

# ASSISTING DIFFERENTLY ABLED PEOPLE WITH THE IMPROVEMENT OF THEIR EMOTIONAL AND SEXUAL NEEDS



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IO2 The European Special Intimacy Needs Educator Training Course

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## INTRODUCTION

Sexual education has been defined by the World Health Organization (WHO) as "*action to promote the acquisition of a state of psychosexual well-being by an individual*". Among the main reasons of the WHO, it recognizes the right of all human beings to be informed and respect for sexual rights to achieve the highest level of sexual health: research, receive and disseminate information related to sexuality; receive sex education; to see their physical integrity respected; choose your partner; decide whether or not to be sexually active; consensual sexual relationships; choose consensual marriage; decide whether, and when, to have children; seek a satisfying, safe and enjoyable sex life.

The purpose of the proposed course is the training of social workers capable of promoting sex education for people with disabilities understood in a holistic sense, capable of providing scientific information, promoting the development of behaviours matured from learned information and attitudes adapted to the construction of fair societies.

The assumption of the course is the belief that affective and sexual education is a process that takes place within an interpersonal dimension, and that finds in dialogue its main tool. Information and comparison with people with disabilities are the basis of the process of knowledge of broad and complex sexuality, able to understand the world of relationships, affections, individual and cultural values.

Sex education is considered as an activity to promote the building of identity. As such, it is considered that it should be adapted to marginal situations to ensure individual self-determination.

The project of a sex education workshop specifically aimed at social workers was born from the acceptance of their application for training and their expressed need for sharing in the educational relationship with people with disabilities who are dependent.

The problems manifested by people with disabilities are not so much related to difficulties in the exercise of sexuality, but rather in the personal construction of it and in the attribution of meanings to the affective-sexual sphere. Living one's sexuality does not simply mean being able to live sexually consciously, "living one's sexuality is a way to grow, to assert one's personality, to fully realize oneself".

The laboratory was developed from an idea of sex education as a training to the awareness of one's own body and the body of the other in an interpersonal relationship based on mutual respect; knowledge of correct information about

prevention; awareness of one's gender difference; respect for differences; their beliefs and values.

The realization of the workshop took place with the broader view of strengthening the right to information understood as personal training and creating relational contexts in which to share experiences and attribute meanings, in the belief that sex education is a right of all.

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## TRAINING METHODOLOGY

The training course will be online, but the contents will also be printable for classroom use.

The modules of the course are delivered online, in asynchronous mode, with breakdown in different modules that should (as much as possible) be designed for independent/stand-alone study.

All the materials (lectures, activities, slides, etc.) are given from the beginning and not gradually. Each learner can manage autonomously her/his learning activities, i.e. can download and study materials and carry out activities whenever and wherever she/he wants.

The training adopts a simple language and a “take-by-the-hand” practical approach. A training strategy should leverage a blended approach for optimal results. Blended learning means a mix of different learning environments where methods, techniques and/or resources are combined.

# MODULE 1

## SOCIAL EDUCATION WITH PERSONS WITH DISABILITIES

*"We are all different, which is great because we are all unique.*

*Without diversity, life would be very boring."*

Catherine Pulsifer

# MODULE 1. SOCIAL EDUCATION WITH PERSONS WITH DISABILITIES

## Learning outcomes

At the end of this module, the European Special Intimacy Needs Educator will be able to:

- Define the concept of disability and identify the [legislation](#) regarding persons with disabilities.
- Understand the importance of sexual rights for persons with disabilities to be considered independent persons in all aspects of life.
- Apply the acquired knowledge to help persons with disabilities to take better decisions regarding their sexual life.

### Unit 1 - learning outcomes for this unit are:

- Be familiar with the definition of disability and the European legislation regarding persons with disabilities.
- Understand how disabilities are legally dealt with, both at international and European level.
- Can apply his/her knowledge to understand the rights of persons with disabilities.

### Unit 2 - learning outcomes for this unit are:

- Have a general knowledge about human rights and international conventions for persons with disabilities
- Understand the importance of sexual rights for persons with disabilities to gain independence and be regarded as adults at all levels
- Can apply his/her knowledge to understand why the right to sexuality is important for persons with disabilities

### Unit 3 - learning outcomes for this unit are:

- Have a general knowledge about the rights and dangers that an independent sexual life entails, with particular emphasis on the specific problems of persons with disabilities
- Understand the importance of educating persons with disabilities to make them aware of the dangers and risks of an independent sexual life
- Can apply the acquired knowledge to help persons with disabilities to take better decisions regarding their sexual life

### Unit 4 - learning outcomes for this unit are:

- Have a general knowledge about the socio-educational services for persons with disabilities
- Understand the importance of education, from the social and sanitary point of view



- Can apply the acquired knowledge to make persons with disabilities aware of the importance of education in improving the living conditions of persons with disabilities.

## Unit 1. A common definition of the term disability across Europe – The international and European Framework of Disability Law

### Definition



How would you define the term **disability**?  
Write down a definition of your own before going forward with the reading.

According to the UNCRPD<sup>1</sup>, the “Persons with disabilities include those who have long-term physical, mental, intellectual or sensorial impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others”. Any type of [disability](#) is included in this definition, either physical or mental.

### History



Imagine the problems a person with a disability would have encountered 100 years ago.  
Make a list of 5 different situations before continue reading.

Historically, persons with disabilities were considered to have fewer rights. They were confined to their homes, being cared for by their families, not allowed to go to school nor to integrate into society. If they had nobody who could take care of them, there went to charity institutions or became beggars.



The movements for the integration of the persons with disabilities started after the end of the II World War; they were mainly addressed to the war's survivors that had lost one of their extremities. Persons with disabilities were not integrated until 1975, after the "Declaration on the Rights of Mentally Retarded persons"<sup>2</sup>(1971). From then on, numerous International “Year of

<sup>1</sup> Convention on the Rights of Persons with Disabilities

<sup>2</sup> <https://www.ohchr.org/EN/ProfessionalInterest/Pages/RightsOfMentallyRetardedPersons.aspx>

Disabled Persons”, as well as the “International Day of persons with disabilities” (3<sup>rd</sup> of December) has been celebrated.

The last decade of the XX century was especially relevant in terms of rights for persons with disabilities, with the creation of several organisations that fought for the rights of the persons with disabilities. These organisations were good places to report discrimination and non-accessible transports or places.

### The situation today

Nowadays, there are initiatives to encourage the inclusion of persons with disabilities in society. There are many initiatives oriented to improve accessibility, especially for people with mobility problems.

All countries worldwide were asked to recognise the CRPD, a treaty that stands for the rights of the persons with disabilities. Some countries ratified the optional treaty as well, which implies the application of the CRPD with more individualised analysis and severe punishments for those who violate the treaty. Some countries have included some articles in their constitutions or stated laws to apply the CRPD treaty.

Note that **integration** and **inclusion** are different terms. **Integration**, as the Oxford Learner’s Dictionary defines it, is “the act or process of mixing people who have previously been separated, usually because of colour, race, religion, etc.” **Inclusion**, on the other side, is, as the Oxford Learner’s Dictionary defines it, “the fact of including somebody/something; the fact of being included.” The main difference is that using the first term means that nothing has been adapted to the persons with disabilities while using the second term indicates that some things have been adapted.

Transport	<ul style="list-style-type: none"> <li>✓ All means of transportation are required to have spaces for persons with disabilities, although it is advisable to mention the need for an adapted space at least 48 hours before the service starts.</li> <li>✓ Persons with reduced mobility can apply for the European parking card.</li> </ul>
Professional life	<ul style="list-style-type: none"> <li>✓ The legislation specifies that the workplace has to be accessible to persons with disabilities.</li> <li>✓ This accessibility implies, for example, ramps for wheelchairs or people with reduced mobility, computers with readers for people with hearing <a href="#">impairments</a>.</li> </ul>
Social benefits	<ul style="list-style-type: none"> <li>✓ If the person with disabilities has some advantages in his/her home country, those benefits can be maintained when that person moves inside the European Union.</li> </ul>
Education	<ul style="list-style-type: none"> <li>✓ If they receive an Erasmus+ scholarship to study in another university, they can ask for the place they will be living in to be adapted to their needs and to ask for an attendant in case they need it.</li> <li>✓ They can ask for another grant to cover these aspects as well as travel insurance and medical <a href="#">assistance</a>.</li> </ul>
Justice	<ul style="list-style-type: none"> <li>✓ If they are the victims, they have the right to be informed of their rights, and everything they have to their disposal, as well as the right to the assistance of the victims, which can help them to overcome their traumas.</li> <li>✓ If they are accused of a crime, they have the same rights as if they were the ones suing others.</li> </ul>
Medical assistance	<ul style="list-style-type: none"> <li>✓ The medical assistance is provided all over Europe without exception; the rights are the same as in the country of origin.</li> <li>✓ Any person who belongs to the European Union has the right to have the same prices as locals and to be informed about them before the purchase of the service.</li> <li>✓ As a person with a disability, the <a href="#">accessibility</a> to any website or app is essential. For that reason, the European Union ordained public websites to be accessible for all those who have any disability.</li> </ul>
Civil rights	<ul style="list-style-type: none"> <li>✓ Every person with a disability has the right to vote whether they are in their country of origin or not.</li> <li>✓ Persons with disabilities can present themselves as candidates to be voted in the regional, national or European context.</li> </ul>

Currently, persons with disabilities have many rights that centuries ago would not have been possible. However, some of the rights mentioned here are still unknown for many people who might have suffered attacks on their particular conditions. Although the situation has already improved, there is still a long way to go in terms of inclusion, not just integration.

### Summary – What we have learned

*In this unit, you have learned about the evolution of persons with disabilities throughout history and their current situation. We have reviewed their situation concerning transportation, professional life, education, social benefits, justice and medical care. You have also learned to differentiate the concepts of integration and inclusion.*

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## UNIT 2. Human Rights and International Conventions for persons with a disability, the right to sexuality

### Negotiating sexuality in the convention on the rights of persons with disabilities



*Do you think that the rights of persons with disabilities in the area of sexuality are adequately recognized?*

On the 3rd May 2008, the United Nations [Convention](#) on the [Rights](#) of Persons with Disabilities became effective. As the first disability-specific binding instrument, the Convention details how rights already enshrined in international human rights law apply to persons with disabilities and refer to areas where special efforts are required.



The Convention lists several rights that relate directly to sexuality, including the right to health; the right to liberty and security of the person; protection from exploitation, violence and abuse; and respect for the home and family.

It also contains an article explicitly addressing women with disabilities and another calling for [awareness](#)-raising to combat stigmatization. However, the rights related to sexuality for persons with disabilities included in the final version of the Convention are much less explicit and supportive than those included in the initial draft.

What happened? The Committee's negotiations were influenced by prevailing ideas about sexuality among persons with disabilities and sexuality in general. While disability theorists and activists increasingly proclaim the importance of recognizing and supporting sexuality in persons with disabilities, the discourse produced by the Committee reflects many of the prejudices that some people have about disability and sexuality.

**Although more recognition for the rights of persons with disabilities is gradually being achieved, there is still a long way to go.**

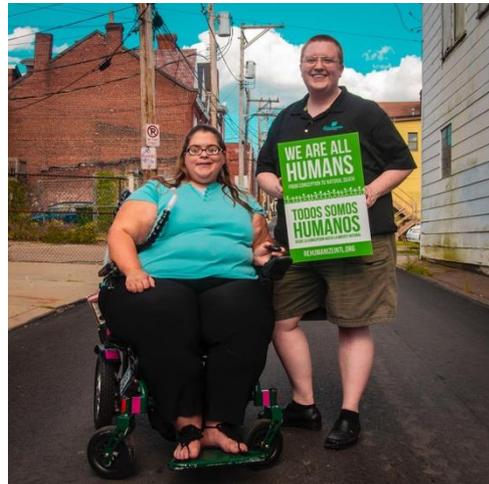
## Sexuality, human rights and safety for persons with disabilities

The World Report on Disability<sup>3</sup> by the World Health Organization and the World Bank is a landmark in the history of how health professionals should understand disability. This report marks the recognition by organized health care that health care professionals have acted in a paternalistic manner towards persons with disabilities, often deciding on their behalf what is in their best interest.

**Historically, health professionals have underestimated the abilities of persons with disabilities and, based on clinical encounters, consider disability to be an illness, when, in fact, most persons with disabilities are not ill.**

This new way of looking at disability changes the way health professions and persons with disabilities interact. An optimal emancipatory approach gives persons with disabilities the maximum choice and control in all the aspects of their lives, including health. This is particularly relevant in the area of sexuality and disability. Health professionals have been seen as complicit in denying persons with disabilities their rights of sexual expression and choice, and in perpetuating myths about them. On the one hand, persons with disabilities have been seen as asexual or eternal children. On the other hand, they have been seen as sexually unbridled and unable to control their sexual urges. However, the new emphasis on sexual rights as part of the human rights of persons with disabilities may create dilemmas for physicians who care for patients with disabilities, especially in countries with high rates of sexual violence and AIDS.

Sexual rights encompass the right to experience pleasurable sexuality, which is essential in itself and, at the same time, is a fundamental vehicle for communication and love between people. Sexual rights include freedom and autonomy in the responsible exercise of sexuality. Researchers and health professionals support these views.



*What do you think is the responsibility of health professionals regarding the intimacy/sexuality of persons with disabilities?*

<sup>3</sup> [https://www.who.int/disabilities/world\\_report/2011/report.pdf](https://www.who.int/disabilities/world_report/2011/report.pdf)

While it is easy to encourage professionals working in primary health care or services focusing on AIDS or sexual health to be more open about disability issues, they may face many challenges in trying to do so. Many people, including doctors, are uncomfortable talking about sexual issues, a discomfort that may be increased in the context of disability.

## Why sexual rights are human rights for persons with disabilities

**Sexuality is a term that includes "sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction."**

Sexuality is a crucial aspect of any person's life, whether they have a disability or not. However, for persons with disabilities, sexuality is not considered a priority, as there are other more urgent concerns, such as accessibility, education or employment. While these are important, sexuality is part of our identity and our daily lives.

According to Merry Baruah of Action for Autism,

*"Interestingly, often it is more the parents and professionals who need to be guided: there is a perception that individuals with disabilities are 'over-sexed' and can pose a 'danger' to others! On the other hand, they might view the person as a sexless individual with no sexual needs."*

As a result of these beliefs, persons with disabilities are not considered capable of making decisions for themselves and are disconnected from their own sexuality.

While much progress has been made in this area, we need to recognize the work that needs to be done. On the one hand, comprehensive sex education is often ignored. There is a huge gap in knowledge about the body and sexuality between the age groups of persons with disabilities.

**Sexuality is an integral part of the lives of persons with disabilities, and to deny this connection is to deny a fundamental human right of persons with disabilities.**

## Summary – What we have learned

*In this unit, you have gained a general knowledge about the human rights and international conventions for persons with disabilities, as well as the importance of sexual rights for persons with disabilities as a way to gain independence and be treated as an adult.*

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1. Photo by Maria Oswald on Unsplash

## UNIT 3. Ethical awareness of the rights to sexuality of the persons with disabilities.

### Sexual and reproductive rights



*have you ever wondered if a person with a disability can be a good parent?  
What is your opinion are the main problems he/she would have to face?*

The World Health Organisation (WHO) together with the World Bank World published in 2011 the first report on disability, that reviews evidence about the situation of persons with disabilities around the world. In this report, we can find following the legal [framework](#) for the sexual and reproductive rights of persons with disabilities:

#### Sexual and reproductive rights of persons with disabilities

The United Nations *Convention on the Rights of Persons with Disabilities* (CRPD) specifies that persons with disabilities enjoy legal capacity on an equal basis with others (Article 12), have the right to marry and found a family and retain their fertility (Article 23), and have access to sexual and reproductive health care (Article 25). The prejudice that persons with disabilities are asexual or else that they should have their sexuality and fertility controlled is widespread (Article 77). There is evidence that persons with disabilities are sexually active (Article 212), so access to sex education is important to promote sexual health and positive experiences of sex and relationships for all.

Source: World Health Organisation. World report on disability. Geneva: World Health Organization; 2001.

Despite legal prohibitions, there are many cases of involuntary sterilization being used to restrict the fertility of some persons with a disability, particularly those with an intellectual disability, almost always women (213–216). Sterilization may also be used as a technique for menstrual management.

Involuntary sterilization of persons with disabilities is contrary to international human rights standards. Persons with disabilities should have access to voluntary sterilization

on an equal basis with others. Furthermore, sterilization is seldom the only option for menstrual management or fertility control (214). Nor does it offer any protection against sexual abuse or sexually transmitted diseases. Legal frameworks and reporting and enforcement mechanisms need to be put in place to ensure that, whenever sterilization is requested, the rights of persons with disabilities are always respected above other competing interests.

**Sexual and reproductive health and rights (SRHR)** is the concept of human rights applied to sexuality and reproduction. It is a combination of four areas: sexual health, sexual rights, reproductive health and reproductive rights. These fields are treated as separate, although in many cases they are intrinsically intertwined.



More than 1 billion people, approximately 15% of the world's population, suffer from some form of disability. Although these people have the same sexual rights and desires as non-disabled people, society has ignored and relegated their aspirations and rights in matters of sexuality and reproduction.

What could be the **reasons** for ignoring the rights of such a large group of people?

Persons with disabilities are often **infantilized** and considered asexual, unable to reproduce or to take responsible care of their children. This is most evident in the case of women with disabilities, who are denied opportunities for motherhood.

Although it is recognized that sexuality is a basic human need, awareness and knowledge about sexuality are formed through a series of context-specific socio-cultural and religious ideas and practices. Persons with disabilities are systematically denied access to knowledge about sexuality and sexual behaviour, which leads to their **sexual marginalization**.

Other factors have also a significant influence, such as shame, confidence and perceived desirability or lack of it. Other disability-specific barriers include dependence on a known person, often a family member, which violates their privacy and confidentiality.

**Persons with disabilities are rarely asked to express their dreams, their sensual or sexual desires, as the standard belief is that they have none.**

As a **consequence** of this lack of visibility, the Sexual and Reproductive Health and Rights (SRHR) of persons with disabilities have long been ignored, including by the disability rights movement, and neglected by social, health and welfare services, which consider sexuality to be within the private sphere.

The United Nations Convention on the Rights of Persons with Disabilities of the early 21st century focuses on family life, without explicitly mentioning sexuality.

There have been recent **improvements**, but still, they are not enough.

Debates and campaigns about SRHR for persons with disabilities are increasingly frequent and of public relevance.

Disability, sexuality and reproductive rights are gaining greater visibility in activist policies and discourses; this is only happening in more developed or higher-income regions.



*This awareness is often guided by questions such as:*

*What specific strategies should be developed to facilitate recognition of the sexuality and reproductive rights of persons with disabilities, particularly women with disabilities?*

*How can appropriate services be made available to persons with disabilities in their communities?*

## Disabled women and motherhood

According to the latest official census of persons with disabilities in Spain, 2.3 million women had some type of disability. If we bear in mind that this is a quite large group, we might think that our health system would have to have programmes to guarantee the reproductive health of women with disabilities. But far from being so, disabled women feel ignored and underestimated in the public health system.

The reason for this may be that society is not accustomed to women with disabilities having children since historically, this has been the case. To understand this trend, we have to take into account social and medical factors.

- **Social:** people with severe disabilities re confined to institutions, which limited their possibilities of having a relationship and being able to form a family.
- **Medical:** Doctors were concerned that the medication people took for their disability would have harmful effects on the mother or fetus.

Doctors also do not receive specific training to treat pregnant women with disabilities, and they feel overwhelmed and lack the means to do their job well when they come across a case in their practice to which physical barriers must be added, such as the height of the examination table.

**We can conclude that there is a need to increase awareness and cooperation among activists, civil society, researchers and health professionals. State actors must take the initiative to mainstream disability and sexuality into laws, policies and programmes, thus providing the backdrop for a multisectoral commitment to collaboration.**

## Reproductive rights of women with disabilities – A human right framework

In an international community, moving towards greater recognition of both the human rights of persons with disabilities and the reproductive rights of women, special attention must be paid to the reproductive rights of women with disabilities.



Women with disabilities are entitled to enjoy the human rights secured by international law and custom. According to the 1993 Vienna Declaration and Programme of Action "special attention" must be given to ensure "non-discrimination, and the equal enjoyment of all human rights and fundamental freedoms by people with disabilities, including their active participation in all aspects of society." Reproductive

rights are among these fundamental freedoms, including the right to equality and non-discrimination, the right to marry and found a family; the right to comprehensive reproductive health care including family planning and maternal health services, education, and information; the right to give informed consent to all medical procedures including sterilization and abortion; and the right to be free from sexual abuse and exploitation.

Because states tend to equate mental disability with a lack of legal capacity, mental disability requires a separate examination. Women with mental disabilities should be involved in making decisions about their reproductive rights to the extent their capabilities allow. Sexual freedom should not be unduly restricted, and reproductive health services, including contraception, sterilization and abortion, should not be imposed by force or coercion.

In extreme cases of mental disability, the person should be assessed by qualified experts, subject to periodic review. If it has been determined that a woman cannot consent, those making reproductive decisions on her behalf must respect her individual

needs. Any action that limits a woman's reproductive rights should be as minimal as possible, and not based on the convenience of others.

Besides, UN conferences have resulted in international agreements concerning reproductive rights. While not binding in the same way as treaties, these consensus documents are evidence of states' [acknowledgement](#) that they must take specific measures to ensure that reproductive rights are



protected, respected, and fulfilled. Similarly, there are a variety of specific international consensus documents addressing the rights of the disabled and states' commitments to realizing them. These are resolutions of the United Nations General Assembly, including The [Declaration](#) on the Rights of Persons with Disabilities, the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, the Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care, and World Programme of Action Concerning Persons with Disabilities.



*Do you think that a person with a mental disability can decide if he/she wants to have a child? If not, who do you think should take the last decision?*

## Relationships

The right to marry and found a family upon the free consent of both spouses is well established in international law. The Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights guarantee the right to marry and found a family to men and women of majority age. The Universal Declaration of Human Rights, the Political Rights Covenant, and the International Covenant on Economic, Social and Cultural Rights further require the free consent of the spouses.

International consensus documents:

*Program of Action of the International Conference on Population and Development (from now on "ICPD Programme of Action")<sup>4</sup>*

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<sup>4</sup> Programme of Action of the International Conference on Population and Development, Cairo, Egypt, 5-13 September 1994, in Report of the International Conference on Population and Development, at chapter 7, para. 3, U.N. Doc. A/CONF.171/13/Rev.1, U.N. Sales No. 95.XIII.18 (1995) [hereinafter "ICPD Programme of Action"].

Principle 5.5: Governments should take effective action to eliminate all forms of coercion and discrimination in policies and practices ... The assistance should be provided to persons with disabilities in the exercise of their family rights and responsibilities.

### The Standard Rules



Rule 9 - States should promote the full participation of persons with disabilities in family life. They should promote their right to personal integrity and ensure that laws do not discriminate against persons with disabilities concerning sexual relationships, marriage and parenthood.

Persons with disabilities must not be denied the opportunity to experience parenthood. Taking into account that persons with disabilities may experience difficulties in getting married and setting up a family, States should encourage the availability of appropriate counselling.

### National laws and policies: issues and challenges

The foundational human right to marry and found a family has frequently been denied to women with disabilities. International human rights law makes clear that states may neither restrict adults from marrying nor allow marriages without the spouses' consent. Nonetheless, to the extent that a disabled woman can consent to marriage, she has the right to do so. Laws that prohibit marriage and parenthood for all mentally disabled women without regard to developmental level are overly broad and unnecessarily restrictive. Any restriction on the right of a physically disabled woman to marry and found a family is a violation of her human rights.

### Sex work



*What do you think about sex work as a way of addressing the sexual and emotional needs of persons with disabilities?*

*Think about yourself, would you make use of it in case you need it?*

There are still a lot of stigmas attached to persons with disabilities having relationships. Persons with disabilities need to be accepted when having relationships. This has to be brought out into the open more naturally and constructively.

For many persons with disabilities, sex workers are the only possibility they have to have sexual contact. As Ash King, born with a severe muscular condition, said: "I couldn't make someone fall in love with me," he says, "but I could at least learn about my sexual potential and more about women by paying a sex worker."

There are some websites for disabled people to find safe sexual services easily. An example of this service is the British website <http://tlc-trust.org.uk>, where, apart from hiring a sex worker, they give legal advice to future users. This is important because depending on the country, to pay for sexual services is illegal (for example, in Northern Ireland).



Besides the difficulty to find a suitable partner, persons with disabilities have also to face other taboos, for example, shame, especially women. This is due to the education of women in most of the countries, for the fear to be sexually harassed and the danger to become pregnant.

To all this, we have to add the cost that sexual services have, what is an added difficulty for persons with disabilities, that usually have problems accessing the labour market, because of their condition.

In some countries, the government provides funds to cover the sexual service for persons with disabilities. For example, in the Netherlands, the government covers up to 12 occasions of sexual service per year. The first legal initiative of this nature is a non-profit brothel exclusively for persons with disabilities, launched in the UK in 2014.

**It is illegal not to support persons with disabilities to enjoy the same pleasures as the others enjoy in the privacy of their own homes.**

**Equality Act 2010, the Human Rights Act 1998**

## Sexual Assistance vs Prostitution



*What is the difference between sexual assistance and prostitution?*

*Try to come up with some differences before going forward with the reading.*

In Spain, there are some NGOs specialized in sexual assistance for persons with disabilities. One of these associations is Tandem Team, in Barcelona. According to this, the figure of the sexual assistant is complex, halfway between the helper, the lover, the friend and the confidant, although for many people it is only prostitution; for this reason, a first step to normalize the figure could be to change the name to intimate and erotic support.

It is necessary to differentiate between the physical and the mental disability. This point is crucial when it comes to sexual assistance. There is an association specialized in cases of tutored and institutionalised people, called Aspasia Canarias. Aspasia has developed a very varied range to bring sexuality closer to its users. "We propose workshops, colloquiums; we organize games with roles that we distribute among the participants..." And do not forget the families, "which in most cases have had to go through a lot. They have become a reference in the sector, based on a model of maximum professionalism.

### Towards legalization

In Europe, the models of Holland, Belgium or Denmark work like the Spanish experiences, in a more or less consented "alegality". In Switzerland, subsidies to the sector have been regulated, which has led to a standardization of the process, imposing some rules, for example, a maximum of monthly attendance.

Some attendees are against the entry of the state in this activity. Because they predict that the state with regulations or rules will fall into the typical paternalism and will cut the existing freedom. Others, however, propose integrating sexual assistance into the system.

### LGBTQI

The term LGBTQI stands for lesbian, gay, bisexual, transgender, queer & intersex. LGBTQI persons with disabilities face double discrimination and invisibility. In many cases, they are discriminated within the LGBTQI collective itself. Persons with disabilities fall in love, feel pleasure, have the right to reproduce and therefore have sexuality. However, their sexuality is not taken into account because of the mistaken belief that they lack it.



This can cause reduced awareness of the existence of STIs and HIV and greater difficulty in assuming oneself as LGBTQI. It is necessary to foment the correct sexual education, directed in a personal way to persons with disabilities and their relatives to promote and defend the human, sexual and reproductive rights of persons with disabilities.

