Exploring Human Sexuality and Intimacy in the Aging and Disability Community

Presented by Mitchell Tepper and Katherine McLaughlin

Sexual Health Network

ELEVATUS TRAINING

LEADERS IN SEXUALITY AND DEVELOPMENTAL DISABILITY

Exploring Sexuality and Aging Among People with Physical Disabilities

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> "You don’t have to break your neck to be a great lover, but you could learn a lot from somebody who has."

Buckle up for a journey that challenges restrictive notions of sexuality and celebrates the full spectrum of human intimacy across all ages and abilities.

My Story

- I worked for Planned Parenthood of Northern New England for 22 years.
- Two years after I started, I acquired a disability from a Spinal Cord Injury and started using a wheelchair.
- Noticed that I was treated differently because I used a wheelchair.
- Developmental Disability Agencies and School Districts wanted help. I provided training on how to address sexuality.
- Developed a Sexuality Education Curriculum in 2006 and updated it in 2018. Nothing about us without us.

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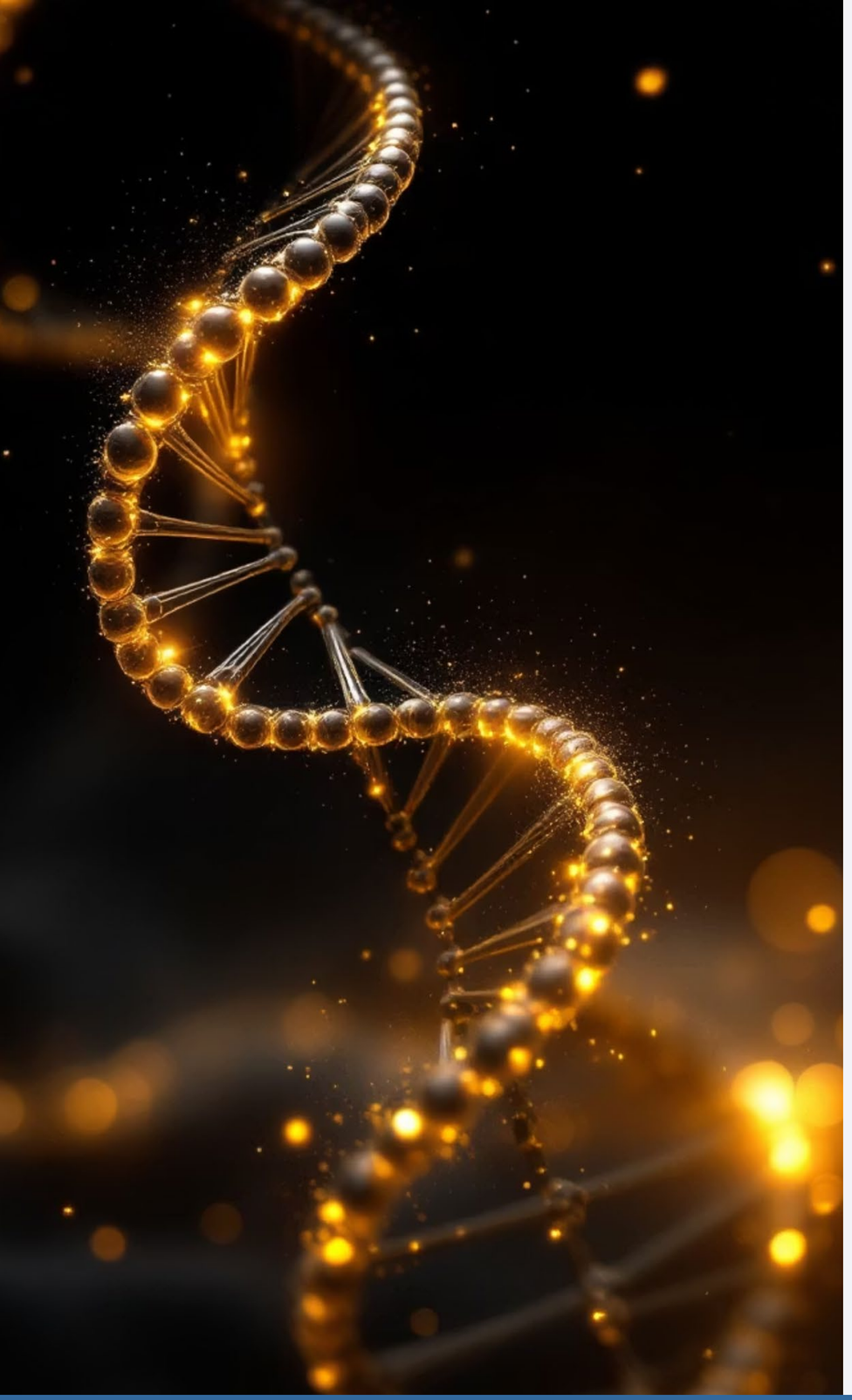


We Are Sexual Beings

From Conception to Death

Sexuality is rooted in our DNA, ingrained from the moment sperm joins an ovum through gestational development.

Core Identity

While physical functions may deteriorate, our sexuality—the core of our identity—lives on throughout our lives.

Neither Disability Nor Aging

Remember this key point: we are sexual beings from birth to death, and neither disability nor aging negates that fact.

