

Your Son or Daughter's Developing Sexuality

What to Expect and How
to Give Support

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Being Sexually Active

Seventy-three percent of youth with disabilities who were age 18 or older reported having had sexual intercourse.



National Longitudinal Study on Youth with Disabilities, 2009

Becoming Parents

Eleven percent of youth with disabilities reported that they had a child by the time they had been out of high school up to 4 years.

National Longitudinal Study on Youth with Disabilities, 2009



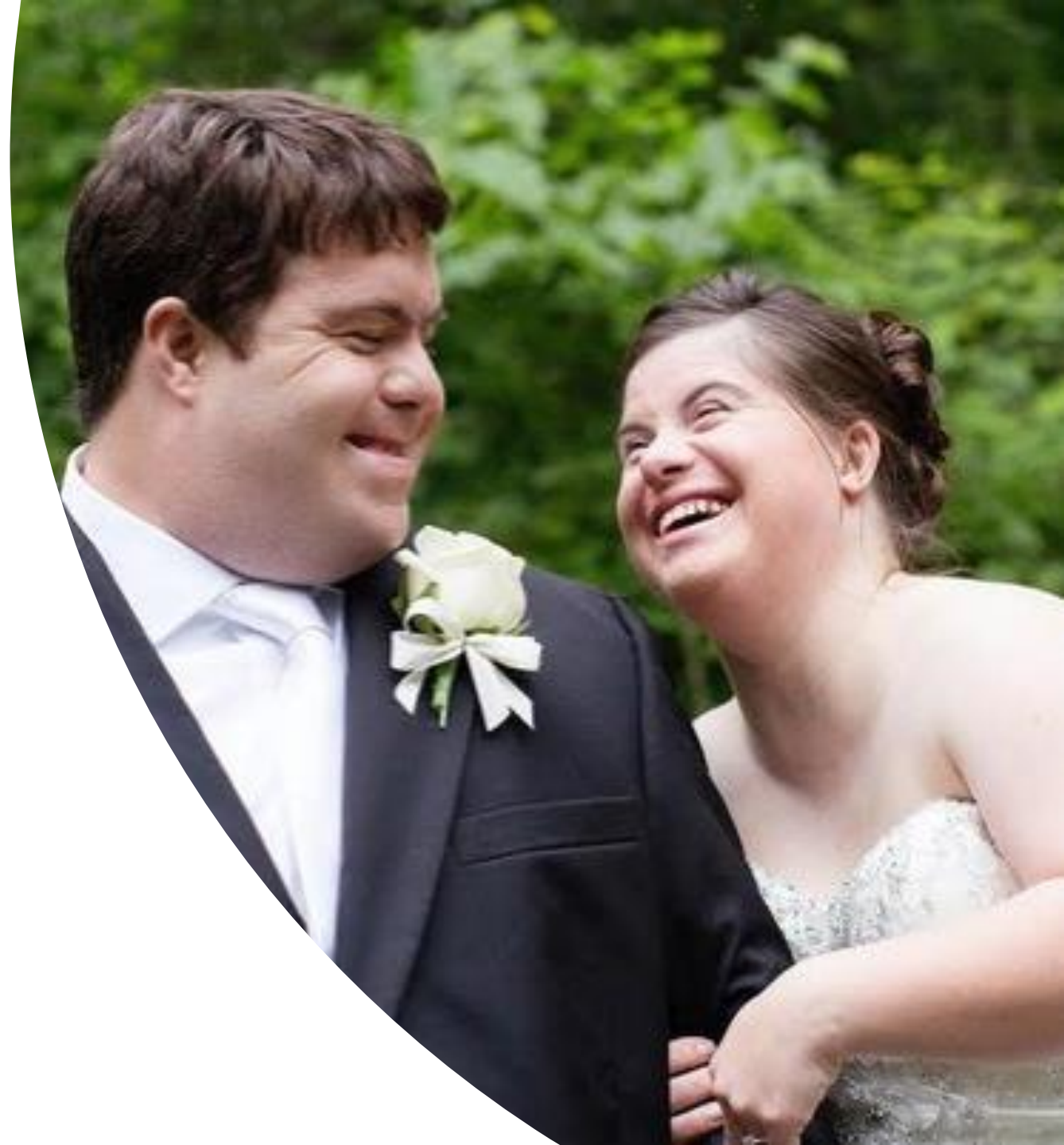
At-Risk



Teens with disabilities are already at greater risk for poverty, lower self-esteem, having an earlier age of initiation of sexual activity, and/or of **being sexually abused** before the age of 18

Unique Learning Needs

May have **unique learning needs** that prevent them from retaining and using information presented in typical community service and school programs.



Access to Information

People with I/DD need accurate information about emotions, values, friendship, relationships dating, love, consent, sexual acts, and intimacy.



Important Topics



- When sexuality begins
- What behaviors are typical?
- What behaviors are concerning?
- What is the same. What is different?
- How we get information
- Roles and responsibilities
- Keeping our children safe
- Sending healthy messages
- Individualized education
- Respecting choice and control

Developmental Growth

Four developmental periods

- Infancy
- Childhood
- Adolescence
- Adulthood

Age milestones vary

- Not met
- Not met yet
- Partly met
- Met



When Does Sexuality Begin?

