

Sexuality and Adults with I/DD: The Unexpected Consequences of Good Intentions

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It's About Us

Our experiences, whether professional or personal, shape the perspective we ultimately bring to bear on how we provide services and supports around sexuality.

It's a conundrum – our investment in our stereotypes/biases/opinions
vs.
agency policies and 21st century socially accepted norms.

What is Sexual Health?

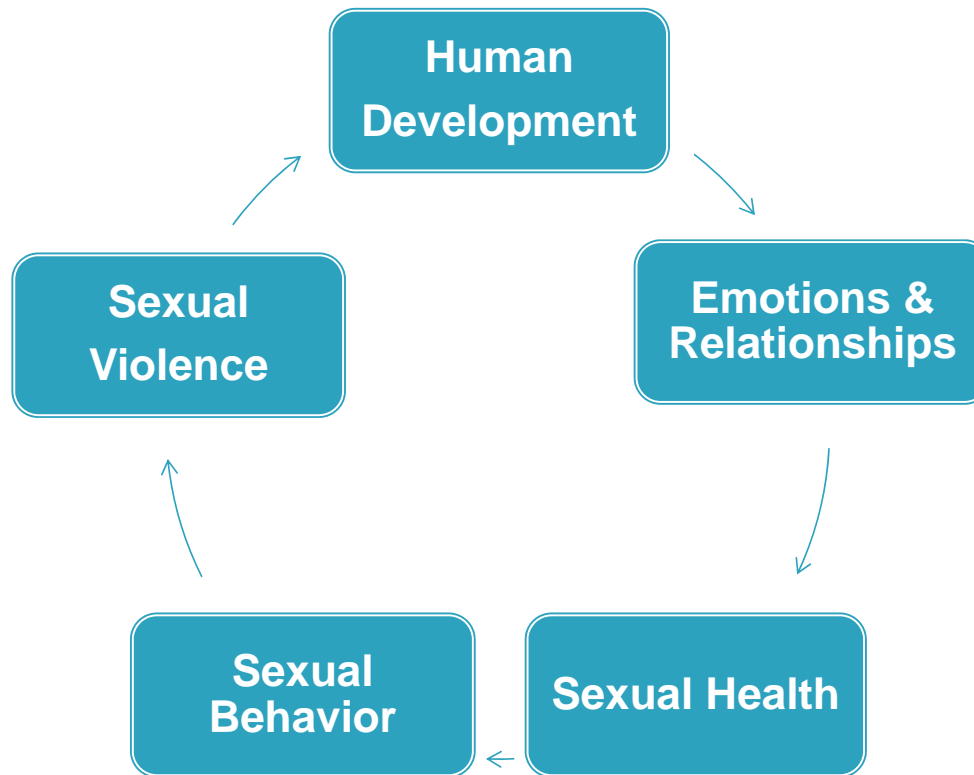
World Health Organization Definition

A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

For sexual health to be attained and maintained the sexual rights of all persons must be respected, protected and fulfilled.

Five Components of Sexuality



Sexuality Is More Than Just What You Do

Over the course of a life time individuals will be faced with many decisions around sexuality and relationships.

These may include:

- How to express their sexuality
- When, where, and/or how to become emotionally and/or sexually involved with another person
- Understanding the meaning of “consensual”
- How they want to be treated in a relationship
- How to practice safe sex
- How to take care of their sexual health

Unfortunately...

- ▶ Sexual health for people with disabilities is often overlooked.
- ▶ Moral, religious, ethnic, and cultural considerations often overshadow a person's right to express and experience sexuality
- ▶ People with disabilities are often harassed and teased about their sexuality.
- ▶ People with disabilities often do not have access to current and accurate sexual health information.

Sixteen Candles Exercise



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...there are certain “silent assumptions” that probably still lurk in your mind. David Burns, 1980

aka: bias, stereotype, discrimination, belief, value, etc.



Pause! It's time to test your assumptions.

**Once upon a time there lived a king and his
daughter, the princess.....**

When is an Embrace a Hug or a Hold?

How do you tell the difference?

- ▶ Personal experience
- ▶ Professional experience

Are the consequences the same?

Is a “label” created?

Physical Gestures

How do you tell the difference between a smile and a smirk?

What do “raised” eyebrows mean?

What does a slight turn of the head mean?