### Sexual harassment, assault, and domestic violence



*Do you think that a person with a disability has more probabilities of being sexually abused than a person without a disability?  
Justify your answer.*

Persons with disabilities are more vulnerable to sexual [assault](#) than the general public, being targeted because of the physical or mental impairments they have. Women with disabilities, "regardless of age, race, ethnicity, sexual orientation, or class", are assaulted and raped twice as much as women without disabilities.<sup>5</sup>

It is estimated that 25% of disabled children will be sexually abused before the age of 18. It is also estimated that 20% of these incidents are reported. This figure is ten times higher than that of the non-disabled population.

In most cases, the abuse is caused by close family members of the person with a disability. It is estimated that 10% of girls with intellectual disabilities are victims of incest. Studies show that 50% of disabled women have experienced multiple incidents

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<sup>5</sup> (Sobsey, 1994; Cusitar, 1994) (December 2011). "A PRACTICAL GUIDE FOR CREATING TRAUMA-INFORMED DISABILITY, DOMESTIC VIOLENCE AND SEXUAL ASSAULT ORGANIZATIONS" (PDF). Disability Rights Wisconsin. p. 10. Retrieved August 18, 2012.

of sexual abuse. These figures are so high because abusers are known to persons with disabilities.<sup>6</sup>



Statistics on sexual abuse of persons with disabilities are also high because staff and dependent parents are not adequately trained to identify sexual abuse and specific disabilities restrict the individual from expressing the experience. Besides, most programs focus on "stranger danger," which is ineffective because most sexual assaults come from the intimate circle of the individual.

More and more cases of sexual abuse of persons with disabilities are being reported; for this reason, various organizations are taking action. There are seminars for the prevention of sexual abuse of persons with disabilities, Child Abuse Councils, Disability Conferences and Sexuality Organizations. Government social service agencies also assist sexually abused persons with disabilities.

## Summary – What we have learned

*In this unit, you have acquired a general knowledge about the rights and dangers that an independent sexual life entails for persons with disabilities and the importance of educating persons with disabilities to make them aware of these risks.*

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<sup>6</sup> Baladerian, Nora J. (December 1991). "Sexual Abuse of People with Developmental Disabilities". *Sexuality and Disability*. 9 (4): 323–335. doi:[10.1007/BF01102020](https://doi.org/10.1007/BF01102020).

## UNIT 4. Social education for persons with disabilities, reflection and justified decision-making for the quality of socio-educational services



*Do you think that disability is a problem that only affects the disabled person individually or do you think that it affects the whole society? Think about this before you continue reading.*

Historically, disability has been treated as an individual problem; currently, disability is treated from a social perspective; that is, disability is defined by the interactions of the individual and his/her environment. Having a disability does not mean that an activity cannot be undertaken; disabilities represent partial limitations that do not have to impede a healthy and normalized life.

In this context, the intervention of the Social Educator is very important as a support to assist the person with a disability to build a project of a dignified and complete life. The type of intervention can be direct, on the person or group of persons with disabilities, or be aimed at raising awareness within the community. Determining the roles to be played by a social education professional in this field is a complex task, due to various factors, such as:

- 1) The different conceptions of disability, that condition the educational relationship established with the person with a disability. Nowadays, the participation of persons with disabilities is defended in all spheres of society. In other words, society's lack of adaptation is what prevents persons with disabilities from developing and adapting to their environment.
- 2) The diversity of demands and needs of persons with disabilities due to the variety of types of disabilities (motor, sensory -visual, auditory, multisensorial-, psychic, organic, psychotic-behavioural...), which can occur simultaneously in some subjects.
- 3) The diversity of environments that are configured to attend to persons with disabilities: work (special work centre, supported employment, labour integration services...), day care centres (occupational centre, day centre...), housing (residences, homes-residence, flats for independent living...), training (adapted occupational training...), leisure and free time; family, community. In each of these environments, there are considerable differences in the organisational aspects, which condition the exercise of different roles or functions by their professionals. These differences are mainly due to the practically non-existent legal regulation of this type of services.

From the analysis and interpretation of legal texts and various institutional experiences and revised research, we can make an approximation to the common functions that can perform the educator and the social educator in the field of intervention with persons with disabilities. We can break these functions down into three levels:

1. Functions referring to intervention with the subject with disabilities; The function of the social educator would be centred on accompanying persons with disabilities in their socialization process in order to facilitate their access to culture and inclusion in society, taking into account their identity, their needs and demands, as well as those of their environment and the relations established between them.
2. Functions referring to the subject and the environment; It is essential to work with the environment and with the community. It is a question of informing and sensitizing the different social instances to make possible the normalization and social integration of persons with disabilities. Working with



the community is of great importance, as if the community does not change attitudes towards disability and adapts to the needs of the entire population, it will be difficult for the disabled person to achieve full inclusion.

3. Functions referring to reflection on educational praxis. The social educator needs to reflect on his or her professional practice, both individually and as a team.

In conclusion, the role of the social educator in the diverse and complex field of disabilities is important. Reinforcing the educational role in the intervention with persons with disabilities would help to eliminate the welfare, excluding and segregation practices that, although subtly, are becoming more and more frequent in this field.

## Summary – What we have learned

*In this unit, you have acquired a general knowledge about socio-educational services for persons with disabilities and understood the importance of education, from the social and sanitary point of view.*

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## SELF-ASSESSMENT

1. Choose the correct answer.  
Persons with disabilities include those who have:
  - a) Long-term physical, mental, intellectual or sensory impairments that may hinder their full and effective participation in society
  - b) Any illness that prevents them from living a normal life
  - c) Any physical or mental impairments that may hinder them from having a normal life
  - d) Intellectual or sensory impairments that affect their daily life.
2. The movements for the integration of the persons with disabilities started in the XIX century.  
True      False
3. The right to sexuality is mentioned in the Convention on the Rights of Persons with Disabilities (CRPD) in 2004.  
True      False
4. There is a widespread belief that a person with disabilities does not have sexual desire due to their impairments.  
True      False
5. Fill in the gap  
The United Nations *Convention on the Rights of Persons with Disabilities (CRPD)* specifies that persons with disabilities enjoy legal capacity on an equal basis with others, have the right to marry and found a family and retain their fertility, and have access to sexual and \_\_\_\_\_ health care.
6. Fill in the gap  
Studies show that \_\_\_\_\_ of disabled women have experienced multiple incidents of sexual abuse
7. Choose the answer that does not apply:  
  
Determining the roles to be played by a social education professional in this field is complex task, due:
  - a) The different conceptions of disability
  - b) The diversity of demands and needs of persons with disabilities due to the variety of types of disabilities
  - c) The diversity of environments that are configured to attend to persons with disabilities
  - d) The lack of money of the governments to deal with issues related to disability

## CLASSROOM TRAINING ACTIVITIES

### Tools and required material for the activities

- PC/ tablet/ smartphone;
- internet connection;
- instruments for taking notes (analogical/ digital – as preferred)



#### Activity 1

Put yourself in a person with disabilities' shoes.

Make groups of 3 or 4 people. Ask them that next time when they go from home to work or school, they have to imagine they have a disability. Each group covers a different disability, for example, wheelchair users, people with visual or hearing impairments Ask them to look at the details, for example, high pavements, steps, motorcycles or bicycles parked in the middle of the sidewalk...

Each group makes a list of the barriers they have encountered and discusses them with the rest of the class. In the end, the students draw conclusions.



#### Activity 2

Watch the film or the trailer of the film “Margarita with a Straw”, 2014, Director: Shonali Bose.

Trailer: <https://www.youtube.com/watch?v=6zy3F0WVDK0>.

This film is about a rebellious young woman with cerebral palsy leaves India to study in New York. On her journey of self-discovery, she unexpectedly falls in love.

After the film, learners give their opinion about the experience of Margarita. Was there something that surprised them?



### Activity 3

Watch the following video:

<https://www.youtube.com/watch?v=7PwvGfs6Pok>



Reflect on what Danielle Sheypuk says about the problems she encounters when she wants to have a date.

## GLOSSARY

- **Accessibility:** The quality of being able to be reached or entered or used by people who have disability.
- **Acknowledgement:** Acceptance of the truth or existence of something.
- **Assault:** Make a physical attack.
- **Assistance:** The provision of money, resources, or information to help someone.
- **Awareness:** Knowledge or perception of a situation or fact.
- **Convention:** An agreement between states covering particular matters, especially one less formal than a treaty.
- **Declaration:** A written public announcement of the intentions or of the terms of an agreement.
- **Disability:** A physical or mental condition that limits a person's movements, senses, or activities. A disadvantage or handicap, especially one imposed or recognised by the law.
- **Discrimination:** The unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, or sex.
- **Ethic:** A set of moral principles, especially ones relating to or affirming a specified group, field, or form of conduct.
- **Exploitation:** The action or fact of treating someone unfairly in order to benefit from their work.
- **Framework:** A basic structure underlying a system, concept, or text.
- **Harassment:** Aggressive pressure or intimidation.
- **Impairment:** The state of a fact being impaired, especially in a specialised faculty.
- **Legislation:** Laws, considered collectively.
- **Marginalisation:** Treatment of a person, group, or concept as insignificant or peripheral.
- **Policy:** A course or principle of action adopted or proposed by an organisation or individual.
- **Rights:** A moral or legal entitlement to have or do something.



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# MODULE 2

## PERSONS WITH DISABILITIES

## MODULE 2 - PERSONS WITH DISABILITIES

### Learning outcomes

At the end of this module, the European Special Intimacy Needs Educator will be able to:

- Recognize the disabilities types as stated across EU (European Union) and in learners' home country.
- Recognize what intimacy related services persons with disabilities may legally get around EU.
- Know about best practices of educational courses around EU regarding disabilities and intimacy.
- Understand how disabilities affects intimacy and human experience on a social and psychological level based on WHO (World Health Organization) research.
- Apply the knowledge achieved aiding persons with different kinds of disabilities in gaining knowledge on and understanding their sexual and reproductive rights.

#### Unit 1 - learning outcomes for this unit are:

- The learner knowing the EU definition of types of disabilities, as well as overall EU statistics on persons with disabilities.
- The learner being able to identify and approach different groups of persons with disabilities. The learner will be able to explain intimacy related topics to persons with disabilities.
- The learner will understand the overall situation regarding the persons with disabilities in EU. The learner will understand how certain disabilities affect quality of intimacy.

#### Unit 2 - learning outcomes for this unit are:

- The learner knowing the legal framework of sexual and reproductive rights of persons with disabilities.
- The learner will be able to compare legislation in different EU countries.
- The learner will understand how different forms of legislation function to support persons with disabilities sexual rights.

#### Unit 3 - learning outcomes for this unit are:

- The learner will know how many EU countries offer sexual assistance services to their citizens with disabilities and how the service can be obtained.
- The learner will be able to aid persons with disabilities in obtaining the knowledge and services themselves.
- The learner will understand what Best practices of educational courses are and also programs for persons with disabilities.

#### Unit 4 - learning outcomes for this unit are:

- The learner knowing how different types of disabilities affect person's ability to be included into the society.
- The learner will be able to start a debate on psychological and societal issues that accompany disabilities.
- The learner will understand how disabilities functions in his/her community.

## Unit 1. Types of disabilities

As you may already know, the unite **definition and classification of disability** came quite late – it was developed in the second half of 20<sup>th</sup> century, therefore one may say, there was no official recognition of persons with disabilities as a part of the “normal” society. The **International Classification of Functioning, Disability and Health**, also known as **ICF**, is a classification of the health components of functioning and disability. The World Health Assembly on May 22nd, 2001, approved the "ICF." This classification was first created in 1980 and then called the International Classification of Impairments, Disabilities, and Handicaps, or **ICIDH** by WHO to provide a unifying framework for classifying the health components of functioning and disability. The World Health Organization (**WHO**) published the International Classification of Functioning, Disability and Health (ICF) in 2001 that covers.

### The World Health Organization (WHO) Defines Disability As:

“Disabilities” is an **umbrella term**, covering impairments, **activity limitations**, and **participation restrictions**. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus, disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.

Regarding the **EU (European Union)** there is **no** official definition specially for Europe, therefore the WHO and **UNCRPD** (United Nations Convention on the Rights of Persons with Disability) are legitimate across the territory of European Union. As it was predicted, by 2030 at least one fifth of the EU is going to have some form of disability. Therefore, EU is taking measures to improve social and legal status of persons with disabilities.

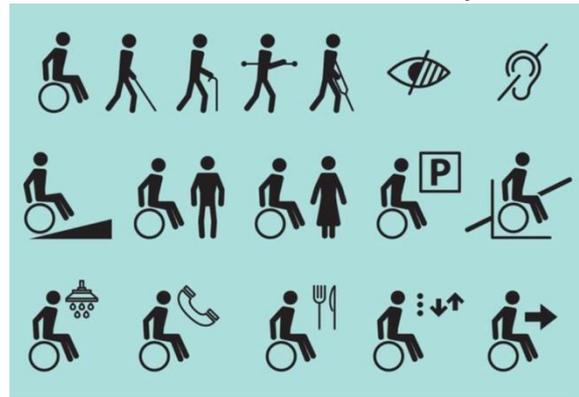
### Eight general types of disability recognized amongst EU (European Union) countries:

- **Mobility and Physical Impairments**
  - **Spinal Cord Disability**
  - **Head Injuries (TBI) - Brain Disability**
- **Vision Disability**
- **Hearing Disability**
- **Cognitive or Learning Disabilities**
- **Psychological Disorders**
- **Invisible Disabilities**

Each of the main types can be broken down to several sub-groups taking into account severity of the **impairment**, localization of the affected part of the body/brain and other functional factors affecting the **quality of one's life**.

## How different disabilities may affect sexual sensations

Many types of disability and levels of ability, which may affect **sexual relationships** and **pleasure**. However, the disability needs to be taken into consideration when two people come to a decision to be sexually active and the mechanics of it all. Certain **positions** might not be possible, so creativity and flexibility are essential. Open communication is key in any relationship involving a physically disabled partner. Some topics include **planning for sexual activity**, likes and dislikes, sexual fantasies and ways of enhancing **arousal**. Anger, fear, frustration and a sense of loss (if there has been a loss of sensation) should also be discussed.



### Physical disabilities:

Often it is the case of altered sexual function, which can negatively affect self-image and self-esteem. Certain things may come into question, such as mobility, if you use a wheelchair or have a cast, there will be some sexual positions that may not be possible. Lack of muscle strength may limit a person in similar ways.

Loss of muscle function or control can also result in unpleasant surprises like loss of bladder and sphincter control. Fatigue may as well factor in to one's sex life, as some actions may be too strenuous.



### Blindness and Visual Impairment:

It would be preferred to emphasize body exploration through touch, smell, sound and imagination, limiting arousal mechanisms, which include sight.

## Paraplegic or Quadriplegic:

**Sexual function** may be impaired but sometimes **sensitivity** in some areas can be increased. The usual sensation of **orgasm** can be lost, but an **orgasm sensation** elsewhere in the body may be experienced.



## Intellectual disabilities:

When having a physical disability, the **consensual sexual experiences** are all about techniques of achieving the desired sensations, sexuality becomes much more complex regarding intellectual impairments. It may be beginning of a debate on consent and the role of social worker, parent or family member in the process of **assisted decision making**.

These stereotypes in most cases are untrue. Persons with intellectual or developmental disability may experience sexual desires and emotional need for love. Therefore, making this group of people especially vulnerable to sexual abuse resulting in unwanted pregnancy and sexually transmitted disease. Before tackling the topic of sexual techniques, family planning and love, explanation on appropriate behaviour, body changes and constructing an image of self-worth must be performed.

There are two extremes of perception about persons with **intellectual and developmental disabilities**:

- they cannot control their sexual behaviour;
- they are internal children uninterested in sex at all;
- they are unable to parent children and be good parents;

## Tips for parents, relatives and tutors of family house for sexual education:

- See the person you're talking to as a whole person capable of experiencing romantic love and affection: Remember that learning to navigate dating, relationships and healthy sexuality are normal developmental tasks best accomplished with your guidance and support.
- Keep it simple; provide simple, direct explanations, using words they can understand. Long explanations can be unnecessary, or more confusing.
- Be "askable": make it clear that they can ask you anything, as well as seek help to find the answer together.
- Use correct terms that prepare children to talk about their body and experiences: knowing the real names for their body parts makes it easier to communicate about them. Share the changes that will happen to their body and moods before puberty starts.
- Try multiple teaching techniques: present information through pictures, books, videos, or social learning models, including role play or asking "What would you do if..." This helps you reinforce your message and find out how your they prefer to learn.
- Use "teachable moments": You can start a conversation naturally while you're watching television or people interacting, reading a book or listening to music together.
- Don't feel like you have to have all the answers: it's okay to say, "That's a good question! I'm not sure about the answer but let's find out together," or "Let me think about that one," if you need more time or information to confidently answer.
- Discuss your values and expectations, and consider theirs: Be willing to hear their entire question or story before responding. If you disagree, explain your concerns (safety, school rules, family expectations, laws, etc.) and come to a solution together.
- Model and teach helpful social skills, including self-esteem: Feeling good about yourself and worthy of being treated well helps prevent high risk behaviour and abuse.
- Encourage independent thinking and action, decision-making skills and boundary setting: give them support to make choices and decisions that are right for them. Show them how to set boundaries and respect the boundaries of others.
- Expose them to a variety of social situations and experiences: Create opportunities for them to build a peer support system. Provide both appropriate supervision and opportunities for privacy.
- Teach them about consent and how to powerfully say no (or, yes): When children are little, you can teach them "no, go, tell." As they get older, reinforce the need to both clearly ask for, and give or refuse consent to dating, relationships and sexuality.
- Guide them to access ongoing sources of information and support: help them find medically-accurate, developmentally appropriate resources they can access

independent of you, whether it is another trusted adult, health care provider or website.

### Summary: what we have learned

*In this Unit the WHO definition of disability was explained, as well as the fact, that there is no specific unite definition for member countries of EU.*

*In this Unit we have tackled the topic of different types of ability and approach towards it in regard to sexuality.*

*In this Unit we have learned how to explain sexual techniques to a person with intellectual or developmental disability. It includes seeing the person behind the disability, making simple explanations and providing learning examples.*

## UNIT 2. Legal framework regarding sexual assistance of persons with disabilities

### Negotiating sexuality in the convention on the rights of persons with disabilities

United Nations Convention on Rights of Persons with Disabilities (**UNCRPD**) covers all aspects of rights of persons with disabilities, as well as sexual and reproductive as these are considered basic human rights. Although for most of us it is obvious to exercise these rights as often as we like to, if it is within the legal norms, mostly the same principles regard towards persons with disabilities. As stated by the **Article 25, part 1**: persons with disabilities have the right to the same standard of healthcare including the area of sexual and reproductive rights. Therefore, persons with disabilities should have a right and possibility to exercise their intimacy rights.

**Article 12** notifies on equality of persons with disabilities before law and all aspects of life, just as any other person. This implies not only equality before Criminal and Civil law, but also the rights to a family life or intimacy with others.

It is stated within **Article 23**, that the State should ensure persons with disabilities having the access to age appropriate information on reproductive functions of the human body and family planning and the means necessary to exercise their rights as any other. Persons with disabilities are free to decide on the number and placement of their children, where it may be perfectly understandable with different functional, hearing or visual impairments, it is an ethically different topic when it comes to intellectual disability.

### Equal opportunities for all – legal status of persons with disabilities across EU

Across EU there is no unite legal regulation of status and rights of persons with disabilities, but the main guidelines followed by Europe are combined within UNCRPD. Stated in the EDF (European Disability Forum), the large risk group in Europe of having limited access to reproductive and sexual rights are women girls with disabilities.

In partner countries of the project the legislation differs from country to country. Some of them cover just the basic principles of equality, not tackling the topics of family and reproductive rights of persons with disabilities. Others have covered all possible aspects of life, including sexual **assistance** and harsh penalties for those, who take advantage of the especially vulnerable state persons with disabilities are in.

### Cyprus

Cyprus has several separate laws and regulations regarding status, rights and opportunities of persons with disabilities, however none of the above cover the field of sexuality or sexual assistance. The fundamental human rights, employment, parking, education and provision for persons with disabilities are covered within these norms. In

2011 Cyprus has ratified the UNCRPD and before that the European Social Charter both of which guarantee the fulfilment of fundamental human rights, but UNCRPD includes also the section on sexual health and reproductive rights.

## Italy

**Italian National Legislation** prosecutes those who commit acts of sexual violence against women, including women with disabilities. Regarding the Law 104/92 in Italy a person with disability is defined as someone who shows stabilized or progressive handicap as sensorial, psychic or physical troubles in learning, work integration and relationships and is submitted to the risk of social exclusion. In the law no. 67 harassments towards persons with disability are considered “discrimination” on the basis of disability, but cases of exploitation or abuse do not fall under this definition. The Criminal Law introduced a harsher penalty of imprisonment for sexual violence and stalking against persons with disabilities.

## Latvia

Latvia has no specific law for defining sexuality or reproductive rights of persons with disabilities. According to principles of equality all the fundamental rights of other persons apply to persons with disabilities. The Disability Law and Social Service Law does not cover this part of human experience, the basic principles are social inclusion, employment and different State and Municipal benefits. Regarding sexual violence and abuse the principles of Criminal Law apply to everyone.

## Romania

The Romanian Law **Regarding the Protection and Promotion of the Rights of Disabled Persons** concentrates mainly on disability benefits provided by the state and promoting equality. It regulates the rights and obligations of persons with disabilities on a basic human level (equality on the labour market, social integration, accessibility or as it is called “adaptation to the disabled person” and fight against discrimination). It does not include any mention of reproductive rights or equal rights to sexuality. Romania has ratified the UNCRPD in 2011, thus all the statements found in the section 12, 23 and 25 of this convention apply.

## Spain

In Spain recently (till 2013) there were several laws protecting persons with disability. Then it was decided upon unifying all laws related to disability in one. The law covers all areas in life, where persons with disability need aid on achieving equal opportunities or the government has appointed them some kind of benefit (education, social inclusion, employment). In this law an explicit recognition is made that persons with disabilities are entitled to rights and public authorities are obliged to ensure their full enjoyment. It also includes a definition of discrimination by association. Regarding Criminal Code Article 180 there is a severely harsh punishment if you commit a violent act against a

person vulnerable due to age, illness or handicap. Although prostitution is decriminalized, there is a service specially for persons with disabilities.

### Summary – What we have learned

*In this Unit you have obtained the understanding of vulnerability of persons with disability before the law in partner countries of this project. In some of them there are no severe punishment conditions for abusing or sexually assaulting a person with disability.*

## UNIT 3. Services and educational courses regarding intimacy and disabilities available in EU

### Educational courses and information providers for persons with disabilities on the topic of intimacy across EU

#### vzw Aditi (Belgium)



Aditi vzw is a non-profit centre for advice, information and support in regards to sexuality and intimacy for persons with a disability and elderly and their network (family, care-providers, care-supporters and supervisors). Apart from giving information and advice, Aditi vzw offers factual and practical support in sexual assistance for persons with disability and elderly. Aditi vzw also offers formation, training and education for care-providers and supports care-organizations with their vision- and policy development in regards to sexuality for elderly and people with a disability. Through cooperation with experience experts and professionals, Aditi vzw tries to build up expertise and strives for public social awareness and acceptance.

#### APPAS (France)



APPAS, the Association for Promoting Sexual Assistance, was founded by its current President Marcel Nuss in September 2013. Since its creation, the Association campaigns for the implementation of trainings dedicated to medical and welfare professionals, the establishment of educational programs, the spread of information and awareness towards medical and welfare professionals, people with disabilities, their families, the organization of discussion groups and the development of partnerships with European associations. In 2015, APPAS organized the first training in sexual assistance for people with disabilities in France and drafted a bill aimed at recognizing sexual assistance which was introduced to some forty parliamentarians.

## Sexual Understanding (France)

*Sexual Understanding*

National and International professional training and conferences presentations on human sexuality, intimacy, interpersonal relationships, "Responsible sexuality programs" for children, adolescents and adults, sexual violence and STI prevention, public health, ethic, moral, cultural, theoretical and practical questions as posed in the professional, institutional and personal environment. Specific professional trainings: "Facilitating discussion groups about intimacy and sexuality" and "Facilitating discussion groups about the desire to build a family and be a parent". Individual and couple sex-therapy consultations and a strong engagement in favour of Sexual Assistance via consultations for people with disabilities and participation in the Corps Solidaires Association and its Sexual Assistant training program.

## Tandem Team Barcelona (Spain)

Tandem Team Barcelona  
Diversidad y Consciencia

Team Tandem Barcelona is a non-profit organization whose mission is to accompany the person (and/or the people around them) throughout his/her unique, individual process of adaptation and acceptance of his/her functional diversity (disability). Our core domain of intervention is the development and full expression of each associate's sexuality through personal interviews, therapy, training programs, tantra workshops and facilitation of the encounter with sexual assistants. We also promote and participate in conferences and training programs in order to increase the awareness of this subject across the society.

## LoveGiver (Italy)

LoveGiver

LOVEGIVER is the Italian Association for promoting Sexual Assistance for People with Disabilities. Founded in 2013 by a group of people headed by Max ULIVIERI promotes the right to health and psychological and sexual well-being through

educational projects for operators and welfare professionals, families of people with disabilities and people with disabilities themselves. In 2014 contributed to the creation of a bill (1442) laid before the Parliament; established the National Observatory on Sexual Assistance directed by Prof. Fabrizio QUATTRINI and published a book 'LoveAbility' Erikcson editor. 2014 is the year in which it was launched and completed the selection of the first 30 Sexual Assistants, which will soon begin the first official Italian course. As a committee we struggle to Sexual Assistance profile is recognized as a profession and can operate without limits by the Italian laws.

### **Corps Solidaires (Switzerland)**



Corps Solidaires (*lit.trans:Solidarity Bodies*), is a non-profit organisation for certified sexual assistants who meet on a regular basis in order to take part in further training, supervisions and peer supervisions. Members of the organisation may also be allies who share the organisation's goals, namely the development of sexual assistance for people with disabilities, the collaboration with other organisations promoting similar goals, and the creation of a platform of exchange for sexual assistants.

Corps Solidaires organises training for new sexual assistants, works closely with organisations of people with disabilities, and intervenes in the media, at conferences, and with professionals. Corps Solidaires was born in 2009, is based in French-speaking Switzerland and has members in several European countries.

### **SEHP (Switzerland)**



When the male or female body and mind are altered at birth (mental, physical or sensorial disability), after a disease or when man or woman acquire disability during life (non congenital

disability), the expression of the emotional, intimate and sexual can be specific.

In respecting the autonomy and self-determination of the person with a disability, the association SEHP has the objective to sensitise persons with disability and their close network and social environment about the specific issues concerning their sexuality through: formation and education in institutions, high schools and universities / publications / information platform / presence in the media, radio and TV / participation in conferences, meetings and events / responses questions through website / supporting sexual assistance.

