

- Good morning. Good morning. Good morning, Virgin Islands. This is the Disability Rights Center of the Virgin Islands. We are back. Hosting another project called Ability Radio, You and your life. My name is Amelia Headley LaMont and I am joined this morning, as in many mornings, by Iris Bermudez. Good morning, Iris.

- Good morning, Amelia.

- How are you?

- I'm fine. Ready to go.

- Okay. Good. We also have a co-host by name of Archie Jennings, who broadcast the Ability Radio from Saint Thomas. First we'd like to thank you, all of you who have regularly listened to our previous project, called Ability Radio, You and Your Health. All the guest we had on the show that were available to us, to you, were able to participate and bring us much needed health related information. The purpose of this program, Ability Radio and Your Life, is to help individuals live life to its fullest and promote awareness of what is available here in the US, Virgin Islands. It's being offered from different perspectives, then of course, our emphasis is on the disability perspective. You will hear and learn from a variety of people, groups, programs, that are working in the Virgin Islands and who are dedicated to maintaining and preserving an inclusive community, while at the same time, focusing on our history and culture. Before we begin, we usually go through our rules of engagement and that is we request that there be no use of names in a malicious way. No personal attacks. No unfounded allegations. No profanity. And the opinions expressed on the show are those of the host and those of the guest. Be reminded also that this is a live call in show and we encourage you to call. If you have any questions, you can call us at 713-1079 or 779-1079. Today we are very, very, very pleased to welcome back, Dr. Natalie Williams. She is here to share information. She was on a show that we had broadcast back in May. And her expertise relates to Sexuality Education and Abuse Prevention for children and adults with disabilities. Dr. Williams, good morning.

- Good morning. Good morning. Happy to be back.

- Good. I'm glad to have you back. Originally, you're from Oklahoma City. Dr. Williams holds a Master's degree in Rehabilitation Counseling and a PhD in Counselor Education. Although, her clinical experience has been quite diverse, her primary interest include Sexuality Education and Abuse Prevention for children and adults with disabilities. Welcome back to the show. We're so glad to have you.

- Thank you. Thank you.

- And admittedly, sexuality is a very touchy subject. And so, let's go back to where we were back in May and if we could just summarize, where, you know, your initial step into the community and what you have been doing since that time.

- Sure. Sure. Just a, kind of, refresher of what we talked about before. My interest in general is helping individuals with disabilities live productive lives. Whatever that means for them. Whether that means, helping them maintain or obtain and maintain gainful employment. Whether that means helping them be successful in school. I've worked with young children all the way through adults. But, one thing that's always come up, no matter what the age, no matter what the situation, no matter what the type of disability issues related to sexuality and abuse prevention. Whether as individuals who have been victimized or who have acted out inappropriately in a sexual way. That's always come up. I would say probably maybe two-thirds of the clients that I've worked to with this come up in conversation. So, one of my interest has been The Circles Curriculum, developed by Champagne, Walker, and Hirsch. And so, when I was doing my dissertation in Ohio. I did some research and worked with individuals with developmental disabilities. And they actually went out and trained their peers on Sex Education and Safety Curriculum that was developed their director at the agency where they were attending, or in receiving services. So, by interviewing them, that sparked even more interest because a lot of them expressed, these were adults now. But, a lot of them expressed, they wished that somebody had given

them these information when they were younger. Maybe elementary at junior high school. They were wondering why, as adults, why they were first being exposed to this information. One of the young women I worked with, she had already been married and divorced. So, you can imagine, just living her life how, you know, these topics could have been useful. She would have known at a much earlier age. So, I also worked as an early childhood mental health counselor. And it wasn't necessarily supposed to be related to sexuality and abuse prevention, but I would say, probably a quarter to a third of the clients that I served, were victims of sexual abuse. And this was children ages zero to six. So, once again I had multiple, multiple opportunities to work with parents, children, and families to help the survivors recover from that traumatic situation and then, even helping the young children, um, prevent themselves from being victims in the future. So, teaching about things like good touch bad touch. I had a supervisor who is really awesome. She was open to those of discussions and she gave me a lot of good training on how to approach these topics with the young children.

- Can we go back to when you were talking about the young lady that was married and had been divorced?

- Sure. Sure.

