

It Takes a Village!

**Exploring the Intersection Between
Sexual Violence and Sexuality Related
Needs for People with Intellectual and
Developmental Disabilities**



*Putting You **FIRST!** **F**inding **I**ndividuality, **R**espect, and **S**afety **T**ogether*

SHARES Task Force 2017 Annual Conference

**Healthy Sexuality: Knowledge is Power!
Supporting Individuals with Intellectual and
Developmental Disabilities through Education and
Advocacy**

<https://tinyurl.com/hlhkbbdk>

**March 13, 2017 8:00 am- 4:00pm EDT
New Jersey Law Center
One Constitution Square
New Brunswick, NJ 08901**



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*Putting You **FIRST!** Finding **I**ndividuality, **R**espect, and **S**afety **T**ogether*



We are committed to providing quality education and counseling to individuals of *ALL* abilities. Our mission is to empower individuals with the education, skills, support and resources they need to meet their fullest potential in the relationship they hold with themselves and others within their community.

*Putting You **FIRST!** Finding Individuality, Respect, and Safety Together*

***Let's talk about sex baby, let's talk
about you and me. Let's talk about
all the good things and the bad
things that may be. Let's talk
about sex... Let's talk about sex!***

-Salt n' Pepa 1990

WORKSHOP OBJECTIVES

1. Describe at least two ways that sexual violence can impact the sexuality related needs of people with intellectual and developmental disabilities.
2. Explain two approaches in addressing the sexuality related needs of people with intellectual and developmental disabilities.

Common Experiences

“Retard”

“Sped”

Raped

Pantsed

Teased

Misunderstood

Called names

Verbal
abuse

Sexual
abuse

Waiting for a call

Pushed

Everyday

Manipulated

Emotional
abuse

Tricked

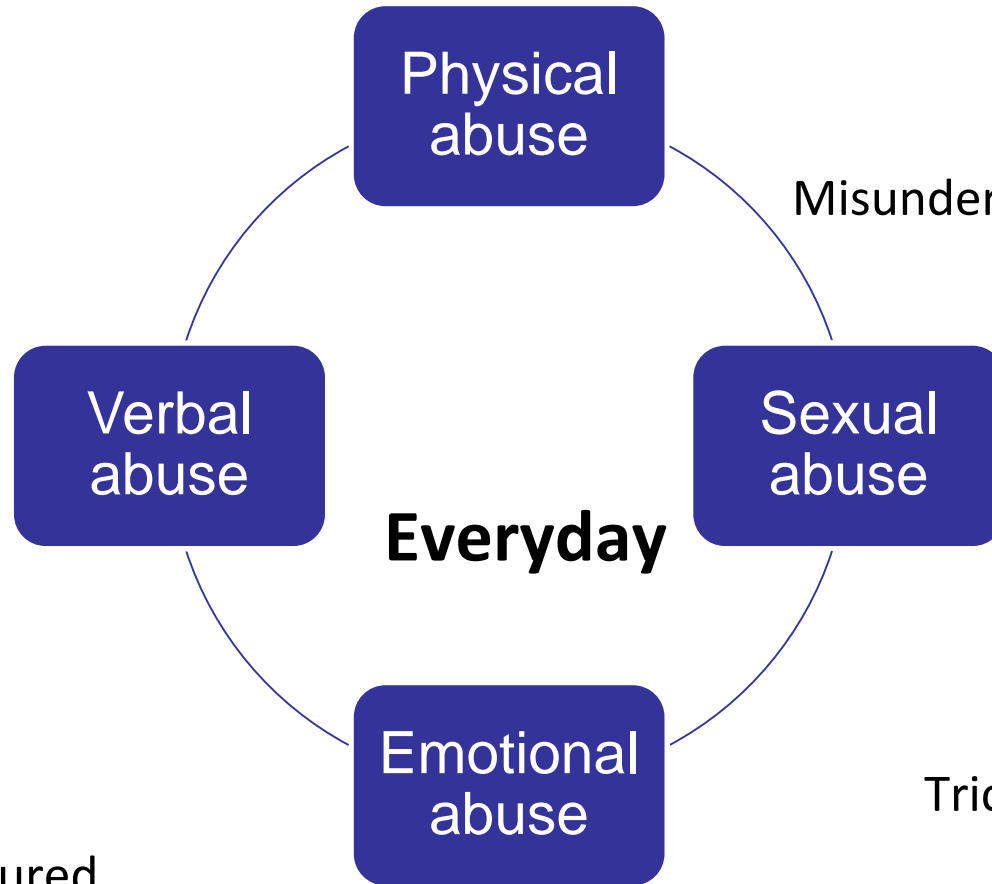
Lied to

Pressured

Coerced

Neglect

Isolated



What about Our Work with People with I/DD?

- **People with I/DD, especially women, are at heightened risk for abuse (2-4x higher)** Baladerian, 1991; Horner-Johnson & Drum, 2006
- **90% of women with I/DD will experience some form of sexual abuse during their lifetime.** Curry, et al, 2011
- **92% -98% of victims reportedly knew the abuser** Mansell & Sobsey, 2001
- **44% of survivors of sexual abuse (with I/DD) had a relationship with the perpetrator specifically related to their disabilities**
- **Only 1-3% of all incidents of sexual abuse are perpetrated by strangers** Baladerian, 1991

ABUSE impacts thoughts, behaviors and decision making

- **Feeling –**
 - Feelings of blame, shame and embarrassment, loss of trust, fear of safety, anger and betrayal, anxiety and depression
- **Thinking –**
 - “I’m alone”
 - “I’m stupid”
 - “I have no control”
 - “I can’t change things”
- **Doing –**
 - Avoidance, confused personal boundaries with others, trouble saying no, over or non compliance, difficulty trusting, poor emotional regulation

Triggers can...

