Safety & Security Training for IDD Providers

The Rape Crisis Center of
Coastal Horizons Center, Inc.
&
The North Carolina Council on
Developmental Disabilities

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Safety & Security Initiative Mission

- "To develop a meaningful, effective, and concise training for the providers of intellectual and/or developmental (I/DD) services and secondly, for providers of generic domestic and sexual violence prevention programs in the community. The purpose is to equip staff throughout the state with the tools to prevent domestic and sexual violence and to intervene effectively with victims with I/DD and those at risk."
(NCCDD, 2013)

North Carolina Council on Developmental Disabilities

- The North Carolina Council on Developmental Disabilities (NCCDD) is part of a national network of 55 organizations that assist people with intellectual developmental disabilities (I/DD) and their families.
- Established by the Developmental Disabilities Bill of Rights Assistance Act (DD Act) PL 106-402
- Funded by the US Administration on Intellectual and Developmental Disabilities (AIDD).
- To conduct systems change, advocacy, and capacity building activities.
- The Council's sole purpose is to advance the quality of life for people with developmental disabilities

NCCDD Mission

- Mission is to ensure that people with developmental disabilities and their families participate in the design of and have access to culturally competent services and supports, as well as other assistance and opportunities, which promote inclusive communities.

The Rape Crisis Center of Coastal Horizons Center, Inc.

- The RCC staff provides victims of sexual assault with 24 hour crisis response, individual counseling, support groups, information and referrals, and law enforcement/court advocacy and accompaniment.
- The RCC of CHC, Inc. is a stand alone sexual assault service provider for New Hanover and Brunswick Counties.
- In July of 2011, the RCC received funding from GCC for a Victim Advocate to provide specialized outreach and direct services to individuals with developmental disabilities.
- In 2013, the RCC received a grant through OVW to enhance accessibility and capacity to serve survivors with disabilities.

Our mission is to provide support, education and advocacy to empower all individuals and families affected by sexual trauma, and engage and mobilize the community to prevent sexual violence.

Throughout This Presentation Please Take Care of Yourselves!

Sexual Violence 101

Sexual Violence

- About POWER, not SEX.
- ***Any*** type of sexual conduct or contact that is nonconsensual.
- ***Rape***-Nonconsensual oral, anal or vaginal penetration.
- By force, not just ***physical***, but also including ***verbal threats, intimidation, or coercion.***
- Differential power relationships, i.e. parent/child; doctor/patient; coach/student, etc.
- Also includes non-contact offenses, such as obscene phone calls, stalking, use in pornography, genital exposure, peeping, etc.

Types of Sexual Violence

- Acquaintance Rape
- Sexual Harassment
- Stranger Rape
- Alcohol/ Drug Facilitated Assault
- Child Sexual Abuse
- Incest
- Intimate Partner Sexual Assault
- Statutory Rape

Sexual Abuse Definition

- Sexual abuse can include:
  - Fondling
  - Genital exposure
  - Forced Masturbation
  - Oral, Penile, or Digital penetration of the mouth, vagina or anus
  - Child prostitution/pornography

National Statistics for General Population

- **1 in 4 women and 1 in 7 men are sexually assaulted.**
- **90% of victims are women.**
- **78.7% of female victims of rape experienced their first rape before the age of 25.**
- **40.4% experienced their first rape before age 18.**
- **73% of sexual assaults are committed by someone known to the victim.**
  - **38% friends/acquaintances**
  - **28% intimate partner**
  - **7% a relative**

NISVS 2010

Child Sexual Abuse

- Child sexual abuse includes:
  - Any sexual act between an adult and a minor, or between two minors, when one exerts power over the other
  - Forcing, coercing or persuading a child to engage in any type of sexual act
  - Non-contact acts such as exhibitionism, exposure to pornography, voyeurism, and communicating in a sexual manner by phone or Internet

Child Sexual Abuse

- 1 in 5 girls and 1 in 20 boys is a victim of child sexual abuse
- Self report studies show that 20% of adult females and 5-10% of adult males recall a childhood sexual assault or sexual abuse incident
- During a one-year period in the US, 16% of youth ages 14-17 have been sexually victimized
- Over the course of their lifetime, 28% of US youths ages 14-17 have been sexually victimized
- Children are most vulnerable to CSA between the ages of 7 and 13

Child Sexual Abuse

- Less than 15 % of children that are sexually abused will have genital injuries consistent with sexual abuse
- Children who had an experience of rape or attempted rape in their adolescent years were 13.7 times more likely to experience rape or attempted rape in their first year of college

Reporting Statistics for General Population

- 60% of rapes/sexual assaults are not reported to the police
- Males are the least likely to report a sexual assault, though they make up10% of all victims
- Reasons a victim might not report:
  - Fear they won't be believed
  - Judgment
  - Self-blame
  - Previous experience with LE

Male Survivors

- In the US about 10% of all victims are males
- Researchers estimate that 1 in 6 men have experienced unwanted or abusive sexual experiences before age 18

What concerns do male survivors have when seeking support for a sexual assault?