- Because one of my questions or, you know, to you would be, this seems to happened so much with children who have had no intervention, have grown- p, have matured, and we looked at them and you figure, "oh they're a normal adult." But emotionally and psychologically they're not. What can we do to help these, you know, these individuals or what can our community or our society do you know, to kind of bring that out when they're, maybe younger and help them through that whole process.

- Yeah. One thing is just, first of all is not being afraid to talk about it. Sex is much more than just S-E-X. So, I've had opportunity to work with y'all and we've done some presentations in the community. We'll talk a little bit more about that later, but one thing that's been coming up from the individuals, I mean, they're acting with is when I say, "Okay. Why do you think of when you think about sex or when you hear the word sex?" And they always think, "Okay. The physical act, you know, the physical act of sex." So, any information beyond that is really, either a [inaudible] or meaning they haven't contacted that information before or it's just outside of their scope, like, things that haven't even, even being considered and so, when I present Dennis Dailey's Model of Human Sexuality, which is six circles covering everything from sexual health and reproduction such as like, STDs, STIs, and even range in the full scope talking about gender identity, sexual orientation. And then, even talking about how society portrays images related to sexuality, we discuss things like, pornography and the media images that we see. All of that is related to human sexuality. Even, how I choose to wear my hair. That's the reflection of my sexuality. I used to wear really, really low haircut and the lad or young children would say, "Oh, you look like a boy." And you know, so, they would say, "Don't cut the hair anymore, you look like a boy." So, how we dress, everything from the time we wake up to the time we go to bed is something that we show to the world and or, something about how we interact with people. It all has to do with human sexuality in one way or another. So, it's not something we need to be afraid of, it's not taboo, but there's a lot more that goes into it. Other than just the physical act.

- That's a good point. I'm still trying to grapple with an, perhaps I missed it, when you talk about the same person who was married and then divorced. This was an individual who was abused in the marriage or had a child who, you know, I'm trying to understand what the situation was.

- Okay. Okay. Well, going back whenever I met with the group of individuals, I interviewed six adults, and this was in Cincinnati, Ohio. So, all of them were participating in a program through an organization called The Tall Institute. So, they would come--are you familiar with day hab or day treatment centers.

- Oh, no, no. I just learn about it naturally. Yeah.

- Yeah. Yes.

- Okay. So there was a place where individuals, whether they were or not, they could come during the daytime and receive services that--with like life skills, socialization. Things to help them being more independent in the community. So, she was what we will call a more half functioning individual. Like she was able to hold a job. She lived on her own. But she did also have support from the government like financial support. She had staff that worked with her. So, during the process of her life, she did--she was married, she was in an abusive relationship. And she chose to depart and to separate from her partner. So, she was divorced. But then, when she participated in the Safety and Sexuality Program. So, what happened was they all receive training like, they went through the curriculum themselves as participants, then they went across the state of Ohio. They receive a grant to out and train other individuals. So, they did skits, presented scenarios, and a lot of the skits they presented we're pulled from situations in their own life. So, they had, you know, it kind of start-up reactions and it's one thing when you have an expert or a teacher or a provider. Trying to do and disseminate this information. But when you hand it from one of your own peers, it just really, really made a huge difference. So I had a chance to observe them doing a few of those presentations around the state. But for that young woman, it was just like, if she would have known then what she knew now, she probably would have made different choices if that make sense.

- Yeah.

- Yeah. Got it.

- It does because it just shows how, although, we aged chronologically, we're still stuck emotionally in the past.

- Exactly. Exactly.

- Okay. We're gonna take a little break and we'll be back. And we're back. Good morning. And we're back. Good morning. You're listening to Ability Radio, You and Your Life. I am your co-host, Amelia Headley LaMont, joined by Iris Bermudez. This program Ability Radio, You and Your Life is recorded. It is posted as a podcast on our website. So, this show and the other broadcast that we've done can be found on our website, which is at dr cvi.org. Again if there's any questions you may have, you may call in at 713-1079 or 779-1079. Iris, you had a question.

- Yes. I was thinking that, you know, when we do the training. And when we did the first training. Well, we did the first training with you, I did, the evaluation at the end of the training showcased were a lot of the participants didn't know about what sex really implied. And it was really eye-opening to hear some of their comments. Would you talk more about that?

