E.A.S.E: Encouraging Advocacy and Sexual Education; A sexual education program for youth with cognitive and/or physical disabilities

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OUTCOMES

Two rating scale questions were developed to score the participants and parents performance and satisfaction of their level of knowledge about sexuality pre and post program. Survey scores revealed an average increase of two points in the performance and satisfaction questions following completion of the program.

Parental feedback lead to the addition of a parent session, which allowed for explanation of program content and question period, which helped, prepare families for the program.

Facilitators often observed participants helping each other out with an activity, “cheering” each other on with encouragement and sharing personal thoughts and life experiences related to sexuality.

INTRODUCTION

Youth with cognitive and/or physical disability face numerous barriers when it comes to learning about sexual health. These may include being viewed as asexual, delayed or absent sexual education, and a lack of opportunities to participate socially compared to their typically developing peers, which leaves them statistically vulnerable for sexual assault and violence.

Parents, teachers, and health professionals have a shared responsibility in sexual health education. In society, being “sexual” is commonly associated with doing something that is sexual in nature when in fact sexuality is broader and more complex. Teaching concepts about sexual health includes biological, psychological, social, and cultural components. The complexity of these concepts is greater with the influences of today’s social media and technology, which allows easy access and sharing of sexual information and images. These additional influences heighten the need for a comprehensive sexual health education for children and youth with disabilities.

The E.A.S.E program was developed with input from an interdisciplinary team using the Life Needs Model, which is influenced by the ICF framework. It provides an opportunity to learn foundational life skills in understanding your body, rights, and making healthy sexual choices to stay safe.

E.A.S.E offers exclusive programs in the fall and spring. Parents have an opportunity to identify specific goals for their son or daughter before the program begins. Program facilitators complete intake screening and chart reviews to meet the needs of the participants. A parent session is offered a week before the program begins to have an opportunity to meet facilitators, review program content and ask questions. Each week facilitators introduce a new concept using a combination of tools, which include visuals, discussion, 3D models, and videos. Participants keep all course materials with the expectation parents repeat, review and reinforce concepts following completion of the program. A staff debriefing meeting is held following each program to review rating scale surveys, feedback from parents and facilitators.

CONCLUSIONS

Sexual education is a life long process for people with disabilities: therefore, it is important they have ongoing support. Parental participation is a priority: E.A.S.E. reinforces their role as sexual educators. Providing knowledge with appropriate support and resources allows parents to develop this role.

Delivering information in concrete language and activities helps youth with a disability understand concepts about sexuality. This helps to develop the life skills needed to be a sexually healthy person.

Therapists working in our school and community teams are including information about the program to assist families with their planning of their son or daughter’s life skill development.