PUBLIC HEALTH AGENCY OF CANADA

QUESTIONS & ANSWERS:

SEXUAL HEALTH EDUCATION FOR YOUTH WITH PHYSICAL DISABILITIES

PROTECTING CANADIANS FROM ILLNESS

Public Health Agency of Canada | Agence de la santé publique du Canada

Canada

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Également disponible en français sous le titre :
Questions & réponses : Éducation en matière de santé sexuelle à l'intention des jeunes ayant une incapacité physique

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PDF
Cat.: HP40-80/2012E-PDF
ISBN: 978-1-100-21726-0

PRINT
Cat.: HP40-80/2012
ISBN: 978-1-100-54482-3

Pub.: 120154

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PREFACE

Questions & Answers: Sexual Health Education for Youth with Physical Disabilities is intended to address the most commonly asked questions regarding sexual health education for school-aged youth with physical disabilities. The goal of this resource is to assist in the creation of supportive and healthy learning environments for school-aged youth with physical disabilities and in providing them with sexual health education.

The Public Health Agency of Canada's (the Agency) *Canadian Guidelines for Sexual Health Education (Guidelines)*[1], first published in 1994 and most recently revised in 2008, were developed to help professionals working in health promotion and sexual health education programming in their efforts to provide broadly-based sexual health education. Feedback from a national evaluation of the *Guidelines* indicated the need for companion documents to provide more detailed information, evidence and resources on specific issues in the provision of sexual health education.

In response, the Agency identified a question and answer format as an appropriate way to provide this information to educators and other professionals working with school-aged populations. The questions and answers styled documents are intended to complement each other and cover a range of topics reflecting current issues in sexual health education with school-aged populations. They are evidence-based and use inclusive language as reflected in the *Guidelines*.[2]

ACKNOWLEDGEMENTS

The Public Health Agency of Canada would like to acknowledge and thank the many contributors and reviewers who helped create *Questions & Answers: Sexual Health Education for Youth with Physical Disabilities.* Experts working in the field of sexual health education and promotion across Canada, including the members of the Working Group on Sexual Health, provided valuable input to the development of this document. As well, the Public Health Agency of Canada would like to acknowledge the staff of the Centre for Communicable Diseases and Infection Control for their contribution to this document.

INTRODUCTION

In Canada, every person is equal under the law, without discrimination based on race, nationality or ethnic origin, colour, religion, sex, sexual orientation, age, intellectual disability or physical disability.[3]

Disabilities vary in severity and can be visible or invisible, medically defined and socially stigmatizing. Each individual experiences them uniquely.[4] Disability can include a variety of impairments, activity limitations and participation restrictions.[5]

Disability: Disabilities is an umbrella term covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action, while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus, disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.[6]

The term "physical disability" can refer to a variety of conditions. These can be congenital, acquired, or chronic. Identifying specific types of physical disabilities may offend some individuals who do not consider themselves disabled, although they may have a medically diagnosed physical disability. In addition, the term may exclude people with medical conditions that are not considered a "physical disability" but who do experience limitations as a result. Each disability is experienced uniquely and affects how a person interacts with the world around them. Therefore, this document discusses physical disabilities as a broad category, without identifying or singling out specific physical disabilities.

Physical Disability: A disability characterized by a significant deviation or loss in body function or structure that results in limitations in physical activity.[7]

The purpose of this document is to provide answers to some of the most common questions that professionals may have about providing sexual health education to school-aged youth with physical disabilities. It focuses specifically on physical disability. Other types of disabilities, such as intellectual disabilities, are associated with specific concerns and require unique sexual health education strategies. They are better addressed separately from those for youth with physical disabilities.

Intellectual Disability: A disability that includes limitations both in general mental abilities and in adaptive behaviour, which covers many everyday social and practical skills.[8]

The answers provided in this resource are based on current evidence, research and best practices. These questions and answers are designed to support the implementation of the *Canadian Guidelines for Sexual Health Education (Guidelines)*.[9] The *Guidelines* are based on the understanding that effective sexual health education is broadly-based and reflects the diverse needs and realities of all people in ways that are age-appropriate, evidence-based, culturally sensitive, respectful and inclusive of youth with physical disabilities.

The *Guidelines* state that inclusive sexual health education, provided to all individuals residing in Canada, is an important component of sexual health promotion.[10]

This resource is intended to help educators (in and out of school settings), school administrators, curriculum and program planners, policy-makers, and health professionals implement the *Guidelines* to ensure that:

1. Sexual health education programming is inclusive of the health, safety and educational needs of school-aged youth with physical disabilities;
2. The experiences of school-aged youth with physical disabilities are included in all facets of broadly-based sexual health education; and
3. Professionals working with school-aged youth with physical disabilities are provided with a more thorough understanding of the goals and objectives of broadly-based and inclusive sexual health education.

WHAT DO WE KNOW ABOUT THE SEXUALITY OF YOUTH WITH PHYSICAL DISABILITIES?

According to Statistics Canada, in 2006 approximately 4.6% of youth aged 5–14 years and 4.7% of youth aged 15–24 years in Canada were living with a disability.[11] In addition, 96% of school-aged youth with disabilities attended school and 88.7% of them were not isolated in separate classes.[12] Given the prevalence of disabilities among youth in Canada and the integration of youth with physical disabilities into classrooms with youth who do not have disabilities, it is important that all educators are aware of the needs of these youth and are equipped to include them in their sexual health education programming.

The sexual development of youth with physical disabilities may be influenced by their condition, their functional limitations or medical treatments.[13] For example, youth with physical disabilities may experience either earlier or delayed onset of puberty due to their condition or to the medications they are given for their condition. They may also experience challenges with hormonal changes due to their functional limitations.[14]

Nevertheless, youth with physical disabilities are sexually active. In a study of Canadian youth with chronic physical conditions aged 14–18 years, 26% reported being sexually active.[15] Research suggests little difference exists between rates of sexual behaviour in youth with physical disabilities and youth without physical disabilities. For example, one study on the sexual experiences of adolescents with chronic conditions suggests little difference exists between the age of first sexual intercourse (approximately 14 years), the prevalence of sexual activity (between 43 and 44%) and contraception use (83–87%) between youth with chronic conditions and those without them. Similarly, research comparing pregnancy rates between youth with chronic conditions and youth without chronic conditions suggests little difference.[16] Furthermore, a study on youth in grades 7 through 12 found that the proportion of youth with physical disabilities who identified as non-heterosexual was similar to those without a physical disability.[17]

WHY IS SEXUAL HEALTH EDUCATION THAT IS INCLUSIVE OF YOUTH WITH PHYSICAL DISABILITIES NEEDED?

Sexuality is an important part of overall well-being for all individuals, including those with physical disabilities. It is linked to other aspects of health including mental health, emotional health and social well-being in healthy relationships.[18] All Canadians, including youth with physical disabilities, are entitled to sexual health education in order to acquire the information and skills needed to:

- Reduce their risk of sexual and reproductive health problems;
- Increase their ability to maintain rewarding relationships; and
- Achieve overall health and well-being.

