HOW TO USE AT TO DO MEANINGFUL SEX EDUCATION FOR STUDENTS WITH DISABILITIES

SUSY WOODS, PUBLIC POLICY AND EDUCATIONAL LIAISON
ILLINOIS ASSISTIVE TECHNOLOGY PROGRAM
TRUE OR FALSE....

1. THERE IS A HIERARCHY ABOUT VARIOUS DISABILITIES WITH SOME BEING MORE ACCEPTED THAN OTHERS.
2. IT IS BETTER TO BE BORN WITH A DISABILITY THAN TO ACQUIRE IT LATER IN LIFE.
3. MEN HANDLE THEIR CHILD HAVING A DISABILITY BETTER THAN WOMEN.
4. THINGS ARE MUCH BETTER FOR PEOPLE WITH DISABILITIES THAN THEY ONCE WERE.
5. ABUSE AGAINST PEOPLE WITH DISABILITIES IS NO WORSE THAN IT IS FOR THE GENERAL POPULATION.
6. IT IS ALWAYS OBVIOUS WHEN PEOPLE HAVE A DISABILITY.
7. THE WORDS ‘RETARD’ AND ‘CRAZY’ ARE JUST FIGURES OF SPEECH AND DON’T HURT ANYONE.
8. MOST PEOPLE WITH DISABILITIES DON’T WORK AND RELAY ON THE STATE TO TAKE CARE OF THEM.
9. PEOPLE WITH DISABILITIES JUST WANT THE SAME OPPORTUNITIES AS EVERYONE ELSE AND THIS INCLUDES STUDENTS.
10. FOR STUDENTS WITH SIGNIFICANT DISABILITIES IT IS IMPORTANT TO PROTECT THEM AND NOT TEACH THEM ABOUT SEX BECAUSE THEY DON’T UNDERSTAND THE CONCEPT ANYHOW.
LEGAL DEFINITIONS:
SEXUAL ASSAULT/ABUSE

IN ILLINOIS ONLY RAPE IS CONSIDERED SEXUAL ASSAULT WHILE GROPING, FORCED KISSING, CHILD SEXUAL ASSAULT WITH NO RAPE, SEXUAL TORTURE, AND ELDER ABUSE ARE CONSIDERED SEXUAL DEVIANCE.

RAPE IS DEFINED AS SEXUAL INTERCOURSE OR PENETRATION OF SOME KIND WITHOUT THAT PERSON'S CONSENT.

MOST REPORTED RAPE VICTIMS ARE WOMEN BUT IT IS ESTIMATED THAT AS MANY AS 25% OF MEN WHO ARE ALSO RAPE VICTIMS DO NOT REPORT THIS.
LAW AND ORDER, SEASON 3, EPISODE 22: COMPETENCE

REBECCA TOLLIVER REPORTS HER DAUGHTER KATIE, WHO HAS DOWN SYNDROME, IS PREGNANT AND WANTS HER BOYFRIEND ARRESTED.

THE ABUSER WAS NOT HER BOYFRIEND BUT INSTEAD HER BOSS AT WORK WHO HAD BEEN HONORED IN THE COMMUNITY FOR FINDING JOBS IN HIS STORE FOR WOMEN WITH DEVELOPMENTAL DISABILITIES.

THE MOTHER HAD OVERPROTECTED KATIE, NOT ALLOWING HER TO LEARN ABOUT SEX, AND WHEN THIS HAPPENED WITH THE BOSS KATIE THOUGHT SHE WAS PLAYING A GAME BECAUSE HE HAD HER SIT ON HIS LAP AND BOUNCE UP AND DOWN.

THE SITUATION BECAME MORE STRESSFUL BECAUSE THE MOTHER DID NOT WANT KATIE TO HAVE OR KEEP THE BABY. KATIE WANTED TO KEEP THE BABY AND RAISE IT WITH HER BOYFRIEND. THE COURTS RULED SHE HAD THE RIGHT TO DO SO AND SUPPORTS WERE PUT IN PLACE TO HELP HER AND HER BOYFRIEND (WHO ALSO HAD A DISABILITY) TO RAISE THE CHILD.
WHY IS THERE A PREVALENCE OF SEXUAL ASSAULT ON PEOPLE WITH DISABILITIES?

HISTORICALLY PEOPLE WITH DISABILITIES HAVE BEEN DISCRIMINATED AGAINST BECAUSE OF THEIR DISABILITY.

THEY ARE SEEN AS HELPLESS AND INCAPABLE.

THIS PUTS THEM AT AN INCREASED RISK TO EXPERIENCE SEXUAL ASSAULT.