Heterosexual Males:
- May experience a fear that the assault will make them gay
- May feel that they are "less of a man"

Homosexual Males:
- May feel the crime is "punishment" for their sexual orientation
- May worry that the assault affected their sexual orientation
- May fear they were targeted because they are gay. This fear may lead to withdrawal from the community
- May develop self-loathing related to their sexual orientation

Statistics for Individuals with Disabilities

- In North Carolina, a person with a disability is **5 times more likely** to be sexually assaulted than someone without a disability (National Center of Victims of Crime).
- **90%** of people with developmental disabilities will be physically or sexual abused (Reynolds, 2001).
- Half of people with developmental disabilities who are abused will experience **10 or more abusive incidents** (Wisconsin Coalition Against Sexual Assault).
- Abusers will typically abuse as many as **70 people** before getting caught (Valenti-Hein & Schwartz, 1995).

Sexual Violence and Individuals with Disabilities

- One study found that **only 3%** of sexual abuse cases involving people with developmental disabilities were reported to law enforcement (Valenti-Hein & Schwartz, 1995).

**Only 40% of Sexual Assaults in general are reported.*

- People with disabilities experience abuse by a greater number of perpetrators (Baladerian, 1991) and they stay in dangerous situations significantly longer: **11.3 years vs. 7.1** in situations of physical abuse and **8.3 years vs. 4.1** in situations of sexual abuse (Baylor University).

❖ *It is important to remember that it is not the disability itself that increases the risk of sexual victimization, but the societal and situational factors.*

Person First Language

Individual with a Disability v. Disabled Person

- Throughout this presentation you will hear person first language only. Anytime you are working with *individuals with disabilities* you are working with an individual that has a disability not a *disabled person.*
- Disabilities are not persons and they do not define persons, so do not replace person-nouns with disability-nouns.
- Person First Language is so important because the first step towards committing an act of violence against someone else is to see them as less than you.

Person First Language

Examples of People First Language

Instead of:	Use:
•Wheelchair bound	•Person who uses a wheelchair
•Schizophrenic	•Person who has schizophrenia
•Retarded	•Person who has an intellectual/developmental disability.

Sexual Violence and Individuals with Disabilities

It is important to remember that it is not the disability itself that increases the risk of sexual victimization, but the societal and situational factors.

- Individuals with disabilities are often taught values & beliefs that affect behavior and social etiquette making them more likely victims
- Obey the rules and those in charge
- Don't be assertive or get angry
- Agree with adults or authority figures
- Honor other people's opinions
- Taught to be obedient and dependent
- Reluctance to express negative feelings or a desire for change
- Personal choices may not be possible
- Refusal is not usually accepted

Why are individuals with disabilities vulnerable to sexual assault?

- Social isolation
- Lack of accessible transportation
- Reliance on others for care
- Communication barriers
- Poverty
- Lack of information about their bodies
- Lack of privacy

•Lack of knowledge about healthy intimate relationships
•Lack of resources/lack of awareness of existing resources
•Lack of support from caregiver
•Perceived lack of credibility when they disclose sexual victimization

Why are individuals with disabilities vulnerable to sexual assault?

- Receive little or no sex education
  - Not educated in sex for fear it will make the individual sexually active.
  - Denied a sense of sexuality-not viewed as a sexual being.
  - Believe, "What they don't know won't hurt them."

Pennsylvania Coalition Against Rape

Why are individuals with disabilities vulnerable to sexual assault?

- Limited Options in All Life Choices
  - May have limited options where they live, work, go to school, or recreational activities.
  - May have little to no socialization skills or experience
  - May be denied appropriate relationships with other people

Pennsylvania Coalition Against Rape

Why Are Individuals with Disabilities Vulnerable to Sexual Assault?

Limited Options in All Life Choices

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Why are individuals with disabilities vulnerable to sexual assault?

- Limited Communication Skills
  - May not be verbal
  - May have speech impairments
  - May know sign language but have no one to interpret
  - May be targeted by offender assuming the abuse will go unreported or undetected.

Pennsylvania Coalition Against Rape

Who Are the Abusers?

- **88% to 97%** of abusers are known and trusted by the victim. Of those, **32%** were family members or acquaintances and **44%** had a relationship with the victim/survivor specifically related to the person's disability such as a residential care staff, a provider for transportation or personal care (Baladerian, 1991).
- Too frequently considered physically weak, emotionally unstable and/or intellectually incompetent, persons with disabilities may be viewed by perpetrators as easy targets for victimization. Perpetrators may trust that first responders won't believe these victims or know how to help them.

