

# SEXUALITY AND DISABILITY



Alberta Health  
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## The Parent's Role

Parents want to provide the guidance and knowledge their children need to become responsible and happy adults. But they can also sometimes be afraid of talking about sexuality with their children because:

- they believe their child is too young/not ready
- they don't know how to talk to their child about the subject
- they have a lack of understanding of the stages of sexual development
- they are uncomfortable talking about reproductive body parts and functions
- the topic of sex and sexuality was not discussed by their own parents when they were growing up
- they worry talking about sexuality and reproduction will encourage experimentation
- they are unsure what children need to know and when they need to know it

As parents, you are already teaching your teens many things about sexuality and have been since the day they were born. They learn from:

- the way they are touched by others
- the way their bodies feel to them
- what your family believes is okay and not okay to do

- the words that family members use (and don't use) to refer to parts of the body
- watching the relationships around them
- observing male/female roles
- watching television
- listening to music
- talking with their friends

## The Difference between Sex and Sexuality

Sex refers to the biological and physiological characteristics that define men and women. Examples of sex categories are "male" and "female". The term "sex" is also often used to mean "sexual activity," but for the context of a discussion about sexuality and sexual health, the above definition is correct.

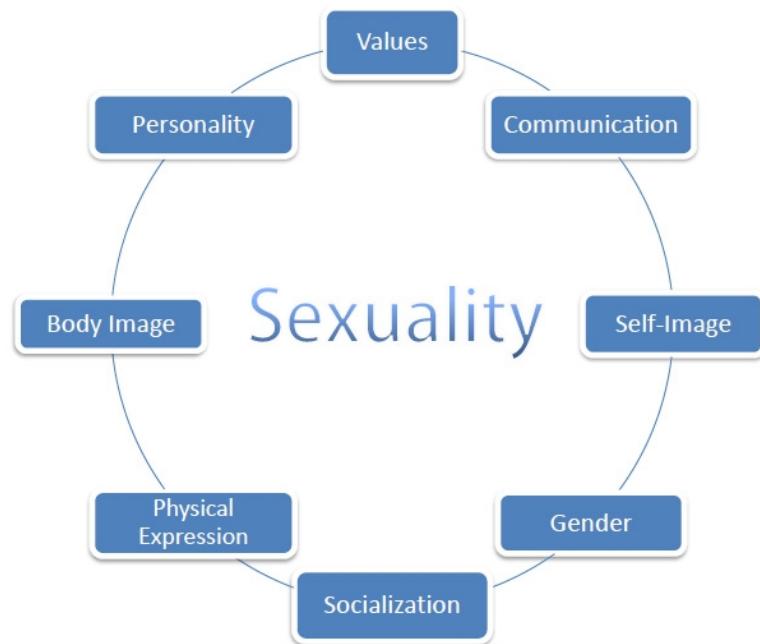
It is common to hear both the terms "sex" and "gender". These terms can cause some confusion as they are closely related but have different meanings. Gender refers to the roles, behaviours, activities and attributes that a given society considers appropriate for men and women. Examples of gender categories are "masculine" and "feminine".

Sexuality is not just sexual intercourse or sexual activity. It also has to do with:

- being female or male, and how females and males are alike and different in the way they look and act

- how we view our bodies and our relationships with each other
- how we grow and change over the years
- who we are as women and men (girls and boys)
- intimacy
- how we reproduce

Sexuality is an important part of being human and healthy sexuality is an important part of a person's overall health and well-being.



The sexuality wheel shows how different ideas and experiences influence the meaning of sexuality. Sexuality is much more than intercourse. Since we all interpret and experience sexuality differently, parents have a chance to provide support to their children in developing an understanding of sexuality that reflects personal experiences and family values. The way people understand sexual health will affect the way they learn and talk about sexual health. By providing a variety of opportunities, we can promote respect and belonging while appreciating different perspectives.

## Some Facts about Sexual Health Education

- In 2005, 43% of Canadian teens aged 15–19 said they'd had sexual intercourse at least once.
- Parents have reported that school-based sexual health education makes it easier for them to engage in conversations with their children as it creates natural opportunities for communication to occur and information to be shared within the home.
- Almost half of Canadian teens say they view their parents as role models and valuable sources of information.
- Most parents would like to play a role within their child's sexual health education. Some reported their motivation to do so came from a desire to provide information to their children that they wish they had received from their own parents.
- Research indicates that parent-child communication about sexuality can have a positive influence on teen sexual behaviours.

