WHY SEX EDUCATION IS AN IMPORTANT BUT OVERLOOK PART OF THE TRANSITION PLAN

SUSY WOODS, PUBLIC POLICY AND EDUCATIONAL LIAISON
ILLINOIS ASSISTIVE TECHNOLOGY PROGRAM
CARLA

CARLA IS AN ADULT WITH AN INTELLECTUAL DISABILITY.

CARLA WAS AT THE PARK WHICH ADJOINED HER HOUSE.

SHE WAS RAPED BY THREE BOYS WHO LIVED NEAR HER.

THE POLICE TOLD CARLA’S MOTHER ‘NO ONE WILL BELIEVE HER BECAUSE SHE IS RETARDED.’
TRUE OR FALSE....

1. THERE IS A HIERARCHY ABOUT VARIOUS DISABILITIES WITH SOME BEING MORE ACCEPTED THAN OTHERS.
2. IT IS BETTER TO BE BORN WITH A DISABILITY THAN TO ACQUIRE IT LATER IN LIFE.
3. MEN HANDLE THEIR CHILD HAVING A DISABILITY BETTER THAN WOMEN.
4. THINGS ARE MUCH BETTER FOR PEOPLE WITH DISABILITIES THAN THEY ONCE WERE.
5. ABUSE AGAINST PEOPLE WITH DISABILITIES IS NO WORSE THAN IT IS FOR THE GENERAL POPULATION.
6. IT IS ALWAYS OBVIOUS WHEN PEOPLE HAVE A DISABILITY.
7. THE WORDS ‘RETARD’ AND ‘CRAZY’ ARE JUST FIGURES OF SPEECH AND DON’T HURT ANYONE.
8. MOST PEOPLE WITH DISABILITIES DON’T WORK AND RELAY ON THE STATE TO TAKE CARE OF THEM.
9. PEOPLE WITH DISABILITIES JUST WANT THE SAME OPPORTUNITIES AS EVERYONE ELSE AND THIS INCLUDES STUDENTS.
10. FOR STUDENTS WITH SIGNIFICANT DISABILITIES IT IS IMPORTANT TO PROTECT THEM AND NOT TEACH THEM ABOUT SEX BECAUSE THEY DON’T UNDERSTAND THE CONCEPT ANYHOW.
LEGAL DEFINITIONS:
SEXUAL ASSAULT/ABUSE

IN ILLINOIS ONLY RAPE IS CONSIDERED SEXUAL ASSAULT WHILE GROPING, FORCED KISSING, CHILD SEXUAL ASSAULT WITH NO RAPE, SEXUAL TORTURE, AND ELDER ABUSE ARE CONSIDERED SEXUAL DEVIANCE.

RAPE IS DEFINED AS SEXUAL INTERCOURSE OR PENETRATION OF SOME KIND WITHOUT THAT PERSONS CONSENT

MOST REPORTED RAPE VICTIMS ARE WOMEN BUT IT IS ESTIMATED THAT AS MANY AS 25% OF MEN WHO ARE ALSO RAPE VICTIMS DO NOT REPORT THIS.
SOME TYPES OF SEXUAL ASSAULT:

GROPING:
GROPING IS USED TO DEFINE THE TOUCHING OF OR FONDLING OF ANOTHER PERSON IN A SEXUAL WAY INCLUDING THROUGH CLOTHING, BY USING THE HANDS, WITHOUT THAT PERSON’S CONSENT.
ANNA

ANNA HAS ASPERGER’S, ANXIETY AND MILD CEREBRAL PALSY.

SHE WAS GROPED AND HER PANTS WERE PULLED DOWN.

THIS HAPPENED 12 YEARS AGO AND SHE STILL TALKS ABOUT IT.

BECAUSE THE BOY WAS YOUNGER THAN HER AND A NEIGHBOR THE POLICE WOULD NOT FILE CHARGES BECAUSE THIS WOULD ‘RUIN HIS LIFE.’
SEXUAL HARASSMENT:

SEXUAL HARASSMENT IS INTIMIDATION, BULLYING, OR COERCION OF A SEXUAL NATURE OR THE UNWELCOME PROMISE OF REWARDS IN EXCHANGE FOR SEXUAL FAVORS.

THIS INCLUDES A WIDE RANGE OF BEHAVIORS FROM VERY MILD WORDS THAT MAY INTIMIDATE SOMEONE TO LEERING, PRESSING/RUBBING AGAINST SOMEONE, BRA SNAPPING, INDECENT EXPLORE, UNWANTED GRABBING.

JEANNE

JEANNE WORKED AT A SHELTERED WORKSHOP. SHE HAS A SIGNIFICANT INTELLECTUAL DISABILITY.

JEANNE DID NOT LIKE THE DAYS SHE HAD TO SHRED.

THE PERSON WHO OVERSAW HER GROUP WOULD LET HER DO SOMETHING ELSE ON THOSE DAYS IF SHE LET HIM PUT HIS HANDS DOWN HER BLOUSE.

SHE DID NOT LIKE THIS AND WOULD BE VERY UPSET AT HOME ON THOSE DAYS BUT WOULDN’T SAY ANYTHING BECAUSE HE TOLD HER SHE WOULD GET IN TROUBLE IF SHE DID.
LAW AND ORDER, SEASON 3, EPISODE 22: COMPETENCE

REBECCA TOLLIVER REPORTS HER DAUGHTER KATIE, WHO HAS DOWN SYNDROME, IS PREGNANT AND WANTS HER BOYFRIEND ARRESTED.

THE ABUSER WAS NOT HER BOYFRIEND BUT INSTEAD HER BOSS AT WORK WHO HAD BEEN HONORED IN THE COMMUNITY FOR FINDING JOBS IN HIS STORE FOR WOMEN WITH DEVELOPMENTAL DISABILITIES.

THE MOTHER HAD OVERPROTECTED KATIE, NOT ALLOWING HER TO LEARN ABOUT SEX, AND WHEN THIS HAPPENED WITH THE BOSS KATIE THOUGHT SHE WAS PLAYING A GAME BECAUSE HE HAD HER SIT ON HIS LAP AND BOUNCE UP AND DOWN.

THE SITUATION BECAME MORE STRESSFUL BECAUSE THE MOTHER DID NOT WANT KATIE TO HAVE OR KEEP THE BABY. KATIE WANTED TO KEEP THE BABY AND RAISE IT WITH HER BOYFRIEND. THE COURTS RULED SHE HAD THE RIGHT TO DO SO AND SUPPORTS WERE PUT IN PLACE TO HELP HER AND HER BOYFRIEND (WHO ALSO HAD A DISABILITY) TO RAISE THE CHILD.
DOMESTIC VIOLENCE

DOMESTIC VIOLENCE IS A CRIME OF POWER AND INTIMIDATION. IT RELATES HIGHLY TO SEXUAL ASSAULT BUT CAN BE EMOTIONAL, PSYCHOLOGICAL, AND FINANCIAL.
LAURA

LAURA HAS CEREBRAL PALSY. SHE HAS A BOYFRIEND, JOHN WHO IS NOT NICE TO HER. HE SLAPS HER, TELLS HER SHE IS FAT, AND CONSTANTLY TELLS HER WITHOUT HIM SHE WOULD HAVE NO BOY FRIENDS.

