00;00;09;22 - 00;00;33;16

Speaker 1

There's so many benefits to talking about this topic. We know that people are less likely to take risks if they have information that we know it won't harm them to have information. There's just so many benefits for our children. If we talk about this and the only negative part is about us, it's about that discomfort, not feeling really confident about it.

00;00;33;16 - 00;00;52;11

Speaker 1

But when we look at all those benefits, if we do a pros and cons, there's so many pros and the only cons are really about us. So if we can push through that and be uncomfortable and say, I don't know and do the best you can, you can go back to conversations with our kids that we didn't say it the way we wanted to.

00;00;52;20 - 00;01;16;28

Speaker 1

But really, if we're we're looking at just that difference of pros and cons and a lot of ways, to me it's a no brainer because not doing it leaves people vulnerable and can harm them and they can. You can do it. You absolutely can do it.

00;01;19;12 - 00;01;31;03

Speaker 2

Welcome to Adjusting the Sails, a podcast for parents, caregivers and service providers for children with disabilities. I'm your host, Courtney Ring Staff, and this is my co-host, Melina Danko.

00;01;31;14 - 00;01;34;06

Speaker 3

Hi, everyone. We are so glad you've joined us.

00;01;34;28 - 00;01;46;06

Speaker 2

Melina is the assistant director of communications and marketing at the Center for Excellence in Disabilities and the project director of the West Virginia Family two Family Health Information Center.

00;01;48;09 - 00;02;15;13

Speaker 2

I am a licensed social worker in Morgantown, West Virginia, and I've created this podcast to be a platform for parents, caregivers and service providers can come together, exchange information, educate one another, and find support and connections through the relatable topic discussions. We cannot change the direction of the wind or the strength of the storm, but together we can adjust the sails.

00;02;20;06 - 00;02;51;22

Speaker 1

I'm Catherine McLaughlin, and I have been a sexuality educator and trainer for over 25 years, and I now have a small business in the name of the businesses Elevate US training and we provide trainings and workshops and educational tools to help others feel more comfortable addressing sexuality. Maybe it's a parent, maybe it's a staff person, maybe it's an individual with a disability to help people be more comfortable and confident addressing sexuality and healthy relationships.

00;02;52;13 - 00;03;10;03

Speaker 4

My name is Courtney Lanham and you can call me Court and I am currently the director of diversity at WVU Health Sciences, and I'm also a trainer of the elevator curriculum in the state of West Virginia. I've also developed a train, the trainer, where I provide mentorship to individuals who are providing this curriculum throughout the state of West Virginia.

00;03;10;03 - 00;03;11;21

Speaker 4

So thank you so much for having me here.

00;03;12;05 - 00;03;47;09

Speaker 1

Hello, everyone. My name is Abby Ferris. My pronouns are she and her. I work with West Virginia forces, which is our state coalition against sexual violence in West Virginia. And through that, I have the role of the campus and prevention coordinator throughout the state. And a large portion of my focus is with our West Virginia Disability Sexual Violence Collaborative, which is a statewide work group of multi-disciplinary individuals that focus on preventing the victimization of individuals with a disability, increasing protective factors, and offering education through which we use elevators as one of those avenues.

00;03;48;03 - 00;03;58;21

Speaker 3

Elevate us comes up quite a bit when we start talking about sexual health for individuals with disabilities. Can you tell us what is the elevator curriculum?

00;03;59;02 - 00;04;25;06

Speaker 1

Well, around 2009, people started reaching out to me, saying we need some help. It was special educators, developmental disability organizations. We didn't help addressing this topic. And so I started to look around and there weren't a lot of resources available. Then there was the Circles program, there was Life Horizons, which is a slide show from the 1970s. So I thought, well, we need some new material.

00;04;25;06 - 00;04;43;20

Speaker 1

And so I went to work. I'm in New Hampshire, and I went to work with a group of self advocates. So people with intellectual developmental disabilities and I said, Well, I'm going to write this curriculum and teach these classes. And they said, Hold on, nothing about us. Without us, we want to be part of this creating this curriculum.

00;04;43;29 - 00;05;14;25

Speaker 1

Oh, and we also want to be one of the teachers of the curriculum. And that was a turning point for me, where I realized maybe I didn't know everything that needed to be covered and I wasn't the perfect teacher to teach it. And so it was originally designed then with their help, they reviewed all the lessons and it's designed for them to be for the lessons to be taught with a self advocate and a professional so that we can see people with disabilities in these leadership roles and that we're not teaching them about it.

00;05;15;03 - 00;05;37;22

Speaker 1

People within that community are teaching one another, so that peer education model is really effective. We updated it in 2018 to be more inclusive of gender identity. And so we've worked hard to be, you know, keep it updated, help people be the best sexuality educator they can be, really.

00;05;38;12 - 00;06;07;18

Speaker 2

I think that overview actually is a good segway into our next question, which is why is this an important topic? And it boils down to the very reason why you cite to create a new curriculum in the first place. And so what are some of the reasons why it's so important to develop a curriculum, to sit down and have this podcast episode to inform families and parents and caregivers and providers about sex education, and to also empower people with disabilities themselves to educate themselves.

00;06;08;21 - 00;06;31;17

Speaker 4

So I think first and foremost, for myself, the the bottom line is that these are human beings. And as human beings, we have human rights. And one of those human rights is our sexuality and the exploration of our sexuality and our gender expression and the exploration of all that as well. So I think that's probably to me this in the forefront of why we should be doing what we're doing and encouraging individuals to advocate for themselves.

00;06;31;23 - 00;06;50;26

Speaker 4

As I mentioned earlier, we have trainers in the state, but we don't have anyone that's notified as individuals with disabilities. But we would love to start encouraging that and building that capacity to to say, hey, you know, not only do you have these rights, but you can encourage others and educate others on these rights as well. That's definitely the next step that we're looking to take.

00;06;50;26 - 00;07;04;00

Speaker 4

But beyond that, you know, looking at safety and all of those things that come about, then I think Abby can definitely speak more on the prevention side of why this is important for myself. To me, it's a basic human rights that individuals should have.

00;07;04;22 - 00;07;28;27

Speaker 1

And I would add to just similar to my experience of working with the self advocates, they're asking for this information. They're saying, I need this, I don't want to just make choices. I want to learn how to make good decisions. I want to be informed. I want to have healthy relationships. I'm lonely, I want to meet people. And there was a quote from a self advocate that said that she learned from the school of hard knocks.

00;07;29;11 - 00;07;49;27

Speaker 1

So she felt like she wants to prevent things from happening. She doesn't want to learn the hard way because it's taking her a long time to get over the trauma of learning the hard way. And so I think their voices are really clear that they want to learn about this so they can protect themselves and have healthy, positive relationships.

00;07;49;27 - 00;08;16;19

Speaker 3

I think when you say learn the hard way, we as parents realize, too, that there's so much out there now on the Internet that our kids can be exposed to that wasn't available ten, 20, 30 years ago. I mean, you can Google anything. You can find a YouTube video on anything. And those aren't always the most credible resources.

00;08;16;19 - 00;08;40;27

Speaker 3

And so knowing this is something people are going to look into, period, like they have questions. When their questions are not answered, they go and try to find the answers themselves. And so if we're trying to really make sure that they get the right information, then sometimes we have to have those uncomfortable conversations and we have to think about it.

00;08;41;07 - 00;09;11;01

Speaker 3

Wait a minute. Do I want my loved one to learn from the school of hard knocks like you mentioned? Or do I want them to learn from a YouTube video that who knows what is going on? Now, I have to step up, step out of my comfort zone and figure out a way to get this information to them in a way that I know the information is good and it's researched and it's credible and it's designed for their understanding.