- Evaluations of comprehensive sexual health education programs (full information at appropriate ages) do not increase sexual behaviour but instead, some programs delay or decrease sexual behaviours or increase condom or contraceptive use.
- Many parents and guardians support comprehensive school-based sexual health programs, as they see schools as knowledgeable and competent sources of information for their children.
- Some youth report that they don't trust that the internet is providing them with accurate information, but will use it to verify what they have already been told by their parents, teachers or peers.

## Opportunities for Parents

The benefit of parents speaking to their child about sexuality is that they can:

- communicate their own values about sexuality
- provide correct information
- better understand their child's perspective
- answer questions honestly and using words they can understand
- start the conversation
- tailor the information they share based on their understanding of their teenager's stage of development, life experience, personality and knowledge level
- help their child make good decisions and then stand by them

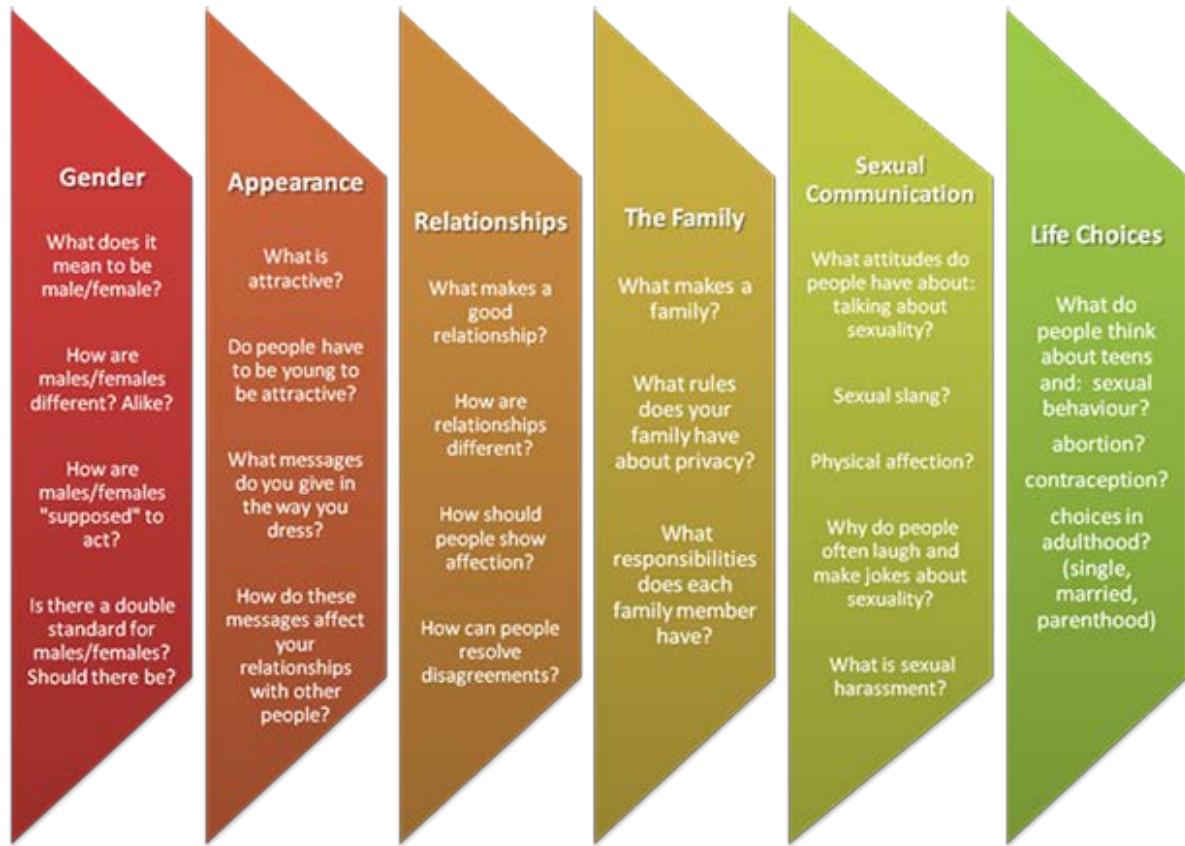
As a parent, you hope that your child will always make good choices that are based on the values that your family shares. An important part of discussing sexuality with your children is sharing with them what you believe. Ask yourself:

- Does your child know what you believe?
- Have you discussed your values about sexuality as a family?

The following chart may provide you with some things to think and talk about as a family.

