Sexual Health Education as Harm Reduction for Adults with Developmental Disabilities

A Shared Learning Forum Presentation & Open Forum Discussion

Roadmap

Introduction

What is harm reduction?

Why use it for sexual health education?

What are the stakes? What is the harm if we don't do anything?

What perpetuates the problem?

Limitations in Canadian reporting/research statistics.

Biases/Stigmas

What is the solution?

Sexual health education as harm reduction, self-determination, empowerment.

Breaking the silence

Upholding international human rights

Open Discussion

Themes & Disclaimer

- We are going to be discussing themes **of sexual violence, abuse, consent, harm reduction, sexual literacy.** Other sensitive topics surrounding these themes may come up in discussion/group questions.
- We understand that some of these topics may be difficult to discuss and hear, for any number of reasons. Please feel free to turn off your camera, mute your microphone, and take a break at any time you feel necessary. The presentation can be made available afterwards!
- Reach out to smarley@lumenus.ca if you have any questions/concerns or would like to discuss these topics one on one instead!

About Me

Who is this person? What work do I do, and why did I want to host this presentation?

Spencer Marley
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Transitional Support Worker
GCSN team at Lumenus Community Services

Working in adult services has provided me with a unique perspective, as we are seeing the direct results of just how the system is failing community members with developmental and intellectual disabilities with regards to sexual health education.

I come from a social work background and find harm reduction models to be a successful path in human services. It allows people to make informed decisions and respects their autonomy while understanding that regardless of our opinions, individuals will often make their own decisions.

lumenus Community Services

Checking In

At this moment, when you hear "***sexual health education for adults with developmental disabilities***", how does it make you feel? Use as many or as few words as you like, and be honest!

Please type your response in the chat!

Let’s talk about…Harm Reduction!

Harm reduction is a stream of thought & form of practice that typically applies to drug use. Supervised consumption sites, clean needle exchange programs, fentanyl strips, and the buddy system are all harm reduction strategies you may have heard of to keep people who are using drugs safe.

The idea is that people, for many different reasons, are going to use drugs, so we want to **meet them where they are at** and provide safety nets so that overdose, spread of illness/disease, and death do not occur.

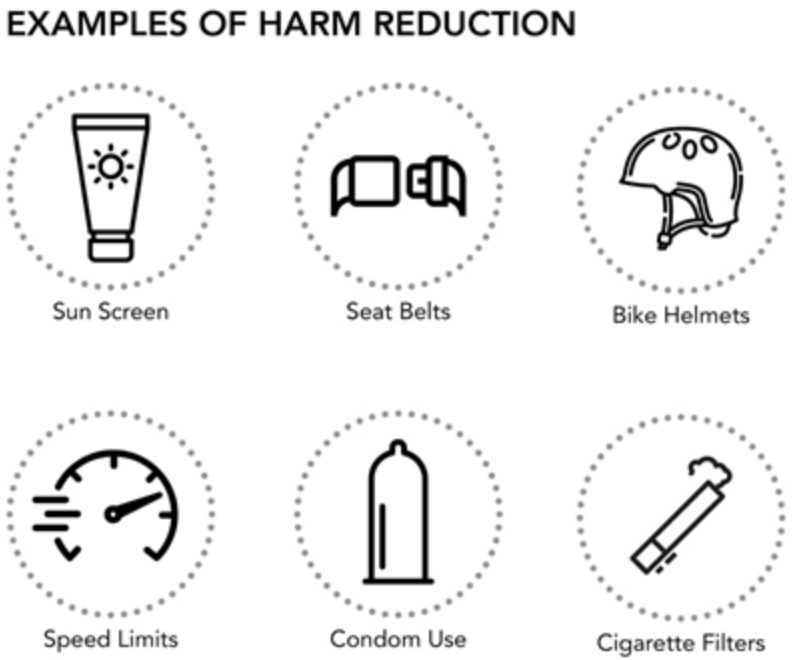
Link to Supervised Consumption Services in Toronto

Let’s talk about…Harm Reduction!

