Sexuality and Healthy Relationships Education: What Parents and Caregivers Should Know Elizabeth Walling, BA, West Virginia University MSW Student; Courtney Lanham, MSW, Training Specialist, West Virginia University Center for Excellence in Disabilities

Background:

- The aim of this project is to give parents and caregivers the information and resources they need to begin teaching their child about sex, their body and healthy relationships.
- A major benefit of a comprehensive sex education training is that the participants receive current, factual and inclusive information regarding sexuality, sexual health and healthy relationships.
- Parents and caregivers play a vital role in helping their child develop a healthy sexuality, learn how to treat others, and how to help keep themselves informed, safe and happy throughout their life.
- Decades of research shows that individuals with a disability are vulnerable to exploitative relationships and abuse, both as children and adults.
- Individuals with disabilities note numerous barriers to the ability to express their sexuality, including the attitudes and lack of education on the part of their family members and other caregivers.

Description of the Program:

This training is designed to use a standard introduction module containing an overview of:

- Defining what a comprehensive sexuality and healthy relationships training is
- Why it is important
- Why parents and caregivers are receiving this training now
- General tips on how to talk to children at different developmental stages
- An overview of the developmental stages the training covers
- Information about diversity, sexual orientation and gender identity
- A resource guide for parents and caregivers to use independently
- Discussion of common questions/scenarios that parents ask/ face

The introduction module may be supplemented with a variety of additional modules that are designed to be content specific, developmental level specific, and in some cases, diagnosis specific. For example, there are tips for teaching communication skills for a neuro-typical child, a child with autism, and children with other disabilities. This design allows the trainers to generalize or specify the training to meet the needs of the participants. A good way to visualize this training is as a collection of LEGOs: the supplemental modules are blocks of different shapes, colors, and sizes, but all interlock to form a structure that meets the needs of the participants.

Examples of supplemental modules include: Assertive Communication

- Technology and Online Safety
- Family Relationships
- Making Friends
- Decision Making Skills
- Consent
- Dating Skills

How is this training different from other sex educations curriculums?

• Most sex ed. follows a curriculum based on age or school grade Children with an ID or DD sometimes do not cognitively develop at the same time or in the same way as their typically developing peers. There is more variation within groups than between them.

Objectives:

• Develop a series of training modules designed to impart comprehensive, evidence-based information about sexuality and the development of healthy relationships to the parents and caregivers of children with intellectual and developmental disabilities.

 The training consists of a set of core modules and supplemental modules that allow for individualized information regarding age, developmental stage and disability.

• To develop a program that may offer parents and children quality information and ongoing support.



3 Stages



Stage 1: What We Learn First

- How touch makes them feel
- Trust and intimacy
- Exploring their bodies, curiosity about others
- Gender roles, body parts and bodily functions
- Feelings about clothing
- Differences between the sexes
- Sexual feelings
- Showing affection (ASHA, 2017)

Stage 2: Children

- Make positive and negative associations with bodies
- Participate in non-sexual "sex-play"
- Learn words associated with sex
- Give and receive affection
- Learn some modesty
- Do more self-pleasuring
- Are curious about where babies come from and the sex lives of their parents
- May form a strong bond with one parent or close family member (ASHA, 2017)

Develop same-sex friendships

- Start to develop a basic sexual orientation
- Recognize authority figures other than their parents
- Develop a sense of fairness
- Start to conform to peer groups
- May start teasing or bullying peers (Hoertdoerfer, 2000)

Stage 3: Children

- Begin puberty
- Deal with social repercussions of puberty
- Increased modesty and want for privacy
- Emotional ups and downs
- May develop romantic crushes
- Same sex friendships still important
- Feel awkward

- Masturbate to orgasm or ejaculation
- Peer groups are more influential
- May want to be socially popular
- Use adult language
- Have romantic and sexual fantasies
- May experiment with sex
- May experiment with drugs (Hoertdoerfer, 2000)



Next Steps:

As we begin to implement this training, we will evaluate participants' learning with a pre/posttest questionnaire delivered at the time of training. During the 2019-20 academic year we will develop an evaluation plan that incorporates a longitudinal study of the effectiveness of the training. Specifically, we want to know if the materials presented give caregivers the information they want, and if they effectively assist them in continuously teaching their children. Do these modules change how the participants view human sexuality, and do they perceive changes in their child's behavior over time that they attribute to this education? The educational goals of this training are in accordance with AUCD's mission to advance practices that improve the education and social well-being of all peopleincluding those with developmental and other disabilities, their families, and their communities.

References

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