



SMARTS

Supporting Me About Rights to Sexuality

SUPPORTED DECISION MAKING (SDM) About Sexuality Training Course

SLIDES



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Learning Outcomes:

Explain why people have sex

Describe the EU legislation about the rights of PwD regarding sexuality.

Explain the how the attitudes and values of society in general together with the attitudes of the person themselves can impact on how PwD are supported around sexuality.

Learning Outcomes:

Describe the barriers for PwD to sexual and Reproductive health

List the ways in which PwD are often portrayed by the media and society in general and how we can change these.

Explain the signs and symptoms of abuse. Including Safeguarding policies, procedures and process you must follow in your service.

Describe how to respond to disclosures of sexual abuse

Learning Outcomes:

Describe the ways in which you can talk about sex with PwD in your services.

Describe what is currently happening regarding Supported Decision Making about sexuality in your Services.

Explain how you will plan and promote Supported Decision Making about sexuality in your Services.



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Supported Decision Making Recap

Supported Decision Making is:

Is driven by the principles of the United Nations Convention of the Rights of Persons with Disabilities (UNCRPD), especially Article 12

Is based on the Human Rights Model of Disability

Is a process that allows PwD to make their own decisions based on their own wishes and preferences

Includes a co-production approach at every stage

Can be formal or informal

Is very different from substituted decision making

Principles of SDM

PwD have equal rights with others under the law

PwD should have control over their own lives

The wishes and preferences of PwD should be respected

A range of measures should be available to support PwD in their decision making, reflecting their diversity

PwD have the right to make mistakes and to take informed risks



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Why people have sex

Why people have sex

A study asking people why they have sex came up with over 230 reasons! Here are some of the main ones:

For physical reasons e.g, to reduce stress (reduce a headache, help fall asleep etc), for pleasure, because you are wanting to experiment.

For emotional reasons eg. to express affection, to express desire, to feel closer, for love, for commitment, because you are attracted to the person or want to feel physically desirable

Why people have sex

For social reasons such as improving income/job prospects, to enhance social status like being more popular and telling friends, getting back at someone, to make someone jealous.

For personal reasons such as boosting self-esteem, guarding a relationship out of duty/pressure.



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Sexuality: A fundamental right for all

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Articles 3 and 12:

These are about the right of PwD to autonomy and independence. This includes the freedom to make their own choices and to receive support to help make their own decisions.

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Article 23: calls for effective and appropriate measures to eliminate **discrimination** against PwD in all matters relating to **marriage, family, parenthood and relationships**. This includes the right to sexual relationships, to retain fertility, to marry, and to choose if and when to have children.

EU STRATEGY FOR THE RIGHTS OF PwD 2021-2030

**Explicitly calls for
improvements in access
for PwD to sexual and
reproductive healthcare
and prevention services.**



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Attitudes and Values

What is an attitude?

An attitude is:

a learned tendency to evaluate things in a certain way, which can be positive or negative.

a set of emotions, beliefs, and behaviours about a particular object, person, thing, or event.

often the result of previous experiences or education and can have a powerful influence over behaviour.

What is a value?

A personal value is:

**something
we believe to
be right or
wrong**

**something
that guides
our approach
to life**

**something
that has
been taught
or learned
through
experience**

**affected by
the values
held and
expressed by
wider society**

Common myths and misconceptions about PwD



PwD are asexual

Common myths and misconceptions about PwD

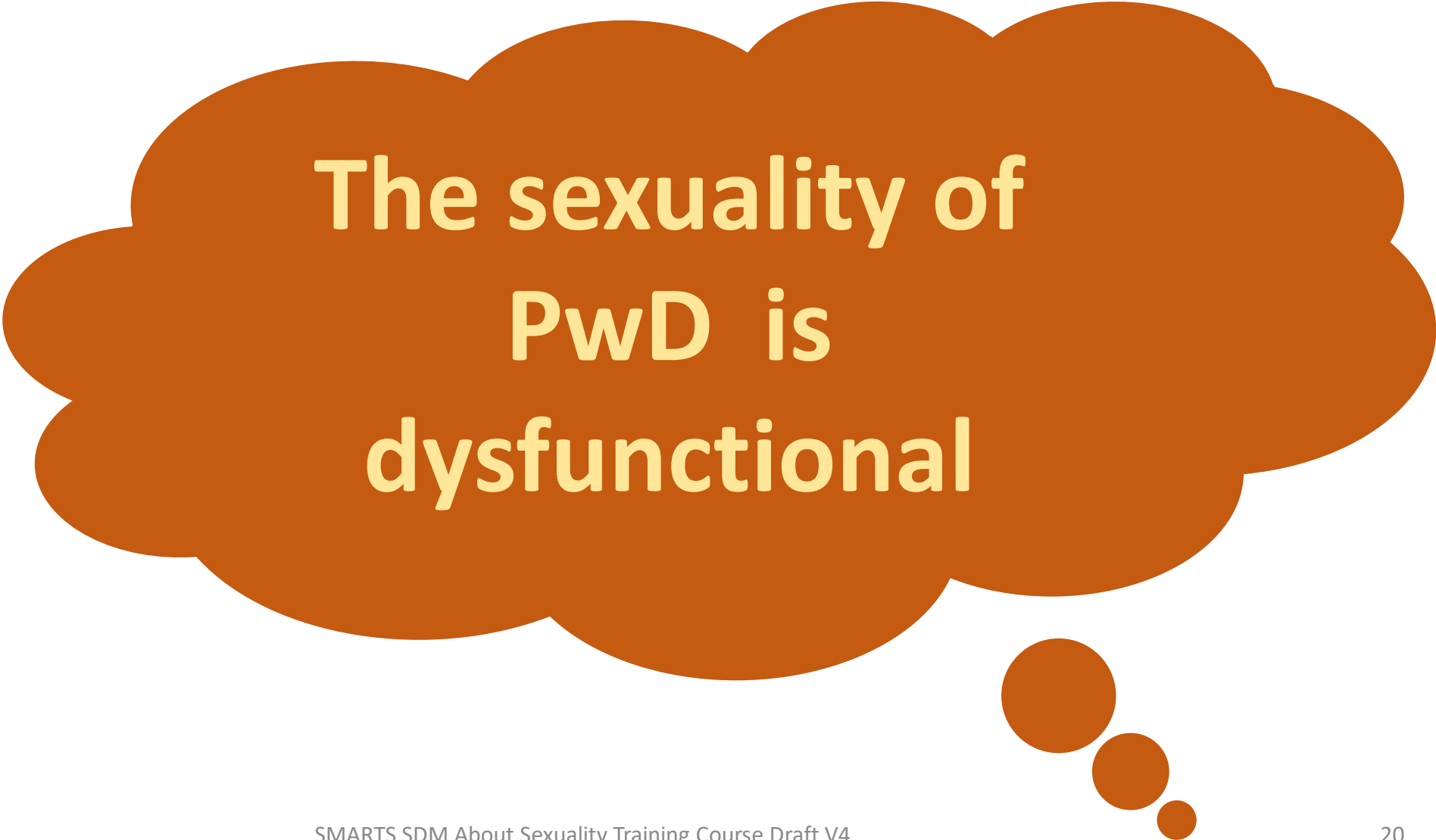


**PwD are
hypersexual**

Common myths and misconceptions about PwD

The sexuality of PwD is different from that of people without disabilities

Common myths and misconceptions about PwD



**The sexuality of
PwD is
dysfunctional**

Common myths and misconceptions about PwD



**Sexuality of
PwD is secondary**

Common myths and misconceptions about PwD

**PwD are not at risk
of sexual
harassment/abuse**

Common myths and misconceptions about PwD

**PwD are not
capable of
becoming parents**

Common myths and misconceptions about PwD

PwD can't make good choices regarding family planning

Common myths and misconceptions about PwD

**PwD are always
heterosexual**



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Barriers for PwD to sexual and reproductive health and rights