- Be something we hear, feel, see, smell, taste
- Evoke memories/thoughts/feelings of events experienced
- Occur at any time
- Be avoided or confronted

Sexual Violence

- Verbal harassment & inappropriate sexual language
- Unwanted sexual touching of private parts
- Unwanted display of sexual parts (pornography, exhibitionism)
- Tricking or manipulating someone into sexual activity.
- Exposure to pornographic materials.
- Forced abortion, sterilization or pregnancy.
- Pursuing sexual activity when the victim is not fully conscious, or is not asked, or is afraid to say no.
- Hurting the victim physically during sex, or assaulting his/her genitals, including use of objects or weapons intra-vaginally, orally or anally.
- Sexual Assault

Developmental Disabilities

umbrella term that includes intellectual disabilities and other chronic physical disabilities:

-Autism Spectrum Disorder

-Downs Syndrome

-Cerebral Palsy

-Prader-Willi Syndrome

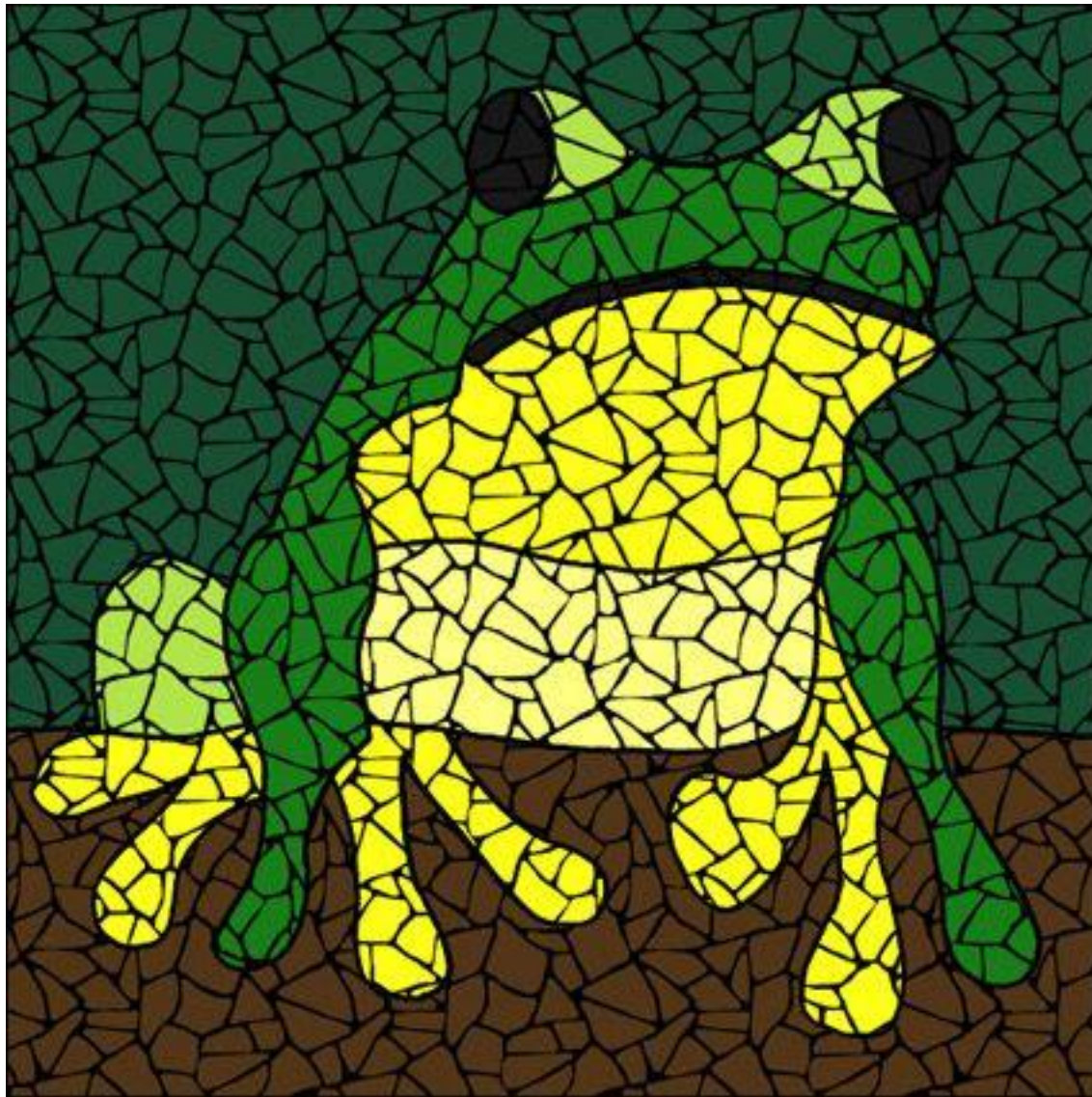
-Fetal Alcohol Effects/Syndrome

severe, long term disability that can affect cognitive ability, physical functioning, or both

appears before age 22 & likely to be life-long

stemming from genetic or other causes (lead exposure, alcohol exposure, etc.)