When you have a family discussion, remember to:

- choose a quiet time when nobody is feeling rushed
- treat each other with respect
- really listen to each family member
- be honest
- share your reasons for the things you believe



**Social and sexual development occurs together through interaction with the family and others. Learning about acceptable ways to behave socially is also learning to behave in sexually appropriate ways.**

## **Stages of Social and Sexual Development in Children and Adolescents**

During **infancy**, healthy human sexual development is nurtured through the sense of touch, during rocking, feeding and being held.

**Toddlers** are curious about their own bodies and many self-explore through masturbation.

During the **early childhood years** children begin to learn about how people interact with each other by watching what happens between the people closest to them. Later on, their behaviours may reflect what has been modelled for them.

## **Tips and Strategies for Parents and Caregivers**

- The love and warmth a baby feels helps them to develop trust and the ability to give and receive tenderness and affection in later life.
- Often parents are embarrassed by their children's curiosity with their genitals, but experts urge parents to avoid harsh reactions. Children can learn at an early age that there are private times to self-explore such as the bathroom or bedroom. You can distract your child at other times and places that are inappropriate.
- Discouraging self-exploration around others or in public places, while providing other times to be alone, teaches children early on about the concepts of "private" and "public". Use terms easier to understand such as "being alone" and "being with others".
- In some homes, people choose to behave more formally with each other, while in others affection is freely shown with hugs and kisses. Be aware that these interactions are lessons your children are learning about how adults behave in close and personal relationships.

In the **pre-school and early school years**, children generally begin to ask more questions and become more interested in the body differences of playmates of the opposite gender. The curiosity about their bodies and the body differences of others is normal. They understand what it means to be male or female and begin to form ideas about gender roles.

- Answer questions calmly using the correct words for body parts. Treat their questions as you would any question about how something works.
- Use books and pictures for their level that your children will understand.
- If their curiosity leads to behaviour that is socially inappropriate, correct the behaviour. Reinforce with stories that describe the use of more appropriate behaviours.
- Teach your children the differences between personal boundaries with family, close friends, acquaintances and strangers. It is important for them to understand at a young age that their body belongs to them, and that they have the right to tell others not to touch them.

Through the **early school years** children favour a social interest in either the same gender or in the opposite gender. Both are normal.

- At this stage, activities and games with other playmates will help your children to develop in their social world.
- Give your children tasks at home that they are responsible for, and involve them in activities outside of the home to help build their self-esteem.

Generally between the ages of 9 and 13 children begin **puberty**. During this time they experience a great deal of change physically, emotionally and sexually. There is rapid bone growth, increased sexual drive and emotional ups and downs due in part to the uncertainty about what is happening to them.

- Before the changes begin, talk to your children about what they can expect to happen. Many books and videotapes are available (see resources listed) to help parents share this information in a way their children can understand. Knowing ahead of time what will happen can lessen fears and confusion, and help them to build confidence and a healthy self-image.
- Listen carefully to your children and allow them to express themselves and their feelings.
- Help your children to recognise their strengths, focus on them and develop them.

Following the rapid changes of puberty, **adolescence** begins. This time can be marked with conflict between children and their parents or caregivers. The conflict is often a result of normal adolescent need for more independence from the family.

As your child sexually matures, there may be an increase in self-pleasuring behaviour. The medical community and many religious groups, recognize masturbation as normal and harmless. Masturbation only becomes a problem if it is practised in public places or if the person feels guilty or fearful about the behaviour.

Whether a child has a disability or not, the development stages will follow the same pattern at a slower or faster rate, until the child passes through puberty and adolescence to become a sexually mature **adult**.

- Parents make difficult decisions at this time about how much independence to allow their children. Based on your family beliefs and values and your children's ability, you will need to decide what you are comfortable letting your children decide for themselves. These decisions may include choice of clothing, hairstyles, friends and some activities that they do alone such as visiting the doctor. These are all opportunities for your children to express themselves as individuals, separate from you.
  - Reinforce concepts of "public" and "private" and that appropriate sexuality means knowing the difference and taking responsibility for sexual decision-making.
  - By this stage your child should also have and understand information about sexual intercourse and other ways to express sexuality, birth control, condom use and disease prevention and the responsibilities of child-bearing.
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- Accept that even though your child may have a disability, all humans progress through the stages of social and sexual development to reach adulthood.
  - Continue to have discussions with your adult children about the values that surround sexuality throughout the lifespan: intimacy, self-esteem, caring and respect.

Adapted from: National Information Center for Children and Youth with Disabilities (NICHCY). (1992). *Sexuality education for children and youth with disabilities*. NICHCY News Digest, #ND17.

