

April 2024 Webinar

**“But you know I’m just like you, right?”
Exploring Adolescent Dating and
Disability**

Presenter:

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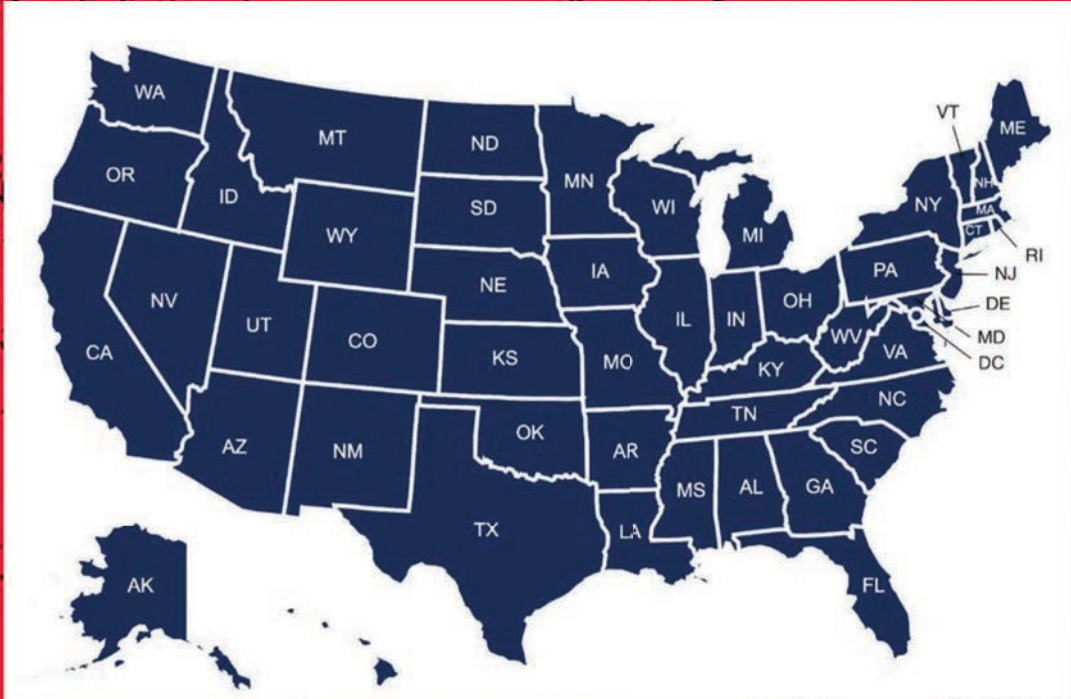
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is a national,
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Our Mission

Empowering teens and young adults with knowledge and research-based skills to successfully navigate their intimate relationships.





We believe in research.





The Dibble Institute
Relationship Skills for Teens and Young Adults

We believe in stable, safe, and nurturing families.





The Dibble Institute
Relationship Skills for Teens and Young Adults

We believe that relationship education is for everyone.



“But you know I’m just like you, right?” Exploring adolescent dating and disability

April 2024 Webinar: Dibble Institute



Dr. Heidi Rueda
University of Nebraska Omaha



DEDICATION

“Little” from Big Brothers
Big Sisters, San Antonio

WHAT IS A DISABILITY?

- Definitions can vary but include physical, intellectual, mental, emotional, developmental, and/or behavioral
- In my research with social workers, disability has been defined broadly to include trauma



DISABILITY PREVALENCE RATES

- Approximately 13%-25% of youth ages 5-17 years old have one or more disabilities globally
- 1 in 4 adolescents living in the U.S. have special healthcare needs
- Of children ages 0-17, adolescents have the highest prevalence of special healthcare needs
 - Reflects late diagnosis
- 17% of youth ages 12-17 have two or three conditions



DISABILITIES AND ROMANTIC RELATIONSHIPS



- Romantic and sexual relationships are just as common among people with disabilities
- A secure, intimate partnership is central to psychological functioning and quality of life
- Understanding of and experiences with romantic relationships may differ among people with a variety of disabilities
- How can we help youth with disabilities obtain sexual citizenship?

DISABILITY AND SEXUAL CITIZENSHIP

- Sexual citizenship definition
- History of sexuality among people with disabilities
- Individuals with disabilities often perceived of as asexual, or sexual behaviors seen as inappropriate, unsafe, or less acceptable

“The most common question I get is...do I feel anything down there, almost like I was subhuman...or I was like a science project...But you do know I’m just like you, too, right? I get the same feelings or whatever that you do, so it’s not weird or anything.”