Research evaluating the impact of sexual health education shows that such education correlates with a lower risk for unintended pregnancy and sexually transmitted infections (STIs) among youth.[19] It also leads to an increase in the knowledge and skills needed to make decisions about sexuality.[20] Failure to provide sexual health education that is inclusive of youth with physical disabilities places these youth at increased risk of STIs[21], HIV, abuse[22], sexual exploitation[23], lower self-esteem, social isolation[24] and lower overall quality of life[25].

Despite the importance of sexual health education in the prevention of STIs and other negative sexual health outcomes, research suggests that the sexual health needs of youth with physical disabilities are not being met.[26]

A study of youth with spina bifida found that while approximately 50% of the youth received sexual health education in school, only 17% had received any disability-specific sexual health education.[27] Another study of young women with cystic fibrosis pointed to the need for inclusive sexual health education because the respondents had poor knowledge of the potential risks associated with pregnancy among women with cystic fibrosis.[28]

Furthermore, a recent Canadian study found that 55% of females and 51% of males between 13 and 18 years of age would prefer to get answers to their sexual health questions from health professionals.[29] Given the amount of time youth spend in schools and their preference for professionals as a source of sexual health information, educators and health professionals are well-placed to provide all youth, including those with physical disabilities, with the knowledge, understanding, attitudes and skills they need to promote and protect their sexual health throughout their lives.[30]

WHAT ARE THE BARRIERS TO SEXUAL HEALTH EDUCATION FOR YOUTH WITH PHYSICAL DISABILITIES?

PHYSICAL BARRIERS

Publicly funded educational institutions in Canada have made tremendous progress over the last decade in making buildings accessible to individuals with physical disabilities. However, reducing physical barriers to education involves more than removing the physical obstacles to a building. It also means fostering learning environments that value and facilitate the full participation of school-aged youth with physical disabilities, as well as ensuring that teaching approaches are inclusive. Despite recent progress, physical barriers to sexual health education still exist for youth with physical disabilities.

Depending on their health status and/or the severity of their physical disability, school-aged youth with physical disabilities may miss significant amounts of school due to health-related issues.[31] Absenteeism can result in missed opportunities for accessing both sexual health education and social interaction with their peers. It is important that educators treat missed sexual health curriculum the same as they would treat missed curriculum in other subject areas and ensure that absent youth are given the opportunity to learn this material.

Even when they are present at school, youth with physical disabilities are often excused from physical education classes where sexual health education is commonly taught. It is vital that school-aged youth with physical disabilities are included in these classes, even if they can't participate in some or all of the physical activity components.[32]

Teaching methods can also pose a physical barrier to sexual health education for youth with physical disabilities. For example, a youth with a visual impairment may find films or pictures that depict body parts, a learning barrier. Similarly, youth with hearing impairments may be excluded from learning opportunities when traditional lecture-style teaching methods are used with few visual aids.

It is important that educators are aware of the unique learning needs of each individual and tailor their teaching methods to meet those needs.

> **Accessibility:** Measures to ensure that persons with disabilities have access to the physical environment, to transportation, to information and communications technology, and to other facilities and services open or provided to the public.[33]

ATTITUDINAL BARRIERS

Canadian societal attitudes toward people with disabilities are reflected in the Charter of Rights and Freedoms and in provincial and territorial legislation. They guarantee equal rights and the provision of services for those living in Canada who have disabilities. Despite these formal establishments, attitudinal barriers to sexual health education remain for youth with physical disabilities. These barriers may limit the opportunities for youth with physical disabilities to learn and improve their overall well-being.

Although research suggests school-aged youth with physical disabilities are as sexual as youth without physical disabilities, peers, parents, educators and other professionals may assume they are asexual or lacking sexual interest.[34]

However, research shows that youth with physical disabilities do have sexual interests and intend to live sexual lives. For example, a study of youth with spina bifida found that 73.5% would one day like to get married and 63.7% had thought about having children.[35] Another study among young women with cystic fibrosis found that 51% planned on having children in the near future.[36]

A lack of information and education among parents, educators and other professionals regarding sexuality and disability may contribute to these assumptions, as well as to the stigma associated with individuals with disabilities.[37] Youth with physical disabilities are sexual beings and need sexual health information to protect themselves from sexually transmitted infections and/or unintended pregnancy, and to achieve their optimal sexual health.

Asexuality: Lacking sexual attraction to others or lacking interest in sex.

Another attitudinal barrier to sexual health education for youth with physical disabilities is the misperception that they have cognitive impairments that limit their ability to make informed, rational sexual decisions. Educators and other professionals may be reluctant to provide sexual health information to school-aged youth if they think they may not be able to understand it or will not be able to use the information to make decisions. It is important to remember that youth with physical disabilities, like all youth, are entitled to sexual health information to protect their sexual health and use this information in making sexual decisions.

Furthermore, a review of the literature on the attitudes of school-aged youth found that they prefer to associate with youth without disabilities over those with disabilities.[38] One study of high school students found that almost one quarter (21%) had negative to very negative attitudes about people with disabilities.[39] These attitudes can act as barriers to building relationships and developing communication skills for youth with physical disabilities to improve their sexual health.

Educators can help combat stigma and foster more positive attitudes through information, communication, contact with others and their own behaviour. Information on disability and sexuality can be incorporated into all sexual health education classes. Educators can provide opportunities during these classes for structured contact through activities requiring communication and cooperation, like role-playing, problem solving or group activities.

ECONOMIC BARRIERS

For school-aged youth with physical disabilities, additional costs may also pose a significant barrier to their sexual health education. According to 2006 Statistics Canada data, less than half (45.3%) of the youth (aged 5–14 years of age) who needed assistive devices to function, for example to hear, see, walk or speak, had access to these devices. Nearly half (46.7%) of those youth with unmet needs had a very severe disability. The burden for paying for these devices fell mostly on parents and family (60.7%). Cost was the most common reason cited for unmet needs (56.1%).[40]

Without these devices, youth with physical disabilities are critically impaired from participating in their education. It becomes even more important in these cases for educators and other professionals teaching sexual health education to ensure that their teaching methods accommodate the needs and abilities of these students.

WHAT ARE THE HEALTH AND SAFETY CONSIDERATIONS OF YOUTH WITH PHYSICAL DISABILITIES?

MENTAL HEALTH

All aspects of an individual's health are interconnected. While not all youth with physical disabilities will develop clinically diagnosed mental health issues, there is a strong link between physical disability and the risk for disorders such as depression or anxiety.[41]

Though attitudes toward individuals with physical disabilities have improved over the past few decades, they still face discrimination and stigma that can negatively impact their mental health. Individuals with physical disabilities may be isolated and marginalized by discrimination and negative attitudes. They may also internalize these negative attitudes themselves.

The experiences of discrimination, stigmatization, rejection and internalization of negative attitudes may result in low self-esteem, lower emotional well-being and poorer body image among youth with physical disabilities.[42] One study of youth with chronic conditions, including physical disabilities, showed that they were more likely to have a negative body image and to engage in harmful behaviours, such as binge eating or purging, than youth without these conditions.[43] Another study found that sexual well-being and body image are more associated with overall psychological well-being in individuals with physical disabilities than those without.[44] Youth with disabilities report lower levels of perceived attractiveness and more frequent feelings of inadequacy than their peers.[45]

SOCIAL WELL-BEING

In many cases, rejection, social isolation, depression and substance use can lead to negative social outcomes. Research suggests that youth with disabilities who smoked or used illicit drugs had higher rates of:

(a) Dropping out of high school;

(b) Not graduating from high school; and

(c) Being arrested

than those without disabilities.[46] These outcomes may in turn lead to missed opportunities to participate in and learn from sexual health education in a formal environment alongside their peers.