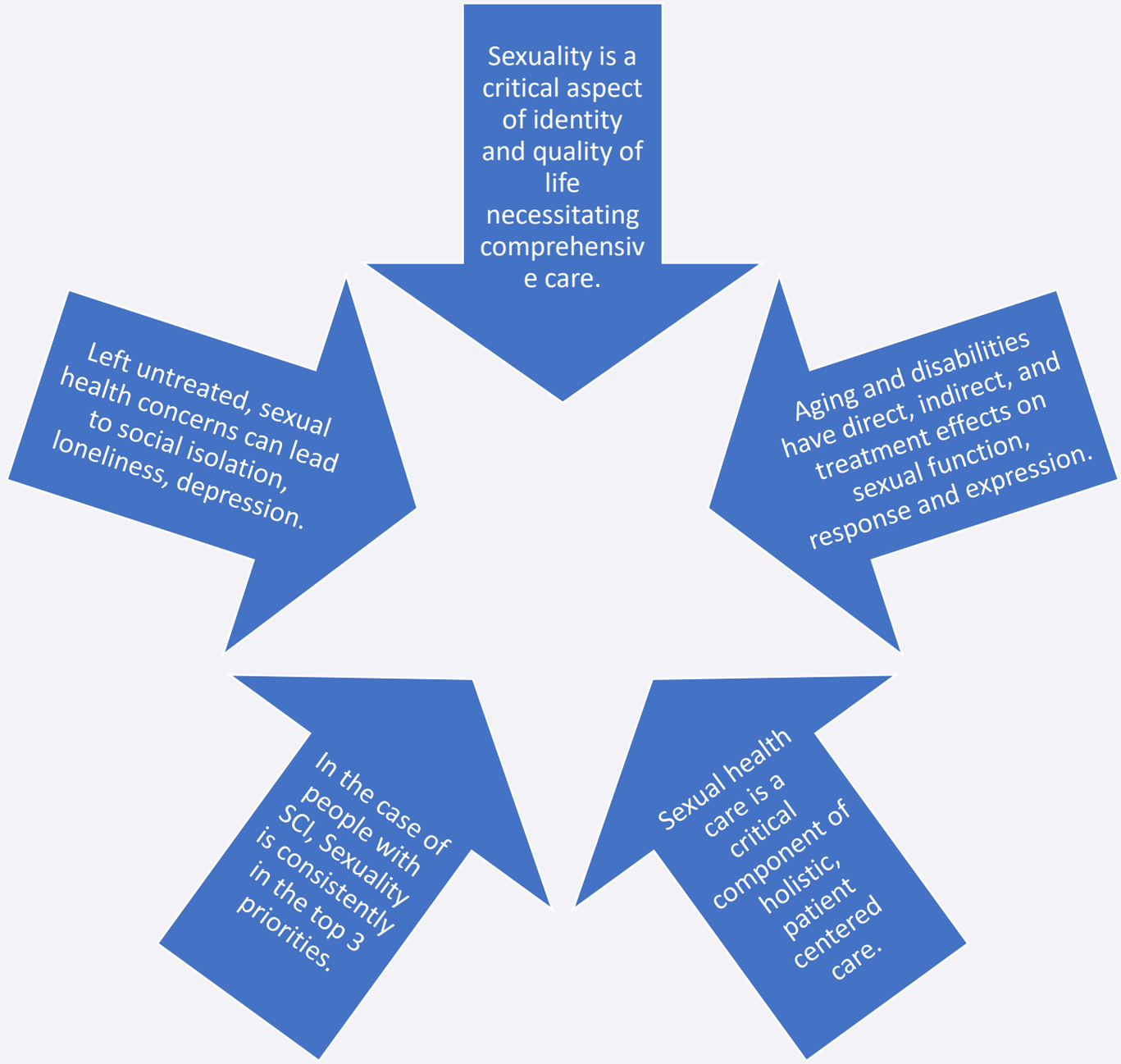
Why Supporting Your Client's Sexuality Matters

Basic Human Right

Sexuality is a fundamental part of human life and is considered a basic human right that contributes to the quality of life and relationships.

Essential Well-being

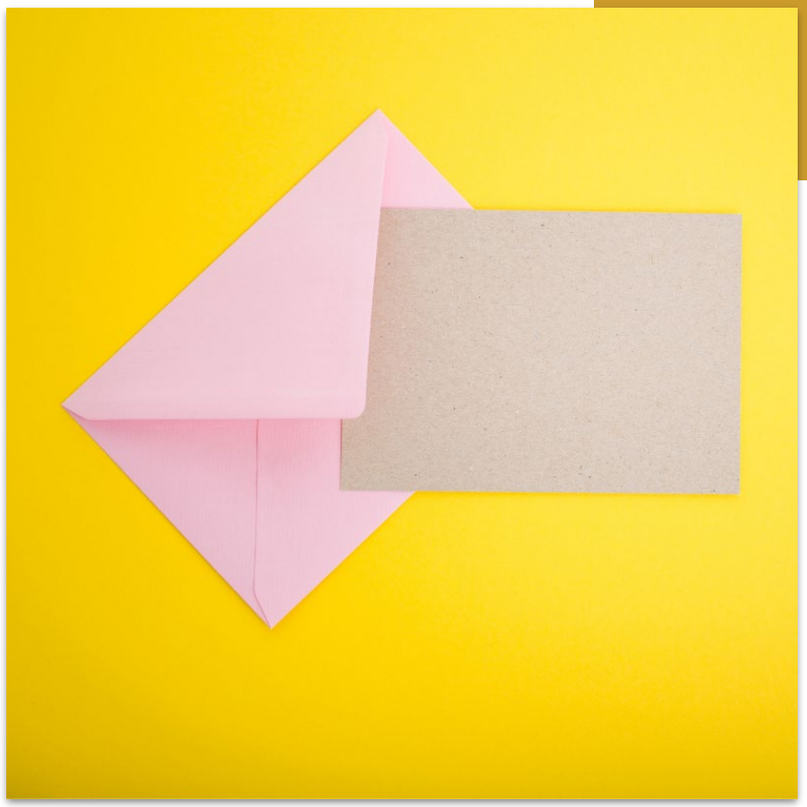
The ability to express and enjoy one's sexuality leads to feelings of pleasure and well-being—essential at any age for intimacy and belonging.



