RelatABILITY

Grey Paper

A Community-Based Study on Improving the Consent Education Opportunities Available to Youth with Developmental Disabilities and their Adult Allies

Written by

canvas | arts action programs

Funded by

Ontario Trillium Foundation / Fondation Trillium de l'Ontario

An agency of the Government of Ontario
Un organisme du gouvernement de l'Ontario

Consent is for Everybody

In an ableist world, youth with developmental disabilities are too often denied the tools that would help them engage in safe, healthy, pleasurable relationships. In 2019 and 2020, CANVAS conducted community research with youth with developmental disabilities, as well as their non-disabled adult allies, to determine how to best support this population in consent and relationship education. Our results give insight into barriers affecting consent education, as well as programming strategies which may mitigate these barriers.

Acknowledgments

It was a collective effort to produce this document. A special thanks to the youth with lived experience of developmental disabilities, and their adult allies who so generously shared their advice, wisdom and practical tips. Thank you to the CANVAS Arts Action Programs research team: lead researchers Jesse Schwartz and Twoey Gray; interviewers and transcriptionists Rhiannon Downey, Joel Moyer and Alex Vicioso; lead analyst Londzo Drury; programming team Miriam Selick, Joey Vanderwel, Rhiannon Downey and Twoey Gray; graphic designer Joey Vanderwel; and, layout designer Chelsea Barnett. We appreciate the support of Avra Selick for her research oversight. Finally, this research would not have been possible without the funding provided by the Ontario Trillium Foundation.

How to Cite

CANVAS Arts Action Programs (2020). *RelatABILITY: A Community-Based Study on Improving the Consent Education Opportunities Available to Youth with Developmental Disabilities and their Adult Allies.* Toronto, ON. Access at: https://www.canvasprograms.ca/research.

CANVAS Arts Action Programs (CANVAS) is a registered non-profit organization founded in 2014 to prevent gender-based and sexual violence, homophobia and transphobia.

Based out of Toronto, Canada, CANVAS uses interactive, arts-inspired training programs to educate on gender equity, consent, and LGBTQ2S+ inclusion in schools, summer camps, community centres and workplaces. Through creative and compassionate workshop facilitation, participants critically examine harmful norms, learn about the experiences of marginalized groups, and recognize their capacity to affect positive change. Together, we can work towards a more empathetic, equitable and kind world-view.

Our experience serving youth with developmental disabilities includes:

- The RelatABILITY Pilot Program – A 2-year arts-based consent education project reaching 120 youth with developmental disabilities; $140,000 in funding for this program was provided by the Ontario Trillium Foundation's Youth Opportunities Fund
- March of Dimes Canada Partnership – a customized LGBTQ2S+ inclusion workshop supporting young adults with disabilities to make the transition to greater independence by providing new skills and hands-on opportunities for growth and development

Our experience with consent education includes:

- The Back Talk: Voices Against Violence Program – running since 2017 and securing over $300K in funding, Back Talk is a consent-based poetry program for young women and femme-identified youth experiencing homelessness or street-involvement
- The C-Word Program – a 3-part workshop series that focuses on consent and healthy relationships through the exploration of social expectations, barriers to communication, sexual pressures and power dynamics; since 2015, The C-Word has reached over 6,000 youth in private schools, public schools, and summer camps across Ontario

Methods & Demographics

A Note About Language: What is "The Social Model of Disability"?

The Ontario Social Inclusion of Persons with Disabilities Act (2008) defines developmental disability as significant limitations in cognitive and adaptive functioning that occur before 18 years of age which are likely to be lifelong in nature, affecting areas of major life activity. These can include language skills, personal care, learning abilities, and the ability to live independently as an adult (Ontario Developmental Services, 2019). Down syndrome, autism, and fetal alcohol spectrum disorders are common diagnoses considered to be developmental disabilities.

CANVAS follows a **social model of disability**, believing that disability is a social construction in which people are disabled by societal barriers, not by an impairment or difference. In our work, the term “developmental disability” is used recognizing its origins in a medical, deficit-centered model of disability, while understanding its present function as a legal and educational term in Ontario.

To identify consent education needs unique to youth with developmental disabilities and their adult allies, CANVAS conducted a literature review, and completed semi-structured interviews with 17 adult allies and 7 youth.

The qualitative analysis involved use of a master spreadsheet of interview data to code insights including: (1) key stories, (2) understanding of consent, and (3) suggestions for future programming. Once the data had been coded and ordered, participant responses were carefully reviewed to identify connections and frequently occurring themes. The most common responses were tracked, that is, those lines of experience that participants seemed to share. The interviews were subject to the following inquiries: What relationships exist between these issues? Does gender play a factor in responses? Do parents cite similar reasons for their choices to refrain from conversations around sex with their children? Answers were identified from within participant responses to shape our research findings.

Framing the project: A review of the existing literature on consent education and developmental disability.

Our literature review intended to answer the questions:

1. What are the best practices for teaching consent to youth with developmental disabilities?
2. What barriers prevent youth from receiving this education?

Methods CANVAS undertook a literature review of peer-reviewed publications and grey literature gathered from 3 databases (Scopus, ProQuest, and Google Scholar) and additional electronic sources. We included literature on sex education for persons with developmental disabilities (including autism and Down syndrome) published between 2000 and 2019 in order to ensure information was contemporary. Literature from before the year 2000 was excluded. A broad search of the available literature was conducted until saturation was achieved.

