

POLICY: AD-III-9

DEPARTMENT: Administration **CATEGORY:** Consumer Support

EFFECTIVE DATE: March 2005

SUPERSEDES VERSION DATED: January 1997

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Policy & Procedure Manual

HUMAN SEXUALITY - AD-III-9

POLICY:

OPTIONS northwest recognizes that we have a responsibility to provide environments that promote and foster socially acceptable and appropriate attitudes towards human sexuality. We also have a responsibility to coordinate access to educational programs relating to sexuality for the individuals we support.

PURPOSE:

To ensure that a consistent approach is followed in fostering social/sexual development and to have the necessary educational tools available.

PROCEDURE:

- All residential supervisors shall provide an orientation to all employees on the Human Sexuality Manual Appendix A.) Resource may be obtained by the Supervisor in conducting this orientation through referral to an appropriate source(i.e. the Community Resource Team.)
- 2. Where an individual client requires formal and in-depth instruction on human sexuality, the staff shall make a referral for the individual to an appropriate sexuality education program (i.e. the Community Resource Team.)

RECOMMENDED BY: Administrative Committee APPENDICES: 1

OPERATIONAL ACCOUNTABILITY: Administration, Client Services Administration, Client Services

ORIGINAL POLICY DATE: January 1994

AUTHORIZED BY: Executive Director

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APPENDIX A

OPTIONS northwest

HUMAN SEXUALITY MANUAL

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1.0 PURPOSE OF THIS MANUAL

THE PURPOSE OF THIS MANUAL IS TO PROVIDE A SET OF GUIDELINES ON SEXUALITY THAT REFLECTS THE UNDERLYING PHILOSOPHY OF OPTIONS northwest.

THE MANUAL ADDRESSES ISSUES RELATED TO SEXUALITY AND THE INDIVIDUALS DIRECTLY AFFECTED, I.E. THE INDIVIDUALS SUPPORTED BY OPTIONS northwest, THEIR FAMILIES AND SUPPORT STAFF

1.1 Introduction:

OPTIONS northwest recognizes that, in providing support services to persons with a developmental disability, we have a responsibility to provide environments that promote and foster socially acceptable and appropriate attitudes towards human sexuality. We also have a responsibility to provide for and coordinate access to educational programs relating to sexuality for the individuals we support.

2.0 MORAL/ETHICAL ISSUES

2.1 OPTIONS Consumers' Bill of Rights on Sexuality Issues

- 1. To live in an environment that is conducive to personal growth, development and self-determination.
- 2. To be given an opportunity to exercise control over his/her environment, to make decisions and pursue choices.
- 3. To be treated with respect free from emotional, physical and sexual exploitation by care providers.
- 4. To be afforded privacy, confidentiality of personal information and preservation of dignity.
- 5. To enjoy personal friends and other supportive relationships.
- 6. To receive training on sexuality and disabilities through in-services, materials, presentations, films/videos, workshops, discussion groups, etc. and to receive continued support in the implementation of educational programs on sexuality.

2.2 Clients' Responsibilities

Responsible sexual behaviour and sexual rights go hand in hand and they shall be taught simultaneously. Many responsibilities accompany such rights and they include:

- 1. The responsibility to know and abide by the law and social norms pertaining to sexuality.
- 2. The consideration of pregnancy and/or a sexually transmitted disease as potential risks of unprotected sexual intercourse.
- 3. The responsibility of respecting others' privacy and choice including the idea of the meaning of mutual consent.

2.3 Family Rights and Responsibilities:

OPTIONS recognizes family as important contributors to the growth and development of their family member. As such, the family holds the following rights and responsibilities:

1. The right to have their values and beliefs considered.

2.0 MORAL/ETHICAL ISSUES (continued)

- 2. The right to have their knowledge of the family member considered. At the same time the family has the responsibility of helping to create and promote an atmosphere where the family member feels confident and supported enough to discuss their choices on sexuality with the family.
- 3. The right to be informed and given the opportunity to participate in the planning of sex education projects, i.e. workshops, presentations, etc.
- 4. There might be situations in which the needs of the family are in conflict with the needs of their family member. Where there are conflicts of opinion between OPTIONS, the individual or family members, the family has the right to express their concerns through existing agency channels of communication and try to resolve the conflict.

2.4 Community Rights and Responsibilities:

Members of the community have the following rights and responsibilities:

- 1. The right to expect socially acceptable sexual expression and behaviour of the individual.
- 2. The right to expect that the individual has access to support services and is receiving education and/or counselling related to sexuality.
- 3. The right to expect that the individual is informed and aware of ethical and legal issues and ramifications related to sexual behaviours.
- 4. The responsibility to report suspicious or incidents of abuse, exploitation and socially unacceptable sexual behaviour to the appropriate authorities.