– A young Ghanaian American woman with Cerebral Palsy

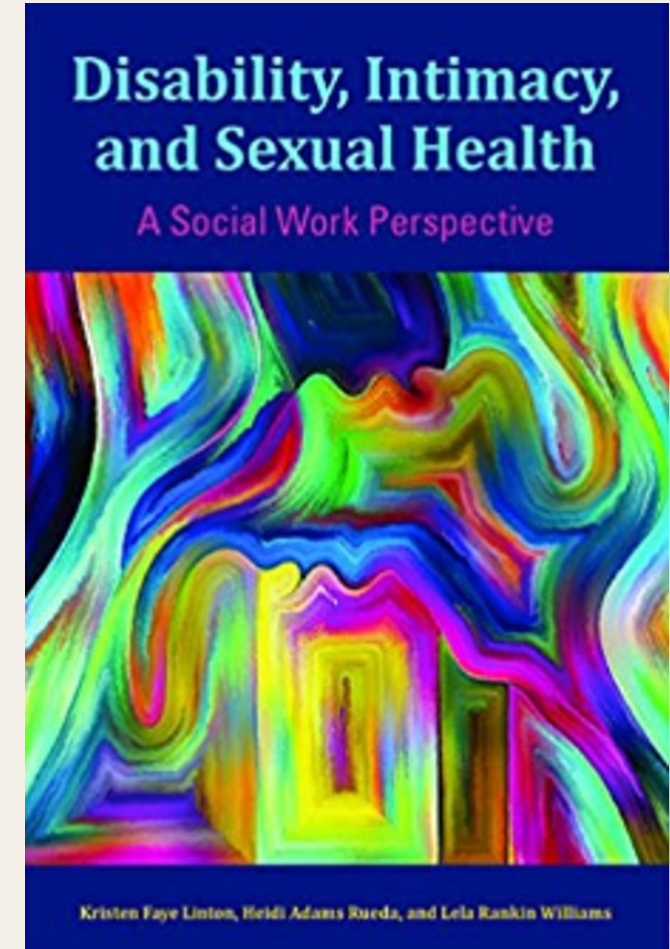
SOCIAL MODEL OF DISABILITY

- Disability is an element of diversity rather than a pathology
- People are only as disabled as the social and physical environment make them
- Supports should focus on enhancing inclusion for all people



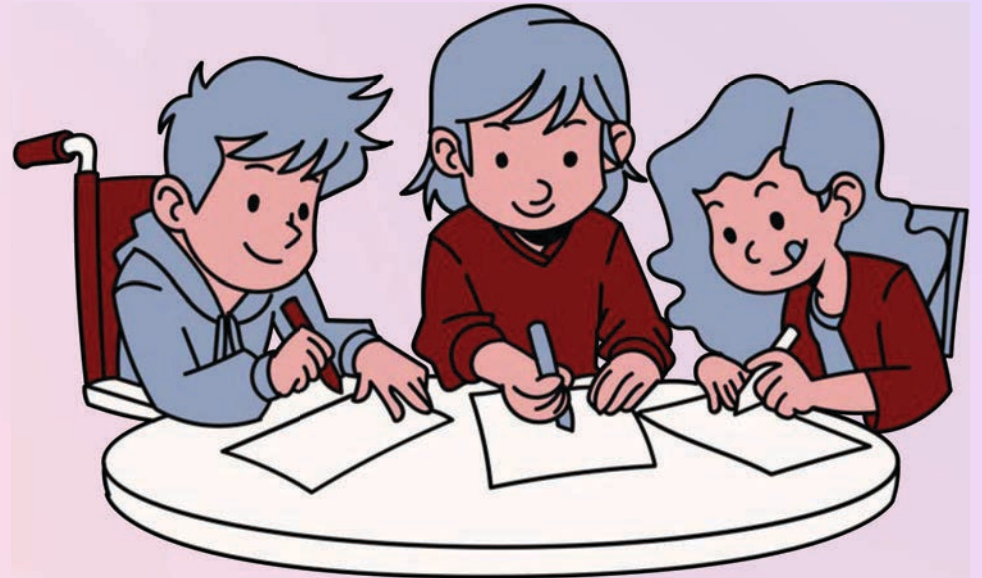
OUR STUDY

- Purpose: To learn about the intimate and sexual health needs and experiences of people with disabilities
- Conducted 42 in-depth interviews with social workers across three different states (Nevada, Arizona, Texas) serving people with disabilities across the lifespan
- Also interviewed 8 young adults between ages of 22-29
- Intellectual and developmental disorders (e.g., Autism spectrum) were the most commonly discussed



HEALTHY SEXUALITY BEGINS IN CHILDHOOD

- Sexuality is an integral part of development and begins in childhood
- Helping professionals should understand normative vs. atypical sexual behaviors according to developmental stage and disability factors
- Unfortunately, most research with youth with disabilities has been problem-focused



HEALTHY SEXUALITY BEGINS IN CHILDHOOD (CONT.)

