

- Good morning. Good morning. You're listening to Ability Radio, You and Your Health. A health literacy program funded by VI Lottery Broadcasting from Da Vybe Radio 107.9 FM. My name is Amelia Headley LaMont, you're co-host, and I'm joined this morning by Iris Bermudez. Good morning, Iris.

- Good morning, Amelia.

- How are you?

- I'm fine. Thank you.

- We are very excited to have a very, we have a very special guest, and this promises to be a very interesting program. But before we get started, I wanna, again, share with you our little bit of background, a little bit of overview. First of all, we request that there be no use of names, no personal text, no unfounded allegations, product pitches, no profanity. We don't give medical advice, so we won't be able to respond to questions of that sort, and I should also add that the opinions expressed are not those of the station, the Disability Rights Center, or VI Lottery. This is a call-in program, so if you are interested in asking questions, we encourage you to do so, you can call in at 779-1079 or 713-1079. And now I'm delighted to introduce to you our very special guest, Natalie Williams, she has a Ph.D. That means you are Dr. Williams.

- [ laughs ]

- Yes.

- Dr. Williams is originally from Oklahoma. She holds a Master's Degree in Behavior, no, Rehabilitation Counseling and a Ph.D. in Counselor Education. Her focus is...

- Sex. [ laughs ]

- [ laughs ]

- Wake up. [ laughs ] even our engineer eyes got wide.

- And I must say that, that Dr. Williams had done a number of presentations here in the Virgin Islands, and I was privileged to attend one of them, and it was excellent.

- Thank you. Thank you.

- And she also handed out these pens that had these very provocative statements on them. And Dr. Williams, I will let you elaborate. [ laughs ]

- [ laughs ]

- Sure. Well, good morning, everybody. Thank you so much, Amelia and Iris, for having me. I'm really excited to be here today. Okay. So the pens that Amelia is talking about, I did a presentation not too long ago through VIUCEDD as part of their CEU training, and I thought, wouldn't it be funny if I put some labels on pens that got people thinking about different things. So the topic of the presentation was "Let's talk about Sex, Safety, and Sexuality Education for Children with Intellectual and Developmental Disabilities." So one of these pens says, "I'm ready to bed myself." So we think about, you know, independence, life skills, and privacy concerns. The other pen says, "What about masturbation?" So, there was a, a lot of different folks in the audience, parents, caregivers, staff, people from various agencies, but I just wanted to start the conversation and, you know, let everybody know that individuals with disabilities go through puberty, they grow up, bodies develop the same way as all of ours do, so nothing scary. It's just, it's just sex, just part of life.

- And this has been a topic quite honestly that we've seen over the years that has been avoided.

- Uh-hmm.

- And I know, Iris, you had indicated some issues in that regard as well, right?

- Right.

- In your work.

- I remember as a social worker, we had to deal with a lot of sexual abuse cases...

- Uh-hmm.

- ...that involved disabled children, and the, this was back in the '80s when I was a social worker, and that point was, well, how do we work with these children? How do we teach them good touch, bad touch, and things like that, because they're so vulnerable.

- Uh-hmm.

- You know, and it was an ongoing thing for us because we wanted to, like you just said, it's natural and they have natural feelings about everything, and they're curious, too.

- Uh-hmm. Uh-hmm.

- There was a story that came out of movie, that came out about two mentally disabled children that grew up, loved each other, and got married, and the parents were so opposed to it. I remember seeing something like that. Because they were afraid of her getting pregnant.

- Hmm, uh-hmm.

- You know, so, you know, this is like up your alley, so...

- Yeah, that reminds me when I was doing research for my dissertation. You think about the sterilization movement...

- Yes.

- Right.

- Yes

- ...and a lot of that is still going on now just in maybe more subliminal ways...

- Yes.

- ...when you think about, well, for example, I have a cousin who has mild intellectual disabilities and I know she's been on birth control, you know, over and over and over, and sometimes, you know how you can take the pill continuously so that you never have a period, and that the likelihood of getting pregnant is like, you know, in off, almost impossible. So, you know, but we don't always think about the health concerns associated with that, and just the individual's choice, you know, I understand that there's concerns, you know, are they able, are they capable?

- Yeah.

- But there's ways, there's ways to make sure that both sides of the issue are addressed appropriately.

- Yeah, now that you said that about the birth control, I was just reading this morning, or yesterday morning an article that was talking about how people who take birth control develop cancer after a while.

- Uh-hmm.

- So, you know, here, we're trying to protect them, but yet exposing them to...

- Right.

- ...risks.

- Right. Uh-hmm.

- Oh, it's not, and there's no easy answers here and one of the things that I recall you did at the training was create, I guess, color codes or some sort of zone of protection.

- Yeah.

- So can you tell us a little bit about that?

- Yeah, sure. So usually when I do this talk, there's three different activities that I like to do to get the crowd engaged, and when I work with students, especially, I like to use the one is by champagne walk rehearse and this, an activity called circles. And you could do this using something as simple as a paper plate. I've done it with students using chalk or a string, where you actually make the circles and put them inside it. But basically what it is is, and there's also a kit that you could buy online for maybe \$4,000, but, you know...

