



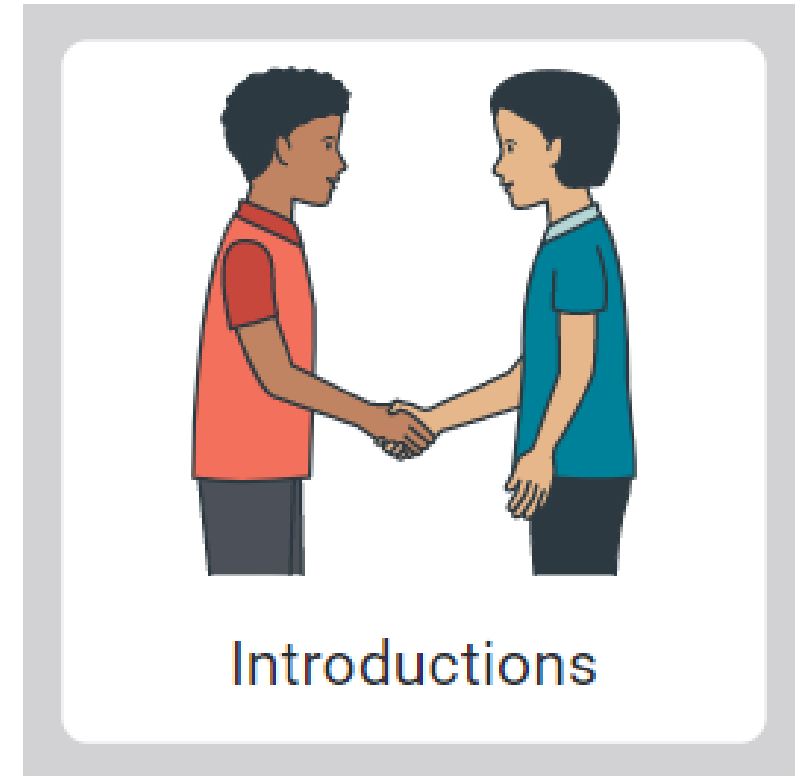
Ability
Relationships
Sexuality

Sexual Health: supporting young people with disabilities

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Workshop Outline

- Introductions
- Sexuality & Disability
- Sexuality Education
- Tips for Teaching
- Values and attitudes
- Sexuality Rights
- Conclusion



Sexuality

Education

Counselling

Consultancy

Agency

SECCA is a non-profit organisation designed to support people with disabilities, in their efforts to learn about human relationships, sexuality and sexual health.



What is sexuality?





What is disability?

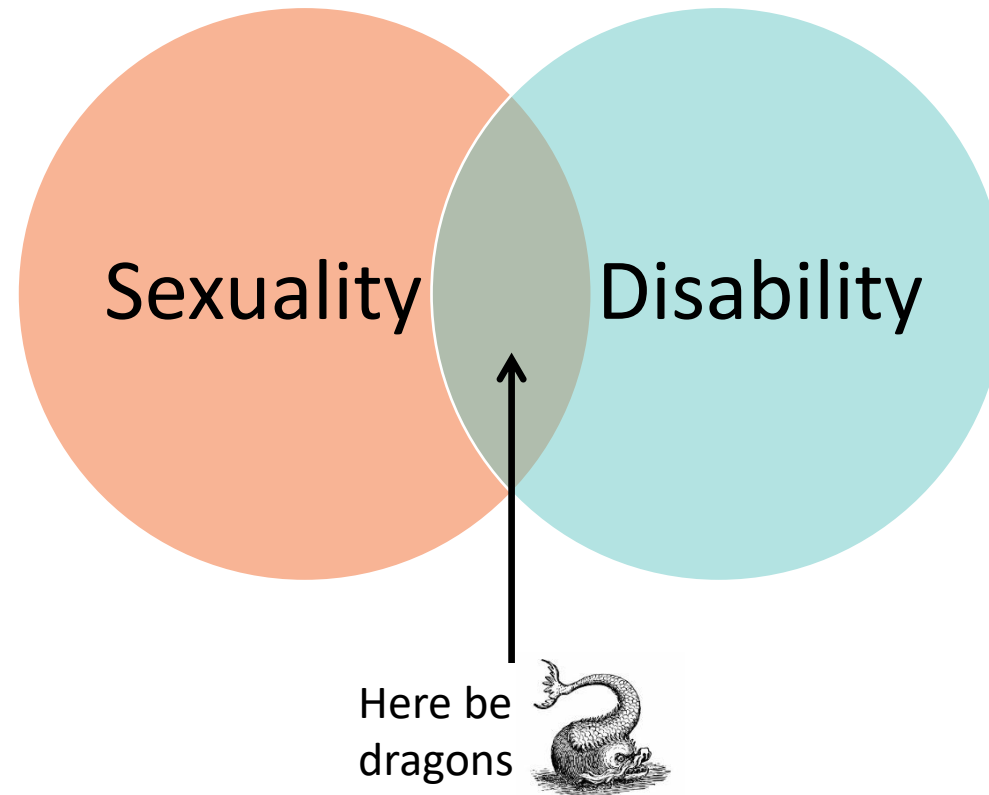
Disability is an umbrella term, covering:

- Impairments – problems in body function or structure;
- Activity limitations – difficulties executing a task or action;
- Participation restrictions – problems with involvement in life situations



Disability is thus not just a health problem. It is a complex phenomenon, reflecting the **interaction between features of a person's body and features of the society** in which they live. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.

Double taboo



What the research says

- Under screened for sexual health related testing (Eastgate, 2011)
- Less likely to receive comprehensive sexuality and relationships education (Frawley and Wilson, 2016)
- More likely to experience sexual trauma e.g. in Australia 90% of women with intellectual disability have been sexually assaulted (Frohman & Sands, 2015)
- Family, friends, caregivers, healthcare professionals, and government policy can sometimes be barriers to accessing adequate sexuality education or information (Frawley and Wilson, 2016)

Why it's essential

Avoid:

- Negative sexual health outcomes
- Loneliness and social isolation
- Experiencing sexual abuse
- Perpetrating sexual abuse
- Relationship violence



Promote:

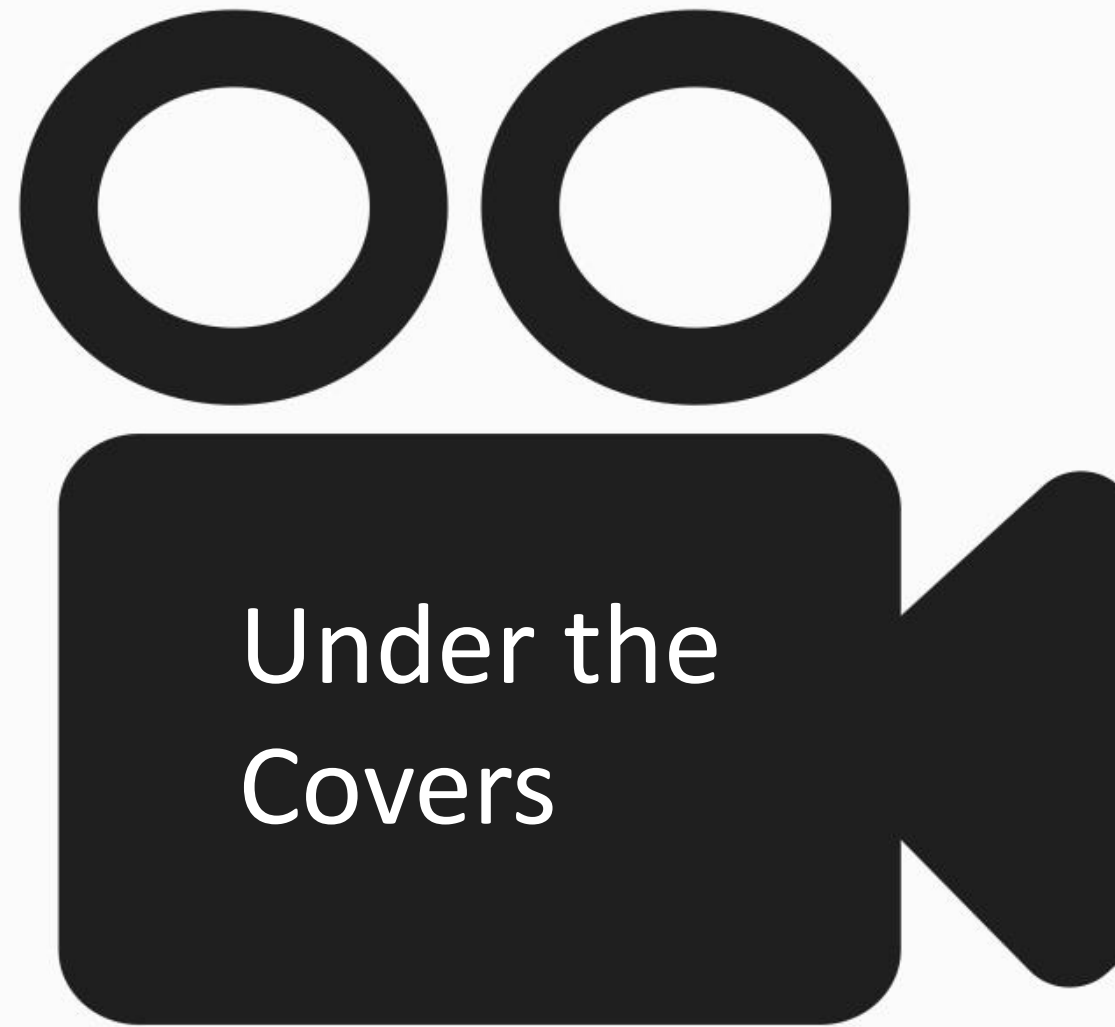
- Human rights
- Self-esteem and healthy behaviour
- Good communication
- Healthy relationships
- Full participation in society



