

*Teaching Sexual Health and Consent to Children and Young Adults with Intellectual and Developmental Disabilities (I/DD) is a series of two guides (one for teachers and school staff, and another for sexual health educators) developed by the North Carolina Coalition Against Sexual Assault to support our goal of preventing sexual violence among children and youth.*

### Who is this guide for?

This guide is for anyone who works with youth! If you need more information or resources on your district's sexual education plan, programming, or curriculum, you might want to consider reaching out to your healthful living coordinator, student support personnel, school nurse, or SIS personnel. You have a team to help you make decisions and find what you need. Many SEL standards are addressed with sexual health education (SHE) and the consent curriculum. Collaboration is key.

### What is an intellectual disability (ID)?

Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 22 ([aidd.org](http://aidd.org)).

### What is a developmental disability (DD)?

DD means someone has limitations in three or more of the following areas: self-care, language, movement, self-direction, capacity for independent living, or economic self-sufficiency. The onset of DD is before age 22 and often includes intellectual disability. Examples are; autism spectrum disorder (ASD), Down syndrome, fragile X syndrome, cerebral palsy, or spina bifida. In North Carolina, DD includes disability caused by a traumatic brain injury at any age.

# Teaching Sexual Consent to Children and Young Adults with I/DD

For Teachers and School Staff

It’s important to note that every person’s experience of disability is unique, and even within these definitions, there is a wide range of personal experiences. ID is considered a type of DD. People with cognitive disabilities may or may not have overlapping physical disabilities, and vice versa. For example, cerebral palsy is included in types of DD, but does not lead to any intellectual or cognitive impairment, as defined in the considerations for ID.

This toolkit was written for the NC Coalition Against Sexual Assault by Anna Wallin, MPH. Special thanks to members of the Sexual Violence Prevention Advisory Committee (SVPAC) K-12 Workgroup for editorial input: Morgan Parlier, Margaret DeRamus, Lauren Howard, Susanne Schmal, Lillian Pinto, Debbie Hamlin-Aggrey and Sol Pederson.

*See our companion resource on Teaching Sexual Consent to Children and Young Adults with I/DD for sexual health educators at [nccasa.org](http://nccasa.org)*

“People with disabilities are sexual and express their sexuality in ways that are as diverse as everyone else”  
- Advocates for Youth



## INTRODUCTION

Dear Teacher,










Your role in your community is crucial to increasing health and safety for everyone, especially youth. Youth with intellectual and developmental disabilities (I/DD) have historically been left out of settings where sexual health education (SHE) is taking place due to inaccurate assumptions about their experiences of puberty, sexuality, and romantic interests. This means they haven't been able to access and use critical information about their bodies, relationships, and consent that will keep them safe and improve their health. Especially if your students have not had adequate access to sexual health and relationship information, they may ask you questions about this topic, or you may be in a position of having opportunities to correct misinformation or support students as they navigate complex interpersonal dynamics.

As someone who works with youth, you are also uniquely positioned to partner with others in your community, including schools, parents/family advocates, and sexual health specialists to enhance access to resources for these youth. This document includes basic systems-level concepts explaining why teaching sexual health to youth with I/DD is important and different ways to approach increasing inclusivity. For a deeper dive into this topic, review this [must-see primer from Advocates For Youth](#).

If you don't feel like you know enough about sexual health to teach your students or answer their sexual health questions, don't worry! You aren't expected to be the only person talking about these concepts with students. This tool is here to help, with handy tips, extra resources, and recommendations for ways to reach out and learn more. It includes recommendations to identify and partner with experienced sexual health educators to improve your skills and your students' outcomes.

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## TIPS FOR TALKING ABOUT CONSENT AND SEXUAL HEALTH WITH CHILDREN AND YOUNG ADULTS WITH I/DD

-  You may have to initiate the conversation.
-  It's okay to feel embarrassed, not to know the answer, and answer the question later.
-  Use a "private" tone, in a private place.
-  Give age-appropriate information.
-  Use models, visuals, TV, soap operas, role-plays, and scenarios.
-  Try to give a consistent message.
-  Try not to react.
-  Practice.
-  Use teachable moments.

