Sexuality and Developmental Disabilities

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The North Dakota Statewide
Developmental Disabilities
Staff Training Program

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# Table of Contents

**Introduction**

**Chapter 1 – Understand Safe and Healthy Social/Sexual Behavior**
Define safe and healthy social/sexual behavior and development.
Define sexual self-advocacy.
Identify barriers to getting and making sense of information on sexuality.
Identify risks associated with limited access to information on sexuality.
Define the terms sex, gender and sexual preferences.
Identify values for treating people with dignity and respect.
Use common values to reconcile differences.
Identify your role and responsibilities in supporting sexual development.

**Chapter 2: Value and Support Social Relationships**
Explain how relationships form a social support network.
Define the word "relationship".
Describe the qualities of a close, positive relationship.
Describe relationship maps and how to use them.
Teach people with I/DD about boundaries and relationship rules.
Teach people about social skills.
Identify ways to influence group behavior.
Support people in deciding if a relationship is healthy or unhealthy.
Support people in ending a bad relationship.

**Chapter 3 – Understand Sexual Rights and Responsibilities**
Identify individual rights in exercising sexuality and forming relationships.
Identify legal rights and responsibilities in making decisions about sexuality.
Define the meaning of consent and how it impacts sexual decisions.
Complete an assessment of a person’s the capacity to give consent.
Navigate complex situations involving consent.
Identify rights and responsibilities for privacy.
Provide support for making decisions and exercising rights

**Chapter 4 - Provide Instruction and Information**
Give reasons why training on sexuality is important to self-advocates.
Identify ways to obtain consent to provide training.
Identify strategies for assessment and planning.
Identify components of informal instruction.
Identify components of formal instruction.
Identify the roles and responsibilities of being a sexuality educator.
Identify special instructional strategies used to teach sexuality.
Identify strategies for adapting a curriculum.
Consider Accessing Expertise in Sexuality.

**Chapter 5 – Policies on Sexual Activity and Birth Control**

Identify essential components of policies and procedures on sexuality.  
Indicate how to report incidences of sexual behavior.  
State ways to support people to date or find intimate relationships.  
Consider agency policies on birth control options.  
Consider policies on detecting, responding to and reporting sexual abuse.  
Consider policies on treating sexually transmitted infections.

**Chapter 6: Overcoming the Cycle of Sexual Abuse and Exploitation**

Define and give examples of sexual abuse.  
Provide reasons why people with I/DD may be targeted.  
Describe ways to prevent sexual abuse.  
Describe ways to strengthen self-determination.  
Recognize physical and behavioral indicators of sexual abuse.  
Understand feelings and reactions of sexual abuse victims.  
Provide trauma-informed support to sexual abuse victims.

**Appendix**

Resources  
Gender Identity Guide

**Bibliography**

**Feedback Exercise Answer Key**
Introduction

Everyone has a different sense and rate of sexual awareness and growth. People need information to help them understand their own sexuality and to learn how to engage in safe and healthy social/sexual behaviors. But people with I/DD often have difficulty getting meaningful information about sexuality and relationships because of their disabilities (Schmidt, Brown and Darragh, 2019). They also experience higher levels of sexual abuse and exploitation (Schmidt, Hand, Simpson & Darragh, 2019). Finally, some but not all individuals with I/DD may have difficulty with self-direction related to a specific disability and thus learning appropriate public behavior.

This module is designed to provide you with the information and resources you need to have necessary conversations and offer support to people who are learning about safe and healthy social/sexual behavior. Various resources, including articles, curricula, slides, videos and games that can be helpful are include in the appendix of this module.

Some important points:

- **Purpose and Scope.** The purpose of this module is not to teach you to be an expert on sexuality, birth control or sexually transmitted infections. At the same time, when asked a question no one ever believes their own knowledge of sexuality is adequate. For that reason, information about sexuality, birth control and sexually transmitted infections are included in the resources at the end of this module if you would like to learn more.

- **Using Good Judgement.** All of the information in the module about assessment, planning, teaching, reporting and evaluation are intended as guidelines. Each person taking the module is expected to confer with a supervisor to understand the policies in your own agency.

- **Explicit Language.** We have taken care not to be overly explicit with the descriptions included in the module. Given the nature of the topic, we have used some sexual terminology that is medically correct. Our intent is not to shock or embarrass anyone but to give you a foundational resource that you can use to support and advocate for people with I/DD in better understanding and expressing their sexuality and meeting sexual needs.

- **Perspective.** Much of the material in this module is designed for direct support professionals. Some items are geared more for program managers. Your supervisor or staff trainer can help you decide if a section does not apply to you.
Chapter 1: Understand Safe and Healthy Social Sexual Behavior

Objectives:

- Define safe and healthy social/sexual behavior and development.
- Define sexual self-advocacy.
- Identify barriers to getting and making sense of information on sexuality.
- Identify risks associated with limited access to information on sexuality.
- Define the terms sex, gender and sexual preferences.
- Identify values for treating people with dignity and respect.
- Use common values to reconcile differences.
- Describe your role and responsibilities in supporting sexual development.

Safe and healthy social/sexual behavior and development. The words “safe and healthy social/sexual behavior” include all of a person’s behaviors and belief systems related to sex and sexuality. These beliefs and behaviors lead to physical and emotional well-being (World Health Organization, 2002). They include:

- Being aware of and having a sexual identity
- Expressing sexuality in appropriate ways
- Forming relationships and experiencing intimacy
- Avoiding unplanned pregnancies
- Avoiding sexually transmitted infections (STI)
- Becoming a sexual self-advocate
- Managing relationships safely
- Learning to parent adequately if desired

Sexual Self-advocacy. Sexuality is not just something you do (being sexual) or something that happens to you (puberty). Sexuality is part of who you are as a person (identity and preferences). Research on sexual-self advocacy, (Friedman, Arnold, Owen and Sandman, 2014) has described what self-advocates believe that a person with a healthy sexuality knows and can do. Sexual self-advocates have indicated the following:

- I can speak up for myself.
- I can speak up for others.
- I can get information on sexuality.
- I can be confident in myself.
- I can understand my choices, rights and respect for others.
- I can speak out against abuse.

Safe and healthy social/sexual behavior develops naturally starting at birth. Children learn how to move and explore. As we grow, we learn which movements give us pleasure or helps us to
feel close to others. This journey continues throughout life. People also learn social/sexual
behavior by observing and imitating the behavior of other people at home, at school, in the
media and in the community. This is called incidental learning. Finally, some emotions and
behaviors are triggered naturally when our body makes certain hormones.

Almost all people with disabilities experience the same range of emotions, the same types of
hormones and sexual feelings and thoughts expressed by people without disabilities. Puberty
occurs at or about the same time (ages 10-15). On rare occasions a specific disability can
interfere with the production of male or female hormones. If this is the case, it is usually
discovered through genetic testing.

Sexuality is private in most cultures. Opportunities to learn by observation may be limited. For that
reason, information must also be shared directly with self-advocates. Peers, parents, sexuality
educators, health instructors, health-care providers, direct support professionals and pastors all
share a responsibility to provide information about aspects of sexuality that are not readily
apparent.

**Barriers to getting and making sense of information on
sexuality.** When advocating for themselves, people with
disabilities often have difficulty getting meaningful
information about safe and healthy social/sexual
behavior. This happens when:

**Barrier 1: People do not share or provide meaningful
information because they:**

- View the self-advocate as a perpetual child who would be overwhelmed.
- Do not have access to easy-to-understand information that they can share.
- Fear that if they give information the person with I/DD will act on it.
- The person does not send clear signals that they need/want information.
- Are not sure it is their responsibility to share information.
- Are uncomfortable sharing information on sexuality with anyone for personal or
  religious reasons or because they themselves lack in-depth knowledge on sexuality.
- Believe some sexual practices are inappropriate (e.g. erotica, masturbation) and don’t
  want to encourage others to engage in those activities.

None of these reasons prevent a person with I/DD from having a romantic or sexual
relationship or becoming sexually active. It just means they do so without the information they
need to be safe and to be respectful of others.

**Barrier 2: People do share information, but because of their disability the self-advocate:**

- May not understand the information because it is too abstract (e.g. can’t be seen or touched).
- Is left out of the group that is getting the information based on gender or parental restrictions.
• May not fully grasp what is shared because the pace of instruction is too fast.
• May have difficult deciding which behaviors are acceptable or not acceptable.
• May have difficulty focusing or not acting silly during group lessons.
• May have difficulty in communicating about or advocating for their needs.
• May have difficulty in predicting what might happen next.
• May have difficulty remembering and applying the information in different situations.
• Often get mixed messages about what behaviors are appropriate.

Provider agencies are in a unique position to address these barriers by providing better information about sexuality in ways that are individualized to meet the unique needs of learners with disabilities (Tamas et al., 2019). Ways to provide information and training for self-advocates will be discussed in detail, later in this unit.

Here is a story to help you think about what can happen when a person with I/DD does not get the information they need to express their sexuality in appropriate ways.

An 18-year-old male exposed himself to a female on the accessible bus they both rode every day. Obviously, this is not acceptable public behavior. He was banned from riding the bus for a week, which was a consequence but did nothing to teach him safe and healthy social/sexual behavior. His parents were ashamed and confused because they had been taught that he had the mind of a six-year-old and had not considered teaching him about sexuality. They thought about bringing him back home to the family farm. He did not want to go. He thought of the woman on the bus as his girlfriend and couldn’t wait to see her again.

How did the young man’s disability impact his behavior? Does he really have the mind of a six-year-old? He may pick answers on tests that are similar to a six-year-old but his life experiences, his body and society’s expectations for him are much different. What do you think should be done to help him? Do you think he needs better information and can learn about sexuality even though he has a disability? What would happen in your agency?

Risks associated with limited access to information on sexuality. When people with intellectual disabilities do not get meaningful information on sexuality it can have a significant and major impact on wellness and mental health. For example, people may:

• Experience doubt and guilt about their body, feelings and sexual growth.
• Feel embarrassed when they don’t know what others seem to know.
• Be at greater risk of sexual exploitation and abuse.
• Engage in unacceptable social/sexual behavior, with legal consequences.
• Be ridiculed and avoided by others.
• Have an unplanned pregnancy.
• Become ill from a sexually transmitted infection.
• Have needs for intimacy and self-expression that are not met.

Sex, gender and sexual identity. There are three important terms used when talking about sexuality. Our understanding of what these terms mean has changed. It is important for direct support professionals to understand the ideas behind these terms.

Sex. People are identified as being a male or a female at birth. That is called the person’s sex and that determination is made based on biological facts.

Gender Identity. The idea of gender is more complex than sex. Different people or cultures have different beliefs about what it means to be a boy or girl, or a man or a woman. This idea is called gender. Ideas about gender are typically developed in early childhood. How does this happen? Our families give us certain experiences and responses that they (the family) value based on their idea of what it means to be male or female (e.g., traditional practice - girls wear dresses, boys do not). Most people continue to build on those ideas throughout their lives. A person whose gender matches their biological sex is referred to as cisgender.

Some people adopt a unique identity as they grow. Some males tell others that they feel more like a female on the inside. Some females tell others that they feel more like a male. Some individuals prefer to feel and act like either or to alternate. People may prefer not to identify with any traditional gender roles or expectations. They have a gender role that is different than the one they first learned. This identity is called being transgender. People often express gender in how they dress, wear their hair, and in how they move and talk. Some people may even prefer that others use pronouns other than he or she (e.g., they or them) when referring to them in speech or text (McLaughlin, 2018).

Different Beliefs: Some people believe that gender is something that is assigned by other people and taught from birth. Other people believe that gender is innate - something the person just knows is right for him, her or them and that they do not have any choice. Some people believe that gender is a choice and could be reversed or changed. Other people believe that selecting a gender or identity that is not typical for your biological sex is a delusion. There is much disagreement about these ideas. You cannot control what other people think or feel. But most people acknowledge, that what we think and feel about our gender is shaped by our life experiences over a long period of time.
**Sexual identity.** Sexual identity describes how a person thinks about themselves when they have romantic or sexual relationships. People who have sexual preferences that are the opposite of their biological sex are typically referred to as straight or heterosexual. If a person’s preference is the same as their biological gender they may prefer to engage in sexual activities with same-sex partners, referred to as gay/lesbian or homosexual. Some people prefer both and are referred to as bi-sexual. People who have diverse sexual preferences may use terms such as lesbian, bi-sexual, gay, queer, Trans-sexual plus more to describe their sexual identity. This community is often referred to by an acronym which is written as LBGQT+. The first three letters (LGB) refer to sexual orientation. The 'T' refers to trans-gender which is term for gender identity. The Q refers to queer, or questioning. Queer is an umbrella term for sexual and gender minorities who are neither heterosexual nor cisgender. (See resources in the appendix for definitions of unique genders and sexual preferences). The important fact to keep in mind is that people who identify with being part of the LGBTQ+ community are quite diverse with many different perspectives on both gender and sexual identity.

**Values for Treating People with Dignity and Respect.** In the past, anyone who deviated from traditional gender and/or sexual behavior was sometimes viewed by others as being a threat and often treated as an outcast. These beliefs are still common in some groups. Houses of worship, schools, providers and families sometimes try to control people’s behavior by expressing disapproval, rejection or even punishing anyone who acts on their unique preferences.

Most people go through a time of exploration and self-discovery during adolescence. Making new friends and developing new relationships receives intense attention. Having a close relationship (which may or may not be romantic or intimate) with another woman or man or experiencing confusion about gender and sexual preferences during adolescence is common.

Teaching people that sexuality should not be expressed can create problems that negatively impact their mental health or behavior and how they are treated by others. For example, over half of males who are transgender attempt to commit suicide (Toomey, Syvertsen, & Shramko, M., 2018). This sad situation is mostly linked to how they are treated by others.

Most institutions (e.g., family, school, worship) believe that people should be treated with dignity and respect regardless of their gender identity or sexual preferences. It is the role of families to teach their values about gender and sexuality to their children who may or may not decide to adapt those values as they grow. In providing sexuality education it is important to be aware of the identity and preferences that each person expresses and to honor and accept their unique gifts, needs and situation.
Use common values to reconcile differences. What if my personal values are different than the values of a person I support? What if a person’s guardian or the agency where I work has values that are different than mine or the person I support? In the end, it is important for everyone to express their sexuality in safe and healthy ways and to be treated and to treat other people with dignity and respect. These are also called common values. In her curriculum *Sexuality Education for People with Developmental Disabilities*, (2018) Kathrine McLaughlin lists six common values that most everyone agrees on regardless of their sex, gender identity, sexual preferences and religious beliefs. They do not tell people what sexual decisions are OK, and not OK.

- It is important to respect others by treating them well and listening to them.
- It is important to get consent from a sweetheart for being sexual.
- It is important to be responsible in a romantic relationship.
- Relationships should be equal and positive without violence or abuse.
- Sex should be safe and pleasurable for both.
- Adults should not have sex with children or people who cannot consent.

Whether your personal preferences or values are traditional or non-traditional, focus on these common values in responding to the people you support.

Your role and responsibilities in supporting sexual development. People develop and learn social/sexual behavior on a continuum from very simple (e.g., moving our bodies in ways that give pleasure to very complex (e.g., being sexually active and practicing birth control). People need to get information and support about sexuality at different stages of their lives. They also need “just-in-time” information when they have a question or when a new situation or set of circumstances takes place.

People with disabilities should have the opportunity to develop close, trusting, and committed relationships. The definition of “intimate relationships” varies from one individual to another depending on the person. While some intimate relationships result in physical affection and sexuality, intimacy also includes intellectual, social, emotional, and spiritual aspects. Each person defines the need and the meaning of intimacy in his or her life in a way that is specific to them.

The options for intimate relationship for people with disabilities should match those available to anyone. If they do not, that is evidence that the person may not be receiving the information and support they need. Service agencies should respect and support individuals who desire intimate relationships. The Council on Quality and Leadership or CQL (2017) identifies the following roles for service and support agencies who assist people in achieving this outcome:

- Provide assistance for people to learn about relationships.
- Assist the person in making choices
- Support people in arranging and accessing opportunities for relationships.
How does CQL decide if this is happening? To determine whether or not this outcome is present, CQL (2017) suggests using these questions in conversations with the person you support:

- Who are you closest to?
- Is there someone with whom you share your personal thoughts or feelings?
- Whom do you trust to talk with about private concerns and feelings?
- Who is there for you when you need to talk?
- With whom do you share your good and bad feelings?
- Is this enough for you?

Staff members who provide support to the person are responsible to know:

- How does the person define “intimacy?”
- Do you know if the person has the type and degree of intimacy desired?
- How do you support the person’s choices for intimate relationships

Direct support professionals have 3 important roles: 1) Support and advocate for the people you support so they can develop safe and healthy social/sexual behaviors and learn to act responsibly and in a self-directed manner as a sexual being, 2) Act to keep the person as safe as possible as they learn to manage risks and get the support they need; 3) Maintain warm and caring but professional boundaries. This is not always an easy role to fulfill.

Equal attention should be given to all three roles. Most of the information you share and the teaching you do will be delivered in informal situations. Informal instruction is part of providing active support. Getting advanced training as a sexuality educator may or may not be an option through your agency. Questions that direct support professionals may have include:

1. What are the sexual rights of the people I support?
2. Can they have intimate friends visit them where they live?
3. How will I know what information or training the person has or needs?
4. How should I respond if someone engages in sexual behavior in public?
5. How can I show respect for each person’s privacy for being sexual?
6. Are there behaviors a person can do at home but not at work?
7. What do I do if I come across some erotica the person is using, or he/she asks for some?
8. How will I know who this person has as close personal friends?
9. What kinds of incidents do I need to report and what should I ignore?
10. How should I respond if the person has decided not to use personal protection during sexual activities?
11. Where can I get information on questions that a person with a disability might have about sexuality?
12. What do I say if the person wants one outcome, but a legal guardian says no?
13. What would I do if someone asked for or needed help to put on a condom?
14. How do I respond to someone who seems to enjoy casual sex and does not want any information or counseling?
15. If the person I support shows no interest in sex, do I need to introduce the topic?

If you have questions about any of these issues, or your role in providing information to the people you support, seek assistance from your supervisor or QDDP. Some of these questions may be addressed by the person-centered planning team.
**Chapter One Feedback Exercise**

1. T/F  Sexuality is part of who you are as a person (identity and preferences).

2. T/F  Teaching people that sexuality should not be expressed can create problems that negatively impact mental health or behavior and how they are treated by others.

3. T/F  People with disabilities should **not** have the opportunity to develop close, trusting, and committed relationships.

4. T/F  In providing sexuality education it is important to be aware of the identity and preferences for each person.

5. Identify three reasons why people do not share or provide meaningful information about social/sexual behavior with people who have intellectual or developmental disabilities.

6. Which of the following are true statements about people with I/DD and information about social/sexual behavior:
   - May not understand the information because it is too abstract (can’t be seen or touched).
   - May have difficulty remembering and applying the information in different situations.
   - They generally learn this age with peers during school or from parents.
   - They clearly understand what behaviors are appropriate from watching others.
   - May not fully grasp what is shared because the pace of instruction is too fast.