Myths: People with disabilities...

- Don't have sex
- Can't have sex
- Shouldn't have sex
- Are over-sexed, deviant, or out of control
- Are only heterosexual and cisgender
- Can't be parents
- Can't form or maintain relationships
- Lack the capacity to understand sexuality education



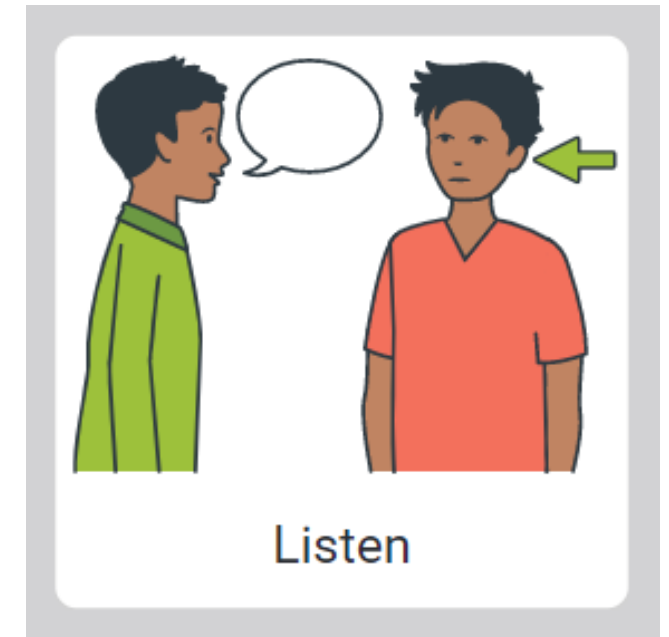


How could you adapt?



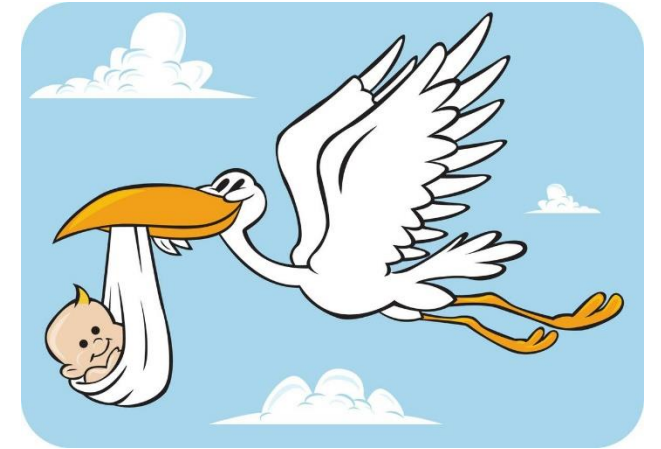
Communication

- Simple language
- Slow the teaching down
- Smaller group sizes
- Break topics down into smaller pieces
- Don't make assumptions, check knowledge
- Visual aids
- Concrete examples
- Repeat and summarise