- Yes. Sure. That reminds me. Also I was--I had the opportunity to present at the youth summit over on Saint Thomas and I couldn't attend for the whole week, but for that Thursday and Friday, we did a presentation with high-schoolers and then on that Friday, we did a presentation with the special education students. And so, with the high-schoolers, 11th and 12th grade, we split up between the boys and the girls. We had separate groups for them and it wasn't just me, but I presented with someone from Department of Health and also with a nurse. The young people wished they have more time. We only had a forty-five minute time block. Once we present it, the circles activity, as I mentioned before it's Dennis Dailey's model and one way that we incorporate this information into the discussion. I said, Okay, guys. How do you spell sex? And they go, "Oh-duh, S-E-X." And I'm like, "Let me show a way that sex is more than just the three letters. Because I already know what they're thinking. I'm like, let me show you. So, what I do, is I passed out six different pieces of paper and on each paper, there's a circle. And in the circle, it shows the different categories. Which are sensuality, intimacy, sexual identity, sexual health and reproduction, and sexualization. And then, I have somebody stand in the middle of that holds the circle that says values. And so, we talked about how all of these different categories. All the different six circles surround on the value system which would be the culture that you lived in, religion, what your family accepts as, you know, right or wrong. So, when we put that up, everybody is like, "Oh, oh, my gosh. Like, It is a lot more to it." And then, we talked about each category in depth. So it really--it really takes time. It really takes time. And for most of us, we've only receives sex education maybe in third of fourth grade

when the girls start getting their periods. Maybe one time in a PE class in junior high. And that's pretty much it. That's pretty much it. And so, really that's not a enough. It's not enough.

- And I think, it was mostly on contraceptives.

- Yeah. It's mostly, abstinence only.

- Abstinence only.

- This is how you put on the condom and then that's it.

- That's all.

- That's all you get. One thing that came up when we had a discussion with the women's group over in a housing community recently. I shared with them that to just kind of. I didn't want to feel like I was preaching. But, I remembered when I was young, someone told me to make to check your emotions, because as a woman, sometimes, we're looking for an emotional experience but we accept a physical experience when really that's not what we're looking for. And so, we spent a lot of time, you know, discussing with the women on that and they were like, "Oh, my Gosh, like, this new. I wish somebody would've told me, type thing ,so yeah. It's never too late but a lot, one good thing that came out of that presentation is several of the mothers wanted to have extra materials that they can share the information with their children so.

- Do you think one training is enough or do we talk about maybe going back and doing some follow up training?

- Oh, follow up would be awesome. Anything that we could do, especially the repetition, you know, and at times, if someone wasn't able to able attend the first, maybe you could catch another pool of participants from that community who could attend a follow up or given opportunity to go in depth with the content because yeah, an hour or two is, you know, a short amount of time to cover all the information.

- Yeah, I felt that too when I went with you the first time, you know, that you did go through all the, you know, the entire process of the circles and that was interesting. And as I was looking around, you know, I was saying I wonder if they would need a repeat to really understand the material, you know, that you shared with them because it was really deep.

- Yeah, it is and one thing I do like about the curriculum is that it shows different examples and it's not always, oh, somebody just touched me on my breast or somebody just grabbed my butt. It's not always situations like that. And one of the scenarios, there's a young lady who a relative always wants to give her a big hug and a kiss. And she's like, no, they're trying to change the relationship but I'm not comfortable with that. I can choose who's gonna be in my circle. I can choose who's gonna be that close to me and even if it's a relative, you know, she said, she didn't need to call her safe person. Meaning, it wasn't an emergency but she was confident enough to say, "I'm not comfortable with how you're trying to change this relationship," so.

- Right.

- Yeah.

- What if you have an auntie who insists on squeezing you and kissing you up. How do you, you know, how do you navigate that without hurting auntie's feelings too much?

- Yeah, don't make a big, to do of it in public but I remember, I had an aunt when I was, who used to always bite my cheeks.

- Oh, God.

