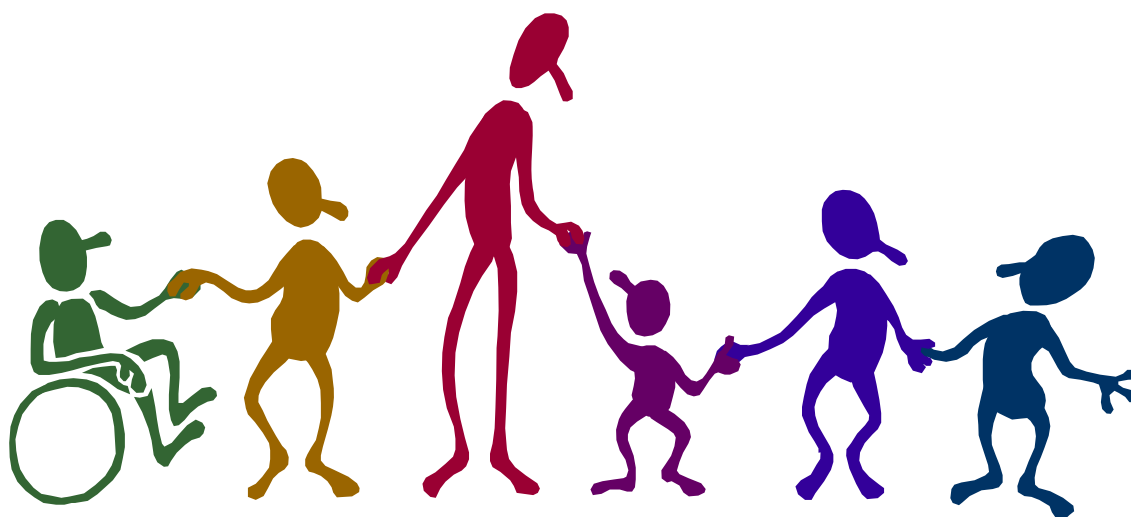


Sexuality and Disability: A Guide for Parents



Sexual and Reproductive Health
Education and Health Promotion

(403) 955-6515

www.calgaryhealthregion.ca/programs/sexualhealth
www.teachingsexualhealth.ca

This Package for Parents of Children and Adults with Disabilities Contains:

- ☺ Information for you on what parents need to know, such as:
 - The parent's role;
 - What sexuality is;
 - The facts about sexuality and disability; and
 - Suggestions for what parents can do.
- ☺ Some questions you can ask yourself about what your family believes.
- ☺ Information about the stages of social and sexual development in children and teens.
- ☺ Tips and strategies for talking comfortably with your child about sexuality.
- ☺ Resource lists and links to gather more information.

As a parent of a child, teen or adult with a physical or learning disability you probably have lots of questions about sexuality that may include:

How do I teach my daughter about having her period?

Will my child develop sexually at the same rate as his friends?

How do I explain to my child that masturbation is a private activity?

How do I help my child navigate the world of dating?

Should I talk to my daughter about birth control?

How do I keep my child safe?

How do I teach my son about condom use?

This information is a guide only, as each child develops and becomes curious about sexuality at his or her own rate.

You may want to share this information with other people who work with and care for your children. Together you can help your child understand and be safe.

Choose the information that fits for you and your family values.

Parents Need To Know

The PARENT'S role...

Parents want to provide the guidance and knowledge their children need to become safe and happy adults. They take their responsibility for keeping their children safe from physical and emotional harm very seriously. However, parents are sometimes uncertain of talking about sexuality with their children because:

- They are uncomfortable talking about reproductive body parts and functions. For many parents, the topic of sex was not discussed with adults when they were growing up.
- They fear that talking about sexuality and reproduction will encourage their children to experiment. The fact is people with developmental disabilities whose parents and caregivers discuss all aspects of sexuality with them, are better prepared to protect themselves from abuse and make decisions about how they will express their own sexuality.
- They are not sure what children, teens or adults need to know. A common myth is that children and teens with developmental disabilities do not need to learn anything about sexuality because they will not develop into sexually mature adults. The truth is that all children are sexual beings from the beginning and will continue to develop socially and sexually throughout their lives.
- They are unsure about how to adapt the information to fit their child's cognitive level.

