

Sexual Education for Adults with Disabilities



Tool 9

Handbooks

Talking about Sexuality and Intimacy with Clients



Talking about Sexuality and Intimacy with Clients

This instructional manual contains tips, working methods and tools for discussing sexuality and intimacy with individuals with intellectual disabilities. Topics covered include motivational discussion techniques, tools to prepare for sexual health instruction and respecting the norms and values of yourself and others.

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Tools to Get Started

Initiating a conversation about sexuality and intimacy can be daunting. Below are some important things to consider before you start teaching sex education to your client:

- Establish what knowledge and skills the client already has.
- It is also important to have a clear picture of the client's social-emotional level, well-being and understanding of concepts and terminology. There is often a discrepancy between these three things.
- Clients with light intellectual disabilities and a 'normal' appearance and demeanour may give the impression that they have adequate social skills and are able to set and respect boundaries. People often jump to this conclusion too soon. It is especially important to gain insight into clients' perceptions on sexuality if they have never been confronted with sexual education as part of their upbringing or development.

The hermeneutic circle is a useful tool that can be used to assess the cognitive and emotional capacity, social development, skills, background and special circumstances in the lives of individuals with intellectual disabilities. The circle provides a total picture of the person, allowing you to understand them better and look beyond their physical or social limitations and accept them for who they are.

See 'Appendices' for a detailed explanation and hermeneutic circle diagram. (E. Bosch, 2010)



Hermeneutic circle, (E. Bosch, 2010)

The circle provides a method to look at the world from the client's point of view, allowing you to create a client-oriented programme and approach. It can also serve to make a client's request for help more concrete. (Suykerbuyk & Bosch, 2010)

Another tool to assess a client's current knowledge, beliefs and behaviours in the domain of sexual health is the questionnaire. After the questionnaire has been completed and scored, the educator will have a clear idea of what themes to focus on and what themes the client is already familiar with.

Vocabulary/language

During the sex education sessions it is important that you are aware of your choice of words. Be sure to adjust your language to respond to the client's level of understanding. In addition, it is also important to know which words are considered uncomfortable, inappropriate, strange or filthy. You could, for example, consider making a spider diagram or glossary (see example below).

Penis	Vagina
- Private parts	- Vagina
- Dick	- Vulva
- Cock	- Hole
	- Flower

Sexual intercourse
- Making love
- Fucking
- Having sex



The client can add words to the glossary that he or she uses or is familiar with. Here too, it is important to connect to the experiences of the client as much as possible. Educators should also make clear what words are socially acceptable and which are offensive and can best be avoided. (Suykerbuyk & Bosch, 2010) (Gedragsdeskundige, 2014) (Hulpverleners, 2014).

Discussion Techniques

It is useful to use a motivational conversation technique for giving sexual education. This style of conversation helps create a personal atmosphere. The tone of voice used elicits information from the client and promotes an active and open attitude towards the information offered. In short, it supports educators in motivating their clients. Furthermore, educators should be able to show empathy, deal with possible resistance in a flexible way, and support personal effectiveness. It is also important to focus on where the client is at now and where he or she can go (Miller & Rollnick, 2011).

These are five discussion techniques that can be used throughout the interaction with the client.

1) Ask open questions: Particularly in the first sessions, it is important to build an atmosphere of acceptance and trust. The client will do most of the talking. You can encourage this by asking open questions. Asking open questions gives you a good chance to understand your client and his/her needs.

2) Listen reflectively: Reflective listening (also called active listening or emphatic listening) focuses on the educator's response to what the client is saying. This can involve repeating or paraphrasing the information you hear in your own words. Be sure to reflect on what is being said on a deep level as opposed to merely repeating words back to the person.

3) Confirm: It is also important to validate the client's feelings and provide support. Be sure to notice and confirm the client's strengths and efforts in an appropriate manner.

4) Summarise: Summarising allows you to connect and reinforce different elements of the conversation. Be sure to give the client the opportunity to add to or correct your summaries.

(Miller & Rollnick, 2011).

Tone of voice

- An important part of providing sexual education to individuals with light intellectual disabilities is that things are explained in clear and plain language.

- Treat adults as adults. Do not patronise or talk down to clients with low social skills. As an educator you should, however, take their emotional level of maturity into account. This shows that you are treating them maturely and responsibly.



