Sex Education as Abuse Prevention: Why It is Important to be Informed about Sexual Violence and Supports for Survivors

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WORKSHOP OBJECTIVES

1. State two risk factors that contribute to the prevalence of sexual violence associated with people with intellectual and developmental disabilities (I/DD).

2. Explain two ways that people with I/DD are impacted by a history of sexual trauma.

3. State three key components of sexuality education.

Developed with the goal to identify, address, support, advocate and advance the individual rights of all people across the lifespan with special emphasis on abuse prevention & sexual rights of people with disabilities. Through collaboration with community members within varied settings we provide education, training, and counseling services to people of ALL abilities.

Mission: We are committed to providing quality education and counseling to individuals of ALL abilities. Our mission is to empower individuals with the education, skills, support, and resources they need to meet their fullest potential in the relationship they hold with themselves and others within their community.

Our Services:
- Individual & group counseling services
- Client & family centered educational workshops
- Professional training

Differing Abilities
- Age
- Education
- Ethnicity
- Gender
- Race
- Religion/Spirituality/Faith
- Sexual Orientation
- ..........

Why is it important to consider trauma history when supporting people with intellectual and developmental disabilities?

Common Experiences

- Physical abuse
- Verbal abuse
- Emotional abuse

Pantsed
Panted
Misunderstood
Pushed
Tricked
Lied to

Waiting for a call
Called names
Teased

Raped
Teased
Called names

COMMON

- Children with disabilities are 2-3x more likely to be bullied than non-disabled peers. National Bullying Prevention Center, Stopbullying.gov

- Individuals with disabilities are 4 to 10 times more likely to be abused than their peers without disabilities.

90% of women with I/DD will experience some form of sexual abuse during their lifetime. Curry, et al., 2011

92% - 98% of victims reportedly knew the abuser. Mansell & Sobsey, 2001

44% of survivors of sexual abuse with I/DD had a relationship with the perpetrator specifically related to their disabilities.

Only 1-3% of all incidents of sexual abuse are perpetrated by strangers. Baladerian, 1991

With Knowledge Comes Power!

It’s hard to report abuse if we don’t have a name for it.

Sexual Violence

- Verbal harassment & inappropriate sexual language
- Unwanted sexual touching or private parts
- Unwanted display of sexual parts (pornography, exhibitionism)
- Sexual assault (i.e., stranger, acquaintance)
- Tricking or manipulating into sexual activity.
- Exposure to pornographic materials.
- Forced abortion, sterilization or pregnancy.
- Pursuing sexual activity when the victim is not fully conscious, or is not asked, or is afraid to say no.
- Hurting the victim physically during sex, or assaulting his/her genitals, including use of objects or weapons intra-vaginally, orally or anally.


Sexual Assault vs. Abuse

Sexual abuse is a pattern of unwanted and inappropriate sexual behavior that is ongoing whereas sexual assault is a single event.
**Why contributes to vulnerability?**

- Lack of understanding of what constitutes abuse.  
  May not realize that sexual abuse is abusive, unusual or illegal.

- Not TAUGHT refusal or non-compliance. Compliance overly reinforced at home and within other systems.

- Not TAUGHT to challenge authority. Do not believe that they have the right or choice to refuse.

- May live in strictly controlled environment in which tools to communicate are hidden/restricted.

**Impact of SEXUAL ABUSE/ASSAULT**

- Significantly impacts a person’s daily functioning.

- Survivors of sexual trauma, including those with intellectual and developmental disabilities may experience a variety of symptoms.

**Under-reporting**

- An estimated 1 in 30 instances of sexual abuse against individuals with I/DD are reported successfully. Among the general population the statistic is 1 in 5.

- Only 3% of sexual abuse cases involving people with developmental disabilities are ever reported.

**People with I/DD often have difficulties employing effective refusal & self-protection strategies** (e.g., Eastgate, Scheermeyer, vanOriel, & Lennox, 2012).

**Individuals with intellectual disabilities, deficits in communication and behavior disorders presented as having a higher risk.**
Under-reporting

- Client may be coerced into not saying anything via threats to hurt them or loved ones
- Client may feel shame or believe it is their fault.
- Client may fear getting in to trouble if they report it.
- May not understand that what happened or is happening is abuse
- Limited ability to communicate / report abuse
- Dependency. Fear of loss of support or what is “familiar”.
- Tools of communication restricted or controlled by abuser.

What resources might they need?

**Behavior**
- Refuses to shower.
- Masturbates in public.
- Asks staff for sex.
- Plays with feces.

**Resource**
- Doctor
- Behaviorist
- Occupational therapist
- Sexual health provider
- Recreation program
- Respite worker
- Psychologist/ therapist
- Psychiatrist
- Sexual assault center

Why Teach?