Source: American Association on Intellectual and Developmental Disabilities (AAIDD)





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**Sexual
Being**

Myths About Sexuality & Disability

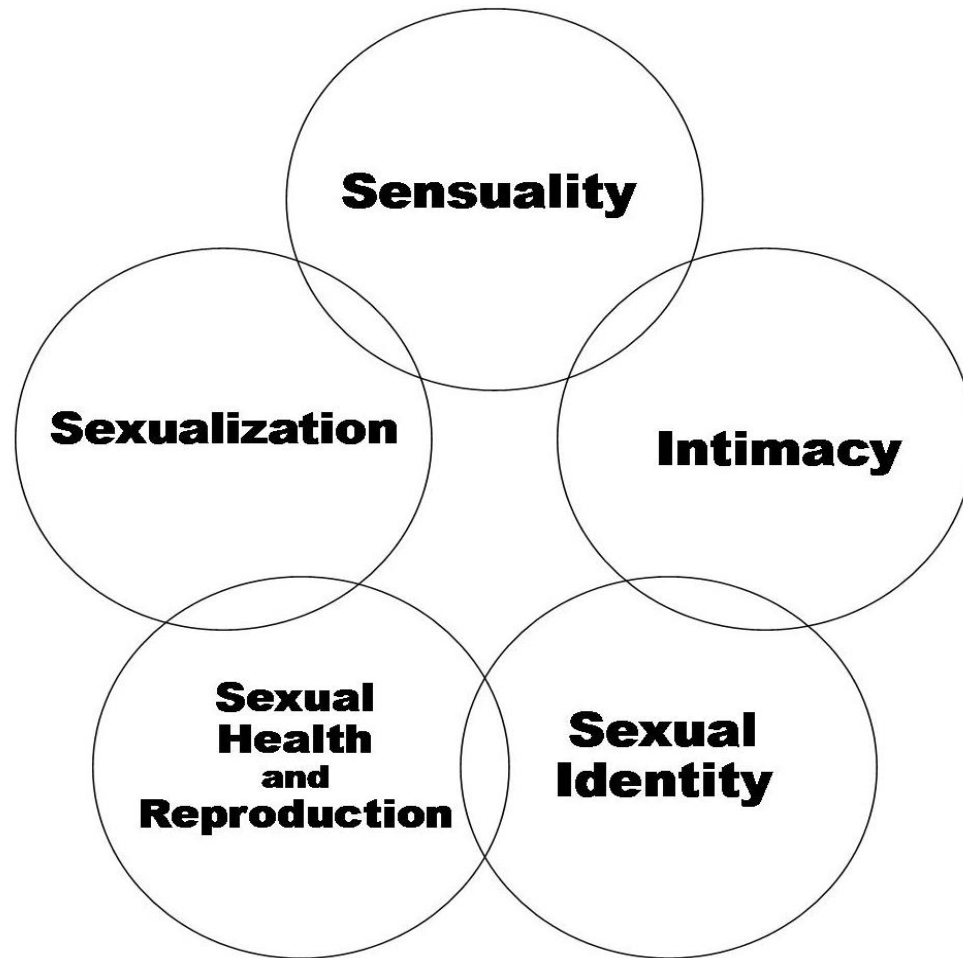
- **People with disabilities are not sexual.**
- **People with developmental and physical disabilities are child-like and dependent.**
- **People with disabilities cannot control their sexuality.**

Source: Sex Education for Physically, Emotionally, and Mentally Challenged Youth.
www.advocatesforyouth.com

“Sexuality is a central aspect of **being human throughout life** and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.”



