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## Learning about Healthy Relationships and Sexuality for Adults with Disabilities

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Learning about Healthy Relationships and Sexuality

Learning about Healthy Relationships and Sexuality for Adults with Disabilities

Quinn Karjack

A Capstone Project for the Bachelor of Arts in Human Development and Family Studies

## Learning about Healthy Relationships and Sexuality for Adults with Disabilities

### **Introduction**

Many adults with developmental and intellectual disabilities receive little to no sex education; as a result, they often struggle to have fulfilling and healthy relationships, experience limitations in physical interactions, and are at risk of being taken advantage of by others. Sommaro et al. (2019) explained that individuals with intellectual disabilities (ID) and developmental disabilities (DD) are often placed into one of two categories: they are treated as either eternal children or sexual deviants. These ideas are based on old knowledge and are known to be inaccurate. However, current systems of care struggle to move forward from these notions. A modern view of adults with DD/ID around sexuality is that they are differently-abled, may need extra support for learning, and need open access to sex education as any other individuals would receive. By providing sex education, individuals with disabilities increase their knowledge and self-care and are more prepared for relationships, leading to long-term, safer practices. In order to address this issue, I created a two-day curriculum to support the introduction of sex education to adults with disabilities (i.e. intellectual disabilities, Autism Spectrum Disorder, Down syndrome, impaired cognitive processing) who receive services from Monarch ILS agency in Santa Cruz, California.

### **Needs Statement**

Discussion of healthy relationships and sexuality is often marginalized in care and service providers for individuals with ID or DD due to old beliefs. Without this knowledge, these individuals are at higher risk of being taken advantage of because they lack the information and understanding which allows them to determine what is healthy sexuality and relationship behaviors and what isn't. Despite the lack of information, many adults with ID or DD explore

sexual activities and relationships, which can lead to secrecy or harmful relationships (Kammes et al., 2020). In contrast with neurotypical individuals with DD and ID learn differently, so while a one-time discussion might be sufficient for some, however this group needs a review of information, supporting literature, diagrams, and a variety of other supportive learning materials (Yeh, 2020). Individuals with ID and DD may need support to break down stereotypes and be provided information to make them less vulnerable.

Given that there is a lack of sex education as a whole in the ID and DD communities, it is not surprising that discussion of LGBTQIA+ (lesbian, gay, bisexual, transexual, queer, intersex, asexual) issues is rare, leaving significant information out that may pertain to adults with ID or DD as it does adults without these disabilities. It is significantly less likely for an individual with disabilities to identify as LGBTQIA+, although the data regarding those who do identify as LGBTQIA+ is likely to be under-reported (Löfgren-Mårtenson, 2008). Even when individuals with ID and DD request more information, they often struggle to get it because healthcare professionals and the other adults in their lives feel ill-equipped to provide this information (Sommaro et al., 2020). Due to this education gap, individuals with ID and DD and have same-sex feelings or who identify with the LGBTQIA+ communities are underserved. All-inclusive sex education, which includes LGBTQIA+, may help protect and empower individuals with ID and DD.

Traditional sex education, which discusses intercourse, pleasure, safe sex, and more, is often glossed over for individuals with ID and DD. While there is a push for normalization to allow for the same opportunities, choices, lifestyles, and environments for individuals with ID and DD, not everyone agrees that these changes are necessary (Bjornsdottir and Stefansdottir, 2020). Creating an environment to allow for safe knowledge-driven exploration allows for living

a full and inclusive life. Studies have shown that ID and DD individuals who have healthy sexual experiences and express sexuality are happier and healthier in terms of physical, mental, and emotional health (Mamali et al., 2020). The longtime failure to provide comprehensive sex education often leaves parents and professionals feeling ill-equipped to provide support and information. Old beliefs about ID and DD individuals leave an education gap which needs to be closed (Kammes et al., 2020).

Access to this information will help to decrease the risk of sexual abuse, sexually transmitted diseases, incorrect information about sex, and unplanned pregnancies, which are currently more common among this population than they would be expected (Schmidt et al., 2019).