7. Match the terms to their definitions.
   
   A. **Sex**  
   B. **Gender Identify**  
   C. **Sexual Identity**
   
   Describes how a person thinks about themselves when they have romantic or sexual relationships.
   
   Identification as being male or female at birth based on biological facts.
   
   Beliefs about what is means to be a boy or girl, or a man or a woman.

8. List four of the six common values that most everyone agrees on regardless of their sex, gender identify, sexual preferences, and religious beliefs, according to Kathrine McLaughlin.

9. What are three important roles that DSPs have in regard to sexuality and people receiving services?
Chapter Two: Value and Support Social Relationships

Objectives:
- Explain how relationships form a social support network.
- Define the word "relationship."
- Describe the qualities of a close, positive relationship.
- Describe relationship maps and how to use them.
- Teach people with I/DD about boundaries and relationship rules.
- Teach people about social skills.
- Identify ways to influence group behavior.
- Support people in deciding if a relationship is healthy or unhealthy.
- Support people in ending a bad relationship.

Relationships form a social support network. People go through life with family, friends, neighbors, coworkers, and strangers. They have relationships with all of these people. Many are fleeting, like the woman who smiled at us at the check-out line yesterday. Others are deep and enduring, like the relationships between parents and children and between husbands and wives.

The relationships people have are called a social support network. A social support network provides people with information, consolation, emotional support or nurturing and more. All types and degrees of relationships are included in each network. The relationships may be short or long, impersonal or intimate, negative or positive. A strong, social network is as important to a person with disabilities as it is to anyone else. Don’t devalue, or pass over as unimportant, any element of the network. Even those "nod-on-the street", "checkout counter" kinds of contacts have potential for tremendous impact on a person’s emotional well-being.

A relationship is the way two or more people are connected. The nature of a "relationship" can be perceived differently by each person. It is important to think about the quality of each relationship so that it is mutually beneficial. Most people have a deep need for intimacy – the feeling of being close to someone on an emotional, physical or sexual basis. Here are some important facts that we have learned about relationships.

a. A relationship does not always mean that two people are dating or married.
b. Most relationships deepen or change with time but not always.
c. It’s not possible to choose all relationships (e.g., biological parents or siblings).
d. People often make or find a new family when they become an adult.
e. Most relationships (e.g., friendship or sexual) are chosen.
f. No one relationship can meet all of a person’s needs.
g. We have different expectations for different kinds of relationships.
h. Many cultures have different ways of defining relationships.
i. Relationships end, sometimes effortlessly and at other times abruptly.
j. Even after relationships end, we can honor the memory of that person.

Qualities of a healthy, positive relationship. A close, healthy, positive relationship may or may not be sexual, but it has certain characteristics. Examples are listed in the box below:

- Both people trust each other.
- Both people can be honest with one another and be themselves.
- The relationship is not a constant drain on either person's energy.
- Both people feel good about themselves.
- Neither person is in charge all of the time.
- There's a sharing of responsibility and effort.
- Partners don’t feel that they have to be together all of the time.
- Partners have some shared and some unique interests.
- There are more "ups" than "downs" in the relationship.
- Relationships that lead to jealousy, resentment, misery, or anger are unhealthy.
- The partners don't look to the other person to "make them whole."

Relationship Maps. A social support network can be mapped. Mapping helps us to learn more about who and what is important to a person. It can help us to identify strengths and needs. To create a map, we can use the following chart. The people we know are listed from left to right in the order of the depth and intensity of intimacy. Elements of physical intimacy are listed across the top. Elements of emotional intimacy are listed across the bottom. Different people may arrange their chart in a slightly different order. For example, some people may be more emotionally intimate with a parent than a spouse.
### How to Use a Relationship Map

A relationship map is a chart that you can use to help people decide what kinds of relationships they have. You can also use it to help them understand what kinds of interactions (physical and emotional) are appropriate or not appropriate. This information can be helpful when you provide active support. For example, on the chart above, people can see that kissing their boss or pastor is not OK but kissing a date may be (if we get the date’s permission and consent first).

Some people will need more specific examples. In that case, you could write the name of a person and/or place a picture of them on the map. You can also use the map to add people who they would like to have as a friend or a date in the future. You can also discuss people who cannot be dated (like a staff person). Sometimes you can use the map to think about activities that we do with some people but not others. For example, suppose the person is trying to decide if it okay to send a certain person a card or go to the bar with someone they just met? You can also discuss where these activities belong.

Some people with I/DD may become very emotional or excited when they meet someone new or someone they believe is very special (e.g. pastor, person dressed as Santa). Use their map in a proactive way to help them understand the best way to interact with that person before they meet. Help the person understand that if you are excited or if you have an erection, that does not mean you can hug or kiss someone. Many people with I/DD will not be able to consider what is on the chart and respond wisely in an actual situation. Insisting that someone repeat the safe thing to do or say over and over will not change that fact. You will need to practice (also called rehearsal or role playing) how to respond to specific situations with those people.

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<tr>
<th>Less Intimate</th>
<th>Touch – Physical Intimacy</th>
<th>More Intimate</th>
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<tbody>
<tr>
<td>nod wave fist or elbow bump</td>
<td>high five hand-shake light hug hug kiss deep kiss fondle intercourse</td>
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<td>children clerk neighbor</td>
<td>job coach friend aunt sibling date sweetheart partner</td>
<td></td>
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<tr>
<td>teacher pastor police officer</td>
<td>uncle cousin parent best friend</td>
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<td>counselor co-worker</td>
<td>boss program manager</td>
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<td>smile chit chat business talk directions support</td>
<td>conversations discussion plans coaching problem solving</td>
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<td>flirt confide in private jokes deep knowledge joint goals birth control</td>
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<th>Less Intimate</th>
<th>Emotional Intimacy</th>
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<td>Less Intimate</td>
<td>Emotional Intimacy</td>
<td>More Intimate</td>
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Teach people with I/DD about boundaries and relationship rules. Sometimes we are not able to have as intimate a relationship with others as we might like. Sometimes you will need to give a person you support explicit instruction in relationship boundaries which are often hidden. For example, “you can smile or wave at a child, but you should not stare at or follow a child. You cannot hug or kiss a child, even if you see other people do that unless you first have permission from their parent and the child, and you know the family well.” Here is another example you could use: Suppose you met a cute person at the gas station. You could flirt, but it is not safe to go on a date until these requirements are met:

- they also want to date you.
- they are a safe person to be alone with.
- they are not engaged or married to someone else.
- they can give consent.

“No one can pass that test the first time you meet them. You have to observe what they do, not just what they say. That takes time.” “A person who drives the van is not a date.” “Meeting a person’s family and friends can provide more information and help you to get to know the person.”

The concrete activities on the map provide specific examples of ways to interact appropriately with each person on the relationship chart. While a specific chart is too revealing to tape up on the refrigerator or wall at home, a person can keep parts of the chart on their phone or in another private place to refer to as needed.

Teaching about personal boundaries is important for safety. However, the concept of “this close but no closer for now” is often too abstract. Another system for teaching people with I/DD about boundaries is the CIRCLES program (see appendix) which uses an analogy of circles and colors to show the same kinds of relationships found on this map (Champagne and Walker-Hirsch, 1982). This curriculum is offered through the James Stanfield company and has been updated numerous times. Because people with Autism Spectrum Disorder (ASD) often have difficulty with understanding physical or behavioral boundaries, numerous social stories about what to say, do and how to respond to a wide variety of social situations are also available in print and picture form online (see appendix). In addition, talking circles are a culturally sensitive means of engaging men and women from diverse cultures in talking about topics including sexuality (Tachine, Yellow Bird, and Cabrera (2016).

Teach People to Use Social Skills. People with I/DD may need help or support to understand how to get to know someone. Again it is better if you identify strategies that work and ones that do not work. Be as specific as possible and point out hidden rules, examples are included in the following chart.
### Make or Keep a friend

- Show interest (smile and chat).
- Do group activities together.
- Have coffee together in a public place.
- Go to church together.
- Meet their family.
- Be introduced by a friend.
- Use a safe on-line dating app.
- Go to a movie with other friends.
- Be flexible and give them space.

### Lose a Friend

- Stalk or follow people.
- Call or text someone several times a day if they aren’t responding back.
- Drop by their place without being invited.
- Take all the turns in the conversation.
- Talk about stuff they are not interested in.
- Stay in your room or apartment all evening.
- Boss them around or act very silly.
- Keep trying with someone who says no.
- Dress or act very differently than people you like.*

*Everyone is free to dress and act however they like as long as that does not hurt anyone, but one of the hidden rules is that most people like other people that are like them. Dressing very differently or acting very differently than the people you like can send a signal that “you are not like me.”

### Instruction:

Classes on sexuality or relationships are sometimes planned or started but not continued. This may happen because people are busy, or may not want to participate in a class no matter how much you think they would benefit. Instead it may be better to share information at a meeting or gathering, or involve self-advocates in making a video or leading a social group as a role model for others. People may also respond better to games that are available online or an individualized self-checklist or podcast on their phone. You can also use a teachable moment while you are providing active support.

### Sustaining/Building Relationships:

Insert names of specific people the person knows into a relationship map. This can help you support the person to sustain important relationships by learning to do specific activities to build a relationship. Mapping will also identify the types of relationships that are missing from the person’s life. This might help the team plan for the future.

### Planning:

After mapping relationships, assist the person to identify changes in relationships that he or she would like to make. Perhaps they might want to add more friends to their lives, find a parent figure if they are missing one, move from being an acquaintance into a friendship, or develop a significant, exclusive sexual relationship if appropriate. The team can help the person plan how to attain the outcome they desire. Don’t leave the mapping to chance. When planning for a person-centered team meeting is a natural opportunity to complete a map.

### What Do You Think?

Should every person’s plan include support for the development and maintenance of relationships? Consider other valuable ways to use a relationship map.
Teach People to Manage Group Behavior. People behave and learn differently in groups. We even have different words for groups such as families, classes, clubs, clicks, gangs, gamers, teams, coworkers or tribes. People's sexual behavior and relationships are often influenced by groups.

People learn how to behave in families or at school because they are taught how to “fit-in” or “cooperate,” over a long period of time. As we grow, we start to join social groups that do not have an authority figure who is “in charge.” These groups meet our deepest needs to be part of something that is bigger than ourselves and to belong. It can take time to learn how to be part of the group. Group dynamics often influence how we behave and how we relate to other people in and apart from the group.

Groups also have “hidden rules,” that may not be apparent to the person with I/DD. These rules are designed to help people fit in, so the group believes they are safe and are willing to include and support that person. Group interactions are often more stimulating than being with someone in a 1-1 situation. People who have difficulty with self-regulation may become wound up in group situations and respond by talking too much, acting silly, flirting, or doing things deliberately to get attention.

Groups can also work to support risk-taking or control individual behavior. For example, people might go to the bar together, hang out together, or even go on a group date. Groups may also present challenges to the members as a price that must be paid to fit in (“If you want to be part of my group, you have to be like me or do what I do”). These challenges may not be expressed out loud and the person with I/DD may or may not be aware of them. Groups can also influence people by deciding who is in and who is out and what the behavior or decisions of the group will be. This is also known as groupthink (Haydon, 2020). During groupthink, members of the group go along with what they believe the majority wants rather than thinking for themselves. Groups can last over a long period of time or split up and change. Finally, groups can be a very powerful influence in the life of someone you support. While you don’t get to decide if a person should join a specific group, or you may not approve of the group, you still need to respect it/them.

Sometimes staff observe that a person with I/DD is hanging out with the “wrong crowd.” This conclusion is often based on observations that:

- A group is not treating the individual well,
- the group influences the person to engage in inappropriate or unhealthy behavior, or
- the person treats other people in the group or outside of the group with disrespect.

Most people with I/DD learn how to participate in groups through trial and error. That means that making mistakes and learning who can and who cannot be trusted takes time and is part of the process. It can be challenging for staff to influence someone who is more interested in being part of the group than listening to staff. However, the job of staff is to teach positive
behavior and influence in a positive way. It is not to tell people they support what to do. In the past, many people with I/DD attended social clubs that were designed to meet their unique needs and could act as a positive influence on group dynamics. However, these social clubs were only for people with disabilities and not integrated into the community. Today, people with I/DD often get together in someone’s apartment, at the bar, at the mall, or in locations that are more integrated, but where they have less direct supervision. Guidelines to help people interact in groups include the following:

1. View teaching someone how to navigate the hidden rules of a group as an essential part of teaching social skills, self-advocacy and self-determination.
2. Make it a part of a person’s self-assessment to identify which groups they belong to and whether the group is helping them stay safe and healthy. Ask people you support to identify all the groups in their lives and which ones are healthy or unhealthy.
3. Take a look at opportunities for people to hang out with same-aged peers without disabilities who can serve as appropriate role models. Brainstorm ways you can help people find new groups based on interests.
4. Recognize that influence is not about getting people to see or do things your way or passively hoping they will go along with your ideas. Rather, focus on building collaborative win-win relationships. Strategies for this include:
   • Look for leaders within a group who are more inclusive and supportive. Ask them to reach out to or support new members of the group.
   • Build influence partners by listening and giving members of the group your attention. Learn more about their values or hang out with the group when possible.
   • Encourage people to change their practices. For example, people may hang out at the bar because they have nothing better to do. Introduce gaming and invite members of the group to become part of the fun. People may hang out in front of the apartment building smoking and joking because they have nothing better to do. Invite those people to become part of a project to create a new hangout in the back of the apartment building. Encourage them to make the space their own.
   • Help a person who needs the group to develop more individual friendships by doing things they enjoy with one other person of their choice. Help those two people learn how to get together rather than always falling into the group activities (active support).
   • Invite the group to map their membership and decide who are the leaders, what the group likes, how to fit in and what the group has planned for the future. Reach out to leaders or influencers in the group to get the information.
   • Use a foot-in-the-door approach by challenging a group to make one small positive change in their behavior that is an easy first step (i.e. let others know when you leave the building or take one night of the week off from group activities).
• Provide sufficient staffing (only if needed) so that staff are free to go where the group goes, if appropriate, to provide positive influence.
• Identify what the person seems to get from the group and work with them to design a better way to get that need met. Do they stay with a group because of habit, sex, drugs, something exciting to do, a specific person, feeling awesome or cool or something else?
• Share information with members of the group to help them evaluate whether the group is working for them.
• Work collaboratively with social-recreation partners in your community who can help people get involved in positive adventures such as bowling, sports, social clubs, crafts or other activities based on the interests of the group members.

Teach People about Healthy and Unhealthy Relationships. In her curriculum on Sexuality Education for People with Developmental Disabilities (2018), Kathrine McLaughlin offers several lessons that you can use to teach these concepts. Each lesson comes with strong visuals and individual and group activities. Some skills that are covered in this curriculum include:

• Identifying different kinds of relationships.
• Identifying my relationships.
• Meeting possible friends.
• Showing interest in friends.
• Going from friend to sweetheart.
• Recognizing physical or emotional abuse.
• Knowing if a relationship has gone bad.
• Knowing how to get out of a relationship.
• Getting help with a relationship

By following these easy-to-use lessons, you will get great ideas and resources that help you to teach social skills. Versions of the curriculum that can be adapted for people with high intensity support needs are also available in the appendix to this module.
Chapter Two Feedback Exercise

1. The relationships people have are called ___________________ ___________________ ___________________.

2. A ____________________ is the way two or more people are connected.

3. List 4 qualities of a healthy, positive relationship:

4. **T/F**  Relationship mapping should be used to help staff decide who a person supported can have a relationship with, and people they should not be allowed to see.

5. **T/F**  People with I/DD may need help or support to understand how to get to know someone.

6. **T/F**  People behave and learn differently in groups.

7. **T/F**  Teaching someone how to navigate the hidden rules of a group is an essential part of teaching social skills, self-advocacy and self-determination.

8. Give two examples of “hidden rules” for social situations you could point out to people you support. Give examples of things that, if done, could result in loss of friendship.
Chapter Three: Understand Sexual Rights and Responsibilities

Objectives:
- Identify individual rights in exercising sexuality and forming relationships.
- Identify legal rights and responsibilities in making decisions about sexuality.
- Define the meaning of consent and how it impacts sexual decisions.
- Complete an assessment of a person’s the capacity to give consent.
- Navigate complex situations involving consent.
- Identify rights and responsibilities for privacy.
- Identify concepts related to asking permission and giving to consent to sexual activity.
- Identify concepts related to privacy and opportunities for social/sexual behavior.
- Identify supports for self-advocates in making important decisions about safety and health.

Individual rights in exercising sexuality and forming relationships. What we believe, forms the basis for much of our behavior (Armitage, Conner & Norman, 1999). People with I/DD have specific sexual rights. These rights have been spelled out in the DD Act (AAIDD and The ARC, 2008).

Every person has the right to exercise choices regarding sexual expression and social relationships. The presence of I/DD, regardless of severity, does not justify loss of rights related to sexuality.

All people have the right within interpersonal relationships to:
- Develop friendships and emotional and sexual relationships where they can love and be loved and begin and end a relationship as they choose.
- Dignity and respect; and
- Privacy, confidentiality, and freedom of association.

With respect to sexuality, individuals have a right to:
- Sexual expression and education, reflective of their own cultural, religious and moral values and of social responsibility.
- Individualized education and information to encourage informed decision-making, including education about such issues as reproduction, marriage and family life, abstinence, safe sexual practices, sexual orientation, sexual abuse, and sexually transmitted infections; and
- Protection from sexual harassment and from physical, sexual, and emotional abuse.

With respect to sexuality, individuals have a responsibility to consider the values, rights, and feelings of others.
With respect to the potential for having and raising children, individuals with IDD have the right to:

- Education and information about having and raising children that is individualized to reflect each person’s unique ability to understand.
- Make their own decisions related to having and raising.
- Make their own decisions related to using birth control methods within the context of their personal or religious beliefs.
- Have control over their own bodies; and
- Be protected from sterilization solely because of their disability.
- Access and individualize supports that would help them develop adequate parenting.

**Legal rights and responsibilities in making decisions about sexuality.** It is important to understand the rights and responsibilities of people with I/DD related to sexuality. This helps us to provide active support, inform the people we support about legal and illegal behavior, and to report incidences of exploitation or abuse.

**Meet Minimum Age Requirements:** The North Dakota age of consent is 18 years old. The age of consent is the minimum age at which a person is considered legally old enough to consent to participation in sexual activity (North Dakota Century Code, 2020). Individuals aged 17 or younger in North Dakota are not legally able to consent to sexual activity, and such activity may result in prosecution for statutory rape. A minor between the ages of fifteen to eighteen may consent to activity with another person who is no more than three years older than the minor. (§ 12.1-20-01-03) Before a person reaches the age of 18, their parents may be held responsible for their behavior.

**Follow ND laws on sexuality.** Laws on sexuality in ND (ND Century Code t12.1c20) forbid having sex, masturbating or exposing one’s penis, vulva or anus in public. It also prohibits having sex with a closely related person (incest), having sex with a minor, soliciting, or causing another to engage in a sexual act with a minor; and having sex with an adult who is incapable of giving consent or sexual assault.