Youth with physical disabilities often lack supportive networks and role models for coping with challenges and avoiding these negative outcomes. The lack of social support, particularly from those living with a similar disability, may make youth with physical disabilities more vulnerable to the negative social impacts of low self-esteem, substance use, discrimination and stigma on sexual health.

EXPLOITATION AND ABUSE

Youth with disabilities are three times more likely to be abused than youth without physical disabilities.[47] School-aged youth with physical disabilities often have personal care needs such as requiring help with daily tasks like dressing or bathing. In some instances, assisted personal care can cause youth with physical disabilities to become complacent and compliant to personal touch.[48] Complacency to touch may make these youth less likely to recognize and refuse inappropriate touches. This in turn makes them vulnerable to potential abuse and exploitation.[49]

The difference between appropriate and inappropriate touch should be taught to youth with physical disabilities so that they acquire the skills they need to advocate for themselves if they perceive that someone has crossed this line. In addition, school-aged youth with physical disabilities may have a heightened need for social acceptance due to stigmatizing attitudes about disabilities. This may lead them to be increasingly vulnerable to exploitation.

OTHER HEALTH RISKS

Failure to provide appropriate sexual health information to youth with physical disabilities contributes to a significant public health issue. Youth with physical disabilities are at higher risk for sexually transmitted infections, including HIV, than their peers without physical disabilities.[50] Lack of access to sexual health education, low educational achievement, discrimination, lower self-esteem and depression have each been linked to high-risk sexual behaviour and negative sexual health outcomes in both the general population[51] and among youth with disabilities[52]. Compounding this is the fact that some youth have conditions which may affect their ability to use common methods of protection such as condoms.[53] For example, people with cerebral palsy may not have the dexterity to put on a condom. People with spina bifida frequently have latex allergies.[54]

WHAT CAN I DO TO SUPPORT THE SEXUAL HEALTH EDUCATION OF YOUTH WITH PHYSICAL DISABILITIES?

The following suggestions for educators (in and out of school settings), schools and the broader community are provided to stimulate thought and discussion on what health and education professionals can do to create an environment in which broadly-based sexual health education is inclusive of all school-aged youth.

PERSONALLY

- Reflect on your own personal attitudes and values regarding youth with physical disabilities and sexuality. Think of how these sets of values might influence the way you provide sexual health education and services for youth with physical disabilities.
- Support a rights-based approach which links sexual health education to human rights principles. All education stakeholders and partners have a duty of care and professional responsibility to facilitate supportive and safe environments that support the health of all youth, including those with physical disabilities.
- Support revisions to existing policies in and out of school that may have a negative impact on youth with physical disabilities. For example, a policy which states that elevator use is only for individuals with a disability can result in social isolation for these youth. Revising the policy so that friends can ride with them can create a more inclusive environment for youth with physical disabilities.

- Educate yourself and request professional development opportunities related to sexual health and physical disability.
- Consider partnering with local health authorities to support sexual health education inclusive of youth with physical disabilities. For example, sexual health educators, nurses, occupational therapists and physical therapists often assist schools with sexual health education for youth with physical disabilities.
- Explore how to approach issues of sexuality and disability with your colleagues and school administration.
- Learn how to speak openly about sex and sexuality, including sexuality and disability.
- Become knowledgeable about resources available in the schools and community for supporting youth, families and caregivers coping with physical disabilities.
- Help school-aged youth with physical disabilities identify healthy and unhealthy behaviours that would impact their sexual health.
- Promote safe spaces within schools by challenging stereotypes, name-calling, and bullying whenever you see or hear it occur.
- Create an environment where it's acceptable to discuss sexual health. All school-aged youth are much more likely to ask questions and seek out support if they know their questions will be answered in a supportive non-judgmental manner and if they are provided with age-appropriate health information that meets their needs.[55]
- Treat missed sexual health material the same as missed material in other subjects. Provide absent students with opportunities to learn the sexual health material upon their return.
- Create opportunities for social interaction between youth with and without disabilities. This contact can help promote positive attitudes about youth with physical disabilities.
- Incorporate role models with physical disabilities into your sexual health education teaching. Providing a role model who understands and shares their circumstances can help youth with physical disabilities to develop resilient mindsets and healthy sexualities.[56]
- Address assumptions that youth with physical disabilities are less sexual than youth without physical disabilities. Reinforce that individuals deserve to be respected.
- Use inclusive, people-first, positive language when discussing people who live with physical disabilities. For example, talk about a person with a disability, not a disabled person.
- Discuss disability within the broader context of diversity and inclusion, rather than as a stand alone topic.
- Support and encourage school-aged youth with physical disabilities to act as their own advocates.
- Recognize that there may be instances where you need to help a youth find more information or refer them on to community organizations.[57]
- Know when it is time to seek additional supports. There will be times when you need someone else's knowledge, advice or wisdom. Sexual health is a complex topic and you may not be able to address everyone's needs. Do not be afraid to consult outside resources for additional information on sexual health or health-specific information.[58]
- Read your provincial/territorial curricula to identify where and how you can address the sexual health education learning needs of school-aged youth with physical disabilities. If sexual health education is not included, discuss this with your principal, raise the issue with your school board trustee, or contact your curriculum representative, depending on the protocol within your school jurisdiction.

IN THE SCHOOLS

- Introduce the *Canadian Guidelines for Sexual Health Education* at the local, provincial or territorial level as a framework to develop a broadly-based sexual health curriculum, which includes information for youth with physical disabilities.
- Emphasize that sexual health education in schools is for all students.
- Encourage accessibility for youth with physical disabilities when developing sexual health education.
- Support the development of comprehensive sexual health education that addresses diverse sexual health promotion and illness prevention objectives for all school-aged youth.
- Develop strategies that help build the critical awareness and skills needed to create environments conducive to sexual health for all school-aged youth.
- Encourage school policies that support teachers in discussing and delivering broadly-based sexual health education in the classroom.
- Encourage the provision of sexual health education by knowledgeable and non-judgmental individuals.
- Increase educational and social supports for school-aged youth with physical disabilities that are inclusive, establish disability awareness and educate all students about disability issues.
- Encourage the creation of support groups within schools for youth with physical disabilities.
- Support the training and education of all staff on sexual health issues related to disabilities. For example, Professional Development days could include workshops or presentations to raise awareness and understanding of disability issues. These workshops could provide opportunities to discuss the skills needed to be a good advocate and/or to develop an "action plan". A list of goals needed to improve the school environment for people with physical disabilities could be created.[59]
- In collaboration with school-aged youth, plan sexual health education that is supported by respectful dialogue among students and staff.

