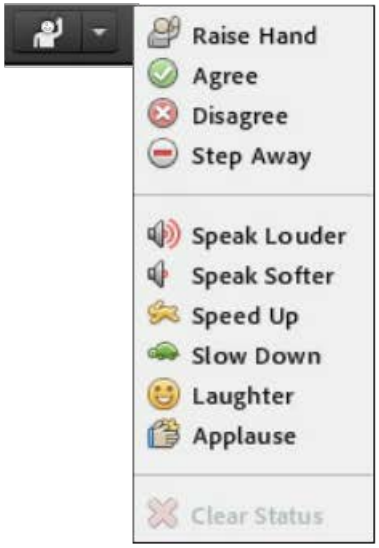
Sexual Health and Youth with Disabilities: Sexuality Education for All

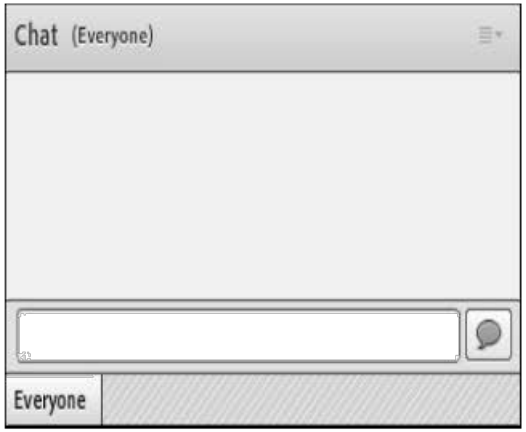
October 6, 2016
3:00–4:30 p.m. ET

U.S. Department of Health and Human Services
Administration for Children, Youth, and Families
Family and Youth Services Bureau
Personal Responsibility Education Program (PREP)

Training Logistics

- Adobe Connect Features





Learning Objectives

By the end of this webinar, participants will be able to

- dispel myths surrounding sexual health and education of youth with disabilities;
- identify types of disabilities likely to affect youth in programs served by grantees; and
- describe types of instructional methods to facilitate sexual education for youth with disabilities.

Presenters

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What We'll Cover Today

- Who we are talking about
- Myths and reality
- Characteristics
- Example activities
- Lessons learned from the field
- Questions

Poll

- Have you ever had youth with disabilities included in your sexual education classes (yes, no, unsure)?

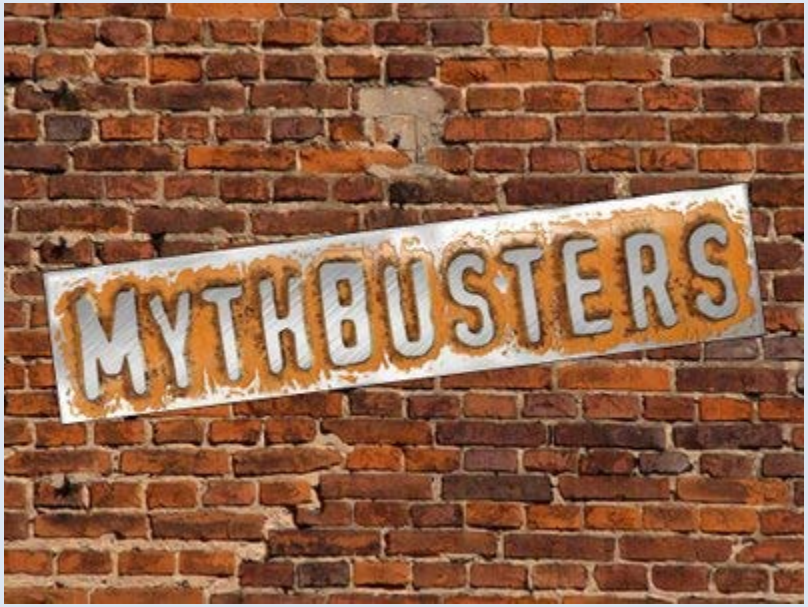
- Have you or any co-teachers ever modified your sex education program to better meet the needs of youth with disabilities (yes, no)?

Who Are We Talking About?

Who Are We Talking About?

- Youth with an individualized education plan (IEP)
- Not specifically addressing the most severe disabilities or physical disabilities but rather individuals with intellectual, learning, and social disabilities, including autism spectrum disorder (ASD)
- May be mainstreamed
- Varied level and type of functioning
- Brush up on ADA, PL101-474—Individuals with Disabilities Education Act (IDEA)

Myths and Realities About Sexual Health and Individuals with Disabilities



Myth

People with disabilities are asexual or can’t have sex.

