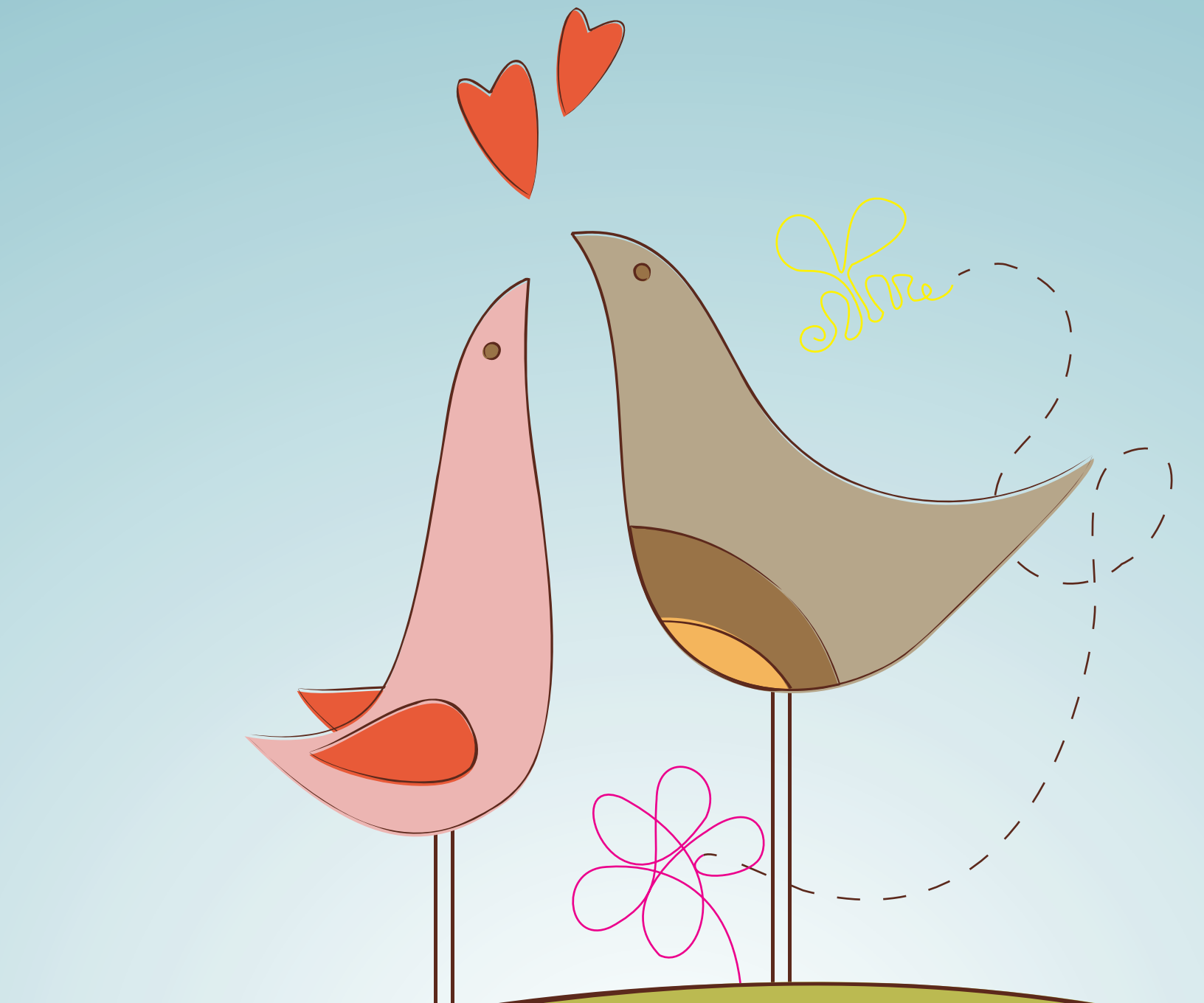
SEXUALITY
across the LIFESPAN



for Children and Adolescents
with Developmental Disabilities

An instructional guide for **PARENTS / CAREGIVERS**
of individuals with developmental disabilities

Special Thanks to the Life Span Holistic Sexuality Education
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SEXUALITY ACROSS THE LIFESPAN

by: DiAnn L. Baxley and Anna L. Zendell

**Sexuality education for children and adolescents with developmental disabilities.
An instructional manual for family members of individuals
with developmental disabilities**

First Edition 2005 / Revised Edition 2011

Sponsored by the United States Department of Health and Human Services, Administration on Developmental Disabilities and the Florida Developmental Disabilities Council, Inc.

CONTENTS

CONTENTS

AS A FAMILY MEMBER OR CAREGIVER OF ANY CHILD OR ADOLESCENT, ADDRESSING THE SUBJECT OF SEXUALITY CAN BE DAUNTING. ADD TO THE MIX A PHYSICAL OR COGNITIVE DISABILITY AND YOU MAY FIND YOURSELF FEELING TOTALLY UNPREPARED.

We are all sexual beings from the day we are born. Sexuality is the exploration of ourselves - our physical bodies, our emotions, self-worth and image, and our interrelations with others. It is one of the most basic human instincts, and no matter what level our learning abilities, it is a natural part of being human to have the desire to discover what our bodies are all about. It is the ability to learn the responsibilities and consequences of the various aspects of sexuality that will define for each of us to what degree of involvement and discovery we will explore.

This Instructional Manual and its accompanying Resource Guide are designed to help parents and caregivers assist individuals with intellectual or developmental disabilities in their exploration of self and sexuality. It is the author's hope that by using these resources, both parents/caregivers and family members will gain a deeper appreciation of this sensitive subject, and that when the person with a disability reaches adulthood he or she will be better prepared to live and participate as independently and safely as possible in the community.

While this Instructional Manual was designed to address a wide range of concepts, you know your child best. Not every child will be ready or able to learn about all the subjects. Please speak with your child's teacher(s) and use your discretion to determine what is appropriate for your son or daughter's age and maturity level.

Helpful Hints for Family Members

As a family member or caregiver you have the responsibility of teaching your family member about growing up and becoming a sexual being. There is a myth that individuals with intellectual or developmental disabilities are "asexual" beings (meaning without sex). This is so false! Therefore, it is important that you take this duty seriously. It is also important that sexuality be presented to children in a positive and gradual way. Since each person is unique with different abilities and learning styles, you as the parent or caregiver will be best positioned to determine when and how much information your family member needs in order to explore his or her sexuality fully and safely.

This can be a difficult topic to talk about. The instructional guide will help you with that. Your child's educators can also be wonderful allies in this process. A companion instructional guide for educators is also available, which should be helpful in building consistency in teaching your child about sexuality across settings. Be aware, however, that educators are often limited by school administrations and policies in how much information about sexuality they can teach. It will be important to know your school's policies on this issue.

There are some things to keep in mind while you and your family member learn about sexuality:

1. It is normal for all children to express a curiosity about sex.
2. It is helpful to look for opportunities to discuss the subject. For example, your family member may ask a question dealing with relationships or, if your family member is non-verbal, you may find him/her watching a particular movie or show involving loving relationships more than other shows. These are good clues that your family member is noticing and may be thinking about issues of sexuality.
3. You may find that you are uncomfortable talking about sexuality with your family member. Most parents/caregivers feel that way. You may also think you are ill- prepared to discuss the issue. Rest assured the very fact that you are reading this workbook today means you have a vast knowledge of sexuality - you are an adult and may have had many different types of sexual relationships. You may not know all the technical terms, but having personal experience is a great starting point in teaching. How you respond to your family member is as important as what you say. If sexuality is taught as a bad or unnatural thing, then your family member may have trouble participating in society appropriately. Keep it positive!
4. Your family member will already be aware of many aspects of sexuality through TV, the radio, music, and classmates. Your job is to make sure your child learns to like who he or she is, and to use the correct language and appropriate behavior for what your family member will be feeling as they mature, and move into puberty and adulthood.
5. It is important to use the correct language. The correct names for body parts will better prepare your family member for living safely in the community. There is a very high incidence of sexual abuse among individuals with developmental disabilities. We all hope it never happens, but if it does, teaching your child to speak or point to the correct body parts where they were touched will better help the authorities.
6. You and your family member may not always agree when discussing sexuality. Sexuality includes discovering our own style in clothing and appearance, so make room for individuality. Your style may not be his or her style. Even in a disagreement, keep it positive. Do not put your family member down. Rather, teach that sexuality involves responsibility. Then discuss the consequences of acting irresponsibly. No matter who we are, irresponsible sex has serious consequences. The consequences may be physical or emotional. Use praise when the right decisions are made. Seek professional counseling help should the need arise.

7. Talk, Talk, Talk. The best relationships involve open communication. You have learned how best to communicate with your family member. Use this method to teach about sexuality remembering that it is not just about sex. Sexuality is mostly about the importance of self-worth and personal responsibility in all types of relationships.
8. There are exercises in this manual for you to do with your family member. They are broken down into small steps. This is important to remember when teaching any aspect of sexuality, whether it be washing one's pubic area, or appropriate social interactions. We all learn best by learning small steps. You will also need to revisit many of the steps over and over again. You will be reminded throughout this manual of possible skills to revisit.
9. Use as many resources as possible to teach these tasks. The brain is a marvelous thing. Different parts are responsible for processing differing media input such as: spoken language, visual, touch, or music. Trying a variety of media formats will help you discover which one, or which combination, works best for your family member.
10. We all need positive reinforcement when working on a task. Throughout this manual you are encouraged to keep it positive and acknowledge a job well done. This will help your family member see sexuality as a positive experience and make learning about it more fun.

Adapting for different learning styles:

When working with an individual with an intellectual or developmental disability you may have to try out several methods for explaining the processes of maturation and puberty. Taking full-length photos (fully clothed of course) of your son or daughter from different stages of their life, and pasting them on a picture board can help your child to see the changes that they have already gone through. Continue to do this as they go through puberty. Showing pictures of siblings or even yourself as you grew up is also another way to illustrate the changes your child is and will be experiencing. Using anatomically correct dolls (e.g. the teenage Skipper, adult Barbie, or others) so that your child can touch and feel the changes would be of help as well. The more formats you can use to aid in your discussions, the better prepared your son or daughter will be to deal with the many changes they will be experiencing. This manual is designed to give you a variety of exercises within each topic area that you can adapt to meet your family member's learning style.

If you are still experiencing difficulty helping your family member understand the changes and appropriate behaviors, then please do not be afraid to reach out for help. There are many professionals who can help. An important link to either make, or maintain, is with your family member's teachers. The changes your child will be experiencing and the corresponding emotions will travel with him or her wherever they go. Having everyone involved in your family member's life using the same teaching methods will greatly enhance the learning experience.

Another reason for having open communication with your family member and all those involved in his/her life is that this is a time when they may be open to sexual abuse or exploitation. Your child may be having sexual feelings and find him or herself in situations where it feels good to him/her, but in fact it is abusive! Reinforcing good touch/bad touch and abstinence, and having a plan of action for communication and support is of extreme importance!

Some tips to keep in mind while teaching sexuality to your family member:

1. Throughout this manual there are references to using pictures to help your family member understand what you are trying to teach. It is true that "a picture is worth a thousand words." Using pictures of family or friends when describing various types of relationships will help make the concepts more realistic and relatable for your family member.

2. There are exercises in this manual for you to do with your family member. They are broken down into small steps. This is important to remember when teaching any aspect of sexuality, whether it be washing the pubic area or having other appropriate social interactions. We all learn best by learning small steps. You will also need to revisit many of the steps over and over again. You will be reminded throughout this manual of possible skills to revisit.

3. Use as many resources as possible to teach the task. The brain is a marvelous thing. Different parts are responsible for processing differing media input such as spoken language, visual, touch, or music. Trying a variety of media formats will help you discover which one, or which combination, works best for your family member.

4. We all need positive reinforcement when working on a task. Throughout the manual you are encouraged to keep it positive and acknowledge a job well done. This will help your family member see sexuality as a positive experience and make learning about it more fun.

5. Reach out to others for help. If you don't know the answer find someone who does. There are professional organizations able to help. Even better, find another parent who has already gone through the process and ask them what they did.

Links to the Resource List:

Below are corresponding references to the Resource List at the back of this publication. The selections were chosen to help you find additional information that you can obtain to help you and your child through this learning process.

Alike or DIFFERENT?

For the parent or caregiver

These activities can be used to help children demonstrate progress toward understanding the differences between males and females.

Knowledge and understanding:

- Identifying body parts; includes being able to recognize and use correct terms
- Identifying the ways all people are alike and different

Attitudes and values:

- Demonstrating an appreciation of people with different attributes

Self-management skills:

- Observing differences and similarities between themselves and others

Interpersonal skills important in school, family, and social situations:

- Practicing taking turns when speaking and listening
- Sharing
- Listening carefully and clearly expressing oneself
- Following rules

Monitoring and assessment:

This activity will provide parents/caregivers with an opportunity to assess whether their family member can:

- Use correct terminology or identification for body parts, including some sexual organs
- Discuss physical similarities and differences between boys and girls
- Recognize how they are alike and different from other people their age
- Work together to demonstrate developmentally appropriate communication and listening skills.

Note: Multiple learning activities may need to be used to meet the learning needs and interests of children. Talk to your family member's teacher to find out what learning method works best in school and then use that method at home to discuss sexuality. Share with teachers what you are teaching at home to help build consistency across settings.

PREPARATION

The following resources can be used alone or in combination to meet the specific needs and interests of the family member

- Anatomically correct dolls
- Skeleton
- Mirrors
- Dress-up area
- Scissors
- Posters of anatomically correct bodies
- Books and stories about the human body (see Resource Guide)
- Create an activity/collage table. Include butcher's paper, art paper, card, pencils, felt, pens, crayons, paints, brushes, textiles, wool materials, clay and glue
- Prepare a learning corner
- Dolls (anatomically correct, multicultural, a boy and a girl)
- Puzzles with correct body part labels
- Dress-up clothes for male and female
- Prepare three different sized and shaped boxes, with different wrapping. Have exactly the same contents in each box
- Cut out two paper dolls with exactly the same paper clothes on
- Create an example board that has pictorial examples of all terms being addressed in the lesson

Procedure

ACTIVITY - it is important in these activities that you emphasize observation and understanding, not the completion of the activities.

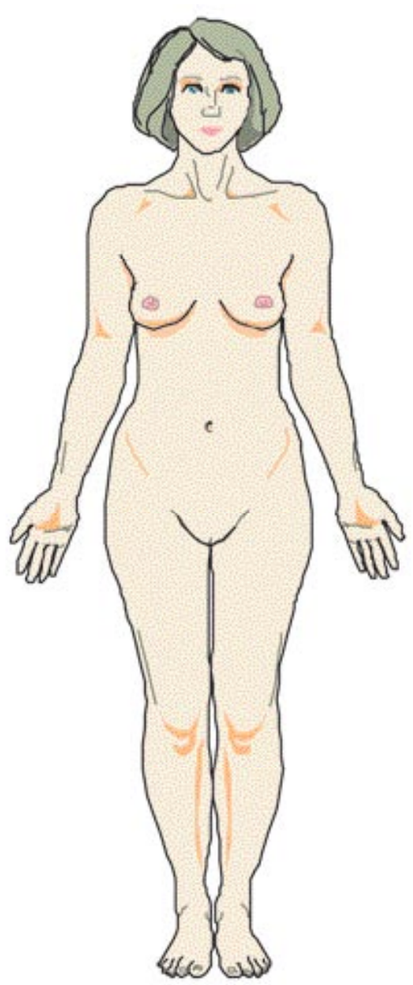
1. Assess your family member's understanding of the concepts of alike and different, demonstrating where needed by using like and different objects. When the concept seems to be understood, the following game can be used for reinforcement: Sit across from them. Ask them to describe (verbally or through pointing to an example board of different types of clothes and body parts - include the correct terms for each item underneath) one thing about you that is different. For example - "you are a boy and I am a girl" or "I am wearing pants, you are wearing a skirt.". Then have your family member describe one thing that is alike, such as, "we are both girls", or "we both have pants on."

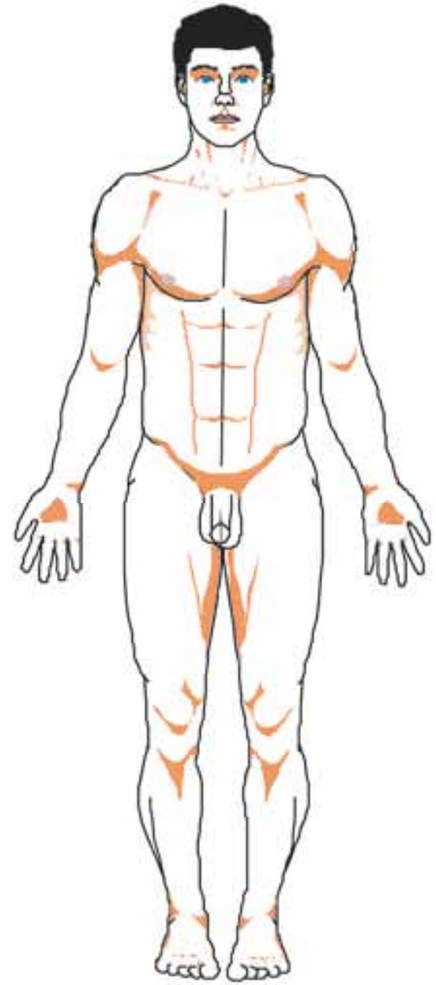
2. Using the worksheet on the next page, or anatomically correct dolls, ask your child to identify what is alike and different on each. Cover the pictures on the next page, except for the heads, and then uncover them so they can see the difference. Keep the example board handy if they are unable to respond verbally. If your child does not know the correct terms for the body parts, then discuss the correct terms using verbal and pictorial reinforcement. Use correct names such as penis and nipples, not nicknames. If your family member uses a nickname that is heard elsewhere then acknowledge that "Yes, there are a lot of names for these body parts, and here are the correct names." (Some people like to teach both nicknames and correct terminology, so that children will know if someone says something inappropriate to them. Use your best judgment. If your child is mature enough to learn both, that is ok. Flash cards with both slang and correct terminology are often used in these situations. Do be aware, however, that much of today's slang for body parts is abusive and vulgar,

so you will want to use discretion.) Many schools have anatomically correct dolls. You could partner with the school and even perhaps borrow the dolls. You could also ask the school nurse or social worker to do this exercise with your child.

3. The song "Head, Shoulders, Knees, and Toes" can be modified to introduce the new body parts.

4. Using dressed paper dolls or girl/boy dolls, have your family member identify which doll is a boy and which one is a girl and why. Have him/her remove the clothing to discover the correct gender.





List of words to be learned

Head, Arms, Legs, Stomach, Feet, Hands, Fingers, Lips, Eyes, Nose, Hips, Breasts, Penis, Testicles, Pubic Area, other terms as you feel necessary (see worksheet on next page).

Keep in mind that children are very observant and notice the differences in bulges or bumps in clothing between adults and children. Introducing them to the differences in bodies and the correct names will help them to better understand themselves when they reach puberty.

Other activities (with adult supervision)

1. Have your child paint, draw, or create representations of a boy or girl.

2. Have your child create a life-size figure of themselves on paper. Have them fill in the face, clothes, etc. Hang it in the room and have them discuss the similarities or differences between themselves and other family members.

3. Give the opportunity for independent learning time via storybooks, magazines, or videos.

4. Help your child find pictures in magazines or newspapers of people with different attributes (eyes, hair, nose, mouth). Help them make a picture book of these for use for reinforcement. Talk with your child's teachers or other professionals and encourage them to discuss correct terms with your child. These terms, along with pictures, should be included in the picture book

Links to the Resource List

Below are corresponding references to the Resource List at the back of this publication. The selections were chosen to help you find additional information that can help you and your child through this learning process.

Grades K-2

Teach-A-Bodies Anatomically Correct Dolls, page 92

Bare Naked Book, page 92

Bellybuttons are Navels, page 93

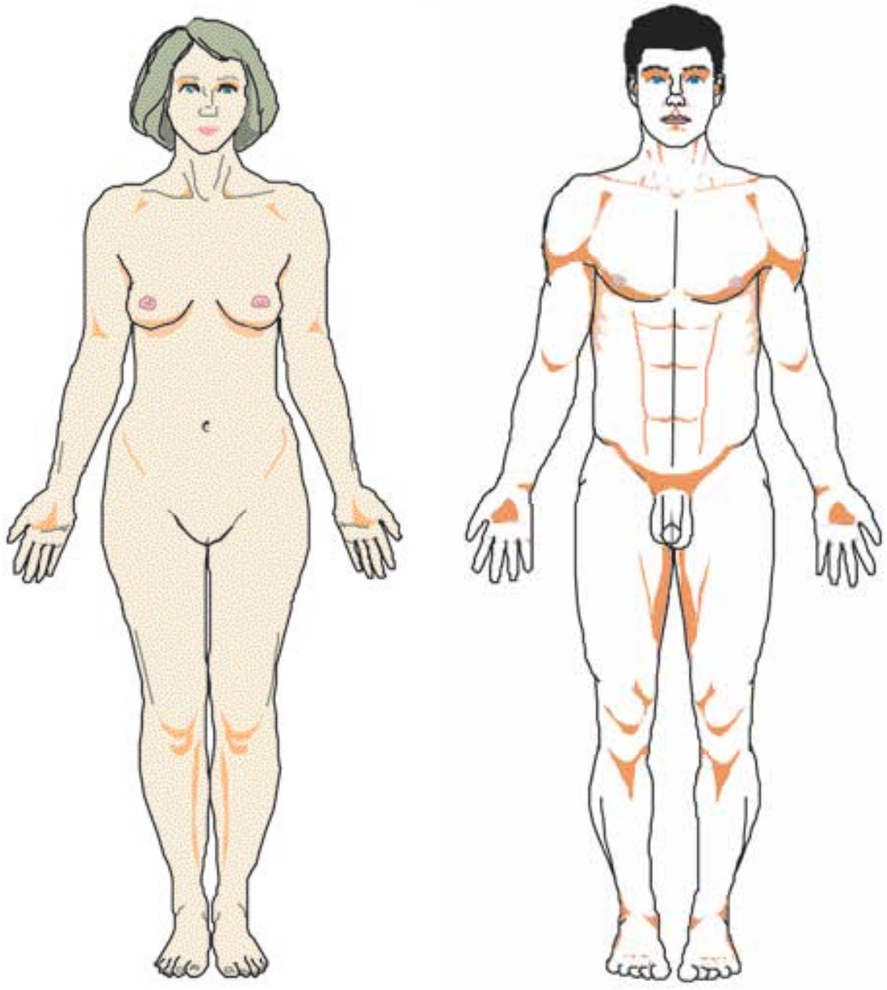
Grades 3-5

Where Did I Come From?, page 93

Point to the picture that matches each word:

Head Arm Leg Stomach Feet Lips

Breast Penis Testicles Pubic Area Hand



CHANGES IN YOUR BODY

Activities and Discussion Points

These activities can be used to help girls and boys demonstrate progress towards understanding the changes in their bodies as they mature into puberty. The first several pages are for you the parent/caregiver to use as an instructional resource. Following are several pages for you to do together with your family member.

Knowledge and understanding:

- Identifying body parts – includes being able to recognize and use correct terms
- Identifying that all people are alike and different
- Understanding the difference between male and female
- Understanding the changes in their emotions

Attitudes and values:

- Valuing their own bodies and understanding that the changes in their bodies and emotions are important and natural

Self-management skills:

- Observing differences and similarities between themselves and others

Interpersonal skills:

- Learning how females differ from males
- Understanding and exhibiting appropriate behavior
- Learning how to express feelings regarding emotions

Growing up:

Growing up is a natural part of life. Our bodies go through many changes. It is important to understand that everyone grows and matures at different rates. Topics for discussion could include the following:

- Differences in height and weight from person to person. Note: Being overweight can have detrimental effects on health and self-image, so this is a good time to start emphasizing healthy eating and exercise
- Use correct terminology or identification for body parts, including some sexual organs, menstruation, and erections
- Discuss the physical differences between boys and girls such as: usually, but not always, boys have more muscle strength than girls and are therefore stronger; voice changes; obvious body changes - breast growth, hair on legs, under arms, on the face (for boys) and in pubic area; boys' shoulders may get broader
- Recognize how children are alike and different from other people their ages

Note: Multiple learning activities may need to be used to meet the needs, interests, and cognitive and maturity levels of children.

