

# Supporting social/sexual challenges at the workplace

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## Abstract.

**BACKGROUND:** Assisting individuals with disabilities as they navigate social expectations at the workplace is always a challenge, but when situations of a sexual nature arise, the challenge becomes more complex. By reviewing the literature regarding sexuality relative to individuals with disabilities and examining common interventions for social/emotional challenges in the workplace, this article explores what employment specialists can do to support individuals with disabilities when these issues intersect on the job.

**OBJECTIVE:** This article outlines the social and educational context for why social/sexual issues present themselves in the workplace, why they pose a unique challenge to individuals with I/DD, and strategies employment specialists can utilize to support the healthy sexuality of the individuals they serve while assisting them in maintaining their employment.

**Keywords:** Sexuality, social/sexual, supported employment, intellectual disabilities, developmental disabilities, sexual education, employment specialist, sexual harassment, disabilities

## 1. Background

Individuals with intellectual and developmental disabilities (I/DD) have a long history of being excluded from discussions of sexuality and intimate relationships, including comprehensive sex education (Stein, Kohut, Dillenburger, 2015; Schaafsma, Kok, Stoffelen, & Curfs, 2017; Graff, H., et al., 2017; Milligan & Neufeldt, 2001). Despite incremental progress in recent years, contradicting misconceptions, stereotypes, and attitudes about the sexual nature of individuals with disabilities persist in our society. For example, individuals with I/DD are erroneously viewed as either perpetual children or perpetual perpetrators; they are thought to be unable to experience sexual desire, or so overcome with it they are a danger to themselves or others. Self-advocates report feeling, "... disenfranchised by a society that inaccurately perceives them as asexual beings and therefore unsuitable as romantic partners"

(Milligan & Neufelt, 2001). Well-meaning parents, guardians, teachers, and advocates will often deny an individual access to sex education, believing that if they don't teach individuals with I/DD about sex, those individuals will go their whole lives without experiencing sexual desire or romantic yearning. By extension, it is believed that these individuals will never act to have those desires met. "Historically, for individuals with I/DD, there has been a fear that by providing sexuality education, their sexuality, which, presumably would have otherwise remained dormant, will somehow be awakened" (Stein et al., 2018). Milligan and Neufeldt (2001) agree by saying, "It seems that well-meaning parents and professionals, often in an effort to protect a child with a disability from future rejection, vulnerability to sexual abuse, or unwanted pregnancy may avoid the topic of sex... better that he or she remain a child." These common misconceptions reinforce the idea that individuals with I/DD are physically and/or emotionally incapable of being

sexuality active and are unable to understand the complexities around healthy relationships and sexuality, and are thus denied the very existence of physical intimacy in their lives (Murphy & Elias, 2006). However, these attempts to “protect” individuals from their own sexuality is at best an act of folly and at worst potentially hazardous to the health and well-being of the individual. “Considering that adolescents with and without disabilities have been found to be experiencing similar age of onset and rates of sexual activity there is obviously need for equitable sexuality education availability” (Tice & Hall, 2018).

### 1.1. Hetero-gender normativity

When the sexuality of people with I/DD is recognized, there is a tendency to impose gender and heteronormative assumptions on individuals with developmental disabilities. “People who have a developmental disability are often not seen as competent to make decisions, especially related to their sexuality and specifically regarding their gender identity” (Bedard, Zhang, & Zucker, 2010). It is not uncommon to simply have never considered that an individual could be both a person with a disability and a person who is gay, lesbian, bisexual, and/or transgender. Further, when an individual attempts to express his/her sexuality and/or gender identity there is a tendency to dismiss that expression as an “attention seeking behavior,” or “inappropriate/deviant sexual behavior” (Bedard et al., 2010). Additionally, when individuals with I/DD participate in sexual education, it is often heteronormative in nature. Content is often limited to biological and anatomical information, such as personal safety, health, and reproduction, in contrast to comprehensive sex education which should address all aspects of human sexuality, inclusive of gender and sexual identity. This gap in information and education can create a lack of language or ability to express one’s sexual and/or gender identity, and as a result, individuals may find themselves unable to explain their feelings or ask for the supports that they need (Bedard et al., 2010).

### 1.2. Privacy

Individuals with I/DD who live in group homes or with family often do not have the privacy they need to explore their sexuality. Bernert’s (2011) findings state that individuals with I/DD experience

limitations to their sexuality because of protective policies and programs. This results in an individual experiencing significant, sometimes life-long barriers to consensual relationships that include true intimacy. Schaafsma et al. (2017) agree by saying, “Caregivers, parents, or paid care staff influence sexual well-being of people with intellectual disabilities: no opportunities are given for sexual experiences or no privacy is provided, couples are not allowed to be alone, or restrictions are imposed. Paid care staff hardly talk about sexuality with their clients or when they do, it is reactively.” Too frequently, this culture results in sexual repression, which can have devastating consequences. This can be experienced as shame, guilt, depression, loneliness, physical and emotional frustration, poor self-esteem, or lack of impulse control. Unfortunately, it can have more even more devastating consequences, such as sexual misconduct or assault (Senior, 2017).