A person can be found guilty of gross sexual imposition if: the victim is less than 15 years of age, the victim is compelled by force (*threats included*), the victim is unaware that a sexual assault is being committed, the victim is unknowingly impaired by alcohol or drugs, or the victim suffers from a mental disability, or is physically injured as a result of the assault (North Dakota Century Code t12.1c20). ND law also forbids violating personal privacy, taking pictures or videos of another person for sexual purposes without their consent or demanding that other people pay for sex with someone (prostitution). A detailed description of what constitutes a sexual offense along with the specific punishments that may be given can be found at: https://www.ageofconsent.net/states/north-dakota

**Advocate for Freedom from Discrimination.** This means that everyone should be equal under the law. On June 15, 2020, the United States Supreme Court issued a ground-breaking opinion in the case of Bostock v. Clayton County, Georgia
stating that discrimination on the basis of sexual orientation or gender identity is necessarily also discrimination "because of sex" as prohibited by Title VII. Title VII of the Civil Rights of 1964, as amended, protects employees from discrimination based on race, color, national origin, religion, and sex.

North Dakota laws may not explicitly address discrimination on the basis of sexual orientation or gender identity because the US law is very new. Same-sex sexual activity is legal in ND and same-sex couples and families headed by same-sex couples are eligible for all of the protections available to opposite-sex married couples; same-sex marriage has been legal since June 2015 as a result of a case called Obergefell vs. Hodges https://www.supremecourt.gov/opinions/14pdf/14-556_3204.pdf

North Dakota permits transgender people to change their legal gender. The North Dakota Health Department will issue an amended birth certificate if they receive a written request and an affidavit by a physician, a court order for legal name change, and payment of the associated fees. The Department of Transportation will update the gender marker on a driver's license and state ID card upon receipt of a letter signed by a physician or therapist stating that the applicant has completed a permanent gender change.

Not everyone who is transgender wants to have this surgery or can afford it. It is inappropriate to tell other people that someone is transgender or a member of the LGBTQ+ community without their permission. Remember, that is their story to tell.

Support the right to parent. Although a guardian may decide if someone can marry (legal decision) many people with I/DD decide to have sex and to become parents. People with ID have a right to receive permanency planning to sustain their family and to receive individual accommodations in learning parenting skills under the Americans with Disabilities Act.

Guardian Authority for Decision-Making. Guardians and advocates, service providers, and family members need to honor the personal choice, self-determination, and independence of persons with intellectual disabilities. At the same time, they have a responsibility to protect vulnerable people from sexual abuse, exploitation, and other related harms.

Under ND Law, guardians do not have the legal rights that have been taken away from a person with a disability through due process. Instead, they have authorities and duties (ND Century Code 28-35-01-20). The court determines the degree of authority that will be given to a guardian. This fact is not always widely understood.
A guardian is authorized to make certain legal decisions on behalf of a person that has been found to be incapacitated by a court of law through appropriate due process. A parent is viewed as the person’s natural guardian up until the age of 18. That is not the same as being a legal guardian. The legal decision to appoint a guardian strips the person with a disability of certain rights to make decisions. It does not grant those same rights to the guardian. Instead, it authorizes the guardian to make certain decisions for the court on behalf of the individual who has now become a ward of the court. It does not strip the person with a disability of all rights even when a full guardianship is granted.

The guardian needs to maintain a relationship with the ward and make decisions on behalf of the ward. These decisions can be made only after considering the ward’s preferences and opinions, and religious and cultural values. The guardian is obliged to make decisions that reflect what the ward would have decided if he or she were capable of making the decision.

A guardian also has a duty to report to the court every year to describe the well-being of the incapacitated person. People with IDD who have a legal guardian may also petition the court to absolve the guardianship if they believe it is not necessary and want their rights reinstated. Details about the responsibilities of a guardian in ND can be found at: https://www.ndcourts.gov/Media/Default/Legal%20Resources/Legal%20Self%20Help/Adult%20Guardianship/New-Guardian-Guidelines-Packet.pdf

**Legal decision-makers impact a person’s right to have a sexual relationship.** The person with a disability (now a ward) always retains the rights to privacy and confidentiality, communication with others, and equal treatment under the law. The right to personal privacy has been recognized to include: access to and use of contraceptives for all persons, married or single; a fundamental right to procreate; and the right to control one’s body. A person with a disability may or may not retain the right to association depending on the findings of the court.

**The meaning of consent and how it impacts sexuality.** Think of consent as occurring on a continuum. That means we all need support with more complex decisions.

Consent in sexuality has been defined as “affirmative, informed, voluntary, and active permission to engage in a mutually agreed upon sexual act or contact (Title IX of the Education Amendments of 1972).” Consent is expressed by clear words or actions that a reasonable person would believe communicate a willingness to participate in a sexual act or contact. Giving consent always includes the right to reverse that decision at any time.

In meetings we ask everyone “do you agree?”. In consent, we ask “do you object?” In sexuality, we ask “have you freely given informed consent on this occasion for this specific sexual contact or activity?”
It is the responsibility of each person who wishes to engage in a sexual act or contact with another person to obtain informed consent from that person before acting. The use of drugs or alcohol or disability does not eliminate a person's responsibility to obtain consent. If a person agrees to engage in sexual activity, that does not mean they gave consent.

**Consent cannot be obtained:**

- By the use of physical force, threats, intimidation, deception, or coercion.
- From a person who is incapacitated due to physical condition or the use of drugs or alcohol.
- From a person who is not able to give legal consent through due process.
- From a person who is asleep or unconscious; or
- From a person who is not old enough to give consent under state law.

North Dakota’s Supreme Court in *State v Mosbrucker*, (2008) concluded that to be informed, a person must understand the “nature of the sexual act as well as its consequences such as pregnancy and sexually transmitted infections but not the moral nature of their participation in the act of intercourse or sexual activity.

Consent is **NOT:**

- Assuming a person wants to participate in an activity.
- The absence of a "no;"
- Pressuring someone through fear or intimidation.
- Silence.
- Assuming it's okay because the person has done a particular sexual activity before; or
- Assuming that if the person consented once, they have consented every time.

In typical situations, consent may not be requested or expressed in words. Instead both parties rely on body language and eye-contact to send sexual signals that represent consent. If those signals are challenged however, two people can have very different perspectives on what happened. That is another reason to get to know someone very well before being sexual with them. Video clips from popular movies can also be shown and discussed in terms of consent (e.g. *Forest Gump*, *Titanic*).

**Assess a person’s capacity to give consent.** Every DSP and program manager should know or be told the age of the person they support. They should also find out if any of the person’s specific rights have been limited by a court of law. Finally, they should be aware that legal limitations of the person’s right to make certain decisions does not give a guardian the authority to interfere with all learning or the right of the individual to control their own body.
Various assessment tools are available to help determine an individual’s capacity to give consent. One of the most prominent ones is the VisCat which was specifically developed for use by provider agencies. Details about this resource are included in the resource appendix.

Assessing whether a person with I/DD has the capacity to give consent can often be seen as invasive or inappropriate. Interviews should be handled in a culturally sensitive manner, minimizing privacy invasions (Lyden, 2007). In addition, because people with disabilities have often been reinforced for compliance they may, if asked questions about sexual activities, try to tell you what they think you want to hear rather than what really happens. This can also happen when you interview someone about a sexual encounter (e.g. the person tells you they didn’t like it because they don’t want to get in trouble even when they did like it).

Navigating complex situations involving consent. Sometimes you might encounter a complex situation in which what to do is not clear. First, find out if it is your job to communicate with the person or their guardian in this situation. If so, remember that all you can do is offer information and support. What you do after that is to seek further help in light of agency policy.

Two different situations can be a challenge. There is no one answer for how to respond but some guidance is helpful.

a. The person wants to become sexually active with a partner, but the guardian has said no to information about birth control or sexuality. If the person is aged 18 and above, it is important to let the guardian know about any limitations in those authorities and the individuals ongoing right to learn and control their body. The person with a disability and the guardian can seek information about the intent of any guardianship findings through a referral to the ND Protection and Advocacy Project. This can take you out of the position of trying to mediate a complex situation. It is helpful to remember that a guardian who is also a parent, may have very legitimate fears about what might happen. Try to find out what those fears might be and take those one at a time.

b. The person wants to keep associating or being intimate with someone who is abusive or engaged with drugs or alcohol and that presents a risk. If the person you support decides to continue the relationship you can, as a mandated reporter, report the situation as abusive to the ND Department of Human Services and the ND Protection and Advocacy Project if you believe that sexual abuse or exploitation may be involved. Remember, your job is to report, someone else will make the decision. Check your agency policies on reporting guidelines.

However, if the person is not incapacitated the results of that referral may vary. If the situation has not been abusive but is risky you can attempt to provide the person with I/DD with information about healthy and unhealthy relationships. If the person agrees to have training on this issue but is unable to say no to their partner in an effective way you can suggest alternatives that may be easier for the person. These include:
• Working together to set up a behavioral contract that both parties agree to follow.
• Refer the couple for relationship counseling.
• Providing specific ideas the person with I/DD can use to stay safe (e.g. turning their phone on privately to record if they are feeling unsafe).
• Supporting the person with I/DD to obtain a restraining order which will give them time to recover and heal before seeing the person again.
• Inviting the person and their partner to take the class on relationships together.
• Making sure the person with I/DD has a trusted partner in their life who they can confide in and check in with them frequently.

If you are supporting someone for whom complex issues around consent arise, the individual and the organization may need to seek legal answers.

Rights and responsibilities for privacy. The US Constitution does not explicitly guarantee the right to privacy. However, the 14th Amendment of the Constitution is believed to refer to the right to privacy by guaranteeing individual rights to liberty and equal protection under the law. Several US Supreme Court decisions have upheld that the right to engage in sexual activity is a matter of privacy.

Sexuality is private. All people have a right to privacy. That means, each person should have a private place where they can go to seek sexual contact (from self or others). As you provide active support, you will need to discuss privacy with the individuals you support. A private place is not usually a bathroom if that is a shared space or not totally private. For that reason, engaging in sexual activities at work or in other public settings should not happen. If it does, you may need to give redirection and or visit with the person about alternative places to engage in sexual activity. Aspects of privacy, related to sexuality include:

• Understanding the difference between public and private settings.
• Understanding the difference between public and private speech.
• Understanding the difference between public and private actions.
• Understanding the difference between public and private body parts.
• Understanding the difference between public and private dress.
• Understanding that some actions are wrong even if done in private (e.g., child pornography, hurting others etc.).
• Identifying a variety of spaces in which you and a partner can be private.
• Understanding how posting sexy videos on a phone or social media violates a person’s right to privacy and that often these actions cannot be reversed because of the nature of social media and technology.
• Understanding what to do if you feel aroused but are not in a private place.

As part of a risk management assessment, threats to each person’s right to privacy should be considered. Teams need to take precautions so that each person’s right to privacy is protected. Even people who use words to communicate may not think to advocate for their rights, so it is important to be proactive. Some aspects of privacy that should be considered are:

a. Does this person have private time in which they can safely be alone during the day and evening?
b. Does this person have adequate privacy in situations in which they rely on others for personal care (adequate shower curtain, time alone before staff step in)?
c. Is this person using words or behavior to ask for more privacy in their lives or in specific situations (engaging in sexual activity in semi-private spaces, asking questions)?
d. Is this person able to signal others that they are being private at certain times? For example, can the person shut or lock the door to a bedroom or other area without becoming trapped? Can they turn a sign on the door from “come in” to “private”? Can a specific time for privacy be designated on their behalf and respected?
e. Is this person allowed to invite a partner to join them in their current living setting for private time together? If not, where can they meet their sexual needs?
f. Is this person in control of who has access to his/her private information, including health information?
g. Is this person able to have someone they trust with them during a gynecological exam is conducted if they desire that level of support?
h. Does this person respect other people’s right to privacy by respecting personal boundaries?
i. Does this person respect other people’s property which they may consider to be private (keep your hands off my private stuff (phone, diary, photos)?
j. Does this person have support to bring an intimate partner to their home?
Privacy also means knowing what we can or cannot do as a staff person without violating a person’s right to privacy. Did you know that all of the following actions violate a person’s right to privacy?

a. Looking on someone’s cell phone to see who they are calling.
b. Taking down a person’s shower curtain because they need your help to bathe.
c. Going into the stall with a person who needs help in a public bathroom without permission.
d. Telling someone that a person you support is gay, lesbian or transgender.
e. Going into the exam room with a person at the doctor’s office without permission.
f. Telling another person about the religious beliefs of someone you support.
g. Reporting someone’s sexual behavior to others without their permission.
h. Telling someone who is masturbating in a room where they have a reasonable expectation to privacy (their bedroom) that they can’t do that here.

**Provide support for making decisions and exercising rights.** In the area of sexuality, decisions can be very complex. A person may have these types of questions:

a. How do I make a friend?
b. What do I do if I like a person and they don’t like me?
c. What do I do if I want to be sexual with someone and they don’t like that?
d. Are we dating or just friends?
e. Is this relationship good or bad?
f. What if I want to be sexual with someone and they do like that?
g. Why can’t I date my direct support worker?
h. Can we take showers together in the group home or apartment?
i. Can I look at sexy or naked pictures of men or women?

Each question creates an informal teaching situation where you can provide information about safe and healthy social sexual behavior in short easy to understand chunks.

**Providing active support to help people make decisions.** People with disabilities have many options for support in making decisions and exercising rights in order to develop self-determination. However, sometimes we don’t do enough to provide practice in decision-making. Here are some examples of things staff can do to provide active support and help people gain general experience or support in making decisions:

a. Take more time to listen and wait before jumping in with an idea or suggestion so the person has an opportunity to make decisions.
b. Use simple visuals to present choices and options.
c. Help the person consider several options not always just one or two.
d. Refrain from telling the person what they want as you nod your head.
e. Individualize their personal routines by highlighting daily opportunities for choice.
f. Give positive feedback when a person makes a choice or decision.
g. Use “Sounds like you decided to . . . . “ to articulate a decision.
h. Let a person know that last time a certain event happened, it didn’t go so well for them and ask them how they would like to handle the situation this time.
i. Help a person to walk back to a situation that was anxiety provoking or frightening (after they are calm) and rehearsing other ways to handle the decision.
j. On decisions that impact a group of people (e.g., eating out, watching a video) take turns making the choice; or for a larger group, vote on an issue.
k. Don’t make a decision for someone that would not be their choice if they did not have a disability, instead, support whatever decision they do make (unless it is likely to lead to immediate self-harm) and help them learn from mistakes.
l. Provide people with information on supported decision-making (see resource appendix) as an alternative to guardianship.

There are curricula that can be used to help people with disabilities learn how to make sexual decisions. In the appendix you will find resources that were developed to teach personal self-advocacy, which is an important part of becoming a sexual self-advocate. Discuss these curricula with your supervisor; using these materials should be part of a person-centered planning decision.
Chapter Three Feedback Exercise

1. What are two situations discussed in the chapter that can be a challenge involving consent?

2. List four aspects of privacy related to sexuality.

3. What are four assessment questions that should be addressed in regard to a person’s right to privacy?

4. List four examples how staff can provide active support to help people gain general experience or support in making decisions.

5. T/F Person who have I/DD do not have rights related to sexuality.

6. T/F Because people with disabilities have often been reinforced for compliance they may, if asked questions about sexual activities, tell you what they think you want to hear rather than what really happens.

7. T/F Individuals aged 17 or younger in North Dakota are not legally able to consent to sexual activity, and such activity may result in prosecution for statutory rape.

8. T/F Consent is assuming it's okay because the person has done a particular sexual activity before.

9. List 5 situations in which consent cannot be obtained for sexual activity.

10. List 4 actions identified in this chapter that are considered a violation of privacy.
Chapter Four: Providing Instruction and Information.

Objectives

- Give reasons why training on sexuality is important to self-advocates.
- Identify ways to obtain consent to provide training.
- Identify strategies for assessment and planning.
- Identify components of informal instruction.
- Identify components of formal instruction.
- Identify the roles and responsibilities of being a sexuality educator.
- Identify special instructional strategies used to teach sexuality.
- Identify strategies for adapting a curriculum.

Training on sexuality is important to self-advocates. Self-advocates have shared many reasons why they think it is important to offer training on sexuality. The reasons listed below are taken from an online article based on an interview with self-advocates done by Kathryn McLaughlin who is a certified sexuality educator. (https://www.elevatustraining.com/selfadvocates/)

- To learn to have healthy relationships.
- So we aren’t lonely.
- To make informed choices.
- To pick the right person.
- For help with the toughest part of the relationship, making it last.
- So we can be safe.
- Because we all have desires/needs and that’s okay.
- To get correct information.
- To get resources/tools to make healthy sexual choices.
- So that people know their rights.
- So people with disabilities don’t put themselves in bad situations.
- So we will know how to protect ourselves.
- So we can feel good about ourselves and our bodies.
- So we can be sexual self-advocates not just self-advocates.

The Council on Quality and Leadership (CQL) defines intimate relationships as: “sharing ourselves with another person in a way we would not share with others.” CQL has discovered that nearly one-third (27.8%) of people were not satisfied with the type or scope of their intimate relationships (Friedman, 2019).

Organizations can serve as gatekeepers to sexuality and relationships of people they support (Friedman, 2018). For this reason, as part of an interactive research study, 35 self-advocates with intellectual and developmental disabilities (IDD) were asked “what needs to change so that people [with IDD] can exercise sexual self-advocacy?” They recommended:
• “You can tell your staff not to go into the doctor’s office with you!”
• “Staff need training, so they know people like us need relationships too.”
• “Staff and self-advocates should take classes about sex, relationships, and gender, as well as the body and puberty. Information should be accessible utilizing pictures, diagrams, demonstrations, and role-plays as an opportunity to practice healthy relationships.”
• “We need the ability to ask questions without feeling there might be repercussions.”

**Provide active support on sexuality.** Staff members play an important role in assisting people with I/DD to get, make sense of and use information to develop healthy relationships, social supports and sexual lives that are a match for their age. Staff also model and practice respectful behavior towards others. Some agencies have staff that take on the role of a sexuality educator. This role requires advanced training.

One way that support providers can meet the responsibilities of providing instruction and information is by completing assessments and offering formal and informal teaching experiences that help people with I/DD learn about sexuality. Schaafsma et al. (2014) claimed that sex education typically arises for the individual with ID when they ask questions related to sexuality or display inappropriate sexual behavior. This contradicts the reasons why most sex education programs are developed: as a preventive tool and as a way to increase the chances of having a healthy sexual life.

**Obtain Consent to Provide Training:** People with I/DD need to agree to get information and training on safe and healthy social sexual behaviors. The usual barrier to that is scheduling the training at a time that is convenient which only requires flexibility to solve. If they have a legal guardian who makes educational decisions, then it is advisable to have that person give consent for the training as well. Sometimes we encounter resistance and find ourselves in the position of needing to persuade a parent or guardian that formal training is in the best interest of the individual.

