

# The need for relationship and sexuality education for people with IDD

---

HEIDI LERSCH

MEGAN WESTMORE, LMSW

# Meet the presenters

---

## HEIDI LERSCH

- Professional experience:
  - Co-developed and taught healthy relationships curriculum for students with IDD
  - Job coach for students with disabilities in a transition program
  - Education team lead at residential day program
  - Family Crisis Center Sexual Assault and Domestic Violence Prevention Educator
- Court Appointed Special Advocates (CASA) volunteer (children with disabilities)



# Meet the presenters

---

## MEGAN WESTMORE, LMSW

- Professional experience:
  - SAFE Disability Services: Co-developed and taught healthy relationships curriculum for students with IDD
  - SAFE Sexual Assault Advocacy
  - The Arc of Texas Policy Fellow
- Licensed Social Worker
- Volunteer with Texas Advocates



# SAFE | stop abuse for everyone

A merger of Austin Children's Shelter and SafePlace

- Training for people with disabilities on topics such as healthy relationships and safer sexuality
- Information, technical assistance, and training for:
  - disability service organizations
  - victim service professionals (domestic & sexual violence)
  - criminal justice staff
  - families
  - others
- Work with community partners to recognize and address gaps in services for people with disabilities

# Webinar overview

---

1. Explore common misconceptions vs what we know about people with intellectual and developmental disabilities (IDD), their relationships, and sexuality
2. Examine links between these misconceptions and experiences of violence
3. Develop strategies for trauma-informed responses to violence against people with IDD

# Common misconceptions vs what we know

---

about people with IDD, relationships, and sexuality

## What we hear:

“People with IDD are asexual”

---

## What we know:

- All people are sexual from birth to death.
- Asexuality is **not** more common for people with IDD.
- Misconceptions may have also grown out of concept of developmental age.
- This misconception stems from treating adults with IDD like children.



(Advocates for Youth, 2008 & Elevatus Training, 2018)



## What we hear:

“People with IDD are hyper sexual and can’t control their sexual behavior”

---

## What we know:

- This misconception is the result of cultural stigma around people with IDD expressing their sexuality.
- Lack of sexuality education may cause a person with IDD to explore sexuality in an inappropriate setting or with inappropriate people.
- Lack of opportunity or privacy may force a person with IDD to explore sexuality in any way they can, and in potentially unsafe ways or places.

## What we hear:

“People with IDD do not identify as LGBTQ+”

---

## What we know:

“People with disabilities are sexual and express their sexuality in ways that are as diverse as everyone else.”

*Mary Beth Szydlowski, School Health Equity/Advocates for Youth*



Roughly the same percentage of people with and without disabilities identify as gay or lesbian.

# Barriers to exploring LGBTQ+ orientation

---

- Lack access to develop/explore sexual identity
- LGBTQ resources are often not accessible to people with IDD.
- Many people have authority over the sexual expression of individuals with IDD: Parents, guardians, support staff, teachers, case managers, personal care attendants.



## What we hear:

“Limiting independence protects from abuse”

---

## What we know:

People with disabilities are at high risk for abuse/assault:

- National study: 51% reported physical abuse, 42% sexual abuse
- People with intellectual disabilities are 5X more likely to experience violent crimes than people without disabilities.
- “Stranger danger” is not effective or accurate.
- 97-99% of abusers of people with ID are known and trusted.

(National Center for Victims of Crime, 2012;  
Harrell & Rand, 2010; Baladerian, 1991.)

# Self-determination & community

---

Greater self-determination increases ability to recognize and resist abuse.

Community support network is the best protective factor.



**James Meadours**

(Khemka et. al, 2005)

## What we hear:

“Sex education leads to sexual activity”

---

## What we know:

Comprehensive sexuality education has been shown to:

- cause students to delay sexual activity.
- reduce frequency of sexual intercourse.
- reduce number of sex partners.
- increase condom use.



## What we hear:

“Provide sexuality information based on level of disability and function”

## What we know:

- Students need information based on their biological age, regardless of functional needs/support levels.
- *How* the information is presented should be adapted to functional needs.



(Elevatus Training, 2018)



**What we hear:**

“Provide sexuality education in gender-separated groups”

- W** **What we know:** According to sex education experts, separating by gender is:
- Not best practice
  - Gives idea that students are receiving different messages
  - Reinforces that sex shouldn't be discussed in 'mixed company'
  - Feels unsafe for genderqueer/transgender students
  - Survey: 65% of students prefer mixed-gender instruction
  - Alternative: opportunities to ask questions confidentially
- M**  
**E**  
**N**

(Rough, 2018)



# Misconceptions and sexual abuse

---

# Why is this important?

---

Misconceptions about abuse and sexuality can actually increase the risk of abuse for people with IDD

**How?** They may lead parents and guardians to isolate people with IDD in institutions, group homes, or other settings where their only interactions are with paid staff and other clients.