### 1.3. Sexual assault and safety

The development of more progressive practices and curricula in sexual education is often stymied by critics who voice concerns for the safety of individuals with I/DD. These concerns are valid when one considers the prevalence of sexual assault involving individuals with disabilities. “Individuals with intellectual and developmental disabilities experience much higher rates of forced sexual interactions than non-disabled individuals” (Stein et al., 2017). Among adults who are developmentally disabled, as many as 83% of females and 32% of males are victims of sexual assault (Johnson & Sigler, 2000). 49% of people with developmental disabilities who are victims of sexual violence will experience 10 or more abusive incidents (Valenti-Hein & Schwartz, 1995). However, the concept that the way to protect individuals with disabilities is by denying them information is misguided. Individuals with I/DD are often taught at a very young age that it is their responsibility to follow directions from individuals who have power over them. Words like “non-compliant,” “disobedient,” “resistant,” and “oppositional” are used to describe an individual who is refusing to comply with a treatment plan. The underlying message is that individuals with I/DD should be compliant, obedient, and willing. Viewed through the lens of sexual assault, these terms are disturbing. “These incidents (of assault) may be perpetrated by others with disabilities or, more frequently, by caregivers or

others known to the individual (Stein et al., 2017). All individuals need education on the concept of consent, and what exactly they are and are not consenting to. Such training must include the right to say no, the right to say yes, and the right to give and then withdraw consent. Additionally, education must include how to respect and honor the consent given, not given, or withdrawn by others. Denying people with I/DD education increases their vulnerability for sexual assault.

## 2. Objective

Employment Specialists often receive a great deal of education and training in how to properly support individuals with I/DD in navigating the social demands and nuances of the workplace. When those they support are faced with social challenges in these settings, employment specialists can easily access training and curriculum on social skills, task analysis, social prompting strategies, etc. However, if an employment specialist were to turn to the literature for guidance on assisting a person with I/DD with navigating sexual challenges in the workplace, he/she would discover that there is a substantial gap in the research. As a result, employment specialists currently have available to them a limited repertoire of evidence-based tools and strategies for supporting individuals who encounter challenges of this nature in the workplace. Such interventions are critical to an employment specialist's "tool kit," as it is unlikely for any individual, including a supported employee, to experience a workplace devoid of any interactions or encounters of a sexual nature. It is a truism of today's workplace that "... social sexual behavior is an inescapable feature of human interaction that cannot be completely controlled in organizations" (Aquino, Sheppard, Watkins, O'Reilly, & Smith, 2014).

The objective of this paper is to provide employment specialists with tools that they can use to support individuals with disabilities when they are faced with social/sexual situations in the workplace. These challenges include managing sexual and/or romantic feelings towards another coworker, being the target of a colleague's sexual and/or romantic advances, deciphering the social cues of colleagues to distinguish typical workplace interaction from the expression of romantic interest, navigating the use of humor of a sexual nature, and using good judgement when connecting on social media platforms with colleagues.

Additionally, these challenges may include behaviors that are illegal sexual acts and/or those that would result in termination, such as the use of pornography at the workplace, exposure of genitals, sexual assault, and masturbating while at work.

## 3. Sexuality at the workplace

Beyond just a paycheck, many workplaces offer employees opportunities for social contact. Genuine friendships and romantic relationships can be formed from those we meet at work. For adults with developmental disabilities, this is no different. Further, for some individuals, the workplace is one of the first, and perhaps only, opportunity they may have to meet potential partners and socialize with other people who do not have disabilities. "Work is frequently punctuated with acts of friendship" (Fine, 1986).

The social rules that govern workplace relationships are extremely complex and varied. Work culture varies greatly from employer to employer, as does the humor, the topics of conversation, and the prevalence of the formation of relationships outside of work. Navigating the social codes and cues of any new workplace is a challenge for any new employee. However, for individuals who struggle to interpret social cues or have had less practice responding to social expectations, the workplace can be full of landmines. "Differences in communication style can lead to unnecessary misunderstandings and confusion among colleagues who have autism (and neurotypical colleagues, too). Nonverbal communication such as body language and tone of voice, along with idiomatic expressions, sarcasm, and other abstract language may be missed by an individual with an ASD" (Hough & Koenig, 2014).