The Challenge

____Artery_____

The study of paintings

Back door of cafeteria

A letter like A,E,I,O,U

A neighborhood in Rome

Searching for a Kitty

A soldier's ball game

Getting hurt at work

Conceited

Incidence and Prevalence

- People with Developmental Disabilities are 4 to 10 times more likely to be victims of crime than other people. Sobsey, Wells, Lucardie, & Mansell, 1995
- In 2010, persons with disabilities (40%) were more likely than persons without disabilities (31%) to be attacked by persons well known to them or who were casual acquaintances to them. DOJ, 2011.

Incidence and Prevalence

67% of perpetrators who abused individuals with severe cognitive disabilities accessed them through their work in disability services.

Journal of Sexuality and Disability, 1991

Women with disabilities reported experiencing their abuse for longer periods of time – 3.9 vs. 2.5 years respectively. ^A

Archives of Physical Medicine and Rehabilitation Special Issue, 1997

Increased Vulnerability: Victims and Offenders

- ▶ Increased dependency on other
- ▶ Denial of human rights -perceptions of powerlessness
- ▶ Perpetrator perceives less risk of victim being believed
- ▶ Physical helplessness/vulnerability in public places

Increased Vulnerability

- ▶ Believability of victim
- ▶ Less education about appropriate and inappropriate sexuality
- ▶ Social isolation, increased risk of manipulation
- ▶ Values and attitudes towards each person's individual capacity for self-protection

Disclosure/Reporting

- ▶ More than half the crime never reported
- ▶ Not perceived as credible witnesses
- ▶ Handled administratively
- ▶ Lower rates of police follow-up, prosecution and convictions

Research tells us:

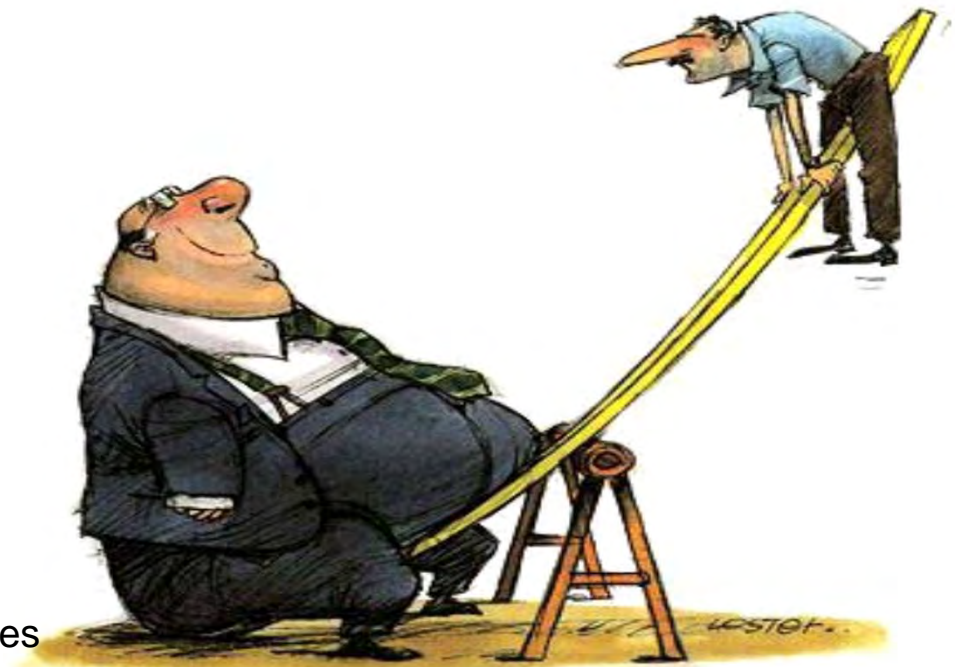
- ▶ Offenders often are care providers
- ▶ No data collection programs
- ▶ Very few sexual assault support services
- ▶ Similar trauma experience

Positive Environment

People with IDD have the rights to sexual expression and information about their bodies and sex.

Support workers need comprehensive education on issues of homophobia, hetero-sexism, and the spectrum of orientations: LGBTQQIA – lesbian, gay, bi-sexual, transsexual, queer, questioning, intersex and asexual.

Support workers do not have to agree or share the same values as the people they support; but, should respect the values and attitudes of the people they support.



Interviewing Strategies

Regardless of the purpose of the interview, the interviewer must create a base level of understanding the person's general vocabulary, their insightfulness, ability to recall information, and be knowledgeable of their physical and verbal cues.

Conversational Questions

Tell me one thing that made you happy today?