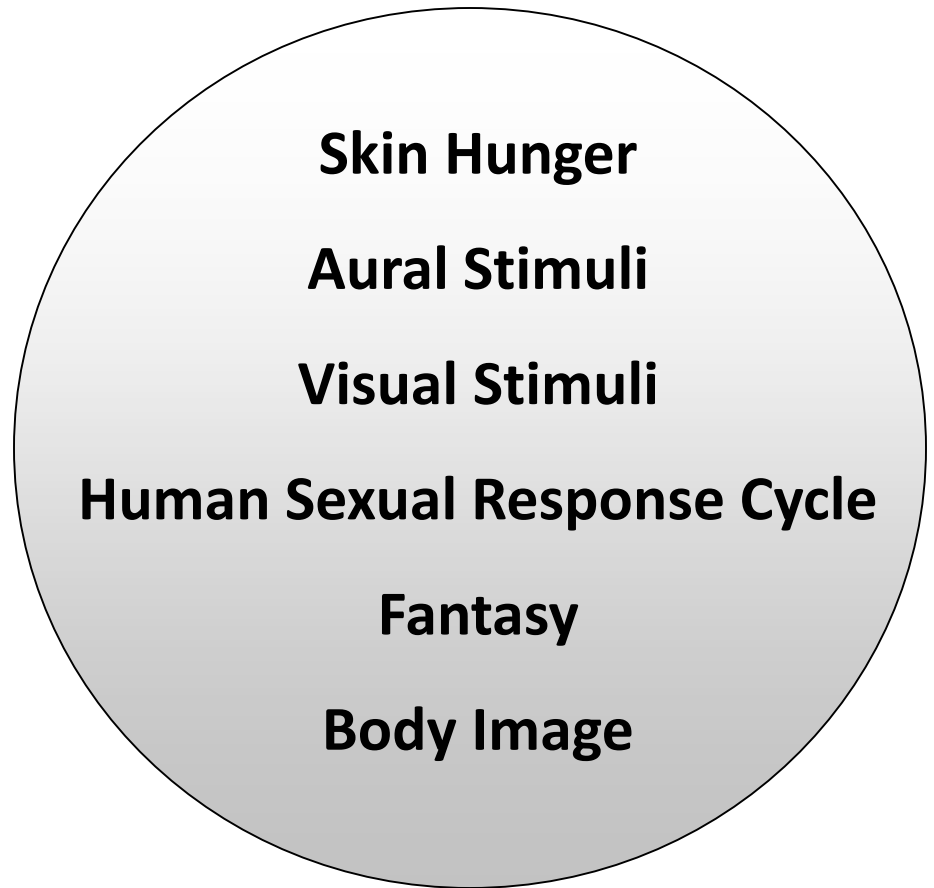
Circles of Sexuality



Dailey, D. (1981). The Dynamics of Aging Original Essays on the Processes and Experiences of Growing Old.

Sensuality

Awareness, acceptance of and comfort with one's own body, physiological enjoyment of one's own body and the bodies of others.



Intimacy

**The ability and need
to experience
emotional closeness
to another human
being and have it
returned.**



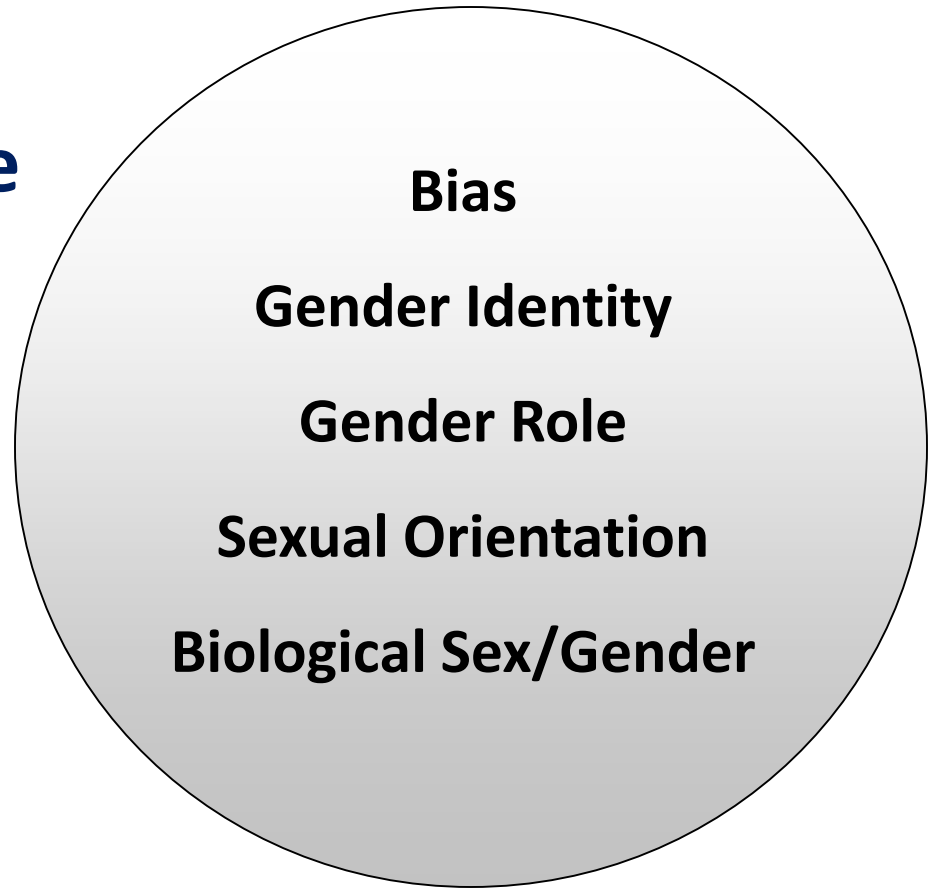
Challenge to Develop Peer/Interpersonal Relationships

- language deficits
- misjudging social cues
- misinterpreting types of relationships
- trouble recognizing when to terminate a conversation, difficulty forming questions or sentences, or inattentiveness

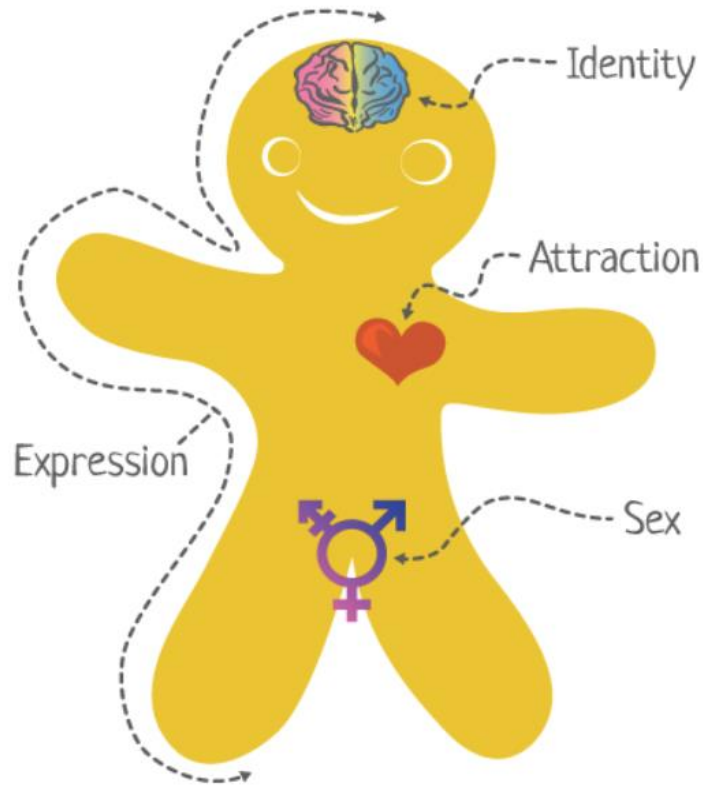
Grieveo, et al., 2006; Gougeon, 2010; Smith & Tyler, 2010; Sullivan, & Caterino, 2008