Results Though some sex education programming exists for youth with developmental disabilities, little *consent-focused* programming exists for this population. Existing sexual education programs report little on their methodology, but rather on their effectiveness, making program replication difficult. CANVAS was able to identify **4 main barriers** to consent education affecting youth with developmental disabilities, and **12 suggested best practices** intended to best facilitate this education.

4 Barriers Identified in the Literature

1. Youth with developmental disabilities are excluded from sex education, due to eugenic histories and desexualization.
2. Caregivers are overprotective or under-equipped when it comes to engaging conversations on sex education.
3. The concept of consent is often omitted from sex education, or rarely ventures beyond "no mean no".
4. Teaching activities and styles do not adequately meet the learning needs of the population.

12 Best Practices Identified in the Literature

PLANNING STAGE

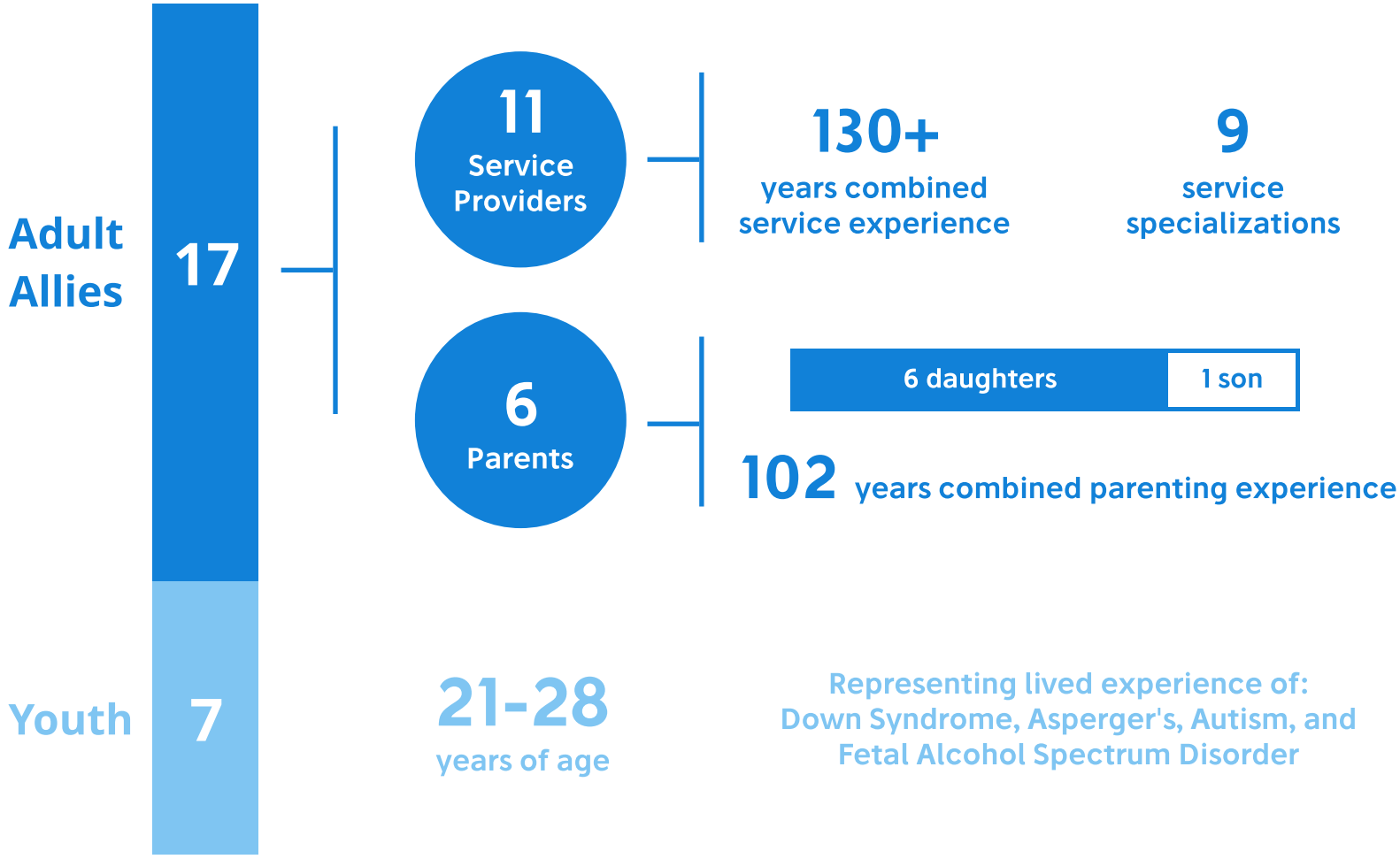
1. Individualized / customized programming
2. Concrete, applicable skills
3. Pace and repetition
4. Clarity
5. Examples
6. Roleplay and practice
7. Multiple forms of representation
8. Consider sexual diversity
9. Focus on shame-free love and pleasure

ECHO & EVALUATION STAGE

10. Repetition supported by adult allies
11. Take-home materials
12. Evaluate

Read the complete literature review at www.canvasprograms.com/research.

Of the 24 original interviews conducted by CANVAS...



