

SEXUALITY POLICY AND PROCEDURES MANUAL



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The Arc/Morris Chapter has produced this comprehensive manual to assist its employees in dealing with the sensitive issues of sexual behavior. This Sexuality Policies and Procedures Manual should serve as a guide for policymakers, but it should not be proposed or adopted by a local agency without a complete review of the issues. The process is as important as the product.

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Table of Contents

PAGES:

1	POLICY ON SEXUALITY
	SEXUALITY PROCEDURES TOPICS:
3	• DEFINITIONS CONTAINED WITHIN THE POLICY
4	• CONSENT DETERMINATION
5	• SEXUAL ACTIVITY BETWEEN CONSENTING ADULTS
6	• DATING
6	• PREVENTING SEXUALLY TRANSMITTED INFECTIONS/DISEASES
7	• NUDITY
7	• MASTURBATION
8	• SEXUALLY EXPLICIT MATERIALS
8	• NON-NORMATIVE SEXUAL EXPRESSION
9	• REQUEST FOR SEXUALITY INFORMATION
9	• BIRTH CONTROL
10	• PREGNANCY
10	• CONSUMER MARRIAGE
11	• STAFF TRAINING
11	• SEXUALITY EDUCATION
12	• CONSUMER INITIATED SEXUAL EXPRESSION TOWARD STAFF
13	• THE ARC'S POSITION STATEMENT ON SEXUALITY

POLICY ON SEXUALITY

PHILOSOPHY

The policy on sexuality reflects The Arc/Morris Chapter's goal that all people with developmental disabilities live in a state of dignity and share in all elements of living and participating in the community. Human sexuality (see attached definitions) is a natural and integral part of the development and growth of all human beings from birth to death. Sexuality is a composite term which refers to the whole identity of a person based on someone being male or female. Sexuality is a function of the total personality and is concerned with the biological, psychological, sociological and spiritual aspects of life which affect personality development and interpersonal relations. Thus, sexuality is what we are and not merely something we do.

The Arc/Morris Chapter's responsibility is to promote what is optimal for the individual with developmental disabilities. In accordance with the principles of normalization and supporting an individual's quality of life, it is recognized that the individuals served are sexual beings. It is a bond which is common to all humans. Given the fact that all people develop their sexuality over time, it is necessary and

understandable that individuals have access to information and guidance for the expression of their sexuality. This information and guidance shall be consistent with their functioning level.

Statements within this policy are followed by all programs of the agency - staff, parents and other family members, children and adults in all components of service. This Policy Statement could not hope to reflect the kind of variability which underlies each individual's situation. It is the intent that the policy be implemented at the individual level according to the unique situation, needs and capabilities of each person within the program.

POLICY

The Arc/Morris Chapter, hereafter referred to as the agency, adopts the following policy concerning sexuality:

1. The agency acknowledges variations of sexual expression exist in society.
2. The agency provides individuals with information and training regarding sexuality that respects their moral beliefs and is consistent with their functioning level, age and current needs. This

training may include an individual or group education program at the recommendation of the Interdisciplinary Team or upon request of the individual or their guardian/family.

3. The agency provides an environment for sexual expression which offers guidance that is objective, positive, and supportive.
4. The agency respects and protects an individual's right to engage in sexual activity at an appropriate time and within a private environment. Intimate sexual activity will only be considered appropriate if it is conducted in a private place at an appropriate time and between consenting adults. Sexual activity should not infringe on another person's rights.
5. The agency affirms that it is the role of the staff to intervene according to the prescribed procedure written in this manual, in such problematic situations as where consent is unclear, the rights of the individuals are compromised, the health and safety of a person are jeopardized, or normal routines are severely disrupted.

6. The agency does not tolerate sexual exploitation of consumers. This includes consumer to consumer as well as staff/volunteer to consumer relationships.

7. The agency considers sexual activity between paid/unpaid staff (volunteers), and consumers absolutely unacceptable. However, appropriate social contact between staff and consumers is permissible and encouraged in response to an individual's need for human contact.

8. The agency provides individuals with both opportunities and support to develop positive interpersonal relationships. Social interactions with members of both sexes will be encouraged to facilitate maturation and integration of sexuality into total human development.

9. The agency provides staff training in the area of sexuality and the policies and procedures of The Arc/Morris Chapter.

10. The agency maintains a commitment to promote self-determination and affirms this right in the area of human sexuality.