PREPARATION

The following resources can be used alone or in combination to meet the specific needs and interests of the family member

- Anatomically correct dolls
- Diagrams provided
- Picture board
- Scissors
- Posters of anatomically correct bodies
- Books and stories about the human body (see Resource Guide)
- Samples of sanitary napkins (pads) to show
- An example board that has pictorial examples of all terms being addressed in the lesson

Procedure

ACTIVITY- It is important in these activities that you help your family member understand to the best of his/her abilities about the changes his/her body is or will be going through. Puberty is a tough age (remember?), but to not understand what is happening to our bodies can be scary. The more your family member knows the less stressful puberty will be for him or her.

1. Assess your family member's ability and preparedness to understand the various concepts about puberty. Remember to use as many different learning formats as possible. Take each step of puberty listed under the sections "for girls" and "for boys" one at a time, teaching just that term and how it will affect your family member's body. Ask your family member to describe verbally or through pointing to a picture board the correct terms for each body part underneath. For example - If you are talking about how a girl's breasts will start to get bigger have your child point to a picture of an adult woman to acknowledge they understand.

2. Use correct names, such as penis and nipples, not nicknames (unless you have made a considered decision to use both). If your family member uses a nickname that was learned elsewhere, acknowledge the different term: "Yes, there are a lot of names for these body parts, and the correct names are……".

Links to the Resource List

Below are corresponding references to the Resource List at the back of this publication. The selections were chosen to help you find additional information that can help you and your child through this learning process.

Grades 4 - 5

Where Did I Come From?, page 93

Grades 6 - 8

Changes in You: …for Boys, page 93
Changes in You: …for Girls, page 93
Janet's Got Her Period, pages 98 -99

*Pages 99 - 100 list many good resources for teaching about periods.

TOPIC TWO for use with grades 4 – 8

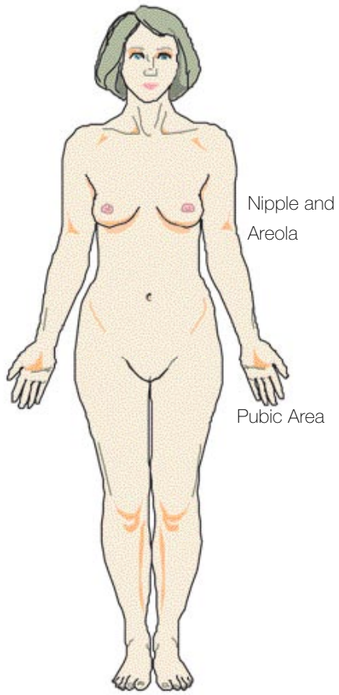
What happens as we grow? Hints for parents or caregivers

Your child may begin to feel growing pains (pain in muscles and joints) as early as 5, but they most likely will feel it around 10 or 11 years old. These pains occur mostly behind the knees, in the shins or thighs, but may also occur in the arms, back, shoulders, ankles and groin. The pains usually occur in the late afternoon and early evening. If your child is able to communicate feelings of discomfort to you it is important to encourage him/her to do so. If your child is not able to communicate his or her feelings, being aware that these changes are occurring will help you to notice signs of discomfort in his or her mannerisms. Reassure your son or daughter that this pain is natural and seek out professional advice on ways to ease the discomfort. This is a time of life with many mood swings and hormonal changes. It is important to stress the normality of this. Bear in mind that your son or daughter may need additional help, such as seeing a counselor, to help him/her through this emotional time. Remember to use small steps in teaching concepts of puberty. This would include teaching a young girl how to put on or change a sanitary napkin or pad.

What happens during puberty? (For Girls)

Breast growth - discuss the correct terms for breast parts

- The nipple and areola get larger and darker in color.
- The breasts enlarge.
- The breasts may feel tender or sore.
- The nipples will be sensitive and when cold, touched, or sexually aroused, they may become erect.

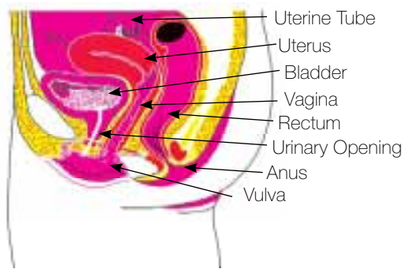


Pubic area

- Much of a girl's changes are on the inside. Pubic hair will start to grow.

Menstruation - also known as Period

- The ovum, or female egg, is the female reproductive cell (ova is plural).
- The ovary is the part that holds the hundreds of thousands of ova.
- The sac is what holds the ova. As puberty begins, the ovum begins to mature and move toward the outside of the ovary.
- Ovulation is when the ovum pushes through the ovary and travels through the uterine tube.
- Uterus is the part of the body where a baby would grow. During this time blood builds up in the lining of the uterus. When there is no fertilization of the egg, the egg and the blood of the lining leave the body.



What happens during puberty? (For boys)

Circumcision - It is important to help your son understand the difference between being circumcised or not. During gym class or in the bathrooms at school he may see that there is a difference. An explanation will help to alleviate any concern.

Voice changes

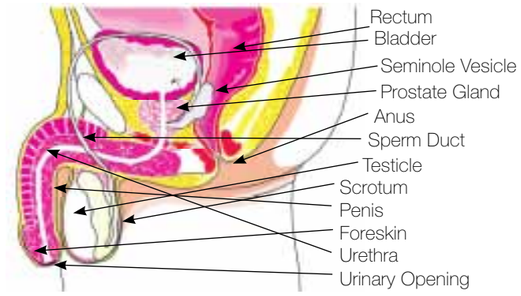
- A boy's voice changes more noticeably than does a girl's. Often this leads to teasing by peers. You can stress that everyone goes through this, and that it is part of becoming a man. Having another male talk about his experience would be a good strategy.

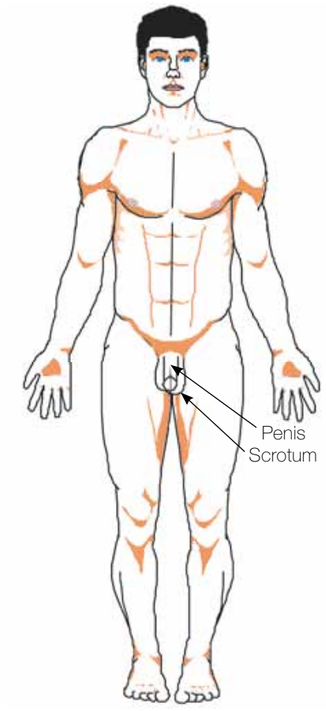
Pubic area - Boys exhibit more external changes than girls do.

These changes will include:

- Pubic hair grows.
- Testicles - the equivalent of girls' ovaries, they contain male sex cells (sperm) and the male hormone testosterone.
- Scrotum - the pouch of skin that contains the testicles. When cold, the scrotum shrinks to draw the testicles closer to the body for warmth.
- Sperm duct - 2 tubes through which sperm travel toward the penis.
- Seminal Vesicles - glands that produce a fluid which gives sperm energy.
- Urethra - in males this has two functions, one to carry urine out of the body and the other to carry the semen (a mixture of sperm and fluid from both the seminal vesicles and the prostate gland).
- Penis - this becomes hard (an erection) during sexual excitement. Teenage boys will have many uncontrolled experiences of sexual excitement, which can lead to embarrassing situations. As a parent it is important to help your son learn appropriate behaviors during these times.

For example:
If he is in school, he may need to excuse himself to go the bathroom or learn to engage himself in other activities until the erection goes away. If at home, he may need the privacy of his room, or if your family does not believe in masturbation, you will want to find ways to help him learn to engage in other activities until the urges go away. It is natural for most teenage boys to experiment with masturbation. Your son needs to learn though, that there is an appropriate time and place for this.





What is puberty?

AN INFORMATION SHEET FOR GIRLS

Growing up takes a very long time. The changes your body will go through take place very slowly. These changes that you will see in yourself and others your age are what is called puberty. Some of the ways in which girls and boys change are the same. However, there are other changes that are different for boys and girls.

How girls change:

Height

Girls start growing taller faster than boys do. But they also stop growing before boys do. Look at your mother, father, and other adults. You will see that the men may be taller than the women. This is normal. It is important to remember though that no two people grow at the same rate or in the same way. You will each grow at your own rate so don't compare yourself to anyone else.

Physical changes

Hips and Breasts - You may notice that your hips will get wider. This is a normal part of being female. You will also notice that your breasts will get bigger. Only girls' breasts grow. Boys' breasts do not grow. At first your breasts will just be small mounds. After a long time they will get bigger. As they get bigger you will need to start wearing a bra. Girls wear bras to give their breasts support. This is an exciting time for you, and buying your first bra is something most girls look forward to.

Hair - The hair on certain parts of your body will start to grow too. This is one thing that boys and girls have in common. For girls, you will find that you will get hair under your armpits, around your pubic area, and on your legs. Hair growing on these areas of your bodies is a natural part of growing up. You will notice that your armpits will start smelling funny. This is also part of growing up, but it means that you will need to start wearing deodorant. Deodorant is something that keeps you from sweating under your armpits. This sweating is what causes your armpits to smell funny. Many girls shave the hair from under their armpits and on their legs. Your parents can help you with deciding whether you will shave your armpits and legs. Even if you do shave your armpits you will still need to wear deodorant.

Menstruation or Periods

When girls mature, they change on the inside as well as on the outside. Somewhere between the age of 9 and 14, girls will start their menstrual cycles, or what is often called a period.

Here is what you can expect. Every month an egg is released from your ovary (see diagrams on page 31). When the egg is not fertilized it dissolves. Then the blood that was building up as a lining in your womb leaves your body. This blood is no longer needed, and your body knows to remove it. This is what we call your period.

The blood comes down through the vagina, which is between your legs. You will need to wear a sanitary napkin or tampon to keep the blood off your clothes. Deciding whether you will wear a sanitary napkin or tampon should be done with your parents or your doctor. Your period will last between 4 and 7 days. You may also want to keep extra sanitary napkins or tampons at school in case your period comes while you are there, or you can ask to see the school nurse, who may have a sanitary napkin to give you.

You may notice some changes just before you start your period. Girls have certain hormones that increase so that an egg will leave the ovary. This hormone increase may make you get angry more easily. Or, you may find that you cry for no reason. Your breasts may hurt. You may also experience some pain in the lower pelvic area or lower back. Some girls experience only a little pain. Others experience a lot of pain. There are medications that you can take for this pain. It is important to tell your parents or teacher that you have pain so they can help you.

Having your period is a very private thing. Girls should only talk to their parents, a family member, close friends, a doctor, or other trusted people about it. This is not something that you should talk about to strangers or others you do not know very well.

When you start your period your parents, family members, someone else who takes care of you, or perhaps the school nurse will help you learn how to use a sanitary napkin, pad, or tampon. These are used to catch the blood that comes out from between your legs. This blood is no longer needed by your body so it is ok that it is getting rid of it.

Pads and tampons come in many shapes and sizes. Which one you use will depend on how much you bleed and what feels most comfortable for you.

Above are some examples of sanitary napkins and tampons. There are many styles available so each person has to find what works best.

What is puberty?

AN INFORMATION SHEET FOR YOUNG BOYS

How boys change:

Height

Boys start growing taller a little later than girls but also grow until they are a little older. All boys grow at different rates. Some boys will be very tall and others will be shorter. How tall you grow depends on how tall your parents, grandparents or other relatives are.

Physical Changes

Muscles - You will notice that you will grow a little heavier. You will see the muscles on your arms, chests, and legs get bigger and stronger.

Voice - You will notice that your voice will start cracking when you talk. It may sound a little like a frog. This is normal. Your voice is becoming deeper. Girls' voices don't change very much, only boys.

Hair - You will see tiny little hairs starting to grow on your face, chest, armpits, and pubic area. At first it will look like the fuzz on a peach. As you get older, however, it will change and become thicker. It is common for men to shave the hair on their faces and necks. Some men may choose not to shave and will grow a beard and mustache. You will need to learn how to trim a beard or mustache, though, to keep it neat.

Penis - Your penis is another part of your body that will grow. It will grow longer and thicker. Your testicles (often called balls) will get bigger too. The penis is usually soft and floppy. Now that you are getting older you will have more erections. An erection is when your penis gets stiff and hard. Erections are very private things and not something to talk about with anyone but your parents or your doctor.

Sometimes you will get erections in a public place like school. This can be embarrassing. You do not want to touch yourself when this happens. This is not the right thing to do. Touching your penis should only be done when you are alone in very private areas. Try to think of something else, like your favorite TV show, and it should go away.

Wet dreams - Boys have dreams at night that cause erections. This is normal. Semen (a milky colored substance) squirts out through the opening of your penis. Semen contains sperm, which is how an adult man helps to make a baby. You will not know that you are having a wet dream. Keep tissues by your bed so you can clean yourself when you wake up. Be sure that you also launder your bed sheets and night-clothes, or else there will be a very strong odor later in the day.

More on puberty for both girls and boys

Personal hygiene:

Bathing - Your body is going through so many changes. Some of these changes will make you sweat more. Your hair will get greasy and you may get acne (or pimples) on your face. It is important that you keep your body clean. You should bathe or shower every day. When you do, make sure you wash your hair with shampoo. Girls may also want to use conditioner on their hair to keep it healthy. You need to also wash your skin very well with soap. You need to especially wash under your arms and in your pubic areas. Washing your face every morning and every night will help clear up pimples. There are also creams that you can use to help dry them up. Talk to your parents about using these creams.

Mood swings - Mood swings are when you are happy one day, angry the next day, or very sad on another day. Sometimes you may feel all three feelings in one day. Girls are more likely to get strong mood swings, but boys can get them too. You get mood swings because of hormones. Everyone has something called glands in the body. Some glands make these chemicals called hormones. The hormones that cause mood swings also cause your bodies to change as you grow up. Mood swings are caused by the increase or decrease in these hormones in your bodies.

When you are feeling these hormone changes, you may find it difficult to say how you are feeling. You may yell at your parents or others. When you feel this way it is important to take some time by yourself. Listen to music or look at a magazine. Then when you feel ready it is important to talk to your parents about how you are feeling.

Self-image - Your body is, or will be, going through so many changes. Sometimes it is hard to understand what is happening. You may look in the mirror and see something you don't like. You may look at your friends and wish you looked like them. It is normal to be uncomfortable at this time in your life. Everyone has these feelings, including your brothers and sisters, friends, and classmates.

There are some things you can do to feel better. Keep clean. Wear clothes that fit you well and are in fashion. Try a new hairstyle. All these things will help.

TOPIC TWO for use with grades 4 – 8

Independence - Part of getting older is being able to do more things. You will see classmates or friends doing more things without their parents. You may feel you want to do this too. It is important for you to learn to do more things on your own. Talk to your parents about how you may do this.

Sexual feelings - Puberty and growing up are nature's way of preparing people who love each other to make babies when they are ready. Having a baby is not something that everyone does. It is a VERY important decision and should take a lot of planning.

As you grow you may start experiencing sensations that feel nice. Boys will get erections. Both boys and girls will find it feels nice to touch parts of their bodies. It is a normal part of growing up. **But remember it is a very private thing. You should not touch yourself in a public place.**

Part of growing up includes keeping yourself safe from harm. It is normal for you to touch yourself in private in your bedroom. You should not let someone else touch you. If someone tries to touch you in a private way you need to immediately tell your parents or an adult who knows your parents. It is also not right for you to touch someone else.

You may find that you start to like another person. Your friends or classmates may say they have boyfriends or girlfriends. You may find that you cannot stop thinking about this person that you like. This is all normal. You need to remember, though, that the person that you like may not feel the same way about you. This too is a normal part of growing up. If you find you like someone who does not feel the same way about you, talk to your parents, teachers, or other people that you really trust about ways to deal with the situation. Even though it is normal, it still hurts.

Public and Private

As you become more aware of your body as a sexual being it is only natural that you will find that touching yourself on your private parts (penis, breasts or pubic area) feels good. Touching yourself this way in ANY public area is NOT OK. It is important to understand that people have different ideas of what is public and private. Below are things you and your parents or another trusted adult can do together to help you learn what is meant by public and private.

House Rules:

DISCUSS THE HOUSE RULES REGARDING DRESS:

1. Where is it Ok to be without clothes on? _____
2. Where is it Ok to be with just underwear on? _____
3. Where can I get dressed and undressed? _____

DISCUSS THE HOUSE RULES REGARDING TOUCH:

1. What are the rules about me touching my body? _____
2. What are the rules about me touching my private parts? _____
3. Where in the house can I touch my private parts? _____

DISCUSS THE HOUSE RULES REGARDING PRIVATE AREAS:

1. What are the private areas in our house? _____
2. What are the private areas in our neighborhood? _____
3. What are the private places in our community? _____
4. Are there private places in my school? _____
5. What are the private places in my school? _____

DISCUSS WHERE PUBLIC PLACES ARE IN OUR HOUSE, NEIGHBORHOOD, COMMUNITY, AND SCHOOL:

1. What are the public places in our house? _____
2. What are the public places in our neighborhood? _____
3. What are the public places in our community? _____
4. What are the public places in school? _____

DISCUSS PUBLIC AND PRIVATE REGARDING EVERYDAY ACTIVITIES:

1. What are the house rules about other people's privacy, e.g. knocking on the door, using other peoples' things without asking. _____
2. Where is it OK to urinate, take a bath, look at a newspaper/magazine, get dressed, or hug a friend? (Discuss answers for each of the following locations).
   a. At home? _____
   b. In the neighborhood? _____
   c. In the community? _____
   d. In school? _____

DISCUSS WHO ARE TRUSTED INDIVIDUALS TO TALK TO ABOUT PERSONAL FEELINGS, ISSUES, AND NEEDS.

_____

TOPIC TWO for use with grades 4 – 8

Sample picture board for private and public places

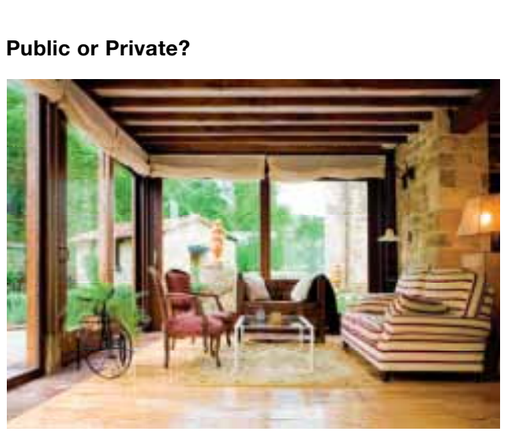
This is just a sample picture board. You may find that taking pictures of actual public and private areas in your child's life will be better suited to his or her learning needs. The same is true for all sample picture boards.

Public or Private?

Public or Private?

Public or Private?

Public or Private?



Public or Private?

Public or Private?

BECOMING AN ADULT

Activities and Discussion Points

These activities can be used to help girls and boys demonstrate progress towards understanding the changes in their body as they mature into young adults. The pages are designed for you and your family member to do together.

Knowledge and understanding:

- Identifying body parts; includes being able to recognize and use correct terms
- Understanding the importance of personal hygiene (self-care)
- Understanding the difference between male and female
- Understanding the changes in their emotions
- Talking about masturbation
- Having positive self-esteem
- Understanding the development of a baby

Attitudes and values:

- Valuing their own bodies and understanding that the changes in their bodies and emotions are important and natural

Self-management skills:

- Observing appropriate sexual behaviors

Interpersonal skills:

- Learning how to respect other individuals
- Understanding appropriate behavior

Self-care:

The older we are, the more important it is for us to do as much independently as possible and being responsible for our behaviors. As parents, it also means helping our children learn how and when to ask for help. Following are several important lessons to teach your family member:

- To feel good about oneself, one needs to take care of oneself. This means washing one's hands after using the toilet, taking a bath, combing one's hair, eating good food, exercising in whatever ways possible, and, for girls, menstrual self-care. As you teach your child these lessons, talk with his or her teachers to find out what they are doing at school to teach your child. Then you can work together in teaching your child self-care.
- It is important for you to use the correct terminology or identification for body parts, including sexual organs, menstruation, and erections.
- Taking care of one's health is also important. This is the time to teach your child how to take a good look at his or her own body. If your child sees changes that do not seem right, then they need to learn how to tell someone about it in a way that will be understood. Likewise, if you see any worrisome changes in your son's or daughter's body, be sure to talk to a doctor.

PREPARATION

The following materials and resources can be used alone or in combination to meet the specific needs, interests and maturity level of the family member.

Procedure

ACTIVITY- Your family member is now in high school and is observing the rituals of "dating", "going steady", "breaking up", etc. He or she may also be involved in a health education class where they are learning about intercourse, pregnancy, and babies. This is the time to really stress the importance of appropriate sexual behavior. They will undoubtedly be curious about relationships and what his or her body is feeling when they are near someone they "like". This is also a great time to reinforce your family's faith beliefs and values about sexuality with your family member in a way they can grasp.

1. Assess your family member's ability to understand the various concepts about relationships. Remember to use as many different learning formats as possible. For this age group the exercises in the Social Skills section (pages 42-47) are a good place to start. Ask him/her to describe (verbally or through pointing to a picture board) what they are feeling (see the sample picture board in the back of manual). Give them time to express themselves. They may have a hard time at first expressing feelings, but the more practice they have, the better they will get.

2. Reinforce the correct names for body parts if your child uses slang in describing their feelings.

Note: Multiple learning activities may be needed to meet the needs, interests, cognitive capacities and maturity levels of your child. It may help to also find out what your child's school is doing to teach these concepts, and partner with them in teaching about becoming an adult.

Links to the Resource List

Below are corresponding references to the Resource List at the back of this publication. The selections were chosen to help you find additional information to help you and your child through this learning process. Unfortunately, for this age group the resources are somewhat costly and geared toward educational systems in the form of curricula.

However, there are many resources right in your own home. TV offers many opportunities for discussing appropriate and inappropriate behaviors. For example, record several hours of different soap operas and you will have a lot of video to teach from.

Grades 7 - 12

Learn about Life: Sexuality & Social Skills Set, pages 90 - 91
SEALS + Plus: Self-Esteem and Life Skills, page 95

Grades 9 - 12

The Gyn Exam, page 100 (a good resource but very expensive)

*Pages 101 and 102 list several videos useful in relationship building

TOPIC TWO for use with grades 9 –12

Self-esteem

This is the age when adolescents and young adults struggle with their self-esteem. They are under a great deal of pressure at school to "fit in". Strong friendships are formed that may last beyond high school. This is also the time when hobbies and outside interests are explored. Peers are going to dances, athletic events, and joining clubs. Give your family member opportunities to join activities with peer groups. It is important to give your child many opportunities to share about what is going on outside the home. It is also important to use your child's strengths, interests, and desires as guides when providing them with opportunities to explore activities and hobbies. If your family member mentions that peers are going to various activities, but they choose not to go, this may be a clue that they are struggling with self-esteem issues. Again, positive reinforcement is important. Take your family member shopping for clothes that are current with his or her peers. Reinforce good grooming skills and hygiene. Encourage your child to try some activities with a few close friends that they feel comfortable with.

The following two pages give you some sample activities to help you collect information about your family member's self-esteem, who they look up to as role models, and how they think others view him or her. Use the method of communication that works best with your family member to modify the activities.

If you feel your family member is experiencing extremely low self-esteem you should take him or her to see a qualified professional. Depression often starts in the teen years, so it is important to monitor the individual's self-esteem to be sure that they are developing into a healthy adult who values themselves for who they are.

If I Could Choose To Be……

Choose 5 -10 of the following statements to discuss with your family member, including the last two statements. You may need to make a picture board showing examples of the questions you pick. For instance, for the first question, have a book of animals available for your students to leaf through and then point to the ones they would choose.

IF I COULD CHOOSE TO BE...

An animal, I would be _____

A cartoon, I would be _____

A flower, I would be _____

A bird, I would be _____

A tree, I would be _____

A shoe, I would be _____

A food, I would be _____

A song, I would be _____

A TV show, I would be _____

A sound, I would be _____

A color, I would be _____

A movie, I would be _____

An insect, I would be _____

A car, I would be _____

A friend, I would be _____

A parent, I would be _____

NOW HAVE THEM ANSWER THESE TWO QUESTIONS:

What are things I like about myself? _____

What do others like about me?

Reflections of Myself

What kind of person am I? Examples: kind, quiet, honest…

_____

_____

_____

Who do I think I can become?