Tell me one thing you wish didn't happen today?

If an alien spaceship could beam up someone who would you want them to take?

What is the coolest place in _____?

What place in _____ would you like closed?

Tell me a weird word you heard today?

Touch

Touch, Ethnicity, Culture

- ▶ The meaning of touch can only be understood in its cultural context

(Halbrook & Duplechin, 1994).

- ▶ People from different cultures were observed in casual conversation and the number of times they touched in one hour were counted (Jourard, 1996)

- Puerto Rico – 180 times
- United States – 2 times

Paris – 110 times

London – 0 times

Touch Is Our First Language

Before we can see an image, smell an odor, taste a flavor, or hear a sound, we experience others and ourselves through touch – it's our only reciprocal sense.

It is our only reciprocal sense – we can not touch another without being touched ourselves. (Hunter & Struve, 1998).

How Do We **Discriminate** Different Types of Touch?

How Do We **Interpret** Different Types of Touch?

Ritualistic/socially accepted gestures for greeting/departing

Consolation touch – in response to grief, sadness

Reassuring - geared to encourage and reassure

Playful – wrestling with a child, playing sports

Instructional/modeling – model

Inadvertent - accidental form of touch, something that is unintentional, involuntary, by chance

Celebratory/congratulatory – complimentary or approval, a “high-five,” pat on back

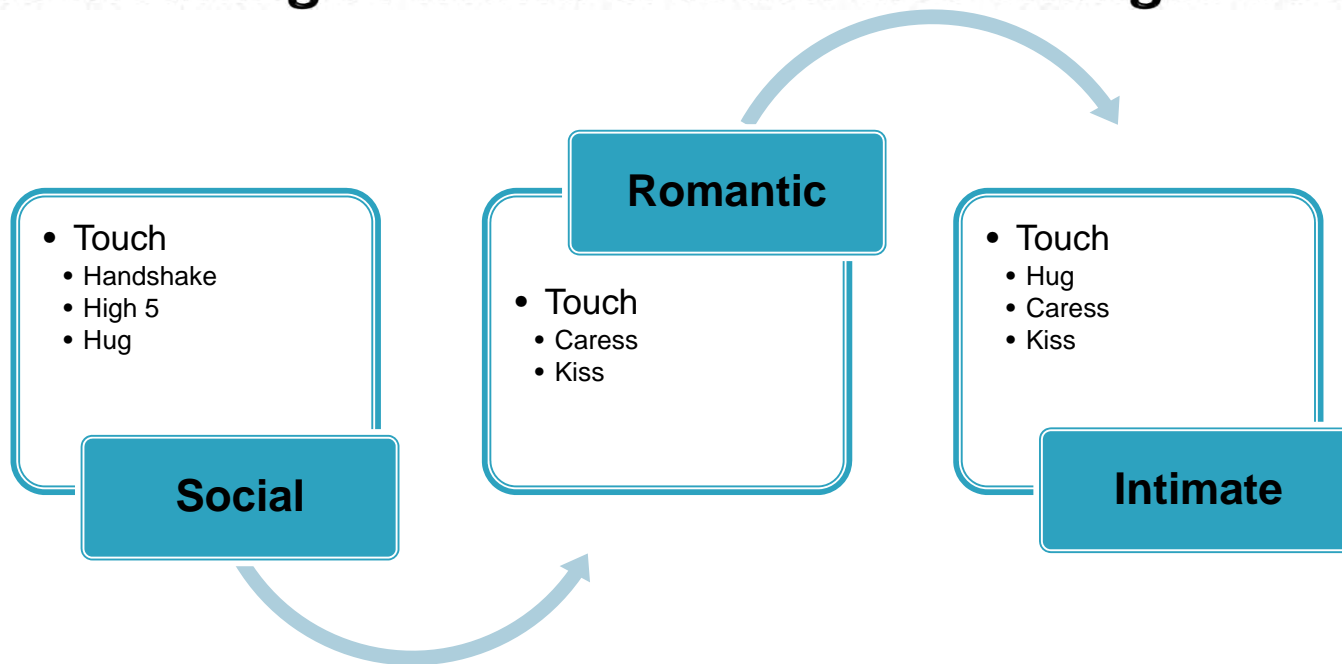
Task-Oriented – auxiliary to task at hand, such as offering a hand to help someone stand, bracing an arm to keep someone from falling (Zur & Nordmarker, 2004)

Friendships
Social Etiquette
Relationships
Sex Education



Friendships and Relationships Come in all Forms and Many will Change Over Time.

