

## Appendix II: Sexuality Education for Physically, Emotionally, and Developmentally Disabled Youth

### INTRODUCTION

In recent years, important changes in public policies and attitudes have resulted in improved opportunities for people with physical and mental disabilities. More and more, people living with disabilities assume their rightful place in society as the equals of non-disabled people. Unfortunately, societal attitudes have changed less in regard to *sexuality* and disability. Even today, many people fail to acknowledge that all people have sexual feelings, needs, and desires, regardless of their physical and/or mental abilities. As a result, many young people who live with disabilities do not receive sexuality education, either in school or at home.

This summary addresses sexuality education for youth who live with physical and/or mental disabilities—including, but not limited to hearing, sight, and motor function impairments; Down syndrome; cerebral palsy; paraplegia and quadriplegia; developmental disorders; and mental health issues. Beginning with a few statistics on disability among youth and an overview of common myths and facts about the sexuality of people living with disabilities, the document also provides general guidelines for sexuality educators working with physically or mentally challenged children and youth.

### ARE DISABILITIES COMMON AMONG CHILDREN AND YOUTH?

- Youth with disabilities are amongst the most marginalized and poorest of all of the world's youth.
- UNESCO estimates that 98% of children with disabilities in developing countries do not attend school and 99% of girls with disabilities are illiterate.
- Estimates suggest that there are between 180 and 220 million youth with disabilities worldwide.
- UNESCO estimates 500,000 children every year lose some part of their vision due to vitamin A deficiency.

- 41 million babies are born each year at risk of mental impairment due to insufficient iodine in their mothers' diets.
- For every child killed in armed conflict, three are injured and permanently disabled. 40% out of 26,000 persons killed and injured by landmines every year are children. Over 10 million children are psychologically traumatized by armed conflicts.
- Youth with disabilities face dual disadvantages as individuals with disabilities are more likely to live in poverty.

### MYTHS AND FACTS ABOUT SEXUALITY AND DISABILITY[10]

Many people believe myths about the sexuality of people who live with disabilities. Common myths:

- People with disabilities do not feel the desire to have sex.
- People with developmental and physical abilities are child-like and dependent.
- People with disabilities are oversexed and unable to control their sexual urges.[7]

#### **Myth 1: People with disabilities are not sexual.**

All people—including young people—are sexual beings, regardless of whether or not they live with physical, mental, or emotional disabilities. And, *all* people need affection, love and intimacy, acceptance, and companionship. [6,7] At the same time, children and youth who live with disabilities may have some unique needs related to sexuality education. For example, children with developmental disabilities may learn at a slower rate than do their non-disabled peers; yet their physical maturation usually occurs at the same rate. As a result of normal physical maturation and slowed emotional and cognitive development, they may need sexuality education that builds skills for appropriate language and behavior in public. In another example, paraplegic youth may need reassurance that they can have

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satisfying sexual relationships and practical guidance on how to do so.[6,7,8,9]

**Myth 2: People with disabilities are childlike and dependent.** This idea may arise from a belief that a disabled person is somehow unable to participate equally in an intimate relationship. Societal discomfort—both with sexuality and also with the sexuality of people who live with disabilities—may mean that it is easier to view anyone who lives with disabilities as an ‘eternal child.’ This demeaning view ignores the need to acknowledge the young person’s sexuality and also denies her/his full humanity.[6,7,8,9]

**Myth 3: People with disabilities cannot control their sexuality.** This myth spins off the other two—if people with disabilities are neither asexual nor child-like, then they perhaps they are ‘oversexed’ and have ‘uncontrollable urges’. Belief in this myth can result in a reluctance to provide sexuality education for youth with disabilities. The reality is that education and training are key to promoting healthy and mutually respectful behavior, regardless of the young person’s abilities.[6,7,8,9]

### GENERAL GUIDELINES FOR PROFESSIONAL SEXUALITY EDUCATORS

Sexuality education materials and programs exist that are designed to meet the needs of youth who live with physical, emotional, and/or mental disabilities. Whether these young people go to public or special school, live at home or in an institution, they need appropriate sexuality education and creative teaching methods. Although these general guidelines will be helpful, content and teaching methods must be particularized to meet the individual’s need.

1. Remember that, regardless of the physical, mental, or emotional challenges they face, young people have feelings, sexual desire, and a need for intimacy and closeness. In order to behave in a sexually responsible manner, each needs skills, knowledge, and support.

2. Understand that youth with disabilities are far more vulnerable to sexual abuse than are their peers. Youth who live with developmental disabilities are especially vulnerable. Sexuality education must, therefore, encompass skills to prevent sex abuse and encouragement to report and seek treatment for unwanted sexual activity.
3. Remember that youth who confront disabilities feel the same discomfort and suffer the same lack of information that hampers many of their peers regarding sexuality and sexual health.
4. Learn as much as you can about the disabilities of the populations with whom you work.
5. Be sure that the material addresses boundaries and limits—both setting boundaries and respecting others’ boundaries. Rely on role-plays and interactive exercises. Use concrete teaching strategies.
6. Be creative. Develop specialized teaching tools and resources for the youth with whom you work. For example, in working with youth who have developmental disabilities, you may need to use visuals like models, dolls and pictures. For youth with physical disabilities, it may be useful to use stories and examples of others with similar disabilities who have loving, satisfying intimate relationships.

Remember, each young person is unique and may require a specialized program or resources—that is, each adolescent living with a disability is also an individual with individual reactions and needs regarding sexuality education. Thus, this document offers general guidance and should be used with care. It may or may not offer adequate resources to meet the particular needs of an individual.

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