**Remember:** Community integration is the greatest protective factor against abuse.



# Misconceptions about abuse & sexuality lead to... SAFE

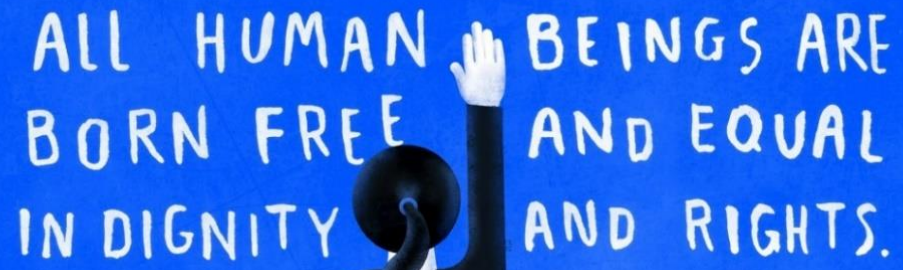
---

Denying people with IDD sexuality education that is LGBTQ and gender inclusive, and age-appropriate.

Not putting names for body parts in communication devices.

This heightens the sexual violence risks for people with IDD because it leaves them without:

- knowledge of crucial topics like consent and boundaries
- language to communicate abuse if it occurs

A person with a prosthetic hand is pointing to a blue sign with white text. The sign reads: "ALL HUMAN BEINGS ARE BORN FREE AND EQUAL IN DIGNITY AND RIGHTS."

ALL HUMAN BEINGS ARE  
BORN FREE AND EQUAL  
IN DIGNITY AND RIGHTS.

SAFE |

## Misconceptions about sexuality lead to...

- Denying people with IDD their human right to have safe opportunities and safe places to be sexual with themselves or others.
- Without these opportunities, people with IDD may:
  - Be more vulnerable to perpetrators who offer opportunities for friendship, independence, and sex not found elsewhere
  - Be sexual in ways that are not safe or are illegal

# Abuse, sexuality, & IDD

---

These misconceptions can even shape how parents, teachers, support staff, attendants, law enforcement, child and adult protective services staff, case managers, counselors and others respond when individuals with IDD disclose abuse.

# Which means that...

---

Disclosures of abuse are often met with:

- Disbelief: "You don't even know what sex is! You are just repeating something you saw on TV."
- Victim blaming: "If you hadn't insisted on getting a job in the community, you would have been safe."
- Victim blaming: "If you didn't think everyone was your friend this wouldn't have happened."
- Questioning: "Are you sure you're telling the truth?"
- Chastising: "This is what happens when you try to do something you're not ready for."

THE FUTURE  
IS ACCESSIBLE

# So how can you help?

- You can help counteract the influences of these misconceptions by:
  - Helping people with IDD in your life access healthy relationship and safer sexuality education (the topic for our next webinar)
  - Responding to abuse disclosures by people with IDD in a trauma-informed way



SAFE |

# Trauma-informed responses

---



# Trauma-informed response

---

- Start by believing.
- Remind them that they are safe with you, right now.
- Validate their emotions, no matter what they are.
- Allow survivor to direct what happens next.
- If you must make a mandatory report, include the survivor in the process.
- Tell them it's not their fault.
- Safety plan

**Start by  
Believing**



# Trauma-informed response

- Always get consent before touching.
- Let people tell their story when they're ready.
- Be honest and keep your word.
- Ask: What are you most worried about now?
- Ask: What do you need right now?
- Let survivors set their own pace for healing.
- Connect to professional support, if desired.
- Take care of yourself, too.



## What to do

# Recent sexual assault

---

If sexual assault happened within past 5 days:

- Call 911 (ask person if they want you to call, or if they want to call).
- Encourage person not to bathe/shower, change clothes, brush teeth, eat, drink, urinate, etc.
- A forensic nurse examiner can provide medical care and collect forensic evidence.
- A confidential sexual assault advocate can provide support and resources.

## What to do

# Recent sexual assault

---

Ask survivor how you can support them through the process.

- ✓ Can you help them understand the paperwork?
- ✓ Do they want you in the room with them during the exam?
- ✓ What do they need?

# Indirect disclosures

---

- Survivors may not have the language or may be too scared to disclose abuse.
- Pay attention to possible abuse indicators:
  - Various physical indicators of abuse or neglect
  - Behavioral indicators
    - Increase in fear or distrust
    - Changes in mood
    - Denial
    - Loss of skills previously gained



# Tips for healing responses...

SAFE Disability Services developed 6 postcards with response tips for supporting people with disabilities who have experienced violence. They feature artwork from artists with disabilities.



