PUBERTY, SEXUALITY AND SOCIAL SAFETY

Mary R. Ciccarelli, MD
May 2016
OBJECTIVES

- Recognize and address the changes in physical health and behavior associated with puberty.
- Promote age-appropriate sexuality and relationship education for youth with special needs.
- Learn skills in maintaining personal safety in home and community settings
WHAT IS SEXUALITY?

Sexuality has to do with:

- being female or male,
- how females and males are alike and different in the way they look and act;
- how we view our bodies and our relationships with each other;
- how we grow and change over the years;
- who we are as women and men (girls and boys); and
- how we reproduce.
SEXUALITY IN CHILDHOOD

Development
- Self-exploration
- Curiosity
- Gender identity
- Puberty
- Self-consciousness
- Exploration
- Intimacy

Education
- Attitudes
- Information
- Decision-making skills
- Stranger-friend errors
- Private-public errors

SEXUAL CURiosity AND INFORMATION SEEKING

1. It is normal for all children to express a curiosity about sex.
2. Children learn about puberty and sex from family, peers, TV and media. They learn from:
   - the way they are touched by others;
   - the way their bodies feel to them;
   - what your family believes is okay and not okay to do;
   - the words that family members use or don’t use for parts of the body;
   - watching relationships around them.
3. Start early. Look for opportunities to discuss the subject – “teachable moments”.
4. When parents feel ill-prepared or uncomfortable talking about sexuality, they can seek resources.

www.albany.edu/aging/IDD/docs.htm
# Teen Timeline

<table>
<thead>
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<th>Age:</th>
<th>11</th>
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<td><strong>CHILDS</strong></td>
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<td>Practical</td>
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<td>Social</td>
<td>community, roads, buses, money, shopping</td>
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<td>Own friends</td>
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<td>Puberty</td>
<td>Sexuality</td>
<td>Partner</td>
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<tr>
<td>Self-awareness</td>
<td>Who am I?</td>
<td>Adult</td>
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<td>Self-esteem</td>
<td>Place in society?</td>
<td>Identity</td>
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PUBERTY & SEXUALITY

DO

- distinguish sexuality from sex
- everyone has sexuality, not everyone has sex
- present content for teen’s unique learning style
- meaningful education can reduce sexual victimization
- be aware of lack of specific sexuality education

DON’T

- overlook an individual’s sexuality
- underestimate the dangers of social isolation
- fail to teach self-advocacy
- ignore the signs of sexual abuse

Leslie Walker-Hirsch

https://expertbeacon.com/sexuality-education-vital-teens-intellectual-disabilities
GOALS FOR YOUR TEEN

- Become as independent as possible in their personal care and social lives
- Develop a positive personal identity, self-confidence and self-esteem - to feel good about themselves
- Develop a network of friends, personal relationships and leisure interests
- Continue to progress in their cognitive, speech, language, and academic skills, and prepare for work & adult life
DEVELOPMENTAL TASKS OF ADOLESCENCE

- Independence
  - preparation, practice with supervision, coaching

- Interdependence
  - connecting with others

- Functional identity
  - body image & disability

STUDIES OF ADULTS WITH ID

- 96 Australian adults with primarily mild ID living in community settings
- Knowledge generally limited
- Lowest scores for puberty, menstruation, menopause, sexuality, safe sex practices, STDs, legal aspects of contraception.
  - Galea J. The assessment of sexual knowledge in people with ID. J Intellect Dev Disabil, 2004

- Understanding Consent vs. Abuse
- Some in mild ID group identified “consenting situations” as wrong
- Some with mild ID demonstrated capacity to consent
  - i.e. those with higher IQ and appropriate education
POSSIBLE STRENGTHS AND WEAKNESSES IN DOWN SYNDROME

- **Social learning** can be a strength
  - Teenagers enjoy and learn from social interaction with adults and peers.

- **Receptive language**
  - Most teenagers understand more than they can say. Use of gesture to communicate is also a strength.

- **Visual and spatial processing and memory** are relative strengths
  - Teenagers can learn effectively from visual information – i.e. visual learners.

- **Social skills** can be a strength, if encouraged and expected.

- **Motor development** may be delayed
  - Holds back progress in self-help skills, joining in games, handling equipment, writing.

- **Speech and language development delay** is frequently a significant
  - more than non-verbal abilities. Speech intelligibility and hearing loss can additional difficulties.

- **Working memory** is often delayed, particularly **verbal short-term memory**
  - Learning from listening can be difficult. Working memory also supports problem solving and reasoning.