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### How We Perceive Disability is Important

Disability isn't innate to the person; the experience of disability is created by environments and cultures that fail to serve everyone equally (referred to as the "social model of disability"). We all hold unconscious stereotypes and beliefs about people with disabilities that affect the way we interact with them. This can impact their experiences and ultimately their well-being on a broader level. Learning more about disability justice and the experiences of those who live with disabilities is an important parallel effort to learning about sexuality and sexual health education for people with I/DD. [Read this 2021 Report entitled Access, Autonomy, and Dignity: Comprehensive Sexuality Education for People with Disabilities](#), by The National Partnership for Women and Families and ASAN; the Autistic Self Advocacy Network.

### I/DD and Experiences of Sexual Abuse

A 2015 study found that between 40-70% of girls with disabilities experience sexual abuse before they turn 18, and up to 30% of boys with disabilities are at risk of sexual abuse during that period. ([Wilczynski](#)) Additionally, **it has been demonstrated that receiving ineffective sex education, or no sex education at all, is a correlating factor in the sexual abuse of youth with disabilities (YWD)**. ([Advocates for Youth](#)) This may be because they are less likely to be taught about bodily autonomy, how to recognize abuse, or know how to tell someone if they have been abused. A 2016 study found that adults with I/DD identified lack of access to sexual health education as a barrier to their sexual development and that caregiver knowledge of the need for education on these topics is low. ([Saxe](#)) **All people need this information and skill-building opportunity presented in an accessible way, regardless of ability or an individual diagnosis.**

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## WORKING WITH PARENTS

As a school employee or youth advocate, you probably work closely with the parents of your students. It's common for parents to be concerned about their children's needs and wellbeing, especially when it comes to learning about sensitive topics like sexuality and abuse. Part of your job is to work with the families of your students to ensure that they have access to the resources they need to meet their child's learning needs. This includes having conversations about how to talk to their kids about health, sexual development, and consent. A helpful resource you can share is the website [Sexual Resource Center for Parents](#). You can't help parents learn everything they need to know, but you can encourage them to do their own learning, reach out for support, and do the hard work of talking to their kids about sex. Reassure them that by working together, you and other adults in their child's life will make sure they have resources to develop their health and wellbeing to the fullest extent possible.

Sexual Health Education is an opportunity for youth to develop a sense of self-worth and empowerment. Everyone should know their rights. ([SHEIDD](#))

### **Some reasons people might feel uncomfortable talking about sexual health:**

- No one ever taught them about sexual health when they were growing up.
- It was a taboo subject in their home or community.
- They don't know the right words or phrases to accurately describe everything.
- They may have experienced unwanted sexual experiences themselves.

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In addition to being at increased risk of victimization, **people with intellectual or developmental disabilities may be at risk of perpetrating or being accused of perpetrating sexual abuse or harassment.** Possible reasons may include increased difficulty understanding non-verbal communication, complex social behavioral cues, concepts of privacy, and boundaries that seem implicit throughout the neurotypical culture. People with I/DD may need an explicit or specialized explanation of these concepts in order to fully understand things that neurotypical youth might think are common knowledge. **Lack of sexual health education and information about laws can lead to individuals with IDD getting in trouble with the law (e.g., indecent exposure) or unintentionally harming others because they don't recognize social boundaries.**

Access to plain-language education about concepts foundational to consent and healthy relationships is a right that all people should have. Sexual health and consent education for all young people is a society-level prevention tool that should be administered equitably across the whole population, regardless of demographic, in order to fully prevent sexual violence and abuse. [See these resources](#) from the National Center on the Sexual Behavior of Youth that focuses on the sexual behavior of children with I/DD.

- All adults can model consent across school culture - this teaches autonomy and healthy communication by example
- Use anonymous question boxes in home and schools
- Use correct terminology but don't correct students who use slang or colloquial terms
- Check back in with students in multiple ways to ask if they understood what was just discussed

### Prevention Works

In order to protect kids and offer them opportunities to develop in healthy ways, we have to be proactive, not reactive. Society-wide problems like sexual violence don't go away overnight, but we can decrease their prevalence by working to change cultural systems and the ways we interact in the community. Like many health issues, once we recognize it as a problem, it is usually very entrenched, and more difficult to heal than if we had just worked to prevent it in the first place. Sexual health education is prevention. Healthy relationship and consent education is prevention. When we prioritize giving all people skills and knowledge to empower them to make their own health decisions, we create a generation that is healthy and free of violence. And that generation will in turn have the ability to keep their children's generation healthy and safe.