LAURA WANTS A BOYFRIEND SO SHE CAN BE LIKE EVERYONE ELSE. SHE STAYS WITH JOHN DESPITE THE TREATMENT AND MAKES EXCUSES FOR WHAT HE DOES.

STATISTICS SAY THAT 1 OUT OF EVERY 3 TEENAGE GIRLS HAS BEEN IN AN ABUSIVE RELATIONSHIP AT SOME POINT. THIS GOES UP TO 2 OUT OF 3 IF THE TEEN HAS A DISABILITY.
WHY IS THERE A PREVALENCE OF SEXUAL ASSAULT ON PEOPLE WITH DISABILITIES?

HISTORICALLY PEOPLE WITH DISABILITIES HAVE BEEN DISCRIMINATED AGAINST BECAUSE OF THEIR DISABILITY.

THEY ARE SEEN AS HELPLESS AND INCAPABLE.

THIS PUTS THEM AT AN INCREASED RISK TO EXPERIENCE SEXUAL ASSAULT.

THERE ARE MISCONCEPTIONS AND STEROTYPES ABOUT PEOPLE WITH DISABILITIES THAT CONTINUE TO EXIST WHETHER THEY ARE VERY YOUNG OR ADULTS.
3 REASONS STEREOTYPES PERSIST:

REASON ONE:

PHYSICAL: FOR A PERSON WITH A PHYSICAL DISABILITY THEY MAY HAVE TROUBLE NAVIGATING THEIR OWN BODY AND ARE DEPENDENT ON OTHERS. THIS MEANS PEOPLE TOUCHING THEM IN THE MOST PERSONAL PLACES AND MANY TIMES MULTIPLE CAREGIVERS TOUCHING THEM.
REASON TWO:

EMOTIONAL: FOR A PERSON WITH A SIGNIFICANT OR MILD INTELLECTUAL DISABILITY OR A PSYCHOLOGICAL DISABILITY THEY MAY HAVE TROUBLE NEGOTIATING RELATIONSHIPS AND DON’T UNDERSTAND BODY LANGUAGE, PRAGMATIC LANGUAGE, SOCIAL CUES, ETC.
CHARLOTTE
CHARLOTTE HAS DOWN SYDROME.
AS PART OF HER TRANSITION PLAN
SHE ATTENDED A PROGRAM AT HER
COMMUNITY COLLEGE.
SHE HAD ONE TEACHER THAT SHE
DEVELOPED A CRUSH ON. THE
TEACHER HAD GIVEN THE CLASS HER
PHONE NUMBER AND TOLD THEM TO
CONTACT HER AT ANY TIME.
CHARLOTTE DIDN’T UNDERSTAND
BOUNDARIES AND SOCIAL CUES AND
SO WAS EMAILING HER AND CALLING
HER SEVERAL TIMES DURING THE DAY
AND THIS DEVELOPED INTO BEING
ALSO MANY TIMES LATE IN THE NIGHT.

BECAUSE OF THIS SHE WAS ASKED TO
LEAVE THE PROGRAM AND TOLD SHE
COULDN’T COME BACK.
REASON THREE:

SOCIAL: FOR A PERSON WITH A DISABILITY THEY MAY HAVE LIMITED OPPORTUNITIES FOR SEXUAL RELATIONSHIPS INCLUDING LACK OF PRIVACY, BEING DEPENDENT ON OTHERS, OR BEING OVERPROTECTED BY THEIR FAMILIES.

WHEN GIVEN THE CHANCE THEY MAY DO THINGS CONSIDERED INAPPROPRIATE BY SOCIETY. THEY ALSO MAY DO THINGS THAT COULD LAND THEM IN LEGAL TROUBLE IF THEY DO NOT LEARN WHAT IS PRIVACY SPACE ARENA AND WHAT IS PUBLIC SPACE ARENA.
ANGELO

ANGELO IS 12 YEARS OLD AND HAS STARTED TO MASTERBATE.

THIS IS UPSETTING HIS MOTHER IMMENSELY AS SHE THINKS THIS MAKES HIM DEVIANT.

ANGELO NEEDS TO LEARN THAT THIS IS NORMAL AND THERE ARE CERTAIN PLACES IT IS ACCEPTABLE FOR HIM TO DO IT.
CONTINUUM OF PEOPLE WITH DISABILITIES AND THEIR APPROACH TO SEXUALITY:

GROUP ONE: THESE ARE PEOPLE WITH PHYSICAL DISABILITIES WHO MAY NOT BE INTELLECTUALLY IMPACTED AT ALL BUT PHYSICALLY NEED HELP FOR EVERYTHING THEY DO. THEY UNDERSTAND WHAT SEX IS AND HAVE THE INTELLECTUAL CAPACITY TO SAY YES OR NO IF GIVEN THE CHOICE. HOWEVER THEY PHYSICALLY NEED HELP FOR ALL PHYSICAL ASPECTS OF THEIR LIVES SUCH AS GETTING UP, DRESSING, GOING TO THE BATHROOM, EATING.

THEY ARE AT THE FAR END OF THE SPECTRUM.
CONTINUUM (CONTINUED):

GROUP TWO:

PEOPLE WITH SIGNIFICANT DISABILITIES WHO MAY BE NON VERBAL AND NOT BE ABLE TO TRULY UNDERSTAND WHAT HAPPENED TO THEM. THEY KNOW SOMEONE HAS HURT THEM BUT THEY CANT EXPLAIN HOW THIS HAPPENED OR EVEN THAT THEY DIDN’T LIKE IT. THEY ARE AT THE FAR RIGHT END OF THE SPECTRUM.
CONTINUUM:

GROUP THREE:

THESE ARE PEOPLE WITH MILD INTELLECTUAL DISABILITIES OR PSYCHOLOGICAL DISABILITIES WHO MAY UNDERSTAND TO SOME DEGREE BUT DON’T ALWAYS FULLY UNDERSTAND. HOWEVER THEY SO OFTEN WANT TO BE LIKED AND BE LIKE OTHER PEOPLE THAT THEY ARE WILLING TO HAVE SEX JUST TO BE LIKED OR TO BE LIKE OTHERS. THEY ARE IN THE MIDDLE OF THE SPECTRUM.
ADAM

ADAM HAS AN INTELLECTUAL DISABILITY. HE IS FINISHING HIGH SCHOOL. HIS FRIENDS AND FAMILY NOTICED HE WAS CONSTANTLY HAVING BLACK EYES AND BURNS ON HIS ARMS.