- That's all.

- Well, you have paper plate, it will be just fine.

- Okay. [ laugh ]

- So basically it describes six different levels of boundaries, and so it starts from the individual in their own circles, so there would be the purple...

- That's the center...

- Yeah, that's...

- ...of the circle?

- ...the center of the circle. And then the circles are concentric, meaning one is at the other and they get bigger as you go out. So the purple circle is the individual, you talk about private parts and we usually think about private parts as parts of our body that are covered by swimsuit, but for me, my neck could be a private part, my elbow could be a private part, you know, if I don't know you, I don't necessarily wanna be touched by you.

- Uh-hmm.

- So, that's something to consider as well. Then the blue circle would be individuals that is okay to hug and kiss, like the intimacy circle, so if the person is in a relationship with a significant other or if it's a young child, maybe just their parents or grandma. Then in the green circle, which would be the next level out, you have a faraway hug. I call it the church hug, like a side hug, you know, none of the important parts are touching, no caressing, just like the little, a little embrace.

- A little pat on the back?

- A little pat, you know. Then the next one out would be the yellow circle, they call it the handshake article, I mean, the handshake circle in the literature, but I call it the high five fist bump, bless to the chest, you know. We...

- Making it culturally relevant, right?

- Yeah, yeah, I [ inaudible ] from one of my students, "Yes, sir. Bless to the chest." And he loves that one. So, that would be yellow, so friends or folks that is okay to touch, but you probably want a hug. Then the next layer out would be orange, so people that we would speak to, but not necessarily touch, so this would be the wave circle, again being culturally appropriate, we talk to everybody down here.

- Right.

- So, usually I would teach students, "Okay. You don't speak unless it's a stranger. But here, it is appropriate to greet a stranger, but it stops at that, if you don't know that person."

- Right.

- So that is something to keep in mind when we're working with our young people. We don't wanna teach them to be rude or teach them to stand out in something that, you know, people gonna be like, "Why they didn't speak? I spoke to them, they didn't respond. Oh, because they might be so rigid in their thinking, but" "You told me not to talk to anybody. That's a stranger, so." Anyway, so that's the wave circle, you say hello but you probably wouldn't strike up a long conversation. Then the red circle is the stranger circle, absolutely no contact. So, in cases where, well, let me put this as an example. One of my students actually put her father in that circle because this is a situation where there is no contact. So, depending on the circumstances, you know, some young people might put a bully in that circle or a peer that's done them wrong or, you know, they're in charge of who they wanna pick and who they wanna allow into their lives so...

- Ex-boyfriends, you know...

- Exactly.

- ...or ex-girlfriends.

- Uh-hmm. Uh-hmm.

- Wow.

- Yeah, but I love doing that activity. I love it a lot. And again, you can modify it to make it make sense for your young person. So, I was working with a 14-year-old boy in Texas, and for him, we had him stand in the middle of the room and we put tape on the floor, and we wrote down individuals' names and put them in the circles, and, you know, explained, "Okay. Mom and dad go here, but you're not gonna be hugging and kissing everybody that you see." You know, so we kind of helped him visualize it that way. I've done it with chalk outside on the playground, you know, some individuals who are able to use pictures and discriminate, that way you can use pictures, you might need to bring in friends and family, and have them stand in certain spots so, or if you're in a classroom, you can say, "Okay. A teacher stands this far away, appears this far away." So, it just depends, but you could you do it a lot of different ways.

- This is very interesting.

- Yeah.

- We'll take a little break and we'll be right back. And we're back. You're listening to Ability Radio, You and Your Health, and our special guest today is Natalie Williams. She holds a Ph.D. in Counselor Education, her primary interest include sexuality education and abuse prevention for children and adults with disabilities.

She's provided counseling for young victims of sexual abuse. She also conducts safety and sexuality workshops for parents and teachers of children and adults with disabilities. Iris, you had a question.

- Yes. While we are waiting, you know, to come in to the studio, Natalie and I were talking, I was just wondering how did she get interested in this, because this so sensitive, such a sensitive field. You have to deal with children and the parents and caregivers, how do you do all of this and what prompted you to do this?

- Yeah. I, okay, I would first say that these topics, you know, touch everybody, but especially the discussions surrounding abuse, this was something that came up actually in my own family. So my grandmother had a foster child that I will always know as Auntie Ruthie, so I knew my Auntie Ruthie's story, but I didn't make all the connections until I went to school to learn more about working with people with disabilities. So my Auntie Ruthie, her mother actually has a developmental disability and she has the mental age of a two-year-old. So growing up as a child, I was, like, seeing my Auntie take care of her mother, but I always wondered now how did Ruthie come to be? You know, if her mother has this severe challenge, how did she get here? Well, come to find out, Ruthie was born as a result of rape. Her mom was raped repeatedly, this was in rural Arkansas, around the '60s, but her mom was raped on going from the time she was a teenager through the majority of her adult life. And so, she became pregnant, and the child that she gave birth to was not born with the disability. So, Ruthie later on went to write a book called Thirty Thieves of Innocence, and she told her mom's story and her story, and the, you know, everything pretty much came full circle because Ruthie and I had been able to present at conferences, I invited her to come speak at my old school at Langston University, and I actually wanna see if she could come down here and we could do some talks together.