Approved by Board of Directors - 06/28/89

Revised 12/97

TOPIC: Definitions Contained Within the Policy

Birth Control -

The use of contraceptive devices including, but not limited to, birth control pills, I.U.D.s, diaphragms, condoms or other means of preventing conception.

Consenting Adult -

A person 18 years or older who demonstrates an understanding that his or her body is private, that he or she has the right to say no, and he or she knows that the conduct is distinctly sexual.

Note: It should be noted that anyone who is his/her own guardian is considered to be consenting by New Jersey law.

Exploitation -

Any unjust, improper, or potentially criminal use of an individual or his/her resources for one's profit, advantage or gratification.

Genitals -

Of, relating to, or being a sexual organ.

Guardian -

An individual or agency appointed by a court of competent jurisdiction or who is otherwise legally authorized and responsible to act on behalf of a minor or incompetent adult to assure provision for the health, safety, and welfare of the individual and to protect his or her rights.

Human Sexuality -

The manner in which a person interacts with, and

relates to, his/her environment as a male or female; including sexual expression as well as self-esteem, interactions with others and expression of feelings.

IHP (Individual Habilitation Plan) -

A written plan of intervention and action that is developed by the Interdisciplinary Team. It specifies both the prioritized goals and objectives being pursued by each individual and the steps being taken to achieve them.

IDT (Interdisciplinary Team) -

An individually constituted group responsible for the development of a single, integrated IHP. The team shall consist of the person receiving services, the legal guardian, the parents or family member (if the adult desires that the parent or family member be present), those persons who work most directly with the individual served, and professionals and representatives of service areas who are relevant to the identification of the individual's needs and the design and evaluation of programs to meet them.

Intimate Sexual Activity -

Prolonged kissing, touching of the breasts or genitals with or without clothes on, individual or

mutual masturbation and sexual intercourse.

Masturbation -

Self-stimulation of one's genitals.

Non-normative Sexual Expression -

Sexual expression which violates the law. This includes, but is not limited to public masturbation, public exposure, prostitution, propositioning for money, and use of obscene or vulgar language in public.

Normalization -

The principle of integrating persons with developmental disabilities into a life which parallels that of the general society.

Private Areas -

Non-communal areas where activities may be conducted that do not infringe upon the rights of others; for example, a bedroom. A bedroom would only be considered private when not occupied by a roommate.

Public Areas -

Any area or space which is generally occupied by other individuals.

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TOPIC: Consent Determination

1. The issue of consent shall be discussed for each individual who is not his/her own guardian and receiving services from The Arc/Morris Chapter. The discussion will take place via the Interdisciplinary Team(IDT) and reviewed each year at the annual IHP.

Note: It should be noted that anyone who is his/her own guardian is considered to be consenting by New Jersey law.

2. The determination of ability to consent to sexual activity shall take place prior to admission into residential services, documented and reviewed annually.
3. The determination will be made in accordance with New Jersey state law which defines a consenting adult as:

A person 18 years or older who demonstrates an understanding that his or her body is private, that he or she has the right to say no, and that he or she knows that the conduct is distinctly sexual.

4. This determination will be made by the IDT from the review of assessments and observations to determine:
 1. The individual is clearly able to give consent.
 2. There is reasonable doubt as to whether the individual can or cannot give consent.
 3. The individual is clearly unable to give consent.
5. Assessments will be completed by a minimum of two individuals who have

been selected by the Program Manager or designee with input from the consumer.

6. If ability to consent is unclear, the issue may be referred to clinicians such as a psychiatrist, psychologist or physician for assistance in making such a determination.
7. Based on the decision made, the team will determine the education, training, counseling and level of staff intervention necessary to protect the rights and safety of the individual. These interventions shall be reviewed and incorporated into the individual's IHP.

New Procedure Added
12/97

TOPIC: Sexual Activity Between Consenting Adults

1. Sexual activity is considered a normal form of sexual expression between informed consenting adults. This includes heterosexuality, homosexuality and bisexuality.

2. Consumers are informed consenting adults when:
The person is 18 years or older and demonstrates an understanding that his or her body is private, that he or she has the right to say no, and that he or she knows that the conduct is distinctly sexual.

Note: It should be noted that anyone who is his/her own guardian is considered to be consenting by New Jersey law.

3. All consumers receiving residential services shall receive sexuality education initially upon admission. Other consumers will receive sexuality education when requested by the consumer, staff or family. The program manager will complete a referral to the Clinical Services Unit. Sexuality will be reviewed annually as part of the IHP.