Harm reduction strategies are evidence-based practices that do not aim to encourage harmful behaviours but rather work in collaboration with individuals and community organizations/services to uplift and support their individualized needs.

Non-judgmental and compassionate approaches are key to successful harm reduction practices.

Link to Harm Reduction International's website



Why talk about Sexual Health Education as a harm reduction technique?

GCSN supports a variety of adult community clients who are at risk of homelessness and/or are in crisis situations. We address these concerns typically through a vacancy matching process with Disability Services Ontario (DSO), time-limited staffing supports, and connections to our broad range of community partners.

In our work, we have seen an increase in clients that come to us with “sexualized behaviours” that can come from a wide range of reasonings and often struggle to…

- **Find housing in the Disability Services Sector**
- **Connect with other service providers**
- **Connect with their community in meaningful ways**

Why talk about Sexual Health Education as a harm reduction technique?

In addition, we are seeing an increase in clients who are…

- **Interested in connecting with others romantically/sexually**
- **Already have romantic/sexual partners**
- **Are members of the LGBTQ+ community or are questioning their sexuality/gender identity**

Why talk about Sexual Health Education as a harm reduction technique?

Oftentimes we see clients with these "**sexualized behaviours"** overlooked for housing opportunities, community services, day programs, and more. They fall by the wayside because of a lack of understanding of where the "behaviours" come from.

When we see the terms "sexualized behaviours" used, we need to think about what exactly is being said. Do we mean the client has a history of sexual assault? Is the client expressing interest in a romantic/sexual partner? Are they unaware of personal boundaries? It is important to distinguish what are normal human desires, powered by biological function, and what are actual **safety risks.**

This is where I, and many others, have noticed a gap in the DS sector. It is the hope that this presentation helps address some of these struggles and continues the conversation around solutions.

What is the actual harm that we aim to reduce?

When we decide that sexual health education for adults with developmental disabilities is unnecessary, it can place these community members in harm's way. The harm includes, but is not limited to:

- **High rates of sexual abuse**
- **Unsafe sex (both unprotected and in physically unsafe locations/spaces)**
- **Unplanned pregnancies**
- **Sexually transmitted infections and injury**
- **Criminal charges (leading to loss of housing, employment, family supports,etc.)**
- **Loneliness and social isolation**

Statistics of Sexual Victimization

Discussing the specific numbers of individuals who experience sexual assault in Canada is helpful to get an idea of just how **common** it is for the people we support to experience.

Canadian research and studies are important to give us a snapshot of the state of sexual health education for adults with developmental disabilities on a local scale. York University's Department of Psychology found that, in their study, individuals with ASD were between two and three times more likely to experience sexual victimization (Brown-Lavoie et al., 2014).

If we operate on the assumption that these individuals may have been local to York University, it is likely they may have been individuals who are supported by the DSO Toronto Region.

Limitations of Canadian Statistics

While conducting research for this presentation, I found that the statistics that specifically address sexual assault of individuals with developmental disabilities were predominantly coming from the United States, and lacking in Canada on a broader scale.

Many of Statistics Canada's figures only address physical disability, and mental health related conditions, but not developmental disabilities.

Considering the vulnerability of this client population, a lack of Canada-wide research is alarming.

Stats Canada Report for Level 1 Sexual Assaults

Geography[3, 8, 9]	Canada[11] (map)					
Violations[10]	Sexual assault, level 1 [1330]					
Statistics	2018	2019	2020	2021	2022	2023
	Number					
Actual incidents	27,909	30,335	28,146	33,641	35,484	35,778
	Number					
Total, adult charged	7,439	8,394	8,234	8,932	9,559	9,800

Comparing statistics from 2018 to 2023, we can see that the number of reports jumped from **27,909** to **35,778.**

Why might a person not report?

Let's Discuss…

Why do you think a person might not report experiencing a sexual assault?

Feel free to unmute or type your response in the chat.

Why might a person not report?

Let's Discuss…

Drawing on what we have discussed prior, why do you think a person **with a developmental disability** might not report experiencing a sexual assault?