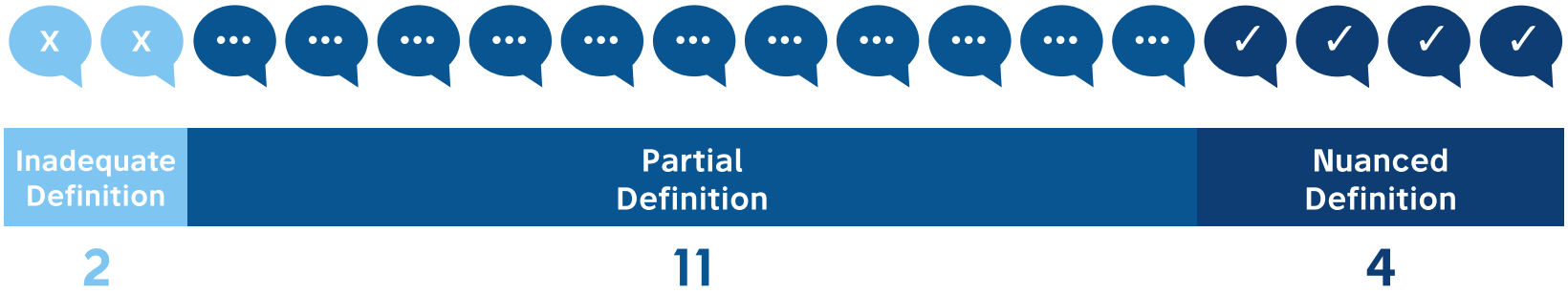
Adult Ally Insights

GOAL #1: To identify what successful resources and strategies adult allies are currently using to lead consent conversations (formal or informal) with their clients/children.

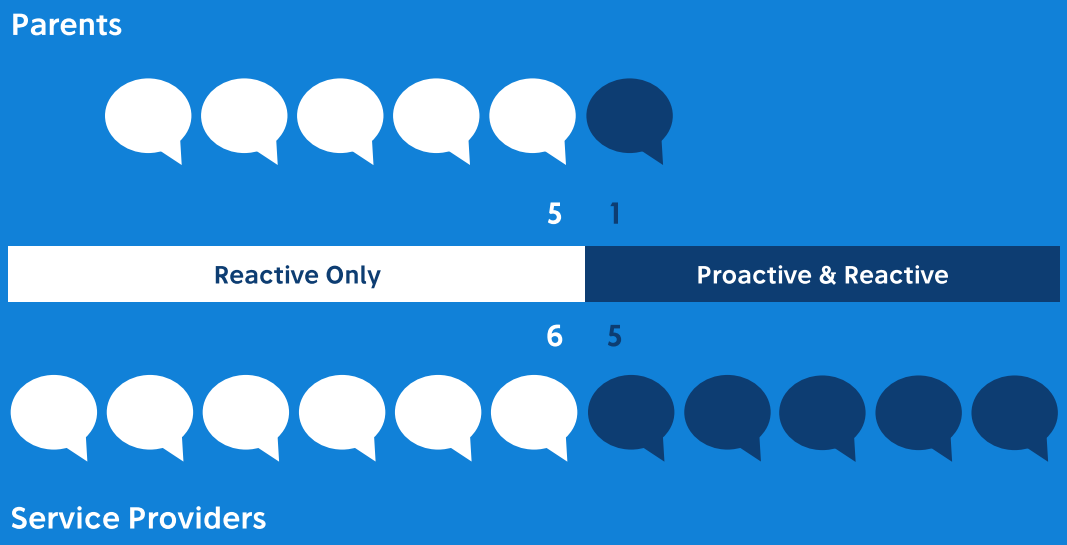
GOAL #2: To assess what further supports adult allies need to improve consent knowledge in their clients/children.

Our research among adult allies identified a range of attitudes towards leading consent education with youth with developmental disabilities. Lack of confidence in leading consent conversations was commonly reported. Interviewees shared a multitude of experiences and considerations particular to youth with developmental disabilities which illuminate the ineffectiveness of one-size-fits-all education. Interviewees identified three primary topics to prioritize in consent education: 1) boundary setting, 2) inappropriate touching, and 3) private vs. public space. 17 successful strategies and 4 unsuccessful strategies for consent education were also collected.

Ability of Adult Allies to Provide a Definition of Consent:



Whether Adult Allies are Having Proactive or Reactive Conversations about Sex:



6 adult allies mentioned at least once that they wouldn't bring up the conversation unless they felt the child was "interested" or it "came up"

"I never really talked to him about sex."
I: Why do you think that is?
"Because, I guess in my mind he'll never have sex."

Every parent mentioned **a lack of confidence** at least once in their interview

Barriers to Having Consent Conversations

1

Some parents may not want the child to have sex at all and/or fear that having a conversation will put "ideas" in their head.

"I don't really feel I need to open these cans of worms that can turn out to be snake worms or whatever. I think you know if there's a reason for it and a purpose for it or if it makes a difference to how she perceives the world. Sure. We'll go there...when I think she's ready or when she's actually in a relationship we can go step by step."

2

Many parents assume that their child is not sexually active, and/or will never be, and therefore feel that the conversation is not relevant.

"To be honest with you, now that you bring it up, I am coming to realize that I assume [daughter's name] as a asexual. But it is also, I don't wanna impose my views or expectations. So, she could be, for all matters, fantasizing or not. I have absolutely no way to assess that without thinking that what I'm doing is reflecting my own expectations, or my own views into what she is."

3

Service providers are often unclear if they are allowed to have these conversations, even when the youth want them, mainly due to heavy parental involvement/ permission.