The meaning of friend & touch also changes over time.



Social Skills/Sexual Etiquette

Social skills/etiquette are behaviors and convention that let others know what we want without being rude, disruptive, etc.

They are the passport to acceptance.

Developing Healthy Relationships



***Communication
Language***



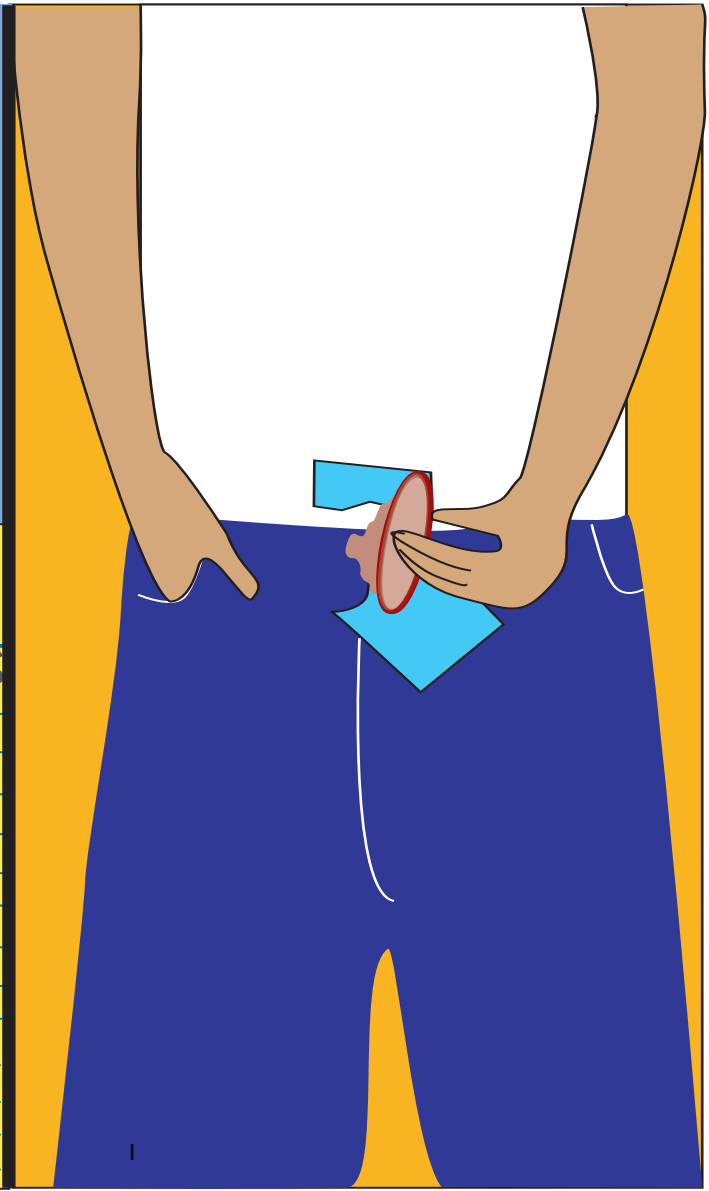
