Teaching About Sexuality to Students with Diverse Abilities

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Participants will be able to:

- Recognize reasons to talk about healthy sexuality and relationships with students with diverse abilities.
- Improve comfort and capacity to talk about sexuality and healthy relationships with students with diverse abilities.
- Increase knowledge about puberty and sexual development; self-care and hygiene; healthy relationships and boundaries.
- Identify tools, strategies and resources to use with clients and families.
Group Agreements

We agree to respect:

• diversity and inclusion
• different beliefs and values
• the right to join in or pass
• each other by listening
• privacy
• that any question is OK
The Right to Sexuality Education

• All Canadians have a right to comprehensive sexuality education.
• Children and youth with diverse abilities experience the physical, social and emotional changes that are part of growing into a healthy adult in similar ways to their typically developing or able-bodied siblings and peers.
• They may miss out on learning about sexuality.
Why talk and teach about sexuality?

- Children and youth who receive sexuality education are less vulnerable to abuse and sexual exploitation and have healthier friendships and relationships.
- Children and youth with diverse abilities require “support, acceptance, understanding and compassion from their families [and caregivers] to transition through healthy development” (PHAC, 2013, p. 11).
- Sexuality education is a life long process and is more than behaviour.
Quick word about terms

• My presentation uses the term diverse abilities
• The term “special needs” may be considered negative
• My intention is for the term diverse abilities to cover a broad spectrum of physical, cognitive, developmental, intellectual, chronic conditions
• All disabilities are unique and individual
• “You’ve met one person with Down Syndrome, you’ve met one person with down syndrome”!
Case example

AMREET'S STORY...

Amreet is 11 years old and uses limited verbal communication. Recently he has been very affectionate towards his younger siblings and classmates wanting to hug, hold hands, and kiss. Sometimes it's welcome but more often than not, he gets the cold shoulder. His 8 year old sister gets embarrassed when they are at school and has told her parents that other students laugh at Amreet. As Amreet is turned away by the children at school he is becoming more upset and aggressive and is facing many time-outs at home and school.
Talking about sexuality

Why are parents and professionals uncertain talking to children and youth with disabilities?

• Professionals worried that their students/patients’ parents would feel the conversations were inappropriate (McCabe and Holmes, 2013).
• Fear that talking about sexuality will encourage youth to experiment.
• They are not sure what youth need to know.
• They are unsure about how to adapt the information to fit the cognitive level of the youth they work with.
Our kids don’t need sex education at school. We’ve already told them about the you-know-whats and the whoozits.
Sexuality Wheel

VALUES

PERSONALITY

GENDER IDENTITY

GENDER EXPRESSION

SEXUAL ORIENTATION

SEX

EXPERIENCES

RELATIONSHIPS

COMMUNICATION

SOCIALIZATION

BODY IMAGE

SELF IMAGE
Considerations

Some youth with diverse abilities may experience challenges in their social and emotional development in comparison to typically developing youth, such as:

• Social opportunities may be limited to a few social settings (East and Orchard, 2014)
• “Life learning” may be limited due to disability (e.g., child with hearing impairment does not catch conversations)
• They may be given a hard time over social mistakes
• They may make inappropriate comments, repeating what they heard without understanding.
Myths

• *Youth living with disabilities are childlike and need protecting* – many youth with disabilities will go on to have fully consenting sexual relationships and some studies found that they were more sexually active than their non-disabled peers (East and Orchard, 2013).

• *People living with disabilities don’t need sexuality education* – sexuality may not be a priority for families who feel frustrated that they must focus on their child’s major health problem or issue (McCabe and Holmes, 2013).
What do children/teens need to know?

• Practical knowledge – ‘where are your private parts?’
  As soon as possible – this is a protective factor
• Changes that will happen i.e., Puberty especially managing hygiene, menstruation etc.
• Dealing with friendships
• Safe relationships and boundaries
• Pregnancy and STI prevention
• Intimacy and relationships
• Being sexual – having sexual feelings
Sexual growth and development

“At your age, Tommy, a boy’s body goes through changes that are not always easy to understand.”
What’s different for children and youth with diverse abilities?

Sexual development:
- For most children sexual characteristics (e.g., breast growth, pubic hair) will develop as expected.
- Remember that puberty is a life stage that occurs over a period of years and may come in waves.
- Periods can start as early as 8 or 9 years.
- Early onset puberty needs to be investigated.
- Not always necessary to highlight boy/girl – many changes are similar and any differences depend on body parts and assigned sex.
What’s different for children and youth with diverse abilities?

The **BIG** difference is **social** and **emotional** development.

As important as it is for children and teens to understand the physical changes of puberty, the real focus is:

- social skills
- negotiating relationships
- decision-making and assertiveness
- following social rules
- coping with feelings and emotions
Developmentally expected sexual behaviour

• Normal sexual behaviour is developmentally/age appropriate
• Can be part of play but not the sole reason for the play
• Is about discovery and curiosity
• Can be pleasurable – children are sexual beings too
Sexual behaviour problems

- Age difference between children age/developmentally
- Puts child or other children at risk
- Continues even when asked to stop or boundaries set e.g., masturbation
- Becomes the main activity
- Force, bribery, threats, coercion or manipulation is associated with the behaviour
“Touchy” issues

- Boundaries, rules of touch (safety)
- Displays of affection
- Masturbation
- Puberty and hygiene
- Menstruation
- Dating and relationships
- Social media use
- Pornography use
No, Ma'am, the course on Sex education isn't compulsory ... however ... puberty is.
Puberty changes bring new challenges for all children and youth. They may notice that overnight they have oily hair, smell bad and start getting pimples.

