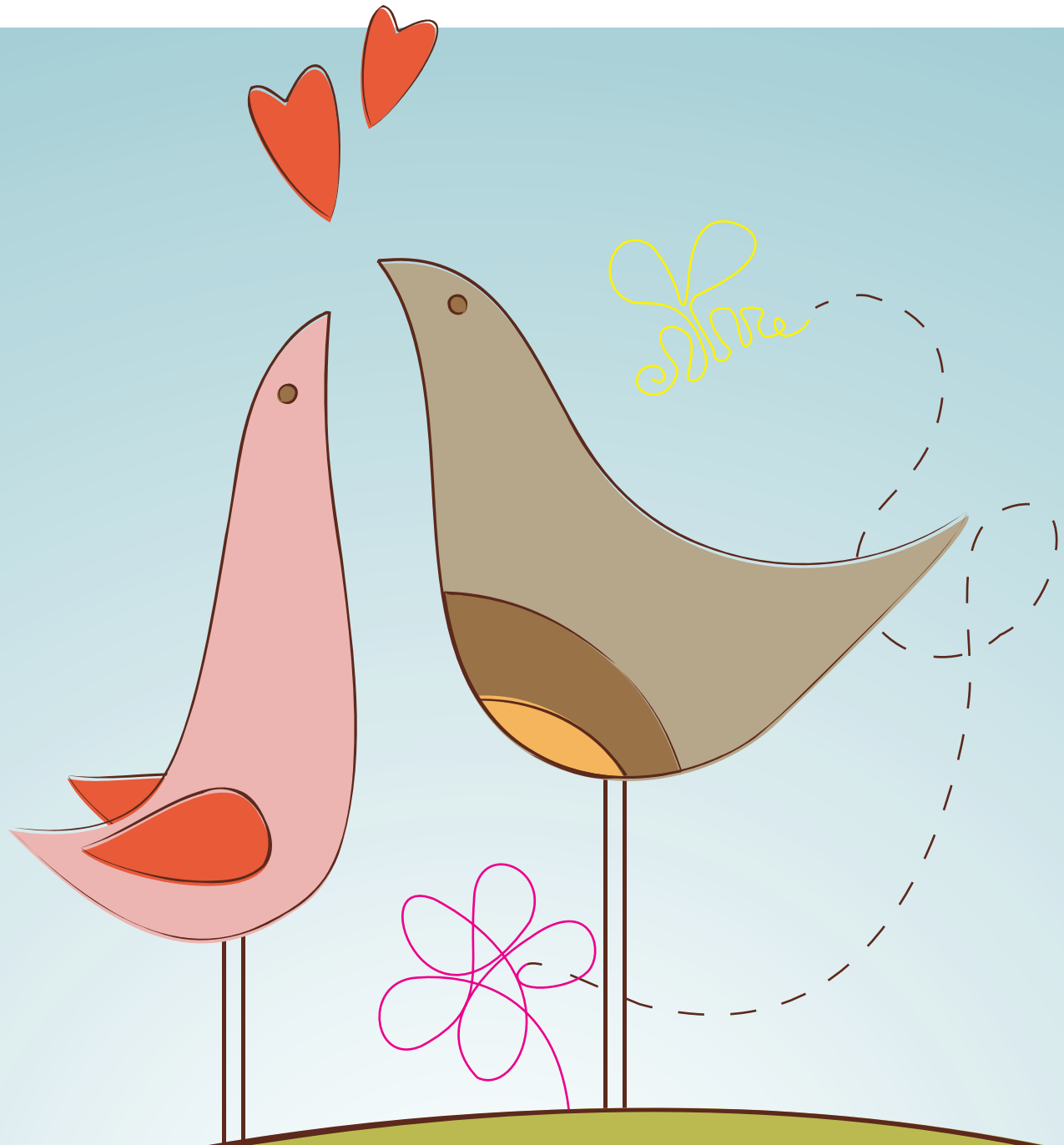


SEXUALITY

across the **LIFESPAN**



**for Children and Adolescents
with Developmental Disabilities**

An instructional guide for **EDUCATORS** of individuals with developmental disabilities