Feel free to unmute or type your response in the chat.

Why might a person not report?

- Feeling that the incident was not important/serious enough to report
- Mistrust of authority figures who may become involved (police, medical, etc.)
- Having to report the incident to a staff/support person
- The person you would report to is the abuser
- Fear of retaliation
- Not being taken seriously
- Uncertainty/unaware of whether what occurred was sexual assault or not
- Unable to verbalize that the assault occurred
- Shame/guilt

How can identity affect these statistics?

Individuals with an intellectual disability are statistically more likely to experience victimization, according to a research study conducted by Fisher et al. (2016).

The rate of sexual assault victimization was more than five times higher among women (50 per 1,000) than men (9 per 1,000) (Statistics Canada, 2021).

Rates of sexual assault were higher among 15 to 24 year olds (103 per 1,000) and 25 to 34 year olds (50 per 1,000) compared to any other age group (Statistics Canada, 2021).

Bisexual people are sexually assaulted at a higher rate than heterosexual individuals. People who are bisexual experienced a rate of 541 sexual assault incidents per 1,000 population—nearly 29 times higher than the rate among heterosexual Canadians (19 per 1,000) (Statistics Canada, 2021).

These are just a few examples of the ways that different marginalized identities can affect the rates of victimization and are **not at all exhaustive.**

Break time!

Biases

- Leaving our prejudices at the door is the first step in addressing the gaps that come from a lack of sexual health education.
- Discussions of sexual health education can bring up internalized feelings of **shame**, **discomfort,** and **embarrassment**… even for the most seasoned service providers.
- When we bring up the idea of educating adults with developmental disabilities in areas of sex and sexuality, it may feel a little bit embarrassing, but that is why we continue the conversation, so that service providers become more and more comfortable overcoming their biases and serving our clients in the most responsive way possible.

Stigma

Contrary to popular belief, adults with developmental disabilities can (and do) engage in sexual acts – alone or with a partner. Just like in neurotypical communities, they can have fulfilling romantic and sexual relationships, they can practice safe sex, use birth control, masturbate, and express their sexualities in healthy and meaningful ways.

Social stigmas will tell us that adults with developmental disabilities are not capable of understanding sexual health education. When we make these harmful assumptions, we are taking away the power from individuals to decide for themselves.

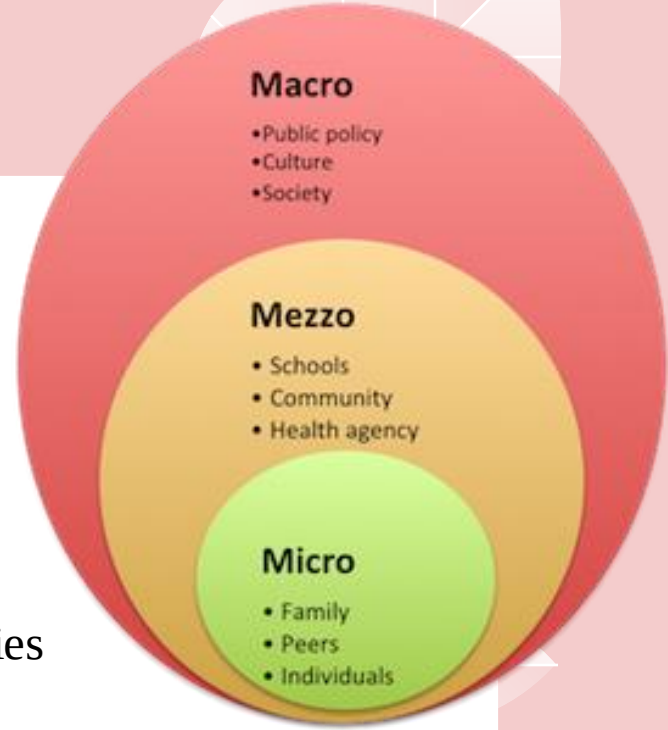
Sexual Health is vital to a person's physical wellbeing. The World Health Organization defines sexual health as "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity" (2002).

