



February 2024

Executive Summary

In partnership with the Utah Parent Center (UPC), Utah Development Disabilities Council (UDDC), researchers at the USU Institute for Research, Policy, and Practice (IDRPP) were contracted to conduct a training needs assessment about healthy relationships and sexuality and adults with disabilities. As adults with disabilities are far more likely as people without disabilities to experience assault or abuse ([U.S. Department of Justice, 2016](#)) the UPC wanted to know what trainings and the level of knowledge was around these topics in the state of Utah. The information gathered in this survey will be used to improve resource and training access for professionals, families, guardians, and adults with disabilities.

In general, we found that professionals (anyone working the disability field or in a crisis/domestic violence shelter) had received the most information on all topics, compared to families, legal guardians, and adults with disabilities. However, they all still wanted information. Across all groups, information about healthy relationships and sexuality – specifically consent, boundaries, appropriate behaviors, and self-protection, were the most needed topics for training and resources.

Methods

All data collection was approved by USU and Utah Department of Health and Human Services Institutional Review Boards (IRB). We distributed a survey via Qualtrics and participant were asked to provide informed consent and then split in three categories: professionals (including disability service providers, crisis service providers, other professionals), family members/caregivers or legal guardians of individuals with disabilities, and adults with disabilities themselves. We also conducted focus groups via Zoom and text-based focus group surveys via Qualtrics (using the same protocol as the Zoom focus groups) to collect more detailed information. All participants were over 18, resided or worked in the state of Utah, and provided informed consent for these data collection activities. The survey and focus group responses were collected between June 1, 2023 and October 31st, 2023.

Recruitment for both the survey and focus group was via mailing lists, social media, and a promoted article and ad campaign through KSL and Deseret Media. The archive of the article can be viewed [here](#). The article was promoted on the homepage for one day and archived on the website indefinitely and we also had branded banner ads in the KSL app directing to the survey for three weeks. For the promoted period, total number of unique readers was 2,192 and according to the KSL representative, that was 800 more readers than the average article. The ads made 193,607 impressions, with 174 clicks through; according to the KSL representative, out click rate 0.09% but national ads have a click through rate of 0.03%. It seems the article and ads generated higher than average interest and we were able to raise awareness about this topic, while also recruiting for the survey.

We anticipated a higher response rate (approximately 350-400, based on previous surveys), but as detailed below, we received fewer responses than anticipated in spite of recruitment efforts. We believe there was aversion to this topic, given the climate of Utah, personal and moral aversions, and people being afraid of being asked about specific scenarios rather than about training and education on the topics of sexuality and healthy relationships.

Approximately 175 people entered the survey. There were approximately 133 survey respondents after removing those under 18 who were screened out, and individuals who did not consent, or who had legal guardians who did not consent, or who dropped out for any other reason. After removing those with almost entirely incomplete/unusable data, there were 109 participants. The total number will vary, as participants were allowed to skip questions, the number of participants responding will be provided in this (#) format. For the focus group respondents, we had 10 (3 via Zoom and 7 via Qualtrics) participants. The detailed results by group are reported below.

Identities of Respondents

From the survey we had the following response options, with participants being asked to pick the response that best describes them, however they could take the survey more than once if they felt strongly about more than one identity:

- I am an individual with a developmental disability.
- I am the parent or legal guardian of a person with a developmental disability.
- I am a professional who provides services for people with developmental disabilities.
- I am a professional who works in a domestic violence/abuse shelter or program.

We combined the responses for disability professionals and professionals in domestic violence and crisis center programs, as there were only 7 in the latter category.

The totals for each category are shown in the table below. Results throughout the report will be reported by individuals/adults (over 18) with a disability, family members/legal guardians, and professional responses.

<i>Identity Category</i>	<i>Number of Respondents</i>	<i>Percent of Total (109)</i>
Adult with Disability	18	16.5%
Family Member/Legal Guardian	44	40.9%
Professional	47	43%

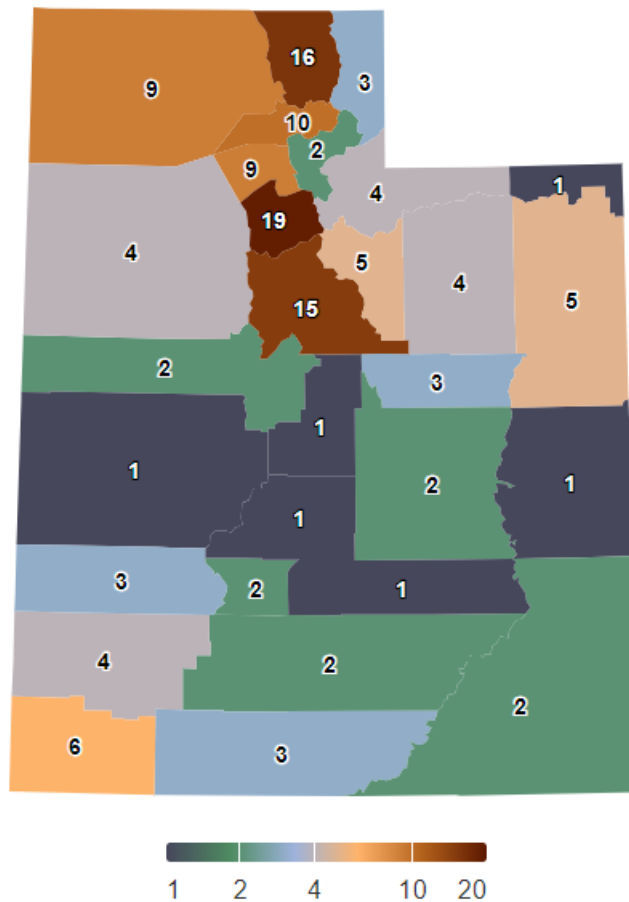
As described in the table above, our sample was made up mostly of professionals and family members. Although the survey was written in plain language and advertised both on traditional and social media and via mailing lists of disability organizations, we fell short of our goal in reaching more adults with disabilities and plan to address this with the UDDC and UDAC as was as our Community Advisory Committee for future surveys and marketing of trainings relating to this project.

Professionals

We collected areas of service from professionals and they are displayed in the map below.

Provider Reach

Service Areas Reached by 47 Disability and Crisis/Domestic Violence Professionals



Link to interactive and accessible map: <https://api.everviz.com/share/XkNy0cQLA>

As expected, the Wasatch front has the most service coverage. However, across the 47 service providers, there were 140 points/counties served. This means that on average in our sample, a professional in the disability or domestic violence/crisis field serves people over a three-county area. This is typical for services in Utah.

Professionals' Past Training Experiences

We asked several questions regarding past training experiences with topics relating to abuse, healthy relationships, sexuality and intimate relationships specific to the population of adults with disabilities. The results for whether professionals have received formal training or informational resources for each

category are presented in the table below.

Total: 35	Abuse		Healthy Relationships		Sexuality & Intimate Relationships	
Received:	Training	Resources	Training	Resources	Training	Resources
Yes	31	27	13	13	17	13
No	4	8	20	20	15	18

The results of the training and information received show *that most professionals receive information about abuse and adults with disabilities, but healthy relationships, sexuality, and intimate relationships are not as frequently addressed* in trainings or informational resources provided to professionals.

Results from the focus groups echoed these results. Several participants reported that they had received training focused on abuse and neglect, training from Adult Protective Services (APS), and that many trainings were “barebones” with “little focus on sexuality and healthy expression for people with disabilities and explaining to them.” Only one focused group participant had received comprehensive trainings about sexuality, healthy relationships, and appropriate sexual behaviors relevant to adults with disabilities.

Following up on whether professionals had received training or information on these topics, we asked whether they were useful, rated on a 5-point Likert scale from 1 = Not at all useful, to 5 = Extremely useful. Results are shown in the following table.

Usefulness:	Abuse		Healthy Relationships		Sexuality & Intimate Relationships	
	Training	Resources	Training	Resources	Training	Resources
Not at all useful	1	1	-	-	-	-
Slightly useful	2	3	-	1	2	1
Moderately useful	8	10	4	1	10	4
Very useful	14	10	5	7	2	4
Extremely useful	6	3	4	4	3	4

Most professionals found the trainings and resources at least moderately useful, if not more, if they had received the information at all.

Abuse Topics Covered in Trainings

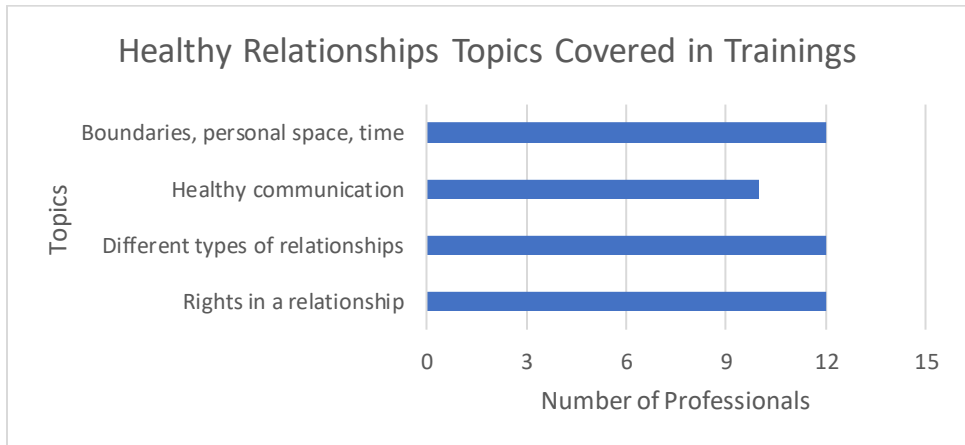
The following topics* were covered in trainings about abuse and adults with disabilities. With a total of 31 professionals receiving training on the topic of abuse, the most frequently covered topic was sexual abuse (30), followed by physical abuse and financial abuse/exploitation (29). The least reported training topic was psychological/verbal abuse (25), however this was still a majority of the participants.