Barriers for PwD to sexual and reproductive health rights



Poverty

Barriers for PwD to sexual and reproductive health rights

**Sexual exploitation
and abuse**

Barriers for PwD to sexual and reproductive health rights

**Inadequate
education**

Barriers for PwD to sexual and reproductive health rights

**Lack of research on
topic**

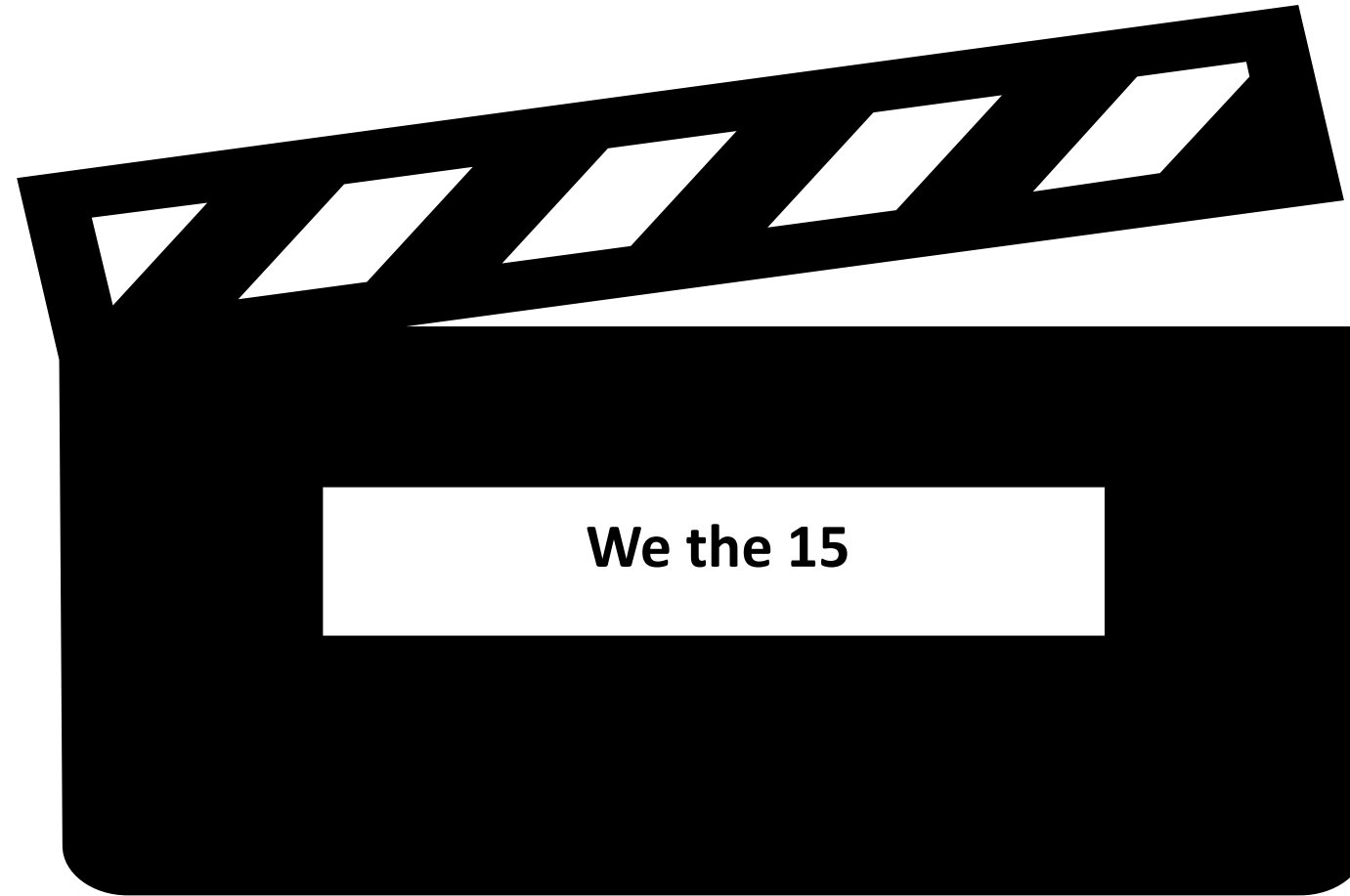


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Looking good - feeling great

Looking Good- Feeling Great



We the 15 on video clip [YOU TUBE](#)

Looking Good- Feeling Great





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Sexual Abuse and Safeguarding

Sexual Abuse and Safeguarding

Care Professional should:

Understand what sexual abuse is and be able to spot signs and symptoms

Know how to respond to disclosure of sexual abuse

Understand the limits of confidential

Know the kinds of touch that are appropriate

Know how to report concerns and use organisational procedure

Help PwD to know how they can keep themselves safe

Keep within the boundaries of a professional relationship.