- That would be wonderful.

- That'd be wonderful.

- Yeah. So that's how I became interested in this topic.

- Wow.

- What...

- Well--yeah.

- Something like that would really prompt you into wanting to become, you know, a therapist. That's, excellent.

- That's very moving.

- That is excellent, yeah, yeah.

- How has the reception been to what you just described? You know, the training and, you know, the color, and was it called again?

- Circle. Circles.

- The circles.

- The circles. Every time we go out and do these talks, people always want more information. They always have stories to share. Most recently, I participated in the Youth Summit, shout out to Ms. Griffith, that special ed in over in Saint Thomas. We did, well, I was there for two days, but the Youth Summit lasted for a week, and the Friday of it, we spoke to the young people with special needs, in the Thursday, we spoke to 11th and 12th graders, and I was part of a panel that included a nurse and a representative from the health department, and those folks wanted more time, they wanted us to come back, they had questions, the young

people were engaged in both groups, so I mean, the reception has been really, really well, and I appreciate every opportunity I can speak on this.

- How would you service a family? You know, who may have these kinds of issues or concerns or questions, how does that come about?

- It's really case specific. Where I work right now, I work at Island Therapy Solutions, and the population I service, young people with autism. So we start from early learners, like young children, pre-school has start age, and then my oldest is 17 years old, but I even start with the young, young children because, like what's mentioned earlier, they're curios, they wanna know what's going on with their bodies. One of my clients came out of the rest room with her pants down at school and she was just dancing and thought it was so funny, and so, you think about, you know, just their vulnerability to abuse, and it's not always about sex. I do wanna mention, I mean, the physical active sex.

- Right.

- So we think of human sexuality, there's a model by Dennis Dailey that shows six circles, so the theme for today is circles. I talked about circles with colors, with boundaries. Now there's another visual. If you can imagine what looks like a flower, so the circle in the middle would be the values of the society, the religion, how people's views on certain topics are, because everything else surrounds that. So then you have five other circles, so all of the different parts of human sexuality are comprised of intimacy, which is our relationships with others. Sexual identity, which is how you see yourself, you know, are you more masculine, more feminine, and that also includes your sexual orientation, those two are two separate things. Sexual health and reproduction, which doesn't know the circle, but that's usually like a little piece that we get in school, you know? Abstinence, don't have sex, if you do, use the condom and usually it stops there.

- Right.

- Then also you talk about sexualization, so that describes the media's portrayal of what's sexy and what's attractive, incest, abuse, rape, all of those things also fall under that category. Then sensuality, which is the physiological response. So what does the touch feel like, you know, what does a caress feel like, what does your body doing, those sort of goose bumps. All of that. So there's much, much more, much more than just, you know, the birds and the bees, so to speak.

- Yeah. One of the things that I recall, sorry, about working with children that had been physically abused was working with the parents.

- Uh-hmm.

- That was a very, very difficult because I recall the situation where I had to go out and do a home visit to just two little girls that had been sexually abused, and when I went there, I was told that this is the father, the stepfather, was involved in this, in doing the sexual abuse, and I was told that this is what they do from where they are from.

- What?

- The father of that stepfather is the first partner the child knows...

- Oh, wow.

-And I recall telling them, but you're not there, you're here now, and there are laws protecting these children. So how do you deal with something like that when you have to deal with the parent that is doing the incest, you know, that's...

- Wow.

- That's hard.

- It is challenging. I haven't been in a situation like that where the family was okay with it, but I have been in a situation where there were two young boys, who were brothers, pre-school age, and the mom came, this was when I was in Ohio. I did an internship as an early childhood mental health counselor, and about a third of my cases were victims of sexual abuse. And so, once people find out that I was a counselor, and this was in rural southeast Ohio, once they found out I was willing to talk about these subjects, I just kept getting more and more referrals, and I was even an intern then, you know, I was working under supervision, but, so there were two young brothers, and one of them reported that their father was touching them inappropriately. So we go through therapy, we're working out the issues with the young boys individually, and together, I'm giving mom strategies, you know, on good touch, bad touch, ways to encourage them to continue to share, but not to push them if they weren't ready to speak, but later, towards the end of my time there, mom quit answering the phone, she wasn't showing up for appointments, and eventually, she tell me she was back with their father. And so, I mean, I explain to her, well, you know, this is a situation that you would express to me, are you sure this is the best decision for you and your children? And she said that's what she had planned to do. So a lot times it's just, you know, there's no more you could do, you could follow the laws of your state, do the appropriate referrals, of course, I notified my supervisor, but from then, it was in the government's hands, you know, as far as protective services.

- Yeah. And children that are abused or being abused, or molested, they're, they wanna tell somebody. That was my experience, they wanna tell somebody, but they don't know who to tell.