At birth - Children learn sexual behavior by watching others relationships, and play

Sexuality develops in four ways

- Biological (e.g., body, brain, hormones)
- Social (e.g., relationships)
- Psychological (e.g., emotions, self-identity)
- Behavior (e.g. sexual actions)



What is Expected

Spontaneous

Curiosity

Explorative

Light-hearted

Between equals

Mutual and consenting

Not frequent /perfect

Private

Responds to peers

Practice





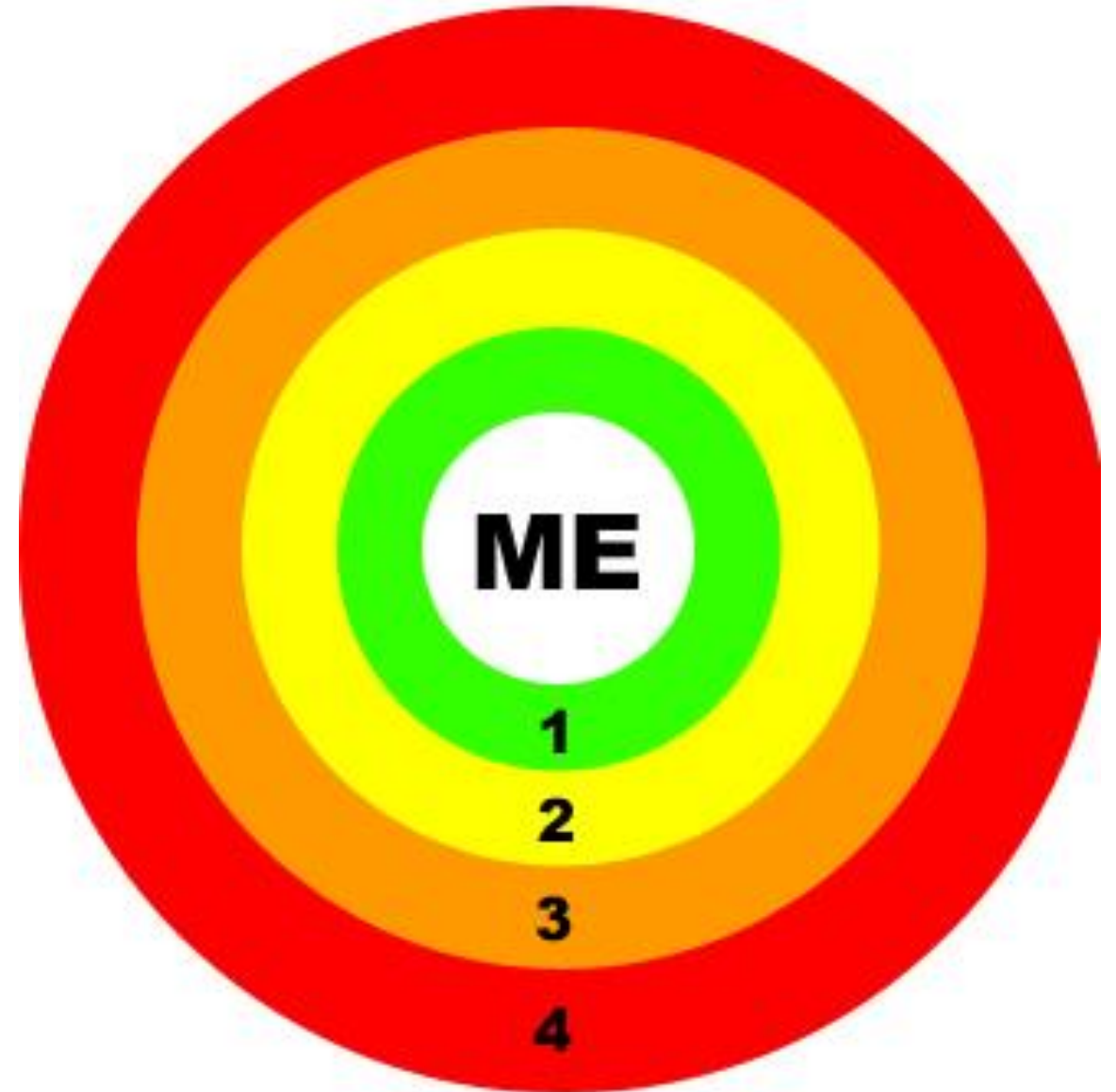
What is a Parent's Role?

- Give positive messages
- Respect gender identity
- Teach modesty
- Share information
- Teach values
- Give privacy
- Give information

What is Concerning?

What to consider....