_____

_____

_____

Which adult do I want to be most like?

_____

Why do I want to be like that adult?

_____

_____

Which person my age would I want to be most like?

_____

Why would I want to be like that person?

_____

_____

What are the things I like most about myself?

_____

What are the things I don't like about myself?

_____

Masturbation

Masturbation is probably one of the most uncomfortable words for any person to use. Yet masturbation is incredibly common, especially among young people learning about their own bodies. What you teach your family member about masturbation will depend on family values and faith beliefs. Keep in mind, though, that your family member may try masturbation whether or not you choose to address the issue.

Regrettably, there have been many cases where individuals with I/DD have been denied the right to express their sexual urges in appropriate ways. This led to them using whatever means they could find to relieve these natural urges, often causing physical harm to them. Help your family member find appropriate ways to deal with his or her sexual feelings.

The scenario below represents a very common occurrence. There are many ways to deal with such a situation. Two possible reactions are described. Which you choose will likely depend on your faith beliefs and values. Keep in mind that these are only suggestions, and you should use your best judgment in how you will approach these types of situations. Take time to learn if your child is masturbating at school, the school's policies, and teachers' responses to these types of situations. Having this conversation will help to prevent potential tensions between home and school and confusion for your child, should they be receiving contradictory messages from home and school.

How to talk to your family member about masturbation

SCENARIO: You walk into your living room and see your family member masturbating. Clearly they are not alone in the house so this is inappropriate.

Reaction 1: In a calm voice tell him/her to stop what they are doing. (Don't say things like "stop doing that, it's bad.") Then take your child into the privacy of his/her bedroom and have a discussion about what they were feeling when they started to masturbate. Use the term "masturbate" so they connect it with what they were doing. Acknowledge these feelings as being natural. Introduce what an orgasm is. (If your family member is a male, explain that he may see a white sticky substance come out of his penis. Likewise, if your family member is female, explain that she may feel very wet around her vaginal area.) Next discuss what was inappropriate with the location where they were masturbating. It might be helpful to make a separate picture board (using real photos) showing places where masturbation would be appropriate and places that are not. Draw a stop light showing red above the pictures of inappropriate places and green above the places that are appropriate (bedroom, bathroom). You will want to include pictures of the school bathrooms under the inappropriate column so they can learn to tell the difference between "home" and "school" bathrooms. If it is easier, just teach one appropriate place, such as the bedroom to start. You may have to redirect him or her to the bedroom and go over the picture board many, many times.

Reaction 2: In a calm voice, tell him/her to stop what they are doing. (Avoid saying things like "stop doing that; it's bad."). Then take your child into the privacy of his/her bedroom and have a discussion about what they were feeling when they started to masturbate. Use the term "masturbate" so they connect it with what they were doing. Acknowledge these feelings as natural. Then talk about what was inappropriate about masturbating. Talk about ways they can take their mind off these feelings and avoid the urge to masturbate. For example, your son can go for a bike ride or get on the computer. If you have a daughter, she may enjoy the computer and could do this to take her attention off how she is feeling.

If you notice that your family member's penis or vaginal area is red and sore looking it could be because they are masturbating. You could try teaching your family member to use a lubricating gel or cream. There are several good ones on the market.

If you feel that your family member is overactive sexually, talk with your doctor. There may be a hormone imbalance or other medical condition which is causing an overactive sex drive.

Note: You may want to use pages 24 and 25 as reference for this discussion.

Intercourse

Intercourse, making love, and having sex are all terms your family member will have heard by now. They may even have asked you about it more than once. So how do you talk to your family member about what happens during intercourse? It is important that you use correct terms. Even if your family member is unlikely to ever be in an intimate relationship, it is important that they know exactly what intercourse is. Explaining it using correct terms will help your family member describe to you if someone touches him or her in an inappropriate way. Here is a suggestion on how to describe it:

Sexual intercourse starts when a man's penis enters the woman's vagina. The man and woman move in a way so that the man's penis slides in and out of the vagina. This movement should feel good to both the man and woman. After a period of time, which could be a couple of minutes or longer, the semen ejaculates (squirts) out of the man's penis. The man and woman will have what is called an orgasm.

TOPIC TWO for use with grades 9 –12

When the man and woman have an orgasm they may feel the muscles of their bodies getting tense (tighten your arm muscle so they can feel what you mean). It is a very good feeling, though and not a bad feeling. If you have discussed masturbation with your family member and you know they masturbate, it will be easier to explain orgasm during intercourse.

If you are unsure how to best describe intercourse to your son or daughter, you might consider talking to the school nurse or health/sex education instructor for guidance.

Safe Sex

If your family member is likely to be sexually active in adulthood, now is the time to start talking about safe sex. This may be a hard subject for you to think about, but persons with I/DD are marrying, buying their own homes, and even raising families. You know your family member best. Introduce the concept of safe sex the same way you did for masturbation or intercourse. You will need to decide how much emphasis you are going to place on abstinence and safe sex/birth control methods. For abstinence, the "saying NO" pages later in the guide will be helpful to you. When teaching about safe sex, if possible, have pictures or actual items of various birth control methods. For your son, teach him how to use a condom the same way this is taught in school - with a banana. For your daughter, it is best to discuss the various forms of birth control with your OB/GYN. Have your OB/GYN talk about safe sex and that they should always use condoms to help protect themselves from sexually transmitted diseases. There may be specific medical conditions which would keep your female family member from using certain birth control methods. The OB/GYN will be able to suggest one that is the safest and easiest to use.

Condom Use

For sexually active individuals, condoms are one of the most common methods for safe sex. If you do not want to teach your family member about condom usage, due to your faith beliefs, use alternative ways to emphasize safe sex, such as abstinence.

When teaching a family member about condom use, emphasize the following:

- Only use latex condoms (unless your family member is allergic to latex).
- Inspect the condom package for a safety seal. The safety seal is an air bubble in the package. If this is not there, do not use the condom.
- Condoms have expiration dates. Check the date on the package and if the date has passed, you should not use the condoms. Throw them out. They are no longer safe to use.
- Open the package using only your fingers. Anything sharp can damage the condom.
- Do not unroll the condom before putting it on the penis.
- Place the condom on the tip of the penis, pinching the end of the condom to keep the air out of the condom.
- Unroll the condom all the way to the bottom of the penis.
- If the condom breaks throw it away and do not use it.
- Do not use oil-based lubricants like Vaseline or baby oil—these damage the condom.
- Condoms are used only once.
- On the next page there are pictures of male condoms.

It is important to emphasize several key issues:

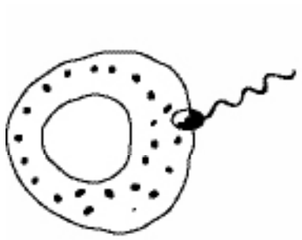
First, sexual intercourse should be between two consenting adults (both people want to have sex). In the state of Florida, the minimum age for legal sexual consent is 16 if the partner is under age 24, and 18 if the partner is over age 24. Having sexual intercourse with someone who is not of consenting age is illegal and can result in arrest, and possibly even jail time.

Second, abstinence is still the safest way for your family member to prevent pregnancy, sexually transmitted diseases (STDs), and other potential health and legal problems. Remember to talk with your family member about ways to say NO to sexual activity. More will be discussed on this topic in the section on saying NO in our Abuse Prevention section.

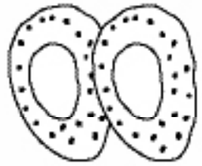
This is a good time to move into a discussion on how a baby is made and develops. See the illustration on the following page describing how a baby is created. The semen that comes out of the man's penis into the woman's vagina holds the sperm. Some of this sperm stays inside the woman. If the woman has an egg in her uterus then the sperm may join with the egg and a baby grows. The next few pages show the progression of the growth of a baby.

Note: Even when used correctly, condoms are not 100% effective.

HOW A BABY GROWS



A



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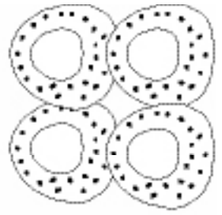
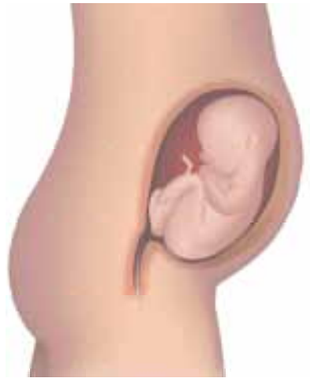


C

D

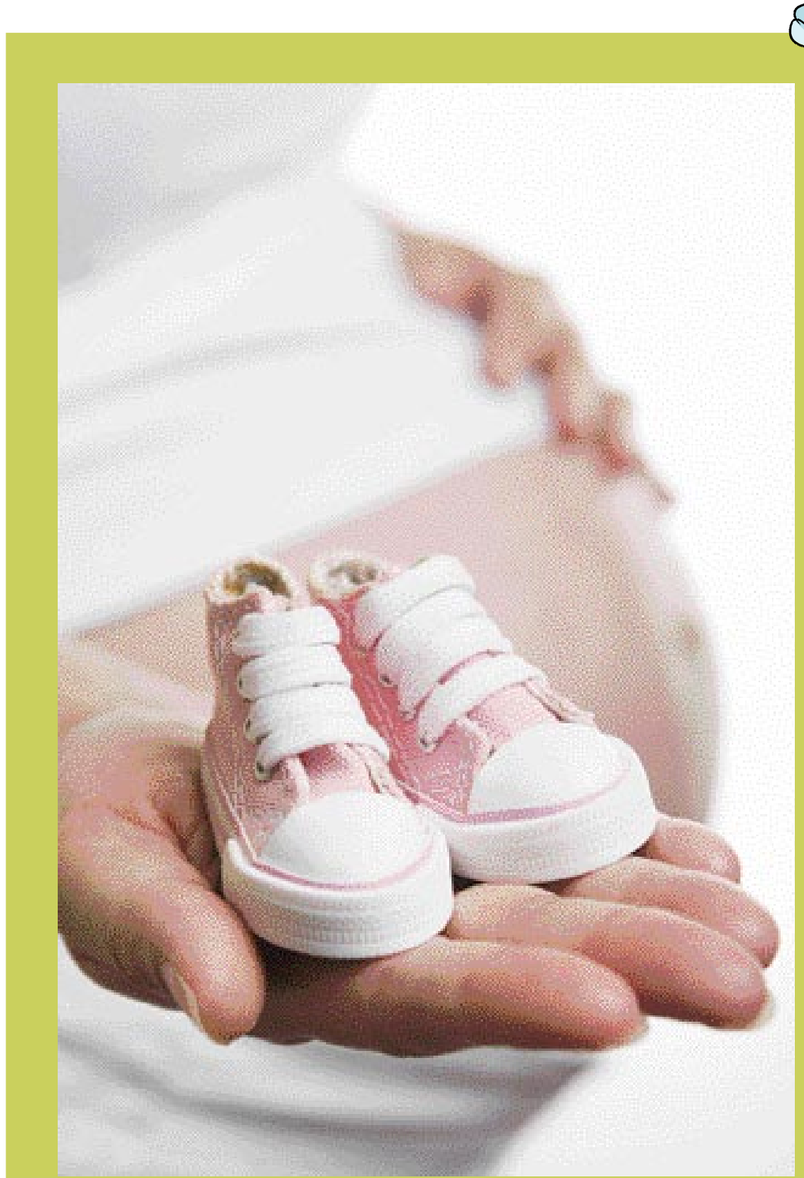
Embryo

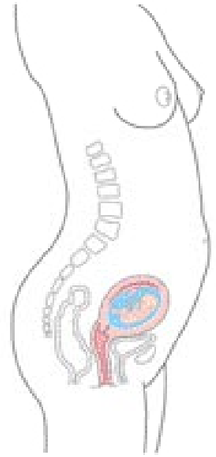


Fetus

The female egg cell and male sperm cell unite (A). Cell division begins (B). Cells continue to divide (C). The division continues until a cluster (D) is formed.

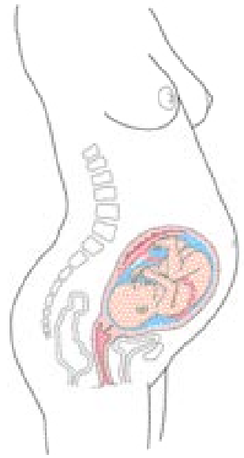
Seven to eight days after fertilization, the cluster of cells attaches itself to the lining of the uterus. In about ten to fourteen days, the cluster begins to "specialize" and later become organized into various tissues of the body, such as skin, muscle, bone, nerves blood and glands. By the time the baby is ready to be born, it will have billions and billions of cells. Up to about the twelfth week, the developing baby is sometimes referred to as an embryo. After that, it is sometimes referred to as a fetus.





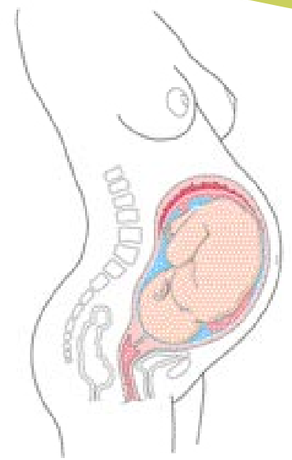
1st Trimester:

This is the first 13 weeks of your pregnancy. The fetus will start to form around week 3. Your body will start changing. The fetus continues growing each week.



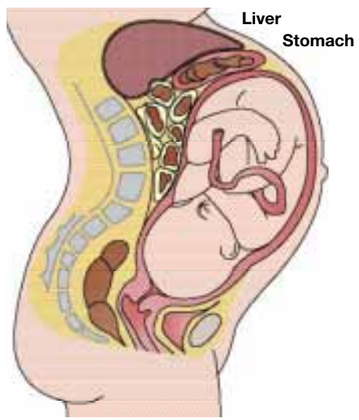
2nd Trimester:

The fetus is about 10” long and weighs about 3/4 lb. Heartbeat may be heard through the stethoscope. Movement can be felt.



3rd Trimester:

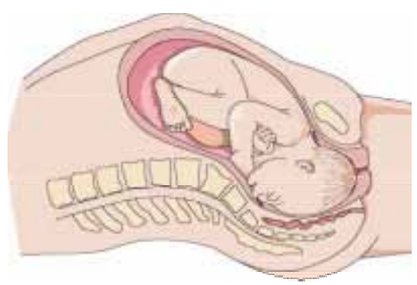
The fetus is about 14” long and weighs about 2 lbs. Central nervous system develops so that if born now the baby could survive.



4th Trimester:

The fetus is about 20” long and weighs about 7-8 lbs. Cartilage in nose and ears develop. Rapid weight gain.

Approximate Fetal Growth		
Week of Pregnancy	Weight	Length (Head to Heel)
4	1/32 ounce	1/8 inch
12	5/8 ounce	1-3 inches
16	4-3/4 ounces	6 inches
20	12 ounces	10 inches
24	1-1/4 pounds	13 inches
28	2 pounds	14-1/2 inches
32	3-1/3 pounds	16 inches
36	5-1/2 pounds	18 inches
40	7-1/2 pounds	20 inches



Birth:

A baby enters the world and starts breathing air for the first time.

Medical Concerns

People with I/DD are subject to the same illnesses and diseases as the rest of us. Your family member's abilities may not include the ability to care for his or her own personal care needs. If they are able take care of their personal care needs (bathing, etc.) then they should learn to look for signs that something is not normal with their bodies. Girls and women are particularly vulnerable to vaginal and urinary infections. Proper hygiene is the best means of preventing this. Teaching your female family member the importance of hygiene, such as promptly changing pads or tampons and wiping after toileting from front to back, early on, will reinforce good hygiene habits throughout her life. Likewise, your daughter may be able to learn how to do breast self-examinations.

The more your family member knows about various illnesses and diseases, the better prepared they will be to live as independently as possible. It is important that your family member have regular medical exams, particularly if they are non-verbal. This is the best way to avoid serious illnesses and infections. Medications can also leave a person susceptible to secondary medical problems. An example of this is antibiotics. They can reduce the good bacteria in a girl's vagina, leaving her open to possible yeast infections. Left untreated, yeast infections can become very serious. Talk to your family member's physician about possible problems from medications. There are preventative measures such as eating yogurt to help avoid yeast infections. Regular medical exams are another means for ensuring that your family member is sexually healthy and has not been sexually abused.

BEGINNING SOCIAL SKILLS

Activities and Discussion Points

These activities can be used to help girls and boys demonstrate progress toward understanding what is needed to act in a socially appropriate manner as human beings in our society. The following pages will give you ideas and activities for helping to teach your family member these important basic skills.

Knowledge and understanding:

- Listening
- Having conversations
- Asking questions or asking for help
- Introducing yourself or others
- Giving a compliment

Attitudes and values:

- Appropriate listening and conversation skills

Self-management skills:

- Showing respect for self and others

Interpersonal skills:

- Learning how to talk to peers and adults
- Understanding and demonstrating appropriate and respectful behavior
- Learning how to express emotions

Social Skills: Hints for Parents/Caregivers

Sexuality begins and ends with developing good social skills and respecting oneself and others. Social skills are all about good communication - listening, talking, asking questions, and being able to express ourselves to the best of our abilities. To give and receive love and affection are basic human needs. Children will use a variety of ways to ensure they receive the affection and love they want and deserve. As a parent or caregiver you can help your family member grow and learn about his or her sexuality by teaching good social skills. The following pages will cover basic social skills, the foundational skills needed by everyone to interact to the best of our abilities in society.

Note: Multiple learning activities may need to be used to meet the needs, interests, maturity and cognitive levels of children.

Listening Skills

Exercise 1

A good way to teach listening skills is through general conversation or role playing. For this first exercise, sit or stand facing each other. Use a real life example of a situation that happened, such as you were sad because…then take the following steps:

1. While you are talking, have your family member look at you making sure you both make eye contact.
2. Ask him or her to think about what you are saying. Ask him/her to acknowledge that they are listening by nodding or vocalizing "yes" or "uh huh.".
3. If your family member interrupts, reinforce that they need to wait their turn.
4. When you are finished, ask your family member questions about what you just said to ensure that they were listening. Again, ask your child to acknowledge with a nod of the head or a verbal statement.
5. Now reverse the roles and have your family member talk about something that happened to him/her or how they are feeling, while you demonstrate appropriate listening skills.

Conversation Skills

Exercise 2

We all talk to people, but for some individuals beginning a conversation can be a difficult task. Add to that an intellectual or developmental disability that inhibits verbal conversation and the discomfort or difficulty in communicating with peers or adults is compounded. Learning a few simple conversational skills will help your child interact more easily and appropriately. During this process, reinforce the method your family member uses to communicate with you while teaching the skill set. Again, use a role-playing situation such as asking a friend from school to be a partner on a class assignment.

The following are suggested steps when explaining how to have a conversation:

1. Greet the person by saying hi and/or shaking hands. (remember that children often have non-traditional handshakes and that our traditional handshake may be inappropriate to use with others his/her own age, so you may need to teach your child several types of handshakes). Choosing the right time to approach the person is stressed during this exercise. This means learning not to interrupt the other person if they are talking to someone else.
2. After greeting the person, it would be appropriate to make small talk, e.g. asking how they are.
3. Next you use the skill learned in Exercise 1 to make sure that the person is listening to you - nodding or verbalizing that you are listening.
4. When it is clear that the person is listening to you, bring up the subject you want to talk about.
5. Say or ask what you want.
6. Then using the listening skills learned in Exercise 1, listen to what the person has to say back to you.
7. Respond back to the other person, letting him or her know that you heard and understood what they said to you.
8. Finish the conversation by saying thank you, good-bye, or another appropriate statement.

Giving Compliments

Exercise 3

Giving compliments to others is not something that is done often enough by anyone in today's society. Compliments, praise, or in psychological terms, positive reinforcements, are needed by everyone to help us feel good about ourselves and what we are doing in our lives. Teaching this skill at a very young age is the best way to instill it as a positive social skill. It will not hurt us as adults to relearn this social skill either. Again, using role modeling, pick various scenarios, (school, home, friends, church, neighbors), to reinforce the right way to pay a compliment. The appropriateness in each situation will be different. If your family member is a 10- year- old girl whose female best friend just started wearing a bra, then it is ok for her to compliment her friend on being able to wear a bra. If your family member is a 10- or 12- year- old boy, then that would not be appropriate. It would also not be appropriate for any child to say "I like your breasts" to any adult. You and your significant other may make intimate remarks to each other in the privacy of your home in front of your younger family members. This is a natural thing to do. However, being children, they may repeat what they hear to friends and neighbors. Your responsibility is to teach them that certain compliments are only appropriate between a couple who are in a loving relationship and that that is the only time these compliments are appropriate. Teaching them this at a young age (and to report anyone trying to say these things to them) will also help protect them against sexual abuse.

1. Choose a scenario.
2. Discuss the appropriate words (gestures or body language) for the compliment.
3. Discuss when would be the right time to give the compliment.
4. Practice giving the compliment.

Apologizing

Exercise 4

Apologizing is something else that we are not very good at. For any of you who had or do have pets, you know that they are wonderful at apologizing. As humans we could take a few lessons from them! However, you can help your family member learn this skill. Probably the hardest part of teaching this skill is helping your family member recognize when an apology is needed. You need to discuss recognizing hurt feelings. The best way to do that is by discussing a variety of situations when you have been hurt by others or when you have hurt someone. Choose a situation you are going to use for role modeling and follow the steps below. (Remember that many of the scenarios that you want to role model can be found on TV shows, videos, and even in favorite stories.) If you are not comfortable role modeling social skills such as apologizing, you can start out using these tools to get the messages across and then move into role modeling.

1. Make a decision whether you think you need to apologize.
2. Go over the various ways you could apologize.
3. Practice saying the apology.
4. Decide when it would be best to give the apology.
5. Approach the person and give the apology.
6. Wait and listen for what the person has to say back to you.
7. Respond back to the other person letting him/her know you heard his or her response.

Feelings

Your own feelings

Understanding how we are feeling and being able to express our feelings are other areas of communication that need to be learned. These are areas of communication that most of us have a difficult time with. \Recognizing what we are feeling is the first step in understanding who we are and how we can best interact with others and our environment. Among the feelings we need to learn to recognize are: joy, happiness, love, sadness, disappointment, anger, fear, frustration, anxiety, embarrassment, excitement, confusion, misunderstanding, and physical sexual feelings. As your family member moves into puberty they will need to learn how to recognize what they are feeling in order to know how to act appropriately.

Making flashcards of all the feelings is a useful tool when talking to your family member about what they are feeling. Another useful tool is to make a picture board showing photos of people expressing a variety of emotions. Write the corresponding feeling under each picture. This way you'll have a tool for those individuals who may only be able to point to or look at the correct feeling. A sample "Feelings Worksheet" may be found on page 78.

You will need to explain what each feeling means many times so that your family member learns to differentiate between all the various feelings. When someone learns the basics of these feelings they will be better able to understand and communicate what they are feeling. You can help your family member understand what they are feeling by describing how you feel, inside, when you experience each emotion. Remember though, that how your family member reacts internally to emotions may not be the same as how you react. Allow for individuality. The following is an example of how you might proceed to describe each feeling.

Exercise 5

1. Help your family member focus on what is going on inside his/her body. Do they feel a tightening of the stomach, or maybe butterflies? Do they feel hands, arms or mouth getting tight? Are they blushing? Do they feel like they just cannot stay still? Do they feel like they want to cry? These are all things a person may feel when experiencing different emotions. If your family member doesn't know what it means to have butterflies or tight muscles, show him or her. Tighten the muscle of your forearm and put a hand on it so they can feel it. For butterflies get a feather and lightly flutter it back and forth on the top of the forearm. (The inside of the forearm is more sensitive than the palm of the hand).
2. Once they can recognize how their bodies react, focus on an event that may have occurred to make him or her feel that way. You may have to go over everything that happened that day in order to hit upon the one thing that is still affecting him/her. Remember, it may not be a big event. Sometimes the things that affect us the most are the little things - like not getting that first cup of coffee in the morning!
3. Once you have found the event, focus on naming what they are feeling. Use the flashcards or picture board to help identify and put a name to the feeling.
4. The last step are for them to practice communicating what they are feeling to you. Use the steps from Exercise 2 to help your family member do this.