Sexual Abuse and Safeguarding

PwD are vulnerable to abuse because:

They may not recognise abuse

They may not feel able to ask for help particularly if they rely on the abuser to meet their needs

They may not know where to go to for help, and have limited options

They may not have the communication skills to verbalise what is happening

Sexual Abuse and Safeguarding

PwD are vulnerable to abuse because:

The signs of abuse may be seen as part of the person's condition and missed, misinterpreted or ignored

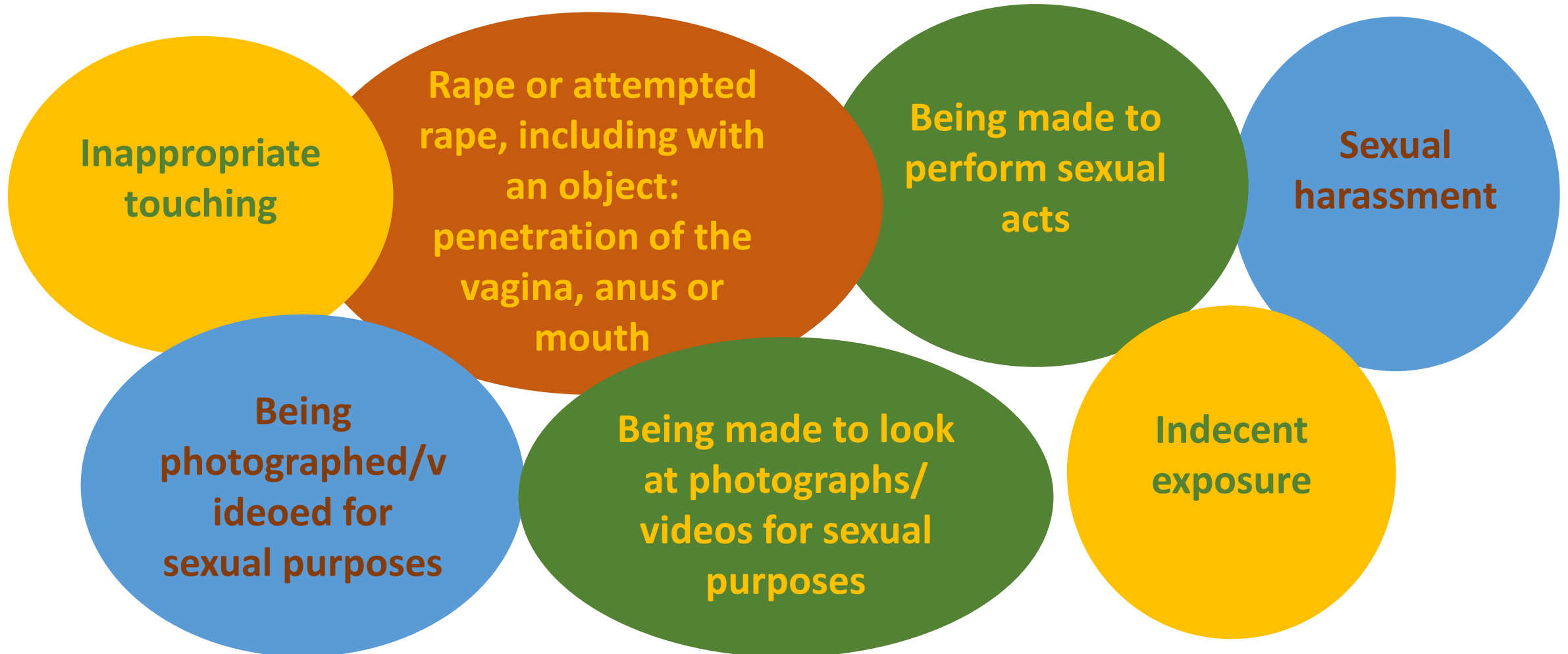
They may be less likely to be believed

They may be used to doing things to please other people

They are likely to be in a less powerful position than the abuser because of their disability/mental health condition, which makes abuse more possible.

