

What is Sexuality?



Seeing beyond disability.

YAI- Long History of Advocacy

- Over 68 years of service
- Over 35 years of providing social-sexual services, seen as leaders in the field
- First to provide training for people with I/DD about HIV/AIDS
- Pioneers in the field of sexual advocacy for people with I/DD published
- Social-sexual education products
- Consent policy
- Training Institute - National & International

Mark each of the following TRUE (T) or FALSE (F):

1. The more disabled a person is the lower their sex drive. ____
2. It is not difficult for persons with IDD to have a sterilization procedure as long as they can sign their own consent. ____
3. Girls with disabilities are more promiscuous than girls without them. ____
4. People with IDD living in the community bear more children than people without disabilities. ____
5. It is unlikely that a female with Down Syndrome will have a baby without Down Syndrome. ____
6. The number of abortions performed on women with disabilities is significantly higher than on the rest of the population. ____
7. The divorce rate for couples who are disabled is higher than it is for the non-disabled population. ____
8. It is almost certain that mothers with Down Syndrome will pass Down Syndrome on to their children. ____
9. IDD is most often caused genetically. ____
10. Because it is less likely they will have children, persons with disabilities do not need information about sexuality as much as persons without disabilities. ____
11. Most parents are opposed to schools offering information about sexuality to their disabled children. ____
12. It is very unlikely that a male with learning difficulties can learn to use a condom responsibly. ____
13. In general, the more seriously disabled a person is, the less they will seek intimate relations with others. ____
14. Many agencies and institutions serving persons with IDD have established policies and procedures concerning the sexual behavior of the people they support.

- support. ____
15. Children of parents with learning difficulties often function at a low cognitive level because of a lack of intellectual stimulation in the home. ____
 16. There has been considerable progress in the special education divisions of many schools in presenting sexuality education. ____
 17. Most sexually active couples with IDD suffer from some sexual dysfunction. ____
 18. It has been found that many men with IDD have difficulty achieving or holding erections during intercourse. ____
 19. The intensity of sex drive varies in individuals with disabilities as it does in the rest of the population. ____
 20. Masturbation to orgasm has been known to decrease behaviors such as head banging and physical aggressiveness of individuals with severe to profound levels of cognition. ____
 21. There are many more differences in the content, resources, and methods of teaching about sexuality to special students than in the regular classroom. ____
 22. Most adolescents with IDD should have social skills training before they participate in serious dating activities. ____
 23. One of the most effective methods of teaching sex education to students with learning difficulties is role playing. ____
 24. There has never been a report that a male with Down Syndrome has fathered a child. ____
 25. One of the most important aspects of sex education for people with IDD is training rudimentary social skills. ____

Privileges

The following is a list of privileges that many people feel are important to them.

- Being involved in the choice of where you live.
- Being allowed to use the telephone without another adult overhearing what is said.
- Deciding with whom you will spend time.
- Deciding what foods (and amounts of food) you want to eat.
- Deciding at what time you will go to bed and get up in the morning.
- Deciding what clothing you will wear and how you will wear your hair.
- Being allowed to earn money and deciding how to spend it.
- Deciding how to decorate your room and where to keep your possessions.
- Deciding how much time you will spend with other people.
- Deciding when and where you will go out or if you will go out at all.
- Making decisions about your own moral and value system.
- Deciding who will be your friends.
- Deciding what you will watch on television.
- Determining personal goals for your life.

ABLEISM

a·ble·ism \ ăbə-,li-zəm \
noun

A system that places value on people's bodies and minds based on societally constructed ideas of normalcy, intelligence, excellence and productivity.

These constructed ideas are deeply rooted in anti-Blackness, eugenics, colonialism and capitalism.

This form of systemic oppression leads to people and society determining who is valuable and worthy based on a person's appearance and/or their ability to satisfactorily [re]produce, excel and "behave."

You do not have to be disabled to experience ableism.

a working definition by Talila "TL" Lewis in conversation with Disabled Black and other negatively racialized folk, especially Dustin Gibson; updated January 2020



American ideology –
historical racism, ableism,
capitalism



Information deficits about
the capabilities of people
with disabilities



Fear



Ableism-perpetuating policies

**Disability Does Not Mean
Inability**

Key concepts

- The inability to use words to communicate does NOT automatically mean that the person can not understand.
- People with I/DD can make choices and make decisions.
- All people have the need to be loved and acknowledged as a productive and accepted member of the community.