• Giving clients space to be who they are or want to be, gives you the opportunity to engage with them in a constructive and mature way.

- Use plain language and an appropriate tone of voice (a tone of voice that shows you care about the client).
- Confirm what he or she is doing well.
- Show that you have a good relationship with the client.
- Address the client in such a way that shows you have a cooperative and equal relationship, despite differences in intellectual level.

Positive approach

Talk about body awareness with your client. When individuals with intellectual disabilities are only told what they should not do and are kept from exploring possibilities, their (subconscious) needs are not met which increases the chance of inappropriate or unacceptable sexual behaviour.

By talking openly about sexuality and the possibilities that are out there, rather than focusing on things that are forbidden, you are helping clients along the way towards emancipation and personal development. By avoiding the subject of sexuality and intimacy, you are depriving them of the chance to learn, overcome fears and get rid of taboos. This can have many undesired consequences, such as fear, suppressed feelings and needs, and ultimately frustration and inappropriate or disinhibited behaviour. Offering alternatives is a positive way to change and direct behaviour in a desired direction.

It is very important to allow individuals to learn how to experience pleasure, give them the freedom to be themselves, provide information on body awareness and help them to reach their full potential within their own realm of capabilities. This is how you create an atmosphere free from oppressive behaviour and promote emancipation (Bosch, 2006) (E. Bosch, 2010).

Motivating and encouraging

By responding to the needs of the individual, you are already aligning yourself with his or her interests. Furthermore, it is important to make the threshold low. Maybe the individual would first like to leaf through a book by himself or herself or visit a website? Another way to start is with an introductory game or by doing a quiz ('Did you know that...'). Creative approaches and games often make the subject less intimidating and more playful.

If you set the right example and act in an enthusiastic, relaxed and curious way, the individual will copy your behaviour. So be aware of your attitude and how you project it. Being taught sexual education can be daunting for individuals with intellectual disabilities. Many clients have had negative experiences or think sexuality is something that should not be talked about. By focusing on the positive sides and possibilities of sexuality, it will become more normal to talk about it and gradually sexuality will become less of a charged issue. (Hulpverleners, 2014) (Gedragsdeskundige, 2014).

As mentioned earlier, a motivational conversation technique is an important part of encouraging and motivating individuals for learning about sexuality.



Dealing with Norms and Values

Everyone has different norms, values and opinions when it comes to sexuality and intimacy. Although it may be difficult put your own values and beliefs to one side, it is important to be aware that sexual education focuses on the needs of the recipient. It is your job as an educator to help the client discover his or her own norms and values.

Individuals with intellectual disabilities can be impressionable and may copy values, beliefs or opinions of role models. Do not let your norms and values interfere with the process of teaching sexuality. Recognise when you are unable to assist and don't feel uncomfortable about asking your partner (or if you are a health professional, a colleague or behavioural expert) to take over (Bosch, 2006).

Social norms and values

Besides the norms and values of the educator and the client, there is also such a thing as social norms and values. Social norms and values define what behaviour is considered normal when interacting with other people. It is in everyone's interest that the norms and values that are instilled are positive ones. This way, socially appropriate behaviour can be strengthened. For you as an educator, this means you should find a middle way between meeting the needs of the individual and communicating what behaviour is considered 'normal' and 'abnormal' in society. By doing so repetitively and in a pleasant and non-judgemental way, the individual will learn the difference between desired and undesired behaviour.

Some individuals with intellectual disabilities have little or no sense of shame. This may be due to interacting cognitive, emotional and social processes, in combination with poor socialisation. For individuals with a history of being institutionalised it may be perfectly normal to, for example, have a shower with six people. Having different professionals help you with personal hygiene, bathing and dressing can also make clients feel less inhibited. Although privacy is a big thing nowadays, many persons with intellectual disabilities have already been shaped by their past or upbringing. It is important to take this into account. By acknowledging positive behaviours that express certain norms and values, you can reinforce that behaviour. Some individuals need another person to be their 'external conscience', someone who tells them right from wrong.

Questions that clients frequently ask include: 'Where can I be naked and where not?', 'Where can I masturbate and where not?', 'Do you need to lock the door when you take a shower or use the toilet?' and 'Should I close my legs when I sit on the sofa?'. In addition to explaining the social values that relate to these questions, it is also important to offer alternatives specific situations. For more information, see 'Dealing with Inappropriate Sexual Behaviour'.