Given that adults with ID and DD do not receive comprehensive sexuality and relationship education and may be vulnerable to risky behavior and consequences, I created a one day curriculum for adults with disabilities who receive services from Monarch ILS. agency in Santa Cruz, California.

### **Theory**

Erik Erikson was an ego psychologist who put forth a theory regarding eight stages of development humans encounter as they age. Beginning with birth and continuing through late adulthood Erikson's theory is used to assess development. Each stage has two sides which lay in opposition and individuals develop the ability to find their personal balance as they move through the stage. Erikson's psychosocial theory of development at stage six addresses Intimacy vs isolation. This stage is usually experienced in young adulthood from ages 18 to 40. Completion of this stage, as Erikson described, involves the ability to be comfortable in a relationship, have a sense of commitment, safety, and mutual care between individuals (McLeod,

2008). As individuals reach resolution of intimacy are able to share about themselves, be open to learning about others, and have found a balance with reciprocal communication. Adults with disabilities struggle with Erikson's stage of intimacy versus isolation due to their lack of knowledge regarding healthy relationships, struggling with safe intimacy, and a variety of other reasons. As a consequence, in my project, I am teaching adults with disabilities about healthy relationships, safe sex, and LGBTQIA+ topics.

### **Consideration for Diversity**

The presentation on healthy relationships, safe sex, and LGBTQIA+ topics will be presented in plain language, given the audience of adults with intellectual and cognitive disabilities. During discussion, there will likely be some complicated vocabulary for which I will be providing definitions and explanations in the simplest ways possible. This breakdown will allow all who attend to comprehend as much as possible; however it will likely make the class move slower than it might otherwise with participants that have fewer limitations. The curriculum is specifically designed for adults with intellectual disabilities and may not be as educative for individuals who have previous knowledge. Because individuals have to have staff during the presentation time have to opt in to participate, those who most need to know about healthy relationships, safe sex, and LGBTQIA+ topics may not participate. Monarch ILS is also only one of several independent living services companies within Santa Cruz county, so while Monarch clients may have access to other classes like this, clients at other programs may not have the same opportunities.

### **Learning Outcomes**

I intend to provide one hour and a half class to clients at Monarch ILS.

1. Participants will be able to define the terms lesbian, gay, transgender, and asexual.
2. Participants will be able to distinguish between healthy and unhealthy relationships.
3. Participants will identify one aspect of their gender identity, sexual orientation, or outwards presentation which they would like to explore.

### **Method**

#### **Day 1**

Via Zoom, I will begin by introducing myself and sharing about what the class will discuss. As a reminder to everyone, I will review the activity participation rules provided by Monarch ILS. See Appendix A. I will ask who has taken a healthy relationship and/or sexuality education course before. Then, I will ask the class, “what are some characteristics of a healthy relationship?” This discussion will allow me to transition to the presentation of the healthy relationships in PowerPoint. The content of the presentation includes information about building healthy relationships of all types, communication with others, meeting new people, and recognizing red flags. See Appendix B. After completion of the presentation, I will provide a healthy relationships quiz via google surveys addressing LO#2. The handout and questionnaire include a true and false questionnaire asking individuals to determine between healthy and unhealthy relationships. See Appendix C. Participants will be given 10 to 15 minutes to complete the handout and support will be provided, as necessary. After everyone has completed their questionnaire, I will review each statement and we will determine what makes the example healthy or unhealthy. Then, I will remind participants that they can continue to expand their knowledge on this topic by completing the Monarch healthy relationships course or by asking their coordinator to support individualized work with staff. We will then take a 5-10 minute break.

Once all the participants are ready to start again we will move on to the next section of the class. I will begin with introducing the topic of LGBTQIA+ and explain that this combination of letters is an acronym used to talk about the queer community as a whole. Then, the group will be asked to write down any questions they have regarding this topic either in the group chat or they can send them individually to me in chat. Then, I will move into the presentation to provide individuals with new information about the acronym, definitions of the terms, and the use of personal pronouns. See Appendix D. Participants will be encouraged to ask questions throughout the presentation if they feel comfortable. At the end of the presentation, I will return to any unanswered questions from the beginning of this section and review with participants the definitions to meet LO#1. Digital access to the gender unicorn will be provided to all participants for their private use. Given confidentiality, I will not collect this handout. See Appendix E. As participants look at the worksheet we will talk about what they are interested in exploring further to address LO#3. At the end of the presentation, I will allow for any unasked questions and remind them that their coordinators can help them gain access to more information if they are interested.