IN THE COMMUNITY

- Support policy development with organizations so that basic human and sexual rights of school-aged youth with physical disabilities are recognized and that they are treated with equality, dignity and respect.
- Encourage your school district to develop school policies and curricula that emphasize the importance of sexual health education for all school-aged youth. Encourage curriculum developers to consider the unique needs of youth with physical disabilities when developing curricula.
- Support the adaptation and delivery of current and broadly-based sexual health programming for all school-aged youth, including those with physical disabilities, at all grade levels, reflecting the developmental stages of various school-aged youth.
- Challenge inaccurate media stereotypes or misinformation about people with physical disabilities.
- Identify support groups within the community for youth with physical disabilities.
- Encourage links between community organizations and schools to coordinate co-op or volunteer placements for school-aged youth, where they can work with organizations that provide advocacy for, and/or services to, people with physical disabilities.

WHAT CAN I DO TO SUPPORT THE PARENTS/CAREGIVERS OF YOUTH WITH PHYSICAL DISABILITIES?

Families and caregivers often play key roles in the daily functioning of youth with physical disabilities, particularly regarding their personal care.[60] Given their frequent and close contact, families and caregivers may also be important sources of sexual health information for these youth.[61]

Families and caregivers are important allies in supporting school-aged youth with physical disabilities as sexual beings. However, educators and other professionals should be aware of confidentiality issues around the sexual health concerns of school-aged youth.

Before involving families or caregivers in the sexual health education of any youth, it is important to know how the youth feels about involving their parents or caregivers and to obtain their permission. Youth may perceive the school as a place where they can practice autonomy and independence. Educators should be aware of this and respect a youth's wishes based on age-appropriateness and individual circumstances.

Families and caregivers of youth with a physical disability often face many challenges. It is important to ensure that they are supported. Families and caregivers of school-aged youth with physical disabilities are often pulled in many directions, both emotionally and financially. They face many demands that can cause stress and strain on the family unit and on individual members. These may include:

- Repeated visits to doctors;
- Long-term hospital stays;
- Missed work, change in work status, reduced work schedule;
- Reduced time spent with friends or extended family;
- Marital stress or relationship breakdown;
- Long-distance travel to access services; and
- Additional financial burdens for medical expenses, equipment and supplies.[62]

Research has identified nine characteristics of resilience in families with children who have physical disabilities. They:

- Balance the needs of a youth with a physical disability with other family needs;
- Maintain clear family boundaries;
- Develop communication competence;
- Attribute positive meaning to the situation;
- Maintain family flexibility;
- Maintain a commitment to family as a unit;
- Engage in active coping efforts;
- Maintain social integration; and
- Develop collaborative relationships with professionals.[63]

Parents and caregivers can be supported by directing them to community resources and support groups to help them foster healthy sexual development in youth with physical disabilities.

Educating all parents may help establish an inclusive school environment for their children. For example, providing information on physical disability to all parents in the school will help them develop inclusive attitudes and values among all students.

All youth require support, acceptance, understanding and compassion from their families to transition through healthy development. Being aware of the challenges faced by families of school-aged youth with physical disabilities and providing them with access to resources that build resilience for both youth and family members will enable families to support the health and sexuality of their children.

HOW CAN I HELP TO BUILD THE RESILIENCE OF YOUTH WITH PHYSICAL DISABILITIES?

Resilience requires a way of thinking or skills that enable people to be successful in a variety of circumstances. This can be related to sexual health but is not limited to it. This set of skills and approaches to problem solving establishes a range of protective factors against health-compromising behaviours or destructive coping strategies.

Resilience: The ability to positively cope and manage stress, and then to be able to "bounce back" to a previous state of normal functioning and incorporate adaptations for future situations.[64]

Canadian research has identified the following key attributes in resilient youth:

- Access to basic resources such as food, clothing, shelter, education and health services;
- Access to supportive relationships with family, peers and community;
- A strong personal identity, including a sense of purpose, aspirations and beliefs;
- A strong internal sense of control and personal autonomy;
- Adherence to cultural traditions, including adherence to cultural practice and values;

- Acceptance and social equity in the community; and
- A sense of cohesion with others; that is, feelings of belonging or a sense of social responsibility.[65]

Educators and other professionals can do several key things to foster resilience in youth with physical disabilities:

- Helping young people establish relationships with peers and role models can create networks of support for youth with physical disabilities and can lead to greater self-esteem and an increased sense of self-worth;
- Providing environments that are respectful, that include healthy expectations and recognize the achievements of youth with physical disabilities can also lead to greater self-esteem and increased sense of self-worth;
- Supporting a school environment that is fully accessible to youth with physical disabilities can provide them with increased opportunities to socialize with their peers, reduce the likelihood of social exclusion, and increase a sense of belonging for these youth. For example, this may include making communal washrooms, change rooms and showers accessible to youth with physical disabilities. If students with physical disabilities are regularly limited from participating with fellow students due to physical environmental limitations, they have limited opportunities to develop relationships with their peers. This in turn has a negative impact on their self-confidence, self-esteem and sense of self-worth;
- Including discussions of disability and sexuality in sexual health education and making resources on disability and sexuality available in school libraries can increase understanding among youth, and can provide assurance to youth with physical disabilities that they are not alone. For example, educators should consider introducing books or other media into lesson plans which feature a youth with a disability in dating or sexual relationships, to address prejudices and myths about the sexuality of the physically disabled.

Youth with physical disabilities who have higher levels of self-esteem, acceptance of their disability and connectedness with family, school or community are more likely to be resilient and make healthy sexual decisions. Youth who do not have high self-esteem or a sense of belonging with peers are more likely to engage in high-risk behaviours, including substance abuse and risky sexual relationships.[66]

By providing support systems and encouraging understanding and inclusion, schools have the capacity to build the resilience of school-aged youth with physical disabilities. Such support for these youth and their families will help them develop healthy sexualities and be better able to cope with their physical disabilities in a positive manner throughout their lifetime.

CONCLUDING REMARKS

Educators and other professionals working with youth with physical disabilities have a responsibility to ensure that their rights and dignity are respected. Providing sexual health education inclusive of school-aged youth with physical disabilities is fundamental to their overall development and health. Evidenced-based strategies, such as those found in this document, can be used to create supportive environments for youth with physical disabilities and to foster discussions on disability and sexuality.

Failure to respond adequately to the educational, social, cultural and public health needs of school-aged youth with physical disabilities removes from them key supports and protective factors in their lives. It is important that youth feel safe and supported and that schools and communities address both their learning and their physical needs. It is equally important to create an environment where youth with physical disabilities can contribute, be engaged and be of service to others. Teachers, parents, caregivers and administrators working together can help these youth develop resilience, to be strong self-advocates and to make healthy choices that may increase their opportunities for a healthy, happy, productive and satisfying adulthood.

The *Canadian Guidelines for Sexual Health Education (Guidelines)* is a resource that educators, school administrators and health professionals can use to assess their own sexual health education programs and to plan and implement sexual health education that is inclusive of the needs of youth with physical disabilities. The *Guidelines* also provide guidance on how to monitor and evaluate these programs to ensure that they are accurate, current, evidence-based and non-judgmental.

ADDITIONAL RESOURCES

The opinions expressed in these resources are those of the authors/organizations and do not necessarily reflect the official views of the Public Health Agency of Canada. While some resources may address a specific condition, they have been included for their applicability in principle to other physical disabilities.