Reality

All people are sexual beings.

Image source: Bing

Supporting Data

- 73% of 18-year-olds with disabilities said they had sex.
- Puberty happens.

Sources: Murphy & Elias, 2006; The National Longitudinal Transition Study-2, 2009

Supporting Data

- 41% of individuals with disabilities get married.
- 4.1+ million parents have disabilities.
- 40% to 80% have a child taken away.
- Forced sterilization still happens.

Sources: The Society Pages; U.S. Census Bureau; American Psychological Association

Myth

Youth with disabilities do not struggle with LGBTQ issues.

Reality

Studies have shown that significant numbers of LGBTQ individuals have disabilities.

Source: Fredriksen-Goldsen et al., 2012

Supporting Data

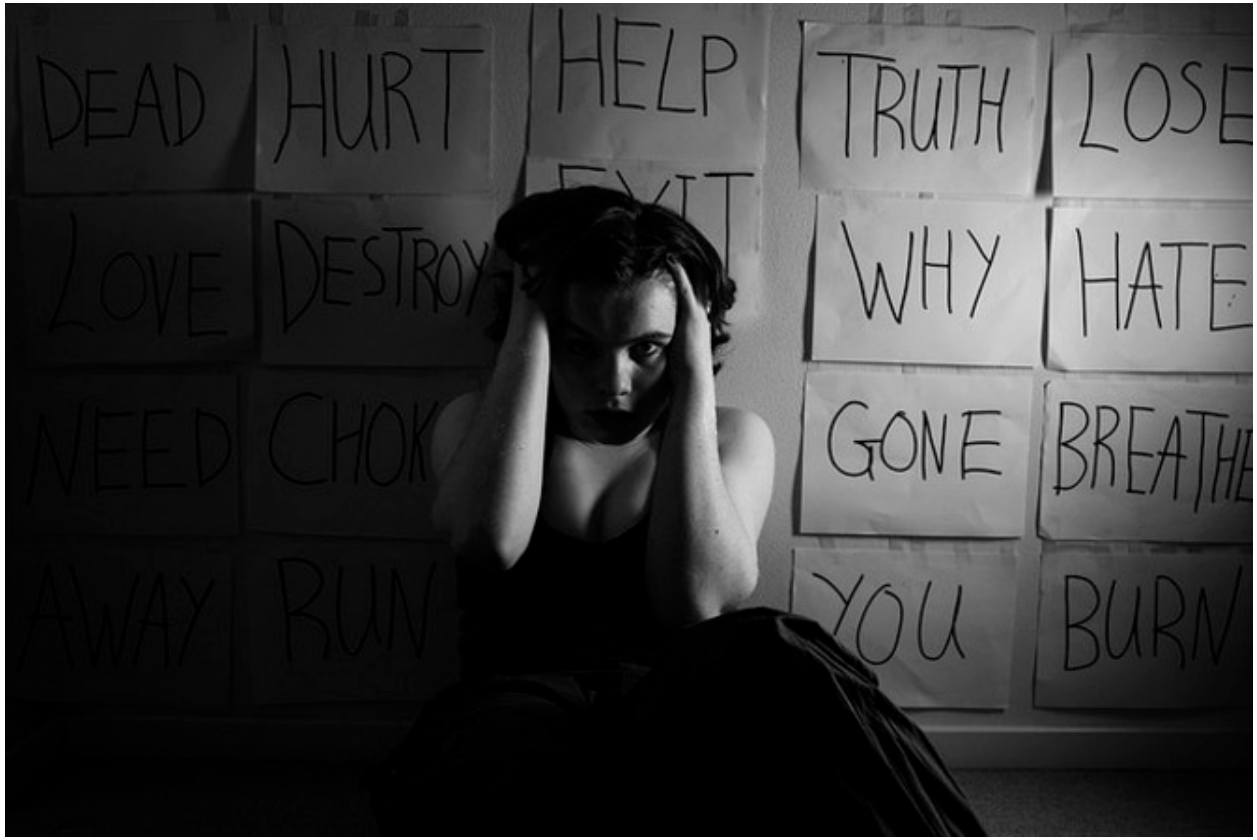
- Gay men and women are more likely to have a disability than their heterosexual peers.
- 30% of gay men and 36% of gay women have a disability.