### **Freya (Czech Republic)**



Freya - education, consultancy and other activities in sexuality of people with disability, people dependent on other people's care or „marginal groups of people“. Freya tries to open topics concerning sexuality, relationships of people with disabilities, people living in institutions where people dependent on other people's care live (seniors) and other vulnerable groups like children, youth, women in sex-business. It also focuses on decreasing stigmata and prejudices related to sexuality, furthermore, we point out the necessity for the need of system changes in this area.

We continue to promote not only the sexual assistance service for people with disabilities but also develop the importance of sexuality and relationships for these people. Freya is a goddess from northern mythology and is translated as „loved“.

Love, closeness, sexuality – we wish, people with disabilities can feel it.

## Sex Asistent Europa (Spain)



Sex Asistent is a multidisciplinary global network created in 2012 in Barcelona by Silvina Peirano. We currently have a presence in several countries: Spain, Argentina, Venezuela, Colombia, Israel, France and Italy. Sex Asistent is a project nonprofit advocacy of sexual assistance as a tool for empowerment and equality of opportunity for people with disabilities that promotes a paradigm shift in which we stop seeing these individuals as asexual persons or children. We are not an association that manages a service sexual aid, because we must be a service of self and from job autonomy to prevent pimping, segregation, anyone control or tamper with the sexuality of people with disabilities and become a business at the expense of people discriminated by their functional diversity and, above all, that these are empowered through their own sexuality and can produce social change paradigm proposed.

## Passieflower (Holland)



Passieflower believes that every person deserves the right to be happy, and that everyone deserves to experience love and intimacy. This means: also people who reside in the 'vulnerable group'. This group contains, for instance, mentally and people with physical disability, elderly, and people with a psychiatric profile. We aim to take care for this vulnerable group of people by providing them intimacy and the feeling of love and care. We do this with a clear notion that we are only just a connecting link.

## Aspasia Canarias (Spain)



Aspasia Canary Association for Social Inclusion of people with disabilities and older adults (persons with disabilities and elderly). Non-profit association in favour of defence for equal opportunity and universal accessibility. It aims at social inclusion in all domains of human

expression, paying special attention to the intimate / affective area for the reaffirmation of self-esteem and improved quality of life. Through a mediation protocol, we connect users with functional diversity requesting sexual assistants for intimate encounters under agreements previously agreed and consensual. The aim is to defend the difference and diversity to achieve equal opportunities criteria of equity and non-discrimination. Through lectures, workshops, entertainment and leisure, tourism and other services accessible, we defend sexuality as an essential aspect of the human condition.

### **Infol (Italy)**



Infol is an Erasmus Course Provider registered by the European Commission. Organization has developed courses for professional improvement of both individuals and companies. Including a special Inclusive Sexual Education course for diverse groups. Also, those with different abilities. Infol is devoted to promote the social, cultural and professional integration of individuals

In other EU member states situation is not so well developed, a certain stigma exists, therefore persons with disabilities are not enabled to exercise their reproductive rights on a socially acceptable level. Certain associations exist for helping persons with disabilities in other areas of life, but sexuality is usually not tackled.

### **Summary – What we have learned**

*Sexuality is an important topic for education as well as for providing services to those who cannot find relief in this matter themselves. Many organisations provide services for persons with disabilities together with the elderly.*

*Organisations which provide sexuality and intimacy education rarely provide sexual assistance services.*

## UNIT 4. Social and physical barriers of disabilities

Disability requires a complete reorientation of roles in a persons' life, because disability affects interaction with others. Disability is defined by the person himself/herself as well as by the **societal challenges**. In some papers you may find a notion, that disability is a function of a society, which fails to take account of people which have physical or mental impairments. Thus, leaving the latter excluded from certain services or actions meant to be performed by everyone. Hence disability is interpreted within societal norms and what is considered "normal".

*There are three essential ways in which person with disability may react regarding public labelling of his functional diversity:*

- *deny its existence;*
- *seek indirect benefit from it;*
- *accept it and move on.*

*Physical and intellectual disabilities also affect sexuality. In this sense we could say, that society rather would not consider persons with disabilities as sexual and sensual beings with intimacy needs. Nonetheless we cannot deny that persons with disabilities have sensual sensations and desires, that need to be satisfied.*

### **Dating and disability**



*For **almost every** person with disability wants to be regarded primarily as a person, not as someone with a certain defect, in terms of **dating, sexual experiences** and building a family, every type of disability demands special treatment for both partners to be satisfied.*

*Persons' disability may **affect** the ability to have a regular sex life. It means a person may have to approach sexual activity differently, and he/she may have questions and concerns relating to physical or emotional health.*

**For example, he/she may feel:**

- concerned about finding a partner
- concerned about whether your partner will find him/her attractive
- a lack of confidence about sexual abilities or performance
- concerned about how the body moves or works
- anxiety over partner's feelings about you
- concern over pain during sexual activity
- less energy and desire for sex
- concerned about whether he/she can have children
- worried about what others will think, and about discrimination.

## **Dating etiquette**



### **Good practices when dating a person with disability**

- Treating the person, you are dating with respect.
- Making dating innocent fun (not making the date feel like a job interview).
- Be engaging and straightforward (avoid ambiguities).
- Talk to the person you are dating not his/her assistant, interpreter (in cases of hearing-impaired persons).
- Be honest if you are or are not interested.



### Bad practices when dating a person with disability

- Do not ask invasive questions about persons disability right away.
- Do not make sexual jokes or innuendos right away.
- Do not state the person being inspirational based on the fact of their disability.
- Do not give the person you are dating special treatment based on their disability without inquiry.
- Do not pet his/her **service dog** (visually impaired persons).
- Do not focus on his/her disability, focus on the personality.

## Summary – What we have learned

- *“Disability” is defined differently across Europe and there is no unite definition for European Union. WHO or UNCRPD definitions are the most commonly used ones.*
- *You must regard a person with disability mainly as a human being, not define him/her based on the disability possessed by this person. A human dialogue and inquiry are the first steps when starting any kind of sexual education and exploration.*
- *Disability is a social condition rather than health. Often it is inability to overcome boundaries set by society.*
- *Most of the laws and regulations in Romania, Latvia and Cyprus defend persons’ sexual integrity, but do not emphasize a victim having disability as a case for severe punishment.*
- *You must provide clear explanations and simple examples or learning moments to a person with intellectual or developmental disability. Do not make your*

*Before approaching sexual education of persons with disabilities, you may be informed on it yourself.*

## SELF-ASSESSMENT

1. Choose the answer that does not apply. Determining the roles to be played by a social education professional in this field is a complex task, due:
  - a) The different conceptions of disability
  - b) The diversity of demands and needs of persons with disabilities due to the variety of types of disabilities
  - c) The diversity of environments that are configured to attend to persons with disabilities
  - d) The lack of money of the governments to deal with issues related to disability
2. Are you supposed to ask a person invasive questions on a first date?  
True    false
3. Are there barriers to pleasure, when you have a physical disability?  
True    false
4. Is there a unite definition of disability in European Union? (yes/no)  
True    false
5. Please insert a missing term. "Disabilities" is an umbrella term, covering impairments, activity \_\_\_\_\_ and participation restrictions.
6. Please insert a missing term. Latvia has no specific \_\_\_\_\_ for defining sexuality or reproductive rights of persons with disabilities.
7. Please choose the right answer. Which is not the way for a person with disabilities to react to their own disability mentioned in this module?
  - a) deny its existence;
  - b) seek indirect benefit from it;
  - c) accept it and move on;
  - d) exaggerate it.

## GLOSSARY

- **Activity limitations** - dimension of health/disability capturing long-standing limitation in performing usual activities (due to health problems). Indicators based on this concept can be used to evaluate the general health status, disability and related inequalities and health care needs at the population level
- **Arousal** - a state of physiological and psychological excitation caused by sexual contact or other erotic stimulation
- **International Classification of Functioning, Disability and Health (ICFDH)** - a classification of health and health-related domains. As the functioning and disability of an individual occurs in a context, ICF also includes a list of environmental factors
- **Participation restrictions** - a problem experienced by an individual in involvement in life situations. Disability is thus not just a health problem
- **Planning** - a process of thinking about the activities required to achieve a desired goal.
- **Service dog** - a trained service dog which helps its handler to accomplish activities of daily living (ADL's) and is specially trained to assist a person with a disability.
- **Sexual relationships** – a relationship involving sexual intimacy.
- **Sexual pleasure** - pleasure derived from sexual activities.
- **Sex positions** - physical position of two or more lovers for sexual intercourse.
- **Sexual activity** - the manner in which humans experience and express their sexuality.
- **Societal challenges** - problems that people have interacting with people in society or engaging in normal social behaviors.
- **Umbrella term** – a term used to cover a broad category of things rather than a single specific item.
- **United Nations Convention on Rights of Persons with Disabilities (UNCRPD)** – is an Optional Protocol which follows decades of work by the United Nations to change attitudes and approaches to persons with disabilities.

# **MODULE 3**

## **INTERACTION IN THE PROCESS OF LEARNING AND DOING.**

### **COMMUNICATION AND LANGUAGES FOR APPROACHING PERSONS WITH DISABILITIES**

## MODULE 3 - INTERACTION IN THE PROCESS OF LEARNING AND DOING. COMMUNICATION AND LANGUAGES FOR APPROACHING PERSONS WITH DISABILITIES

### Learning outcomes

#### Unit 1 - learning outcomes for this unit are:

- How to respectfully communicate with people with disabilities
- What are the most common mistakes that people usually do when communicating with people with disabilities?
- What are soft skills
- How to effectively use soft skills to lead a good communication process with people with disabilities

#### Unit 2 - learning outcomes for this unit are:

- What are the most common correct behaviours a person should keep in order to have a good and respectful relationship with persons with different disabilities
- What is a barrier to an effective communication?
- How barriers can be defined and what types exist
- How to get over different barriers

#### Unit 3 - learning outcomes for this unit are:

- Which communication aids exist for the different types of disabilities
- A general guide on what is the best attitude and the most suitable reactions to have when talking to a person with autism spectrum disorder

## Unit 1. What are soft skills and what is the general difference between soft and hard skills?

### Defining the concept of communication

This unit will tackle the topic of **effective, non-offensive and adequate communication towards people with disabilities, also regarding their sexual needs**. As relatives, educators, assistants and experts dealing with people with disabilities, we should improve the ability of talking to them using the most appropriate soft skills.

Do you know that many people feel uncomfortable communicating with people with disabilities? They may:

- be unsure of the correct terminology to use
- be **worried about offending** the person with a disability
- be **unfamiliar** with appropriate communication strategies
- have had a **previous difficult experience**



Have you ever come across any of the above? What was your experience while dealing and talking for the first time with a person with disability? Have you ever heard anyone using a wrong language with them?



*Divide classroom in small groups if possible or keep the classroom together. 20 min to share experiences related to the questions above. Aim of the activity: highlight how often the wrong language is used and how common it is to feel unsure of the correct terminology*

Examples of positive and negative language:

#### Positive language

Person with a disability

Person who uses a wheelchair

Person with a mental illness

Person who is successful

#### Negative language

disabled/deaf/blind/crippled/

retarded person

confined/victim/sufferer/

restricted/wheelchair bound

crazy/nuts/psycho

brave/heroic/inspirational

Accessible parking, bathroom  
Person without a disability

disabled parking, bathroom  
normal person

**Communication is the reason why conflict exists or doesn't exist; why relationships, both personal or professional, are healthy and effective or not; in case of people with disabilities we need to pay even more attention to communication and strive to make it as clear and effective as possible.**

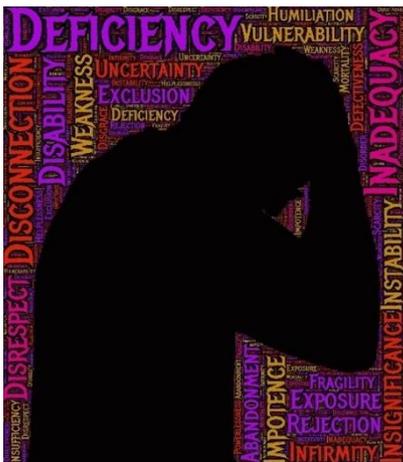


*Do you recognize yourself using the above idioms? Are there other examples of negative language you know/heard? How do you think this kind of language affects persons with disabilities? Brainstorming of the feelings and reaction that may occur in people with disabilities if not properly talked to. (Aim of the activity: realize and highlight how negative reactions of inappropriate speaking could be).*

## Communication Difficulties for Young and Adults with Disabilities

Communication is a two-way process; effective communication means a person can not only convey his or her needs and wants to others, but also understand what other people are trying to communicate. The impact disability can have on one's ability to communicate is sometimes difficult to understand:

Try to imagine:



- Not being able to tell someone what you are reading in this module
- Not being able to find the words you want to use
- Words coming out jumbled / Opening your mouth but no words coming out
- Others speaking for you / Others assuming they know what you want
- Not understanding others' words, expressions or phrases / Not being able to join a conversation with friends
- Feeling embarrassed every time you try to communicate

It is not hard to see how struggling with communication could cause extreme frustration, which in turn could lead to challenging or problematic behaviours for youth and adults with disabilities.

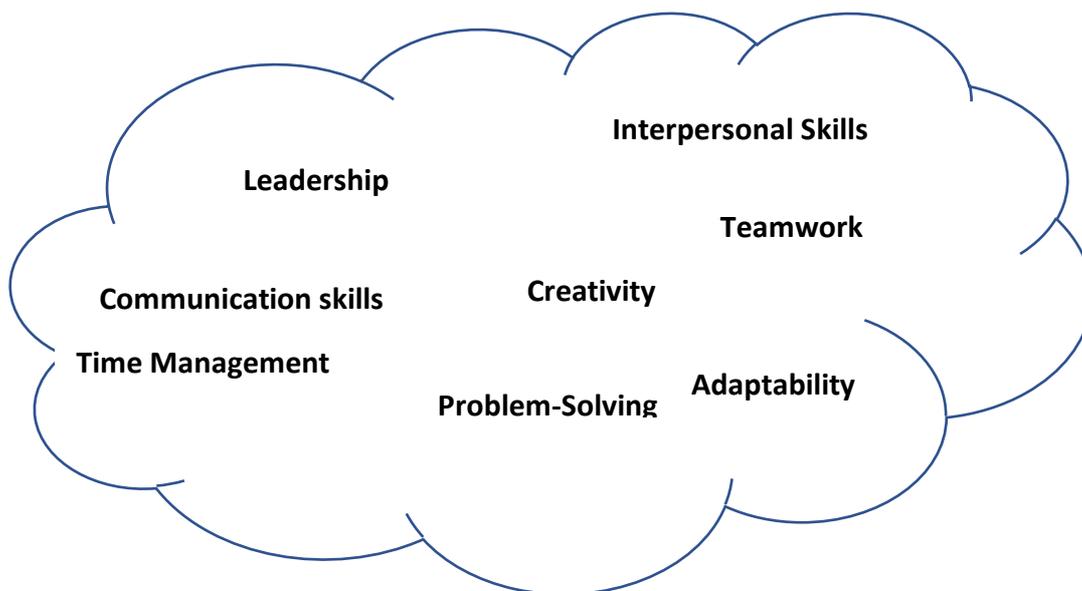
**Group activity:** How can we try to get over this? have the classroom exchange ideas and give possible solutions and methods to overcome the problem of poor communication.

### Soft skills: what are they?

Soft skills are usually related to your personality. They are more subjective and emotion-based than hard skills. You can't quite quantify your soft skills either, such as how good you are at communicating, even if you took a communications class in school and interact with customers daily.



*Exchange ideas on what skills are considered soft or hard?  
Consider these examples to guide you:*



## Summary – what we have learned

- *Communication towards people with disability is a very complex process and we shouldn't take our ability to do it for granted*
- *Effective communication can be realized using special and specific soft skills*
- *Soft skills are usually emotion-based and can help you relating and communicating with persons with disabilities*
- *Different disabilities may need different soft skills in the process of communication*

**Watch this video about what we have seen in this unit!**

<https://www.youtube.com/watch?v=nc9aAY6-ujQ>

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Credit for the pictures.

1. [Vector de Fondo creado por rawpixel.com - www.freepik.es](https://www.freepik.es/fotos-vectores-gratis/fondo)
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## UNIT 2. Communication with persons with disabilities: how to behave and what to keep in mind

### How can people speak and act respectfully towards people with disabilities?



*Have a first brainstorming session on what tips the classroom would suggest in order to speak effectively and keep a respectful behaviour towards people with disability in general*

In this unit we will go through different examples of what behaviours, attitudes and languages people should have and use in ordinary communications with persons with disabilities. The module will also present what different communication methods can be used to talk with people with different kinds of disabilities. Remember, all communication is meaningful, but you may need to work harder to understand.

#### General tips for communicating with people with a disability

- Speak to a person with a disability as you would speak to anyone else. Speak in an age-appropriate tone and treat adults as adults, speak directly to the person with disability
- Put the person first, not their disability. For example, use the term ‘a person with disability’ rather than ‘a disabled person’.
- Try to avoid negative phrases such as ‘suffers from’ and ‘crippled’. Use the phrase ‘people who use a wheelchair’ rather than ‘wheelchair bound’.

#### Communicating with people with physical disabilities

- Don’t touch or push a person’s wheelchair, and don’t move their crutches or walking stick without their permission.
- When speaking with a person who uses a wheelchair, try to find something to sit on to be at eye level with them.

## Communicating with people with a vision impairment



- Make sure you verbalise any thoughts or feelings
- Don't pat, feed or distract a guide dog while it's in a harness
- When you enter or leave a room, say something to verbalize it and let the person know you are there or are not there anymore

## Communicating with people with a hearing impairment

- Gain the person's attention before speaking. Try a gentle tap on the shoulder, a wave or some other visual signal to get the person's attention
- Make sure your mouth is visible
- Use short sentences
- Keep your volume at a natural level – don't shout

## Communicating with people with an intellectual disability

- Make sure you have the person's attention before you start talking. Try using their name or making eye-contact
- Remember that your body language is important
- Be specific and direct. Avoid talking using abstracts, acronyms, metaphors or puns

## Communicating with people with a mental disorder

Mental illness is a general term that refers to a group of illnesses including, but not limited to:

- mood disorders (such as depression and bipolar disorder)
- anxiety disorders
- psychotic disorders (such as schizophrenia and some forms of bipolar disorder)

What to keep in mind:

- Some people with paranoia may be frightened, so be aware that they may need more body space than you.
- Be sure to speak in a relaxed and calm manner.

- Talk to them in a space that is comfortable, where you won't likely be interrupted and where there are likely minimal distractions.
- Do not lie to them, as it will usually break any rapport you might want to establish.
- Be aware of a person becoming upset or confused by your conversation with them.
- If needed, set limits with the person as you would others. For example, "I only have five minutes to talk to you" or "If you scream, I will not be able to talk to you."

### Ten Commandments for Communicating with People with Disabilities

1. Speak directly to the person rather than the attendant/companion
2. Offer to shake hands!
3. Identify yourself and others who are with you
4. Do not attempt to help without asking first
5. Treat adults as adults. Do not call grown men and women with developmental disabilities – "boy(s)" or "girl(s)".
6. Do not lean or hang on to someone's wheelchair. Physically disabled people treat their wheelchairs as extensions of their bodies.
7. Listen carefully when talking with people who have difficulty speaking. Wait for them to finish.
8. Place yourself at eye level when speaking with someone in a wheelchair or on crutches.
9. Tap a hearing-impaired person on the shoulder or wave your hand to get his or her attention. Look directly at the person, speak clearly, slowly and expressively to establish if the person can read your lips.
10. Relax. Don't be embarrassed if you use common sayings such as "See you later.", "Did you hear?", or other expressions which may relate to a person's disability.



I was a pretty typical teenager when it came to sex. I wanted it and I wanted to know more about it. When the classes I took in school failed to tell me how sex happens for folks with disabilities, I turned to the resource kids in the 90's turned to for everything: Google. The results were terrifying. Most sites told me that good sex probably wasn't possible, and others were dehumanizing. It was at that moment that I realized I'd have to figure it out by myself. May 2019 – Taylor Carmen

## Communication barriers

What type do we know?



*What do you think “barriers to communication are”? Is it something everyone can come across? Is it something that especially affect people with disabilities?*

### Language Barriers

Language and linguistic ability may act as a barrier to communication. However, even when communicating in the same language, the terminology used in a message may act as a barrier if it is not fully understood by the receiver(s).

Examples of language barrier:

- excess of words could lead to misunderstandings
- use of very specific language or jargon and abbreviations
- regional colloquialisms and expressions may be considered offensive



### Psychological Barriers

The psychological state of the communicators will influence how the message is sent, received and perceived.

Examples of psychological barrier:

→ stressed or preoccupied people are not as receptive to the message as if they were not stressed. Stress management is an important personal skill that affects our interpersonal relationships.

→ anger: when we are angry it is easy to say things that we may later regret, and to misinterpret what others are saying. These kinds of feeling could be common also in persons with disability but their ability to recognize such feelings and have them under control could be reduced.

### **Physiological Barriers (refers to body's functions)**

Physiological barriers to communication may result from the receiver's physical state.

Examples of physiological barrier:

→ a receiver with reduced hearing may not fully grasp the content of a spoken conversation especially if there is significant background noise

→ A person with short term memory loss is unable to convey the message after a while as he/she forgets the message and hence the communication fails

### **Physical Barriers (refers to body)**



An example of a physical barrier to communication could be the state of a person after surgery, after an accident, after a long illness. It is the temporary impossibility to use a person's body as it is normally used.

### **Attitudinal Barriers**

Attitudinal barriers are behaviours or perceptions that prevent people from communicating effectively.

Attitudinal barriers to communication may result from personality conflicts, poor management, resistance to change or prejudice (especially when talking or dealing with person with disabilities). To be an effective receiver of messages you should attempt to overcome your own attitudinal barriers to help ensure more effective communication.

The listening ability of each of us is strictly connected to the knowledge of our needs and moods, the more we are aware of what happens to us the more we will be able not to project it on our interlocutor and to distinguish clearly and honestly our experience to make room for the experience of the other. In people with disabilities this process is even more delicate and could need the intervention of experts.

## How to overcome communication barriers?



*Have participants exchange ideas on what methods they know and what technological aids there are, according to their knowledge, to help and support communication among different kinds of disability*

## Augmentative and Alternative Communication

AAC is used by people who, some or all of the time, cannot rely on their speech. For example, an individual who has not yet developed understandable speech might use a speech output device to produce words. But, as his speech becomes clearer, he may need to use this device in only some situations.

AAC incorporates the individual's full communication abilities and may include any existing speech or vocalizations, gestures, manual signs, and aided communication. AAC is truly multimodal, permitting individuals to use every mode possible to communicate. Over time, the ability to use AAC devices may change, although sometimes very slowly, and the AAC system chosen today may not be the best system tomorrow. In any case, an AAC system is an integrated group of four components used by an individual to enhance communication. These four components are symbols, aids, techniques, and strategies.

- **Expressive communication** refers to the way in which someone conveys thoughts. Methods of expressive communication include speaking, signing, gesturing, pointing, or crying.
- **Receptive communication** refers to the way in which someone interprets or understands a sender's communication. Listening and reading are examples of receptive communication.

**Presymbolic or nonsymbolic communication** refers to communication that does not use symbols such as words or signs. This kind of communication, therefore, does not have a shared meaning for others. Some persons with multiple disabilities use

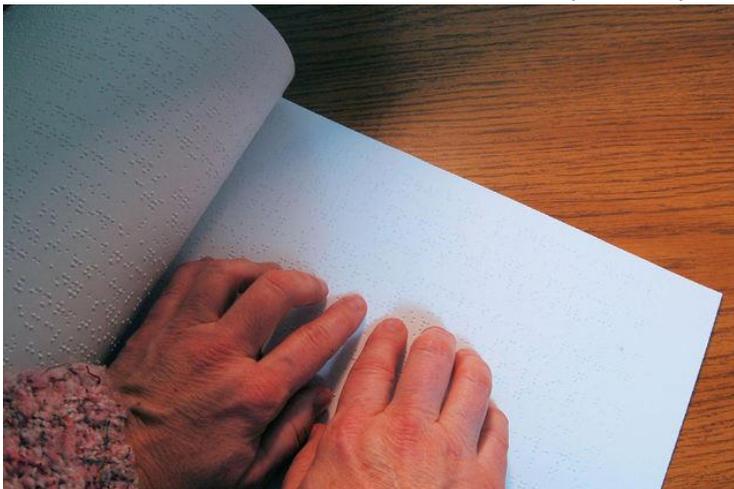
presymbolic communication when they cry, laugh, reach, or point as a way of communicating their thoughts, and the receiver has to guess at the meaning of their messages.

## Alternative Methods of Communication: An Overview

The ability to communicate our needs and wants is one of life's most basic activities. For communication to be effective, the sender and receiver each need to understand the message being communicated and the method being used to communicate. All people communicate, but some of them with visual impairments, mental disorders, psychological disorders and additional disabilities may not use spoken or written language. However, there are a variety of communication methods and systems that may be appropriate for those with multiple disabilities. These range from gestures to manual signs, to systems using objects, pictures, or symbols, to technological devices or to combinations of all these methods.

The following are some of the terms you may hear in regard to communication methods:

**Symbolic communication** refers to communication that involves a shared message between the sender and the receiver. Examples of symbolic communication include speech,



sign language, writing (print or braille), picture communication systems, and tactile communication systems.

**Sign language** refers to signs made with one or both hands that have a specific meaning and may represent words or ideas. American Sign Language is most used, but there are other systems. Signs can be recognized visually or tactilely by making the

signs in the receiver's hand.

**Symbol systems** can use pictures, objects, or other tactile symbols as a communication method. Each symbol has a meaning. For example, a cup (either a picture or an actual cup) may represent "I want something to drink." People can point to a symbol on a board or in a book or hand a symbol to someone to communicate expressively what they want. Or you can show a symbol to them to let them know what is going to happen next.

**Communication boards or books** are two types of symbol systems. The symbols can be displayed on a board for people to point to, or they might be arranged in the pages of a book.

**Knowing** about different alternative methods of communication can help you better understand the ways to help people with disabilities communicate. Working with speech-

language therapists, communication specialists, or educators/teacher of students with visual impairments or multiple disabilities can be important in planning and building their skills in this area.

### Summary – what we have learned

- *By developing your emotional intelligence, you will become more aware of how to communicate with others in the most appropriate and effective ways using the most suitable methods*
- *To improve your overall communication skills, you need to be aware of, and attempt to minimise, any barriers to communication that are present*

**Watch this video about what we have seen in this unit!**

<https://www.youtube.com/watch?v=v7EomkHSHvY>

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Credit for the pictures.

1. <https://pixy.org/110229/>
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3. Foto di Travis Saylor da Pexels
4. <https://www.freestockimages.ru/fullscreen-page/comp-ius3fjyx/7db56bb4-0d96-4b28-95b2-e98e92868a10/135/%3Fi%3D135%26p%3D%26s%3De98e92868a10/135/%3Fi%3D135%26p%3D%26s%3D>
5. Photo by <a href="/photographer/juliaf-5585

## UNIT 3. Let's deepen the different methods of communication



*Have participants share their experiences with different disability types: how do they run communication with people? What aids or support do they use? What knowledge, experience or study do they rely on to apply an effective communication?*



### Communication aids for persons with visual impairments – methods and tips

1. Mobile voice assistants for people living with sight loss: voice Assistant make technology accessible to the visually impaired. You can ask either a plethora of questions. There are also types of screen reader built-in to mobile devices that will read out what is onscreen. There are also more sophisticated voice assistant technology emerging. For example, few of them clip onto any pair of glasses and provide discrete audio feedback about the world around the wearer. They use state-of-the-art image recognition to read signs and documents as well as recognise people and do not require internet connection.