THEY FINALLY FOUND OUT HIS GIRLFRIEND WAS BURNING HIM, THREATENING HIM, AND ONE TIME KNOCKED HIM OUT BY THROWING THE PHONE AT HIM.

WHEN ASKED WHY HE WOULD PUT UP WITH THIS HE REPLIED THAT ALL HIS FRIENDS HAD GIRLFRIENDS AND HE WANTED TO BE LIKE THEM. ADAM SAID, ‘I WANT A GIRLFRIEND TOO LIKE JASON AND BILLY.’
NUMBERS TO THINK ABOUT:

83% of women and 39% of men with developmental disabilities will be sexually assaulted at some time in their lives, many times multiple times.

Some studies put this number as high as 90% for women.

It is believed that for men this number is really much higher but they don’t want to be seen as weak so to remain macho strong males they do not tell anyone of this kind of abuse.
NUMBERS:

15,000 TO 19000 PEOPLE WITH DEVELOPMENTAL DISABILITIES ARE RAPED EVERY YEAR IN THE U.S.

49% OF ALL PEOPLE WITH DEVELOPMENTAL DISABILITIES WHO ARE SEXUALLY ASSAULTED WILL BE SEXUALLY ASSAULTED 10 TIMES OR MORE IN THEIR LIVES.

THE PERCENT OF PEOPLE WITH DEVELOPMENTAL DISABILITIES WHO ARE SEXUALLY ASSAULTED ARE 4 TO 7 TIMES GREATER THAN THE GENERAL POPULATION.....DEPENDING ON THE RESEARCH AND STATISTICS YOU ARE LOOKING AT.
NUMBERS:

68% OF GIRLS AND 30% OF BOYS WITH DEVELOPMENTAL DISABILITIES WILL BE SEXUALLY ASSAULTED BEFORE THEIR 18TH BIRTHDAY.

37% OF HIGH SCHOOL GIRLS WITH DISABILITIES WILL BE TREATED FOR STD'S BEFORE THEY EXIT HIGH SCHOOL.

54% OF BOYS WHO ARE DEAF WILL BE SEXUALLY ASSAULTED.
NUMBERS:

81% OF PEOPLE WITH PSYCHIATRIC DISABILITIES WILL BE SEXUALLY OR PHYSICALLY ASSAULTED.

INDIVIDUALS WITH PSYCHIATRIC DISABILITIES NOT TAKING THEIR MEDS ARE 2.7 TIMES MORE LIKELY TO BE THE VICTIM OF ASSAULT, RAPE, OR MUGGING.

WHEN WE FAIL TO TREAT PEOPLE WITH MENTAL HEALTH ISSUES (INCLUDING CHILDREN) VICTIMIZATION IS ONE OF THE CONSEQUENCES. 50% OF ALL WOMEN HOSPITALIZED IN A BEHAVIORAL FACILITY HAVE BEEN RAPED ONCE. HALF OF THOSE WOMEN HAVE HAD MULTIPLE RAPES.
NUMBERS:

97% OF ALL WOMEN WITH A MENTAL ILLNESS WHO ARE ALSO HOMELESS HAVE BEEN SEXUALLY ASSAULTED. THIS NUMBER IS SO HIGH IT IS CONSIDERED THE NORM FOR THAT GROUP.

FOR GIRLS/WOMEN WITH PSYCHOLOGICAL DISORDERS, WOMEN WITH SEVERE DISORDERS LIKE SCHIZOPHRENIA ARE MOST LIKELY TO BE ASSAULTED FOLLOWED BY WOMEN WITH NONPSYCHOTIC AFFECTIVE DISORDERS SUCH AS DEPRESSION.

THIS ALSO HAPPENS TO MEN. 2/3 OF ALL MALES LIVING IN BOARD AND CARE HOMES OR PRIVATE PLACEMENT FOR SCHOOL HAVE BEEN SEXUALLY ASSAULTED AT SOME TIME.
ANTECDOTALLY FOR PEOPLE WITH MENTAL HEALTH ISSUES:

IN FORT WORTH A WOMAN LIVING IN A HOMELESS SHELTER WITH HER FIFTEEN YEAR OLD DAUGHTER HAD BEEN RAPED 17 TIMES. HER DAUGHTER HAD BEEN RAPED SIX TIMES. NEITHER REPORTED IT SAYING, ‘THIS IS WHAT HAPPENS WHEN YOU LIVE HERE.’

A GIRL WITH SEVERE ANXIETY WAS RUN OVER BY AN 18 WHEELER WHEN SHE RAN IN FRONT OF IT TRYING TO ESCAPE TWO BOYS TRYING TO ASSAULT HER. SHE WAS WALKING HOME FROM SCHOOL.

A BOY IN MISSOURI WHO WAS DEAF AND BIPOLAR WAS RIDING HIS BIKE HOME FROM HIS JOB. HE WAS FOUND STABBED TO DEATH AND SEXUALLY ASSAULTED. HE HAD POST TRAUMATIC STRESS DISORDER SO SEVERE HE COULDN’T REMEMBER HIS MOTHER’S NUMBER OR HOW TO CALL 911 WHEN THE ATTACK Began. HIS PTSD BEGAN WHEN HE WAS 14 AND SHOT BY A POLICEMAN WHEN HE DIDN’T RESPOND TO SOMEONE CALLING HIS NAME. SINCE HE WAS DEAF HE COULDN’T HEAR THEM.
WHY GIRLS/WOMEN ARE OFTEN MORE VULNERABLE:

1. WOMEN HAVE INCREASED DEPENDENCY ON OTHERS FOR LONG TERM CARE.
2. WOMEN ARE MORE LIKELY TO BE DENIED A VOICE WHICH RESULTS IN A PERCEPTION OF POWERLESSNESS. GIRLS ARE STILL TAUGHT TO BE LITTLE LADIES AND NOT ARGUE WITH AUTHORITY.
3. THERE IS LESS RISK OF DISCOVERY AS PERCEIVED BY THE PERPETRATOR.
4. THERE IS GREATER DIFFICULTY IN THEM BEING BELIEVED.
5. THERE IS LESS EDUCATION ABOUT APPROPRIATE AND INAPPROPRIATE SEXUALITY.
6. THERE IS MORE SOCIAL ISOLATION AND THUS RISK OF MANIPULATION.
7. WOMEN ARE SEEN IN PUBLIC PLACES AS BEING MORE HELPLESS AND MORE VULNERABLE.
ANGIE AND MARY: THEIR CONNECTION

ANGIE HAS A SIGNIFICANT INTELLECTUAL DISABILITY. SHE LIVES AT HOME WITH HER PARENTS AND HER YOUNG SON WHOM HER PARENTS HAVE GUARDIANSHIP OF.