2.5 Staff Rights and Responsibilities:

As service providers, support staff have the following rights and responsibilities:

- 1. The right and responsibility to advocate in the best interest of the individual.
- The right to have their values and beliefs considered; at the same time the responsibility not to impose their individual values and beliefs upon the individual they are supporting.
- 3. The right to have their expertise and knowledge of the individual considered; at the same time the responsibility to use their expertise and knowledge in a productive manner ensuring the individual's further growth and development.
- 4. The right to be included in the planning of an education program related to human sexuality.

2.5 Staff Rights and Responsibilities:

 The right to receive training on sexuality and disabilities through in-services, materials, presentations, films/videos, workshops, discussion groups, etc. and to receive continued support in the implementation of education programs on sexuality.

3.0 HUMAN SEXUALITY

HUMAN SEXUALITY IS A NATURAL AND INTEGRAL PART OF THE DEVELOPMENT AND GROWTH OF ALL HUMAN BEINGS. IT IS INHERENT IN THE EXPRESSION AND PERCEPTION OF SELF AND UNDERLIES A VARIETY OF ACTIVITIES INVOLVED IN DAILY LIVING.

3.1 Staff/Client Relationships

OPTIONS northwest recognizes that any staff who violates individuals' rights shall be held accountable by the Agency and in some cases by the law. On the other hand, OPTIONS also acknowledges that staff have the right to press legal charges in case of sexual/physical abuse against the staff by an individual they support. However, the Agency provides for de-escalation and non-violent crisis intervention training to minimize these risks.

- 1. All staff shall recognize the limitations on physical interaction/contact with the individuals they support. Touching shall be valid only when done for the purpose of care-giving (i.e. bathing, toileting, personal care and hygiene) and in demonstration of bonding, encouragement and approval.
- 2. In all instances staff shall display respect for the dignity of the individual they support.
- 3. All staff shall work diligently with the individuals they support to assist them to make clear distinctions and to have an understanding in determining who interact with them as friends and who interact with them as professionals and community helpers and the implications of same.

3.2 Client to Client Relationships:

Sexual feelings are normal, however, no one deserves to be sexually exploited/harassed or assaulted by another person.

Staff Responsibility:

 Staff shall help the individuals they support become aware of their own sexuality rights and values with respect to sexual exploitation and assault.

Staff Responsibility (continued):

- Staff shall help the individuals they support become aware of and respect the rights and values of others with respect to sexual exploitation and assault.
- 3. Where sexual exploitation or harassment is suspected, staff shall immediately complete an Incident Report and provide immediate verbal notification to the supervisor, who will then report to the Executive Director within 24 hours, who may initiate a Serious Occurrence Report.
- 4. When an individual reports to the staff that they have been sexually assaulted and/or when staff encounter or become aware that an individual has been sexually assaulted, they must intervene as follows:
 - a. Proceed to stop the act immediately and/or contact the police and report the incident and perpetrator.
 - b. Immediately complete an Incident Report in as much detail and accuracy as possible.
 - c. Report the incident verbally to the supervisor who will then report to the Executive Director within 24 hours, who may initiate a Serious Occurrence Report.
 - d. Staff shall assist and advocate for the individual who has been sexually exploited/assaulted.
- 5. When an individual supported by OPTIONS is caught or seen sexually exploiting/assaulting an individual who is not supported by OPTIONS in the community, staff shall:
 - a. Counsel the individual regarding their actions.
 - b. If it is assault, contact the police and, where possible and appropriate, contact the agency supporting the victim.
 - c. Immediately complete an Incident Report in as much detail and accuracy as possible.
 - Report verbally to the supervisor who will report to the Executive Director within 24 hours, who may initiate a Serious Occurrence Report.
- Where possible and appropriate, staff shall make a referral to a sexuality counsellor on behalf of the victim and/or perpetrator for further counselling and therapy, i.e. the Community Resource Team.

Definitions:

SEXUAL EXPLOITATION/HARASSMENT:

- Any attack on another person that hurts their sexual feelings and/or harms their body.
- Any unwanted sexual advances such as making someone look at, touch or smell another person's sexual body parts against their will.
- When an individual makes another individual view and listen to offensive sexually explicit material such as pornographic books and audio tapes against their will.

SEXUAL ASSAULT:

Forcing an individual to have sexual intercourse or oral sex against their will.

3.3 Privacy and Modesty

In general, privacy, preservation of modesty and a private place to engage in sexual activity are to be considered essential components of an individual's sexuality.

Staff Responsibility

Support staff shall provide for and respect the privacy necessary to all individuals they support regardless of their choice of sexual expression. Respect for the individual's privacy will be based on the limitations of the home environment.

Definitions

PRIVACY: The state of not only being away from the presence of others, but encompasses philosophy which respects and preserves ones dignity.

MODESTY: The sense of personal dignity in one's own body, an appreciation of being either male or female and understanding the circumstances where nudity is or is not appropriate.