TOPIC THREE for use with grades K – 8

Other people's feelings

It is not only important to understand our own feelings; we must also understand and recognize other people's feelings. Relationships, whether family, friend, romantic, or co-worker, take an ability and willingness to understand how the other person is feeling. It requires good listening skills and an ability to know how to respond appropriately if the other person's feelings, such as anger or love, are directed at us. Developing skills to help understand how another person is feeling will also help to protect your child should untoward advances be directed at him or her. The first step to recognizing other people's feelings is understanding those feelings from your own point of view as demonstrated in the previous exercise. Go through the following exercise using role playing and the picture board, your own personal examples, or a situation that has occurred recently where your family member did or did not react appropriately to another person's feelings. The exercise below will help your family member recognize unwanted verbal and physical advances.

Exercise 6

1. Put yourself in the role of the other person. If the person was angry, then make yourself look angry physically. Have your family member look at you closely. Or, use the picture board and show him or her the picture of an angry person.
2. Say what a person who is angry might say when expressing this anger to another person. Have your family member use good listening skills (Exercise 1) during this time.
3. Have your family member discuss what they see in the other person's physical reaction, i.e. tight muscles, squinted eyes……
4. Help your family member put a name to the feeling they are seeing, i.e. anger or whatever feeling you are trying to demonstrate.
5. Discuss appropriate ways in which to show that your family member understands what the other person is feeling. This may include a "yes nod,", a simple touch on the arm, or in some situations moving away from the person and leaving him or her alone. (In the case of unwanted sexual advances the appropriate course of action is to leave immediately and tell a trusted individual what happened).
6. Decide what response is the best and then have your family member practice that response.

Remember: The better the ability of your family member to communicate effectively and appropriately, the better self-image they will have. This translates into a better quality of life. Another reason for good communication skills is so that, should they need to report a person for unwanted advances (sexual or violent; verbal or physical), they will be able to be as accurate as possible in relating the situation.

Links to the Resource Link:

Below are corresponding references to the Resource List at the back of this publication. The selections were chosen to help you find additional information that can help you and your child through this learning process.

Grades K - 2

The Way I Feel Board-book, page. 94

Grades 3 - 5

The Way I Feel, page 94

What is a Feeling?, page 94

We are all inquisitive and therefore have many questions we want to ask, but we do not always know who or how to ask. It is so very easy to overlook what someone is really trying to say. Given that they are still developing language skills, children do not always know how to say what is on their minds. They may also be afraid of getting in trouble if they express their feelings. Because of this they may make up stories. If you notice physical changes in your child, body language, unusual quietness or behaviors, then listen to these stories. They may not be just make-believe. Individuals who are non-verbal or unable to communicate using spoken language will still try to communicate. Taking time to have all kinds of conversations with your family member, using whatever means they use to communicate, will help you learn how best to understand what your family member is actually saying. Look at body language. Your family member may have certain facial expressions or body postures for different things they are feeling or thinking. You can be certain that they will be trying to communicate with you. Your challenge, and your responsibility, is to learn how to communicate with your family member and teach him or her appropriate communication skills, no matter what the preferred method of communication. If you already know how your family member communicates, then teach this to anyone they come in contact with - teachers, friends, neighbors. The more people who can have conversations with your family member, the more they will be able to participate in the community fully and safely.

Teach your family member how to ask a question in a straightforward manner. Do not reprimand him or her for asking what seems to you an inappropriate question. Rather praise them for being honest in asking the question, then discuss what was inappropriate about it.

For instance:

You and your family member are in the grocery store. You meet a neighbor, Mrs. Smith, whose husband just recently died. Your family member overheard you discussing it with another adult. Your family member says to Mrs. Smith, "So John died huh?" Of course you are horrified, but you can turn this into a positive learning experience. Your response could be something like this, "Yes, Sally, Mr. Smith did just die, and I'm sure that Mrs. Smith would like to know that we are all very sad for her and that we would be happy to help her in any way." Then when you are somewhere where just you and your family member can talk privately, go over the whole conversation again, but use the conversation skills learned in the previous exercise to show what would have been the proper thing to say. The following is one way of modeling the conversation.

You: Hello Jane (Mrs. Smith)

Jane: Hello

Sally: (Your family member) So John died huh? [Now stop the conversation and tell your family member what the appropriate thing to say would have been and practice saying that, with you playing the part of Mrs. Smith]

Mrs. Smith: Hello.

Sally: Hello Mrs. Smith. I'm sorry to hear about your husband.

Now you have modeled the conversation with the appropriate response in a positive and reinforcing way. You can model this type of conversation with many sensitive topics, as well.

Another important lesson for your family member is to learn whom should be asked certain questions.

For example:

- Questions about schoolwork - the teacher, you or another adult family member
- Questions about an argument with a friend at school - you or other adult family member
- Questions about something they saw on TV – you, other adult family member or older sibling
- Questions about one's body or feelings – you, another caregiver or adult family member, a trusted teacher (of course, if they are feeling sick they need to learn to tell any adult or older sibling right away).
- Questions about an adult or an older (or younger) child touching him/her in a way that does not feel good - Immediately tell a parent, teacher or other trusted adult. You need to teach your child who these trusted adults are, but remember, unfortunately, sometimes the person you think is a trusted adult may be the person who is trying to touch your family member. You need to also teach your child that should this happen it is important to tell you about it.

ADVANCED SOCIAL SKILLS

Activities and Discussion Points

These activities can be used to help adolescents demonstrate progress toward understanding what is needed to act in a socially appropriate manner in school and the community. The following pages will give you ideas and activities to teach your family member these important basic skills. The skills covered in this section build upon the skills stressed in the Beginning Social Skills section.

Knowledge and Understanding:

- Other people's anger
- Expressing affection appropriately
- Fear
- Self-control
- Rights of self and others

Attitudes and values:

- Appropriate feelings

Self-management skills:

- Showing respect for self and others

Interpersonal skills:

- Learning how to talk to peers and adults
- Understanding and exhibiting appropriate and respectful behavior
- Learning how to express feelings regarding emotions

Social Skills: Hints for Parents/Caregivers

Sexuality begins and ends with developing good social skills and respecting oneself and others. Advanced social skills require building on good communication stressed in the Beginning Social Skills section. To fully participate as an adult in society, an individual needs to grasp the concepts of how to deal with anger, the various types of affection and the appropriate use of each, how to overcome fearful situations, strategies for self-control in a variety of situations, that everyone has rights that need to be respected, and lastly, how to avoid situations that may cause harm to self and others.

Note: Multiple learning activities may need to be used to meet the needs, interests, maturity and cognitive levels of family members.

Feelings

Anger

In Exercise 5 in the Beginning Social Skills section we worked on understanding our own feelings, including anger. In this section we are going to work on recognizing and dealing with other people's anger. Whether the anger is directed at us as individuals, as part of a whole group (such as in a classroom or at a family gathering), or whether it is someone expressing anger about something totally unrelated to us, there are appropriate and inappropriate ways of dealing with anger.

Exercise 7: Anger directed at you

Following the steps used in previous role modeling exercises, here are several ideas for exercises to use with your family member.

1. Using the listening skills learned in Exercise 1, listen to what the person is saying.
2. Try to understand what the person is feeling. Use the feelings picture board or flash cards you made for exercise 5 to help your family member identify the angry picture.
3. Discuss whether there is any response that your family member could make to the person who is angry. This of course would depend on the situation, which is why modeling as many situations as possible is helpful.
4. If the situation calls for a response (such as an apology or affirmation that you heard what the other person was saying), practice responding with the correct words or statements - "I'm sorry I didn't listen to you.,", "I'm sorry I didn't clean my room when you asked.,", "I can see you are angry at the other person, what can I do to help?", or "I am listening to what you are saying." For an individual who is non-verbal but can make gestures with the head or hands, practice the following: good eye contact, nodding the head in a yes, sign language for yes (a closed fist moved up and down as one would nod yes with the head), or other affirmative body language that would let the speaker know they are being heard and understood. If your family member uses a language board, you may need to make some additional correct responses. Again, teaching as many people as possible how your family member communicates will help significantly.

Note: It is also important to teach when it is not appropriate or necessary to deal with another person's anger. This may be in a case of an abusive situation where the best course of action is to leave immediately and find a trusted individual to tell.

Other role modeling exercises on anger:

1. In this situation, the role modeling you are going to use is that of a classroom teacher. The whole class was very loud and disruptive, not responding to prompts to be quiet. The teacher was upset and had to raise her voice to get the students' attention. The correct behavior/response from the students is to agree to pay attention and be quiet.

2. Now you are at home and the situation is one where you have asked your family member several times to do something and they did not do it. Now you are angry. You appropriately express your anger to your family member, and then go over the correct response - your family member agreeing to be responsible and do what was asked.
3. In this last situation your family member is with a group of friends when one of the friends says something hurtful to another friend. This friend who is hurt gets angry with the person who said the hurtful thing. The offending person denies saying it. You must discuss with your family member who heard the hurtful thing how to respond to both the friend who said the hurtful statement - for example:, "I'm sorry, John, but I heard you say it and feel you owe Mary an apology" and "I heard what John said, Mary. That must have hurt a lot. I know it isn't true."

Affection

The exercises below can be used for all age groups, depending on ability.

All humans, no matter their abilities or disabilities, need to give and receive affection and love. Denying a person the ability to give and receive affection or love is to deny him or her one of the most basic facets that make up a person's sense of self-worth. As parents or caregivers you need to nurture your family member's natural exploration of feelings of love and affection, and guide him or her toward expressing and receiving these feelings in appropriate ways.

The skills taught in the exercise below emphasize helping the individual recognize the different types of affection one would have in relationships such as: familial, romantic, platonic, casual, or stranger. Your family member who is entering puberty, or who has already entered puberty, may be focusing on the romantic type of relationship, even if they cannot put a name to it. Modeling examples of a variety of relationships will help your family member to see that affection can be expressed in a lot of different ways.

Exercise 8

Using the following steps, role play with your family member the appropriate way to show affection toward you, a very good friend who your family member has not seen in a while (i.e. greet with a hug), another adult extended family member, a favorite teacher at school (taking a small gift in to show positive feelings toward the teacher). During these exercises it is also important to emphasize inappropriate behavior from and toward your family member. You will need to include discussion on personal space and respect. For instance, it would be inappropriate for your family member to always go up and hug his/her teacher or another classmate (especially if they have a crush on this person). It is also important to stress inappropriate touch toward your family member by an adult or classmate.

1. Choose one type of feeling of affection. Or, maybe your family member has mentioned that they "like" another classmate. This would be a good opportunity to discuss appropriate affection in a situation that is real to your family member.
2. Discuss whether or not it is appropriate for your family member to tell the other person how they are feeling. In the case of someone expressing feelings toward your family member, discuss whether or not those feelings are appropriate. If the other person is expressing feelings appropriately, discuss

with your family member how they feel about the other person's feelings toward him or her. This is a good time to emphasize concepts of rejection (this includes understanding that the person for whom your family member is directing certain feelings may not reciprocate those feelings), and assertiveness for one's own right to say "I don't feel the same way".

3. Discuss the best way to tell or show the person how you feel.
4. Practice expressing those feelings using whatever communication method your family member uses.
5. Practice good listening skills and let the other person respond.

Fear

Fear is something that everyone feels. It may be a small fear that we will not get to the store before it closes, or it may be a big fear like a hurricane. In some instances fear keeps us safe, as a fear of fire teaches us to be cautious with it. In other instances an unrealistic fear, such as being afraid to go outside of the house, can prevent us from fully participating in life. Being able to recognize the feeling of fear and deciding how to deal with it are very important social skills to learn. The exercise below will give you and your family member the opportunity to learn ways of figuring out what your family member may be afraid of and then how to best deal with those fears.

It is often hard for people to express their fears. This may be because they do not understand what they are feeling, or because they are afraid that someone will just say "Oh don't be silly! That's nothing to be afraid of." When working with your family member it is important to remember that, to you, the fear may seem silly, but to your family member it is real and should be recognized as such. We fear that which we do not understand or know about. Affirming your family member's fear is important. Helping him or her to understand fear will build trust, enabling him or her to express these fears. Feeling safe to express fear will also help protect them from abusive situations, or to report it if someone has abused them in any way.

Exercise 9

Using role playing, discuss various fears that you already know that your family member has. Starting with the known will build trust and understanding to help your child recognize and express those fears that you may not know about.

1. Choose a situation that you want to role play. Perhaps it is a fear of thunderstorms. Help your family member to recognize that what they are feeling is fear. You can use Exercise 5 to help your child recognize this feeling.
2. If they are not sure what it is they are afraid of, run down a list of possible fears until your child acknowledges that "Yes, that is it." You could also make a picture board of things that people are often afraid of and point to various ones until your child say yes to one of them. Do not give up! There are so many things out there that people can be afraid of, and remember, it may be something really small like a spider in the bedroom. Remember that, as you go down lists of potential fears, you may not "hit" on the major fear, but each time you address a fear with your family member, you will build the child's confidence to talk to you about fears being experienced later on.
3. Discuss whether or not the fear is an actual threat to your family member or if it is just something they need more information about to better understand it and then not be afraid of it anymore.

An example might be going from elementary school to middle school. To a child that can cause a great deal of fear. It is a BIG unknown. Another example may be moving into a different house or apartment with a new bedroom, new shadows on the walls, and new sounds to get used to. Another common example is a fear caused from watching something on television that they did not understand.

4. Talk through the fear, discussing as much information about it as you can. You may find that the fear is something you do not know enough about. In this case you may need to go ask someone else for information, or have your family member see a professional such as a psychologist who is trained to help people work through major fears.

Use the exercise above every chance you can to help your family member deal with fear. The more you use it the better prepared your family member will be to cope with fear.

Self-control

Self-control crosses all aspects of a person's life. It can be something as simple as not eating that third cookie, or as complicated as controlling one's anger or not acting on sexual impulses inappropriately. Everyone struggles on one level or another with self-control. Recognizing how we act and feel (physically and emotionally), can help us learn to have better self-control. Lessons on self-control are not something we learn and then, voila, we have self-control. Rather, they are lessons we have to revisit almost every day of our lives. As a parent or caregiver of a child with a developmental disability, teaching self-control can have added complications. You may have to revisit the lessons many times a day. Once you learn how to best teach your child the concepts of self-control, make sure you share your methods with everyone your child comes in contact with (teachers, neighbors, and extended family members). The more people reinforcing positive self-control, the more chances your family member will have to grasp the concept.

Exercise 10

This exercise is best done one on one with a person who has experienced a loss of self-control recently.

1. Using role playing, discuss something that recently happened at home such as: your family member hit a sibling.
2. Ask your family member what was happening when the incident occurred.
3. Ask your family member to explain what they were thinking or feeling when they hit their sibling (angry, frustrated, etc.). Use the picture board if appropriate.
4. Discuss ways in which your family member can learn to recognize these feelings.
5. Discuss ways in which your family member can control his or her behavior when these feelings arise, for example, counting to 10, going to his/her room, coming to talk to you or another adult.

These steps can also be used in helping an adolescent deal with sexual urges. You will need to teach that touching oneself when feeling these urges is a VERY private thing and should only be done in his/her bedroom or bathroom while alone. If you have tried everything and your family member still lacks self-control, particularly sexually, then you may need to seek professional advice from your family doctor or a specialist. Don't ever be afraid to ask for help. The important thing is to help your family member have quality of life in an environment that offers choice and safety.

Rights of self and others

Relationships are about having respect for oneself and for others. Respect includes understanding that everyone has rights such as: a right to dignity, a right to participate in community, a right to express oneself, and a right to say no in a situation that may be harmful. Helping your family member learn to recognize his or her own, as well as others' rights, will further enable him or her to participate safely in a variety of situations. All of the other skills learned so far are integral in understanding the rights of self and others, and knowing how to assert oneself appropriately. When going through the exercise below, do not be surprised if you find that you and your family member need a refresher on a few of the other skills.

Exercise 11

For this exercise, use a variety of situations. Some of these situations may already have happened, and others might be possible scenarios. Some examples include getting into trouble for something he or she did not do; being teased by peers at school; wanting to have people knock on the bedroom door before entering (need for privacy); being pressured by someone to do something they know is wrong (pressure to engage in a sexual activity, drink, use drugs, or smoke, for example); seeing someone do something wrong to another person, or finding that your family member violated another person's rights. Once you decide on a topic, use role playing to run through the scenario using the following steps.

1. Discuss the situation you are going to role play, having your family member focus on the event.
2. If it is a situation that already occurred, have your family member think about what they were feeling while the event was happening. Ask your child or adolescent to try to identify the feeling (use the picture board if necessary). If the event hasn't occurred yet, discuss some ways that they might feel in this scenario. This may help your family member recognize how they might feel should they find themselves in this situation at a future time.
3. Go over various ways in which they might assert their rights or help another whose rights were violated.
4. Have your family member practice asserting him or herself. You will likely need to do this over and over again. Assertiveness is not easy for anyone, especially in situations where peer pressure and the desire to be accepted are also being felt.

Note: It is easy for families and caregivers of children and adolescents with developmental disabilities to think that "typical" peer pressure activities such as smoking, drinking and using drugs will not be faced by their family members. This is not true! Children with and without disabilities face these pressures at school, in their neighborhoods, and perhaps in their own extended families. It is important to include these types of situations in your discussions to prepare your family member to face these situations and to protect his or her rights.

Links to the Resource List:

Below are corresponding references to the Resource List at the back of this publication. The selections were chosen to help you find additional information that can help you and your child through this learning process.

Grades K-12

Social Skills Activities for Special Children, page 96

Social Skills Stories: Functional Picture Stories for Readers and Nonreaders, page 96

More Social Skills Stories: Very Personal Picture Stories for Readers and Nonreaders, page 97

Grades 6-8

Connecting with Others: Lessons for Teaching Social and Emotional Competence, page 98

Grades 9-12

Connecting with Others: Lessons for Teaching Social and Emotional Competence, page 98

DATING

Activities and Discussion Points

Dating is a word that your family member has already heard, and may even understand what it involves; however, they may have misconceptions about dating or even their own unique understanding of what dating means. Your role as parent or caregiver is to guide your child through the process, instilling family and society values regarding dating. Remember, everyone needs to give and receive love. To want to date and to have a boyfriend or girlfriend is all part of growing up. Talking about dating will help to open the communication doors between you and your family member. Do not forget to take into account the very real emotions your family member may be feeling toward another. Think back on your first crush. Did you have your heart broken? You may only have been 14 but your feelings were very real, weren't they? Sharing your experiences will help your family member understand dating better.

Some of you may feel that your family member does not have the ability to appropriately participate in dating. In this situation help your family member form relationships that you feel are appropriate. Keep in mind that dating to your family member may be something as easy as talking to the person on the phone, going with this person to the movies as part of a larger group, or even getting to sit next to the person at lunch in school. The key is to help your family member experience as many opportunities as possible to form appropriate relationships.

Look to the community for activities of interest that your family member may participate in. For instance, let us say your family member has a keen interest in the volunteer fire company. Many fire companies are more than willing to have non-firefighting volunteers help out around the fire hall. The important thing is for you to guide your family member toward appropriate relationships and meaningful roles in the community.

It is in our nature to seek out relationships with others. Left on our own we may find ourselves in potentially unsafe situations. Often a person is attracted to someone who does not reciprocate their interest. This can result in feelings of rejection, which, if not dealt with proactively, can lead to injured self-esteem. This is why discussing dating with your family member is so important.

On the following page you will find some guidelines on how to go about discussing dating.

Note: Multiple learning activities may need to be used to meet the needs, interests, and cognitive and maturity levels of children.

How we "grow" into dating

In elementary school we start forming friendships, either through neighborhood connections or school activities. By the time we are in the 5th grade we will have found ourselves a "best friend." These friends are usually the same sex as us. Then by the time we hit puberty we start noticing the other sex. In the case of homosexuality however, the attraction is toward the same sex. It is during the puberty years that we learn the foundations of our self-esteem, identities, and values. By the time we reach age 14 or so, we are on our way to being attracted in a sexual way to others. Making your expectations and rules about dating known from early on will help when your family member does reach the appropriate age.

Dating

1. It is important that you have a clear working definition of what dating means in your household. Your policy may include no phone calls after 8:00, only going to the movies or other social event on weekends, or that there must be a group of people going with at least one adult as chaperone.
2. Discuss what is allowed and is not allowed to happen on a date in terms of intimacy, i.e. kissing, holding hands, but nothing more.
3. Talk about abstinence, and then talk about it some more. Be sure you go over lessons on saying no, found in later pages of this manual.
4. Go over the social skills exercises on listening, conversing, and respecting the rights of others.
5. Include other siblings in the conversations. Share dating stories, good and bad. This will help reaffirm what is appropriate behavior on a date. (Talk with the siblings beforehand to be sure they understand the purpose and nature of the exercise.)
6. Talk about what to do in case of an emergency.
7. Arrange for your family member to have social "dating" interactions through community service projects, after-school programs, a faith community, clubs, or sporting events.
8. Remember to talk with your child's teachers at school. Share your "house rules" on dating and your strategies for teaching dating and providing safe dating experiences for your son or daughter. Your child is likely to discuss dating at school, and the more information your family member's teachers have, the more able they will be to reinforce your efforts and promote consistency across settings.

Alternative Lifestyles

In today's world your family member will, sooner or later, be introduced to alternative lifestyles, such as homosexuality. Homosexuality is when a person is attracted to someone of his/her own sex. When children are going through puberty it is actually common for them to be attracted to someone of the same sex. As puberty progresses these feelings change to an attraction for the opposite sex. The subject of homosexuality is not something that can be avoided, nor should it. Homosexuality is

portrayed on prime time TV, in the news, and even as part of politics now. Your child may see homosexual relationships at school. The sooner you discuss it with your son or daughter, the greater his or her ability to understand the concept will be. Just as there is the myth that persons with I/DD are asexual, so too is there the myth that they will never be attracted to someone of the same sex.

Your role will be to discuss the subject of alternative lifestyles with your son or daughter. During these discussions, you can interject family values and religious beliefs (if any) regarding the subject. There are a number of ways you may know that you need to address this subject. Your family member may ask questions or bring up situations they are seeing. You may notice that your family member seems to be watching a TV show depicting two people of the same sex in a loving relationship with strong interest. Another important role for you will be to find out what his or her questions really are. Perhaps they are simply curious about others of the same sex. Perhaps your child has experienced more nurturing from people of the same gender, or was raised in a single parent household and feels more comfortable emotionally with others of the same sex. This does not mean your family member is expressing homosexual feelings; they may be expressing friendship or familial affection in ways that are perceived as more "sexual" as the person grows older. In these types of cases, you may not be teaching about homosexuality but about appropriate expressions of affection in different types of relationships.

The important thing is to not approach the subject with an attitude of condemnation. Use your best judgment to determine if you need to talk about this topic with your child. It is very complicated, especially in today's society, so be sure he or she is ready. Do not assume that your child's school will or will not teach about homosexuality. Many schools' policies prohibit any discussion about same-sex relationships. Likewise, many schools may include this in sex or health education.

With this topic, as with all others relating to sexuality and social skills, talk with your school. Know what is being taught. Advocate for what is best for your child. Partner with your family member's teachers so that, for example, should you need to advocate for a certain topic to be taught in a way that does not violate your faith or cultural beliefs, you will have a relationship with the teachers to work out alternative ways to get needed information to your child.

SEXUAL OR PHYSICAL ABUSE

Activities and Discussion Points

Myths

- People with intellectual/developmental disabilities are not sexual beings.
- People with I/DD are not attractive to others.
- Sexual or physical assault on persons with I/DD is usually by strangers.
- People with I/DD don't suffer Post Traumatic Stress following an attack.
- People with I/DD don't have a right to the same protection as everyone else.

Realities

People with disabilities of any type are sexual beings and have the same curiosities as everyone else. Sometimes these curiosities can put them in harm's way. Having sexual urges and having the capacity to understand the consequences of acting upon them are two different things. Those individuals able to grasp the concepts presented earlier in this manual will be better prepared to avoid situations where they may be sexually abused.

Rape has nothing to do with whether or not a person is attractive. It has everything to do with one person violently enforcing control and power over another individual. Compounding the issue is the fact that 97 - 99% of abusers are known and trusted by the person with an intellectual or developmental disability (Reynolds, 2005). Reports on abuse cases show that 32% of abuses were committed by family members or friends, and another 44% came from professionals working with individuals, such as care staff or transportation providers (Reynolds, 2005*). These figures are staggering and imply that more needs to be done with people with I/DD to help them better protect themselves.