- **Good social understanding and empathy** help youth interpret **non-verbal emotional cues** quickly.
  - If sensitive to disapproval or failure, use strategies to avoid triggers.
Parents should be the first and main educators of their children.
- Parents need to be sure that their values will guide instruction.
- Schools can have a role.
- Community family planning services may help.
CONTENT: SEX ED FOR YOUTH WITH INTELLECTUAL DISABILITIES

- correct names for the body parts and their functions;
- similarities and differences between girls and boys;
- basics of reproduction and pregnancy;
- qualities of good relationships (friendship, love, communication, respect);
- decision-making skills, and consequences resulting from decisions;
- basics of social responsibility, values, and morals;
- rules of privacy and masturbation;
- avoiding and reporting sexual victimization.

More advanced skills include: sexual orientation, contraception, childbearing, sexual infections.

Sexuality Education For Children And Youth With Disabilities, National Dissemination Center for Children with Disabilities News Digest #ND17, 1992
METHODS: SEX ED FOR YOUTH WITH INTELLECTUAL DISABILITIES

- Identify teens that need special accommodations and assess individual needs.
  - Information should address learning styles, including auditory, visual, and experiential methods.
- Start with the basics. Teach age-appropriate info.
- Repeat again and again.
  - Teach the same concept from different angles to maximize understanding.
- Stay concrete with examples.
  - Use pictures and videos.
  - Youth who have trouble with abstract concepts like ‘what is love’, or ‘pregnancy results in having a baby’ need real world examples.
- Go slow. Don’t overload with information.
- Teach the right to refuse.
  - Persons with ID are often expected to be compliant.
- Help youth to practice appropriate affection, with whom and where.
ADAPTIVE SEX ED IN AN IEP

1. IEP team oversees process of developing an appropriate sexuality education program.
2. Review and compile sexuality ed info
3. Draft a policy and guidelines
4. Share the draft policy with all involved
5. Use sexual health needs assessments
6. Revise and finalize the policy and guidelines.
7. Use permission forms.
8. Provide preliminary and ongoing training to parents and staff.
9. Use Behavior Intervention Plans related to sexual behaviors, as needed.

BODY CHANGES IN PUBERTY

Girls need to know about:
- Growth spurts
- Breast growth
- Menstruation
- Body/pubic hair growth
- Acne
- Perspiration

Boys need to know about:
- Growth spurts
- Body/pubic hair growth
- Acne
- Perspiration
- Voice Changes
- Wet dreams
Mean ages at peak height velocity
- males 12.3, females 10.8 years
- Earlier growth spurt than general population

Age of menarche 12.5 +/- 2 years
- ~ 2 years from first changes of puberty
- Common initially to have irregular periods

Sexuality
- Fertility
  - females ovulate 40-70%
  - male fertility reported
  - Sexually transmitted diseases

Menopause average 47 years
I do a good job of taking care of myself everyday.

I'm proud of my efforts.

I keep my body clean.

I wash my face and hands.

I wash my hair.

I'm growing up.

I used to be a small boy. Now I am a young man.

My body is changing.

This is a good thing!

I'm getting taller.

Soon I will have more hair on my legs.

Hair will grow under my arms.

I might grow chest hair.

And I will have pubic hair near my private.

When I am about 15, hair will grow on my face.

My voice will sound lower.

My penis is also growing.

Soon, I will put on deodorant every day.

Dad and Mom will show me how to shave.

These changes happen to all boys.

Sometimes, I might feel embarrassed about these changes.

Sometimes, I might feel proud.

It's okay to ask questions about these changes.

My parents love me and they understand.

I'm getting older: For Boys.

I clip my finger nails.

I clip my toe nails.

I use lotion and sunscreen.

I take my medicine.
<table>
<thead>
<tr>
<th>WHAT DOES YOUR FAMILY BELIEVE?</th>
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<tbody>
<tr>
<td><strong>Gender</strong></td>
<td><strong>Appearance</strong></td>
<td><strong>Relationships</strong></td>
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<tr>
<td>• What does it mean to be male/female?</td>
<td>• What is attractive?</td>
<td>• What makes a good relationship?</td>
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<tr>
<td>• How are males/females different? Alike?</td>
<td>• Do people have to be young to be attractive?</td>
<td>• How are relationships different? (boyfriend, parent, child, business)</td>
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<tr>
<td>• How are males/females “supposed” to act?</td>
<td>• What messages do you give in the way you dress?</td>
<td>• How should people show affection?</td>
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<tr>
<td>• Is there a double standard for males/females? Should there be?</td>
<td>• How do these messages affect your relationships with other people?</td>
<td>• How can people resolve disagreements?</td>
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<th>WHAT DOES YOUR FAMILY BELIEVE?</th>
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<tr>
<td><strong>The Family</strong></td>
<td><strong>Sexual Communication</strong></td>
<td><strong>Life Choices</strong></td>
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<tr>
<td>• What rules does your family have about privacy?</td>
<td>• Why do people often laugh and make jokes about sexuality?</td>
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<tr>
<td>• What responsibilities does each family member have?</td>
<td>• What is sexual harassment?</td>
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Who are the trusted persons to talk to about personal feelings, issues and needs?