* We have abbreviated the topics for the table description. In the survey the abuse topics were listed in more descriptive wording. The following were the choice categories for training topics: emotional or verbal abuse (affects how someone feels), psychological abuse (affects how someone thinks or views reality), financial abuse or financial exploitation (when someone uses another person for money or resources), financial abuse or financial exploitation (when someone uses another person for money or resources). These descriptions were selected as plain-language definitions and used throughout the survey (for professionals, family members, and self-advocates/adults with disabilities).

Healthy Relationships Topics Covered in Trainings

The following topics* were covered in trainings about healthy relationships and adults with disabilities. Of the 13 who received training about this, 12 had received training specifically about boundaries, personal space, how relationships develop over time, differing types of relationships (family, friends, romantic), and a person’s rights in a relationship. Only 10 of 13 had received training about healthy communication in a relationship.



* We have abbreviated the topics for the table description. In the survey the healthy relationship topics were listed in more descriptive wording. The following were the choice categories for training topics: rights

in a relationship (another person should not force you to do things you don't want to do, etc.), how types of relationships can differ (family, friends, romantic), healthy communication, and boundaries, Personal space, how relationships develop over time.

Sexuality and Intimate Relationships Training

The survey data for this item is not available due to failed skip logic but we know that 17 participants received some training. However, reports from participants in the focus group mentioned that trainings from Planned Parenthood and others addressed the following: sexuality, appropriate behaviors, and personal hygiene. Many focus group participants reported that these topics* are lacking and difficult to find comprehensive trainings on, particularly relating to the disability community. The following topics will be included in the sexuality and intimate relationships category reported on in the professionals' future training needs, and family and individual training experiences report sections.

- Consent –what it is and is not
- Sexual rights–boundaries and sexual decision-making, how intimacy can look many ways
- Self-protection understanding and skills –how to respond to unwanted advances, alerting others if feeling threatened
- Sexual identity –information related to identity and orientation
- Considering appropriate context (including where you are and/or who you are with affects if a sexual behavior is appropriate; public vs private behavior)
- None of the above

Information Sharing

We asked professionals several questions about finding and sharing information about abuse, healthy relationships, and sexuality and intimate relationships. Responses about whether they know where to find information about these topics are included in the table below. Also included is whether or not they have shared each type of information with an adult with a disability.

Abuse Information		Healthy Relationships Information		Sexuality and Intimate Relationships Information	
Yes	No	Yes	No	Yes	No
23	12	17	16	14	18
Shared	Not Shared	Shared	Not Shared	Shared	Not Shared
25	10	17	16	14	18

Approximately 70% of those responding to this item (35 total) know where to find and shared information and resources about abuse. *Less than 50% of those responding know where to find information about healthy relationships, sexuality, and intimate relationships for adults with disabilities and fewer were able to share with information with adults with disabilities.*

Professionals were also asked whether their place of work has a policy in place to make sure information

about each topic was shared with adults with disabilities. Of the 35 professionals who responded to this item, slightly less than half has a policy in place to share information about abuse; *however, only 7 had policy about healthy relationships information and only 4 had a policy to share sexuality and intimate relationships information.* The results are shown in the table below.

Abuse Information Protocol		Healthy Relationships Information Protocol		Sexuality and Intimate Relationships Information Protocol	
Yes	No/Not sure	Yes	No/Not sure	Yes	No/Not sure
15	20	7	25	4	28

Trainings Sources

Participants reported a wide range* of sources for finding trainings and resources on all of these topics.

**A full list of the responses from where they received trainings and resources, by category, is included in Appendix A.*

For topics relating to abuse, participants reported that APS was the primary source for these information and resources, and also disability service agencies (DSPD, DLC, UPC, IDRPP), and self-directed online searches for information and resources.

For information and resources about healthy relationships and adults with disabilities, professionals reported that they received this material from the [Circles](#) curriculum, Planned Parenthood’s [classes](#), [CAPSA](#) and other crisis centers, independent living centers, disability service organizations (UPC, IDRPP, DSPD), Utah Valley University healthy relationships course, places of employment, and seeking out information on their own (internet, books, videos, etc.,).

Finally, for information and resources on sexuality and intimate relations for adults with disabilities, professionals reported receiving this information from crisis centers, employers/professional training, online searching, [UCASA](#), [RAINN](#), Planned Parenthood’s [classes](#), the UPC, DSPD, Family Support Center of Utah, and Utah Valley University.

Barriers to Training

Participants from the focus groups reported that people don't want to talk about these topics, which is an additional barrier to receiving information. There is stigma, issues of "morality", and general discomfort with some of these topics. In the survey group, we asked professionals how comfortable they would feel providing information about each of the topics to adults with disabilities. Results from these questions are reported in the table below.

	Abuse	Healthy Relationships	Sexuality & Intimate Relationships
Comfort Level	Number of Participants		
Very uncomfortable	-	1	1
Somewhat uncomfortable	4	4	6
Neither comfortable nor uncomfortable	3	7	7
Somewhat comfortable	11	6	8
Extremely comfortable	17	15	10

Focus group participants and survey commenters frequently mentioned that there is a general lack of information and that people don't know where to look for these resources. Professionals do not have appropriate resources to share with families and individuals.

When it comes to domestic violence shelters, one participant familiar with these settings mentioned that these agencies are not prepared to assist adults with disabilities, provide accommodations, or in some cases (reported by a focus group participant and survey comments) some do not even accept adults with disabilities. More information is needed on this. One participant voluntarily left their contact information for follow-up.

Future Training and Resource Needs

As the purpose of this needs assessment was to establish a baseline of training and information needs and then plan for future, improved training and resources on these topics, we asked all participants: if they saw a need for more trainings, what they would like those training to cover, preferred format of raining/resources, and what would make trainings and resources more useful.

We identified that a barrier was the lack of training and resources, the overall consensus among professionals for a need for more training and resources on this topic is not surprising, as reported in the table below.

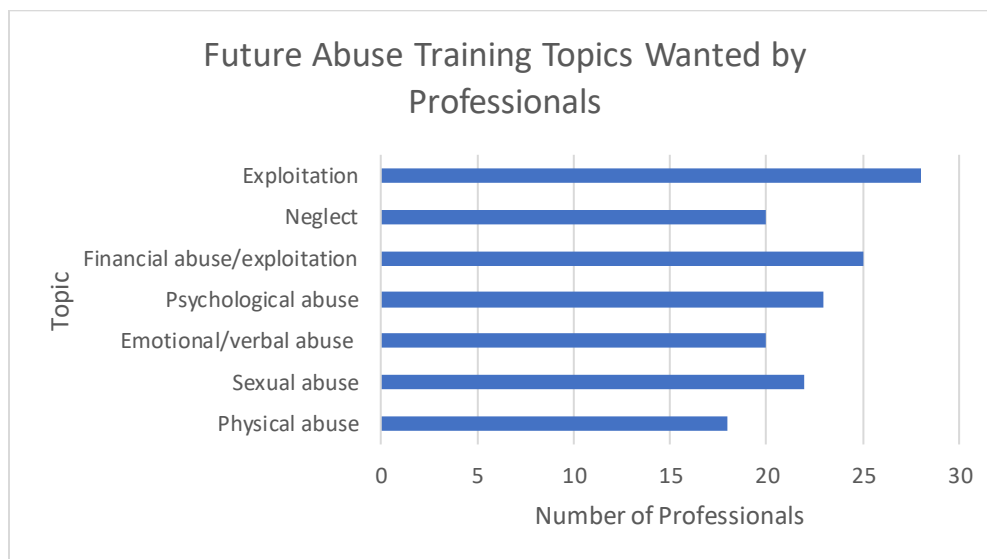
Need more:	Abuse Training Resources	Healthy Relationships Training & Resources	Sexuality & Intimate Relationships Training & Resources
Yes	34	32	30
No	1	1	2

Most professionals reasoned* that more training and resources on these topics are necessary because they are not widely available and also because adults with disabilities would benefit from this information, because they are often left out of these conversations. Professionals stated that these are unfortunately prevalent issues and by providing information, resources, and trainings to other professionals, families/guardians, and adults, they might raise awareness, give them tools, and act as preventative knowledge before the abuse or unhealthy behaviors occur or stop building concerns. Professionals also frequently mentioned stigma around these topics or the idea that adults with disabilities are not engaging in relationships or sexual behaviors, but that is incorrect and trainings are very needed for all groups (other professionals, families/guardians, and adults).

Those that responded “No” said that existing trainings weren’t relevant to real-life situations and that trainings weren’t relevant to their work roles.

*A full list of reasons why all survey respondents (separated by identity category) see a need for more trainings and resources on these topics is available in Appendix B.

We asked about the same topics under each issue category for what they would like to see covered in future trainings. For the abuse category, professionals reported the results picture in the chart below.