- Disability stigma is compounded by social exclusion in educational environments (i.e., “SPED” kids), which heightens risk for bullying and differential treatment
- Youth internalize messages concerning social and academic (in)competence
- Helping professionals play important roles in supporting the well-being of children with disabilities

“What they talk about is, like at lunch
- they don’t have anyone to play with... and they don’t get invited to birthday parties and they don’t get invited to sleepovers.”
- Elementary school social worker



CHILDHOOD SEXUAL HEALTH: IMPLICATIONS FOR PRACTICE

- Help youth to develop self-esteem and to value their bodies
- Promote (adapted) socio-emotional learning
- Provide support to parents regarding sexual development of children
- Recognize that caretakers may be overprotective (often out of fear of child victimization), struggle with a disability, and/or suffer burn-out from caretaking and fighting inequality related to disability



ADOLESCENT ROMANTIC RELATIONSHIPS

- Romantic relationships within adolescence are normative
- Two (competing) developmental goals that result in relationships that are emotionally intense but typically short lived and less exclusive
 - 1.) Intimacy: connecting with someone special
 - 2.) Identity: figuring out they are by trying on different roles

CHALLENGES INITIATING RELATIONSHIPS

- Societal stigma continues to affect the reduced likelihood of interabled couples



“I probably wouldn’t disclose (that I have a disability) for a while just out of fear of them not understanding and out of the fear of I don’t want them to judge me so immediately into the relationship, you know?”

-Young adult with an emotional disability

CHALLENGES INITIATING RELATIONSHIPS (CONT.)

- Communication and understanding social cues is a challenge for youth with developmental or intellectual disabilities

“Do you want to hook up with me?
Yes or no”



VIDEO: MIKE'S CRUSH



<https://vimeo.com/16503424>

INTIMACY DESIRES OF TEENS WITH DISABILITY

- Similar sexual and relationship desires as other teens
- Desire may show up behaviorally in different ways from other teens
- It is important for supports to provide concrete examples of how to achieve intimacy within a healthy romantic relationship
- Some youth with disabilities want to get married and have families young

“Sex is much different from intimacy. So I’ll have to teach them that you can’t just ask your wife ..., ‘Hey, can we have sex?’ You know, there needs to be, like, some intimacy. Massaging, petting, touching, kissing, hugging, making them feel comfortable and then having sex.”
- High school social worker

FAMILY AND CHILD-REARING

- Research suggests that youths across various disability types are less likely to complete secondary education and that they are more likely to see themselves as family- rather than career-oriented (Linton et al., 2017; Shandra & Chowdhury, 2012)
- There is still a great deal of societal stigma about the ability of people with disabilities to make good marriage partners, despite that research has pointed to no difference in marriage satisfaction and compatibility between people with and without disabilities (Abed et al., 2015)



SEXUAL ORIENTATION

- Individuals with autism are more likely to identify as LGBTQ+
- As a minority within a minority, these youth encounter enhanced prejudiced and stigma, particularly within service outlets



CHALLENGES FOR YOUTH WITH PHYSICAL DISABILITIES

- Physical disabilities can limit opportunities to experience sexual activity
- Some parents of youth with physical disabilities wanted youth to have sexual experiences
- Sexual experiences are typically possible with accommodations

“Physical disabilities are so impairing. I know one student in particular who is almost blind and deaf in a wheelchair. He is the most charming kid around and he wants a relationship. ... He had a friend of the family who he fell in love with and moved to Las Vegas. They never had a relationship but in his mind he had a relationship.”

- High school social worker

CHALLENGES WITH DATING

- A meta-synthesis of studies across the globe combining 16 qualitative studies found that people with intellectual disability desired close interpersonal relationships but were restricted by family members, program staff, and family members (Black & Kammes, 2019)

“They will go away and hook up on campus.”

-High school social worker



VIOLENCE VICTIMIZATION

- Youth with disabilities are more likely to be victims of all forms of violence.
- People with disabilities are more likely to be physically forced to have sex.
- Risk factors include stigma, discrimination, lack of social support.
- Youth with communication impairments may not be able to disclose.