- Unusual development
- Frequent and persistent
- Harmful
- Negatively impacts on others
- Unequal (age, size, ability)
- Limited or no response to adult redirection





red

sexual behaviours that are problematic or harmful, forceful, secretive, compulsive, coercive or degrading **signal the need to provide immediate protection and follow up support**

orange

sexual behaviours that are outside normal behaviour in terms of persistence, frequency or inequality in age, power or ability **signal the need to monitor and provide extra support**

green

sexual behaviours that are normal, age appropriate, spontaneous, curious, mutual, light hearted and easily diverted experimentation **provide opportunities to talk, explain and support**

fpq
Family Planning Queensland

Children healthy and safe

Age	Green Light Behaviors
0-4	<ul style="list-style-type: none">• Touches body / genitals• Comfortable being nude• Want to touch familiar children's genitals (play, toilet and bath times)• 'Show me yours' games• Asks to touch breasts, bottoms, genitals of familiar adults

Age	Yellow Light Behaviors
0-4	<ul style="list-style-type: none">• Masturbation in preference to other activities• Persistently watching others toileting, nude, sexual activities• Touching other children/adult's private body parts in preference to other activities

Age	Red Light Behaviors
0-4	<ul style="list-style-type: none"><li data-bbox="392 625 2295 768">•Compulsive masturbation (self-injury) persistent in nature and duration<li data-bbox="392 891 2117 958">•Forcing other children to engage in sexual touch/activity<li data-bbox="392 1068 937 1125">•Presence of a STI

Age	Green Light Behaviors
0-4	<ul style="list-style-type: none"> •Touches body / genitals •Comfortable being nude •Want to touch familiar children's genitals (play, toilet and bath times) •'Show me yours' games •Asks to touch breasts, bottoms, genitals of familiar adults
5-9	<ul style="list-style-type: none"> •Touches body / genitals •Increased sense of privacy about bodies •'Show me yours' games •Telling stories using toilet words or names for private parts
10-13	<ul style="list-style-type: none"> •Growing need for privacy •Masturbation in privacy •Use of sexual language •Interest in boyfriend / girlfriend
14-17	<ul style="list-style-type: none"> •Need for privacy •Masturbation in privacy •Viewing videos for sexual arousal •Sexual activity with someone of similar age and developmental ability

Age	Yellow Light Behaviors
0 – 4	<ul style="list-style-type: none">• Masturbation in preference to other activities• Persistently watching others toileting, nude, sexual activities• Touching other children/adult's private body parts in preference to other activities
5 – 9	<ul style="list-style-type: none">• Persistent nudity and/or exposing private parts in public• Pulling other children's pants down• Persistently mimicking sexual flirting behavior too advanced for age• Using internet with unknown people and giving identifying details
10 – 13	<ul style="list-style-type: none">• Persistent masturbation in public / cause self-injury• Persistent expression of fear around STIs or pregnancy• Oral sex and/or intercourse with a known partner of similar age / developmental ability• Using internet with unknown people and giving identifying details
14 – 17	<ul style="list-style-type: none">• Sexual preoccupation which interfere with daily function• Intentional spying on other while engaged in sexual activity,• Nudity• Using internet to receive or send sexually explicit information

Age	Red Light Behaviors
0 – 4	<ul style="list-style-type: none"> • Compulsive masturbation (self-injury) persistent in nature and duration • Forcing other children to engage in sexual touch/activity • Presence of a STI
5 – 9	<ul style="list-style-type: none"> • Persistent bullying involving sexual aggression, or simulation of sexual activity • Presence of a STI • Persistent sexual activity with an animal • Compulsive masturbation, seeking an audience / self-harm
10 – 13	<ul style="list-style-type: none"> • Compulsive masturbating • Forced or coercion of others in sexual activity • Sexual contact with animals • Possessing, accessing or sending child exploitation materials
14 – 17	<p>Compulsive masturbating</p> <ul style="list-style-type: none"> • Forced or coercion of others in sexual activity • Sexual contact with animals • Possessing, accessing or sending child exploitation materials • Meeting with an online acquaintance without the knowledge of a peer/parent.

Differences

- Lack sexuality information and skills
- Behavior is accepted or forgiven
- Nature of disability
- Lack friendships, social opportunities



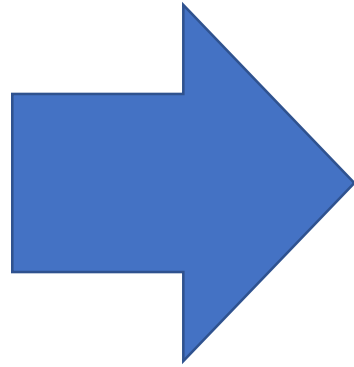
Differences

- Lack privacy to explore their sexuality
- Higher rate of abuse or exploitation
- Need individualized instruction
- Have a wide range of abilities and limitations



Understand behavior and context

- **What** happened?
- **When** did it happen?
- **Who** was involved?
- **Where** did it happen?
- **How** did it happen?



WHY?