In visiting with a parent or guardian about providing information and training on safe and healthy social/sexual behaviors it is important to have the person with a disability in the room as part of the conversation if at all possible. It is also important to listen deeply to the parent’s concerns and beliefs. If they do not seem ready to “allow” their son or daughter to learn about sexuality you are probably not going to be able to convince them to change their mind. While we see our role as advocating for the person with I/DD we also need to remember that their relationship with their parent is critical for their mental health and creating a permanent breach in this relationship may not be acceptable to the person you support even though they want better information. That means both of you may need to go a little slowly. What you can do is talk about the circumstances in which the individual finds themselves and what we can do help them feel safe and confident.

Researchers have identified six levels that describe a person’s intentions to change their behavior, approach or beliefs (DiClemente and Prochaska, 1998). You can use these models as a
A guide for deciding how best to support parent needs while still advocating for the person with a disability. While you may not know exactly what a parent or guardian is thinking, you may get some idea based on the intensity of resistance you encounter when talking with them about this sensitive subject. Use these models as a guide only and remember that all models have limitations. People may stay at one particular level for a long time or even go back and forth. Staff are encouraged to match their efforts to engage and support parents and guardians based on the level of acceptance to change that they demonstrate. The chart below includes four of those levels with ideas on what you can do to support change. You can adjust what you say and do based on parent need.

<table>
<thead>
<tr>
<th>Precontemplation</th>
<th>Action to Support Change</th>
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<tbody>
<tr>
<td>• The parent or guardian does not intend to support engaging the person with I/DD in opportunities to learn about safe/healthy social sexual behavior.</td>
<td>• Listen deeply and try to identify the parent’s concerns and values.</td>
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<tr>
<td>• The parent or guardian may want you to take a course of action consistent with their beliefs which may be emotional or religious but seem different from what the person you support wants or needs.</td>
<td>• Identify common values that are consistent with the person’s well-being.</td>
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<td></td>
<td>• Try to identify common ground. For example, a guardian who does not believe their son or daughter needs to learn about sex at all, may be quite open to having them learn about appropriate public and private behavior.</td>
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<tr>
<th>Contemplation</th>
<th>Action to Support Change</th>
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<tbody>
<tr>
<td>• The parent or guardian recognizes that their approach may be problematic but has legitimate fears about what will happen if . . .</td>
<td>• Provide information about specific skills that would benefit the person with I/DD rather than using general terms like sexuality.</td>
</tr>
<tr>
<td>• They may not have current information about what is possible.</td>
<td>• Provide information on the pros and cons of getting information versus fears about what might happen.</td>
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<thead>
<tr>
<th>Preparation</th>
<th>Action to Support Change</th>
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<tbody>
<tr>
<td>• The parent or guardian is ready for their son or daughter to get new information and believe that it will lead to a healthier life.</td>
<td>• Engage the parent/guardian in helping you and the person with I/DD to consider important topics about sexuality and decide which ones would be helpful to address.</td>
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<tr>
<td>• The parent may want to discuss next steps and wonder how they can be supportive.</td>
<td>• Talk about the dynamics or benefits of 1-1 or small group training related to the person’s unique needs.</td>
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**Strategies for Assessment and Planning.** Assessment involves finding out what people know and can do. A person with an intellectual disability must first agree to participate in this type of assessment when the topic of interest is sexuality. They may choose to include their family as well. If their right to make educational decisions has been limited by a court of law, their guardian must be consulted.

**Assessment.** Assessment involves not only finding out what they know and can do related to sexuality but also whether a specific instructional format is a match for the person’s strengths and needs in getting and making sense of information.

There are a number of formal and informal assessment tools that providers can use to help assess individual needs in the area of sexuality (see appendix). There are three types of assessment tools:

- Interviews
- Checklists
- Observation

If these assessments are not used, we might make assumptions or deny opportunities for sexuality education for anyone who does not have the words or self-determination to ask for more information. If your agency routinely conducts assessments in self-care or hygiene but not in sexuality, you may need to take a closer look at your organization’s role in helping people access sexual information.

Assessment also involves considering what accommodations the person may need to benefit from instruction. Resources are available specifically designed to meet the needs of self-advocates with significant support needs because of cognitive challenges and/or who use picture symbols for communication purposes (see appendix). Tools that you can use with individuals who need to learn to navigate sexual interactions at work are also available.

**Planning.** Including outcomes or activities that can provide people with better information or support in expressing sexuality can be challenging. Because sexuality is private, it can seem like a breach of privacy to talk about someone’s sexuality in a meeting. At the same time, we are not likely to follow-up if it is not part of someone’s plan. The best approach is to talk with the
person before the meeting and ask them how they want to handle this need. If they feel too embarrassed, they can let the team know that they have some personal goals they want to work on and ask to meet with just 1-2 key people from the team who will report back. Here are some different goals or activities that may be considered.

- I will attend 1-1 coaching sessions to get information about public and private behavior, making friends, dating and relationships to answer questions I have about finding a partner (boyfriend or girlfriend).
- I will complete a class offered at the college on sexuality along with peers in the ASTEP program to get general information I need to move to the next step in my relationship with my boyfriend.
- I will have choice in being intimate with people I like by making informed decision about consent, sexual activity and birth-control.
- I will gain acceptance among my boss and co-workers by demonstrating safe and healthy social/sexual relationships on the job/in the Day Habilitation program.
- I will identify people I am free to date and 5 appropriate ways to get to know someone.
- I will learn how to show interest in others using socially acceptable behavior without overwhelming them by getting too close so that I can get to know 1-2 people who then might be willing to be my friend.

**Components of Informal Instruction.** Instruction is a way of providing information about sexuality. You can provide informal and formal instruction or teaching.

**Informal teaching.** Each time we observe, or interact we learn from each other. These interactions provide a powerful and lasting way to share information (Cross, 2013) and provide active support. This means that we have a vital role in shaping the sexual health and well-being of the people we support through our everyday attitude and interactions. This includes:

- Use the teachable moment – respond in the moment to share new information in a way that is helpful rather than disapproving. Keep it short.
- Put it into words - Use language that is familiar to the person (e.g., You can be private in your bedroom vs. no masturbating in public).
- Use visuals - Using posters and send text reminders to share ideas about treating others with dignity and respect or remembering a key idea you have talked about.
- Treat the person as an adult – don’t describe their romantic relationships that you may happen to observe (e.g. kissing or holding hands) as “sweet” or “cute” because that way of speaking infers the individual is like a child.
- Don’t assume that only the men you support are interested in or have a need to masturbate or be sexual.

Keep in mind that people may talk about something without really knowing exactly what that means. If someone is discussing intercourse, it doesn’t mean that they have experienced it. Also be aware that just because someone smiles and nods their head, doesn’t mean they
understand. Always consider self-esteem and language capabilities when giving facts. Also remember words that you use (e.g. erection) may be unfamiliar to someone who is more used to slang terms (e.g. a boner).

Take care with humor or cartoon approaches. Some people cannot tell the difference between jokes and reality or catch the subtleties of some humor. Your job as a teacher is to help people learn. Jokes and cartoons will not convey appropriate respect for sexuality and the seriousness of the subject. Also, sending cartoons or making jokes can be viewed as form of sexual abuse.

Be selective in using drawings and diagrams. Some drawings may not really look like a person’s body, this can be confusing. Use actual photos whenever possible. Learning only to identify and label internal parts may be useless and confusing. An entire lesson can be built around just one picture.

Don’t give more information than needed. Remember the story of the person who asked where he came from. After his parent explained reproduction, an hour later the person said: “No, what hospital was I born in?” Discuss topics at the level that a person can understand and after interpreting the meaning of the question only answer that.

There are 3 types of sexual language:

**Street language:** This is often considered to be unacceptable. Nevertheless you may hear people use these words or get a question about what they mean. Don’t over-react.

**Common language:** Often nicknames will be used for body parts or activities in a family. Some very original terms are found in this category. For example – spanking the monkey - is used to refer to masturbation by some cultures.

**Medically correct language:** This is the best terminology to use in teaching and reporting. Knowing the correct terms for body parts is important during health exams and if a person ever needs to tell someone about an abusive experience.

Most people want to have a significant other, intimate partner, or sweetheart in their life, but most people with disabilities don’t have the opportunity to share their life with a partner. As an agency, it’s important to think about:

- How might the team assist in that?
- How should direct support staff assist with that?
- What kind of opportunities or environments would the person need to have available?
- Where could the person go to meet people?
- What kind of skills (i.e., communication, grooming, social skills) would they need to have? Or what would they need to know?
We know how to teach people just about anything. So we can learn to teach someone how to ask someone for a date, or to dance. Keep in mind that this type of outcome really isn’t that different from any other. For instance, a person who states that he wants to become an astronomer but doesn’t have the cognitive ability required for that profession, can be assisted to join the local star-watcher’s club. We don’t ignore the desire. We help him meet his needs as best we can, at a level appropriate to his abilities. The same holds true in the area of sexuality. If the person identifies that they want a friend or partner who is a famous movie star we can help a person make many connections with people who are interested and eligible.

When asked, the primary desire of most people is to have significant relationships in life with whom to share their love, dreams and laughter. You can play a key role in helping to make that happen for people with disabilities.

Much of informal teaching involves respecting rights and modeling good behavior which we have already covered in this module. However, it’s important to remember that our underlying attitudes and beliefs tend to creep into our interactions (Schaafsma, 2020) and influence what direct support professionals do or do not do on the job. It is important to strengthen safe and healthy social/sexual behavior by starting with a positive attitude. What does that mean?

Read the chart below. It contains stories about that illustrate negative and positive ways to influence behavior. These stories describe what we sometimes do and what might work better.

<table>
<thead>
<tr>
<th>What We Sometimes Do</th>
<th>Active Support</th>
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<tbody>
<tr>
<td>View sexuality or sexual behaviors as a problem to be “dealt with”.</td>
<td>Regard sexuality as a sign of positive development; look for ways to help people gain confidence and information as needed.</td>
</tr>
<tr>
<td>Lecture or scold the person with I/DD for inappropriate behavior in public. Catch and punish people for not keeping sexual behavior private.</td>
<td>Offer private or group instruction on appropriate public and private behavior before problems occur. Show examples that focus on space, location, speech and behavior.</td>
</tr>
<tr>
<td>Teach a person with I/DD to do what you say (comply) because you are an authority figure. This results in people who can say all the right things to please you but who may not develop self-control or confidence to say no to someone who tries to dominate them inappropriately.</td>
<td>Suggest how a person can get their needs met during or shortly after a teachable moment in a way that works better for them and others (win-win).</td>
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</table>
Refrain from providing sexuality education because you are uncomfortable.

Find the people and resources needed to provide information even if that person is not going to be you.

Complain about a person’s behavior or try to control them by withdrawing your support or approval.

Think through the situation and provide support for the person, by treating them as you would like to be treated. You can support the person without supporting the behavior.

Rush through your shift without taking the time to engage people in conversations/activities. Send the message that you are too busy and not available because your duties are more important.

Make yourself available so the person has a trusted partner they can reach out to in times of difficulty or uncertainty.

Block a person with limited cognitive awareness from putting their hands in their brief throughout the shift over and over with little effect.

Discuss the person’s unique needs with a supervisor and provide opportunities for privacy that are appropriate for the setting and needs of the person.

The direct support professional who is a champion for sexual development teaches and supports safe and healthy social/sexual behavior in appropriate ways as needed but the direct support professional who is uncomfortable does nothing and so people with I/DD get unequal support and mixed messages.

Discuss each staff person’s need for training and support and review specific circumstances that have or are likely to occur and how to respond in a respectful and supportive manner.

**Identify Components of Formal Instruction.** Formal teaching is best provided by people who have had at least some training as a sexuality educator. A variety of tools and approaches can be used to engage people 1-1 or in small groups to get information (see appendix) about sexuality. Encourage responsible self-advocates to act as co-instructors, giving them opportunities to learn by teaching and as a way to develop leadership skills.

**Preparing to Teach:** Instruction requires that you know the needs for information of the people you intend to teach and that you are fully prepared to teach each lesson. If you run from one meeting to another or one job to another and come rushing into the room without reviewing the materials and being prepared to address the dynamics of the group you are going to teach you do the group a disservice. Kathryn McLaughlin’s curriculum (see appendix) can help you make decisions about 1-1 versus group instruction (each has pros and cons), the size and gender identity within a group and where to teach and how to modify the instruction as needed.

Some dynamics that need to be addressed include:

- Helping people put away other events or people on their minds to settle into class.
• Having a hands-on activity that can engage learners ready to go.
• Reviewing ground rules for individual/group behavior before starting a lesson every time
• Making sure participants do not have a long waiting period while you get organized.
• Choosing seating arrangements where people have choices that help them resist the temptation to start cross conversations that compete with the lesson.

**Practice:** Showing someone how to make a certain food or do a new job task is much different that teaching about sexuality. During formal instruction you are trying to teach vocabulary, concepts, and behavior and get people to think about how to use what they are taught. For that reason it will be helpful to have a partner to work with so that you can practice what to say and how to respond to unique situations that come up.

**Evaluation.** Several curricula come with pre-post assessment tools that will help you evaluate learning. You will need to create your own tools for getting feedback from self-advocates, so you know what changes to make as you go.

**Roles and responsibilities in becoming a sexuality educator.** It is helpful to have resources designed for use with people who have I/DD that break down the information into chunks that are easily absorbed. Some agencies assign a sexuality educator to provide the formal training. Curricula that can be used as a basis for instruction are included in the resource appendix. The decision about what and how to teach needs to be made by the person-centered planning team.

Even if you will not be acting as a sexuality educator, it may be helpful to review parts of any curriculum that might be taught. This can be incredibly helpful in a coaching situation or when problem-solving with a person you support. This can be done informally during a staff meeting or during orientation or training.

Determining who should be a sexuality educator should include the following considerations:

**Awareness that:**

• People with DD need accurate and easy-to-understand information about sexuality to experience safe and healthy social/sexual relationships.
• Information does not equal permission and better information increases the likelihood that people with DD will remain safe.
• Getting information does not guarantee that someone will decide to become sexually active; rather a person may already be sexually active and need the information to stay safe.
• Your personal sexual behavior or choices or that of the participants are not discussed in a sexuality education class.
• Regardless of your specific beliefs about sexuality, most people share common values that all people deserve to be safe and that sexual acts should be consensual.
• Becoming a sexuality educator involves a willingness to partner with families.
• You are willing to listen and create a safe space for diverse people with DD to learn about sexuality and this is a personal choice not something you have to do.
• Sexuality is a sensitive, private and at times embarrassing topic and that feeling embarrassed does not mean you cannot be an effective sexuality educator.
• You have the time and willingness to study, learn and use resources created by certified sexuality educators designed for people with intellectual disabilities to support learning opportunities.
• You are willing to respond to people in the class without sending a message that sexual activity is unnatural or sexual feelings are bad.

Special Instructional Strategies Used to Teach Sexuality. Other modules in this series describe some of the evidence-based strategies we use that are proven to make a difference in teaching. In this module let’s review some strategies that are helpful in teaching people with I/DD about sexuality. Even if you are only providing informal instruction these strategies can be helpful.

**Responding to Questions.** This technique is also called the “stop, drop and roll” response. We often use this phrase to guide people who suddenly find themselves on fire but here it has a different meaning. When you get a potentially embarrassing question (and you may) you stop (pause for a moment) drop (make sure any shock or strong emotions drop away from your face so the person doesn’t feel shame over asking a question) and then roll with the situation by feeding the question back to the person saying, “what have you heard about that,” or “what would you like to know?” Remember the question a person asked may not be the same question they are trying to ask. A list of simple definitions for explaining different sexual words and concepts in simple terms can be found in the appendix. It can be helpful in responding to those unexpected questions that happen inside or outside of class.

**Focus on teaching sexual self-advocacy.** Remember you are not just teaching people about their bodies or sexual acts. You are teaching them to take care of themselves, to advocate for themselves in relationships and sexual situations, to understand what may happen and to stay safe. Don’t expect to achieve all of this during your first lesson. In fact, many people will need to go through the curriculum several times before they can internalize the information.

**Promote generalization.** One of the hallmarks of having an intellectual disability is having difficulty with generalization. For that reason, it will be important to incorporate activities into every lesson specific to the types of circumstances that are likely to come up for the person with I/DD in the near future. This requires having a great deal of knowledge about the person you support and may involve collaborating with someone who is providing residential or vocational support. You can also give participants activities to try on their own and ask them to come back to class with the activity completed. Most people will need on-site support to follow through with homework.

**Teach Concepts.** You may be familiar with the steps of creating a task-analysis to teach people to do a task or follow a routine. When you give people information there are often concepts involved. What is a concept? A concept is a knowledge tool or key that the person uses to understand and navigate all future situations (Algahtani, 2017). When you were very young for example, you learned what the concept of a chair meant. You learned there were different
sizes, colors or kinds of chairs but that while a couch or a stool were both places to sit, they were not chairs.

Suppose you were teaching concepts such as public or private behavior. The people you support need to understand public vs. private spaces, distances, behavior, expectations, body parts, clothes and words. That is a lot more information and it has to be presented systematically because you don’t know what part of that concept each person in the class may be missing. Steps involved in teaching a concept include:

- Define the class (e.g., private spaces).
- Identify what makes that idea different from other similar ideas. (Spaces where you can be private or be alone).
- Provide examples and non-examples that are clear and always apply. (Your bedroom)
- Then provide examples and non-examples that are less clear. (Your bathroom)
- Choose words that will easily fit into the working memory of each person.
- Create examples and non-examples that fit the reality of the learner.
- Use an analogy to help connect what they are learning to past experience For Example:

  Private means I decide who comes in before they come in.
  Public means people come in whether I like it or not.

- Create stories in which the concept is used to make a decision or respond.
- Include specific ways to handle many different situations.
- Arrange for the person to practice using the concept with different people and in different situations. (Riding the bus or an agency van, public bathroom, getting a period unexpectedly at work or when out in the community, at the bowling alley, when your clothes don’t fit right, when your shirt is too short, etc.).

You would then need to repeat this kind of instruction for words, body parts, and expectations. Expectations are not about just what is legal or illegal but when people will start to have weird thoughts about you or not want to be near you if you do or don’t do certain things like stand too close or ask embarrassing questions.

**Teaching About Gender and Sexual Identity.** Differences in sexual identity and gender can be very confusing and difficult to share with people who have I/DD because the terms used are very abstract. We have a responsibility to share information but also to be clear and to keep from confusing people. Lessons on those topics needs to be done very slowly and separated into several mini lessons.

You should not assume that a person with an intellectual disability has an identity or gender that is the same as the one valued by their family. Most people who have I/DD meet someone who is homosexual or transgender and may observe differences or ask questions about that person. Or the individual with I/DD may find the information to be too confusing and reject
specialized knowledge that is too difficult to comprehend. Resources for teaching people about differences in gender and sexual identity are included in the appendix.

**Identify Strategies for Adapting a Curriculum.** New curricula that are designed to benefit diverse groups are available. Modifying or adapting a curriculum is acceptable to meet the unique needs of individual learners with I/DD. Here are some examples of ways to modify information on sexuality.