## VALUES WE CAN ALL AGREE ON

**Empowering young people means that as adults, we may have to build new skills and knowledge for ourselves** in order to offer the youth in our lives better opportunities than we had. If you or the other adults you work with don't feel totally comfortable or competent talking about sexual health, that's ok! It's never too late to learn, and it gets easier with regular practice, additional training, and support. And this tool is a great jumping-off point. Learn more here about [sexual self-advocacy](#), that all people with disabilities have the same rights to sexual expression and sexual decision making as all other people in society.

Some people worry that certain values are being taught in a sexual health education class. We encourage you to **let parents know that their own family's particular culture and values are important, and are not being replaced by a health curriculum.** Medically accurate information is provided so students are able to make informed decisions.



## Some values implicit in the study of sexual health and healthy relationships:

- It is important to respect others by treating them well and listening to them
- It is important to get consent from anyone before being sexual
- It is important to be responsible in a romantic relationship
- Relationships should be equal and positive without violence or abuse
- Sex should be safe and pleasurable for all

## TEACHING SEX ED: WHEN AND WHERE?

Depending on the systems established in your school for exceptional education, there could be a variety of settings and environments which you have available to teach. Some EC students may spend most of their time in standard classrooms and only go to EC teachers for auxiliary classes once in a while. Some students may have a dedicated staff person with them all the time. You will know best what is the right setting for your students to learn in.

### Reproductive Health and Safety is Part of NC Content Standards for Healthful Living

#### See this Healthful Living Standards map for examples

In a 2016 research brief designed by Advocates for Youth about sexual health for youth with I/DD, they stated that “...young people need to be present during sexual health lessons at school; to learn and practice skills that will support healthy sexual development. **Students should not be removed from sexual health lessons when scheduling other needs such as additional therapy, tutoring, and supports that take place during school hours.**” Whenever possible, teach all students a health curriculum that meets their physical and developmental levels together.

The earlier that students with I/DD are included in discussions about health and sexuality, the less they will need separate spaces for learning about these topics later on.

## Teaching Sexual Consent to Children and Young Adults with I/DD

For Teachers and School Staff

In a Q&A discussion with [ELEVATUS](#), Pauline Bosma, a self-advocate and program director of the Rainbow Group at Massachusetts Advocates Standing Strong (MASS) affirmed that ideally, all students will receive sexual health education as early as possible, and all learners will be able to be in classes together. For example, teaching bodily autonomy, consent, circles of relationships, and public vs. private can start in Pre-Kindergarten through practice and routine. The earlier that students with I/DD are included in discussions about health and sexuality, the less they will need separate spaces for learning about these topics later on, and should be encouraged to participate with their regular classes for all health-related material as much as possible. It also helps all students to develop socially, by learning with and from peers ([Bosma](#)).

- Additional considerations may include
  - Learning technology.
  - Communication technology.
  - Mobility.
- Some programs are working to create specific curricula to deliver in exceptional education settings. (See Resources Below). For support in this, the [Carolina Institute for Developmental Disabilities](#) and the [Office of Disability and Health](#) may have guidance and be able to provide support.
- When planning to collaborate with your local district on health programming specifically for youth with I/DD, inquire about what special considerations you should plan for.
- A curriculum you want to use may already have an adaptation designed for students with I/DD. Reach out for assistance to find adaptations or other resources if you aren't sure.

***Remember, this is an overview, not a training. Seek out appropriate professional development and other resources to better prepare yourself to be part of meaningful and appropriate sexual health and relationships education for youth with I/DD.***

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Use this comprehensive [Instructional Guide for Educators of Individuals with Developmental Disabilities](#), “Sexuality Across the Lifespan” by The Florida Developmental Disabilities Council, included with other resources below. This instructional guide provides a comprehensive foundation of many topics that will need to be covered in a family life curriculum designed for people with I/DD. However, some minor elements may be outdated. Language in this document is heteronormative, and some examples and lessons may reinforce stereotypes about victimhood or gender roles. It’s important to read several curricula and take the parts that are the most effective from each. Always use gender-inclusive language, and change names and scenarios to be inclusive of all sexualities and identities. Always reinforce that being abused is never the victim’s fault. Everyone should have access to information that helps them say “no” to unwanted touching and get away from abuse. But we must emphasize that ultimately, it is the choice of the harm-doers to abuse or exploit. Everyone should also have access to information that helps them receive and respect someone else’s “no”.

Always reinforce that being abused is never the victim’s fault. Everyone should have access to information that helps them say “no” to unwanted touching and get away from abuse. But we must emphasize that it is the choice of the harm-doers to abuse or exploit.

You may want to use the power and control wheel to illustrate types of power imbalances in different types of exploitation.