ANGIE WORKS IN A SHELTERED WORKSHOP AND NEEDS HELP WITH ALL ASPECTS OF HER CARE.

ANGIE GOT PREGNANT WITH HER SON WHEN SHE WAS RAPED BY HER UNCLE (HER MOTHER’S BROTHER). SHE DID NOT UNDERSTAND WHAT WAS HAPPENING TO HER BODY AND SHE DID NOT UNDERSTAND HOW TO HAVE THE BABY.

WHEN ANGIE’S PARENTS PRESSED CHARGES AGAINST THE UNCLE THEY WERE OSTRACIZED BY ALL OTHER MEMBERS OF THEIR FAMILY WHO SAID IF THEY HAD BEEN WATCH ANGIE THIS WOULD NOT HAVE HAPPENED.
MARY

MARY AND ANGIE DID NOT KNOW EACH OTHER. HOWEVER MARY’S MOTHER WAS DATING ANGIE’S UNCLE.

MARY HAS A DEVELOPMENTAL DISABILITY. HER MOTHER WAS MARY’S GUARDIAN AND HAD CONTROL OF HER MONEY.

WHILE MARY’S MOTHER WAS WORKING ANGIE’S UNCLE WAS AT THEIR HOUSE. HE POURED ALCOHOL DOWN MARY’S THROAT AND RAPEP HER THREE TIMES ONE NIGHT.

THE NEXT DAY HE APOLOGIZED TO HER AND SAID THE APOLOGY SHOULD FIX EVERYTHING.

MARY TOLD HER AUNT WHOM SHE TRUSTED. HER AUNT CALLED THE POLICE AND HE WAS ARRESTED AND SENTENCED TO JAIL. HE HAD ALSO RAPEP ONE OTHER WOMAN WITH A DISABILITY BESIDES MARY AND ANGIE.

MARY NOW LIVES WITH HER SISTER. HER MOTHER HAS NOT SPOKEN TO HER SINCE THIS HAPPENED BECAUSE MARY WOULD NOT BACK DOWN FROM WHAT HAPPENED.
MYTH QUIZ:

1. DISABLED PEOPLE ARE ASEXUAL.
2. DISABLED PEOPLE ARE OVERSEXED.
3. DISABLED PEOPLE ARE DEPENDENT AND CHILDLIKE, GENERALLY NEEDING PROTECTION.
4. DISABLED PEOPLE ARE LIKE EVERYONE ELSE WHEN IT COMES TO BEING SEXUAL.
5. SEXUAL INTERCOURSE WITH ORGASM IS IMPOSSIBLE FOR PEOPLE WITH DISABILITIES.
6. RELATIONSHIPS ONLY COMPLICATE THE LIVES OF PEOPLE WITH DISABILITIES.
7. THE MORE PEOPLE WITH DISABILITIES KNOW ABOUT SEXUALITY THE MORE APPROPRIATE THEIR BEHAVIOR WILL BE.
8. THE BEST WAY TO PROTECT PEOPLE WITH DISABILITIES FROM SEXUAL EXPLOITATION IS TO LIMIT THEIR FREEDOM.
9. PARENTS OF TEENAGERS WITH DISABILITIES USUALLY DO NOT APPROVE OF SEX EDUCATION FOR THEIR FAMILY.
10. IF A PERSON WITH A DISABILITY HAS SEXUAL PROBLEMS, IT IS ALMOST ALWAYS BECAUSE THEY HAVE A DISABILITY.
MYTHS ABOUT PEOPLE WITH DISABILITIES AND SEX:

MYTH ONE:

MYTH: PEOPLE WITH DISABILITIES ARE NOT SEXUAL.

FACT: ALL PEOPLE ARE SEXUAL. WE ARE BORN SEXUAL BEINGS AND FROM THE FIRST TIME WE ARE TOUCHED AND FED WE RESPOND. SEX IS AS NORMAL AS EATING OR BREATHING.
MYTH 2:
MYTH: PEOPLE WITH DISABILITIES ARE NOT DESIRABLE.

FACT: WHAT TURNS US ON SEXUALLY IS UNIQUE TO EACH PERSON AND TO EACH COUPLE. WHAT ONE PERSON LIKES IN A PARTNER MAY BE VERY DIFFERENT FROM ONE ANOTHER PERSON LIKES AND THAT IS NATURAL.
MYTH 3:
MYTH: PEOPLE WITH DISABILITIES CANT HAVE ‘REAL’ SEX.

FACT: WHAT IS THE REAL WAY TO HAVE SEX? THIS DOESN’T EXIST AND WHAT WORKS FOR THE PARTIES INVOLVED IS REAL SEX.
MYTH 4:

MYTH: PEOPLE WITH DISABILITIES HAVE MORE IMPORTANT THINGS TO WORRY ABOUT THAN SEX.

FACT: THIS TIES IN WITH THE BELIEF THAT PEOPLE WITH DISABILITIES ARE CHILDLIKE AND NEED TO BE TOLD HOW TO PRIORITIZE THEIR LIVES. PEOPLE WITH DISABILITIES HAVE THE SAME RIGHT TO HAVE SEX AS PEOPLE WITHOUT DISABILITIES.
MYTH 5:

MYTH: PEOPLE WITH INTELLECTUAL DISABILITIES ARE NOT INTELLIGENT ENOUGH TO UNDERSTAND SEXUAL DESIRE AND ACTIVITY.

FACT: PEOPLE WITH INTELLECTUAL DISABILITIES ARE VERY CAPABLE OF LEARNING ABOUT THIS JUST LIKE THEY CAN LEARN ABOUT SELF CARE AND INDEPENDENT LIVING SKILLS. THEY CAN LEARN TO FOLLOW RULES ABOUT WORK, SCHOOL, ETC. AND SO THEY NEED TO BE TAUGHT LITERALLY RULES ABOUT SEXUAL DESIRE AND ACTIVITY.
MYTH 6:

MYTH: PEOPLE WITH INTELLECTUAL DISABILITIES CAN NOT SUSTAIN INTIMATE RELATIONSHIPS.

FACT: PEOPLE WITH INTELLECTUAL DISABILITIES ARE AS CAPABLE AS OTHER PEOPLE TO HAVE A RELATIONSHIP WITH SOMEONE AND TO MAKE THAT RELATIONSHIP LAST.
CAROL:

CAROL HAS A DEVELOPMENTALLY DISABILITY. SHE LIVES AT HOME WITH HER PARENTS.

HER BOYFRIEND LIVES IN A GROUP HOME. WHEN CAROL STARTED TO VISIT JERRY WHERE HE LIVED SHE WAS TOLD IN ORDER TO VISIT WITH HIM PRIVATELY SHE HAD TO BRING PROOF THAT SHE HAD BEEN STERILIZED.
MYTH 7:

MYTH: PEOPLE WITH DISABILITIES FALL INTO TWO CATEGORIES: THEY ARE EITHER COMPLETELY ASEXUAL OR OVERLY SEXED AND WILL WANT TO HAVE SEX WITH ANYONE THEY SEE.