Instead Of...	Consider Using...
Handicap or Special Needs	Person with a disability, disabled
Wheelchair bound	A wheelchair user, a person who uses a wheelchair
Deformed/Birth defect/mentally retarded	Has a physical disability/Congenital/Intellectual disability
Nonverbal	Does not use words to communicate
High/Low Functioning	Person who needs more/less support with...
Normal or Typical	Neurotypical, Neurodiverse
Mentally ill person	Person with mental illness
Suffer from	Person living with

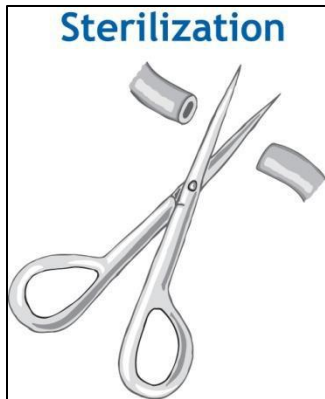
History



History of Sexuality and Disability

Microaggression

CRIMINALIZING
& CRIMINALIZED



THE MYTH OF ASEXUALITY? DISABILITY STIGMA
AS A BARRIER TO SEXUAL RELATIONSHIPS

victim



24 *Popular Science Monthly*

Registering Human Pedigrees

How Kansas Develops Fitter Families; A Remarkable Experiment in Eugenics

By Arthur Capper, U. S. Senator from Kansas



Mrs. Mae F. Wain,
Anshun, Iowa



The Eugenics Building at the Kansas Fair Park, where families are judged and registered. Based in the center is a "bitter family" accompanied by numerous



Dr. Florence G. Sherman,
University of Kansas

THE average American family of only six is the result of haphazard mating. Men and women marry with little scientific thought as to their physical and mental fitness for breeding and rearing children. When the children come they are often not brought up in the best hereditary fashion in which their parents chose each other. Is it any wonder that the number of mentally and physically weak increases?

For years, American eugenicists have

number of a family. Another class of the record shows the needs of the intelligence test, and an examination by a psychiatric specialist of the nervous system, emotional and intellectual responses. A thorough structural examination is made, including strength tests and measurements. The medical record gives the media of a complete physical and an-epineurization, with blood pressure, hemoglobin blood test, and the Wasserman blood test. Every member of the family is examined

mathematician
eu-gen-ics /ju:
 of the productio
 of improving the
eu-logize /ju:l
 highl...



MARRIAGES.- FIT AND UNFIT

1. PURE + PURE:*

CHILDREN NORMAL

2. ABNORMAL + ABNORMAL:*

CHILDREN ABNORMAL

3. PURE + ABNORMAL:—

CHILDREN NORMAL BUT TAINTED:*

SOME GRANDCHILDREN ABNORMAL.

4. TAINTED + ABNORMAL:—

CHILDREN $\frac{1}{2}$ NORMAL BUT TAINTED
 $\frac{1}{2}$ ABNORMAL

5. TAINTED + PURE:—

CHILDREN: $\frac{1}{2}$ PURE NORMAL
 $\frac{1}{2}$ NORMAL BUT TAINTED

6. TAINTED + TAINTED

CHILDREN: OF EVERY FOUR, 1 ABNORMAL
1 PURE NORMAL AND 2 TAINTED.

* PURE - NORMAL AND TRANSMITTING ONLY NORMAL.

TAINTED - NORMAL BUT CAN TRANSMIT ABNORMALITY.

ABNORMAL - SHOWING THE ABNORMALITY.

HOW LONG

ARE WE AMERICANS TO
BE SO CAREFUL FOR THE
PEDIGREE OF OUR PIGS
AND CHICKENS AND
CATTLE,— AND THEN
LEAVE THE ANCESTRY
OF OUR CHILDREN
TO CHANGE, OR TO
"BLIND" SENTIMENT?

ELECTRIC SHOCK



Behaviors as benign as masturbation were punished by cattle prods delivering electric shock, shooting lemon juice in the mouth, covering people's faces with cloths, and spraying water into faces. People with disabilities may be the only minority group to have had their sexuality medically terrorized in such divergent and hideous ways.

CASTRATION AND STERILIZATION



This is so horrific that little needs to be said. The words themselves convey the horror of what was done. Don't even think that consent was gained – it wasn't needed.

“Three Generations of Idiots are Enough”

It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. Three generations of imbeciles are enough.” *Buck v. Bell* (U.S. Supreme Court, 1927)



University of Albany, State Univ. of NY. Noncommercial, educational use only.

Justice Oliver Wendell Holmes

Buck vs Bell



- 1920 “low grade moron” - committed to Virginia State Colony for Epileptics
- “I gave the child the regular mental test for a child of the age of six months, and judging from her reaction to the tests I gave her, I decided she was below the average.”
- “they all were likely the product of “a defective strain.”

Buck v Bell update

- On May 2, 2002, the seventy-fifth anniversary of the *Buck* decision, Virginia governor Mark Warner apologized for Virginia's eugenics program, calling it "a shameful effort in which state government never should have been involved."

Emma, Carrie, Vivian

- In the decade that followed, seven states and Puerto Rico enacted sterilization statutes for the first time; others revised theirs to model Virginia's court-tested law. During those ten years, almost 28,000 Americans were sterilized.
- 1907 to 1937, thirty-two states and Puerto Rico had forced-sterilization laws
- Historians have since found evidence that neither Carrie Buck nor her daughter had mental illness and that Bell's sterilization relied on a false diagnosis.
- Virginia repealed the law in 1974 and in 2002 apologized to its victims.
- The Supreme Court has never overturned *Buck v. Bell*.