[Power and control wheel for people with disabilities in romantic partnerships](#)

[Power and control wheel for people with disabilities and their caregivers](#)

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# Teaching Sexual Consent to Children and Young Adults with I/DD

For Teachers and School Staff

All young people need accurate information about their bodies. **Some people are concerned that talking about sex promotes sex or makes it more interesting to young people. But in reality, the opposite is true.** Most people develop an interest in sex and curiosity about intimate relationships when they go through puberty, including people with disabilities. Research has shown that people who receive sexual health education wait longer to have sex, have fewer unintended pregnancies, and fewer sexually transmitted infections. (Chin) The perception that people with disabilities are not sexual is also a harmful myth. **People with Intellectual and developmental disabilities have the same capacity to feel sexual, enjoy intimacy, and need for romantic companionship** as people without I/DD. The perception of the absence of a sexual self has created many harmful conditions and neglectful treatment towards this group and resulted in declined health and wellbeing. This is why enhanced accessibility of sexual health education materials is essential to improving the broad health of all people with I/DD.

## YOU MAY NOT HAVE THE RESOURCES YOU NEED

It is likely that many teachers, including Exceptional Education teachers, will not have the time or capacity to devote a dedicated amount of time to teaching a full sexual health curriculum that includes information on healthy relationships, and was designed specifically for youth with I/DD. **It can be daunting to think about adding new conceptual material to your hectic workload or teaching a subject you may not feel comfortable or competent teaching.**

**The preferred way to offer this information to young people is by delivering an evidence-based curriculum** that is designed by specialists who have experience with sexual health, I/DD, education, and lived experience with I/DD. Ideally, this curriculum **would be delivered by someone who is trained to teach sexual health.**

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## Teaching Sexual Consent to Children and Young Adults with I/DD

For Teachers and School Staff

However, if this is not possible for you, there are many ways you can make sure your students get important information about their health that will keep them safe. Teaching **fundamental concepts like bodily autonomy, consent, boundaries, and private/public** is important. Additionally, **definitions of sexual activity and risk of pregnancy and STIs** can be communicated. All these concepts can be reinforced in activities in daily routines and various learning environments. Daily practice can embody autonomy and consent in relationships among students and adults every day. **Seek out training that is specific to teaching sexual health and healthy relationships to youth with I/DD.** Collaborate with a local group that specializes in this training and invite them to your school or organization to implement the curriculum.

There are many partners in your community who are already doing the work of sexual health education. Some of them might need additional information about youth with I/DD, but they can be key partners. Consider bringing in a sexual health consultant from a rape crisis center, sexual health center, or other organization that offers this type of training. You could also attend a training meant for adults who want to learn about teaching sexual health for young people with I/DD.

Consider Partnering with:

- Rape Prevention Education (RPE) coordinators.
- A registered nurse or physician’s assistant, midwife or doula.
- Contracted sexual health teacher from a community organization or local health department.
  - (May include Personal Responsibility Education Program (PREP) educators).

***If you plan to teach sexual health yourself or teach along with a sexual health facilitator, research several curricula first, and find one that is evidence-based, up to date, 2SLGBTQIA+ inclusive, and does not perpetuate victim-blaming myths. We include links to some curricula in this document.***

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Ideally, you would be able to do pre-assessments to know exactly where your students’ knowledge level is, and tailor your curriculum to their needs. FLASH curriculum provides a sample pre-assessment, but you can also start with some fundamental material, and your students will give you signs if it is too slow or too fast for them. The assessment also uses pictures for more challenged or visual learners and recommends using anatomically correct dolls for an observational assessment, if that is more appropriate.

### Tips for Talking About Sexual Health and Consent

1. Take a “3-beat pause” when asked questions that are hard to answer or that you’re not used to talking about. This means, take a few seconds to pause, take a deep breath (or three), regroup from any initial panic you might have felt rising up, and reflect on what to say. Sometimes we get wrapped up wanting to move quickly through our discomfort that we give answers that aren’t what we would have said if we had given ourselves a moment to regroup. Remember: there is no rush on answering, and if a student asks why you paused, you can let them know the topic is important and you want to give a helpful answer.
2. Teach students about the “3-beat pause.” Let students know that if someone asks them a question or invites them to do something (whether it’s a date or a kind of touch), it’s okay for them to ask for a pause to think about it before answering.
3. Use clear and concise language. Sometimes our desire to move quickly past or gloss over sexual health issues or uncomfortable power dynamics can lead us to use “softened” or infantilizing language or tone or to minimize things we wish students didn’t know about.
4. Remember that we don’t just want to tell students *what* to say yes or no to; we want to help them learn *how* to figure out what they want to say yes or no to, and how to manage their feelings if someone else’s desire doesn’t match their own.
5. Remember that every family’s values and every individual’s comfort level around sexual expression may not match your own. As much as possible, offer objective information and avoid messages that could be perceived as shaming. ([Ash](#))