**Use a different way to help people get information.**
- Replace role-plays with social stories
- Use more videos
- Take longer to show pictures
- Use larger print
- Use attentional cues
- Expect a longer response time
- Use single example charts
- Use a dildo not a banana
- Use PEC symbols or sign language

**Use a different way to help people make sense of the information.**
- Provide more examples (pictures)
- Provide more realistic examples
- Sequence examples from simple to complex
- Use simple language
- Have participants sort/organize cards
- Present ideas in smaller bites
- Provide more practice time
- Check frequently for understanding

**Use strategies that are proven to work in teaching (evidence-based).**
- Use pre teaching/pre-exposure
- Provide direct instruction
- Repetition of instruction; reteaching
- Reinforce more frequently
- More frequent review of past lessons
- Use teachable moments
- Provide activities for generalization

**Help participants remain motivated**
- Use smaller groups/less pairing off
- Eliminate waiting time when starting
- Provide more tangible reinforcement
- Have participants help with materials
- Schedule before a preferred activity
- Use photos of people (with consent)
- Give more breaks
- Provide certificates
- Engage self-advocates as leaders

**Teaching people with I/DD about giving or getting consent.** Many different sexual education curricula include lessons and activities designed to help people with intellectual disabilities to learn about consent. This helps people decide if a prospective partner is old enough to have sex or if that same partner can give consent. A list of these resources is included in the appendix. For the most part, those activities involve conversation, discussion and visual resources. Pictorial resources for people who do not use words to communicate are also available in the appendix.
Staff who are asked to take on the specialized role of becoming a sexuality educator need advanced training. However, sometimes during informal situations the direct support professional can be put on the spot by a question from someone they support. In trying to respond, we can quickly find ourselves in the weeds. It is always appropriate to say, “I don’t know the answer to your question, but I can find out and talk more about it later.” If you do that, be sure to follow up. Or say “that is an important question. The best person to answer that question for you is (e.g., parent, psychologist, sexuality educator, etc.”). A list of basic questions and answers on sexuality is included in the appendix.

**Expertise in Sexuality.** Service providers benefit from being able to access specialists who are able to provide support in the area of sexuality education. Forming these relationships may involve reaching out to a local rape and crisis center, sending a member of the staff for advanced training in sexuality, partnering with a local consultant or forming a study group to learn together. Although national certification as a sexuality educator is available it is not necessary to have this certification to teach people with ID about safe and healthy sexual behavior.
Chapter Four Feedback Exercises

1. T/F It is advisable to have a legal guardian give consent for training on safe and healthy social sexual behavior.

2. T/F If parents or guardians are in the contemplation stage about providing information on social/sexual behavior, it may be helpful for staff to provide information on the pros and cons of their family member receiving information.

3. T/F Anyone who works in an agency who provides services to people with disabilities can be a sexuality educator.

4. T/F You should not assume that a person with an intellectual disability has an identity or gender that is the same as the one valued by their family.

5. What are three types of assessment tools that providers can use to help assess needs in the area of sexuality?

6. Which type of sexual language is best to use in teaching and reporting?
   a. Street language
   b. Common language
   c. Medically correct language

7. Give four examples of ways to modify information on sexuality that can help people make sense of the information.
Chapter 5 – Policies on Sexual Activity and Birth Control

Objectives:
• Identify essential components of policies and procedures on sexuality.
• Indicate how to report incidences of sexual behavior.
• State ways to support people to date or find intimate relationships.
• Consider agency policies on birth control options.
• Consider policies on detecting, responding to and reporting sexual abuse.
• Consider policies on treating sexually transmitted infections.

Essential Components of Agency Policies and Procedures. Policies on sexuality need to encourage dignity and respect for all individuals. Topics like privacy, social opportunities, respect for choice and sexuality, and protection of legal rights are often included.

Privacy: It is important to recognize the need for private places; rules for respecting each individual's privacy; and possible physical barriers to privacy.

Social Opportunities: Opportunities for interaction with partners who can give consent; transportation, enough staff as needed to support attendance at social activities in the evening and on weekends; social skills training; age-appropriate recreational opportunities; and availability of singles, couples and group activities, rules that support having a partner meet in someone’s bedroom or sleep over.

Respect for Choices: Some policies that support choice would be specific requirements to support choices such as: Selection of clothing; choice in routine; purchase and use of cosmetics/toiletries; choice of roommates; choice of recreational activities; training in sexuality; birth control, avoidance of sexual abuse; relationship issues; are. Staff may need training in supporting and encouraging individuals to make choices.

Agencies must also consider their policies with regard to sexual expression choices: Will sexual activity be allowed in the residential setting? If people choose to marry or have children will they still be able to receive services from the same agencies. Will staff be trained in how to support parents with I/DD with parenting.

Legal Rights: This area includes specific policies and procedures for responding to situations involving consent, inappropriate sexual behavior; guarantee of due process for participation in training programs; information given to staff, parents and individuals about laws, policies and legal rights.
Written policies give staff consistent guidelines to use when responding to sexual behavior. Inconsistent methods in providing supports to people with learning challenges decrease effectiveness of the intervention. If the "mood" of the agency changes or if the range of acceptable behavior changes when the shift changes, progress is less likely. Beyond that, a clear policy provides employees, parents, and consumers with information to help decide whether or not the agency is a place they can wholeheartedly support, a place where surprises are minimized.

Research by Martino and Perreault-Laird (2019) found that many staff are fearful of getting into trouble and do not want to discuss the policy and training provided by the organization, even when they themselves hold liberal views on sexuality. It is important for providers to work closely with direct support professionals on ownership and transparency in setting policies about how the agency will respond to circumstances in which the right thing to do is difficult to judge.

It's not difficult to find samples of sexuality policies to use as a springboard for agencies who wish to adopt such policies. However, it would be a mistake to simply import another agency's policy intact, uncritically. Getting staff, parents and self-advocates together to discuss and clarify issues is a group process that can be difficult and is powerful. Even though the policy generated may end up looking similar to the sample, when stakeholders have an opportunity to participate in the review process, it becomes a product of the agency. That increases the likelihood that policies will be respected and followed.

The strategies in this module may or may not align with the specific policies in the agency where you work. It is important to ask if the agency has described sexuality rights in their policies or has a position on how to respond to overt explicit sexual behavior that you may observe, or a person may tell you about while you are working. Some general guidelines that you can follow are:

**Reporting Incidences of Sexual Behavior.** Your agency policies will guide you in learning what kinds of sexual behaviors need to be reported. There are many different behaviors that fall under the umbrella of sexual behavior which can include kissing, touching certain body parts, hugging, flirting, fondling, standing too close to someone and intercourse. Not everything needs to be reported. For example, if two people who have a long-term intimate relationship are holding hands or kiss one another good night, that may not need to be reported.

It is important to think about how to respond and what and how to report and to seek help from a supervisor if you are unclear.
Preserve the Person’s Dignity. This is always a correct way to respond. Five actions can be taken to show respect for the individual as you provide active support:

- Act calmly. Do not react by drawing negative attention to the person using a loud voice or talking about it with other people who do not have a need to know.
- Assist people to cover exposed body parts if needed or return to a private space.
- Acknowledge the person’s feelings and need for privacy.
- Relieve possible embarrassment to the individual and others.
- Coach or redirect the person if needed, following agency policies or intervention plans.

Be Aware. People with developmental disabilities are often at a disadvantage in meeting sexual needs due to the following:

- They may not be aware of legal or social expectations for appropriate behavior.
- They may have a difficult time with self-control or self-direction.
- They may have few or no sexual outlets.
- They may not know better ways to meet a need.

Your responses, as well as any report you make could empower that person to learn new safe and healthy social/sexual behavior.

Consider the Situation. In each situation think about the seriousness of the situation, who needs to know about it and the impact of the situation on the person with DD and others. Always report incidences where a person has been harmed or has or is at risk of attempting to harm themselves or others.

Assess the Person’s Need for Active Support to Express Sexuality – Think about the person’s need for support that would help them to better navigate the situation, maintain the right to privacy, understand consent, take steps to protect themselves sexually. Could the person use?

- Information
- Training
- Staff support
- Staff intervention

Be Objective. Avoid being judgmental or reactive; be objective. You may need to reach out to a supervisor or team leader to get ideas or perspective. Remember, that being objective does not mean that you need to be overly explicit. Reports can develop a life of their own and once in a person’s file can influence any staff person who has access to that file. You are not going to recount specific, personal information that you may have inadvertently observed or overheard. Put what you have to say into an incident report using an objective and informative tone that is not too personal. For example:
“Oh my God. Tracey and Mark were going at it hot and heavy in the bathroom. You could hear them groaning from outside the door and they stayed in there for an hour. I had to clean semen off the walls afterwards. Gross! That is totally inappropriate. What do we do?

Tracey (you would write about Mark separately) has become sexually active on an almost daily basis. She needs some direction on a private place that is acceptable to use instead of the group bathroom. Also, I don’t know if she is aware of birth control. She has not asked me any questions.

Your supervisor is then going to ask you about your report (guaranteed), and you can share any explicit details you observed (if pertinent) in private (in his/her office with the door shut, not on your supervisor’s cell phone which is not private). Graphic details about a behavior should be included in a report with some sensitivity if:

a. **The person was frustrated because he or she was unable to meet a need** (e.g., he tried to masturbate but did not seem to know how. He did not ejaculate, then he started banging his head).
b. **A person or person was at risk for being hurt or their rights denied** (e.g., He came out with his fly open and his hands in his underwear – right to privacy; she said the man put his hands in her vagina and she doesn’t like that – at risk)
c. **The person’s behavior made it difficult to redirect and respond to the behavior.** (No matter what I did he kept putting his hands back in his brief in the Day Habilitation room he shares with others. This went on every five minutes for 2 hours).

In addition to crafting policies on rights, choices and reporting behavior, agencies often need policies or practices in three other important areas.

**Supporting people to date or find intimate relationships is part of active support.** While many agencies have policies on this it can be difficult to translate policy into meaningful support. Some suggestions to put policy into practice include training for staff and individuals on how to:

a. Identify social and group interactions for each person as part of the planning process and creating a unique support plan if options seem limited.
b. Measure progress in deepening or expanding relationships (individual and group) throughout the year. See the following example.
<table>
<thead>
<tr>
<th>Event or Activity</th>
<th>Status</th>
<th>Observation at the start of the year</th>
<th>Observation about midyear</th>
<th>Observation at the end of the year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates</td>
<td>July 2021</td>
<td>January 2021</td>
<td></td>
<td>June 2021</td>
</tr>
<tr>
<td>After church meal or gathering</td>
<td>Familiar</td>
<td>Sits w/ her family &amp; speaks to others only if directed or when giving her food order.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After church meal or gathering</td>
<td>Supporting Data # of conversations 0 # of initiations 1 Strengths - smiles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowling league</td>
<td>Familiar</td>
<td>Sits w/ her peers &amp; bowls but does not chat.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowling league</td>
<td>Supporting Data # of conversations 0 # of initiations 0 Strengths - smiles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work breaks</td>
<td>New</td>
<td>Sits by herself at work and speaks to no one – doesn’t answer if spoken to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work breaks</td>
<td>Supporting Data # of conversations 0 # of initiations 0 Strengths - smiles</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c. Provide active support to assure a balance between care activities, meals and meaningful activities designed to strengthen social experiences among people with and without disabilities.
d. Adapt a way to create specific areas of responsibility for enhancing social opportunities as shown in the following chart.
I will gain confidence in showing interest in other people by greeting and engaging them in conversation without reminders at appropriate times at home, on the job and in the community so I can make new friends that I like and that like me.

<table>
<thead>
<tr>
<th>Who will help me achieve this goal and what each person will do.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Me</strong></td>
</tr>
<tr>
<td>• Remember to smile even when I feel shy.</td>
</tr>
<tr>
<td>• Use my scripts to practice.</td>
</tr>
<tr>
<td>• Try talking on my own after I gain confidence.</td>
</tr>
<tr>
<td><strong>My Family</strong></td>
</tr>
<tr>
<td>• Support me to go to one community sport activity adapted for people with I/DD every other weekend to meet people with and without disabilities</td>
</tr>
<tr>
<td><strong>My Job Coach</strong></td>
</tr>
<tr>
<td>• Create a chatting script for me to use at work when we are on breaks.</td>
</tr>
<tr>
<td>• Support me to greet people I may know who come into the business.</td>
</tr>
<tr>
<td><strong>My DSP- Res.</strong></td>
</tr>
<tr>
<td>• Help me identify one person at home and one person from the community that I would like to get to know better.</td>
</tr>
<tr>
<td>• Help me make weekly calls or send texts to get us together.</td>
</tr>
<tr>
<td><strong>My PM</strong></td>
</tr>
<tr>
<td>• Set up times for me to practice chatting with new people using a getting to know you script at first.</td>
</tr>
<tr>
<td>• Train my staff how to help me practice using the scripts in a discrete way.</td>
</tr>
</tbody>
</table>

- In group living arrangements, engage self-advocates in setting up courtesy rules that they vote on about notifying staff when people are coming and going in the home.
- Teach people to use UBER or other ride sharing apps to get where they need to go and to travel with a partner for safety.
- Making use of mobile phone technology to provide discrete support in socializing.
- Help self-advocates to find safe dating sites and safe gathering sites in the community for people who want to meet others or hang out together. While this is a challenge, some possible sites are listed in the appendix.
- Offer self-advocates specific training on how to meet and interact with others with guidelines for flirting, dating, meeting and getting to know people.
- Invite the social butterflies in the group to help model effective interaction skills as role models and leaders. Remember, they have the right to decline to participate.
- Provide people with books on relationships and dating that have been designed for people with I/DD (see appendix).

**Policies on Birth Control Options.** Your agency will make policy decisions about offering information about birth control to people you support. Several easy-to-understand models on teaching people with I/DD about birth control are included in the appendix. It will be the
agency’s responsibility to assure that if they do not want to take on that role, they collaborate with any of the following partners who may fulfill this role in the community by discussing needs and sharing the easy-to-understand information on birth control. This kind of planning has to take place at the agency level and cannot be left to individual direct support professionals. Possible partners include and are not limited to:

- Family Practitioners
- Nurse Midwives
- Health Units
- Crisis Centers
- Houses of Worship
- Domestic Violence Centers
- CILS
- Pharmacies
- Schools
- County nurses

**Policies on Detecting, Responding to and Reporting Sexual Abuse.** There is a more detailed chapter on sexual abuse which follows in this module but in general, policies should address proactive steps that can be taken to prevent abuse, strategies for assuring each person has a trusted partner with a check-in process and how to respond to and report abuse as well as in providing trauma-informed care. Staff will also need guidance on when and how to intervene in situations that may be observed and in which a person appears to be at risk but has not asked for intervention or support.

**Policies on Treating Sexually Transmitted Infections.** This type of policy or procedure should be available on an as-needed basis with materials for both people with I/DD and any nurses or staff who are going to be providing follow-up care. If a person has an active infection that person may need to abstain from sexual activity for a short time period or until protection is available. Agencies need to spell out who will give this information to a self-advocate and how program staff can plan with the individual to assure this happens. Agencies also must, in collaboration with a person’s physician, follow current ND laws on reporting infectious diseases to the ND Health Department. Usually a nurse or program manager will need to be familiar with these policies as necessary. For the program manager, it is enough to know that infectious conditions may need to be reported and then check with the nurse or physician to find out who is responsible for doing that.
Chapter Five Feedback Exercises

1. List four essential components of agency policies and procedures on sexuality.

2. If you encounter sexual behavior, what are five actions you can take to show respect for people you support and preserve their dignity?

3. What are four reasons why people with DD are often at a disadvantage in meeting sexual needs?

4. T/F Planning for birth control should be done by DSPs for the people they support.

5. T/F Inconsistent methods in providing supports to people with learning challenges decrease effectiveness of the intervention.

6. Privacy should consider which of the following?
   a. The need for private places.
   b. Rules for respecting each individual’s privacy.
   c. Possible physical barriers to protect privacy.
   d. All of the above

7. List three areas of legal rights that policies and procedures should include in regard to social and sexual behavior.
Chapter 6: Overcoming the Cycle of Sexual Abuse and Exploitation

Objectives:
- Define and give examples of sexual abuse.
- Provide reasons why people with I/DD may be targeted.
- Describe ways to prevent sexual abuse.
- Describe ways to strengthen self-determination.
- Recognize physical and behavioral indicators of sexual abuse.
- Understand feelings and reactions of sexual abuse victims.
- Provide trauma-informed support to sexual abuse victims.

Sexual Abuse. Sexual abuse can be defined as any sexual contact or activity which occurs as a result of persuasion and threats, tricking, physical force, or taking advantage of an individual's disabilities (Fitzgerald, 2000). Sexual abuse is emotionally and/or physically harmful. Sexual abuse occurs as a result of sexual assault, exploitation or harassment. Each of these actions is a crime.

The chart below is based on Title IX and shows sexual violence on a continuum based on the type of crime and some of the factors that can contribute to sexual abuse. We cannot list all forms of sexual violence in this module, but this covers many of the primary forms.

A significant crime that has been added to the list is the crime of buying, transporting and selling children or adults in order to expose them to unwanted sexual activity or contact for profit.
Another way of thinking about sexual abuse is to consider the level of violence that results in abuse and the elements that can contribute.

The Spectrum of Sexual Violence

Each form of sexual violence can contain an element of

- Force
- Coercion
- Misuse of power
- Intimidation
- Exploitation of vulnerability
- Grooming tactics
- Degradation of character
- Fraud

Facts About Sexual Abuse. Some important facts to know about sexual violence is that it is not provoked by the person who is assaulted no matter what they wear, how they look, how they act or where they go.

Sexual assault has happened to and been initiated by both males and females in all age groups usually in the home but also in community settings large and small. The abuser is usually known by the victim. Incidents in which people make false reports about being assaulted are relatively low at about 2%. People are much more likely to underreport abuse, especially males. People who appear to be vulnerable are more often targeted for abuse by others. Abuse may also occur between two people with I/DD. This is sometimes referred to as client-to-client abuse which is still a form of sexual assault.

Frequency of Sexual Abuse of People with ID. In 2018, Joe Shapiro shared extensively researched data on the prevalence of abuse among people with disabilities (see appendix). The data shows that men and women with disabilities are seven times more likely to be abused than people without disabilities based on crime reports from the US Justice Department.

In an NPR report on Joe Shapiro’s article, Leigh Ann Davis an advocate for the Arc, talked about how seldom people with disabilities report sexual abuse. She states

"It means people with disabilities still don't feel safe enough to talk about what's going on in their lives," she said. "Or we haven't given them the foundation to do that. ... That there are not enough places to go where they'll feel they'll be believed."
Based on her work with victims, families and providers she raises important points that need to be addressed in your efforts to stop the cycle of abuse.

- Make it easy for men and women with disabilities to feel safe in telling you about what has happened.
- Develop a check-in process in which you ask people if they are feeling safe, if anyone has hurt them or asked them not to tell anyone about something that happened.
- Give people with disabilities a foundation (words, pictures,) for communicating about their personal lives.
- Give people with disabilities more information about sexual abuse using a red-light/green light opportunity to identify a potential threat.