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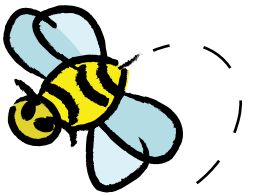
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SEXUALITY ACROSS THE LIFESPAN

by: DiAnn L. Baxley and Anna L. Zendell

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

First Edition 2005 / Revised 2011



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

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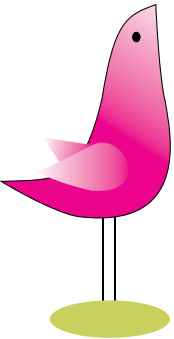
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AS AN EDUCATOR OF ANY CHILD OR ADOLESCENT, THE SUBJECT OF SEXUALITY CAN BE DAUNTING. ADD TO THE MIX A PHYSICAL OR COGNITIVE DISABILITY AND YOU MAY FIND YOURSELF FEELING TOTALLY UNPREPARED TO DEAL WITH THE SUBJECT MATTER, PARTICULARLY IN AN EDUCATIONAL SETTING. HOWEVER, IT MAY VERY WELL COME UP IN YOUR CLASSROOM.

We are all sexual beings from the day we are born. Sexuality is the exploration of ourselves - our physical bodies, our emotions, our 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 our ability to learn the responsibilities and consequences of the various aspects of sexuality that will define for each of us the degree of involvement and discovery we will explore.

This Instructional Manual and the Resource List located in the back of the book are designed to help teachers and other educators assist individuals with intellectual or developmental disabilities (I/DD) in their exploration of self and sexuality. These manuals are also designed to help educators forge ways to collaborate with individuals’ families in teaching these concepts in a manner consistent with families’ beliefs and values. The authors hope that these resources will help both educators and students gain a deeper appreciation for self and others, and that when persons living with a disability reach adulthood, they 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 what is appropriate for the age and maturity level of each student.



Helpful Hints for Educators

As an educator you have the responsibility for teaching your students about growing up. This includes 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 in multiple settings, such as at school and home. Since each person is unique with different abilities and learning styles, you as the educator will be well positioned to determine when and how much information to present to your students need in order to explore their sexuality fully and safely. While we all hope that sexuality will be taught at home, this may not be the case. It is a difficult topic to address, particularly for parents. You as an educator will need to work closely with your students’ parents or caregivers to plan a positive, gradual, and consistent sexuality education plan commensurate with the students’ developmental and maturity levels and with the parents’ beliefs and values. An instructional manual is also available for parents and caregivers, which may be helpful in attaining your educational goals for your students across different settings.

There are some things to keep in mind while you and your students 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 students may ask questions dealing with relationships or, if your students are non-verbal, you may find them paying particular attention to certain videos, magazine pictures, or stories involving loving relationships. These are good clues that your students are noticing and may be thinking about issues of sexuality.
3. You may find that you are uncomfortable talking about sexuality with your students. Many educators 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 have had many different types of relationships, haven’t you? You may not know all the technical terms, but having personal experience is a great starting point in teaching. How you respond to your students is as important as what you say. If sexuality is taught as a bad or an unnatural thing, then your students may have trouble participating in society appropriately. Keep it positive!
4. Your students will already be aware of many aspects of sexuality through TV, the radio, music, and classmates. Your job is to make sure they learn to like who they are and that they learn the correct language and appropriate behavior for what they 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 students for living 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 students to speak or point to the correct body parts where they were touched will better help the authorities.
6. You, your students’ parents, and your students may not always agree when discussing sexuality. Sexuality includes discovering our own styles in clothing and appearance, so make room for individuality. Your style may not be your students’ style. Even in a disagreement, keep it positive. Never put your students down. Rather, teach that sexuality involves responsibility. Then discuss the consequences of acting irresponsibly. No matter who we are, irresponsible sex has its consequences. The consequences may be physical or emotional. Use praise when the right decisions are made. Encourage your students’ parents or caregivers to seek professional counseling should the need arise.