"The parents have the overall say. So that could be where the challenge is sometimes. And then us as an organization we have to make sure that we're essentially abiding by the parents because they're the overall. But then at what point do we - like how do we teach certain skills or certain things if there's two different opinions?"

Reasons Parents Expressed a Lack of Confidence

1. A feeling that the child was more likely to listen to someone other than themselves
2. Generational differences left them with little understanding of current perspectives on consent
3. A feeling that an expert would be better equipped to have this conversation
4. Difficulty finding resources to support the conversation
5. A feeling that the child already knows more than the parent
6. A feeling that they missed their chance, and now it is too late to have the conversation

Reasons Service Providers Expressed a Lack of Confidence

1. The youth are more likely to listen to "experts" than workers they communicate with every day
2. Generational differences make it difficult to meet youth where they're at
3. Conversations they're used to having are more focused on boundaries rather than sexual education
4. Talking about consent is normally "in-the-moment" or "as it arises" rather than proactive
5. Knowledge of this topic is often general, not expert or nuanced
6. The program is very structured and does not leave space for these types of conversations

Reasons One Parent Expressed a Commitment to these Conversations

1. To avoid having their child believe misinformation they may receive at school
2. To discuss situations that may arise in the future (since their child showed interest)
3. To ensure both children received the same information, regardless of ability or gender

Consent Issues that Affect Youth with Developmental Disabilities

This population is often taught to be compliant, and therefore may not understand their right to choose/may struggle to feel empowered to choose. *"I was one-on-one with a client there and he was not allowed to masturbate. But he loved shower time everyday, and according to the wishes of his parents, whoever was working with him had to stand outside of the shower telling him to hurry up. That, 'Ok, shampoo, ok, soap, ok, rinse, turn the water off.' It was really difficult, really, really difficult. Because that should have been his moment to be alone, and should have been able to release! He wasn't allowed to."*

Men with cognitive disabilities may have a higher chance of experiencing criminal charges for sexual behaviour in public spaces. *"[I was] supporting a teen with a disability who has an issue with masturbating in public... It was that misunderstanding that there's a time and place for when you can do that. It's okay you want to touch yourself; you just need to do that in your bedroom with your door closed and make sure you keep your hands above your pants when you're out in public."*

The population is desexualized and therefore "left out" of these conversations to begin with. *"Most parents I find are unwilling to believe that their developmentally challenged children have desires, and needs, and likes and dislikes."*

Non-speaking youth may have increased difficulty expressing their boundaries. *"A lot of our students in our school are non-verbal. So, it's not always very clear about the things that they want, or whatever their desires are."*

Programs are often understaffed and under resourced, meaning no one child gets the focused attention they need. *"We're a four hour program, there's two staff, and one volunteer everyday. Whereas the program I was at last night was an hour and a half, there's three or four staff, and at least two volunteers. There's a lot more support."*

Misunderstandings of what love & romance are supposed to be can cause boundaries to be crossed. *"In the times that I've tried to help him meet women he's so hungry for it that there's no 1, 2, 3. He goes from zero to 10."*

People in this population are assumed to be "lying" and may need to repeat themselves over and over before someone takes their survivor story seriously. *"You should just take them seriously from the beginning. If you say something like that, 'someone touched me and I didn't like it', and you just, then that shouldn't be just a brush off the shoulder, it should be 'let's talk about this further, when did it happen, where did it happen?'"*

The statistics are upsettingly high for people with disabilities experiencing sexual abuse. *"And if you looked at the data and you look at sort of who is in the lowest poverty, like highest rates of unemployment, highest rates of abuse, sexual abuse, all those things - it's always people with intellectual disabilities and yet as a whole the population gets ignored."*

Increased complexity of navigating the internet & risk of catfishing. *"Catfishing is huge because our folks are isolated and want relationships and they've discovered they can do that through their computers and phones."*

Consent Issues that Affect Youth with Developmental Disabilities (cont'd)

Inappropriate relationships may not be intuitive. *"There's a lot of programs in like the Jewish community that all people who have an intellectual disability are grouped into the same group. So a 20-year-old can become really close with a 12-year-old so for autism like sometimes those lines get blurred."*

Heightened isolation... *"She spends a lot of time by herself... she doesn't have a large friendship group, she never did."*

...causing little opportunity to learn about sex from peers. *"You or I would look to our peers that we trust and have experience. At a certain age most of your friends have had sex and had several relationships to draw from. But, with the people I support, their peers may not."*

...causing little opportunity to engage in sexual activity, which puts pressure on the opportunities that do come up. *"It's hard for them to organize a date. To get the parents involved or on board. Get themselves to the date. Have the money for the date. There's just a lot of barriers at play."*

Long-standing history of abuse/stigma/ discrimination against people with disabilities. *"Consent is about understanding your own needs, and seeing yourself as valid, and a person who deserves. I think that there are parts of that. The self-esteem building and confidence-building, if we were to just take everything away, the history of people with developmental disabilities has been just a long and hard one. From institutionalization, and people viewed as not worthy. You're not worthy of a job. You're not worthy of making decisions of dressing yourself, or whatever. So, I think there is a piece of that lingers."*

Human trafficking. *"Our folks are being asked to not just traffic themselves for sex, but being asked to run drugs and they're being asked to do things with the promise of a boyfriend or girlfriend."*