“I didn't really think of my son as a sexual person, I did not want to imagine him having a relationship. But now I understand how important it is to start talking with your child early, when they are young”.

As parents, you are already teaching your children 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; and
- watching the relationships around them.

They are also picking up a great deal from outside the family whenever they watch television, listen to music, talk with their friends and interact with the world around them.

What SEXUALITY is...

Sexuality is not just sexual intercourse or sexual activity. Sexuality 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); and
- how we reproduce.

Sexuality (our feelings and behaviours) is an important part of being human and **healthy sexuality** is an important part of a person's overall health and well being.

"When my children are having a bath I take this opportunity to talk about body parts and the importance of privacy."

What PARENTS can do...

- ☺ Provide correct information. Studies show that young people tend to obtain most of their information (or misinformation) about sexuality from friends.
- ☺ Answer questions honestly. Tell your children what they want to know using words they can understand.
- ☺ Start conversations. Some children never ask about sexuality.
- ☺ Share your beliefs, concerns and values. Your children need to know where you stand.
- ☺ Help your children make good decisions and stand by their decisions.

You may find it helpful to refer to the Alberta Health Services Talking to your children/teens about sexuality packages for 0 – 6 years, 7 – 12 years and 13 years and older. These packages identify specific developmental stages to watch out for at each age. Packages can be found at www.calgaryhealthregion.ca/programs/sexualhealth/facts/parents.htm

Adapted from: Association for Sexuality Education and Training (ASSET). (1993). *Sexuality begins at home* (Brochure). Oak Harbour, WA: Author. 2. Sex Education Coalition. (1992). *Tips for parents* (Brochure). Silver Spring, MD: Author.

WHAT ARE YOUR FAMILY BELIEFS?

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. YOU are an extremely important person in your child's life. Ask yourself:

- Does your child actually know what you believe?
- Have you really 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 the reasons for the things you believe

Adapted from: Sex Education Coalition. (1992). *Tips for parents* (Brochure). Silver Spring, MD: Author.

WHAT DOES YOUR FAMILY BELIEVE?		
<p><i>Gender</i></p> <ul style="list-style-type: none"> • What does it mean to be male/female? • How are males/females different? Alike? • How are males/females "supposed" to act? • Is there a double standard for males/females? Should there be? 	<p><i>Appearance</i></p> <ul style="list-style-type: none"> • What is attractive? • Do people have to be young to be attractive? • What messages do you give in the way you dress? • How do these messages affect your relationships with other people? 	<p><i>Relationships</i></p> <ul style="list-style-type: none"> • What makes a good relationship? • How are relationships different? (boyfriend, parent, child, business) • How should people show affection? • How can people resolve disagreements?
WHAT DOES YOUR FAMILY BELIEVE?		
<p><i>The Family</i></p> <ul style="list-style-type: none"> • What makes a family? • What rules does your family have about privacy? • What responsibilities does each family member have? 	<p><i>Sexual Communication</i></p> <ul style="list-style-type: none"> • What attitudes do people have about: talking about sexuality? sexual slang? physical affection? • Why do people often laugh and make jokes about sexuality? • What is sexual harassment? 	<p><i>Life Choices</i></p> <ul style="list-style-type: none"> • <i>What do people think about teens and: sexual behavior? abortion? contraception? homosexuality? choices in adulthood? (single, married, parenthood)</i>

YOUR CHILD'S DEVELOPMENT

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	Tips and Strategies for Parents and Caregivers
<ul style="list-style-type: none"> ▪ During infancy, healthy human sexual development is nurtured through the sense of touch, during rocking, feeding and being held. 	<ul style="list-style-type: none"> ▪ 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.
<ul style="list-style-type: none"> ▪ Toddlers are curious about their own bodies and many self-explore through masturbation. 	<ul style="list-style-type: none"> ▪ 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".
<ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> ▪ 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.
<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ Answer questions calmly using the correct words for body parts. Treat their questions as you would any question about how something works.