- And I was like, wow. Like, okay, I had big cheeks but they're not for chewing, you know. So you could use humor or you can speak to that individual privately. You don't have to cause a big show. But one thing that's very important is teach your children that just because an adult comes up and approaches them, they're not obligated to touch. They're not obligated to give somebody a hug. I remember when I was a child, I had a godfather who had a beard and so I was told to kiss him on the lips. I wasn't comfortable with that. But that, that's how I was instructed but I didn't really have a choice at that time. I was told by an adult this was how I needed to greet my godfather and I was like, it's kind of weird. But we need to teach our children that they do have the right to choose if they don't wanna shake somebody's hand, they can wave. If they don't wanna give a hug, they can smile and say, you know, offer an appropriate greeting. But we need to teach them that from a young, young age, you're not obligated and so even babies don't feel like you have to pass the baby around to everybody because, you know, I mean, it teaches them that just anybody and everybody can touch me, anybody and everybody can hold me whether or not I know them, whether or not I'm comfortable, so.

- Yeah, teach them that they have a choice. They can choose. They're in-charge of their bodies. You just took me back years because I remember when my son was born. I would, I didn't want anybody touching him. I was, like, so possessive, you know. And now that you said that, I was saying, well, maybe I was teaching him that not everybody had to pick him up, had to touch him and whatnot.

- Yeah, when I'm interacting with babies that I don't know, I don't touch them. I don't out of respect for the parents' wishes. Now, with germs and everything else, I mean, you know, just for health reasons but definitely for the physical reason because it teaches them that this is okay. And a lot of predators do what's called grooming. They might try a little thing here or there and they'll keep pushing the boundaries until they go further and further. So, yeah. We need to teach our children that just because somebody does like a little light touch on your arm, a little touch on your leg, hey, they might be setting you up for a disaster in the long run.

- That is interesting.

- Yeah, not to scare people but I heard it explained to me this way, that we usually think of private parts as the areas covered by a swimsuit. But in general, our whole body is a private part and one thing, one funny story that I share when we do the trainings is my friend's daughter came down from the states for the holidays and a young man while we were salsa-dancing got way too close to her neck and you would've thought he did something so vulgar but for her, her neck was very private, it's very intimate and, you know, he was okay to touch her waist. He was okay to touch her arm, whatever, her hip. But when it came to that neck, he almost lost his life that night. So, you know, just everybody's boundaries are different and we have to understand that it's up to the individual to choose. They're in control always.

- Can you tell us more about, or elaborate more about that values circle that you describe. Is that part of the curriculum?

- Yeah, definitely. Yes, we do so.

- Okay, we have that?

- Yeah, the values circle is in the middle so really this just talks about society's views on what's acceptable, what's okay and what's not okay. This varies from state to state, region to region, household to household. But it's really those things that you're taught from the time that you're small, how you're supposed to dress, what is acceptable for women. I know in my mind was coming up, they weren't allowed to have pierced ears. It wasn't appropriate for a woman to cut her hair. My grandma's Pentecostal Evangelist. As she's gotten older, she's loosened up a bit but she, but she doesn't wear pants to this day so, you know, just all of those little things, all of those little quirks that we have. I know one family that doesn't celebrate holidays and it's not necessarily a religious thing because they are, they do consider themselves religious but it's more of a culture thing for their household. They don't wanna buy into the commercialism. And I'm, I agree with that too. I read that create experiences, do visits, do a trip, buy like

a subscription to a museum versus just a bunch of toys that are gonna be broken. So all of that little stuff feeds into, feeds into your values system.

- Well, okay, we will continue on with this very interesting conversation after we take a brief pause. Good morning, you're listening to Ability Radio, You and Your Life. I am your co-host, Amelia Headley LaMont, Executive Director of the Disability Rights Center of the Virgin Islands and I am joined by Iris Bermudez. Hello again, Iris.

- Hello.

- And our special guest this morning is Dr. Natalie Williams.

- Good morning.

- Dr. Williams, I'm laughing because I liked how you described your presentation to young people, teenagers who are not necessarily an easy audience. And I wanna go back to how you described when you asked them, how do you spell sex?

- Yes, yes. This was over at the youth summit on Saint Thomas last spring. So we were talking to a group of young men and young women, 11th and 12th graders and they rotate it through a conference. The conference was actually really awesome. But our portion was to cover the Sex Education material but we only have 45 minutes. So, and that was to split between three presenters, so time, as you could see, time was very, very, very, very tight. So I did wanna make sure we touched on the model of sexuality, Comprehensive Human Sexuality created by Dennis Dailey. So the, as I mentioned before, I passed out the different papers and before I did that, I asked the students, "Okay, so how do you spell sex? What is, what are the letters that, you know, make up the word sex?" And all of them were like, "Duh, it's three letters, S-E-X." But then once we presented the full model, they were like, oh, my gosh. They were so interested. They asked questions especially when we got to talking about gender identity and sexual orientation. The girls and boys had questions on that. They wanted to know, okay, if I'm going through this process, how do I explain it to family members? Just a lot, just about how do I make my own choices? You know, how do I incorporate their beliefs versus things that I'm comfortable with, you know.