**Dress rules:** Where is it okay to be without clothes on? Where is it okay to wear just underwear? Where can I get dressed and undressed?

**Rules for touch:** What are the rules about me touching my body? About me touching my body private parts? Where in the house can I touch my private parts?

**Private places:** What are the private areas in our house where I can touch myself? What are the areas in our neighborhood? What are the private places in our community? What are the private places in my school?

**Public places:** What are the public places in our house? In our community? In school?

**Everyday public & private activities:** What are our house rules about other people’s privacy? Examples like knocking on the door, using other peoples’ things without asking. Where is okay to toilet, look at a magazine, take a bath, get dressed, or hug a friend? At home? In the neighborhood? In the community? In school?
Sexuality Assessment

Body Parts and Function
— Knows that some body parts are private and should not be displayed in public.
— Can distinguish between private versus public behavior and information.
— Knows how to appropriately control sexual drive.
— Knows that certain personal activities are to take place in private (e.g., toileting, masturbation).
— Knows normalcy and health of both male and female genitalia.
— Knowledgeable of the human life cycle and the changes that the body undergoes through time.

Personal Relationships
— Knowledgeable of the concept of dating.
— Knowledgeable of the concepts of marriage and divorce.
— Knowledgeable of the concepts of heterosexual, homosexual, monogamous, and bigamous relationships.
— Knowledgeable of the concept of abstinence.
— Knowledgeable of safer sex practices.

Personal Rights and Responsibilities
— Knows that whether or not to engage in sexual activity is a choice that one decides.
— Knows that he or she decides whether or not someone else may touch him or her.
— Can respect another's right to not be touched.
— Knows personal limits and boundaries in a relationship.

Sexual Abuse
— Knowledgeable of the concept of rape and date rape, how to prevent it, and how to report it.
— Knowledgeable of sexual abuse and exploitation.
— Can identify the signs of sexual abuse.
— Knowledgeable of the concept of sexual harassment.
— Knowledgeable of the emotional and psychological impact of rape, sexual abuse, and sexual harassment.
— Knows how to report sexual abuse, rape, and sexual harassment, and can identify a person or place to go for assistance.

Sexually Transmitted Diseases
— Knowledgeable of the concept, causes, and ramifications of sexually transmitted diseases, including HIV and AIDS.
— Knowledgeable of the signs and symptoms of sexually transmitted diseases, including HIV and AIDS.
Parent and Staff Sexuality Education Needs Assessment

1. We would like to learn more about your knowledge, needs, and concerns related to providing sexuality education to your child (student). Below are some concerns common to parents (educators).
   - Please check all areas that are of concern to you. You may wish to place a star or highlight topics that concern you the most at this time.
   - Modesty (inadvertently exposing themselves in public bathrooms/dressing rooms, adjusting underwear, stripping etc.)
   - Masturbation in public
   - Masturbation at home
   - Menstruation
   - Participation in medical exams (pelvic exams, testicular exams, breast exams, etc.)
   - Pregnancy
   - Birth control
   - Sterilization
   - Wet dreams
   - Inappropriate touching of others (hugging or kissing strangers, touching another person’s breasts or genitals, etc.)
   - Dating/marriage
   - Coupling
   - Sexual abuse
   - Other _______________________

2. Are you concerned about the future in terms of your child’s sexuality? Why or why not?

3. What instruction has been provided to your child (student) related to sexuality? Was this provided by you or by a school program?

4. Do you think that sexuality education is the responsibility of the family, the school, or both?

5. Ideally, how early should sexuality education begin?

6. Do you need training about providing sexuality education for your child (student)? Specifically, what topics most interest you?

Permission for Providing Sexuality Education

☐ I have reviewed Kern Elementary School’s sexuality education policy and guidelines. I have also discussed any questions I have about these documents with school staff. I give consent for staff to provide sexuality education to my child in accordance with this school policy and my child’s IEP.

Please note: Listed below are issues that may not be addressed with my child at this time. I would like to be contacted immediately if these issues come up incidentally.

☐ I do not give my permission for sexuality education to be provided to my child by Kern Elementary School staff.