THERE ARE MISCONCEPTIONS AND STEREOTYPES ABOUT PEOPLE WITH DISABILITIES THAT CONTINUE TO EXIST WHETHER THEY ARE VERY YOUNG OR ADULTS.
3 REASONS STEREOTYPES PERSIST:

REASON ONE:
PHYSICAL: FOR A PERSON WITH A PHYSICAL DISABILITY THEY MAY HAVE TROUBLE NAVIGATING THEIR OWN BODY AND ARE DEPENDENT ON OTHERS. THIS MEANS PEOPLE TOUCHING THEM IN THE MOST PERSONAL PLACES AND MANY TIMES MULTIPLE CAREGIVERS TOUCHING THEM.
REASON TWO:
EMOTIONAL: FOR A PERSON WITH A SIGNIFICANT OR MILD INTELLECTUAL DISABILITY OR A PSYCHOLOGICAL DISABILITY THEY MAY HAVE TROUBLE NEGOTIATING RELATIONSHIPS AND DON’T UNDERSTAND BODY LANGUAGE, PRAGMATIC LANGUAGE, SOCIAL CUES, ETC.
REASON THREE:

SOCIAL: FOR A PERSON WITH A DISABILITY THEY MAY HAVE LIMITED OPPORTUNITIES FOR SEXUAL RELATIONSHIPS INCLUDING LACK OF PRIVACY, BEING DEPENDENT ON OTHERS, OR BEING OVERPROTECTED BY THEIR FAMILIES.

WHEN GIVEN THE CHANCE THEY MAY DO THINGS CONSIDERED INAPPROPRIATE BY SOCIETY. THEY ALSO MAY DO THINGS THAT COULD LAND THEM IN LEGAL TROUBLE IF THEY DO NOT LEARN WHAT IS PRIVACY SPACE ARENA AND WHAT IS PUBLIC SPACE ARENA.
CONTINUUM OF PEOPLE WITH DISABILITIES AND THEIR APPROACH TO SEXUALITY:

GROUP ONE: THESE ARE PEOPLE WITH PHYSICAL DISABILITIES WHO MAY NOT BE INTELLECTUALLY IMPACTED AT ALL BUT PHYSICALLY NEED HELP FOR EVERYTHING THEY DO. THEY UNDERSTAND WHAT SEX IS AND HAVE THE INTELLECTUAL CAPACITY TO SAY YES OR NO IF GIVEN THE CHOICE. HOWEVER THEY PHYSICALLY NEED HELP FOR ALL PHYSICAL ASPECTS OF THEIR LIVES SUCH AS GETTING UP, DRESSING, GOING TO THE BATHROOM, EATING

THEY ARE AT THE FAR END OF THE SPECTRUM.
CONTINUUM (CONTINUED):

GROUP TWO:

PEOPLE WITH SIGNIFICANT DISABILITIES WHO MAY BE NON VERBAL AND NOT BE ABLE TO TRULY UNDERSTAND WHAT HAPPENED TO THEM. THEY KNOW SOMEONE HAS HURT THEM BUT THEY CAN’T EXPLAIN HOW THIS HAPPENED OR EVEN THAT THEY DIDN’T LIKE IT. THEY ARE AT THE FAR RIGHT END OF THE SPECTRUM.
CONTINUUM:
GROUP THREE:
THESE ARE PEOPLE WITH MILD INTELLECTUAL DISABILITIES OR PSYCHOLOGICAL DISABILITIES WHO MAY UNDERSTAND TO SOME DEGREE BUT DON’T ALWAYS FULLY UNDERSTAND. HOWEVER THEY SO OFTEN WANT TO BE LIKED AND BE LIKE OTHER PEOPLE THAT THEY ARE WILLING TO HAVE SEX JUST TO BE LIKED OR TO BE LIKE OTHERS. THEY ARE IN THE MIDDLE OF THE SPECTRUM.
NUMBERS TO THINK ABOUT:

83% of women and 39% of men with developmental disabilities will be sexually assaulted at some time in their lives, many times multiple times.

Some studies put this number as high as 90% for women.

It is believed that for men this number is really much higher but they don’t want to be seen as weak so to remain macho strong males they do not tell anyone of this kind of abuse.
NUMBERS:

15,000 TO 19000 PEOPLE WITH DEVELOPMENTAL DISABILITIES ARE RAPED EVERY YEAR IN THE U.S.

49% OF ALL PEOPLE WITH DEVELOPMENTAL DISABILITIES WHO ARE SEXUALLY ASSAULTED WILL BE SEXUALLY ASSAULTED 10 TIMES OR MORE IN THEIR LIVES.

THE PERCENT OF PEOPLE WITH DEVELOPMENTAL DISABILITIES WHO ARE SEXUALLY ASSAULTED ARE 4 TO 7 TIMES GREATER THAN THE GENERAL POPULATION.....DEPENDING ON THE RESEARCH AND STATISTICS YOU ARE LOOKING AT.
NUMBERS:

68% of girls and 30% of boys with developmental disabilities will be sexually assaulted before their 18th birthday.