Reasons Given for Targeting People with I/DD. People with I/DD are targeted when the tendency to support and protect them, (which most people have), either does not form or breaks down in the face of opportunity or greed. The offender often plans and chooses the opportunity to sexually assault someone with a disability when:

a. An opportunity is available.
b. They think the person can be easily persuaded to let them use them.
c. They think the person won’t understand what is happening or be hurt.
d. They think the person won’t be able to defend themselves or stop them.
e. They think the person will not be believed if they tell someone about it.
f. They think the person will not be able to tell someone what happened.
g. They think the person can be easily forced or coerced into not telling.
h. They think they can successfully hide what happened from others.
i. They think of the person as less valuable and a suitable target for their rage or mischief.
j. They think that the person’s stress or pain is less important than their gain.
k. They enjoy hurting other people.

These kinds of thinking errors do not cause sexual abuse. It is the decision to act on these thoughts that causes the abuse. People who are abusers often make excuses for their decisions and behavior.

Defense Against Sexual Abuse. There is not always a way for the victim to defend him or herself against the abuser. In fact, many victims experience deep guilt thinking there was something they could have or should have done to prevent the abuse which only adds to their pain. Perpetrators are clever and find ways to trick or overcome people in spite of their best efforts. No strategy is 100% foolproof but some strategies which are believed to help are:

- Travel or visit places in pairs or groups and stay together.
- Avoid being alone with people you know but not very well including in the family.
- Make loud or assertive responses unless there is an immediate threat of death.
- Improve your ability to defend yourself physically if you can.
- Communicate with people you trust if you are threatened in any way.
Don’t believe anyone who threatens you if you tell.

**Change the Conditioning that Creates Passive Responders.** Many people with disabilities are conditioned throughout their lives to be passive responders and to comply with anyone who assumes the role of an authority figure. This is often unintentional. It happens whenever:

- **We consistently do something for a person they can do for themselves.** (Encouraging the person to do their laundry will lead to a conflict so I just do it for them. It’s easier that way).
- **We counter inappropriate behavior with insistence on compliance as cooperation.** (That is not appropriate behavior. Right now you need to be working, in your room, at this table, finishing your laundry etc.).
- **We make most of the important decisions and leave the person with a disability to make unimportant decisions.** (You can choose which shirt to wear but you can’t choose to bring your lunch to work except on Fridays, if you earn all your points).
- **We observe a person with a disability put up with a behavior by others that we would never tolerate if it happened to us, but we stand by and do nothing when they complain** (Yes I know Person A was hitting and swearing but he was angry and upset).
- **We tell the person with a disability why it was their fault that something happened** (You shouldn’t have worn that shirt, you need to be more social, you were mean first).
- **We insist that the person with a disability do something or follow-through with something because we don’t want to admit that our brilliant idea for their lives just isn’t working for them.** (I know you don’t like this new chair I bought you, but it was a lot of money and you need to give it more of a try).
- **We trick a person with I/DD into getting up on time by telling them they have an appointment and then later say we made a mistake to avoid a conflict during our shift.**
- **We start providing a service to a person with a disability without introducing ourselves or any advanced warning that the schedule has changed.**
- **We expect people to find out what’s on the menu when they show up and don’t make arrangements for anyone to see a menu at home or at work in advance.**

None of these behaviors cause an abuser to target someone with a disability. But they may contribute to the person’s tendency not to report an incident or willingness to take steps to exercise their rights or stand up for themselves. We can help people gain confidence in using their voice to have a life worth living and counter their role as a passive responder by consistently providing active support.

Keeping people with I/DD from going out may lower self-confidence and foster an attitude of helplessness and dependence. While protectiveness may limit the individual's contact with strangers, it does not protect them from abuse by friends, family members, and caretakers. Statistics show that in at least 60% of all reported sexual abuse cases, the offender was known to the victim beforehand. For more vulnerable populations, that percentage increases.

**Provide training on self-determination.** We need to ask ourselves why cooking, grocery
shopping and self-tasks are viewed as “cake” and training in self-determination and self-advocacy are viewed as “frosting” – something we will get to if we have time or something for only the most vocal, intelligent and social people we support. What if we built opportunities to strengthen self-determination into every instructional activity we offer and every social event that we support?

**Offer training in self-protection.** Let’s identify important skills that become part of self-protection and specifically teach these skills to the extent that each person can comprehend. For example. Focus discussion and role-plays on prevention of abuse by both stranger and people you know. Teach specific ways to avoid being vulnerable and focus on telling rather than self-defense. Create specific situations that might come up and practice what to do or say in response that is assertive but not aggressive or passive. For example:

1. You are alone with a family member you don’t like or do like but don’t know well.
2. You are asked to hug when you don’t want to hug.
3. You are at a party and ready to leave but your friends won’t leave.

To counter a situation where a person who goes looking for love in all the wrong places and ends up pregnant when she doesn’t want to be, we could have a more robust plan to teach this person safe places to meet people and ways to find out if they can be trusted. Our instruction needs to focus specifically on learning to predict what might happen and recognize hidden agendas. Remember that training in abuse prevention is important but it should be offered in addition to sexuality training not in place of it. If you are not personally comfortable teaching abuse prevention, find someone in your agency who is willing to take on this special role. Training on this is usually available through local police departments and would need to be modified to benefit people with I/DD.

Other skills that can contribute to individual safety and should be considered as part of a risk management assessment include.

1. The ability to give a clear signal of “no”.
2. Being able to identify safe places to meet someone.
3. Being able to identify safe ways to connect with a friend.
4. How to tell if someone online is real or safe.
5. Naming private body parts.

The list of possibilities are endless, and it is impossible to include information on all situations. The important step is to go beyond risk management on an individual basis to doing program assessment of how well we are teaching self-determination. Some resources have been included in the appendix to help you make plans and consider what might be missing from your current support program. You can also consider sharing interviews by self-advocates who have been victimized and have bravely shared their story so they can help
other people.

Set ground rules when discussing sexual abuse. Many people are not used to talking about this subject and may respond at first, with giggling, laughing, silliness or silence. Also stress that what is talked about during these lessons stays private. If someone does disclose a past experience, arrange to meet with them separately to listen and get the facts.

Recognize possible signs of sexual abuse. Since sexual abuse frequently goes unreported and is often difficult to detect, it is helpful to know the physical and behavioral indicators that sexual abuse may have occurred. Indicators that a person may have been abused are listed below. It is likely that the person will have more than one behavior.

- Difficulty in walking or sitting
- Torn, stained, or bloody underclothing
- Pain or itching in the genital area
- Bruises/ bleeding in genital or anal area
- Sexually transmitted infections
- Pregnancy
- Difficulty sleeping
- Sudden/frequent nightmares/sleep loss
- Avoidance of a previously trusted/well-liked person
- Unexplained change in eating habits
- Fear of being left alone
- An unusual desire to be alone
- Sudden infantile behavior (rocking, bedwetting, etc.)
- Reluctance to do favorite activities
- Running away
- Bizarre, sophisticated/unusual sexual behavior
- Constantly invents/complains of symptoms
- Refusal to undress, bathe, or be touched
- Depression
- Cutting or self-mutilations
- Excessive masturbation
- Not wanting to look nice
- Always wants a certain person with them at bedtime.

Did you notice that many of these symptoms are actually signs of trauma?

Identify community support for sexual abuse victims. It is important if sexual abuse does occur to have both information and knowledge of local support systems including:

<table>
<thead>
<tr>
<th>Agency Contact Information</th>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Police Department</td>
<td>Do they have a special victim’s unit?</td>
</tr>
<tr>
<td>Local Hospital</td>
<td>Are staff trained to handle rape cases?</td>
</tr>
<tr>
<td>Court Victim Services</td>
<td>What specific supports do they offer?</td>
</tr>
<tr>
<td>Sexual Abuse Center</td>
<td>Are they prepared to support women or men with I/DD?</td>
</tr>
<tr>
<td>Protection &amp; Advocacy Project</td>
<td>When to call and who should contact?</td>
</tr>
<tr>
<td>Psychologists/social workers</td>
<td>Are they trained to conduct a victim interview?</td>
</tr>
</tbody>
</table>

Provide on-going counseling and support after victimization. Victims may have intense feelings or feelings of hatred towards self or others for days, weeks and even years after an event. There is no one way to grieve and heal. Males tend to deny that abuse could happen.
to them and minimize feelings about the abuse. There are some counselors who are trained to help victims of rape or incest and some that work with people with ID. The person who was hurt may or may not want to talk about the incident but being open so they can express what they do want to share is important. Giving each person a sense of control during the aftermath is important because that was violated during the incident.

Think about how you will talk to a person who discloses sexual abuse. You are not responsible for being the investigator, prosecutor, judge, or therapist in sexual abuse cases. Follow your agency policies to determine your role in the event of a disclosure. The individual will look to you for support and information. Here are some general guidelines for responding to a victim:

**Believe.** Take what they say seriously even if it came out at an inappropriate time or you are aware of a pattern of seeking attention. It is also possible that the person will not have all the details straight. That does not mean nothing happened. It is unlikely that a person will make up a sexual abuse experience. Accusing someone of committing a sexual assault is not an easy or likely way to "get back at someone".

**Language.** The person may not know the correct terms for body parts or actions. Let them point and use slang terms to describe what has happened. Anatomically correct dolls are available for use with children and photos are available for use with adults.

**Affirm.** Acknowledge the importance of talking about the abuse and getting help. Do not assume that the individual knows she/he should talk about it.

**Support.** Remain neutral in your reaction. Showing shock or disgust will only increase the person's anxiety.

**Avoid Judging.** Avoid "why" questions (Why did you talk to that stranger?", "Why didn't you tell me before?") Even if someone was tricked or manipulated into doing something they "should have known better than to do", the abuse is not their fault; the tricks and manipulations are part of the abuse and victimization process. Reinforce that a person who has been victimized was forced, tricked, or manipulated and, therefore, is not to blame.

**Empower.** A victim of sexual abuse often feels helpless and powerless. By affirming and supporting her/his feelings, listening to her/his concerns, fears and needs and educating her/him about available resources, the victim is empowered with a sense of all the options available to her/his ability to no longer be a victim.

**Refer.** According to your agency's policies and procedures, help the individual
receive appropriate services through referral to helpful support groups or agencies.

Sexual abuse is often very embarrassing and difficult to talk about. People may show feelings of anxiety, fear, guilt and anger. You yourself may need to check with a grief specialist or rape crisis counselor to find the best ways to respond to and support the person with I/DD.

**Trauma-Informed Care or TIC.** TIC is person-centered caring response that focuses on making sure a person who has experienced significant trauma or stress (about 70% of people with I/DD) has voice and choice over their interventions and life circumstances. It is also strengths-based. It focuses on an individual’s positive assets and ways to build upon strengths the individual can use to create healthy coping mechanisms.

For individuals with a trauma history, because their behavior is more often an expression of emotion rather than an effort to communicate what they want we need to avoid direct attempts to eliminate the behavior. Labeling this behavior as “maladaptive” can actually make the traumatic response worse because for now, because it is how the person has learned to cope when life events evoke memories or continue to present stressful situations.

Traumatic experiences can deeply impact the chemical structure of the brain. They trigger each body’s autonomic nervous system, creating reactions that make sense during a traumatic experience (fight or flight) but do not positively serve the individual afterward. Recognizing and understanding how trauma impacts an individual’s brain and body can help lead to more effective and compassionate interventions with persons with IDD. TIC requires a shift in perspective away from asking “What’s wrong with you?” to “What happened to you?” TIC focuses on creating a safe environment for those you support and all who work at your organization. This includes creating physical, mental, and emotional safety.

People with ASD often experience significant levels of anxiety and stress due to the challenges of sensory processing and the need to engage in repetitive behavior. Considerable evidence indicates that people with ASD have exaggerated responses to threatening images and can have a fear response that is difficult to self-regulate (Theoharides and Kavalloti, 2019). People with ASD may have brain differences in adulthood that make coping more difficult and may experience chronic stress apart from sexual abuse.

Training on trauma-informed care has been shown to increase staff consistency in carrying out person-centered planning activities, decreased use of punishing interventions, and an increased ability to support people with known trauma histories. It can also benefit those staff who have trauma history of their own.

There is much more information about sexuality, sexual abuse, birth control and trauma informed care available for those who want to learn more. This module has given you a basis for beginning your ongoing journey in learning to make a difference.
Chapter Six Feedback Exercise

1. T/F People with disabilities are seven times more likely to be abused than people without disabilities according to the US Justice Department.

2. List four reasons why offenders may target people with I/DD for sexual abuse.

3. List five possible signs of sexual abuse.

4. What are five skills that should be assessed as part of risk management for individual safety?

5. List six general guidelines when responding to a victim of sexual abuse.

6. What is trauma-informed care?
# Appendix

## Resources

### ASSESSMENT

<table>
<thead>
<tr>
<th>Tool</th>
<th>Verbal Informed Sexual Consent Assessment Tool - VISCAT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tool is used to identify if person is cognitively able to make the decision to consent to have sexual contact with others.</td>
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</table>

<table>
<thead>
<tr>
<th>Self-Assessment</th>
<th>Self-Advocate Self-Assessment</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><a href="https://www.dropbox.com/scl/fi/zaf4yt3uvrl8kobr6g7tf/2.-Self-Advocate-Self-Assessment.docx?dl=0&amp;rlkey=zcoqz9ssh7t8nmfmmboa14hb">https://www.dropbox.com/scl/fi/zaf4yt3uvrl8kobr6g7tf/2.-Self-Advocate-Self-Assessment.docx?dl=0&amp;rlkey=zcoqz9ssh7t8nmfmmboa14hb</a></td>
</tr>
<tr>
<td></td>
<td>Self-advocates can review a list of all of the topics covered in Kathryn McLaughlin’s Sexuality Education for People with Disabilities and compare their ideas with those of a parent or provider to choose topics.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Checklist</th>
<th>What does this Person Already Know About Sexuality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="https://www.dropbox.com/scl/fi/ppf8cu7nsddjeyu5ern1p/3.-What-Does-this-Person-Already-Know.docx?dl=0&amp;rlkey=xlbp2l6mc94qjtmrtwgpziok4">https://www.dropbox.com/scl/fi/ppf8cu7nsddjeyu5ern1p/3.-What-Does-this-Person-Already-Know.docx?dl=0&amp;rlkey=xlbp2l6mc94qjtmrtwgpziok4</a></td>
</tr>
<tr>
<td></td>
<td>Comprehensive checklist – breaks down the general topic areas contained in Kathryn McLaughlin’s Sexuality Education for People with Disabilities into discrete behavioral skills.</td>
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<thead>
<tr>
<th>Pre-Post</th>
<th>Knowledge Pre-Post Assessment</th>
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<tbody>
<tr>
<td></td>
<td><a href="https://www.dropbox.com/scl/fi/kuvxn63o7l92up5mqi3a6/6.-Knowledge-Pre-Post-Test-Questions.docx?dl=0&amp;rlkey=ymtdelfbnap8royssoyl2osoi">https://www.dropbox.com/scl/fi/kuvxn63o7l92up5mqi3a6/6.-Knowledge-Pre-Post-Test-Questions.docx?dl=0&amp;rlkey=ymtdelfbnap8royssoyl2osoi</a></td>
</tr>
<tr>
<td></td>
<td>This pre-post checklist allows you to assess the knowledge related to each chapter in Kathryn McLaughlin’s Sexuality Education for People with Disabilities.</td>
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<table>
<thead>
<tr>
<th>Safety Assessment</th>
<th>Self-Advocate Safety Assessment</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>This simple checklist can help teams focus on some of the safety behaviors that help to prevent abuse and exploitation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resource</th>
<th>Assessment, Treatment and Supervision of Individuals with Intellectual Disabilities and Problematic Sexual Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This is a comprehensive resource on how to assess and do risk management with people who have I/DD and Problematic Sexual behaviors.</td>
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</table>

### CONSENT

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<thead>
<tr>
<th>Video</th>
<th>Tea as Consent Video</th>
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<tr>
<td></td>
<td><a href="https://www.youtube.com/watch?v=p2zwvxYavnQ">https://www.youtube.com/watch?v=p2zwvxYavnQ</a></td>
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<tr>
<td></td>
<td>Shows Analogy between having tea and giving consent.</td>
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<table>
<thead>
<tr>
<th>Website</th>
<th>What Consent Looks Like</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><a href="https://www.rainn.org/articles/what-is-consent">https://www.rainn.org/articles/what-is-consent</a></td>
</tr>
<tr>
<td></td>
<td>Expand and inform staff understanding of informed sexual consent</td>
</tr>
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<table>
<thead>
<tr>
<th>Website</th>
<th>Sexual Consent – FRIES acronym</th>
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<tbody>
<tr>
<td></td>
<td><a href="https://www.plannedparenthood.org/learn/relationships/sal-consent">https://www.plannedparenthood.org/learn/relationships/sal-consent</a></td>
</tr>
<tr>
<td></td>
<td>Lists elements of consent at needing to be Freely given, Reversible, Informed, Enthusiastic, Specific. May be helpful to some individuals with I/DD.</td>
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<tr>
<th>DVD CD-ROM</th>
<th>Sexually Speaking</th>
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<td></td>
<td><a href="https://www.yai.org/sexually-speaking">https://www.yai.org/sexually-speaking</a></td>
</tr>
<tr>
<td></td>
<td>This training package will help the viewer understand sexual consent and the questions used to help an agency identify what someone knows about sex and about agreeing to or not agreeing to have sex. Actors</td>
</tr>
</tbody>
</table>
### Explicit Videos Showing Couple to Couple Consent/Non-Consent

**How Do You Know for Sure?**
[https://www.youtube.com/watch?v=qNN3nAevQKY&list=PL3xP1jPf1jgJrkChwV0lWQCv0-UqcWFv](https://www.youtube.com/watch?v=qNN3nAevQKY&list=PL3xP1jPf1jgJrkChwV0lWQCv0-UqcWFv)

**When Someone Definitely Wants to Have Sex**
[https://www.youtube.com/watch?v=VmcGigHzpK0&list=PL3xP1jPf1jgJrkChwV0lWQCv0-UqcWFv&index=2](https://www.youtube.com/watch?v=VmcGigHzpK0&list=PL3xP1jPf1jgJrkChwV0lWQCv0-UqcWFv&index=2)

**When Someone Isn’t Quite Sure**
[https://www.youtube.com/watch?v=D-8isMTu9A&list=PL3xP1jPf1jgJrkChwV0lWQCv0-UqcWFv&index=3](https://www.youtube.com/watch?v=D-8isMTu9A&list=PL3xP1jPf1jgJrkChwV0lWQCv0-UqcWFv&index=3)

**When Someone Doesn’t Want to Have Sex**
[https://www.youtube.com/watch?v=QSDjSetGiw&list=PL3xP1jPf1jgJrkChwV0lWQCv0-UqcWFv&index=4](https://www.youtube.com/watch?v=QSDjSetGiw&list=PL3xP1jPf1jgJrkChwV0lWQCv0-UqcWFv&index=4)

Videos include heterosexual, gay, lesbian couples. Presents diverse sexual preferences. Shows explicit scenes of couples kissing and making out. Actors are not people with I/DD.

### The Relationship Series: Sexuality

A series of videos and materials that follow a couple who have been dating for a year as they develop a healthy sexual life.

### Boyfriends and Girlfriends: A Guide to Dating for People with Disabilities

Explains the dos and don’ts of dating and validates normal, age-appropriate desire for companionship and romance. Easy to Read. Lots of photos.