Youth may fear that they will get in trouble for coming forward about an event that happened to them. *"Then she said to her teacher: Oh one day he was having a Halloween party and his mom was upstairs. They were in the basement and all the other girls left. And apparently she was the only left and he took his penis out of his pants and showed it to her and the teacher goes 'Well what did you say?' and she goes 'That's not making me comfortable. Put it away.' But she never told me and I said, 'Why didn't you tell me?' and she goes 'I thought you may be upset or make too much out of it.'"*

Certain medications may increase aggression and cause greater chance that the youth may react physically and breach someone else's consent. *"He would be in the car with me, and I'd be driving, he would just get agitated and hit me. He is blooming strong. But then the first thing he would say is 'I'm sorry,' and then he would get a bandaid and put it over my clothes where he hit me. [Laughs]. So cute! But, yeah, he would say right away he's sorry. So, obviously, he knows that was wrong. Thank god, he doesn't have that anymore because the medication is working. That was a terrible time."*

Sex ed is already a taboo topic for the general population. *"A lot of families would prevent their children from learning about these sorts of topics... even in the general population."*

Adult Allies expressed a clear need for youth with developmental disabilities to receive consent education on:

1. boundary setting
2. inappropriate touching
3. private vs. public space

"Someone was taking a Wheel Trans trip and the driver I guess was maybe trying to be funny and started saying that he was not going to drop this person off here at [the person's day program], to the point where she had to say she was going to call the cops if he did not."

1. Boundary setting.

With a population that is pressured to be hyper-compliant, the concept of reciprocal boundary setting must be actively engaged. Youth with disabilities should be encouraged to identify their personal boundaries and communicate them, as well as taught tools to recognize and respect the boundaries of others.

"I was working with this individual [who was] hands on all the time. Like we go to a mall and he's just interested in somebody who's eating cool chicken fingers or something like that. Just like hands on right away. I understand but like eventually the goal is that he'll be able to go to a mall by himself and use the money he's earned to buy video games. You can't be touching other people's food or things like that... If I touch somebody's food they may not want to eat their food anymore. Like if I touched your food. For him he understood like, very much like "Hey man if I had touched your food would that be okay?" and he'd say "Why would you touch my food?" Like I don't know your chicken fingers look really tasty, maybe I just wanted to take one. It's like even though we have impulses of things we want to do, they're tough to control and we frame them in a way that would be negative to that person and that's a good way to go about it."

2. Inappropriate touching.

Framing impulse control by relating it back to an individual's personal experience can be a useful strategy to create consensual habits. Practicing consent-based impulse control throughout one's daily routine, from greetings to meals, can help clearly establish this concept for use when it comes to sexual consent and bodily autonomy.

"I was speaking with a parent of a completely non-verbal student and she bought him a sexual device that he was only allowed to use in his room. She was very proud about talking about it to a few people. I found it was the most remarkable thing. She was so sex-positive and aware of what was going on."

3. Private vs. public space.

Establishing the distinction between what's appropriate in private compared to what's appropriate in public offers a dual-benefit. First, allowing sexual expression in private combats the desexualization of people with disabilities offing them the parameters for a healthy and pleasurable sexual outlet. Second, creating explicit standards for public space prevents the risk of criminalization that can occur if someone inadvertently engages in non-consensual sexualized behaviour in public.

17 Successful Strategies for Consent Education

1	Establish buzzwords	*"'Boundaries' is a big buzzword for one of our clients who was in the relationship. If I said 'boundaries' or 'remember where you are, what's the setting' he would be like 'oh, ok'. It would hit him that maybe this is inappropriate for where I am right now."*
2	Bring in an expert	*"I find that they respond really well to people we brand as 'experts'. People who are coming in and... they hear my voice all day everyday. I find that we are more successful with someone with a fresh voice and a new perspective comes in."*
3	Variety - tackle the same content three different ways	*"Explain something and give it context in a game or an activity or something." "I use a lot of visual. Pictures. I use all different kinds of pictures."*
4	Use humor and song	*"I think that my biggest successes for supporting youth with disabilities is really getting to know them and it's something as quirky as a song."*
5	Outside trainers should consult with someone who knows the youths' needs well to tailor the learning	*"You need to know who's in your workshop and you need to know what their level of understanding is... it might look a little different, how you translate those key points across to people."*
6	Take a sex-positive approach that allows for discussions of appropriate ways to find pleasure	*"We're saying 'don't do that' but we need to back it up with 'it's okay that you're doing that but there's just a different place that you would do it and that's appropriate.'"*
7	Have participants repeat back what they've learned in their own words	*"I find what's most successful is when you get the person to then parrot to you in their own words what it is that you just said. So you can check for comprehension."*
8	Facilitators should reflect the population	*"My co-instructor, she's gay and she doesn't disclose but I think she sort of understands when there's people who identify as LGBTQ she's like she sort of speaks from a place of authority."*