Hygiene is important for health (e.g., teeth cleaning to prevent cavities and gum disease) but also for social reasons such as smelling and looking good.

Good hygiene and self-care is considered to be a positive social quality and can help us feel good about ourselves.

Children and youth with diverse abilities may need extra support to follow hygiene rules and routines. They may struggle reading social cues and knowing when to fix a hygiene issue such as smelly breath.
Puberty and Sexual Development

• Also, if a youth has a physical disability they may need extra help with personal care.
• Consistent messages from both parents and service providers can make great impact when it comes to the management of hygiene and self-care.
• The more independent a child or teen the less risk of sexual exploitation.
• Practice makes perfect! Hygiene and taking care of yourself takes time to learn.
Managing Hygiene and Self-care

• Puberty changes bring new challenges for all children and youth.
• Hygiene is important for health and safety.
• Good hygiene and self-care is considered to be a positive social quality and can help us feel good about ourselves.
• Children and youth with diverse abilities may need extra support to follow hygiene rules and routines.
Think back to Amreet......his behaviour is all about relationships and navigating boundaries, with other children.

His behaviour is impacting his sister and other children in his life.
Negotiating and Dealing with Feelings

• Parents and carers are often anxious about how to teach about sexuality.
• The most important work is often dedicated to learning about feelings and how to successfully negotiate interactions with others, as well as determining what to communicate with who and under what circumstances.
• Children and youth need facts but they also need skills and strategies, often rules based.
Healthy Boundaries

Children and youth who understand healthy boundaries are more likely to develop skills for self-control and individual responsibility. This in turn will help them show respect for others and develop personal safety rules. Everyone deserves respect and to feel safe.

Parents are often more concerned about the risks of abuse when their children and youth have diverse abilities.
Healthy Boundaries

• Research suggests that youth with diverse abilities, both physical and intellectual, are more likely to be abused and exploited (Davis, 2011; PHAC, 2013). The good news is that talking and teaching about healthy touch and boundaries can reduce this risk considerably.

• Learning what is public/what is private is a good starting point.
# Is it public or private?

<table>
<thead>
<tr>
<th>PUBLIC</th>
<th>PRIVATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared with others</td>
<td>Not for sharing, alone</td>
</tr>
<tr>
<td>Shaking hands, high five, fist bump</td>
<td>Parts of body covered by bathing suit</td>
</tr>
<tr>
<td>Public washrooms, shared bedroom, family room, kitchen</td>
<td>Bathroom/bedroom at home with the door closed</td>
</tr>
<tr>
<td>Hugging identified people; touch for sports and games</td>
<td>Using the washroom; taking clothes off; masturbation</td>
</tr>
<tr>
<td>Address, telephone number etc. when permission given by family to share</td>
<td>Private family information; passwords; personal body information</td>
</tr>
</tbody>
</table>
Good to know

- Exceptions to the rules
- It’s not about removing all touch, rather making rules
- Safe/unsafe touch
- Personal bubble
- Masturbation
Staying safe key messages

- Your body is yours, your body is private
- Secrets about touching should never be kept
- Say/sign NO, STOP or I DON’T LIKE THAT
- Move away
- Tell an adult you trust
Tools and strategies

• Choose the materials you use carefully.
• Be very concrete, honest and consistent.
• Use hands on/experiential learning as often as possible including role play and problem solving.
• Give it time.
• Teach rules and boundaries.
Building friendships

- Healthy friendships play an important role as children grow into teens and strive for more independence.
- Friendships can teach important life skills such as learning to share, compromise and set boundaries.
- Learning to make friends and when to end a friendship are life skills that can build as a child moves into adulthood where they may have more intimate relationships.
SUPPORTING HEALTHY SEXUALITY IN OUR COMMUNITIES

Providing practical tools and strategies to work with high risk youth and youth with disabilities

www.albertahealthservices.ca
Resources

- www.tascc.ca
- www.teachingsexualhealth.ca
- www.sexandu.ca
- www.ahs.ca/srh
1. Teach about healthy sexuality just like teaching other health and life skills

2. It’s more than just physical development – it’s also social and emotional

3. Use teachable moments, in the moment opportunities to develop skills
Take-Away Message

• Everyone has the right to comprehensive sexuality education.
• All children experience the physical, social and emotional changes of puberty.
• Every child/youth has unique learning needs.
• Healthy relationships and boundaries keep everyone safe.
References

East, L & Orchard, T. (2013). Somebody’s else’s job: Experiences of sex education among health professionals, parents and adolescents with physical disabilities in Southwestern Ontario. Sexuality and Disability


Kaufman, M et al. (2007) The Ultimate Guide to Sex and Disability


Questions and Answers: Sexual Health Education for Youth with Physical Disabilities Public Health Agency of Canada, 2013