Modifying Sexuality Topics for Students with Disabilities

Break the Topic into Smaller Pieces

- Take a larger topic and consider the skills and knowledge which need to be taught; for example, young people need to cover the following topics when learning about puberty:
  - anatomy
  - feelings (need for privacy, importance of peers, sexual arousal)
  - body changes
  - personal hygiene routines (menstruation & ejaculation)
  - appropriate social behaviour (public vs. private, greetings, public affection)

Start with the Basics

- Start with the facts and skills people need to live day to day.
- Ask students what they already know; for example, the list of skills and knowledge for puberty starts with identification of body parts and an awareness of the changes that are experienced during puberty.
- All individuals should receive information about the new feelings they are experiencing, but the depth of information will vary depending on the young person's ability to understand abstract concepts.
- The presentation of this information is especially important for young people with limited communication skills who may not have a way of expressing questions or concerns about the changes associated with puberty except through seemingly inappropriate behaviour.

Be Concrete

- Use visual cues and descriptive body language.
- Ground examples in real life experience; for example, use pictures that demonstrate the changes that occur in human bodies over time.
- Have the young person identify the changes that have already happened as she or he has been growing up. This may help to normalize the changes associated with puberty.

Be Repetitive and Cumulative

- Review from lesson to lesson.
- Build on the concepts taught in the previous lesson; for example, individuals can learn about public and private during a discussion on anatomy. In a future lesson, individuals could review the concept of public and private body parts and move to a discussion of appropriate social behaviour based on keeping certain parts of the body private; i.e. people don’t touch their own or other’s private body parts in public.

Modifying for Specific Disabilities

- Focus on the individual, not the disability.
- Find out how other subjects are taught successfully.
- Work with other caregivers who understand how the individual communicates and learns.
- Contact a specialist (e.g. CNIB, audiologist, speech-language pathologist) for help in modifying information for young people who use alternative or augmented communication.
- Make judgement calls about decision-making and safety skills on a case-by-case basis.
- Try not to make generalizations about ability to make decisions and instruct about personal safety based upon the particular disability of each person.
- Avoid rationalizations such as, “This child has Down Syndrome and all children with Down Syndrome are overly trusting; therefore, we shouldn’t waste our time teaching abuse prevention. Our goal should be to restrict this individual's freedom to keep him safe”.

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