37% of high school girls with disabilities will be treated for STDs before they exit high school.

54% of boys who are deaf will be sexually assaulted.
NUMBERS:

81% OF PEOPLE WITH PSYCHIATRIC DISABILITIES WILL BE SEXUALLY OR PHYSICALLY ASSAULTED.

INDIVIDUALS WITH PSYCHIATRIC DISABILITIES NOT TAKING THEIR MEDS ARE 2.7 TIMES MORE LIKELY TO BE THE VICTIM OF ASSAULT, RAPE, OR MUGGING.

WHEN WE FAIL TO TREAT PEOPLE WITH MENTAL HEALTH ISSUES (INCLUDING CHILDREN) VICTIMIZATION IS ONE OF THE CONSEQUENCES. 50% OF ALL WOMEN HOSPITALIZED IN A BEHAVIORAL FACILITY HAVE BEEN RAPED ONCE. HALF OF THOSE WOMEN HAVE HAD MULTIPLE RAPES.
NUMBERS:

97% OF ALL WOMEN WITH A MENTAL ILLNESS WHO ARE ALSO HOMELESS HAVE BEEN SEXUALLY ASSAULTED. THIS NUMBER IS SO HIGH IT IS CONSIDERED THE NORM FOR THAT GROUP.

FOR GIRLS/WOMEN WITH PSYCHOLOGICAL DISORDERS, WOMEN WITH SEVERE DISORDERS LIKE SCHIZAPHRENIA ARE MOST LIKELY TO BE ASSAULTED FOLLOWED BY WOMEN WITH NONPSYCHOTIC AFFECTIVE DISORDERS SUCH AS DEPRESSION.

THIS ALSO HAPPENS TO MEN. 2/3 OF ALL MALES LIVING IN BOARD AND CARE HOMES OR PRIVATE PLACEMENT FOR SCHOOL HAVE BEEN SEXUALLY ASSAULTED AT SOME TIME.
WHY GIRLS/WOMEN ARE OFTEN MORE VULNERABLE:

1. WOMEN HAVE INCREASED DEPENDENCY ON OTHERS FOR LONG TERM CARE.
2. WOMEN ARE MORE LIKELY TO BE DENIED A VOICE WHICH RESULTS IN A PERCEPTION OF POWERLESSNESS. GIRLS ARE STILL TAUGHT TO BE LITTLE LADIES AND NOT ARGUE WITH AUTHORITY.
3. THERE IS LESS RISK OF DISCOVERY AS PERCEIVED BY THE PERPETRATOR.
4. THERE IS GREATER DIFFICULTY IN THEM BEING BELIEVED.
5. THERE IS LESS EDUCATION ABOUT APPROPRIATE AND INAPPROPRIATE SEXUALITY.
6. THERE IS MORE SOCIAL ISOLATION AND THUS RISK OF MANIPULATION.
7. WOMEN ARE SEEN IN PUBLIC PLACES AS BEING MORE HELPLESS AND MORE VULNERABLE.
MYTH QUIZ:

1. DISABLED PEOPLE ARE ASEXUAL.
2. DISABLED PEOPLE ARE OVERSEXED.
3. DISABLED PEOPLE ARE DEPENDENT AND CHILDLIKE, GENERALLY NEEDING PROTECTION.
4. DISABLED PEOPLE ARE LIKE EVERYONE ELSE WHEN IT COMES TO BEING SEXUAL.
5. SEXUAL INTERCOURSE WITH ORGASM IS IMPOSSIBLE FOR PEOPLE WITH DISABILITIES.
6. RELATIONSHIPS ONLY COMPLICATE THE LIVES OF PEOPLE WITH DISABILITIES.
7. THE MORE PEOPLE WITH DISABILITIES KNOW ABOUT SEXUALITY THE MORE APPROPRIATE THEIR BEHAVIOR WILL BE.
8. THE BEST WAY TO PROTECT PEOPLE WITH DISABILITIES FROM SEXUAL EXPLOITATION IS TO LIMIT THEIR FREEDOM.
9. PARENTS OF TEENAGERS WITH DISABILITIES USUALLY DO NOT APPROVE OF SEX EDUCATION FOR THEIR FAMILY.
10. IF A PERSON WITH A DISABILITY HAS SEXUAL PROBLEMS, IT IS ALMOST ALWAYS BECAUSE THEY HAVE A DISABILITY.
MYTHS ABOUT PEOPLE WITH DISABILITIES AND SEX:

MYTH ONE:

MYTH: PEOPLE WITH DISABILITIES ARE NOT SEXUAL.

FACT: ALL PEOPLE ARE SEXUAL. WE ARE BORN SEXUAL BEINGS AND FROM THE FIRST TIME WE ARE TOUCHE AND FED WE RESPOND. SEX IS AS NORMAL AS EATING OR BREATHING.
MYTH 2:

MYTH: PEOPLE WITH DISABILITIES ARE NOT DESIRABLE.