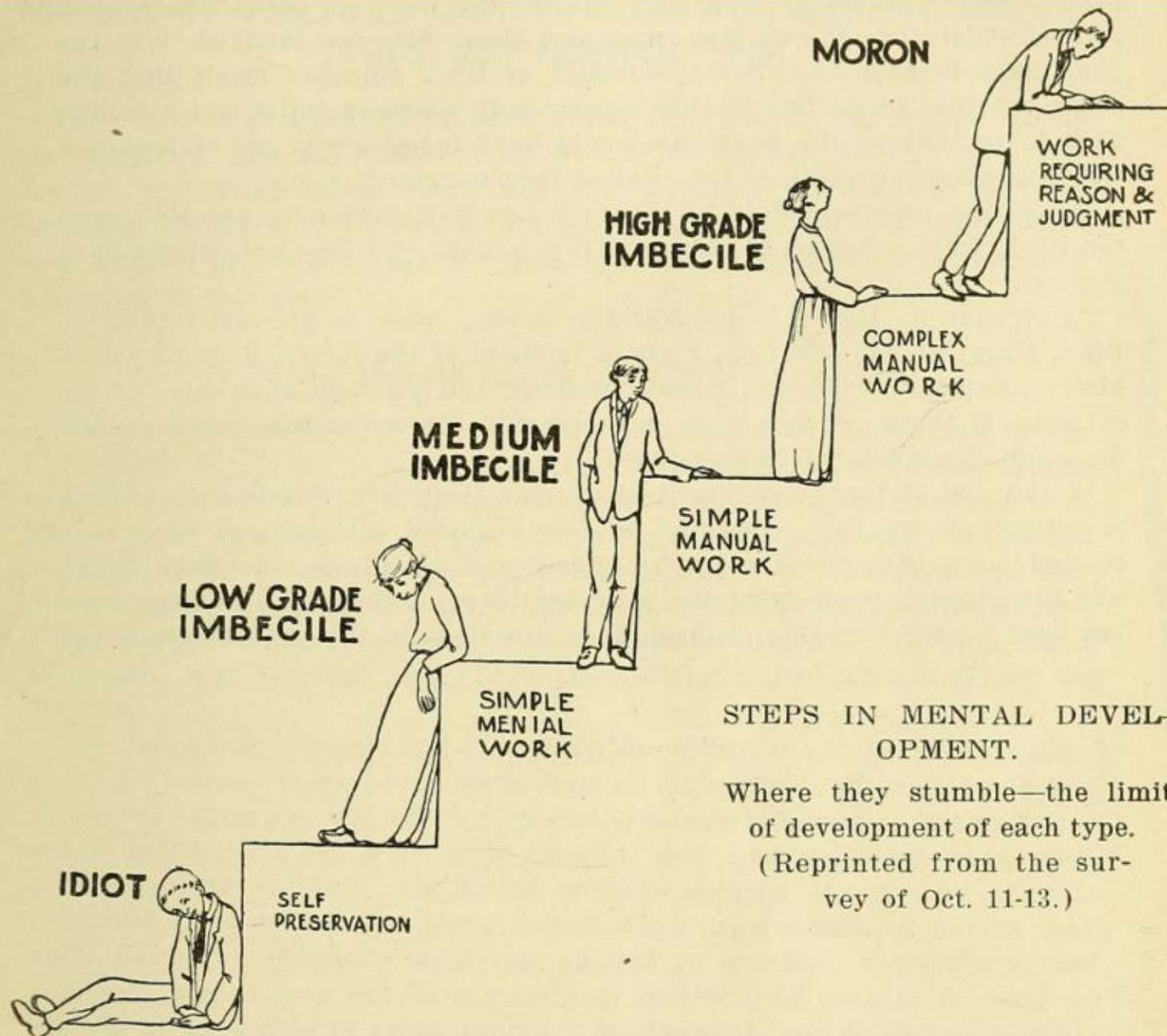
History Repeating?

OPINION “ FIRST OPINION

New guidance endangers the rights of people with disabilities

A clinical report from the American Academy of Pediatrics wrongly suggests sterilization should sometimes be considered for people with intellectual and developmental disabilities

<https://www.statnews.com/2024/11/18/new-guidance-endangers-the-rights-of-people-with-disabilities/>



STEPS IN MENTAL DEVELOPMENT.

Where they stumble—the limit of development of each type.
 (Reprinted from the survey of Oct. 11-13.)

Classification of Types	I.Q. (Intelligence Quotient)
1. Near genius or genius	140 and above
2. very Superior	130-139
3. Superior	120-129
4. Above Average	110-119
5. Normal or Average	90-109
6. Bellow Average	80-89
7. Dull or Borderline	70-79
8. Feebleminded, Moron	50-69
9. Imbecile	25-49
10. Idiot	0-24

Illustration2. Distribution of Intelligence in Normal population.