Myths:

People with Developmental Disabilities….

- Are not sexual beings/Are overly sexual
- Do not have intimate/romantic relationships
- Are unable to consent to sex
- Cannot communicate their thoughts and feelings
- Are not affected by trauma
- Must have people make decisions for them, in all aspects of their lives

D vs. d

"We use the lowercase deaf when referring to the audiological condition of not hearing, and the uppercase Deaf when referring to a particular group of deaf people who share a language – American Sign Language (ASL) – and a culture. The members of this group have inherited their sign language, use it as a primary means of communication among themselves, and hold a set of beliefs about themselves and their connection to the larger society. We distinguish them from, for example, those who find themselves losing their hearing because of illness, trauma or age; although these people share the condition of not hearing, they do not have access to the knowledge, beliefs, and practices that make up the culture of Deaf people."
(http://nad.org/issues/american-sign-language/community-and-culture-faq)

(d) Deaf Population Statistics

54% of boys who are deaf have been sexually abused vs 10% of boys who are hearing.

50% of girls who are deaf have been sexually abused vs 25% of girls who are hearing.
(Sullivan, Vernon & Scanlan, 1987)

50% of women in the deaf population will experience domestic violence vs 25% of hearing women.

Deaf women are less likely to identify IPV as abuse
(UMASS Medical School, 2014)

Case Discussion

For case discussion split up into small groups. Discuss amongst your group what your first steps would be in responding to this client and how their disability will affect the services you provide. Ask yourselves the following questions and come up with a plan.

- What factors about the disability make this person vulnerable to violence?
- How is the violence in this scenario similar to violence experienced by people without disabilities? How is it different?
- What are some special considerations/accommodations that may need to be made when providing services to this client?

Case Discussion

John is a 28 year old with Cerebral palsy. He utilizes a motorized wheelchair and also requires large print materials to read. John's mother physically abuses him and withholds necessary medication as a form of punishment. When John disclosed the abuse to a family member, his mother said that he was "acting out" and his disclosure was just "attention seeking behavior" After that incident, John's mother only fed him once a day. John contacted your agency through a relay service to inquire about services that might be available to him. While talking with you, he also disclosed that a staff member at the day facility that he used to attend sexually abused him for 2 years.

Case Discussion

Jane is a 35 year old woman who is on the Autism Spectrum. She has a limited vocabulary and can be difficult to understand. She will sometimes use a picture book to communicate. She lives with her parents who are in their late sixties. Her older brother moved into the house with them six months ago due to financial hardship. Shortly after moving back in with his family, he began physically and sexually abusing Jane. He told her that if she told anyone about the abuse that their parents would send her to live in a facility. Jane disclosed to one of your staff members at your day program she attends.

What Consent **Does** and **Does Not** Mean

- A person not saying "no" does not mean that he/she is saying "yes."
- SILENCE does not equal consent, because silence can mean fear, confusion, etc.
- "Consent is based on choice. Consent is active, not passive. Consent is possible only when there is equal power… If you can't say 'no' comfortably, then 'yes' has no meaning." – Rebecca Goldberg New Beginnings – Seattle, WA

Perpetrator Accountability

1. Justice Department, *National Crime Victimization Survey*: 2008-2012
2. FBI, *Uniform Crime Reports*: 2006-2010
3. National Center for Policy Analysis, Crime and Punishment in America, 1999.
4. Department of Justice, Felony Defendents in Large Urban Counties: average of 2002-2006
5. Department of Justice, Felony Defendents in Large Urban Counties: average of 2002-2006

www.rainn.org & NCCASA

North Carolina Statistics

- There were 91 rape crisis centers operating in North Carolina in 2010.
- In 2010-2011 rape crisis centers in North Carolina received 25,058 calls concerning sexual assault. www.councilforwomen.nc.gov/stats
- Approximately 278 calls per program.

RCC Statistics

- 10% of RCC clients this past year were individuals with disabilities.
- Note: these are self-reported disabilities. It is RCC policy not to ask an individual if he/she has a disability.

Victims of Sexual Assault are …

- 3 times more likely to suffer from depression
- 6 times more likely to suffer from PTSD
- 13 times more likely to abuse alcohol
- 26 times more likely to abuse drugs
- 4 times more likely to contemplate suicide

www.rainn.org

Effects of Sexual Assault/Rape

- STDs/STIs, HIV
- Pregnancy
- Mental Health Issues
  - Borderline Personality
  - Depression
  - Anxiety
  - PTSD
  - Dissociative Identity Disorder
- Increased health care costs

www.rainn.org

What do you think a victim of sexual violence would look like?