Consortium for Spinal Cord Medicine. Sexuality and reproductive health in adults with spinal cord injury: a clinical practice guideline for health-care professionals. J Spinal Cord Med; 33(3): 281-336, 2010.

Messages

What messages were you given about sexuality and relationships while growing up?



Verbal or non-verbal?

Messages

- Do not talk about it.
- Do not have sex.
- Do not touch yourself.
- Do not have sex until you are married.
- Do not be LGBTQIA+
- Do not be a bad girl.
- “Go for it” to guys.
- Sexuality is healthy and normal.
- Sexual feelings are normal and healthy.

Reflect

When you think about supporting people around sexuality and relationships in your professional role:

What barriers do you face?

What makes it difficult to do?

Barriers

1. Messages we received, “Don’t talk about it.”
2. Do not think they need the education. Aren’t sexual.
3. Do not have the skills or knowledge. Embarrassed.
4. My values are in conflict with the person I support and/or their parents/guardians.
5. Not sure about consent. No policy.
6. Parents/family members/guardians tell me NOT to discuss or give them privacy.

Barriers

Individual

- Messages we received, “Don’t talk about it.”
- Do not think they need the education. Aren’t sexual.

System/Provider

- Do not have the skills or knowledge. Embarrassed.
- My values are in conflict with the person I support and/or their parents/guardians.
- Not sure about consent. No policy.

Community/Cultural

- Parents/family members/guardians tell me NOT to discuss or give them privacy.

Cultural Messages

Who does our culture consider a sexual being?

Who is outside of the box?

Providing Sexuality Education

Pros

Self-advocates feel empowered and make decisions about what they want in their lives.

Reduce abuse, charges of sex crimes, loneliness, sex behaviors at work, unplanned pregnancy, Sexually Transmitted infections.

Increase connection and healthy relationships.

You are making a difference in the lives of people with intellectual and developmental disabilities.