- rights in relationships with others and rights related to one’s body cannot be exercised if not recognized.
- to raise awareness of potential boundary violations
- to address negative feelings towards the sexual organs (and encourage body positivity!)
- to support assertive communication (struggle with interpersonal communication & reporting –wants, needs, emotions is common)
- to help individuals understand the “unwritten rules” of social behavior

What are the Goals of Sex Ed?

- Support social acceptance
- Achieve greater social competence
- Enhance quality of life
- Reduce risk of sexual exploitation
- Prevent STDs
Adult self-care - focus on independent personal self-care including dressing, toileting, grooming, sexual hygiene practices

Anatomy & Physiology - focus on the physiological/sexual anatomy including names, functions, when and where it is appropriate to discuss, talk about body parts beyond reproductive function

Empowerment - focus on self-esteem, autonomy, personal preferences, values, and decision making

Relationship skills - focus on developing and maintaining relationships including family, friends, partner, etc. communication and assertiveness skills

Social skills - focus on the behaviors and conventions that let others know what we want while remaining likeable, public social skills includes a focus on communication, acceptable behaviors and should be taught directly, repeatedly, and explicitly. Practice social skills to help decipher what is appropriate & what is not.

Social/sexual rights & opportunities - focus on the social opportunities of youth and what sexual opportunities/rights including sexual consent, going for sexual health care

What to Teach When

Ages 3-9
• Differences between boys & girls
• Public and private places
• Parts of the body
• How babies are born

Ages 9-15
• Menstruation
• Wet dreams
• Puberty changes
• Ways to recognize & say no to inappropriate sexual touching by others
• How babies are made
• Sexual feelings
• Masturbation

MAKING INFORMATION UNDERSTANDBEABLE

- Find out what the person already knows before introducing new information.
- Pay attention to how the person learns best and use these techniques when teaching a topic.
- Use pictures or other multi-sensory techniques.
- Use simple, unsophisticated language.
- Check understanding.
- Repeat, review, and reinforce information.

**How Do I Respond?**

- If you suspect sexual abuse and/or a person reports sexual abuse, reach out for help. Call the Sexual Assault Center in your county.

- SUPPORT the victim because most likely they are fearful that you won’t believe them and/or won’t be accepting of them. Be non-judgmental and use non-judgmental language.

- Feelings and memories of the abuse makes it hard to talk about it for most survivors. Avoid pressuring the person to talk.

- Do not interview. Leave interviewing to specially trained professionals.

- Do not involve more people than necessary.

- Document and report the details disclosed, provided resources and make appropriate referrals.

- Familiarize yourself to your organizations reporting policies and procedures.
Resources for Communicating about Boundaries & Feelings

Leslie Walker-Hirsch & Marklyn Champagne

• Teaches about relationships, socially appropriate behaviors, and boundary setting.

• CIRCLES: Safer Ways addresses communicable disease and STI prevention

CIRCLES Programs are distributed by the James Stanfield Company

Circles App™ defines and clarifies social boundaries and helps users recognize and practice them. Real people can be added to app for a customizable experience.

Recognizing Emotions

http://do2learn.com/SocialSkills/overview.htm

Leah Kuypers, MA Ed., OTR/L
www.zonesofregulation.com
Body Boundaries

Private body parts are covered by underwear or by bathing suits.

Resources for Communicating about Sexual Anatomy

Discussing Sexual Anatomy

- Teach about it in context of whole body
- Use medical terms
- Talk about functions simply & briefly
- Introduce/reiterate abuse prevention messages

Images/descriptions of anatomy & functions

Sources for Terms & Descriptions
**Anatomy Models**

Teach A Bodies
ANATOMICALLY CORRECT DOLLS
http://www.teach-a-bodies.com/default.asp

Jim Jackson Anatomy Models
http://jimjacksonanatomymodels.com/

**Resources for Communicating about Harassment & Abuse**

ESCAPE NOW
An Effective Strategy-Based Curriculum for Abuse Prevention and Empowerment for Individuals with Developmental Disabilities – Now
www.escapenow.wikischolars.columbia.edu

Ishita Khemka, Ph.D., Associate Professor, St. John’s University & Linda Hickson, Ph.D., Professor Emerita, Teachers College, Columbia University

**ESCAPE-NOW: Basic Structure**

ESCAPE-NOW consists of 3 units:

- **Unit I:** Knowledge of Abuse & Empowerment (Lessons 1-5, approximately 30 to 45 minutes per session)
- **Unit II:** Decision-Making Strategy Training (Lessons 6-12, approximately 30 to 45 minutes per session)
- **Unit III:** Support Group Sessions (6 sessions, approximately 30-45 minutes per session)
Closing

- I want to remember......

- I plan to ....

Connect with Us!

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