Note: Before using these resources with school-aged youth, it is advisable to preview them as some may contain sensitive content and may not be appropriate for all ages.

Organizations

Québec Association of Rehabilitation Establishments for the Physically Impaired
http://en.aerdpq.org/about/mission

1001, De Maisonneuve Blvd. West
Suite 430 Montréal, QC H3A 3C8
Telephone: 514-282-4205
Fax: 514-847-9473
Email: info@aerdpq.org

The Quebec Association of Rehabilitation Establishments for the Physically Impaired brings together 21 health and social services establishments with facilities in 105 locations across the province. Québec's physical rehabilitation centres (PRCs) offer specialized, and in some cases ultra-specialized adaptation, rehabilitation and social integration services to persons with a physical impairment.

Council of Canadians with Disabilities
www.ccdonline.ca/en/

926–294 Portage Avenue
Winnipeg, MB R3C 0B9
Telephone: 204-947-0303
TDD: 204-943-4757
Fax: 204-942-4625
Email: ccd@ccdonline.ca

Council of Canadians with Disabilities is a national human rights organization of people with disabilities working for an inclusive and accessible Canada.

GF Strong Rehabilitation Centre - Sexual Health Rehabilitation Services (Vancouver Coastal Health)
http://gfstrong.vch.ca/services/sexual/index.htm

4255 Laurel St.
Vancouver, BC V5Z 2G9
Telephone: 604-734-1313
Fax: 604-737-6359
Email: feedback@vch.ca

The mandate of the Centre is to offer education, emotional support and, where indicated, medical and non-medical interventions to clients (and their loved ones) to help them understand and manage changes to sexuality that are a result of a physical disability.

Public Health Agency of Canada
www.publichealth.gc.ca/sti

Centre for Communicable Diseases and Infection Control
Public Health Agency of Canada
100 Eglantine Driveway
A.L. 0602C, Tunney's Pasture
Ottawa, ON K1A 0K9
Fax: 613-946-0678
Email: ccdic-clmti@phac-aspc.gc.ca

Sunny Hill Education Resource Centre
www.bcchildrens.ca/sherc

3644 Slocan Street, Room S225
Vancouver, BC V5M 3E8
Toll free: 1-800-331-1533
Telephone: 604-453-8335
Fax: 604-875-3455
Email: sherc@cw.bc.ca

The Sunny Hill Education Resource Centre (SHERC) houses a unique collection of books, videos, journals, board games, curricula and various educational props and materials designed for children with disabilities. The library houses a large collection of sexuality and disability resources available for residents of British Columbia to borrow.

The Anne Johnston Health Station
www.ajhs.ca/ajhs.htm

2398 Yonge Street
Toronto, ON M4P 2H4
Telephone: 416-486-8666
TDD: 416-486-6759
Fax: 416-486-8660
Email: info@ajhs.ca

The Anne Johnston Health Station is a not-for-profit community health centre providing a wide range of programs and services that promote the health and well-being of seniors, youth and people with physical disabilities.

Non-Fiction Books

Enright, R. & VanHamme, S.L. (1995). *Caution: Do Not Open Until Puberty (An Introduction to Sexuality for Young Adults with Disabilities).* Sparta (Ontario): Devinjer Press.

This book attempts to break the silence that can prevent an open discussion of sexuality with adolescents with disabilities and their families. It is also recommended for professionals and parents looking for a non-threatening and humorous way to discuss sexuality with children and adolescents.

Irvine, J.M. (1994). *Sexual Cultures and the Construction of Adolescent Identities.* Health, Society, and Policy Series, Philadelphia: Temple University Press.

This book explores how a teenager's race, class, gender, sexual orientation, religion, and family relationships affect the development of his or her sexual identity. It discusses the relationship between ethnic background and adolescent sexual behaviours, desires and body image. With a specific focus on Asian, Latino, gay and lesbian, and teenagers with physical disabilities, this text challenges common generalizations about cultural groups to help educators develop culturally competent sexual education curricula.

Kaufman, M. (2005). *Easy For You To Say: Q&A's for Teens Living With Chronic Illness or Disability.* Buffalo: Firefly Books.

Easy for You To Say profiles the lives of uniquely challenged teens as they work hard to make sense of the world and their place in it. The book offers practical advice, straight talk and honest answers to questions that many would be too embarrassed to ask, and covers issues including sex, drugs, family and death.

Minkin, M. & Rosen-Ritt, L. (1991). *Signs for Sexuality: A Resource Manual for Deaf and Hard of Hearing Individuals, their Families, and Professionals* (2nd Ed.). Seattle: Planned Parenthood of Seattle – King County.

This manual contains more than 250 vocabulary terms associated with human sexuality and 600 photos showing signed words and phrases related to sex and sexual health.

Fiction Books

Wheeler S, D. (2005) *Aunt Scarlett's Farm.* Waterloo, ON, Canada: Sureen Publishing.

Experiencing childhood with Charcot-Marie-Tooth disease, (CMT) is anything but dull for eight year old Peggy Thompkin. Although she walks with the aid of a cane and wears plastic AFO leg braces, Peggy embraces each day as high-spirited as the racehorses on her Great Aunt Scarlett's farm. Orphaned at the age of four, Peggy was quickly adopted by her widowed Great Aunt. A no-nonsense, non-coddling parent, Aunt Scarlett models for Peggy the virtues of gentle strength. Surrounded by a menagerie of animals, Peggy pulls her own weight and follows all the important farm rules. Faced with daunting schoolyard ridicule by three notorious bullyboys, Peggy learns to conquer obstacles that come her way. Together, readers walk with Peggy step by step and experience the physical and emotional challenges and triumphs of life with a progressive neuromuscular disease.

Films

Shameless: The ART of Disability. (2006)
Run time: 71 minutes and 31 seconds
Rating: NR (Not Rated)
www.nfb.ca/film/shameless_the_art_of_disability

The National Film Board of Canada has a wide variety of free to order films in the documentary format with Canadian content on a wide range of topics including physical disabilities, mental health, adoption, foster parents and other issues related to the physical disability field.

Online Resources

Alberta Health Services
www.teachingsexualhealth.ca
www.tascc.ca (Talking About Sexuality in Calgary Communities)

Seventh Street Plaza
14th Floor, North Tower
10030 – 107 Street NW
Edmonton, AB T5J 3E4
Toll free: 1-888-342-2471
Telephone: 780-342-2000
Fax: 780-342-2060
Email: info@tascc.ca

Teachingsexualhealth.ca website by Alberta Health Services provides sexual health education lesson plans, ideas and support for educators, including a section on diverse learners. Talking About Sexuality in Calgary Communities website contains information for service providers working with youth and includes a section about youth with disabilities.

Canadian Federation for Sexual Health - Sexuality and Physical Disabilities
www.cfsh.ca/Your_Sexual_Health/Sexuality-and-Disability/Sexuality-and-Physical-Disabilities.aspx

2197 Riverside Drive, Suite 403
Ottawa, ON K1H 7X3
Telephone: 613-241-4474
Fax: 613-241-7550
Email: admin@cfsh.ca

The Canadian Federation for Sexual Health envisions a global society that celebrates healthy sexuality, its diversity of expression and reproductive choice as fundamental human rights for individuals throughout life.