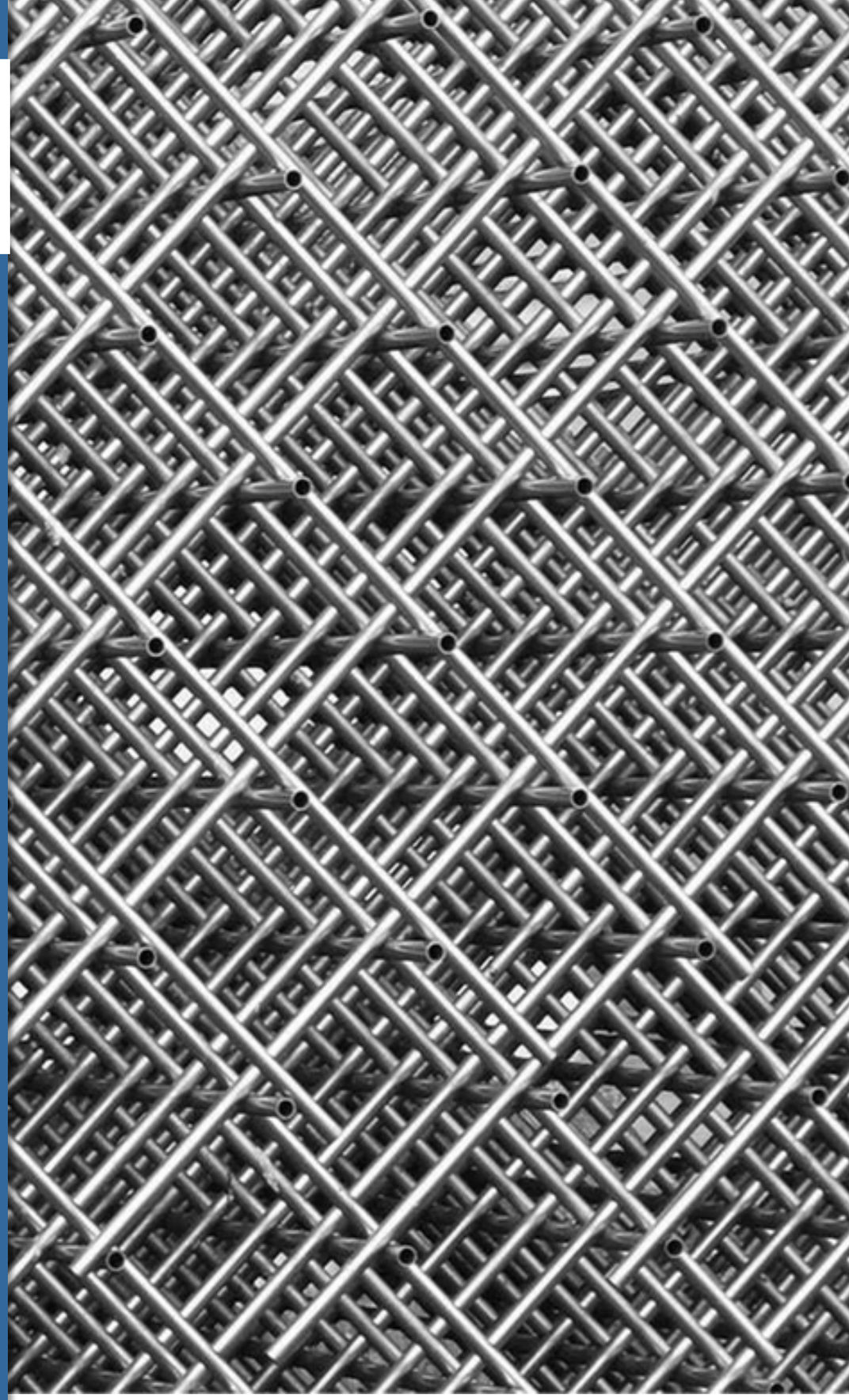
Cons

You feel uncomfortable, and people could be upset with you for teaching/educating about this topic.

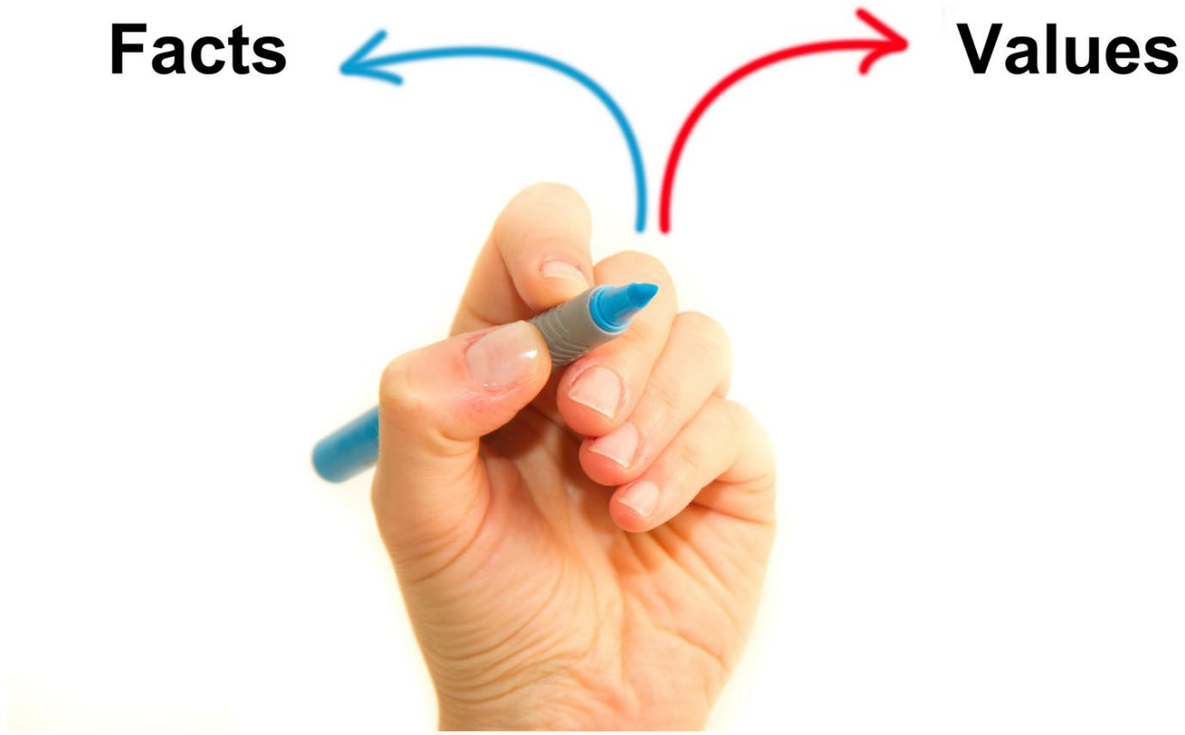
Tips

- Give positive messages, inclusive language
- Not just about abuse prevention
- Do not have to know all the answers
- Okay to feel embarrassed
- Okay to answer later
- Be concrete
- Use repetition
- Use resources
- Bring up the topic as a provider
- Give facts and a range of opinions