9	The online world is the real world too	*"We talk about social media and internet safety. Then we talk about etiquette as well. So it's things like you shouldn't be requesting people you don't know... How often should you be messaging? Things like that."*
10	Use familiar stories to make connections	*"What could work in a very safe space would be reenacting scenes from movies that they recognize, like fairytales, Disney. Things that are in their wheelhouse and then you can talk about the prince kissed her and she was asleep."*
11	Base the conversation in empathy	*"Like 'If this happens they may feel like this, this, this and this'. What do these things feel like? Do you want to make people feel that way? If not what are the things we can do?"*
12	Be fluid and adaptable with goals	*"What may happen is you may spend time on certain things and you may spend less on time on other things. So the curriculum has to be fluid. It has to be very fluid for your audience."*
13	Repetition through ongoing programming and caregiver buy-in is key	*"It's more effective if you keep repetitively doing it, so my workshops will be weeks. They can't be a day. And it's repetitive on just one specific type of topic. And then going back and re-reviewing and getting staff to review and other people to review."*
14	Normalize consent in the day-to-day	*"Now, in her day program, they say 'no hugs.' You shake hands, and now [daughter's name] is doing that constantly."*
15	Keep up-to-date with youth trends	*"I try really hard to be 'in touch' and really try to update myself on trends when it comes to not sexual education but what is going on with the youth. Like what are they struggling with?"*
16	Empower boundary-setting	*"I also told them when they were younger: 'The only people that have the right to touch you is yourself and your doctor to make sure you're healthy. Nobody else has the right, including me, including your brother, including your father.'"*
17	Create time for one-on-one conversations	*"It would probably be harder to convey a thousand different scenarios to different kinds of people, so I'm glad I had, like a one-on-one program."*

4 Unsuccessful Strategies for Consent Education

1

Using metaphor to convey concepts.

"If it's too literal then someone who's on the spectrum will take it that literally. Same with putting a condom on a banana. They'll put the condom on the banana but have unprotected sex. Because of that literalness, so you have to be really careful about those."

2

Starting off too advanced.

"We had a nurse come in to run the workshop and quickly realized it was over a lot of people's heads what we were talking about. One person got really upset because they had no idea what we were talking about. Another person thought that the condom was a candy and tried to put it in their mouth."

3

Fearmongering.

"Like I said, you take all these in-class programs, and I talked to her about STDs. She's very well-versed on STDs, and yet there's zero on physical and emotional pleasure! Right? Identifying that it's ok that you're feeling a certain kink or a certain interest. I remember I asked her if she knew what lubrication was and she couldn't. In my mind as a sexually active person, I'm like that is something I need every single time."

4

Waiting until it "comes up".

"The youth need to get it. I wish they got it before it comes to us, or they end up in the forensics system." / "[A youth I work with is] on charges for sexual assault because he thought he was paying a person for sex but she thought he was paying her for a lap dance and he didn't understand. So these things do happen and it is a matter of consent and knowledge."

Spotlight story:

Don’t assume that youth already have complete information, including about things they’ve experienced.

"[I was] doing [a workshop on] 'how babies are made' and the concept of vaginal sex, right? And not thinking that that’s the only way but that’s what we were talking about that time. And after the workshop, a young girl came up to me and she’s like 'I had no idea that's how babies are made'. And I almost started crying because this girl had a 4-year-old and that was the first time she learned how babies were made. I realized that because she had a disability, they dealt with the pregnancy and the baby rather than talking to her about how she got pregnant. What was her experience? And then I asked those questions for the first time and found out she got pregnant in the stairwell of the school."

Youth with developmental disabilities are systematically denied sex education such that even sexually active youth may not have adequate sexual health knowledge. While it is tempting to assume a sexually active young person has safely “figured it out” on their own, it is important to remember youth may need more support to understand and contextualize their experiences. Without legitimating the stereotype of youth with developmental disabilities as clueless agents in their own sexual experiences, recognize that gaps in knowledge may be the result of prior exclusion from education.

Spotlight stories:

Recognizing the dignity of risk.

Promoting healthy sexuality involves allowing youth with developmental disabilities to engage in a reasonable degree of risk, the same way neurotypical young adults are allowed to mitigate a degree of risk in their daily lives. In this framework, risk is agency.

When a child is young, we watch over them closely. We don't let them get close enough to the stairs that they could accidentally fall. At some point, a child will reach an age where it is now inappropriate to say "get away from the stairs!". An older child will respond, "Mom, I'm 14, you're overreacting!"

For parents of young adults with developmental disabilities, it may feel automatic to "shield" this population from life - for instance, not allowing them to go on a date, to consume substances, or to engage in other "adult" activities. Yet, there is dignity in the freedom to take risks; freedom outside a lifelong parental shield.

Parents' (understandably) protective nature is built on fear. Reframing parental success as not insulating a child from risk, but rather adequately preparing them to engage in risks of their choice, is useful in promoting consent in a young person's life.

"It's the same way as you can't put a kid on a bike and expect them not to hurt themselves. They need to hurt themselves. They need to go through the experience in order to understand that they're okay and that they've done it themselves. You just can't not fall off a bike if you want to learn how to ride it. You need to fall, and as adults we don't like to fall. And so we find adults like "I've never learned how to ride a bike. I can't do it now. I'm too old." Well the fact of the matter is they don't want to hurt themselves. As kids we do it. Youth, we're willing to do it. This is the time to get them to understand that. Let them fall. Let them make mistakes. Where it feels a little safer than in other cases right?"

"Eventually you have to let your kid go off and you hope that if they're having sex with somebody else they're being safe and respectful about it. Like I'm not going to be in the room going X Y and Z. It's their privacy at their private business. I can't, I hope I've given them enough."

"I'm a big fan of the dignity of risk. Make mistakes! That's a really great teacher, and then let's talk about it. Everyone's cool, everyone's safe! Obviously, it requires certain come up and we have to talk about hypothetical consequences. Hypothetical ideas are not very strong teachers for people who have a challenge in imaginative thinking."