Ugly Laws

- *"No person who is diseased, maimed, mutilated or in any way deformed so as to be an unsightly, disgusting or improper is to be allowed in or on the public ways or other public places in this city, or shall therein or thereon expose himself to public view, under penalty of not less than one dollar nor more than fifty dollars for each offense."* 1860's – 1970's

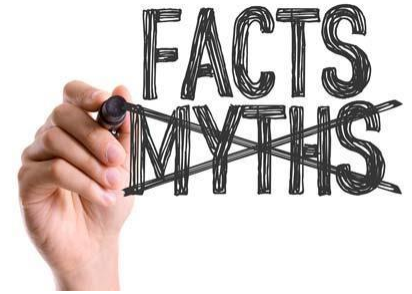
History of Denial and Oppression Still In Effect Today

- Oppressed- (ignorance, fear)
- High rate of sexual abuse
- None/inaccurate sexual education
- Denial of right to use their bedrooms for pleasure in the group home
- Denial of their right to sexual orientation
- Adults, still today seen as asexual/childlike
- Interest in sex seen as promiscuity
- Segregated
- Social sexual isolation

Assumptions

- People with I/DD...

- are not sexual beings
- can never consent to sex
- cannot communicate their thoughts and feelings
- are not affected by trauma
- must always have people make decisions for them, in all aspects of life



Sexual Rights are Human Rights

As all human beings, individuals with I/DD share the same need to love and be loved; establish relationships and express sexuality within a safe environment.



Sexual Rights

- The right to maintain privacy concerning sexual thoughts, feelings and behaviors.
- The right to be protected from exploitation and assault.
- The right to express sexual feelings in socially acceptable ways without fear of punishment.
- The right to receive sex education regardless of age, gender or mental capacity.
- The right to have friendships and the right to have love relationships.
- The right to enjoy sexuality, not suffer from it.
- The right to express affection with others.

Sexual Rights are Human Rights

Sexuality is an inherent and important aspect of everyone's personality and is **not** tied to IQ.



What is Sexuality?

- The World Health Organization (2004) defines sexuality as a **central aspect of being human throughout life** and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.

What is Sexuality?



Sexuality is more than sex.

It is a physical, mental, emotional, and spiritual **journey** that spans an individual's entire life. Each item in the wheel is a part of sexuality.

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What is Sexuality?

Social phenomenon (sociological)

- Friendship*
- Warmth*
- Approval*
- Affection*
- Social outlets
- Spiritual
- Hygiene
- Dress

What we feel about ourselves (psychological)

- Whether we like ourselves
- Our understanding of ourselves as male/female/other (gender identity)
- What we feel we have to share with others

Having a physical sexual relationship (biological/physical)

- Physical sensations drives our bodies experience
- Genital activity is one small part of human sexuality

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**SEX IS SOMETHING YOU
DO. SEXUALITY IS
SOMETHING YOU ARE.**

ANNA FREUD

PICTUREQUOTES.COM

Why People with I/DD are More Likely to Become Victims

- Lack of sex education
- Lack of social opportunities- loneliness
- Taught to be compliant
- Used to not being believed
- Seen and treated as sexual predator or as promiscuous
- Not seen as sexual beings- asexual
- Desensitized to touch- because of assistance with care/treatment

Many people with I/DD have not learned about or experienced healthy sexuality and affectionate touch—what’s okay and not okay. Many people are expected to do what they are told “follow instructions”. This can make a person more at risk to abuse.

Harmful Effects of Repression of Sexual Expression



- Emotional instability
- Sex-related physical problems
- Anger
- Frustration and confusion
- Heightened anxiety
- Verbal/physical aggression
- Physical discomfort
- Social-sexual misconduct
- Mental health problems
- Develop poor self-esteem
- Poor decision making
- Feelings of loneliness
- Isolation
- At-risk behavior
- Criminal behavior
- Lack of impulse control
- Inferiority complex (being told they are bad/evil)
- Depression

Social Sexual Skills

- Sexual hygiene
- Development of personal power
- Recognition of potentially unsafe environments or situations
- How and where to get help for sexual problems
- Social norms and values about sexuality and touching
- Understanding and establishing relationships with themselves
- Ways of showing affection
- Pleasure-sexual and non-sexual

Disability Pride

- Movies
- Books
- The Arts- dancers, musicians, singers, artists
- Entertainment
 - modelling
 - acting
 - entrepreneurs
 - reality shows-Love on the spectrum, Born this way, this is Jazz, Rupaul Drag Race
- Government
- Social media influencers

Representation Matters



Consent

CONSENT IS

ACTIVE

Unmistakable via words or actions

NO always means **NO**
Only **YES** means **YES**

CLEAR

Direct communication

KNOWING

Fully conscious, not impaired by drugs or alcohol

ONGOING

Confirmed at each level of sexual activity


VOLUNTARY

All are willing participants

REQUIRED

Not inferred from clothing, alcohol consumption or dancing

All sexual interactions must occur between consenting adults.