- Oh, gosh.

- And if they tell mommy or daddy, it's, like, you know, they're going against the family, the beliefs, and values, and things like that, but they really want to say something, but sometimes don't know how to say it.

- Right. That reminds me of one of my four-year-old clients I worked with in Ohio, and she was in a grocery store, I mean, very explicit scene, exactly what happened to her, my grandpa did this and that to me, and yeah, all the time, so that was one of the things that we worked on, as this is the place where you can share, this is the place where you can talk, I won't be scared, I won't be offended by what you say, but this might be scary for some other people to hear, you know?

- Yeah.

- So let's talk about it here and work out that, but she was in Walmart, of where everyone was, in the lane, just shouting it out.

- Wow.

- I mean, explicitly, like, labeling the body parts, this is what he did to me. Uh-hmm. And it was her grandmother's boyfriend.

- Well, hopefully there was repercussions for that.

- Uh-hmm. Uh-hmm.

- We will take another break and we'll be right back. And we are back. You're listening to Ability Radio, You and Your Health. I'm Amelia Headley LaMont, joined by my co-host Iris Bermudez, and our special guest today is Natalie F. Williams. Her background is in sexuality education and abuse prevention. She conducts safety and sexuality workshops for parents and teachers of children and adults with disabilities. Dr. Williams, you've said a lot of things that has been quite eye-opening, and, we, I think prompted a call from someone. So let's hear who's calling in. Good morning. Anybody home? Okay. I guess not. Maybe it was just too much for them to bear. Dr. Williams, okay, we talked about this, the circles.

- Uh-hmm.

- And I don't, I regret I don't recall the exact terminology for the circle test.

- It's just circles.

- Okay. Just circles. I'd, I say colored circles.

- Uh-hmm.

- Okay. Somebody is calling now? Hello? Good morning.

- Hello, good morning.

- Hey, Archie, how you doing?

- Good morning. Yes. I think [ inaudible ] cutting me off.

- Oh.

- I'm in cellphone. Yes, it would be interesting. I may have list it, but I was wanting for Dr. Williams, the situation in southeast Ohio maybe, like, in the Virgin Islands, are there not safe houses, do you know, for when those, if the situations arise that the family, you know, mother or the abused can leave and being housed somewhere until the situation is resolved?

- That's a good question. When I was younger, I used to volunteer at what's called care centers, Crisis Abuse and Response Centers in the States, and these were houses, where the children would go and do their forensic interviews. So we would set up as like a comfy house, the social worker will be there, the police will be there, everything was done with a two-way window, and there would be a trained therapist, who would facilitate the interview, so that the child will have to tell their story once and only once, and anybody else who needed to hear it could watch the recording. But here, I would definitely refer people to the Women's Coalition and see what other resources are available within the territory. But as far as specific safe houses or set ups like the care center that I described, I'm not aware of any here, but I would definitely call Women's Coalition if anybody is in need of some related services.

- So I guess, I guess coming from [ inaudible ] myself, who set up the care centers?

- The care center I worked at was in Oklahoma, and it was a collaboration through a non-profit organization, but I do believe that department of human services was also involved.

- Uh-hmm.

- Great. And thank you for your information. It's, and it's very critical for the community to hear there's options and ways to work around some of these problems. So, that's it for me. I'll let you guys get back to it.

- Thank you.

- Thank you. Thanks for calling.

- All righty.

- I, I'm, I do know that in the past, and I think it's still the case of Women's Coalition of Saint Croix does have a safe house.

- Uh-hmm.

- It may not be as you described. I'm intrigued by the two-way radio, oh, two-way...

- Uh-hmm.

- ...mirror. So, and since you're interviewing the client...

- Uh-hmm.

- ...and he or she can't see out of it, I'm just trying to visualize how does that work.

- Yes. So the way it worked is, it was, it was a house and there were lots of stuffed animals, there was an aquarium, so a lot of toys, soothing things. And so, my job, when I volunteered, was to engage with the child while the parent went into a separate area, and completed the paperwork, and, you know, got the initial process started. And so, I would play with the child before and after their interview, during the time that the adults needed to be speaking, so that the child's only interaction was to come in, say hello to everybody, and then just play. Then they went upstairs to a different part to where all of the officials, the police officers, and everybody else that needed to be present was on the opposite of the two-way mirror.

- Okay.

- So the child would be in a room, I mean, I'm sure we've seen episodes of Law and Order SVU, things like that. You know, to kind of get a visual, but the child would be in a room with one person, who is trained to facilitate a forensic interview. Sometimes they would be drawing on paper or playing with toys, Iris asked me off the air about children who role-play with dolls, so they might have anatomically correct dolls, so that the children can label their body parts or reenact kind of this is what they did or this is what was done to me. So that's another reason why we can't be afraid to say penis and vagina, and use the correct labels so that our children know and that they're able to accurately report exactly, because if you say my hoohoo and haha, and titi, and all that stuff, nobody is gonna know or understand what that means outside of the household.

- Right.