Barrier #3



Facts V. Values



What is…

True, proven

Establish through observation and measurement

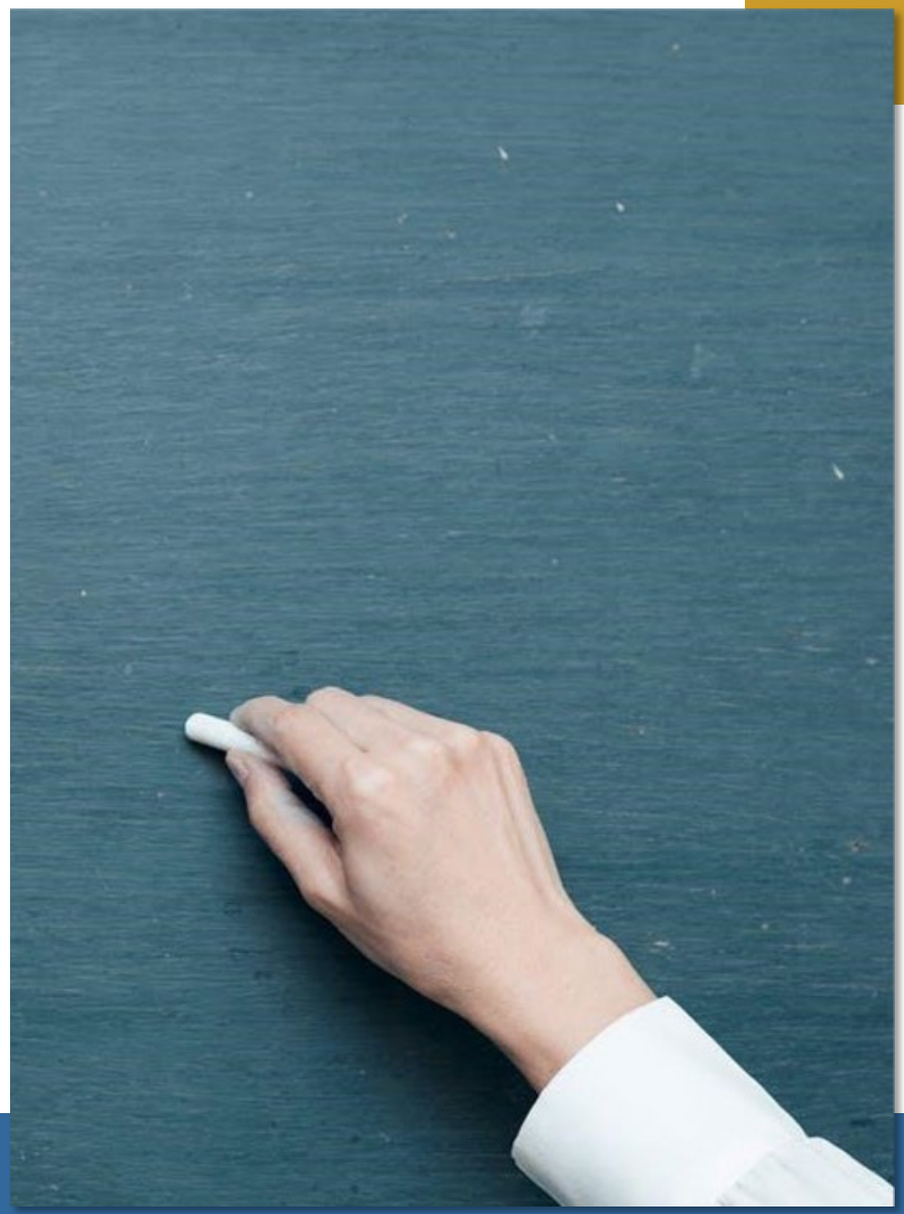
What ought to be, should be, or is supposed to be

Statement of one's personal beliefs

If We Share Our Values

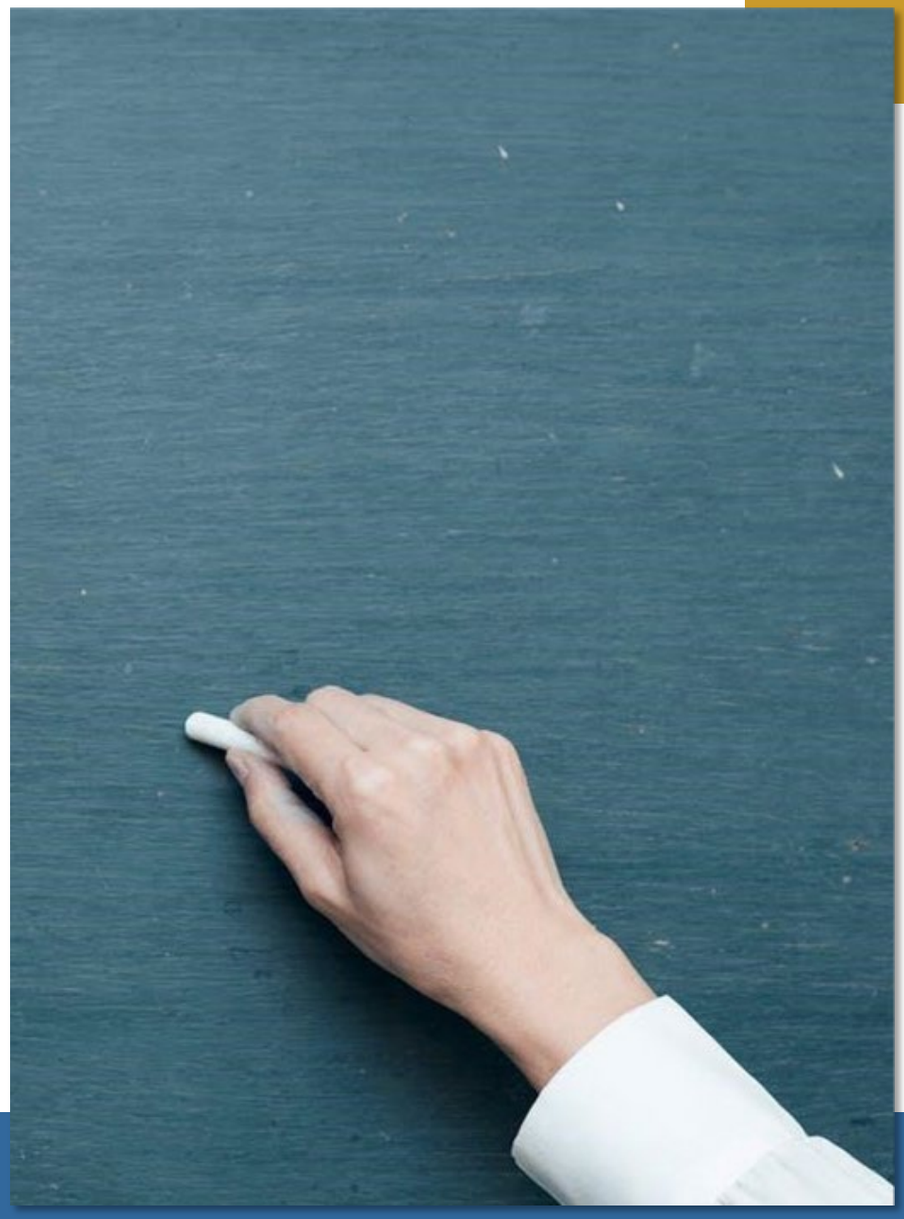
“You shouldn’t have sex until you are older.”