- Oh.

- Uh-hmm.

- Well, let's go through that circle because you mentioned earlier. You know, values as being the center. But let's talk about each piece if you can just elaborate a little bit for us.

- Sure, definitely. So if you could think about it kind of like a flower, a daisy, so the values would be in the center and then each of the petals going around. So we're gonna start with the circle of sensuality. So this would encompass anything, like the physiological responses, how your body is gonna respond. They call it skin hunger oral or visual stimuli, sort of like the little goosebumps that you get, the butterflies in your stomach, all of that. Body image, how you see yourself, fantasy, when people are on role play or imagine. So we don't have enough time to go into that but yeah, so sensuality. It involves our level of awareness, our acceptance and enjoyment of our own and other's bodies. So just kind of the physical, the physical responses that our bodies go through when we talk about and think about sexuality. The next circle will be intimacy. So this is the degree to which we express and have a need for closeness with another person. So things like sharing, caring, loving and liking, risk-taking, being vulnerable, disclosing things about ourselves and the element of trust that's involved. So for, like I mentioned earlier, for a lot of women, not to stereotype or whatever but there's research to support it that a lot of women engage in sexual acts looking for intimacy not necessarily looking for that physical. So the difference between sensuality and intimacy, sometimes, people lump that together but there's a strict difference. Another circle, and this one generated a lot of interest from the young people would be sexual identity and this encompasses our gender identification. So some people use the word, tomboy, anti-man, that kind of thing to describe men or women who don't necessarily fit society's view of what a man or a woman should

be. And that varies by region, that varies by culture. It varies on, depending on what's acceptable so it all feeds into the values like we talked about. And then a lot of people still aren't clear on the difference between sexual orientation and gender identity. How I view myself as an individual, how I choose to express my gender. So if I wanna wear skirts only, if I'm a woman and I wanna have very short hair, if I'm a man and I wanna have long hair, if I'm a man and I like wearing pink and dresses. However that goes, however you see yourself in that gender role is a very separate thing. It's a totally different thing than who you choose to be in a relationship with, who you choose as a partner, whether that'd be male or female. So that's something that if we have enough time, we try to go into the differences between. And so when I talked to the young people, we spent a little bit more time talking about that difference.

- And that's generated a lot of interest apparently, you said?

- Yeah, yeah, it did. Especially when, with the young man and a young woman, they both had questions about how this, how this works and how this process is navigated. So for the young women, they had questions on, "Okay, what if how I'm choosing to present myself, it differs from what's acceptable in my household?" And that's the challenge, that's the challenge. Even in my own family, my youngest brother had to go through that experience at age 18 and we weren't at all surprised. And then going back a generation, my grandmother's brother came out when he was a young man so just, and then I called my grandmother. I was like, "Okay, so what did you do?" You know, so, but my response was different from what hers was but her response now as a 75-year old versus as a 20-year old is different. So just, you know, it's just gonna take a lot of learning, a lot of self-education, group education. We can't be closed-minded anymore. People just need to feel safe in who they are from children all the way up to adults. People have the right to feel safe and be respected so they just, yeah.

- It's interesting because in the Roman days, it was, everything goes kind of situation and then with Christianity and all that, it became like, they became closeted until they started coming out again. It's interesting.

- But it's hard. It's hard especially here because there's a lot of firm lines between what is considered right and what's considered wrong. I'm from the south and I find this a very similar experience, you know, being in the Bible [inaudible] there's very clear definitions of what acceptable and what's not. One of my best friends in college grappled with this every single day because he's Christian or some people say that you can't be both. But he is Christian and he's homosexual so he grappled with that, what we called cognitive dissonance every day because the texts he's reading is saying he's a sinner and he's going to hell. But in his, in his heart, he knows he's not choosing this lifestyle. He's like, "Why would I make this choice and isolate myself from my family? Why would I make this choice and bring all of this shame? You know, as a black man?" You know, it's just, it's just challenging. It's very challenging. Yeah.