VICTIMIZATION AND PERPETRATION

- Poor self-esteem, limited cognitive abilities, and impaired decision making have been associated with sexual vulnerability in previous research.
- Sometimes, youth with disabilities are perpetrators of violence.
- Legal ramifications

“They are sexually active without really realizing or having a complete understanding of what that really means. You know, especially if they’re easily lead by social behavior- how simple would it be to say, ‘Everyone does this, it’s what you do when you’re friends’ ... ‘Oh, let me touch you here’”

- Youth serving social worker

PREGNANCY AND PARENTING

- People with disabilities are just as likely as others to experience pregnancy, yet are more likely to become pregnant as teenagers and while single than people without disabilities.

“We have two kids who are both [disabled], one more than the other, but the boy is very mentally ill...They got pregnant and she had a miscarriage and they were pregnant again within like a month.”

– High school social worker



CONTRACEPTION AND FAMILY PLANNING:

The Important Role of Parents

“This is a mildly intellectually disabled girl ... says, ‘My mom told me that if I was going to have sex, I needed to come to her and tell her and that she would get me on birth control.’ And I said, ‘Well ... would you actually do that?’ And she goes, ‘Oh yeah, yeah ... my mom would be really upset and it would break trust if I, you know, started having sex and I didn’t tell her.’”

– High school social worker

PERSPECTIVES OF REPRODUCTIVE RIGHTS:

Young Adult Perspectives

- Reproductive rights were commonly questioned by peers and professionals
- Some internalized asexual stereotypes
- Some worried about burdening a child with their disability, or transmitting their disability to their child
- Others confidently reported desire to bear children
- Professionals should examine biases toward the reproductive rights of people with disabilities



CONTRACEPTIVE PRACTICES

- Women with I/DD are less likely to be provided with Long-Acting Reversible Contraception
- Contraceptives are safe and can be effective to treat certain medical concerns in women's health
 - May be under utilized
- Biggest barriers include:
 - Lack of training medical professionals (limited experience)
 - Stigma
 - People with I/DD are often less expected to utilize/seek contraceptives



SEX EDUCATION

- Adolescents with one or more disabilities are often thought of as 'asexual', or their sexual behavior is deemed less acceptable, unsafe, or inappropriate.
- Children with disabilities are often left out of the classroom, or do not understand what is taught.
- The responsibility to educate people with disabilities is often deferred to others
- For example, parent to school, social worker to school nurse



SEX EDUCATION (CONT.)

- Truly comprehensive sex education encompasses not only information on contraception and STIs, but also as skill-building components to help protect youth from victimization and to equip them to forge healthy relationships (SIECUS, n.d.).
 - Social workers from our study preferred this, as do parents (Constantine et al., 2007).
- Sexual health curricula should be adapted to meet various needs.



HAVING CONVERSATIONS

- Having someone to openly and safely discuss sexual feelings, bodily changes, and sexual desires presents a challenge for youth with disabilities

“I personally believe it is what we were placed on this earth to do—to love and be loved.”

–Ghanaian American young adult with cerebral palsy



TERMINATING

- Experience frequent breakups
- At risk for experiencing greater distress following a breakup
- Relationship problems and breakups are one of the biggest threats to the emotional well-being of adolescents with disabilities

“I mean, I have an ED [emotionally disabled] girl who ... I’ve worked with since her freshmen year and this is her junior year, and it’s so neat to see her development now. ‘Eh, I just broke up with this guy. I didn’t need him anymore.’ ... A year ago, she would’ve been out cutting on herself.

– High school social worker

PRACTICE TIPS

- Teach specific, concrete skills for youth who need additional support with social and communication skills
- Teach youth about consent
- Debunk myths that people with disabilities are asexual, unable to have sex, or have less appropriate sexual behaviors
- Advocate for multi-tiered and adapted sexual health education and support
- Provide support to parents about youth sexuality and dating
- Advocate for policies that promote full sexual citizenship of people with disabilities



SEE HANDOUT FOR
ADDITIONAL RESOURCES



THANK YOU!

Heidi Rueda

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Thank you for joining us today!

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Thank you for providing us feedback by completing this survey.

Webinar will be available in 3 days:

<http://www.dibbleinstitute.org/webinar-archives/>

Questions? RelationshipSkills@Dibbleinstitute.org



The Dibble Institute
Relationship Skills for Teens and Young Adults

Second Wednesday Webinar

May 8, 2024

Centering Youth Voice

Kelley Lockett and Daiya Thompson

Community Integrated Health and Love

Notes Facilitator