Sources: Fredriksen-Goldsen et al., 2012; Disabled World

Myth

No one would want to abuse an individual with a disability.

Reality



These individuals are often more vulnerable and easily manipulated than those without disabilities.

Source: Deschaine, 2011

Supporting Data

- Individuals with disabilities are three to four times more likely to be sexually abused.
- 80% of women with Intellectual Disabilities/ Developmental Disabilities have been sexually assaulted.
- Offenders are often family members or caregivers.

Source: Deschaine, 2011

Myth

Youth with disabilities get all the sex education they need.

Reality

Sex education is typically NOT covered in special education classes, and mainstreamed students are often pulled out of sex education.

Source: Bing

The experts say…

- 50% of individuals with disabilities did not receive any sex education.
- Parents may be uncomfortable or reluctant.
- Youth with disabilities do not often interact with peers without disabilities.
- Much information is inaccurate or incomplete.
- Youth with disabilities want detailed information.

Sources: McCabe et al., 2000; Isler et al., 2009

Reality

Of all the barriers individuals with disabilities face regarding their sexuality, societal misperceptions, prejudice, and negative attitudes may be the greatest.

Image source: Gstatic

Characteristics Affecting Sexuality and Sexuality Education

Image source: Azureedge

Characteristics—Intellectual Disabilities

- Individuals with intellectual disabilities have limitations in cognitive functioning and adaptive behavior.
- They have possible co-occurring disabilities (e.g., ASD and ADHD).
- They have difficulty processing and retaining information.
- They have difficulty projecting consequences and generalizing.
- They have possible difficulties in executive functioning (e.g., planning, focusing, attending, remembering, and multitasking).

Characteristics—Communication Disabilities

- Individuals with communication disabilities have limitations in expressing or receiving communication.
- They have problems processing nonverbal communication.
- They have difficulty negotiating and communicating refusal.
- They have difficulty considering another's intentions and perspectives.
- They are possibly very literal.
- They have limitations in decision making.

Characteristics—Social Disabilities

- Social disabilities are a hallmark of individuals with autism spectrum disorders, but they can accompany other disabilities including learning disabilities and language disorders.
- Individuals with social disabilities tend to have small social networks.
- They can't understand how others feel because they often don't pick up on subtleties and social cues.
- Social disabilities can affect an individual's ability to use social judgment about what is appropriate in public places.
- They can be easily manipulated.

Working with Youth with Disabilities

Strategies to Use

- Use task analysis, and present information in small chunks or steps.
- Use simple, clear language. Avoid or define jargon.
- Repeat and reinforce key concepts often.
- Use multiple methods (e.g., visual aids, video, computer, movement, and color coding).
- Vary your approaches.
- Involve parents.
- Encourage youth to ask questions.