Many individuals with I/DD who have been assaulted, sexually or physically, are not given the means for processing what happened to them. They have the same rights as anyone to file police reports, press charges, participate in prosecutions of abusers, and - most importantly - seek counseling for traumas that they have experienced. As a parent/caregiver, if your family member experiences abuse, you would need to look for the right person to provide counseling. You want someone familiar with working with individuals with I/DD, willing to learn to communicate with your family member in a way most appropriate for him/her, and who is knowledgeable in both sexual and physical abuse. You will likely need someone to help you deal with your emotions, as well, for you too may be very traumatized by the event.

The following pages will discuss what to look for and how to implement strategies for helping your family member avoid harmful situations, or what to do should they find themselves in an potentially abusive situation.

*Reynolds, L.A. (2005). People with mental retardation and sexual abuse. Retrieved on October 3, 2005, from www.wsf.org/behavior/guidelines/sexualabuse.htm

Child abuse

Physical

What to look for on the body	*What behavior/s to look for*
* Bruises	* Extremes in moods, overly happy or sad
* Welts	* Frightened of you or other family or friends
* Burns	* Does not want to be touched
* Fractures	* Gets upset when another child cries
* Lacerations/cuts	* Tells you someone hit him/her

Neglect - Although this area may not be of a concern to those of you reading this workbook, it is still important that you recognize the signs of neglect. You may find that your family member has friends who exhibit these signs.

What to look for physically	*What behavior/s to look for*
* Dirty or hungry	* Starts getting into fights, is argumentative
* Reports being left alone a lot	* Is constantly looking for food (if not part of their normal behavior pattern)
* Tired and listless	
* Untreated physical problems	
* Lack of routine medical care	
* Overworked, exploited	
* Abandoned	

Sexual

What to look for physically	*What behavior/s to look for*
* Torn, stained, bloody undergarments	* Withdraws or engages in infantile behavior
* Pain or genital itching	* Poor peer relationships
* Bruises, bleeding or swelling of genitals	* Does not want to do any physical activity
* Has acquired a sexually transmitted disease (see appendix for types)	* Does not want to go to school
* Has semen on mouth or genitals	* Trying to tell you something but does not
* Is pregnant	

Emotional

What to look for physically	*What behavior/s to look for*
* No interest in how they are dressing	* Quiet, not expressing self
* No interest in personal hygiene	* Unusual outbursts
	* Crying all the time

Note: While this list can be an invaluable tool to begin gathering information about whether abuse could be occurring, identification of any of the above symptoms in your family member does not necessarily mean that abuse is occurring. You must ask a lot of questions to rule out any other alternative explanations. For example, many of the symptoms of emotional abuse can also be signs of depression.

TOPIC FIVE for use with all grades

Strategies for you and your family member

The best strategy is to start teaching your family member as young as possible about the types of abuse. Stress "good touch – bad touch." Television, magazines, and movies are full of opportunities to teach about abuse. For example, your family member is watching a children's movie where the hero is imprisoned by the villain. The villain overpowers the hero using force. This would be a good time to talk about why using force is wrong. Use everyday examples of real life events to teach. These will have the greatest impact on your family member.

Talk, talk, talk. As stated earlier, the more conversations you have with your family member, the more in tune you will be to subtle changes in expressions or behavior. If a person does not know what abuse is, how are they going to know when it happens and when to report it? Talking to your family member about abuse is vital in reducing the risk of abuse!

Teach your family member how to question when something does not seem right. Often individuals with a disability are taught to be compliant to authority figures, or they go out of their way to try to please authority figures by saying or doing what they think others want. This leads them to think that they should not question the behaviors of those in authority. Teach your child that no question is a wrong or bad question. Tell them that statements such as: "If you tell anyone about this you will get in trouble," are warning signals and that they MUST come and tell you or another trusted adult about it. Assure your family member that they will NOT get in trouble for talking about it. Be sure that you communicate this message to your child's teachers and others who provide care.

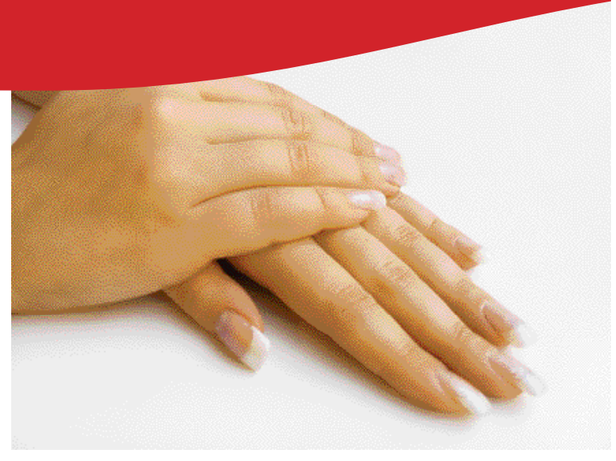
If your family member is able, have him/her take a self-defense class. There are many self-defense programs around now that specialize in helping people with disabilities learn self-defense. Call around to your local self-defense businesses. If they do not specialize, ask if they would be willing to start a class. Perhaps your child's school can help by contracting with a self-defense program to offer programs for all their students with disabilities.

The next few pages discuss ways to help your family member protect himself or herself from sexual assault or rape. Using the role playing techniques you used for social skills activities, model the topics that you feel your family member will be able to understand.

Note: Multiple learning activities may need to be used to meet the needs, interests, and cognitive and maturity levels of children.

GOOD TOUCH - BAD TOUCH

examples for discussion



Teaching good touch - bad touch can be difficult when working with children or adolescents with severe cognitive disabilities. Showing pictures of an adult hugging a child as a bad touch can give the wrong message regarding situations where a hug is appropriate, such as when a parent hugs a child. The main concept to get across is this: whether touching is good or bad depends on who is doing the touching and how they are touching the other person. Anyone who is touching another person on the breasts, penis, or pelvic area, or who tries to kiss another person **without that person's consent** is performing a BAD touch.

Consent is a difficult concept to teach, but it basically means that if a person says NO then they are not giving their consent. If someone continues to touch the other person despite the NO, it is a BAD touch. It is important to be alert to changes in your child's behaviors or demeanor as it can be a signal that they are being physically or sexually abused. Also look for physical signs such as bruising in the genital areas, complaints of genital discomfort, torn or missing clothing, or sexually transmitted diseases. As you are the one who knows your child the best it is important that you keep in touch with school personnel or anyone else your child has contact with. Teach them about your child's personality traits so that they will be more alert to changes as well.

How to teach good touch - bad touch

1. Use television shows the person may watch to teach the difference between good and bad touch. News broadcasts offer great opportunities for discussion and example.
2. Use real life events that have happened or may happen, such as the following: Your female family member is on the school bus. An older boy starts tugging on her hair and coaxes her to the back of the bus. He then starts to tug on her skirt just like he did with her hair, playfully. Then he tugs her skirt up and touches the top of her leg. This is bad touch and is no longer being playful. Your family member should immediately report this to an authority figure.
3. You also need to get a circle of people that your family member is familiar with so they know who to go to if someone touches him or her in a bad way. Unfortunately, you also have to try to help your child understand what to do if the person who is doing the bad touch turns out to be one of the "trusted" individuals.
4. Teach your family member how to say NO! Even if your family member is non-verbal, they manage to get their preferences across to you. They already have taught you how they express NO. Be sure to share your child's ways of communicating distress, discomfort, saying yes and no with all other care providers and trusted adults. If your family member uses an assistive communication device, be sure it is programmed so they can communicate distress, NO, stop, and other ways to stop a potentially abusive situation. The following worksheets give some examples on how to teach your family member to say NO.

What part of NO don't you understand!?

Making the right decision can be very easy. The hard part is to act upon that decision. For instance: You see some chocolate chip cookies on the kitchen counter and know that you should not eat one as it will ruin your appetite for dinner. So you made the right decision - eating the cookie will ruin your appetite. Now the hard part is walking away from the cookies, as chocolate chip are your favorite! The same goes for saying no to someone and then actually getting away from the situation. Peer pressure and wanting to be liked make following through with NO very hard to do. Learning how to say no in everyday situations will help build the skills necessary to say no to someone who may try to be sexually or physically abusive. Work with your family member using the following discussions.

Exercise 1

Your family member walks home with some neighborhood kids every day. They all know they are supposed to come straight home. However, this time the kids find out at the last minute that there is an after-school event that they decide they are going to stay for. They tell your family member to come with them, that it will only make them late getting home by one hour.

Ask your family member what they should do. One example of a correct response would be that your family member says no and goes to find a phone to call home, or goes to the school office to ask for help. If you are reliant on informal situations such as the one just described, be sure your family member knows alternative ways to get home safely.

Exercise 2

Your family member wants to make some friends. They ask to go to the school dance. While at the dance some of the kids sneak outside and your family member goes with them. The kids start smoking and offer the cigarette to your family member. What should they do?

There are two things happening here. The first one is leaving the dance and sneaking outside because of a desire to be liked by the other kids. The second is saying NO to the cigarette and not being pressured by name calling such as "sissy" or "baby.". Your discussion should include knowing how to choose the right kind of friends, as well as ways to walk away from situations where your family member may be offered cigarettes, alcohol, or drugs.

Exercise 3

This exercise involves your son or daughter going to the movie with some friends. First, we will address a potential scenario involving a son, then a daughter. Your son likes one of the girls who is there. They sit next to each other in the movie. Your son is sexually attracted to this girl. He tries to touch her breasts during the movie. She tells him to stop, but he does not want to. In this situation you need to teach three things. First, that the movie is not the appropriate place for any kind of sexual touching. Second, that the girl said NO and is therefore not consenting to being sexually touched. Finally, you need to teach him how to deal with his sexual urges in a public setting such as a movie theater in a healthy and safe manner.

Now the same scenario, but this time it is your daughter at the movie. She likes one of the boys there. They sit next to each other. He starts to touch her pubic area. She knows it isn't right and tells him to stop. He does not. Teach her to immediately leave, report the incident, and go home.

The answer here is, at the least, she should get up and move to another seat and then when she gets home tell you about it. If he moves next to her again, then she should find a phone to call home. If she is unable to physically change seats, she should raise her hand or somehow signal to a friend that she needs assistance in moving or getting out of the situation.

While you will obviously talk with your daughter about ways to remove herself from the unwanted touching, it is also important to talk about the mixed emotions that may be involved. Your daughter may be feeling guilty because she "likes" this boy who touched her inappropriately. This is not abnormal. It is so important to teach your children that, just because they like someone, that does not mean they have to allow bad touches without their consent. It is ok to say NO to people they like.

Some more activities on saying NO!

The following are things that your family members' peers or other adults might say to them while trying to get them to do something inappropriate. Tell them the statement and then discuss how they should respond.

1. Come on, everyone is going. You have to come if you want the other kids to like you.

2. If you love me you'll do what I want.

3. Come on, try it just this once. You won't get in trouble, I promise!

4. It's OK to come with me. I already talked to your Mom/Dad and they said it is OK.

5. All the other kids are doing it. You want to do what everyone else is doing, don't you?

6. If you do it this time I'll never ask you to do it again.

Good Touch - Bad Touch Activities

For More Concrete Learning

Discussion points for parents or caregivers:

Good touch and bad touch both give us feelings. The difference is that one is not harmful to the person and the other one is. The following exercises are to help individuals who may have a hard time with abstract concepts learn about good touch/bad touch. Learning about good touch/bad touch is important in order to protect oneself from abusive situations.

Exercise 1

Have individual choose from the pictures given below each question.

When you are sad what does your face look like?

When you are angry what does your face look like?

When you are happy what does your face look like?

Exercise 2

What are types of good touches? (Help the individual communicate hug, kiss, holding hands, etc.).

Below are pictures of good touch. Discuss why the touching in these pictures is good touch.

Boyfriend and Girlfriend

Doctor

Husband and Wife

Sister and Brother

Friends

Mother and Son

Exercise 3

What are types of bad touches? (Help your family member communicate hitting, pinching, slapping, etc.)

Discussion for bad touch:

We all like to get hugs and kisses from our parents and others we know and trust. These are good touches.

Hugs and kisses from people we do not know or do not like are bad touches. It is very important to know who it is OK to get hugs and kisses from. (Discuss some personal examples with your child.)

When we get good touches such as hugs and kisses from our parents it makes us feel happy. When people we do not know hug and kiss us it should make us feel sad or unhappy. This is how you know it is a bad touch.

What about when someone tickles us. Is that fun? Does it make us laugh? Are we happy? If you like to be tickled then it is good touch. But if you don't like to be tickled it is bad touch. Sometimes a person may tickle us and at first it is fun. But if they don't stop it can become bad touch. It becomes bad touch when you tell them to stop and they don't. It becomes bad touch when they tickle you so much that you can't breath or you start to cry.

No one other than your parents, a doctor or nurse who is trying to make you better when you are sick, or another trusted individual who is helping you in some way, should ever touch you on your penis, breasts, vagina, or bottom. (Use the pictures from earlier lessons to reinforce the body parts.)

If someone you do not know or trust touches you in a bad way you need to tell someone right away! Tell your parents, teacher, school nurse or other trusted person. (Families/caregivers need to go over this list with their family member. Create a picture board with pictures of trusted people as a reminder for your family member.) If the first person you go to doesn't listen or believe you, go to someone else. Keep trying until someone listens to you.

Good touch - bad touch

Appropriate social distance

Everyone maintains a personal space. A good distance would be at least 2 feet.

Closer than 2 feet may be uncomfortable for many people. If it is with close friends the closeness portrayed here may be OK. If it is with strangers or people you have just met it may be inappropriate.

This is an appropriate distance for shaking someone's hand.

Being this close to someone when shaking hands is not appropriate. Maintain a 2-foot distance when meeting or greeting.

Hugging between two friends or family members when consensual is appropriate.

Clearly this hug is not consensual. The person receiving the hug is not comfortable.

Coming up behind someone and putting your hands on his or her shoulders or hugging is not appropriate without the person's permission. From the look on this person's face it is clear she is uncomfortable with what the person behind her is doing.

A "high five" is an appropriate way of greeting someone. It is accepted like a handshake with some people. There may be other special handshakes in the school that may be appropriate greetings, too.

CONTENTS

Note: Multiple learning activities may need to be used to meet the needs and interests of children.

GLOSSARY OF TERMS

Acne Lesions
Usually start at the onset of puberty, most common on the face, but can also occur on the neck, chest, back, shoulders, scalp, and upper arms and legs.

Amenorrhea
Absence of menstrual periods.

Anus
The outlet of the rectum (the lower part of the large intestine), through which solid waste leaves the body.

Areola
The darker pigmented area surrounding the nipple.

Bacterial Vaginosis Infection
A vaginal infection that causes a burning sensation and a gray, malodorous discharge.

Birth Canal
Another term for vagina; the passage a fetus travels through during birth.

Blackhead
An open, non-inflammatory acne lesion.

Bladder
The organ that holds urine, liquid body waste.

Bloating
Swollen beyond normal size due to retaining of fluid.

Breast Buds
The first stage of breast development during puberty; small swellings directly underneath the nipple.

Candidiasis Infection (Yeast)
An infection that may be uncomfortable and itchy.

Cervix
The opening between the uterus and the vagina that has a small opening (about the size of a pencil point), through which menstrual fluid escapes.

Chlamydia
A sexually transmitted disease.

Chromosome
A structure in the nucleus of a cell that transmits genetic information.

Circumcision
Surgical removal of all or part of the foreskin of the penis.

Clitoris
A small sensitive organ of erectile tissue located above the opening to the vagina which responds to stimulation; the female counterpart of the penis.

Contraceptive, Oral (The Pill)
A medication that prevents ovulation and pregnancy. May be used to control the symptoms and development of endometriosis.

Delayed Puberty
A condition in which the youngster fails to complete puberty and develop secondary sex characteristics by sixteen years of age. Puberty may be stimulated with hormonal replacement therapy. Some will outgrow the condition without treatment.

Dysmenorrhea
Painful menstruation; cramps. This may be a sign of endometriosis.

Ejaculate
The semen and sperm expelled during ejaculation.

Ejaculation
Forceful sending out of seminal fluid from the penis.

Embryo
A name given to a fertilized ovum, from the second through the eighth week of development.

Endocrine Gland
An organ that manufactures hormones and sends them out into the bloodstream.

Endometriosis
The presence and growth of functioning endometrial tissue in places other than the uterus that often results in severe pain and infertility.

Endometrium
The mucous membrane lining the inner surface of the uterus, which grows and sheds in response to estrogen and progesterone stimulation.

Epididymis
A coiled tube through which sperm exit the testes.

Erectile Tissue
Spongy tissue containing many blood vessels; it becomes rigid and erect when filled with blood.

Erection
Hardening of the penis.

Estrogen
Female sex hormone produced by the ovaries.

Fallopian Tubes
Tubes that convey the female sex cell (egg, or ovum) from the ovary to the uterus.

Fertilization
Union of the ovum (female egg) with the sperm (male sex cell).

Fetus
An infant developing in the uterus, from the third month to birth.

Flaccid
The relaxed state of the penis.

Follicle Stimulating Hormone
The pituitary hormone that stimulates development of ovarian follicles.

Follicle
A sphere-shaped structure in the ovary, made up of an immature egg and surrounding layer of cells.

Foreskin
Loose skin covering the end of the penis.

Genitals
The external sex organs, also called genitalia.

Genital Herpes
A sexually transmitted disease.

Glans
The end, or head, of the penis.

Growth Spurt
A rapid increase in height and weight, which typically occurs during puberty.

HIV/AIDS
A sexually transmitted disease.

Hormones
Chemical substances produced by the body that, depending on the hormone, govern many body processes. Certain hormones cause physical maturation during puberty.

Hymen
A fold of flexible membrane that partially covers the vaginal opening.

Hypothalamus
A part of the brain that, among other functions, secretes chemicals that controls the activity of the pituitary gland.

Impotence
The inability of the man to have an erection and to ejaculate.

Infertility
The inability to conceive after a year of unprotected intercourse or the inability to carry a pregnancy to term.

Labia (majora and minora)
Two folds of fatty tissue that lie on either side of, and partially cover, the vaginal opening.

Leukorrhea
A thick whitish vaginal discharge.

Masturbation
Manual stimulation of the genitalia leading to orgasm.

Menopause
The stage at which menstrual activity ends.

Menstrual Cycle
The period of time measured from the beginning of menstruation (a period), through the series of regularly occurring changes in the ovaries and uterus, until the beginning of the next menstrual period.

Menstruation
The cyclical shedding of the uterine lining in response to stimulation from estrogen and progesterone.

Nocturnal Emission
The passing of semen from the urethra during sleep; a wet dream.

Orgasm
The psychological and physical thrill that accompanies sexual climax.

Ovary
One of a pair of female reproductive glands which hold and develop eggs and produce estrogen and progesterone.

Ovulation
The periodic release of a mature egg from an ovary.

Ovum
A female sex cell, or egg. (Plural Ova)

Penis
The male reproductive organ involved in sexual intercourse and elimination of urine.

Pituitary Gland
An endocrine gland attached to the base of the brain; the gland is stimulated by the hypothalamus and controls all hormonal functions.

Pregnancy
The condition of carrying a developing embryo in the uterus.

Premature Ejaculation
A condition in which the man becomes so sexually excited that most of the time he ejaculates prior to penetrating the woman's vagina.

Premenstrual Syndrome
Symptoms such as tension, anxiety, breast tenderness, and bloating which begin several days prior to the onset of menstruation and subside when menstruation begins.

Progesterone
A hormone that is involved with the menstrual cycle and pregnancy.

Prostaglandins
A group of chemicals produced in the uterus which tend to stimulate contractions and may cause cramps.

Prostate Gland
A gland near the male bladder and urethra which secretes a thin fluid that is part of semen.

Puberty
The period of life during which an individual becomes capable of reproduction.

Pubic Hair
Hair over the pubic bone which appears at the onset of sexual maturity.

Reproduction
The process of conceiving and bearing children.

Scrotum
The pouch of skin behind the penis that holds the testes.

Secretion
The process by which glands release certain materials into the bloodstream.

Semen
A thick fluid, containing a mixture of glandular secretions and sperm cells, that is discharged from the penis during ejaculation.

Seminal Vesicle
One of two glands located behind the male bladder which secrete a fluid that forms part of semen.

Sexual Intercourse
The erect penis of the male entering the vagina of the female.

Sperm
Mature male sex cell.

Staphylococcus Aureus Bacteria
The type of germ believed to cause Toxic Shock Syndrome (TSS).

Syphilis
A sexually transmitted disease.

Testis (Testicle)
One of two male reproductive glands which produce sperm and the hormone testosterone. (Plural testes)

Testosterone
A male sex hormone which causes the development of secondary sexual characteristics.

Toxic Shock Syndrome (TSS)
A rare, but potentially serious disease that has been associated with tampon use.

Umbilical Cord
The attachment connecting the fetus with the placenta.

Urethra
A canal that carries urine from the bladder to the urinary opening. In males, the urethra is also the passageway for semen.

Urination
The act of eliminating urine, liquid waste, from the body.

Uterus
The small, hollow muscular female organ where the embryo and fetus is held and nourished from the time the egg is implanted until the birth of the fetus.

Vagina
The canal that forms the passageway from the uterus to the outside of the body.

Vaginal Discharge
A normal white or yellowish fluid (leukorrhea) from the cervical canal or vagina.

Virgin
A person who has not had sexual intercourse.

Vulva
The external female genitalia, including the labia, clitoris, and vaginal opening.

Whitehead
A closed acne lesion.

Yeast Infection (Candidiasis)
An infection that may be uncomfortable and itchy.

Zygote
A cell produced by the union of a sperm and egg.

From: Parenting Teens. http://parentingteens.about.com/library/fs/blpubglostz.htm. 2005.

Overview of Sexually Transmitted Diseases (STDs)

Sexually transmitted diseases (STDs) are infections of a person's reproductive organs. STDs are extremely serious. They can make you extremely sick, and can leave you unable to have babies. Both girls and boys can get STDs, and both boys and girls can be "carriers" of STDs, meaning that they may not show symptoms of an STD, but still have the disease and can spread it to others they come into intimate contact with.

It will be important to talk to your family member about the dangers of STDs, including HIV/AIDS, especially if they are likely to be engaged in a sexually intimate relationship with another consenting individual. This is a complicated subject, and you will need to use your best judgment as to what information your child can handle. By now, you will have an excellent sense on how best to teach your family member about difficult subjects relating to sexuality.

Here are some topics to discuss with your family member, using the role modeling techniques you have practiced throughout this manual.

1. Safe sex practices, including abstinence
2. Saying no
3. The importance of good hygiene
4. Avoid touching other people's blood-contaminated products, such as used tampons or pads, or blood on a public toilet seat
5. Ways to avoid and get away from dangerous situations where sexual abuse may occur
6. The dangers of sharing needles and other drug paraphernalia (implicated in the transmission of HIV/AIDS)
7. Ways to avoid date rape drugs
8. The roles of alcohol and drug use in unwanted and/or unprotected sexual activity
9. Talking with your family member's doctor about whether or not they would benefit from receiving the Hepatitis B vaccine.

The next few pages contain information on types of STDs, how they are typically acquired, and the hazards of not being treated. Treatments for STDs are getting better all the time. It is imperative that, if you see signs that your family member may have an STD, you immediately take him or her to see a doctor for diagnosis and proper treatment! Some of these diseases are highly treatable, but if not treated, are highly contagious and may ultimately lead to serious life-long physical impairments and even death.