4. Sexual activity between consenting adults must be conducted in a private area and must not infringe upon the rights of anyone else.

5. When consumers are found engaging in sexual activity and either party is not a consenting adult, staff will interrupt and prevent further activity in a respectful, positive, and non-judgmental manner. Staff will

explain the reason for their intervention with the consumers in a manner which is appropriate to the consumer's understanding.

6. Immediately upon completion of #5 above, staff must follow departmental incident reporting procedures, including notification of the program supervisor and completion of an incident report when directed. The supervisor will evaluate the situation and determine if further action is necessary, including, but not limited to, medical attention, IDT, education, and/or relocation of consumer to a more appropriate program.

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TOPIC: Dating

Note: This procedure applies to individuals receiving Residential Services from The Arc/Morris Chapter.

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| <ol style="list-style-type: none"> 1. Consumers may date when both individuals express a desire to be in each other's company. 2. Staff shall provide, if requested, a variety of | <p>choices/suggestions for places for the consumer(s) to go on dates.</p> <ol style="list-style-type: none"> 3. If requested, staff will assist consumers in preparing for making plans for the date. 4. Staff shall chaperone all dates unless both consumers have | <p>unsupervised time designated in the IHP.</p> <ol style="list-style-type: none"> 5. Staff may provide transportation or assistance in obtaining transportation, if requested. <p>Approved 6/28/89
Revised 12/97</p> |
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TOPIC: Preventing Sexually Transmitted Infections/Diseases

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| <ol style="list-style-type: none"> 1. All consumers will be given the opportunity to receive education regarding the prevention of sexually transmitted infections/diseases. 2. All consumers who engage in sexual activity will be given education and materials | <p>appropriate to their ability regarding the prevention of sexually transmitted infections/diseases.</p> <ol style="list-style-type: none"> 3. Staff knowledgeable about consumers who are actively engaged in sexual activity shall encourage the consumer to inform his or her | <p>physician that he or she is having intimate sexual relations so that appropriate medical tests might be performed.</p> <p>Approved 6/28/89
Revised 12/97</p> |
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TOPIC: Nudity

Nudity is considered appropriate when a consumer is preparing for or engaged in bathing, dressing, sleeping or engaged in private sexual activity. The exhibition of one's private body parts is considered to be socially unacceptable behavior.

If a consumer is found to be nude in a public area or exhibiting his or her body inappropriately:

1. Staff shall direct the consumer to dress self, assisting if needed.
2. At appropriate time and place, the program manager, supervisor or designee shall discuss the behavior with the consumer in order to teach acceptable behavior.
3. Residential staff shall document behavior and action taken in the daily log. All other program staff will document

behavior on an incident form.

4. If persistent inappropriate exhibition of one's body continues to occur, a referral will be made to Clinical Services. If deemed appropriate, the IDT or team shall meet to address the need for further intervention.

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TOPIC: Masturbation

1. A consumer may engage in masturbation in a private area.
2. If masturbation is occurring in a private area and not infringing on the rights of others, staff shall allow behavior to continue uninterrupted.
3. If masturbation is occurring in a public area or infringing on the rights of others, staff should interrupt the behavior in a non-punitive manner and redirect the consumer to a private area.
4. The program manager, supervisor or designee shall discuss the issue of

privacy in a manner appropriate to the consumer's level of understanding.

5. Incidents of public masturbation within the residential program will be documented in the daily log. Incidents of public masturbation outside the residential program will be documented on an incident report.
6. If masturbation continues to occur in public areas, the Clinical Services Unit will be consulted. If deemed appropriate, an IDT meeting shall be called to address the need for further intervention.

7. If the consumer expresses frustration over what may be the inability to masturbate or complete the act of masturbation so that orgasm occurs, staff shall consult the consumer's physician to ensure that there are no medical issues. If no medical reason is found, staff shall consult the Clinical Services Unit. If deemed appropriate, an IDT shall be called to address the need for further intervention.

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TOPIC: Sexually Explicit Materials

Sexually explicit materials are books, films, photographs, magazines, videos or other materials which clearly depict "erotic" behavior designed to create sexual excitement.

1. Adult consumers (18 years of age and older) may view, possess and store sexually explicit materials in private locations such as bedrooms, desks, or dresser drawers. Unless clinically or program-matically indicated, the consumer's personal resources must be used to purchase these materials.
2. If use of sexually explicit materials appears to be obsessive,

excessive or detrimental to health or functioning of the consumer, and the issue cannot effectively be dealt with programmatically, the Clinical Services Unit will be consulted. If deemed appropriate, the IDT shall meet to address the need for further intervention.