00;09;11;18 - 00;09;41;19

Speaker 1

Yeah, I'll often say to parents, if we don't teach healthy sexuality, someone else, something else is probably going to teach unhealthy sexuality. So very similar to what you're saying, even though it's uncomfortable, wouldn't we rather have our voice, our education, our values as parents taught to our children rather than the media teaching them? Or. Yeah, I agree. I think that really ties in to that prevention frame.

00;09;41;19 - 00;10;05;19

Speaker 1

That court had mentioned earlier that we know that a person with a disability is at least three times more likely to experience sexual violence in their lifetime compared to that general population. So that protective factor, we know that part of that challenge is that individuals with a disability are often misunderstood or devalued or lack that support, or they're less likely to be believed when they report sexual violence.

00;10;05;27 - 00;10;26;23

Speaker 1

So it makes them more vulnerable. It increases best risk factors from that prevention frame. I think this discussion is really important because we're educating ourselves so that we can reduce risk factors. We're increasing learning how to increase protective factors. And most of all, we're empowering people with a disability to be able to prevent violence and protect themselves and look out for one another.

00;10;27;09 - 00;10;46;08

Speaker 4

I'd like to also add, not only are we talking about teaching them how to be aware of their bodies, be preventative, and when, you know, when someone's done something to them that they're uncomfortable with or that's not right. But also teaching them and I'm going to lean off of a resource that I would love to have flagged in the notes here.

00;10;46;15 - 00;11;12;02

Speaker 4

And it's called The Rules of Sex. We don't very often teach individuals with disabilities about what is appropriate in society and wants, especially around sexualized behaviors. Or we do, but we don't teach it in a way where it's tangible that they can translate that information into different contexts, into different environments and situations. So then they themselves sometimes will get labeled as predators or labeled as offenders of some way.

00;11;12;02 - 00;11;24;12

Speaker 4

And that and that's definitely something that we're trying to address as well. So teaching them how to engage in this way without doing so in an illegal way or impeding on someone else's rights as well.

00;11;25;10 - 00;11;56;22

Speaker 2

I'm really glad you mention that because to me, with one of our questions that we have in Q is what's the outcome for people who are not receiving that proper sex education? And I think that as a parent, my mind first goes to that piece is will they lack education? Will they lack social skills? Will they lack the knowledge to know that what they're doing might be predatory, might be perceived as predatory, or even though in their heart of hearts they might identify more with with a younger person, but now they're 40.

00;11;57;00 - 00;12;10;15

Speaker 2

And so, you know, how do we teach them the laws that that kind of surround that because we want to keep them safe. What are some of the other outcome comes from not receiving the sex education?

00;12;12;10 - 00;12;33;21

Speaker 1

I think some that really stand out for me. One thing, what happens is you don't give this information is what we already talked about, that fear, are they going to be safe? Could they arbitrate and not mean to? And that's not where they're coming from. So that lack of education also leading to isolation or mental health outcomes, that increasing risk for violence.

00;12;34;01 - 00;12;54;14

Speaker 1

And I think we all kind of talk about the importance of empowerment, but that flipside of it, the lack of empowerment, if we're not giving that information, that can also impede their value of their own self-worth because at the end of the day, people with disabilities are just another person. So making sure that they are able to value for themselves through that empowerment lens course.

00;12;54;14 - 00;13;19;06

Speaker 3

One of the things that I've heard you say before is that even when parents feel that their child may have a cognitive ability level as much younger, you know, three, four or five years old, that their body still is aging at certain times and those hormones start to go into.

00;13;19;10 - 00;13;19;21

Speaker 1

Full.

00;13;19;21 - 00;13;57;02

Speaker 3

Force as a standard developmental milestone. And that is what really kind of made me think, oh, wow, I never thought about that, that it's it is important to explain it to them because their body is going through things on the inside that that they're not understanding. And we're not even thinking that they would need to know that information because you wouldn't have to tell somebody who was three, four or five years old about masturbation or about other things that could be going on in their body.

00;13;57;10 - 00;14;25;23

Speaker 3

And so I think that that's to me, another reason why this is an important topic is because, yes, having a disability can affect your sexuality, but it also doesn't because it's your human body. And your human body develops at certain stages throughout your life, regardless of where your brain development is.

00;14;26;15 - 00;14;52;06

Speaker 4

Absolutely. And I think that's a misconception within our societies that we intellectualize our sexuality and and even our gender. So much when a lot of times it's definitely a physiological response, or at least it's rooted in those hormones and in that physiological response. Sometimes that's why sometimes you'll you'll be able to engage in sexualized activity and not be turned on, because it's not always an intellectual thing.

00;14;52;06 - 00;15;15;00

Speaker 4

Sometimes when that happens. But definitely I think that's important that we understand that you can't fight nature all the time. Right. And if if nature is progressing in this way, just because we think that there aren't processing in that way doesn't mean that they're not filling it that way, too. So that's what we have to kind of take that step back and see them as a whole functioning individual versus how we kind of perceive their functional.

00;15;15;07 - 00;15;37;22

Speaker 4

And then also, I'd like to remind everyone that when you start to talk about this is somewhere someone is intellectually and all that, you know, that's something that's assessed. And when you talk about that, that's also assessed and not always a very controlled environment. And people also change at rapid rates. They evolve, we learn things. So I don't think it's fair to always treat individuals on what we and people can't see me all the time.

00;15;37;22 - 00;15;48;29

Speaker 4

So I'm air quoting here intellectually where they're at. We need to treat them and where they're actually at as human beings, which is their chronological age.

00;15;48;29 - 00;16;11;21

Speaker 2

So you mentioned misconceptions, but that is one of our first misconceptions that I think a lot of people share. I think that's just the culture are just that, you know, everyone needs to come down to the level that they're perceiving that that person might be out. But yeah, you're right. We also see a a for adults in some cases and we need to be honoring their biological age.

00;16;11;24 - 00;16;24;28

Speaker 2

And so what are some other misconceptions that society has that are thus influencing the sex education that someone is receiving or just influencing a person's healthy sexuality and sex life in general?

00;16;26;02 - 00;16;42;19

Speaker 4

Two of the ones that I hear so frequently and and someone with a behavioral background I used to hear this so frequently, is that if we teach them this, then they're going to they're going to be hypersexualized. We teach them how to masturbate. They're going to masturbate all the time. They're going to masturbate everywhere. We teach it. They're going to want us all the time.

00;16;42;24 - 00;16;59;27

Speaker 4

And I think that's a myth because just because you learn about it doesn't mean you're going to win all time. And once again, if they want it all the time, maybe it's that biological factor that's coming into play. And even still, if they want all time, there's there's many individuals without disabilities that want to engage in sexual activities all the time, too.

00;16;59;27 - 00;17;19;22

Speaker 4

And we don't always shame them as long as they're doing it in a way that's not harming others and not breaking laws and everything. I think people get hypersexual and things that they don't understand that they're trying to understand. Also, I think another misconception is that we should teach them things like other words for body parts that make other people feel calm.

00;17;19;23 - 00;17;40;04

Speaker 4

So like, yeah, you know, this is we're to call it this somewhere else and I'm not sure where that got repeated from in our culture, but I think that we we need to get away from this feeling that the word penis or vagina or anus are, that these are bad things. There are bodies there. We I tell people all the time, we don't call our nose the smelly thing.

00;17;40;04 - 00;18;04;10

Speaker 4

Do we know? We call it a nose. It's weird that we're calling the penis a winkie or whatever it is, as she call it. So I think that that's another shift that once again, it's not necessarily a misconception, but it's this uncomfortableness that we have in our culture that really is harming individuals, because we can cite back to many cases where and Abby can definitely tell you where individuals have definitely had something happen to them.