The following are excellent web sites to learn more about STDs:

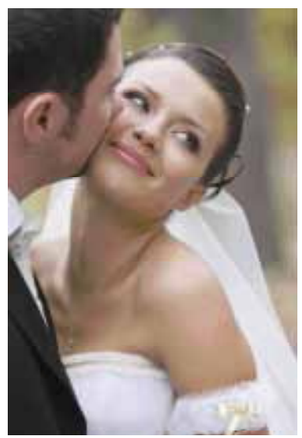
- Baylor College of Medicine's Center for Research on Women with Disabilities: **http://www.bcm.edu/crowd**
- Down Syndrome Information Network: **http://www.down-syndrome.org**

STD	What to watch for	How do you get this STD?	What happens if you don't get treated?
Chlamydia or NGU	• Symptoms show up 7-21 days after having sex. • Most women and some men have no symptoms.	• Spread during vaginal, anal and oral sex with someone who has chlamydia or NGU.	• You can give chlamydia or NGU to your sexual partner(s). • Can lead to more serious infection. • Reproductive organs can be damaged. • Both men and women may no longer be able to have children. • A mother with chlamydia can give it to her baby during childbirth.
Genital Warts	• Small bumpy warts on the sexual organs and anus. • Itching or burning around sex organs. • After warts go away, the virus stays in the body. The warts can come back. • Symptoms show up to 1-8 months after contact with HIV, the virus that causes genital warts.	• Spread during vaginal, anal, oral sex with someone who has genital warts.	• Warts may go away on their own, remain unchanged, grow or spread. • A mother with warts can give them to her baby at childbirth.
Gonorrhea	• Symptoms show up 2-21 days after having sex with someone who has gonorrhea. • Most women and some men have no symptoms. • Thick yellow or white discharge from the vagina. • Burning or pain when you urinate (pee) or have bowel movements. • Need to urinate (pee) more often.	• Spread during vaginal, anal, oral sex with someone who has gonorrhea.	• You can give gonorrhea to your sexual partner(s) • Can lead to more serious infection. Reproductive organs can be damaged. • A mother with gonorrhea can give it to her baby at childbirth. • Can cause heart trouble, skin disease, arthritis and blindness.

STD	What to watch for	How do you get this STD?	What happens if you don't get treated?
Hepatitis B	• Symptoms show up 1-9 months after contact with someone who has hepatitis B virus. • Many people have no or mild symptoms. • Flu-like feelings that don't go away. • Tiredness. • Jaundice (yellowish skin). • Dark urine, light colored bowel movements.	• Spread by sharing needles to inject drugs or for any other reason. • Spread by contact with infected blood. • Spread during vaginal, anal and oral sex with someone who has hepatitis B.	• Symptoms go away, but they can still give hepatitis B to others. • A mother with hepatitis B can give it to her baby during childbirth. • Can cause permanent liver damage. • Some people recover completely. • You can give hepatitis B to your sexual partner(s) or someone you share a needle.
Herpes	• Symptoms show up to 1-30 days after having sex. • Some people have no symptoms. • Flu-like feelings. • Small, painful blister on the sex organs or mouth. • Blisters last 1-3 weeks. • Itching or burning before the blisters appear. • Blisters go away, but you still have herpes.	• Spread during vaginal, anal, oral sex with someone who has herpes.	• You can give herpes to your sexual partner(s) • Herpes can not be cured.
HIV / AIDS	• Can be present for many years with no symptoms. • Diarrhea. • Unexplained weight loss or tiredness. • White spots in mouth. • Symptoms show up several months to serveral years after contact with HIV, the virus that causes AIDS. • Flu-like feelings that don't go away. • In women, yeast infections that do not go away.	• Spread by sharing needles to inject drugs, or for any reason. • Spread during vaginal, anal and oral sex with someone who has HIV. • Spread by contact with infected blood.	• You can give HIV to your sexual partner(s) or someone you share a needle with. • HIV cannot be cured. Most people die from the disease. • A mother with HIV can give her baby the disease in the womb, during birth or while breastfeeding.

STD	What to watch for	How do you get this STD?	What happens if you don't get treated?
Syphillis	1ST STAGE • Symptoms show up 3-12 weeks after having sex. • A painless, reddish-brown sore or sores on the mouth, sex organs, breasts or fingers. • Sore lasts 1-5 weeks. • Sore goes away, but you still have syphillis. 2ND STAGE • Symptoms go away, but you still have syphillis. • A rash anywhere on the body. • Flu-like feelings. • Rash and flu-like feelings go away, but you still have syphillis.	• Spread during vaginal, anal and oral sex with someone who has syphillis.	• You can give syphillis to your sexual partner(s). • A mother with syphillis can give it to her baby during pregnancy or have a miscarriage. • Can cause heart disease, brain damage, blindness or death.
Vaginitis	• Some women have no symptoms. • Itching, burning or pain in the vagina. • Discharge smells and/or looks different. • Jaundice (yellow skin). • Dark urine, light-colored bowel movements.	• Can be spread during vaginal, anal, oral sex. • Men carry vaginitis infections without symptoms.	• You can give vaginitis to your sexual partner(s) • Uncomfortable symptoms will continue. • Men can get infections in the penis, prostate gland or uretha.

SAMPLE PICTURE BOARD TO USE FOR SHOWING "GROWING UP" FOR GIRLS



SAMPLE PICTURE BOARD TO USE FOR SHOWING "GROWING UP" FOR BOYS

FEELINGS WORKSHEET

Sad

Shocked

Affection

Depressed

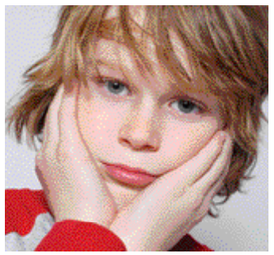
Joyful

Puzzled

Angry

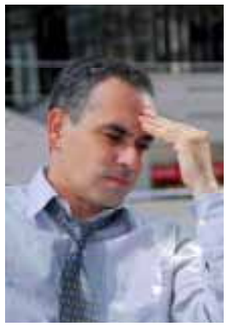
Upset

Happy



Lonely

Insulted



Worried

Hurt

An Annotated Resource List:

SEXUALITY ACROSS THE LIFESPAN FOR FAMILY MEMBERS WITH A DISABILITY

for children & adolescents with developmental disabilities

by: Jeanne Matich-Maroney

DiAnn L. Baxley, editor

First Edition 2005 / Revised Edition 2011

Sponsored by the United States Department of Health and Human Services, Administration on Developmental Disabilities and the Florida Developmental Disabilities Council, Inc.

FORWARD

While most of the resources included in this list have been developed to meet the unique learning needs of children and adolescents with developmental disabilities, the reader will note the inclusion of many resources (particularly books, videos, and games) developed for children without disabilities. For the most part, adaptations have been made by recommending these items for use at higher grade levels for children with developmental disabilties (e.g. a book with a pre-school designation for children without disabilities may be located on the resource list at a K-2 grade-level).

To provide general guidance and direction to Resource List users, grade-level designations have been assigned. However, it bears noting that such designations are not likely to reflect the unique learning styles/capacities of all children with developmental disabilities. If a resource suggested for your child's/student's grade-level does not seem well suited to his/her developmental age or learning style, parents/caregivers and sexuality educators are encouraged to explore resources from other grade levels in order to best tailor their instruction.

Neither exhaustive, nor static, it is the author's hope that this Resource List will serve as a springboard for the comprehensive sexuality education of children and adolescents with developmental disabilities. Feel free to add to the list as you discover new and innovative materials, or create distinctive ones that work especially well for the children of your families and communities.

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This document is designed to serve as a sexuality education resource for parents/caregivers and educators of children with developmental disabilties. Comprised of 88 entries, it is a compilation of books, videos, curricula, and other tools that facilitate the provision of a holistic, life-span approach to sexuality education for children (K-12) with developmental disabilities.

In order to promote ease of use, the Annotated Resource List has been organized into the following categories:

Background/Overview Materials

Resources for Parents/Caregivers
Resources for Educators

Policy Development Materials

Items included in this category are designed to provide support to the process of policy development.

Diversity Inclusion in Sexuality Education

These items are designed to support the development of culturally competent curricula. It is important to note that the scope of available materials is somewhat limited in this category as broad representation of ethnic, cultural, religious, disability and sexual orientations has yet to be established in this portion of literature.

Train-the-Trainer Materials

Materials included in this section are designed to address the preparation of educators, parents and caregivers.

Instructional Resources

(For the provision of sexuality education to children and adolescents with developmental disabilties)

- General Sexuality Education Curricula
- Materials to Support General Sexuality Education
- Materials to Support Teaching about Feelings/Emotions
- Materials to Support Teaching about Self-Esteem
- Materials to Support the Teaching of Social Skills
- Materials to Support the Teaching of Gender-Specific Issues
- Materials to Support Relationship Skill Training
- Abuse Prevention Curricula
- Materials to Support Abuse Prevention Training
- HIV/AIDS Prevention Curricula

*Entry excerpted from SIECUS (2002). Annotated Bibliography on Culturally Competent Sexuality Education Resources. Available at: http://www.siecus.org/pubs/biblio/bibs0003.html

**Entry excerpted from SIECUS (2001). Annotated Bibliography on Sexuality and Disability. Available at: http://www.siecus.org/pubs/biblio/bibs0009

***Entry excerpted from SIECUS (2000) Annotated Bibliography on Sexual Abuse. Available at: http://www.siecus.org/pubs/biblio/bibs0002.html

Background / Overview Materials

RESOURCES FOR PARENTS/CAREGIVERS

Sexuality: Your Sons and Daughters with Intellectual Disabilities
Karin Melberg Schwier and Dave Hingsburger, M.Ed. (2000)
This book provides information to parents and caregivers on interacting with their children (regardless of age or ability), in a way that increases their self esteem, encourages appropriate behavior, empowers them to recognize and respond to abuse, and enables them to develop lifelong relationships. Throughout the book, parents share the joys and challenges of raising a child with an intellectual disability as they offer advice and practical strategies, while individuals with disabilities share information about what is important to them.
$24.95; ISBN: 1557664285; Brookes Publishing, Customer Service, P.O. Box 10624, Baltimore, MD 21285-0624; Phone: (800)638-3775; Fax: (410)337-8539
Website: www.brookespublishing.com

Caution: Do Not Open Until Puberty! An Introduction to Sexuality for Young Adults with Disabilities
Rick Enright, B.A., M.S.W. ; Illustrated by Sara L. Van Hamme (1995)
This book is intended to serve as an icebreaker for an open discussion of sexuality between adolescents with disabilities and their families. Using illustrations and clear, informative text, it addresses decision making, anatomy, sexual response, physical disability and sexual functioning, as well as suggestions for further learning.
$9.95; ISBN: 0-9680415-0-7; Devinjer House, P. O. Box 130, Sparta, Ontario, Canada, N0L 2H0; Phone: (519) 685-8703; Fax: (519) 685-8699
Website: www.tvcc.on.ca (click on information resources tab, then books for sale)

I am a Beautiful Person...Sexuality and Me: A Video for Parents of Teens with Disabilities
Cecil Shapland and Kris Scholler (Producers) (1996)
This video demonstrates how all people can live their lives as healthy sexual beings. Designed for viewing by parents and caregivers, it includes interviews with people of varying ages and abilities.
$35.00; Pacer Center, 4826 Chicago Ave. South, Minneaopolis, MN, 55417; Phone: (612) 827 2966; Fax: (952) 838-0199
Website: www.pacer.org

10 Tips: Talking about Sexuality with your Child with Developmental Disabilities
SexTalk.org
Excerpted from curriculum materials developed by Lisa Maurer, M.S., CFLE, for Family Information Services in Minneapolis (1997), Planned Parenthood of Tompkins County (New York) has posted this as one of three “talking tips” sheets on their website. Succinct and direct, it offers parents ideas about enhancing this discussion with their son or daughter who has a developmental disability.
Planned Parenthood of Tompkins County, 314 West State Street, Ithaca, NY 14850; Phone (Education Department) (607) 273-1526
Website: www.sextalk.org

Sexuality and Your Child: A Resource for Parents of Children with a Disability

Sunny Hill Education Centre at the Sunny Hill Health Centre for Children (2004)

This pamphlet provides information for parents to help their children with disabilities understand and deal with their sexuality.

Sunny Hill Education Resource Centre, Room S225,3644 Slocan Street, Sunny Hill Health Centre for Children, Vancouver, BC, V5M 3E8; Phone: (800)331-1533 ext.1; (604) 453-8335 ext. 1; Fax: (604)875-3455

[Pamphlet available for downloading at www.cw.bc.ca/library/pdf/pamphlets/SH30.pdf]

Website: www.bcchildrens.ca/Services/SunnyHillHealthCtr/Learningeducation/EducationResourceCentre/default.htm

Sexuality? Where Do I Begin?

Sunny Hill Education Resource Centre at the Sunny Hill Health Centre for Children (2003)

Available at: www.cw.bc.ca/sunnyhill/SHRL/education/parents.htm

This online guide offers useful direction and practical suggestions to parents of children and adolescents with developmental disabilities. It highlights the fact that healthy sexuality is more than just "sex," and illuminates important topical areas (public/private; bodies and emotions; social distance; appropriate/inappropriate touch; safety plans; consequences for inappropriate touch). The guide provides a set of tips for facilitating the discussion, a list of frequently asked questions and strategies for managing the coverage of sexuality as a broad topic.

Sunny Hill Education Resource Centre, Room S225,3644 Slocan Street, Sunny Hill Health Centre for Children, Vancouver, BC, V5M 3E8; Phone: (800)331-1533 ext.1; (604) 453-8335 ext. 1; Fax: (604)875-3455

Website: www.bcchildrens.ca/Services/SunnyHillHealthCtr/Learningeducation/EducationResourceCentre/default.htm

RESOURCES FOR EDUCATORS

An Annotated Bibliography on Sexuality and Disability

Sex Information and Education Council of the United States (SIECUS)

Amy Levine & Darlene Torres (2001)

This Annotated Bibliography offers a cross-section of available sexuality-related materials on physical and mental disabilities as well as chronic illness. The SIECUS position statement on sexuality and disabilities is included. The authors note the relative absence of more recent resources.

Free; SIECUS; 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: (212) 819-9770; Fax: (212) 819-9776

Website: www.siecus.org

(Available online at: www.sexedlibrary.org/index.cfm?pageId=722).

Child Abuse and Neglect Disability Outreach Project

Can Do! Website

This online resource is administered by ARC of Riverside CA. The project is currently pursuing objectives to identify and disseminate best practices in abuse prevention and treatment for people with developmental disabilities.The project also sponsors an Annual National Conference on The Abuse of Children and Adults with Disabilities. Now offering an online (via video streaming) Professional Training Conference on Abuse and Disabilities through August 2005.

Available online at: www.disability-abuse.com

Providing Sexuality Education for Children & Young People with Disabilities

Sunny Hill Education Resource Center at the Sunny Hill Health Centre for Children

Available online at: www.bcchildrens.ca/NR/rdonlyres/E6E7F6FB-542A-4C93-8A60-C2EAA9BA4D37/28949/ProvidingSexualityEducationforChildrenandYoungPeop.pdf

This online guide parallels the parent guide referenced in the previous section. It identifies the qualities of an effective sexuality educator, summarizes healthy sexuality, identifies age-appropriate topic areas, provides tips for facilitating discussion about sexuality and describes strategies for modifying sexuality topics to meet the unique needs of students with disabilities.

Sunny Hill Education Resource Centre, Room S225,3644 Slocan Street, Sunny Hill Health Centre for Children, Vancouver, BC, V5M 3E8; Phone: (800)331-1533 ext.1; (604) 453-8335 ext. 1; Fax: (604)875-3455

Website: www.bcchildrens.ca/Services/SunnyHillHealthCtr/Learningeducation/EducationResourceCentre/SexualHealth/default.htm

Topics and Resources for Sexuality Education for Children & Young People with Developmental Disabilities
Sunny Hill Education Resource Center at the Sunny Hill Health Centre for Children (2003)

Available online at: www.bcchildrens.ca/NR/rdonlyres/E6E7F6FB-542A-4C93-8A60-C2EAA9BA4D37/28952/TopicsResourcesList3.pdf
This online guide provides a succinct rationale for the sexuality education of children and youth with developmental disabilities. Additionally, it offers a detailed chart of useful resources organized by sexuality education topic/objective AND age group.

Sunny Hill Education Resource Centre, Room S225,3644 Slocan Street, Sunny Hill Health Centre for Children, Vancouver, BC, V5M 3E8; Phone: (800)331-1533 ext.1; (604) 453-8335 ext. 1; Fax: (604)875-3455

Website: www.bcchildrens.ca/Services/SunnyHillHealthCtr/Learningeducation/EducationResourceCentre/SexualHealth/default.htm

Policy Development Materials

Guidelines for Comprehensive Sexuality Education: Kindergarten – 12th Grade, 3rd Edition
Sex Information Education Council of the United States National Guidelines Task Force (1996)

This set of guidelines is designed to provide direction to the task of developing curricula appropriately tailored to the unique characteristics of local communities.

SIECUS Publications Department, 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: (212) 819-9770; Fax: (212) 819-9776

Website: www.siecus.org/index.cfm?fuseaction=Page.viewPage&pageId=514&parentID=477

(Available online at: www.siecus.org/_data/global/images/guidelines.pdf)

But Does it Work?: Improving Evaluations of Sexuality Education
Sex Information & Education Council of the United States (SIECUS) (1997)

A fundamental aspect of constructing any sexuality education program is determining how its effectiveness is to be evaluated. This article provides the professional with important information about efforts to evaluate sexuality education, issues encountered and recommendations for evolving effective approaches to evaluating new sexuality education programs as they are developed.

SIECUS, 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: (212) 819-9770; Fax: (212) 819-9776

Website: www.siecus.org

Sexuality Education of Children and Adolescents with Developmental Disabilities
American Academy of Pediatrics' Policy Statement (1996)

This frequently referenced policy statement was printed in Pediatrics in February 1996. While its guidance on the issue of sexuality education is geared to pediatricians, it clearly identifies the profession's stance as to the primary objectives of sexuality education. As such, it can be useful to those engaged in policy and curriculum development as well.

Website: www.aap.org

(Available online at: www.aappolicy.aappublications.org/cgi/content/full/pediatrics;108/2/498)

Creating Policy and Guidelines within Service Organizations on Sexual Health Issues for Children and Young People with Disabilities
Sunny Hill Education Resource Center at the Sunny Hill Health Centre for Children (2003)

This online resource provides a basic framework for developing guidelines and policies on sexual health issues related to children and young people with disabilities.

Sunny Hill Education Resource Centre, Room S225,3644 Slocan Street, Sunny Hill Health Centre for Children, Vancouver, BC, V5M 3E8; Phone: (800)331-1533 ext.1; (604) 453-8335 ext. 1; Fax: (604)875-3455

Website: www.bcchildrens.ca/Services/SunnyHillHealthCtr/Learningeducation/EducationResourceCentre/SexualHealth/default.htm

(Available online at: www.bcchildrens.ca/NR/rdonlyres/E6E7F6FB-542A-4C93-8A60-C2EAA-9BA4D37/28953/CreatingPolicyandGuidelinesWithinServiceOrganizati.pdf)

Diversity Inclusion in Sexuality Education

Educating Everybody's Children: Diverse Teaching Strategies for Diverse Learners*
Robert W. Cole, Editor (1995)

Though not specifically focused on sexuality education, this book serves as a practical guide to developing a variety of school programs that can improve the performance of students from diverse cultural, ethnic, linguistic, and socioeconomic backgrounds. While some of the instruction is designed to increase student achievement in reading, writing, mathematics, and oral communication skills, other strategies may be applied to sexuality education as well.

$25.95; ISBN: 0871202379; Association for Supervision and Curriculum Development 1703 N. Beauregard Street, Alexandria, VA 22311, Phone: (800)933-2723 Fax: (703)575-5400

Website: www.ascd.org

(Also available at Amazon.com).

Guidelines for Comprehensive Sexuality Education for Hispanic/Latino Youth Kindergarten-12th Grade *
Sex Information and Education Council of the United States (SIECUS) (1995)
This booklet is an adaptation of SIECUS' Guidelines for Comprehensive Sexuality Education K-12 specifically designed for use with Hispanic/Latino youth. It provides a framework for comprehensive sexuality education including key concepts and developmental messages for early childhood, pre-adolescence, early adolescence, and adolescence. The text, in both Spanish and English, includes a resource section on materials for Hispanic/Latino youth.
$8; SIECUS Publications Department, 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: (212) 819-9770; Fax: (212) 819-9776
Website: www.siecus.org.

Sexuality Education Across Cultures: Working with Differences*
Janice M. Irvine (1995)
Using social-constructionist theory as a tool for understanding cultural diversity and sexuality, this book describes how culture shapes the ways that individuals may differ in their sexual thoughts, feelings, and behaviors. The author acknowledges that there is usually no single blueprint for developing effective multicultural sexuality education. The book provides insight into research and examples of problems sexuality educators may face as they develop culturally competent programs to meet their specific needs.
$40.00; ISBN: 0787901547; Jossey-Bass Attention: Order Department, 10475 Cross Point Boulevard, Indianapolis, IN 46256; Phone: (800) 956-7739; Fax: (800) 605-2665
Website: www.josseybass.com
(Also available at Amazon.com).

Sexuality, Poverty, and the Inner City*
Elijah Anderson, Ph.D. (1994)
This report from the seminar series, "Sexuality and American Social Policy," focuses on the effects poverty has had on the sexual behavior and gender roles of urban youth. It also compares the sexual attitudes and experiences of poor white teenagers with those of minority youth.
Free; ISBN 0944525199; Kaiser Family Foundation, 2400 Sand Hill Road, Menlo Park, CA 94025; Phone: (800) 656-4533; Fax: (650) 854-4800
Website: www.kff.org

Train-The-Trainer Materials

All of Us Talking Together: Sex Education for People with Developmental Disabilities
Program Development Associates (1999)
In this 38-minute video, parents, their young adult sons and daughters with developmental disabilities, and educators highlight the critical need for sex education for this population and demonstrate practical models for delivering this service. A detailed sex education segment covers reproductive anatomy, pregnancy, contraception, and disease prevention. Social skill development and the desires for friendship, companionship and romance are all considered. Public vs. private behaviors are explored and steps for reporting sexual abuse are included.
$99.95; Program Development Associates, P.O. Box 2038 Syracuse, NY 13220-2038
Phone: (800)543-2119; Fax: (315)452-0710
Website: www.pdassoc.com

Socialization and Sexuality: A Comprehensive Training Guide for Professionals Helping People with Disabilities that Hinder Learning
Winifred Kempton (1998)
Written by one of the pioneers of sexuality education for people with developmental disabilities, this encyclopedia of information on socialization and sexuality is considered an invaluable resource for sexuality educators as well as parents. Aimed at increasing the social satisfaction and sexual safety of individuals with developmental disabilities, it covers such topics as: Sexuality Education and Guidelines for Curriculum Design; Coping with Inappropriate Sexual Behavior; Sexual Abuse; Informed Consent; and Working with Parents.
$59.95; Program Development Associate, P.O. Box 2038 Syracuse, NY 13220-2038
Phone: (800)543-2119; Fax: (315)452-0710
Website: www.pdassoc.com

Speaking of Sex & Sex Education for Persons with Disabilities that Hinder Learning
James Stanfield Publishing Co.
Utilizing an interview with sexuality educator pioneer, Winifred Kempton, this video program assists in training the trainer to present sexuality education to students with developmental disabilities. The video is accompanied by a 200-page book with materials for new instructors and tips for more seasoned sexuality educators.
$99; James Stanfield Publishing Co., P.O. Box 41058, Santa Barbara, CA 93140; Phone: (800) 421-6534; Fax: (805) 897-1187
Website: www.stanfield.com

Talking Sex! Practical Approaches and Strategies for Working with People who have Developmental Disabilities When the Topic is Sex
Lisa Maurer (1999)
This guidebook provides direction for preparing staff to enter the role of sexuality educator. It includes information, activities and overheads to facilitate educators' ability to make sexuality education more accessible to individuals with developmental disabilities. Chapters include: How Do I Start? Why Do I Do This? Who is My Audience? What Might Slow Me Down? How Do We Learn What We Know? Why is S/He Doing That? What Do I Say? How Do I Say It? An appendix offers an overview of the history of societal attitudes towards the sexuality of people with developmental disabilities and a list of resources.
$40; Planned Parenthood of Tompkins County, 314 West State Street, Ithaca, NY 14850; Phone (Education Department) (607) 273-1526
Website: www.sextalk.org

Teaching Persons with Mental Retardation about Sexuality and Relationships: An Instructional Guide*
June Kogut and Susan Vilardo, Authors; Jane Bernstein, Editor (1993)
This manual offers educators of persons with mental retardation guidance in the development and implementation of sexuality education programs.
$49.95; Planned Parenthood of Connecticut, 129 Whitney Avenue, New Haven, CT 06510; Phone: (203) 865-5158; Fax: (203) 624-133
Website: www.ppct.org