Cystic Fibrosis Canada - Sexuality and Cystic Fibrosis: Information for Adolescents
www.cysticfibrosis.ca/assets/files/pdf/Sexuality_and_CF_adolescentsE.pdf

2221 Yonge Street, Suite 601
Toronto, ON M4S 2B4
Toll free: 1-800-378-2233
Telephone: 416-485-9149
Fax: 416-485-0960
Email: info@cysticfibrosis.ca

Cystic Fibrosis Canada has published a manual on sexuality and adolescents with cystic fibrosis. It also has a similar manual for adults and other sexuality information on its website.

Sexuality and U (The Society of Obstetricians and Gynaecologists of Canada) - Teaching Sex Ed for Youth with Physical Disabilities
www.sexualityandu.ca/en/teachers/teaching-sex-ed-for-youth-with-physical-disabilities

780 Echo Drive
Ottawa, ON K1S 5R7
Toll Free: 1-800-561-2416
Telephone: 613-730-4192
Fax: 613-730-4314
Email: helpdesk@sogc.com

www.sexualityandu.ca is committed to providing credible and up-to-date information and education on sexual health including tips and strategies for working with youth with physical disabilities.

ENDNOTES

1 Public Health Agency of Canada. (2008). *Canadian Guidelines for Sexual Health Education* (3rd Ed.). Ottawa.

2 For other documents in this series, see: Public Health Agency of Canada. (2010). *Questions & Answers: Sexual orientation in schools.* Ottawa.; and Public Health Agency of Canada. (2010). *Questions & Answers: Gender identity in schools.* Ottawa.

3 *Canadian Charter of Rights and Freedoms*. (1982). Ottawa: Sec 15(1). Retrieved from http://laws.justice.gc.ca/en/charter/1.html#anchorbo-ga:l_I. Retrieved on 25 March 2011.; Haig v. Canada (Chief Electoral Officer), 3 S.C.R. 163. (1992).

4 Rembis, M.A. (2010). Beyond the binary: Rethinking the social model of disabled sexuality. *Sexuality and Disability, 28*(1), 51–60. doi: 10.1007/s11195-009-9133-0.

5 World Health Organization. Health topics: Disabilities. Retrieved from http://who.int/topics/disabilities/en/. Retrieved on 5 October 2011.

6 Ibid

7 World Health Organization. (2001). *ICF: International classification of functioning and disability.* Geneva.

8 American Association of Intellectual and Development Disabilities. Definition of Intellectual Disability. Retrieved from www.aaidd.org/content_100.cfm?navID=21. Retrieved on 12 May 2011.; American Psychiatric Association. DSM-5 Development: A 00 Intellectual Developmental Disorder. Retrieved from www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=384. Retrieved on 23 November 2011.

9 Public Health Agency of Canada, 2008.

10 Ibid

11 Statistics Canada. (2006). *Participation and Activity Limitation Survey, 2006: Analytical Report.* Catalogue No. 89-628-XIE — No. 002. Retrieved from www.statcan.gc.ca/pub/89-628-x/89-628-x2007002-eng.pdf. Retrieved on 5 October 2011.

12 Canadian Council on Learning. (2007). *Lessons in Learning: Canada slow to overcome limits for disabled learners.* Retrieved from www.ccl-cca.ca/pdfs/LessonsInLearning/Feb-26-07-Canada-slow-to-ov.pdf. Retrieved on 5 October 2011.

13 Kewman, D., Warschausky, S., Engel, L. & Warzak, W. (1997). Sexual Development of Children and Adolescents. (pp. 355–78). In M. Sipski and C. J.Alexander, (eds.), *Sexual Function in People with Disability and Chronic Illness*. Gaithersburg, MD: Aspen Publications.; Neinstein, L. & Stewart, D. (1983). Menstrual dysfunction in cystic fibrosis. *Journal of Adolescent Health Care, 4*, 153–157.

14 Neinstein & Stewart, 1983.

15 Carroll, G., Massarelli, E., Opzoomer, A., Pekeles, G., Pedneault, M., Frappier, J.Y. & Onetto, N. (1983). Adolescents with chronic disease: are they receiving comprehensive health care?. *Journal of Adolescent Health, 4*(4), 261–265.

16 Wager, M., Neuspiel, D. & Coupey, S. (1986). Sexual behaviour of chronically ill adolescents: evidence of unmet needs. *Pediatric Research, 20,*158a.; Suris, J-C., Resnick, M.D., Cassuto, N. & Blum, R.W.M. (1996). Sexual behaviour of adolescents with chronic disease and disability. *Journal of Adolescent Health, 19*, 124–131.

[17] Suris, J-C. & Parera, N. (2005). Sex, drugs and chronic illness: health behaviours among chronically ill youth. *European Journal of Public Health, 15*, 484–488.

[18] Public Health Agency of Canada, 2008.

[19] Bennett, S.E. & Assefi, N.P. (2005). School-based teenage pregnancy prevention programs: a systematic review of randomized control trials. *Journal of Adolescent Health, 36*(1), 72–81.; Alford, S. (2003). *Science and Success: Sex Education and other programs that work to prevent teen pregnancy, HIV, & sexually transmitted infections.* Washington, DC: Advocates for Youth.

[20] Shepherd, J., Kavanagh, J., Picot, J., Cooper, K., Harden, A., Barnett-Page, E., Jones, J., Clegg, A., Hartwell, D., Frampton, G.K. & Price, A. (2010). The effectiveness and cost-effectiveness of behavioural interventions for the prevention of sexually transmitted infections in young people aged 13–19: a systematic review and economic evaluation. *Health Technology Assessment, 14*(7), 1–230.

[21] Wazakili, M., Mpofu, R. & Devlieger, P. (2009). Should issues of sexuality and HIV and AIDS be a rehabilitation concern? The voices of young South Africans with physical disabilities. *Disability and Rehabilitation, 31*(1), 32–41.; Suris et al., 1996.

[22] Wazakili, Mpofu, & Devlieger, 2009.; Cheng, M.M. & Udry, J.R. (2002). Sexual behaviors of physically disabled adolescents in the United States. *Journal of Adolescent Health, 31*, 48–58.; Blum, R.W., Kelly, A. & Ireland, M. (2001). Health-risk behaviors and protective factors among adolescents with mobility impairments and learning and emotional disabilities. *Journal of Adolescent Health, 28*(6), 481–490.; Groce, N.E. (1999). *An overview of young people living with disabilities: Their needs and their rights.* New York: United Nations Children's Fund.; Suris et al., 1996.

[23] Suris & Parera, 2005.

[24] Hollar, D. (2005). Risk behaviors for varying categories of disability in NELS: 88. J*ournal of School Health, 75*(9), 350–358.; Cheng & Udry, 2002.; Berman, H., Harris, D., Enright, R., Gilpin, M., Cathers, T. & Bukovy, G. (1999). Sexuality and the adolescent with a physical disability: Understandings and misunderstandings. *Issues in Comprehensive Pediatric Nursing, 22*(4), 183–196.; Groce, 1999.

