

Best Practice Guidelines on Relationships and Sexuality

I. Introduction

The Chester County Department of MH/IDD, in accordance with its commitment to quality assurance principles and practices, formed the Sexuality Task Force to develop this position statement on *Best Practice Guidelines on Relationships and Sexuality* for Providers of Service.

For the purpose of these guidelines, sexuality is considered a composite term that refers to the whole identity of a person. It is a function of the total personality and is concerned with the biological, psychological and sociological aspects of life, which affect personality development and interpersonal relations.

II. Rationale

Individuals who have disabilities have the same sexual desires and need for relationships as their non-disabled peers. They have the right to express their sexuality as well as a responsibility to themselves, their partners and the community to remain healthy. Due to deinstitutionalization, self determination, resiliency, and recovery model, there is an increase in choice and wider opportunities for individuals with disabilities. Consequently there is a greater need for them to learn about sexuality.

Every person should be provided opportunities for social/sexual development, education and supports. When additional assessments, evaluations or supports are indicated, they should be incorporated into the person's plan. Satisfying relationships are unique to each person, and it is of utmost importance that each person's desires are recognized and supported. Each person should participate with his or her team to develop appropriate supports.

As the individual plan indicates, each person will be supported in understanding the concepts of privacy, relationships, protection, decision-making, and social-sexual appropriateness. Plans may include social-sexual education programs, counseling, and opportunities to have relationships with others. Education programs may include information on state law, community standards, social customs and courtesies, moral and ethical issues, personal responsibility in relationships, health issues, contraception, and basic reproductive anatomy. Relationships should be fostered through social events and activities. These plans should also address treatment and support for individuals with problematic sexual behaviors.

Each person receiving services will have an annual plan to discuss the need for services. Training will be offered to all stakeholders on social/sexual issues. Other training will be available to teams as needed. Staff supporting individuals with problematic sexual behaviors/victims should receive additional training/supports as indicated.

III. History

Historically, most sexuality programs in institutions or community-based settings have aimed at prohibition and control of sexual expression. This allowed meager opportunities for education or fostering enjoyable, appropriate social-sexual behavior, resulting in serious gaps in training and information. In addition, if staff members are not given a structure for educating or dealing with the individual's sexuality, the staff tend to base their policy decisions on their own personal values. Such a variety of attitudes expressed by staff can only result in serious discrepancies and confusion in the individual's own value system. ⁽¹⁾ Elwyn, Inc., ICF MR Program, Policy on Sexuality) Individuals with developmental disabilities or mental health problems are often expected to control their behavior without adequate training in self-expression. Their desires and wishes can be manifested appropriately when they acquire knowledge through education and through supportive, positive interaction with staff. All interactions should focus on the fact that relationships and sexuality should be positive, healthy and normal.

IV. Legal Issues

The provider should determine the competence of the individuals they serve as it relates to each individual's understanding of social/sexual relationship.

Following are the minimum criteria for determining ability to give consent:

The individual receiving services should have:

- (1) Knowledge of the important aspects of a decision including its risks and benefits;
- (2) Reasoning or understanding which shows that the decision and its ramifications are comprehended. This should include any physical and legal consequences that could result from the decision; and
- (3) Voluntariness – The individual's decision should not be forced or coerced by any one. This includes the decision maker feeling that he/she would not be punished or harmed in some way as a result of making the decision. If any of the above criteria are missing the provider may assume that the individual consent or his or her ability to give consent is lacking. ⁽²⁾ Elwyn, Inc., ICF MR Program, Policy on Sexuality)

If there are concerns regarding an individual's ability to consent the provider should develop an appropriate plan with periodic review to assure the educational development, safety and well being of those they serve as it relates to sexuality issues.

"The most widely accepted legal criteria for valid sexual consent are knowledge (information), understanding (rationality), and voluntariness (lack of coercion) (Stavis, 1991B). Although there is some variation among these three criteria, they generally encompass the necessary considerations that the law requires. (Related competency issues can offer very useful guidelines and analogies in writing policies or creating testing instruments for evaluation of a client. See, e.g., Berg, Appelbaum, & Grisso, 1996.)

Professionals should include these three legal criteria in their evaluation of the capacity of a person with intellectual disability or other developmental disability to participate in sexual activity for which the law requires consent see generally, Morris, Neiderhuhl, & Mahr, 1993).” ((3) AAMR Guide to Consent, 1999)

V. Mission

Each provider shall establish a support system and training curriculum. In cooperation with the individual’s plan the provider policy and training curriculum should enable each individual to exercise maximum control in developing relationships, pursuing intimacy through social interactions and ensuring personal safety in all settings.

VI. Philosophy

Individuals should be empowered to act according to their desires and within the limits of accepted community standards and principles of self-determination. We recognize that for each person to achieve maximum personal accomplishment it will require quality services designed to develop self-esteem, self-fulfillment, and the realization of one’s dreams. A safe and nurturing environment with personalized supports, mutual respect, positive interactions and sensitivity for each person is essential.

VII. Ethics/Morals/Attitudes/Values

Sexuality is an intrinsic aspect of who we are as individuals. Each person’s value system has been uniquely formed through the influence of life experience and value system. How each person expresses his or her sexuality is affected by the environment they live in, gender, sexual orientation, age, family, history, culture, religious beliefs, trauma and victimization. Individuals with disabilities may not have had an opportunity to experience a natural progression of friendships, dating and intimacy. Therefore, there is an obligation to provide the social/sexual education and appropriate supports needed to ensure that these rights of sexual expression can be exercised, while at the same time protecting individuals from harm and exploitation.