Instructional Resources

GENERAL SEXUALITY EDUCATION CURRICULA

GRADE-LEVEL: 4-9

Changes in You: An Introduction to Sexuality Education through an Understanding of Puberty**
Peggy C. Siegel, M.S. (1991)
This family life education program for young people with cognitive disabilities is intended to help students in grades 4-9 develop strong, positive feelings about themselves as they make the transition into puberty. The complete program includes 73 laminated illustrations, Changes in You: Book for Boys, Changes in You: Book for Girls, and a teacher's guide.
$299; James Stanfield Publishing Co., P.O. Box 41058, Santa Barbara, CA 93140; Phone: (800) 421-6534; Fax: (805) 897-1187
Website: www.stanfield.com

GRADE-LEVEL: 7-12

Learn about Life: Sexuality & Social Skills Set
Program Development Associates (1996)
This spiral-bound book, with six laminated picture books, is targeted to special education students (grades 7+). Covers puberty, dating, pregnancy, relationships and STD's, with realistic graphics, simple test and "cover-up" edit stickers. It includes a resource file with instructor's guide and reproducible masters.
$99.95; Program Development Associates, P.O. Box 2038 Syracuse, NY 13220-2038
Phone: (800)543-2119; Fax: (315)452-0710
Website: www.pdassoc.com

LIFEFACTS: Essential Information about Life for Persons with Special Needs
*James Stanfield Company (1990, 1992)***
Of the seven programs available, three address sexuality: AIDS, Sexuality, and Sexual Abuse Prevention. They are designed to provide health education professionals with essential materials and information to teach adolescents and adults with mild to moderate developmental disabilities.
1990, AIDS; 1992, Sexuality; 1990, Sexual Abuse Prevention; $199/each; $174 each/any two programs, $165.67 each/any three programs; James Stanfield Publishing Co., P.O. Box 41058, Santa Barbara, CA 93140;
Phone: (800) 421-6534; Fax: (805) 897-1187
Website: www.stanfield.com

Life Horizons I: The Physiological and Emotional Aspects of Being Male & Female
Life Horizons II: The Moral, Social and Legal Aspects of Sexuality**
Winifred Kempton, M.S.W. (1999)
These two curricula are for people with mild to moderate developmental disabilities. Life Horizons I consists of five programs: Parts of the Body, Sexual Life Cycle, Human Reproduction, Birth Control or Regulation of Fertility, and Sexually Transmitted Diseases & AIDS. It includes over 500 slides, a teacher's guide and script, and video. Life Horizons II consists of seven programs: Building Self-Esteem & Establishing Relationships, Moral, Legal & Social Aspects of Sexual Behavior—Male, Dating Skills & Learning to Love, Marriage & Other Adult Lifestyles, Parenting, Preventing or Coping With Sexual Abuse. It includes over 600 slides, a teacher's guide and script.
$399 each, $699 for both; James Stanfield Publishing Co., P.O. Box 41058, Santa Barbara, CA 93140; Phone: (800) 421-6534; Fax: (805) 897-1187
Website: www.stanfield.com

Sexuality Education For Persons With Severe Developmental Disabilities Revised Edition
Beverly Brekke, Ed.D. (1988)
This curriculum is for people with severe developmental disabilities. It includes over 300 slides that use "right" and "wrong" icons to nonverbally cue appropriate and inappropriate social/sexual behaviors. The slide presentations address anatomy, appropriate social behavior, menstruation, and medical examinations. This curriculum can also be used to supplement to Life Horizons I and II. It comes accompanied by a comprehensive Teacher's Guide.
$399; James Stanfield Publishing Co., P.O. Box 41058, Santa Barbara, CA 93140; Phone: (800) 421-6534; Fax: (805) 897-1187
Website: www.stanfield.com

Special Education: Secondary F.L.A.S.H. (Family Life and Sexual Health): A Curriculum for Grades 7- 12
Jane Stangle, M.Ed. (1991)
This comprehensive program is designed for adolescents in special education programs. It addresses the physical, emotional, and safety aspects of sexuality education; encourages parent and family involvement; and includes a section on preparing community-based sexuality education programs. Lesson plans cover relationships, communication, avoiding exploitation, anatomy, reproduction, sexually transmitted diseases, and AIDS. The curriculum includes resource lists, guidelines for answering students' questions, recommended audiovisuals, teacher preparation suggestions, and masters for all transparencies and student handouts.
$40; Family Planning Publications, Seattle-King County Department of Public Health, 400 Yesler Way, 3rd Floor, Seattle, WA 98104; Phone: (206)296-4902; Fax: (206) 205-5281
Lesson plans available for download at www.kingcounty.gov/healthservices/health/personal/famplan/educators/flash.aspx

MATERIALS TO SUPPORT GENERAL SEXUALITY EDUCATION

GRADE-LEVEL: K-12

Teach-A-Bodies Anatomically Correct Dolls
Teach-A-Bodies, LLC
These high quality anatomically correct and detailed dolls have an established record of use in sexuality education (as well as in investigative and therapy work around sexual abuse). Custom-ordered life-size dolls (Birth-a-Baby with uterus, placenta and umbilical cord), adults (5'3") and children (3') are available and all dolls can be custom-enhanced to meet specific needs (e.g. representative of specific ethnic groups).
$370.00 Family of Four + "Teach-A-Bodies: An Effective Resource" + Carrying Bag; Teach-A-Bodies, P.O. Box 416, Grapevine, TX 76099-0416; Phone: Toll-free (888) 228-1314 or (817) 416-9138; Fax: (817) 416-9139
Website: www.teach-a-bodies.com

GRADE-LEVEL: K-2

Bare Naked Book
Kathy Stinson & Heather Collins (1986)
This book provides young children with an introduction to the parts of the body. In a light and entertaining manner, it facilitates the proper naming of all body parts from head to toe. It is particularly sensitive to diversity portraying a wide array of people, some of different races/ethnicities, some in wheelchairs etc.
$5.95; ISBN: 0920303536; Annick Press; Firefly Books Ltd; 15 Patricia Avenue Toronto, ON M2M 1H9; Phone (800) 387-5085 or (416) 499-8412; Fax (800) 565-6034 or (416) 499-8313
Website: www.annickpress.com
(Also available at Amazon.com).

Bellybuttons are Navels
Mark Schoen & M.J. Quay (1990)
This preschool book offers young children the opportunity to compare the physiological differences between boys and girls. It facilitates the proper naming of all body parts.
$20.00; ISBN: 0879755857; Prometheus Publishers, 59 John Glenn Drive, Amherst, New York 14228-2197; Phone: (800) 421-0351; Fax: (716) 691-0137
Website: www.prometheusbooks.com
(Also available at Amazon.com - $13.60)

GRADE LEVEL: 3-5

Where Did I Come From?
Peter Mayle (2000)
The classic book originally published in 1973 was reprinted in 2000. Through the use of light-hearted illustrations, the reproductive process from intercourse to birth is described.
$8.96; ISBN: 0818402539; Citadel Trade
(Available at Amazon.com)

GRADE LEVEL: 6-8

Changes in You: A Clearly Illustrated, Simply Worded Explanation of the Changes of Puberty for Boys

Changes in You: A Clearly Illustrated, Simply Worded Explanation of the Changes of Puberty for Girls
Peggy C. Siegel (1991)
Printed for the fourth time in 1997, these books are written in a simple, positive manner. They explain the changes that boys and girls experience during puberty. Topics addressed in each book include physical development, anatomy, masturbation, health, doctor's visits, public and private behaviors, and how to deal with unwanted touch. In addition, the boy's book addresses wet dreams and the girl's book addresses menstruation. Parents' guides are also available.
$8.95/each; Family Life Education Associates, P. O. Box 7466, Richmond, VA 23221; Phone: (804) 262-0531
Website: www.changesinyou.com

MATERIALS TO SUPPORT TEACHING ABOUT FEELINGS/EMOTIONS

GRADE-LEVEL: K-2

The Way I Feel Boardbook
Janan Cain (2004)
This boardbook is designed to serve as an introduction to feelings. With whimsical characters throughout, children learn about the range of human emotions and begin to recognize that feelings are a part of everyday life.
$7.95; Parenting Press, Inc. P.O. Box 75267, Seattle, WA 98175-0267; Phone (sales department): (800) 992-6657; Fax: (206) 364-0702
Website: www.parentingpress.com

GRADE-LEVEL: 3-5

The Way I Feel
Janan Cain (2000)
This full-color picture book helps kids to describe their emotions and understand that feelings are a normal part of life. With whimsical characters throughout, children learn about the range of human emotions (both their own and others) and begin to develop a vocabulary for expressing emotions in words.
$16.95; ISBN: 1884734715; Parenting Press, Inc. P.O. Box 75267, Seattle, WA 98175-0267; Phone (sales department): (800) 992-6657; Fax: (206) 364-0702
Website: www.parentingpress.com

What is a Feeling?
David W. Krueger; Illustrated by Jean Whitney (1993)
This book utilizes familiar situations to help children put their feelings into words. It encourages children to value and respect their feelings. The book includes a game circle for Fun with Feelings.
$6.95; ISBN: 0943990750; Parenting Press, Inc. P.O. Box 75267, Seattle, WA 98175-0267; Phone (sales department): (800) 992-6657; Fax: (206) 364-0702
Website: www.parentingpress.com

MATERIALS TO SUPPORT TEACHING ABOUT SELF-ESTEEM

GRADE-LEVEL: K-2

Happy to Be Me: Self-Esteem
Jim Boulden and Joan Boulden (1999)
This animated video program can be used to introduce or reinforce the concept of self-respect. Luis is suffering from low self-esteem. His counselor helps him discover his own special gifts. As they watch Luis' personal transition, children develop an awareness of what promotes self-respect and what tears it down. The program is available with an activity book with reproducible pages.
$39.95 Video Kit; ISBN: 0000000489; Boulden Publishing, P.O. Box 1186, Weaverville, CA 96093; Phone: (800) 238-8433; Fax: (530) 623-5525
Website: www.bouldenpublishing.com

GRADE-LEVEL: K-5

Just Because I Am: A Child's Book of Affirmation
Lauren Murphy Payne & Claudia Rohling (1994)
Brightly illustrated with child-friendly pictures, this book is designed to strengthen and support a child's self-esteem. It teaches children to respect their bodies and to acknowledge their needs and feelings as important. Conveys the message that the child is important not because of what he/she does, but just because he/she is.
$14.95; ISBN: 0915793601; Free Spirit Publishing, 217 5th Ave N, Suite 200, Minneapolis, MN 55401-1299; Phone: (612) 338-2068; Fax: (612) 337-5050
Website: www.freespirit.com

GRADE-LEVEL: 6-12

SEALS + Plus: Self-Esteem and Life Skills: Reproducible Activity-Based Handouts Created for Teachers and Counselors
Kathy L. Korb-Khalsa, Stacey D. Azok, & Estelle A. Leutenberg (1992)
This book offers a selection of 80 activity handouts taken from Life Management Skills Books I & II, which look at the social, personal and self growth of young people. It is designed for use with middle and high school students.
$59.95; ISBN: 0962202231; Wellness Reproductions & Publishing, LLC; 135 Dupont Street, P.O. Box 760, Plainview, NY 11803-0760; Phone: (800) 669-9208; Fax: (800) 501-8120
Website: www.couragetochange.com

MATERIALS TO SUPPORT THE TEACHING OF SOCIAL SKILLS

GRADE-LEVEL K-5

How to Be a Friend
Laurie Krasny Brown, Illustrated by Marc Brown (1998)
These comical but honest dinosaur teaches kids how to find out if someone will make a good friend, how to show someone that you would like to be friends, how to settle an argument with a friend, and much more. This is a great way to talk about the importance of learning new social skills. Not expressly written for children with disabilities but parents of children with Asperger's Syndrome and autism have rated the book highly.
$6.99; ISBN: 0316109134; Little, Brown Publishers; New York, NY;
(Available at Amazon.com)

GRADE-LEVEL K-12

Circle of Friends Game
Cindy Hamilton (1999)
This is a cooperative game that teaches and reinforces behaviors that help people build lasting friendships with others. As they play the game, players learn they must make choices about their behavior and that these choices will influence their success in making and keeping friends.
$52.00; ISBN: 188273291x; Childswork/Childplay, 135 Dupont Street, P.O. Box 760, Plainview, NY 11803-0760; Phone: 800/962-1141; Fax: 800/262-1886
Website: www.childwork.com

Social Skills Activities for Special Children
Darlene Mannix; Illustrated by Tim Mannix (1993)
This book contains 142 ready-to-use lessons and reproducible master activity sheets to help children with developmental disabilities become aware of socially acceptable behavior and to work toward the acquisition of basic social skills.
$18.87; ISBN: 0876288689; Center for Applied Research in Education, West Nyack, NY
(Available at Amazon.com)

Social Skills Stories: Functional Picture Stories for Readers and Nonreaders K-12
Anne Marie Johnson, B.Sc.Ed, M.Ed. & Jackie L. Susnik, M.A., CCC-SLP (1998)
The stories contained within this book are designed to help students improve their social interaction skills. Topics are presented in playfully illustrated stories. Each target skill has a story illustrating the skill being performed appropriately and inappropriately. Topics particularly relevant for sexuality education include social space, greetings and gift buying and giving. Corresponding activity sheets as well as carryover activities for the classroom, community and home are also included.
$29.00; Mayer-Johnson, Inc., P.O. Box 1579, Solana Beach, CA 92075; Phone: (800) 588-4548 or (858) 550-0084; Fax: (858) 550-044
Website: www.mayer-johnson.com

More Social Skills Stories: Very Personal Picture Stories for Readers and Nonreaders K-12
Anne Marie Johnson, B.S. Ed. (1999)
This book contains a series of short stories depicting the appropriate and inappropriate use of communication and social interaction skills. Issues such as grooming and appropriate self-touch hold particular relevance for sexuality education. Worksheets and suggestions for generalization activities are also included.
$29.00; ISBN: 1884135218; Mayer-Johnson, Inc., P.O. Box 1579, Solana Beach, CA 92075; Phone: (800) 588-4548 or (858) 550-0084; Fax: (858) 550-044
Website: www.mayer-johnson.com

GRADE-LEVEL K-2

Connecting with Others: Lessons for Teaching Social and Emotional Competence Grades K-2
Rita Coombs-Richardson (1996)
This is the first in an enjoyable K-12 curriculum series designed to promote the development of self-advocacy, communication, interpersonal and problem-solving skills in young children. Instructional strategies include story-telling, relaxation, modeling, coaching, behavior rehearsal, reinforcement, creative expression, and self-instruction.
$39.95; ISBN: 0878223622; Research Press Dept. 25W P.O. Box 9177 Champaign, IL 61826; Phone 217-352-3273, 800-519-2707, Fax 217-352-1221.
Website: www.researchpress.com

GRADE-LEVEL: 3-5

Connecting with Others: Lessons for Teaching Social and Emotional Competence Grades 3-5
Rita Coombs-Richardson (1996)
This is the second in an enjoyable K-12 curriculum series designed to promote the development of self-advocacy, communication, interpersonal and problem-solving skills in young children. Instructional strategies include story-telling, relaxation, modeling, coaching, behavior rehearsal, reinforcement, creative expression, and self-instruction.
$39.95; ISBN: 0878223630; Research Press Dept. 25W P.O. Box 9177 Champaign, IL 61826; Phone: (217) 352-3273, (800) 519-2707; Fax: (217) 352-1221.
Website: www.researchpress.com

How to Lose All Your Friends
Nancy Carlson (1997)
This is a tongue-in-cheek, reverse etiquette book designed to help kids identify socially undesirable behaviors (e.g., whining, tattling, teasing etc). Originally written for children 3-8, it can be used as a read-aloud book interspersed with instructor-led discussion for children with disabilities.
$5.39; ISBN: 0140558624; Puffin Books a Division of the Penguin Group 345 Hudson Street, New York, NY 10014
(Also available at Amazon.com)

GRADE-LEVEL: 6-8

Connecting with Others: Lessons for Teaching Social and Emotional Competence Grades 6-8

Rita Coombs-Richardson & Elizabeth T. Evans (1997)

This is the third in an enjoyable K-12 curriculum series designed to promote the development of self-advocacy, communication, interpersonal and problem-solving skills in elementary-school aged children. Instructional strategies include story-telling, relaxation, modeling, coaching, behavior rehearsal, reinforcement, creative expression, and self-instruction.

$39.95; ISBN: 0878223649; Research Press Dept. 25W, P.O. Box 9177 Champaign, IL 61826; Phone: (217) 352-3273, (800) 519-2707; Fax: (217) 352-1221.

Website: www.researchpress.com

GRADE-LEVEL: 7-12

Autism & PDD: Adolescent Social Skills Lessons: Health & Hygiene

Pam Britton Reese & Nena C. Chellenner (2001)

These story lessons can be used to teach important social skills related to health and hygiene. The instructional lessons teach what to say and do in social situations that can be overwhelming to the young person with autism or PDD. The behavioral lessons target those behaviors that pose health or social risks and need to be addressed (e.g. overeating). Chapters include: Healthy Habits; Health Care; Puberty and Basic Grooming Skills.

$21.00; LinguiSystems, Inc.; 3100 4th Avenue, East Moline, IL 61244; Phone: (800) 776-4332; Fax: 800-577-4555

Website: www.linguisystems.com

Connecting with Others: Lessons for Teaching Social and Emotional Competence Grades 9-12

Rita Coombs-Richardson & Charles Meisgeier (2001)

This is the final installment in an enjoyable K-12 curriculum series designed to promote the development of self-advocacy, communication, interpersonal and problem-solving skills in young people. Geared toward the adolescent, this volume offers 40 learning activities that consider cultural, ethnic and gender diversity and help to prepare adolescents for the transition to adulthood.

$39.95; ISBN: 0878224645; Research Press Dept. 25W, P.O. Box 9177 Champaign, IL 61826; Phone: (217) 352-3273, (800) 519-2707; Fax: (217) 352-1221.

Website: www.researchpress.com

MATERIALS TO SUPPORT THE TEACHING OF GENDER-SPECIFIC ISSUES

GRADE LEVEL: 6-8

Janet's Got Her Period

Judi Gray & Jitka Jilich (1990)

This comprehensive video program is specifically designed for use with girls and young women with moderate cognitive disabilities. The 17-minute video tells the story of a young girl who learns menstrual self-care from her mother and sister. It includes a detailed task analysis of behaviors required for using menstrual pads. The package is comprised of the video, an illustrated storybook, an extensive resource book for the educator, parents or caregiver(s), a computer pictograph wall chart outlining the steps for changing a sanitary napkin, and 24 laminated cards for student use.

$399; James Stanfield Publishing Co., P.O. Box 41058, Santa Barbara, CA 93140; Phone: (800) 421-6534; Fax: (805) 897-1187

Website: www.stanfield.com

Period

JoAnn Gardner-Loulan & Bonnie Lopez, Illustrated by Marcia Quackenbush (1991)

This book was written for young girls going experiencing the physical and emotional changes associated with puberty. Considered a comprehensive and friendly book that provides explicit information about menstruation, it also covers gynecological exams. A Parent Guide is included.

$9.95; ISBN: 0802774784; Volcano Press P.O. Box 270, Volcano, CA 95689-0270; Phone: (800) 879-9636; Fax (209) 296-4995

Website: www.volcanopress.com

(Also available at Amazon.com)

The Period Book: Everything You Don't Want to Ask (But Need to Know)

Karen Gravelle & Jennifer Gravelle (1996)

This user-friendly book published by an aunt and her 15-year-old niece provides facts about menstruation and puberty while also addressing some of the more difficult to ask questions/concerns. Cartoon illustrations help to keep a light-hearted tone about an important developmental milestone.

$8.06; ISBN: 0-8027-7478-4; Walker & Company 104 Fifth Avenue New York, NY 10011; Phone (212) 727-8300; Fax (212) 727-0984 (Also available on Amazon.com). $8.95; Braille version: National Braille Press, 88 St. Stephen Street, Boston, MA 02115; Phone: (617) 266-6160, Toll Free: (888) 965-8965; Fax: (617) 437-0456.

Website: www.nbp.org

Ready, Set, Grow: A What's Happening to My Body? Book for Younger Girls

Lynda Madaras & Linda Davick (2003)

This playfully illustrated book is designed to provide thoughtful, down-to-earth information about puberty to girls prior to or as they are entering puberty. Geared to a 3rd -6th grade comprehension level, this book can be used with slightly older girls with developmental disabilities to help them understand the physical and emotional changes associated with puberty.

$9.00; ISBN: 1557045658; Newmarket Press, A Division of Newmarket Publishing and Communications Company; 18 East 48th Street, New York, NY 10017; Phone: (212) 832-3575; Fax: (212) 832-3629

Website: www.newmarketpress.com

(Also available at Amazon.com)

"The Birds, the Bees and Me" for Girls
Tom McCaffrey (2003)

This highly acclaimed, award-winning educational video is designed for use with pre-teens and features a young adult talking about puberty and sex and childbirth. Good resource for introducing the topic and breaking the ice.

$24.95; ASIN: 0972928413; The National Training Organization for Child Care Providers (NTOCCP LTD.), Phone: (303) 840-1997.

Website: www.birdsandbeesvideo.com

(Also available at Amazon.com)

"The Birds, the Bees and Me" for Boys
Tom McCaffrey (2003)

This highly acclaimed, award-winning educational video is designed for use with pre-teens and features a young adult talking about puberty and sex and childbirth. Good resource for introducing the topic and breaking the ice.

$24.95; ASIN: 0972928405; The National Training Organization for Child Care Providers (NTOCCP LTD.), Phone: (303) 840-1997.

Website: www.birdsandbeesvideo.com

(Also available at Amazon.com)

GRADE LEVEL: 9-12

The Gyn Exam
Maria Oliva Taylor (1991)

This video program was designed for use with girls and women with developmental disabilities. It illustrates the process of a gynecological visit including both a pelvic and breast exam. Viewers meet Gemma and follow her from the time of scheduling an appointment through the exam. The package is comprised of two video tapes and 44 8x10 photos illustrating the pelvic and breast exams. A comprehensive teacher's guide is also included.

$299; James Stanfield Publishing Co., P.O. Box 41058, Santa Barbara, CA 93140; Phone: (800) 421-6534; Fax: (805) 897-1187.

Website: www.stanfield.com

GRADE-LEVEL: 10-12

Making Connections (Video)
Mary Ann Carmody (Producer), Sally Bailey (Director), Brian Pascale (Director) (1995)

This is an informative, entertaining look at a fictitious dating service for persons with developmental disabilities. The video and accompanying guide address a major issue encountered by young people with disabilities…how to meet people and broaden their circle of friends. The cast is comprised primarily of individuals with developmental disabilities. Recipient of numerous prestigious film awards including an Honorable Mention by the National Council on Family Relations Media Awards Competition.

$79.00; Special Needs Project; 324 State Street, Suite H, Santa Barbara, CA 9310; Phone: (800) 333-6867; Fax: (805) 962-5087.

Website: www.specialneeds.com

The Relationship Video Series #1: The Friendship Series
Young Adult Institute/National Institute for Persons with Disabilities (YAI/NIPD) (1997)

This series of three videos helps young people with developmental disabilities to distinguish between strangers, acquaintances, and friends. Tape #1 (The Differences Between Strangers, Acquaintances and Friends) focuses on defining the differences between strangers, acquaintances and friends, identifies the five most important qualities of a friend and explores the "do's" and "don'ts" of dealing with strangers, acquaintances and friends. Tape #2 (Becoming an Acquaintance or a Friend), focuses on tips for meeting people, defining new relationships and moving from being an acquaintance to a friend. Tape #3 (Being a Friend) is an interactive video that engages the viewer in exercises designed to assist them to sustain friendships, resolve difficulties and/or end a friendship if necessary.

$350.00 Set of Three Tapes; $95.00 Tape #1; $135.00 Tape #2; $155.00 Tape #3; Young Adult Institute/National Institute for Persons with Disabilities; 460 West 34th St. NY, NY 10001-2382; Phone: (212) 273-6517.

Website: www.yai.org

The Relationship Video Series #2: The Boyfriend/Girlfriend Series
Young Adult Institute/National Institute for Persons with Disabilities (YAI/NIPD) (1997)

This series of three videos helps young people with developmental disabilities to better understand the nature of a boyfriend/girlfriend relationship. Tape #1 (Starting a Special Relationship) explores the differences between a friend and a boyfriend/girlfriend. Viewers learn how to initiate, build and maintain a boyfriend/ girlfriend relationship. Tape #2 (Building a Relationship I Like) emphasizes the importance of each partner's need to make decisions for him/herself and the significance of communication within this type of relationship. It covers four ways to say "No" in social/sexual situations and teaches the use of a 3-step method for resolving conflicts. Tape #3 (Having a Good Relationship) centers

on five ways to help maintain a fulfilling boyfriend/girlfriend relationship.