Most children will start to experience signs of puberty between the ages of 9 and 13, some earlier, some later. As a parent you need to be ready so that you can prepare your tween/teen before it happens. Children with disabilities may develop later or earlier due to their disability or medical condition. Ask your family doctor if you have concerns about this.

Physical changes are often the first signs that your child is starting puberty and for your child can be both exciting and upsetting. Preparing your child for these changes and helping him or her to develop skills to cope with the changes e.g., hygiene, is very important.

**Visit your health care professional or local Sexual & Reproductive Health Clinic to discuss sexual health concerns.**

## **Girls need to know about:**

For girls puberty usually starts between the ages of 9-15. Some of the body changes that occur are:

- Growth spurts
- Breast growth
- Menstruation
- Body/pubic hair growth
- Acne
- Perspiration

Important things to discuss with girls before and during puberty include:

### **Menstruation (periods)**

- Talk about menstruation before her periods start
- Emphasize that periods are a normal process of growing and changing and she can continue with usual activities
- Explain that the bleeding will last for a few days
- Use a calendar or diary to keep track of her cycle. This will help you both to plan for the next one
- When a girl first starts menstruation she may have a period and then not have another one for a few months. A regular cycle of around 28 days usually settles down after a year or so
- Have a supply of pads ready to show her. Try demonstrating on a doll. Moms or sisters may also want to demonstrate!
- Some girls experience cramping that can be quite uncomfortable. This can be eased by using a hot water bottle or with ibuprofen. Talk with your family doctor if cramping is a problem

- Keep a hygiene pack (clean underwear, pads, wipes) in an accessible place (back pack or locker) to help with unexpected periods
- Discuss the importance of hygiene and cleanliness in particular changing pads regularly
- Think about clothing choices (don't wear white pants when your period is due)
- Discuss that having your period is a private event that should be discussed with a caregiver. Other family members or friends do not need to know

## Breast Development

- Breast development is usually one of the early signs of puberty
- Breast tissue may be uncomfortable or tingle. Wearing a bra especially during physical activity can help
- It is normal for one breast to be bigger than the other

## Masturbation

- The touching and rubbing of genitals for pleasure is a normal, natural behaviour but **should be done in private**

**This information is a guide only. Each child develops and becomes curious about sexuality at his or her own rate. Choose the information that fits for you and your family values.**

- Allow your child time to explore and touch her body. Sometimes medical equipment can prevent your child from exploring (e.g., splints), Bath time can be a great opportunity for this
- If your child or teen is masturbating in a public place address this issue as soon as it is a problem. Talk again about how it is OK to masturbate but that it is a private activity. You may need to talk with teachers or support workers to be sure that they will be consistent about this message. It may take some time to change this behaviour

## Birth Control

- It can be hard to imagine our children becoming sexually active and teenagers with disabilities are no exception
- Be aware of the friends your teen is seeing and whether or not she is involved with someone special
- Share your family's beliefs about relationships and sex
- Talk to your teen about saying no and that no means no!
- Talk about the different types of birth control that may be a good option for your teen with your family doctor or sexual and reproductive health clinic
- Different medications affect different forms of birth control, make sure your health care provider is aware of the medication your teen is on and any medical conditions your teen may have
- Your daughter may need help remembering to take or use her birth control e.g., the pill

## **Emergency Contraception (Plan B®)**

- Emergency contraception pills can be taken after unprotected sex to prevent pregnancy. They are available through a pharmacist, family physician or local Sexual & Reproductive Health Clinic and should be taken as soon as possible after unprotected sex

## **Sexually Transmitted Infections (STI)**

- Your teen should know that it is possible to get STI through sexual contact
- Talk to your son or daughter about using condoms every time they have intercourse

## **Boys need to know about:**

For boys puberty usually starts between the ages of 10-16.

Some of the body changes that occur are:

- Growth spurts
- Body/pubic hair growth
- Acne
- Perspiration
- Voice Changes
- Wet dreams

Important things to discuss with boys before and during puberty include:

### **Masturbation**

- The touching and rubbing of genitals for pleasure is a normal, natural behaviour but **should be done in private**
- Allow your child time to explore and touch his body. Sometimes medical equipment can prevent your child from exploring (e.g., splints), Bath time can be a great opportunity for this
- If your child or teen is masturbating in a public place address this issue as soon as it is a problem. Talk again about how it is OK to masturbate but that it is a private activity. You may need to talk with teachers or support workers to be sure that they will be consistent about this message. It may take some time to change this behaviour