Sexual Identity

The sense of who one is as a sexual person including a sense of maleness and femaleness.



The Genderbread Person v3.2 by its pronounced METROsexual.com



Gender Identity



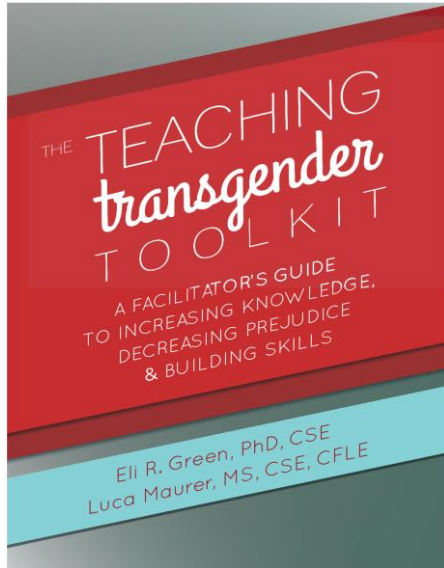
Gender Expression



Biological Sex

❤️ Sexually Attracted to

❤️ Romantically Attracted to



Biological Sex:

A person's combination of genitals, chromosomes, and hormones

Sex Assigned at Birth:

The sex someone is labeled at birth, usually based on the appearance of their genitals

Gender Identity:

A person's deep seated sense of their own gender

Gender Expression:

The gendered way that a person dresses or presents themselves

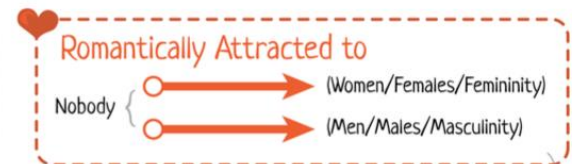
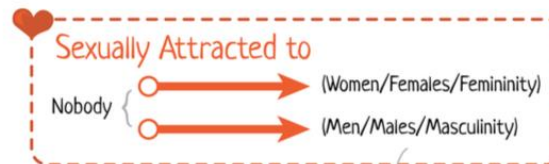
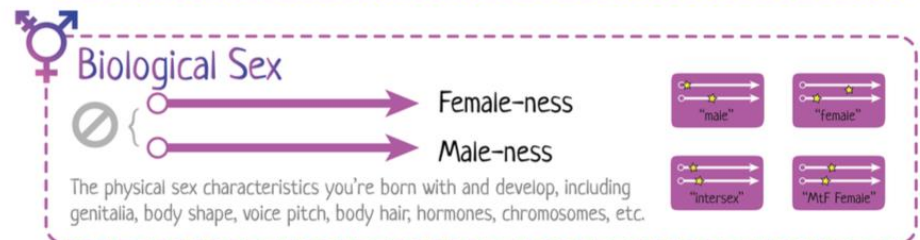
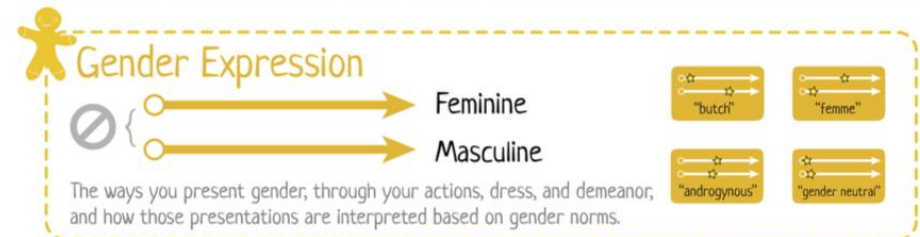
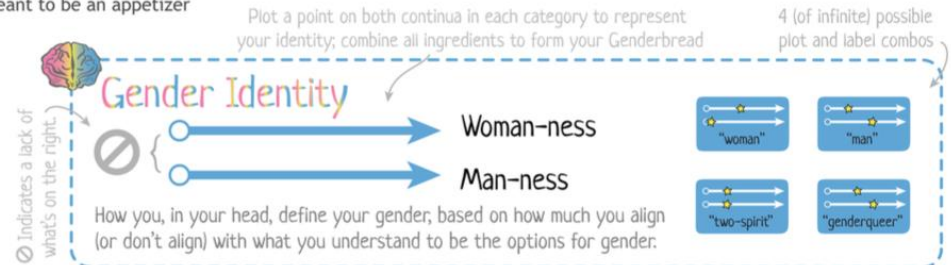
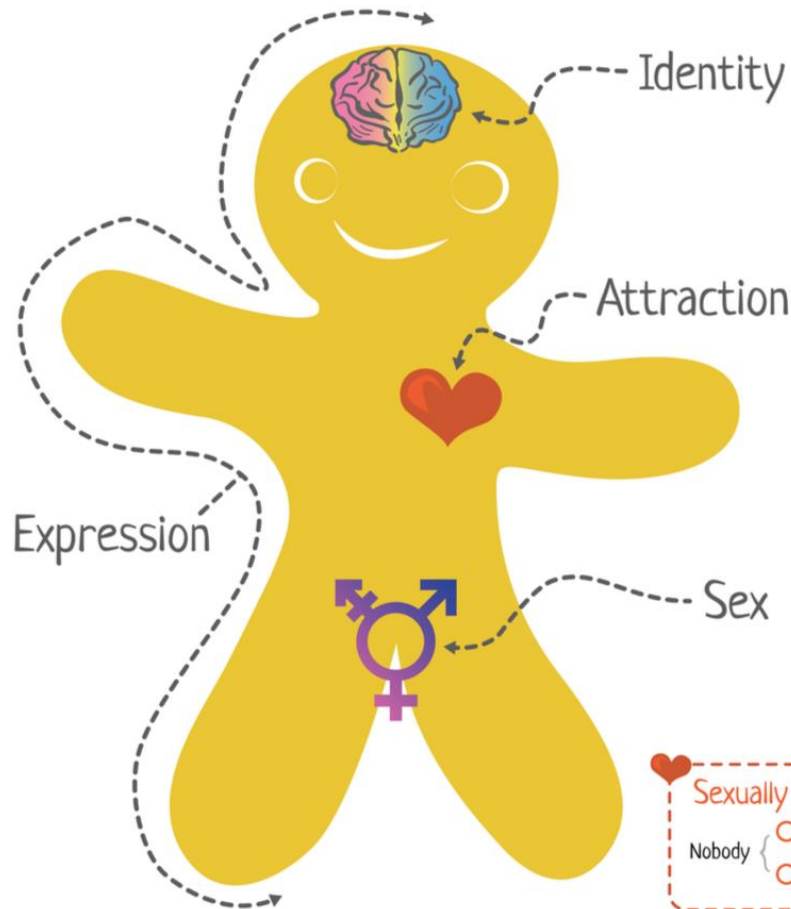
Sexual Orientation:

A person's sexual, emotional, physical and psychological attraction to other people.

The Genderbread Person v3.3

by its pronounced **METROsexual**.com

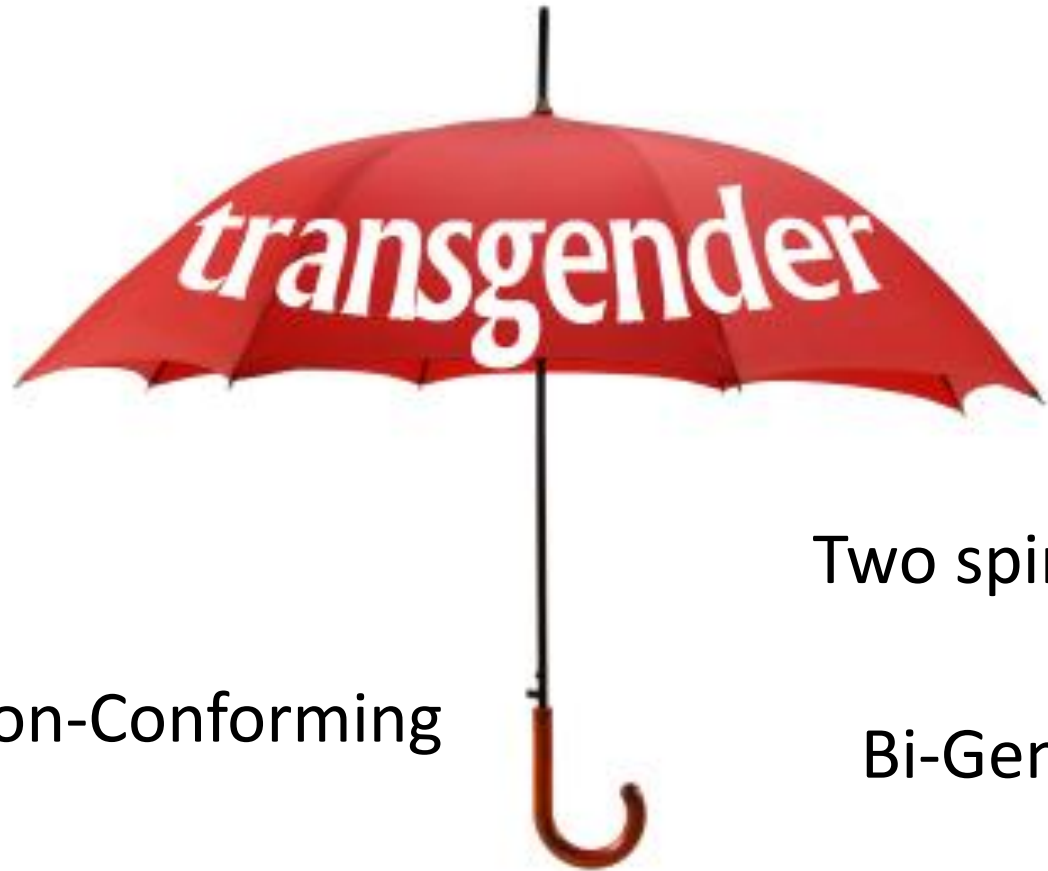
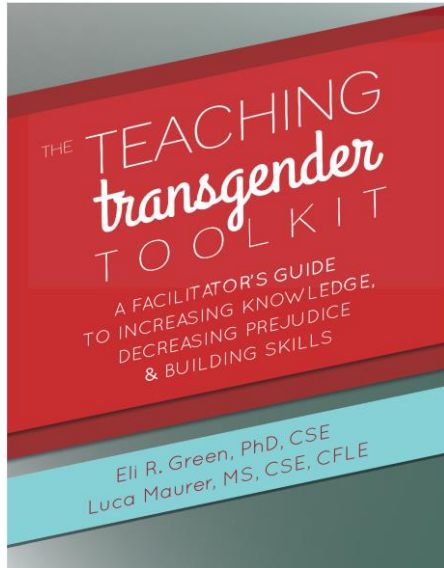
Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at <http://bit.ly/genderbread>