_________________________  __________________
Parent Signature          Date

CASE 1 CHANGING BODIES

- Jill is 13 years old and is very upset, because she has discovered blood in her underwear while in the school bathroom. When she wiped there was more blood on the toilet tissue. Jill pulled up her pants, flushed the toilet and returned to the classroom. She was too embarrassed to tell her teacher. Her teacher was puzzled by Jill’s uncharacteristic irritable behavior. Later that day, the teacher noticed staining on Jill’s pants and reassured Jill and offered to help her to change clothes. The teacher assisted Jill with placing a pad in her underwear. The teacher then called Jill’s mother to inform her. Jill’s mother is unsure whether she should explain menstruation and reproduction to Jill. She is also unsure how Jill will manage her hygiene throughout her period.
Consider A Social Narrative

Menstruation

When Ann begins her period she will wear long pants for 7 days. Ann will carry her pads and an extra pair of clean underwear in her purse. Every 90 minutes Ann will change her pad when she’s on her period. She may have to be cued. She will carry a card each day and cross out the hours: 7:00am, 9:30am, 11:00pm, 12:30pm, 2:00pm, 3:30pm, 5:00pm, 7:30pm, and 9:30pm. She will put the used pad and paper strip from new pad in a paper sack and put it in the waste paper basket. Paper sacks will be available in the nurse’s office. Ann will wash her hands after changing her pad. She will then earn time to play checkers with a friend of her choice.
PERIODS

- For more complicated tasks, break activity into distinct steps.
- Practice.
MENSTRUAL HISTORY

- Do you track your periods using a calendar?
  YES       NO

- How far apart are your periods? ______________________

- How long do they last? ____________________________

- Is your flow heavy or light? _______________________

- Do you have painful periods (cramps, bloating, etc.)? _________________________

- Is there someone you can talk to about reproductive(or sexual) issues?
  YES       NO

- If so, who? ________________________________
MENSTRUAL MEDICAL MANAGEMENT

- Nonsteroidal anti-inflammatories
  - Ibuprofen, Naprosyn

- Hormonal management
  - Oral contraceptives
  - Prolonged cycles for menstrual suppression
  - Progesterone only
    - Depo-Provera, Mirena IUD, oral progesterone, implanon
  - Endometrial ablation
CASE 2

- Alex is 17 years old and his parents do not know what to do. Their sweet little boy, Alex has been refusing to bathe and is smelly. He has started to take his clothes off at inopportune times, like at school and in the family room at home. Alex’s parents have noticed Alex with his hand in his pants while watching TV in the family room and just received a teacher’s report of the same behavior in the classroom. Alex’s parents begin to wonder if there is something wrong with Alex. What is a parent to do?
MODESTY — RULES FOR A LIFETIME

- Model respect for modesty
- Require others to respect modesty
- Teach about “private” and “alone”.

For issues with removing clothes:
- Be aware of environmental triggers
  - Lawn sprinkler is not a shower
- Think about comfort.
  - Removing clothes for discomfort is a different issue.
- Complicated clothing can sometimes help.
- Use calendars and clocks to help teach the concept of “wait.”
I. Keeping clean

Now that I’m a teenager, I sweat more, particularly my underarms. When my underarms sweat, they can make a bad odor. This bad odor gets on my clothes and makes my clothes smell bad.

Usually I can’t smell the odor because my nose has gotten used to it and I don’t notice it. But other people smell the odor and they think it stinks. People don’t like to smell stinky body odor.

There are things I can do to make sure that I don’t smell bad.

- I can take a bath or shower every day and wash all over with soap, particularly under my arms. That will wash the sweat off.
- After my bath or shower, I can put on deodorant. That will keep my underarms from smelling bad.
- Then I can put on clean clothes.

Every day I will try to take a bath or shower, use deodorant and put on clean clothes. Then I will look and smell clean. Other people like it when I look and smell clean.
The “M” Word — Self Touch

- Teach concepts to help the child learn to control the behavior.
- Teach about “privacy” and “alone”.
- Be clear with the child about when and where masturbation is appropriate.
- Redirect from public space. Avoid correcting just by saying “stop it”.
- For other caregivers, describe the behavior so there is a common understanding of when to intervene.
- Rule out medical conditions that may cause genital discomfort, i.e. itch, etc.
- Note settings, level of activity, objects, positions, or clothing that may trigger the behavior and adjust triggers.
SKILLS FOR PUBERTY

- How to shave
  - Teaching a Young Man to Shave
  - Teaching a Young Woman to Shave
  - The “M” word
    - By Melissa Dubie M.Ed.
    - Indiana Resource Center for Autism
    - [www.iidc.indiana.edu](http://www.iidc.indiana.edu) - Indiana’s UCEDD

- How to care for menstrual needs
  - Checklist
  - Puberty
    - by Melissa Dubie
    - Indiana Resource Center for Autism
    - [www.iidc.indiana.edu](http://www.iidc.indiana.edu)
RESOURCES

Cost $14.50 - 20
CASE 3 - Janice is 17 yo. She was asked to the school dance by a boy who she likes. Her parents agree that she can go to the dance. She and her parent are planning what she will wear. Her sister is helping her practice dancing. In conversation, Janice talks about how much she would someday like to get married. Her parents are worried about how to approach a conversation about dating and future intimate partnership.