### **Wet Dreams**

- Wet dreams happen when semen is ejaculated from the penis while asleep or dreaming
- Discuss that it is normal and that it will happen to some boys but not other
- Help your son by showing him how to change clothing and bedding (if possible)

## **Birth Control**

- It can be hard to imagine our children becoming sexually active and teenagers with disabilities are no exception
- Be aware of the friends your teen is seeing and whether or not she is involved with someone special
- Share your family's beliefs about relationships and sex
- Talk to your teen about saying no and that no means no!
- Talk about the different types of birth control that may be a good option for your teen with your family doctor or sexual and reproductive health clinic
- Show your son how condoms are used

## **STI**

- Your teen should know that it is possible to get STI through sexual contact
- Talk to your son or daughter about using condoms every time they have intercourse.
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## **Sexual Orientation**

Attitudes towards people who are gay, lesbian or bisexual are changing. Still, understanding sexual orientation or why a person is attracted to the opposite sex, same sex or both sexes can be especially confusing during the teenage and early adult years.

- Sexual orientation runs along a continuum throughout a person's life but it is set at birth
- Sexual identity may fluctuate until a person is ready to accept their orientation. Many young people coming to terms with their orientation may not identify as gay, lesbian or bisexual until they are ready
- Sexual behaviour may move along another continuum as identity and orientation merge. To enable a person to develop healthy sexuality, it is important that others nurture the integration of orientation, identity, and behaviour into their life. An awareness and understanding of the issues they may face can be helpful

**"It is hard to have a disability and be lesbian. I talked to my mom about it and she was really supportive in helping me talk to my doctor and a local support group which was very helpful."**

## **Some FACTS about Sexual Assault/Abuse and Developmental Disability**

- The risk of being physically or sexually assaulted for adults with developmental disabilities is likely 4 to 10 times as high as it is for other adults (Sobsey, 1994)
- Children with any kind of disability are more than twice as likely to be sexually abused (Little, 2004)
- Regardless of age, race, ethnicity, sexual orientation or class, women with disabilities are assaulted, raped and abused at a rate more than two times greater than non-disabled women (Cusitar, 1994; Sobsey, 1994)
- Women with developmental disabilities are more likely to be re-victimized by the same person, and more than half never seek assistance with legal or treatment services (Pease & Frantz, 1994)
- Although about 80% of women and 60% of men with developmental disabilities will be sexually molested by age 18, only 3% of their attackers go to jail (Hingsburger, 2002)

### **Children and youth with disabilities are more at risk for sexual abuse and assault because:**

- They often need assistance with personal care and hygiene
- They may find it difficult to report abuse because of communication difficulties
- They are often taught to comply with authority which may make it harder for them to recognize abuse

- They may be targeted because of their lower cognitive functioning
- They may not be believed when they report abuse

**"I found the statistics on disability and sexual abuse alarming. After reading these I knew I needed to do what I could to protect my child. I researched and started doing teaching with my child from an early age."**

### **What PARENTS Can Do...**

According to David Hingsburger, an author and educator for over 25 years who has worked with people with developmental disabilities that have been sexual victims or have victimized others, parents can:

- Protect their children by giving them correct information about sex and teach them to use correct language for their own body parts
- Be certain their children understand and are aware of the concept of privacy
- Teach about good touch versus bad touch (see more information below)
- Teach about personal boundaries and when it is okay to say "no". Often people with disabilities are taught to do as they are told but they need to know they have the right to non-comply when personal boundaries are crossed. Hingsburger calls this the "ring of safety"

- Role play situations to practice saying no
- Ensure their children understand their personal rights and their choices for healthy sexuality

## Good Touch versus Bad Touch

The following information was taken from: **CCASA- Calgary Communities against Sexual Abuse** (2008). *Educating Your Child about Child Sexual Abuse*

**“Teaching the difference between good touch, bad touch and necessary touch really made sense to my children.”**

## 3 Key Messages

Introduce the topic of touching by talking about different kinds of touches, encourage your child to brainstorm some ideas. It may also be helpful to include a discussion of feelings that a person may have when they get the following “okay” and “not-okay” touches.