Emotional Reactions to Sexual Violence

- Shock and Numbness
- Intrusive thoughts and/or flashbacks
- Anxiety
- Fear
- Guilt and self-blame
- Anger
- Isolation
- Mistrust
- Difficulty with sexual intimacy

❖ *It is important to remember that there is no one "normal" reaction to sexual violence.*

Domestic Violence 101

Defining Domestic Violence

- Domestic violence is a pattern of coercive and controlling behaviors that one person uses over another to gain power and control.
- Domestic violence exists along a continuum that includes:
  - Verbal abuse
  - Emotional and psychological abuse
  - Physical abuse
  - Sexual abuse

Domestic Violence Occurs Between

- Current or former partners
- Parent and child
- Current or former household members
- Caretakers and Individuals with disabilities

Former partners are included due to the extremely dangerous time period after a victim of domestic violence leaves their perpetrator.

Physical Abuse

- Not all domestic violence relationships are physically abusive
- Physical violence may only be used once or occasionally
- Threatening physical violence may be used to control the other person's life.
- Examples: Slapping, Punching, Strangling, Burning

Psychological/Emotional Abuse

- Trauma caused by threats, acts or coercive behavior
- This form of abuse is often reported as being worse than any physical abuse.
- Examples: Belittling, Ridiculing, Insulting, Threatening, Jealousy, Monitoring Time and Whereabouts of Partner

Economic Abuse

- Forcing a partner to be financially and materially dependent on the abuser as well as preventing them from being self-sufficient.

Examples: Withholding money or access to money, forbidding work or school, interfering with partner's job performance.

Stalking

- Repeated visual or physical proximity, non-consensual communication, and/or verbal, written or implied threats.

Examples: Following partner, standing outside partner's work or home, leaving unwanted items for partner to find, verbally threatening calls or messages.

Sexual Abuse

- In North Carolina, sexually abusing a spouse became illegal in 1993.
- It is used as a means to punish, humiliate, and control the victim.
- May occur when the victim is most vulnerable (asleep, sick, pregnant, children near, etc.)
- Underreported

Assistive Technology Devices

- Teletypewriters (TTY) and Telecommunications Devices for the Deaf (TTD)
  - Text based telephones that people who are deaf or hard of hearing use to communicate. These devices often record and save an exact history of conversations, making it easier for stalkers to monitor victims' conversations.

Others?

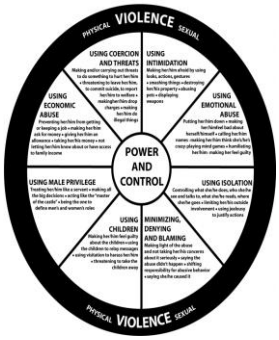
  - http://www.minicava.umn.edu/documents/commissioned/stalkingandtech/stalkingandtech.html

Cycle of Domestic Violence

- There is a very distinct cycle of domestic violence that includes 3 phases:
  - Buildup/Escalation
  - Explosion/Abusive Behavior
  - Honeymoon/Sorrow

Power and Control Wheel

- Helpful tool to see the patterns of domestic violence and the tactics used by the abuser to maintain control over his/her partner.



Increased Risk of Victimization

- Individuals with Disabilities, women in particular
- The isolation and dependence that individuals with disabilities experience makes them increasingly vulnerable to physical and sexual abuse
- Fears of coming forward become more complicated
  - Lose daily living assistance
  - Housing
  - Independence
  - More violence

Individuals with Disabilities and Domestic Violence

- "There are four key ways in which domestic violence can intersect with a person's disability:"
  - DV can cause temporary or permanent disabilities
  - The IDD community experiences higher rates of DV & SA
  - Violence against the IDD community often take on "non-traditional" forms
  - The IDD community face additional barriers in seeking help.

www.equalrightscenter.org

Individuals with Disabilities and Domestic Violence

- Domestic Violence is the leading cause of injury to women between the ages of 15-44 in the United States *
- DV survivors have reported having developed disabilities such as:
  - Loss of hearing or vision
  - Paraplegia
  - Traumatic Brain Injury
  - Obsessive Compulsive Disorder
  - Exacerbating pre-existing disabilities

www.equalrightscenter.org

*Violence Against Women, A Majority Staff Report

Barriers Seeking Services

- Despite the high rates of violence in the IDD community, individuals with disabilities often have limited access to the services they need.
  - Mobility or communication barriers
  - Fear they won't be understood or believed
  - Feelings of shame and self-blame associated with their disabilities
  - Social and/or physical isolation
  - Fear that others will become aware of their disabilities (i.e. living with HIV/AIDS or mental health disabilities)
  - **The perpetrator is a family member or caretaker**

U.S. Department of Justice, Working with victims of crimes with disabilities. 2011