CASE 4 - Thomas is a 19 yo who has a high school Best Buddy named Sarah. As he and his family have gotten to know Sarah, they invite her to more family activities. Thomas begins to talk about how much he likes having Sarah as his “girlfriend”. His parents and family start to refer to her as his special girlfriend. As the school year progresses, Thomas begins to get upset when Sarah has other activities that she doesn’t involve him in. How should the family address this situation?
HOW WE “GROW” INTO DATING

1. Have a clear working definition of what dating means in your family.
2. Establish specifics steps in building friendships.
3. Establish specific rules of intimacy, i.e. not touching without permission.
4. Provide supervision appropriately to the individual’s needs and ability to understand rules and provide consent.

- www.albany.edu/aging/IDD/docs.htm
SOCIAL SKILLS NEEDED FOR DATING AND RELATIONSHIP DEVELOPMENT

- Introducing yourself and others to someone
- Initiating conversations with others
- Arranging or accepting a date with a friend
- Active listening
- Understanding emotions, both verbal and nonverbal
- Finding similarities to others
- Giving and receiving compliments
- Compromising

  www.raisingspecialkids.org/_media/uploaded/a/0e1834239_adolescence
disabilitysolutionsv4issue6sexualityeducation2.pdf
SAMPLES OF FAMILY DATING RULES

- House rule for brothers and sisters
  - No phone calls after 8:00
  - Only going to the movies or other social event on weekends
  - There must be a group of people going with at least one adult.

- Step by step rules in dating relationships
  - Talk >> find common interests >> share common interests >> get to know more about each other >> learn to listen and share >> hold hands >> dance >> kiss.

- Prepare for discussions about intimate feelings and the rules for waiting, having the right to say no, and how to prepare for when the time may be right to say yes.

- Practice what to do in case of an emergency.

- Share "house rules" and your strategies for teaching dating to your teen so that teachers and other caregivers have the info to reinforce and promote consistency.
FEELINGS

- Practice seeing emotions on other’s faces
- Practice showing emotions in a mirror
  - Florida Developmental Disabilities Council

- [www.albany.edu/aging/IDD/docs.htm](http://www.albany.edu/aging/IDD/docs.htm)
BOUNDARIES

- The Ring of Safety
  - David Hingsburger

- Teach difference for:
  - Families and caregivers versus
  - Close friends versus
  - Acquaintances versus
  - Strangers

- The CIRCLES curriculum
  - www.stanfield.com, cost ~$400-1200

- Encourage independence in toileting and hygiene
HUGS AND HAND SHAKEs

Hugging between two friends or family members when consensual is appropriate.

This is the appropriate distance for shaking someone's hand.
CONSENT

- A person’s clearly communicating the willingness to do something

- Ask permission
  - To hold hands
  - To kiss
  - To hug
YES or NO

DECISION MAKING

Create a balance between…

- Making choices for yourself
- Getting help from others to keep you safe
THINK, PLAN, DO

- Foundational method used to identify personal leadership goals and carry out plans for achievement in everyday life.

- **THINK** about what is significant to you and why
- **PLAN** steps necessary to accomplish your goal
- **DO** what the plan says using the right supports when needed.

www.dds.ca.gov/ConsumerCorner/ThinkPlanDo.cfm
Setting the Goal

THINK

Why do I want to make my own decisions?

Why does thinking first, before taking action help me?

A decision I want to make:

Is it good for my future? Why?

Making It Happen

DO

I will start my plan:

Action steps:
1. 
2. 
3. 
4. 
5. 

I will get support from:

- Friend
- Family
- Support Person

Name: ____________________________

Taking the Next Steps

PLAN

Think — A decision I want to make:
1. 
2. 
3. 

Plan — Steps I will take:
1. 
2. 
3. 

Do — What I need to do to make it happen:
1. 
2. 
3. 

____________________________
CASE 5

Your son likes one of the girls who is at the movie. They sit next to each other in the movie. Your son is attracted to this girl. He tries to touch her breasts during the movie. She tells him to stop, but he does not want to.

CASE 6

Your daughter is at the movie. She likes one of the boys there. They sit next to each other. He starts to touch her pubic area. She knows it isn’t right and tells him to stop. He does not.
MOVIES

Your Son

▪ First issue - The movie is not the appropriate place for any sexual touching.

▪ Second - The girl said NO and is not consenting to being touched.

▪ Third – Youth need to learn to deal with sexual urges in a public setting in a healthy and safe manner.

Your Daughter

▪ First - She should move away.
  ▪ If she is unable to physically change seats, she should raise her hand or signal to a friend that she needs help.