00;18;04;10 - 00;18;29;26

Speaker 4

But because they don't have the the communication, those words, that language, then it's definitely misconstrued and the results end up being not so ideal for individual. That was a victim. So I think that while these are kind of misconceptions that are just these these uncomfortability that we have that we're going to need to resolve in our culture in order to overcome this and make sure that people have the information that they need to be healthy individuals.

00;18;31;00 - 00;18;57;10

Speaker 1

That's sort of what I'm hearing to call is this normalizing the conversations, normalizing the body parts. I think another piece is the term sexuality we often think means sex and it means a lot more than that, too. So sometimes parents can feel like you're teaching my child to have sex and sexuality is about self-esteem, body image, decision making, communication.

00;18;57;19 - 00;19;20;27

Speaker 1

What are the different kinds of relationships in our lives? How do we interact in those relationships? Bodily autonomy, owning your body, making your own decisions, relationship skills. So it's it's so much more than sex. But since those three letters are in that word, that's sort of what, you know, we have this reaction to it. And what we mean is a much broader definition.

00;19;20;27 - 00;19;33;29

Speaker 1

What are healthy relationships? How you communicate, how do you make decisions? So it's much more about being a human, like I mentioned earlier, how do you have relationships in your life that are healthy and positive for you?

00;19;34;27 - 00;20;06;03

Speaker 2

As you say those things about what sexuality affects? It makes me think that by educating people to be empowered in their sexuality, what improvement overall of quality of life that they could experience? Because it does make them more confident, confident in their decisions, more empowered, just period. That's what came to mind for me is that this really is just a life improvement across the board, just by having that confidence over your own body and just being empowered to make decisions and to be, you know, autonomous.

00;20;06;03 - 00;20;07;18

Speaker 2

And so thank you for saying that.

00;20;08;00 - 00;20;25;29

Speaker 4

And I just have to plug Kathryn's curriculum and this is why I use it. And I constantly communicate with Kathryn to make sure that, you know, if there's anything that we don't understand or anything that we can build upon, that we do so. But there's this one activity that really just hones in on that. This is not just about, you know, the act of having sex.

00;20;25;29 - 00;20;51;03

Speaker 4

This is not how being a healthy adult, just being a healthy human. And it's about decision making and it gives a decision making model. And that decision making model, I mean, I use it all the time and it makes it so real. I don't just use it whenever I'm making decisions about my body. I use it whenever I'm making any kind of decisions, especially when I'm uncomfortable or I need kind of that guidance to make that decision, but I need to do it on my own.

00;20;51;10 - 00;21;17;10

Speaker 4

But there's also that check in with another person type part of it. It's such a great thing and I think that's why I love this curriculum so much is because, yes, sex is important for all humans that want to engage in it. But there's so much more. I've come to find out that as individuals, as adults without disabilities, the more I work with them around this curriculum and around this topic, a lot of times that they themselves do never got these skills, they never got this education.

00;21;17;19 - 00;21;38;11

Speaker 4

And a lot of individuals have communicated back to me that I'm learning things and now I can take this on to my relationship or to my friendships or to my relationships within my work, whatever it is to to really kind of understand others, but also empower myself too. It's about being a healthy and functioning human.

00;21;38;11 - 00;22;02;15

Speaker 1

And on that note, I think we hear that a lot from our participants. I have went through the program with elevators that the thing you hear time and time and time again through the testimonials is that they learned communication. There was not one feedback that they learned how to have sex through any of the testimonials. It's I learned how to communicate with a friend, with a person I want to have a sexual relationship with.

00;22;02;17 - 00;22;25;29

Speaker 1

But it was communication was the key through all of that, not learning how to have sex. To add to your piece to I thought you were going to talk about the name tag game, which was an activity created by family planning Planned Parenthood in California, where the participants have a name tag and they decide where to put the name tag on their body because it's their body and they get to decide what's right for them.

00;22;26;14 - 00;22;46;12

Speaker 1

And so you might not see that as sexuality education, but it really is. It's about what do I want? And then how do I speak up for it? And what I found is that many of the participants will not say no to me. So a couple of weeks later, I'll put some pressure on them. Hey, Court, I think you need to move your name tag to the other side.

00;22;46;12 - 00;23;23;28

Speaker 1

I'm a teacher. I know what's best for you, and they'll start to move it and we'll stop them and say, Wait, who gets to decide? It's your body and your name tag. Who gets to decide? I do, but it takes a long time for them to say that, to say no to authority. And so one thing I like to tell parents, too, is if we can start that younger when they're little around what they want to wear, what they want to eat, you know, different choices that they make as young children then it's not going to take as long when I have them as adults and teaching them to have that bodily autonomy and ownership

00;23;23;28 - 00;23;44;21

Speaker 1

so they speak up for what they want as well. And sometimes that's scary too, like, oh, but they'll never take a bath, you know? I think it's they'll get there. They'll take a bath eventually, but it's worth it to let them make those decisions and see the impact early on before they're involved in things like sexual relationship and cancer.

00;23;44;21 - 00;24;20;11

Speaker 4

I think one thing you're you're also touching on there. And with that and you're right, I love that activity, too. There are so many activities and so many real tangible things within that curriculum that I think are amazing, that teach so many skills and that skills that can be used in so many contexts. But one thing that you know, that activity helps build and one misconception that people have in our culture is around consent and individuals with disabilities, especially intellectual development disabilities, sorry, cannot always give consent and when you talk about when we talk about consent in our culture, we're very familiar with talking about it in terms of sexual activity.

00;24;20;25 - 00;24;45;04

Speaker 4

So having intercourse or, you know, whatever that is, you know, or not having consent in that context, in reality, we should be teaching children, individual, all, adults, everyone and reinforcing individuals around consent. I think that's also an amazing exercise that helps us begin to demystify what we think individuals are capable of, but really start to teach them how to become capable of those things.

00;24;45;04 - 00;24;55;01

Speaker 3

So. Court One question I have heard when you were mentioning consent is about guardianship. Can you address that a little bit?

00;24;55;01 - 00;24;59;25

Speaker 4

You know, I will tell you that people get uncomfortable when talking about guardianship.

00;24;59;25 - 00;25;00;15

Speaker 1

A little bit.

00;25;00;25 - 00;25;25;25

Speaker 4

Because I don't think we fully understand as a culture what guardianship means. And I'm here to, you know, and this may may ruffle some feathers, but I need you all to understand when I say this, that these are human beings. And as human beings, there's human rights. Guardianship has no no authority over human rights. It has authority over helping making decision.

00;25;25;28 - 00;25;56;24

Speaker 4

And really, we should not be looking at guardianship, especially for adults. We should be looking at supported decision making models and how do we teach them? Because here's the thing, is that if you're a parent, you're not probably going to be there for the rest of this individual's life. And I know that's uncomfortable, but so if you don't teach them how to live in their own, their own existence, make their own decision, be that supportive decision, then you're going to be at the mercy of handing them off to someone else to make those decisions.

00;25;57;01 - 00;26;12;21

Speaker 4

And you don't know always that everyone has the best intentions in mind or that they're going to make the decisions that you would have made. And so I think it's important that we really set everyone up in a way that they can ensure that they have their human rights, that they know how to express them if they need to.

00;26;12;21 - 00;26;30;16

Speaker 4

They know when they're violated, but also that they have those individuals that they can consult with that are there to help them, to really make sure that what they're choosing are healthy decisions and when they're not, that they're working through that with them and they're teaching them. I think that's a big thing in our culture, is that we just say, Oh, someone can't do that.