Characteristics of an Abuser

- Being an abuser is a choice. Not all abusers are the same but some share similar characteristics such as:
  - Low Self-Esteem
  - Extreme Jealousy
  - Substance Abuse
  - Mental Illness
  - Possessiveness
  - Controlling Personality

Warning Signs

- Frequent injuries, with the excuse of "accidents"
- Frequent and sudden absences from work or school
- Frequent harassing phone calls from the partner
- Fear of the partner, references to the partner's anger
- Personality changes
- Excessive fear of conflict
- Submissive behavior, lack of assertiveness
- Isolation from friends and family
- Insufficient resources to live (money, credit cards, car)
- Depression, crying, low self-esteem

Patterns of Trauma

- Clothing that might be concealing continuous injuries
- Unintentional injuries are not likely to be in patterns
- Many injuries are indicative of abuse:
  - Strangulation marks
  - Black eyes
  - Bite marks

Recognizing and Responding

- Build Trust
  - Inform client about confidentiality, including exceptions
  - Remain calm
  - Validate experience
  - Reassure that violence is not their fault
  - Be aware of YOUR reactions, do not minimize their experience
  - Do not attempt to verify with abuser/third party
  - Do not confront abuser
  - Listen and believe client

Safety Tips

- Note any suspicious behavior: person hovering or restraining another, verbal or physical abuse.
- Ask about any current DVPO or no contact orders
- Always ask for safe addresses and phone numbers, even if it is not the client's contact
- Don't interfere on the client's behalf. That puts them at a higher risk for violence.

Other Barriers for Clients

- Shame/humiliation/self blame for abuse
- Fears she/he won't be believed
- Fears for personal safety/ safety of family and friends
- Previous negative experiences after disclosure
- Hope things will change
- Fears she/he will lose children
- Coping mechanisms-substance abuse etc.

Barriers for Leaving

- Physical
  - Fear of future abuse
  - Death
- Psychological
  - Continued access (children in common)
  - Abuser threatening suicide
  - Dependent on abuser for drugs and/or alcohol
- Children
  - May be at greater risk during visitation
  - Raising a child as a single parent
  - Losing custody

Barriers for Leaving

- Financial
  - Standard of living
  - Lack of access to affordable housing
  - Loss or damage to possessions
  - Loss of job
- Family and Friends
  - Threat of injury to friends or family
  - Loss of support (might blame victim)
  - Religious/Cultural beliefs
- Individuals with Disabilities
  - Dependent on abuser
  - Fear of not being believed
  - Access to services

Responding to Domestic Violence

- Screen to identify current or past violence
- Assess risk and needs of client and children
- Intervene with referrals and assistance
- Document abuse

How To Handle Disclosures

Disclosures

- Because rates of sexual violence and abuse are high, it is a very real possibility that you may receive a disclosure from someone stating that they, a friend, or a family member is a victim of sexual assault. Here are some general, yet very important guidelines that you need to know when handling a disclosure.

How Should a Victim of Sexual Violence Act?

- There is no one way that a victim of sexual violence behaves.
- We all have different coping mechanisms and we all respond to trauma differently.
- Just because someone does not act the way that "a rape victim should," do not disregard their disclosure as attention seeking behavior.

How to Handle a Disclosure

- BE AN EXCELLENT LISTENER! Try not to interrupt the victim or ask too many questions because it may make the victim feel like they are being interrogated.
- TELL HE/SHE THAT YOU BELIEVE THEM! People rarely make up stories of sexual abuse or rape. It is very important that you acknowledge and support the victim's disclosure because the first contact can significantly help or hurt the victim's healing process.
- CONTAIN YOUR OWN FEELINGS! Try to remain professional. Emotional reactions can make the victim feel guilty for disclosing or cause more feelings of shame.

How to Handle a Disclosure:

- ACKNOWLEDGE THEIR TRUST IN DISCLOSING TO YOU! Highlight their courage and strength in taking action in their healing process.
- OFFER THEM THE APPROPRIATE REFERRALS FOR PROFESSIONAL SUPPORT! Provide them with information about RCC and other counseling options.
- Be familiar with your organizations policies regarding disclosure of abuse. If your organization does not have one, RCC would be happy to help you develop one.

Do's and Don'ts for Disclosures

- Do tell them they are not responsible for what happened and it's not their fault.
- Do make necessary referrals such as DSS and RCC.
- Do consult your RCC staff members which are available 24/7.

Do's and Don'ts for Disclosures

- Don't make promises that you can't keep; especially if they ask you to keep the disclosure a secret.
- Don't give the impression that you might believe the victim is somehow at fault. Ex. don't ask: "How much had you had to drink?" or "Why did you go over to his/her house?" or "This happened 2 months ago! Why didn't you tell me sooner!"
- Don't ask intrusive questions.