▪ Second - She should find a phone to call someone from her circle of support.

▪ Third - It is ok to say no to a person you like.
  ▪ Your daughter may feel guilty because she "likes" this boy who touched her inappropriately. Teach your children that, just because they like someone, that does not mean they have to allow bad touches without their consent.
SKILLS NEEDED FOR SOCIAL SAFETY

- Assertiveness skills
- Boundaries and appropriate behavior
- Sexual language for body parts
- Characteristics of healthy and unhealthy relationships
SOCIALIZING

- Start early - learn to follow social rules in the home.
- Promote participation, initially with parental supervision, then in settings with appropriate non-parental supervisors.
- Teach about Stranger-Friend errors
  - occur when the person with a disability treats an acquaintance or a total stranger as if he or she were a dear and trusted friend.
- Teach about Private-Public errors
  - generally involve doing or saying something in public that society considers unacceptable, such as touching one's genitals or undressing in view of others.
ANATOMY EDUCATION

Private body parts are the parts covered by the swimming suit

- www.sexualityandu.ca
Circle the private places.
PRIVATE & PUBLIC PLACES

- Definitions

  - **A private place** is a shut door place where you can take your clothes off.
  - In a private place you can look at and touch your private parts.
  - Your bedroom is a private place when the door is shut.

  - **A public place** is an open door place where people can come and go.
  - People wear their clothes in a public place.
  - In a public place you do not look at or touch your private parts.
  - The shops are a public place.
PRIVATE BEHAVIORS

Questions & Answers

“Why is having a bath private?”
“You have no clothes on and you are touching the private parts of your body.”

“Why is sexy kissing private?”
“Sometimes even when people have their clothes on, they may be doing something private. Sexy kissing is private for the couple. Some people do not feel comfortable seeing couples when they sexy kiss.”
WHAT IS VICTIMIZATION?

- Neglect of personal needs for daily life
  - including medical care or equipment
- Emotional abuse
  - including verbal attacks or being humiliated
- Physical assault with or without a weapon
- Sexual assault
SEXUAL ASSAULT

- Persons with disabilities are at increased risk for sexual assault:
  - They may need assistance with personal care and hygiene
  - Communication difficulties may make it difficult to report abuse
  - Teaching compliance with authority may make it harder for them to recognize abuse
  - They may be targeted because of their lower cognitive functioning
  - They may not be believed when they report abuse

  - [www.arc-spokane.org/PDFs/Sexuality_and_Developmental_Disability_parent_guide.pdf](http://www.arc-spokane.org/PDFs/Sexuality_and_Developmental_Disability_parent_guide.pdf)

- 97 - 99% of abusers are known and trusted by the person with ID
  - 32% are family members or friends
  - 44% are professionals, such as care staff or transportation providers

1. Good touches are important to get. They make us feel loved and cared about.
   Hugs, kisses, handshakes, a pat on the back, high fives.

2. Bad or Hurtful touches can make you say “ouch” or leave a bruise or mark on our body.
   Punches, kicks, slaps, bites.

3. Another bad touch is when someone touches a private part of another person for a bad reason or without their permission.

4. Necessary touch is when you give someone permission to help you and touch your body.
   A caregiver helps with bathing or toileting, a doctor exams you, a nurse gives you a shot, because you want to be healthy.
TEACHING CAREGivers ABOUT NECESSARY TOUCH

1. Ask permission before touching
2. Describe what you are doing
3. Invite participation
4. Communicate and review

www.raisingspecialkids.org/_media/uploaded/a/0e1834205_adolescencedisabilitysolutionsv4issue5sexualityeducation.pdf
Safe Touch is OK.

Unsafe Touch is NOT OK.

My Bathing Suit Covers the Private Parts of My Body.


SIMPLE GRAPHICS

Three Other People Who Can Help Me Are:

1. ______________________________________
2. ______________________________________
3. ______________________________________
TEACH ABOUT FORCE

- TEACHABLE MOMENT
- You are watching a children’s movie where the hero is imprisoned by the villain. The villain overpowers the hero using force.
- This would be a good time to talk about why using force is wrong.

- Teach your youth how to question when something does not seem right.
- When something does not seem right, teach your child to ask to talk to someone who is their advocate, such as a parent or specific person at school.
TEACHING GOOD TOUCH - BAD TOUCH

1. Use television shows to teach the difference between good and bad touch.

2. Use real life examples, A girl is on the school bus. An older boy starts tugging on her hair and coaxes her to the back of the bus. He then tries to kiss her, without her permission. Then he tries to lift up her skirt. This is bad touch.

3. No touches should be secrets. Talk about the difference between a surprise present for someone versus an event that made you feel bad.