3. If the material is being viewed in a public location or in an area which may offend another individual, the staff will, in a non-threatening and non-punitive manner, request that the consumer bring the material to a private location.

4. If sexually explicit material is found in the possession of a consumer under 18 years of age, the staff will remove the material from the consumer's possession and discuss the situation with the consumer. Staff will notify the supervisor of the program so that the parent or guardian may be informed, and given the material of concern. In this situation, sexuality education may be recommended for the consumer.

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TOPIC: Non-normative Sexual Expression

Non-normative sexual expression is sexual expression which violates the law. This includes, but is not limited to public masturbation, public exposure, public propositioning and use of obscene or vulgar language in public.

When non-normative sexual expression occurs:

1. Staff shall attempt to stop the consumer from performing the behavior.

2. If the behavior does not stop, staff shall remove the consumer and/or redirect him/her to another area.
3. At an appropriate time and place, the program manager, supervisor or designee shall discuss the incident with the consumer in a manner he/she will understand.

4. Residential staff shall document the behavior and action plan taken in the daily log and complete an incident

report. All other programs shall complete an incident report.

5. If behavior continues to occur, the Clinical Services Unit shall be consulted. If deemed appropriate, the IDT or team shall meet to address the need for further intervention.

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TOPIC: Request for Sexuality Information

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| 1. If a consumer approaches staff with a question or concern regarding sexuality, staff has the responsibility to respond to the question in accordance with The Arc/Morris Chapter Sexuality Policy. This | should occur in a non-judgmental manner. | notify the program supervisor who may choose to recommend to the team that additional sexuality education be offered to the consumer. |
| 2. Residential staff shall document the request and action taken in the daily log in addition to notifying their supervisor. All other program staff shall | | |
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TOPIC: Birth Control

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| 1. All consumers will be provided with sexuality education, family planning and birth control information upon request or upon staff's knowledge of sexual activity. | 3. When the consumer is a consenting adult, but not their own guardian, an IDT will be called to discuss sexuality education needs. | 5. The consumer shall visit his/her health care provider on the schedule designed for him/her to monitor effectiveness of and proper usage of birth control. Staff may assist consumers in this follow-through. |
| 2. Consumers who are planning to become sexually active will be assisted in accessing medical services for possible contraceptive needs. | 4. Based on IDT recommendations, staff may assist the consumer to his or her physician, medical facility, or any other appropriate service for a physical exam and method of contraception. | |
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TOPIC: Pregnancy

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| <ol style="list-style-type: none"> 1. The Arc/Morris Chapter will support consumers receiving services from the agency who become pregnant. In order for the agency to provide comprehensive/appropriate support, it is expected that the consumer will notify the agency of her pregnancy in a timely manner. 2. In residential programs, menstrual cycles will be monitored as part of women's health care. If changes occur, an appointment will be made with the consumer's primary physician or gynecologist. 3. If the physician determines that the consumer is pregnant, the staff person will notify her supervisor or designee who will notify the members of | <p>the IDT. The Assistant Executive Director and Executive Director are to be informed, as well. Staff are expected to keep this information confidential. If the consumer is her own guardian, she will be strongly encouraged to call an IDT.</p> <ol style="list-style-type: none"> 4. A team meeting with the consumer will be held within one week of the physician visit or agency notification, to determine options to be considered (carrying the pregnancy to term, keeping the baby, adoption, marriage, terminating the pregnancy). Medical care and counselling will also be discussed. 5. Each pregnancy will be handled on an individual basis. 6. If a male consumer is informed that his | <p>partner is pregnant, the staff person will notify his supervisor or designee who will notify the members of the IDT. The Assistant Executive Director and Executive Director are to be informed, as well. Staff are expected to keep this information confidential. If the consumer is his own guardian, he will be strongly encouraged to call an IDT.</p> <ol style="list-style-type: none"> 7. Issues to address include, but are not limited to: <ul style="list-style-type: none"> Finances Housing Child Care Medical Care Support Services Family Planning Employment Legal Ramifications |
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TOPIC: Consumer Marriage