How you can contribute to the healing process:

- What is helpful:
  - Believe victims
  - Withhold judgment
  - Give the victim choices & options
  - Let the victim ultimately decide what is right for them
  - Ensure an advocate is present

Mandatory Reporting

Reporting to DSS-Reporting Law

- DSS – Department of Social Services
  - APS – Adult Protective Services
  - CPS – Child Protective Services

Statute

- North Carolina N.C. Gen. Stat. § 108A–102(a) – (b)
- (a) Any person having reasonable cause to believe that a disabled adult is in need of protective services shall report such information to the director.
- (b) The report may be made orally or in writing. The report shall include the name and address of the disabled adult; the name and address of the disabled adult's caretaker; the age of the disabled adult; the nature and extent of the disabled adult's injury or condition resulting from abuse or neglect; and other pertinent information.

Reporting to DSS-Reporting Law

- WHO MUST REPORT? Any person who has reasonable cause to believed that a person with a disability is in need of protective services.
- WHAT DOES THAT MEAN? If there is **suspicion** that someone is being abused (sexually, physically, financially, or verbally), neglected, or exploited.

Reporting to DSS-Reporting Law

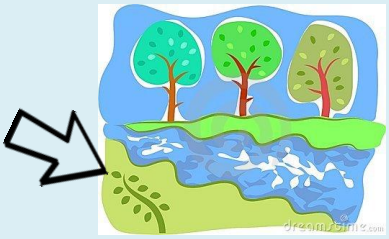
- WHAT IS ABUSE? "Willful infliction of physical pain, injury or mental anguish; unreasonable confinement; willful deprivation by a caretaker or services necessary for mental or physical health."
- WHAT IS NEGLECT? "Living alone and being unable to provide necessary care for physical and mental health; failure of caretaker to provide necessary services."
- In situations of stranger assault, DSS will usually not screen those reports in, unless there is a supervision issue.

Making a Report

- What must be included in the report?

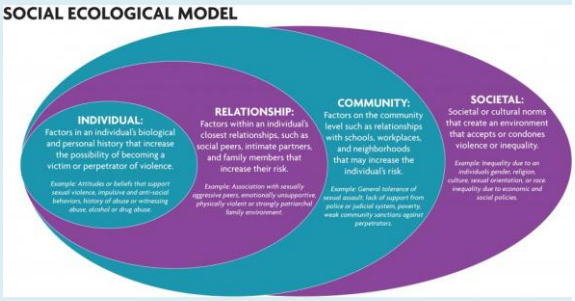
  -Whatever information the reporter has ideally including name, address, age of the individual with a disability; name and address of caretaker; nature and extent of injury, abuse, neglect, exploitation; other pertinent information.
- Reporting can be done anonymously but professionals **should not** report anonymously. If someone reports anonymously their information will not be shared with the alleged perpetrator or the victim. A letter will be sent to reporter stating how DSS will proceed with report.

Prevention of Sexual & Physical Violence



"We are still standing on the bank of the river, rescuing people who are drowning. We have not gone to the head of the river to keep them from falling in. That is the 21st century task."
– Gloria Steinem

SOCIAL ECOLOGICAL MODEL



Intersectionality of Oppression

Unpacking Privilege

- "As a white person, I realized I had been taught about racism as something which puts others at a disadvantage, but had been taught not to see one of its corollary aspects, white privilege, which puts me at an advantage."
- "I have come to see white privilege as an invisible package of unearned assets which I can count on cashing in each day…White privilege is like an invisible weightless backpack of special provisions, maps, passports, codebooks, visas, clothes, tools and blank checks."
- "To redesign social systems we need first to acknowledge their colossal unseen dimensions. The silences and denials surrounding privilege are the key political tool here. They keep the thinking about equality or equity incomplete, protecting unearned advantage and conferred dominance by making these taboo subjects."
  - Peggy McIntosh, Unpacking the Invisible Backpack

Unpacking Privilege Activity

Widely Accepted Myths about Individuals with Disabilities:

- Individuals with I/DD are asexual.
- Individuals with I/DD have a child-like mentality and are dependent on others.
- Individuals with I/DD cannot control their sexual desires.
- Individuals with I/DD do not have boundaries.

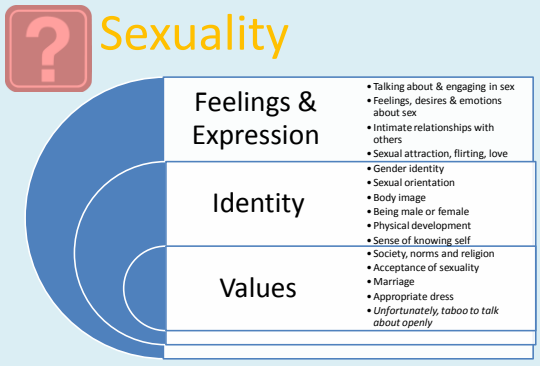
What factors specific to sexuality put this population so at-risk for sexual violence?