[25] Moorthy, L.M., Peterson, M.G.E., Hassett, A.L. & Lehman, T.J.A. (2010). Burden of childhood-onset arthritis. *Pediatric Rheumatology Online Journal, 8*, 20. doi: 10.1186/1546-0096-8-20. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC2914068/?tool=pubmed. Retrieved on 5 October 2011.; Edwards, T.C., Patrick, D.L. & Topolski, T.D. (2003). Quality of life of adolescents with perceived disabilities. *Journal of Pediatric Psychology, 28*(4), 233–241.

[26] Cromer, B., Enrile, B., McKoy, K., Gerhardstein, M.J., Fitzpatrick, M. & Judis, J. (1990). Knowledge, attitudes, and behaviour related to sexuality in adolescents with chronic disability. *Developmental Medicine & Child Neurology, 32*(7), 602–610.; Sawyer, S., Phelan, P. & Bowes, G. (1995). Reproductive health in young women with cystic fibrosis: knowledge, behavior, and attitudes. *Journal of Adolescent Health, 17*, 46–50.; Carroll et al., 1983.; Wager, Neuspiel & Coupey, 1986.

[27] Blum, R., Resnick, M., Nelson, R. & St Germain, A. (1991). Family and peer issues among adolescents with spina bifida and cerebral palsy. *Pediatrics, 88*(2), 280–285.

[28] Sawyer, Phelan, & Bowes, 1995.

[29] Flicker, S., Flynn, S., Larkin, J., Travers, R., Guta, A., Pole, J. & Layne, C. (2009). *Sexpress: The Toronto Teen Survey Report.* Planned Parenthood Toronto. Toronto, ON.

[30] Public Health Agency of Canada, 2008: 19.

[31] Östlie, I., Dale, Ö. & Möller, A. (2007). From childhood to adult life with juvenile idiopathic arthritis (JIA): A pilot study. *Disability and Rehabilitation, 29*(6), 445–452.; Turkel, S. & Pao, M. (2007). Late consequences of pediatric chronic illness. *Psychiatry Clinics of North America, 30*(4), 819–835.

[32] Berman et al., 1999.

[33] United Nations. Enable: Article 9 – Accessibility. Retrived from www.un.org/disabilities/default.asp?id=269. Retrieved on 5 October 2011.

[34] Blum, Resnick, Nelson, et al.,1991.

[35] Ibid

[36] Sawyer, Phelan, & Bowes, 1995.

[37] Esmail, S., Darry, K., Walter, A. & Knupp, H. (2010). Attitudes and perceptions toward disability and sexuality. *Disability and Rehabilitation, 32*(14), 1148–1155.; Brunnberg, E., Boström, M.L. & Berglund, M. (2009). Sexuality of 15/16-year-old girls and boys with and without modest disabilities. *Sexuality and Disability, 27*(3),139–153. doi: 10.1007/s11195-009-9123-2.; Milligan, M.S. & Neufeldt, A.H. (2001). The myth of asexuality: A survey of social and empirical evidence. *Sexuality and Disability, 19*(2), 91–109. doi: 10.1023/A:1010621705591.; Berman et al., 1999.; Groce, 1999.

[38] Nowicki, E.A. & Sandieson, R. (2002). A meta-analysis of school-aged children's attitudes towards persons with physical or intellectual disabilities. *International Journal of Disability, Development, and Education, 49*(3), 243–265.

[39] McDougall, J., DeWit, D.J., King, G., Miller, L.T. & Killip, S. (2004). High school-aged youths' attitudes toward their peers with disabilities: The role of school and student interpersonal factors. *International Journal of Disability, Development, and Education, 51*(3), 287–313.

[40] Statistics Canada. (2006). *Participation and Activity Limitation of 2006: A profile of assistive technology for people with disabilities.* Catalogue No. 89-628-XWE No.5. Retrieved from www.statcan.gc.ca/pub/89-628-x/89-628-x2008005-eng.htm#4. Retrieved on 24 August 2011.

[41] Turner, R.J., Lloyd, D.A. & Taylor, J. (2006). Physical disability and mental health: An epidemiology of psychiatric and substance disorders. *Rehabilitation Psychology, 51*(3), 214–223.; Wolman, C., Resnick, M.D., Harris, L.J. & Blum, R.W. (1994). Emotional well-being among adolescents with and without chronic conditions. *Journal of Adolescent Health, 15*(3), 199–204.

[42] Wiegerink, D., Roebroeck, M., Bender, J., Stam, H., Cohen-Kettenis, P. & Transition Research Group South West Netherlands. (2010). Sexuality of young adults with Cerebral Palsy: Experienced limitations and needs. *Sexuality and Disability, 29*(2), 119–128. doi: 10.1007/s11195-010-9180-6.; Moorthy et al., 2010.; Hollar, 2005.; Rew, L. & Horner, S.D. (2003). Youth resilience framework for reducing health-risk behaviors in adolescents. *Journal of Pediatric Nursing, 18*(6), 379–388.; Blum, Kelly & Ireland, 2001.; Edwards, Patrick & Topolski, 2003.; Groce, 1999.; Wolman et al., 1994.

[43] Neumark-Sztainer, D., Story, M., Toporoff, E., Cassuto, N., Resnick, M.D. & Blum, R.W. (1996). Psychosocial predictors of binge eating and purging behaviors among adolescents with and without diabetes mellitus. *Journal of Adolescent Health, 19*, 289–296.

[44] Taleporos, G. & McCabe, M.P. (2002). The impact of sexual esteem, body esteem, and sexual satisfaction on psychological well-being in people with physical disability. *Sexuality and Disability, 20*(3), 177–183. doi: 10.1023/A: 1021493615456.

[45] Dagnan, D. & Sandhu, S. (1999). Social comparison, self-esteem and depression in people with intellectual disability. *Journal of Intellectual Disability Research, 43*(5), 372.

[46] Hollar, 2005.; Hollar, D. & Moore, D. (2004). Relationships of substance use by students with disabilities to long-term educational, employment, and social outcomes. *Substance Use and Misuse, 39*(6), 929–960.

[47] Sullivan, P.M. & Knutson, J.F. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse and Neglect, 24*(10), 1257–1273.

[48] Wiegerink et al., 2011.; Augustis, M., Levi, R., Asplund, K. & Berg-Kelly, K. (2007).Psychosocial aspects of traumatic spinal cord injury with onset during adolescence: A qualitative study. *Psychosocial Issues, 30*(Suppl. 1), S55-S65.; Lock, J. (1998). Psychosexual development in adolescents with chronic medical illnesses. *Psychosomatics, 39,* 340–349.; Stevens, S.E., Steele, C.A., Jutai, J.W., Kalnins, I.V., Bortolussi, J.A. & Biggar, W.D. (1996). Adolescents with physical disabilities: Some psychosocial aspects of health. *Journal of Adolescent Health, 19*(2), 157–164.

[49] Sullivan & Knutson, 2000.; Groce, 1999.

[50] Suris et al., 1996.