Give accurate information

- Sexuality education wasn't compulsory in our own schooling
- It was less openly spoken about in families and communities
- Some people feel uncomfortable with their own level of knowledge
- Temptation to 'fudge' the answer or avoid the conversation
- If unsure, promise to find out or look answers up together
- Avoid giving 'stork' answers, even to younger children



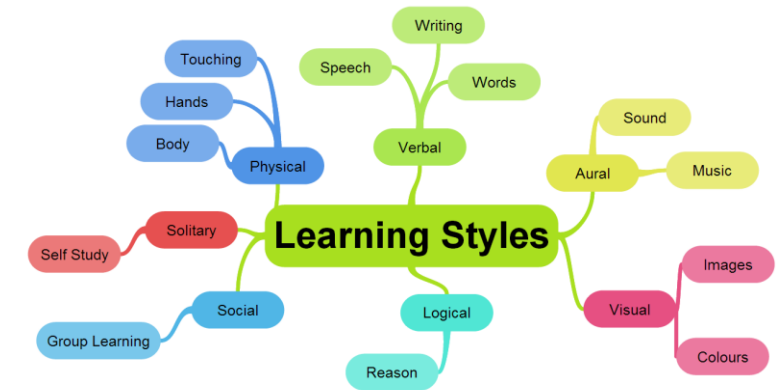
Find out what the person knows

- Gives you time to collect your thoughts
- Avoid making assumptions
 - Don't tell them things they already understand
 - Don't assume knowledge they don't have
 - Check you're using the same language
- Check for gaps or misunderstanding
- Gives you a better idea of exactly **what** they're asking
- Sometimes tells you **why** they're asking
- Lets you know how much detail they need
- May uncover important issues
- Becomes more of a conversation, you can put the information in context



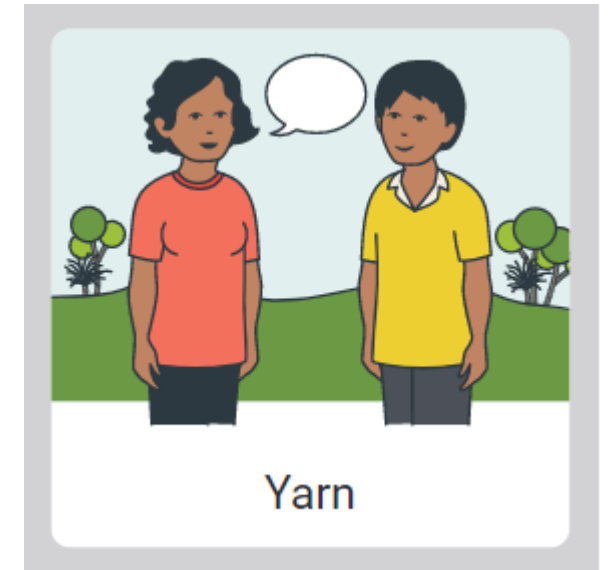
Give information in ways they understand

- Recognise their learning needs and capacity
- No strategy will work for everyone
- Be prepared to adapt or interpret information
- Provide visual support
- Help them understand how to apply the information
- Use concrete examples, personal to them
- Help them understand the social context and why the information is important