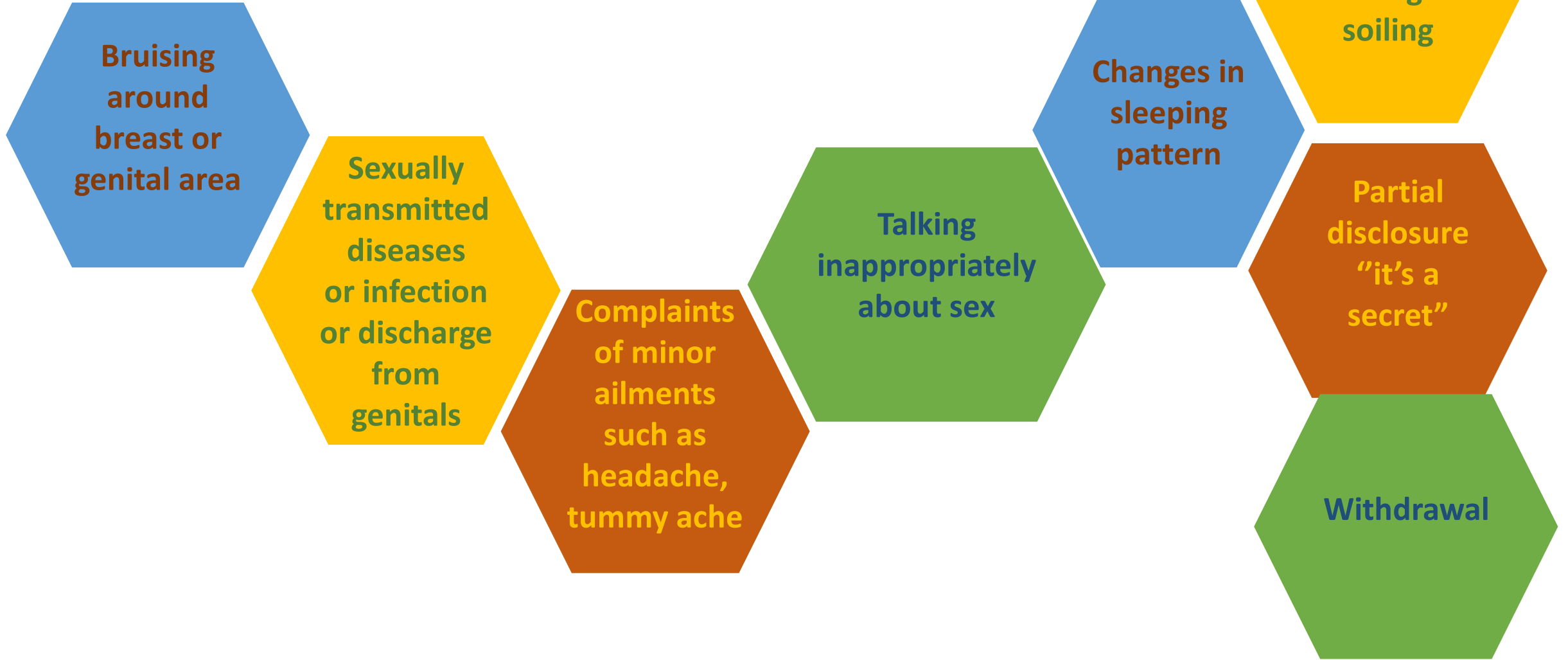
Sexual Abuse and Safeguarding

Sexual abuse can involve any of the following:



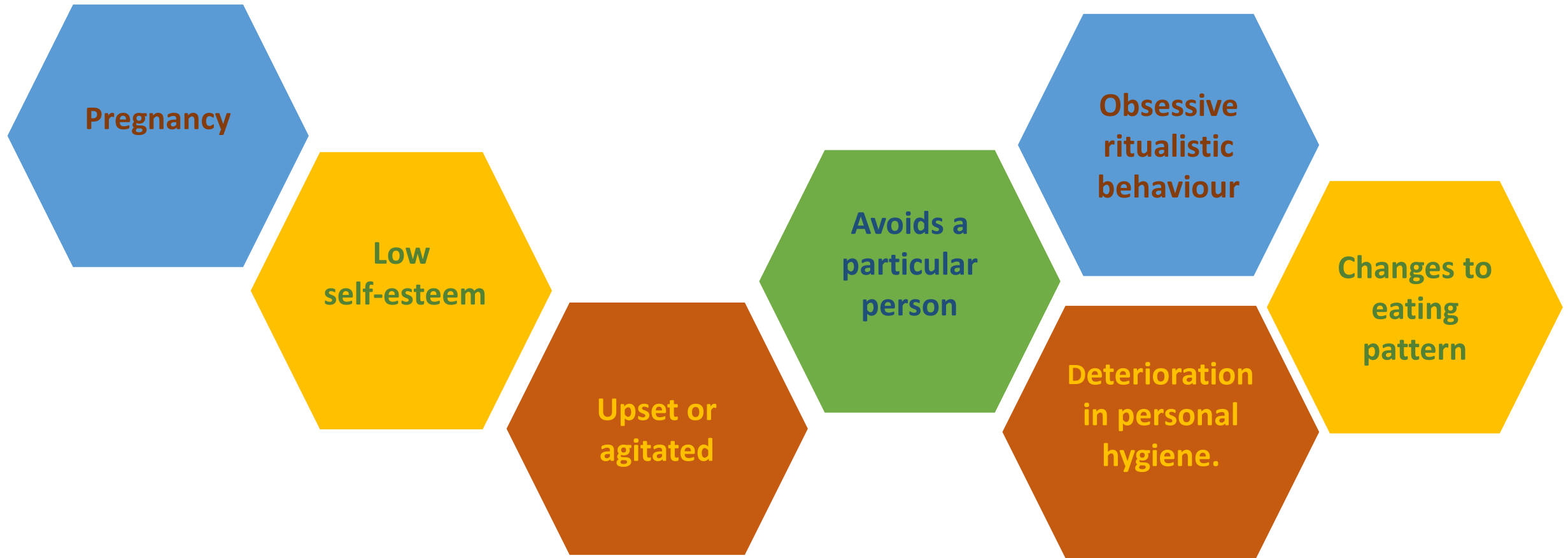
Sexual Abuse and Safeguarding

Signs and Symptoms of Abuse:



Sexual Abuse and Safeguarding

Signs and Symptoms of Abuse:



Touch is ok where:

It is agreed or negotiated with the recipient or their advocate.

It does not carry any sexual intent or sexual gratification on the part of the person doing the touching. This is more important than the place on the body that is being touched. PwD may need help with intimate personal care and will need to be touched on their genitalia. When this is done with no sexual intent or gratification on the part of the person touching, this is OK. On the other hand, non sexual parts of the body e.g. hair, or a knee, can be touched in a way that carries sexual intent or gratification. This is not OK. In other words, it is the intention of the person touching that is important here, not the place being touched.

Types of disclosure

Full or open disclosure

The person tells you directly and openly about the abuse. This may be completely unexpected and you may feel very shocked.

Partial or hidden disclosure

The person hints or indicates in some way that abuse has taken place, but then quickly changes the subject. He/she may seem unable or reluctant to give you any further details.

Indirect disclosure

The person talks about abuse generally, or in connection with another person, and seems to be looking for your reaction

Fears and feelings about disclosing that abuse has occurred:

being afraid of not being believed

blaming him/herself for the abuse

worry that others will side with the abuser

feeling too scared to be able to talk about it

not having the vocabulary to describe what has happened

Fears and feelings about disclosing that abuse has occurred:

worrying about possible physical violence from the abuser to him/herself or others if he/she tells (this may have been threatened)

not knowing what will happen once he/she has told about the abuse

being afraid of making people angry

worry that his/her family will turn against him/her

Fears and feelings about disclosing that abuse has occurred the person may:

worry about being taken away from home, family, friends (this may also have been threatened by the abuser)

worry about what his/her friends will think

worry that it won't make any difference if he/she does tell

worry that nothing happened last time he/she tried to tell, so what's the point of doing it again.