- The person would feel judged.
- May not talk about the topic with you any longer.
- May do what you say and feel depressed.
- Parents/guardians could get upset since it is their job and not yours to talk about values.
- They do not learn to make their own decisions and go along with others.

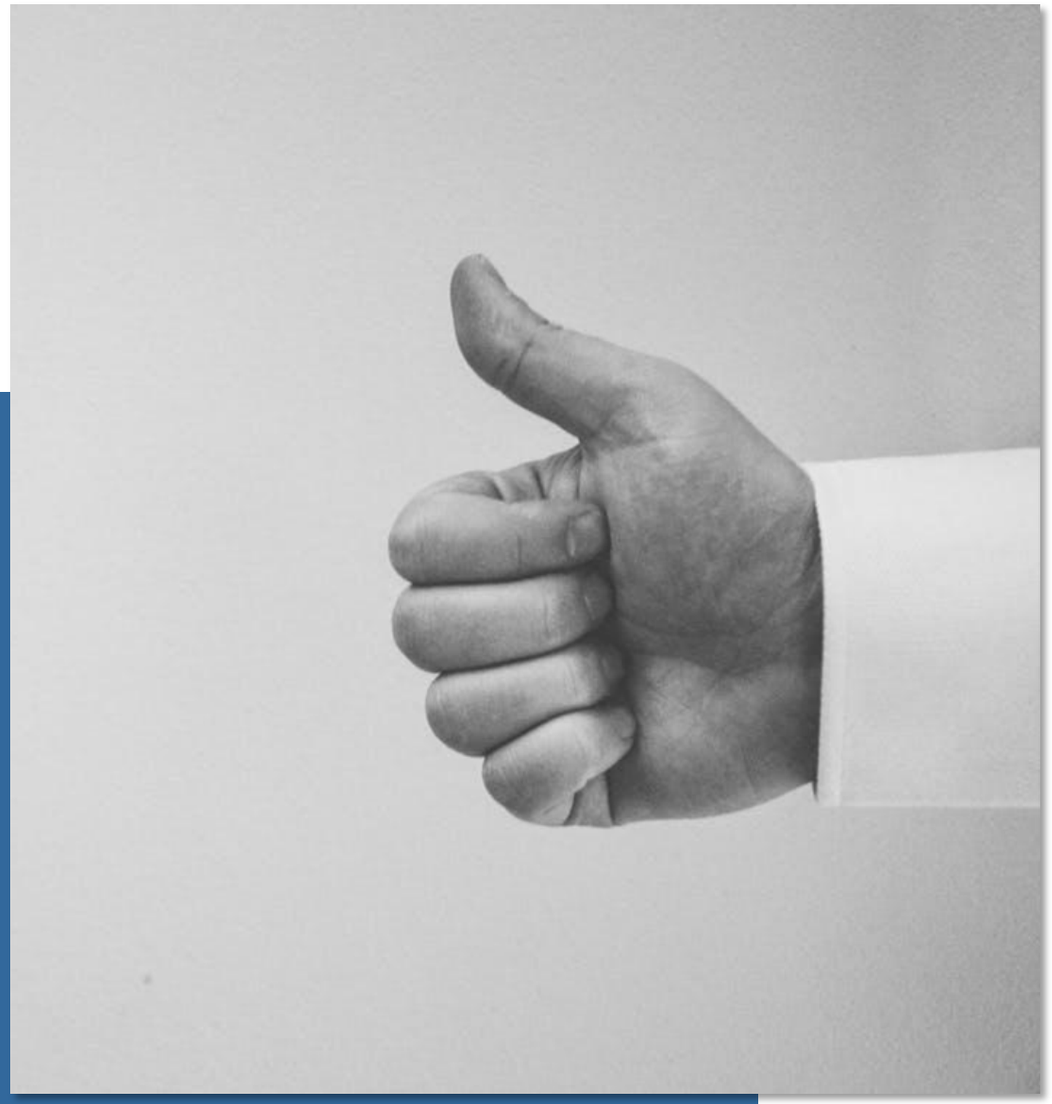


How Can We Manage Our Values?