**Diminished
mental capacity
alone does not
void sexual
consent.**

People v. Cratsley (1995)

**Ability to give consent
does not mean that a
person's sexual behavior
will be responsible.**

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ADA and Section 504

“Sexual isolation manifests in an environment cultivated . . . where overprotective and punitive policies and lack of access to sexuality services unjustifiably suppress the sexual rights of residents.”

“Conceptualizing sexual isolation as **a violation of the integration regulation** under [the ADA & Section 504] places sexuality on equal footing with other supports and services that are recognized as essential to support full community integration.”

Natalie M. Chin, *Group Homes As Sex Police*, 42 N.Y.U. Rev. L. & Soc. Change 379, 421, 382. (2018).

De sexualization

Desexualization is the stripping of disabled people of sexual agency and autonomy.

It is the loss of self-determination in matters of sexual self-expression and reproduction.

It is the erasure of one's "sexual identity or experience."

It creates often-insurmountable barriers to engaging in sexual desire or choosing to be the object of sexual desire.

The Structural DE sexualization of Disability

- The structural desexualization of disability is experienced through the day-to-day indignities that result from the stripping of: sexual agency; sexual self-determination; and opportunities to engage in sexual self-expression, pleasure, and desire.
- It is embodied through the erosion of personhood, loss of bodily autonomy, diminishment of self-worth, and other losses of **dignity** that result from this desexualization.
- It is felt as a result of the barriers erected that limit opportunities to develop healthy sexual and intimate relationships; make reproductive choices; and access sexual health education, supports, services, and reproductive care.
- It is experienced through the withholding of knowledge and information on how to protect one's body and how to identify when one's body is violated.

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Stigmatizing Messages in Sexuality vs. Affirming Messages

Topic	Affirming Message
Sexually transmitted infections	<ul style="list-style-type: none"> ▪ Let participants know that using words like “dirty” when referring to sexually transmitted infections (STIs) is stigmatizing and inaccurate. Using stigmatizing words to refer to STIs can make someone feel ashamed or embarrassed about their infection and prevent them from seeking medical care.
Being sexually active and/or having multiple sexual partners	<ul style="list-style-type: none"> ▪ Encourage participants to respect that sexuality includes diverse relationships and behaviors, and to refrain from stigmatizing those who engage in sexual activity or sexual activity with multiple partners. Monogamy alone is not a risk reduction strategy; safer sex messages should focus on using protection, getting tested, and partner communication. ▪ Share with participants that sex can be a normal part of life
Abortion	<ul style="list-style-type: none"> ▪ Refer participants to options counseling whenever an unintended pregnancy has occurred. Options counseling discusses the three options a person has when faced with a pregnancy: parenthood, adoption, or abortion. Affirm that individuals have to choose the option that is best for them.
Ability	<ul style="list-style-type: none"> ▪ Affirm that people with intellectual / developmental disabilities can be sexual beings and may want to engage in intimate relationships. ▪ Affirm that sexuality education is needed by all people, regardless of ability. Youth should receive sexuality education that matches their biological age. Providers / caregivers should ensure that material is delivered in a way that is accessible to and understood by the recipient. ▪ Affirm that individuals should always have the right to have children or not have children.

<p>Gender identity and/or Sexual orientation</p>	<ul style="list-style-type: none"> ▪ Encourage participants to understand that homophobic, transphobic, or prejudicial statements are always hurtful and are a form of discrimination; as such they will not be tolerated. ▪ Demonstrate acceptance for all gender identities and sexual orientations. Communicate to participants that it is okay and normal to question one’s gender identity or sexual orientation at any age.
<p>Masturbation</p>	<ul style="list-style-type: none"> ▪ Affirm that masturbation is a common and safe way of discovering what they find pleasurable.
<p>Race/ethnicity</p>	<ul style="list-style-type: none"> ▪ Encourage participants to understand that racist or prejudicial statements are always hurtful and are a form of discrimination; as such, they will not be tolerated. ▪ Remind them that generalizations of groups of people are not helpful.
<p>Age / Aging</p>	<ul style="list-style-type: none"> ▪ Encourage participants to see sexuality through a holistic lens and that curiosity in young people is normal and a part of their development. ▪ Affirm that there is no age at which a person is “too old” to partake in consensual sexual behavior. ▪ Affirm that there is no “right age” to begin having sex. Beginning a sexual relationship is a decision that comes along with lots of responsibilities (i.e. practices to stay safer, ensuring consent, etc.). Everyone must decide for themselves when they’re ready for those responsibilities.
<p>Gender stereotypes</p>	<ul style="list-style-type: none"> ▪ Encourage participants to explore their interests and talents, regardless of strict gender norms concerning dress, self-expression, extracurricular activities, and career choices. Challenge strict gender norms and do not tolerate discrimination based on individual gender expression, dress, etc.
<p>Victim-blaming (regarding sexual violence)</p>	<ul style="list-style-type: none"> ▪ Encourage participants to be aware of victim-blaming statements and attitudes regarding incidents of sexual violence. It is never the survivor’s fault regardless of what they do, what