### Resources

- [Sexual Health Education](#) online videos and resources handout with more links
- Advocates for Youth. [Sexual Health Education for Young People with Disabilities: Research and Resources for Educators](#). 2016.
- SIECUS: [Comprehensive Sex Education for Youth with Disabilities](#)
- [Sex Ed for People with IDD videos](#) from National Council on Independent Living (NCIL) and Rooted in Rights, with support from the WITH Foundation.
- NESCA Webinar on [How to Talk to Youth with I/DD about Sexual Health](#)
- [Supporting Success in Relationships for Teens with Autism](#)
- [Sex Education for Physically, Emotionally, and Mentally Challenged Youth](#)
- [OAR Sex Ed for Self Advocates Self-paced Curriculum Website](#) for people ages 15 and up with Autism Spectrum Disorder
- [In Their Own Words: Guidelines for Supporting the Sexual Health of Young People Experiencing Intellectual And Developmental Disabilities](#)
- [Elevatus Training](#): Offering evidence and trauma-informed curriculum, with on/offline training to help professionals, educators, self-advocates and parents skillfully and confidently navigate the topic of sexuality and healthy relationships.
- [Sex Talk for Self Advocates](#) video series
- [Sexuality For All Abilities](#) from Mad Hatter Wellness
- [Respect Ability](#)
- [“Let’s Talk”](#) discussion guide from Planned Parenthood
- [The Incredible 5-point Scale](#)
- [“A 5 is against the law!”](#)- Teaching social boundaries with a 5 point scale
- [Free Body Safety and Communication Cards](#)

### Curriculum Examples

- [Teen Talk: Adapted for All Abilities](#)
- [FLASH](#)- Contains 28 lessons for a self-contained special ed classroom for high school or middle school
- [Intimate Relationships and Sexual Health](#) from AAPC (Autism Spectrum Specific)
  - 11 sessions, includes media literacy, language/descriptions specific to I/DD (includes lessons about public/private concepts and how to recognize and avoid illegal behaviors)
  - Could be used in a mixed class with non-autistic youth as well
- [Sexuality Across the Lifespan for Children and Adolescents with I/DD](#)
  - [En Español](#) (LA SEXUALIDAD A LO LARGO DEL TRANCURSO DE LA VIDA)

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## CURRICULUM

*All curriculum should be de-stigmatizing, body-positive, and empowering.*

### Content Elements That Should Be Included In Comprehensive Sexual Health Curriculum:

#### Sexuality

- Sexual orientation and gender identity
  - Must be 2SLGBTQIA+ inclusive
- Sexual practice
  - What is sex?
    - What activities constitute sexual practice
    - Masturbation
    - Why do people have sex?
  - Safer sex practices and abstinence
    - Birth control
    - Information about Sexually Transmitted Infections (STIs)
  - Relationships
    - Romance/crushes/physical attraction
    - How is friendship different from romantic relationships?
    - Healthy and unhealthy behaviors and dynamics
      - Types of abuse
        - Emotional, physical, psychological, social, sexual
      - Boundaries
      - Consent
        - Verbal and non-verbal communication about consent
        - Saying "no" and saying "yes"
        - Hearing and accepting "no" respectfully
        - Changing your mind -- it's okay!
      - Touching
      - Healthy Communication

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## Bodies

- Teaching accurate names and functions of body parts
  - Including sexual and reproductive organs: genitalia and internal sexual organs.

## Hygiene

- Teaching the necessity and practice of hygiene
  - Avoiding physical illness/infection
  - The social side of hygiene

## Puberty

- Related to bodies, sexuality, and hygiene education
- Covers physiological development, hormone functioning, mental, emotional, and physical changes associated with puberty
- Explains menstruation, erections, and related common experiences and how to manage them
  - Should be de-stigmatizing, body-positive, and empowering

## Private/Public Concepts

- Explain how the above topics relate to privacy
- Describe which behaviors related to bodies and sexuality are for public social display, and which are for private social or personal engagement

## Internet and social media literacy and safety

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