2. Video magnifiers: For those with impaired vision there are a few ways of magnifying text. Many are built-in to the software (operating system) installed on your device.

3. Smart home: the advent of smart speakers and other technology are making it easier to adapt the home for people, enabling them to remain living independently for longer and seek short term care rather than full time assistance. These Home devices can be configured with so-called skills, which can perform several tasks using just your voice.

4. Apps to improve lives of people with visual impairments: the advent of apps means it's easy to get assistance via a simple download. There are several apps for visually impaired students and older people. Some of them, for example, perform a few tasks including the ability to identify a product audibly using just the barcode. Other apps for example help people with visual impairment to find their way around or count their money. Users simply take a photograph of their money on the app and wait for it to tell them the currency and value via voice activation.

5. Braille translation software and embossers: Braille translation software is used when speech output systems would be less effective i.e. in technical disciplines using symbols and coding like computer science and mathematics. This software can convert electronic documents into braille code that can then be printed onto special paper. This effectively allows people with sight impairment to read any electronic document available online.

While finding the most suitable aid or method to help people with visual impairments to communicate with others, please keep in mind the following:

- Identify yourself
- Speak naturally and clearly
- Continue to use body language. This will affect the tone of your voice and give a lot of extra information to the person who is vision impaired
- Use everyday language. Don't avoid words like "see" or "look" or talking about everyday activities such as watching TV or videos
- Never channel conversation through a third person
- Never leave a conversation with a person without saying so
- Use accurate and specific language when giving directions. For example, "the door is on your left".

### Communication aids for persons with hearing impairments – methods and tips

1. Amplified Phones: they can provide the additional volume needed to make phone conversations more accessible and enjoyable. Most amplified phones have extra-loud ringers, are hearing-aid compatible, and include features such as talking caller ID, visual ringers, large or illuminated numbers, and neck loop or headset jacks.
2. Video Calling: there are software that provide the closest equivalent to a traditional phone call. They run on different devices with a forward-facing camera. They are one of the most popular communications methods among persons with hearing impairment. You can view the person you're calling in full screen or picture-in-picture mode, in which your image appears as well.

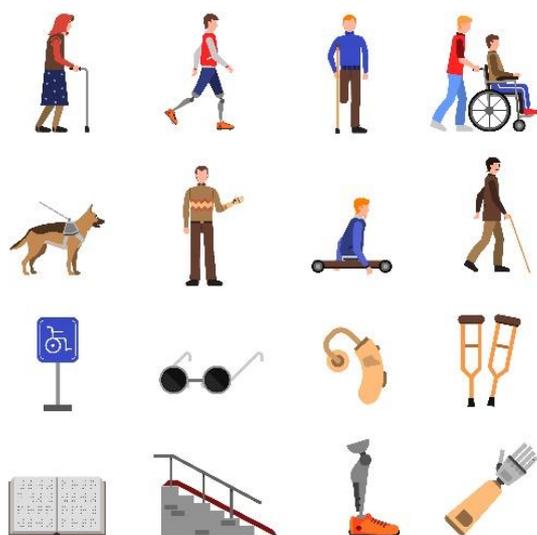


3. Sign Language Translation: it facilitates real-time conversations by combining technologies that translate or convert spoken words into sign language, voice into text, and text into speech. The solution combines software and hardware and can interface with a user's hearing aids, cochlear implant speech processor, or FM listening system. It includes a database of over 30,000 words and 9,000 sign language video clips. When a hearing person speaks, the program translates his or her words into either text or sign language and speaks a hearing-impaired user's responses aloud to the hearing person. The translator is especially useful when a sign language interpreter isn't available. It can also increase literacy, make education more efficient, enhance employment opportunities that promote independence, and help schools and employers comply with federal mandates.

While finding the most suitable aid or method to help people with hearing impairments to communicate with others, please keep in mind the following:

- Get the person's attention before speaking
- Key the person into the topic of discussion
- Speak slowly and clearly, but do not yell, exaggerate, or over pronounce
- Look directly at the person when speaking
- Do not place anything in your mouth when speaking
- Maintain eye contact with the person
- Use the words 'I' and 'you', not "him" or "her"
- Avoid standing in front of a light source, such as a window or bright light
- First repeat, then try to rephrase a thought if you have problems being understood, rather than repeating the same words again
- Use pantomime, body language, and facial expression to help supplement your communication

## Communication aids for persons with mental disorders – how?



Mental disorders are different and show different levels of difficulty when it's about communication. Sometimes there are psychological barriers to an effective communication, sometimes barriers are physical. Everyone should be considered differently and specifically. In each situation, the aid of an expert should be considered when trying to improve communication skills.

Here below it's a list of positive and general behaviours that could help running a good quality communication.

1. Avoid speaking on the person's behalf. If there is a pause or delay before they communicate, wait for them to respond.
2. Avoid talking about complex emotional topics in their presence, especially in times of crisis.
3. Avoid assuming what they are thinking about, their wants or needs, even before they say so. Speak only for yourself. Listen to what they say, even if you do not agree with it.
4. If you cannot understand their communication, ask them to speak more clearly. Do not try to discover the hidden meaning by yourself.
5. Be appreciative of the person's positive behaviour and support them when they are having a difficult time.
6. Only one family member should speak at a time, as it is difficult to listen to two people at the same time. This will also help increase respect towards the person with mental illness.
7. If the person with mental illness feels pressurized to speak, you can assure them by saying that it is ok if they do not speak but if they wish to, the others will keep quiet and listen.

## Communication with persons with autism spectrum disorder – how?

**Read our quick tips on interacting with an autistic person and understanding how autistic people might express themselves. Our tips include information on the different stages of communication and development.** This quick guide may help you to communicate more effectively with an autistic person.

### They don't pay attention to what I'm saying

- Always use their name at the beginning so that they know you are talking to them
- Make sure they are paying attention before you ask a question or give an instruction. The signs that someone is paying attention will be different for different people.
- Use their special interest, or the activity they are currently doing, to engage them

### They find it hard to process what I say

An autistic person can find it difficult to filter out the less important information. If there is too much information, it can lead to 'overload', where no further information can be processed.

- Say less and say it slowly.
- Use specific key words, repeating and stressing them.
- Pause between words and phrases to give the person time to process what you've said, and to give them chance to think of a response.
- Don't use too many questions.
- Use less non-verbal communication (e.g. eye contact, facial expressions, gestures, body language) when a person is showing signs of anxiety.
- Use visual supports
- Be aware of the environment (noisy/crowded) that you are in. Sensory input may be affecting how much they can process.

### They struggle with open ended questions

- Keep questions short.
- Ask only the most necessary questions.
- Structure your questions, e.g. you could offer options or choices.
- Be specific. For example, ask "Did you enjoy your lunch?" and "Did you enjoy maths?" rather than "How was your day?"

### They don't ask for help

- Give them a visual help card to use.

### They take things literally

- Avoid using irony, sarcasm, figurative language, rhetorical questions, idioms or exaggeration. If you do use these, explain what you have said and be clear about what you really mean to say.

### They hit me if they don't want to do something, I ask

- Use a behaviour diary to work out if the behaviour is a way of telling you something.
- Offer other ways of expressing 'no' or 'stop'.

### They react badly when I say no

- Try using a different word or symbol.
- They may be confused about why you said no. If it's an activity that they can do later on that day or week, try showing this in a timetable
- 'No' is often used when someone is putting themselves or others in danger. If it's a safety issue, look at ways of explaining danger and safety.
- If you are saying 'no' because they are behaving inappropriately, you may want to change your reaction to their behaviour. Try not to shout or give too much attention, a calm reaction may help to decrease this behaviour in time.
- Set clear boundaries and explain why and where it is acceptable and not acceptable to behave in certain ways.



*Which one of the above-mentioned technologies did you already know before this meeting? Share your experience (positive or negative).*

*Which one do you think you would use?*

*Do you have suggestions or different tips to give in order to improve communication with persons with disabilities? Please share your opinions with the classroom.*

## Communicate emotions and sexuality

People with disability also require sexuality education that:

- teaches them that people with disability can have fulfilling sex lives
- covers age-appropriate sexual issues that may be associated with their particular disability
- explains social rules, such as telling the difference between private and public behaviours
- is delivered in a way that a person with intellectual disability can understand.

It is important for parents, educators and caregivers to have access to the information they need to support the person in dealing with particular challenges they may face.

A person with disability may need additional support to explore sexuality and relationships. This can be particularly relevant to people with high support needs, for

example, those who live with their parents or in supported housing, or those who need help with communication or personal care, such as toileting.

People in these situations may want sexual relationships, but wrongly, this may not be permitted by their parents or carers. They may lack the privacy needed for sexual activity. Restrictions at home may lead some people into unsafe or illegal activity, such as sex in parks or other public places. Sometimes, a person with intellectual disability may exhibit inappropriate sexual behaviour, such as public masturbation, or soliciting sex from minors or in public. This is more likely to occur when the person lacks more appropriate sexual outlets or has not been provided with appropriate education about the complicated social etiquette and legal issues around sexual behaviour and relationships: appropriate education and behavioural training are, in most cases, better ways of addressing issues such as these and they lead to a more conscious and successful way for people with disability to live their sexual life more easily Recognizing emotions and emotional triggers

### Summary – what we have learned

- *Different disability means different types of communication*
- *Keep in mind that “disable” is a general term, you should adapt your behaviour and attitude to the different needs of the person with disability you are relating with*
- *Each communication process could be supported by different technological aids*
- *To communicate about sexuality an adequate education is needed, both for parents, educators, care givers and for people with disabilities.*

**Watch this video about what we have seen in this unit!**

<https://www.youtube.com/watch?v=qB2Fk0KdUuo>

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## SELF-ASSESSMENT

1. What is communication? Choose the right option
  - a) It's the process of speaking to an interlocutor
  - b) It's a phenomenon that can only happen when people speak the same language
  - c) It's the process of sending and receiving information
  - d) It's when I listen to somebody
2. The difference between a psychological barrier and a physical barrier is that a physical barrier is not forever, a psychological barrier instead is irreversible. True/ False
3. Fill in the gap with the most suitable word – the paragraph is part of unit 3 and it's about the behaviour to keep while addressing people with autistic spectrum disorder. They react badly when I say no: Try using a different word or a \_\_\_\_\_.
4. 'No' is often used when someone is putting themselves or others in \_\_\_\_\_. If it's a safety issue, look at ways of explaining danger and safety.
5. If you are saying 'no' because they are behaving inappropriately, you may want to change your \_\_\_\_\_ to their behaviour. Try not to shout or give too much attention, a calm reaction may help to decrease this behaviour in time.
6. To set clear barriers and explain why and where it is acceptable and not acceptable to behave in certain ways, it's a correct way to approach persons with autistic spectrum disorder. True or false? (True/False)
7. If you want to have the attention of a person with autistic spectrum disorder you should avoid calling them by name, but you should hold them by an arm and kindly shake it. True or false? (True/ False)
8. Choose which one of the following is an example of positive language to use when talking to persons with disabilities.
  - a) Retarded
  - b) Victim of autism
  - c) Person with visual impairment
  - d) Handicapped

9. What are soft skills? Please tick the least proper skill/attitude you should use when facing the following situation: a person with autistic spectrum disorder does not want to listen to you but you must be sure he/she understands your instructions so you may need:

- a) problem solving
- b) adaptability
- c) strictness
- d) interpersonal skills

10. What are soft skills? Please tick the least proper skill/attitude you should use when facing the following situation: a visually impaired person is asking for directions along the street, but nobody seems to be able to help so you may need:

- a) communication skills
- b) loud voice and strong personality
- c) adaptability
- d) creativity

11. What is the best behaviour you should try to keep when having to do with a person with a disability? Choose the right statement:

- a) Talking rapidly and loudly
- b) Keeping silence, listening and making pauses while speaking
- c) Whispering, joking and laughing
- d) Assuming things about them or their situation when they can't express themselves properly

## CLASSROOM TRAINING ACTIVITIES

### Tools and required material for the activities

- PC/ tablet/ smartphone;
- internet connection;
- instruments for taking notes (analogical/ digital – as preferred)



#### Activity 1

##### **The origami exercise:**

This is a quick and easy activity that shows how the same instructions are interpreted differently by different people and highlights the importance of clear communication.

##### **Directions:**

Give one sheet of A4size paper to each;

Tell the group that you will start giving them all instructions on how to fold the paper to create an origami shape;

Tell the group that while you give them the instructions, they must keep their eyes closed and cannot ask any questions;

Read off the following instructions allowing enough time for people to complete each step:

- 1) Fold your sheet of paper in half
- 2) Tear off the upper right corner
- 3) Fold your paper in half again
- 4) Tear off the lower right corner
- 5) Fold your paper in half
- 6) Tear off the upper left corner
- 7) Fold in half a final time
- 8) Tear off the lower left corner
- 9) Unfold your paper and hold it up
- 10) Open your eyes, look at your product and compare it with the other team members



## Activity 2

In my shoes is a team building activity to create strong bond between people, while exercising empathy and active listening skills.

1. Divide the participants in two groups of same size.
  2. Ask one of the groups to leave the room and wait for further instructions.
  3. Ask for the participants in the room to remove their shoes, leave it on a display, and wait for further instructions
  4. Ask the group outside the room to remove their shoes, leaving them near the door, and then enter the room
  5. Instruct the participants entering the room to select and wear a pair of shoes (either wear it, or just hold them by the hands)
  6. The shoes owners should pair up with whoever got their shoes
  7. The pair should go for a short “in my shoes” walk and talk (time-box it for 10 minutes), in which the shoe owner talk, while the shoe holder must actively listen, without replying or talking back. The following are the subject for the walk and talk:  
What was the most difficult moment in your life?  
What was the best moment in your life?  
What was the most embarrassing moment in your life?
  8. After the first walk and talk everyone should return to the room and leave the shoes there.
  9. Then the listeners should go outside of the room and select a pair of shoes.
  10. Go back to step 6 for the second round of walk and talk (now the talkers will be the listeners, and the listeners will be the talkers, although the pairs might change)
- This activity provides very touching moments, exercising empathy and active listening.

## GLOSSARY

- **AAC:** Augmentative and alternative communication (AAC) encompasses the communication methods used to supplement or replace speech or writing for those with impairments in the production or comprehension of spoken or written language.
- **AUTISM SPECTRUM DISORDER:** Autism spectrum disorder (ASD) is a developmental disorder that affects communication and behaviour. Restricted interests and repetitive behaviours. Symptoms that hurt the person's ability to function properly in school, work, and other areas of life.
- **COMMUNICATION:** a process by which information is exchanged between individuals through a common system of symbols, signs, or behaviour.
- **DISABILITY:** Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.
- **EFFECTIVE COMMUNICATION:** is a communication between two or more persons wherein the intended message is successfully delivered, received and understood.
- **HEARING IMPAIRMENT:** Hearing loss, also known as hearing impairment, is a partial or total inability to hear. A deaf person has little to no hearing.
- **MENTAL DISORDER:** A mental disorder, also called a mental illness or psychiatric disorder, is a behavioural or mental pattern that causes significant distress or impairment of personal functioning. ... Mental disorders are usually defined by a combination of how a person behaves, feels, perceives, or thinks.
- **PHYSICAL BARRIERS:** Physical barrier in communication is the environmental and natural condition that act as a barrier in communication in sending message from sender to receiver.
- **PHYSIOLOGICAL BARRIERS:** Physiological barriers in communication occur due to the physical condition of sender or receiver which might even be physical disabilities. It includes sensory dysfunction and other physical dysfunctions.
- **SOFT SKILLS:** are character traits and interpersonal skills that characterize a person's relationships with other people. In the workplace, soft skills are considered to be a complement to hard skills, which refer to a person's knowledge and occupational skills. Sociologists may use the term soft skills to describe a person's emotional intelligence quotient (EQ) as opposed to intelligence quotient (IQ).
- **VISUAL IMPAIRMENT:** Visual impairment, also known as vision impairment or vision loss, is a decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses..

# MODULE 4

## EMOTIONAL AND SEXUAL EDUCATION FOR PEOPLE WITH DISABILITIES

*“No one can make you feel inferior without your consent”*  
Eleanor Roosevelt

## MODULE 4 - EMOTIONAL AND SEXUAL EDUCATION FOR PEOPLE WITH DISABILITIES

### Learning outcomes

At the end of this module, the European Special Intimacy Needs Educator will be able to:

- identify and explain the main concepts related with the intimate and sexual relationships;
- understand the perspective upon intimacy and sexuality of the persons with disabilities;
- apply all the competences developed during the unit in real-life situation.

#### Unit 1 - learning outcomes for this unit are:

- at the end of the unit the learner will know the concepts of sexuality, sexual behaviour, intimacy needs;
- at the end of the unit the learner will understand the functions and the value of sexuality and intimacy;
- at the end of the unit the learner will be able to recognize different types of sexual expression and the physical and emotional consequences that the presence or absence of sexuality brings along.

#### Unit 2 - learning outcomes for this unit are:

- at the end of the unit the learner will know about physical and psychological components of sexuality;
- at the end of the unit the learner will understand the processes underlying sexuality and the perspective of someone who is differently abled in this context;
- at the end of the unit the learner will be able to explain the anatomical and psychological processes underlying sexuality and demonstrate empathy towards persons having difficulties in expressing themselves sexually.

#### Unit 3 - learning outcomes for this unit are:

- at the end of the unit the learner will know about self-esteem, emotions and natural instincts;
- at the end of the unit the learner will understand the importance of recognizing emotions and identifying the negative thoughts that are lowering self-esteem;
- at the end of the unit the learner will be able to structure activities for others in order to develop a positive self-esteem and help others recognize emotions.

#### Unit 4 - learning outcomes for this unit are:

- at the end of the unit the learner will know the perspective upon sexuality and intimacy of the persons with disabilities;
- at the end of the unit the learner will understand the implications of functional/dysfunctional sexual and intimate relationships of the persons with disabilities;
- at the end of the unit the learner will be able to identify the main directions needed to follow in order to help persons with disabilities initiate and manage sexual relations.

**Unit 5 - learning outcomes for this unit are:**

- at the end of the unit the learner will know the process of designing an individualized action plan;
- at the end of the unit the learner will develop a critical sense;
- at the end of the unit the learner will be able to face real-life situations and design individualized action plans to help persons with disabilities persons express their sexual and intimacy needs.

## Unit 1. The sexual behaviour and the functions of sexuality for human beings

### Defining the borders of sexuality and sexual behaviour

Sexual identity and sexual behaviour are challenging issues for the society nowadays. The “boom” of sexually related stimuli has not brought more clarity on understanding the ground rules of human sexual behaviour but has in fact created more confusion about what is natural and what is not.



*How would you define the human sexual behaviour?*

*Write down a definition of your own before going forward with the reading.*

In a broad view, human sexual behaviour is the manner in which humans express and experience sexuality. Most times though, sexuality is regarded as being limited to the use of genital organs (at least for one person involved in the sexual behaviour), which is in fact not quite accurate. Human sexuality involves biological, erotic, social, emotional and spiritual aspects, thus sexual behaviour includes: masturbation, sexual intercourse, genital stimulation without penetrative sex, oral sex etc., but can also include nudity (without any kind of stimulation), talking about sex, courtship and any kind of gestures made by a person with the intention of arousing the sexual interest of another (for example: the way one eats a banana or holds a glass of wine).



**The main thing that typically distinguishes between a sexual behaviour and other kinds of behaviour is the presence of (or intent to lead to) sexual arousal and physiological changes within the body of the aroused person.**

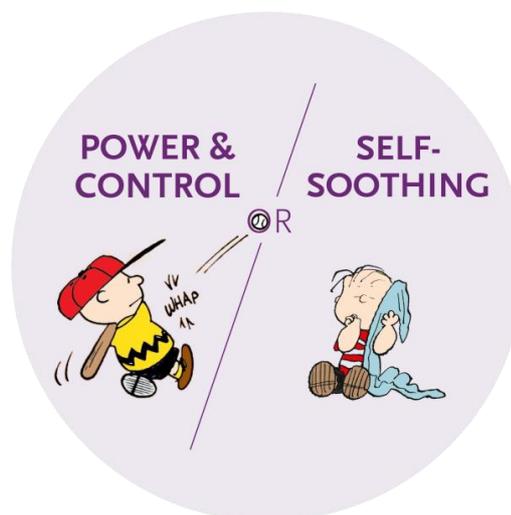
## The functions of sexuality



What are in your opinion the functions (the utilities) of human sexual behaviour?  
Write down a few ideas before going forward with the reading.

Human sexual behaviour has a wide variety of functions:

- **procreation and reproduction of the specie** – people engage in sexual behaviour to have children and/ or leave a legacy;
- **maintenance of the hormonal balance and health** – having regular sexual activity helps regulate the endocrine system and also has implications upon the circulatory and nervous systems;
- **obtaining physical and psychological pleasure** – most people find sexual activities fun, relaxing, stimulating;
- **sharing emotions and achieving emotional connection** – sexual activity is a way of communicating feelings, as well as drawing people closer and make them feel accepted;
- **transactional purposes** – sexual behaviour might also be a way of paying for something or repaying someone, as well as can be the expression of punitive measures;
- **conflict resolution or maintaining safety** – in certain contexts, people could regard sexual activities as a mean to end a dispute, make peace or avoid a greater danger and remaining safe (this function could be assimilated to the transactional one, with one difference: the person does not perceive he/ she has a choice);
- **community inclusion or acceptance** – people could engage in sexual activities in order to feel included/ accepted in a certain social group.



In some cultures, sexual activity is considered socially acceptable only within marriage, while in others premarital or extramarital sexual behaviour is validated. Some sexual activities could be illegal in most countries (sexual assault/ non-consensual sex activity or with a person below the local age of consent), while other sexual practices, although legal, could be considered contrary to the social/ spiritual/ cultural norms (somasochistic practices for example).

## The value of sexuality within the attachment frame



*What is in your opinion the most basic need that every human has?  
Write down your answer before going forward with the reading.*

The [attachment theory](#) tries to explain human behaviour based on the premises that the most basic need that every human has is to be loved and accepted for who he/ she is and the way we react in the different interactions we engage in is dictated by the way we feel that our basic attachment needs are met. For example, one might say to his/her friend to quit smoking because he/she cares for the respective friend, but instead, the friend may fail to see the caring of the other and experience this request as a reproach or as a tendency of the other to take control of his/ her life and get upset.



The attempt to regard **the sexual behaviour through the lens of the attachment theory** reveals the fact that the attachment needs are triggering us to find a partner and dictate the type of partners one prefers to engage in relationships with. Also, sexuality is one of the main areas in which couple members find emotional connection. It is important to stress here the fact that sexuality implies not just genital behaviour, but courtship, display, arousal, desire. In this respect, sexual activities often offer a significant reflection of the relationship's dynamic: the person who initiates the sexual behaviour is looking for establishing connection with the other partner (it is a way of saying: "You are important to me and I want to be with you now") and this initiative might be understood as it was meant and replied accordingly or, on the contrary, might be considered trivial or perceived as an egoistic need ("You don't care about me, you only care about pleasing yourself!") and, subsequently refused because the basic attachment need of the other remains unmet. This situation might reflect a prototypical cycle: one partner wants more intimacy before sexual life can be vibrant again, while the other one feels sexual encounter precludes this intimacy.

Sexuality offers the opportunity to reveal oneself to the other in the couple in a more honest way – not just physically naked, but also emotionally unwrapped –, but if one's level of self-confidence is diminished, he/ she might restrain oneself from indulging in such behaviours in order to protect a certain image of oneself in front of the other member of the couple ("I am afraid to be seen, because there are parts of me which I

don't like and I don't believe you might actually like me if you saw them too.”). The other partner might spot the fear and help raise the other's confidence or get hurt because he/ she feels rejected. This kind of dynamic offers a good preview of the couple's level of intimacy.

## The human need for intimacy



*How would you define intimacy?*

*Write down a definition of your own before going forward with the reading.*

Intimacy is a threshold that indicates closeness and familiarity between two people. Intimate relationships can be defined as sharing ourselves with another person in a way we would not share with others. Intimate relationships include intellectual, social, emotional and physical components. The more intimate two people are, the more they know about one another and the stronger their level of their emotional connection. Intimacy is not specific for couple relationships, as it can include sexuality, but it can also be limited to other areas, such as likes and dislikes, thoughts, emotions etc. – the sort of things that we also might share with friends, not just with romantic partners. Intimacy is present when people care and feel deeply about each other.



**The human need for intimacy is significantly related to the need of being loved and accepted the way we are.**

One is motivated by the drive of being loved in the process of revealing oneself to another and by finding the freedom to show the true faces of the self in front of the other, one feels loved and supported and appreciated.

Attachment and sexuality appear to be functionally separable systems in long-term intimate relationships, proving that emotionally mature couples are able to find alternative manners of emotional connection when the sexual functions are somehow affected. This finding draws with it the conclusion that human beings are able to survive without sexuality if intimacy needs are met.

## Summary – what we have learned

- *Sexual behaviour includes all behaviour focused on attracting a partner and triggering sexual arousal and is not limited to genital stimulation in any form.*
- *Sexual behaviour serves a variety of functions, including the purpose of establishing emotional connection.*
- *Every human being has the need to be loved and accepted as he/she is and sexual activities are an expression of this need.*
- *Intimacy is not specific to romantic relationships, but it is strictly related to the need of being loved in a true way.*

## UNIT 2. The anatomy and the psychology of the sexuality

### The anatomy of sexuality



*Visualize the human body.*

*Try to identify the sexual organs and erogenous zones before going forward with the reading.*

**Sexual anatomy** or **reproductive anatomy** refers to the genital/ sexual organs on the outside of the human body (vulva, penis) and the reproductive organs on the inside of the body (uterus, testicles). While being crucial in sexual intercourse and for the reproduction function, these organs are not the only ones involved in expressing human sexuality.

**The skin** has millions of sensitive cells and its touch in a certain way or certain areas triggers sexual arousal – the areas with the highest arousal potential are called erogenous zones. Not everyone has the same erogenous zones, but the most common ones are: breasts, nipples, lips, mouth, tongue, neck, earlobes, fingers and toes, inner thighs and arms, hands and feet. Any part of the body can be considered sexual depending on how it makes the person feel.



From a broader point of view, “the brain is the most important sex organ”, because it can transform any part of the body in a sexual one, by associating it with an erotic or intimate meaning. **The brain** is the organ controlling the sexual response to different sexual stimuli, which can trigger arousal or inhibit it (for example: speaking French might be sexually arousing for some, while dressing-up like medical or cleaning personnel might be stimulating for others). Furthermore, the brain is the keeper of one’s sexual identity and orientation.