FACT: WHAT TURNS US ON SEXUALLY IS UNIQUE TO EACH PERSON AND TO EACH COUPLE. WHAT ONE PERSON LIKES IN A PARTNER MAY BE VERY DIFFERENT FROM ONE ANOTHER PERSON LIKES AND THAT IS NATURAL.
MYTH 3:
MYTH: PEOPLE WITH DISABILITIES CANT HAVE ‘REAL’ SEX.

FACT: WHAT IS THE REAL WAY TO HAVE SEX? THIS DOESN’T EXIST AND WHAT WORKS FOR THE PARTIES INVOLVED IS REAL SEX.
MYTH 4:

MYTH: PEOPLE WITH DISABILITIES HAVE MORE IMPORTANT THINGS TO WORRY ABOUT THAN SEX.

FACT: THIS TIES IN WITH THE BELIEF THAT PEOPLE WITH DISABILITIES ARE CHILDLIKE AND NEED TO BE TOLD HOW TO PRIORITIZE THEIR LIVES. PEOPLE WITH DISABILITIES HAVE THE SAME RIGHT TO HAVE SEX AS PEOPLE WITHOUT DISABILITIES.
MYTH 5:

MYTH: PEOPLE WITH INTELLECTUAL DISABILITIES ARE NOT INTELLIGENT ENOUGH TO UNDERSTAND SEXUAL DESIRE AND ACTIVITY.

FACT: PEOPLE WITH INTELLECTUAL DISABILITIES ARE VERY CAPABLE OF LEARNING ABOUT THIS JUST LIKE THEY CAN LEARN ABOUT SELF CARE AND INDEPENDENT LIVING SKILLS. THEY CAN LEARN TO FOLLOW RULES ABOUT WORK, SCHOOL, ETC. AND SO THEY NEED TO BE TAUGHT LITERALLY RULES ABOUT SEXUAL DESIRE AND ACTIVITY.
MYTH 6:

MYTH: PEOPLE WITH INTELLECTUAL DISABILITIES CAN NOT SUSTAIN INTIMATE RELATIONSHIPS.

FACT: PEOPLE WITH INTELLECTUAL DISABILITIES ARE AS CAPABLE AS OTHER PEOPLE TO HAVE A RELATIONSHIP WITH SOMEONE AND TO MAKE THAT RELATIONSHIP LAST.
MYTH 7:
MYTH: PEOPLE WITH DISABILITIES FALL INTO TWO CATEGORIES: THEY ARE EITHER COMPLETELY ASEXUAL OR OVERLY SEXED AND WILL WANT TO HAVE SEX WITH ANYONE THEY SEE.

FACT: PEOPLE WITH DISABILITIES ARE LIKE EVERYONE ELSE. EVERYONE IS BORN SEXUAL BY NATURE. SOME PEOPLE, DISABILITY OR NOT, HAVE MORE INTEREST IN SEX THAN OTHER PEOPLE.
BARRIERS TO SEX EDUCATION FOR PEOPLE WITH DISABILITIES:

1. SOME PEOPLE BELIEVE THAT IF YOU HAVE A DISABILITY AND LEARN ABOUT SEX IT MAY GIVE YOU IDEAS.
2. PEOPLE WITH DISABILITIES ARE OFTEN TOLD ABOUT SEXUALITY IN A WAY THAT THEY DON’T UNDERSTAND OR THAT CONFUSES THEM.
3. PEOPLE WITH DISABILITIES OFTEN DON’T UNDERSTAND SOCIAL RULES AND MAY HAVE PROBLEMS WITH CONCEPTS LIKE PUBLIC AND PRIVATE.
4. SOCIETY ASSUMES PEOPLE WITH PHYSICAL DISABILITIES CANNOT BE SEXUAL AND SO SEE NO NEED TO EDUCATE THEM ABOUT SEX/SEXUALITY.
5. PARENTS OFTEN DON’T HAVE THE INFORMATION THEY NEED TO HELP THEIR CHILD UNDERSTAND ABOUT SEX.
6. SOCIETY TENDS TO THINK PEOPLE WITH DISABILITIES ARE IN GENERAL A-SEXUAL AND THEREFORE DON’T NEED ANY KIND OF EDUCATION IN THIS AREA.
SO......WHY TALK ABOUT THIS?

THIS IS NOT AN EASY SUBJECT WHETHER YOU ARE THE PARENT OR THE TEACHER OR THE SERVICE PROVIDER.

IT IS DIFFICULT WHEN TALKING ABOUT SEX TO YOUR CHILD WITHOUT A DISABILITY. ADD THE DISABILITY TO THE MIX AND IT BECOMES EXTREMELY DIFFICULT.