### Born This Way

Downloadable videos showing the TV series Born This Way featuring young people with Down syndrome as they transition to adulthood. Some episodes cover sexuality and most cover relationships. Good for parent viewing as well.

### CIRCLES: Intimacy and Relationships.

An extensive training program on intimacy, boundaries and relationships. This program was updated in 2018. Teaches social distance and levels of intimacy through the use of six color-coded concentric circles. Author: Leslie-Walker-Hirsch. An app is now available for the circles program with many new features.

### Lucky Dogs, Lost Hats, and Dating Don’ts

This book is designed for people with I/DD who read at about a third grade level to follow two people with I/DD who decide to date and make social/sexual decisions.

### The Hidden Curriculum: Practical Solutions for Understanding Unstated Rules in Social Situations.

Information on evidence-based practice, charts, forms and templates made to teach the hidden or unstated social rules understandable by people with I/DD or ASD. An excellent resource for training direct support professionals. Author Brenda Smith Myles. Numerous related videos are also available on YouTube. Most scenarios are geared to school-aged students and teens.
<table>
<thead>
<tr>
<th><strong>Book</strong></th>
<th>The Hidden Curriculum: An Odyssey of One Autistic Adult</th>
<th>This book explores how to teach the hidden curriculum to adults with ASD. It contains many practical teaching resources and idea. Author: Judy Endow</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Curriculum</strong></td>
<td>Intimate Relationships and Sexual Health: A curriculum for Teaching Adolescents/Adults with ASD</td>
<td>Comes complete with lessons, activities, handouts, resources, and more. Handouts, which can be downloaded from the AAPC website, were created for easy individualization.</td>
</tr>
<tr>
<td><strong>Curriculum with Videos</strong></td>
<td>Mike’s Crush</td>
<td>Uses evidence-based strategies including modeling, peer training, story-based intervention and naturalistic teaching strategies. Teaches Mike how to respond to having a crush on a girl. Mostly for use with teens.</td>
</tr>
<tr>
<td><strong>Training Package</strong></td>
<td>The Ethics of Touch</td>
<td>All human beings need touch. We need to be held. We need to hold. This training package looks at the delicate issue of touch and provides guidance for direct service professionals in maintaining professional boundaries while providing personal services.</td>
</tr>
<tr>
<td><strong>Videos</strong></td>
<td>Love, Dating, Relationships and Disability</td>
<td>These videos explore dating and relationships from the perspective of people with disabilities and families.</td>
</tr>
<tr>
<td><strong>Curriculum</strong></td>
<td>Friendships &amp; Dating Program</td>
<td>These comprehensive packages include 10 week skill-building activities designed to benefit people with I/DD and SED. They include manuals, videos and extensive website resources. They promote evidence-based strategies. They also offer training on the curriculum.</td>
</tr>
<tr>
<td><strong>Poster</strong></td>
<td>Public and Private Touches</td>
<td>This poster uses simple words and icons to demonstrate safety and what are public and private touches.</td>
</tr>
<tr>
<td><strong>Conversation Cards</strong></td>
<td>Sex and Relationships Conversation Cards</td>
<td>The Sex &amp; Relationships Conversation Cards, produced by CQL, help support staff and people receiving services to initiate conversations about sex and relationships. People receiving services can learn about sex and relationships, rights and responsibilities involved, as well as supports that can help people along the way.</td>
</tr>
<tr>
<td><strong>Friendship &amp; Dating Sites</strong></td>
<td>Dating Sites for People with Disabilities – Special Bridge</td>
<td>With an easy-to-use interface and a user group comprised of people with similar needs and ability levels, Special Bridge will help to foster long-lasting relationships.</td>
</tr>
<tr>
<td><strong>Online Review</strong></td>
<td>10 Best Disabled Dating Apps in 2021</td>
<td>This website gives an overview of 10 dating sites that can be used by people with DD. No dating site is 100% safe so use with caution.</td>
</tr>
<tr>
<td><strong>Rights, Sexual-Self Advocacy and Self-Determination</strong></td>
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<td>--------------------------------------------------------</td>
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<tr>
<td><strong>Booklet</strong></td>
<td><strong>Power Tools</strong></td>
<td>A book written for direct-service providers that challenges them to constantly evaluate their use of power when serving people with disabilities.</td>
</tr>
<tr>
<td><strong>Curricula</strong></td>
<td><strong>Personal Self Advocacy</strong></td>
<td>This 8-lesson curriculum is designed to help self-advocates with more significant learning challenges how to advocate for themselves in their personal life. Slides to accompany the manual can be obtained through <a href="http://www.ndcpd.org">http://www.ndcpd.org</a>.</td>
</tr>
<tr>
<td><strong>Website</strong></td>
<td><strong>Supported Decision-Making</strong></td>
<td>This resource offers detailed alternatives on supported decision-making as a legal alternative to guardianship. Includes templates, fillable forms and videos on person-centered planning.</td>
</tr>
<tr>
<td><strong>Curricula</strong></td>
<td><strong>Supported Decision-Making Curricula</strong></td>
<td>Aims to help identify and implement decision-making options for persons with disabilities that are less restrictive than guardianship. It is a joint product of four American Bar Association entities – the Commission on Law and Aging, Commission on Disability Rights, Section on Civil Rights and Social Justice, and Section on Real Property, Trust and Estate Law, with assistance from the National Resource Center for Supported Decision-Making.</td>
</tr>
<tr>
<td><strong>Online &amp; Print Resource</strong></td>
<td><strong>Living in an Adult World (LIAW) - Your Legal Rights and Responsibilities at 18</strong></td>
<td>While this booklet is written at a higher reading level, the State Bar Association of ND is collaborating with NDCPD to produce an easy-to-read version with slides and training activities. Check back at this site.</td>
</tr>
<tr>
<td><strong>Website List with Video</strong></td>
<td><strong>DD Bill of Rights</strong></td>
<td>This website lists the Bill of Rights for People with DD in an easy-to-understand format. It also includes a video on rights created by the Arc of Franklin County featuring people with I/DD.</td>
</tr>
<tr>
<td><strong>Website</strong></td>
<td><strong>Legal Disability Rights</strong></td>
<td>Contains links to many different laws and acts that protect the various rights of people with disabilities – is written in clear – easy to understand language.</td>
</tr>
<tr>
<td><strong>ND Laws</strong></td>
<td><strong>North Dakota Century Code – Important Resources</strong></td>
<td>ND Laws on Sexual Offenses</td>
</tr>
<tr>
<td><strong>Video</strong></td>
<td><strong>In My Voice Sexual Self Advocacy – Interviews with People with I/DD.</strong></td>
<td>This powerful video shows a series of people with I/DD who talk about what sexual-self-advocacy means to them.</td>
</tr>
<tr>
<td><strong>Video</strong></td>
<td><strong>Sexual Self-Advocacy</strong></td>
<td>Interviews showing people without disabilities interviewing people with I/DD about sexual self-advocacy.</td>
</tr>
<tr>
<td><strong>Conversation Cards</strong></td>
<td><strong>Rights Conversation Cards</strong></td>
<td>These playing cards provide a fun and engaging way to spark discussion about a variety of rights involving decision-making, due process, privacy, voting, healthcare, finances, accessibility.</td>
</tr>
<tr>
<td>Social Stories</td>
<td>Social Stories for Appropriate Social/Sexual Behavior</td>
<td>These social stories are designed to be enlarged on a copier and made into booklets, with one image per page. Feel free to customize them.</td>
</tr>
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<td>----------------</td>
<td>------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Social Stories</td>
<td>Sexuality Social Stories</td>
<td>You can access an array of social stories for both children and adults that you can adapt or use with people who have ASD or I/DD</td>
</tr>
<tr>
<td>Social Story</td>
<td>Be Safe: Explaining Sex and Sexual Behavior Social Story</td>
<td>This explicit social story contains photos and short sentences showing men and women engaged in social behaviors.</td>
</tr>
<tr>
<td>Social Stories</td>
<td>ABA Social Stories</td>
<td>This resource has an array of social stories that touch on friendship, appropriate touch, boundaries and other social skills.</td>
</tr>
</tbody>
</table>

<p>| SAFETY         |
|----------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Website        | Safe Web Browsing | Tips to use in protecting privacy and security when reaching out online to get information about sexuality or help with sexual violence. |
| Website        | Online Dating When You Have a Disability | Use this online resource to help individuals you support think through the steps of online dating. |
| Article        | The Ring of Safety | This easy-to-understand article lays out the principals and standards for having people with I/DD become their own line of defense against abusers. Author Dave Hindsberger |
| Webinar        | Sexual Violence and People with Disabilities | This is from the respectability website operated by RAINN the nation’s largest anti-sexual violence organization. Great resources. |
| Dolls          | Teach A Bodies | A variety of anatomically correct dolls representing children and adults of a variety of ages and family groupings. Dolls include diverse races. |
| Hotline        | RAINN 24/7 Hotline | A free confidential sexual assault hotline with counselors that have expertise in helping people with disabilities. You can also chat with experts online as well. |
| Curriculum     | Safe Life Curriculum | A comprehensive curriculum on sexuality with an emphasis on personal safety embedded in all topics. Has materials from Pre-K to adult. This website also offers a wide range of workshops on safety strategies. |
| Videos         | WEAVE | WEAVE (Working to End Assault and Violence for Everybody) is a collaboration of service providers in Kent County that specialize in disability services and |</p>
<table>
<thead>
<tr>
<th><strong>Website</strong></th>
<th>SAFE – Stop Abuse for Everyone</th>
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<tbody>
<tr>
<td></td>
<td><a href="https://allkidssafe.org">https://allkidssafe.org</a></td>
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</table>

This website offers short – easy to read steps to respond to potential sexual abuse of children with unique disabilities. Also comes with a downloadable app for staff working with children.

<table>
<thead>
<tr>
<th><strong>Website</strong></th>
<th>Online Planning Guide</th>
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<tbody>
<tr>
<td></td>
<td>Safety Planning for People with Disabilities and Deaf People</td>
</tr>
<tr>
<td></td>
<td><a href="safeaustin.org">Safety-Planning-Guide-from-SAFE-Disability-Services.pdf</a></td>
</tr>
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</table>

This resource has detailed ideas that can help a team zero in on key aspects of safety and plan together with self-advocates to keep everyone safe. Includes information and resources for unique disabilities.

<table>
<thead>
<tr>
<th><strong>Workbooks</strong></th>
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<tbody>
<tr>
<td></td>
<td>Say No to Sexual Abuse and Sexual Mistakes</td>
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<tr>
<td></td>
<td><a href="https://relationshipandsexuality.oakhillct.org/workbooks/">https://relationshipandsexuality.oakhillct.org/workbooks/</a></td>
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</table>

This is one of a series of workbooks that focus on sexual safety, dating and relationships.

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<thead>
<tr>
<th><strong>Workbook</strong></th>
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<td></td>
<td>Healthy Relationships for Special Needs</td>
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This workbook is for teens and adults with moderate to severe learning disabilities. Through activities, cartoons, and many scenarios the workbook teaches how to investigate and build friendships and relationships safely over periods of time.

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<tr>
<th><strong>Class Adaptation</strong></th>
<th>Class Adaptation</th>
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<tbody>
<tr>
<td></td>
<td>Adapting a Self-Defense Class for People with I/DD</td>
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<tr>
<td></td>
<td><a href="https://www.youtube.com/watch?v=Qe28lavN7V4">https://www.youtube.com/watch?v=Qe28lavN7V4</a></td>
</tr>
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</table>

This video will give you some ideas of how to work with a local self-defense expert to adapt a class for people with I/DD

<table>
<thead>
<tr>
<th><strong>Self-Defense</strong></th>
<th>Self-Defense</th>
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<tr>
<td></td>
<td>The Three Cs of Wheelchair Self-Defense</td>
</tr>
<tr>
<td></td>
<td><a href="https://www.youtube.com/watch?v=ghWAhvGVywg">https://www.youtube.com/watch?v=ghWAhvGVywg</a></td>
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</table>

This class taught by a self-advocate who uses a wheelchair demonstrates effective self-defense techniques.

<table>
<thead>
<tr>
<th><strong>Videos</strong></th>
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<tr>
<td></td>
<td>De-Escalating Situations Involving Individuals with Developmental Disabilities</td>
</tr>
<tr>
<td></td>
<td><a href="https://www.youtube.com/watch?v=XLbYP2VnChI">https://www.youtube.com/watch?v=XLbYP2VnChI</a></td>
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</table>

This video can be used to train local police in how to de-escalate situations in which a person with a disability is upset. This can be helpful in responding to sexual abuse.

<table>
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<tr>
<th><strong>Webinar for Parents</strong></th>
<th>Webinar for Parents</th>
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<tr>
<td></td>
<td>Sexual Abuse and Exploitation: What You Need to Know</td>
</tr>
<tr>
<td></td>
<td><a href="https://www.youtube.com/watch?v=rqTYZ8bHuul">https://www.youtube.com/watch?v=rqTYZ8bHuul</a></td>
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</table>

You can use this video to share with parents who are wondering about their child’s vulnerability for sexual abuse and exploitation and ready to seek solutions.

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<thead>
<tr>
<th><strong>SEXUALITY</strong></th>
<th><strong>SEXUALITY</strong></th>
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<tbody>
<tr>
<td>Slides</td>
<td>Slides</td>
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<td>Manual</td>
<td>Manual</td>
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<td>Handouts</td>
<td>Handouts</td>
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<tr>
<th>Checklist</th>
<th>Checklist</th>
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<tr>
<td></td>
<td>Tips for Organizing a Sexuality Class</td>
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This resource describes some of the basic considerations you should consider if setting up a class on sexuality.

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<tr>
<th>Q &amp; A Checklist</th>
<th>Q &amp; A Checklist</th>
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<tr>
<td></td>
<td>Questions and Answers</td>
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<td><a href="https://www.dropbox.com/scl/fi/Imjvu8i9kf79lqoshz75a/Questions-and-Answers.docx?dl=0&amp;rlkey=2ppg0kg76qyksct1e1xk7nghp">https://www.dropbox.com/scl/fi/Imjvu8i9kf79lqoshz75a/Questions-and-Answers.docx?dl=0&amp;rlkey=2ppg0kg76qyksct1e1xk7nghp</a></td>
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Simple definitions of sexual words that you can use to help you answer questions from self-advocates