$375.00 Set of Three Tapes; $125.00 Tape #1; $135.00 Tape #2; $155.00 Tape #3; Young Adult Institute/National Institute for Persons with Disabilities; 460 West 34th St. NY, NY 10001-2382; Phone: (212) 273-6517.

Website: www.yai.org

ABUSE PREVENTION CURRICULA

GRADE-LEVEL: K-5

Child Sexual Abuse: A Solution

Karen Adams & Jennifer Fey (1985)

This popular sexual abuse prevention program was designed for use with a non-disabled population but it is readily adaptable for use with children with disabilities. A video program, it introduces Chester the Cat, who, through a gentle approach, teaches children self-protection skills. A six-part video program, it has been designed to teach children, address the concerns of parents and to facilitate teachers' abilities to cover this important topic.

$249; James Stanfield Publishing Co., P.O. Box 41058, Santa Barbara, CA 93140; Phone: (800) 421-6534; Fax: (805) 897-1187.

Website: www.stanfield.com

Child Sexual Abuse Curriculum for the Developmentally Disabled

Sol R. Rappaport, Ph.D., Sandra A. Burkhardt, Ph.D., & Anthony F. Rotatori, Ph.D. (1997)

This book is divided into five segments; the first four are designed to help inform the abuse prevention educator as to important information about the sexual abuse of children with developmental disabilities. These include: Understanding Child Sexual Abuse of the Developmentally Disabled, The Treatment of Sexually Abused Children, Sexual Abuse: The Emotional and Behavioral Sequelae, Factors That Mediate the Sequelae of Child Sexual Abuse. The last chapter constitutes the Rappaport Curriculum for the Prevention of Child Sexual Abuse in Children with Developmental Disabilities with 10 lessons on sexuality and sexual abuse prevention for children with mild mental retardation. An appendix is also included, which parents and caregivers can review with children.

$34.95; ISBN: 0398067341; Charles C. Thomas Publishers, Ltd. , 2600 South First Street Springfield, IL 62704; Phone: (217) 789-8980; Fax: (217) 789-9130.

Website: www.ccthomas.com

CIRCLES I: Intimacy & Relationships

Marklyn P. Champagne, R.N., M.S.W., & Leslie Walker-Hirsch, M. Ed. (1993)

This curriculum is for people with mild to moderate developmental disabilities. It consists of two parts. Part I: Social Distance is comprised of eleven videos designed to help students "see" social and sexual distance. It also explains relationship boundaries and relationship-specific behaviors. Part II: Relationship Building is comprised of six videos that demonstrate how intimacy levels change as relationships change. The program also includes 12 videos, a wall teaching graph, 50 large laminated graph icons, 50 student "personal" graphs and icons, and a teacher's guide.

$599; James Stanfield Publishing Co., P.O. Box 41058, Santa Barbara, CA 93140; Phone: (800) 421-6534; Fax: (805) 897-1187.

Website: www.stanfield.com

"No-Go-Tell"

Elisabeth J. Krents, Ph.D., & Sheila A. Brenner, M.A. (1991)

This curriculum, designed to teach child protection to 3-7 year olds, was created by experts serving children with disabilities. It is a comprehensive package of materials that features two dolls and a set of large illustrated teaching panels (11"x17"). It teaches four primary prevention concepts: differentiating between family, friends, familiar people and strangers ; identifying private body parts; defining "O.K." touches; defining "Not O.K." touches; and identifying who and how to tell about an abusive experience.

$299/without dolls, $399/with dolls; James Stanfield Publishing Co., P.O. Box 41058, Santa Barbara, CA 93140; Phone: (800) 421-6534; Fax: (805) 897-1187.

Website: www.stanfield.com

Preventing Sexual Abuse: Activities and Strategies for Those Working with Children and Adolescents Second Edition**

Carol A. Plummer (1997)

This sexual abuse-prevention curriculum is divided into two sections. The first is a three- or five-day presentation for grades K through six, which is also adaptable for children with developmental disabilities. The second is a one-, three-, or five-day presentation for grades seven through 12. The curriculum provides: guidelines for the instructor, an appendix, and information about involving parents to make the program work.

$23.95; ISBN: 1556911149; Learning Publications, Inc., P.O. Box 1338, Holmes Beach, FL 34218-1338; Phone (800) 222-1525; Fax: (941) 778-6818.

Website: www.learningpublications.com

Talking About Touching: Personal Safety for Preschoolers and Kindergartners***

Ruth Harms, Ed.D. (1996)

This curriculum, which is based on social learning theory, consists of 14 lessons that teach children about general safety. It specifically focuses on self-protection skills to reduce children's vulnerability to sexual abuse. The curriculum consists of a teacher's guide and lesson cards with photos to illustrate concepts. Also included are a book and audio cassette titled "Sam's Story," a poster that tells how Sam learned the "touching rule," a video titled "Willy Learns the Touching Rule" and a video for parents titled "What Do I Say Now? How to Help Protect Your Child from Sexual Abuse."

$250; Committee for Children, 2203 Airport Way South, Suite 500, Seattle, WA 98134-2035; Phone: 800/634-4449; Fax: 206/343-1445.

Website: www.cfchildren.org

Talking About Touching: A Personal Safety Curriculum, Grades 1-3***

Ruth Harris, Ed.D., Diane Davis, M.A., & Andrea Mackey, Ed.M. (1996)

This curriculum, which is based on social-learning theory, consists of 14 lessons for first

graders, 14 lessons for second graders, and 12 lessons for third graders. All units discuss personal safety, touching safety, and assertiveness and support. The curriculum consists of a teacher's guide and lesson cards with photos to illustrate concepts. Also included are a book and audio cassette titled "Sam's Story," a poster that tells how Sam learned the "touching rule," a video titled "Willy Learns the Touching Rule," and a video for parents titled "What Do I Say Now? How to Help Protect Your Child from Sexual Abuse."

$195; Committee for Children, 2203 Airport Way South, Suite 500, Seattle, WA 98134-2035; Phone: 800/634-4449; Fax: 206/343-1445.

Website: www.cfchildren.org

GRADE-LEVEL: 6-12

CIRCLES II: Stop Abuse

Marklyn P. Champagne, R.N., B.S., & Leslie Walker-Hirsch, M.Ed. (1986)

This curriculum is for people with mild to moderate developmental disabilities. It teaches students how to avoid exploitative situations. Part I, titled "Recognizing and Reacting to Sexual Exploitation," encourages student assertiveness and teaches students how to recognize and react to sexual exploitation. Part II, titled "Learning Appropriate Protective Behaviors," discusses the potential for sexual abuse from acquaintances and strangers, and teaches students how to deal with unwanted advances. Three videos, a wall teaching graph, and a teacher's guide are included.

$399; James Stanfield Publishing Co., P.O. Box 41058, Santa Barbara, CA 93140; Phone: (800) 421-6534; Fax: (805) 897-118.

Website: www.stanfield.com

Preventing Sexual Abuse: Activities and Strategies for Those Working with Children and Adolescents Second Edition**

Carol A. Plummer (1997)

This sexual abuse-prevention curriculum is divided into two sections. The first is a three- or five-day presentation for grades K through six, which is also adaptable for the developmentally disabled. The second is a one-, three-, or five-day presentation for grades seven through 12. The curriculum also provides information about involving parents and making the program work. Also included are guidelines for instructors and an appendix.

$23.95; ISBN 1556911149; Learning Publications, Inc., P.O. Box 1338, Holmes Beach, FL 34218-1338; Phone (800)222-1525; Fax: (941)778-6818.

Website: www.amazon.com

MATERIALS TO SUPPORT ABUSE PREVENTION

GRADE-LEVEL: K-2

It's My Body

Lory Freeman; Illustrated by Carol Deach (1984)

This book was written to assist adults and preschool children talk about sexual abuse together in a way that emphasizes self-reliance and open communication. Free from specific references or stories about sexual abuse, it introduces two "touching codes," which children can use to protect themselves when they're uncomfortable. Also available in Spanish.

$5.95; ISBN: 094399033; Parenting Press, Inc. P.O. Box 75267, Seattle, WA 98175-0267; Phone (sales department): (800) 992-6657; Fax: (206) 364-0702

Website: www.parentingpress.com

My Body Is Mine, My Feelings Are Mine: A Storybook About Body Safety for Young Children

Susan Hoke, ACSW (1995)

This storybook introduces the basic concept of body safety to children through the use of dialogue and illustrations. It includes a "Body Rules Safety Quiz" as well as an adult guidebook for parents, caretakers, counselors, relatives, clergy, and educators.

$18.95; ISBN: 1882732243; Childswork/Childplay, 135 Dupont Street, P.O. Box 760, Plainview, NY 11803-0760; Phone: 800/962-1141; Fax: 800/262-1886.

Website: www.childwork.com

The Right Touch: A Read-Aloud Story to Help Prevent Child Sexual Abuse

Sandy Kleven, LCSW; Illustrated by Jody Bergsma (1997)

This book was developed as a gentle and thoughtful tool for teaching skills to help prevent child sexual abuse. It is informative without being alarming, and has soft reassuring illustrations.

$15.95; ISBN: 0935699104; The SaferSociety Foundation Inc., P.O. 340, Brandon, Vermont 05733-0340; Phone (802) 247-3132; Fax (802) 247-4233.

Website: www.safersociety.org

Your Body Belongs to You

Cornelia Spelman, Teri Weidner & Cornelia Maude Spelman (2000)

This is a positive, assertive book that conveys the message that it is all right for kids to choose when and by whom they are to be touched. It provides the child with concrete strategies for what to say and do when touched in a way that makes him/her uncomfortable. Watercolor illustrations and basic vocabulary make this an accessible book for children with disabilities as well.

$5.36; Albert Whitman & Company; 6340 Oakton Street, Morton Grove, Illinois 60053-2723; Phone: (800) 255-7675, (847) 581-0033; Fax: (847) 581-0039

(Available on Amazon.com)

GRADE-LEVEL: 1-4

Let's Prevent Abuse (Puppet Program)

Pacer Center (1984)

In response to growing awareness of the increased vulnerability of children with disabilities to all types of abuse, the Let's Prevent Abuse Program was established to help children and adults with disabilities gain information about physical and sexual abuse and develop personal safety skills. This puppet program features four endearing multi-racial, child-size puppets that portray children with and without disabilities. Used with over 80,000 individuals to date, the puppets have proven to be a comfortable medium through which to teach children about abuse prevention. The Pacer Center offers the

puppets, materials and training in delivery of the program.

Pacer Center, 4826 Chicago Ave. South, Minneaopolis, MN, 55417;
Phone: (612) 827 2966; Fax: (952) 838-0199.

Website: www.pacer.org

GRADE-LEVEL: 3-5

A Very Touching Book...for Little People and for Big People

Jan Hindman & Tom Novak (1983)

This is an entertaining book with terrific illustrations that teach children about various types of touch; "good" touch, bad touch (e.g. being punched) and secret touching (sexual touch). In a very light manner, it helps kids to differentiate between the touches and offers direction as to what to do if faced with bad or secret touching. This is a very good resource for an abuse prevention module and may be useful for older children and adults with developmental disabilities.

$8.96; Alexandria Associates; P.O. Box 87, Baker City, OR 97814;
Phone: (541) 523-4574; Fax: (541) 523-4578;

Website: (Available on Amazon.com).

My Body is Private

Linda Walvoord Girard & Rodney Pate (1992)

Sexual abuse prevention is taught through a gentle conversation between a mother and her daughter. It defines privacy and presents information about sexual abuse in a non-frightening yet serious manner. Abuse prevention strategies are integrated into the story. This is recommended for use with individuals with a developmental age of 6 or 7.

$5.36; ISBN: 0807553190; Albert Whitman & Company 15 Hubbard Street, Ste 300, Chicago, IL 60610; Phone (312) 329-1960; Fax (312) 329-1963.

Website: www.awhitmanco.com

(Also available at Amazon.com)

GRADE-LEVEL: 7-12

The Right to Control What Happens to Your Body: A Straightforward Guide to Issues of Sexuality and Sexual Abuse

Roeher Institute (1991)

Written for people with developmental disabilities, this booklet focuses on ways that individuals can protect themselves from sexual abuse and understand their individual rights to sexuality. It provides facts about sexuality, and sexual abuse including its potential effects and treatment. The booklet also includes legal information pertaining to the Canadian criminal justice system and thus, would need adaptation for use in the U.S.

$7.00; ISBN: 1805070105; Roeher Institute Kinsmen Building; York University, 4700 Keele Street, Toronto, Ontario M3J 1P3; Phone (416) 661-9611; (800) 856-2207; Fax (416) 661-5701.

Website: www.eric.ed.gov:80/ERICWebPortal/search/detailmini.jsp?_nfpb=true&_&ERICExtSearch_SearchValue_0=ED344348&ERICExtSearch_SearchType_0=no&accno=ED344348

HIV/AIDS PREVENTION CURRICULA

GRADE-LEVEL 7-12

CIRCLES III: AIDS: Safer Ways

Leslie Walker-Hirsch, M.Ed. & Marklyn Champagne, R.N., B.S. (1988)

This curriculum is for people with mild to moderate developmental disabilities. Part I, titled "Communicable Diseases and Casual Contact," illustrates casual contact and the steps that can be taken to decrease the chances of becoming infected with a communicable disease. Part II "STDs, AIDS and Intimate Contact," explains the difference between casual and intimate contact. It promotes positive decision-making and addresses abstinence as the best way to avoid STDs and AIDS. Six videos, supplemental materials, and a teacher's guide are included.

$399; James Stanfield Publishing Co., P.O. Box 41058, Santa Barbara, CA 93140;
Phone: (800) 421-6534; Fax: (805) 897-1187.

Website: www.stanfield.com

Take Control: How to Stay Healthy and Safe from HIV & AIDS

InfoUse, Berkeley, CA

Designed specifically for the learning needs of people with mental retardation, this is an engaging user-friendly program (CD-Rom) that educates viewers to avoid situations that may place them at risk for HIV infection. Content includes definitions of HIV and AIDS; how HIV and AIDS are contracted and spread; safe (abstinence) and safer (condom-use) sex practices; choices about sexual relationships; avoiding compromising situations; inappropriate sexual advances; and how, why and where to get tested for HIV.

$99.95; Program Development Associates P.O. Box 2038 Syracuse, NY 13220-2038
Phone: (800)543-2119; Fax: (315)452-0710.

Website: www.pdassoc.com

An Annotated Resource List:

SEXUALITY ACROSS THE LIFESPAN FOR FAMILY MEMBERS WITH A DISABILITY

for children & adolescents with developmental disabilities

by: Jeanne Matich-Maroney

DiAnn L. Baxley, editor

First Edition 2005 / Revised Edition 2011

The following resources come directly from attendees of a series of workshops sponsored by the Florida Developmental Disabilities Council who also reviewed the Resource Guide. These titles have been included in this Addendum because parents, caregivers, and educators found them helpful in teaching children and adolescents with developmental disabilities about various aspects of sexuality. The Florida Developmental Disabilities Council wants to express its appreciation to workshop participants for sharing the resources that have helped them in learning about and teaching sexuality.

Finger Tips: A Guide for Teaching About Female Masturbation
Dave Hinsberger and Sandra Haar

This book and video set describe privacy, pleasure, and the realities of sharing living space with others. The book discusses masturbation from the points of view of safety, health and pleasure. The video and book show the mechanics of masturbation for females. These are fairly graphic, so you may want to have the female with a developmental disability watch this with someone who can monitor reactions and answer any questions.

$55.00 (US) Diversity Press, Inc.13561 Leslie Street, Richmond Hill, Ontario, Canada. Phone (877) 246-5226.

website: www.diverse-city.com/video.htm
Email: diversecitypress@bellnet.ca

Functional Living Skills and Behavioral Rules (CD)
Robin D. Allen (2003)

This CD-ROM contains over 1000 color pictures of children, adolescents, and adults engaging in a variety of functional activities, providing a wonderful learning tool for persons living with developmental disabilities. Activities include daily routines, personal hygiene, toileting, doing homework, leisure activities, simple meal preparation (healthy eating emphasized), community activities and behavioral rules. These photographs have been found to be immensely helpful in creating picture boards to use as teaching aids. The CD is compatible with Windows 95 and up or MAC OS 7.5 and up.

$39.95. Available through The Autism Resource Network at www.autismshop.com
Also available through Silver Lining Media at (888) 777-0876.
Website: www.silverliningmm.com

Handmade Love: A Guide for Teaching About Male Masturbation
Dave Hinsberger

This book and video set describe privacy, pleasure, and the realities of sharing living space with others. The book discusses masturbation from the point of view of safety, health and pleasure. The video and book show the mechanics of masturbation for males. The video is fairly graphic, so you may want to have the male with a developmental disability watch this with someone who can monitor reactions and answer any questions.

$55.00 (US) Diversity Press, Inc.13561 Leslie Street, Richmond Hill, Ontario, Canada. Phone (877) 246-5226.

website: www.diverse-city.com/video.htm
E-mail: diversecitypress@bellnet.ca

It's Perfectly Normal: Changing Bodies, Growing Up, Sex, and Sexual Health
Written by Robie H. Harris and illustrated by Michael Emberley (1996)

This book was widely recommended for teachers and educators! It discusses the physical, emotional, and social changes that occur during puberty. It reinforces good self esteem. Pictures depict various stages of puberty and growing up. Parents and educators may want to share portions of the book as appropriate for adolescents' maturity levels until adolescents are prepared to read the entire book.

$21.99 hardcover. $19.99 paperback. Candlewick Press, Inc., 2067 Massachusetts Avenue, Cambridge, MA 02140.

Website: www.Amazon.com (for cheaper copies).

Personal Hygiene: What's That Got to Do with Me?
Pat and Noah Crissey (2004)

This book teaches children about the importance of personal hygiene, both at the social and physical health levels. Personal Hygiene has many pictures to aid in understanding.

$19.95 Jessica Kingsley Publishers. 116 Pentonville Road, London N1 9JB.

Website: www.Amazon.com
Email: post@jkp.com

The Ethics of Touch: Establishing and Maintaining Appropriate Boundaries in Service to People with Developmental Disabilities (VHS and DVD)
Dave Hinsberger and Mary Harber

This training package is produced for direct care staff and parents/caregivers who often must touch persons with developmental disabilities intimately during bathing, changing, toileting, and other daily functions. The delicate balance between providing these needed services, maintaining appropriate boundaries, and expressing affection to people with developmental disabilities is addressed thoughtfully. Much attention is paid to the rights and needs of people with developmental disabilities to experience affection.

$110.00 (US) Diversity Press, Inc.13561 Leslie Street, Richmond Hill, Ontario, Canada. Phone (877) 246-5226.

website: www.diverse-city.com/video.htm
E-mail: diversecitypress@bellnet.ca

Thinking in Pictures and Other Reports from My Life with Autism
Temple Grandin (1996)

Many parents and educators working with children and adolescents living with autism struggle with teaching the social aspects of sexuality. Many reviewers of the curriculum have strongly recommended this book for its insight into the world of autism and ways to reach people with autism on a social level. Temple Grandin is living with autism and has done an excellent job in capturing the way people with autism tend to think, feel, and process information. It is recommended that this book be read before beginning to teach about socio-sexuality with people who have autism.

$13.95 Vintage Press Vintage/Anchor Publicity, 1745 Broadway, 20th Floor, New York, NY 10019.

Website: www.Amazon.com

Under Cover Dick: A Guide for Teaching About Condom Use Through Video and Understanding
Dave Hinsberger
This video and book set discusses STD and other disease prevention and demonstrates how to use a condom from the point of putting it on to the point of safely removing it. This set is fairly graphic, so you may want to have the person with a developmental disability watch this with someone who can monitor reactions and answer any questions.
$55.00 (US) Diversity Press, Inc.13561 Leslie Street, Richmond Hill, Ontario, Canada. Phone (877) 246-5226.
website: www.diverse-city.com/video.htm
E-mail: diversecitypress@bellnet.ca

Understanding the Facts of Life
Susan Meredith (1997)
This book describes exactly what takes place in the body during puberty, how our bodies change, and the role of hormones in these changes. There are sections on bodily changes from the inside of our bodies to the outside, menstruation, sexual activity, contraception, the importance of being healthy, smoking, drinking, taking drugs, good hygiene, sexually transmitted diseases (including HIV/AIDS), pregnancy, and taking care of a baby. This book is fairly advanced and is best for someone with moderate to mild developmental disabilities. Portions are suitable for anyone, however, with guidance and support. Finally, there is an index at the end, so that readers can seek out a particular section to cover with the person with a developmental disability.
$14.95. Usborne Publishing Limited, London, England, UK.
Website: www.amazon.com

MATERIALS TO TEACH ABOUT FEELINGS, EMOTIONS, AND RELATIONSHIP BUILDING

The Other Sister (video)
Starring Juliette Davis and Diane Keaton. Produced by Garry Marshall. (2000)
This is a story of romance, love, and the incredible capacity for many people with developmental disabilities to live independently, have meaningful relationships, and marry.
$14.99 (available on DVD or VHS). Walt Disney Video or available at Amazon.com

MATERIALS TO SUPPORT THE TEACHING ABOUT GENDER-SPECIFIC ISSUES

Table Manners and Beyond: The Gynecological Exam for Women with Developmental Disabilities and Other Functional Limitations
Katherine M. Simpson (ed.) (2001)
This manual provides information to parents/caregivers, other care providers, females with developmental disabilities, and gynecologists on preparing the girl/woman for a gynecological examination. Attention is paid to creative ways to reduce anxiety and modify the exam situation to meet the persons' needs (e.g. visually impaired, hearing impaired, and various physical limitations). Obtaining cooperation and informed consent is also addressed in detail. The examination is detailed in easy-to-understand terms with black and white pictures. Options in the case of the uncompleted examination are also discussed. Additional resources are provided on issues such as birth control, menstruation, and menopause.
Free.
Available on the Internet at: www.bhawd.org/sitefiles/TblMrs/cover.html

CONSUMER SATISFACTION SURVEY

The Federal Developmental Disabilities Act of 2000 requires all Developmental Disabilities Councils to report on customer satisfaction with Council-supported activities. The information that you are providing in this survey will be incorporated into an annual report that is submitted to the Administration on Developmental Disabilities. We value your appraisal of this activity. Your reply is important. Please complete the information below and return it to the Provider or mail it to: Florida Developmental Disabilities Council, 124 Marriot Drive, Suite 203, Tallahassee, Florida 32301

SEXUALITY ACROSS THE LIFESPAN FOR FAMILY MEMBERS WITH A DISABLITIY

Check the category that best describes you: ❑ Individual with a disability ❑ Family member ❑ Public policy maker

Representative of ❑ Public Agency or ❑ Private Agency ❑ Member of Community Organization or Association

Name of city where you live: _____

PLEASE CHECK THE BOX THAT BEST REFLECTS YOUR OPINION OF THIS ACTIVITY.

I. Consumer Satisfaction with Council Supported Activities Statement

For this project activity, I (or a family member) am

❑ Very Satisfied ❑ Somewhat Satisfied ❑ Not Satisfied

II. Consumer Satisfaction with Council Activities Statement

Respect: I (or my family member) was treated with respect during project activity.

❑ Yes ❑ No

Choice: I (or my family member) have more choice and control as a result of project activity.

❑ Yes ❑ No

Community: I (or my family member) can do more things in my community as a result of this project.

❑ Yes ❑ No

Rights: Because of this project activity, I (or my family member) know my rights.

❑ Yes ❑ No

Safe: I (or my family member) feel safer and able to protect myself/themselves from harm as a result of this activity.

❑ Yes ❑ No

Better Life: My life is better because of project activity.

❑ Strongly Agree ❑ Agree ❑ Somewhat Agree ❑ Somewhat Disagree ❑ Disagree ❑ Strongly Disagree

III. What has been helpful or not helpful about this project activity?

_____

_____

----------Fold Here----------

Return Address: **Stamp**

_____

_____

_____

Florida Developmental Disabilities Council, Inc.
Attn: First Steps
124 Marriott Drive, Suite 203
Tallahasse, Florida 32301

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