<p>opposite gender. The curiosity about their own 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.</p>	<ul style="list-style-type: none"> ▪ 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.
<ul style="list-style-type: none"> ▪ Through the early school years children favour a social interest in either the same gender or in the opposite gender. Both are normal. 	<ul style="list-style-type: none"> ▪ 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.
<ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> ▪ 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.
<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ Parents make difficult decisions at this time about how much independence to allow their children. Based on your family beliefs and values and your

<p>result of normal adolescent need for more independence from the family.</p> <ul style="list-style-type: none"> ▪ 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. 	<p>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.</p> <ul style="list-style-type: none"> ▪ 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.
<ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> ▪ 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* (Electronic Version). NICHCY News Digest, #ND17.

You may find it helpful to refer to the Alberta Health Services Talking to your children/teens about sexuality packages for 0 – 6 years, 7 – 12 years and 13 years and older. These packages identify specific developmental stages to watch out for at each age. Packages can be found at www.calgaryhealthregion.ca/programs/sexualhealth/facts/parents.htm

PUBERTY - WHAT YOUR TWEEN/TEENAGER NEEDS TO KNOW

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 Health Clinic to discuss sexual health matters.

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/pubescent hair growth
- Acne
- Perspiration

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

Menstruation or 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**
- 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 behavior.

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 (the Morning After Pill)

- Emergency contraception pills can be taken after unprotected sex to prevent pregnancy. They are available through a pharmacist, family physician or local Sexual 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/pubes 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 others
- 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.
- 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.

This information is a guide only. Each child develops and becomes curious about sexuality at his or her own rate.

You may want to share this information with other people who work with and care for your children. Together you can help your child understand and be safe.

Choose the information that fits for you and your family values.

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, Press Release CP Wire, May 2002).

"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."

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.

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, practise saying no.
- Ensure their children understand their personal rights and their choices for healthy sexuality.

Good Touch versus Bad Touch

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

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.)

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

Resource Lists and Links to Gather More Information. . .

If not available from your local library, many of the resources listed **can be borrowed** from the **Vocational and Rehabilitation Research Institute (VRRRI)** resource libraries. To arrange a loan call:

- VRRRI at 403 284-1121. The loan period is three weeks. A one-time membership of \$15 is required. Resources available through VRRRI are noted with **VRRRI** on the list.

Reading

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.

Hingsburger, D. (1993). **IOpeners: 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. *VRRRI <http://www.cdss.ca/shop/itm00077.htm> (order information)

L'Institut Roeher 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.

<http://www.roeher.ca/Comersus/viewitem.asp?idproduct=57> (abstract and order information)

Our-Kids (Updated May 1, 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., Hingsburger, 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. *VRRRI

<http://www.cdss.ca/shop/itm00078.htm> (description and order information)

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. *VRRRI

Audiovisual Resources, Audiocassettes, Parent Guides and Manuals

Gray, J., Jilich, J. (1990). **Janet's Got Her Period**. James Stanfield. 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/sexed-1.html> (description and order link)

Hingsburger, D. (1995). **Hand-made Love**. Eastman, PQ: Diverse City Press. A book and video guide for teaching about male masturbation. *VRRRI

<http://www.diverse-city.com> (description and order information)

Hingsburger, D. (1996). **Under Cover Dick**. Eastmen, PQ: Diverse City Press. A book and video teaching men with disabilities about condom use. *VRRRI

<http://www.diverse-city.com> (description and order information)

Hingsburger, D., Haar, S. (2000). **Finger Tips**. Eastmen, PQ: Diverse City Press. A book and video teaching women with disabilities about masturbation. *VRRRI

<http://www.diverse-city.com> (description and order information)

National Film Board (1992). **Toward Intimacy: Self-esteem, Sexuality and Love in the Lives of Women with Disabilities**.