00;26;30;16 - 00;26;45;25

Speaker 4

We stop instead of teaching them and helping them understand why they can't do it or or whatever it is like teaching them the why and working through that. Sometimes we just stop very short, like, nope, this is just, no, you can't. Because I said so. I mean, I don't know about you, but I've heard that in my lifetime.

00;26;45;29 - 00;27;08;21

Speaker 4

No, because I said so. That doesn't teach anyone anything. And I think that's an important way is looking at guardianship as you're there to make sure that nothing physically happens, that you're also there to help them to move towards where they they are in that position where they're driving their own bus and life in. And they're not just kind of set in body letting you take the will and make all decisions and all those turns along the way.

00;27;09;21 - 00;27;29;28

Speaker 3

Thank you for that. But I do also want to add just one of those like real life things, too, that I heard you say when we were discussing this yesterday, which is all of us, before we were 18, had guardians. And that didn't stop a lot of us from doing things that our parents said not to do and especially common when it comes to sex.

00;27;29;28 - 00;27;36;12

Speaker 3

So I that, again, was like one of those aha moments for me. Like, good point. Good point.

00;27;36;26 - 00;27;56;00

Speaker 4

Absolutely. I mean, I don't know about you all, but my mother found out half the stuff I looked up because I was a child of the nineties and early 2000, so I had like the Internet before it started getting restricted really too. So, you know, I wasn't restricted in that way. But the thing is, is that even without those conversations, I was still going to go do it.

00;27;56;00 - 00;28;13;25

Speaker 4

But then I had to also like, oh, wait a minute, that's not really how life is. Even though I solid online or even though that so and so told me about this or whatever it was, and I had to really like that hard knocks way. I had to learn the hard way. And in reality, if we if we know that the journey is already difficult, right?

00;28;13;25 - 00;28;33;24

Speaker 4

Because we know I don't know about everyone else and all the other adults out there. But, you know, it's been a journey throughout my life looking at my gender, looking at my sexuality, exploring relationships. We all know that it's not the easiest thing that as adults we deal with right? Even if you're in a long term relationship, the challenges that you encounter along the way.

00;28;34;00 - 00;28;55;28

Speaker 4

So if we know it's challenging, then why don't we prepare people for that? Why don't we start having those conversations? So that way it's not as challenging because when you go into it in the dark, you know, you really feel like you're in the dark. And then another byproduct that happens sometimes because of this uncomfortability in people not knowing how is that we create shame for individuals around these things?

00;28;56;08 - 00;29;15;10

Speaker 4

I think that's a disservice as well as because no human should ever be shameful of their body or their desires or anything like that. I think it's important that we we understand that the way that we approach these topics can have a lasting impact on that individual and how they perceive themselves and others as well.

00;29;15;10 - 00;29;45;15

Speaker 1

I think with all the misconceptions that we've talked about, that invisible string that ties them all together is this risk factors that we talked about earlier that increase that risk for victimization. So lack of access to information stereotyped as incapable of understanding the different types of that, that lack of access to tools to learn how to communicate that hyper controlled environment starts feeding into those misconceptions, which in turn causes us to do harm and it causes individuals with a disability to experience harm.

00;29;45;22 - 00;29;57;28

Speaker 1

So I think one of the really positive things is that risk factors can be reduced, they can be changed over time. And as we reduce all of those pieces, we start deconstructing those misconceptions and lean into that empowerment lens.

00;29;58;20 - 00;30;25;17

Speaker 2

Abby When it comes to the consent piece and when it comes to prevention of sexual assault or sexual victimization, you know, we're talking about consent. What is it that what's the standpoint from first? Like, how do we teach folks to consent or to not concerned when consent is not tangible, kind of a hard topic to teach someone. And so like where do we come from from that standpoint.

00;30;26;08 - 00;30;57;05

Speaker 1

With a lot of things, whether it's with an individual with a disability or sexuality in general, we get uncomfortable and we want to say, okay, here is really quick and don't ask any more questions. So kind of taking a step back and educating ourselves, let's learn warning signs of victimization. Let's learn the statistics, the risk factors, all of those pieces and lean into open conversations, break down that information, have time for questions, come from that non-judgmental approach so that we're not feeding into that shame.

00;30;57;13 - 00;31;20;06

Speaker 1

We want to normalize being curious into normal bodily function. We we don't want to increase shame. We want to give them that information that we know is research, not from the random person on YouTube that created this video, but making sure it is that evidence form best practice information. I think one of the really tangible things that you can do is establish family personal safety rules.

00;31;20;17 - 00;31;58;09

Speaker 1

So what does that look like for you? We know in today's world that you have access to the Internet so you can Google just about anything and you can get around those protections. So that can even tie into, well, what does that look like online, knowing the facts of the abuse, knowing what to how to respond as you do hear it, knowing how to have that open conversation, knowing how to practice that active listening and being non-judgmental and above all, believing your loved one in that conversation, honoring their experience, honoring their respect so that if something would happen in the future, they feel comfortable to come back and have that conversation with you if they

00;31;58;09 - 00;32;19;22

Speaker 1

have questions. I really want to hug Billy, but I don't know if I can. What does that look like? They're comfortable to come back and have that conversation with you. It kind of reminds me of that idea of being an ask a parent so that you are open and engaged in the conversation and you're not adding shameful kinds of messages about it.

00;32;20;01 - 00;32;44;15

Speaker 1

And so then you can be there and be part of these conversations. Sometimes parents worry about pregnancy as another outcome of relationships and really talking about if a child wants to have a child, we often say, Well, I'm not sure that's a good idea. Right? We often, but why not help them explore? It's similar to what Cord saying about decision making.

00;32;44;15 - 00;33;17;21

Speaker 1

Okay. What excites you about having a baby? Let's hear it. Let's talk about it. Wow. Yeah. What worries you? Well, I don't know that I'll have enough money for diapers or so you're exploring it with them and helping them think it through rather than saying, No, I don't think you should have a child. And so I think the more education, the more problem solving decision making with different kinds of examples that we can do, it's teaching all of those skills for future life around their own body, in their own lives.

00;33;18;29 - 00;33;39;12

Speaker 4

I just want to add many of those which the individuals without disabilities are not always given or they're not always given in this context, or they don't use all the time. Right. We know a lot of people who they don't thoroughly think this through before they get pregnant, but they still have that right to do so. So we can't restrict someone's rights just because we don't think they're capable or whatever it is.

00;33;39;20 - 00;33;57;13

Speaker 4

We need to explore that and see what is and see also if they have the ability, when we give them the resources, when we're aware of assistive technology, when we give them that time and education and that that value that they deserve in that area, can they actually and if they can, then they still have that right to have a baby.

00;33;57;13 - 00;34;20;27

Speaker 4

Right? Because we all is we all need to come back to those human rights. But once again, I just like remind everyone that these things that we are we're talking about here are things that we also just don't give general population and for many times in the world too. So I think that's warranted. And saying is that, you know, people get pregnant without without having these conversations, but we don't always restrict people in that way.

00;34;21;06 - 00;34;40;01

Speaker 4

But we do sometimes around disability and sometimes we just automatically put them on birth control without their consent to avoid all of this in the first place. And there's issues and there's rights restrictions around that as well. And and I that's another thing that I think this curriculum that we use does a great job at teaching them about what those things are.

00;34;40;01 - 00;34;44;03

Speaker 4

So then they can make a little bit more informed decisions about what they would like to use.

00;34;45;12 - 00;35;15;23

Speaker 3

Something popped into my head when Abby was speaking earlier about feedback from participants and how none of them said, You taught me how to have sex, but most of them said, You taught us that communication skills and and different things like that. Does the curriculum actually teach you how to have sex like logistically? Because that's question one that people want to know and like, how does that work and how do I even approach it?