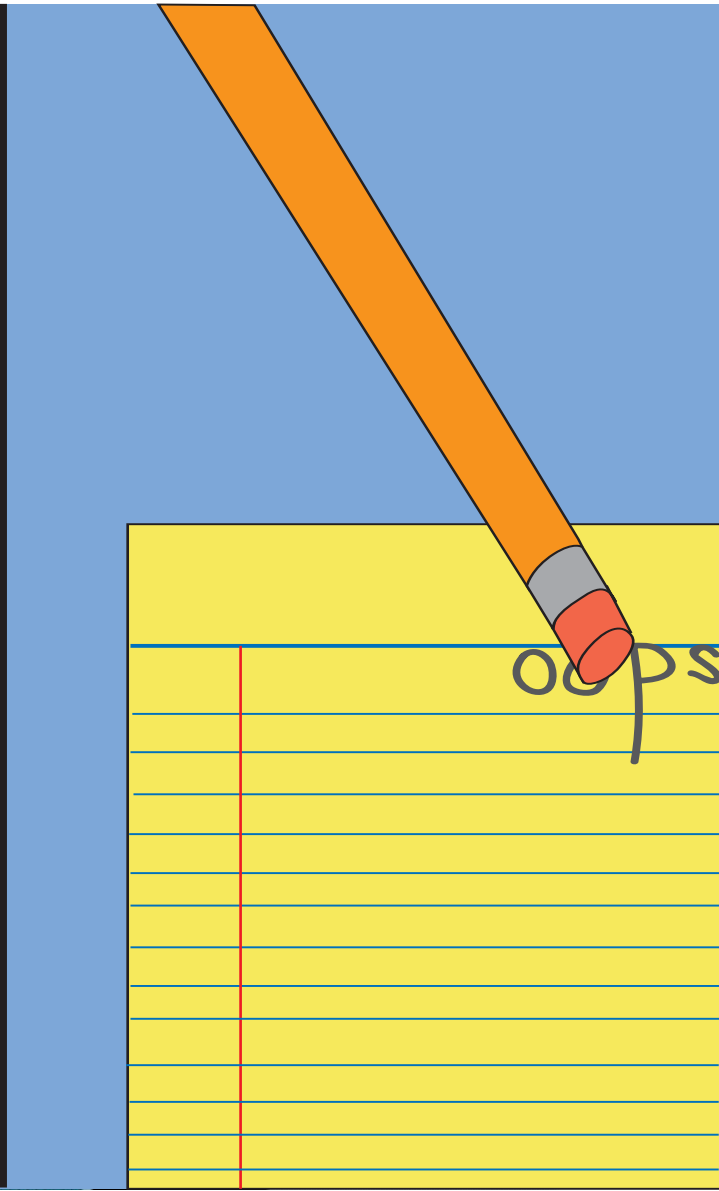
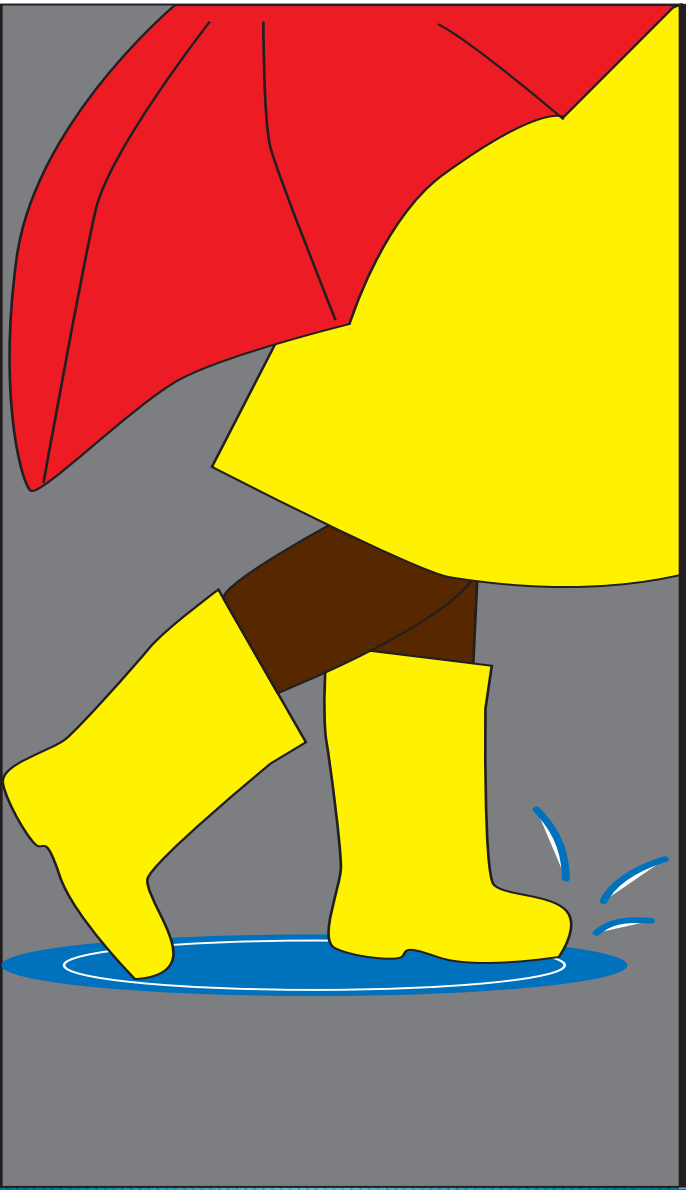
Learning Sexual Language

Accurate sexual language

Appropriate sexual language

Appropriate sexual expression

Understanding intent and consequences



SEXUALIZED CONTENT

TV, Advertising and Film



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