When people are born, they get **assigned a sex – male or female** – based on the sex anatomy shown at birth, but that does not necessarily overlap with the **gender identity**. Some people’s assigned sex and gender identity are the same – these people are called **cisgender** –, while other people feel that the sex they were assigned at birth does not match their gender identity (for example, one could feel like a woman trapped within a male’s body) – these people are called **transgender**. Other people might have sex anatomies that don’t fit the typical description of male or female – these people may be



preference of having sexual activities with people of the opposite sex – these are called heterosexuals – or with people of the same sex – these are called homosexuals – or both – these are called bisexuals.

## Being “different” in the context of sexuality



*What is the image that comes to your mind when you hear somebody say “I feel different”? Write down a short description of what being different means to you before going forward with the reading.*

Humankind is a social specie, thus people are looking to be part of a group, to be integrated in the society, to feel at home among their peers.

**Being “different” or feeling “different” reflects a self-definition that includes the idea of not fitting in, of not belonging to a certain group or context.**

When this occurs despite the wish to be integrated in a particular group or context, the feeling of being different draws with itself the sadness of not having the same competencies as the others, the disappointment of not being appreciated and accepted,



the anger of not being permitted to attend certain activities, the fear of being laughed at or ridiculed by the others, the shame of not being good enough. All these emotions are further on blocking the individual in achieving his/ her developmental potential and prevent him/ her to engage in interactions or tasks that could offer him/ her satisfaction, pleasure or relief.

Sometimes people take pride in defining themselves as being “different” – like Pablo Picasso or Salvador Dali used to do –, but that level of self-consciousness and self-satisfaction is only met in the context of a high level of emotional maturity and success. Some adults are capable to see the benefits of being somehow different than the others, but children and teenagers are most of the times eager to be like the others, to get the approval of their peers and be seen as “regular” or “normal”.

In the context of sexuality, a person being or feeling “different” than the others, like most people with disabilities often do, will most likely manifest worry about the way he/ she might be seen by his/ her potential partner and fear of being disliked and rejected and will most likely seek to protect himself/ herself by not engaging in sexual relations. They actually develop a sort of [anxiety](#) in what concerns sexual relations and sexual exploration.

But giving up the idea of having sexual relations is not really a fulfilling solution and does not promote the welfare of the person with disabilities. In time, such a choice will lead to sadness, bitterness, social anxiety, social withdrawal, depression and also to hormonal imbalances and physiological symptoms that affect not only the psychological well-being of the person, but also his/ her health and the social and professional functioning within the community. Thus, the persons with disabilities have to be



supported to find the appropriate partners with which they can establish a safe emotional connection and feel free to explore sexuality just as other any other human being.

### Summary – what we have learned

- *The brain is the most important part of our body controlling the sexual response to different sexual stimuli.*
- *Sometimes there is a difference between the sex assigned at birth and the gender identity we assume.*
- *One’s attitudes towards sexuality shape the sexual behaviour one engages in and also one’s sexual orientation.*
- *Sexual behaviour also triggers psychological and socio-emotional representations of self.*
- *Being “different” or feeling “different” reflects a self-definition that includes the idea of not fitting in, of not belonging to a certain group or context.*
- *Giving up engaging in sexual relations affects both the psychological well-being of the person and his/ her health, but also his/ her social and professional functioning within the community.*

## UNIT 3. Self-esteem, emotions and natural instincts

### The significance and the building process of self-esteem



*How would you define self-esteem?*

*Write down a definition of your own before going forward with the reading.*

**Self-esteem** is how one feels about himself/ herself as a person. Those with high self-esteem believe that they are adequate, strong and worthy of a good life, while those with low self-esteem feel inadequate and worthless. The first bricks of self-esteem building are laid during the first 5-7 years of life, in the relations the child establishes with the members of his/ her own family. A low self-esteem developed in childhood can continue throughout adulthood, causing great emotional pain.



Therefore, it's important to develop a healthy, positive sense of self.

Many people base their self-esteem on external factors, such as how much money they earn, how much they weigh and whether people like and appreciate them. If one of these external variable's changes, self-esteem can be broadly affected. For example, if a person's self-esteem is based on the fact that his/ her partner loves him/ her, then that person risks feeling extremely vulnerable and worthless if the partner's love diminishes or ends. By the same token, building self-esteem is not an easy task for people that have been abused or have suffered years of personal or professional failure.

**Building one's self-esteem and creating a positive self-awareness comes from taking an inventory of one's own strengths and abilities as a human being. Being at peace with who we are and what we have to offer to the world is a major part of having high self-esteem. This "inner peace" does not mean that one is unaware of his/ her weaknesses; it merely means that one accepts who he/ she is and genuinely likes himself/ herself.**

As long as one will think about oneself as deserving attention, admiration and proper maintenance and will avoid the pitfall of paying too much attention to the happiness and well-being of others and too little to his/ her own, the self-esteem will remain high. Maintaining high self-esteem involves becoming fully aware of the strengths and seeing challenges as opportunities to employ those strengths.

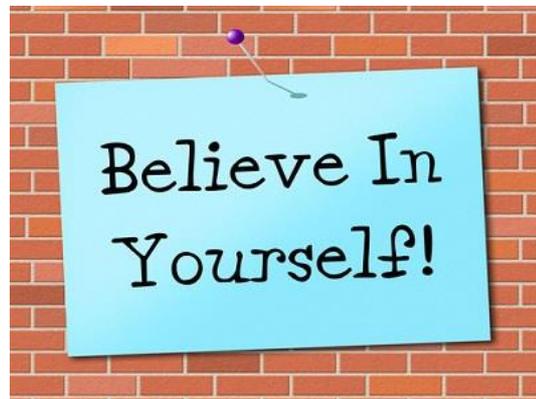
Low self-esteem is often linked to depression and anxiety. Letting the emotions feel overpowering or out of control will increase fear and sadness, thus leading to psychopathological syndromes. That is why learning to manage our own mood and gain control over our own feelings is one way to build self-esteem around this issue. Working with a psychotherapist or counsellor to manage the problems that may lie beneath the surface of low self-esteem is also an efficient option.



*What would you do to raise the self-esteem of a child?  
Write down a few ideas before going forward with the reading.*

The road to improving low self-esteem includes:

- having an inner dialogue about the strong and weak points, about one's identity and resources;
- identifying the experiences that have led to a deteriorated and unworthy image of the self;
- reflecting the inner dialogue about how one might come to the genuine feeling of being a good person who is worthy of the good things in life;
- identifying the opinions of family members, friends and colleagues about the resources one might make use of;
- constantly encouraging oneself;
- celebrating even the smallest successes;
- recognizing emotions, especially fears, and searching ways to cope with these worries and fears.



## Recognizing emotions and emotional triggers



*How would you define emotions? Write down a definition of your own before going forward with the reading.*

Emotions are a mental state that reflect a positive or a negative experience also associated with a particular pattern of physiological activity and frequently with a cognition and followed by a behavioural response (mimics, gestures, movements, speech etc.). The role of emotions is primarily to regulate behaviour and recognizing them within ourselves as well as within the others plays a very important part in adaptation to changing situations.

[For more information about emotions, please watch this video.](#)

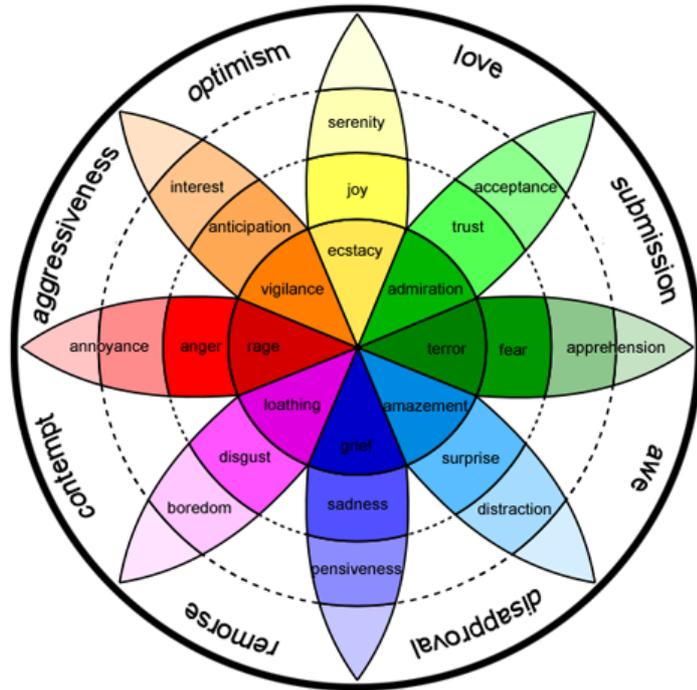


*What emotions have you experienced?  
Write down a list of emotions that seem familiar before going forward with the*

Recognizing emotions means to consciously experience them and that is only possible if we are able to exhibit a mental representation of that emotion from a past experience which is also linked to a cognitive and physiological content and then associate it with the one lived in the present in order to identify it.

The emotional processes have a very complex structure, often leading to combinations of feelings and layers of different states – the wheel of emotions conceived by Robert Plutchik (see the picture) is very revealing in that sense.

Theories upon emotions have tried to distinguish between basic and complex emotions – the first are pure, while the latter are combinations in various proportions of the basic ones – or between primary emotions and secondary ones – the first being an expression of our core feelings, while the latter being just a wrapping layer of the core ones.



So far the science has not reached consensus over this topic and there are still things to be uncovered about emotions, but the certain fact is that if we get better in spotting how we feel and why we feel it and how others feel around us and we learn to communicate not about our emotions, but from them and thus creating emotional experiences, the results that we get relationship wise is immensely satisfying.

## Emotions and natural instincts

Because human emotions may reach a high complexity and variety, they sometimes overwrite the natural instincts of engaging in sexual activities and guide the sexual behaviour on a different path, by building personal limits and limits towards others.



*How would you define personal limits?  
Write down a definition of your own before going forward with the reading.*

**Personal limits** refer to the frameworks and boundaries we create for ourselves in order to feel safe and regulate the interaction with our environment. They are often the outside lines of a “comfort zone” within which we feel confident and competent; if the context forces us to leave this comfort zone, we may feel uneasy or inadequate and we may be eager to return to it, but also it might happen that we discover new personal limits, that we were not aware before.

Personal limits are set according to what people know about themselves from what they are told during childhood and adulthood by the people around them, from what they learn by comparison with others or from their personal experiences, as well as from the socio-cultural background of the community they identify with.



Personal limits may include objective facts (e.g. one person in a wheelchair learns he or she cannot run), but they are mainly subjective, because they reflect in a high degree the opinion one has about the self (e.g. a person in a wheelchair may believe he or she is limited by the fact that he or she cannot run or may believe the opposite).



*How would you define the limits towards others?*

*Write down a definition of your own before going forward with the reading.*

**The limits towards others** are guidelines or boundaries that one creates to identify safe ways for people to behave towards oneself and how one responds when these boundaries are crossed over. They are drawn out of personal beliefs, attitudes, past experiences and social learning (learning from and with others) and they outline the likes and dislikes of an individual, thus setting the distance and the conditions in which one allows others to approach.

Limits towards others include physical, mental, psychological and spiritual boundaries, which are layered in a hierarchic manner.

Limits towards others operate in two opposite directions, affecting both the incoming and outgoing interactions between people.



Although these boundaries are set in order to protect the individual from harmful exterior influences, sometimes both the personal limits and the limits towards others are dysfunctional, in the sense that they might “protect” too much and stop the person from growing, exploring, developing (rigid limits) or in the sense that they protect too little, leaving the person exposed to exploitation by other individuals (soft limits).

### Summary – what we have learned

- *Self-esteem is how one feels about himself/ herself as a person and affects one's entire life and behaviours.*
- *Those with high self-esteem believe that they are adequate, strong and worthy of a good life, while those with low self-esteem feel inadequate and worthless.*
- *Emotions are mental states that reflect a positive or a negative experience also associated with a physiological activity and frequently with a cognition and followed by a behavioural response (mimics, gestures, movements, speech etc.).*
- *The role of emotions is primarily to regulate behaviour and recognizing them within ourselves as well as within the others plays a very important part in adaptation to changing situations.*
- *Personal limits refer to the frameworks and boundaries one creates himself/ herself in order to feel safe and regulate the interaction with the surrounding environment.*
- *The limits towards others are guidelines or boundaries that one creates to identify safe ways for people to behave towards oneself and how one responds when these boundaries are crossed over.*

## UNIT 4. Benefits of intimacy relations for persons with disabilities

### Sexuality and intimacy as seen by persons with disabilities



*Do you think that the persons with disabilities you will work with have a different perspective upon sexual and intimate relationships than you do?  
Write down a few ideas before going forward with the reading.*

Sexuality and intimacy are difficult topics for all kinds of people with disabilities, because usually such people feel different from “regular people” – on the basis that they understand, through direct social comparisons, that there are things they cannot do in a regular way or are not able to do at all – and, as a consequence, they have a lower self-esteem and are afraid of being judged by their weaknesses or laughed at because of their deficiencies or peculiarities.

**When the inner emotional context of a person consists mainly of fear and diminished confidence, all the areas in which a person is prone to show his/ her true self and inner feelings are somehow affected, as the person learns to protect the core feelings and thoughts behind a “shield” of shyness or reluctance and suspicion.**

On the other hand, sexual and/ or intimate relations are social contexts in which one needs to show his/ her inner context, with both strengths and weaknesses, with deep emotions and intimate thoughts and dreams and fantasies. But a person with disabilities has most likely learned in his/ her existence not to do that or is not really comfortable in revealing himself/ herself to others, so establishing intimate relations with another person or reaching the safety connection in which sexuality could take place might be a struggle sometimes.

Most often persons with disabilities are searching for intimate partners among the people with disabilities, which are thought of being capable to understand and relate to their own issues and



points of view. This is quite true, a person with disabilities is often able to show more empathy towards another with similar or different disabilities than people without disabilities, because they share similar feelings and experiences which they can activate

in order to establish an emotional connection with a peer. This aspect somehow facilitates intimate and emotional relationships between people with disabilities but does not make things easier when it comes to sexual relations.

Because sexuality is both associated with the ability to procreate as well as with the ability to offer and receive pleasure, approaching the sexual context might often produce a lot of anxiety for people with disabilities, as they are prone to doubt their ability to offer pleasure to their partner and their capacity of producing healthy children. Further on, the anxiety inhibits the release of serotonins and prevents the person to feel pleasure during the sexual act, which will eventually lead to avoiding this behaviour and context entirely.

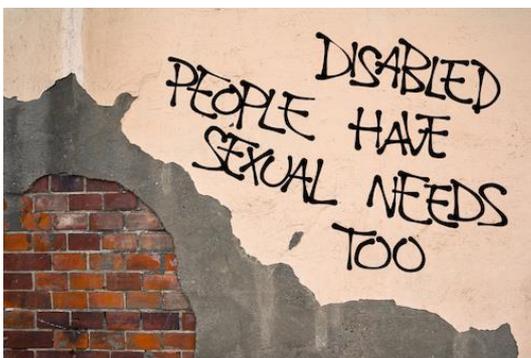
In conclusion, sexuality and intimacy are often seen by the persons with disabilities, as risky contexts to engage in, because of the deep level of self-disclosure that they require, thus leading most times to avoidance of sexual and intimate relations.

## Implications of functional/dysfunctional sexual and intimate relationships of people with disabilities



*What would you say is the impact of functional intimate and sexual relationships in the life of a person with disabilities? What about the impact of dysfunctional intimate and sexual relationships or lack of them? Write down a few ideas before going forward with the reading.*

Despite the difficulties people with disabilities may have while approaching intimate relationships, this kind of relationships may be particularly beneficial for people with disabilities, as they lead to a greater level of self-acceptance, to a lower level of internalized stigma, to a deeper level of empathy and emotional safety.



Research conducted in order to explore the intimate relationships of adults with disabilities showed that social relationships, especially intimate ones, can enhance the quality of life, triggering a better emotional well-being, a more favourable mental health, an increased sense of belonging, a stronger self-worth and a lower level of stress. Also, it has been proved that the social support network resulting from

intimate relationships may produce more positive community engagement and better

conflict resolution skills. Effects of close social relationships with both adults and peers measured on children with disabilities reflected a significant increase in cognitive, social and emotional development.



*What are in your opinion the reasons for which the persons with disabilities don't have intimate and / or sexual relationships as they desire?  
Write down a few ideas before going forward with the reading.*

Despite the benefits of the intimate friendships and romantic relationships, people with disabilities don't have a large number of such relationships, because:

- disabilities may limit the access to certain social contexts and, thus, these persons lack the opportunity to meet people and form and maintain intimate relationships;
- they often choose to isolate themselves in order to protect themselves from being ridiculed, laughed at or rejected;
- the people without disabilities have the tendency to pity the persons with disabilities and not regard them as equals, as competent and as potential intimate partners;
- people with disabilities often face a lack of privacy in expressing their sexuality and that is why their capacity of forming and maintaining intimate and/ or sexual relationships is highly influenced by the attitude of the professionals they come in contact with.

Bad experiences with intimate and sexual relationships are very often preventing persons with disabilities to try again and thus, they start living more secluded. This social withdrawal contributes to:

- lowering self-esteem and self-confidence;
- diminishing the level of satisfaction in the activities;
- reducing the engagement within the community;
- raising the level of anxiety and depression;
- triggering psychosomatic illnesses
- overall, diminishing the quality of life and life expectancy.

**Not having intimate and/ or sexual relationships is like an emotional death, which also draws with itself the decay of the mind and body.**

## Stimulating sexuality and intimacy relations of the persons with disabilities



*What do you think a professional counsellor needs to do in order to stimulate people with disabilities to engage in intimate and/or sexual relationships?  
Write down a few ideas before going forward with the reading.*

In order to stimulate persons with disabilities to engage in intimate and sexual relations and help them enhance these relationships, professional care and support is most of the times needed. The services provided by counsellors assisting the persons with disabilities represent key factors for improving the socio-emotional and sexual skills and for promoting the well-being of this category of people.

The things that need to be approached on the path to achieving a fulfilled intimate and sexual life for the persons with disabilities are:

- raise the opportunities of interaction with other people in general and with other persons with disabilities in particular (for example, cohabitation with other people with disabilities);
- manage the negative emotions (fear, shame, worry, anger, sadness etc.) revolving around the idea of such relations and creating the ground for safe emotional connections between the persons with disabilities and their potential partners;
- professional support for the integration of the persons with disabilities within the local community;
- professional assistance in exploring and making choices regarding intimate and sexual relations.



*What are in your opinion the benefits of being different?  
Write down a few ideas before going forward with the reading.*

An important focus of the psychological and psychotherapeutic assistance plan for people with disabilities should be occupied by the perspective upon “being different”, in order to underline the following ideas:

- being different is a source of connection and belonging;
- what people have in common easily trumps the differences between them;
- differences are a source of motivation;
- being different is intensely creative;
- there is hidden value in being different – each should better find it and exploit it!



### Summary – what we have learned

- *Sexuality and intimacy are often seen by the persons with disabilities as risky contexts to engage in, because of the deep level of self-disclosure that they require, thus leading most times to avoidance of sexual and intimate relations.*
- *Having intimate relationships may be particularly beneficial for people with disabilities, as they lead to a greater level of self-acceptance, to a lower level of internalized stigma, to a deeper level of empathy and emotional safety.*
- *Not having intimate and/ or sexual relationships is like an emotional death, which also draws with itself the decay of the mind and body.*
- *Professional care and support represent key factors in order to stimulate persons with disabilities to engage in and enhance their intimate and sexual relationships, by improving their socio-emotional and sexual skills and by promoting their well-being.*

## UNIT 5. Specific care and support for persons with disabilities

The purpose of the individual planning system is to guide all professionals to plan, monitor and manage the development of the people with disabilities on emotional, social and sexual level. A variety of resources – such as information, activities, educational means – could be used to focus the persons with disabilities towards emotional balance and community integration and to assist individuals to develop a wide range of skills and competencies that should help them have a more fulfilled intimate life.



*What are in your opinion the benefits of using an individual planning system for counselling? Write down a few ideas before going forward with the reading.*

**Through the individual planning system, the counsellors will be able to:**

- ✓ **set challenging goals for the persons with disabilities, that are based on self-knowledge and information about the intimacy and sexuality;**
- ✓ **make plans for the people with disabilities and help them take decisions to achieve short-term and long-term goals;**
- ✓ **analyse the strengths and weaknesses and assess the measure in which people are able to enhance or hinder the achievement of their goals;**
- ✓ **assess the progress in relation to the goals they have previously set.**



What kind of information does an individual plan contain in your opinion?  
Write down a few ideas before going forward with the reading.

An efficient individual plan is able to answer in an explicit manner to four questions, each of the questions being in fact a distinct stage of the process of conceiving an individual plan:

- **What is to be done?** – the answer to this question is in reference with the objectives proposed to be achieved;
- **What resources are necessary for the process?** – the answer to these questions refers to the means and instruments needed to achieve the goals stated previously;
- **How will it be done?** – the answer to this question describes the activities and tasks that will help eliminate the gap between the current level and the one envisioned by the goals and will guarantee the achievement of the objectives;
- **How will it be clear that what needed to be done in the first place has been done?** – the answer to this question focuses on the assessment methods and techniques that will reflect the efficiency of the activities and the achievement of the goals.

Further on, we will detail the process of conceiving an individual plan and what is important in each stage.

### Stage 1 – Elaborating the Objectives

The first premise of elaborating a correct and efficient individual plan is to identify and formulate accurate development objectives for each individual. In order to do that one should start with the current level of achievement of the individual – assessing what he/she already knows or can do – and then think about what else does the person still need to learn or to be able to do in order to get to the next level of development.

The objectives should always be focused on a skill or competence that can be translated into observable, concrete behaviours and should always describe the change expected to happen to the individual after undergoing training or development. They should be explicit, short, clear, using action verbs and contain one operation only (not multiple operations), in order to facilitate measurement and assessment and avoid confusion.



The thumb rule in formulating the objectives in the individual plan is to keep them SMART – meaning *specific* (in terms of behaviour), *measurable* (in terms of performance indicators), *attainable* (in terms of the individual's potential and background), *relevant* (within the psycho-social standards and the framework of what we need the individual to be able to do) and *time-bound* (being limited in time).

According to the amount of time and resources needed to achieve certain objectives, they could be classified into: **general objectives** – which could be long-term or medium-term and need multiple activities and resources in order to be achieved – and **specific or operational objectives** – which are short-term, need fewer resources and could be reached during one activity. The individual plan includes both types.



*Think about an objective that you want to set for yourself. Write it down according to the SMART thumb rule before going forward with the reading.*

## Stage 2 – Identifying the Necessary Resources

When speaking about resources, we have in mind a variety of aspects involved in the development process: the information required and the human expertise, the means that facilitate the process (like computers, books, multimedia devices, activity books/sheets etc.), the already achieved levels of competencies and skills, the personal motivation and learning capabilities, the methods and procedures that prove useful, the space and time requirements, the social support, the financial budget.



In order to be able to establish the necessary resources for achieving the goals, one needs to be able to group the objectives according to their content: (a) delivering information, (b) developing skills, (c) forming or changing attitudes and values. Then, one should proceed to the extraction of psychological and physical resources involved in each kind of content and find a way how to put them to work, namely to think about methods or techniques to mobilize the personal resources towards the achievement of the goals.

Finally, all that is left to select are the proper materials that should be used in the process and decide how much time does the whole process take.

**The resources used in a personal development process can be grouped into three categories:**

- ✓ **material resources** – that include manuals, books, activity books or sheets, multimedia devices or computers, audio-video materials, the space in which the activities take place, furniture, special equipment etc.;
- ✓ **human resources** – the personality of the youngster, his/ her motivation for development, his/ her learning capabilities, competences, skills, attitudes, the experience and the personal resources of the “coach” (teacher, trainer, paraprofessional etc.), the support of the community etc.;
- ✓ **procedural resources** – the methods in which the activity is organized, the ways in which the environment is organized, learning methods, teaching and training methods, time allocation etc.

One of the basic conditions to have a good structure of resources is the fact that there needs to be a balance between the informational components and the developmental ones: the main purpose of the information is to be applied, so skills and abilities must also be promoted and developed. The best process of personal development is the one that succeeds to develop those aspects that can be developed and that are really useful and the key for that lays in choosing the best methods and means in relation to the individual context and not according to the subjective ambitions of those involved.



*What are in your opinion the main resources you will need in order to achieve the objective that you have previously set for yourself? Write down a few ideas before going forward with the reading.*

### Stage 3 – Describing the Activities

In this stage, the process will become coherent, linking the objectives and the resources into a strategic system.

**The activities will reflect the context and the dosage in which the methods and means will be combined and used in order to achieve the previously proposed objectives.**

The appropriateness of the activities to the individual will be insured by the person designing the plan, who must put together all the information about the individual and his/ her resources, what he knows about his/ her own resources, the objectives that are to be achieved and the means he/ she disposes of.

Describing the activities to be done in the individual plan is like creating a screenplay of how the things will evolve in practice – this helps the professionals to keep control of the process, avoid mistakes or misunderstandings, cultivate the trust of the youth through competence and quality support. But the professionals should keep in mind the fact that not everything goes always according to plan and that shifts of the context are always possible when dealing with people and emotions, so they should also be able to rely on their spontaneity and sense of innovation and exploit the best they can all the unpredicted situations that may arise during their interactions with the youth.



Creativity represents in this case the most important asset that professionals can use to guide the personal development process of the persons with disabilities, because even though they might have access to a portfolio of activities that they can choose from, sometimes the situations that they meet in real life are so atypical that not only they need to adapt the activities and methods, but even have to create new tasks and exercises from scratch, relying only on their gut feeling and their empathic perspective upon the cases that they work with.



*What are in your opinion the main activities that you need to do in order to achieve the objective that you have previously set for yourself?  
Write down a few ideas before going forward with the reading.*

#### Stage 4 – Establishing the Assessment Methods

The individual plan is valuable and well-structured if it sets from the beginning how the level of achievement of the objectives will be measured, thus the best assessment strategy starts from the goals that were initially proposed, focusing on the difference (if any) between the actual results and what was planned. Under this perspective, the smaller the difference between what was foreseen and what was achieved, the more efficient we can consider the activity to be.

The assessment can also take into account the extent of the behaviours improved in relation with the resources that were invested in the process of change, in terms of time



and/or financial, material, informational, human resources. From this point of view, the quicker the goal was achieved and the fewer resources spent on its achievement, the more appropriate and valuable the activity was.

**The important thing to keep in mind when discussing the assessment methods is the fact that this is not done to arrange people in a hierarchical order based on their performances, but to ensure self-regulation within the individual plan, by demonstrating the effectiveness of the process and signaling the need for improvement.**

If considered necessary, the individual plan for personal development may also include a set of recommendations or some kind of coordinated advisement procedures to facilitate further improvement of intimate skills.

If well-constructed, the individual plan is a source for efficient structure and significant results in working with any kind of vulnerable category of people that are supposed to undergo a social integration or re-integration process within the community.



*What is in your opinion the best way to measure if you have accomplished the objective that you have previously set for yourself?*

*Write down a few ideas before going forward with the reading.*

### Summary – what we have learned

- *The content of the individual plan must include:*
  - *relevant and accurate information;*
  - *age appropriate and context appropriate objectives;*
  - *objective based activities;*
  - *assessment methods.*

## SELF-ASSESSMENT

1. Choose the answer that does NOT apply:

The functions of human sexual behaviour are:

- a) sharing emotions and achieving emotional connection;
- b) transactional purposes;
- c) conflict resolution or maintaining safety;
- d) community welfare.