7. Talk, Talk, Talk. The best relationships, professional or otherwise, involve open communication. You have learned how best to communicate with your students. If you are a new teacher, talk with caregivers and former teachers about how the students best communicate with others. 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 many exercises in this manual for you to do with your students. Some may be suitable for groups of students, but most will be best taught one-on-one with your students. We recognize that schools often do not allow for time to teach your students individually. If you do these exercises in groups, be sure that you choose groups of children with similar maturity and cognitive functioning levels to facilitate learning. The exercises 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 learning 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 skills to revisit.
9. Use as many resources as possible to teach the task(s). The brain is a marvelous part of us. 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 students.
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 students 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 process of maturation and puberty. Have your students bring in full-length photos (fully clothed of course) of themselves from different stages of their life and paste them on a picture board to help them to see the changes that they have already gone through. Continue to do this as they go through puberty. Showing them similar pictures of classmates, or even of yourself, as you grew up, is another way to show them changes. Using anatomically correct dolls (Barbie dolls are a good source as they have the teenage Skipper up through adult Barbie) so that they 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 students will be to deal with the many changes they will be experiencing.

If you are still experiencing difficulty helping your students understand the changes and appropriate behaviors, don’t be afraid to reach out for help. There are many professionals who can help, including those within your own school or service providers already involved in your students’ lives. If your school system has a school nurse, he or she can be a particularly important ally in teaching about sexuality. An important link to make, or maintain, is with students’ parents or caregivers. The changes and corresponding emotions they will be experiencing will travel with them wherever they go. Having everyone involved in your students’ lives using the same teaching methods will greatly enhance their learning experiences both individually and as a class. The parent’s manual that complements this manual can help immensely to promote this consistency.

Another reason for having open communication with students and all those involved in their lives is that this is a time when your students may be particularly vulnerable to sexual abuse or exploitation. They may be having sexual feelings and find themselves in situations where, to them, it feels good, but in fact it is abusive! Reinforcing good touch/bad touch, 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 students:

1. Throughout this manual there are references to using pictures to help your students understand what you are trying to teach. It is true that “a picture is worth a thousand words.” Using pictures of family members, classmates, or friends when describing various types of relationships will help make the concepts more realistic and relatable for your students.
2. There are exercises in this manual for you to do with your students. 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 learning 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 students, both as a group and individually.
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 students 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, talk with other teachers, your students’ families, and others involved in their lives. Find other teachers who have already gone through the process and ask them what they did. Talk with your students’ families to learn what steps they may be taking to teach their children about sexuality.

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 students through this learning process.

- Resources for Educators, pages 85 - 86
- Diversity Inclusion in Sexuality Education, pages 87 - 88
- Train-the-Trainer Materials, pages 89 - 90
- General Sexuality Education Curricula, pages 90 - 92
- Materials to Support General Sexuality Education by Grade Level, pages 92 - 93
- Materials to Support Teaching about Feelings/Emotions, page 94
- Materials to Support the Teaching of Gender-Specific Issues, pages 99 - 100
- Abuse Prevention Curricula, pages 103 - 105
- Materials to Support Abuse Prevention, pages 106 - 108

Alike or DIFFERENT?

For the educator

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:

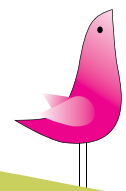
- Practicing taking turns when speaking and listening
- Sharing
- Listening carefully and clearly expressing oneself
- Following rules

Monitoring and assessment:

This activity will provide educators with an opportunity to assess whether their students can:

- Use correct terminology or identification of 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. As needed, talk to your students’ families and other teachers involved with your students to find out what learning method works best both at home and in other areas of school and then use that method to discuss sexuality. Though the ideal situation would be to conduct these activities individually with each student, this is often not possible in the school setting. You may need to form several groups of students of similar maturity levels to facilitate learning.