Understanding Behavior

Boredom

Confusion

Reduce anxiety or anger

Interest or engage with peers

Lack of boundaries

Loneliness

Curiosity

Medication

Need for stimulation

Create a routine

Medical issue

Exposure to sexual abuse

Lack of knowledge

Imitation

Pleasurable, exciting

Lack of privacy

Green Light - Educate

- Be brief and factual
- Be positive
- Use correct language not slang
- Identify the behavior
 - ‘Adam, you had your clothes off in the playground’*
 - ‘Taking your clothes off is what you do in a private place, your bedroom,’*
- Redirect the Behavior

Yellow Light - Monitor

- Remain calm and consistent
- Supervise during 'risky' times
- Understand the behavior
 - Teach social skills
 - Educate
 - Teach private and public
 - Get professional / counselling support

Red Light Behaviors – Immediate

- Stop the behavior
- Reinforce rules
- State that the behavior is harmful
- Therapeutic support
- Seek help from child protection services or police
- Provide a safe environment

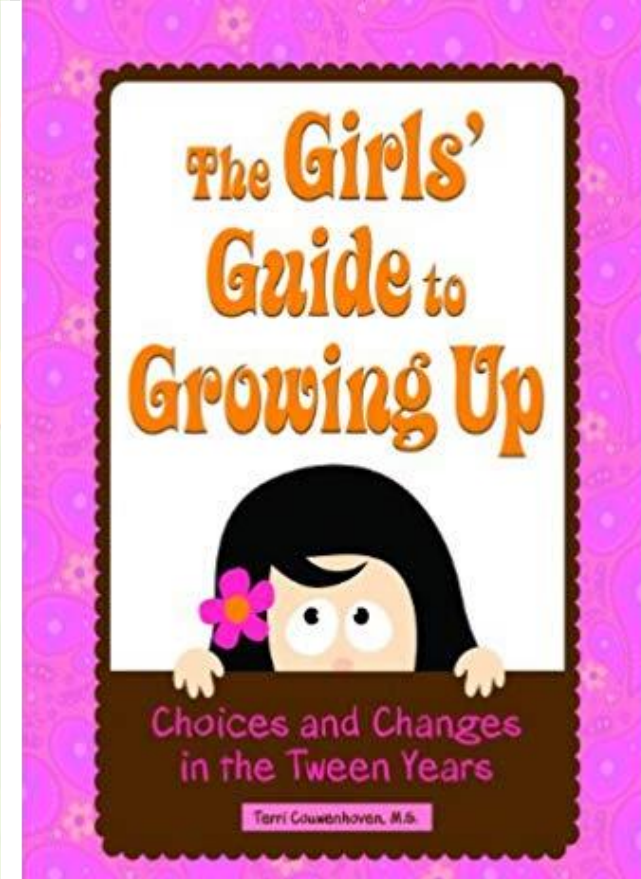
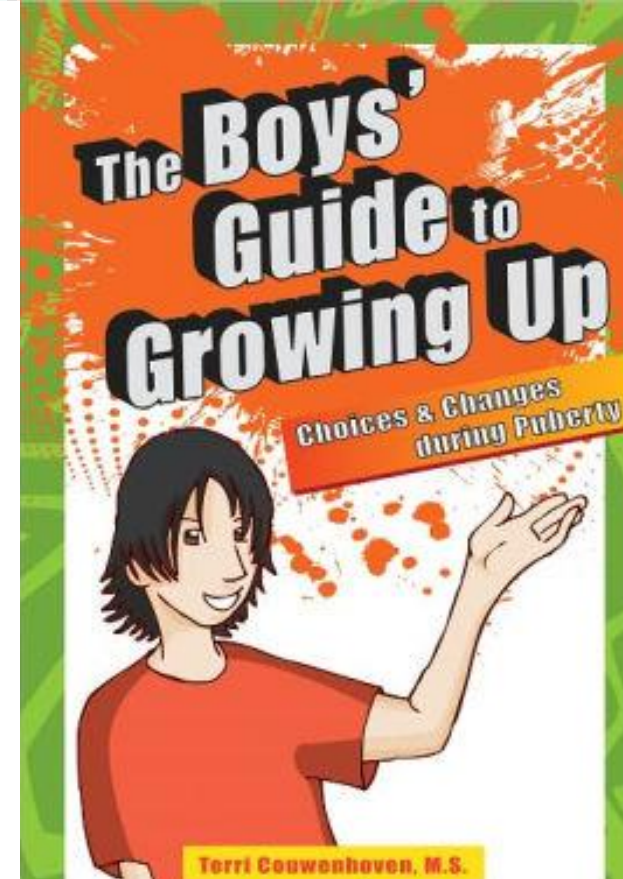
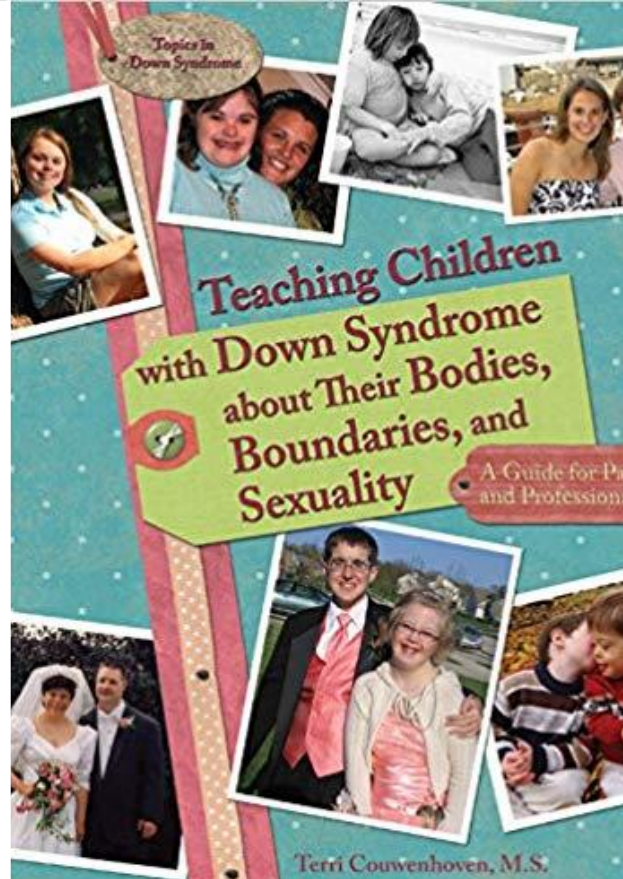
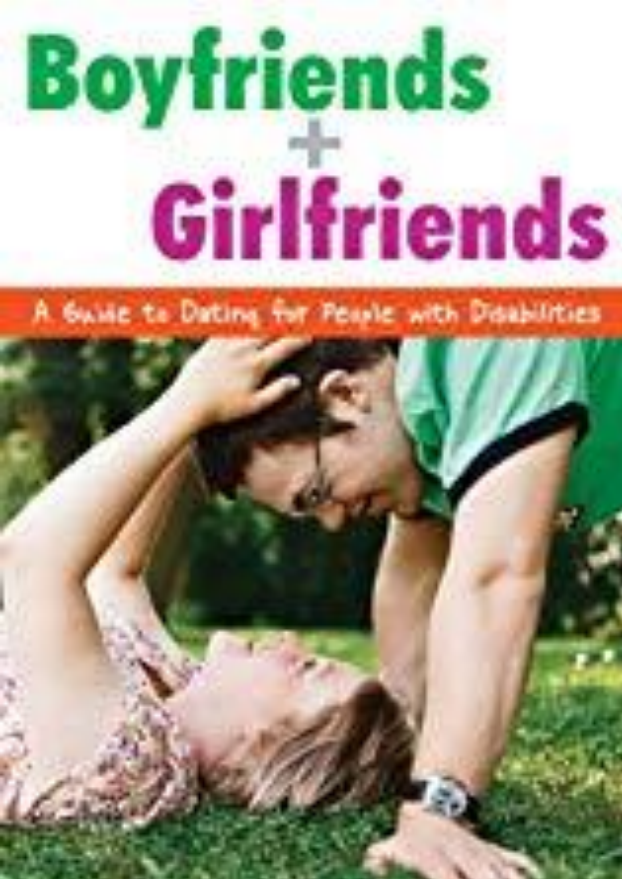
Educating