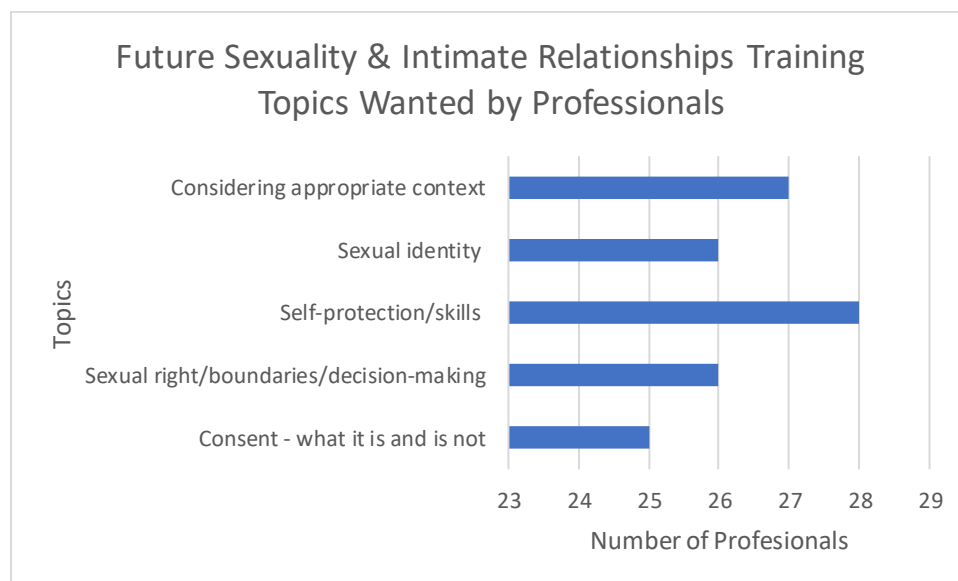


The topics of most interest to are exploitation professionals (28) followed by financial abuse/exploitation (25). The remainder of the topics still have a majority of professionals interested, but it may be that these topics are already covered by existing trainings.

For healthy relationships training topics, as shown in the chart below, healthy communication was of the most interest (29), but there was little variability (24-29) across professionals. It can be assumed there is broad interest among professionals in all topics relating to healthy relationships and adults with disabilities.



Finally, regarding future topics relating to sexuality and intimate relationships, as shown in the chart below, the topics of most interest to professionals were “Self-protection understanding and skills – how to respond to unwanted advances, alerting others if feeling threatened” (28) and “Considering appropriate context - including where you are and/or who you are with affects if a sexual behavior is appropriate” (27). However, for this issue category, there was again little variation (25-28) suggesting a high overall level of interest in sexuality and intimate relationships training topics among professionals.



Finally, we asked an open-ended question about what other topics* professionals would like to see covered. *One of the topics mentioned by multiple participants was how to talk to adults with disabilities about these topics, particularly if they had experienced abuse, assault, or another traumatic event. Training, conversation guides, and other resources are wanted. Similar themes were echoed by the focus group participants, as well as starting education at a younger age and reducing stigma.*

**These topics can be found in Appendix C with the responses from families and adults as well.*

Training Format

We asked if participants would prefer to receive training in-person, online, or a combination. The results are reported in the table below. Online and blended formats were equally popular formats for trainings, but in-person only was favored by only one respondent.

In-person Only	Online Only	Combination In-person and Online
1	13	13

Participants in the focus group interviews, mentioned that the responsibility for providing these trainings is shared across organizations. It is important that everyone has access (organizations, providers, families/guardians, and most importantly adults with disabilities). The content needs to be financially reasonable or free and accessible and appropriate for all populations including underserved/especially vulnerable populations.

The final question asked of professionals was what could make trainings on these topics more useful. The major theme in the professionals' responses was having information on these topics specific to adults with disabilities. *Another common answer was a variety and more frequently accessible training and resource options. Professionals wanted options to talk to other professionals, review cases, and hear from people that deal with these topics frequently.*

Family Members/Legal Guardians

We surveyed approximately 44 family members or legal guardians. We asked them many of the same/similar questions as the professionals, in addition to a few questions about their family member. Most participants reported the individual lived with family members (as shown in the table below), and 36 reported being primary caregivers, while 6 did not.

Living Arrangement of Family Member with Disability	Number
No one, they live alone	1
With family member(s)	37
With spouse	1
With unrelated person(s)	3

We asked about the type of disability of their family members as well; most reported that the person they supported had a cognitive disability and needed assistance with activities of daily living.

Type of Disability of Family Member	Number
Hearing difficulty - Deaf or having serious difficulty hearing	4
Vision difficulty - Blind or having serious difficulty seeing, even when wearing glasses	4
Cognitive difficulty - Having difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional problem	39
Ambulatory difficulty - Having serious difficulty walking or climbing stairs	10
Self-care difficulty - Having difficulty bathing or dressing	23
Independent living difficulty - Having difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional problem	33

Family Members/Legal Guardians' Past Information/Training Experiences

We asked several questions regarding past experiences with receiving information or training relating to abuse, healthy relationships, sexuality and intimate relationships specific to the population of adults with disabilities. We also asked if the family member/individual they support had ever received information (to their knowledge). The results for whether family members/legal guardians and the individuals they care for have received formal training or informational resources for each category are presented in the table below

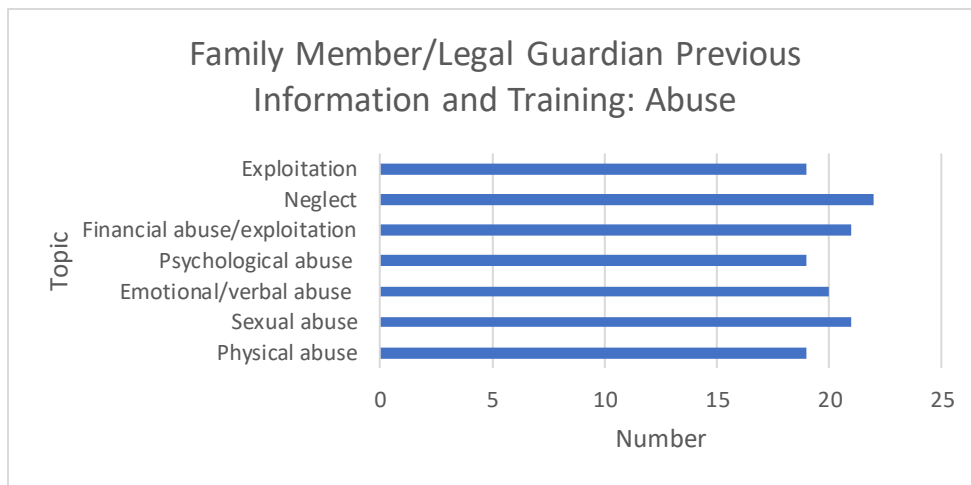
Received:	Abuse		Healthy Relationships		Sexuality & Intimate Relationships	
	Family Member/Guardian	Individual	Family Member/Guardian	Individual	Family Member/Guardian	Individual
Yes	13	6	3	7	6	4
No	29	21	35	21	31	21
Not Sure	-	15	-	10	-	12

The results of the training and information received show that *only one-third of the family members/legal guardians surveyed had received information about abuse and adults with disabilities and even fewer of them thought the individual had received this information for themselves*. Similar to the results from professionals, healthy relationships, sexuality, and intimate relationships are not as frequently addressed as abuse topics, and they reported even less access to this information for the individuals they support.

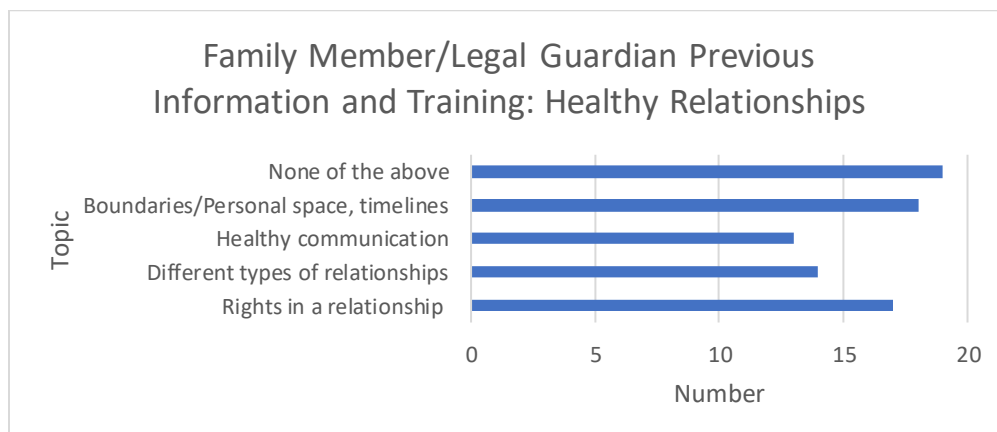
We asked family members/legal guardians to rate the usefulness of the information/resources they received. The table below shows that they found it more than moderately useful, if they received it at all.

