

**“Feel My Shirt, It’s Boyfriend Material”:  
The Responsibility of Teaching Personal Boundaries**

**NELI 21st Annual Assessment Boot Camp**

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## Statistics

The rate of nonfatal violent crimes  
against persons with disabilities  
increased from **30.7** per 1,000 in  
2014 to **46.2** per 1,000 in 2019

*U. S. DOJ, 2021*

## Statistics

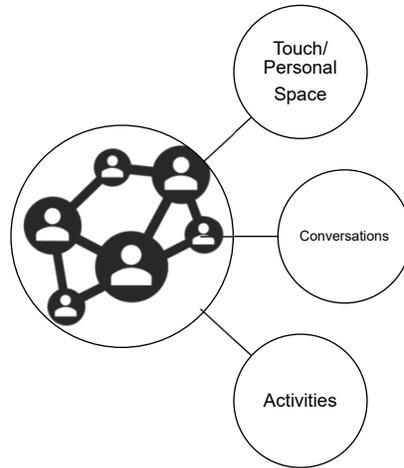
Almost ***four times the rate*** for  
persons without disabilities  
(12.3 per 1,000)

*U. S. DOJ, 2021*

Although persons with disabilities  
accounted for 12% of the  
population, they were victims in  
26% of violent crime incidents.

*U. S. DOJ, 2021*

## Personal Boundaries



Taught within the context of *healthy relationships*, interpersonal skills, and *safety*

## Healthy Boundaries:

Boundaries are healthy when and individual can identify their own limits, be confident in their opinions, and stand up for themselves when necessary.

### Types of Boundaries:

1. *Material* - Lending money and other possessions, sharing, respecting other's items/toys
2. *Physical* - Personal space and physical touch; right to say "no" to physical contact.

### Types of Boundaries *(cont'd)*:

3. *Mental* – Ability to hold independent opinions, learn new information and understand different perspectives
4. *Emotional* – Ability to separate needs, wants, and emotions from those of friends and loved ones. Accepting and understanding the thoughts and feelings of self and others.

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## Early Learning...

Child interactions with the environment (adults, peers, materials) constitutes the engine for development and learning.

(C. Morales-Murillo et al., 2022)

## Early Learning...

- Daily routines
  - Promote development and learning
  - Safety and security
- Opportunities to practice and acquire skills
  - Direct teach, modeling, feedback

(C. Morales-Murillo et al., 2022)

## Early Learning...

Meaningful participation in natural environments provides the framework for engagement, independence, and social relationships

(C. Morales-Murillo et al., 2022)

### School-Age

- Health Education TEKS
  - Health behaviors
  - Health information
  - Influencing factors
  - Personal/Interpersonal skills

## School-Age: Health Education TEKS

### Kindergarten:

Students learn about their bodies and the behaviors necessary to protect them and keep them healthy

Students also understand how to seek help from parents and other trusted adults

## School-Age

### First Grade:

- Safety
- Refusal skills
- Relationships
- Bullying

Fast forward...

When do we tend to intervene?



**FACT:**

100% of children will go through  
puberty.

Developmental delay does not  
necessarily change the onset of  
sexuality and identity

Sexual behavior of individuals with  
developmental disabilities is neither  
deviant nor pathological.

- Sexuality is a natural part of human development and physiology.
- Sexual exploration and experimentation fits within the normal spectrum of human behavior in the prepubescent years.

Even if students are not developmentally ready or interested in romantic relationships, they can still benefit from building the language and skills necessary to develop bodily awareness and agency over their consent.

## Challenges

Individuals with developmental disabilities have difficulty expressing sexual behavior consistent with social and cultural norms.

### Skill deficits increase vulnerability:

- Communication
  - Understanding consequences
  - Expressing emotions
  - Saying, “no”
- Moral reasoning
  - Understanding right from wrong

- Relationships
  - Conversations
  - Appropriate touch
  - Appropriate activities

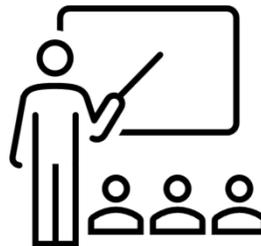
## Recreation & leisure skills

- Identifying and participating in age-appropriate activities with peers
- Access to transportation and community
- Motivation

## Access to resources

- Acknowledging need for assistance
- Asking for help
- Access to peer models
- Access to help from professionals

Individuals with developmental disabilities are generally excluded from sexual health education.