When the reality of sexual repression, lack of relationship experience, segregated schools, homes, and residential lives, and restricted/limited sexual education intersect with the intricacies of social relationships that are formed at the workplace, individuals with disabilities are at extremely high risk of making a social/sexual misstep. Complicating matters for this population are sexual harassment policies that are enforced at variable levels of consistency. Mistakes in this arena may be minor and involve a verbal reprimand, or they may be major and result in immediate termination. Also to be considered is that environments of sexual abuse, harassment, and assault of individuals with I/DD certainly does not exclude the workplace.

## 4. Intervention strategies

### 4.1. Tip 1: Be proactive: Integrate sexuality into discovery process

Employment Specialists should include sexuality as part of their initial assessment and Discovery Process. A few critical areas to address:

- A. Assess for social skill challenges
  - 1) In general, are social skills an area of strength or weakness for this individual?
  - 2) Does this individual have a specific diagnosis that suggests s/he experience challenges interpreting social behavior and the social cues of others?
  - 3) Does this individual struggle with concepts of personal space?
  - 4) Does this individual understand idioms, sarcasm, humor, and intricate use of language?
- B. Take a social/sexual history
  - 1) Does this individual have an intimate/romantic partner/s?
  - 2) Has this individual ever had an intimate/romantic partner/s?
  - 3) Is this individual aware of the laws surrounding sexual harassment at work?
  - 4) Has this individual received sex education?
  - 5) Are there any known sexual traumas in this individual's past?
  - 6) If this individual lives in a group home, what is the group home provider's policy on sexuality and intimate relationships?
- C. Assess for sense of personal agency
  - 1) Does this individual have a history of behavior plans? If so, are these plans the individual helped to author and are they part of his/her personal goals?
  - 2) Does this individual tend to comply with the demands of others easily?
  - 3) Does this individual refuse help/supports when they are not needed or wanted?
  - 4) Does this individual refuse plans/directions when they do not wish to comply?
  - 5) Does this individual feel comfortable self-advocating?

If an individual has a long history of willingly complying or being forced to comply with the wishes and demands of others, that person may be at heightened risk for sexual harassment or assault by a colleague or supervisor. This individual will need

Table 1

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<ul style="list-style-type: none"> <li>• Sexual pranks, or repeated sexual teasing, jokes, or innuendo, in person or via e-mail;</li> <li>• Verbal abuse of a sexual nature;</li> <li>• Touching or grabbing of a sexual nature;</li> <li>• Repeatedly standing too close to or brushing up against a person;</li> <li>• Repeatedly asking a person to socialize during off-duty hours when the person has said no or has indicated he or she is not interested (supervisors in particular should be carefully not to pressure their employees to socialize);</li> <li>• Giving gifts or leaving objects that are sexually suggestive;</li> <li>• Repeatedly making suggestive gestures;</li> <li>• Making or posting sexually demeaning or offensive pictures, cartoons or other materials in the workplace;</li> <li>• Off-duty, unelcome conduct of a sexual nature that affects the work environment.</li> </ul> <p>A victim of sexual harassment can be a man or a woman. The victim can be of the same sex as the harasser. The harasser can be a supervisor, co-worker, other Department employee, or a non-employee who has a business relationship with the Department.</p>
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support advocating for him/herself in a wide range of domains.

### 4.2. Tip 2: Teach sexual harassment policy

When an individual with I/DD is onboarded, the employment specialist must provide instruction on the employer's sexual harassment policy. If an individual does not understand the language and/or vocabulary, the employment specialist must modify the materials and provide supplemental instruction. Table 1 is a list of examples from the US State Department that outlines examples of behavior that can be considered "sexual harassment."

### 4.3. Tip 3: Monitor and model appropriate interaction

Well-meaning colleagues and/or supervisors may, in an attempt to connect, inadvertently patronize the individual with I/DD and engage in behaviors that include unnecessary touching, such as repeated hugs, high fives, exaggerated greetings and verbalizations/interactions, the way one may do with a child, etc. It is appropriate for the person's employment specialist to intervene and correct the behavior, either by supporting the individual to speak up for him/herself, and/or to notify others that they should interact with the individual with I/DD the same way they do their other colleagues. In addition to protecting the dignity of the individual that is being supported, the interven-