1. “Touches that are important to get, that make us feel loved and cared about.” (i.e. Hugs, kisses, handshakes, cuddles, a pat on the back, high fives, etc)

2. “Hurtful touches that might leave a bruise or mark on our body.” This is an opportunity to reinforce to your child that giving hurtful touches isn’t okay, and that it is also not okay for people that take care of kids to give them hurtful touches or for kids to see other people getting hurtful touches. (i.e. punches, kicks, slaps, bites, etc)
3. Give your child a definition for Child Sexual Abuse. Introduce this as another kind of hurtful touch that is also “not okay.” “When someone bigger or older looks at or touches the private parts of a child’s body for no good reason or when someone bigger or older asks the child to look at or touch the bigger or older person’s private parts.” (with older children include: “or when an older or bigger person talks to you in a sexual or inappropriate way or shows you pictures or sites on the Internet of naked people or of people touching people’s private (or sexual) parts.”

**Note:** Ensure that you explain that there are some times when it would be “okay and necessary/helpful” for an adult to look at or touch a child’s private parts. Depending on the age of the child, allow the child to think about some of these times. (i.e., help in the bath, changing a baby’s diaper, going to the doctor, or a parent may need to look at or touch a child’s private parts if they are sick or hurt.)

- Remember that teenagers still view their family members and parents as their primary role models.
  - Start having open conversations as early as possible to help open the lines of communication.
  - Answer questions when your teen asks them—don't put them off.
  - Listen carefully to the question to make sure you understand what they are asking.
  - Offer reassurance that people mature at different rates.
  - Use teachable moments to open discussion. Discuss and help interpret issues as they arise in TV shows, ads, music, the news and in the community. Help confirm what is meaningful, realistic and important to your sense of values.
  - Encourage your teen to express their thoughts and views. An open exchange of ideas can help clarify the values you each hold.
  - Help your teen learn from both good and bad experiences.
  - Check out what they already know. There are lots of opportunities for this age group to hear myths and truths on their own. Ask what they can tell you about a particular sexual topic. This encourages communication and can give you the opportunity to correct any misinformation that they may have.
- Play the what-if game. Ask them a situational question (e.g., "What if you got pregnant/got someone pregnant?", "What if your friends asked you to do something you weren't comfortable with?") Do not judge their response, but do discuss the possible consequences.
  - Along with facts, talk about feelings, relationships and how other people are affected by them.
  - Be sure there are resources in your home where your children can get correct information. If they don't come to you, they can use an age-appropriate book to get the answers they're looking for.

***Communicate your values honestly***—and expect to have them challenged. Teenagers want to be independent and have their own identities. Parents want that too; but they must continue to say what they believe and model it in their own lives.

## **Opening the Lines of Communication**

Providing an atmosphere where open, honest and two-way communication can take place is a major way parents can assist their children in avoiding problems with drugs, alcohol, sexual decisions and peer relationships.

Remember that your children care about what you say and do, even though it may not seem like it at times. To open and maintain the lines of communication between you and your teen, we suggest the following:

- Try not to talk down to your teen. This may be difficult, but they are old enough to have a mature conversation.
- Respect their views and validate their feelings.
- Demonstrate responsible, health-conscious decisions with your own use of alcohol and other drugs.
- Avoid acting as if you already know everything. Be an active learner yourself.
- Stay involved in their lives to help your teen feel connected to you. Do a variety of activities with them.
- Speak to them as a mature person. Use correct terms to show that you respect their age and knowledge.
- Recognize you can't control all of your teen's actions. Give assurance that there may be times you do not approve of their actions but you will not abandon them and will always love them unconditionally. Promote responsibility for their actions.

This information is intended to assist you in finding agencies or organizations within your community that can help support you in raising a sexually healthy child. There are many different resources available, but it is important to choose the ones that follow your family's beliefs and values.

## Things to Think About

You may want to ask some questions to determine if an agency integrates a philosophy that provides a high quality of service and education that is comprehensive, appropriate for the age of your child, sensitive to your cultural beliefs and values and respectful of individual choices and rights.

- What is the organization's philosophy and mission?
- What types of services does it offer?
- What type of training do the employees or volunteers receive?
- How is it funded and who is it accountable to?

## Agencies that Support Sexual Health and Education

- **Community Health Centres** have public health nurses who are active within their communities and schools. They provide services and information, counseling and referral regarding birth control, STIs, pregnancy options, and pregnancy and parenting. Some health centres may also have sexual and reproductive and STI clinics. A listing of

community health centres and services provided by Alberta Health Services can be obtained by calling their information line at (403) 943-LINK (5465) or online at [www.albertahealthservices.ca](http://www.albertahealthservices.ca) or [www.informAlberta.ca](http://www.informAlberta.ca).