AS DIFFICULT AS IT IS IT IS CRUCIAL TO DO SO FROM NOT ONLY THE SEXUAL SIDE BUT ALSO THE SAFETY SIDE.
HOW SO WE APPROACH SEXUALITY?

• PROVIDE CORRECT INFORMATION.

• ANSWER QUESTIONS HONESTLY AND USE WORDS THE CHILD CAN UNDERSTAND REGARDLESS OF THEIR AGE DEVELOPMENTAL OR CHRONOLOGICAL

• START CONVERSATIONS. SOME CHILDREN MAY NEVER ASK ON THEIR OWN.

• FROM BIRTH REMEMBER THE CHILD IS SEXUAL. TOUCH IS THE BEGINNING OF SEXUALITY.

• MODEL HEALTH GENDER ROLES SO THEY SEE ADULTS AS LOVING CAREGIVERS, FAIR DISCIPLINARIANS, RESPECTFUL OF ONE ANOTHER.

• HELP YOUR CHILD MAKE GOOD DECISIONS.
HOW DO WE ENSURE EDUCATION AND SAFETY?

GIVE THE CHILD CORRECT INFORMATION AND TEACH THEM CORRECT LANGUAGE FOR BODY PARTS.

BE SURE THE CHILD UNDERSTANDS THE CONCEPT OF PRIVACY AND THEIR RIGHT TO THIS.

TEACH ABOUT GOOD TOUCH VERSUS BAD TOUCH

TEACH ABOUT PERSONAL BOUNDARIES AND WHEN IT IS OK TO SAY NO.

TEACH IT IS OK TO NON COMPLY WHEN SOMEONE CROSSES THESE BOUNDARIES EVEN WHEN THE PERSON IN AUTHORITY IS THE ONE CROSSING THOSE BOUNDARIES.
EDUCATION AND SAFETY

PUT THIS INTO LANGUAGE THE CHILD CAN UNDERSTAND GIVEN WHERE THEY ARE INTELLECTUALLY.

FIND BOOKS, VIDEOS, DOLLS, ETC. THAT WILL HELP DO THIS IF NECESSARY.

KNOW THE SIGNS OF SEXUAL ABUSE SO IF THIS IS HAPPENING AND THE CHILD IS NON VERBAL OR DOES NOT COMMUNICATE IN NORMAL WAYS THE PARENT AND/OR TEACHER AND/OR SERVICE PROVIDER WILL KNOW SOMETHING IS GOING ON AND CAN ADDRESS THIS.
TOOLS TO USE IN TEACHING SEX ED:

1. SENSORY ENHANCERS FOR THOSE STUDENTS WHO NEED THIS
2. SPEECH TO TEXT SO STUDENTS CAN DOWNLOAD INFORMATION AND LEARN ABOUT THIS AT THEIR OWN SPEED AND COMFORT ZONE
3. DOLLS WITH THE APPROPRIATE BODY PARTS. THIS CAN BE USED FOR SEX ED BUT ALSO TO TEACH GIRLS ABOUT HOW TO CHANGE THEIR SANITARY PADS AND BOYS HOW TO USE CONDOMS
4. PICTURES
5. FOR OLDER STUDENTS TO REINFORCE THAT SEX IS A NATURAL PART OF LIFE DEVICES LIKE THE INTIMATE RIDER AND THE BODY BOUNCER
6. APPS FOR DIFFERENT DISABILITIES
YEA OR NAY? WHAT SAY YOU?

PARENTS SHOULD BE THE PRIMARY SEXUALITY EDUCATORS OF THEIR CHILDREN.

MY CHILD SHOULD BE ABLE TO EXPRESS THEIR SEXUAL VALUES EVEN IF THEY ARE DIFFERENT FROM MY OWN.

I SHOULD BE INFORMED OF ALL ISSUES RELATED TO MY CHILD’S SEXUALITY EVEN WHEN THEY ARE AN ADULT.

INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES ARE SEXUAL BEINGS.

MY CHILD WITH A DISABILITY SHOULD NOT KNOW ABOUT SEX BECAUSE IT WILL OPEN SOMETHING IN THEM I DON’T WANT THEM TO KNOW ABOUT.
SIGNS SOMEONE HAS BEEN SEXUALLY ASSAULTED:

TORN CLOTHING
CLOTHING ON BACKWARDS
VAGINAL BLEEDING, STAINED BED
HURTS TO GO TO BATHROOM
BRUISE IN GENITAL AREAS, ON THIGHS
SEXUAL TALK OR SUDDENLY EXIBITING SEXUAL BEHAVIOR
SLEEPING DISTURBANCES THAT WERENT THERE BEFORE
PHYSICAL/SEXUAL AGGRESSION
FEAR OF CERTAIN PLACES, PEOPLE
SELF DISTRUCTIVE BEHAVIOR
INSERTING ITEMS INTO VAGINA, RECTUM
EXTREME CHANGES IN BEHAVIOR
INCONTINENCE
CHANGES IN EATING HABITS