- Individuals with disabilities are systematically denied basic information about sexual health and relationships.
- Sex education is rarely provided in special education classrooms and, when it is, it is not tailored to the needs of children with disabilities.
- Many individuals with disabilities are never taught about their bodies or their rights to privacy and are never given a framework for healthy relationships. Without such fundamental lessons, individuals with disabilities have no way of recognizing sexual violence and no language to describe what has happened to them if they experience it.

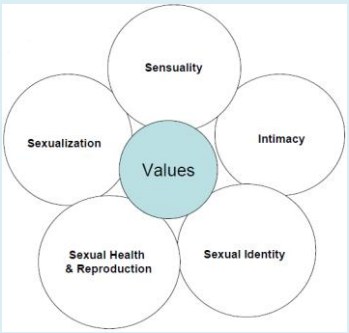
- Healthy sexuality education for individuals with disabilities is a key component of prevention. The more information someone has about healthy sexuality, the more likely they are to identify sexual violence when it occurs.
- Unfortunately, many parents and caregivers themselves have not received comprehensive sexuality education. This can impact their attitudes and comfort levels around sexuality.

Comprehensive Sex Education

- The National Survey of Family Growth found that teens who received comprehensive sex education were 50 % less likely to experience pregnancy than those who received abstinence-only education.
- https://www.youtube.com/watch?v=lvpLZ31iaj8 Parks & Rec



Circles of Sexuality



Sensuality

Physiological and psychological enjoyment of one's own body and the bodies of others

Intimacy

The ability and need to experience emotional closeness to another human being and have the feeling returned.

Sexual Identity

The sense of who one is as a sexual being, including sense of maleness femaleness or neither. To whom one is erotically and emotionally attracted.

Sexual Health & Reproduction

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

Sexualization

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

Healthy Sexuality

Knowledge & Empowerment

- Healthy sexuality means having the individual **knowledge** and **power** to express sexuality in ways that enrich one's life.

Respect

- This includes approaching sexual interactions and relationships from a perspective that is **consensual**, **respectful** and **informed**.

Healthy sexuality is free from coercion and violence.

Healthy Childhood Sexual Development

Sexuality is emotional, social, cultural and physical. Sexual development is one part of sexuality, and it begins much earlier in life than puberty.

Sexual Development in Infancy

Ages 0-2

- Experience erections (boys) and periods of vaginal lubrication (girls) starting at birth
- Enjoy being held, touched, kissed, hugged and tickled
- Experience positive sensations associated with being loved
- Curious about their bodies, including genitals
- Touch their genitals, including masturbation in public and private
- No inhibitions around nudity

Sexual Development in Early Childhood

Ages 2-5

- Start to develop a sense of being male or female (gender identity) and begin to associate certain behaviors with being male or female (gender roles)
- Continued lack of inhibition around nudity. Many children enjoy being naked and may take their diaper or clothes off
- Occasional masturbation. Usually occurs as a soothing behavior rather than for sexual pleasure. It may occur publicly or privately
- Begin to ask questions about sexuality and reproduction, such as "Where do babies come from?"
- Show curiosity in regard to adult bodies (e.g., wanting to go into the bathroom with parents, touching women's breasts)
- Consensual and playful exploration with children of the same age. This could include "playing house" or "playing doctor."

Sexual Development in Middle Childhood

Ages 5-8

- Hear and use slang terms for body parts and bodily functions
- Appreciate "potty humor" and make jokes describing body parts and functions
- Deeper understanding of gender roles. May act in a more "gendered" manner as expected behaviors and norms are reinforced.
- Sex play or activities that explore sexuality and bodies may occur with same- and opposite-sex friends
- Masturbation. Some children may touch their genitals for the purpose of pleasure. This happens more privately rather than in public.
- The word "gay" begins to surface in conversations (k-1), usually when adults are at a distance. Though the word becomes familiar, life experiences around the word and the idea that people *are* gay, vary enormously

Sexual Development in Late Childhood

Ages 9-12

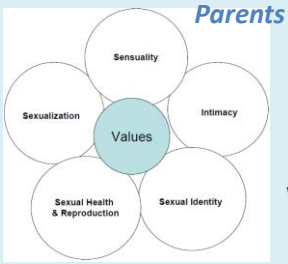
- As puberty begins (Ages 8-13 for girls/ 10-16 for boys) an increased need for privacy and independence is often expressed
- Around 3rd grade, interest in sexuality and playground banter containing sexual language increases exponentially. Children know that "sex talk" is taboo, so they most often confine it to when they won't be overheard by adults
- Interest in relationships. May want to have a girlfriend or boyfriend.
- May express curiosity about adult bodies. This could involve trying to see people naked or undressing or involve looking for media with sexual content
- As social norms around masturbation become clearer, it will likely occur in private