	Abuse	Healthy Relationships	Sexuality & Intimate Relationships
Usefulness:	Resources	Training	Training
Not at all useful	2	-	-
Slightly useful	2	-	-
Moderately useful	6	-	-
Very useful	1	-	3
Extremely useful	2	3	2

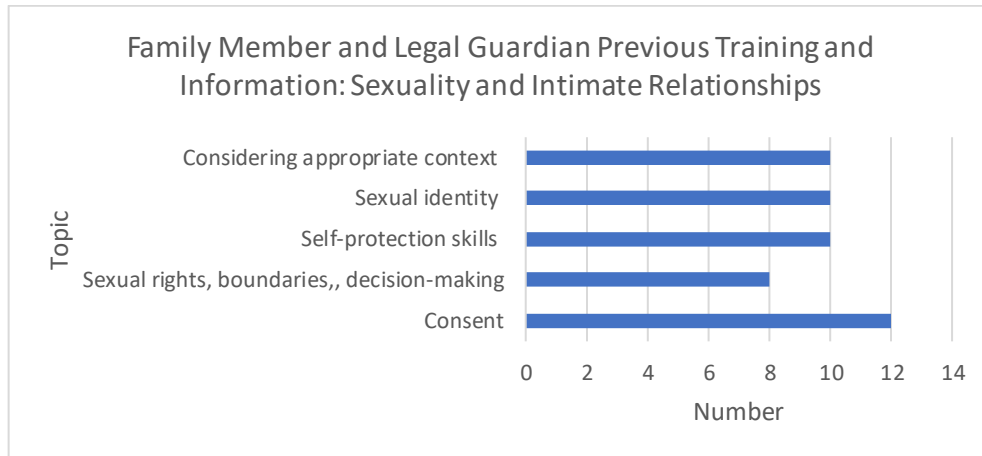
For each category, we asked about specific topics covered. Under the abuse category, showing in the figure below, about half family members and legal guardians had received information on any of the topics, with neglect being the most common (22/39), but there was little variation in the number of respondents receiving training or information on a topic, ranging from 19 to 22.



In the healthy relationships category, shown in the figure below, more than half of family members and legal guardians who answered this item, had not received training on any of these topics. Of those who had received training on one of these topics, boundaries and personal space was the most common topic (18) and health communication was the least common (13).



For the sexuality and intimate relationships category, as shown in the figure below, family members and legal guardians had received the least information and training overall, compared to the other categories; the maximum receiving any information was 12, who received information about consent. The fewest (8) had received information about sexual rights, boundaries, and sexual decision-making skills.



Information

Several questions about information sources and the need for information on these topics were asked of participants. The sources of information and trainings are reported below. *Family members and guardians reported receiving this information from mostly from schools, the UPC, and some reported receiving information from the Family-to-Family Network, the USU Healthy Relationships class, churches, and primary care doctors.*

Source	Abuse		Healthy Relationships		Sexuality & Intimate Relationships	
	Family Member/Guardian	Individual	Family Member/Guardian	Individual	Family Member/Guardian	Individual
Presentation/Training	10	-	4	-	6	-
Online resources	10	1	3	1	3	-
Printed Resources	2	-	3	-	3	-
School	-	2	-	3	-	3
Home	-	6	-	2	-	2
Independent Living Center	-	1	-	2	-	1
Other	-	2	-	2	-	2

We asked generally if family members and legal guardians see a need for more information on these topics, and to explain why or why not*. The results for each category are reported in the Table below. The

**A full list of reasons why (or why not) all survey respondents (separated by identity category) see a need for more trainings and resources on these topics is available in Appendix B.*

Need more:	Abuse Training Resources	Healthy Relationships Training & Resources	Sexuality & Intimate Relationships Training & Resources
Yes	35	29	27
No	4	7	3

Family members and legal guardians that saw a need for more resources reported that there were many situations where their children had experienced abuse and information and resources could have prevented it or been useful after the fact. *They state that this knowledge is vital to helping them and their family members with disabilities understand and be better prepared for various situations to protect themselves. This group also stated that information and resources would help them know better how to talk to their family members with disabilities about things they may/ may already be experiencing. Family members and legal guardians also reported they need more resources because the current information is inadequate and difficult to find.* Many family members felt ill-prepared to discuss these subject and said more information would help them provide better information to their loved ones to make their own decisions.

*Family members and legal guardians that **did not** see a need for more resources reported that they had adequate information, some thought their child or the person they support would not understand the information, some people might be uncomfortable receiving this information.*

We asked if family members and legal guardians knew where to find more information about these topics; the majority did not know where to find information on any of these topics. ***Lack of information or knowledge of where to find it is a barrier.***

Abuse Information		Healthy Relationships Information		Sexuality and Intimate Relationships Information	
Yes	No	Yes	No	Yes	No
12	26	9	26	8	22

Although many did not know where to find more information, about half reported they discussed these topics with their family member with a disability at some point, as shown in the table below.

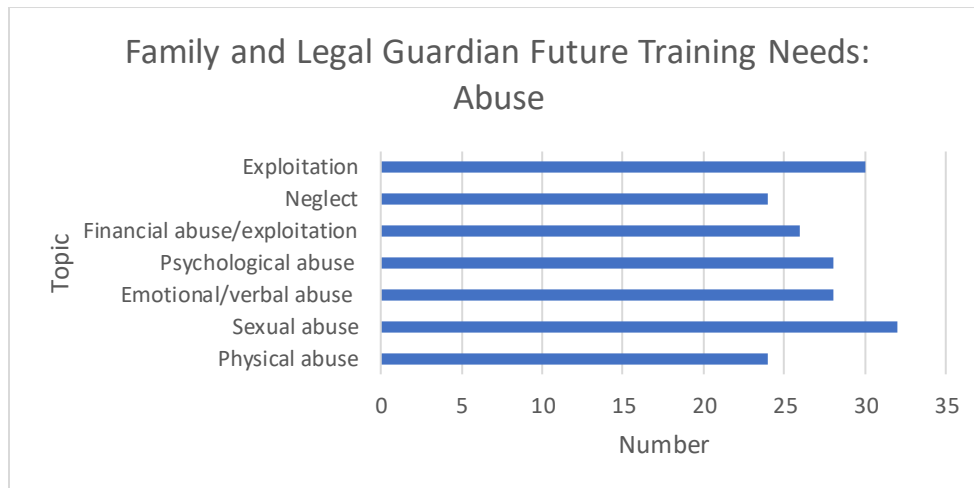
Discussion:	Abuse Training Resources	Healthy Relationships Training & Resources	Sexuality & Intimate Relationships Training & Resources
Yes	22	21	16
No	17	16	14

While some participants reported that they were uncomfortable with these topics, more than half reported that they were somewhat or extremely comfortable having discussions about these topics with their family members. It is likely from their reports, that having better information and conversation guides would increase the comfort level of those that were not as comfortable with these discussions.

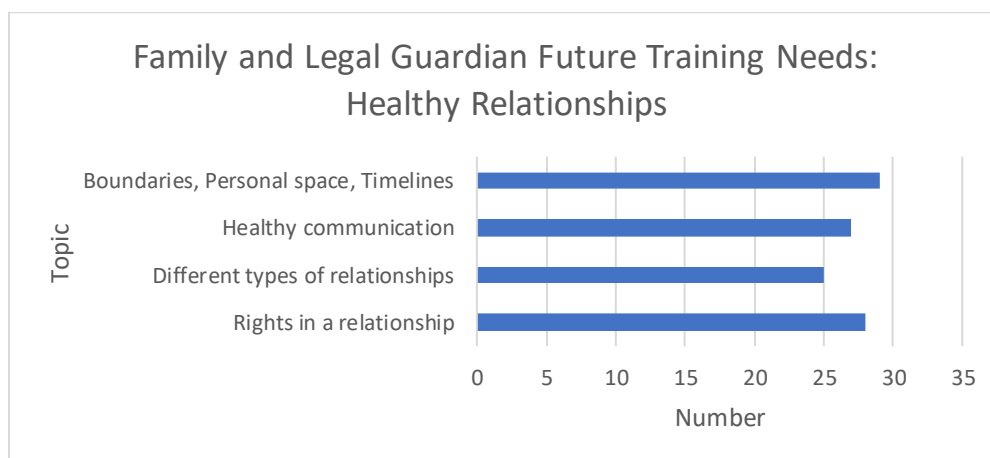
	Abuse	Healthy Relationships	Sexuality & Intimate Relationships
Comfort Level	Number of Participants		
Very uncomfortable	3	4	3
Somewhat uncomfortable	3	2	4
Neither comfortable nor uncomfortable	7	4	6
Somewhat comfortable	11	10	5
Extremely comfortable	15	17	12

Future Training and Information Preferences among Family Members and Legal Guardians

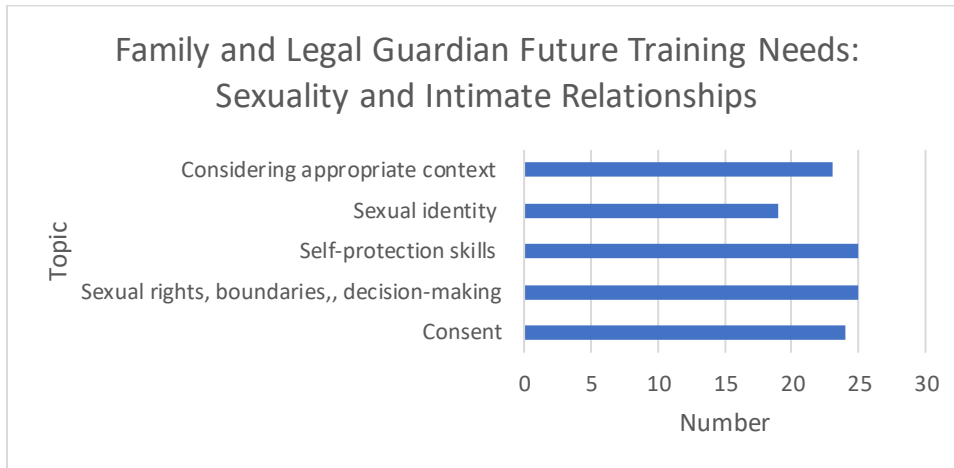
As family members and legal guardians reported a high need for more information all of these topics, we polled them on which topics they would like to see in future trainings and resources. The following figures display the results of these survey items. In the abuse category, shown below, all topics were wanted by a majority of participants, but sexual abuse (32) and exploitation (30) were of the greatest interest among survey participants.