**************WHILE OTHER THINGS CAN CAUSE ANY OF THESE TO HAPPEN TAKE INTO CONSIDERATION SOMETHING MIGHT HAVE HAPPENED IF SUDDENLY ANY OF THESE BEGIN AND SO THIS NEEDS TO BE INVESTIGATED**************
WHERE THIS FITS INTO TRANSITION AND LIFE AFTER SCHOOL

IF THE CHILD IS IN HIGH SCHOOL AND HAS AN IEP OR 504 PLAN THIS SHOULD BE INCORPORATED INTO THEIR PLAN.

IT CAN BE INCORPORATED UNDER EDUCATION, HEALTH, INDEPENDENT LIVING.

SINCE THEIR GOALS ARE INDIVIDUAL FOR THAT CHILD THESE CAN BE VERY INDEPENDENT GOALS TO HELP THEM AT WHATEVER LEVEL THEY ARE.
LIFE AFTER HIGH SCHOOL

AFTER HIGH SCHOOL SEX ED NEEDS TO CONTINUE WHETHER THE STUDENT IS IN A GROUP HOME, A DAY PROGRAM, AT HOME WITH FAMILY OR OFF TO COLLEGE.

SOMETIMES WE ASSUME IF YOU’RE SMART ENOUGH FOR COLLEGE YOU DON’T NEED SEX ED BUT RAPES ON COLLEGE CAMPUSES ARE SKY HIGH AND OFTEN THESE STUDENTS WHO ARE IN THAT MIDDLE GROUP AND WILL HAVE SEX TO PLEASE SOMEONE OR BECAUSE THEY THINK IT’S THE COOL THING TO DO.
EASY BUT NOT SO EASY

WHILE IT MAY SOUND VERY BLACK AND WHITE TO TALK ABOUT WHY AND HOW THIS NEEDS TO BE DONE WE ALL KNOW THIS ISNT TRUE.

THERE ARE SOME STUDENTS WHO INTELLECTUALLY ARE GOING TO BE A REAL CHALLENGE AND THAT IS WHY IT IS IMPORTANT TO UNDERSTAND THE SIGNS OF SEXUAL ABUSE/ASSAULT.

THE CHALLENGE REMAINS THAT WHILE THESE STUDENTS MAY NOT INTELLECTUALLY UNDERSTAND THIS THEY STILL ARE SEXUAL AND MAY RESPOND OR REACT IN A SEXUAL MANNER.

THEREFORE EDUCATION AND INFORMATION ABOUT WHAT CAN HAPPEN NEED TO GO HAND IN HAND.
5 WAYS TO REDUCE RISK FOR SEXUAL ASSAULT/ABUSE/VIOLENCE

1. **FEELINGS:** PROVIDE OPPORTUNITIES FOR THE PERSON TO EXPRESS THEIR FEELINGS. FOR THOSE STUDENTS WHO ARE NON VERBAL PAY CLOSE ATTENTION TO WHEN THINGS CHANGE FOR THEM.

2. **SAYING NO:** PRACTICE LETTING THEM SAY NO AND LET THEM HAVE LATITUDE SO THEY CAN SAY NO IN SITUATIONS WHERE THEY ARE SAFE. “NO I DON’T WANT THAT HOT DOG FOR LUNCH.”

3. **RESPECT AND DIGNITY FOR PERSONAL SPACE:** KNOCK BEFORE ENTERING THEIR ROOM, DON’T FORCE THEM TO HUG AND KISS PEOPLE, ASK PERMISSION WHEN HELPING THEM TO TOILET, BATHE, ACTIVELY TEACH THEM ABOUT PRIVATE LOCATIONS, ACTIVITIES, BODY PARTS.
4. SAFE PEOPLE: PROVIDE REMINDERS ABOUT SAFE PEOPLE AND WHO CAN BE TOLD SOMETHING. LISTEN TO FEELINGS AND DEVELOP A SENSE OF TRUST. ANSWER QUESTIONS ABOUT PRIVATE BODY PARTS, RELATIONSHIPS, ETC.