	<p>they wear, how they behave, who they are, and what their relationship with the perpetrator might be. Sexual violence is caused when a perpetrator chooses to abuse their power and control through violence.</p>
Family structure	<ul style="list-style-type: none">▪ Encourage participants to respect that families include diverse structures and relationships. Demonstrate acceptance for all families.▪ Be aware of language that is stigmatizing of teen parents in sex-ed curricula focused on pregnancy prevention.

What is Sexuality?

Sexuality is a lifelong process of learning, experiencing, and understanding socially acceptable interactions with others.

It is a process of forming beliefs, attitudes, and values about sexual development, intimacy, and affection.

Sexual Health

- Vaginal hygiene
- Anal hygiene
- Breast self examination
- Prostate exams
- Side effects of medications
- Skin care

Sexual Dysfunction

- The term "sexual dysfunction" describes a number of conditions that affect a person's ability to have an enjoyable sex life.
- Sexual dysfunction can be caused by physical and emotional factors, or a combination of the two.

Sexual Dysfunction

Among other problems, sexual dysfunction can:

- Reduce your desire for sex, or your ability to become sexually aroused.
- It may prevent you from achieving an orgasm, cause premature ejaculation, or it may cause [pain during intercourse](#).
- Sexual dysfunction gets in the way of a pleasurable sex life, which can affect your mood, relationships, and overall well-being.

Illnesses That Can Affect Sexuality

- Cardiovascular **disease**, including hypertension (high blood pressure) and peripheral vascular **disease** (a circulation disorder that **affects** blood vessels away from the heart)
- Diabetes.
- Prostate cancer.
- Depression.
- Menopause.

Changes As We Age

- For women with vaginal dryness, a water-soluble lubricant (such as Astro-Glide® or K-Y® Jelly) may help.
- Erectile dysfunction
- Males may not be able to obtain/maintain the erection as before.

HIV & STI

In preparation for annual check up:

- Educate about HIV testing
- Inform to request it from the doctor
- PrEP and PEP
- Review importance of using condoms & safer sex
- Hygiene and safety with toys
- Invite questions and refer when necessary

Side Effects of Medications

- affect libido (desire)
- affect the ability to become aroused
- Affect ability to achieve orgasm.
- Increase libido

Disorders

- **Desire disorders:** The lack of sexual desire or interest in sex
- **Arousal disorders:** The inability to become physically aroused during sexual activity, including problems achieving and maintaining an erection (erectile dysfunction)
- **Orgasm disorders:** The delay or absence of orgasm (climax)
- **Pain disorders:** Pain during intercourse (This mostly affects women.)

The following medications may cause erectile dysfunction:

- Diuretics, including spironolactone (Aldactone) and the thiazides (Diuril, Naturetin, and others)
- Centrally acting agents, including methyldopa (Aldomet) and reserpine (Serpasil, Raudixin)
- a-Adrenergic blockers, including prazosin (Minipress) and terazosin (Hytrin)
- b-adrenergic (beta) blockers, including propranolol (Inderal) and metoprolol (Lopressor)

Antidepressants

- **Tricyclic antidepressants**, including amitriptyline (Elavil), doxepin (Sinequan), imipramine (Tofranil), and nortriptyline (Aventyl, Pamelor)
- **Monoamine oxidase inhibitors (MAOIs)**, including phenelzine (Nardil) and tranylcypromine (Parnate)
- **Antipsychotic medications**, including thioridazine (Mellaril), thiothixene (Navane), and haloperidol (Haldol)
- **Anti-mania medications** such as lithium carbonate (Eskalith, Lithobid)
- **Selective serotonin reuptake inhibitors (SSRIs)** such as fluoxetine (Prozac), sertraline (Zoloft), and paroxetine (Paxil).

The following medications may decrease sexual desire:

Hormones

- Leuprolide (Lupron)
- Goserelin (Zoladex)

Some over-the-counter antihistamines and decongestants can cause erectile dysfunction or problems with ejaculation.

Navigating Discussions about Sexual Health

- Recognize them as sexual beings.
 - Ask if sexually active
 - Side effects of medications that may impact ability to have an erection or to have an orgasm.
 - Surgery that may impact on body image or virility.
 - Assess for painful sex, hygiene
 - Educate, educate, educate
- Amaze.org

Navigating Discussions about Sexual Health

- Pre appointment education and prep(gyn, prostate)
- HIV/Aids information
- Safer sex practices
- Validate the pleasures of sex not just what they shouldn't do
- Help parent/staff to understand that the person is a sexual being with rights.

