



Subject:	Sexuality & Intimate Relationships Policy		
Scope:	Agency Wide		
Prepared By:	Policy Committee		
Original Issue Date:	4/1/08	New Issue Date:	4/11/19

PURPOSE:

The purpose of this policy is to outline Triangle’s support for healthy sexuality of participants

POLICY, PROCEDURE and FORMS:

Introduction:

Human sexuality is an integral part of personality. One’s sexual thoughts, feelings, values, ideas and decisions are entwined and relate directly to how we feel about others and ourselves. The rights of persons with intellectual disabilities include the same opportunities, responsibilities and concerns as those shared by anyone else. However some people Triangle serves may be less able to recognize, understand and express their sexual feelings effectively and may need guidance and education to assist them in comprehending their own emotional and sexual development, as well as the rights and responsibilities of sexual expression.

Adults with intellectual disabilities, like all other adults, have rights to sexual expression; privacy; accurate information about sexuality; choice in sexual values, preferences and behaviors; choice in marital status; accurate information about birth control options; choice in contraception or sterilization; choice in significant others; and access to counseling, legal and social services. Adults with intellectual disabilities, like all other adults, have the responsibility to know and abide by the law; consider pregnancy as a potential risk of intercourse; understand the responsibility of child-rearing; respect the rights and choices of others; understand the mores of society; refrain from passing sexually transmitted diseases to others; and to inform sexual partners of such diseases. Clearly there can be no single prescription to address all possible sources of conflict between the rights and responsibilities of developmentally disabled, or any other adults, with regard to their sexual identity and expression. As service providers and participants in the ISP process, our agency may be obligated to become involved in the process of individuals’ learning about their own sexuality.

Through its IMPACT:Ability program, Triangle provides education to individuals on healthy relationships and sexuality. IMPACT:Ability staff also provide professional development to staff which is designed to enable them to support participants in experiencing the broadest range of healthy intimate and interpersonal expressions.

Staff Responsibilities: All Staff

All staff members are responsible for assisting individuals in developing positive attitudes about sexuality and in making decisions about social/sexual expression that will enhance their sense of self



worth. This means ensuring that participants have access to education about healthy relationships and sexuality, provided primarily by the IMPACT:Ability program. It also means respecting participants' wishes when they choose not to participate in relationship and sexuality education. Triangle staff are responsible for communicating the message that sexual expression is part of human life, and responding to inquiries about sexuality in a non-judgmental manner. Day and residential programs have different scopes and responsibilities, which are outlined in this policy. As a program, Triangle is unified in its commitment to ensuring that all participants get the support they need to pursue a wide range of human expression including intimate and sexual relationships.

All staff are responsible for normalizing participants' curiosity about sexuality and intimate relationships. Staff should either provide factual, non-judgmental responses to participants' questions or refer participants to the IMPACT:Ability program for education and answers. It is not acceptable to respond to participants' curiosity about sexuality by saying anything that would embarrass them, or by sharing personal judgments or non-factual information. It is always acceptable to limit conversations about sexuality when they are not appropriate for the workplace or social setting, so long as program staff answer participants' questions at an appropriate time or help participants get answers to their questions at a later time.

Sexuality Questions and Concerns

Triangle does not expect all staff to be experts in sexuality and relationship education and therefore employs staff with expertise in these areas whose role it is to address more challenging sexuality-related issues. If staff are uncomfortable answering participants' questions about sexuality or intimacy, they may say something like, "I think it would be good for you to talk about that with someone who knows more about it than me," and then refer the participant either to the IMPACT:Ability Manager or the Clinical Department. Questions related to factual information and skill development should be referred to the IMPACT:Ability Manager. Questions related to behaviors and feelings should be referred to the Clinical Department. If the staff member is unsure, refer the participant to the Clinical Department. All referrals should be documented in case notes or via email.

Staff Responsibilities: Day Programs

Triangle's Healthy Relationships Policy for participants outlines the types of conduct that is and is not appropriate for day programs. Since day programs are focused on building employment and/or social skills, it is appropriate for staff to intervene and prevent intimate forms of expression that would not be acceptable in a workplace or public social setting.