- Oh, okay. So where else are we on this...

- Oh, sorry.

- ...no, no, no, it's okay. No, it's...

- This circle takes, this circle takes a lot of time. There's two more circles, Sexual Health and Reproduction. This is the piece of the pie that we usually get in health class or in sex education, traditional sex education programs in school so that's the label in body parts, the sexual, the act, actual act of sex, reproductive systems, conception, how babies are made and sex, sexually-transmitted disease. That's usually what we get, you know, this is how you open a condom. This is birth control, take the pill, get the shot. Like that's pretty much where it stops and, starts and stops. The last circle which isn't really touched on much is sexualization. So this one involves, I know sexting, and, you know, text messages and Facebook, social media, all of that would be encompassed in this circle. So flirting, how people use sex for power such as, you know, issues of rape or incest, issues of abuse. In the presentation I did in the housing community last week, we talked about withholding sex, how that could be also an issue of power. So in relationships, if one of the partners is using that as something that they're hanging over the other person, whether demanding it or withholding it, that can be very, very

problematic. We also talked about the impact of the media, pornography, pictures that we see on the news. I was sitting next to a young man at a school, one day and he was flipping through his Facebook. There was no filter set on the internet. He's flipping through his Facebook and a picture of a vagina just popped up and he just scrolled through, didn't even blink. Did not even blink. Didn't faze him at all. I didn't draw attention to it. I didn't bring it up. I notified the adults in the setting but yeah it was just like nothing. Like, absolutely he, I mean, when I say, "Didn't blink, he did not blink."

- Wow.

- He's become insensitive to it.

- Yeah. Just totally desensitized. Totally. Because we're flooded with these images all day every day but then as people we have to think how does that impact our own self-image and that how does that impact how our partner views us, their expectations of what they want out of the relationship, you know, is deep.

- Well, and your resume, you mentioned working in the field of ABA. Could you talk a little about what that is and why you use? Well, of course, you use it because you obviously were drawn to it. But as form of therapy to helping these children, how is that applied?

- Yeah. Definitely. So, ABA stands for Applied Behavior Analysis and basically what it is, it's a tool to change socially significant behaviors. It's evidence based. There's over 60 years of research supporting, excuse me, supporting the effectiveness of ABA as intervention. But what had started off as probably back in the 1960s. It started as a tool to intervene with individuals who had significant challenge in behaviors. So, back when residential facilities were popular for like psychiatric institutions, prison populations so a lot of psychologists were hesitant to intervene with these individuals. Talked their [inaudible] didn't necessarily work for folks with significant disabilities where the mental health, their developmental disorders. So, the, there was a group of psychologist who wanted to incorporate the tools developed in animal science and animal behavior research so we think about Pavlov's dog, Skinner's pigeons, so they were successful in really changing animal behavior by manipulating the consequences so by reinforcing the positive behavior and by withholding reinforcement for the negative behavior and so they were like "Okay. We can implement these same" now, there was like a trial-and-error period because there were some things that definitely that we don't incorporated now like spraying folks with water in the face if they did something wrong. You think about the electric shocks and things like that to change behavior. We don't do that anymore. We look at what's gonna be naturally available in the individuals environment and we use those consequences. So at first it's a little contrived meaning that we set up opportunities but eventually we want it to be as natural as possible. Yeah.

- Can you give simple example of how you would apply it?

- Yeah. Sure. So most people know about ABA for being effective with children with autism but I'll use an example of an adult with a disability. So, we taught some job skills to a young man whose transitioning out of high school using ABA. So, what we did is we talked to the employer and say "Give us examples of two test that you wanna teach." We broke down the steps and task so went through and said, "Okay. He needs to sort these clothes. He needs to hang them on the hanger. He needs to put them with the right color. So we broke down the steps and we taught him step by step by step. Once he was able to master each step we faded out, meaning we allowed him to do the work independently and then we just provided prompts as needed. We also graph the progress each time so that we can track, you know, is the individual meeting their goals. And that's one tool that we have while our research, we can really chart the effectiveness and known for being successful in that.

- And you just said faded I'm thinking in terms of the elderly. They have children with disabilities and how you're, they have to be prepared to teach their children to take care of themselves because they're not gonna live forever.