Your Sexual Health Toolkit

- <https://yoursexualhealthtoolkit.org/>

Tips To Consider



- Be open; remember that it is not about you.
- Be honest if you don't know something.
- Avoid assumptions!
- Teach
- Do NOT give advice!
- If you don't know, ask.
- If you need help, ask.
- We are always learning and growing!
- It's your job, but it's **their life.**

intimacy is not just
sex... it is also **cuddling**
and providing touch &
affection in a **nurturing**
way.

@drelizabethfedrick

Physical Touch That Isn't Sex

- Hugging
- Cuddling
- Massages
- Foot rubs
- Hand holding
- Shoulder rubs
- Washing their hair
- Brushing their arm
- Stroking their back
- Caressing one another
- Kissing their forehead
- Showering together/baths
- Putting your arm around them

© The_Therapy_Notebook

What is Sex?



Is Affection Sex?



What about Romance or Intimacy?

Masturbation

- Masturbation is the most common form of sexual behavior.
- If the people we support are masturbating in a public place, they need to be redirected to a private place such as their bedroom or the bathroom.
- Staff should not tell them that what they are doing is wrong. Instead, teach that it is private and needs to be done in a private place.

Masturbation -Benefits

- When you have an orgasm, your body releases endorphins, which are hormones that **block pain** and **make you feel good**.
- The good feelings that accompany an orgasm happen whether you're by yourself or having sex with a partner.
- Remember that the person being supported will feel the effects and respond to the effects of masturbation, not necessarily fully aware of its **social meaning**.
- So, it's a cause-and-effect action (especially for people at the severe to profound levels of cognition). It's not intentionally inappropriate so we teach private spaces. Boredom and anxiety often leads to masturbation (severe/profound cognitive level)

Masturbation Benefits

- Releases sexual tension
- Reduces stress
- Helps you sleep better
- Improves your self-esteem
- Relieves menstrual cramps and muscle tension
- Helps you to know what you like and can share with your partner

Supporting Masturbation

Some points to be clear on when supporting masturbation:

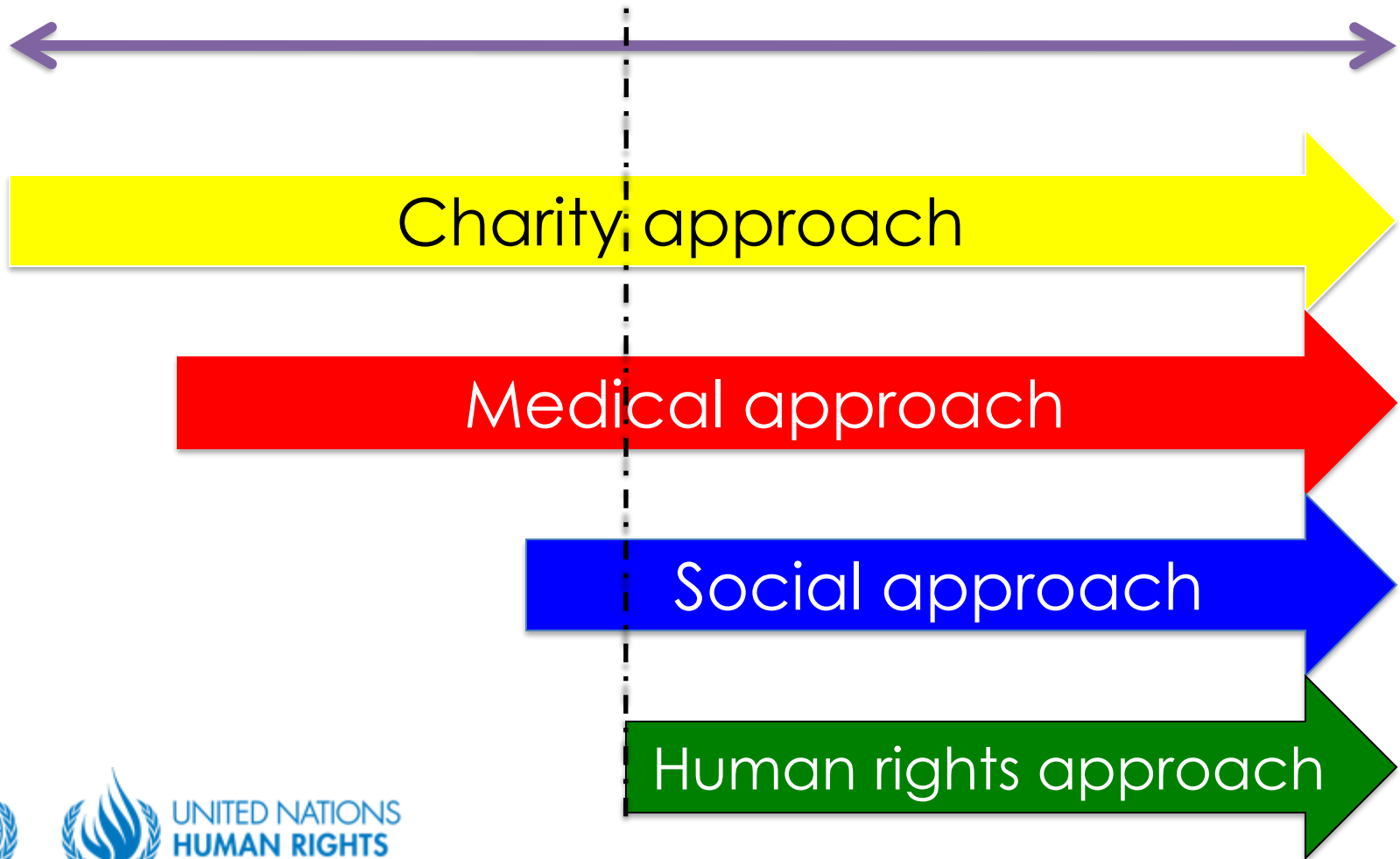
- It is a private activity done in a private space
- Hygiene (before, toys, after)
- Cleaning up afterwards is important
- It should not hurt (lubrication can help)
- Masturbation is not the only way to self-pleasure; taking hot showers, swimming, dancing, etc. are also sensual.
- They discovered through trial and error, so we have to teach them factual information.

