Sexuality, Healthy Relationships and Disability

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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 relationships and sexuality education as a primary sexual abuse prevention strategy.
Sexuality and Disability: Myths

- 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.


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 disabilities.
- People with disabilities should not have children.

1 http://sexuality.about.com/od/disability/p/disability_sex1.htm
2 http://www.bcm.edu/crowd/national_study/SEXFUNC.htm
4 http://www.ppfc.ca/ppfc/content.asp?articleid=409
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
How do I talk about sexuality?

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

Open windows of opportunity to talk about Sexuality and Healthy Relationships

- Caregivers need to lead the discussion about what is healthy sexual behavior and what is abusive sexual 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

Help is out there!

Healthy Bodies
A Parent’s Guide on Puberty for Boys with Disabilities
Key Concepts to Teach

- Privacy
- Boundaries and Touch
- Healthy versus Unhealthy Relationships
- Consent

Teaching Privacy

- Scenario One

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.

How will you address this concern?
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)

Boundaries

Safety is increased when everyone is clear on rules and expectations
Boundaries

• You
• Immediate Family & Intimate Relationships
• Extended Family & Friends
• Staff & Acquaintances
• Strangers

(Champagne & Walker-Hirsch, 2007)

Healthy Relationships

Respect, teach and model healthy relationships.
Healthy vs. Unhealthy Relationships

Relationships are a two way street!

Consent

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?


Questions?
Resources

- Healthy Bodies Toolkit for Boys and Girls, with Appendices
  - http://kc.vanderbilt.edu/healthybodies/
- Prevention tipsheets from Chicago Children’s Advocacy Center
- Illinois Imagines toolkit
- UIC Sexuality & Disability Consortium website
  - http://www.idhd.org/SDC.html

Thanks for joining in!

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