- Your local schools provide sexual health teaching based on Alberta Education's curriculum. The curriculum can be accessed through [www.education.gov.ab.ca](http://www.education.gov.ab.ca).
- Your local community health centre may have a **community services directory** (often available through the public library), which will list community organizations and health and social agencies.
- Your community may also have a **Family and Community Support Service (FCSS)** that may be able to direct you to other local agencies/resources, or help set up local partnerships that focus on prevention and enhance social and health well-being.
- **The PREP Program** is a resource centre dedicated to the inclusion of individuals with Down syndrome in home, school and community life. [www.prepprog.org](http://www.prepprog.org).
- **Ups and Downs** is a registered, non-profit, volunteer-run organization for parents, families and friends of people with Down Syndrome. [www.upsdowns.org](http://www.upsdowns.org).

**Canadian Federation for Sexual Health**

[www.cfsa.ca](http://www.cfsa.ca)

Articles about talking with your child/teen about sex, links to resources and guidelines for finding credible websites.

**Teaching Sexual Health**

[www.teachingsexualhealth.ca](http://www.teachingsexualhealth.ca)

A website developed by Alberta educators and health professionals. Parents are provided with resources, information and links that supplement their understanding and knowledge of healthy sexuality.

**Sexuality and U**

[www.sexualityandu.ca](http://www.sexualityandu.ca)

Provides information about puberty, talking about sex with your child, STIs and contraception.

**PFLAG (Parents, Families and Friends of Lesbians and Gays)**

[www.pflag.ca](http://www.pflag.ca)

Information, resources and support for parents of kids who identify within the LBTQ community.

**Public Health Agency of Canada****Questions and Answers: Sexual Orientation in Schools**

<http://library.catie.ca/pdf/ATI-20000s/26288E.pdf>

**Public Health Agency of Canada****Questions and Answers: Gender Identity in Schools**

<http://library.catie.ca/pdf/ATI-20000s/26289E.pdf>

**Kids Health (U.S.A.)**

[www.kidshealth.org](http://www.kidshealth.org)

Provides information on communicating with your teen, puberty and surviving adolescence.

**I Wanna Know (U.S.A.)**

[www.iwannaknow.org](http://www.iwannaknow.org)

Information on being an “askable” parent links to teen sites about puberty, STIs, abstinence, decision-making and condom use.

**The British Columbia Coalition of People with Disabilities**

(Canadian)

[www.bccpd.bc.ca](http://www.bccpd.bc.ca)

This international organization works to facilitate full participation of people with disabilities in society and promotes independence. The AIDS & Disability Action Project (ADAP) helps to increase awareness among people with disabilities that they may be at risk. ADAP shares information about how to prevent HIV infection through educational and workshop materials appropriate for people with various disabilities.

### **Sexuality Information and Education Council of Canada**

[www.sieccan.org](http://www.sieccan.org)

SIECCAN is a national non-profit educational organization dedicated to informing and educating the public and professionals about all aspects of human sexuality. Browse through back issues of their journal to search for information on many topics related to human sexuality.

### **Inner Learning Online (USA)**

[www.innerbody.com](http://www.innerbody.com)

### **The National Information Center for Children and Youth with Disabilities (USA)**

<http://www.nichcy.org>

Website provides well-researched and practical information to families and professionals about sexuality and disability. The website links to organizations, communities, recreational sites and other resources for people with disabilities.

### **Sexuality Education and Information Council of the United States (SIECUS)**

[www.siecus.org](http://www.siecus.org)

SIECUS is a national non-profit organization that develops, collects and shares information, promotes sexual health education and advocates the right of individuals to make responsible sexual choices. A section for parents includes information and links to many other resources.

### **Sexual Health Network (UK)**

[www.sexualhealth.com](http://www.sexualhealth.com)

The Sexual Health Network is committed to providing easy access to sexuality information, education, counselling, therapy, healthcare, and other resources for people with disabilities or illness.

### **SexualityandU.ca**

#### **Teaching Sex Ed for Youth with Intellectual Disabilities**

<http://www.sexualityandu.ca/teachers/teaching-sex-ed-for-youth-with-intellectual-disabilities>

Resources and information for teachers providing sexual education to youth with intellectual or physical disabilities. Includes book list.

### **Public Health Agency of Canada**

#### **Questions & Answers: Sexual Health Education for Youth with Physical Disabilities**

[http://library.catie.ca/pdf/ATI-20000s/26289\\_B\\_ENG.pdf](http://library.catie.ca/pdf/ATI-20000s/26289_B_ENG.pdf)

Addresses most commonly asked questions regarding sexual health education for school-aged youth with physical disabilities.