Graphic by Sam Killermann



Gender Non-Conforming

Two spirit

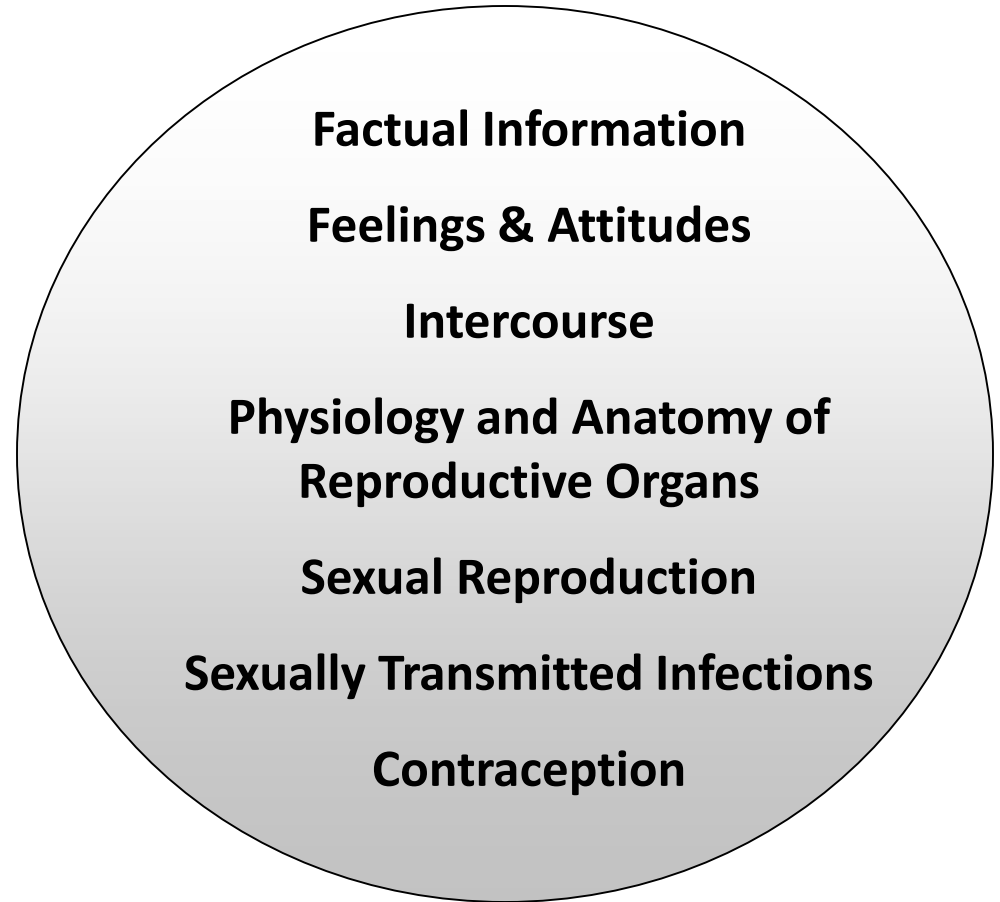
Bi-Gender

Gender Queer

Third Gender

Sexual Health & Reproduction

The facts, figures, and biology of the body and sexual and reproductive systems. Includes the care of the organs, the health consequences of sexual behaviors, and biology of producing children.



Sexual Health

....is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity.



Sexual Health

....requires a **positive** and **respectful** approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.



Sexualization

**The use of sexuality
to influence, control
or manipulate
others.**



Why are People with I/DD More Vulnerable to Abuse?

- Lack of understanding of what constitutes abuse. May not realize that sexual abuse is abusive, unusual or illegal.
- People with DD are TAUGHT to be compliant at home and within other systems.
- Are not taught to challenge authority. Do not believe that they have the right or choice to refuse.

Why are People with I/DD More Vulnerable to Abuse?

- View everyone as a friend.
- Limited social opportunities.
- Low self-esteem and strong need for acceptance.
- Lack of assertiveness.
- Frequently fail to disclose because of fear of not being believed or taken seriously.
- They are not taught to reduce their risk of abuse.

Why Teach?