Spotlight story:

Discomfort may be part of the learning process.

For many youth, sexual health can be an uncomfortable topic, even when discussed with a trusted adult. Just because youth express hesitation, resistance, or reluctance around sexual health conversations does not mean that the message has not been heard. Youth may need time to consider information they have received, and their opinions may change upon reflection. This is a natural part of the learning experience, and should be taken as evidence that consent and sexual health education is the result of a process as opposed to a one-time event.

"For example [after] her first period, I told her you may want to put stuff in your bag because it might happen and you might not be prepared. I'm saying she was screaming at me... [Later] I had to put something in her bag or something prompted me to go to her bag and I happened to notice that something wasn't there before. It was like a little red wallet...When I opened it it was a stack of pads. So she had done exactly what I had told her to do. So then I'm sitting there thinking, why did she scream at me like that? She's screaming and yelling at me, yet she obviously was listening because she went and did it. She obviously thought it was a good point. Or it made her feel nervous, or it made her feel cautious and she doesn't want to be unprepared... So there is the example that you're not necessarily going to have reactions and actions afterwards match."

Spotlight story:

Eugenic histories still impact the bodily autonomy of those with developmental disabilities.

"I know one guy, and it's 2020, and his parents were talking to his day program staff about their desire to get him sterilized. The day program staff are strictly not allowed to talk about relationships with him at all. It's prohibited. They don't even wanna talk about it. This is a 30 year old man."

Beliefs around the value of disabled lives amid the perceived "burden" of disability have dangerously restricted the reproductive freedoms of people with developmental disabilities. Historically, eugenics movements have attempted to eliminate people with developmental disabilities from future generations. Forced sterilization is considered a human rights violation, and other measures to prevent disabled people from consensual sexuality can infringe upon basic freedoms.

Adult Allies are Seeking:

1

Buy-in on prevention-based sex education.

"So you need to have the educators convinced that this is worth their time. That sounds harsh but it's true because they feel like they never have time."

2

Realistic, visual resources.

"She doesn't read well, so pictures are always really [good], like actual photographs would be the best."

3

An emotion-based vocab for discussing consent.

"Adding the language to the vocabulary on emotions, how people might feel. Happy, or uncomfortable..."

4

Outside experts.

"CANVAS [laughs] of course... You're the experts! You know really having that experience, the knowledge on how to present the material."

5

Take-home resources.

"Like take-home packages of condoms and lube and all that stuff but like a print out with a little consent pamphlet might be really nice."

6

Courses/ training for themselves.

"I also think educators will also need to be aware, and they would need some training around it too."

7

Tailored/ adaptable programming for youth.

"Given that there is a wide range of diversity with folks with disabilities, there are so many ways to teach consent."

8

Diversity of facilitators.

"I identify as a woman. I think you need more male identified people teaching."

9

More community collaboration.

"Every professional organization should know you guys exist and provide these resources so these conversations can be had."

10

Mentorship for new service providers.

"Even working in a group more often with more experienced workers would've been good."

11

Ongoing, multi-week programming.

"Like a weekly course and each week it was like here's your take away from this week go try to do this this week."

Youth Insights

GOAL #1: To identify how and where youth receive consent education.

GOAL #2: To identify what youth want out of consent education.

Youth interviewees demonstrated a continuum of experience and knowledge about sexuality. Knowledge about personal space and public vs. private space existed among most participants, though depth of description varied. Some participants disclosed experiences of sexual assault. Where and how youth learn about sex was split over a variety of locations, though a scarcity of sexual education was commonly reported. Interviewees identified five needs to consider when creating education opportunities, and summarized 10 aspects they desire out of sex and consent education.

Continuum of Understanding and Experience:

1
Youth had Experience with Sex

4
Youth had Basic Knowledge of What Sex Is

2
Youth had No Knowledge of What Sex Is

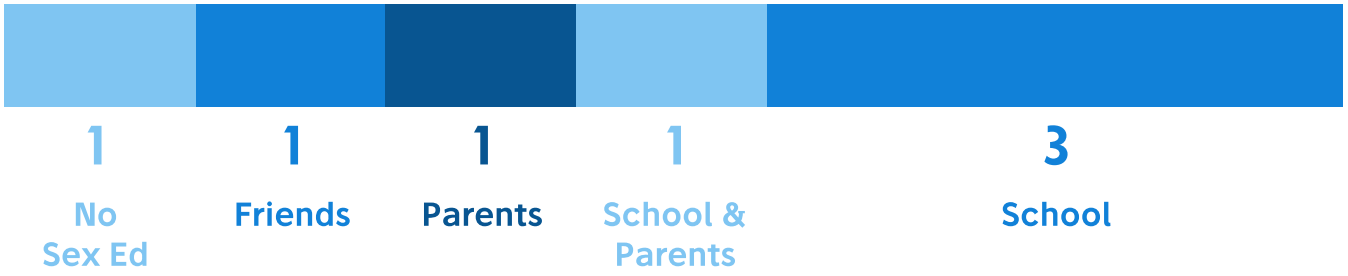
2 of 7
youth interviewees shared an experience of sexual assault/abuse

6 of 7
youth interviewees could describe the concept of personal space*

7 of 7
youth interviewees could describe the difference between private and public space*

**Depth of understanding varied*

Where Youth Interviewees Learn about Sex:



"I had literally one single class."
Interviewer: Ok, what was that like?
"Underwhelming."
I: Ok, to what degree? Do you feel they kind of skimmed it?
"Yes."
I: Ok, they skimmed it.
"They very much skipping, or dancing, or daintily dancing around the ugly bits."