[51] Di Giulio, G. (2003). Sexuality and People Living with Physical or Developmental Disabilities: A review of key issues. *Canadian Journal of Human Sexuality, 12(*1), 53–67.; Ramrakha, S., Caspi, A.., Dickson, N., Moffitt, T.E. & Paul, C. (2000). Psychiatric disorders and risky sexual behavior in young adulthood: cross sectional study in birth cohort. *British Medical Journal, 321*, 263–266. doi: 10.1136/bmj.321.7256.263.; Seal, A., Minichiello, V. & Omodei, M. (1997). Young women's sexual risk taking behaviour: re-visiting the influences of sexual self-efficacy and sexual self-esteem. *International Journal of STD & AIDS, 8*(3),159–165.

[52] Welner, S.L. (1999). Contraceptive Choices for Women with Disabilities. *Sexuality and Disability, 17*(3), 209–214.

[53] Berman et al., 1999.

[54] Wiwanitkit, V. (2008). Sexuality and rehabilitation for individuals with cerebral palsy. *Sexuality and Disability, 26*(3), 175–177. doi: 10.1007/s11195-008-9088-6.; Verhoef, M., Barf, H.A., Vroege, J.A., Post, M.W., van Asbeck, F.W., Gooskens, R.H. & Prevo, A.J. (2005). Sex education, relationships, and sexuality in young adults with spina bifida. *Archives of Physical Medicine and Rehabilitation, 86*(5), 979–987.; Sawin, K.J., Buran, C.F., Brei, T.J. & Fastenau, P.S. (2002). Sexuality issues in adolescents with a chronic neurological condition. *The Journal of Perinatal Education, 11*, 22–34.

[55] Blum, Kelly & Ireland, 2001.

[56] Parrott, Y. & Esmail, S. (2010). Burn survivor's perceptions regarding relevant sexual education strategies. *Health Education, 110*(2), 84–97. doi: 10.1108/09654281011022423.; Augustis et al., 2007.

[57] For more information on and support in providing sexual health education to youth with physical disabilities, please consult the "Additional Resource" list at the end of this document.

[58] Ibid

[59] Wiegerink et al., 2011.; Milligan & Neufeldt, 2001.; Sawyer, S.M., Tully, M.A. & Colin, A.A. (2001). Reproductive and sexual health in males with cystic fibrosis: A case for health professional education and training. *Journal of Adolescent Health, 28*(1), 36–40.

[60] Cheng & Udry, 2002.; Lock, 1998.; Stevens et al., 1996.

[61] Wiegerink et al., 2011.; Kef, S. & Bos, H. (2006). Is love blind? Sexual behavior and psychological adjustment of adolescents with blindness. *Sexuality and Disability, 24*(2), 89–100. doi: 10.1007/s11195-006-9007-7.; Verhoef et al., 2005.; Sawin et al., 2002.; Guest, G. (2000). Sex education: A source for promoting character development in young people with physical disabilities. S*exuality and Disability, 18*(2), 137–142. doi: 10.1023/ A:1005519114512.; Stevens et al., 1996.

[62] Garwick, A.E. & Millar, H.E.C. (1996). *Promoting resilience in youth with chronic conditions and their families*. Minneapolis, MN: Health Resources and Service Administration.; Patterson, J. & Blum, R.W. (1996). Risk and resilience among children and youth with disabilities. *Archives of Pediatrics and Adolescent Medicine, 150*, 692–698. Retrieved from http://archpedi.ama-assn.org/cgi/reprint/150/7/692.pdf. Retrieved on 21 October 2011.

[63] Patterson, J.M. (1991). Family resilience to the challenge of a child's disability. *Pediatric Annals, 20* (9), 490–499.

[64] American Psychological Association. *Resilience Guide for Parents and Teachers.* Retrieved from www.apa.org/helpcenter/resilience.aspx. Retrieved on 21 October 2011.

[65] Unger, M., Brown, M., Liebenberg, L., Cheung, M. & Levine, K. (2008). Distinguishing differences in pathways to resilience among Canadian youth. *Canadian Journal of Mental Health, 27*(1), 1–13. Retrieved from www.resilienceproject.org/files/distinguishing_differences_in_pathways_to_resilience_among_canadian_youth_canadian_journal_of_community_mental_health.pdf. Retrieved on 21 October 2011.

[66] Brunnberg, Boström, & Berglund, 2009.; Njoki, E., Frantz, J. & Mpofu, R. (2007). Health-promotion needs of youth with a spinal cord injury in South Africa. *Disability and Rehabilitation, 29*(6), 465-472.; Kef & Bos, 2006.; Hollar, 2005.; Rew & Horner, 2003.; Taleporos & McCabe, 2002.; Blum, Kelly, & Ireland, 2001.

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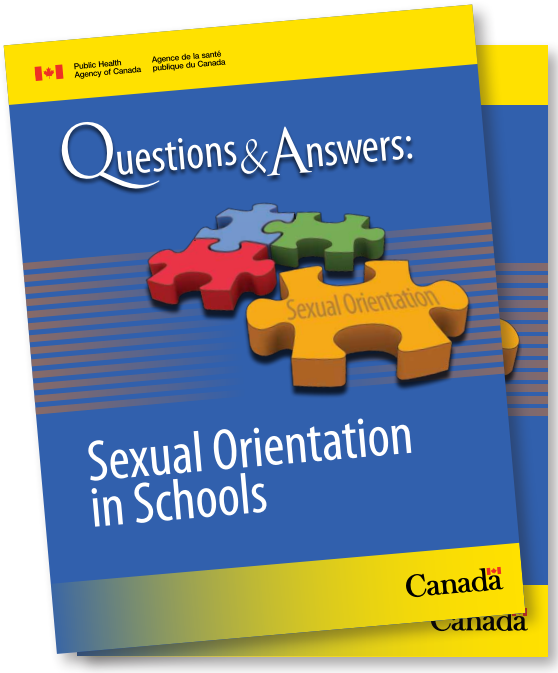

Questions & Answers: Sexual Orientation in Schools

Available from:
Canadian AIDS Treatment Information Exchange (CATIE)

Electronic (PDF) English:
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http://library.catie.ca/pdf/ATI-20000s/26288F.pdf

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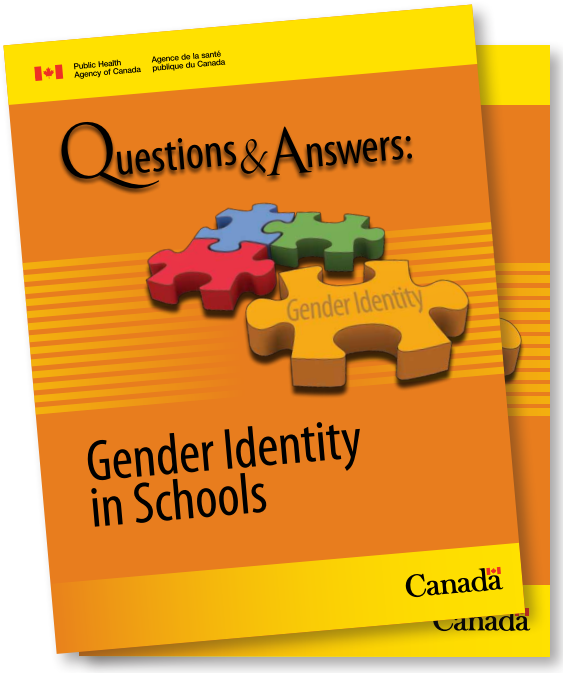

Questions & Answers: Gender Identity in Schools

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