FACT: PEOPLE WITH DISABILITIES ARE LIKE EVERYONE ELSE. EVERYONE IS BORN SEXUAL BY NATURE. SOME PEOPLE, DISABILITY OR NOT, HAVE MORE INTEREST IN SEX THAN OTHER PEOPLE.
NICK LIVES IN A GROUP HOME. SIXTEEN MALES LIVES THERE AND SIXTEEN FEMALES. NICK MOVED THERE WHILE HE WAS STILL IN HIGH SCHOOL SO THAT HE WOULD BE LIVING CLOSE TO HIS PARENTS.

HIS PARENTS, AS GUARDIANS, RECENTLY RECEIVED A LETTER FROM THE GROUP HOME TELLING THEM THAT MALES COULD HAVE SEX WITHOTHER MALES AND FEMALES COULD HAVE SEX WITH OTHER FEMALES (AS LONG AS THEY WENT TO A PRIVATE PLACE) BUT NO SEX WOULD BE ALLOWED WITH THE OTHER GENDER TO AVOID PREGNANCY.
BARRIERS TO SEX EDUCATION FOR PEOPLE WITH DISABILITIES:

1. SOME PEOPLE BELIEVE THAT IF YOU HAVE A DISABILITY AND LEARN ABOUT SEX IT MAY GIVE YOU IDEAS.

2. PEOPLE WITH DISABILITIES ARE OFTEN TOLD ABOUT SEXUALITY IN A WAY THAT THEY DON’T UNDERSTAND OR THAT CONFUSES THEM.

3. PEOPLE WITH DISABILITIES OFTEN DON’T UNDERSTAND SOCIAL RULES AND MAY HAVE PROBLEMS WITH CONCEPTS LIKE PUBLIC AND PRIVATE.

4. SOCIETY ASSUMES PEOPLE WITH PHYSICAL DISABILITIES CANNOT BE SEXUAL AND SO SEE NO NEED TO EDUCATE THEM ABOUT SEX/SEXUALITY.

5. PARENTS OFTEN DON’T HAVE THE INFORMATION THEY NEED TO HELP THEIR CHILD UNDERSTAND ABOUT SEX.

6. SOCIETY TENDS TO THINK PEOPLE WITH DISABILITIES ARE IN GENERAL A-SEXUAL AND THEREFORE DON’T NEED ANY KIND OF EDUCATION IN THIS AREA.
SO......WHY TALK ABOUT THIS?

THIS IS NOT AN EASY SUBJECT WHETHER YOU ARE THE PARENT OR THE TEACHER OR THE SERVICE PROVIDER.

IT IS DIFFICULT WHEN TALKING ABOUT SEX TO YOUR CHILD WITHOUT A DISABILITY. ADD THE DISABILITY TO THE MIX AND IT BECOMES EXTREMELY DIFFICULT.

AS DIFFICULT AS IT IS IT IS CRUCIAL TO DO SO FROM NOT ONLY THE SEXUAL SIDE BUT ALSO THE SAFETY SIDE.
HOW SO WE APPROACH SEXUALITY?

• PROVIDE CORRECT INFORMATION.

• ANSWER QUESTIONS HONESTLY AND USE WORDS THE CHILD CAN UNDERSTAND REGARDLESS OF THEIR AGE DEVELOPMENTAL OR CHRONOLOGICAL.

• START CONVERSATIONS. SOME CHILDREN MAY NEVER ASK ON THEIR OWN.

• FROM BIRTH REMEMBER THE CHILD IS SEXUAL. TOUCH IS THE BEGINNING OF SEXUALITY.

• MODEL HEALTH GENDER ROLES SO THEY SEE ADULTS AS LOVING CAREGIVERS, FAIR DISCIPLINARIANS, RESPECTFUL OF ONE ANOTHER.

• HELP YOUR CHILD MAKE GOOD DECISIONS.
HOW DO WE ENSURE EDUCATION AND SAFETY?

GIVE THE CHILD CORRECT INFORMATION AND TEACH THEM CORRECT LANGUAGE FOR BODY PARTS.

BE SURE THE CHILD UNDERSTANDS THE CONCEPT OF PRIVACY AND THEIR RIGHT TO THIS.

TEACH ABOUT GOOD TOUCH VERSUS BAD TOUCH

TEACH ABOUT PERSONAL BOUNDARIES AND WHEN IT IS OK TO SAY NO.

TEACH IT IS OK TO NON COMPLY WHEN SOMEONE CROSSES THESE BOUNDARIES EVEN WHEN THE PERSON IN AUTHORITY IS THE ONE CROSSING THOSE BOUNDARIES.
JUNE

JUNE IS A YOUNG ADULT WITH A DEVELOPMENTAL DISABILITY. SHE LIVED IN A GROUP HOME AND DECIDED TO MOVE TO A NEW HOME TO BE CLOSER TO HER SISTER WHO HAD BECOME HER GUARDIAN.

SHE WENT TO VISIT THE GROUP HOME AND WAS RAPED WHILE THERE.

WHEN SHE RETURNED TO THE HOME SHE WAS LIVING IN SHE TOLD A STAFF MEMBER WHO SHE TRUSTED. THE STAFF MEMBER WITH JUNE’S PERMISSION CALLED THE POLICE.

WHEN JUNE WAS ASKED WHY SHE HADN'T SCREAMED HER ANSWER WAS, ‘HE WAS STAFF.’
EDUCATION AND SAFETY

PUT THIS INTO LANGUAGE THE CHILD CAN UNDERSTAND GIVEN WHERE THEY ARE INTELLECTUALLY.

FIND BOOKS, VIDEOS, DOLLS, ETC. THAT WILL HELP DO THIS IF NECESSARY.

KNOW THE SIGNS OF SEXUAL ABUSE SO IF THIS IS HAPPENING AND THE CHILD IS NON VERBAL OR DOES NOT COMMUNICATE IN NORMAL WAYS THE PARENT AND/OR TEACHER AND/OR SERVICE PROVIDER WILL KNOW SOMETHING IS GOING ON AND CAN ADDRESS THIS.
YEA OR NAY? WHAT SAY YOU?

PARENTS SHOULD BE THE PRIMARY SEXUALITY EDUCATORS OF THEIR CHILDREN.

MY CHILD SHOULD BE ABLE TO EXPRESS THEIR SEXUAL VALUES EVEN IF THEY ARE DIFFERENT FROM MY OWN.

I SHOULD BE INFORMED OF ALL ISSUES RELATED TO MY CHILD’S SEXUALITY EVEN WHEN THEY ARE AN ADULT.

INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES ARE SEXUAL BEINGS.

MY CHILD WITH A DISABILITY SHOULD NOT KNOW ABOUT SEX BECAUSE IT WILL OPEN SOMETHING IN THEM I DON’T WANT THEM TO KNOW ABOUT.
SIGNS SOMEONE HAS BEEN SEXUALLY ASSAULTED:

TORN CLOTHING
CLOTHING ON BACKWARDS
VAGINAL BLEEDING, STAINED BED
HURTS TO GO TO BATHROOM
BRUIsing IN GENITAL AREAS, ON THIGHS
SEXUAL TALK OR SUDDENLY EXIBITING SEXUAL BEHAVIOR
SLEEPING DISTURBANCES THAT WERENT THERE BEFORE
PHYSICAL/SEXUAL AGGRESSION
FEAR OF CERTAIN PLACES, PEOPLE
SELF DISTRUCTIVE BEHAVIOR
INSERTING ITEMS INTO VAGINA, RECTUM
EXTREME CHANGES IN BEHAVIOR
INCONTINENCE
CHANGES IN EATING HABITS

**********WHILE OTHER THINGS CAN CAUSE ANY OF THESE TO HAPPEN TAKE INTO CONSIDERATION SOMETHING MIGHT HAVE HAPPENED IF SUDDENLY ANY OF THESE BEGIN AND SO THIS NEEDS TO BE INVESTIGATED************
WHAT DOES YOUR TWEEN/TEEN NEED TO KNOW ABOUT BODY CHANGES?

GIRLS NEED TO KNOW:
GROWTH SPURTS
BREAST GROWTH
MENSTRUATION
BODY/PUBLIC HAIR GROWING
ACNE
PERSPIRATION
BIRTH CONTROL INCLUDING EMERGENCY CONTRACEPTION AND STDs
MASTURBATION

BOYS NEED TO KNOW:
WET DREAMS
GROWN SPURTS
ERECTIONS
PUBLIC HAIR GROWING
VOICE CHANGING
PERSPIRATION
ACNE
BIRTH CONTROL
MASTURBATION
WHERE THIS FITS INTO TRANSITION

IF THE CHILD IS IN HIGH SCHOOL AND HAS AN IEP OR 504 PLAN THIS SHOULD BE INCORPORATED INTO THEIR PLAN.

IT CAN BE INCORPORATED UNDER EDUCATION, HEALTH, INDEPENDENT LIVING.

SINCE THEIR GOALS ARE INDIVIDUAL FOR THAT CHILD THESE CAN BE VERY INDEPENDENT GOALS TO HELP THEM AT WHATEVER LEVEL THEY ARE.
MEASURABLE
TRANSITION GOALS:

1. SUSY WILL LEARN WHEN HER PERIOD IS STARTING, WILL TELL THE NURSE OR HER TEACHER AND WILL LEARN HOW TO PUT ON KOTEX AND WHEN SHE SHOULD CHANGE IT.
   THIS IS MEASURABLE BECAUSE THE STUDENT WILL LEARN TO BE INDEPENDENT IN DEALING WITH THIS.

2. JOHN WILL LEARN ABOUT USING PROTECTION IF HE IS INVOLVED IN A SEXUAL ACTIVITY AND KNOW HOW TO PUT ON A CONDOM. JOHN WILL LEARN HOW TO PURCHASE CONDOMS AND WHY PROTECTION IS IMPORTANT.
   THIS IS MEASURABLE BECAUSE IT CAN INVOLVE JOHN GOING TO THE STORE, LEARNING WHERE CONDOMS ARE, AND HOW TO PURCHASE THEM AS WELL AS HOW TO USE THEM.
MEASURABLE GOALS:

3. SUSY WILL PRACTICE SAYING NO TO STAFF FOR SUCH THINGS AS CHOICES FOR LUNCH OR FREE TIME SO THAT SHE LEARNS IT IS OK TO SAY NO TO THINGS OTHER PEOPLE IN AUTHORITY MAY ASK HER TO DO.

   THIS IS MEASURABLE BECAUSE IT CAN BE TRACKED WHETHER SHE MADE A DECISION HERSELF OR JUST WENT ALONG WITH WHAT AUTHORITY FIGURES WERE TELLING HER TO DO.

4. JOHN WILL PRACTICE HOW TO ACT WHEN A GIRL HE LIKES DOESN’T LIKE HIM. HE WILL LEARN NOT TO KEEP CALLING THE GIRL OR STALKING HER WHEN SHE HAS SAID NO TO HIM.

   THIS IS MEASURABLE BECAUSE HOW JOHN REACTS CAN BE TRACKED AT SCHOOL. SOCIAL STORIES AND SOCIAL SITUATIONS MIGHT BE USED HERE TO PLAY OUT THESE SITUATIONS.
WHO IS RESPONSIBLE FOR THESE SERVICES IN THE IEP?

THIS COULD BE PROVIDED IN A VARIETY OF SETTINGS AND BY A VARIETY OF PEOPLE:

TEACHER CAN DO THINGS IN THE CLASSROOM WORKING WITH THE WHOLE CLASS
NURSE CAN HELP WITH THE MORE PERSONAL HYGIENIC GOALS
SOCIAL WORKER CAN DO SOCIAL STORES AND ROLE PLAYING WITH STUDENT
SPEECH TEACHER CAN DO SOCIAL STORIES USING PRAGMATIC LANGUAGE GOALS WITH THE STUDENT
OCCUPATIONAL THERAPIST CAN WORK ON GOALS ALSO SUCH AS SENSORY THINGS THAT MAY BOTHER THE STUDENT IN USING KOTEX, ETC.
IF THE STUDENT HAS A ONE ON ONE, THAT PERSON CAN BE HELPFUL IN TEACHING THE STUDENT THINGS RELATED TO HYGIENE.
EASY BUT NOT SO EASY

While it may sound very black and white to talk about why and how this needs to be done we all know this isn't true.

There are some students who intellectually are going to be a real challenge and that is why it is important to understand the signs of sexual abuse/assault.

The challenge remains that while these students may not intellectually understand this they still are sexual and may respond or react in a sexual manner.

Therefore education and information about what can happen need to go hand in hand.
5 WAYS TO REDUCE RISK FOR SEXUAL ASSAULT/ABUSE/VIOLENCE

1. FEELINGS: PROVIDE OPPORTUNITIES FOR THE PERSON TO EXPRESS THEIR FEELINGS. FOR THOSE STUDENTS WHO ARE NON VERBAL PAY CLOSE ATTENTION TO WHEN THINGS CHANGE FOR THEM.

2. SAYING NO: PRACTICE LETTING THEM SAY NO AND LET THEM HAVE LATITUDE SO THEY CAN SAY NO IN SITUATIONS WHERE THEY ARE SAFE. “NO I DON’T WANT THAT HOT DOG FOR LUNCH.”