PREPARATION

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

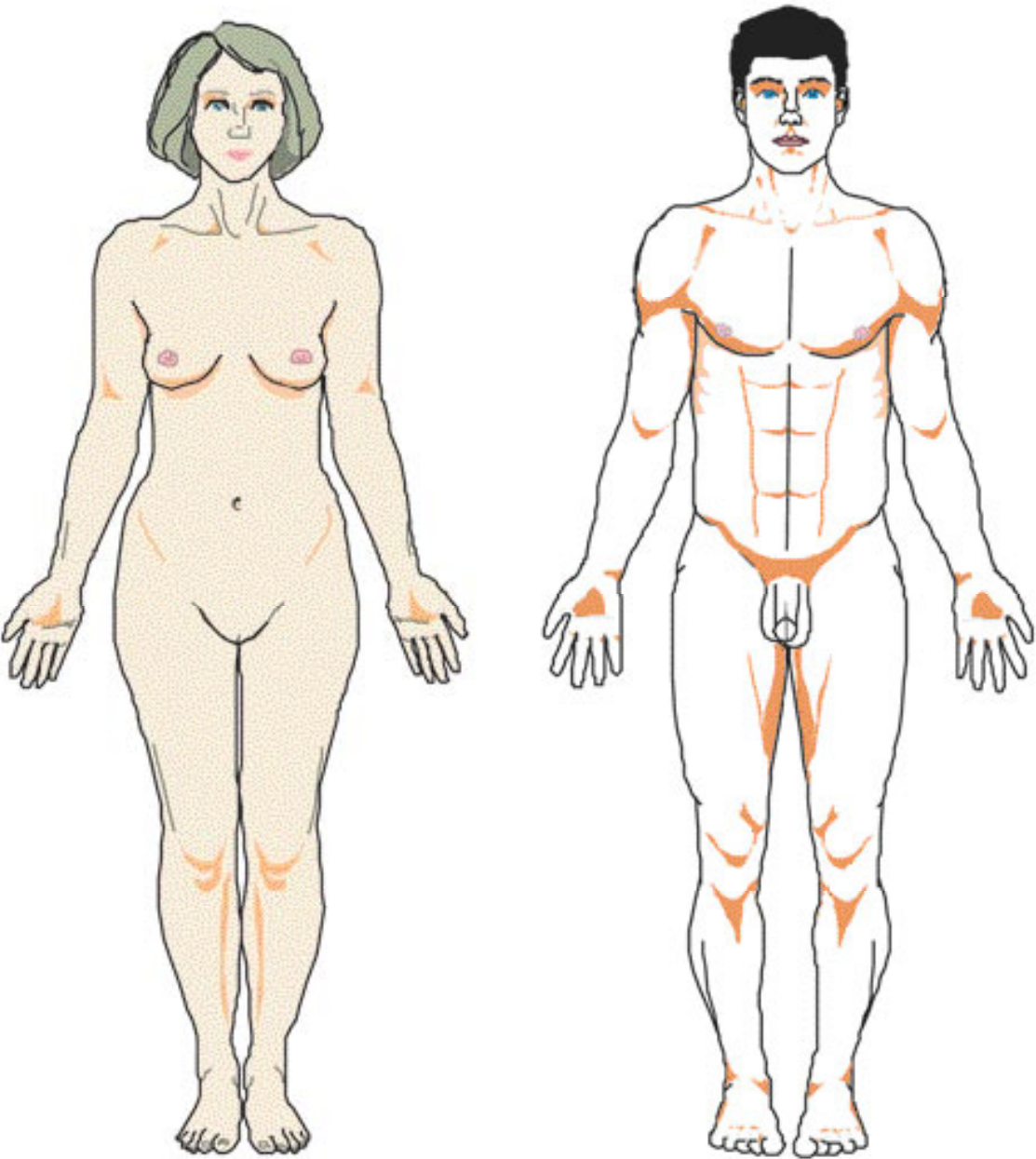
- Anatomically correct dolls
- Skeleton
- Mirrors
- Dress-up area
- Scissors
- Posters of anatomically correct bodies
- Books and stories about the human body (see Resource Guide)
- Create an activity/collage table. Include butcher’s paper, art paper, card, pencils, felt, pens, crayons, paints, brushes, 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 students’ understanding of concepts of alike and different, teaching by using like and different objects. When the concept seems to be understood, the following game can be used for reinforcement: Sit across from the group. 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.” Have each of your students describe one thing that is alike, such as, “we are both girls” or “we both have pants on.”
2. Display two anatomically correct dolls and ask your students to identify what is alike and different on each. Again, keep the example board handy if they are unable to respond verbally. If your students do not know the correct terms for the body parts, discuss the correct terms using verbal and pictorial reinforcement. Use correct names such as penis and nipple and not nicknames. Acknowledge your students’ use of nicknames that are heard elsewhere: “Yes, there are a lot of names for these body parts, but the correct names are...” (Some educators like to teach both nicknames and correct terminology, so that students will know if someone is saying something inappropriate to them. Use your judgment. If your students are mature enough to learn both the slang and correct terminology, that is ok. Flash cards with both the 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.)