2. Fill in the gap

As seen by the attachment theory, the most basic need that every human has is to be loved and \_\_\_\_\_.

3. True or False

The brain is the most important sexual organ.

True      False

4. Choose the correct answer:

A person with a confident self will:

- a) have more doubt about the partner's behaviour;
- b) have a limited capacity of deciding whether to pursue or leave a relationship;
- c) distinguish better between functional and dysfunctional relationships.

5. Choose the correct answer:

Self-esteem is:

- a) built starting from childhood, in the relations that the child has with the family;
- b) not having any weaknesses;
- c) when one feels inadequate or worthless;

6. True or False

"Emotions are mental states reflecting positive or negative experiences."

True      False

7. "Emotions are associated with particular physiological activities and cognitions."

True      False

8. "Emotions are associated with internal organs."

True      False

9. "Emotions are followed by a behavioural response."

True      False

10. "Emotions are followed by rules."

True      False

11. "Emotions help regulate behaviour."  
True      False
12. People with disabilities do not have a large number of intimate and romantic relationships, despite their benefits, because they often choose to isolate themselves.  
True      False
13. People with disabilities have equal access to all social contexts, just as people without disabilities have.  
True      False
14. People without disabilities have the tendency to doubt that the persons with disabilities can be competent intimate partners.  
True      False
15. People with disabilities have unrestricted privacy whenever wanting to express their sexual needs.  
True      False
16. Fill in the gap.  
Sexual and intimate relationships are often seen by the persons with disabilities as \_\_\_\_\_.
17. Choose the answer that does not apply.  
What are the stages of conceiving an individual plan?
  - a) elaborating the objectives;
  - b) identifying the strengths and weaknesses of the individual;
  - c) identifying the necessary resources;
  - d) establishing the assessment methods;
18. Do you feel that you are able to elaborate an individual plan? \_\_\_\_\_

## CLASSROOM TRAINING ACTIVITIES

### Tools and required material for the activities

- PC/ tablet/ smartphone;
- internet connection;
- instruments for taking notes (analogical/ digital – as preferred)



#### Unit 1

Have a variety of images/ pictures from magazines/ postcards showing sexuality/ intimacy related concepts (but also other kinds of concepts) and have the class choose one or two which best express their own perspective upon what sexual behaviour is and what are the functions of sexuality for human being in their opinion. Have a group discussion in which each member should present what they have chosen and why.



#### Unit 2

Divide the group in smaller groups and have them write a story starting from the same given introduction (for example: “I have always dreamt to have a girlfriend/ boyfriend/ best friend to share my every thought and my every feeling with... but I have always felt so different...”). Have the small groups present the stories that they have created to the big group.



#### Unit 3

Have a variety of cards with words representing emotions written on them, face down on the table. Ask the members of the group to pick up a card and think about a situation in their life in which they have felt that emotion. Discuss with the group how one could recognize what emotion he/ she feels and how people could be able to recognize what other people feel.



#### Unit 4

Divide the group in smaller groups and have them make posters about the implications of functional/ dysfunctional intimate/ sexual relationships for people with disabilities or about the lack of such relations. Have the small groups present the posters that they have created to the big group.



#### Unit 5

Offer the group information about a real-life case in which a person with disabilities needs intimacy/ sexual counselling and have them prepare an individual action plan for offering professional support to that person.

## GLOSSARY

- **Anxiety** – is a feeling of intense fear about things that are anticipated to come/ to happen (not necessarily in a realistic manner).
- **Attachment theory** – a theory focused on explaining human behaviour based on the premises that the most basic need that every human has is to be loved and accepted for who he/ she is and the way people react in the different interactions is dictated by the way people feel that their basic attachment needs are met.
- **Emotion** – is a mental state that reflects a positive or a negative experience also associated with a pattern of physiological activity and frequently with a cognition and followed by a behavioural response (mimics, gestures, movements, speech etc).
- **Human sexual behaviour** – all kinds of behaviour which include the presence of (or intent to lead to) sexual arousal and physiological changes within the body of the aroused person.
- **Intimacy** – threshold that indicates closeness and familiarity between two people.
- **Limits towards others** – are guidelines or boundaries that people create to identify safe ways for people to behave towards themselves and how they respond when these boundaries are crossed over.
- **Personal limits** – are frameworks and boundaries people create for themselves in order to feel safe and regulate the interaction with the environment.
- **Recognizing emotions** – means to consciously experience emotions while we feel them in our own body or when felt by others.
- **Self-esteem** – is the way people feel about their own self, their own traits and competences.

## MODULE 5

# PLANNING THE DEVELOPMENT PATH: FROM THEORY TO PRACTICE ON HOW TO BECOME AN EDUCATOR FOR PEOPLE WITH DISABILITIES FOR EXPLORING THEIR INTIMACY NEEDS

## **MODULE 5 - PLANNING THE DEVELOPMENT PATH: FROM THEORY TO PRACTICE ON HOW TO BECOME AN EDUCATOR FOR PEOPLE WITH DISABILITIES FOR EXPLORING THEIR INTIMACY NEEDS**

### **Learning outcomes**

#### **Unit 1 - learning outcomes for this unit is:**

- to learn about the guidelines, methods and goals of sex education.

#### **Unit 2 - learning outcomes for this unit is:**

- to know how to plan a sex education intervention, identifying the specific contents and declining them in skills to be achieved and attitudes to be developed.

#### **Unit 3 - learning outcomes for this unit is:**

- to recognize the elements that can compromise the psychosexual development of the person with disabilities and define their role in defining identity, sexuality and sexual identity.

#### **Unit 4 - learning outcomes for this unit is:**

- to identify the contextual factors that risk channelling the development of sexuality into a problematic path.

## Unit 1. Sex education: guidelines, goals, methods, application

**Sex education** means learning about the biological, cognitive, psychological, emotional, relational and social aspects of sexuality.

Sex education interventions provide information, promote skills and solicit attitudes, help to understand one's own sexuality and enjoy it, increase the empowerment of subjects by developing the development of responsibility with respect to the well-being and health of oneself and of the other.

Sex education is not simply information on aspects of sexuality. Information is an endowment of knowledge that produces only knowledge, education also know how to be and know how to do, which stimulate the ability to orientate and make autonomous choices. Education involves interaction, an emotional and relational involvement that fixes learning. The difference is also that in education there is the possibility of learning management, of feedback and therefore possibly to integrate the information. A control possibility that is not a final verification but an ongoing monitoring through comparison.

**As stated by the Standards for Sexuality Education in Europe, the objective of sex education is to encourage the acquisition of a state of psychosexual well-being by an individual.**

Specific objectives of sex education are:

- **Prevention:** sexually transmitted diseases, voluntary termination of pregnancy, sexual and relational discomfort, prejudice.
- **Promotion of sexual health:** to express the sexuality of each person in respect of the rights of others, to discriminate between sexual behaviours that develop well-being and those that are harmful to themselves and/or others, to avoid behaviours that exhibit prejudices, to demonstrate tolerance for people with different sexual values and lifestyles, to express the sexuality of each person in ways consistent with their own values, to favour the affirmation of their sexual orientation and to enforce the sexual orientation of others, to express love and intimacy in the appropriate ways, to avoid relationships manipulative, prevent sexual abuse, practice health-promoting behaviours, such as regular check-up's, protection from sexually transmitted diseases.
- **Protection:** of the right to freedom, which excludes any form of coercion, exploitation and abuse at all times and in all situations of life; the right to autonomy, integrity and security of the body; of the right to justice and equality; of the right to sexual health, which includes the availability of all sufficient resources for the development of research, diagnosis and treatment of sexually transmitted diseases; right to a broad, objective and

real information on human sexuality; right to a more comprehensive education on sexuality, from birth and throughout the life cycle; the right to make the choices concerning reproductive life, the number of children and access to the means that regulate fertility free and responsible.

**Particular attention should be paid to protecting the right of all human beings to be informed, as recommended by *the United Nations Convention on the Rights of Persons with Disabilities (2006)* and the *Declaration of Sexual Rights (World Association for Sexual Health 1999; 2008; 2014)*.**

A prerequisite for any sexual education intervention, as recommended by the *Standards for Sexuality Education in Europe*, is a holistic conception of sexuality, that is, referring to a broad dimension of sexuality that includes affects, feelings of love or friendship, anatomy and biology, relationships, identity, prevention; consider all aspects of sexuality, not limited to sexual intercourse; consider sexuality as a component of growth in its physical, emotional, relational dimension.

The purpose of the intervention must be multifocal: the focus is not to transmit information but to promote the development of awareness, critical capacity, recognition of values that lead to self-extermination.

Consequently, the most suitable methodologies include:

- Holistic approach to sexuality based on a broad definition of it.
- Extensive and multifocal intervention.

Promotional approach and not strictly preventive, which foresees the display of preventive contents (prevention of unwanted pregnancies, abortion, sexually transmitted diseases, sexual and psycho-sexual pathologies, sexual violence) within a strongly positive and constructive dimension.

- Pluralistic approach with respect to values, which promotes the sharing of fundamental meta-values, such as tolerance, responsibility, respect, equal dignity of the sexes, and generates opportunities for reflection and discussion on controversial values concerning behaviour and sexual choices, to inside a frame that reaffirms respect for diversity. This approach is aimed at increasing critical skills, self-knowledge and the other, reflecting on the problems inherent in sexuality and respecting lifestyles and sexual values other than one's own.
- Use of activating and experiential techniques, capable of activating both cognitive and emotional and relational participation in the group. First of all, to identify expectations and needs and consequently to be able to propose activities that respond to interests and expectations.

Inadequate ways of inadequate sex education are:

- Approach to sexuality limited to sexual relations, which conveys the message that sexuality coincides exclusively with sex.
- Intervention aimed at transmitting information, with a view to exhaustive sexual information.
- An exclusively preventive approach, which focuses on the risks and possible damage of sexual relations and which conveys a negative view of sexuality, considered to be dangerous and risky, regardless. Consequently, the selection of topics to be treated concerns exclusively preventive contents, such as the prevention of unwanted pregnancies, abortion, sexually transmitted diseases, sexual and psycho-sexual pathologies, sexual violence.
- Indifference to the value framework in which sexuality develops.

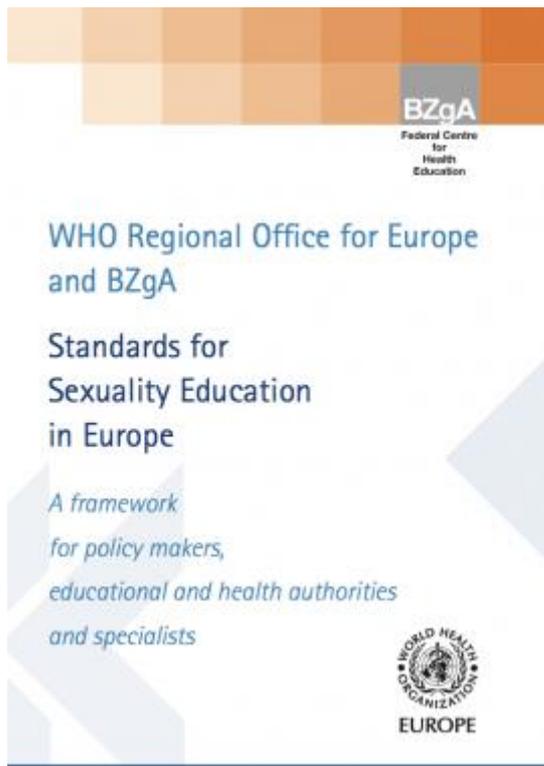
Recourse to lectures, with pedagogical reference to a conception of passive learning for which the objective is to provide information following a rigid planning of the topics. Propose the contents in an exclusively didactic way, not considering the experiences and expectations of the participants, without soliciting participation and interactive exchange as a tool to establish a significant relationship between participants and between them and the conductors.

### Summary – what we have learned

- *Sex education guidelines.*
- *Objectives and methods of sex education.*

## Unit 2. Design of Sex Education Intervention for People with Disabilities

In designing an intervention of sex education aimed at people with disabilities, first is necessary to identify the general themes to be proposed, making use of **the *Standards for Sexuality Education in Europe* published in 2010 by WHO Regional Office for Europe and BzGÄ**. This source, drawn up in the form of a consensus document by a group of international experts representing different areas, lists the indispensable topics of sex education, to be used as guidelines in any sex education intervention and to be deepened according to the levels of age.



The general themes, to be later included in information, skills and attitudes for the different stages of development, are: the human body and development, fertility and reproduction, sexuality, emotions / affections, relationships and lifestyles, health and well-being, sexuality and rights, social and cultural influences on sexuality.

In the case of a course designed for adults with disabilities, the articulation of the general themes in specific contents will not have to adapt to the development phase but will have to take into account the type of disability and the criticalities that may have occurred during psychosexual development. Furthermore, considering that it could be the first path of sex education, the selection of information should aim to build the necessary

prerequisites for the knowledge of the different dimensions of sexuality.

The specific contents related to the general themes to be addressed in a sex education intervention:

### HUMAN BODY AND DEVELOPMENT:

- knowledge of the body, body image and body modifications;
- messages concerning beauty in the media; body changes over a lifetime.

### FERTILITY AND REPRODUCTION:

- pregnancy (even in homosexual relationships) and infertility, abortion, contraception, emergency contraception;
- failure of contraception and causes (alcohol intake, side effects, forgetfulness, gender inequality, etc);
- family planning and career / future personal life;
- consequences of pregnancy for young adolescents (females and males).

#### **SEXUALITY:**

- the first sexual experience;
- love, to be in love;
- pleasure, masturbation, orgasm;
- biological sex, gender role, gender identity, sexual orientation;
- sex as a transaction (prostitution, but also sex in exchange for small gifts, invitations to lunch / evenings, small amounts of money), pornography, sex addiction.

#### **EMOTIONS AND AFFECTIONS:**

- the different emotions, such as curiosity, falling in love, ambivalence, insecurity, shame, fear and jealousy;
- individual differences in the need for intimacy and privacy;
- the difference between friendship, love and desire / sexual attraction;
- friendship and love towards people of the same sex.

#### **RELATIONS AND LIFESTYLES:**

- differences between friendship, companionship and couple relationships, different forms of couple relationships;
- how to build and maintain relationships.

#### **HEALTH AND WELLNESS:**

- if the experience / feeling is not good, it should not be condescended;
- violence and sexual aggression;
- symptoms, risks and consequences of unprotected, unpleasant and unwanted sexual experiences (STIs), HIV, unwanted pregnancies, repercussions.

#### **SEXUALITY AND RIGHTS:**

- their rights (including the right to information and the right to be protected);
- the right to self-expression;
- sexual rights of children (information, sex education, physical integrity).

## **SOCIAL AND CULTURAL INFLUENCES ON SEXUALITY (VALUES / NORMS):**

- social norms and cultural norms / values;
- gender roles;
- social distance to keep with different people.

In the planning phase, with respect to each theme, the competences that are intended to be promoted must be identified, that is, the ability to implement certain behaviours. Also, in this case, the planning must not start from the age group but reflect on the competences eventually compromised by the barriers in the experience resulting from certain disabilities or from the conceptualization difficulties often consequent to the intellectual disability.

The expected competences for each topic:

## **HUMAN BODY AND DEVELOPMENT:**

- recognize the differences between media images and real life.

## **FERTILITY AND REPRODUCTION:**

- make informed decisions about contraception and (unwanted) pregnancies.

## **SEXUALITY:**

- communicate and understand the different sexual feelings and talk about sexuality appropriately;
- make informed decisions about having sexual experiences;
- reject unwanted sexual experiences;
- distinguish between sexuality "in real life" and sexuality in the media;
- use modern media (cellular, internet) and be aware of the risks and benefits.

## **EMOTIONS AND AFFECTIONS:**

- express and recognize the various emotions in oneself and in others;
- expressing needs, desires and boundaries and respecting those of others;
- manage disappointments;
- express friendship and love in different ways.

## **RELATIONS AND LIFESTYLES:**

- express friendship and love in different ways;

- having social contacts, making friends, building and maintaining relationships;
- communicate their expectations and needs in the context of relationships.

#### **HEALTH AND WELLNESS:**

- trust your instincts and put into practice the three steps model (say no, go away, talk to a trusted person);
- make responsible decisions and make informed choices (with respect to sexual behaviour);
- request help and support in case of problems;
- refuse or interrupt unpleasant or unprotected sexual contacts;
- procure and use condoms and contraceptives correctly;

#### **SEXUALITY AND RIGHTS:**

- ask questions;
- contact a trusted person in case of problems;
- express needs and desires.

#### **SOCIAL AND CULTURAL INFLUENCES ON SEXUALITY (VALUES / NORMS):**

- distinguish between private and public behaviour;
- respect social and cultural norms;
- behave appropriately depending on the context.

Finally, design must outline the desired attitudes, i.e. the set of opinions, values and principles that guide behaviour. While the competences concern behavioural aspects, attitudes concern the value framework that guides behaviour. Also, in this case it will be necessary to bear in mind that attitudes must be congruent with adulthood but must be measured against the sometimes-reduced cognitive capacity resulting from cognitive disability and the difficulty that in such cases can be found with respect to the construction of awareness.

The attitudes proposed for each theme:

#### **HUMAN BODY AND DEVELOPMENT:**

- acceptance and appreciation for the different features of the bodies.

#### **FERTILITY AND REPRODUCTION:**

- acceptance of diversity - some choose to have children; others choose not to have children.

#### **SEXUALITY:**

- acceptance, respect and understanding of differences in sexuality and sexual orientation (sex must be mutually consensual, voluntary, equal, appropriate to age and context, characterized by self-respect);
- acceptance of the different expressions of sexuality (kissing, touching, caressing, etc.);
- the awareness that everyone has their own rhythms in sexual development.

#### **EMOTIONS AND AFFECTIONS:**

- understanding emotions and values (e.g. not feeling ashamed or feeling guilty about sexual feelings or desires);
- respect for the privacy of others.

#### **RELATIONS AND LIFESTYLES:**

- a positive attitude towards gender equity in relationships and the free choice of the partner;
- the conviction that commitment, responsibility and honesty are the basis of relationships;
- respect for others;
- awareness of gender, age, religion, culture, etc. on relationships.

#### **HEALTH AND WELLNESS:**

- the sense of responsibility with respect to the prevention of sexually transmitted diseases;
- the sense of responsibility regarding the prevention of unwanted pregnancies;
- the sense of responsibility regarding the prevention of sexual abuse.

#### **SEXUALITY AND RIGHTS:**

- sense of responsibility towards oneself and others;
- awareness of rights and choices.

#### **SOCIAL AND CULTURAL INFLUENCES ON SEXUALITY (VALUES / NORMS):**

- respect for one's own body and that of others;
- acceptance of social norms on privacy and intimacy;
- respect for "no" and "yes" by others.



*You work in the community and you work the night shift. After you finish fixing the kitchen go to the living room and find one of the guys masturbating in front of the TV. What do you do?*

The sexuality of the person with disability must be educated and the first sex education starts from the knowledge of one's own body. Sexuality is an educational need, which requires an educational intervention, and which should be considered on a par with the areas of development that are the subject of pedagogical attention.

The integration of sexuality in educational projects is a necessary condition to really affirm it as a right and to pursue and achieve real goals of human development and promotion.

### Summary – what we have learned

- Macro-topics of sex education;
- Specific contents of a sex education intervention;
- Skills and attitudes that are intended to be promoted through a course of sex education.

## Unit 3. Critical Aspects in the Psychosexual development of the disabled person

Sexuality is never a special need, but it is a component of the path of development and it is a dimension of growth that dynamizes the interior life by activating the sphere of affections, relationships and projects. Sexuality is a daily and natural reality, which as such should be considered a "normal" educational need to recognize and affirm the legitimacy of the right to sexuality.

Sexual development is a powerful device for growth, organization and development of interiority for all and sexuality does not break out as an anomalous and necessarily problematic event in the life of the disabled person.

The risk that the sexuality of the person with disabilities can be channelled into a problematic path is not due to disability, but to variables and conditions that did not allow the person to have a normal development path.

The theme of sexuality cannot be approached in relation to a generic abstract concept of disability, but rather in relation to the specificities of individual disabilities. The criticalities that can occur in the path of psychosexual development, can be very different depending on the type of disability (intellectual, physical or sensorial) and the cause of it (congenital or acquired), for this reason to address the discourse on sexuality and disability without making adequate distinctions risks leading to the attribution of issues that are not pertinent or not experienced as such by people with disabilities.

The reflections on the exercise of sexuality in intellectual disability have developed in parallel with the discourse of the assumption of responsibility: the intellectual disability requires making decisions for the other person also in the sphere of sexuality. The request - desire - instinct to experience sexuality on the part of the intellectually disabled creates fears related to prejudice, to the difficulty of recognizing in the person with intellectual disability a sexual corporeity, to moral, ethical-cultural, political resistance. In the face of intellectual disability, the answers are often of repression and the outcome is the discrimination of people with intellectual disabilities with regard to the possibility of living relations of intimacy, of physically exercising sexuality, of marrying, of procreating and raising children.

Physical disabilities can give rise to problems of a relational and motor nature in the exercise of sexuality, creating difficulties in acting sexuality. When physical disability is acquired, the person confronted with his own sexuality must face the elaboration of the mourning of the body prior to the acquisition of disability and the reworking of the body schema.

Sensory disabilities do not involve problems in acting sexuality, in the physiology of the relationship. The problem can be of a relational type both in visual and auditory disability: blind people can have limits in autonomy if they are always accompanied by the attendant and therefore limits in the construction of emotional relationships; as far

as deaf people are concerned, the relational dimension can be hindered by communication difficulties and the acquisition of a conscious sexuality can be hindered by communication barriers that do not allow direct access to the sex education information necessary for self-determination.

Sexuality proceeds simultaneously with the formation of identity and critical issues can arise that involve both the formation of identity and the development of sexuality and even more precisely sexual identity, not directly attributable to disability but rather to context factors.



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The critical aspects that can hinder the psychosexual development of the disabled person:

- **The image of itself.**

The construction of identity requires the interaction and restitution, by others, of one's own image.

The image of self is elaborated throughout life, in an attempt to answer the question raised in each relationship: "Who am I?" The answer is built on the elaboration of the vision that the subject has of himself and of the vision that others refer to him. If the self-image that is postponed is uncertain or contradictory, the messages of disconfirmation can interfere with the constitution of the identity.

For a serene growth the response that comes from others must be consistent with that which the subject gives to himself, but there may be inconsistencies between the two answers, inconsistencies that generate a conflict between who the subject feels to be and how he would like to be, between who the subject feels to be and who they say they are. In these cases, we speak of egotistical and this situation is very frequent in disability: the gaze of the other often forces the disabled person to deal with the devaluation of himself or with feelings of pity or compassion.

Self-image must also be confronted with images of perfection and performance that come from the outside: models of aesthetic and functional perfection, unattainable and frustrating.

- **Experimentation of pleasure.**

The child grows cognitively and emotionally in the relationship with the other and through the activation of neuronal circuits: starting from the experimentation of sensory

stimuli, complex images are created associated with emotions. If the stimulus is pleasant and the look on his body is benevolent, the child elaborates positive images of the other and of himself, perceiving his body as free, safe and reliable. If the stimulus is unpleasant, the child elaborates negative images of himself, experiencing his own body with fear and shame.

Cognitive development is not separate from psychosexual development and pleasure experiences support a recognition process. Sensory stimuli activate the neuronal circuits that guide recognition processes

Experiencing living the pleasure principle activates cognitive, identity and relational patterns: pleasure is a powerful organizer of knowledge, self-image and relationship.

Physical pain caused by certain disabilities, subjection to unwelcome bodily manipulation, lack of control over events and one's own body, reduced exploration of space and laborious self-experimentation caused for example by sensory disabilities, sensation or awareness of dependence on others. All these aspects or some of them can lead the disabled person to a continuous review of the image of himself, in an attempt to negotiate with the limits experienced. In some cases, there may be a split between mind and body, due to the perception of the body as an enemy, because the treatments and manipulations to which it is subjected do not constitute pleasant stimuli but convey feelings of shame and fear.

- **Role of peers and rites of passage.**

Often the network of relationships is simplified or even poor in cases of intellectual disability, the peer group sometimes coincides with the group of social and rehabilitative services attended.

Especially during adolescence, the lack of a group to identify with and through which to distance oneself from the world of childhood and the world of adults, feeds a difficult approach to sexuality. There is no immediate socialization to sexuality: the opportunities for casual learning are reduced with respect to issues concerning sexuality, it is difficult to exchange information on equal terms, there is no comparison on the physical, emotional, psychological and relational aspects of the slow and strenuous transition to adulthood.

The construction of a symbolic imaginary linked to sexuality and the attribution of meaning to it remains a solitary operation, not supported by emotional sharing with peers.

The lack of the peer group compromises the experimentation of rites of passage, especially for the person with intellectual disability, who is often excluded. He materially makes some shifts in context, but without the emotional connotation impressed by relational sharing between equals.

- **Risks of de-adultization.**

Often the messages concerning the affective, relational and sexual sphere of the person with disabilities do not take into consideration their adult and sexual nature: they are obviously out of infancy but are asked to stay in a childlike position, as if they did not meet the requirements to enter the adult world. He attends protected and safe spaces, controlled and supervised by parents or operators, experiencing the experiences deemed most appropriate by others.

In this context, usually the sexuality of the disabled person is taken into consideration only when linked to episodes of problematic nature and not as a dimension of healthy and positive development.

The educational attitude of those who do not recognize the person as adult and sexually, risks being contradictory: the goal of maximum autonomy pursued in all educational programs is not applied to the sphere of sexuality, in which the principle of minimum autonomy seems to be valid. indispensable, hindering the possibility of self-determination in the specific space of sexuality; educational interventions in the field of sexuality tend to be based on repressive methods, while in all other areas methodologies aimed at the expression of skills have been affirmed; educational programs choose to exclude a "healthy" dimension, that of sexuality, to focus on areas of development and learning in which the objectives to be pursued can create much frustration.

- **Perception of dependence.**

Often the image returned by others contains messages of dependency: you are not able to be autonomous; you need someone to take care of you, you are good if you follow the directions of the adults what is best for you.

The perception of psycho-physical dependence prevents the typical revolt of the adolescent, who instead wants to affirm his absolute autonomy to put an end to the proper care of the world of childhood and he wishes to prove his autonomy to emancipate himself from the phase of life in which he does not you are able to self-determine.

In adolescence the development of abstract thinking calls for conceptualizing the diversity that exists and for giving meaning to any limits imposed by disability. The perception of a diversity with respect to the peers can develop a sense of inadequacy with respect to the management of sexuality: the emotional and sexual relationships can be seen as unattainable, as inaccessible experiences.

- **Processing of affective codes.**

The affective codes are cognitive processes and symbolic structures with which we channel the emotions, transforming them into affections or feelings and putting in place modalities of loving or of appropriately loving (A. Maggiolini).

People with intellectual disabilities have difficulty in the symbolic elaboration of different affective codes and therefore in the ability to affect decoding relationships and discriminate between emotions, affects, feelings.