Examples

Image source: neaToday

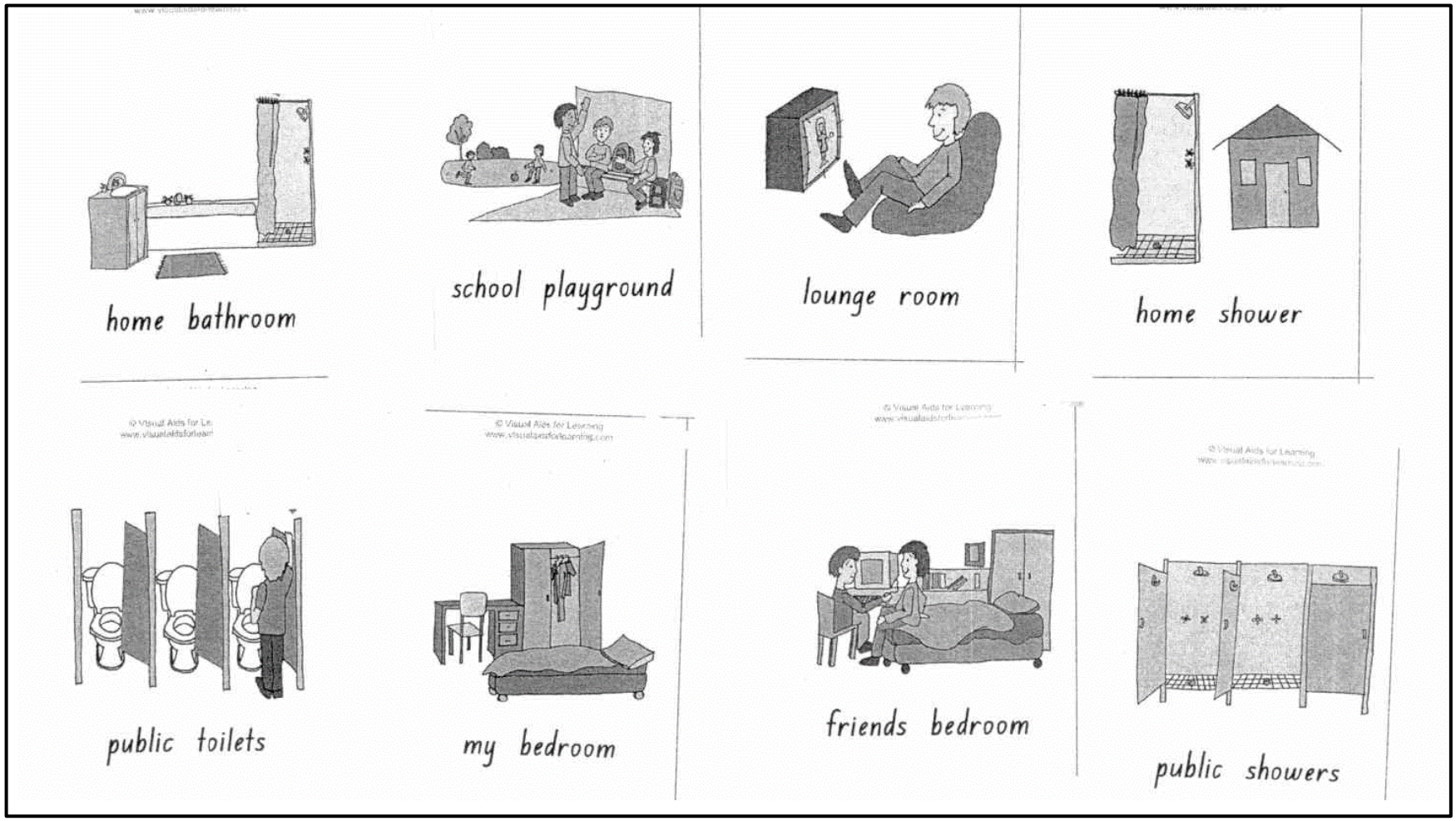
Visual Strategies

- Visual strategies capitalize on the strengths of visual processing in children with language-based learning disabilities or ASD.
- They provide visual stimuli to accompany oral presentations.
- They use 2D or 3D representations of a concept.
- They sequence an activity that needs to be learned.