### **Results**

Learning outcome number one was to have participants be able to define lesbian, gay, transgender, and asexual. This goal was met as we made our way through the LGBTQIA+ powerpoint and then reviewed the information at the end. The participant was able to successfully meet this outcome.

Learning outcome number two allows individuals to recognize healthy relationships versus unhealthy relationships. This outcome was met by completing the healthy relationships questionnaire. This was intended to be done individually, however due to low participation it was



completed as a group. The participant read through the true and false statements and verbally shared her response. On statements they were unsure about we discussed the scenario and the participant was able to answer correctly for 95% with this method. This learning outcome was met by the participant.

Learning outcome number three was to have individuals be able to determine a part of their sexuality, identity, and expression they would like to explore further. The participant found the gender unicorn worksheet helpful in determining what she is interested in exploring further. The outcome was met through verbal confirmation from the participant.

### **Discussion**

Due to very low attendance, the success of this project cannot be determined. In order to attend the class, clients needed to have a staff member present as support. Clients have a predetermined schedule for when they meet with staff and have limited hours. Therefore, some clients chose not to use their time to attend my workshop. Ideally, I would work with management staff to increase attendance by adjusting client's schedules. The client who attended is quiet and did not have anyone to interact with, so there was little discussion or question and answer. The presentations in the project were based on being able to have conversation and participation from attendees, so the presentation was not as smooth as I would have liked. The questionnaire that I put together on google surveys was meant to be done individually. However, due to the small group, the client answered the questions by reading them from my shared screen on zoom. Data was difficult to collect due to the informal presentation and changes in the class outline due to low attendance. I would like to have opened up the class to anyone who wanted to attend to increase the number of people I was reaching but, due to restrictions through my work, this was not allowed. In the future, I would like to teach this class again and hopefully have

better attendance. I believe it is important for everyone to have inclusive sex education and healthy relationship information. An all-inclusive class would take several sessions to complete, but it would help start changing attendee's safety, ability to have a healthy relationship, and hopefully, decrease the risk for unplanned pregnancies.

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<https://doi-org.csumb.idm.oclc.org/10.1016/j.jaac.2020.07.386>

## Appendix A

## Activity participation rules

**Monarch Remote Activity Rules**

**Safety:** I know that this is a safe space to be, learn, and share. If anything makes me uncomfortable, I can say so. I only share information that is safe, nothing that is too private or personal.



**Respect:** I will let others speak and listen to what they say even if I do not agree with them. If something I say upsets someone, I may choose to talk about something else instead, so that everyone can feel comfortable.



**Taking turns:** I know that everyone deserves a chance to share, so I will give others a chance to speak.



**Interrupting:** I wait until it is the right time for me to speak, and don't interrupt others. If there is loud background noise where I am, I may be put on mute.



**Questions:** I know that it is always OK to ask questions or ask for help.



**Kindness:** I will speak kindly and treat others the way I want to be treated.

## Appendix B

## Healthy Relationships Powerpoint

**Types of Relationships**

Family - these are the people you grew up with and are related to

Friends - individuals you meet through school, day program

Staff - people who support you through IHSS, TDS, or ILS

Teachers - you may know them from school, art class, or somewhere else

Acquaintances - people who you have only met a few times

Coworkers - people who you work with or volunteer with

**Starting a Conversation**

Hello my name is \_\_\_\_\_. (If you want to share your pronouns you can.)

What is your name?

Now you can ask a variety of different questions:

How are you today? / What are you doing today?

How was your weekend? / Do you have plans for this weekend?

How is school/work?

**Getting to Know Someone**

- Takes time (some people will be friendly more quickly than others)
- Start with general questions
- As you spend more time together you can start to ask more personal questions
- Spending time together in person is best for getting to know someone
- Missing cues such as body language or facial expressions can make text conversations difficult

**Can I trust them?**

- How much do I know about them?
  - Where do they live? Who do they live with?
  - How old are they?
  - Do they go to school or work?
- How long have you known them?
- How do they make you feel?