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| <ol style="list-style-type: none"> 1. The Arc/Morris Chapter, subject to the requirements of New Jersey law, recognizes that all people eighteen years and over have the right to be married. 2. When a decision to be married is made, the consumer shall be encouraged to inform the IDT. | <ol style="list-style-type: none"> 3. A team meeting may be called by the consumer, with staff assistance as needed, including but not limited to: <ul style="list-style-type: none"> • Both persons involved • The IDT members • A member of the clergy | <ol style="list-style-type: none"> 4. Issues to address include, but are not limited to: <ul style="list-style-type: none"> • Finances • Housing • Employment • Family Planning • Pre-marital Counselling • Support Services |
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TOPIC: Staff Training

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| <p>1. The agency Training Coordinator or designee will provide basic information on the Sexuality Policy to staff at New Staff/Volunteer Orientation.</p> <p>2. All program staff serving adult consumers will be required to attend the agency Sexuality Training within the first six months of</p> | <p>employment. Staff will be required to attend refresher classes a minimum of once every two years, or upon referral from their supervisor.</p> <p>3. The Clinical Services Unit shall maintain a library of resources for education and information. The agency may utilize local resources and local</p> | <p>hospitals for educational materials, resources and information at any time.</p> <p>4. Managers or supervisors may make requests of the Clinical Services Unit for trainings on specific programmatic issues.</p> <p>Approved 6/28/89
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TOPIC: Sexuality Education

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| <p>1. Any consumers receiving services from The Arc/Morris Chapter may be referred for education.</p> <p>2. All consumers receiving residential services shall receive sexuality education initially upon admission. Other consumers will receive sexuality education when requested by the consumer, staff or</p> | <p>family. Sexuality will be reviewed annually as part of the IHP.</p> <p>3. Based on interest and need, small groups or classes shall be provided by the Clinical Services Unit staff to teach sexuality education to consumers who express an interest in the class.</p> | <p>4. The Clinical Services Unit shall maintain a library of resources for education and information. The agency may utilize local resources and local hospitals for educational materials, resources and information at any time.</p> <p>Approved 6/28/89
Revised 12/97</p> |
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TOPIC: Consumer Initiated Sexual Expression Toward Staff

The agency considers any sexual expression between staff (paid or volunteer) and people with developmental disabilities being served in The Arc programs absolutely unacceptable. The relationship between staff and consumers is similar to any other professional relationship (i.e. doctor/patient; lawyer/client). Maintaining or beginning a sexual relationship in this context would violate the standard of professional behavior. However; appropriate social contact between staff and consumers is permissible and encouraged in response

to an individual's need for human contact.

If a person with a developmental disability initiates sexual expression toward a member of the staff, staff will in a non-threatening, non-punitive and non-judgmental manner:

1. Inform the individual that sexual expression by staff or volunteers is not appropriate behavior.
2. Document the behavior and action in the daily log and complete an

incident report if directed by supervisor. If continued approaches to staff are made, the Clinical Services Unit may be contacted.

3. If deemed appropriate by staff and/or the Clinical Services Unit, the person's IDT or team shall meet to address the need for further intervention - i.e., sexuality education or counseling.

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a national organization on mental retardation

SEXUALITY

ISSUE

Sexuality is a natural part of every person's life. Sexuality includes gender identity, friendships, self-esteem, body image and awareness, emotional development and social behavior, as well as involvement in physical expressions of love, affection and desires. This issue requires respect and understanding.

The commitment to full inclusion into the community has given people with mental retardation new experiences, different risks, and more opportunities to make choices. Currently, many people with mental retardation are not receiving education and support to protect them from abuse, exploitation, unwanted pregnancy, and sexually transmitted diseases, while safeguarding their dignity and rights.

POSITION

The Arc recognizes and affirms that individuals with mental retardation are people with sexual feelings, needs and identities, and believes that sexuality should always be seen in the total context of human relationships.

The Arc believes that people with mental retardation have fundamental rights as individuals to:

- have privacy;
- love and be loved;
- develop friendships and emotional relationships;
- learn about sex, sexual exploitation, sexual abuse, safe sex and other issues regarding sexuality;
- exercise their rights and responsibilities in regard to privacy and sexual expression and the rights of others;
- marry and make informed decisions concerning having children; and
- develop expressions of sexuality reflective of age, social development, cultural values and social responsibility.

The Arc further advocates that on an individual basis people with mental retardation who have children receive proper supports to assist them in rearing their children.

The Arc also believes that the presence of mental retardation regardless of severity must not, in itself, justify either involuntary sterilization or denial of sterilization to those who choose it for themselves.

Adopted by Delegate Body, Nov. 1996. Replaces Position adopted Nov. 1990. One of a series of position statements reflecting The Arc's vision on issues affecting people with mental retardation and their families.

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