- **Additional supports in teaching**

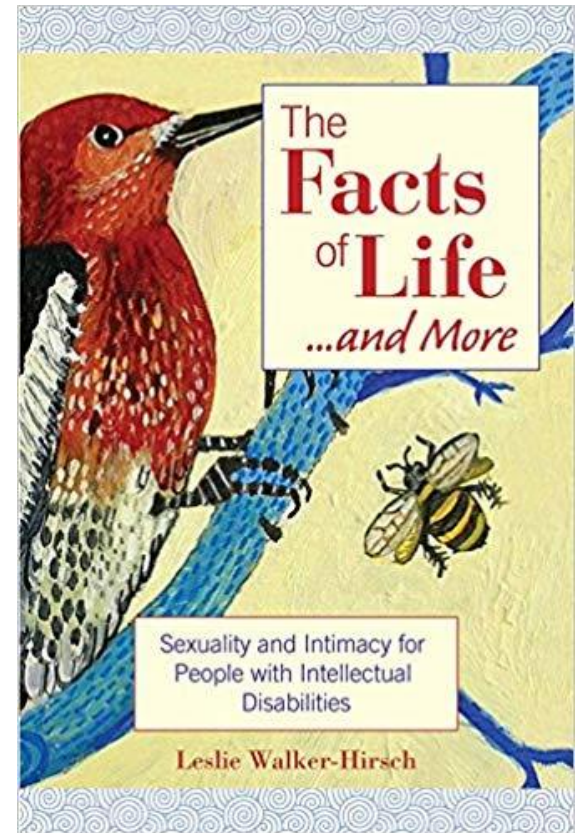
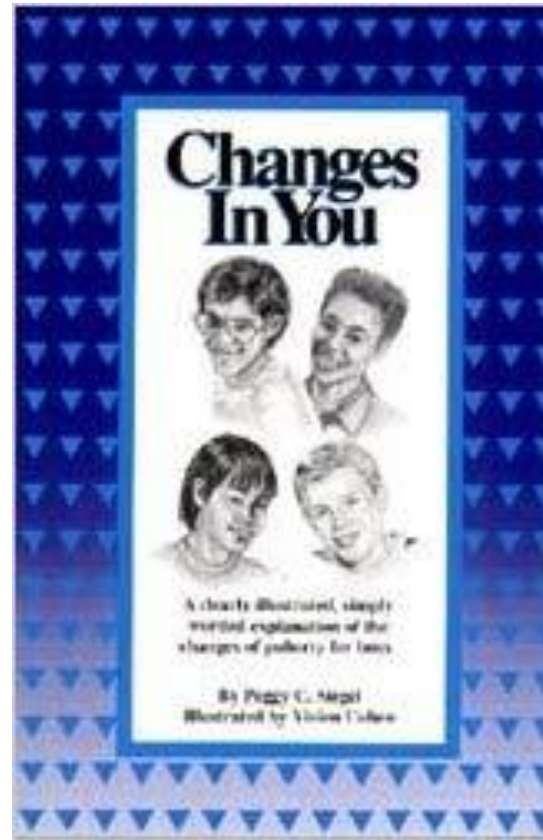
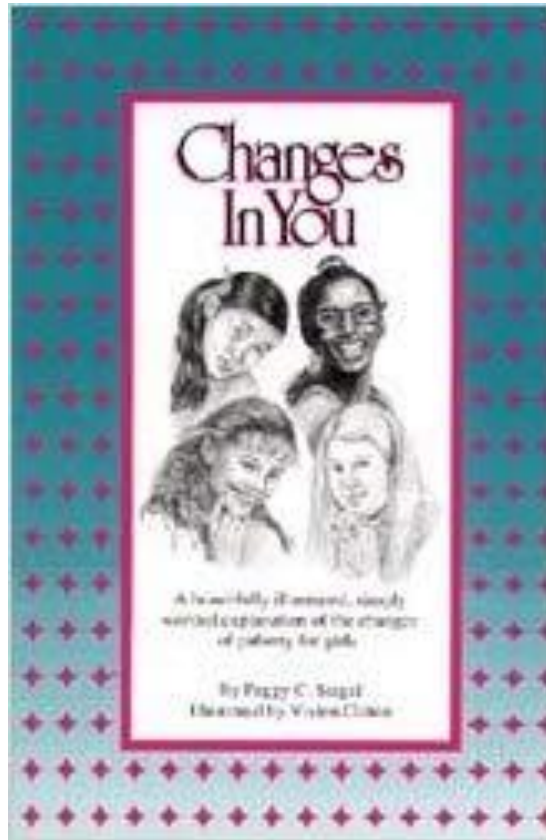
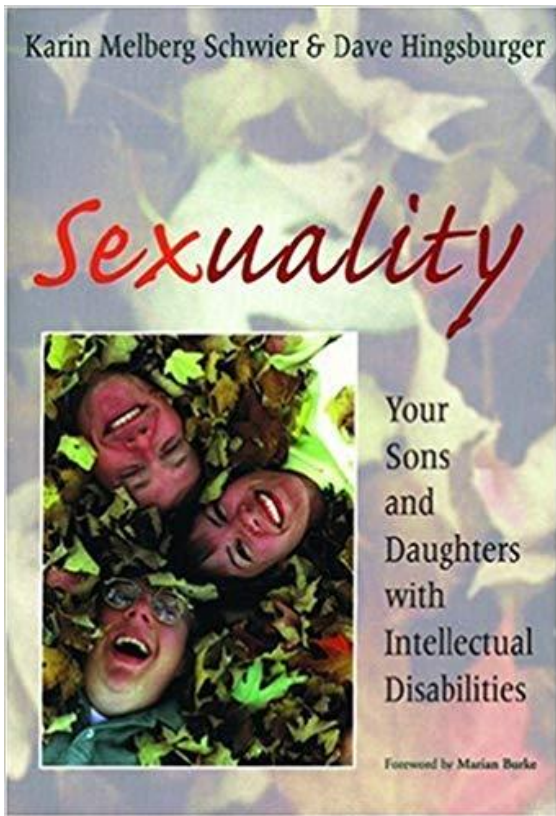
- Repetition
- Start early
- Practice
- Model behavior
- Teach in small amounts
- Be positive
- Teaching opportunities
- Be specific

