues (age differences and 'offending' behaviors)
- Discuss relationships
 - Friend
 - Girlfriend or boyfriend
 - Lover or partner
 - Same sex relationships

Deviant Sexual Arousal vs. Counterfeit Deviance

- Pairing of sexual arousal and orgasm with an object, fantasy, activity or person results in powerful reinforcement...for better or worse.
- It is important to determine if arousal is deviant or counterfeit because treatment is different
- Deviant – therapy, supervision and internal controls
- Counterfeit – Education, supervision, practice and internal controls

DEVIANT VS. COUNTERFEIT DEVIANCE (CONTINUED)

- **Deviant arousal** may be defined as the sexual arousal of an individual to thoughts and fantasies of sexual contact with children, or sexual arousal to thoughts and fantasies of forced sexual contact with another person.

DIFFERENCES

(CONTINUED)

- **Counterfeit deviance** occurs in people who may have ‘normal’ sexual arousal, but they offend for some of the following reasons:
 - Little understanding of basic human sexuality and boundaries
 - Lack of personal privacy
 - Lack of social skills and opportunities to develop friendships or dating relationships
 - Lack of Masturbatory skills
 - Hyper - sexuality, mania
 - Symptomatic of medical problem
 - Sexual dysfunction/medication
 - Little understanding of legal issues

Neither Deviant or Counterfeit

- Just to add another dimension to what you all are trying to do, I think there is a third category of “offending”.
 - The quickest way to ‘get yourself out of the workshop and home is to grab someone’s boob or pat their tush.
 - This is simple adaptive behavior that works!

◊ *Always remember, the impact on the victim is the same*

Viscat

Five Principles of Sexual Informed Consent

- 1. An awareness of the nature of sexual acts and the ability to choose to engage or abstain.**
- 2. An understanding of how to avoid unwanted pregnancy or STIs**
- 3. An understanding of the need to restrict sexual behavior to certain times and places**
- 4. An understanding that certain sexual behaviors are illegal in this state**
- 5. The ability to identify harmful situations and to avoid being exploited.**

Incredibly rewarding work

- You are part of increasing the quality of someone's life
- We all are lifelong learners
- Direct care staff should be the strongest link in the chain
- As for me; I have gained far more than I have given

Questions & Comments

Thank you

Keep up the Good work

Call if you need help

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