Responding to a disclosure

Show the person that you are taking seriously what he/she is saying. Show sympathy and concern, but don't make comments or judgements about what the person is saying. Making comments such as '*why did you let him?*' or '*why didn't you tell anyone?*' can make the person feel that the abuse was his/her fault.

Responding to a disclosure

Be prepared to believe the person. Taking what the person is saying seriously can sometimes feel difficult if the disclosure does not seem to make sense, you know the alleged perpetrator and feel that he/she would not have done such a thing, or the person has previously made unsubstantiated allegations.

Responding to a disclosure

Remember that your role is not to conduct an investigation, or act as the judge or jury. You are there to support the person in front of you and for the time being it is important to give him/her 'the benefit of the doubt'.

Responding to a disclosure

Show care and compassion but do not give sweeping reassurances. To promise that *'it will never happen again'* or that the alleged abuser will be *'put away'* is making an assurance that you cannot guarantee. It is more honest to tell the person that you care about him/her and that you will support him/her and make him/her as safe as possible.

Responding to a disclosure

Things you should do:

Stay calm

Listen patiently:

Let him/her take his/her time:

Use the supported person's preferred communication method.

Responding to a disclosure

Things you should do:

Reassure him/her that he/she is not responsible for the abuse:

Thank the person for telling you:

Record what the person has told you, as soon as you can, using his/her own words wherever possible:

Explain what you are going to do now:

Get support for yourself:

Responding suspicions:

**Don't ignore
or dismiss
your
suspicions:**

**Be clear
about your
services
policies
and
procedures**

**Don't
alert
suspected
abuse**

**Don't
investigate**

Responding to suspicion

Check what action has been taken

Responding to a disclosure

Staying Safe: Ensure that the people you support know:

that they have the right to say 'NO' to anything they do not like or want;

who/how to tell if they are unhappy about any sexual approach/contact, and what will happen next;

where and how they can have access to materials aimed at PwD (easy read).

what the procedures are at your organisation that are designed to keep them safe, and how they can use them (easy read)



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Talking About Sex

Talking About Sex

Laying the groundwork:

If possible, wait until a comfortable and trusting relationship has been established before talking about sex and intimacy.

Be clear before you start about what you should keep confidential and what you cannot.

Make sure you have an uninterrupted timeslot, and a quiet, private space.

Try not to make any assumptions. Have an open and curious mindset and be prepared to let the PwD set the pace.

Ensure any materials you are going to use are written in an accessible format. Think about other ways you could present material using videos, audio, objects etc.

Talking About Sex

Key things to consider:

Talk naturally, whilst also recognising that some topics might be intimate and create initial discomfort;

Demonstrate a willingness to listen, showing your belief and interest in the person

Speak clearly and calmly, avoiding jargon and complex terminology. Give concrete examples and use simple but correct information.

Use simple day-to-day activities and routines to contextualise the topics being discussed;

Address social rules and value and respect everyone's privacy;

Pay attention to verbal (e.g. speech) and non-verbal (e.g. facial expressions, body posture) behaviours;

Promote the autonomy of the person

Talking About Sex

The 6 R's:

Relax

Reveal

Research

Remember

**Reach
Deeper**

Reflect

Talking About Sex

Ideas to support good communication about sex (or anything else!)

Use reflective listening paying attention to verbal and non-verbal aspects of communication;

Provide verbal information, enhanced by the use of visual supports;

Create pauses and provide time for the other person to process the information and respond;

Balance the conversation between your own initiatives and the PwD's initiatives;

Balance the conversation between questions, comments and clarifications;

Share the responsibility for any misunderstandings or communication breakdown; and

Learn from misunderstandings and communication breakdowns and find new ways to enhance the success of communication.

Scenario TOM





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Supported Decision Making about Sexuality in your services