The affective codes are: Branch, Fraternal, Parenting, Marital, Paternal, Maternal.

The conjugal affective code is the only code in which there is sex, if the codes are not elaborated sexuality is disastrous in all the codes, it never becomes a conscious project.

Educating the affective mind is a chapter of sex education, which can be addressed by sharing mind maps to process emotions.

- **Internalization of cultural filters.**



is a natural need that needs to be satisfied in culturally accepted and defined forms. It is an instinct that, in order to be acted upon, requires the sharing and acquisition of cultural filters.

The exercise of sexuality, to be culturally accepted, requires the respect of some fundamental rules of behaviour: right age, self-awareness, voluntariness, reciprocity, respect for the rules of decency, responsibility for consequences (A. Lascioli).

Sometimes people with intellectual disabilities are not able to take these rules, because they are not understood and shared. The behaviours considered legitimate by common sense and those sanctioned are not intuitively internalized, for this reason they must be explained by using concrete examples in the context of real life of opportune and inappropriate attitudes.

The criticalities that the person with disability may encounter in becoming aware of their sexuality and in managing it, must not put the right to the expression of sexuality at risk.

## Summary – what we have learned

- *Psychosexual development;*
- *Sexuality and disabilities,*
- *Criticalities that may emerge in the psychosexual development of the disabled person.*



### 1. When ignored.

Sexuality becomes a problem when ignored, hoping that in doing so it will disappear. In this way sexuality sinks, like a karst river, and then returns as a resurgence. The exploration of sexuality starts partly for an instinctual component, during puberty, and partly because it is solicited by the peer group. In the case of people with intellectual disabilities, the friendly context that urges them is often missing. This is one of the reasons why sexuality sinks, in the sense that it is repressed by the person who does not know what meaning to attribute to the instinctual component and remains frightened of it, but also because of the attitude of the parents or other reference figures who do not they want to talk. Resurgences can be generated in the sense that the person can then express this instinctual charge in an aggressive or inappropriate form, because he has no control, because there has been no education.

### 2. When it is genitalized.

Sexuality becomes a problem when it is relegated to the sphere of genitality, when it is considered to concern only the masturbatory act. We should help the person to enlarge the dimension of pleasure, not confine it to masturbation that risks becoming obsessive-compulsive, engage other dimensions that allow the person to get pleasure from different forms of experience (the pleasure of choosing clothes, taking care of one's own body, to put on perfume, to wear accessories, etc.), to talk about sexuality, to help recognize sensory pleasures and to identify what they personally like.

It is important not to convey the message that sexuality is exclusively a physiological satisfaction and therefore to help the person to assign personal meanings through different forms of experience, even though imagination.

### 3. When not mentalized.

Sexuality becomes a problem when it is not mentalized, that is when it is not interpreted, when it does not acquire a place and a meaning in our mind, when it is not recognized, as a need or as a relationship or as a feeling.

The arrival of sexuality is in the mind, as a constituent part of personal identity. Sexuality is linked to our identity dimension and in the mind, sexuality eventually acquires a design meaning.

### Summary – what we have learned

- *The need-right to sexuality.*
- *Contextual factors that make the sexuality of the disabled person problematic.*

## SELF-ASSESSMENT

1. Choose the right answer. A methodology suitable for sex education:

- a) uses an exclusively preventive approach;
- b) use the frontal lesson mode;
- c) excludes emotional and relational involvement;
- d) adopts a pluralistic approach with respect to values;

2. Fill in the gap.

Proposing a \_\_\_\_\_ conception of sexuality guarantees the deepening of it in its biological aspects, emotional, relational and preventive.

3. Choose the right answer:

By extensive and multifocal intervention, we mean:

- a) multidisciplinary exposition of preventive sex education contents;
- b) aimed at promoting self-destruction;
- c) specifically addressed to people with disabilities;
- d) aimed at transmitting information limited to sexual relations;

4. The sexuality of the person with disabilities is to be treated as a special need because disability necessarily involves a path of problematic development:

True    False

5. Fill in the gap.

The objectives of sex education is to encourage the acquisition of a state of \_\_\_\_\_ wellbeing by an individual.

6. Fill in the gap

The theme of sexuality cannot be approached in relation to a generic \_\_\_\_\_ concept of disability, but rather in relation to the \_\_\_\_\_ of individual disabilities.

7. What are the three possible situations in which the sexuality of a person with disabilities is characterized as problem?

- a) When ignored, when genitalized and not mentalized
- b) When is genitalized and when it is not enough
- c) When not mentalized, ignored or it is too much
- d) When is too much, it is ignored and not mentalized

## GLOSSARY

- **Affective codes:** cognitive processes and symbolic structures with which we channel emotions, transforming them into affections or feelings and putting in place modalities of loving or of appropriately loving.
- **Extensive and multifocal intervention:** the focus is not on transmitting information but promoting the development of awareness, critical capacity, recognition of values that lead to self-extermination.
- **Holistic approach to sexuality:** reference to a broad dimension of sexuality that includes affects, feelings of love or friendship, anatomy and biology, relationships, identity, prevention; consider all aspects of sexuality, not limited to sexual intercourse; consider sexuality as a component of growth in its physical, emotional, relational dimension.
- **Pluralistic approach with respect to values:** it promotes the sharing of fundamental meta-values, such as tolerance, responsibility, respect, equal dignity of the sexes, and generates possibilities for reflection and comparison on controversial values concerning behaviour and sexual choices, within of a framework that reaffirms respect for diversity. This approach is aimed at increasing critical skills, self-knowledge and the other, reflecting on the problems inherent in sexuality and respecting lifestyles and sexual values other than one's own.
- **Promotional approach and not strictly preventive:** it includes the display of preventive contents (prevention of unwanted pregnancies, abortion, sexually transmitted diseases, sexual and psycho-sexual pathologies, sexual violence) within a dimension strongly positive and constructive.

# **MODULE 6**

## **NETWORKING AND PARTNERSHIP: HOW TO CREATE LOCAL SYNERGIES WITH STAKEHOLDER'S PUBLIC AWARENESS ON THE POTENTIAL COMPETENCE OF PEOPLE WITH DISABILITIES**

## MODULE 6 - NETWORKING AND PARTNERSHIP: HOW TO CREATE LOCAL SYNERGIES WITH STAKEHOLDER'S PUBLIC AWARENESS ON THE POTENTIAL COMPETENCE OF PEOPLE WITH DISABILITIES

### Learning outcomes

#### Unit 1 - learning outcomes for this unit are:

- Introduction on the concept of community relations policy and why is needed
- Types of community relations activities
- **Knowledge:** Describe the concept of community relations policy and its types.
- **Skills:** Classify the different types of community relations.
- **Competences:** Use the different types of community relations in networking activities.

#### Unit 2 - learning outcomes for this unit are:

- Define your target groups and stakeholders
- Why is it important to define your audience/target-group?
- **Knowledge:** Identify the right stakeholders for achieving awareness on the topic of emotional and sexual needs of people with disabilities.
- **Skills:** Prioritize the target groups to raise public awareness on emotional and sexual needs of people with disabilities.
- **Competences:** Organize the target groups to achieve dissemination of the SINE project results.

#### Unit 3 - learning outcomes for this unit are:

- Guidance on building strategic partnership with key organizations and authorities of the community
- Outline how to negotiate, communicate and maintain partnerships in a way that is mutually beneficial for both parties
- Categorization of the diverse partnership types that can be implemented and definition of what partnerships will be the most effective and meaningful for an organization
- Devising strategies to engage the broader community in supporting the mission of the organization and enhancing general awareness
- **Knowledge:** Identify variety of methods on building partnerships as well as for effective negotiation, communication and maintenance of partnerships.
- **Skills:** Design strategy for building meaningful partnerships as well as effective classification of the different partnerships.
- **Competences:** Organize strategies for broader engagement of the community and raise awareness campaign.

#### Unit 4 - learning outcomes for this unit are:

- Achieve clear communication on a broader, general audience and the specific steps necessary to develop and disseminate key messages
- Determining key points that will help the target audience clearly understand the mission, goals, and strategy of an organization
- Steps to guide organizations in the process of creating and disseminating a message
- **Knowledge:** Define the process/steps how to inform the audience on the mission, goals and strategy of organisation and/or the campaign to raise awareness on the SINE project.
- **Skills:** Design clear and effective messages on disseminating the aims of the SINE project according to classified target groups.
- **Competences:** Produce effective dissemination messages for raising awareness on the topic of the SINE project.

#### Unit 5 - learning outcomes for this unit are:

- Description of major types of media event (i.e. press releases, press conferences, campaigning etc.) and their own purpose and characteristics
- Determining the purpose of planning and the different models, diagrams and acronyms.
- Practice on planning media events
- **Knowledge:** Describe the main types of media event, their purpose and characteristics. Define why planning of media event is important.
- **Skills:** Distinguish the different models, diagrams and acronyms for a media event.
- **Competences:** Create the plan for a media event. process

## Unit 1. What is community relations?

To understand the term *community relations*, we first need to understand the meaning of *community*. A community consists of **social groups displaying diverse characteristics or backgrounds, who are bounded by social norms, common perspectives, and who share cultural, social, and political values**. When people work or cooperate with others, they should maintain the same code of conduct that they would employ in their own life, for example with neighbors, friends, and family members; that means, having close relationships with them and maintaining a sense of goodwill<sup>7</sup>.

If an institution wants to establish itself long-term, it needs to undertake the role of a corporate citizen that grows an active interest in the well-being of its community. To achieve that, an organization applies the concept of community relations, i.e. the **methods used to establish and maintaining a beneficial relationship with the communities in which they operate**.

**Community relations is a 2-way process**. On the one hand, organizations make efforts to place the community into its core business strategy, attracting its members as either consumers or employees, and improving their public position, reputation, and performance. On the other hand, community members are considered highly tangible and visible for these organizations, as they provide necessary resources required for business success.

### The Importance of Community Relations

Community-oriented practices are beneficial for:

- making community members conscious of their common interests
- overcoming feelings of alienation or exclusion
- promoting engagement between people and building personal relationships
- fostering worker productivity and positive attitudes

For people with disabilities, the notion of community relations is based on the notion of acceptance, either in terms of being physically integrated into a social group, able to function successfully in an environment, or receiving social acceptance that enables interaction with others<sup>8</sup>. [This video](#) indicates people with some form of disability who stress the importance of community participation in society for their social and personal well-being.

A good practice regarding the above is the '[Better Together](#)' project, a community organization aiming to develop strategies and affiliations between disabled and non-

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<sup>7</sup> How to Pass Series (1999) *How to Pass Public Relations: THIRD LEVEL*. London: London Chamber of Commerce and Industry Examinations Board.

<sup>8</sup> Disability Rights UK (2014) *INCLUSIVE COMMUNITIES: A research report*. Retrieved from <https://www.disabilityrightsuk.org/sites/default/files/pdf/3.%20InclusiveCommunitiesResearch.pdf>

disabled groups, thus contributing to the overall strengths and wellbeing of the community as a whole. The project has designed a training workshop package for businesses and service providers, where participants are trained on how to communicate with people with disabilities. The workshops include basic communication and listening skills, lessons from first impressions, skills enabling the provision of inclusive customer service, and lessons on the importance of having a sense of belonging in the local community.



### Community Relations Policy

As one chief executive has stated, community relations is the ‘food for the soul of an organization’, making them a fundamental ingredient for the health of enterprises<sup>9</sup>. Indeed, a well-constructed community relations policy should be built into the structure and culture of an organization, which comes from the corporate objectives the entity sets.

A policy is essential for a number of reasons:

- It defines the way community contracts are dealt with
- The managers and other staff operate similar policies especially when there are sites in several communities
- Without a concrete policy, no tactical objectives can be set and, therefore, no action either

In terms of persons with disabilities, a basic concept of a cooperative society would state that all people share a mutual respect of each other’s personalities, while different campaigns can be organized to raise the awareness of respect and understanding. More and more organizations and institutions are highly sensitized regarding persons with disabilities, and create specific policies on how the staff should behave towards those groups. In 2008, the Department of Education and Training (DEECD) of Australia produced a [Guideline Policy](#) regarding disability in the workplace, which analyses equal opportunity principals, the benefits of employing groups of people with disabilities, interview processes, and handling different situations at work.

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<sup>9</sup> Googins, B. K. (1997) *Why Community Relations is a Strategic Imperative*. Retrieved from <https://www.strategy-business.com/article/17964?gko=27dcc>

Here is a sample of a community relations policy that can be adapted to meet various corporate needs<sup>10</sup>:

1. *As part of this community, we are committed to being a good neighbor. As such, we pledge to be responsive to the concerns and the welfare of those with whom we share the land.*
2. *We will work toward building a positive, open relationship and interdependence among all that care about this community's well-being. We will be forthright and open in all of our dealings with the community.*
3. *We believe in the need for two-way communication with the community at large, and will seek its feedback. This feedback will be a valuable part of our operations and will become an integral part of our decision-making process.*
4. *Finally, we pledge that any decisions impacting on the community will be communicated to them in a timely and accurate manner.*

From the example above, we can conclude that a clear policy statement provides guidelines on the corporate intentions and the way a company or organization should see its role in the community, including how managers and working staff should participate and support the community, how measures should be taken, and how authority should be obtained.

### **Community Relations Activities**

Apart from good employment conditions and good wages, communities expect from their institutions an attractive appearance, economic stabilities, and a focus of hometown pride, while also engagement with supporting other community institutions. There are a number of ways that organizations can involve themselves in their communities<sup>11</sup>:



- **VOLUNTEERING PROGRAMMES:** Volunteering programs can unite employees by bringing them together in more relaxed friendships outside the workplace; for example, through formal lunch meetings, seminars, bulletin board displays, etc. Organizations can reward such volunteering actions through giving certifications of appreciation or extra vacation days.

<sup>10</sup> Cohn, M. (n.d) Importance of an Effective Community Relations Program. Retrieved from <http://cohnpr.com/Articles/ImportanceofanEffectiveCommunityRelationsProgram/tabid/94/Default.asp>  
[X](#)

<sup>11</sup> How to Pass Series (1999) *How to Pass Public Relations: THIRD LEVEL*. London: London Chamber of Commerce and Industry Examinations Board  
**2018-1-LV01-KA204-046973-P1**

- **EVENTS AND EXHIBITIONS:** local exhibitions (e.g. library or school displays), community events (like through providing speakers to local organizations) and trade shows can be appreciated within the local community and add to the positive image of organizations.
- **EDUCATIONAL SUPPORT:** this is specifically addressed to schools and colleges that can be supported through various ways. For example, film, video, or slide presentations about an organization's areas of expertise, or the countries in which they operate; providing scholarships or bursaries to open access for local students; providing academic achievements awards; organizing sports days; providing work placements for local students.
- **MEDIA AND SPONSORSHIP SUPPORT:** supporting institutions through advertisements or providing financial aiding for designing and printing material will generate some powerful notions of goodwill. A more tangible support of sponsorship could include activities like placing waste bins around the town or supporting local athletes with potential of major success.
- **DIRECT MEMBERSHIP PARTICIPATION:** organizations can show their direct support by becoming actively involved in foundations devoted to helping people with disabilities.

### **A Case Study: Delta Holding<sup>12</sup>**

Delta Holding, a company based in Serbia has launched specific programmes to promote the inclusion of people with disabilities in the company's workforce. These programs are initiated by the Delta Humanitarian Foundation that contributes towards Serbia's societal development in the areas of social care, education, culture, and health. In 2008, the Foundation introduced the Working Integration Project that sought to support the social integration of people with intellectual disabilities by including them in the workforce. Prior to their job placement, the participants attended classroom-based training sessions on effective communication with colleagues and customers, while receiving hands-on training, where they learned on the job and in the stores. Participants were also paired with supervisors who supported and monitored their work progress, while their work schedules depended upon their interests and abilities. The Project had a significant success in raising awareness about disabled communities. Consumers, for example, had responded positively when seeing people with disabilities working at the stores, while other companies had shown interest in learning how to employ these groups.

There are many other examples of internationally recognized companies which took steps in fostering social integration of people with disabilities, including Carrefour,

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<sup>12</sup> International Labour Force (2010) *Disability in the Workplace: Company Practices*. Retrieved from [https://www.ilo.org/wcmsp5/groups/public/---ed\\_emp/---ifp\\_skills/documents/publication/wcms\\_150658.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_150658.pdf)

Cisco, Ernst & Young, Microsoft, Marks & Spencer, etc. (to learn more, see ILO's [Disability in the Workplace: Company Practices](#) handbook).

## Summary – what we have learned

- *Community relations programs are usually implemented within a local area, reflecting that area's diversity and operating according to its members' needs and interests.*
- *Members of a community often perceive it as 'places or nurture' for themselves, whereby they can create their public identities, foster relationships with others and articulate their interests*
- *Physically, no one can avoid being part of a community – yet fostering social and mental integration of people living in the community is a complex and effort-making task.*
- *Community relations is like the food for the soul of an organization, thus making it a vital part in the organization's culture and strategic panning*
- *To develop community relations, an institution/entity needs to construct a concrete policy for managers and working staff, that guides them how to behave and deal with communities and their members*
- *There are many programs and activities that can be implemented to support communities, from aiding local events, through providing educational support and helping promoting institutions via the media.*

## Unit 2. Defining target groups and stakeholders

**Identifying and engaging with the right people for a certain cause can play considerable part for deeming that cause as a success or a failure.** Stakeholders and target groups need to consist of appropriate individuals that will best meet the objectives and anticipated results that are set.

The main responsibilities of stakeholders and target groups are to<sup>13</sup>:

- have a genuine interest and motivation
- impact the development and implementation of a cause
- be involved in important decision-making processes
- be able to influence and engage other people

### Who are the Stakeholders and Target Groups?

#### 1. Organizations of Persons with Disabilities

The best way to think about delivering sexual health knowledge is to identify organizations, foundations, and other bodies working with people with disabilities. Talking with people from these organizations will introduce you to other local groups and gain an understanding on the sexual concerns and needs of people with disabilities. Internationally, there are many organizations and programmes representing or working with people with disabilities, such as:

- European Disability Forum (EDF)
- Disabled People's International (DPI)
- World Blind Union (WBU)
- World Federation of the Deaf (WFD)

Organizations may also deliver trainings for raising awareness about disability and sexual health among its staff. One good example is the [WHO Task Force on Disability](#), an initiative aiming to remove the barriers and mainstream disability issues across the organization internationally. In the area of sexual and reproductive health, the project has developed a policy brief on the intersections between HIV/AIDS and disability, improved technical guidance on contraceptive choices for women with disabilities, and guidance notes.

#### 2. Parents and Caregivers

Parents and caregivers are fundamental factors in the upbringing of children and young adults. The quality of children's life is directly connected with the quality of family life; this is why parents and caregivers are among the most suitable advocates for children with disabilities. They need to make sure that they understand, support, and are actively

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<sup>13</sup> University of Delaware (n.d.) Identifying Stakeholders and Strategic Partners to Catalyze Change. Retrieved from <https://www.completecommunitiesde.org/>

involved in the delivery of sexual education of their children, in a way to ensure long-term results. For example, an innovative website called [Teaching Sexual Health](#) offers evidence-based information and strategies to help teachers, educators, and parents about ways to educate children on sexuality and health. Education topics include relationship building, reproduction and pregnancy, sexual development, gender diversity, etc.

Engaging parents involves various steps:

- Parents are targeted through community activities or tailored strategies, like home visits, parents’ associations, and even their own children.
- Preparing educational material for parents will help them deliver accurate and rights-based information to their children
- Parents should learn how to listen to their children, be open-minded about their sexual needs, and encourage them to ask questions.
- It is okay for parents not knowing an answer to a question; encouraging children in mutual exploration of answers is a good strategy for their involvement.

### 3. Educators (Teachers and Providers)

A teacher or educator includes a variety of different people, like health workers, service providers, or other volunteers and community leaders. To foster effective sex education learning, educators and teachers need to have a comprehensive combination of Attitudes, Skills, and Knowledge:

Attitudes	Skills	Knowledge
<ul style="list-style-type: none"> <li>- <b>commitment to sexuality education and its founding pillars (human rights, gender, sex positivity, etc.)</b></li> <li>- <b>open mindedness and respect of integrity and understanding of boundaries</b></li> <li>- <b>understanding of people with disabilities as sexual beings</b></li> </ul>	<ul style="list-style-type: none"> <li>- create and maintain a safe, inclusive, and enabling learning environment</li> <li>- use interactive teaching processes to provoke a visible response from learners</li> <li>- communicate effectively</li> <li>- reflect on beliefs and values</li> <li>- draw on learners’ backgrounds and realities</li> </ul>	<ul style="list-style-type: none"> <li>- relevant topics in sexuality education, health promotion and psychology</li> <li>- different programs and curriculums on sexual education</li> <li>- learners’ evolving capacities</li> <li>- key context specific legal frameworks related to sexuality</li> <li>- referral places where learners can seek further help or information</li> </ul>

## Teachers

Teachers will normally introduce sexual education material within the school curriculum in order to support the program/course in non-formal settings. They can provide access to parents or tutors of children and young adults by sharing messages, mobilizing learners to attend the educational program, or facilitating access to schools for community educators.

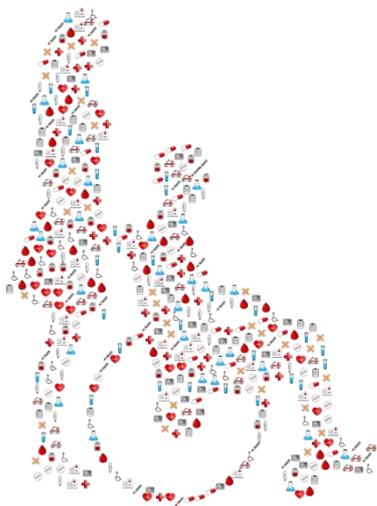
To engage teachers:

- Identify key individuals involved in teaching who are willing to support the delivery of the educational program in non-formal settings
- Invite teachers to sessions about the rationale behind sexual education for persons with disabilities and share evidence on its impact
- Create and disseminate promotional material for teachers to use about the learning process

### Health and Service Providers

Service providers can also become key supporters or deliverers of sexual education programs. In small facilities, for example, nurses or social workers already play big role in educating patients and clients. These individuals are great referral points for the increase of individuals' health literacy, as well as their ability to access sexual and reproductive health services.

To engage health providers:



- Identify persons who will have regular contact with people with disabilities – the better they are engaged with them, the most effective the education program will be
- Invite them to sessions about the rationale behind the sexual education program and share evidence upon its impact
- Prepare health providers on how to better interact with and respond to learners. If their health literacy increases, learners will surely have more questions to ask about specific topics and points. Providers should be able to answer and encourage active participation of learners.

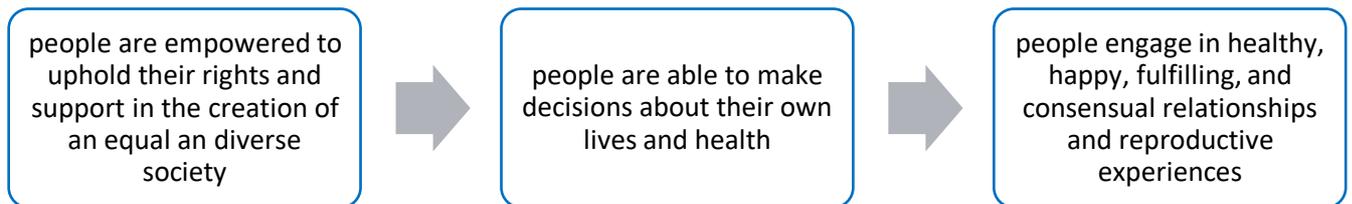
### Delivering Sexual Education Programs

There are several tips that stakeholders can follow:

- Involve learners in the design, implementation, and evaluation of education activities
- Create a safe space for learners and promote trust
- Encourage participation, particularly among those who feel alone or intimidated

- Organizations providing sex education to children must have a child protection policy to be provided to all staff and volunteers.
- Show respect for learners; give credit about their knowledge and contribution.
- People learn in different ways - reading or using illustrations, listening, doing practical exercises. Learn to adapt to all different needs.

**When key stakeholders become enablers of programs or trainings focusing on sexual education of persons with disabilities, some basic results are achieved:**



### Summary – what we have learned

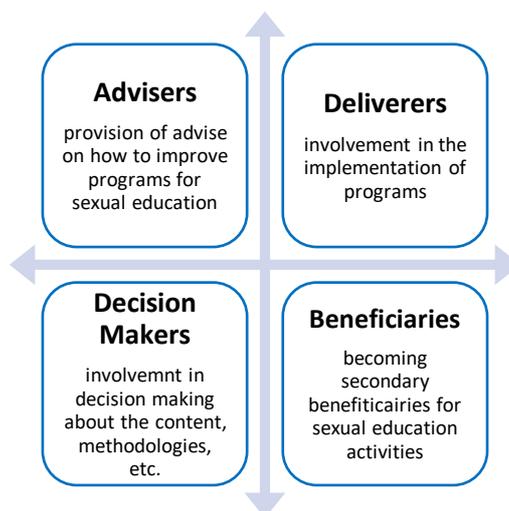
- *Stakeholders and target groups can have an important impact when planning and executing a program or other educational purpose*
- *Stakeholders and target groups need to have a genuine interest and motivation, be involved in development and decision make processes, and be able to influence other people positively*
- *Stakeholders may be anything from collective entities to individuals, for example, organizations of persons with disabilities, educators, teachers, parents, caregivers, health and service providers.*
- *Delivering sexual education programs requires following several steps that involve learners in designing, implementing, and evaluating the educational activities.*
- *Stakeholders need to encourage learners' participation and make them feel safe and included.*
- *Stakeholders should adjust to the different learning styles of persons with disabilities*
- *Upon effective sexual education, learners are able to empower themselves, make important life decisions, and engage in happy and safe relationships.*

## Unit 3. Defining strategic partnerships

According to the World Health Organization<sup>14</sup>, there are five major steps towards the full inclusion of persons with disabilities. The *first step is to establish partnerships with the various target groups and stakeholders.*



**Strategic Partnerships are formed by stakeholders in order to foster community relationships, leverage expertise, and promote positive change.** Communities benefit when all stakeholders collaborate to face a problem or address support needs regarding projects or educational services. Through effective partnerships, members of the community undertake a variety of roles<sup>15</sup>:



Who can become Partner?

**A partner can be any group, organization, or governmental body that is able to create partnerships.** These partnerships are characterized by:

- an agreed common vision

<sup>14</sup> WHO and United Nations Population Fund (2009) *Promoting sexual and reproductive health for persons with disabilities WHO/UNFPA guidance note*. Retrieved from [https://www.unfpa.org/sites/default/files/pub-pdf/srh\\_for\\_disabilities.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/srh_for_disabilities.pdf)

<sup>15</sup> International Planned Parenthood Federation (2017) *DELIVER+ENABLE TOOLKIT: Scaling-up comprehensive sexuality education (CSE)*. Retrieved from <https://www.ippf.org/sites/default/files/2018-03/IPPF%20Deliver%20and%20Enable%20-%20CSE%20Toolkit.pdf>

- mutual goals, benefits, and respect
- clear commitment and investment by all partners
- formalized collaboration and shared decision-making

In terms of persons with disabilities, partnerships can be implemented at either a local level or international level whereby multi-stakeholder coalitions are formed. For instance, the [Global Partnership on Children with Disabilities](#) – a platform for collective action aiming to secure the rights of children with disabilities – involves organizations such as Disabled People's International (DPI), Disability Rights Fund (DRF), Disability Action Council, etc.