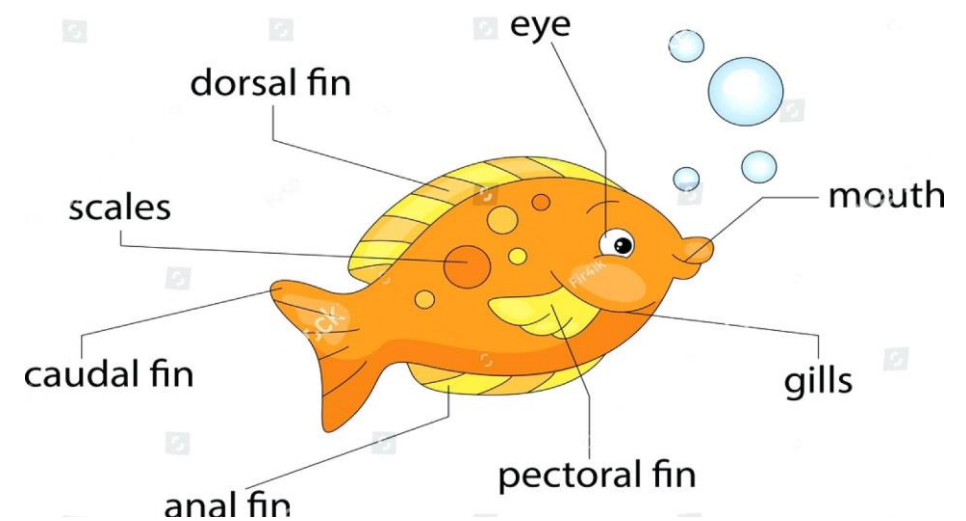
Seize teachable moments

- Education shouldn't just be confined to formal settings
- Everyday interactions provide many opportunities to discuss relationships, appropriate behaviour etc.
- Build into everyday routines
- The media can be a great source of 'what not to do' conversations
- Great for reinforcing messages in a way that's concrete and immediate



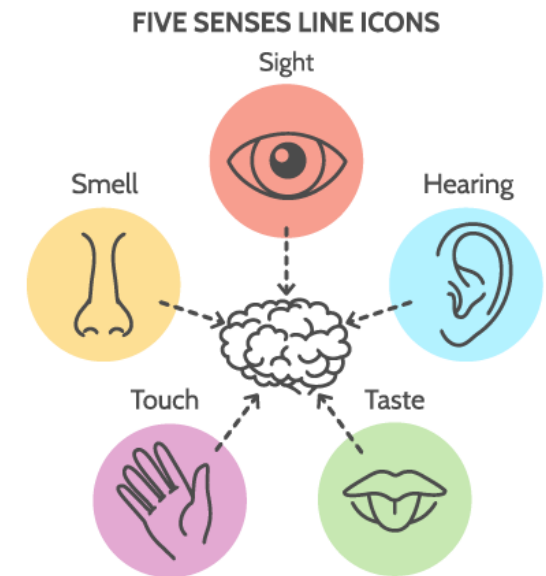
Use correct terms for body parts

- Sometimes families are uncomfortable teaching correct language
- Acknowledge the language the person already knows but also teach the correct terms
- Avoids shame around particular body parts, normalises
- Prevents them getting in trouble for inappropriate language
- Better communication with doctors
- Essential for protective behaviours
 - Understanding what they're consenting to
 - Reporting abuse
 - Dealing with Police/courts



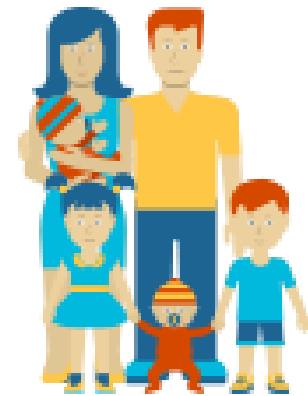
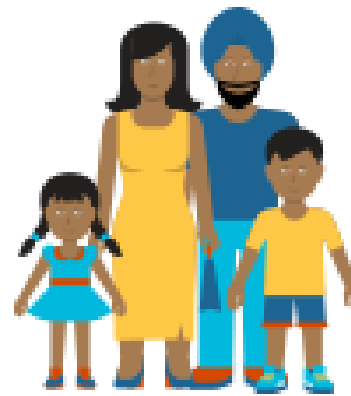
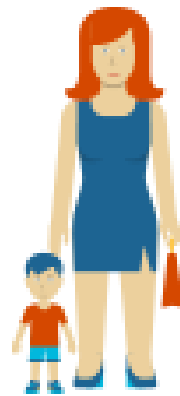
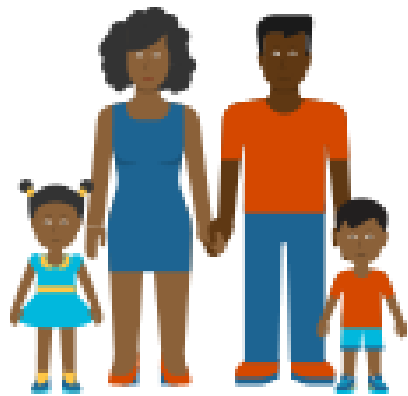
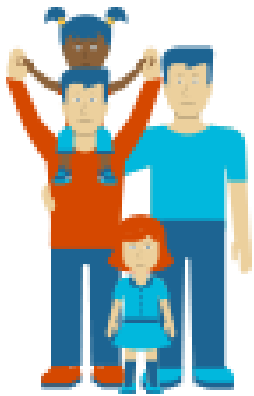
Use multi-sensory teaching methods