4. Teach your child a safety plan, who they should tell about a touch. You also need to teach the correct support person your child should tell if you, the parent, aren’t present.

5. Practice how to say NO! Even if a youth is nonverbal, youth usually have means to make preferences expressed. Share your child's ways of communicating distress, saying yes and no, and who their identified supports are with other caregivers.
WHAT IS BULLYING?

- Intentional attempts to cause discomfort or injury
  - Name-calling, making faces, obscene gesturing, malicious teasing, threats, rumors, hitting, kicking, pushing, choking, intentional exclusion

- 1/3 U.S. students experience bullying - Children with disabilities 2-3X

- Manipulative bullying:
  - coerced and controlled by another

- Conditional friendship:
  - when a child thinks that someone is being their friend, but the times of “friendship” alternate with bullying.

- Exploitative bullying:
  - when features of the child’s condition are used to bully them either in person or via technology and social media.
HOW TO ADDRESS BULLYING

- Prevent by teaching respectful behavior
- Be observant
- Talk to your child
- Don’t blame the child
- Brainstorm with the child
  - Teach youth to stand up for themselves and walk away – don’t act like a victim
  - Tell the school, document the event
- Teach child as a witness to tell an adult
- As an adult, stop it when you see it
PRACTICE SAYING “NO”:

1. Come on, everyone is going. You have to come if you want the other kids to like you.
2. If you love me you’ll do what I want.
3. Come on, try it just this once. You won’t get in trouble I promise!
4. It’s ok to come with me. I already talked to your Mom/Dad and they said it is OK.
5. If you do it this time I’ll never ask you to do it again.
STRANGER DANGER

Warning Signals
You must be immediately on your guard if you are not with a trusted adult and ....

★ a stranger approaches you and starts talking to you or asking questions.
★ a stranger asks you for help.
★ you think that you are being followed.
★ a vehicle stops and a stranger in the vehicle asks you for help, tries to get your attention or asks you to get in.
★ a stranger offers you sweets or gifts or money.
★ somebody asks you to ignore your parents' rules, asks you to keep a secret, or asks you to go with them.

© www.free-for-kids.com

Yell and Tell
Even if you stick to all the safety rules there might come a time when you feel very scared or very nervous about a stranger who is trying to approach you or talk to you.

If this happens STAY CALM!
Increase your distance from them by taking 4 big steps backwards then quickly look for a safe escape route.
If the person tries to approach you again or if they ask you to go with them then scream "NO!" and run as fast as possible to a safe place.

© www.free-for-kids.com
Scream and shout as loudly as possible when you are running to draw attention to yourself.

Find a trusted adult or Safe Stranger IMMEDIATELY and tell them what happened, where it happened and what the person said. Try to describe the person and any vehicle too.
THE INTERNET

Take the Pledge!
Complete the pledge below with the members of your family. Then cut out the pledge and hang it near your family’s computer.

Keep Safe
Keep Away
Keep Telling

Our Family’s Internet Promise

We, the _______ family, commit to:

☐ Keep telling each other about the things we do on the Internet.
☐ Keep away from Internet strangers. Only talk to people we know.
☐ Keep safe our personal information.
☐ Keep the computer in a common area.
☐ Keep our passwords safe. We never share them with anyone outside of our family.
☐ Avoid pop-ups.
☐ Use filters and other safety software.
☐ Update our anti-virus software often.
☐ Scan attachments with anti-virus software before opening.

Other Rules: ____________________________________________________________

Signed: ___________________________ ___________________________
Date: ___________________________ ___________________________
Keep Away

McGruff the Crime Dog Says...

EVERYONE online is a STRANGER. You can never know who they really are — no matter what they tell you.

Talk only with people you know and NEVER MEET STRANGERS FACE TO FACE.

WWW.FREE-FOR-KIDS.COM

WEB SAFETY

When on-line, keep your PERSONAL INFORMATION Top Secret.

Never give out personal information such as:

- your name (or your friends’ names),
- your home address or school address,
- your e-mail address,
- usernames or passwords.

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Healthy Relationships, Sexuality and Disability
Resource Guide 2013

Prepared by a partnership between the
Massachusetts Department of Public Health (MDPH) and the
Massachusetts Department of Developmental Services (DDDS)
Curriculum

1. Introduction page 37
2. Different Types of Relationships page 51
3. Public and Private page 79
4. Friendship page 95
5. Communication page 107
6. Decision Making page 127
7. Moving From Friend to Partner/Sweetheart page 141
8. Many Roads to Relationships page 167

K McLaughlin, K Topper, J Lindert, cost ~ $250

RESOURCES

- The Oak Hill Center for Relationship & Sexuality Education in Connecticut
- Offers adult workbooks with a focus on safe, healthy relationships for youth and adults with intellectual disabilities

www.oakhillcrse.org
- L. Duguay, J. Fricks
- ~$25 each

FIVE HINTS TO GET STARTED ON DATING

1. Look around you
A good place to start is by looking around you. Some of the people you already know could be interested in dating. Maybe you see someone where you work who seems nice. Or there is someone interesting at your social club, at a class you are taking, at your place of worship, or on your sports team. Are there any clues that the person likes to spend time with you?

