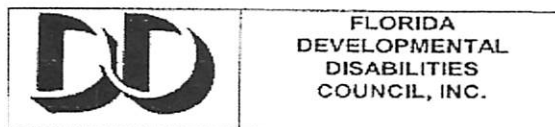


LIFE SPAN HOLISTIC SEXUALITY  
EDUCATION FOR CHILDREN  
&  
ADOLESCENTS WITH  
INTELLECTUAL/DEVELOPMENTAL  
DISABILITIES:  
*SEXUALITY POLICIES AND  
PROCEDURES*

DEVELOPED FOR PARENTS, CAREGIVERS AND  
EDUCATORS



## **Florida Developmental Disabilities Council, Inc**

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## **Sexuality Policy and Procedures**

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## **Introduction: Social-Sexual Education Policy Considerations**

Winnifred Kempton, a pioneer in the field of sexuality and individuals with intellectual/developmental disabilities, stated: Individuals with disabilities “are in the triple bind of being the people who need the greatest amount of basic planned sex education, who received the least, and who are then punished by society for not knowing what others know: (1986, p.229).

We cannot assume that children and adolescents with intellectual/developmental disabilities have access to the same knowledge and information as their non-disabled peers. Not all schools or family settings provide opportunities for learning to take place. Even when education is provided, it may not address the unique learning needs of individuals with intellectual/developmental disabilities. Educational programs may teach avoidance of sexually transmitted diseases, unwanted sexual activity, and inappropriate sexual behavior, while avoiding teaching the knowledge and skills necessary to develop friendships and loving relationships. It is therefore imperative that schools and parents or guardians work together from early on to prepare children and adolescents for responsible sexuality expression in adulthood.

A commitment to cultivating changes requires education for both educators and parents/guardians. Social-sexual educators (formal and informal) need to be trained to explore whether or not their own values, beliefs, and knowledge impede rather than help an individual with his or her knowledge development. It is important that social-sexual educators know what resources are available to assist with assessment, communication and learning. When planned sexuality education is provided for an individual, either at home or school, dialogue and collaboration between educator and family *must* occur so as to provide a consistency of information, as well as, a balance between providing safety for the individual and individual rights.

The Instructional Guide for Educators and Instructional Manual for Parents or Caregivers were designed to provide a consistent continuum of learning between school and home. It is important that schools and families communicate throughout the learning process. The guide and manual were designed so that schools could use it as a stand alone curriculum, or incorporate the individual lessons into any mainstream social-sexual classroom instruction. The use of the guide and manual are clearly stated throughout and should need no more explanation. What does need to be established though are guiding principles and policy that the schools will adopt in addressing the social-sexual needs and learning process of each child with an intellectual/developmental disability. This document is to serve as format for schools and families to use when dealing with specific issues that may arise as part of the learning process while using the manual, and/or as separate incidents relating to the sexual development of a child with an intellectual/developmental disability.

## **Guiding Principles**

**“All individuals with intellectual/developmental disabilities have the same inalienable rights to life, liberty, and the pursuit of happiness as all other individuals. This includes the right to responsibly engage in interpersonal relationships, which include sexual expressions, where there is mutual consent.” (Ames, 1995: 265)**

**Loving relationships, whether they are platonic, familial or romantic, are an important component of a person’s physical, emotional and mental well-being. Accordingly, educators and parents need to consider this aspect of life to be a priority in a person’s education.**

**Key guidelines to keep in mind:**

- **Individuals with intellectual/developmental disabilities have the right to learn about sex, sexual exploitation, sexual abuse, safe sex and other issues regarding sexuality;**
- **Individuals with intellectual/developmental disabilities have the right to request information about sexuality and all forms of social relationships;**
- **Some individuals with intellectual/developmental disabilities may need support in recognizing opportunities and in developing skills and knowledge which will help them develop loving relationships;**
- **Many individuals with intellectual/developmental disabilities may require continuing education regarding sexual/physical abuse, and/or greater protection against victimization than the non-disabled population;**
- **Individuals with intellectual/developmental disabilities have the right to develop expressions of sexuality reflective of age, cultural values, social development and social responsibility;**
- **Any opportunities for learning should be, to the extent possible, individualized to meet the unique learning needs of each individual**

**Healthy sexuality and sexual behavior is a result of social skill competencies and social inclusion. The intention of this policy is to focus on individual competencies and provide support and/or learning opportunities to address specific skill deficits of the individual.**

**This policy reflects the notion that human relationships and sexuality are sources of human fulfillment and joy, as well as, basic human rights. These human rights include:**

- **“Freedom from sexual stereotyping**
  - **Freedom from sexual oppression**
  - **Freedom of information**
  - **Freedom to control one’s own body**
  - **Freedom to express affection”**
- Acton, 1992**

## Consent Determination

Sexual expression between two consenting adults in a loving relationship is a natural and positive life experience. All humans, regardless of intellectual abilities, have the innate desire to love and be loved. It is well known that trauma can result from non-consenting sexual interactions. Government, families, and societal norms have also placed barriers, legal or opinion based, on the ability for individuals with intellectual/developmental disabilities to explore their sexuality. It should be noted that the sooner an individual can receive sexuality education, the more enabled they will be to engage in a loving and fulfilling relationship.

It is important that individuals are protected from coerced sexual acts. However, it must be recognized that it may also be harmful to prohibit two consenting adults the ability to enjoying a loving relationship to its fullest sexual potential. There are many facets that need to be considered in order to determine whether an adult has the ability to consent to sex. These include, but are not limited to: has the individual been given the opportunity for sexuality education; accurate evaluation of the desires of the individual; individual's intellectual ability to understand the responsibilities involved in a sexual relationship; individual's ability to understand abusive or coercive relationships; behavioral indicators that would enable the individual to engage in appropriate loving sexual relationships. For the purpose of this document the following points regarding consent should apply.

1. The issue of consent is only relevant for those individuals age 18 or older. However, saying this it is important to ensure that the topic consensual sex is taught. Individuals age 18 or over may need to be assessed to determine their ability to engage in consensual sex.

*Note: Anyone who is his/her own guardian is considered to be consenting.*

2. A definition of consent is:

A person 18 years or older who demonstrates an understanding that his or her body is private, that he or she has the right to say no, and that he or she knows that the conduct is distinctly sexual.

3. To establish consent an individual will need to be assessed to determine:

- a. The individual is clearly able to give consent.
- b. There is reasonable doubt as to whether the individual can or cannot give consent.
- c. The individual is clearly unable to give consent.

4. If ability to consent is unclear, the issue may be referred to clinicians such as a psychiatrist, psychologist or physician for assistance in making such a determination.