Profile of an Ideal Educator

What is the way to offer sexual education? We have developed a profile that provides guidelines for how to become a good educator.

The ideal educator:

- Has affinity with sexuality and intimacy issues in the lives of individuals with (light) intellectual disabilities. Supports the vision that sexuality, relationships and intimacy are part of life, and articulates this vision through actions, e.g. by displaying role-model behaviour.
- Is able to discuss sexuality in an open and supportive way, and is aware of his or her personal and professional boundaries. Maintaining boundaries is especially important in an imbalanced or dependency relationship. Due to the intimate nature of the subject and inequality of the relationship, it is important for the client to stay in control of the conversation and maintain a sense of equality and independence.
- Is able to identify potential problems with regard to teaching sexual education and discuss them with colleagues. Is able to show vulnerability and admit when he or she cannot cope with teaching sexuality. This way, someone else can take over and the educator can seek professional development in areas of weakness.

- Is sensitive to feelings, opinions and boundaries with regard to sexuality and intimacy of the client and other professionals, family members and colleagues, and does not pass judgements. Respects the values and beliefs of others, based on the notion that there is not a single truth but there may be many truths (unless the client's behaviour is harmful to himself or herself or to others).

- Possesses a number of skills: is a good listener, is able to empathise, cooperates with others, is able to gain the trust of others and lead group meetings. Is able to apply the right attitude at the right time.

- Is able to relate to others and has an understanding of clients' emotional and social capabilities.

- Knows when to shift styles in order to show closeness or appropriate distance.

(E. Bosch, 2010)

Dealing with Inappropriate Sexual Behaviour

The most important part of dealing with inappropriate sexual behaviour is to offer alternatives to replace problem behaviour.

Sexual needs will find a way to the surface one way or the other. Hence, suppressing these feelings or behaviours will lead to frustration. Below are a number of techniques for channelling inappropriate behaviour in more acceptable directions (also referred to as 'sexual canalisation'):

1. Masturbation:

Explain what masturbation is, and how and when to masturbate. The use of visual support (e.g. pictures or videos) can form part of the explanation. Make clear that masturbation is nothing to be ashamed of or feel guilty about, but that it is enjoyable, acceptable and normal.

2. Sex workers/sexual services:

The SAR (Stichting Alternatieve Relatiebemiddeling) is a Dutch agency that connects disabled men and women with responsible sex workers.

Sex workers provide a safe environment in which they provide sexual experiences to persons with disabilities. This is done in gradual steps to avoid overwhelming them. In addition, they give information about potential problems or difficulties associated with disability. Making use of the services of a sex worker also provides an opportunity to talk about personal hygiene and how to be considerate of your partner's wishes. It is the most physical and practical method because it approaches a real-life situation. Before making use of the services of a sex worker, it is advisable that the care worker or educator meet with the sex worker to discuss the client's needs and questions.

3. Relationship:

If the individual has a relationship, it is possible to offer alternatives ways of physical contact and expressing sexual behaviour. These interactions can then open up a way to talk about values and beliefs.

Dealing with Porn

Based on the notion that sexual education should focus on the recipient, it is important to provide opportunities to explore alternative ways to manage sexual behaviour. The use of pornographic material is not a good part of this. Here too, you should be aware of your personal norms and values and how they influence your interactions with the client.

- Pornographic images may influence the way in which sexuality and intimacy is perceived. Clients often get access to pornographic pictures or magazines through family or friends, school or the institution where they live. This way the client will get an incomplete and inaccurate picture of sex. And if he or she is not educated at a later stage, these ideas won't change. These ideas may range from 'It is okay to slap women's behinds', 'Men always have an erection' to 'Women are there to have sex with'. People with light intellectual disabilities are more likely to accept what they see as truth because of the way they think.

- Perceptions of people can be influenced. A big part of teaching sexual education is talking about these perceptions. Testing what your client thinks about certain subjects allows you to find out whether his or her views are accurate or not. If your client's perceptions or ideas are not in line with reality, he or she should be confronted with other images in order to rectify these thoughts. (E. Bosch, 2010)

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