- Try a variety of methods:
 - Verbal (concrete) explanations or conversation
 - Written material
 - Pictures in a book or magazine
 - Card-sorting activities
 - Videos
 - Practical demonstrations
 - Role play
- The more ways you give the same information the better



Model diversity

- Don't use only heterosexual or cisgender examples
- Include different family structures and relationship types
- Normalise the acceptance of difference



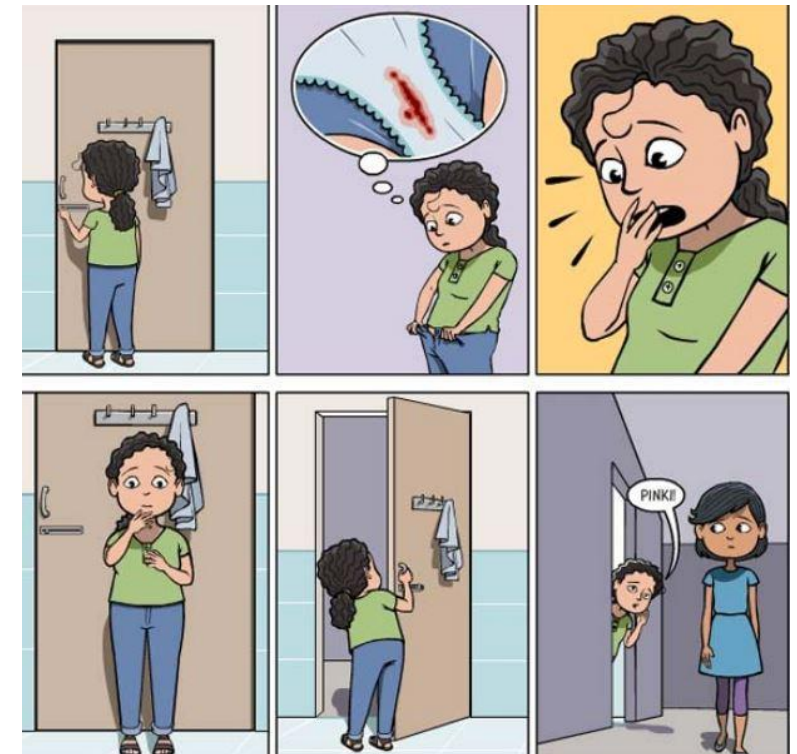
Practice social skills in different settings

- Don't assume that a lesson learnt in one place is enough
- Some people have difficulty generalizing from one situation to another
- Teach that this is the rule for at school **and** at the movies **and** at the shops **and** at the swimming pool...
- Practice with different people as well as different places
- Give a reminder before entering new situations



Incorporate problem solving

- Great way of testing their understanding and ability to apply knowledge – not just **what** but **how**
- Gives them more confidence that they can handle unexpected situations
- First person examples, “what would you do if...?”
- Third person examples, “what should Alex do if...?”



Teach the right to refuse

- It's understandable to want your child to be compliant but you also need to teach them how to be assertive
- Check that the person has the means to refuse e.g. language on communication devices
- Important for dealing with peer pressure
- Refusal is an essential part of protective behaviours
- Consent is not truly possible if refusal is not an option