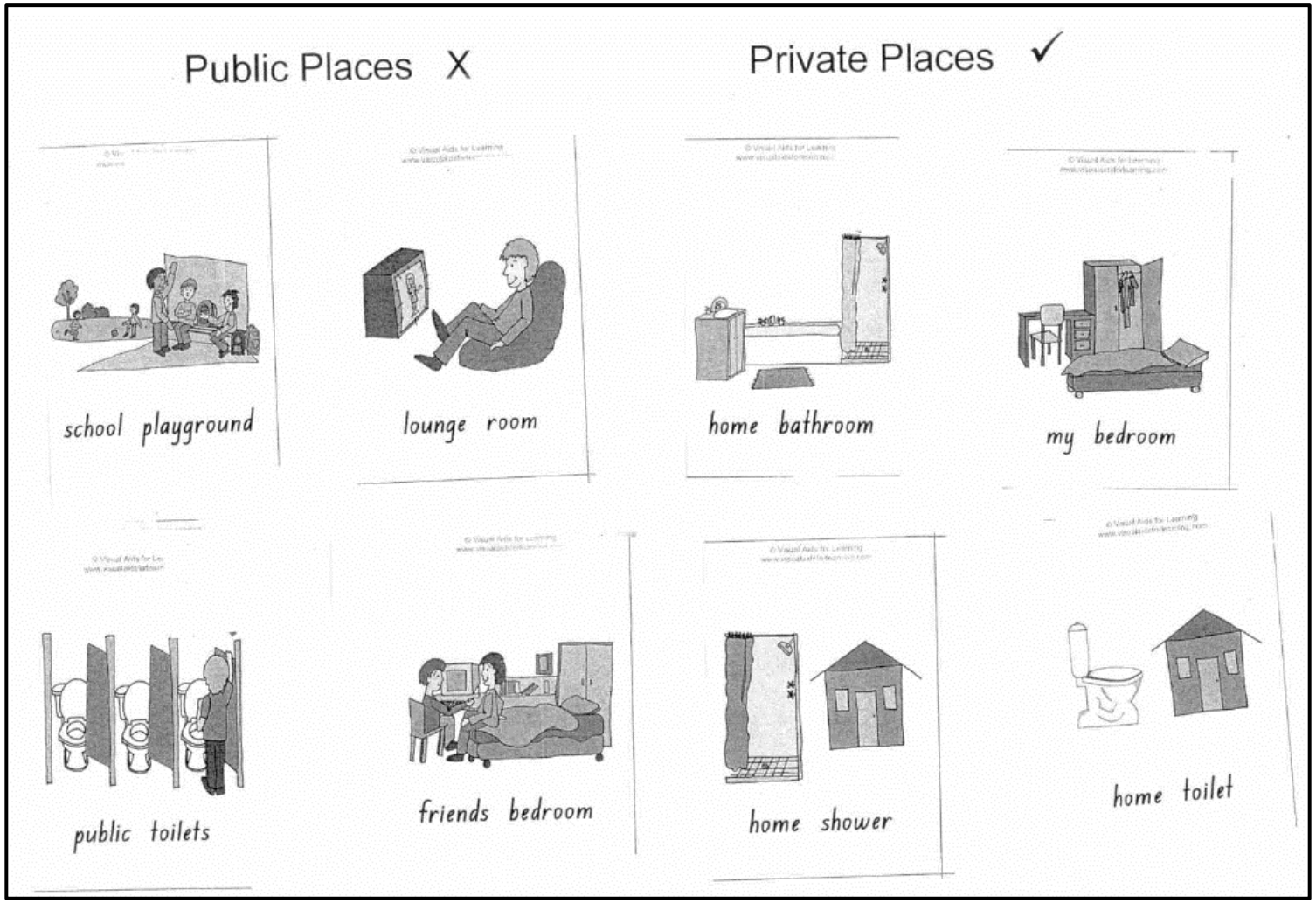
Visual Aids for Learning

- Free products for use with youth with disabilities to help teach sexual health
- Provides separate packs for girls and boys, and instructions
  - Girls: http://www.visualaidsforlearning.com/adolescent-girl.html
  - Boys: http://www.visualaidsforlearning.com/adolescent-boy.html
- Example of public/private places that illustrates the concept that some places are appropriate for a young person to touch themselves, and some places are not appropriate

Visual Aids for Learning: Pictures of Public and Private Places—Mixed



Visual Aids for Learning: Pictures of Public and Private Places—Sorted



Social Scripts

- Social scripts are designed to improve social and communication skills.
- Verbal scripts tell youth what to say in certain situations.
- Scripts are gradually removed or faded.
- They are designed for verbal individuals.

Implementing Social Scripts

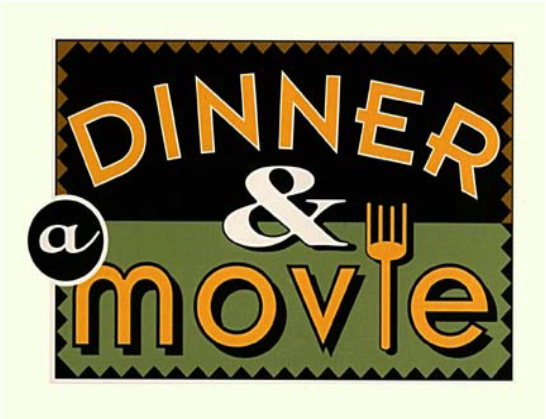
- Choose the social or communication skill to target.
  - Find what skill and in what situations youth need to develop the skills.
  - An example is asking a girl on a date.
- Write the script.
  - Consider using drawings, phrases, or sentences.
- Teach the script.
  - Ask the youth to practice reading the script until mastered.

Implementing Social Scripts (cont.)

- Implement the script during a chosen situation.
  - Type each phrase, sentence, or drawing on a card.
  - Hold the card up every 30 seconds to prompt the youth to say what is on it.
- Fade the script.
  - Fade the script once the youth use the script consistently.
  - Fade in several steps, often by cutting off the last part of each sentence, phrase, or piece of drawing.
  - Gradually cut more and more.