**Trust and Respect**

Make sure they deserve your trust and respect first.

You can show respect and that you trust someone by:

- Believing what that they tell you
- If someone sets a boundary regarding something, don't question it
- Do not share personal information someone told you in private

How else can you show respect or that you trust someone?

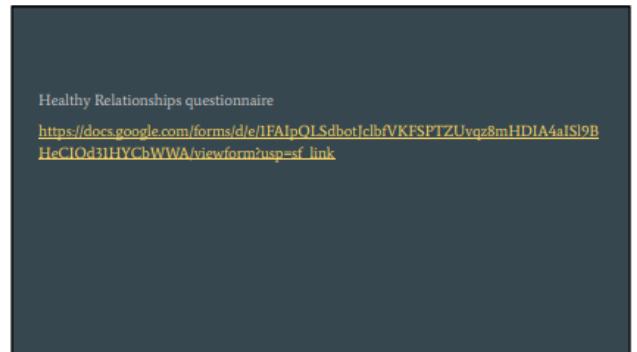
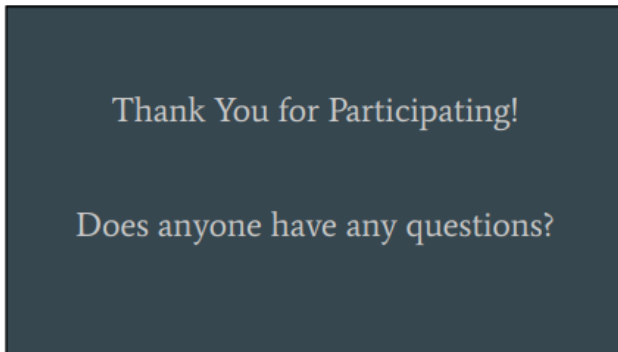
**Each Relationship is Different**

People are all different so each relationship is different.

Sometimes this causes conflict because people don't agree with each other.

- You can still spend time with people who are different from you

When conflict arises ask for support from someone you trust, if you need it.



## Appendix C

### Healthy Relationships Questionnaire

A screenshot of a Google Form titled "Healthy relationships Questionnaire". The form asks to determine if the examples below are of healthy or unhealthy relationships. Two questions are visible: "1. We usually only do what my partner wants to do." and "2. When I go out with my friend we each pay for our own meals." Each question has radio buttons for "Healthy" and "Unhealthy".

**Healthy relationships Questionnaire**

Please determine if the examples below are of healthy or unhealthy relationships.