3.4 Sexually Explicit/Pornographic Materials

In general, individuals who are l8 years of age or older may possess sexually explicit material, however, such material should be the personal possession of the individual and shall be kept private by the individual. In some instances, however, the possession of sexually explicit material may be prohibited where such prohibition is part of the client's Individual Support Plan. In no case will support staff acquire such materials for clients. Pornographic material shall be prohibited.

3.4 Sexually Explicit/Pornographic Materials (continued)

Staff Responsibilities:

Support staff shall confiscate all pornographic material in a non-punitive manner and an explanation will be provided to the client.

All confiscated material shall be reviewed by the individual's residential supervisor, support staff and/or an appropriate representative from the Community Resource Team. Materials found to be not pornographic or prohibited shall be returned to the individual. Prohibited and pornographic material will be destroyed.

Definitions:

SEXUALLY EXPLICIT MATERIAL: Books, photographs, films, etc. which portray sexual activity or nudity.

PORNOGRAPHIC MATERIAL: Books, photographs, films, etc. depicting acts of violence, child pornography, bestiality or other aberrant or degrading sexual behaviours.

3.5 Masturbation

- 1. It is recognized that the release of sexual drive through masturbation is a normal phenomenon.
- 2. It is accepted that the act of masturbation is a private act and may be carried out by an individual in appropriate places and at appropriate times under the following conditions:
 - The individual's behaviour is not infringing on the rights of others.
 - It is conducted in private.
 - It is not excessive.
- 3. Notwithstanding the above, masturbation should not be the sole method of stimulation and tension release and should be appropriately combined with other methods such as physical exercise, relaxation.

Staff Responsibility:

When appropriate:

1. Support staff shall leave an individual alone when degree of privacy is appropriate and he/she is not infringing on the rights of others.

When not appropriate or considered excessive:

- 1. Interrupt the behaviour in a non-punitive manner.
- 2. Communicate with the individual the issues of privacy and appropriateness and redirect him/her.

3.5 Masturbation (continued)

Definitions:

MASTURBATION: Sexual self-stimulation.

EXCESSIVE MASTURBATION: When the act of masturbating consistently interferes with the client's participation in his/her daily activities or when bodily injury results.

3.6 Birth Control

It is the right of all clients, as sexual beings, to be made aware of and exercise their choices of contraception according to their intellectual understanding and individual need.

Staff Responsibility

- 1. If an individual's parent/guardian requests information regarding birth control, staff will provide appropriate information and refer the matter as the need arises to Health Services/Physician.
- 2. If a staff member becomes aware of the need for birth control for an individual, a referral shall be made to Health Services/Physician.

Definition:

BIRTH CONTROL: The temporary/permanent regulation of childbearing, especially through the control of conception.

3.7 Relationships and Intimacy

In our culture one strives for the linking of human sexuality and human love. However, it is recognized that relationships entail varying degrees of emotional intensity and sexual activity.

Individuals have the choice as to whether or not to develop intimate relationships and engage in sexual intercourse.

Staff Responsibility

- 1. Support staff shall provide opportunities for individuals to develop relationships and education to support their choice.
- 2. All individuals shall be provided with an opportunity to:
 - learn, practise and understand social skills involved in establishing and maintaining interpersonal relationships;
 - explore and learn to value their own sexuality;
 - be recognized and valued as social and sexual beings.

3.7 Relationships and Intimacy

Staff Responsibility (continued)

 Individuals who choose to be involved in sexual relations shall be provided with education concerning legal and social implications, safety and health issues, i.e. sexually transmitted diseases, physical and sexual abuse.

Individuals shall also be informed on the following points:

- Intercourse without mutual consent is not acceptable and, in fact, constitutes criminal behaviour.
- Effective birth control measures.
- Protected intercourse/safe sex.
- The importance of time and place.

If individuals do engage in sexual intercourse on their own and the above conditions are met, then their privacy must be respected.

Definitions:

MUTUAL CONSENT: Is considered to have taken place when:

- there is no evidence of any coercion;
- both parties demonstrate a willingness to participate in the activity;
- the individual(s) in question have the capacity to understand;
 - (a) the consequences of their own and others' actions;
 - (b) have the choice of giving, withholding or revoking consent

SEXUALLY TRANSMITTED DISEASE: Any disease contracted through having unprotected sexual intercourse with someone who has the disease, i.e. Herpes, Chlamydia, H.I.V./Aids, etc.

SEXUAL INTERCOURSE: Activities of a sexual nature between members of the same or opposite sex including oral, anal and vaginal intercourse.

PROTECTED INTERCOURSE/SAFE SEX: Sexual intercourse using protection such as a condom.

SEXUAL ABUSE: When sexual intercourse takes place with a male/female person under the age of 16 or when sexual relations are attempted or completed with a person in a forceful and/or unwilling manner, with or without physical harm being done. This includes a child who has been sexually molested or sexually exploited.