- So it's important to label our body parts and, you know, just as you're bathing, even starting from an early age, two, three, four years old, just, "This is your arm, this is your elbow." You know, just teach the kids that this is a normal part of life. This is your body, but this is what you're in charge of, and nobody else is allowed to touch without your permission. So...

- Yeah, that was gonna be my question to you. How, well, it was gonna be, how do we work with the parents of these children, and what do the teachers need to look for or observe, or even when they're not necessarily be an observant all the time, but if the behaviors these children bring into the classroom when they're being sexually abused or even physically abused?

- Yeah, we're all mandated reporters, folks in their field, and really, anybody who has any ongoing contact with children. If you notice any changes in their behavior, things that they're doing now that they didn't do previously, maybe they're sleeping a lot in class because they've been up all night for one reason or another, maybe they're acting out aggressively, and you're wondering why, what sparked that behavior. So some children might be more quiet and reserved when they're, the, when they're survivors of trauma, and some children show it in their behavior, and everything looks like anger, whether they're excited, frustrated, you know, worried, everything looks like anger or aggression. So, be willing to peel back those layers and find out exactly what's the root of the issue. And if you're noticing any inappropriate acting out, so far, our students with disabilities, if they're starting to play with themselves inappropriately, and you never saw that before, if they're starting to touch or itch, or scratch in their genital areas, that might be a sign to look for, that maybe there are some medical issues, possibly some STD contraction or things like that. I mean, it could just be a myriad of issues, definitely any source of bumps or anything that you will see if you're assisting with toileting, as part of your job, you know, for some of our kiddos who aren't potty trained and have multiple caregivers, I mean, it's so difficult because just the nature of certain disabilities makes them more vulnerable.

- Yeah.

- They have contact with all of these non-related adults, who have access to their private spaces.

- Right.

- And then you think about our kiddos who aren't able to speak, who aren't able to speak up for themselves, you know, it just puts them in really tough situations.

- Uh-hmm.

- That's rough.

- There is one more activity that I wanted to describe, it's called Go, Slow, Stop.

- Okay.

- And this could be more for a school age and above. I would say probably elementary, 3rd, 4th grade and up. But you can use the image of a stoplight and each color of the stoplight would prompt a child to stop and check in with their feelings, and decide if this isn't, a healthy or an unhealthy relationship. So for the green light, it would be any situation where you feel safe, you feel like you're in control, you feel trusted, you feel believed, you feel respected, and you can use this for a safety and sexuality, or could be, dealing with bullying, you could be dealing with anything. So just check with your feelings, if it's a green light, you know, everything is okay. The yellow light will represent a scenario where you may be confused or questioning, you're a little bit anxious, you're not sure what's going on. You feel like you might need some assistance or some support, so that will be the yellow light, and then the red, the stop would represent any situation where you feel like you are out of control, you feel abused, you feel like you're being taken advantage of, you feel like someone is possibly hurting you, you know, all of those types of feelings, will be a red light. So, the, when I was in Saint Thomas, the young people really, really loved this analogy, and it said that it's gonna help them, you know, be aware of different types of situations.

- Okay. Is this something that you would, in your minds conjure up, in any situation, I'm trying to see how you would apply that, you know.

- Well, what you could do is you can use scenarios, so what we do when we do our talks, or when I'm working with young people directly, I come up with scenarios, which are things that I know, either they're experiencing now or they could possibly encounter in the future. And I do a mix. I do a mix of some green, a mix of some yellow, and some red. So for example, I made one set for a young person, I said, okay, you are sitting next to a peer in the cafeteria, you like them, and you enjoy their company. What's that, a red light, yellow light, or green light?

- I would think if it's just in a cafeteria, it's a green light.

- Yeah, it's a green light.

- Okay.

- Yeah.

- Okay.

- So then, another question you could ask is, a boy, when you're walking down the hall, a boy grabs your backpack and gives you a kiss on the cheek, would that one be a red, yellow, or a green light?

- Hmm, it's a boy that you know, or very, you know...

- Exactly. It depends.

- Yeah. It's, yeah.

- If it's your boyfriend, hey...

- Right.

- It might be a green light.

- Right.

- But if it's a boy that you can't stand, or someone that you don't wanna just face, red. But it's funny because when I, when I present these scenarios with the young people, they're very clear. But for the parents and teachers, everything is a red. And I'm like, no.

- And, I know.

- We are too overprotective.

- Yeah.

- Everything cannot be a red light. The scenario all said use, just sit next to them and enjoy their company.

- Right.

- They are all like, oh, that's a red, that's a, I'm like, no. I'm like, come on, guys. Everything can't be a red.

- Yes.

- That's funny because I wanted to use, explain how this applies to the parents.

- Yeah.

- And [ inaudible ]

- Oh, yeah.

- We are too overprotective. I mean, give our folks some freedom.

- And the ability to think on their own and become independent. And that's one of the issues within our network. As disability rights advocates, is to encourage self direction.

- Uh-hmm.

- Independence. As to the greatest extent possible.