For the healthy relationships category, shown below, there was little variability between category (25-29) but boundaries, personal space, and relationship timelines was the category of most interest to family members and legal guardians.



Lastly in the sexuality and intimate relationship category, in the following figure, *there was lower interest overall than the abuse and health relationships categories, but all topics, excluding sexual identity had nearly equal interest. However, many comments both in the survey and focus group reported that more resources are needed to educate and support adults with disabilities who are members of the LGBTQIA+ community and to help them explore their identities and feel safe and supported.*



Other topics family members and legal guardians wanted to see in future trainings and resources included services and how to access them, specific scenarios and healthy/unhealthy responses, how to communicate that something is wrong (for adults with disabilities), and repeated topics from the categories surveyed above.

Training Format

We asked if participants would prefer to receive training in-person, online, or a combination. The results are reported in the table below. The most popular option was an online only. Combining in-person and online options was the next most popular format, and in-person only was favored by only two respondents.

In-person Only	Online Only	Combination In-person and Online
2	16	12

We asked about where family members want legal guardians through their family members with disability should receive this information. The results are in the table below. The majority (25) thought they should receive the information at home. Respondents who specified “Other” suggested a community event, class, or conference, mental health professionals, or a combination of all options.

Source of Information	
School	12
Home, through parent(s) or other family member(s)	25
Day program	9
Independent Living Center	9
Community event or program	10
Online resources	12
Other	3

Adults with Disabilities

We surveyed approximately 18 adults with disabilities. We asked them many of the same and similar questions as the professionals and family members and legal guardians. Most participants reported they lived with family members, and 7 lived with spouses. The average age of the participants was 42, ranging from 22 to 66 years. Eight reported their gender as “man” and seven reported their gender as “woman” – no other responses were selected.

Living Arrangement of Family Member with Disability	Number
No one, they live alone	1
With family member(s)	8
With spouse	7
With unrelated person(s)	1

We asked about the type of disability they reported having as well. About half reported a cognitive disability and 6 reported a physical disability that makes it difficult to walk or climb stairs.

Type of Disability of Respondents	Number
Hearing difficulty - Deaf or having serious difficulty hearing	2
Vision difficulty - Blind or having serious difficulty seeing, even when wearing glasses	0
Cognitive difficulty - Having difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional problem	8
Ambulatory difficulty - Having serious difficulty walking or climbing stairs	6
Self-care difficulty - Having difficulty bathing or dressing	2
Independent living difficulty - Having difficulty doing errands alone such as visiting a doctor’s office or shopping because of a physical, mental, or emotional problem	3

Individuals’ Past Information/Training Experiences

We asked several questions regarding past experiences with receiving information or training relating to abuse, healthy relationships, sexuality and intimate relationships specific to the population of adults with disabilities. The results for whether they have received formal training or informational resources for each category are presented in the table below/

Received Information:	Abuse	Healthy Relationships	Sexuality & Intimate Relationships
Yes	7	7	7
No	7	7	7

The results of the training and information received show that only half of the participants surveyed had received any information about any of these topics and adults with disabilities.

We asked participants to rate the usefulness of the information/resources they received and found that some rated it not at all to slightly useful, while others found somewhat useful. *More relevant and appropriate resources could be developed or shared.*

Usefulness of Training and Information	
Not at all useful	2
Slightly useful	1
Moderately useful	2
Very useful	2
Extremely useful	-

For each category, we asked if anyone had shared resources or talked to the participants about each topic. Under the abuse category (shown below), a little more than half adults with disabilities had received information on any of the topics, rating their knowledge as average or greater on each topic. Physical, sexual, and emotion abuse were the topics they felt the most knowledgeable about. Fewer knew about financial and psychological abuse. However, there was little variation (8-10 participants).

Topic	Knowledge Level	
	More than average	A little or None
Physical abuse	10	3
Sexual Abuse	10	3
Emotional or verbal abuse	10	3
Psychological abuse	8	5
Financial abuse or financial exploitation	8	5
Neglect	9	4
Exploitation	9	4

In the healthy relationships category, at least half of adults with disabilities who answered this item, had received some information on any of these topics. Of those who had received training on one of these topics, they felt most knowledgeable about healthy communication and different types of relationships. Only half received information on their rights, boundaries, personal space, and relationship timelines.

Topic	More than average	A little or None
Rights in a relationship	7	7
Different types of relationships	9	5
Healthy Communication	10	3
Boundaries, Personal space, Timelines	7	7

For the sexuality and intimate relationships category, adults with disabilities had received the least information and training overall, compared to the other categories; the maximum receiving any information was 5 participants, who received information about consent, sexual rights, and self-protection. The fewest (4) had received information about sexual identity, appropriate contexts (3), and some participants had not received any information at all (2).

Topic	Number who Received Information
Consent (giving permission or agreeing to something) - what consent looks like in relationships and for sexual activities	5
Sexual rights - boundaries and sexual decision-making, how intimacy can look many ways	5
Self-protection understanding and skills - how to respond to unwanted advances, alerting others if feeling threatened	5
Sexual identity - information related to identity and orientation	4
Considering appropriate context (how where you are and/or who you are with affects if a sexual behavior is appropriate, public versus private behaviors)	3
I have not learned about any of the topics listed	2

Information Sources

Several questions about information sources and the need for information on these topics were asked of participants. The sources of information and trainings are reported below. Participants reported receiving this information from mostly from schools, youth groups, searching it out online, therapists, and places of employment.

	Abuse	Healthy Relationships	Sexuality & Intimate Relationships
Online resources	1	4	2
School	5	9	3
Home	1	5	4
Independent Living Center/Day program	2	4	2
Other	2	2	2

We asked generally if adults with disabilities see a need for more information on these topics, and to explain why or why not*. The results for each category are reported in the Table below. The ones that said yes, said that this information would be useful in preventing adverse events, empowering for them, and that “knowledge is powerful.” The one who said no, still advocated the need for more resources, just not for themselves.

**A full list of reasons why (or why not) all survey respondents (separated by identity category) see a need for more trainings and resources on these topics is available in Appendix B.*

	Need for More Information Given Directly to Adults with Disabilities
Yes	11
No	1

We asked if adults with disabilities knew where to find more information about these topics; the majority did not know where to find information on any of these topics. ***Lack of information or knowledge of where to find it is a barrier.***

Know Where to Find Information	
Yes	No
4	8

Future Training and Information Preferences among Adults with disabilities

The majority of participants did not answer the question about future training topics, beyond the existing topics. Of the four suggestions, one requested women’s self-defense, another education materials on these topics for children with developmental disabilities, and a final response mentioned employment.

We asked if participants would prefer to receive training in-person, online, or a combination. The results are reported in the table below. The most popular option was an in-person and online was a close second. This is different from previous groups who strongly preferred online and blended options, however this is a smaller sample.

In-person Only	Online Only
5	4

We asked about where participants they would like to learn about these topics. The results are in the table below. More than other options, participants either wanted to receive this information at school, home, or online.

Source of Information	
School	6
Home, through parent(s) or other family member(s)	6
Day program	2
Independent Living Center	3
Community event or program	2
Online resources	4
Other	1

Recommendations & Conclusion

As the data show, the most information has been widely available about abuse, but the topics of healthy relationships and sexuality are particularly lacking for a disability audience. These resources are even less likely to reach adults with disabilities themselves or their family members and legal guardians. While all topics in the survey were of great interest to the participants of this survey, development of future resources should focus on healthy relationships and sexuality, while directing people to existing trainings and resources about abuse from APS or other sources.

It was also shown that many people search out information online and prefer an online or blended format for information and recognize the UPC as an authority and resource for these topics. More marketing and development of resources should be undertaken to ensure people can readily find information when they search for it. It is also recommended that UPC develop and partner on trainings about healthy relationships, sexuality, and abuse targeted for adults with disabilities and their family members/guardians. Professionals want and need this information but that is outside the scope of the UPC, however data sharing and partnering on training content is recommended.

Further, across groups, people wanted more options to discuss these topics with peers, to know how to have good conversations about them, and what to do in certain situations. It is recommended that the UPC, UDDC, and IDRPP create an ECHO project about healthy relationships and disability, develop “Conversation Guides” for professionals and family members, and create trainings or tip sheets on how to handle various situations (how to handle a disclosure or a situation of suspected abuse, a new relationship, etc.).

Lastly, as many different sources of information on these topics were found, it is recommended that tip sheets or training guides for church/faith communities, schools, crisis centers/shelters, and employers be developed. This will ensure that people received accurate and consistent information regardless of where they are turning to for that information.

The UPC is currently providing the first round of their TETONS training for adults with disabilities. This training covers the topics within the healthy relationships and sexuality and intimate relationships categories of this survey. The in-person pilot of this training will be used to refine the training to offer it in more formats (online, blended).