Among the various partners that can form collaborations are:

- Governmental bodies
- Local, Regional, and International Organizations, NGOs
- Families and Caregivers
- Educational Institutions and Stakeholders (e.g. schools, universities, educators, tutors, academics)
- People with disabilities Organizations
- Religious Organizations
- Community Groups
- Health Care and Medical practitioners
- Youth Clubs

Often in partnerships, persons with disabilities are actively involved in all conversations, collaborations, and policy development. This is key principle is known as **“Nothing about us without us”**. Under that policy, persons with disabilities do not just become receivers of reproductive education, but are involved in the stages of planning, implementation, and development of a project. Under training, they serve as key informants during the development process, offer insights on how to deliver the training more effectively and introduce participatory approaches that are attractive to them. Watch [this video](#) to learn more about this policy.

### How to Form Strategic Partnerships

Forming strategic partnerships can be broken down to the following steps:



## A Practical Example

To illustrate the five steps outlined above, we will be looking at [Sex Education Forum](#), a multi-stakeholder partnership established in 1987 with the aim to provide quality relationships and sex education to children and young people.

### STEP 1.

The Forum operates on the basis of partnerships among organizations and charities who share a common interest in children and young people receiving proper relationships and sexual education. These partners include local authorities, national or local organizations, NHS trusts, and individuals. Among the partnership are organizations working with young people with disabilities, such as Image in Action and Mencap.

### STEP 2.

Once becoming members, partners share many benefits, including: free ticket for annual members events, involvement in the Forum's policy work, a description of the partner in the Forum's website, access to resources, training, and research material, discount on various training courses, access to the Forum's newsletter and e-magazines.

### STEP 3.

To become partners, organizations need to be in agreement with the Forum's stated values and principles, share a common belief about caring for the sexual and reproductive needs of children, and offer their training, consultancy, or educational expertise to create an atmosphere of mutual exchange of benefits and practices.

### STEP 4.

The partnership shares one basic role: it acts upon a mutual share and provision of material and services based on each organization's field of knowledge. Some enterprises, for example, offer training, e-learning courses, or educational resources, other specialize in the field of campaigns, while others provide consultancy for school policies or media engagement.

### STEP 5.

The Forum is devoted to offering evidenced-based approaches that meet the needs of children and young people. Three main objectives are identified, upon which the whole structure of the Forum is based to operate. The trainings provided by organizations are delivered by an experienced team of regional associates, while other resources, like Guidance and Consultancy, Audit Tools, Interactive Material, and Quizzes are offered as well.

## Summary – what we have learned

- *Establishing partnership is a core step towards the full inclusion of persons with disabilities*
- *Strategic partnerships are formed by stakeholders wishing to foster community relationships, share expertise, and promote positive change*
- *Partnerships are characterised by a common vision, mutual goals, a clear commitment and investment by all partners.*
- *Partners can be anything from social groups to organizations, governmental bodies, associations, practitioners, and institutions.*
- *It is encouraged to involve persons with disabilities in the design, development, and implementation of programs regarding their education*
- *There are 5 major steps for promoting strategic partnerships: identification of partners, determination of benefits, and meeting with partners, allocation of roles and responsibilities, and development of action plans.*

## Unit 4. Why communicate?

**Communication is about bridging the relationship between a person/organization with another person or community.**

When you want to reach a person or community, you immediately start doing several things<sup>16</sup>:

- you make sure that the person or community is listening to you
- you want to secure their attention by saying something of interest to them
- you outline key points and get them involved in the 'conversation'
- you examine whether what you have said is completely understood

When using words to communicate, it is expected that the language will be used appropriately. This is because **words have meanings that represent various concepts among different social groups**. Think the differences between British and American English<sup>17</sup>:

British	American
lifts	elevator
pavement	sidewalk
underground	subway

While using entirely different words, both British and American English represent the same meanings. Therefore, words can be understood as signals to indicate an item or a concept, but in order to deliver their intended role, they need to be structured precisely and carefully.

When disseminating a message, you need be careful so that these messages are:

- Direct: indicating clear and precise meanings
- Immediate: expressing emotions and thoughts 'here and now'
- Clear: reflecting thoughts, observations and feelings accurately
- Honest: expressing our real thoughts and messages

<sup>16</sup> How to Pass Series (1999) *How to Pass Public Relations: THIRD LEVEL*. London: London Chamber of Commerce and Industry Examinations Board.

<sup>17</sup> How to Pass Series (1999) *How to Pass Public Relations: THIRD LEVEL*. London: London Chamber of Commerce and Industry Examinations Board.

## Communication Tools

Many communication tools can be used to achieve communication with others, either through writing or speaking.

### **Some important tools when speaking<sup>18</sup>:**

- Voice: use the right voice tone, pitch, and volume. Words can acquire emotions when using appropriate vocals, making them being delivered with a sense of warmth, affection, or even hate
- Body Language: ‘match’ your message with what your body indicates. When communicating urgency, you need to look urgent, and when you reassure something, your body needs to look calm. Gestures or facial expressions gives hints on how positively or negatively our message should be received.
- Depth: Speaking allows for an instant two-way communication, where one person can receive feedback to see if the other person understands our message, by asking questions like ‘do you agree?’, or ‘should I repeat that?’

### **Some important tools when writing<sup>19</sup>:**

- Writing style: all written forms should be precise, concise, and to the point. Provide the reader a straightforward message containing all necessary information needed to understand its meaning.
- Storyline: making words more ‘vivid’ can be achieved through telling a story that addresses the needs of the target group. The story needs to be consistent, following a certain timeline, and containing all necessary elements: a headline, a summary, main information, closure. [Malcolm’s story](#) is one good example:

*“Better Together came to know Malcom [...] Malcolm is a charming, friendly, traditional, and caring man [...] Malcolm no longer has any family left in his life [...] Malcolm needed to feel like part of a family again [...] Better Together asked Cecil, a retired family man living in the local area to bring Malcolm into his family life [...] Cecil spends time with Malcolm [...] They have developed a relationship of trust”.*

- Sentence construction: When writing, you don’t have the luxury of using facial expressions, nor do the readers can ask questions to understand the meaning. Therefore, your written sentences need to contain correct spelling and a proper construction in order to make sense.

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<sup>18</sup> How to Pass Series (1999) *How to Pass Public Relations: THIRD LEVEL*. London: London Chamber of Commerce and Industry Examinations Board.

<sup>19</sup> How to Pass Series (1999) *How to Pass Public Relations: THIRD LEVEL*. London: London Chamber of Commerce and Industry Examinations Board.

- **Illustration:** Illustration can stimulate the imagery of readers on how institutions behave or how successful they are. For example, adding images into news releases to make it more attractive to editors, indicating statistical tables or bar charts, graphs, and diagrams.

### Communicating with Persons with Disabilities

Sometimes, people feel uncomfortable communicating with vulnerable or groups with special needs, because they are worried about offending them or they don't know appropriate communication strategies to apply. Tanya's story, a young support worker who was supporting a person with disability named Sally, shared her experience when they visited Sally's doctor to obtain a script for antibiotics<sup>20</sup>:

*"The doctor insisted I sit where the patient would normally sit. Uncomfortably I sat down and then the doctor proceeded to talk to me about what was wrong with Sally. Not once did he look at her, address her or acknowledge in any way that she was even in the room. I automatically turned to her and asked if she wanted to show the doctor any of the pictures in her 'compic' book. Sally opened it up but the doctor dismissed her and spoke to me again, clearly irritated, and this time more sternly. I described her symptoms and within a few minutes, we were both out the door with a script for antibiotics".*

Tanya's narration reminds us that failing to establish a direct communication approach with such persons makes them feel disrespected and unimportant, while taking away their opportunity to express their own state of mind. This [short film](#) from a UK-based charity illustrates some insightful communication tips for people with a learning disability.

**Here are some general tips when communicating with people with disabilities<sup>21</sup>:**

- **RELAX!** people with disabilities are normal people like you and me.
- **USE A SIMPLE LANGUAGE**
- **STOP MAKING ASSUMPTIONS:** just because a person sits in a wheelchair does not make him or her completely paralyzed
- **MAINTAIN EYE CONTACT:** don't lower your head or turn around when talking, but speak to them directly
- **LISTEN:** listen to what they have to tell you, you may learn a lot

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<sup>20</sup> McCulkin, M. (2016) *Communicating with people with a disability*. Retrieved from <https://www.endeavour.com.au/media-news/blog/communicating-with-people-with-disability>

<sup>21</sup> National Disability Coordination Officer Program (n.d.) *Communicating effectively with people with disabilities*. Retrieved from [https://www.westernsydney.edu.au/\\_data/assets/pdf\\_file/0009/887931/NDCO\\_Communicating\\_effectively.pdf](https://www.westernsydney.edu.au/_data/assets/pdf_file/0009/887931/NDCO_Communicating_effectively.pdf)

- **USE ALTERNATIVES:** gestures, facial expressions, body language, and different voice tones or volumes. Also, different forms of communication (drawings, shapes, writing, speaking etc.)
- **BE PATIENT:** allow time for people to understand fully your message; if needed, repeat again without showing frustration.

### Language is Important

Expressing phrases like ‘normal person’ or ‘handicapped’ will be considered offensive and will create serious problems in your effort to establish effective communication. To find more information about communication go to Module 3 “Soft Skills, Interaction in the process of learning and doing, communication and languages for approaching persons with disabilities according to their physical disabilities or mental disabilities”.

Of course, there are different communication approaches for people with different forms of disabilities. The Advancing Care Excellence for Persons with Disabilities (ACE.D) Program has outlined a [list of recommendations](#) for fostering communication with these different forms.

### Summary – what we have learned

- *Good communication skills are very important to build relationships between a person and another person or group.*
- *Words are like signals indicating a concept, an idea, or an item, and when structured appropriately, they convey the message we wish to disseminate*
- *There are significant differences between spoken and written languages*
- *Using imagery to illustrate helps understand the message more easily*
- *Achieving communication with person with a disability is harder and requires more effort than when connecting with people without disabilities*
- *Language is crucial when addressing people with disabilities, as any word perceived as ‘negative language’ may harm or offend that person.*

## Unit 5. What are media relations?

Media is the means by which brands, institutions, and businesses send messages to their receivers in order to promote something. The choice of publication can be anything from a simple headline, to a story, an article, or a set of images.

There is now a wide variety of media available, for example:

- the press (newspapers, magazines, newsletters)
- radio (news programs, talk shows, public service announcements)
- television (news, talk shows, interviews)
- demonstrations (in-store, in-home, exhibitions)
- sponsorships

To pass communication through the different channels, people working in the media choose what to publish by contacting the target publics who control their channels of communication. Their primary job is to build a mutually beneficial relationship with them. Mass media is the preferred channel for connecting with the public, because audiences view media coverage as a credible means to obtain information.

In this sense, **media relations can be defined as the action taken to “establish, develop, and maintain relationships with individuals in media of relevance to an organization with the aim of maximizing the probability of securing favorable representation and treatment<sup>22</sup>”**. Practicing media relations is a win-win situation, both *for journalists*, who obtain easy access to story ideas and sources, and *for professionals*, who gain publicity and promotion of their services.

### Types of Media Events<sup>23</sup>

Media	Description	Use	Characteristics
<b>Press Conference</b>	A meeting for editors, journalists, and other news bodies coming together to receive information and ask questions or discuss about it	For general announcements	Conferences need to provide neat and quick facts  Hospitality are necessary – refreshments, light meals or snacks, tea or coffee
<b>Media Event</b>	Any informal gathering of the media at an event staged by an organization	To celebrate something newsworthy that justifies	Local events will catch the interest of local media

<sup>22</sup> How to Pass Series (1999) *How to Pass Public Relations: THIRD LEVEL*. London: London Chamber of Commerce and Industry Examinations Board.

<sup>23</sup> How to Pass Series (1999) *How to Pass Public Relations: THIRD LEVEL*. London: London Chamber of Commerce and Industry Examinations Board.

		inviting the media (e.g. anniversary, award ceremony)	<p>An opportunity to meet and greet individuals</p> <p>Provision of refreshments, meals or snacks (depending on the type of event and time of day)</p> <p>Staff photographers needed to provide the picture that media will use</p>
<b>Press Reception</b>	Breakfast meetings, lunches, dinners, cocktail parties, overnight stays	Informal meetings for journalists to meet senior managers or chairmen, receive a background briefing, or a sounding board for proposals	<p>All press receptions must involve catering of good quality, and sometimes, overnight accommodation</p> <p>Speeches should be kept to the minimum</p> <p>The invitation should indicate an approximate finishing time</p>
<b>Facility Visit</b>	Journalists are invited to visit a facility	The visit will help journalists gather information to create a media coverage afterwards (e.g. through the press)	<p>Hosting a facility visit requires time, effort, and careful planning</p> <p>The hosting team must be experienced and well-rehearsed</p> <p>The visit should be a combination of work, rest, and pleasure time</p>
<b>Personal Interview</b>	Personalized stories and narrations with key speakers that create exclusive material for news releases	Asking in-depth questions and sharing experiences or expertise	<p>Interviews allow for a one-to-one interaction</p> <p>It's good for the interviewee to know the journalist prior to the interview, and be familiar with the media he/she represents</p> <p>Provision of details about the area the journalist is interested in learning</p>

## An Example of a News Media

Have a look at [this article](#) promoting Braille-enabled smartphones, which helps people with blindness. The main elements of the article can be seen: an eye-catching headline, an appealing introduction and a picture showing models of the smartphone. It is clear that the article tries to promote the innovating and unique characteristics of this device, as well as the efforts of the startup towards helping people with disabilities.

### False Representations?

Media Relations is a powerful two-way process tool that can influence public behavior in a collective sense. The media can raise awareness and increase the value of a product, but it can also foster discrimination and unfairness, or destroy the public image of an organization.

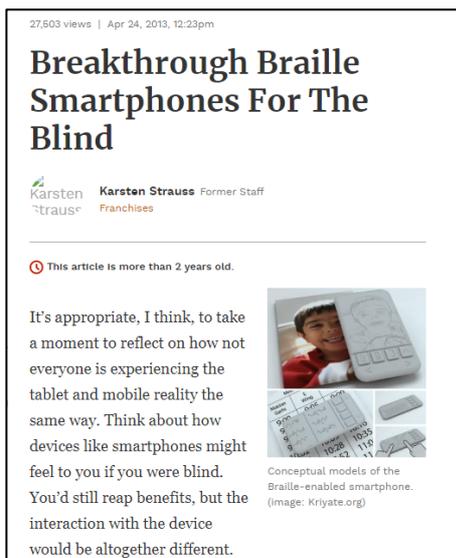
This is far more complex when covering topics about disability. People with disabilities are often indicated naïve and victimized, that need to overcome their obstacles and become ‘superheroes’ who accomplish great things. When Terry Fox, a Canadian athlete with an artificial limb, died after battling with cancer, many media coverages (like [this one](#)) portrayed Fox as a ‘hero’. After that, several had blamed the media for praising Fox about his achievements as an athlete, yet failing to understand the sense of failure it developed towards disabled communities for not achieving anything extraordinary, like Fox did. His story succeeded in raising money for cancer, yet it also backfired the rage of disabled communities, who were already providing their usefulness to society.

### Planning Media Events

It’s never enough just to call for an event; it also needs to be *sold in the media*. A media event must achieve the following things:

- be newsworthy and relevant to the needs of media and organizations
- carry the message that it intends to
- create an image of value for both media and organizations

**Success means relying upon a solid plan that will produce the best results.** Remember that the focus should be to help media representatives better inform the public, yet it is *your* job to deliver concise information that will make up a valuable story.



## Some important steps to start a Media Relations Plan<sup>24</sup>:

- **GET TO KNOW THE MEDIA:** conduct research to find out what media organizations cover, which audience they reach, and how they wish to receive material.
- **ESTABLISH RELATIONSHIPS:** Maintain professional relationships with editors and reporters, freelance writers, etc. Keep them informed about latest news and updates.
- **THINK ABOUT THE CONTENT:** Are your stories newsworthy to be published? Are you providing service and value? Will your publication create a positive impact?
- **IDENTIFY YOUR TARGET AUDIENCE:** The story or product should be related to the targeted audience in terms of content and purpose. If, for example, your reader is a person with disability, you need to ensure that the photos, videos, and text are accessible to them.
- **ASSEMBLE A MEDIA LIST:** All business work with contact networks – having one puts you immediately a step ahead of others. Keep a record of personal details, so that you have access to the right individuals for your organization.

### ...YET A MEDIA EVENT SHOULD ALSO BE EVALUATED

An essential step after planning and executing is to review the taken actions in order to finalize the media event strategy, locate mistakes, and adjust your media policies or strategies. **Organizations need to have a media policy that balances stakeholder needs with anticipated media interests, to decide which media providers are suitable for which topics.** You may also have a look at [this video](#) for a thorough overview on how to improve your media relations strategy.

### The Power of Images

Telling a story or promoting an idea can involve visual material like pictures or videos, and this might also influence the publicity and targeted groups. Sometimes, even, pictures are all that is needed to promote something. Compare the images of the two following news releases about World Disability Day. The [first release](#) selected an image showing a group of people aiding others with a physical disability, thus promoting feelings of community support and altruism. The [second release](#), however, attached a simple image showing a wheelchair and a person's hand placing it upon the wheel, without indicating that person's face, thus making it less personalized and more abstract. Therefore, the selection process to support a story will influence the way readers perceive it, while the targeted audience might also be different.

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<sup>24</sup> How to Pass Series (1999) *How to Pass Public Relations: THIRD LEVEL*. London: London Chamber of Commerce and Industry Examinations Board.



## Summary – what we have learned

- *Media Relations is about building and maintaining relationships with people working in the media in order to secure appropriate representation of an organization or entity.*
- *Engaging in media relations practices are beneficial both for professionals and media bodies.*
- *There are five major types of media events: Press Conferences, Media Events, Press Receptions, Facility Visits, and Personal Interviews.*
- *Media coverages have the power to influence public behaviour either highly negatively or highly positively, depending on the kind of language, images, and writing style is being used.*
- *Media Events require a great deal of preparation, action, and evaluation. None of the three steps should be avoided or implemented incompletely.*
- *Media Coverages do not necessarily have to be about words – sometimes pictures or photographs narrate as powerful stories as words do.*

## SELF-ASSESSMENT

1. Community Relations refers to...
  - a. The methods used to solve a particular issue within the community.
  - b. The methods used to form strategic relationships with various target groups and stakeholders for a common mission.
  - c. The methods used to establish and maintain relationships with a community.
  - d. The methods used to disseminate a message effectively in order to promote or communicate something.
  
2. Partnerships are characterized by:
  - a. A common vision
  - b. Common goals, benefits, and a sense of respect.
  - c. Clear commitment to the aim and investment by all partners.
  - d. All of the above.
  
3. When addressing persons with disabilities, the use of a proper language or direct communication does not make a big impact for establishing a good relationship.  
True      False.
  
4. When the stakeholders become responsible for programs/ trainings concerning the sexual education of people with disabilities, the basic results that are achieved are:
  - a. People are empowered to uphold their rights and support in the creation of an equal diverse society
  - b. People are able to make decisions about their own lives and health
  - c. People engage in healthy, happy and consensual relationships and reproductive experiences
  - d. All of the above
  
5. Media Relations tend to present people with disabilities as naïve or “superheroes”.  
True      False

## CLASSROOM TRAINING ACTIVITIES

### Tools and required material for the activities

- PC/ tablet/ smartphone;
- internet connection;
- Sheets of paper



#### Activity 1 - Community Relations Program

Imagine you are the manager of an NGO that creates programs for the integration of people with disabilities in the community. Your goal is to promote an educational series about reproductive health for young people. Following the guidelines below, write a short report to explain the purpose of the program:

- Define the objectives – what does the program intent to do?
- Define your stakeholders – which organizations, community groups, institutions, are you going to address?
- Do you wish to form any kind of partnership? Are you going to involve more than one entity?
- Define specify policies and guidelines for the stakeholders regarding how they should behave and deal with young people
- What are the specific roles of the stakeholder(s)?



#### Activity 2: The Power of Images

In 2018, Getty Images collaborated with Verizon Media and the National Disability Leadership Alliance to create [The Disability Collection](#) - a collection of images portraying people with various disabilities: Their aim was to show that images have the power to shape ideas and elevate diverse narratives that can change people's perceptions, evoke empathy, and work towards building a good community. Go through the collection and answer the following questions:

- What message and emotions does the collection intent to raise?
- Do the images achieve to tell a story or promote a certain idea or value?

- Imagine that you are the creator of the Disability Collection, and you wish to promote it through the media. Prepare a plan on how you will achieve that, consider the following:
  - Do you have any particular media contacts you are going to refer to?
  - What emotions and ideas do you wish to convey? (*remember – content and language are important!*)
  - What audience are you going to target?
  - What means do you want to use? (social media, newspaper, magazine, radio?)



## Unit 5

Print several pictures from [The Disability Collection](#) and put them on a table upside down. Split the participants in groups of 3. Ask the participants to pick one picture randomly.

Then ask them to go to their groups each one has to present to the others the image they have and discuss the message and emotions of the picture for 10 minutes.

Debriefing: The aim of the Disability Collection - a collection of images portraying people with various disabilities is to show that images have the power to shape ideas and elevate diverse narratives that can change people's perceptions, evoke empathy, and work towards building a good community. Ask the participants to share something that they thought was interesting about the activity (e.g. did they find any common things, did they notice something worth mentioning, etc.)

Watch the following video:

## GLOSSARY

- **Communication Tools:** Forms or oral or written communication used to allow the interaction between a sender and a receiver of a message.
- **Communication:** The ability to communicate both orally and in writing in a variety of situation, using various means and tools, in order to connect effectively with others.
- **Community Relations:** The methods used to establish and maintain beneficial relationships with community in which an organization operates or cooperates with.
- **Media Events:** events or activities covered by the mass media or hosted with the media in mind in order to gain media publicity
- **Media Relations:** establishing and maintaining a relationship with people working in the media for the purpose of informing or promoting an organization's mission, policies, and practices, in a positive and credible manner.
- **Media:** various means of communication used to reach or influence public groups widely (e.g. radio, television, newspapers, magazines, the Internet).
- **Multi-Stakeholder Partnership:** strategic collaboration between governments, businesses, civil society, and other bodies for the resolution of a common problem or challenge.
- **Stakeholder:** *an individual, group, or organization that has an interest in a project or company and can affect or be affected by the business.*
- **Strategic Partnership:** an arranged collaboration between two companies or organizations to achieve a common goal.

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## LEGISLATION ANNEX

### Cyprus

- Ratified CRPD
- Signed CRPD Optional Protocol
- Law L127 (The Law providing for Persons with Disabilities):  
[https://www.legislationline.org/download/id/7078/file/Cyprus\\_Persons with Disabilities Law\\_2000\\_am2007\\_en.pdf](https://www.legislationline.org/download/id/7078/file/Cyprus_Persons%20with%20Disabilities%20Law_2000_am2007_en.pdf).
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- The Equal Treatment in Employment and Occupation Law of 2004:  
[https://www.ilo.org/dyn/natlex/natlex4.detail?p\\_lang=en&p\\_isn=84138&p\\_country=CYP&p\\_count=451](https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=84138&p_country=CYP&p_count=451)
- Law L 79 (I) 1992 for the establishment of Provident Lottery Fund:  
[https://www.sbaadministration.org/home/legislation/01\\_02\\_09\\_05\\_ORDINANCES/01\\_02\\_09\\_05\\_57\\_ORD\\_2016/20160804\\_ORD-17\\_G1813.pdf](https://www.sbaadministration.org/home/legislation/01_02_09_05_ORDINANCES/01_02_09_05_57_ORD_2016/20160804_ORD-17_G1813.pdf)
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- Law L103 (I) 2000, for the establishment of Special Fund for the Center for the Vocational Rehabilitation of the Disabled:  
Cyprus - Article 24. (n.d.). Retrieved from <http://www.euroblind.org/convention/article-24/cyprus>.

### Italy

- Ratified CRPD
- Signed CRPD Optional Protocol
- The Constitution of the Italian Republic, Article 38:  
<http://www.ces.es/TRESMED/docum/ita-cttn-ing.pdf>
- Article 9 (Gratuity of Transportation of Guide Dogs for the Blind on Public Transport and the Right of Access in Venues Open to the Public):  
<http://www.euroblind.org/convention/article-9/italy>
- Law 15/1991 (Rules Designed to Facilitate the Vote of Voters with Limited Mobility):  
[http://www.utgpistoia.it/amministrative2007/legge15\\_1991.pdf](http://www.utgpistoia.it/amministrative2007/legge15_1991.pdf)
- Law 104/1992 (Framework Law for the Assistance, Social Integration and Rights of Disabled People): [www2.ohchr.org](http://www2.ohchr.org) › CRPD.C.ITA.1-ENG
- Law 17/2003 (New Rules for the Exercise of Voting Rights by Voters Suffering from Serious Infirmary): [www2.ohchr.org](http://www2.ohchr.org) › CRPD.C.ITA.1-ENG
- Law 118/1971 (Rules in Favor of the Civilian Disabled): [www2.ohchr.org](http://www2.ohchr.org) › CRPD.C.ITA.1-ENG

## Latvia

- Ratified CRPD
- Signed CRPD Optional Protocol
- Articles 109 and 110: <https://likumi.lv/ta/en/id/57980-the-constitution-of-the-republic-of-latvia>

## Romania

- Ratified CRPD
- Signed CRPD Optional Protocol

## Spain

- Ratified CRPD
- Signed CRPD Optional Protocol
- Act no. 8, to Promulgate a Worker's Charter:  
<https://dredf.org/legal-advocacy/international-disability-rights/international-laws/spain-promulgate-a-workers-charter/>
- Law 51/2003 – equal opportunities, non-discrimination and universal accessibility for persons with disabilities:  
[https://www.legislationline.org/download/id/7084/file/Spain\\_Law\\_equal\\_opportunities\\_people\\_with\\_disabilities\\_2003\\_en.pdf](https://www.legislationline.org/download/id/7084/file/Spain_Law_equal_opportunities_people_with_disabilities_2003_en.pdf)

## Answer Key

### Module 1

1. a      2. false      3. false      4. reproductive      6. 50%      7. d

### Module 2

1. d      2. false      3. false      4. false      5. limitations      6. law      7. d

### Module 3

1. c      2. false      3. synonym      4. danger      5. reaction      6. true  
7. false      8. c      9. c      10. b      11. b

### Module 4

1. d      2. accepted      3. true      4. c      5. a      6. true  
7. true      8. false      9. true      10. false      11. true      12. true  
13. false      14. true      15. false      16. risky      17. b      18. true

### Module 5

1. d      2. holistic      3. a      4. false      5. psychosexual  
6. abstract / specifications      7. a

### Module 6

1. c      2. d      3. false      4. d      5. true