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<tr>
<th>Boards &amp; Cards</th>
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Assistive devices designed with graphics and words to support communication and assess understanding for people with limited and/or unreliable speech, trauma history, or anxiety.
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<tr>
<th>Online Pre-Recorded</th>
<th>Adaptations for people with Little or No Reliable Speech</th>
<th>Online Training</th>
<th>Teaching People with I/DD to Build Healthy Relationships at Work.</th>
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<tr>
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<td>[<a href="https://www.elevatustraining.com/workshops-and-">https://www.elevatustraining.com/workshops-and-</a></td>
<td>Teaching People with I/DD to Build Healthy Relationships at Work.</td>
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<td>products/online-workshop-adaptations/]</td>
<td><a href="http://www.elevatustraining.com/teaching-bhr-at-work/">http://www.elevatustraining.com/teaching-bhr-at-work/</a></td>
<td>1-2 days of online training for staff to learn how to support or hold classes for people with I/DD in learning about healthy relationships at work.</td>
</tr>
<tr>
<td>Online Self-Study</td>
<td>Developmental Disabilities and Sexuality 101</td>
<td>Online Self-Study</td>
<td>Talking with Your Kids: Developmental Disabilities and Sexuality</td>
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<td>[<a href="https://www.elevatustraining.com/workshops-and-">https://www.elevatustraining.com/workshops-and-</a></td>
<td>In-Person</td>
<td>Becoming a Certified Sexuality Trainer</td>
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<td></td>
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<td>A 3-day certificate training course – in-depth to prepare staff to take on the role of being a sexuality trainer. Post-testing included.</td>
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<tr>
<td>Online Self-Study</td>
<td>Sexuality Education for Students with Disabilities</td>
<td>Website</td>
<td>Introduction to Sexuality Education for Individuals Who Are Deaf-Blind and Significantly Developmentally Delayed</td>
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<td>[<a href="https://www.parentcenterhub.org/sexed">https://www.parentcenterhub.org/sexed</a>]</td>
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<td>[<a href="https://documents.nationaldb.org/products/sex-ed.pdf">https://documents.nationaldb.org/products/sex-ed.pdf</a>]</td>
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<td>Videos</td>
<td>Sex Ed for People with Developmental Disabilities</td>
<td>Website</td>
<td>Sex Ed for People with Developmental Disabilities</td>
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<td>[<a href="https://www.youtube.com/watch?v=wZ6T8wrqjAE&amp;list=PLuEvYNNQ-dHJeVbyeJHx9s8ogsvBk621v">https://www.youtube.com/watch?v=wZ6T8wrqjAE&amp;list=PLuEvYNNQ-dHJeVbyeJHx9s8ogsvBk621v</a>]</td>
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<td>[<a href="https://www.youtube.com/watch?v=wZ6T8wrqjAE&amp;list=PLuEvYNNQ-dHJeVbyeJHx9s8ogsvBk621v">https://www.youtube.com/watch?v=wZ6T8wrqjAE&amp;list=PLuEvYNNQ-dHJeVbyeJHx9s8ogsvBk621v</a>]</td>
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<tr>
<td>Paper-Back Book</td>
<td>Teaching Children with Down Syndrome About Their Bodies, Boundaries and Sexuality.</td>
<td>Videos</td>
<td>[<a href="https://www.amazon.com/Teaching-Children-Syndrome-Boundaries-Sexuality/dp/189062733X">https://www.amazon.com/Teaching-Children-Syndrome-Boundaries-Sexuality/dp/189062733X</a>]</td>
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<td>Sexuality and Severe Autism</td>
<td>[Sexuality and Severe Autism: A Practical Guide for Parents, Caregivers and Health Educators: Reynolds, Kate E.: 9781849053273: Amazon.com: Books]</td>
<td>Book</td>
<td>[Sexuality and Severe Autism: A Practical Guide for Parents, Caregivers and Health Educators: Reynolds, Kate E.: 9781849053273: Amazon.com: Books]</td>
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<td>Webinar</td>
<td>Sex Ed Lecture Series <a href="https://www.sexteducations.org/past-lectures/">https://www.sexteducations.org/past-lectures/</a></td>
<td>Recorded lectures for staff on all aspects of sexuality including disability. Fee is $25.00 per lecture.</td>
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<tr>
<td>Curriculum</td>
<td>Older, Wiser, Sexually Smarter <a href="https://www.amazon.com/Older-Wiser-Sexually-Smarter-Peggy/dp/0984301402">https://www.amazon.com/Older-Wiser-Sexually-Smarter-Peggy/dp/0984301402</a></td>
<td>Offers 30 complete lesson plans for teaching about sexuality and sexual health in an interactive and fun manner. The topics cover the entire gamut, from basic information to sexual experiences for people with chronic illness to sexual rights in nursing homes.</td>
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<tr>
<td>Definitions</td>
<td>LGBT Terminology Resource <a href="https://cancer-network.org/resources/lgbt-terminology-resource/">https://cancer-network.org/resources/lgbt-terminology-resource/</a></td>
<td>This comprehensive list of definitions can be used with staff who want a greater understanding of emerging terminology about sexuality and gender.</td>
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<tr>
<td>Gender Inclusive Dolls</td>
<td>Gender Inclusive Dolls <a href="https://corporate.mattel.com/news/mattel-launches-gender-inclusive-doll-line-inviting-all-kids-to-play">https://corporate.mattel.com/news/mattel-launches-gender-inclusive-doll-line-inviting-all-kids-to-play</a></td>
<td>Mattel has a line of gender inclusive dolls that can be used to display different gender types when reviewing definitions. They can be purchased on Amazon.</td>
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<tr>
<td>Social Skills and Feelings</td>
<td>A 5 is against the law [<a href="https://www.amazon.com/Against-Law-Social-Boundaries-Straight/dp/1931282358">https://www.amazon.com/Against-Law-Social-Boundaries-Straight/dp/1931282358</a>](<a href="https://www.amazon.com/">https://www.amazon.com/</a> Against-Law-Social-Boundaries-Straight/dp/1931282358)</td>
<td>Although designed for teens with ASD, this resource helps people to understand behavior and social boundaries as they relate to acceptable behavior.</td>
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<tr>
<td>Book</td>
<td>Incredible 5 Point Scale: 2nd Edition <a href="https://www.5pointscale.com/">https://www.5pointscale.com/</a></td>
<td>Introduces staff to a variety of scales that help people with disabilities identify their emotions and plan for self-control using visual. Most items geared to school aged children however may be useful for adults if adapted. Best used with self-management and self-regulation strategies.</td>
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<tr>
<td>Video</td>
<td>Social Inclusion for people with intellectual and developmental disabilities <a href="https://www.youtube.com/watch?v=dDncN1Vzwl">https://www.youtube.com/watch?v=dDncN1Vzwl</a></td>
<td>In this video, a man with an intellectual disability talks about what social inclusion means to him.</td>
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<tr>
<td>Hygiene and Self-Care</td>
<td>First Impressions <a href="https://stanfield.com/product/first-impressions/">https://stanfield.com/product/first-impressions/</a></td>
<td>A four module video series that shows male and female showing, hygiene, grooming and positive attitudes using exaggeration and humor. Designed for teens and young adults.</td>
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<tr>
<td>DVD and Manuals</td>
<td>Taking Care of Myself: Curriculum for Young People with ASD <a href="https://stanfield.com/product/first-impressions/">https://stanfield.com/product/first-impressions/</a></td>
<td>Shows a number of stories, similar to social stories that can be used to help children with ASD learn about hygiene and self-care.</td>
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<tr>
<td>Book with Photos &amp; Stories</td>
<td>Tips for Communicating with Female Patients with Intellectual Disabilities <a href="https://www.cdc.gov/ncbddd/disabilityandhealth/materials/communicating-with-female-patients.html">https://www.cdc.gov/ncbddd/disabilityandhealth/materials/communicating-with-female-patients.html</a></td>
<td>This resource can be shared with physicians on how to discuss sexuality with women who have disabilities.</td>
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</tr>
<tr>
<td>Website</td>
<td>A Girls Guide to Growing Up: Choices and Changes in the Tween Years</td>
<td>A Guide for parents and educators that offers guidance on how to talk to children about their changing bodies and relationships.</td>
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<tr>
<td>Puberty</td>
<td>A Girls Guide to Growing Up: Choices and Changes in the Tween Years</td>
<td>This resource can be shared with physicians on how to discuss sexuality with women who have disabilities.</td>
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<td>Booklet</td>
<td>Changes in You for Boys</td>
<td>Shows both public (what other people see) and private (what only you see) changes for males during puberty. Although older, the line drawings are respectful and show youth of diverse race and cultures. Easy reading.</td>
<td>Changes in You for Boys/With Parents Guide: Siegel, Peggy C.: 9780962868719: Amazon.com: Books</td>
</tr>
<tr>
<td>Booklet</td>
<td>Changes in You for Girls</td>
<td>Shows both public (what other people see) and private (what only you see) changes for females during puberty. Although older, the line drawings are respectful and show youth of diverse race and cultures. Easy reading.</td>
<td>Changes in You for Girls: Siegel, Peggy C.: 9780962868702: Amazon.com: Books</td>
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<tr>
<td>Paperback</td>
<td>The Growing Up Book for Boys: What Boys on the Autism Spectrum Need to Know</td>
<td>Using direct literal language and cool color pictures, tells boys about growing hair in new places, shaving, wet dreams and unexpected erections. It's full of great advice on what makes a real friend, how to keep spots away, and how to stay safe online. Author Davida Hartman</td>
<td>The Growing Up Book for Boys: What Boys on the Autism Spectrum Need to Know!: Hartman, Davida, Suggs, Margaret Anne: 9781849055758: Amazon.com: Books</td>
</tr>
<tr>
<td>Paperback</td>
<td>The Growing Up Book for Girls: What Girls on the Autism Spectrum Need to Know</td>
<td>Using simple, literal language and color pictures explains the facts about body changes such as growing hair in new places, periods, wearing a bra and keeping spots away! It gives cool tips on what makes a real friend, what it means to have a crush on somebody, and how to stay safe online.</td>
<td>The Growing Up Guide for Girls: What Girls on the Autism Spectrum Need to Know!: Hartman, Davida, Suggs, Margaret Anne: 9781849055741: Amazon.com: Books</td>
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### Masturbation

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Gender Identity and Transgender Guide

What Is the Difference Between Gender Identity and Sexual Orientation?

As a transman in a workshop said, “gender identity is who you are and sexual orientation is who you do.”

Gender identity is our internal sense of who we are, male, female, or something else. This usually happens for people around the age of 3-4 when they start to express, “I am a boy” or “I am a girl.” Most of the time, one’s biological sex matches their gender identity, but sometimes that is not the case. In this situation, one might identify as transgender. Sexual orientation is about the person we are erotically, romantically, and affectionately attracted to.

Definitions

Sex = Biological status as male, female, or intersexual. It includes physical attributes such as sex chromosomes, gonads, sex hormones, internal reproductive organs, and external genitals. These are the same across cultures.

Gender = How we act, interact and feel about ourselves and our sex. Varies across cultures.

Gender expression = How we express our gender identity to others. How we act, the clothing we wear, our haircut, voice or body characteristics.

Gender identity = A person’s internal sense of self as male or female or something else, which may or may not match their biological sex.

Transgender = An umbrella term used to describe people whose gender identity and gender expression differs from that which is usually associated with their birth sex or assigned sex.

Transsexual (transman or transwoman) = A person whose gender identity does not match their biological sex.

Here Are A Few Other Gender Terms You Might Find Useful:

Cisgender = A person’s gender identity matches their biological sex.

Agender = A person who does not identify with any gender.

Bigender = A person whose gender identity is of both male and female.

Gender Fluid = A person whose gender identity or gender expression changes.

Genderqueer = A person who has a gender identity or gender expression that falls out what we consider a societal norm for their assigned gender.

Ways to Support People Who Are Transgender

There are many people who are transitioning: Chaz Bono, Caitlin Jenner, and Laverne Cox to name a few. Plus, we are hearing more about transgender rights and, in particular, what
bathroom they can use in various states. As our culture learns more about people who are transgender, we may be curious and not quite know how to interact with someone who is transgender. Here are some ways:

❖ Don’t use the term “trannie” or “shemale.” These terms are disrespectful to people who are transgender.
❖ Don’t assume they have had or are planning to have surgery.
❖ Don’t ask what the person’s sexual parts are or look like. You wouldn’t ask that of a person who isn’t transgender, treat transgender individuals the same.
❖ If you don’t know, ask people their preferred pronoun. This gives an opportunity for the person to self-identify.
❖ If a person tells you their name, don’t ask what their “real” or “old” name use to be.
❖ Never out a person who is transgender. That is their story to tell if they want to tell it.
❖ When teaching sexuality education and discussing sexual parts and sex, say that “usually men have penises and women have vulvas, but not always.” Or “a person with a penis” rather than “a man.”
❖ Don’t assume that people with developmental disabilities are not transgender. There are rainbow support groups at developmental disability agencies. See if there is one at your local agency in case one of your student’s needs some support.
❖ Don’t assume a person’s sexual orientation based on one’s gender identity.
❖ Do be open minded, listen, and be respectful when speaking to a person who is transgender. They too deserve to be treated as humans just like everyone else.

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Bibliography

Introduction


Chapter One:


Chapter Two:


Chapter Three:


North Dakota Century Code (t14.10) Minors (t12.1c.20) Sex Offenses (28-35-01-20) Guardianship


United States Department of Labor. Amendment IX. Education Amendments of 1972. https://www.federalregister.gov/documents/2020/05/19/2020-
Chapter Four:


Stanfield, James. Circles Curriculum.

Chapter Five:


Chapter Six:


Feedback Exercise Answer Key

Chapter One

1. T/F  Sexuality is part of who you are as a person (identity and preferences).

2. T/F  Teaching people that sexuality should not be expressed can create problems that negatively impact mental health or behavior and how they are treated by others.

3. T/F  People with disabilities should not have the opportunity to develop close, trusting, and committed relationships.

4. T/F  In providing sexuality education it is important to be aware of the identity and preferences for each person.

5. Identify three reasons why people do not share or provide meaningful information about social/sexual behavior with people who have intellectual or developmental disabilities.
   - View the self-advocate as a child.
   - Don't have access to the information to share.
   - Fear that if they give information, the person may act on it.
   - The person does not indicate they want/need the information.
   - Are not sure it's their responsibility to share the information.
   - Are uncomfortable sharing this type of information.
   - Believe some sexual practices are inappropriate.

6. Which of the following are true statements about people with I/DD and information about social/sexual behavior:
   - X  May not understand the information because it is too abstract (can’t be seen or touched).
   - X  May have difficulty remembering and applying the information in different situations.
   -  They generally learn this age with peers during school or from parents.
   -  They clearly understand what behaviors are appropriate from watching others.
   - X  May not fully grasp what is shared because the pace of instruction is too fast.

7. Match the terms to their definitions.
   D.  Sex
   E.  Gender Identify
   F.  Sexual Identity
   - C  Describes how a person thinks about themselves when they have romantic or sexual relationships.
   - A  Identification as being male or female at birth based on biological facts.
   - B  Beliefs about what is means to be a boy or girl, or a man or a woman.
8. List four of the six common values that most everyone agrees on regardless of their sex, gender identify, sexual preferences, and religious beliefs, according to Kathrine McLaughlin.

- It is important to respect others by treating them well and listening to them.
- It is important to get consent from a sweetheart for being sexual.
- It is important to be responsible in a romantic relationship.
- Relationships should be equal and positive without violence or abuse.
- Sex should be safe and pleasurable for both.
- Adults should not have sex with children or people who cannot consent.

9. What are three important roles that DSPs have in regard to sexuality and people receiving services?

- Support and advocate for the people you support so they can develop safe and healthy social/sexual behaviors and learn to act responsibly and in a self-directed manner as a sexual being.
- Act to keep the person as safe as possible as they learn to manage risks and get the support they need;
- Maintain warm and caring but professional boundaries.

Chapter Two

1. The relationships people have are called social support network.

2. A relationship is the way two or more people are connected.

3. List 4 qualities of a healthy, positive relationship:

- Both people trust each other.
- They can be honest with one another and be themselves.
- The relationship is not a constant drain on either person's energy.
- Both people feel good about themselves.
- Neither person is in charge all of the time
- There's a sharing of responsibility and effort.
- Partners don't feel that they have to be together all of the time.
- Partners have some shared and some unique interests.
- There are more "ups" than "downs" in the relationship.
- Relationships that lead to jealousy, resentment, misery, or anger are unhealthy.
- The partners don't look to the other person to "make them whole."

4. T/F Relationship mapping should be used to help staff decide who a person supported can have a relationship with, and people they should not be allowed to see.

5. T/F People with I/DD may need help or support to understand how to get to know someone.

6. T/F People behave and learn differently in groups.
7. **T/F** Teaching someone how to navigate the hidden rules of a group is an essential part of teaching social skills, self-advocacy and self-determination.

8. Give two examples of “hidden rules” for social situations you could point out to people you support. Give examples of things that, if done, could result in loss of friendship.
   - Stalk or follow people.
   - Call or text someone several times a day.
   - Drop by their place without being invited.
   - Take all the turns in the conversation.
   - Talk about stuff they are not interested in.
   - Stay in your room or apartment all evening.
   - Boss them around or act very silly.
   - Keep trying with someone who says no.
   - Dress or act very differently than people you like.

**Chapter Three**

1. What are two situations discussed in the chapter that can be a challenge involving consent?
   - The person wants to become sexually active, but the guardian has said no to information about birth control or sexuality.
   - The person wants to keep associating or being intimate with someone who is abusive or engaged with drugs or alcohol and that presents a risk.

2. List four aspects of privacy related to sexuality.
   - Understanding the difference between public and private settings.
   - Understanding the difference between public and private speech.
   - Understanding the difference between public and private actions.
   - Understanding the difference between public and private body parts.
   - Understanding the difference between public and private dress.
   - Understanding that some actions are wrong even if done in private (e.g., child pornography, hurting others etc.).
   - Identifying a variety of spaces in which you and a partner can be private.
   - Understanding how posting sexy videos on a phone or social media violates a person’s right to privacy and that often these actions cannot be reversed because of the nature of social media and technology.
   - Understanding what to do if you feel aroused but are not in a private place.

3. What are four assessment questions that should be addressed in regard to a person’s right to privacy?
   There are many correct answers, see page 31.
4. List four examples how staff can provide active support to help people gain general experience or support in making decisions.
   There are many correct answers, see pages 32-33.

5. T/F Person who have I/DD do not have rights related to sexuality.

6. T/F Because people with disabilities have often been reinforced for compliance they may, if asked questions about sexual activities, tell you what they think you want to hear rather than what really happens.

7. T/F Individuals aged 17 or younger in North Dakota are not legally able to consent to sexual activity, and such activity may result in prosecution for statutory rape.

8. T/F Consent is assuming it's okay because the person has done a particular sexual activity before.

9. List 5 situations in which consent cannot be obtained for sexual activity.
   • By the use of physical force, threats, intimidation, deception, or coercion.
   • From a person who is incapacitated due to physical condition or the use of drugs or alcohol.
   • From a person who is not able to give legal consent through due process.
   • From a person who is asleep or unconscious; or
   • From a person who is not old enough to give consent under state law.

10. List 4 actions identified in this chapter that are considered a violation of privacy.
    • Looking on someone’s cell phone to see who they are calling.
    • Taking down a person’s shower curtain because they need your help to bathe.
    • Going into the stall with a person who needs help in a public bathroom without permission.
    • Telling someone that a person you support is gay, lesbian or transgender.
    • Going into the exam room with a person at the doctor’s office without permission.
    • Telling another person about the religious beliefs of someone you support.
    • Reporting someone’s sexual behavior to others without their permission.
    • Telling someone who is masturbating in a room where they have a reasonable expectation to privacy (their bedroom) that they can’t do that here.

Chapter Four

1. T/F It is advisable to have a legal guardian give consent for training on safe and healthy social sexual behavior.
2. T/F If parents or guardians are in the contemplation stage about providing information on social/sexual behavior, it may be helpful for staff to provide information on the pros and cons of their family member receiving information.

3. T/F Anyone who works in an agency who provides services to people with disabilities can be a sexuality educator.

4. T/F You should not assume that a person with an intellectual disability has an identity or gender that is the same as the one valued by their family.

5. What are three types of assessment tools that providers can use to help assess needs in the area of sexuality?
   - Interviews
   - Checklists
   - Observation

6. Which type of sexual language is best to use in teaching and reporting?
   a. Street language
   b. Common language
   c. Medically correct language

7. Give four examples of ways to modify information on sexuality that can help people make sense of the information.
   - Provide more examples (pictures)
   - Provide more realistic examples
   - Sequence examples from simple to complex
   - Use simple language
   - Have participants sort/organize cards
   - Present ideas in smaller bites
   - Provide more practice time
   - Check frequently for understanding

Chapter Five

1. List four essential components of agency policies and procedures on sexuality.
   - Privacy
   - Social opportunities
   - Respect for Choices
   - Legal rights

2. If you encounter sexual behavior, what are five actions you can take to show respect for people you support and preserve their dignity?
   - Act calmly. Do not react by drawing negative attention to the person using a loud voice or talking about it with other people who do not have a need to know.
• Assist people to cover exposed body parts if needed or return to a private space.
• Acknowledge the person’s feelings and need for privacy.
• Relieve possible embarrassment to the individual and others.
• Coach or redirect the person if needed, following agency policies or intervention plans.

3. What are four reasons why people with DD are often at a disadvantage in meeting sexual needs?
   • They may not be aware of legal or social expectations for appropriate behavior.
   • They may have a difficult time with self-control or self-direction.
   • They may have few or no sexual outlets.
   • They may not know better ways to meet a need.

4. T/F Planning for birth control should be done by DSPs for the people they support.

5. T/F Inconsistent methods in providing supports to people with learning challenges decrease effectiveness of the intervention.

6. Privacy should consider which of the following?
   e. The need for private places.
   f. Rules for respecting each individual’s privacy.
   g. Possible physical barriers to protect privacy.
   h. All of the above

7. List three areas of legal rights that policies and procedures should include in regard to social and sexual behavior.
   • Situations involving consent
   • Inappropriate sexual behavior
   • Due process for participation in training programs
   • Information given to staff, parents and people supported about laws, policies, and legal rights.

Chapter Six

1. T/F People with disabilities are seven times more likely to be abused than people without disabilities according to the US Justice Department.

2. List four reasons why offenders may target people with I/DD for sexual abuse.
   • An opportunity is available.
   • They think the person can be easily persuaded to let them use them.
   • They think the person won’t understand what is happening or be hurt.
   • They think the person won’t be able to defend themselves or stop them.
   • They think the person will not be believed if they tell someone about it.
   • They think the person will not be able to tell someone what happened.
• They think the person can be easily forced or coerced into not telling.
• They think they can successfully hide what happened from others.
• They think of the person as less valuable and a suitable target for their rage or mischief.
• They think that the person’s stress or pain is less important than their gain.
• They enjoy hurting other people.

3. List five possible signs of sexual abuse.
   There are many answers, including those listed in chapter six, page 62.

4. What are five skills that should be assessed as part of risk management for individual safety?
   • The ability to give a clear signal of “no”.
   • Being able to identify safe places to meet someone.
   • Being able to identify safe ways to connect with a friend.
   • How to tell if someone online is real or safe.
   • Naming private body parts.

5. List six general guidelines when responding to a victim of sexual abuse.
   • Believe
   • Language – Person may not know the correct terms, accept pointing or slang terms
   • Affirm
   • Support
   • Avoid judging
   • Empower
   • Refer

6. What is trauma-informed care?
   TIC is person-centered caring response that focuses on making sure a person who has experienced significant trauma or stress has voice and choice over their interventions and life circumstances. It is also strength-based. It focuses on an individual’s positive assets and ways to build upon strengths the individual can use to create healthy coping mechanisms.