**Note:** Links to web resources are provided for information only and do not imply an endorsement of views, products or services. Although our staff regularly reviews these links, we can't be certain that they are 100% credible, as their content can be changed at any time.

Baladerian, N. J. (1999). **Abuse of Children and Adults with Disabilities: A Risk Reduction and Intervention Guidebook for Parents and other Advocates.** Mental Health Consultants This books deals with the increased risk of abuse for people with developmental disabilities, the signs and symptoms of abuse, consequences of abuse and what can be done to lessen the risk of abuse.

Hinsburger, D. (1993). **Openers: Parents Ask Questions about Sexuality and Children with Developmental Disabilities.** Family Support Institute Press.

This book offers insightful and intelligent answers to real-life questions from parents, with the goal of teaching children with developmental disabilities about sexuality. The author has worked extensively with people with disabilities and he treats this subject not only with sensitivity but with good humour.

L'Institut Roehrer Institute (1990). **Shared Feelings: A Parent Guide to Sexuality Education for Children, Adolescents and Adults Who Have a Mental Handicap.**

A guide to help parents of children with an intellectual disability discuss sexuality, STDs and sexual abuse with their children. Chapters include teaching social skills, talking to children about bodies and feelings, and making informed decisions.

Our-Kids (1999). **Sexuality and Developmental Disabilities** <http://www.our-kids.org/Books/sexed.htm> (full text)  
A fact sheet containing statistics on the sexual abuse of women and girls with disabilities. A list of books and videos for parents and professionals deals with lessening the risk of sexual victimization and teaching people skills related to condom use and masturbation.

Kaufman, M., Silverberg, C., & Odette, F.(2007). **The Ultimate Guide to Sex and Disability: For all of Us who live with Disabilities, Chronic Pain and Illness.**

Melberg Schwier, K., Hinsburger, D. (2000). **Sexuality: Your Sons and Daughters with Intellectual Disabilities.** Paul H. Brookes Publishing Co.  
Parents share the joys and challenges of raising a child with an intellectual disability and offer advice and practical strategies. Individuals with disabilities share what is important to them.

Van Dyke, D. C., McBrien, D. M, Siddiqi, S. U., & Petersen, M.C. (1999). Sexuality and Individuals with Down Syndrome. In J. A. Rondal, J Perera, & L. Nadel (Eds.), **Down Syndrome: A Review of Current Knowledge.** London: Whurr.

Gray, J., Jilich, J. (1990). **Janet's Got Her Period.**

This program is for girls and young women with severe developmental disabilities. Consisting of a video and an illustrated storybook with full-colour photographs, it tells the story of a young girl who learns menstrual self-care from her mother and sister. A teacher's guide is also included.

<http://www.stanfield.com/products/family-life-relationships/other-family-ed-programs/janets-got-her-period/>

Hingsburger, D. (1995). **Hand-made Love.**

A book and DVD guide for teaching about male masturbation.

<http://www.diverse-city.com>

Hingsburger, D. (1996). **Under Cover Dick.** A book and DVD teaching men with disabilities about condom use.

<http://www.diverse-city.com>

Hingsburger, D., Haar, S. (2000). **Finger Tips.**

A book and DVD teaching women with disabilities about masturbation.

<http://www.diverse-city.com>

National Film Board (1993). **Toward Intimacy: Self-esteem, Sexuality and Love in the Lives of Women with Disabilities.**

A 62 minute DVD that looks at how 4 women with disabilities confront physical barriers and attitudes about their relationships.

Program Development Associates (1999). **All of Us Talking Together. Sex Education for People with Developmental Disabilities.**

This DVD is intended for adolescents and young adults with a developmental disability, parents, and health care professionals who work with people who have developmental disabilities. It presents young people's view on sexuality and addresses talking with children about sexuality issues, sexual abuse, HIV and has discussions between young people and health care providers about anatomy, contraception and STDs.

Siegel P. C. (1991). **Changes in You: The First Comprehensive Family Life Education Program for 4<sup>th</sup> – 9<sup>th</sup> Graders with Special Needs.**

Provides a sensitive approach that helps girls and boys feel confident and comfortable with the physical, social and emotional changes during teen years. Included are easy to read books for independent use by students or as a resource for parents.

<http://www.stanfield.com/products/family-life-relationships/other-family-ed-programs/changes-in-you/>

James Stanfield (1990). **Being with People Series.**

An 8-part DVD series and teacher's resource guide.

Demonstrations and scenarios are used to teach essential social skills to people with developmental disabilities.

<http://www.stanfield.com/products/social-life-skills/being-with-people>