1. We usually only do what my partner wants to do.

Healthy

Unhealthy

2. When I go out with my friend we each pay for our own meals.

Healthy

Unhealthy

3. My partner regularly tells me that I do everything wrong.

- Healthy
- Unhealthy

4. My friend uses my things without asking for permission first.

- Healthy
- Unhealthy

5. My partner and I have friends that we go hang out with without each other.

- Healthy
- Unhealthy

6. I ask my friend to pay for things for me regularly.

- Healthy
- Unhealthy



7. My partner likes to tell me that no one else will love me like they do.

- Healthy
- Unhealthy

8. When I get frustrated I yell at the people around me.

- Healthy
- Unhealthy

9. I met someone a couple weeks ago and we are planning to move in together soon.

- Healthy
- Unhealthy

10. My friend teases me about carrying my favorite stuffed animal with me.

- Healthy
- Unhealthy

11. My friends and I like to share our hobbies with each other, sometimes we even do them together.

- Healthy
- Unhealthy

12. I don't get a say in what tv show or movie I watch with my partner.

- Healthy
- Unhealthy

13. My staff gives me a hard time for my poor mental health.

- Healthy
- Unhealthy

14. When I am struggling I talk with my partner to get some support.

- Healthy
- Unhealthy

15. I tell myself I am worthy of love and respect.

- Healthy
- Unhealthy

**Submit**

Appendix D

Powerpoint about LGBTQIA+ Education

# LGBTQIA+



## Biological Sex

- The physical parts you were born with
- Also called sex assigned at birth

Male Intersex Female



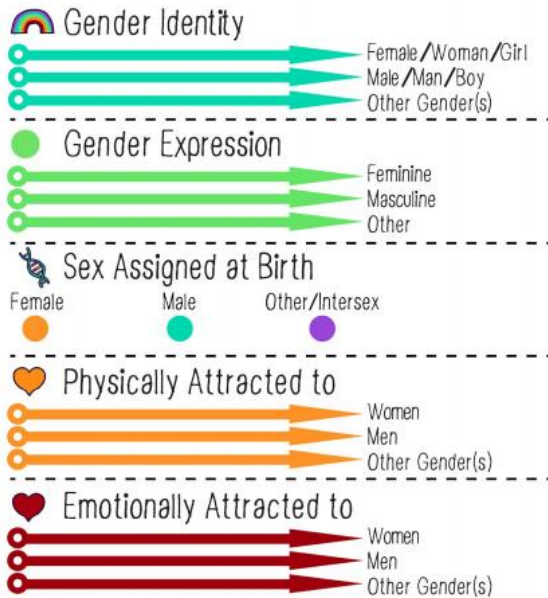
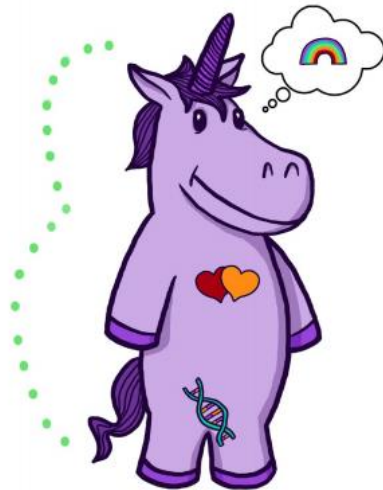
# Gender

- Who you feel you are on the inside, which may not fit the outside
- For some people their sex and gender match



## The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

## What is a pronoun?

- Definition: A word that refers to someone or something
- Examples:
  - “She is walking to school.”
  - “He is riding his bike.”
  - “They left their jacket here.”
- Common pronouns include:
  - she/her/hers , he/him/his , they/them/theirs

## Asking for Someone’s Pronouns

- It is okay to ask for someone’s pronouns

How to ask:

“Hi my name is fill in your name and my pronouns are he/him they/them. What is your name and what are your pronouns?”

- This may be new to you
- It is okay if you don’t always get it right the first time



## Best Practices for Personal Labels

- How you identify is personal information
- Personal labels include lesbian, gay, bisexual, genderqueer, etc.
- You do not need to share your label if you do not want to or do not feel comfortable



## Lesbian

Lesbians are women who are romantically interested in other women.



Lesbian Flag



## Gay

- Gay refers to men who are interested in dating men
- It is also used by some people in the LGBTQIA+ community as a general term rather than using a personal label



Gay flag / general LGBTQIA+ Pride Flag



## Bisexual

- Bisexuals are individuals who show romantic interest in men and women
- Sometimes they like one gender more than the other



Bisexual Flag



## Transgender

- Transgender is someone who does not feel their sex matches their gender
- Ask the individual for their preference regarding language for pronouns and labels.



Transgender Flag



Elliot Page (he/him they/them)

## Nonbinary or Genderfluid or Genderqueer

- People who feel they are both male and female or both
- People who are neither male nor female
- People who move between male, female, and/or neither
- Everyone experiences gender differently