Statistics: Sexuality in Adolescence

High School

- Each year, about 40% of teens visit sexually explicit sites either deliberately or accidentally
- In the United States, 46% of all high school age students and 62% of high school seniors, have had sexual intercourse. Young people begin to have sex at about the same age in most industrialized countries.
- 1/3 of high school students who've had intercourse have had it with four or more different partners (regardless of what grade they are in)
- About half of 15- to 19-year-old males have received oral sex from a female, nearly 40% have performed oral sex on a female

Your Own Sexual Learning



Parents – Teachers – Friends

What messages did you receive growing up?

What was helpful? What was not?

What would you like to have been different?

"The Talk" is Outdated

Information about healthy sexuality shouldn't be given all at once when a child reaches a certain age.

Instead, incorporate healthy sexuality into everyday conversations, answering questions as they arise

.

Laci Green's Take on "The Talk"

Correct Terminology & Sexual Abuse

- Unfortunately youth with disabilities are far more vulnerable to sexual abuse than their peers. Sex education must, therefore, encompass skills to prevent sexual abuse **and encouragement to report and seek treatment for unwanted sexual activity.**
- Research has shown that a child who has accurate language for private body parts is **more likely** to report abuse than a child who lacks appropriate language.

Discussing Sexual Abuse

- Children with disabilities may need lots of repetition for messaging to sink in and therefore "good touch/bad touch" programs implemented in schools are not effective on their own at preventing childhood sexual abuse.
- It is important for messages about sexual abuse to be discussed and reinforced at home, within the context of overall healthy sexuality.
- Good touch/bad touch can be confusing, as caregivers and medical personnel may touch in ways that feel "bad" (for example a shot) and the physical sensations accompanied by certain types of sexual abuse may feel "good".
- Instead, advocates recommend using concrete concepts like "green flag" and "red flag" to help children understand situations that are ok (green) versus situations that are not okay (red).

Discussing Sexual Abuse

- Use the situations involving touch that children experience regularly to define specific touches that would be considered "green flag" as well as those that would be "red flag."
  - For example, a "green" touch would be when a caregiver helps a child to wipe his bottom after using the toilet and a "red" touch would be the caregiver touching the child's bottom when he is not using the toilet.
- Once you've helped a child define specific touches as "green" or "red", look for opportunities to practice determining whether touches are "green" or "red" and how to respond to "red" touches.
- Make sure that children understand that touching rules are for everyone. Just as it is not okay for someone to give them a "red" touch, they should not be touching others with "red" touches.

Personal Boundaries & Consent

- Sometimes we inadvertently teach children (especially those with disabilities) to be passive or compliant by doing things and making decisions for them.
- Model respect for their personal space and physical boundaries by asking children for permission or declaring what you are going to do before touching them.
- Saying "no" is an important safety skill. Teach children with disabilities to say "no" in lots of different ways.
  - Help them communicate "no" through speaking, shouting, shaking their head, stamping feet, making faces, etc.
  - Share the child's way of communicating "no" with his/her care team. Ask them to respect the child's "no".

Start a Conversation about Healthy Sexuality

- **Why?**
  - We are all sexual beings.
  - Sexuality is a lifelong process
  - Children are already learning about sexuality from their peers and the media
  - Sexuality carries responsibilities and consequences
  - Sexuality is an important and complex topic

  (PreventConnect.org)

Tips for Talking

- Use correct terms and start early.
- Keep it simple and accurate.
- Only answer what they are specifically asking and let the knowledge build over time.
- Look for natural "teaching moments" to explain key concepts and instill values.
- If a question catches you off guard, remain calm and stick to the facts. It's important that you *appear* comfortable discussing these topics.
- If you do not know the answer (or just need time to compose yourself), you can always say "that is a good question. Let me find out and I'll get back to you."

  And then actually get back to them!

Putting Health Sexuality Education into Practice

- Model appropriate boundaries in your professional relationship with clients.
- Talk with parents/caregivers of individuals with disabilities about how they can start an ongoing conversation about healthy sexuality.
- If your agency already hosts groups, incorporate discussions on healthy sexuality.
- If your agency has the opportunity to work with young individuals with I/DD in an educational capacity, discuss ways they can increase their protective factors.

- "In a rape culture, both men and women assume that sexual violence is a fact of life, inevitable as death or taxes. This violence, however, is neither biologically nor divinely ordained. Much of what we accept as inevitable is in fact the expression of values and attitudes that can **change**."

  -American College Health Association

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