3. The song “Head, Shoulders, Knees, and Toes” can be modified to introduce the new body parts.
4. Using your anatomically correct dolls, dressed paper dolls, or Barbie/Ken dolls, have your students identify which doll is a boy and which one is a girl. Ask them to relate why they think this. Have them 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).

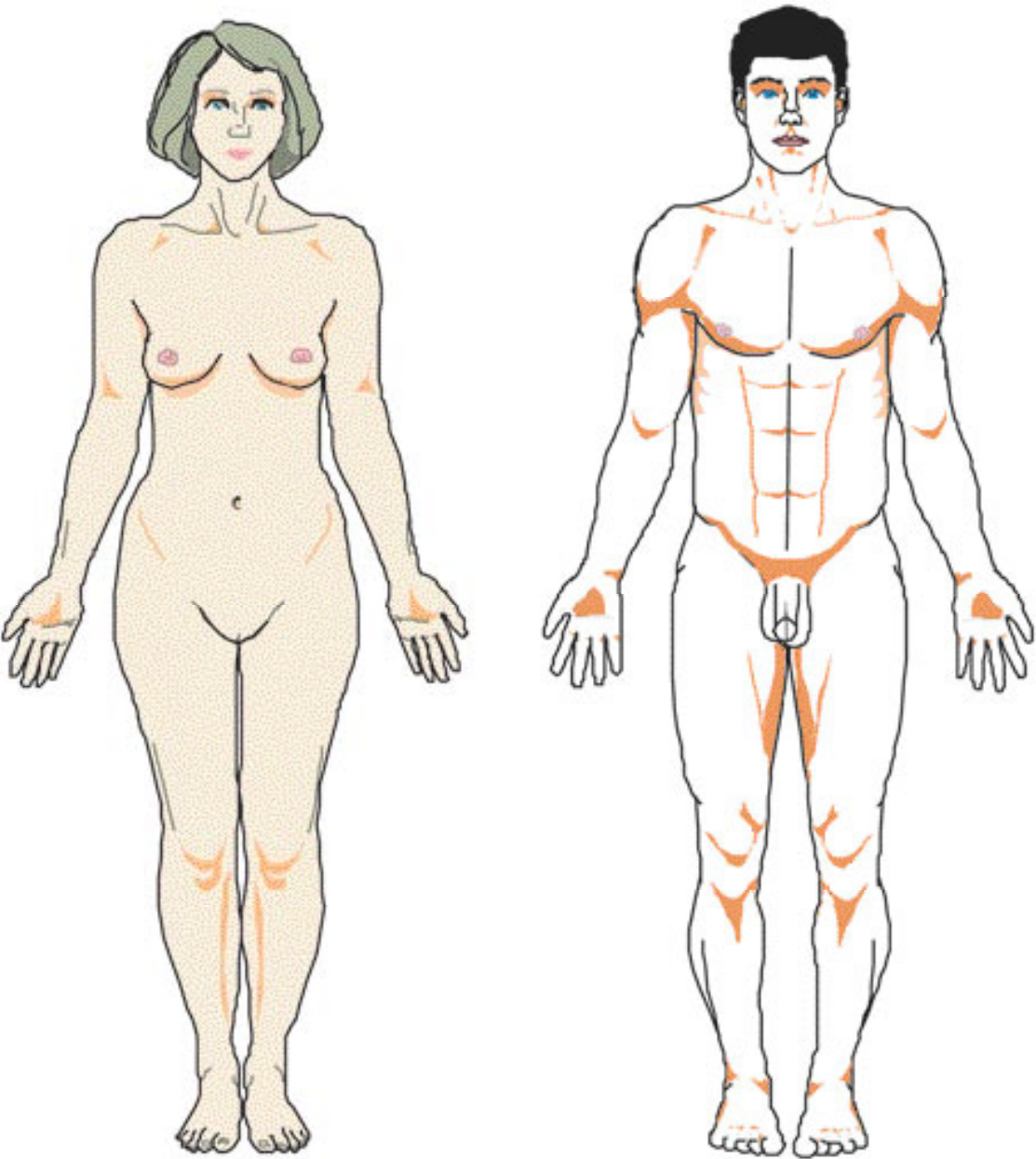
Keep in mind that children are very observant and notice the differences in bulges or bumps in clothing between adults and children. Introducing them to the differences in bodies and the correct names will help them to better understand themselves when they reach puberty.