Stigma Throughout Systems

Micro
Self – Internalization of negative stereotypes.
Personalized shame, low self worth, self esteem. I can never have a relationship. Could be related to previous abuse.

Mezzo
Systemic- Agencies not having any policies around sexual health, so it is never brought up before it becomes an issue. Staff are uncomfortable talking about/addressing issues. Agencies fearing lawsuits/liability risks. Prioritization of legal liabilities over ethical practices.

Macro
Public -Lack of sexual health clinics that support clients with DDs. Lack of research, statistics, and literature in Canada specifically. Public ignorance leading to harmful myths.



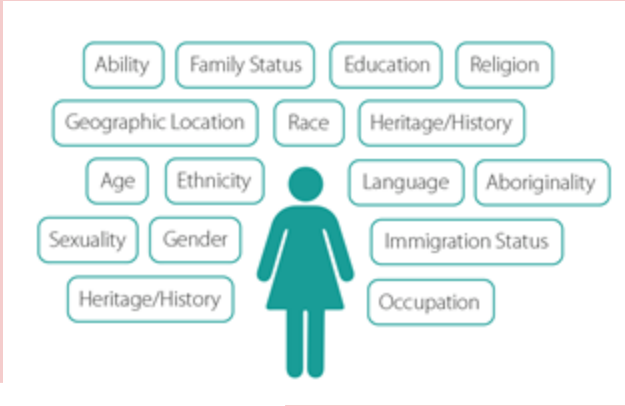
Looking Inward

- Neurotypical people are also at a disadvantage with their sexual health education. So many adults, such as the service providers in this presentation today, have vastly different sexual health educations. This of course extends to families and other community connections.
- For individuals who **did** receive sexual health education (through school, parents, etc.), it may have looked very different. Even if it were thorough and continuous, it still may have been seeped in a rhetoric that can allow for shame, discrimination and prejudice.
- Keep in mind that sexual health education is often a mirror into the institution's moral assumptions about the purposes of sex.

Remember…

- As service providers, community members, and loved ones of adults with developmental disabilities, it is vital that we do the work internally to remove our bias and stigma.
- Education starts with us! The more we talk, ask questions, share resources, and listen, the easier the discussion gets.
- You don’t have to be comfortable and fully confident right away, but having an open mind is key. If a situation arises where you do not know what the best course of action is, seek the guidance of your peers or direct supervision.
- People can tell when you feel uncomfortable! It can be stigmatizing to have someone “walk on eggshells” around you.
- When we assume that our clients do not have sexual or romantic desires, we strip them of the power to decide for themselves.

Intersectional Approaches



We all are aptly aware that our client population is diverse and ever-expansive. We can apply the lens of intersectional identities to clients who may be facing issues around sexuality, sexual health, and identity. This allows us to see individuals as multi-faceted and take other factors of their identity into account when examining how we can best support someone on their journey.

Intersectionality allows us to see that a person can face oppression at many different crossroads. **As an example:**

A white, straight, cisgender man who is of Catholic faith might approach sexual health education from a perspective that varies in comparison to an Indigenous queer person.

Not Just Sex Ed!

Comprehensive sexual health education does not just focus on basic biology. While learning about pregnancy, body parts and their scientific names, the functions of sex and reproductive health are all vital to a person's education, they are not the only topics we should be focusing on.

Sexuality, gender expression, gender identities, healthy relationships and consent all make up a more comprehensive version of sexual health education that allows individuals to make proper, informed decisions and gives them the tools to thrive.

LGBTQ+ and Gender Expansive Perspectives

Despite the changes in our political landscape, LGBTQ+ individuals are finding more opportunities and words to express how they truly feel, and we are seeing this increase within the DS sector.

When we consider the increased rates for sexual abuse/assault against LGBTQ+ people, paired with a developmental disability, we can infer that the number of queer invididuals with developmental disabilities who are victimized is quite substantial.

To combat these numbers, practitioners in the DS sector require **education**, the **support of their organizations**, and should ultimately be **prepared to address the topics** of sexuality and gender when they arise.