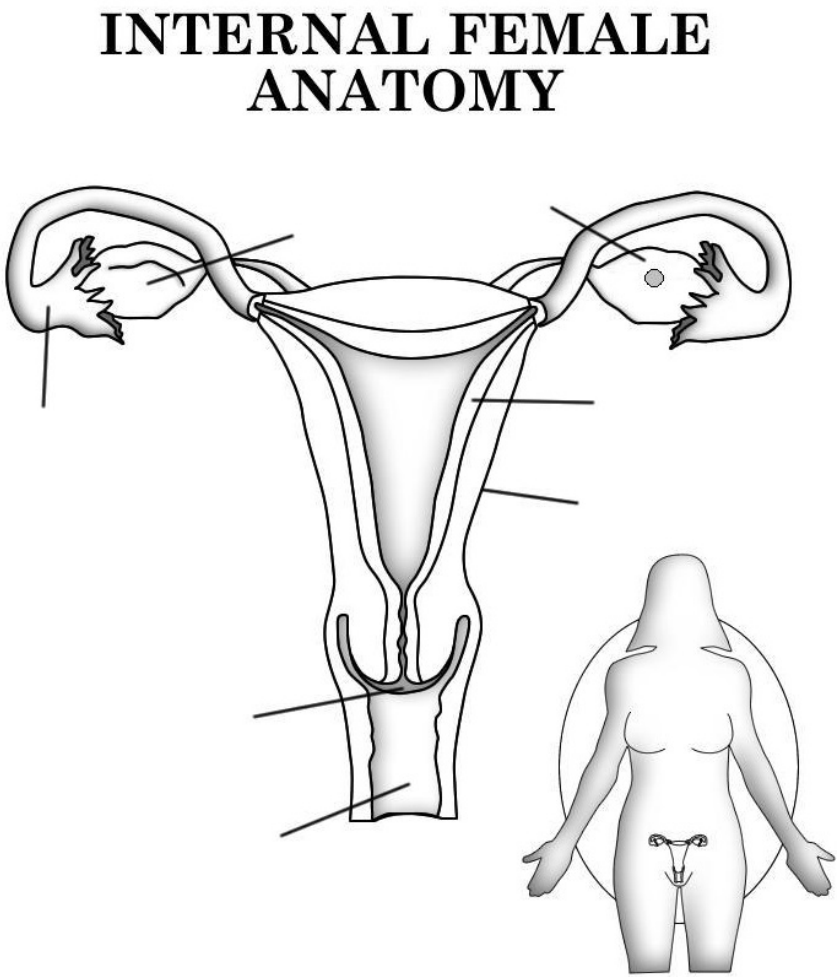
Social Script Example: Asking a Girl on a Date

- Social Script
  - Hi, (girl's name).
  - You look really nice today!
  - Do you have any plans for Saturday?
  - Would you like to see a movie with me?
  - Great! What is your phone number so that I can call you to make plans?
  - I'll talk to you later.
- Script Fading Procedure
  - I'll talk to you later.
  - I'll talk to you
  - I'll talk to
  - I'll talk
  - I'll*
  - (no prompt)