00;35;15;23 - 00;35;29;13

Speaker 3

And people like me who get real flustered and turn red and are uncomfortable and, you know, trip over my words. Does it teach you like physically, logistically, how to have sex?

00;35;30;07 - 00;35;52;07

Speaker 1

What we focus on is this idea of sexual feelings. And I don't know that any of us growing up had anyone talk to us about sexual feelings and what those were. And so there's a whole lesson on what are sexual feelings and what are your choices around those sexual feelings so you can notice them and just move on.

00;35;52;16 - 00;36;12;14

Speaker 1

You can masturbate when you have to do that in a private place. So that's touching your sexual parts or you can be sexual with another person. And then we explore what are all the different sexual acts that people can do with one another? So it's not really like a how to, it's more what is it and more around.

00;36;12;14 - 00;36;34;04

Speaker 1

You don't have to do any of these things if you don't want to, but if you do, here are ways to protect yourself from sexually transmitted infections or so it's it's more of a what it is rather than real technical. This goes here then and that. But it is concrete about what we mean when we say sexual acts.

00;36;34;04 - 00;37;01;02

Speaker 1

And just an aside, when I worked with the self advocates on the curriculum, I had sexual behavior and they said, we don't like the word behavior because we're always told that's an inappropriate behavior. And so we changed it to a sexual act. And so that's that piece about involving the population that you're trying to reach in the creation helps it be more relatable, oh, sexual acts that people do together.

00;37;01;02 - 00;37;08;15

Speaker 1

Okay. Versus behavior and getting kind of triggered by that language as well. But that's just an aside.

00;37;08;15 - 00;37;26;00

Speaker 4

You know, I'm I'm very concrete with things. So whenever I go over like what vaginal intercourse is, I make it very well known that that is when you know a penis or, something equivalent to a penis and I tell them you know about that enters the vagina right when anal and so I tell them so when they know.

00;37;26;00 - 00;37;43;00

Speaker 4

But here's what I'm also going to tell everyone is that we are animals as human beings. We forget that. And that is an innate thing that animals do. Is, is they engage in intercourse. People figure out that if you if you have a penis and there's a hole, that you can put the penis in the hole. People figure it out.

00;37;43;00 - 00;38;03;03

Speaker 4

They may not know what it's called and they may not know how to do it in a way that sanitary or in a way that they're preventing any STDs. But most of the time people say you're not the mechanisms in which to have intercourse or they've heard about it or something along that lines. Really, I love is a curriculum because it really focuses on the healthy aspects of it.

00;38;03;03 - 00;38;28;11

Speaker 4

It focuses on what those are called, it talks about body parts. I make sure that I connect when I'm talking about these things about like cleanliness and the importance of cleanliness. So it's building on all those skills. So but in terms of the mechanisms and it doesn't not show videos of intercourse, there are some resources that are embedded that actually also have used before this curriculum one's called Fingertips and it's a DVD and one's called Handmade Love.

00;38;28;21 - 00;38;50;10

Speaker 4

And they actually are educational. They are not well, they are explicit in that they show genitalia and masturbation. They're not sexual caused and they're not like pornographic in that way and not hypersexual, as they're educational tools that teaches individuals how to masturbate in a way that is healthy, in a way that talks about cleaning, and also in a way that they're not going to cause damage to themselves.

00;38;50;18 - 00;39;14;12

Speaker 4

Because that is one fear that I always have, is that if they are turned on in any way or if they're aroused, they're going to explore that sensation. And so we want to make sure that they're exploring it in a way that's not going to cause them damage and also in a way that's not going to offend others or cause any legal ramifications, such even in the context in which they're doing it.

00;39;14;17 - 00;39;37;04

Speaker 4

I work in a medical institution and I am fully aware of the amount of times people come into emergency rooms because they've inserted things that were not supposed to be inserted into our anus or even into their vagina, and they're stuck. So you know, people need this education and we, you know, making sure that they understand that there are safe ways to explore those sensations and to satisfy them as well.

00;39;37;04 - 00;39;58;06

Speaker 1

I also think. Melina, you're bringing up a point around it's in it. When we get talking about some of these topics, it gets more embarrassing. It's easy to talk about fallopian tubes, and you can say no to grandma if she wants to hug you. But when we get to more sexual pleasure and sexual feelings, we can be I mean, I can I can imagine parents like, oh, forget it.

00;39;58;06 - 00;40;18;00

Speaker 1

I just don't even want to talk about it, but I just want to say it is okay to be embarrassed about it. Many of us did not get this kind of education, so we don't have any role models to to model after. I've had parents say to me, can you just answer that question so I can hear what a healthy, normal conversation sounds like?

00;40;18;04 - 00;40;39;24

Speaker 1

Because I've never heard one before, either hear silence or jokes. So what is a normal, healthy conversation even sound like? So none of us have role models, so of course we're uncomfortable. And it's a very private part of sexuality. So it's okay to feel embarrassed. You can even say, Gosh, no one ever talked to me and my face is getting red.

00;40;40;00 - 00;40;57;20

Speaker 1

But this is such an important topic to talk about. I'm glad you asked that. Right. So you can you can name that you feel embarrassed. And a lot of people that come to my workshops and training say I'm so anxious and nervous about it. And when I get back, I realize it's a lot easier than I thought it was going to be.

00;40;57;28 - 00;41;15;13

Speaker 1

And so the more we talk about it, the more it gets normalized and we get better at it. We just don't have a lot of practice talking about it. So practice. You can even practice alone as a parent. Like How would I answer this question about what is sex? And we think about it because we don't really have those answers.

00;41;15;13 - 00;41;43;27

Speaker 1

Tip of our tongue. So take some time and practice as well. I think that uncomfortability to gives us and caregivers and people having these difficult conversations, the opportunity to model that communication that a participant might take out of elevators. It models that healthy curiosity. IT models being open to conversations, saying, yep, like I'm turning red. It's a bodily function.

00;41;44;00 - 00;41;59;09

Speaker 1

I'm sorry, I'm feeling a little uncomfortable right now, but I really want to have this discussion with you and it gives us the chance, the same as we might not have that language to say, Well, how would you answer that, Catherine? They might not have that language either. So giving us that chance to model.

00;41;59;10 - 00;42;25;09

Speaker 4

It and also being able to say, I don't know, and then going on that own themselves that okay, I don't know either. So let's look, let's look it up together and then modeling how to look up what are valid resources for healthy education online, looking for those things so they don't just go on there and type in sex because if you just type in sex, it's not going to automatically pull up because it's just the Internet's not curated that way.

00;42;25;09 - 00;42;39;22

Speaker 4

Right? So making sure that if you don't know, like teach them a way to go about exploring things you don't know in an informed way and that decision making model and all of that, too. So I think that that modeling is a great is a great point that you brought up.

00;42;41;04 - 00;42;58;11

Speaker 2

When I had met with the Family Council to find out, you know, what do parents want to know? I'm a parent, but I'm a very young child. I want to know what our relevant questions are we can have during this panel discussion. And masturbation was one of the first questions that came up. So I'm really glad that that came up and that we're discussing that.

00;42;58;11 - 00;43;20;27

Speaker 2

But the two other concerns that parents really expressed was Internet safety. How do we keep our kids safe on the Internet and to me, that goes a ton of different directions. That goes everywhere from what you're searching to where to search, when to search things, when not to search things, you know, where is it appropriate? But then what are you putting on the Internet that could get you into trouble?

00;43;20;27 - 00;43;29;20

Speaker 2

And so is Internet safety a piece of your curriculum? If it's not, then what are we teaching about? Internet safety or do we have resources about Internet safety?