<https://tinyurl.com/responsetips>

# Resources

---

- **RAINN National Sexual Assault Hotline (24/7)**  
1-800-656-HOPE (4673)



- **New Jersey Coalition Against Sexual Assault**  
<https://njcasa.org/>



- **New Jersey Coalition to End Domestic Violence**  
<https://www.njcedv.org/>



# Next webinar preview

---

**Thursday, June 20 at 2 pm EST**

## **Overview of curriculum in development: “My Rights My Life”**

- Content overview
- Highlights and lessons from first year’s pilot test of curriculum
- Next steps to continue to support people with IDD gaining access to access healthy relationships and sexuality
- We hope you’ll join!



# Questions??

---



# Thank you!

---

**Heidi Lersch**

SAFE Disability Services Educator and Trainer  
hlersch@safeaustin.org  
512.369.5957

**Megan Westmore, LMSW**

SAFE Disability Services Manager  
mwestmore@safeaustin.org  
512.369.5950

**disabilityservices@safeaustin.org**

**24-hour SAFEline**

Call: 512.267.SAFE (7233)

Text: 737.888.SAFE (7233)

Chat: [www.safeaustin.org/chat](http://www.safeaustin.org/chat)

For Deaf/HH/Deaf-Blind community, use relay/VRS

# References

---

- Advocates for Youth. (2008). *Sexual health education for young people with disabilities - Research and resources for parents/guardians*. Retrieved October 30, 2018, from <http://www.advocatesforyouth.org/publications/publications-a-z/2560>
- Baladerian, N. (1991). Sexual abuse of people with developmental disabilities. *Sexuality and Disability*, 9(4), 323-335
- Breuner, C. C. (2016). Sexuality education for children and adolescents. *American Academy of Pediatrics*, 138(2), E1-E11. Retrieved October 26, 2018, from <http://pediatrics.aappublications.org/content/pediatrics/138/2/e20161348.full.pdf>
- Elevatus Training. (2018). Module 2: Sexuality 101. In *Talking with your kids: Developmental disabilities and sexuality*. [Online course]. Retrieved from <https://app.ruzuku.com/courses/17049/overview>
- Harrell, E., Ph.D., & Rand, M. (2010). *Crime against people with disabilities, 2008*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Khemka, I., Hickson, L., & Reynolds, G. (2005). *Evaluation of a decision-making curriculum designed to empower women with mental retardation to resist abuse*. *American Journal of Mental Retardation: AJMR*. 110. 193-204. 10.1352/0895-8017(2005)110<193:EOADCD>2.0.CO;2.
- National Center for Victims of Crime. (n.d.). *Crimes against persons with disabilities*. In partnership with Office for Victims of Crime and Justice for Victims – Justice for All.

# References

---

Noonan, A., & Gomez, M. T. (2011). Who's missing? Awareness of lesbian, gay, bisexual and transgender people with intellectual disability. *Sexuality and Disability*, 29, 175-180. doi:101007/s11195-010-9175-3

Planned Parenthood. (2002). *Tips for talking to kids about sex*. Retrieved October 30, 2018, from <https://www.plannedparenthood.org/planned-parenthood-mohawk-hudson/parents/tips-talking-kids-about-sex>

Rough, B. J. (2018, October 19). Why we shouldn't be separating boys and girls for sex ed. *The Washington Post*. Retrieved February 8, 2019, from [https://www.washingtonpost.com/lifestyle/2018/10/19/why-we-shouldnt-be-separating-boys-girls-sex-ed/?utm\\_term=.cf10b3fbee94](https://www.washingtonpost.com/lifestyle/2018/10/19/why-we-shouldnt-be-separating-boys-girls-sex-ed/?utm_term=.cf10b3fbee94)

Senne, Elizabeth. (2016). *Experiences of direct support professionals supporting sexuality for individuals with developmental disabilities*. Retrieved from Sophia, the St. Catherine University repository website: [https://sophia.stkate.edu/msw\\_papers/678](https://sophia.stkate.edu/msw_papers/678)

Smith, J. (2017, June 22). *LGBTQ adults with developmental disabilities need support expressing themselves, not erasure*. Retrieved October 25, 2018, from [http://www.slate.com/blogs/outward/2017/06/22/lgbtq\\_adults\\_with\\_developmental\\_disabilities\\_need\\_assistance\\_not\\_erasure.html](http://www.slate.com/blogs/outward/2017/06/22/lgbtq_adults_with_developmental_disabilities_need_assistance_not_erasure.html)