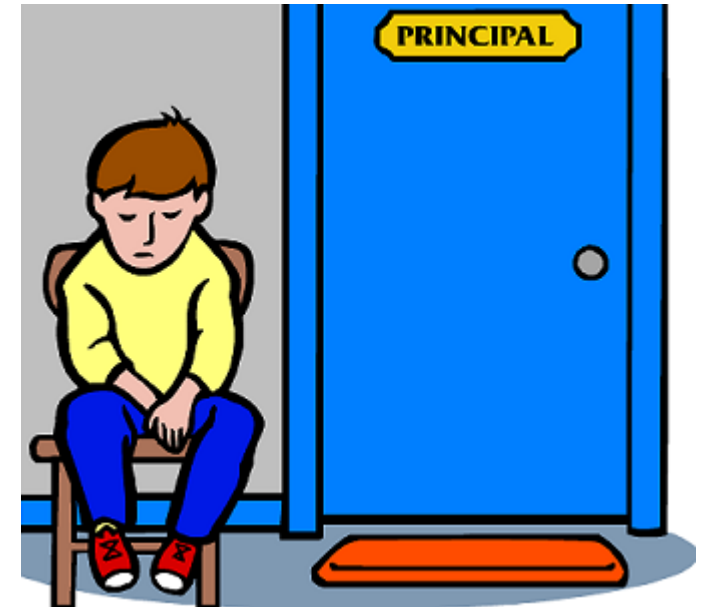
Stay consistent as they age

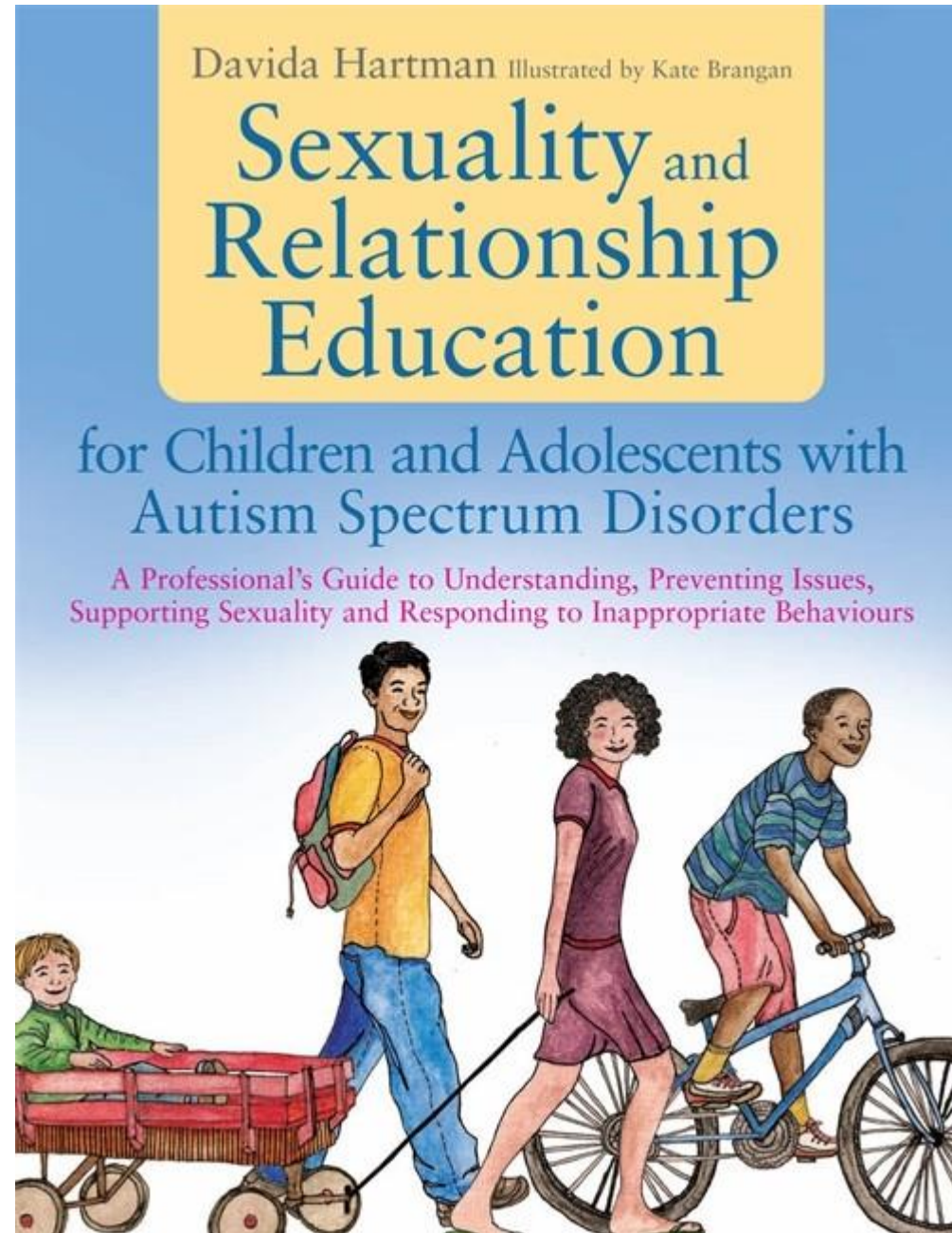
- Check that the messages you're giving will still be appropriate when the person is older
- Some behaviours that are acceptable for children are not acceptable for adults e.g. nudity
- May be harder for people with cognitive disabilities to unlearn an old rule and replace it