- rights in relationships with others and rights related to one's body cannot be exercised if not recognized.
- understanding the body helps to raise awareness of potential boundary violations
- manifest negative feelings towards the sexual organs
- struggle with interpersonal communication & reporting – wants, needs, emotions
- do not understand the “unwritten rules” of social behavior

(Couwenhoven, 2007; Walker-Hirsch, 2007; Schwier & Hingsburger, 2000; Sullivan, & Caterino, 2008; Leutar & Mihoković, 2007; Hellemans, Roeyers, Leplae, Dewaele, & Deboutte, 2010; Johnson & Sigler, 2000)

What to Teach When

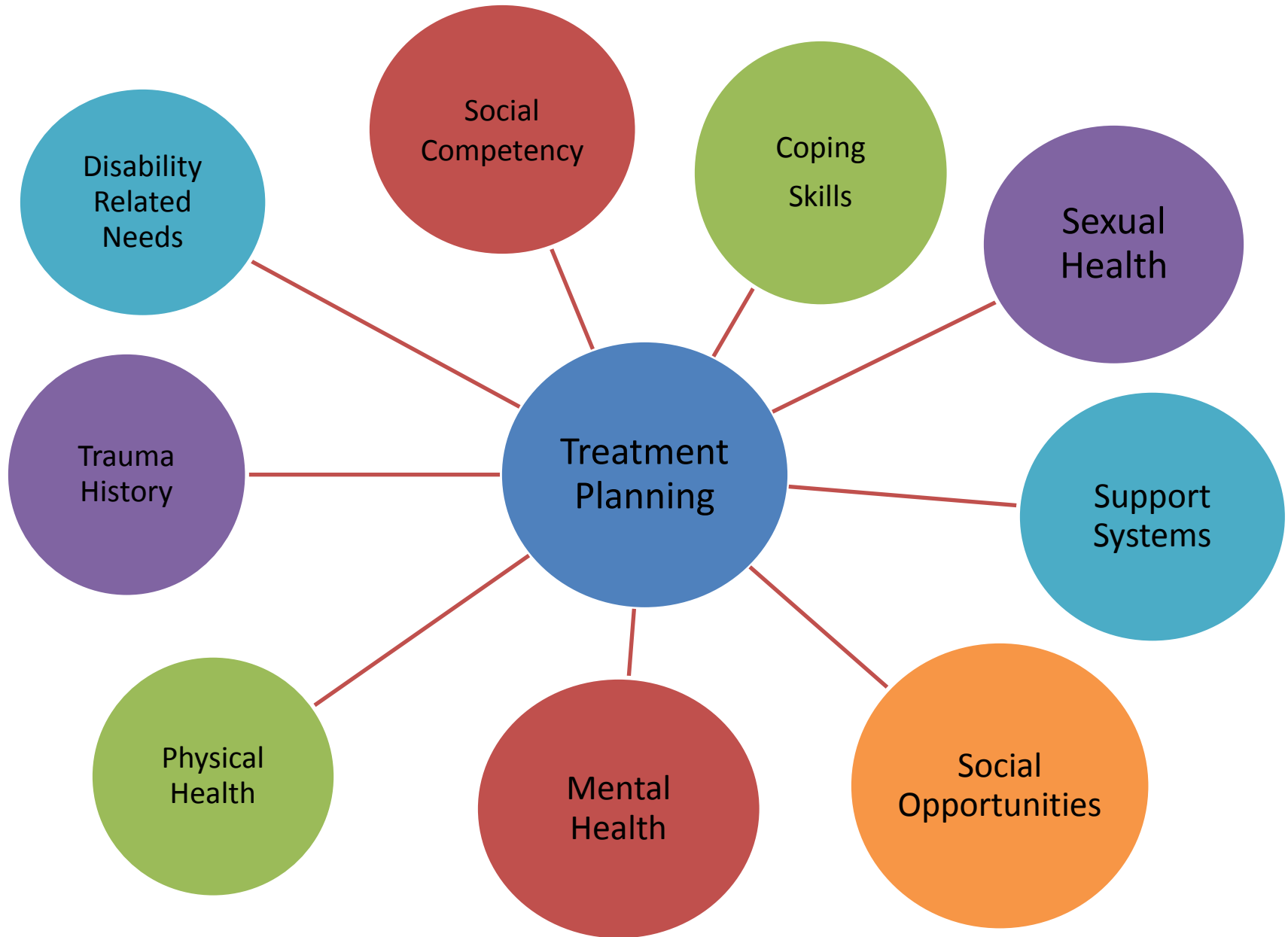
Ages 3-9

- Differences between boys & girls
- Public and private places
- Parts of the body
- How babies are born

Ages 9-15

- Menstruation
- Wet dreams
- Puberty changes
- Ways to recognize & say no to inappropriate sexual touching by others
- How babies are made
- Sexual feelings
- Masturbation

Interdisciplinary Approach



What resources might they need?

Behavior

- Refuses to shower.
- Masturbates in public.
- Asks staff for sex.

Resource

- Doctor
- Behaviorist
- Occupational therapist
- Sexual health provider
- Recreation program
- Respite worker
- Psychologist/ therapist
- Psychiatrist
- Sexual assault center

How Do I Respond?

- If you suspect sexual abuse and/or a person reports sexual abuse, reach out for help. **Call the Sexual Assault Center in your county.**
- **SUPPORT** the victim because most likely that individual is fearful that you won't believe them and/or won't be accepting of them. **Be non-judgmental and use non-judgmental language.**
- Feelings and memories of the abuse makes it hard to talk about it for most survivors. **Avoid pressuring the person to talk.**

How Do I Respond!

- Leave interviewing to specially trained professionals.
- Do not involve more people than necessary.
- Document and report the details disclosed, provided resources and make appropriate referrals.
- Familiarize yourself to your organizations reporting policies and procedures.

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Closing

- I want to remember.....
- I plan to

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