

## **CARSON AIMS Model 2016**

### **Children and Adolescents with Learning Disabilities**

#### **Healthy sexual behaviours**

Children and adolescents with learning disabilities will be going through the same biological, developmental stages as others, at approximately the same chronological ages. As their bodies develop and mature, adolescents will have a natural interest in sex and sexual information and will have the same needs for love, sex, companionship and intimacy as everyone else.

Healthy sexual and relationship education is just as important for children and adolescents with learning disabilities as it is for others, perhaps even more so. It needs to be differentiated to their level of ability; it may need to be done at a slower pace and more repetitively for information to be able to be processed, understood and integrated into their ways of interacting with others.

#### **Problematic Sexual Behaviours**

Children and adolescents' cognitive level of functioning may be at a much younger level than their biological development, so they may have less understanding of what is happening to them and their bodies. This can lead to confusion, frustration and anxieties related to sex and relationships. They may also have deficits that can affect their sexual knowledge and activity, such as challenges with social skills, personal boundaries, impulse control and understanding what is hurtful or uncomfortable to others. (Kellogg 2009)

If a child or adolescent's biological and cognitive developmental stages are out of sync, their sexual desires and behaviours may be chronologically those of an adolescent but they may socialise with much younger children because of the age at which they function. If they attempt, on a younger child, what would otherwise be a healthy sexual behaviour, if they were with another consenting adolescent, their behaviour is likely to be seen as concerning. They may not understand why this would be inappropriate.

Some may be demonstrating sexual behaviours which are appropriate for their cognitive age, but considered inappropriate for their chronological age, for example, "an adolescent with the cognitive abilities of a 3 year old may exhibit self-stimulatory behaviour that is consistent with his or her development level and inability to determine what behaviour is appropriate in public" (Kellogg 2009)

Societal attitudes about the sexuality of children and adolescents with learning disabilities, i.e. that they are either non-sexual or should be denied a sexual life, can mean any sexual behaviour they engage in, even if it is healthy, is seen as inappropriate and may be labelled as deviant. Conversely, the view that they are exempt from the sexual boundaries and mores of general society, based on a lack of understanding about issues such as public masturbation, can lead to minimisation of their sexual behaviours and fewer consequences for them.

Some adolescents may experience difficulties achieving an erection or ejaculation which may cause anxiety and distress related to sexual activity. Causes of these problems could be some types of medication, limited motor skills/dexterity or some disabilities such as Downs Syndrome. (Thompson 2013)

Adolescents using and interacting with social media may be vulnerable to others encouraging them to behave in sexual ways and telling them it is normal; this may be to make fun of, or embarrass them, or in some case exploit them. They may have difficulties understanding the long-term consequences of posting sexually explicit messages and pictures.

They may also have difficulty in distinguishing the virtual world from the real world: a concept which is difficult enough for any adolescent, but with more limited cognitive functioning, they may struggle to keep a grasp on what is real. Sexual fantasy may play a smaller part in the sexual lives of adolescents with learning disabilities because fantasy is a cognitive activity. (Thompson 2013) However, if they are using pornography this can lead them to have distorted views about real-life sexual activity and relationships, which may then lead to them acting inappropriately or harmfully, without really understanding that their behaviour is not acceptable.

### **Harmful Sexual Behaviours**

Younger children with learning disabilities are less likely to have harmful sexual behaviours than adolescents, because of their development and functioning levels. Their behaviour is often more self-directed and less deliberate in terms of intentional harm. However, if they are engaging in harmful sexual behaviours, then this is of significant concern in terms of the child's own mental health and possibly the trauma of their own experiences of emotional, physical or sexual abuse.

Some adolescents with learning disabilities have committed serious sexual offences and used threats, force, coercion, blackmail etc. therefore it is important not to minimise their behaviours simply because of the learning disabilities. Any indications of planning, targeting of victims, repetitive behaviours which are resistant to interventions increase the level of risk.

### **Checklists for children and adolescents with learning disabilities**

The following checklists are all based on researched and practice experience and provide a framework for professional decision making, to aid education staff in understanding sexual behaviours and to begin to put them in perspective. They are a guide only and need to be used in conjunction with professional knowledge of the individual child or adolescent's level of functioning. Some individuals may function at a lower age than their chronological age, if so, it may be more appropriate to use the younger age checklist to evaluate the intention behind their behaviours. This may highlight that their behaviour is developmentally appropriate but remains problematic due to their age.