I CAN LEARN WHO TO TRUST

What do I need to know before I trust someone?

Trust in another person begins when I know that person wants the very best for me. I know that a person I trust will tell me the truth and will not hurt me.

It takes a long time for trust to grow in a relationship. Before I trust someone I must know a lot about that person. I must know how that person feels, what they think, and how they act.

- A person I trust tells me the truth.
- A person I trust is kind to me.
- A person I trust is kind to other people.
- A person I trust wants the best for me.
- A person I trust treats me with respect.
- A person I trust will do what they promise.

Start small

Take small steps to get to know the person better. If you work at the same place, ask the person to eat lunch together. If you meet at a social club or at church, ask the person to have coffee with you sometime. If the person says yes, get the phone number so you can make a plan to meet.
Co-written by Dave Hingsburger

For too long others have determined what people with disabilities need to know to stop victimization. This video involved people with disabilities in acting, writing, producing and directing a film aimed at others with disabilities. From discussing disability to teaching boundaries and body parts, people with disabilities take the lead.

sfw_pwd: 5dcASeqCnFCZ

Price: $55.00

Teach-a-Bodies®

"The Industry Standard Since 1981"

Teach-a-bodies® is the world class authority in providing professionals with anatomically correct dolls to help break down barriers when communicating with children.
SAFETY OF YOUR CHILD WITH A DISABILITY

- **Listen and observe** - Listen to what they tell you, especially if they are uncomfortable. Watch for signs of changes in behavior, emotions, or withdrawal.

- **Feelings** - Discuss feelings (e.g., happy, scared, angry, safe, confused) and provide examples of situations when people may have these feelings.

- **Touches** - Identify various types of touches - touches that are appropriate (e.g., a goodnight kiss from mom, high fives with friends, medical check-ups) and touches that are not okay (e.g., pulling hair or touching other's private parts without permission).

- **Safety planning with your child** - Discuss possible safe ways to respond to hurtful or dangerous situations. Examples include leaving the situation, yelling for help, saying “No!” and telling trusted adults. Have your child identify who they trust.

- **Rights** - Talk to your child about their rights. Allow them to make choices and to tell you “no” sometimes. If someone tries to hurt them, they will have practice saying “no.”

- **Secrets** - Talk about “fun” and “special” secrets. A surprise birthday party is a “fun” secret and is okay not to tell. “Special” secrets are hurtful (e.g., an adult fondling a child and making a threat if the child tells). A child needs to tell trusted adults if someone asks them to keep a “special” secret.

- **Social behaviors** - Teach your child about behaviors that are socially acceptable in public (e.g., shaking hands) versus private places (e.g., changing clothes).

- **Values** - Teach your family, cultural or religious values about sexuality and relationships.

- **Sexuality/Puberty** - Discuss the medical terms and functions for all the body parts (including the private parts for males and females). As puberty approaches, talk about natural body changes for boys and girls.

- **Personal care** - If your child needs personal assistance with hygiene at school, check if the bathroom doors close or if there is a curtain around change area. Make sure you and your child are comfortable with staff responsible for your child's hygiene.

- **School** - Ask your child's school to provide abuse prevention, sexuality education, and personal safety drills to reinforce the concepts taught at home.

- **Internet** - If your child uses the Internet, instruct them not to give personal information to anyone.

- **Suspicion/Disclosure of abuse** - If your child tells you about abuse, believe them. Call 9-1-1 if there is current danger. Report any suspicion of abuse, neglect, or exploitation to the local police department and child protective services. Seek medical attention if necessary.

- **Support** - If your child has been abused, consider seeking counseling for your child with a therapist or through a local domestic violence or rape crisis agency. This may help him/her heal from the trauma.

- **Communication** - If your child uses a communication board or other augmentative communication device, the device may need to be updated with words or symbols for communicating about personal safety. Other possibilities may include a switch with a pre-recorded message, whistle, or other personal alarm device for signaling emergencies.

- **Personal care providers** - When hiring personal care providers, be clear about your expectations, check references, do background checks, and offer the employee ongoing supervision and feedback.

- **Other providers** - If your child lives in a group home or institution, get to know the direct care staff and administration. Visit often. Trust your instincts and address your concerns if you think there may be problems.

- **Modeling** - Be a role model by using non-violent discipline.