A 62 minute video 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 video is intended for adolescents and young adults with a developmental disability, parents, and health care professionals who work with the developmentally disabled. It presents young people's views on sexuality and parental concerns. It also 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 4th – 9th Graders with Special Needs.** James Stanfield. 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/sexed-1.html#C> (description and order link)

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

An 8-part video 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/life.html> (description and order link)

VRRI (1995). **Women's Resource Brochures: Going to the Doctor, Sexuality, Enabling Care.**

A 3-part audiocassette for women with disabilities includes information about doctor accessibility and procedures, talking and listening, sex, pregnancy, STD/AIDS, and birth control. Also, Information for health care providers about barriers and access to health.

Finding Resources in Your Community

Things to Think About

You may want to ask some questions to determine if an agency uses or follows a philosophy that provides a high quality of service and education that is appropriate for the age of your child, comprehensive, 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 do they offer?
- What type of training do the employees or volunteers receive?
- How are they funded and who are they accountable to?

Agencies That Support Sexual Health and Education

- The **Sexual and Reproductive Health Program** of Alberta Health Services has an education team that provides in-services to parents, school and community groups on many sexual health related topics. The education programs are provided free of charge. To arrange a program, or to request more information on a specific topic, call 403-955-6515 or contact through www.teachingsexualhealth.ca

- Community Health Centers have Public Health Nurses who are active within their communities and schools. They provide services, as well as information, counseling and referral regarding birth control, STIs, pregnancy options, and pregnancy and parenting. A listing of Community Health Centers and services provided by Alberta Health Services can be obtained by calling their information line at (403) 943-LINK(5465) or through the website at www.albertahealthservices.ca Programs & Services/Calgary or www.informAlberta.caCommunity Health
- **Sexual Health Access Alberta (formerly Planned Parenthood Federation of Canada)** offers services, information and counseling on sexual and reproductive health issues. To find a local affiliate near you go to www.ppfca.ca or call 1-613-241-4474. In Calgary, call 403 283-8591.
- Your local schools provide sexual health teaching based on Alberta Learning's curriculum. The curriculum can be accessed through www.learning.gov.ab.ca
- Your local community health centre may have a **Community Services Directory** (often available through the library) which will list community organizations, health and social agencies.
- Your community may have a **Family and Community Support Service** (FCSS) that may be able to direct you to other local agencies/resources, or help to 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. Visit their website at www.prepprog.org.
- **Ups and Downs** is a registered, non-profit, volunteer-run organization for parents, families and friends of people with Down syndrome. Founded in 1984 by a group of concerned parents, Ups and Downs now provides a wide variety of services and personal involvement opportunities to the Calgary area and Southern Alberta. www.upsdowns.org.

Webliography for Parents

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 since their content can be changed at any time.

Alberta Health Services (Canadian)

www.calgaryhealthregion.ca/programs/sexualhealth

Information and pamphlets on a variety of sexual health topics and resources.

www.calgaryhealthregion.ca/programs/sexualhealth/questions/questionbox

An on-line mailbox for your questions about sexual health topics. Answers are posted within 1-2 weeks.

Canadian Federation for Sexual Health (Canadian)

www.cfsh.ca

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

Teaching Sexual Health Website (Canadian)

www.teachingsexualhealth.ca

A sexual health website, based on Alberta Learning Curriculum, developed for classroom use by teachers. Includes sections for parents and students at all grade levels.

The British Columbia Coalition of People with Disabilities (Canadian)

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 (SIECCAN)

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.

Calgary Outlink: Centre for Gender and Sexual Diversity

www.glcsa.org

Support, education, resources and networking for the GLBTQ community.

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

www.pflag.ca

Information, resources and support for parents of lesbians and gays.

Inner Learning Online (USA)

www.innerbody.com

Colorful anatomy pictures and text.

I Wanna Know (USA)

www.iwannaknow.org/parents/index.html

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

Kids Health (USA)

www.kidshealth.org/parent/growth/index.html

Articles on communication with your teen, puberty and surviving adolescence.

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

<http://www.nichcy.org>

An excellent web site that provides well-researched and practical information to families and professionals about sexuality and disability. The web site 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

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. Go to

<http://www.siecus.org/pubs/srpt/srpt0031.html> for articles for parents about sexuality education for people with disabilities.

Sexual Health Network (UK)

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 (Canada)

www.sexualityandu.ca