Appendix A – Where Participants Received Previous Training and Information

Professionals

From the organization I work for, as well as resources from Salt Lake County and the agencies that investigate abuse or neglect of vulnerable adults. We have partnering organizations that we work with. There's a lot of oversight.

I have found most of my training and resources online.

Tennessee Department of Intellectual and Developmental Disabilities Services and/or Online Research

I recently learned every county has a person who works for the state to investigate abuse for adults with disabilities. But that's because I work in this industry involving those with disabilities. If I didn't work in it, I wouldn't know what resource to go to. Probably just report to police.

Sego Lily, National Ability Center

There is information about the abuse but the lack of resources is really disturbing my disabled clients have been denied by two of the biggest DV shelters in SLCo because they couldn't "lift anything for them" and would not accommodate a very reactive TBI DV victim

We've partnered with agencies like Sego Lily and Scenic View in learning more and understanding what accommodations would be necessary.

Utah Adult Protective Services (this is not enough! Would like much more.)

The Utah parent center

We refer all cases to APS

I'm certain I could find some resources on the internet.

Call adult protective services, utilize 211 to find resources.

APS

APS DSPD

DLC, specific agencies that support victims

Social workers in medical facilities. Family Support Centers have information about abuse, probably not specific to individuals with disability though

DSPD, Disability Law Center, IDRRP

Google search and looking through reputable sources

<https://daas.utah.gov/adult-protective-services/>

APS website and Services for People with disabilities website.

APS

Internally, from the company I work for

I haven't actually "received" resources but I have sought them out online

We found the curriculum relationships decoded that we found fit what we were trying to teach to our consumers and especially our youth group that is ages 14-30

NIDA

Planned Parenthood Utah, various Independent Living Centers throughout Utah

my employer

Coworkers suggestions, such as the Circles of Relationships training

Becky Koller's class, Circles classroom curriculum,

Doctorate education

Online resources local independent living center

CAPSA

I've attended training in the past, though that was in a different state. I don't feel confident knowing all of the resources in this area.

UPC, UVU

Internal training from the organization where I work

I have sought out training and resources online

UCASA

RAINN

4 years ago , when I worked at the Rape Recovery Center, this was provided during a Hospital Response Team training by Sego Lily Center for the Abused Deaf (SLC)

Books on Amazon and YouTube videos

Planned Parenthood Utah

my employer

Colleagues with applicable degrees and certification

Becky Koller's class

Doctorate training

In Wisconsin

UPC, UVU

Family Members

The Family-to-Family Network, The Utah Parent Center, and from continuing education courses I have taken.

School in Minnesota

Mom is a social worker and worked for a CJC and an IL center.

School

School resources

Scouting

Children's Justice Center, Behavioral Health

Mental Health Organization

I think it was in a community setting some years ago.

Utah Parent Center, Options for Independence

Google, lots of places, also I have a book I found by chance called A Quick & Easy Guide to Sex & Disability by A. Andrews

on the internet. Nothing locally

I attended a conference that had some information. I would search the internet for anything I need.

OPTIONS for Independence

Again, online form several university programs outside of Utah

online and library

Church

Adults with Disabilities

Program or group I am/was a part of (Please specify below) - Text

Saprea

Church youth group

research on childhood ACEs

Work research

Therapist

liveonutah.org

Social media, YouTube, etc.

books and physician

LDS church services

Appendix B – Why More Training is Needed

Professionals

Because a vulnerable population needs to be protected from people who would hurt them or take advantage of them.

I have found with the youth I work with that most don't even know the definition of sexual or physical abuse and if they do not know the definition how can they know if it is happening to them or has happened to them

Training is necessary in order to recognize, address and/or prevent abuse. .

Everyone needs to be aware of abuse and training on how to support and be an advocate for these individuals

to be more informed and be able to recognize signs of abuse in the people I work with.

Because typically people with disabilities have a different set of needs or understanding than the general public

People with disabilities are often left out of conversations when it comes to abuse. If anything, they need to be included more than ever due to the extremely high rates of violence that they experience. Also, most people do not have experience working with people with disabilities, therefore, they might not be providing trauma informed services to them. Learning how to create services that are inclusive and accessible is crucial to help those with disabilities who experience any sort of interpersonal violence.

There are not a lot of trauma informed and responsive services for people with disabilities to include adaptive interventions, transportation, and access to DV shelters in fact they will deny someone with a disability because they do not have the ability to help them in the DV shelter; it has happened to two of my survivors it was sickening

More awareness of the issue will lead to greater resources in helping those affected and in prevention. The community at large does not see this issue. Not all service providers are equipped to handle the added factor of disability. This needs to change as well!

I do see a need specifically on how to implement prevention and education for children with disabilities in regards to child abuse prevention.

Yes- it's occurring often. However it's also understanding the difference of abuse and then also falls/issues with disabilities/ accidents with knowing you aren't going to get in trouble but important to report.

People with disabilities continue to experience high levels of abuse (sexual, physical, verbal, etc.). It

seems that oftentimes, staff of individuals are who are trained to see the signs of abuse, rather than the people themselves. More training needs to go to the individuals themselves along with family members.

People need to be aware of the signs of abuse and report the abuse.

I think it is more important than ever to always be reminded of all issues related to our jobs and helping the population we serve.

I believe that very few people have an accurate understanding of what constitutes abuse, and how prevalent abuse of those with disabilities is.

As a population that is often more vulnerable than others, all involved should be aware of signs and assumptions to help ensure abuse isn't happening.

Many of our survivors have disabilities.

No recent trainings to my recollection with some new and old professionals who could benefit from the information. Refreshers and in-depth case reviews are needed to assist people.

The training I received was part of other CEU opportunities and the focus was not primarily on abuse of adults with disabilities.

People with disabilities are vulnerable to abuse.

I think people don't understand how frequent those with disabilities are abused. I think it's important for people to be more aware and know what abuse looks like.

It is important for people to be informed on abuse and neglect with people with disabilities, so we can keep people with disabilities safe from abuse and neglect.

It would be helpful for new companies to complete abuse training.

People don't understand that people w/dis have additional rights due to their history of having rights taken away from them. People don't understand about rights. There is a general lack of knowledge of sexual abuse.

Most of my training has come through working in a variety of settings. Most professionals receive training on physical, sexual and emotional abuse in children. information specific to children and adults with disabilities is not typically covered not is information about exploitation typically covered. Much of my training has also come from jobs in medical facilities and participating in ECHO projects that discuss trauma and ACES.

They are very vulnerable to being taken advantage of.

This is a topic that is difficult to over train and usually receives too little attention.

The prevalence of abuse for people with disabilities is high. More training is always good to get the word out and to help those with disabilities and those working with people with disabilities to know what to look for and how to get help.

Because individuals with developmental disabilities are vulnerable so it is important to train how to recognize and report abuse.

I have 20 years of experience working with people that have developmental disabilities. Our case managers and direct care staff are not required to have any training in this area though we definitely have had clients with varying degrees of development disabilities stay at our shelter.

Relationships with adults with developmental disabilities can be very complex. For example, certain clients I've worked with, if you're nice to them, they may interpret that as feelings of intimacy or love. I once showed a client a photograph of my wife, and that client believed my wife was actually HIS girlfriend. Healthy relationships can be very difficult to explain to my clients and to help them seek out healthy relationships. They have friends; they have their family; and staff needs to maintain a professional distance because, for the staff who work with them every day, we DO grow to care for them--a lot!--and they grow to care for us. But we're not their friends or family or romantic partners; we're their caretakers. We need to make sure that we maintain our professional boundaries. There can also be an emotional volatility or unpredictability to their behavior that people without developmental disabilities don't necessarily understand. People with developmental disabilities often feel a need for more control in their lives, and while the things that upset them may not seem like a big deal to us, having control over their lives is very important to them. Someone has to help them, whether a lot or a little, depending on their needs. Therefore, they need to be able to trust their caregivers because they're so vulnerable. My company does not allow staff to give any clients a gift or to purchase anything for them or even to bring them a homemade meal, because the perception of giving them something can be perceived by the client as an attempt to get the client to do something for us. Likewise, staff cannot accept such gifts from clients either, whether money or even a leftover slice of pizza, because it could be a form of taking advantage of them. In addition, some clients, if they receive a gift, they come to expect that such gifts will be given and received all the time. We can't give anything to them except our time and our caring. Our company sometimes sponsors events and sometimes gives gifts equally to all the clients---but then it's equal for all the clients and not personal between client and staff. It can also be tricky because clients often WANT to give us something as a sign of appropriate caring; we need training in how to maintain appropriate boundaries with our clients, but also without hurting their feelings (e.g., if I receive something from a client, I'll find a way to share that with all the clients and staff in the house). Most importantly, clients' abilities to express their thoughts and feelings vary widely. It takes time and training to learn each client's ways of communicating how they feel. I have a client, for example, who hits his head to indicate when he is in physical pain because he has no other way to express that he's in physical pain. It takes training to learn these cues.

I think training on all relationship types is needed for everyone but especially for people with disabilities who are more vulnerable and I believe that that training should age appropriate but should also start before they are adults

The more informed people are, the better they will be when faced with these situations.

for them to be informed

Personally, I was very uncomfortable growing up around those with physical disabilities, because I didn't understand it.