Most important is teaching “time & place”

What Lens do You See People with I/DD Through?



Four Approaches to Disability



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Seeing beyond disability.

Charity Approach

How this approach sees disability:

People with disabilities are in a tragic situation

People with disabilities cannot take care of themselves

People with disabilities inspire compassion

People with disabilities are objects of benevolence

How this approach proposes to treat disability:

They need our help, sympathy, charity...

Collect and give money to provide for people with disabilities.

The quality of the “care” is less important



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Medical Approach

How this approach sees disability:

People with disabilities need to be cured

People with disabilities play the passive role of patients

People with disabilities are considered abnormal

People with disabilities are unable to live independently

How this approach proposes to treat disability:

People with disabilities need as much rehabilitation as possible in order to reach the maximum extent of **normality**, so that they can access rights and participate in society



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Social Approach

How this approach sees disability:

Disability is the result of a wrong way of organizing society; thus, people with disabilities face bias and barriers that prevent their equal participation

Disability is not an individual problem and mainly lies in the social environment that can be limiting or empowering depending on many factors

People with disabilities can and should participate in society

How this approach proposes to treat disability:

Eliminate environmental barriers that constrain the participation of people with disabilities, including attitudinal barriers

Enable the participation of people with disabilities in public policymaking
Make all public services and policies accessible and inclusive

Ensure accessibility



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Human Rights Approach

How this approach sees disability:

Ensures full and equal enjoyment of all human rights to people with disabilities and promotes respect for their **inherent dignity**

Focuses on equal opportunities, non-discrimination on the basis of disability, and participation in society

Requires authorities to ensure rights and not restrict them

Views people with disabilities as rights-holders

How this approach proposes to treat disability:

Enforce laws to ensure full inclusion in all social aspects (school, family, community, work, etc.)

Apply policies to raise awareness

Respect equal recognition before the law

Regulate the private sector



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Education and training are the key to promoting healthy and mutually respectful behavior... regardless of disability.

**SEXUAL RIGHTS ARE
HUMAN RIGHTS**

EDUCATION IS THE KEY

**SKILL BUILDING IS
NECESSARY FOR A
FULL, FABULOUS LIFE**

Resources

- **Sex & Social Skills in the City- YAI**
- **Sexually Speaking-DVD-YAI**
- **Relationship Series- 3 set DVD (yai.org/training store)**
- **Circles Curriculum- Leslie Walker-Hirsch**
- **Elevatus**
- **Yoursexualhealthtoolkit.org**
- **F.L.A.S.H Curriculum**
- **Amaze videos**
- **Oak Hill**
- **Local Planned Parenthood**
- **JCC of Manhattan**
- **You & I Social Skills & Networking Program- Manhattan only**
- **Felicity House- women with ASD only**

<https://researchautism.org/sex-ed-guide>

My Aha! Moment



Additional Trainings

- **Sexuality and I/DD: Preparing Professionals to Become Social-Sexual Educators and Consent Assessors** (2-day foundational training to become a sexuality assessor and educator)
- **Everything You Need to Know About Sexual Consent Assessment for Adults With I/DD** (Advanced consent training)
- **Sex & Social Skills in the City: Running a Sexuality Group** (Using the “Sex & Social Skills in the City” curriculum to run groups)
- **Supporting People with I/DD in Developing Healthy Relationships: Friendship, Dating, and Intimacy**
- **Managing Social-Sexual Issues in Day & Employment Settings**
- **An Introduction to Supporting People With I/DD Who Identify As LGBTQ+**
- **How to Use the Sexually Speaking Video to Teach and Support**



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