3. RESPECT AND DIGNITY FOR PERSONAL SPACE: KNOCK BEFORE ENTERING THEIR ROOM, DON’T FORCE THEM TO HUG AND KISS PEOPLE, ASK PERMISSION WHEN HELPING THEM TO TOILET, BATHE, ACTIVELY TEACH THEM ABOUT PRIVATE LOCATIONS, ACTIVITIES, BODY PARTS.
5 WAYS (CONTINUED):

4. SAFE PEOPLE: PROVIDE REMINDERS ABOUT SAFE PEOPLE AND WHO CAN BE TOLD SOMETHING. LISTEN TO FEELINGS AND DEVELOP A SENSE OF TRUST. ANSWER QUESTIONS ABOUT PRIVATE BODY PARTS, RELATIONSHIPS, ETC.

5. PERSON POWER: HELP PEOPLE TO KNOW AND USE THEIR POWER. FOCUS ON THE SKILLS AND DREAMS AND COMMUNICATE YOUR BELIEF IN THAT PERSON. LISTEN TO THEM AND BELIEVE IN THEM.
HELPFUL TIPS:

1. **EDUCATION**: Be sure the person with a disability has some kind of education at the level they are intellectually.

2. **LOOK**: Look for signs something is wrong if the person cannot communicate or does not communicate.

3. **KNOW WHO IS IN THEIR LIFE**: Know the background of everyone working with your child. Don’t be afraid to ask questions, even hard questions. Don’t be afraid of embarrassing that person with questions.

4. **TEACH**: Teach the student that sexual feelings are normal and not bad. Everyone has those feelings. The person with a disability may actually be a perpetrator of sexual abuse without realizing what they are doing. They just know it feels good so they need to know what is appropriate and what isn’t.

5. **LISTEN**: Listen to what they are telling you. Even if they have told you George hurt them 20 times and it has never been true always look into the situation.
AIDEN WAS FIVE AND HAS A DEVELOPMENTAL DISABILITY. HE ALSO HAS A NUMBER OF MEDICAL ISSUES.

HIS SUMMER BABYSITTER WAS BRIAN, A FAMILY FRIEND (A HIGH SCHOOL STUDENT) WHO AIDEN’S MOM HAD KNOWN SINCE BRIAN WAS A BABY.

AIDEN BEGAN TO CRY WHEN HIS MOM GOT HOME FROM WORK THAT BRIAN WAS HURTING HIM WHEN HE WENT ‘PE-PE.’ EVEN THOUGH IT WAS DIFFICULT AIDEN’S MOM LOOKED INTO THIS AND FOUND THAT AIDEN’S JRA HAD FLARED UP AND SO WHEN BRIAN PUT HIM ON THE TOILET IT WAS HURTING HIM AND HE WAS BLAMING THE HURT ON BRIAN.

THIS WAS A RELIEF BUT HAD THE MOM NOT INVESTIGATED THIS COULD VERY WELL BEEN AN INSTANCE OF ASSAULT.
AS MUCH AS WE KNOW, WHAT IF THE WORST HAPPENS?

1. **DON’T BEAT YOURSELF UP.** MOVE ON FROM THIS AND IF NECESSARY TALK TO SOMEONE ABOUT THIS. THIS GOES FOR PARENTS, FAMILY, TEACHERS, SERVICE PROVIDERS, ETC.

2. **THE PERSON ASSAULTED IS NOT TO BLAME AND NEITHER ARE THE OTHER PEOPLE IN THE CHILD’S LIVES. THE ONLY BAD PERSON IN THIS SCENERIO IS THE ABUSER.**

3. **MAKE IT CLEAR TO THE CHILD AND KNOW THIS YOURSELF THAT ANGER, DEPRESSION, SEXUALIZED BEHAVIOR, SHAME, ETC. ARE ALL NORMAL REACTIONS.**

4. **TAKE CARE OF YOURSELF AND REMEMBER THAT THE CHILD NEEDS YOU MORE THAN EVER.**

5. **YOU MAY FEEL ANGRY, EMBARRASED, ASHAMED. THIS IS NORMAL.**

6. **ALWAYS BELIEVE YOUR CHILD AND INVESTIGAGAE.**
RESEARCH ON THIS SAYS:

1. ‘VIOLENCE AGAINST PEOPLE WITH DISABILITIES IS FREQUENTLY UNRECOGNIZED AND UNDERREPORTED AND HAS REACHED EPIDEMIC PROPORTIONS IN THE U.S.’ (DISABLED PERSONS PROTECTION COMMISSION, MASSACHUSETTS)

2. ‘CHILDREN WITH ANY TYPE OF DISABILITY ARE 3.44 TIMES MORE LIKELY TO BE A VICTIM OF SOME KIND OF ABUSE THAN OTHER CHILDREN.’ (WEBSITE OF THE ARC OF THE U.S.)

3. ‘THE PROBLEM IS NOT ISOLATED TO THE U.S. IT IS AN INTERNATIONAL PROBLEM.’ (DISABILITY AND ABUSE PROJECT)

4. ‘FACTORS THAT INCREASE THE VULNERABILITY OF THIS POPULATION INCLUDE LACK OF KNOWLEDGE OF SEXUAL ISSUES, PHYSICAL AND EMOTIONAL DEPENDENCE ON CAREGIVERS, MULTIPLE CAREGIVERS, LIMITED COMMUNICATION SKILLS AND BEHAVIORAL PROBLEMS.’ (WEBSITE OF THE NATIONAL DISABILITY AUTHORITY OF IRELAND)
CURRICULA THAT MIGHT HELP:

1. HTTP://WWW.SEXUALITYANDU.CA/TEACHERS/TEACHING-SEX-ED
2. HTTP://WWW.PLANNEDPARENTHOOD.ORG/PPNNE/DEVELOPMENT-DISABILITIES-SEXUALITY-31307.HTML (THIS IS A BOOK ON HOW TO EACH TEENS AND YOUNG ADULTS WITH DISABILITIES. IT HAS LESSON PLANS AND PRACTICAL WAYS TO INCORPORATE THE INFORMATION)
3. HTTP://WWW.CURRICULUMSUPPORT.EDUCATION.NSW.GOV.AU/SEXUALHEALTH/INCLUSIVE/SPECNEEDS.HTML
4. HTTP://ASDSEXED.ORG/293/03/28/DEVELOPMENTAL-DISABILITIES-AND-SEXUALITY-CURRICULUM/
5. HTTP://WWW.STANFIELD.COM/PRODUCTS/FAMILY-LIFE-RELATIONSHIPS (VIDEO SERIES)
CURRICULA (CONTINUED)

6. HTTP://ASDSEXED.ORG/ABOUT-THE-WORKSHOP/ THIS IS INFORMATION ABOUT A WORKSHOP THE AUTHOR DOES AS WELL AS OTHER INFORMATION ON TEACHING STUDENTS WITH ASD AND OTHER DISABILITIES

7. HTTP://WWW.SEEMORE.MI.ROG/PORTFOLIO/SEX-ED/ THIS IS GEARED FOR EARLY ELEMENTARY AND IS NOT SPECIFICALLY FOR STUDENTS WITH DISABILITIES BUT IT APPEARS THAT IT COULD EASILY BE MODIFIED.