- **Adapt communication**

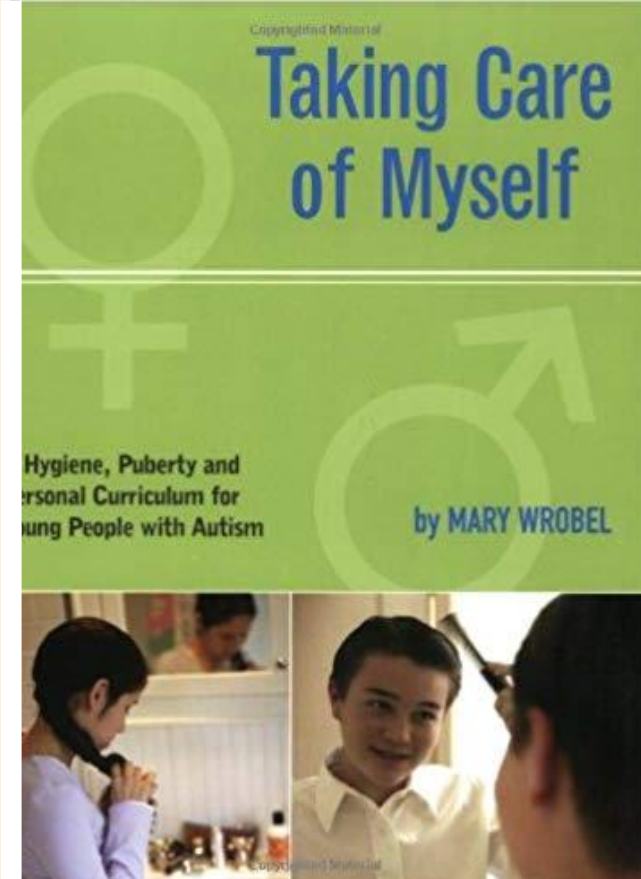
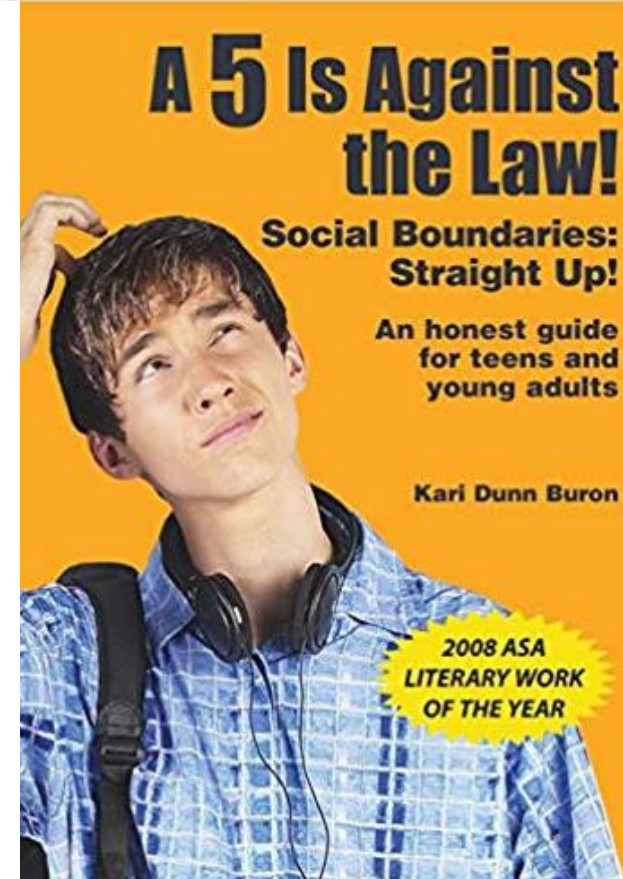
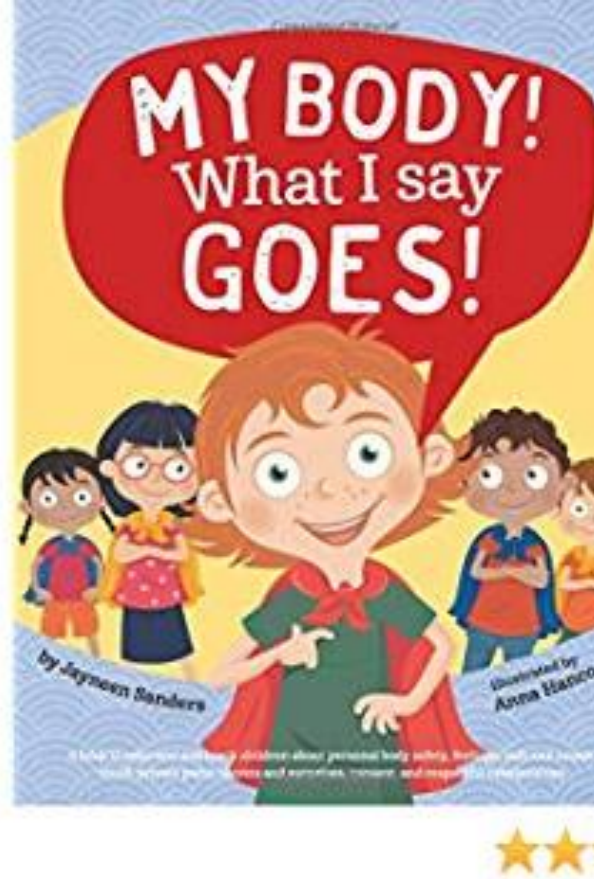
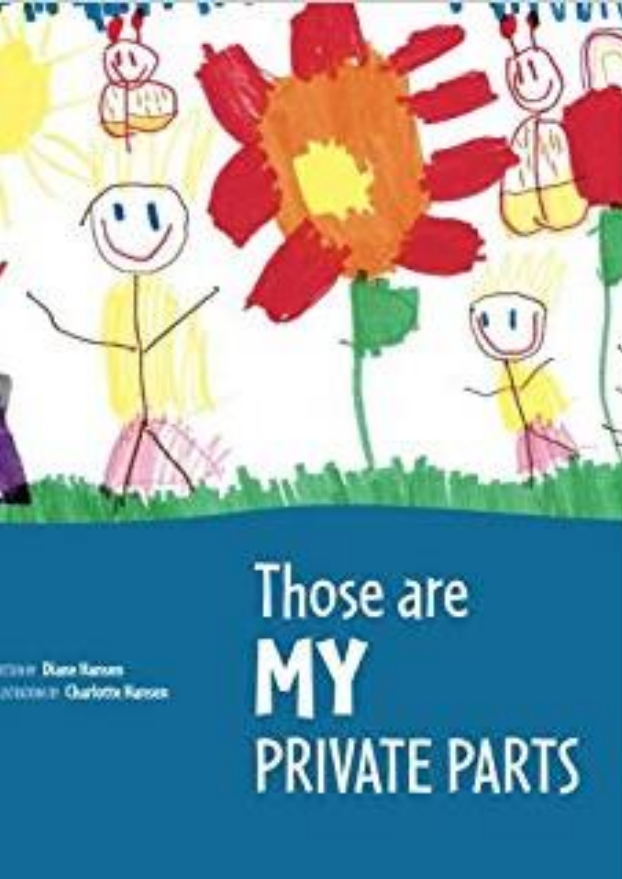
- Signing
- Pictures
- Social stories
- Visual prompting