Even while certain expressions are not appropriate for day programs, day program staff are still responsible for working to support healthy sexuality in the following ways:

- Direct care staff are responsible for ensuring that all participants who are interested get access to healthy relationships and sexuality education through IMPACT:Ability. This can consist either of group Healthy Relationships training taught by program staff who have been trained by



IMPACT:Ability staff, Healthy Relationships & Sexuality training taught by IMPACT:Ability staff, or Individualized education conducted by IMPACT:Ability staff.

- If day program participants wish to have social or private time with their dating partners outside of Triangle, Program Coordinators are responsible for helping participants arrange that. This could mean coaching participants to speak up for themselves or the Program Coordinator reaching out directly to the participant's family, shared living provider, or residential provider to arrange this time. Any problems or roadblocks Program Coordinators face should be referred to the Clinical Department and the referral should be documented in case notes or via email.
- If a participant exhibits any inappropriate sexual behaviors and/or the inability to stop behaviors that are not appropriate for day programs, the matter should be referred to the Clinical department for assessment.

Staff Responsibilities: Residential Programs

Residential staff are responsible for supporting participants in their personal and home lives, and home is the appropriate place for sexual expression and intimate relationships. It is therefore the responsibility of residential staff to ensure that participants are supported in engaging in healthy sexual expressions of their own choosing.

Triangle is committed to meeting DDS Quality Regulation 12: "Individuals are supported to explore, define, and express their need for intimacy and companionship." This regulation states:

Regulations 7.03 (1) (d): Relationships ... Included is support and education to individuals in expressing intimacy and sexuality in an appropriate and safe manner.

Criteria for Standard Met

There is evidence that the needs and/or desires of the individual in the area of sexuality/romantic relationship development have been reviewed (formal or informal evaluation process), that staff are aware of and can describe individual's needs and interests, in the areas noted above, that support is given to the individual, and that support and education is geared to the individual's learning style. The provider utilizes a curriculum and has appropriately trained staff or has access to resources that supports learning in this area.

Criteria for Standard Not Met



There is no evidence that an individual's needs and/or desires in the area of sexuality/ romantic relationship development have been reviewed and/or there is an identified need in this area with no support provided and/or that support and education geared to the individual's learning style has not been provided. The provider does not have a preferred curriculum or access to resources that it utilizes.

Annual Residential Sexuality Assessments

Each year, residential managers are responsible for completing a Residential Sexuality Assessment for each resident. These assessments are to be completed in collaboration with the participant and with oversight from the Clinical Department. It is not acceptable for staff to make assumptions about residents' wants and needs with regard to sexuality education, nor is it acceptable to fill out the forms without discussing the questions with the resident. Residential Sexuality Assessments must be returned to the IMPACT:Ability Manager, who will work to create a sexuality education program that meets all residents' needs.

Based on Sexuality Assessments, the IMPACT:Ability Manager will work with the Chief Program Officer, the Director of Compliance and Integrity, and the Regional Residential Managers to create a sexuality and relationship education plan for the year. Once the plan is created residential staff are expected to support the implementation of the plan in ways that include scheduling, and transporting residents to other houses when educational needs of residents of multiple houses are overlapping.

Dating and Relationship Building

Residential staff are expected to support participants in spending time with their dating partners in ways that are commensurate with other supports for attending activities such as church, community outings, and social events. This can include driving an individual to and from a restaurant or other public place for dates or outings with their significant others. In these instances, staff should endeavor to give participants appropriate privacy while still maintaining awareness of how the individual is doing. (An example of this is a staff member sitting at a different table at a restaurant, still able to see the participant but also allowing some privacy.)

Privacy and Intimacy

Any Triangle participant who has completed sexuality education that includes consent, boundaries, sexual assault awareness, healthy decision making, and pregnancy/STI prevention is entitled to spend time with a significant other in their bedroom or another appropriate private place. Triangle commits to working with guardians to ensure that individuals under guardianship are supported in making the best possible decisions for themselves. At the same time, Triangle is guided by the Massachusetts



Department of Developmental Services, which affirms that individuals under guardianship also have rights to sexual and intimate relationships of their choosing.