00;43;30;11 - 00;43;58;13

Speaker 1

When we revised it, not only did we add more around gender identity, we added a piece on Internet safety. I think the message I want to give is, don't we want to be part of these conversations? And so if someone wants to use the Internet to meet people rather than no, no, no, and then people go out on their own and they don't have the support and skills and knowledge they need to be curious and say, you know, how do you meet people online.

00;43;58;13 - 00;44;19;06

Speaker 1

And what I've learned is that there's a few things to think about when you're online that everyone, you know, most people are are wonderful people online, but there are some people that can hurt you that are online. So let's talk about some of those things that can protect you from the negative parts of being online, because there's so many positives to meeting people.

00;44;19;06 - 00;44;43;29

Speaker 1

And so that's kind of how we look at it. And I think to just I think the general one we all know is to not share any personal information, but also to not accept money or send money online. There are a lot of people with disabilities that are being told, Well, we're on your boyfriend now. I want to come see you when you send me money for a bus ticket and then we never hear from them again.

00;44;43;29 - 00;45;10;20

Speaker 1

So that's another sort of some of those hard lines that we have. And then if the person doesn't respect your boundary of like, I don't send money to people online, that's a red flag. And whether it's about money or anything, if a partner isn't respecting your boundary, that's a red flag that. Maybe they don't respect you and we want to be respected in our relationships as well.

00;45;10;22 - 00;45;34;19

Speaker 1

We also in the curriculum talk about sexting and so that's sending sexual parts, pictures of sexual parts to other people and, you know, doing sort of pros and cons around that. And a lot of people say, oh, I wouldn't do participants in the class. I wouldn't do that because I know this person and they did it and then they broke up and then they're sending it to everybody, or they got in trouble for sending it.

00;45;34;19 - 00;45;55;21

Speaker 1

They're now considered sex offenders. And so if we don't talk about these things, these things will happen. People will get charged with a sex crime. Don't we want to be part of these conversations, even if we feel unsure like we didn't have the Internet growing up as parents? I don't know how to talk about it. So reach out, get resources and get curious.

00;45;55;21 - 00;46;25;22

Speaker 1

I think we kind of mystify Internet safety because it's something new. It has more avenues, things that we might have not thought about, but it still kind of ties back the same way that we would teach something in person. So what does consent look like? Which is one of the things I love about the curriculum is that it doesn't just say, okay, this is what an unhealthy relationship looks like, but it shows you what a healthy relationship looks like and that teaching those skills and then empowerment also then empowers that individual to translate that to Internet safety.

00;46;25;29 - 00;46;42;11

Speaker 1

So when you're making your family safety rules and saying like, Hey, I just want you to know this, you can pull back to that. One of the things that really stood out to me and Catherine was just talking is that, well, if they don't respect our boundary, if I don't send money, well, that's not what we said a healthy relationship looks like.

00;46;42;11 - 00;47;08;06

Speaker 1

So that might be an unsafe situation. So having those pieces that we can pull back to the tangible, the things that we are more comfortable with to build on that Internet safety as well as having monitoring, being able to say, well, people at work might be able to see your browser history. So this is what this could look like so we can inform what we're already comfortable with and lean into what we're uncomfortable with for that happy medium to make sure that we're empowering and still building at the same time.

00;47;09;01 - 00;47;26;22

Speaker 4

And I just want to add that there's many things in our culture that are that could be inherently unsafe like driving a vehicle can be unsafe, not only because of the way you're driving the vehicle, but others around you, how they're doing it. We don't tell people, don't drive vehicles. We teach them how to do it safely, which on where seatbelt, we have speed limits.

00;47;26;25 - 00;47;52;11

Speaker 4

We teach them when they're crossing the road to look both ways. We don't tell them, don't cross the road because you could get hit. So I don't think it's a matter of like you have to understand these things are out there and people are going to have access to and they're going to find it. You teach them how to safely navigate them and how to make good and healthy decisions along that way, to be able to identify what those metaphorical red flags are and what a red when you say red flag, what that means, sometimes you have to.

00;47;52;15 - 00;48;11;07

Speaker 4

And that's where with this is different sometimes teaching individuals with intellectual disabilities than where it is teaching. And someone without an intellectual disability is that, you know, you may say like there's red flags you relation, you may need to explain what you mean by that red flag. That means it's not a good sign that it's a bad thing that they could hurt you.

00;48;11;10 - 00;48;31;04

Speaker 4

So making sure that you break those skills down because we take it for granted. And our culture sometimes when we say things that people are just going to understand it or they're going to be able to apply it or they'll be able to apply it in all situations when in reality, that's not how humans always work. We're complex beings and sometimes we need that extra breakdown information.

00;48;31;10 - 00;48;46;16

Speaker 4

But you know, that being said, I think that we understand that, you know, the world is not always a safe place, but we have to learn how to how to move through all the world. And that with those skills that we teach individuals and how we teach them have to sometimes be broken down and they take extra effort to teach them.

00;48;46;26 - 00;48;48;15

Speaker 4

But it's still worth doing teaching.

00;48;50;00 - 00;49;21;26

Speaker 3

When we're talking about this curriculum. And I think that it's wonderful, but not everybody is going to enroll or have access to the elevator curriculum and be able to participate in the fall training opportunities that you guys provide. So what are some tools for parents, kids, youth, young adults that they can easily access that can help them learn some of these important skills as well?

00;49;21;26 - 00;49;49;03

Speaker 1

It's a great point. People don't have the curriculum in front of them as parents. There was a parent who bought the curriculum and went through it with her son. So sometimes parents want to, but I would suggest Elevate is training. We have a resource page and there's lots of articles that are helpful. There's some like a healthy boundary lesson that you watch some videos and talk about different kinds of relationships and there's lots of useful tools on the website.

00;49;50;06 - 00;50;15;18

Speaker 1

I also recommend for parents there's a website called Amaze Dawg, and it's actually for younger children, but it's so helpful for parents. It's all videos. They're animated but not really babyish kind of animation for yourself to learn, and it just simplifies some of these concepts and ideas and you can also use them and talking to your own children as well to teach.

00;50;15;18 - 00;50;43;18

Speaker 1

So it's a teaching tool, the other two that are really helpful for individuals but parent again, like Cord said, I don't know the answer. Let's look it up. There are two disability organization resources. One is organization for Autism Research, the sex ed guides for self advocates, and it has all kinds of topics. It is for someone that's a fairly strong reader, but there's also a podcast.

00;50;43;18 - 00;51;04;00

Speaker 1

So if someone isn't a really strong reader, they can listen to the different episodes. I had an organization recently, they started, they worked with an individual where she did some research on different topics on this website and then would talk to them about it. So it's a great resource for people use, whether it's a parent or a professional or an individual.

00;51;04;16 - 00;51;36;24

Speaker 1

And then the last one is the National Council on Independent Living and they have sex ed video. They're created by people with intellectual developmental disabilities, for people with intellectual developmental disabilities. And they're short two and a half to 3 minutes. So a parent could show one and then talk about it with their child. Sometimes having something, not just sitting there and having this intimate conversation, but looking at something and discussing it is an easier way to talk about these things.

00;51;36;24 - 00;51;46;25

Speaker 1

So those are the resources that really pop up for me as far as content. And how do we talk to our own children? Where do we start?

00;51;48;15 - 00;52;07;25

Speaker 4

I've been curating resources for quite a long time because I was on the same journey Catherine was on until I found Catherine, and then I said, You are my you're my guiding light here with this curriculum. I do want to take a step back and say that as state of West Virginia, we have developed a train, the trainer with Catherine's approval and Catherine has seen it has been a great supporter of us on this.