8. HTTP://WWW.HOAGIESGIFTED.ORG/ERIC/FAX/SEX-ED.HTML
CURRICULA FOR SPECIFIC DISABILITIES:

1. ASD:  
   HTTP://WWW.AUTISM.COM/INDIVIDUALS/SEXUALITYANDAUTISM.HTM  
   HTTP://WWW.CHILD-AUTISM-PARENT-CAFE.COM/SEXUALITY-AND-AUTISM.HTML

2. CEREBRAL PALSY:  
   HTTP://WWW.SEXUALHEALTH.COM/WHAT-DO-I-NEED-TO-KNOW-BEFORE-DATING-SOMEONE-WITH-CEREBRAL-PALSY_QUESTION_171/

3. DEAF-BLINDNESS:  
   HTTP://NATIONALDB.ORG/DOCUMENTS/PRODUCTS/SEX-ED.PDF

4. DEVELOPMENTAL DISABILITIES:  
   HTTP://AAPPOLICY.AAPPUBLICATIONS.ORG/CGI/CONTENT/FULL/PEDIATRICS:118/1/398

5. INTELLECTUAL DISABILITIES:  
   HTTP://WWW.AAMR.ORG/CONTENT_198.CFM

ANY YOU KNOW OF TO SHARE?
SPECIFIC ISSUES FOR FAMILIES OF SOMEONE WITH A MENTAL ILLNESS:

• THEY MAY BE ESTRANGED FROM THE FAMILY AND YOU MAY OR MAY NOT HAVE ANY SAY IN WHAT THEY DO.
• THEY MAY SAY NO WHEN THINGS ARE GOOD WHAT THEY NEED TO DO AND HOW TO PRACTICE BIRTH CONTROL BUT WHEN THEY ARE HAVING AN EPISODE THEY MAY NOT.
• THEY MAY WANT FREEDOM LIKE OTHER PEOPLE THEIR AGE SO IT MAY BE DIFFICULT TO GET THEM UNDERSTAND SOME OF THE DANGERS THEY MAY FACE.
ANNE

ANNE IS 19 AND BIPOLAR AS WELL AS HAVING MULTIPLE PERSONALITY ORDERS. SHE HAS A IUD DEVICE FOR BIRTH CONTROL. SHE WANTS TO HAVE IT TAKEN OUT BECAUSE SHE IS DETERMINED TO GET PREGNANT.

SHE HAS RECENTLY LEFT HOME, GONE OFF ALL HER MEDICINES, AND WILL HAVE NO CONTACT WITH HER MOTHER.

HER MOTHER WHO IS A DOCTOR AND HAS MANY RESOURCES IS AT A LOSS ABOUT WHAT TO DO AND IS THERE WHEN ANN NEEDS TO COME BACK HOME.
IN CONCLUSION:
SEX EDUCATION IS NECESSARY FOR ALL PEOPLE BECAUSE WE ARE ALL SEXUAL BEINGS.

SEX EDUCATION CAN TEACH A PERSON WITH A DISABILITY NOT ONLY WHAT IS GOOD AND NATURAL BUT ALSO WHAT IS WRONG AND NOT NATURAL.

THE STATISTICS ARE SKY HIGH FOR PEOPLE WITH DISABILITIES AND ABUSE SO IT IS CRUCIAL PEOPLE WITH DISABILITIES LEARN HOW TO BE SAFE.

SEX EDUCATION CAN TEACH A PERSON HOW TO DO THE MANIPULATIVES (PUTTING ON A CONDOM, USING A KOTEX) IT CAN ALSO TEACH THEM HOW TO MANAGE THEIR FEELINGS, HOW TO COPE WITH BROKEN RELATIONSHIPS, HOW ALL OF THIS IS NORMAL.
FINALLY....

IF SEX EDUCATION IS IMPORTANT FOR PEOPLE WITHOUT DISABILITIES IT IS CRUCIAL FOR PEOPLE WITH DISABILITIES GIVEN THE NUMBER OF PEOPLE WHO WILL BE SEXUALLY ASSAULTED AT SOME TIME IN THEIR LIVES.
EDUCATION AND SAFETY

EDUCATION AND SAFETY GO HAND IN HAND. NO MATTER HOW SIGNIFICANT THE DISABILITY IS THAT PERSON GROWS INTO AN ADULT WHO IS A SEXUAL BEING WITH THE SAME NEEDS AND FEELINGS AS EVERYONE ELSE BUT WHO MAY NOT BE ABLE TO EXPRESS THEM.

THEY NEED TO BE VIEWED AS AN ADULT AND GIVEN THE TOOLS NECESSARY TO PROTECT THEMSELVES.

WHEN WE DON’T DO THIS WE ARE MAKING THEM EVEN MORE VULNERABLE.
AN INTERESTING TIDBIT:

REPRESENTATIVE WILL DAVIS IS SPONSORING A BILL HB 1446 THAT WOULD ALLOW PEOPLE WITH DISABILITIES WHO LIVE IN GROUP HOMES TO HAVE ACCESS TO SEX EDUCATION.

HE IS CONDUCTING MEETINGS ABOUT THE BILL DUE TO OPPOSITION FROM THE OWNERS OF GROUP HOMES AND THE PARENTS AT MURRAY CENTER A SODC IN CENTRALIA.

IT WILL BE INTERESTING TO SEE WHERE THIS BILL LEADS US.
AND WHO BETTER TO SUM UP THAN DR. SUES?  

“I HAVE HEARD THERE ARE TROUBLES OF MORE THAN ONE KIND

SOME COME FROM AHEAD

SOME COME FROM BEHIND

BUT I’VE BROUGHT MY BIG BAT

I’M ALL READY YOU SEE....

NOW MY TROUBLES ARE GOING TO HAVE TROUBLE WITH ME.”
CONTACT INFORMATION:

SUSY WOODS,
PUBLIC POLICY AND EDUCATION LIAISON
ILLINOIS ASSISTIVE TECHNOLOGY PROGRAM
1020 S. Spring
SPRINGFIELD, ILLINOIS 62704
217-321-0925 (DIRECT LINE)
217-638-8411 (CELL)
SWOODS@ILTECH.ORG

PLEASE EMAIL ME IF YOU WOULD LIKE AN ELECTRONIC COPY OF THIS PRESENTATION.