Table 2

OK Social Topics for Work	Not OK Social Topics For work
<ul style="list-style-type: none"> <li>● Talk about your weekend</li> <li>● Ask questions about other's weekends</li> <li>● Talk about a fun activity you did with your partner</li> <li>● Talk about popular music, books, movies, TV shows, etc.</li> <li>● Talk about family</li> </ul>	<ul style="list-style-type: none"> <li>● Tell sexual jokes</li> <li>● Give details about a private doctor appointment</li> <li>● Talk about your sex life</li> <li>● Ask your coworkers questions about their sex lives</li> <li>● Ask your coworkers questions about sex</li> </ul>
OK Body Language at Work	Not OK Body Language at Work
<ul style="list-style-type: none"> <li>● Hand Shake</li> <li>● Wave</li> <li>● Smile</li> <li>● Providing plenty of personal space to others</li> <li>● Touching genitals when in restroom</li> <li>● Saying "excuse me" if you are close to a colleague's body and you need to get by</li> </ul>	<ul style="list-style-type: none"> <li>● Touching anywhere on a coworker's body except a handshake</li> <li>● Hugs, unless you see all your coworkers hugging, too</li> <li>● Touching genitals when not in private restroom</li> <li>● Rubbing up against a colleague as you walk past or share work space</li> </ul>
OK Use of Technology at Work	Not OK use of Technology at Work
<ul style="list-style-type: none"> <li>● Answer work emails with formal language</li> <li>● Answer your work phone with formal greeting</li> <li>● Use computer for work tasks</li> <li>● Use phone to consult with reminders, calendars, or for accommodation use</li> </ul>	<ul style="list-style-type: none"> <li>● Friend your boss on social media</li> <li>● Ask to "friend" a coworker more than one time on social media</li> <li>● Look at pornography on your work computer or on your phone during work</li> <li>● Use phone for personal use unless on break time</li> </ul>

tion precludes the individual with I/DD getting mixed messages about what kind of social interactions and physical touch is appropriate at the work place, and with what frequency.

#### 4.4. Tip 4: Provide "Cheat Sheets" on key areas that present challenges

Individuals may benefit from receiving direct instruction and reminders prior to each shift about which behaviors are work appropriate and which are not. Table 2 provides examples of "cheat sheet" topics for several key areas. Employment Specialists can pinpoint challenging situations/behaviors and make visual reminders and/or social stories about what is and is not appropriate behavior for the workplace. Individuals can review these reminders prior to each shift or when faced with a challenging situation.

#### 4.5. Tip 5: Check in during long term follow along

When fading support, the employment specialist should be sure to keep challenges of a social/sexual nature on his/her radar. Monitor for evidence of workplace "crushes," and ensure the individual with I/DD is responding to his/her feelings in a way that is consistent with workplace policies and procedures, and that interactions with colleagues are professional. Should a mutual friendship or intimate relationship blossom at the workplace, this is not a cause for panic, provided dating coworkers is allowed under that employer's policies. Rather, if the individual

with I/DD will allow, help provide a framework for the relationship to progress in a way that does not jeopardize employment. Monitor for signs that the individual with I/DD is being sexually harassed at work. Are there colleagues whose words or actions make the individual uncomfortable or nervous, and does the individual need assistance to speak up and/or ensure he/she feels comfortable and safe? When an employment specialist maintains awareness of these challenges throughout the term of his/her professional relationship with the individual with I/DD, that employment specialist will be more effective in ensuring long-term job satisfaction and retention for the persons s/he supports.

#### 4.6. Tip 6: Refer to licensed professionals

The role of an employment specialist is often to identify areas of need that will impact an individual's employment success outside of specific work hours. These areas affect the individual at work, but they are not addressed on the work site, such as work relevant off-site routines, mental health supports, etc.

The employment specialist may determine that an individual would benefit from a referral to an appropriate professional for more specific sexuality education, such as a social worker and/or sexual educator. It is appropriate and important to suggest this referral and assist with the connection; it is not appropriate for the employment specialist to provide this service. Additionally, it is critical for the employment specialist not to inadvertently bring his/her own val-

ues or ideas about sexuality into a situation. It is not the role of the employment specialist to teach values; values differ from person to person, culture to culture, and family to family. It is, however, the role of the employment specialist to normalize feelings, questions, and challenges that may arise for the person with I/DD that s/he supports.

## 5. Conclusion

It is difficult, if not impossible, to be broadly prescriptive in techniques and approaches that will effectively support a broad scope of individuals who struggle with a particular category of challenge. The most effective strategies are always tailored to the person's unique needs and barriers. However, employment specialists can not only improve employment longevity by being proactive in this arena, they can help advance this too-often ignored issue through additional research and advocacy. Human beings are sexual by nature; when we walk into work, "men and women do not suddenly extinguish their identity and desires as sexual beings" (Aquino et al., 2014). The goal for employment specialists is always to help advance a fully integrated workforce; evidence of success exists when everyone can enjoy the joyful interactions, humor, and genuine relationships that can form at work.

## Conflict of interest

None to report.

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