00;52;08;02 - 00;52;34;04

Speaker 4

So are we in West Virginia for is has a grant where they are purchasing curriculum and we are identifying trainers and we have developed cohorts around the state. So we have give or take in. Abby can tell us where we're set now anywhere between 12 to 14 trainers currently, I would say throughout the whole state of West Virginia, we are looking to identify some people in the eastern panhandle that are that are going to be holding these classes.

00;52;34;09 - 00;53;02;10

Speaker 4

They're going to be providing elevators for the community. So even if your child or yourself do not receive services through their agency, they've agreed that they're going to be providing this to the individuals of West Virginia. So because we believe in this curriculum and we think that it is the most valid and tested one out there, that's the one that as a state we are just endorsing and that we are looking at building that capacity around the state around because we just believe in the message as we believe in what everything that it does.

00;53;02;19 - 00;53;16;04

Speaker 4

So I want to say that in that while you may not have direct access, you may not know that you do because you may not know that there's a trainer. So get in contact with us and we'll make sure that that's in the the notes as well. Way to get in contact to see if there's a trainer in your region.

00;53;16;04 - 00;53;38;14

Speaker 4

If you're looking at having the elevator to go through this as of course. In addition, the archives though, Kane, I believe they were the first originators of this. There is a healthy relationships workbook that is free that you can find, and we'll make sure that there's a link to that as well. There's we've mentioned a few, such as some of the masturbation resources, which I believe Catherine has on there on the website as well.

00;53;38;14 - 00;54;08;22

Speaker 4

But my newest, favorite resource, I'm always looking at ways to have this conversation and Milena can tell you this, that I'm very comfortable having this conversation. I don't there's nothing that can be said to me around sexuality, around the body or anything that makes me uncomfortable. But I acknowledge that it makes others uncomfortable. So I'm always trying to find ways to kind of bridge that gap, because once I bridge that gap and once I get people over the uncomfortableness, it's amazing what people don't know and what they can benefit from knowing.

00;54;08;22 - 00;54;30;20

Speaker 4

So there's a resource and it's actually a comic book, so it's kind of cool. I recommend it for, I would say, middle school and above. They just, you know, I read comics as a 37 year old. So I think that it's appropriate and it's quite a quick and easy guide to sex and disabilities. And it's by Andrew's, so we'll make sure that that's in the in there for you.

00;54;30;20 - 00;54;49;13

Speaker 4

And that's just another way to where you can begin to have these conversations around what is the actual act of sex around the things of disability, some nuances where if you have a physical disability that you know, that there might be some things that you need to overcome in terms of mobility, in terms of assistive technology and all of those.

00;54;49;13 - 00;55;15;24

Speaker 4

And the other thing I want to say is that if you are looking at I don't know where to start, I don't know what to do and I don't know who to talk to. And you're looking at someone if you you can always talk to your doctor. We make sure that doctors are very open these conversations. And in addition, if you're really looking at someone to work with you, especially if you have a physical disability and you want to explore the actual physical acts of sex, an occupational therapist will be one of your best friends.

00;55;16;01 - 00;55;37;20

Speaker 4

They are amazing in terms of not only emotional support but the education and then making sure that you physically are kept safe and comfortable throughout the whole process. So I wanted to make sure that I made a point around that as well. So those are some of my favorite resources around just, you know, if you don't have access to elevators or even in addition to that, I think that these are great different resources to look at.

00;55;38;13 - 00;56;08;09

Speaker 1

Kind of going back to that, it's on US website, it's on us as a statewide sexual violence prevention initiative that was developed through three statewide work groups. So we have focused on people that we know that are most at risk for sexual violence. So children and youth colleges and students, disability providers and individuals with a disability and then as well as families and communities is a big focus on there because we know all three of the people in those groups are going back into their families, they're going back into their communities.

00;56;08;09 - 00;56;30;04

Speaker 1

So we want to make sure that there's research driven resources that can inform that. And we've been talking about conversations, so difficult conversations. How do you start? So one of the resources I really want to highlight on there, they're called Hot Chocolate Dogs and they talk it's a racehorse guide of how do you go through this discussion? It gives you some kind of key points.

00;56;30;08 - 00;56;54;16

Speaker 1

It's an informed conversation guide that can be used for any age group, but it really kind of gives you the starting points and how to stay on point, how to be understanding how to use that active listening that we've talked about throughout the podcast. Another good website that is really targeted at childhood sexual violence is darkness to Light, but they have a really great framework that I think could be used throughout life.

00;56;54;16 - 00;57;11;27

Speaker 1

But there's also a great video on their thinking about sometimes communication can be an issue or a barrier to get that information out. That's called My Body Belongs to Me, which is also an animated video, but in a way that really breaks it down. It's understandable and talks about, Oh, I feel these feelings. Why do I feel that?

00;57;12;07 - 00;57;23;02

Speaker 1

That I think can be great for individuals with a disability, but also strengthening your own knowledge base. And so there's a lot of resources on there.

00;57;23;02 - 00;57;48;05

Speaker 4

Well, I in no way think that this curriculum impedes on any cultural beliefs that the elevate is one. There are some other ones out there. I know that the Universalist Church has one called All Our Whole Lives that I've seen. So there are other things out there to me. What's the most important is that individuals getting education and they're getting valid tested education, not just what you learned or heard on the streets.

00;57;48;05 - 00;58;03;26

Speaker 4

Because like what we said, you know, Abby, I I'll message Abby and say, I don't know about this birth control, even though, you know, I know about tons of them or I heard this about it, right? Like any more information and just making sure they're going to those vetted and tested things I think are incredibly important.

00;58;04;27 - 00;58;25;17

Speaker 2

What's the age recommendation for the elevator's curriculum and then for just kind of delving into some of these resources that you mentioned, because lots of parents were concerned about puberty, which to me, a child's body is going to start changing at puberty, period. Everyone knows that. But I think I don't know. I think from my perspective is like when are we educating them and like how do those things work together simultaneously?

00;58;26;27 - 00;58;46;04

Speaker 1

I was thinking about that and thinking about some tips for parents too, that we have, and it's sort of the misconceptions we have this idea that it's good talk. Have you had the talk and then you check it off the list? But it's really, I often will say early and often having a small talk. So starting is as old as your child is.

00;58;46;04 - 00;59;09;08

Speaker 1

If you haven't started talking about it, start naming body parts, start talking about consent. Like I said before, before they get into other things, elevate us is really more focused on high school and above, but some of the pieces can be taught to middle school for sure, and some pieces, even elementary school. There's a little bit on puberty, but it's not a puberty curriculum.

00;59;09;08 - 00;59;16;23

Speaker 1

But there are puberty curriculum. Nothing specific to students with intellectual developmental disabilities that I'm aware of.

00;59;18;11 - 00;59;32;12

Speaker 4

And I do want to plug is that Katherine and correct me if I'm wrong, you do have school districts who are using this correct in your curriculum as their primary curriculum. Correct. So it's it is being used in a professional bedded educational setting as well?

00;59;32;12 - 01;00;00;01

Speaker 1

Absolutely. Yeah. And it's also evidence informed and trauma informed as well. And we have a document that shows how that was assessed. We're hoping to do some research on it so that there is more of that data, that body of evidence. But right now it's using social theories and research. That's how it was created, as well as people with lived experience and professionals pulling it together.

01;00;01;00 - 01;00;27;13

Speaker 3

As you mentioned, scores. It made me think about that. My daughter is going into second grade and last year she came home and out of nowhere said something just randomly and then said, my body, my choice and I'm like, Oh, where did you learn that? And so she said, We were talking about it at school, and I thought that that was great, and that kind of helped me to start having some of those conversations.

01;00;27;13 - 01;00;53;05

Speaker 3

Well, tell me about that. What does that mean? Also, children who are in special education may be getting pulled out of those lessons that are going through school. And that's not just about those. It's also about puberty and body changes and things like that. Because I think a lot of people think, oh, the the school they go over that in school, you know, and just kind of if they have questions, they'll ask me and take that approach.