- Yeah. And then my main teaching a young person how to masturbate so that they can relieve their tension, and experience some pleasure and satisfaction if they're not gonna be in a situation where they can't have contact with another person, you know, a consent, another consenting adult. So, or they might not even have the capacity to give consent of the nature of their disability.

- Right.

- So, it's really specific on a case by case basis. We don't get to decide who's straight, who's gay, who's gonna be single, who's gonna get married. I met a young woman with a developmental disability, who had

already been divorced, and I was like, wow. She could tell me a thing or two, you know. I mean, honestly, so you never know.

- Right.

- You never know.

- Right. Boy, and you know, it's, it is an education.

- It is.

- Let's face it.

- It is.

- I mean, it's, they're, there was something with that our office had posted on a Facebook that involved a man with a developmental disability, who proposed to his girlfriend.

- Oh.

- And he walks in to a McDonald's, where the girlfriend work, with a group of singers, and got on his knee, and offered her a ring, and it was to commemorate, I think, Down Syndrome Month or something.

- Uh-hmm.

- But, you know, it's like flipping the script. We're just, or not yet accepting of the fact that persons with disabilities have the right to live and love, and marry, and divorce, like everyone else.

- Yes, yes.

- And so, I think we will have a long [ inaudible ] as far as just that whole education.

- Yup.

- Uh-hmm.

- So that's why I think this is so important, and I'm so grateful that you've been able to come and share this with us, because, you know, this is not part of my day to day work. but when it does come up, I do, and I think our staff and everyone wants to be in a position say, "Here is a resource." Okay?

- Uh-hmm.

- This is where you can go. And especially for parents.

- Yeah.

- Yeah.

- Oh, my God.

- Yes.

- Yeah.

- Because I was just thinking about when you talked about masturbation, I was thinking, well, when they're little, we tell the baby, don't touch, don't do this, no, no, no. keep your hand way from your penis or

whatever, and that when they grow older, it's okay for them to touch themselves, so there is a conflict, a contradiction here somewhere.

- Yeah.

- You know. Would it...

- You can teach privacy, so even, you'd be surprised, even young people with very severe challenges still understand the concept of privacy, they might take a towel and cover, or they'll close the door behind them when they use the rest room. So, that's something that you can teach, depending on your child's skill level. You might need to use words or you might need to act it out, so whenever they do start touching, you know, you remove them from the area, and take them in the room. And every time, you're consistent with that, and then eventually, they'll associate, okay. If I need to touch, then I need to go in the room. But it's not appropriate to be out here with everybody else.

- Right. And this is exactly what the parents need to hear. How to do, you know, to protect my child and how to do these things, because a lot of them are like, well, how do I do this?

- Yeah.

- You know, and I remember talking to someone, I mean that, that was a question. Well, Iris, how do I do this? I don't know. That I'd have to sit there and think, well, how does she do this?

- Right.

- Well, if they're 17, it's a, probably a little bit, yes, more...

- A little late.

- A little late to be starting, but start from the time that they're young. Start, like I said, labeling the body parts. As they get older, start letting them know, okay, your body is changing. You're gonna have these feelings, I'm willing to talk to you about them, if you're confused, you could find some books, some story books. They have pictures of this is what a growing girl's body looks like. This is what a growing boy's body looks like. People say what they want about planned parenthood, but they have so many free resources, especially for individuals with disabilities on their website, just Google Planned Parenthood.

- Okay. That's good to know.

- A lot of these activities, the girls will [ inaudible ] I got that from Planned Parenthood. So, and they were actually one of the first ones, as far as advocating for a healthy sexual expression for adults with disabilities. Planned Parenthood was at the forefront of that work.

- That's good to know.

- Yeah. So, I mean, it's not all what you hear in the news. I'm definitely not given a check from them or anything. I'm just saying. There's free resources out there for people that are interested.

- Will you be doing any workshops or training sessions at any time soon?

- I don't have anything on the calendar as of yet, but I've been collaborating with VIUCEDD, Dr. Kimberly Mills, and I've been also collaborating with the Department of Special Ed over on Saint Thomas, and hopefully Saint Croix, we'll be able to do some work as well.

- Okay. Now, for the audience, tell us what VIUCEDD means?

- Oh, the acronym is long, but basically...

- It is.

- ...if you know where Spicy Girl is over, adjacent to University Campus, they do a lot of awesome work. Dr. Kimberly Mills is the Associate Director there, and there's an affiliation with the university. So, they have a lot of programs, projects, free trainings for parents and caregivers, teachers, and that's the biggest, one of their biggest resources is their free monthly trainings that they have every year.

- Right. And VIUCEDD stands for the Virgin Islands University Center for Excellence on Developmental Disabilities. It is a mouthful.

- That's a mouthful for you.

- But trainings are offered periodically and it's free.

- Uh-hmm.

- Yeah.

- And I, again, it was privilege to attend one of your workshops, and I thought it was excellent, and I'm looking forward to seeing more of that because, my goodness, this just needs to be repeated.

- It needs to be, yeah.

