

Tuesday, 10:00 – 11:30, A8

Let's Talk About Sex

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Objectives:

1. Identify and emphasize attitudes that enhance the opportunities for persons with DD to achieve their optimal potential
2. Develop strategies to promote community inclusion in meeting the needs of persons with developmental disabilities.


Notes:

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LET'S TALK ABOUT SEX

GROUND RULES FOR PRESENTATION

- ✦ Saying the word SEX has to be OK
- ✦ Saying anything associated with sex and sexuality has to be OK
- ✦ Humor has to be OK



MENTAL HEALTH CODE 330.1938 FAMILY PLANNING SERVICES. SEC. 938

- ✦ The Department of Community Health may provide to any individual receiving mental health services from the department written or oral notice of the availability of family planning services and upon request of the individual offer education and information on family planning. The notice shall state the receipt of mental health services is in no way dependent upon a request or nonrequest for family planning services. History: 1974, Act 258, Eff. Aug. 6, 1975.

THE ALLEGAN EXPERIENCE

- ✘ Allegan CMH began working on 'Human Growth and Development Committee' in 1992.
- ✘ Started with joint CMH/community group researching and creating "Growth and Development Handbook"
- ✘ Based on State sample policy on Social Sexual Development and work in other counties, states, and countries.

THE ALLEGAN EXPERIENCE (CONT)

- ✘ First advertised for 'sex education specialist' in 1996.
 - + Based on Michigan's requirements for school sex education teachers
- ✘ One female and one male staff listed as 'Qualified Sexuality Educators' in 1999.
 - + Continue to use school sex education teacher standards
 - + Another option would be to use "Certified Sexuality Educator" (CSE) through American Association of Sexuality Educators, Counselors, and Therapists (AASECT).

WHAT QSE IS NOT

- ✘ We provide, as indicated in the Mental Health Code, **Education and Information**—NOT COUNSELING OR THERAPY. So, for example, any mention of abuse is referred for therapy.
- ✘ We are not a cure-all (what is?)
- ✘ We are not one size fits all
- ✘ We should not be viewed as a stand alone service

WHY TEACH SEXUALITY EDUCATION

- ✘ Safety – knowledge is power
- ✘ Persons receiving services are often assumed to not have sexual feelings—WRONG!
- ✘ Sexual needs are a basic human need
- ✘ Staff are often uneducated or under-educated
 - + In how to react
 - + In their own knowledge of the subject
- ✘ Dispel myths, misconceptions, misunderstandings

COMMON MYTHS

- ✘ People with disabilities are not sexual beings
- ✘ Talking about sexuality will create sexual feelings and cause sexual activity
- ✘ Sexuality education should wait until someone is mature enough to handle it
- ✘ Sexuality only involves intercourse
- ✘ All direct support staff have correct information

SOME OF THE TOPICS WE HAVE DISCUSSED

- | | |
|---|---|
| ✘ Body part names and functions | ✘ Sexual functions <ul style="list-style-type: none">+ Masturbation+ Oral Sex+ Intercourse+ Anal Sex |
| ✘ Public versus Private (body parts and activities) | |
| ✘ Puberty (the talk) | ✘ Sexually Transmitted Diseases |
| ✘ Relationships and Dating | ✘ Pregnancy Options |
| ✘ Marriage | ✘ Heterosexuality / Homosexuality |
| ✘ Birth Control | ✘ Cross-Dressing |

ADVICE

- ✘ Have training/knowledge in Trauma-Informed Services
- ✘ Don't try to do this 'in secret'. Be open and honest about what you are doing.
- ✘ Include people at the beginning to increase buy-in
- ✘ At least one male **and** one female on staff
- ✘ Invest the time and money to get good equipment and materials

SUPPLIES AND RESOURCES

- ✘ Items to use in education with people
 - + Hands on, realistic models
 - + Pictures, slides, videos, drawings
 - + Games, puzzles, word searches
- ✘ Items for QSE use and knowledge
 - + Books, articles
 - + Community partners and resources
 - + Conferences, speakers

QUESTIONS!?