"My high school looking back we didn't have that talk, ever. Or my elementary school, we never had the talk. My parents never gave me the talk, ever. So I was never informed what the talk was actually about. And then I think about my own daughter's sake. How am I going to talk about it because I never grew up with it."

"Yes. My parents 100% have talked to us about sex. My family is very good at normalizing topics. This was a topic they told us from day one."

Factors to Consider when Creating Education Opportunities

1

Difficulty Reading Certain Social Cues

"There's a lack of social inhibitions in terms of, not in a creepy way, but in terms of... there's nothing going on up here that will tell you that just butting into conversation you find interesting is a no-no."

2

Difficulty Making Friends/Ostracization

"I was always the weird one. Basically, that meant that nobody wanted to touch me with a 10 foot pole, it was really that simple."

3

Sensitivity to the Environment

"At least in my case, it comes with a high degree of being able to sense the environment around you. I think that's largely because one of the things about Aspergers is that your senses are on all the time. There's no real filter."

4

Sensory Sensitivity

"Sensory is a big thing. Hugging. Touching. I don't even really like when my sister hugs me."

5

Desexualization

"It's kind of just assumed...this is just how I feel, I don't really know. I think it's just assumed that we don't need sex-ed because we're never going to be in a romantic relationship where that would happen, you know?"

What Youth Want from Sex and Consent Education

1. Get straight to the point
2. Teachers must be willing to learn from students
3. Treat learners with dignity & value their opinions
4. Take a non-judgmental approach
5. Social workers or peers are preferred over parents
6. Invite outside experts to engage the conversation
7. Use mixed methods (e.g. auditory, hands-on, visual)
8. Role play can be a helpful tool
9. Q&A can be a helpful tool
10. Use real-world examples

Spotlight story:

The infrastructure of dating and hookups can be inaccessible to youth with developmental disabilities.

Bars, clubs, coffee shops and public spaces traditionally associated with dating are rarely designed to include youth with developmental disabilities. Sensory overload, physical inaccessibility, lack of financial independence, and lack of transportation are just some of the barriers preventing disabled youth from accessing dating and hookup spaces. Exclusion from these spaces of “adulthood” may affect youth’s confidence in their sexuality.

“I thought everyone was great but the reality of their adulthood and how they reached out, I haven't reached that quite yet. I have the friendships to sort of grow into adulthood, and we went to a night club and that was the first night club I ever went to. That was one of the most overwhelming experiences and I did not like it. It was just really the atmosphere....Also the sensory aspect. It was loud. What I didn't know was that lots of people smoke in Israel. So it was a smoke filled... I think it would've been a cool night club but there was just this hazy cloud of smoke.”

Spotlight story:

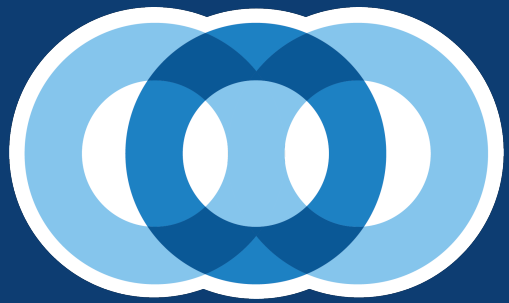
Consent is not limited to sexuality.

Youth with developmental disabilities are entitled to the same rights to privacy and permission as neurotypical people - including from parents, caregivers, and other support professionals. Personal and medical care should not be considered exempt from consent principles, and effort should be taken to maximize the individual's ongoing comfort and agency wherever possible. The normalization of getting consent for hugging and other non-sexual activities is beneficial in its own right, as well as useful in laying the foundations for navigating sexual consent.

"I had just been through that traumatic experience of being through a sexual assault and was being suicidal, and was placed on a form 1 and was placed in a hospital to see a psychiatrist. The nurses and the security were trying to get me to change into a hospital gown, and I was refusing because they were standing right there. I was refusing and the nurse was a big, and very intimidating-looking person. When I kept saying 'no' he just started to grab my shirt and started to pull it off. When I pushed him away then it became this whole issue of well now I've assaulted him. I don't understand what was going through his head that he thought that was okay."

"I'm a very huggy person, and I would just go up to my friends and just hug them without asking them if they were ok with that. Some of my friends brought it to my attention, not in a mean way, but just 'hey, not everybody is as comfortable with hugs as you are, so maybe check in with folks before you give them a hug to see if they're ok with that."

Next steps.



All of these research findings indicate the importance of effective sex and consent education for youth with developmental disabilities and their adult allies. To get the most out of consent and sex education for this population, adult allies must use their role as supporters of youth with developmental disabilities to promote and model a culture of consent. At CANVAS, we use a variety of techniques to support adult allies with strengthening their educational capacities. Our adult ally training includes three dimensions that can help to grow allies' confidence in leading consent conversations and modelling consent skills:

1. **Allyship, Ableism, and Culture**
2. **Creating Healthy Relationships**
3. **Communication and Consent**

If you are interested in partnering with CANVAS, please contact us at info@canvasprograms.com.

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