- So, that would be a very important thing to do. You know, when you mentioned, starting at the small age, I remember long time ago when my children were young, they're now 24 and 26, Sesame Street had a skit about a little child singing a song, no, no, no, don't touch me. And the adult was saying, oh, you cute, coochie, coochie, coo. And the kid says, no, no, no, don't touch me.

- Uh-hmm.

- Oh, wow.

- That was their way of, you know, but basically, to say [ inaudible ] to touch and, you said that something also during your training about touch, and how certain parts of the body, like an elbow or a neck. Remember that example you gave?

- Oh. There's a funny story. My friend send her daughter down here for a few weeks over the Christmas holidays, and she is, she's an adult. She's in her 20s, but I use this example when I talked about your whole body being a private part. She's a salsa dancer, so we went out and we were doing some dancing, and she's really, really good, and all the guys wanted to dance with her. So, you know, she was taking turns. She had a little line, there was four men, but there was this one guy who came up, and I don't know what happened. I just saw that she was like, no. He came too close to my neck, and the look on his face, I mean, she was really assertive, and she tell him, no. You need to back up. But I mean, she got over it and started dancing with somebody else. But the thing was, for her, her neck was a very, very intimate area. I mean, because you think about salsa, the arms are touching, she's twirling, even a hand down the hip was okay. On the back was fine, her arm. He could touch her arm and no problem, but when he got too close to her neck, she said, no, sir. He almost lost his life that night.

- Oh, God.

- No. I'm teasing, I'm teasing. But seriously, that's how serious she was. She was very offended, and so for everybody is different. Uh-hmm.

- Right.

- Wow.

- That's the lesson. What's, you know, different.

- Yeah.

- For one, is, you know, something else for someone else. So...

- For an individual, it's for individualization.

- Right.

- Yeah.

- Right.

- Wow.

- This is interesting.

- That's true. And then one other thing that to answer Iris's question about what parents can do, I was telling some staff, I was working with, who were assisting a young man with bathing. I was telling them, okay. Start to fade out. He's off a certain age. Please let him bath himself. Give him direct and tell him, okay. You know, wash your arm. Wash your elbow, but you fade out because there was one staff, who, I don't know if they were being too rough when they were assisting him during hygiene, because he lashed out and injured the person.

- Wow.

- And so later on that person told me, "Okay, maybe it was because I was, you know, being a little stern." But at a certain age, it's time for those things to be independent. Okay, if they miss a spot, if there's a little streak of dirt on their neck, it, they're not gonna die, you know, but just start pointing and then just gradually, we call it an ABA, Applied Behavior Analysis is my field that I work in now for children with Autism. But we call it fading your prompts. So you might start off teaching by holding their hand. But later on, you might just wanna tap the elbow. And then later on, just give the verbal instruction, even for our kiddos who don't speak, you will be surprised how much they understand. They hear everything that you say. They're taking it in, and sometimes we get the little hehe, and I'm like, oh, yeah, you heard me, you know, you know what I'm talking about. So, just, you know, allow those opportunities for independence. Everything is a teaching opportunity. Oh, this reminds me of something else, my cousin is a speech therapist in Saint Thomas, and she told me one of her students was, in her 20s, and the parent was still changing her menstrual pad. So, her sanitary napkin had to be changed by her mom every time during her period. And so you think about that that's not a set up for a success, that's a set up for failure because she's always gonna be dependent on her mother to do that for her. So, just think about all of these things that we go through in life. Everything is a teaching opportunity. Everything is a lesson.

- And it's, really applicable to these children because they will grow up to be adults, and they will grow up to need to find to how to take care themselves, to a certain extent.

- Uh-hmm.

- Because some of them won't, but some of them will. And then you know if you're not around, what's gonna happen to them?

- Exactly. And anything you do for them now something else is gonna, somebody else is gonna have to do for them in the future.

- Yeah.

- So, if you don't teach them to do it for themselves now, some other adult is gonna have to do that for them in the future.

- And it's gonna be harder, I think.

- Uh-hmm.

- Because, and they'll really have to learn that and maybe go back and then go forward, it's like...

- Uh-hmm.

- So, let's start from the time they are little and start making them a little more independent.

- Uh-hmm.

- So, that you don't have to deal with that when you're older and you're with, walking with your canes and stuff, and you can't help them. And we've seen a lot of that.

- We've seen a lot of that, yeah.

- Yeah. Yeah. For sure...

- Because I have a cousin right now who, that didn't really work with the child as she, when she was little, and now she's an adult, and she's in her 60s. And who's gonna take care of her when her mother passes away because that's a, that's gonna happen.

- Uh-hmm.

- You know, let's not fool ourselves. That's gonna happen.

- Uh-hmm.

- Let me make sure to say that if you miss any portion of this program, we have podcast on our website, DRCVI.org. I encourage you to check out our website for this and other programs that Ability Radio has to offer. Again, our sponsor is VI Lottery, making a difference program. I hope we'll be coming back, we'll see you in a little bit. We're back for the final countdown of Ability Radio this morning, you and your health. This program is sponsored by VI Lottery, making a difference. We are a live call-in show and from time to time, we have given the number. If you are not able to call in this morning, you can certainly feel free to give us a call at the Disability Rights Center, and the number there is 772-1200. Dr. Williams, let's recap what we talked about this morning.