- Remember your role.
- Help them explore using a decision-making model.
- Stop, Drop, and Roll (Cardea Training).
- Some people think this, others think this, what do you think? SOY Method.
- Understand the difference between facts and values/opinions.



Common Values



Common values that we can all agree upon are okay to express:

- It is important to respect others by treating them well and listening to them.
- It is important to get consent from a sweetheart for being sexual.
- Relationships should be equal and positive without violence or abuse.
- All people should not face discrimination and harassment.

Do Not Tell – Keep to Yourself

- Sexual and relationship decisions that others make that we do not agree with.
- What kind of sex is okay or not okay?
- Who a person should be sexual with or how they identify.
- Opinions like gross, sick, yuck, eewww.
- “You shouldn’t do that”

Parents and Guardians Tell Me Not To (1 of 3)

Ask “What worries you about this?”

Worries:

- My child/family member will be taken advantage of or take advantage of someone else.
- If they learn about or talk about sex, they will go out and have sex with everyone.
- The only way to protect them is to keep them away from relationships.
- Parents/family members care deeply about their children, and their worries need to be validated.

Barrier #5

Parents and Guardians Tell me Not To (2 of 3)

Myths:

- I am the guardian, so I get to decide. Parents and/or guardians do not necessarily have the right to stop someone.
- Teaching about sexuality is about teaching them to have sex.
- You will be teaching your values and not mine.
- Other parents as peer educators to resistant parents.

Barrier #5

Parents and Guardians Tell me Not To (3 of 3)

Build the relationship.

Know your policy and state laws.

Barrier #5

Capacity to Consent

- We have included some resources on policy development and consent assessment.
- Just because someone has a disability or cognitive impairment does not mean they cannot consent.
- Innocent until proven guilty, not guilty until proven honest. Assume competence.
- Assume able to consent unless demonstrated otherwise. The grey area is tricky.
- Are they of age? Have their cognitive abilities changed?
- How does your agency assess capacity to consent?

Barrier #6

What is Consent to Sexual Contact?

A yes, that is freely chosen: Without lies, pressure, threats, blackmail, coercion, bribes, and force

Need 3 Yeses:

- Did they say yes? Yes
- Was it freely chosen? Yes
- **Are they able to consent?**
- Yes, the age of consent and NO limitations have been placed on them.
- Cognitively able assessments

Barrier #6

More Points to Make

- People can say yes one week and the next week say no.
- People can also say yes, and change their mind during sexual activities, and the other person needs to stop.
- The only way to know is to ask every time without lies, pressure, threats, intimidation, force, and accept the answer.
- For people giving consent, you want your YES to feel like “YIPPEE, I want to do this.”

Saying No or YES, Accepting a NO

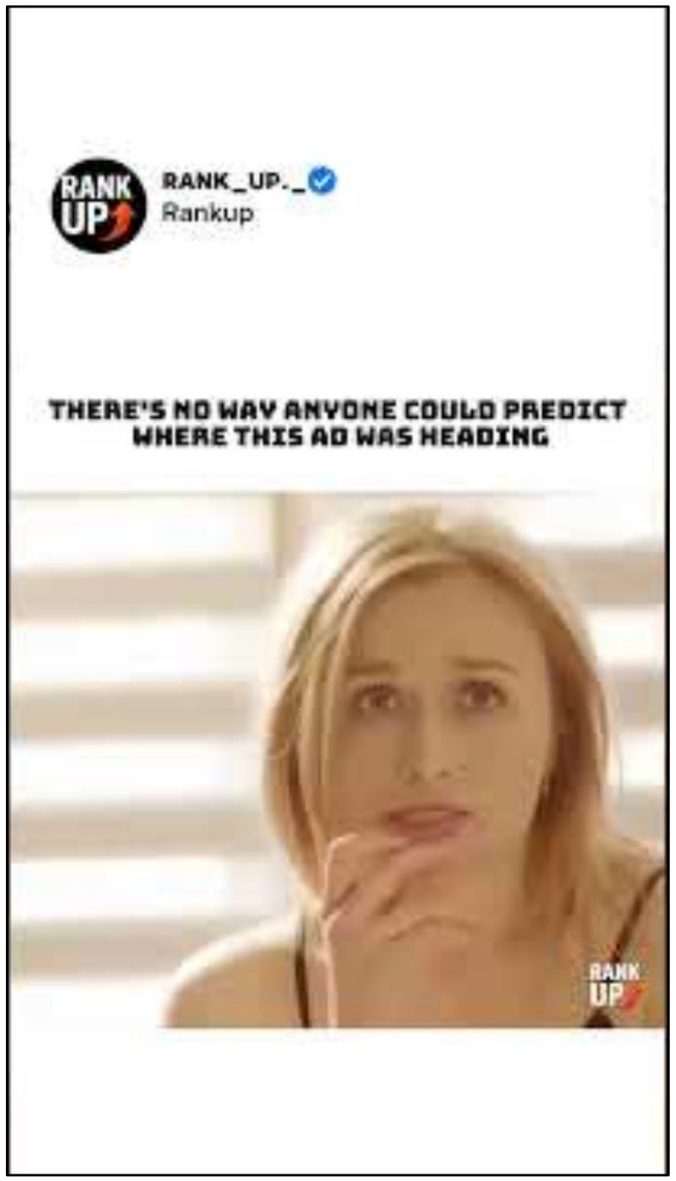
- You can say yes or no. Practice saying no to be.
- Accepting a NO, ask for another option, and if you still get a no, accept it gracefully.
- What does gracefully mean?
- How do you manage your feelings?