Once again, people with disabilities are often left out of conversations about relationships due to biases and stereotypes held by the public. People with disabilities deserve to learn how to have healthy relationships in their lives.

The more we know the better we can help!

I see a huge need, in fact this is a gap that we are working on filling in, I would love more information. Thank you!

This topic is always requested by families and individuals and teams, but hard to find training

More training and resources (again, for people with disabilities specifically) are needed regarding healthy relationships, how to make them, boundaries, consent, and creating positive reciprocal relationships.

This would be great!

There are no social groups or places for Special Needs population to discuss these themes and topics and to foster healthy relationships. We are in need of classes and resources.

I believe there is a stigma in society about what relationships with those with disabilities or among those with disabilities is or can be.

Do you not?

To help survivors to get an understanding of what parameters to set.

I think overall there is a lack of services for adults with disabilities. Helping them and caregivers and families learn how to foster healthy relationships would likely increase quality of life.

Understanding professional boundaries.

I think this would be very helpful for people to understand how healthy relationships are different with those with disabilities.

People with disabilities want to engage in relationships, but they can be easily exploited.

Any additional training to support people and their families is welcomed.

My clients need and want healthy relationships but struggle with meeting new people and how to start relationships. Some of their relationships with others is unhealthy. They only see their parents' relationships and those can be damaging.

Trainings on relationships are typically covered at jobs. Training on relationships has come from my own desire to seek out education outside of work.

People with disabilities need to know what a healthy relationship looks like. Some are in abusive situations and think that this is normal, they have nothing to compare it to. People with disabilities need an advocate to make sure they are receiving appropriate help with living environment and know where their money is going. Time and time again we see people abusing people financially, emotionally, etc. APS is called and not much can be done, it is SO FRUSTRATING!

Often overlooked

There is very little given in school systems for people with disabilities and healthy relationships. It was a pain to get the program we currently have in place, and it is by no means comprehensive.

I think it would be great to have such a training, specifically for the individuals with disabilities and their guardians. Once the individual and guardian have been trained then supports can be established during the PCSP meeting for staff to follow.

People that we see in our shelter have experienced some type of abuse.

More resources needed for guardians

People who have never worked with adults with developmental disabilities are often surprised that our clients are even ALLOWED to have sex. People with disabilities of all sorts are often viewed as not having sexuality at all---or that no one would want to have sex with them. People need to understand these are misconceptions. My clients' boundaries vary. For example, we want to encourage them to express healthy sexuality, but some clients may not realize that masturbation is a private activity; other clients are married and share a bed with their spouse. One of my clients wanted to purchase a sex doll. He has every right to do that and he did. But non-disabled adults don't have to ASK PERMISSION if they want to buy a sex toy. Clients need to be able to talk about sex and ask questions (if they have any questions), so they understand that sex is private and must be consensual. We want to be careful not to shame them for their sexuality, but at the same time, explain that sex is something to be expressed in a safe and private environment. All of this is complicated by how common it is that people with developmental disabilities have been sexual abused. This can lead to clients expressing maladaptive sexual behavior without realizing it. They may be fearful of being touched in a non-sexual way (e.g. help with getting dressed), or they may feel that if they make themselves sexually available, they will be treated better.

All is needed, if not I found that they get information from TV shows and movies that tend to not be realistic

People with disabilities are often infantilized, and opening this conversation could remove that stigma because they are people too and have the same emotions that we have

Again, it is not as common as interactions with the general public. I believe this would be especially important regarding consent. How does an adult with disabilities give consent compared to the average person? I honestly don't know.

Teaching adults with disabilities about these topics can allow them to thrive in relationships. It teaches them that people should not be taking advantage of them and they deserve to learn about tools to help them feel safe and comfortable in relationships.

Yes and safe spaces for them after they flee the perp. Our DV shelters do not accept SA as a priority like they do with high lethality LAP

The more we know the better we can help

Yes, I see a huge need for training about sexuality, intimate relationships, and adults with disabilities.

Topic is always requested

Training is needed on all of these areas for people with disabilities. These trainings are typically not happening (especially during transition age when it may be especially appropriate!). Training is also needed for professionals and families working directly with or living with people with disabilities. Training should also include that there should be expectations of people having sexual and/or intimate relationships (instead of infantilizing people for their whole lives).

Sexting has become a real issue in dealing with issues that have affected my work. Also talking about reproductive needs and access to options.

I think that most people feel that individuals with disabilities can't consent to intimate relationships. Comprehensive training regarding this topic would help in understanding what is considered a consenting relationship and what could be considered abuse.

Not sure if this is asked in general or me in particular. In general my answer would be absolutely. Me in particular, I need to know enough to understand the issues, and recognize them and possibly give information about resources, but I am not in a work-related position where I would be having that conversation with someone. In my private life, I would still refer them to someone who has experience and to resources.

More sex education will help protect vulnerable adults and help support caregivers. Caregivers will know how to help and educate those in their care.

I think this would be helpful because some people with disabilities don't fully understand sexuality and

intimate relationships.

People with disabilities engage in intimate relationships, and they are at risk of being taken advantage of. The people that support them need training on how to do it.

At times this would be helpful with the population we serve.

Training is very hard to find and the training that is provided is not comprehensive and quality is questionable.

Materials on this topic are not readily available to students in high school or college or the community

Intimate relationships are a part of life. The more individuals with disabilities are educated, the more informed choices they can make. This of course doesn't mean that every person with a disability can cognitively understand intimate relationships and need strong advocacy.

There currently is no training for this in my school district

To better help individuals with developmental disabilities live self-determined lives so they can live their lives to the fullest.

Due to the high degree of vulnerability in adults with developmental disabilities

Resources for guardians

Family Members/Legal Guardians

I only know what I've heard from other parents which is usually personal experiences, often traumatic, and there is not really an education or prevention component. It's more if a caution or be aware that this happens. I would love to talk to my son with disabilities about this too. I would just need coaching in how

I think it's important, but when and where to deliver is the question. Parents are already overwhelmed by all the information they have to process and decisions they have to make. Maybe it could be a one-time thing with annual refreshers like the privacy policies through IEPs and DSPD services.

It has been nearly impossible to find information, resources or agencies knowledgeable about abuse in the disability community. It is impossible to find help for the parent or child.

While it's scary and disturbing to know that abuse of disabled person's occurs, it's better to have knowledge of it coming from a qualified professional than to pretend the problem doesn't exist

He has been in several compromising situations that I never thought would be an issue. I have educated myself about abuse and from compromising situations learned what I need to teach my son. People with disabilities do not always recognize when something is not right or know they need to speak up.

Because many parents/caregivers don't know how to have the needed conversation with their loved one who has a disability. And they definitely don't know how to protect them.

Information is good.

Many parents think that nothing is going to happen to their children, even though they are 7 times more likely to be abused.

They are so many situations where abuse could occur and the individual doesn't understand or can't verbalize what is happening. Guardians need more resources about what they can do to prevent it

I have not trained my child and did not think to do so on my own nor was I aware of the need until reading the article and taking this survey. My child had an experience at school last year as a result of not receiving training and having a developmental disability.

They need to understand what can and will happen to a child

My daughter received very little support or counseling while growing up. We as parents could have used counseling to prevent her sexual abuse.

Information I received was over time and from multiple sources. I had to do a lot of searching on my own to find what I needed to know. Having ONE place to go for this information would be awesome!

There are so many more ways that people with disabilities can be exploited and they need to be prepared and protected, but parents aren't necessarily alert to all the new ways our kids can be targeted.

This would be very helpful in preparing my daughter for independence

I've been in court and everyone there seems to think the criminal is the victim instead of the bad guy. If more people went to court that could change.

very much needed

Info is great, but actual services provided is better and more useful

I see news stories about it happening in care centers, yet am also aware that it may be happening in homes without knowledge.

Because I am a parent, I haven't been told or received anything about it

I don't think I've received info from anyone about abuse of people with disabilities, but I have picked up a lot from news articles etc., and from my studies in college about family dynamics. I've been surprised how much people around me are clueless (like, they expect me to be okay leaving my daughter in the care of any neighbors who offer to watch her, with no screening or anything).

I'd like to protect my son from potential abuse.

Parents of people with disabilities need more help and support in ALL areas.

To teach my children how to protect themselves.

Some parents are taught that the behavior is expected and take advantage of their children

I am sure there is more information out there of which I am unaware

I think all parents should routinely be given information about abuse and people with disabilities. It's always good to be reminded as our loved one grows from little child to adult. Their needs change and their behaviors change.

We don't really get formal training we just read about it in paperwork. I have had some training later on in my son's life called safety care and found it very helpful.

Nobody knows what to report or what to do about it

A very small percentage of the population of people with disabilities has information presented to them and yet they are a most vulnerable population.

I am mostly concerned with keeping my son alive and comfortable so some things like this slip by me. With my neurotypical child opportunities present themselves to have these types of conversations so they happen naturally, but that isn't always the case with my disabled child

Strong resources provided to families is a good thing.

Families need to be comfortable with their loved one's sexuality and their need for the same things everyone else wants. I see families restricting relationships all of the time.

We don't always think to discuss things like this in the craziness of our lives. We need the reminder and help with how to communicate it appropriately.

There is a lack of information for families to teach about healthy relationships. We forget about The Hidden Curriculum and teaching our kids these things.

I don't know how to or what way would be appropriate for them.

Fosters TRUST and develops healthy communication skills for all parties.