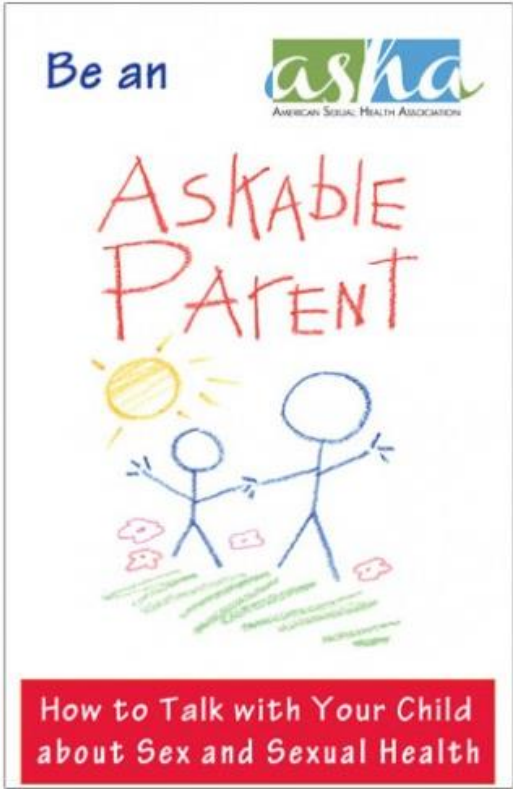
Resources



Resources



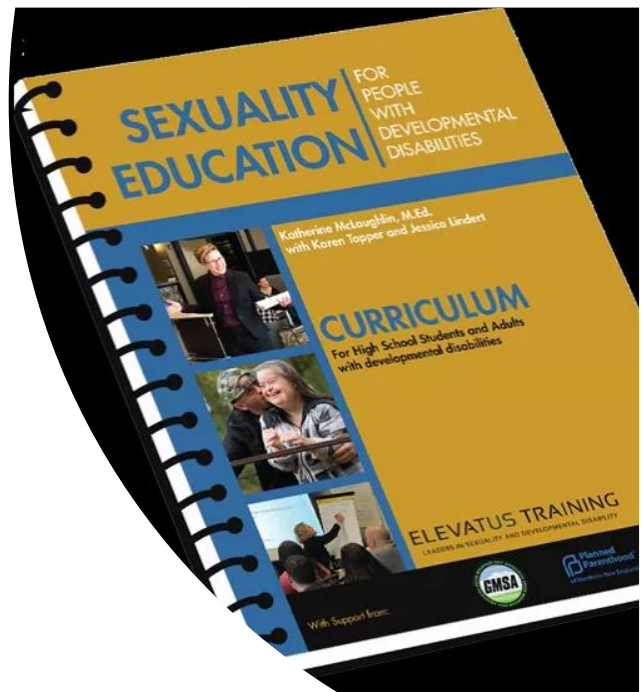
Resources



CONSENT

IT'S SIMPLE AS TEA

<https://www.youtube.com/watch?v=fGoWLWS4-KU>



Value Statements

I am aware of my own attitudes and beliefs when discussing sexual behavior.

I am uncomfortable raising issues of sexuality with children and teens.

The more children and youth learn about sex, the more likely they are to be sexually active.

A child's parents are the only adults that should talk to them about sex.

My child will not live independently and have an intimate relationship so there is no need for them to learn about sex.

National Centers on
Sexual Behavior of
Youth



<http://www.ncsby.org/>

<http://www.tasccalberta.com/sexuality-and-disability/>