- Uh-hmm.

- Yeah.

- Sure.

- Tests and, yeah, just give us a summary of what you think is the most important thing for us to come up with today.

- Sure, if you don't remember anything else, just remember circles, circles, circles. You can remember that sexuality is more than just one thing, its six components, think of those circles. And also think about the circles as far as the boundaries, the colors that we talked about. And then also think of the stop light, the red, yellow, and the green. And so, if you could just remember those three, it'll arm you with enough tools to

at least start the conversation with your young people, if you're a teacher, a parent, a caregiver, or work with students or young people with disabilities, in any other capacity, that'll give you enough tools to do a lot of good work. And also repetition, because this isn't just the one time. I had sex education once in, probably 4th grade, and then again in 6th grade health class, that's not enough information.

- Right. Right.

- That's not enough, and we think about our students with special needs, how often do they get sex ed.

- None.

- If really, none, it, or it depends on the teacher...

- Yeah, right.

- ...it depends on the teacher.

- Uh-hmm. Uh-hmm.

- But as far as somebody going in in the classroom and showing them how to do certain things. So, as parents, you just really, really be cognizant of, it's not always just from the abuse prevention side, yes, there's a piece of it, but helping them grow into healthy functioning individuals.

- Uh-hmm. Right.

- Uh-hmm.

- And speaking of repetition, we'd like for you to come back to the show to talk to the parents more about the circles, and what else they could do to help their child, you know, go through this process and go through, being able to verbalize, if they can. You know, if something is happening to them, because I'm pretty sure that, like I use to remember, the parents kind of didn't know...

- Uh-hmm.

- ...what to look for?

- Yeah.

- And that would really, really help them, besides helping them with the circles. I think that is such a great idea.

- Yeah, definitely.

- It really helps.

- Uh-hmm.

- I guess I need to start buying some paper plates, and keeping them at my office [ inaudible ] this feeling that the floodgates are gonna open. You're gonna be a very busy lady, Dr. Williams.

- Thank you. Thank you.

- That \$4,000 kit, huh?

- I'm telling you, or you could do it with a paper plate. You could do it with string. You could do it with a chop. There's a million different ways, but there are also some good agencies here. I know, as far as for adults

with disabilities, Lutheran Social Services, I'm interested in collaborating with them to do some additional trainings for their residential clients. So I'll be interested in reaching out there. If anybody from LSS is listening. But I've been to Queen Louise Home and spoken with the director there. And we've done some collaboration. So I mean, there are lot of opportunities to connect. A lot of opportunities to connect.

- Good, yeah, because they do that all, don't they?

- Yeah.

- Yeah.

- Uh-hmm.

- Yeah.

- Uh-hmm.

They need this information just as much.

- Like we said about the repetition because each stage of life is different. Each stage presents its own challenges. So, even when you think about menopause and think about, you know, getting your prostate checked. And how do you describe all of that stuff, and prepare people for their medical test that go along in adulthood, that are related to sexuality. I mean, my experience is primarily with the young children, but there's a whole another box of condoms when we talk about with adults. So...

- Right, right.

- Yes. Yes.

- ...yeah. There's a lot of other issues.

- So, you'd say your focus is what age range?

- My strength really is with the Pre-K, with the three, four and five year olds, just because that's where I've had the more practice, but with school age children, it's often a lot easier because they have more skills and you can break it down in a different way. So, it just depends, I mean, then you got to consider the persons developmental level and their capacity to understand the information, so you might have to be creative and present it in a variety of different ways so...

- Yeah, break it down.

- ...yeah, it's really on a case by case basis.

- Uh-hmm. Okay.

- Just curios of, and is it, generally, what would you say your case load is at the present time?

- Right now, I work at Island Therapy Solutions, and I work exclusively with children with autism. And we serve 17 children on Saint Croix on our ABA team.

- Uh-hmm.

- Uh-hmm.

- Okay.

- How are they referred to your agency?

- There's a variety of different ways, sometimes through the parent. We're private insurance only, but sometimes we give referrals from then parents, sometimes a teacher will notice something, and ask the parent to call and contact us. So, there's a variety of different ways an individual can enter into our services, sometimes when we're out in the schools, working with another client, a paranoid teacher will say, "Oh, what about this one, and this one, and this one."

- Okay.

- So...

- Uh-hmm.

- Good. Good.

- All right, well, again, if you had missed any portion of this broadcast, the Disability Rights Center has this show and others available on our website, which is DRCVI.org. This has been very, very interesting, and Dr. Williams, I trust that we will revisit this topic very soon. I encourage you to call our office at 772-1200, if you have any questions, I'm hoping that we can also collaborate with you as well.

- Yeah. Sure.

- All right. Sure, all right.

- To host some training events.

- Right.

- This has been Ability Radio, you and your health. I'm your co-host Amelia Headley LaMont, joined by Iris Bermudez. Have a good morning and thank you, Virgin Islands for listening.

- Bye-bye.

- Thank you.