Don't wait until there's a crisis

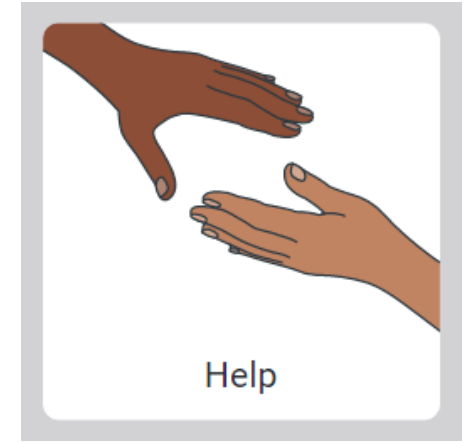
- Prevention is always best
- Be proactive from an early age, rather than reactive
- People don't learn well when they're in crisis
- Providing education only when something's gone wrong sends a negative message, can seem like a punishment or increase shame



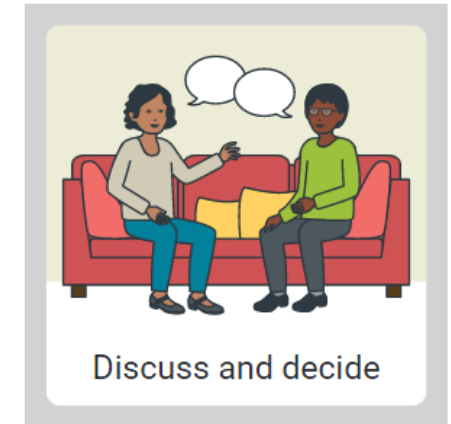
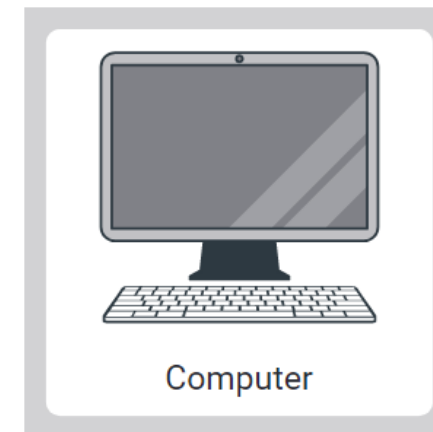
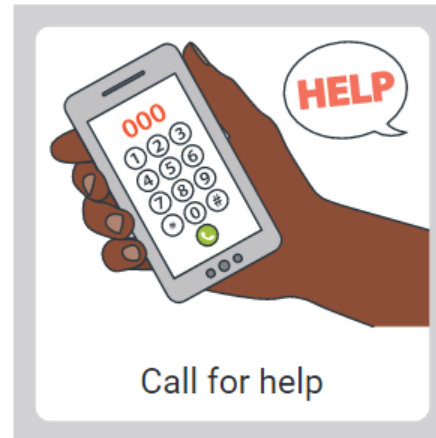


How can you help?

- Disability awareness – not always visible
- Awareness of sexuality and sexual health needs
- Don't assume all people are heterosexual and cisgender
- Accessibility – for staff as well as clients
- Privacy for clients and conversations
- Impacts of the values, beliefs and attitudes of yourself and others
- Knowledge of laws e.g. consent, guardianship
- Accessible resources e.g. simple information and visual aids



Consultancy



Questions?

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