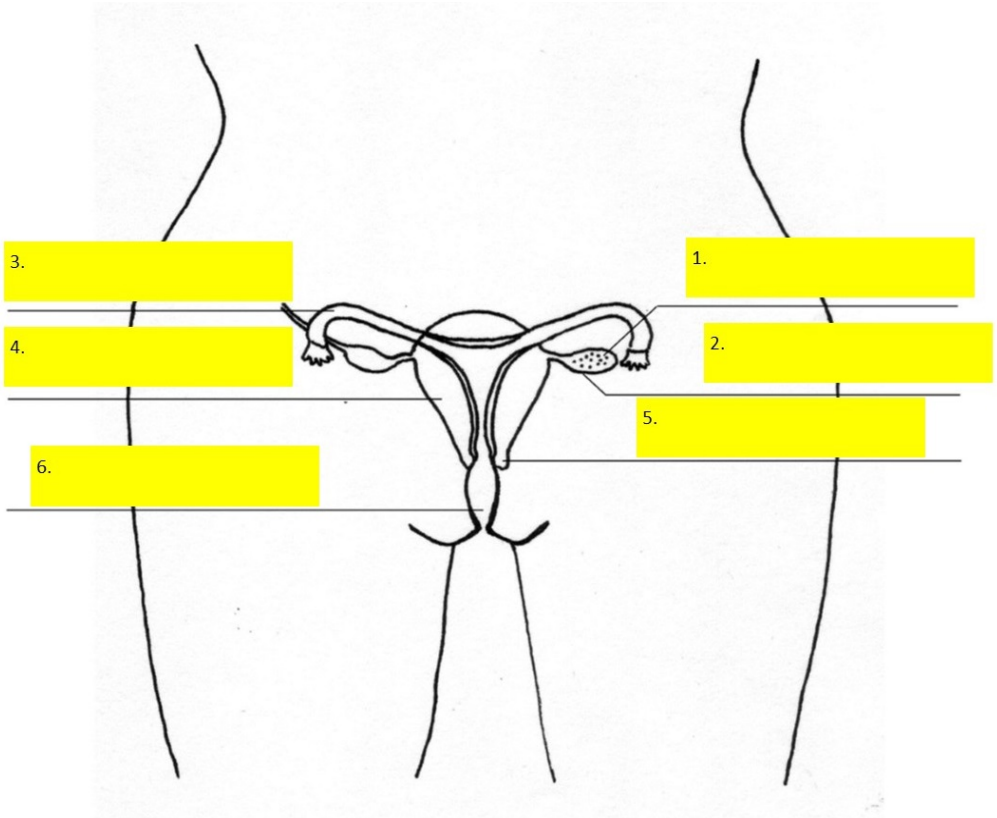


The following examples of adapting activities are from Health Connected's Teen Talk Program, www.health-connected.org/

Original: Female Anatomy HS



Adapted: Female Anatomy



Ovary Cervix Fallopian Tube

Uterus Vagina Ova (egg)

- Fewer words
- Numbered boxed items
- Highlighted items
- Word bank
- Student can visually see the boxes where the word goes

Original: Sexual Safety

Your Sexual Bill of Rights

In the United States:

- 1 in 5 women and 1 in 21 men will experience non-consensual sex in their lifetime.*
- About 78% of rapes are not reported**
- About 85% of victims knew the person who raped them*

California State Law***

- NO means NO. Silence means NO. If you are unsure, ASK. Only YES means YES.
- If a person says "Yes" to sex while drunk, the "Yes" DOES NOT count.
- If both people are drunk, the person who starts the sex is held responsible.

I ALWAYS have the right to:

Look sexy—even if I don't want to have sex

Just kiss and touch—even if I had sex with that person before

Change my mind—even if I said "yes" at first

Report a rape—even if I didn't report it right away

How to help a friend:

- Remind them it is never their fault. Rape is an act of control and power, not an act of sexual desire.
- Listen without judgment.
- Empower them to make their own decisions.
- Encourage them to report, by visiting a local hospital or calling 911.

For help for you or a friend, call

National Assault Hotline

1-800-656-HOPE

Rape Trauma Services (San Mateo County)

650-692-RAPE

How can you help reduce sexual violence in your community?

_____

_____

_____

Sources Cited:

*Center for Disease Control. (2010) Atlanta, GA: National Intimate Partner and Sexual Violence Survey (available at: www.cdc.gov/violenceprevention/nisvs)

**U.S. Department of Justice (2012) Washington, DC: Criminal Victimization (available at: www.bjs.gov/content/pub/pdf/cv12.pdf)

***California Law. (2008) Penal Code Section 261-269. Author. (Available at: http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=0001-01000&file=261-269)

Adapted: Sexual Safety

Listen:

- NO means NO. Silence means NO.
- Always ask for permission.
- Wait for the "YES." Only "YES" means YES.
- If a person says "YES" to sex while
- they're drunk, the "YES" DOES NOT count.

Remember:

- You can report a rape even if you did not fight back.
- It is NEVER your fault if you are sexually assaulted.

Help:

National Sexual Assault Hotline

1-800-656-HOPE (4673)

Rape Trauma Services (San Mateo County)

650-692-RAPE (7273)

I can talk to _____ about my sexual safety.

Original: Sexually Transmitted Infections (STIs)

STI FLOW CHART

1 Read through the flow chart and fill in **ALL** of the boxes.

ARE YOU SEXUALLY ACTIVE?

NO → **2** Not having sex is the **BEST** way to avoid STIs and pregnancy!

BUT HAVE YOU HAD SEX IN THE PAST?