In order to limit a participant's access to privacy, Triangle must identify the existence of unreasonable risk to health or safety, including the emotional or physical well being of the individual. An unreasonable risk means the likelihood of serious harm. All individuals have the right to make decisions involving risk to themselves to the extent they are able to understand and accept the consequences of their action.

Triangle may limit a participant's access to private time with their significant other **only** in the following circumstances:

- The participant refuses to receive sexuality education in areas including consent, safer sex and boundaries
- Triangle's Clinical department and/or ISP team has determined that privacy with a particular intimate partner presents an undue risk.
- An unknown and potentially inappropriate sexual partner arrives at the residence unannounced.

If a residential staff member sees an immediate threat to a participant's safety during their shift, the staff member may interrupt private time provided that the staff member communicates the concern with the on call residential manager, and they both follow up with the Clinical Department and ISP team.

Sexual Expression

Intimate touching (e.g., kissing, caressing) and sexual intercourse are normal means of human sexual expression between consenting adults.

Staff Guidelines: Situations may vary and as a result, interventions may also need to be varied. The following are suggested interventions that should be used with discretion and respect for the individual's rights.

1. Assist in defining public vs. private places. Help to determine some private places.
2. Assist in defining consent and understanding that it is wrong to force oneself on another.
3. Assist in obtaining education and/or counseling regarding all aspects of human sexuality and any decision to engage in sexual intercourse.

4. Assist in understanding responsibilities as well as consequences involved in behavior (e.g., that pregnancy may result from sexual intercourse, training in use of contraception).
5. Provide individuals with information about sexually transmitted infections
6. Allow individual(s) opportunity to clarify feelings about intimate touching and/or sexual intercourse.
7. Help individual(s) to understand that intimate touching and sexual intercourse are normal means of sexual expression.
8. If individuals engage in behavior in a public place, in front of others, or if it is interfering with living or work responsibilities:
 - a. Discreetly interrupt the behavior.
 - b. Make use of the teachable moment to explain the pertinent issues: inappropriateness of place, interfering with the rights of others or work/home responsibilities.

Masturbation:

Masturbation is an acceptable means of human sexual expression and development.

Staff Guidelines: Situations may vary and as a result, interventions may also need to be varied. The following are suggested interventions that should be used with discretion and respect for the individual's rights.

1. Help residents to understand that masturbation is a normal and healthy means of sexual expression.
2. If individuals engage in this behavior in a public place, it is suggested that the staff intervene as follows:
 - a. Discreetly interrupt the behavior by discussing the inappropriateness of the place.
 - b. During this intervention staff should protect the individual from embarrassment (i.e. cover them with coat, blanket, etc.)
3. If behavior interferes with living or working responsibilities, staff should intervene as follows:
 - a. Discuss with the individual your concerns regarding the behavior.
 - b. Assessment should be done to determine reasons for the behavior.
 - c. Refer to Clinical Department as needed.



4. If an individual masturbates to the extent of causing personal injury:
 - a. Interrupt the behavior immediately.
 - b. Assess bodily injury. Provide first aid and seek medical care as needed.
 - c. Explain the harm of the behavior.
 - d. Refer for counseling.

Pornography

Use of pornographic materials is a matter of personal taste and is appropriate when used in a private place with respect for the rights of others. Possession of pornographic materials in one's home for private use by consenting adults is not illegal and in fact is considered protected by the First Amendment of the U.S. Constitution. Dissemination of pornographic materials to minors (and perhaps to those under guardianship) is illegal. A person is potentially exposing him/herself to criminal liability if he or she distributes, displays or exhibits pornographic materials to one who does not consent, is a minor, is under guardianship, or is unable to give informed consent due to intellectual, emotional or psychological concerns.

Staff Guidelines:

1. Assist individuals receiving supports in defining private vs. public places.
2. If pornographic materials are being used in a public place, discreetly interrupt the behavior and let the individual know that it is inappropriate to use these materials in a public place.
3. If pornographic materials are found in a public place, they should be removed from the area by staff.
4. Staff must not procure pornographic materials for individuals receiving services and supports.

Sexual Health Care

Residential staff are responsible for supporting participants in accessing sexual health care in the same ways they support other health and medical care appointments. This can include obtaining birth control, screening for pregnancy or sexually transmitted infections, or any other health care need.