Voices of Self-Advocates:

- “I can say what happens to and with my body.” I can decide…
- “I can have privacy in showing and sharing my sexuality.”
- “I can learn about sex, safe and healthy relationships, and reproductive health.”
- “I can get information and learn in a way that I can best understand through videos, large print, audio, pictures, and easy-to-understand language.”
- “I can learn how to keep myself safe.”
- “I can feel safe and feel good when having sex or sexual activities.”
- “I can explore and say if I am a man, woman, a combination, or neither.”
- “I can make my own choices about my sexuality, including who my partner is.”

Video: Just the Two of Us

Public Awareness Campaigns



Challenge ageist and ableist assumptions about sexuality.

https://www.facebook.com/reel/1115764267187718

TOP TEN REASONS WHY PEOPLE WITH DISABILITIES MAKE BETTER LOVERS

10. WHAT WE CANNOT DO WITH OUR HIPS WE DO WITH OUR LIPS

9. WE ARE GOOD AT STAYING IN THE MOMENT; AFTER ALL, WHERE ARE WE GOING TO GO?

8. YOU DO NOT HAVE TO FIGHT FOR WHO IS ON THE BOTTOM

WE KNOW HOW TO LAUGH AT GAS, ED, AND STRESS INCONTINENCE

7.

6.

WE KNOW WAYS TO TURN YOU ON THAT YOU NEVER DREAMED OF!

WE ARE MORE LIKELY TO HAVE READ THE KAMA SUTRA AND THE JOY OF SEX

5.

4.

FOR YOU KINKY FOLKS, WE ARE GOOD AT GIVING DIRECTIONS ;).

YOUR ORGASM IS

OUR ORGASM

3.

2.

WE KNOW HOW TO “SLOW THINGS DOWN!”

WE OWN A LOT OF ASSISTIVE DEVICES AND WE ARE NOT AFRAID TO USE THEM!

1.

Research on Optimal Sexual Experiences

Study Findings

Research with 30 adults aged 60-82 in relationships for 25-52 years who reported "great sex" revealed key contributors to optimal experiences.

- Overcoming early learning
- Openness to experience
- Mutual empathy
- Relationship depth and structure

A. Dana Ménard, **Peggy J. Kleinplatz,** Lianne Rosen, Shannon Lawless, Nicholas Paradis, Meghan Campbell & Jonathan D. Huber (2015) Individual and relational contributors to optimal sexual experiences in older men and women, Sexual and Relationship Therapy, 30:1, 78-93

Take Home Messages

- Sexual health is a top priority for patients.
- Holistic, patient center care demands the provision of sexuality education.
- Hospital policy is needed to establish standardized protocols.
- Establishing a sexual health team is recommended.
- Provide regular staff training is important to reduce barriers.
- Consult the Clinical Practice Guidelines for detailed content recommendations.
- Consider incorporating the Sexual Rehabilitation Framework into your setting.
- Make comprehensive sexual health care available along the continuum of care.

Call to Action

See Them As Whole

Your clients are sexual beings deserving support, dignity, and the right to intimate connections throughout their lives.

The Real Question

It is not whether your clients have sexual needs—they do. Will you be part of the solution or part of the problem?

> Every time you ask about sexual health, you are giving someone permission to be fully human.

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I offer an online, 8 sessions, 57-hour, micro-credential, course for CEs in partnership with The Chicago School, Providing Comprehensive Sexual Health Care for Persons with Physical Disabilities.

SCAN ME

Katherine McLaughlin

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Resource page

Online workshops topics

Join The Elevatus Training Free Newsletter!

Get exclusive access to new articles, tips, and resources on supporting people with intellectual and developmental disabilities in accessing healthy relationships and sexuality education.

Click here to join or scan the QR code below.

SCAN ME

ELEVATUS TRAINING

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Offering evidence and trauma informed curriculum, with on/offline training to help professionals, educators, self-advocates and parents skillfully and confidently navigate the topic of sexuality and healthy relationships.

Curriculum & Related Products

Sexuality Education for People with Developmental Disabilities

Related Products:
Curriculum Slide Deck
Communication Supports

Building Healthy Relationships at Work

Related Products:
Curriculum Slide Deck

Live, Professional Developmental Trainings

3-Day Certificate Training: Becoming a Sexuality Educator and Trainer

CE Contact hrs available for Social Workers

90 Minute Workshop Series

Exploring a wide range of topics related to sexuality and I/DD

In-service trainings

Can be customize for your agency or school

3-Year Statewide Training Project

For Teams of Self-Advocates and Professionals to Become Sexuality Educators and Lead Classes for People with I/DD

Self-Study Online Courses

Developmental Disabilities & Sexuality 101

For staff at your agency or school

Talking with Your Kids: Developmental Disabilities and Sexuality.

To help parents bridge the gap

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Wrap-Up

Thank you!