NO → **3** List **TWO** reasons why it's a good idea for teens to wait to have sex:

_____

_____

TIP: If you have a partner, be sure to let him/her know why you are waiting!

CONTINUE TO BOX 4

YES → **4** Sex is **SAFER** when you know your partner's sexual past.

HAVE YOU ASKED?

YES → **5** List **TWO** questions to ask your partner before having sex.

_____

_____

_____

_____

CONTINUE TO BOX 6

NO → **6** **DID YOU USE A CONDOM OR A DENTAL DAM EVERY TIME?**

TIP: Use water- based lubrication to prevent the condom from ripping. "Lube" can be found in your local drugstores/clinics.

YES → **8** Most STIs have **NO SYMPTOMS**! So get tested every year or before having sex with a new partner.

SOME TEENS ARE SCARED TO GET TESTED... ARE YOU?

NO → **7** Be sure to get tested ASAP! List **TWO** clinics that will give you a **FREE** STI test:

_____

_____

TIP: Condoms are also a great form of birth control!

CONTINUE TO BOX 8

NO → **9** If you have an STI, it's better to know so that you can begin to **CURE** or **TREAT** it.

Name 2 STIs that are CURABLE:

_____

_____

Name 2 STIs that are NOT-CURABLE:

_____

_____

CONTINUE TO BOX 10

YES → **10** The tests can be quick and easy.

MATCH EACH STI TO A TYPE OF TEST:

HPV	Blood/Oral
HIV/AIDS	Urine/Swab
Gonorrhea	Urine/Swab
Syphilis	Blood
Chlamydia	Pap Test/Visual
Herpes	Blood/Visual

Adapted: STIs

Curable

Chlamydia
Gonorrhea
Syphilis
Trichomoniasis
Pubic Lice

Treatable

HPV
Herpes
HIV/AIDS
Hepatitis B

Signs of an STI:

How to protect myself from STIs:

Lessons Learned from the Field

Friendships & Dating Program

A Program of the Wyoming Institute for Disabilities, University of Wyoming

Sub-awardee of Wyoming PREP

Recruitment

- Friendships & Dating in Wyoming is community-based
- Identify key stakeholders that can help recruit participants and promote Friendships & Dating in their communities
- Consider your target age group and recruitment context
  - Will recruitment take place in the school district? With Community providers? What is the best way to disseminate information about class?

Recruitment (cont.)

- Working to recruit individuals with intellectual and developmental disabilities (IDD) can be difficult
  - Be ready to collaborate with parents, guardians, providers, case managers, and school district personnel
- Talk with participants about the type of community activities they will participate in
  - In Friendships & Dating, we have: bowled, painted pottery, watched movies, gone out for coffee, visited public health agencies, and had an end of class celebration

Tips on Accessibility

- When scheduling classrooms or community activities consider if locations are accessible. Check for:
  - Ramps or lifts for individuals who use wheelchairs or who have a mobility impairment
  - Accessible parking spots
  - Restrooms that can accommodate wheelchair and walker users
  - Check the bus route. Ask yourself is there a bus stop close by?
- Offer information in different formats
  - Large print, braille, digital text
- Provide a vocabulary list that defines key terms used every week
- Use and model person-first language, but respect any individual's choice to identify with person-first language

Persons with IDD and Trauma

- Facilitators should be aware of triggers for individual participants
  - A trigger can be an experience or discussion in class that causes someone to remember a traumatic event in their life
  - Use an application that provides space for participants to describe triggers, including best ways to prevent and address triggers
  - Facilitators should talk with the participant and their support network to understand how to best support participants who have experienced interpersonal violence
- Refer to community resources when necessary
- Be familiar with your state laws on reporting incidences of abuse, neglect, or exploitation of individuals with IDD
  - Make clear to participants when you will have to disclose information they share in class or with you

Basic Takeaways for Educators

- Adapt materials, and limit time.
- Include modeling, guided practice, reinforcement, role play, and corrective feedback.
- Take a strengths-based as opposed to deficit approach.
- Don't avoid taboo subjects (e.g., masturbation, sexual pleasure, and sex jargon), and don't assume.
- Address self-esteem and self-awareness.
- Include parent education.
- Be explicit, and repeat a lot.
- Spend time on communication skills and decision making.

Remember…

All

means

ALL

Hope for the Future

https://www.youtube.com/watch?v=Su78LXwMJtY

Questions and Sharing

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