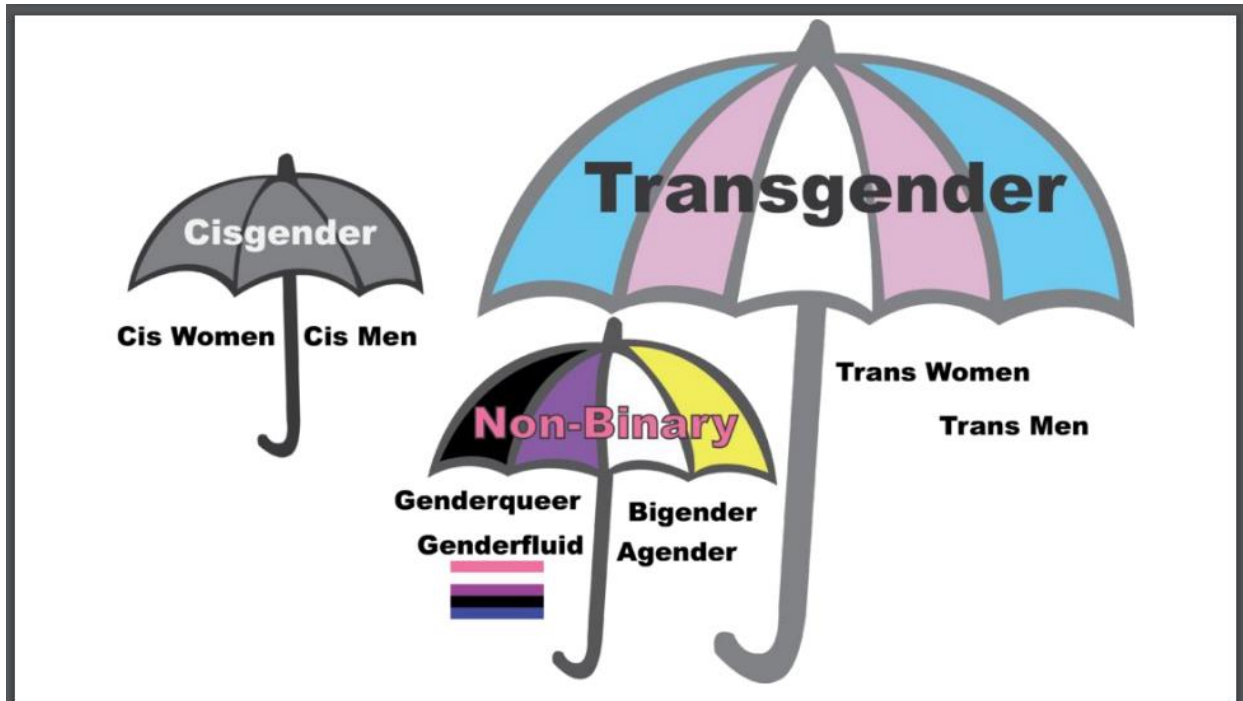
Nonbinary and Transgender Flag



Nonbinary Flag







## Queer

- Queer is a term for sexual and gender minorities who are part of the LGBTQIA+ community
- Queer can sometimes be used as a negative term, so check with people if they are okay with being called queer



## Intersex

Intersex is a term used for a individual who is born with reproductive organs that are not necessarily female or male.

Some intersex individuals choose to identify as male or female based on which reproductive organs are most prominent.

Rain Dove is intersex and a advocate for LGBTQ+ issues.



## Asexual

- Asexuality describes someone who is not sexually attracted to other individuals
- How strongly an individual feels this varies
- Asexual people sometimes have relationships or partners



Asexual Flag



## Ally

- Ally is someone who supports the LGBTQ+ com
- They are often parents, partners, support staff, family, or friends with people from the community



## Tips for Success

It is okay to ask questions.

If you get someone's pronouns or name wrong, correct yourself and continue what you were saying.

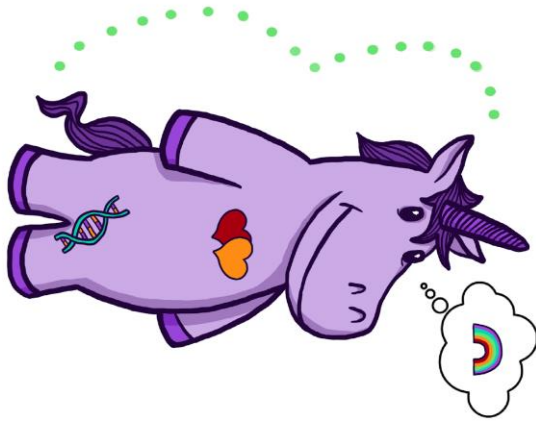
Research from reputable sources is also a great way to learn!

- Trevor project, local diversity centers, and Planned Parenthood are great sources



Appendix E

Gender Unicorn Handout



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

# The Gender Unicorn

Graphic by:  
**TSEER**  
Trans Student Educational Resources

