

## Sexuality Education for Individuals with Down syndrome

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## Agenda

- Why ?
- How?
- What ?

## Why do we still struggle with this?

- significant discomfort
- little modeling
- sexual illiteracy rampant
- prevalent myths & beliefs
  - asexual
  - oversexed & uncontrollable
- comprehension
- lack of supports

## Why is sexuality education important for students w/CD?

- Significant knowledge deficits
- high rates of sexual exploitation
- often unhealthy “scripting”
  - develop a sense their body is not their own, difficulty w/modesty
  - privacy rights not respected
  - agency policies & guidelines still primarily “thou shalt not”

## Goals of Sexuality Education

## Family Roles

- Teach basic sexuality concepts (information sharer)
- share values to those supporting their child (contexts)
- understand ways your child learns best
- advocacy

## Who does what? Professional Roles

- Seed planters/normalizers
- Assistance w/accessing community resources
- Model acceptance of child or adult as a sexual person
- Teach & reinforce concepts in setting outside the home

## Role of professionals

- Acknowledge and support sexual needs
  - model acceptance of this aspect of being human
- Information sharer
  - teach & reinforce concepts outside home
- boundaries & limits revolve around agency policies
- Assistance in accessing community resources
- Safety

## How- to Basics

## Move beyond words!

- More than talk . . .
  - Seeing
    - visual strategies
    - drawings
    - photos
    - demonstration
    - slides
    - diagrams
  - touching
    - models
    - dolls
  - doing
    - role play
    - dramatic play
    - real life experiences

## Simple, unsophisticated language

- Factual definition
- if relevant, values info

## Chronological vs. Developmental

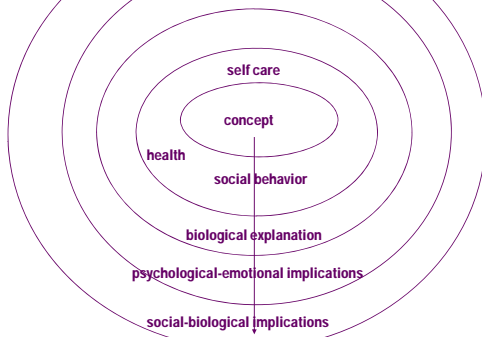
- Know about typical sexual development
  - physical development
  - psychosocial development

## Repetition & Reinforcement

- teach throughout life
- take advantages of stages in sexual development
- natural infusion sites in existing services

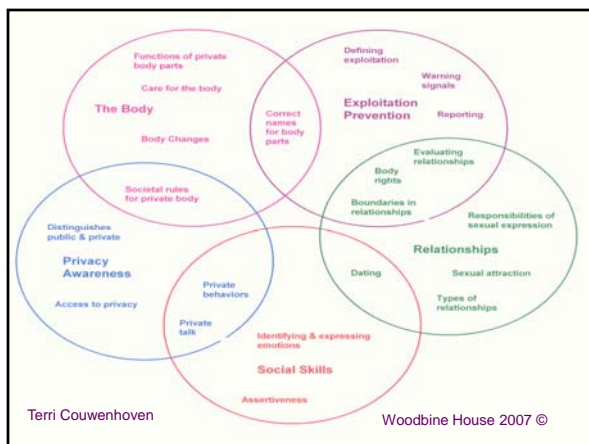
## Begin with most immediate need

### Scarborough Approach for teaching students w/ cognitive disabilities



## Example: menstruation

- Level 1- self care/hygiene/social appropriateness
  - normalizing menstruation
  - hygiene
  - pad usage
  - privacy
- Level 2- health & biology of menstruation
  - simple explanation of menstruation
  - common symptoms and how to manage them
- Level 3- social & psychological implications
  - role menstruation plays in reproduction
  - pregnancy prevention



## The Body

- body rights
- correct terms for genitals
- functions of private body parts
- societal rules for body parts
  - genitals are private body parts
  - need to be covered in public
  - masturbation (touching private body parts) is private
  - modesty
- self care

## Privacy

- define privacy
- private body parts (modesty)
- private places
  - in your home (places I can be alone and not seen)
  - in the community (rules)
  - ensure opportunities for privacy exist
- private talk

## Relationships

- types of relationships
- touch & affection in relationships (boundaries)
  - relationship context
  - developmental context
  - body
- sexual attraction & crushes
- romantic relationships vs. friends
- dating
- evaluating relationships
- responsibilities of sexual expression in romantic relationships

## Exploitation Prevention

- Body Rights
- Names for body parts
- Body warning signs
- Behaviors that are against the law
- Safe people to tell (reporting)

## PLISSIT Model - Jack Annon