- Exactly. We're running into that issue now with several of the adults that we worked with because their parents are older, what's gonna happen. The resources in the community are very limited. Everybody can't go off island, you know. So teaching that independence is huge. It's very important.

- Yeah.

- Okay. We're gonna pause for another break and we'll be right back. We're back. Good morning. You're listening to Ability Radio, You and Your Life. As I mentioned before, this program is recorded. And is posted on our website. So if you missed anything that was said today you can also go to our website which is drcvi.org. As you can hear more from Dr. Natalie Williams who is an expert on sexuality training within the context of healthy relationships. I do recall Dr. Williams that in a training that you had done that there was a skit. No not a sit up. Exercise where we, you know, had a red light, green light, and then caution [inaudible] precaution, yellow light. So can you just summarize to the audience what that exercise was about because that was fun.

- Yeah. I've done that activity in almost every presentation and people love it but I didn't create it. I got it from planning parenthood. And it was an old handout that was passed down from somebody who had it before. But once I found it I was like "Oh, my gosh. This is awesome." But it's really, really simple to use but it uses the imager of a [inaudible] as an analogy to describe healthy and unhealthy relationships. And this we've used it, I've used it in practice with young children. I've used it adults but the analogy goes, okay. A green light would be an example of a healthy relationship or a time when you feel like you're in control. You're aware of what's going on, you're able to make a good choice. You feel trusted, respected, happy so it's really a way to check in with your emotions and know is this a safe situation or do I need to ask for help or am I able to proceed, you know, on my own. So a green light would definitely be a definite healthy relationship. A yellow light which describes the slow category. Will be anytime when you're feeling confused, stressed, anxious, nervous, not really sure what's going on. Maybe a little hesitant but it's not a situation where you're being abused or is not a necessarily an emergency but you might need to seek assistance.

- Could you give examples of that?

- Yeah. Sure. I'll give an example after I do the last category. So for stop, that one is the easiest one. Anytime you feel I can take an, being taken advantage of. Somebody is, um, abusing you. You're not safe, it's not an emergency. You need immediately asked for help. And so for example when I'm working with young children I let them know it's, I'll prefer not just sexual relationships but for instances of bullying, for children who suffer from depression or anxiety and they need a checking with an adult so for example, a green light would be, if a child sits next to you at lunch. You like the child, you know, you guys are friends and you want to sit next to each other. That's definitely a green light. Also for older people, it could be if two individuals are in a healthy relationship and they chose to kiss or have sexual intercourse. Both people agree. They're adults and they're able to make the, a good choice. So that would be a green light. A yellow light would be anytime one of the two people involved has those questioning feelings and so something that's coming up with consent now is, okay. I hear there's a lot on TV. Did the person say no? Instead of just the absence of no being require for consent weren't wanting to teach especially our young man did the, did the young lady or did the partner say yes? So given that affirmative consent that there's no questions not just, was the person being passive and they didn't protest but did the person actually say yes? So that would kind of be like a yellow area. We got to make sure that there's a clear definite green light that is not just in yellow area before you proceed or for young people if they're feeling nervous or scared maybe they can ask a peer for help and they don't necessarily have to go notify an adult because it's not an emergency so that could be a situation where if somebody is teasing him, making fun of their shoes. They wouldn't necessarily need to go to tell an adult because the adult might sell, you're tattling. You come to me all the time but they can recruit their peers or they can decide is this something I can handle myself. And then a red light would be anytime you getting hit, kicked, you know, beat, scratched, rape. All of those difference scenarios were fall into that.

- And when you're presenting this there's a lot of response from the student about that?

- Yeah. From students and from adults. One example that's included in the handout talks about mixing spices and when I talked with the young women, a couple recently we talked about, okay. Just because I want to cook a meal doesn't mean I can throw anything and everything in the pot. I can put paprika, lemon, peeper, seasons, salt, garlic, thyme, and all this stuff and expect that it's just gonna come out great just like that. And I didn't create it. It came from the materials but just like all spices don't mix together. All people don't mix together whether they're you're relatives or whether somebody you chose to be with. Some personality just don't mix. And so one of the questions that came out , how do I navigate this? If it somebody that I have to live with, the somebody that I have to tolerate. So as an adult you can sit down and have conversations, like, yes we see things differently but how can proceed. If you do have a choice to exit that relationship like your [inaudible] red light for your health and safety you need to go ahead and make that choice but if it's somebody that, and it might be difficult. It might be difficult. I'm not saying go out there and just break up your whole situation but if it's, but seriously if it's the situation where your health or safety, your children's health or safety individuals are definitely a risk. You got to be strong to make that choice.