5. PERSON POWER: HELP PEOPLE TO KNOW AND USE THEIR POWER. FOCUS ON THE SKILLS AND DREAMS AND COMMUNICATE YOUR BELIEF IN THAT PERSON. LISTEN TO THEM AND BELIEVE IN THEM.
HELPFUL TIPS:

1. EDUCATION: BE SURE THE PERSON WITH A DISABILITY HAS SOME KIND OF EDUCATION AT THE LEVEL THEY ARE INTELLECTUALLY.
2. LOOK: LOOK FOR SIGNS SOMETHING IS WRONG IF THE PERSON CANNOT COMMUNICATE OR DOES NOT COMMUNICATE.
3. KNOW WHO IS IN THEIR LIFE: KNOW THE BACKGROUND OF EVERYONE WORKING WITH YOUR CHILD. DON’T BE AFRAID TO ASK QUESTIONS, EVEN HARD QUESTIONS. DON’T BE AFRAID OF EMBARRASSING THAT PERSON WITH QUESTIONS.
4. TEACH: TEACH THE STUDENT THAT SEXUAL FEELINGS ARE NORMAL AND NOT BAD. EVERYONE HAS THOSE FEELINGS. THE PERSON WITH A DISABILITY MAY ACTUALLY BE A PERPETRATOR OF SEXUAL ABUSE WITHOUT REALIZING WHAT THEY ARE DOING. THEY JUST KNOW IT FEELS GOOD SO THEY NEED TO KNOW WHAT IS APPROPRIATE AND WHAT ISN’T.
5. LISTEN: LISTEN TO WHAT THEY ARE TELLING YOU. EVEN IF THEY HAVE TOLD YOU GEORGE HURT THEM 20 TIMES AND IT HAS NEVER BEEN TRUE ALWAYS LOOK INTO THE SITUATION.
RESEARCH ON THIS SAYS:

1. ‘VIOLENCE AGAINST PEOPLE WITH DISABILITIES IS FREQUENTLY UNRECOGNIZED AND UNDERREPORTED AND HAS REACHED EPIDEMIC PROPORTIONS IN THE U.S.’ (DISABLED PERSONS PROTECTION COMMISSION, MASSACHUSETTS)

2. ‘CHILDREN WITH ANY TYPE OF DISABILITY ARE 3.44 TIMES MORE LIKELY TO BE A VICTIM OF SOME KIND OF ABUSE THAN OTHER CHILDREN.’ (WEBSITE OF THE ARC OF THE U.S.)

3. ‘THE PROBLEM IS NOT ISOLATED TO THE U.S. IT IS AN INTERNATIONAL PROBLEM.’ (DISABILITY AND ABUSE PROJECT)

4. ‘FACTORS THAT INCREASE THE VULNERABILITY OF THIS POPULATION INCLUDE LACK OF KNOWLEDGE OF SEXUAL ISSUES, PHYSICAL AND EMOTIONAL DEPENDENCE ON CAREGIVERS, MULTIPLE CAREGIVERS, LIMITED COMMUNICATION SKILLS AND BEHAVIORAL PROBLEMS.’ (WEBSITE OF THE NATIONAL DISABILITY AUTHORITY OF IRELAND)
CURRICULA THAT MIGHT HELP:

1. HTTP://WWW.SEXUALITYANDU.CA/TEACHERS/TEACHING-SEX-ED
2. HTTP://WWW.PLANNEDPARENTHOOD.ORG/PPNNE/DEVELOPMENT-DISABILITIES-SEXUALITY-31307.HTML (THIS IS A BOOK ON HOW TO EACH TEENS AND YOUNG ADULTS WITH DISABILITIES. IT HAS LESSON PLANS AND PRACTICAL WAYS TO INCORPORATE THE INFORMATION)
3. HTTP://WWW.CURRICULUMSUPPORTE.DUCATION.NSW.GOV.AU/SEXUALHEALTH/INCLUSIVE/SPECNEEDS.HTML
4. HTTP://ASDSEXED.ORG/293/03/28/DEVELOPMENTAL-DISABILITIES-AND-SEXUALITY-CURRICULUM/
5. HTTP://WWW.STANFIELD.COM/PRODUCTS/FAMILY-LIFE-RELATIONSHIPS (VIDEO SERIES)

7. [HTTP://WWW.SEEMORE.MI.ROG/PORTFOLIO/SEX-ED/](HTTP://WWW.SEEMORE.MI.ROG/PORTFOLIO/SEX-ED/)  THIS IS GEARED FOR EARLY ELEMENTARY AND IS NOT SPECIFICALLY FOR STUDENTS WITH DISABILITIES BUT IT APPEARS THAT IT COULD EASILY BE MODIFIED.