Respecting personal values means respecting each person’s individuality. All individuals should be provided with the information they need to make their own decisions. All staff should be trained to honor personal choices of individuals they serve, provided the rights and safety of others are protected.

VIII. Benefits to the Individual receiving services

- a) Developing an awareness of one’s own sexuality;
- b) Understanding and adjusting to one’s sexual development;
- c) Obtaining an awareness and understanding of appropriate and responsible social-sexual behaviors and learning about appropriate sexual behavior within the law;
- d) Increasing one’s sense of self and perception of self in relation to the world and others;

- e) Practicing proper personal hygiene;
- f) Avoiding exploitation and abuse;
- g) Practicing appropriate family planning and protection from sexually transmitted disease when appropriate; and
- h) Obtaining access to moral and ethical training consistent with ones own cultural or religious heritage.

IX. Service Delivery Standards

Ethical Practice Statement – When professional services are needed/required, a professional will work within the scope of their practice. He/She shall provide service only in those areas for which he/she has been properly trained and qualified.

X. Family/Caregivers Rights and Responsibilities

Parents and caregivers teach children values and many of life's fundamentals including: love, interaction, friendship, fear, anger, laughter, kindness, and self-assertiveness. In many families parents are their children's primary educators about values, morals, and sexuality.

Parents often struggle with discussing sexuality with their children whether disabled or not. Parents teach sexuality within the context of their own culture, educational background, religious affiliation, beliefs, and life experiences.

To ensure individuals with disabilities are afforded the rights guaranteed to them, it should be each family's responsibility to:

- Be supportive and open regarding sexuality issues, sexual education, counseling, social opportunities, and sexual activities;
- Participate in the planning process recognizing the right to sexual expression;
- Work in concert with their son/daughter, sexuality counselor, physician and appropriate staff to adapt sexual questions and issues to meet the needs of their children;
- Learn the current sexuality policy of their daughter or son's residential placement, day program, or other programs;
- Understand that sterilization is not the only viable birth control practice;
- Understand that nonconsensual sterilization is forbidden and;
- Learn the current information available regarding AIDS and other sexually transmitted diseases. ((4) The Arc of the United States Sexuality Policy & Procedure Manual))

XI. Provider Responsibilities

All agencies that provide services have the responsibility to develop and implement a policy on sexuality. The policy should address three specific issues:

- 1) to ensure the individual's rights for healthy sexual development and/or expression are affirmed and respected.
- 2) to protect the individual from harm or exploitation from others.
- 3) to educate and support individuals who have problematic sexual behavior.

Service agencies have the responsibility to the people they serve to facilitate the understanding of personal, social, legal, health, and safety implications of various sexual activities.

Each provider policy should include the following:

- A method to insure that the sexuality policy is described to parents, guardians or the adult consumers prior to admission;
- A provision to make available, resources for sexuality education, relationship training, and counseling for various issues, including, but not limited to; hygiene, sexuality-transmitted diseases, birth control, etc.;
- Identification and utilization of various community services that can assist in sexuality education, training, and support;
- A plan to develop a sexuality committee that can review and make determinations of consent based on the multi sources of information that is applicable for each individual;
- Frequent and ongoing training for all staff on agency policy, appropriate staff interactions with individuals, privacy issues and procedures for responding and reporting inappropriate sexual behavior;
- A statement that employees will not engage in any sexual activities with individuals they support;
- Procedures to investigate allegations of inappropriate sexual activities. The procedures will comply with legal and regulatory standards for reporting;
- An environment that is safe and free from exploitation, harassment and harm;
- Understanding of and procedures to address cultural customs that may influence response to sexual expression and;
- Adherence to all local, state and federal regulations and laws.

XII. Rights and Responsibilities of the Individual Receiving Services

All individuals have:

- The right to friendships, relationships, intimacy, and love;
- The responsibility to learn, understand, and respect others' wishes and needs within these friendships, relationships, including intimacy and love;
- The right to privacy;
- The responsibility to respect others' privacy;
- The right to safety in all aspects of their lives;
- The responsibility to respect others' requirements for safety;
- The right to practice the beliefs of one's religion in relation to sexuality;
- The responsibility not to impose these religious beliefs on others;
- The right to different types and a wide range of relationships;
- The responsibility to respect physical, emotional, and sexual boundaries that exist within these relationships;
- The right to an intimate sexual relationship with one's self (masturbation);
- The responsibility to have any intimate sexual relationship in private;
- The right to sexual relationships so long as the individuals involved are consenting and;
- The responsibility to understand and respect the importance of consent within the context of sexual relationships.

Finalized by the Chester County Department of MH/IDD
Human Sexuality Task Force

References:

1. Elwyn, Inc., ICF/MR Program, *Policy: Social-Sexual Behavior*, April 2000, Kempton, 1992
2. Elwyn, Inc., ICF/MR Program, *Policy: Social-Sexual Behavior*, April 2000, Kempton, 1992
3. AAMR Guide to Consent, American Association of Mental Retardation, 1999; Chapter 4, p. 62
4. *Sexuality Policies and Procedures Manual*, The Arc of the United States reprinted with the permission of The Arc/Morris Chapter, Morris Plains, NJ; 1996.