## Sexual Health Education

Seven components of comprehensive sexual health education:

1. Anatomy and physiology
2. Puberty and adolescent development
3. Identity
4. Pregnancy and reproduction

(SIECUS, 2012)

## Seven components (cont'd)

5. Sexually transmitted diseases & HIV
6. Health relationships
7. Personal safety

(SIECUS, 2012)

Research Examining Scope of Sexual Health Education Interventions for Adolescents and Young Adults with I/DD:

Scoping review of 1463 studies six were included in findings

- Low quality research (rigor)
- Improved outcomes for individuals

- (Schmidt, Brown, & Darragh, 2020)

Research Examining Scope of Sexual Health Education Interventions for Adolescents and Young Adults with I/DD:

- Multimodal approaches
  - Didactic teaching
  - Illustrations
  - Activity-based learning

(Schmidt, Brown, & Darragh, 2020)

## Evidence of Effective Interventions?

- Limited
  - Single subject vs group design
  - No replication studies
  - Ethical limitations

McLay et al., 2015

### Results:

- Little consensus among clinicians regarding best practices
- Services and supports that are provided in this area are often limited.

McLay et al., 2015

## Multi-component interventions:

- Differential reinforcement procedures
- Direct teaching of appropriate replacement skills or functional alternatives
- Use of antecedent strategies

McLay et al., 2015

School/Classroom  
EBPs

- Visual supports
  - Social scripts
  - Antecedent-based strategies
    - Environment (structure)
    - Clothing
    - Physical activity
- Courtade et al., 2015

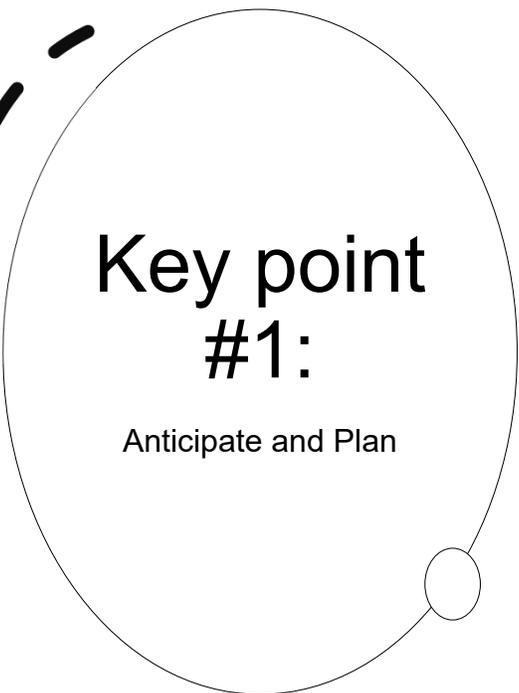
- Direct instruction
- Task analysis of skills (based upon assessment)

Courtade et al., 2015

## Instructional priorities

- **PLAN FOR THIS STAGE OF DEVELOPMENT**
- Directly teach boundaries and appropriate touch at all ages
- Teach in authentic environments and situations

- Role play/practice responding
  - Both saying AND accepting “no”
- Relationships
- Bodily changes
- Feelings
- Personal care & hygiene