LGBTQ+ and Gender Expansive Perspectives

A study conducted in 2012 through a partnership between GCSN's ReachOUT program and their academic partners revealed that young LGBTQ+ individuals with developmental disabilities are at a higher risk of compromised sexual health (Mclelland et al., 2012).

Ten individuals, aged 17-26, provided feedback on their knowledge, attitudes, and behaviour surrounding sexual health and sexual health education. The purpose of the study was to explore the social and environmental influences on sexual vulnerability for this demographic.

"The rules were, no sex and no having sex with other roommates, and if you had to, you couldn't have sex, the rules were No sex and you couldn't bring any friends over." (19 year old participant)

"When I was in a group home, I wanted to have sex with [another resident] but the group home wouldn't let us . . . . I really wanted to get into sex because I guess I was ready at that point. I was 19. But the group home wouldn't let us. I was kind of upset and frustrated."(23 year old participant)

LGBTQ+ and Gender Expansive Perspectives

This study gives us a great look into how sexual health education and acceptance can be harm reduction.

"I've gotten laid in parks, back alleys, behind stores, anywhere. You can practically name it." (19 year old participant)

"The first time I had sex with someone we went to this park that was nearby and that time I had only half an hour to go on free time so I would have to be back. I hated it . . . it was in the winter . . . I was freezing cold and it was like, I was so afraid I was going to get in trouble." (19 year old participant, group home resident)

These direct quotes can allow us to see just how a lack of comprehensive sexual health education and understanding can lead to risky sexual behaviours. The more restraints that are put in place to police the sexuality of individuals, the more risk they will have to take in order to express themselves sexually.

Legal and Ethical Obligations

"**Sexual health education is a human right**" is a great slogan, but sexual health education is, according to international law, a duty that we are legally and ethically required to uphold.

Canada is bound by the United Nations Convention on the Rights of Persons with Disabilities to do the following under Article 16, **Freedom from exploitation, violence and abuse:**

Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, (among other things), appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. (Canada) shall ensure that protection services are age-, gender- and disability-sensitive.

What do the experts say?

"Evidence consistently shows that high-quality sexuality education delivers positive health outcomes, with lifelong impacts." (World Health Organization, 2023).

"...comprehensive sex-ed leads to better knowledge and attitudes around sexuality, including:

- *Increased knowledge of our rights within a sexual relationship*
- *Increased communication with parents about sex and relationships*
- *Greater effectiveness when managing risky situations" (Action Canada for Sexual Health and Rights, 2019).*

By avoiding or delaying sexual health education for adults with developmental disabilities, we are essentially promoting abstinence-based sexual education. Evidence clearly shows that abstaining from sex is not a successful method of keeping individuals health and wellbeing in check (Santelle et al., 2017).

What do the experts say?

“ Both young LGBT people labeled with intellectual disabilities and those who work with them need educational resources that are accessible, honest, and relevant.

There is a need for training curricula and resource materials to enhance the ability of frontline staff, including support workers, child and youth workers, case coordinators, service coordinators, social workers, and residential program staff to accommodate sexual health needs.” (Mclelland et al., 2012)

What's the Plan?

Education (of both service providers and service users)

Empowerment

Self Determination

Ability to make informed decisions and recognize unhealthy dynamics

Decrease of risk

When we fail to view people with developmental disabilities as capable of healthy sexuality, we fail ***them****.*

Thank you!

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Resources

Community Living Ontario's The SHIFT

https://communitylivingontario.ca/wp-content/uploads/2022/08/The-SHIFT-final-high-rez_17Aug21.pdf

Harm Reduction International

https://hri.global/what-is-harm-reduction/

City of Toronto's Supervised Consumption Services

https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/supervised-injection-services/

Elevatus Trainings Programs for Adults with Developmental Disabilities

https://www.elevatustraining.com/

Your Sexual Health Toolkit

https://yoursexualhealthtoolkit.org/

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Open Discussion

Thoughts? Feelings? Important takeaways? Let’s talk!

Feel free to unmute or type your response in the chat.