8. [HTTP://WWW.HOAGIESGIFTED.ORG/ERIC/FAX/SEX-ED.HTML](HTTP://WWW.HOAGIESGIFTED.ORG/ERIC/FAX/SEX-ED.HTML)
CURRICULA FOR SPECIFIC DISABILITIES:

1. ASD:
   HTTP://WWW.AUTISM.COM/INDIVIDUALS/SEXUALITYANDAUTISM.HTM
   HTTP://WWW.CHILD-AUTISM-PARENT-CAFE.COM/SEXUALITY-AND-AUTISM.HTML

2. CEREBRAL PALSY:
   HTTP://WWW.SEXUALHEALTH.COM/WHAT-DO-I-NEED-TO-KNOW-BEFORE-DATING-SOMEONE-WITH-CEREBRAL-PALSY_QUESTION_171/

3. DEAF-BLINDNESS:
   HTTP://NATIONALDB.ORG/DOCUMENTS/PRODUCTS/SEX-ED.PDF

4. DEVELOPMENTAL DISABILITIES:
   HTTP://AAPPOLICY.AAPPUBLICATIONS.ORG/CGI/CONTENTC/FULL/PEDIATRICS:118/1/398

5. INTELLECTUAL DISABILITIES:
   HTTP://WWW.AAMR.ORG/CONTENT_198.CFM

ANY YOU KNOW OF TO SHARE?
APPS TO HELP:

1. STOP THE GROOMER
2. CLEMENTINE WANTS TO KNOW: WHERE DO BABIES COME FROM
3. Sexting (This costs 1.99)
4. Sex and Life
5. Puberty Clues
6. Why Do I Feel This Way (This costs $.99)

Some of these can be used with adult help in explaining sex ed to students.
SPECIFIC ISSUES FOR FAMILIES OF SOMEONE WITH A MENTAL ILLNESS:

• THEY MAY BE ESTRANGED FROM THE FAMILY AND YOU MAY OR MAY NOT HAVE ANY SAY IN WHAT THEY DO.
• THEY MAY SAY NO WHEN THINGS ARE GOOD WHAT THEY NEED TO DO AND HOW TO PRACTICE BIRTH CONTROL BUT WHEN THEY ARE HAVING AN EPISODE THEY MAY NOT.
• THEY MAY WANT FREEDOM LIKE OTHER PEOPLE THEIR AGE SO IT MAY BE DIFFICULT TO GET THEM UNDERSTAND SOME OF THE DANGERS THEY MAY FACE.
IN CONCLUSION:

SEX EDUCATION IS NECESSARY FOR ALL PEOPLE BECAUSE WE ARE ALL SEXUAL BEINGS.

SEX EDUCATION CAN TEACH A PERSON WITH A DISABILITY NOT ONLY WHAT IS GOOD AND NATURAL BUT ALSO WHAT IS WRONG AND NOT NATURAL.

THE STATISTICS ARE SKY HIGH FOR PEOPLE WITH DISABILITIES AND ABUSE SO IT IS CRUCIAL PEOPLE WITH DISABILITIES LEARN HOW TO BE SAFE.

SEX EDUCATION CAN TEACH A PERSON HOW TO DO THE MANIPULATIVES (PUTTING ON A CONDOM, USING A KOTEX) IT CAN ALSO TEACH THEM HOW TO MANAGE THEIR FEELINGS, HOW TO COPE WITH BROKEN RELATIONSHIPS, HOW ALL OF THIS IS NORMAL.
FINALLY....

IF SEX EDUCATION IS IMPORTANT FOR PEOPLE WITHOUT DISABILITIES IT IS CRUCIAL FOR PEOPLE WITH DISABILITIES GIVEN THE NUMBER OF PEOPLE WHO WILL BE SEXUALLY ASSAULTED AT SOME TIME IN THEIR LIVES.
EDUCATION AND SAFETY

EDUCATION AND SAFETY GO HAND IN HAND. NO MATTER HOW SIGNIFICANT THE DISABILITY IS THAT PERSON GROWS INTO AN ADULT WHO IS A SEXUAL BEING WITH THE SAME NEEDS AND FEELINGS AS EVERYONE ELSE BUT WHO MAY NOT BE ABLE TO EXPRESS THEM.

THEY NEED TO BE VIEWED AS AN ADULT AND GIVEN THE TOOLS NECESSARY TO PROTECT THEMSELVES.

WHEN WE DON’T DO THIS WE ARE MAKING THEM EVEN MORE VULNERABLE.
AN INTERESTING TIDBIT:

Representative Will Davis is sponsoring a bill HB 1446 that would allow people with disabilities who live in group homes to have access to sex education. He is conducting meetings about the bill due to opposition from the owners of group homes and the parents at Murray Center A SODC in Centralia. This bill has passed and now the ball is in the hands of DHS to put together and curricula and other things that might be used.
AND WHO BETTER TO SUM UP THAN DR. SUESSE?

“IT HAS HEARD THERE ARE TROUBLES OF MORE THAN ONE KIND

SOME COME FROM AHEAD

SOME COME FROM BEHIND

BUT I’VE BROUGHT MY BIG BAT

I’M ALL READY YOU SEE….

NOW MY TROUBLES ARE GOING TO HAVE TROUBLE WITH ME.”
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PLEASE EMAIL ME IF YOU WOULD LIKE AN ELECTRONIC COPY OF THIS PRESENTATION.