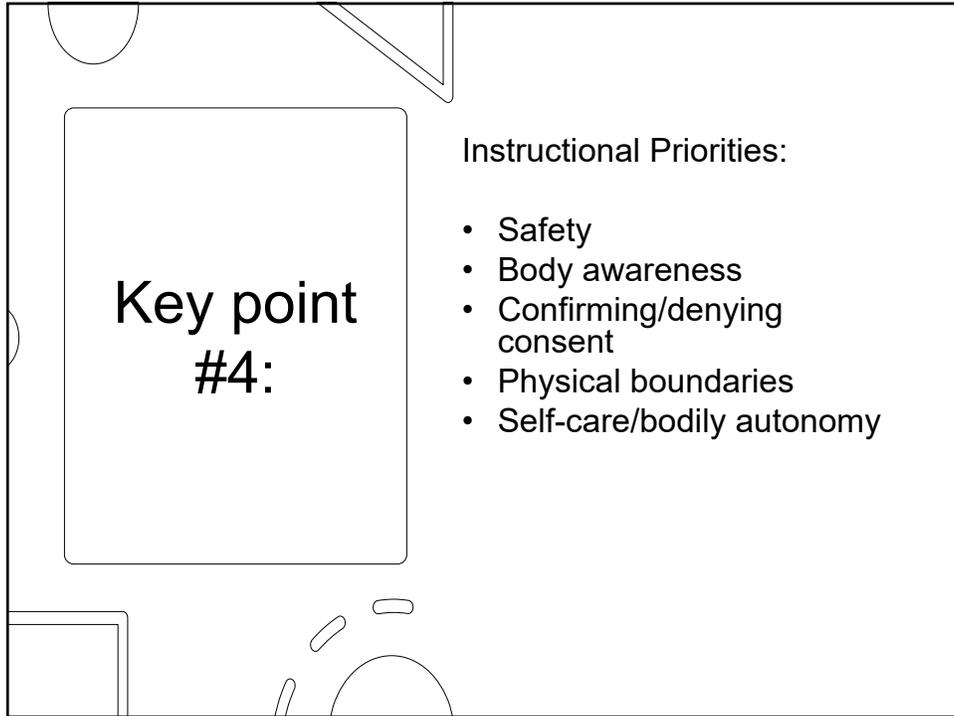
**Key point  
#1:**

Anticipate and Plan

**Key point #2:**  
Teach “boundaries” within the context of a comprehensive sexual health education plan

**Key point #3:**

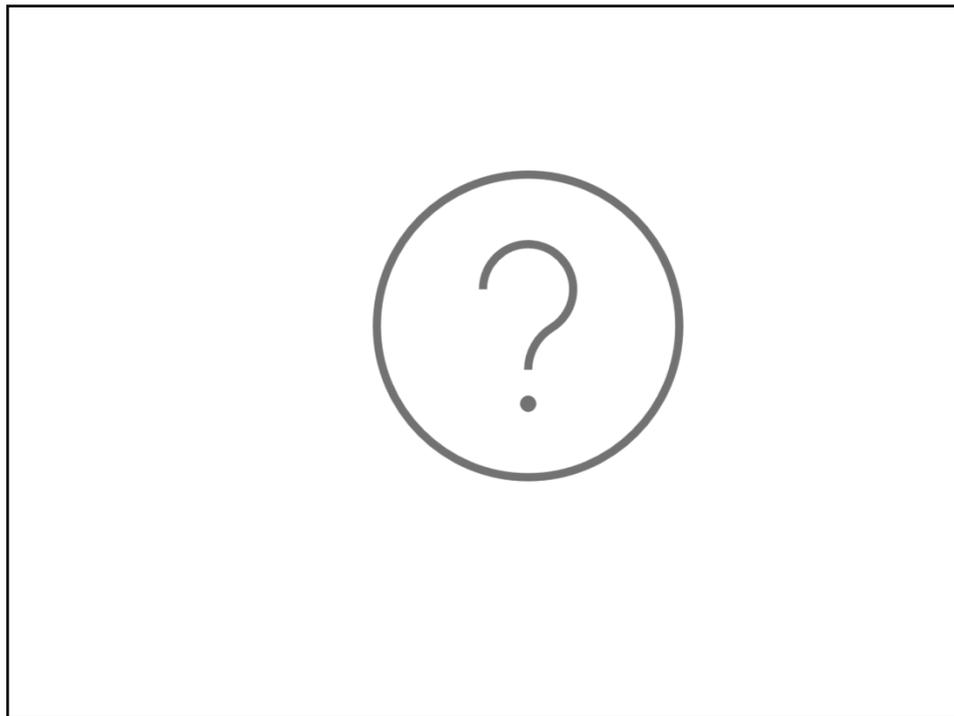
- Collaborate with family
- Be sensitive to cultural norms



**Key point  
#4:**

**Instructional Priorities:**

- Safety
- Body awareness
- Confirming/denying consent
- Physical boundaries
- Self-care/bodily autonomy



# *Thank you!*

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## References

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- McLay, L., Carnett, A., Tyler-Merrick, G., & van der Meer, L. (2015). A systematic review of interventions for inappropriate sexual behavior of children and adolescents with developmental disabilities. *Journal of Autism and Developmental Disorders*. 2, 357-373.
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