01;00;53;05 - 01;01;06;27

Speaker 3

But often students with disabilities aren't getting that same curriculum either. So just another plug to say it's important to have those conversations because they may not be getting it anywhere else.

01;01;07;26 - 01;01;30;29

Speaker 1

And even advocating in the school district, your child's school district, for sexuality education, for your child with a disability, if other students are getting it, there's a requirement and and there's resources that special ed department or I mean help sometimes people will be put in the mainstream health class which is wonderful for that social learning theory and all of that and hearing what people say.

01;01;31;08 - 01;01;54;29

Speaker 1

But they may need more than that to more around public and private and types of relationships and touch. And what kinds of topics do you talk about with what? With different kinds of people and different relationships. So they might need some of the healthy boundary means that others might pick up on just the subtle cues of life, that you don't talk about menstruation with strangers.

01;01;55;04 - 01;02;17;21

Speaker 1

And so sometimes you get to teach some of those things. So, so I think, yeah, great. If, if the school district says, well, they're in the mainstream health class, that's wonderful. But they might need some supplemental education as well. In pulling back to the point that Catherine talked about, advocating for that to be in your child's school or your loved one school, knowing your local resources.

01;02;17;21 - 01;02;52;24

Speaker 1

So there's rape crisis centers throughout the entire state that cover all 55 counties with prevention educators is part of their job description is to do programing that's focused on body safety and consent. And I've been trained on what's evidence based, what's trauma informed, what's age appropriate to teach at each of the levels. So advocating for that, reaching out and you can find all of those resources website to what rape crisis center covers your county because a lot of the time I think when we hear Rape Crisis Center, we think, oh, this is only after something bad has happened.

01;02;53;07 - 01;03;00;19

Speaker 1

So knowing that, there's also that prevention piece within the rape crisis centers to get that information out, to get additional resources, to learn the programing.

01;03;00;28 - 01;03;25;26

Speaker 4

And we have been making intentional efforts to get some of those individuals at those agencies trained on elevators as well. So some of them may already have be the individuals that are providing the elevators curriculum, which is even better because they completely really understand the full picture of it as well. So you're going to get high qualified information from them and additional resources that they may have that they may be able to provide you for the state as well.

01;03;25;26 - 01;03;45;29

Speaker 1

And you can find a lot of the body safety resources on that. It's on US website as well and it breaks it down by intended audience with the age range, what does it look like? What is it teaching? And it gives you it in a very compact way that you click on it. It shows you all that information and you can decide what want to dove deeper into.

01;03;47;26 - 01;04;17;09

Speaker 2

I think I'm going to ask my golden question to wrap it up, and I always like to ask this question to all of our speakers. I would like to know what is what is the one piece of advice that you would give to a parent as an expert in your field and in your discipline? And in this topic, what would you give to parents who are, you know, parents of children who are going through puberty or maybe already parents of adult children who may or may not have received proper sex education up to this point?

01;04;18;20 - 01;04;39;13

Speaker 4

Well, I think that when we're talking about individuals with disabilities and, you know, I've been in so many of these conversations on so many different kind of roles throughout my career. Well, you know, we talk about quality in life and in trying to improve individuals quality of lives. Right. We want them to have good, good friendships if they want to work, we want them to end employment.

01;04;39;21 - 01;05;10;24

Speaker 4

And so many times I'm I'm hearing this component as missing in terms of someone's quality of life. And what about healthy sexual or what about just expressing themselves, knowing their own bodies, making their own decisions around if they take birth control, what can they take any of these things? Right. And so one thing I'll say is that we cannot view individuals with disabilities as whole, people, and we and then completely take away such a huge, crucial part of the equation and not address it.

01;05;11;07 - 01;05;29;29

Speaker 4

So if you're going to view them as a whole human, then you're going to have to treat them as a whole human with a whole human rights. So if you take anything away, understand that this is a piece of the puzzle that is crucial for the whole picture, right? So you can't just leave it out because you're uncomfortable around it or because you don't think they need it.

01;05;30;04 - 01;05;45;24

Speaker 4

Or even more important, they've expressed to you that they're not interested or how people express me like, I don't want to have sex, I don't want to relationships. It's still important. There's still skills here to learn. There's still things equal importance. It's important to know what you don't want. So someone does do those things. You know how to communicate it.

01;05;45;24 - 01;06;05;28

Speaker 4

You know what to say or how to say it. So, you know, people hear you and they get your message and they respond to it appropriately and then the biggest other thing is that I'm big on being proactive. We have to be proactive. We got to teach things to people and that's that prevention component of it. When you're reactive, that means something bad's already happened.

01;06;06;12 - 01;06;29;20

Speaker 4

And the goal is, is that we don't really want bad things to happen. And also it's so much easier to handle a situation before it ever happens, even in a theoretical component, the what ifs, you know, and prepare for those versus coming back. So even if you're looking at, you know, keeping them safe, to me this is a proactive component of keeping them safe as an adult or even as a child, just as a human being.

01;06;29;20 - 01;06;43;25

Speaker 4

So that's my biggest takeaway, is that there are humans and this is part of that of that puzzle. And if it's not getting plugged in and you can't plug it in, you're going to have to find someone who can, because it's it's essential to being a complete adult.

01;06;44;20 - 01;07;14;21

Speaker 1

I think the main takeaway for me is educate yourself, build your own toolbox, get the resources that are evidence based, and then be willing to have that open, ongoing conversation that happens not in one sitting and saying, okay, here's all the information you need, but coming back into it so that you can encourage that curiosity so that even if it's five years down the road and someone has a question, they're willing to come back to you and say, Hey, I just want our we talked about this and I just wanted to check in on it.

01;07;15;01 - 01;07;42;21

Speaker 1

So that ongoing communication backed up by your knowledge base and the last piece that I'd like to add is there's so many benefits to talking about this topic. We know that people are less likely to take risks if they have information. We know it won't harm them to have information. There's just so many benefits for our children if we talk about this.

01;07;43;02 - 01;08;13;01

Speaker 1

And the only negative part is about us. It's about that discomfort. Oh, you know, not feeling really confident about it. But when we look at all those benefits, if we do a pros and cons, there's so many pros. And the only cons are really about us. So if we can push through that and be uncomfortable and say, I don't know and do the best you can and go and you can go back to conversations with our kids that we didn't say it the way we wanted to.

01;08;13;10 - 01;08;38;11

Speaker 1

But really, if we're we're looking at just that difference of pros and cons and a lot of ways, to me it's a no brainer. There's such positives and I was looking at that. It's on our website and it says it's always the right thing to do. And I feel like that it is the thing to do because not doing it leaves people vulnerable and can harm them and they can learn through the school of hard knocks.

01;08;38;11 - 01;08;43;22

Speaker 1

So you can do it. You absolutely can do it.

01;08;44;21 - 01;09;02;23

Speaker 4

It truly is on us. I mean, there could not be a better title for that. It's on us. And sometimes it's a matter of just acknowledging what we didn't have. Sometimes as young adults and the struggles we had to do and the errors we made and, you know, teaching people the things that they do so they don't have to go through that as well.

01;09;03;06 - 01;09;07;15

Speaker 4

Or if they do, they at least know what they're going through and how to navigate it.

01;09;08;00 - 01;09;28;26

Speaker 1

And I think it really pulls back to every single one of us have a role to play, whether we are a caregiver, a parent, we are an individual with a disability. Regardless, we all have a role to play in prevention that protects everyone around us as well as ourselves. In the long run.

01;09;28;26 - 01;09;44;15

Speaker 3

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