- That's a good you said that because we have had instances where women are so afraid to get out of that relationship despite the abuse and, you know, whatever is going on in their home.

- Uh-hmm.

- We're coming on a break again and we'll be back in a short **tutus** as we say. We're back. Good morning. Good morning. You're listening to Ability Radio, You and Your Life. And our guest this morning is Dr. Natalie Williams. Iris, you have a question for Dr. Williams?

- Yes. How can parents, we ended on that topic. We ended on that topic about preparing parents but can you again share how parents can prepare for their children's future especially when they start to age and have no one else that can help with the care of their children?

- Yes. Yes. Definitely. Think about the end stages. So far from the time a child is the baby because the information changes as they get older. So from the time they start as a baby, [inaudible] and start labeling their body parts so when you're giving a baby a bath you can say I'm washing your hands. I'm washing your feet, I'm washing your arms. I'm washing your vagina. Throw in the extra language so that they know what the body parts are called. Don't use a little words like [inaudible] you know all that little stuff because if something happens they're gonna be scrambling for the words to try to report it. They're not gonna know whether it's health related or safety related. Like my **titi** itches or whatever, no. Like use the extra language so that they can know in that way they won't be afraid. Then once they get to about pre-school age, you can start talking about good touch, bad touch. In that way they can learn hands are not for hitting, you know. Give them things that you can do with your hands that are good and that are not appropriate like the hitting, the scratching, groping. Let them know which parts of the body are not okay to touch and then let them know when other people touch you is acceptable and was not acceptable so the good touch bad touch. You can Google and try to find things on the internet. I know that, I've found coloring books before. There's different agencies that disseminate free information, like, can look A Plan Parenthood they have a lot of handouts and free activities that you can use. Then as I get older going into puberty you definitely got to prepare them for the changes of their bodies that they go through. Start talking early. I would say around eight or nine to prepare them for the physical changes that'll come in puberty. Then once they start entering middle school, have conversations about relationships whether it's with peers or romantic relationships so that they know what's okay and what's not okay. Then you can start bringing in the stop light scenarios like what we talked about. Then, and then talking about just boundaries in general that everybody is not necessarily a friend but that there's layers of closeness. There's layers of people that are gonna be in your world. You don't tell the male man all of your personal information. You don't go to Kmart and tell everything in the world. You know, there's layers, there's boundaries.

- And that's where the circles come in.

- Yeah. That's where the circles come in. Definitely.

- Is there any book you can refer to that would be a good introduction to, say a new parent.

- Yes. There's one, oh, gosh. There's one. Okay. Just Google Champagne and Walker-Hirsch because those are the individuals that created the circles curriculum and they also do have a book that breaks down all of the different stages in development like we discussed so the last name is Champagne like the drink and then Walker-Hirsch, H-I-R-S-C-H.

- Okay. Thank you for that. And then what future trainings do you have planned in the time remaining or just not much?

- Sure. We are planning to go to St. Thomas. The first week in December but if any other individuals want to have training it's either at their school facility, housing community, for any group of individuals we are providing free trainings, free presentation and we can tailor it towards your audience. Whether it's teaching the staff or teaching the individuals directly from Pre-K all the way up through at the elderly.

- One last question from me.

- Uh-hmm.

- You, when you were here the last time you mentioned the book about an aunt of yours that was developmentally delayed, how can we get that book?

- You can look on Amazon. The name of the book is called Thirty Thieves of Innocence and it's by Ruthie Garrison-Christian but it's an, a book about her mother's life. Her mother has a developmental disability. She was raped, became pregnant and my aunt was born out of that incident, so.

- Right, right. Thank you.

- Uh-hmm. It's on Amazon.

- Okay. Thank you so much, Dr. Williams. And if you have any questions about the upcoming trainings please give us a call at the Disability write center. The number there is 772-1200 and you can leave a message on extension 204. Again the number is 772-1200. Thank you so much for listening. And we'll talk to you next week.