Yes, it would be helpful to have something to walk through these topics together with

we all need help in this area

I've always been ignorant in how to deal with his problem.

It's a difficult subject that can make it even more uncomfortable for those with disabilities to listen about than the average person.

Knowledge is power

YES! Often families misunderstand how important it is for them to teach and protect their loved one from abuse. They can't be everywhere and they need to teach them how to talk about it. Families also need to realize that people with disabilities are capable of deep friendships and romantic feelings for others. They need to provide clear education and preparation for what could happen.

Have not had the information

Not enough resources available currently

Again, we need to presume competence and that there are levels of understanding that can happen for our kids with disabilities

This has the same challenges mentioned before where it could make some people overly anxious or frightened.

In case it is not available to families or families don't have the ability, access etc. Some abuse happens within the family/someone the person knows so it is important to educate the disabled individual

You can't have a healthy relationship if you are not taught what is healthy and supported in finding someone to have a healthy relationship with.

To an extent. I think it's important to discuss it with the individual, but it should also be offered that the caregiver be included. In the instance of my son who is nonverbal, he may feel uncomfortable with someone else discussing sensitive matters.

I teach Healthy Relationship classes to people with disabilities. I see their lack of information as we ask questions about healthy relationships and no one answers. I have taught Aggies Elevated, PEER, POST high, local agencies, and our own youth. This is a huge need, and I am trying hard to help this situation improve.

Information allows for questions and in-depth explanations as needed by the individual.

I can talk to my son about anything, but sometimes different perspective is helpful. He might grasp what someone else says better than what I am trying to say.

In particular, I've been seen that many people with Autism are drawn to LGBT+ support systems, because they get friendship there. I've seen that this leads to unnecessary confusion and tension, given the highly

politicized nature of LGBT+ issues.

Education and preparation are always important. This kind of education will give them understand and prevent them from being hurt and from hurting someone else in ways they might not realize. It could even prevent extremely inappropriate behavior from happening.

Very vulnerable but no wide-spread education. In fact my personal experience is someday programs/group homes facilitate and condone unhealthy relationships.

It is never talked about, even among special needs caregivers in supportive settings

Providing strong information to families is clearly critical.

I don't think many people have this conversation. If you aren't teaching your family member they have a higher chance of abuse.

This is important stuff, and I have never been faced with a situation where it needed to be discussed. I would like to have the conversation before it's necessary.

Parents need more information on how to present it to their children. They need to be more comfortable themselves before teaching this type of information to others. Parents need to understand that by not teaching, they are making their kids more susceptible to abuse. Knowledge is power!

Sexuality is part of life. It is important for those with disabilities to be able to navigate it and know what may specifically apply to them.

Builds better communication skills. A lot of us need better "how to" skills as some of these conversations are considered "outside" the usual type of communication modalities used in general conversation.

Things have changed since I was young. I would like more information to help my son understand all of the issues involved in intimacy today. He needs to be able to protect himself.

very touchy subject, help needed

For all, not just the neurodiverse.

It's a sensitive subject that should be explained to each individual with a disability in a different way according to their needs.

To help with good decision making

YES! the more education and information and understanding we have, the better able we are to help our loved ones to be safe and prepared and have successful happy relationships. Sometimes families have misunderstandings of what their disabled loved ones are capable of and that needs to change.

Not enough resources

They deserve to know their rights even if they cannot defend them. I believe that if I knew how to talk about some of these things with my son, he could let me know using his communication app if something was wrong

Again, tricky due to possibility of overly anxious or frightened individuals

Not all families feel comfortable to discuss or have access to or want to share this information. The individual still needs it.

I don't think many people have this conversation. If you aren't teaching your family member, they have a higher chance of abuse. They need to know what is healthy and what their boundaries are. They also need to know they can have boundaries.

Same as my answer before. I think my son would benefit from knowing this information, but it's all about his comfort level.

Everyone needs to understand their bodies and desires. Many kids are learning this through pornography and then touching others. We are setting them up to fail. Also, if they know what abuse is, they can stop it from happening to them, not perpetrating on someone else, and where to get help or report it if needed.

I think providing information through multiple channels would be most helpful and the individual would be more likely to gain the information they need to live a healthy, non-abused life.

Gives individuals to ask questions and frame their own responses ahead of possible situational challenges.

For all, not just the neurodiverse.

Knowledge is power and safety for all.

Because my son is learning about intimacy through inappropriate media. I would like to know better how to address it.

Lack of understanding is widespread

Adults with Disabilities

Many people with disabilities crave/desire to have sexual and intimate relationships and many choose the wrong relationships or are taken advantage of in a sexual/intimate relationship.

It's not an area where families are comfortable talking and professionals may not have experienced addressing the specific needs of people with disabilities.

Yes! I had unrecognized and undiagnosed disabilities and I am learning how that affected my inability to protect myself. I also was very unprepared for dating and understanding context and appropriate behaviors and responses regarding intimate relationships.

Yes knowing that we have a voice helps.

I had failed marriages. But I have always been gay

To make sure they are consensual

Because ignorance and vulnerability are two aspects of the same condition.

so we can make good choices

because it's very important to set some boundaries

I am in a happy and secure marriage now, but I wish I had received more education on these topics when I was younger.

Appendix C – Future Topics/Useful Trainings

Professionals

The sexual orientation and gender identity of people with developmental disabilities isn't really talked about much.

Probably just how or if boundaries or what consent looks like. Is it different than an average person? Or does the person have to provide more clear communication than just a yes or no?

Where are the safe spaces for those fleeing these forms of violence in Utah??? There are NONE! Our DV shelters do not accommodate these victims.

How we as victim services providers can be equipped to help them through aftercare and healing.

Anything

How to support professionals with biases they may bring to the table regarding these areas and about dignity of risk. Supporting people with how to advocate for themselves when abuse happens along with advocating to have opportunities to create and have relationships.

I think it is important to talk about sexting, masturbation and where to help foster healthy relationships.

When/how/where do individuals with disabilities receive this information?

It would be awkward for me when working with a sexual assault survivor to then turn around and chat with them about healthy sexuality and intimacy other than to ensure they know what happened to them was not okay and they are supported and believed.

Just what I have selected.

I would like to see more options for people to establish healthy relationship in the community.

Autism and sexual identity and where they meet.

I think it is critical for all people to understand what consent is and how to talk about intimate relationships. People with disabilities are at greater risk for exploitation and abuse. Healthy relationship and boundaries are topics that need more public attention. These topics are often ignored in families and the education system.

Discussion across organizations. Not just reading information and statistics, but talking over these issues with other care providers (without mentioning organizations or client names, of course).

I have attended many conferences on sexual abuse and domestic violence and stalking but very rarely

do they have breakouts focused on people with disabilities.

receiving refreshers on topics, learning different ways to teach would be helpful as so many learn in so many different ways

learning how to provide this information to our participants, and how to assist them with learning about this information

I have not received any training yet. Just not being afraid to offer the training would be a start. Especially if trainers wouldn't lead with "now we know this is a very sensitive subject" Just get into it and don't make it more awkward than it already is.

Having a curriculum/best practices for teaching these topics, how to talk about topics to ensure adults with disabilities are absorbing the material, appropriate material for age/cognitive functioning (most places we have spoken to say they use Kindergarten or 1st grade level materials for people with disabilities and this is not okay!)

It would be great to get the training from the providers that serve this populations and provide adaptive interventions.

Having a curriculum.

Learning how to explain or breakdown concepts and where to find additional resources

Topics and how to apply them to the individuals that we serve.

A curriculum would be useful.

The last two.

Training for police, detectives and prosecutors on perpetrators exploiting vulnerabilities and options for resources and support and safety for survivors

All listed would be helpful.

Receiving training more consistently.

Having different options would be nice.

Updating the curriculum to include gender identity. How to talk with parents who don't want their child masturbating and other healthy sexual behavior that people freak out about.

Trainings specific to individual with disabilities would be great. Short sessions on a variety of topics.

We need to know how to see different forms of abuse in individuals with severe disabilities. We need to

talk to individuals who do have the ability to communicate in a safe private environment where they feel safe speaking about things that may not be easy to talk about.

Concise, flexible, reliable resources, case examples

Curriculums are nice. An appropriate way to teach people with disabilities that includes role play-when appropriate- pictures and movie clips. Breaking down concepts

I always find training more useful when it is applied to case examples during the training, that really ties things together.

Family Members/Legal Guardians

Ways they can communicate no or that something is wrong

A way for them to communicate that they need help to other people if they ever need to.

Information on appropriate relationship behaviors with friends and in employment or academic settings.

How to cope with a difficult/ painful situation...being made fun of because of their differences. I have tried and can't teach that one yet.

rights when living in a group home

Services and how to access them

Emotional abuse and abandonment

That they are loved and a valuable member of the community, regardless of their abilities, sexual identity, etc. That being a neurodiverse individual does not carry a stigma. (Just like being LGBT+ does not have a stigma) That when you "tell an adult" the adult will know what to do.

Activities, college help/resources/scholarships, how to navigate public transportation, meet ups for young adults with the same disability, hobby classes to further develop skills.

All of the above.

Specific scenarios and what would be a healthy interaction/response and unhealthy.

Adults with Disabilities

More resources for women on defense

How to teach the information to children with developmental disabilities.

How, as a high functioning autistic adult, I can protect myself against deliberately being discriminated against, because we are not a protected group and are extremely vulnerable to abuse and discrimination.

health, nutrition and employment