Other activities (with adult supervision)

- 1. Have your students paint, draw, or create representations of a boy or girl.
- 2. Have your students create life-size figures of themselves on paper. Have them fill in the face, clothes, etc. Hang it in the classroom and have each student discuss the similarities or differences between him/herself and other students.
- 3. Give the opportunity for independent learning time via storybooks, magazines, or videos.
- 4. Help your students find pictures in magazines or newspapers of people with different attributes (eyes, hair, nose, mouth). Help them make picture books of these to use for reinforcement. Talk with your students’ parents/caregivers or other professionals involved with your students; encourage them to discuss correct terms with the students. These terms, along with pictures, should be included in the picture book.

Point to the picture that matches each word:

Head	Arm	Leg	Stomach	Feet	Lips
Breast	Penis	Testicles	Pubic Area	Hand	



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 students through this learning process.

Grades K-2

Teach-A-Bodies Anatomically Correct Dolls, page 92

Bare Naked Book, pages 92 - 93

Bellybuttons are Navels, page 93

Grades 3-5

Where Did I Come From?, page 93



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 to use as an instructional resource. Following are several pages for you to do together with your students.

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 students' emotions

Attitudes and values:

- Students valuing their own bodies and understanding that the changes in their bodies 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 should 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: boys usually have more muscle strength than girls and are therefore stronger; voice changes; 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 students are alike and different from other people their age

Note: Multiple learning activities may be used to meet the needs and interests of children. If you cannot work with your students individually, be sure to group children together according to maturity level and preparedness to learn materials.



PREPARATION

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

- 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 students understand to the best of their abilities about the changes their bodies are, 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 students know, the less stressful puberty will be for them.

1. Assess your students’ abilities 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 students’ bodies. Ask them to describe each body part verbally or through pointing to a picture board to acknowledge they understand (make sure you include 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 them point to a picture of an adult woman to acknowledge they understand.
2. Use correct names such as penis and nipples, not nicknames. If one of your students uses a nickname that was learned elsewhere, acknowledge the different term: “Yes, there are a lot of names for these body parts, but 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 students 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, page 99

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

What happens as we grow? (Hints for educators)

Your students may begin to feel growing pains (pain in muscles and joints) as early as 5, but are most likely to feel them 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 students are able to communicate their feelings of discomfort to you or their parents, it is important to encourage them to do so.

If your students are not able to communicate their feelings, being aware that these changes are occurring will help you to notice signs of discomfort in their mannerisms. Reassure your students that this pain is natural and communicate with parents about their children’s discomfort; encourage them to seek out professional advice on ways to ease the discomfort. This is also a time characteristic of many mood swings and hormonal changes. It is important to stress the normality of this. Bear in mind that some of your students and their parents may need additional help, such as seeing a counselor, to help them through this emotional time. Remember to use small steps in teaching concepts of puberty.

What happens during puberty? (For Girls)

Breast growth - discuss the correct terms for breast parts

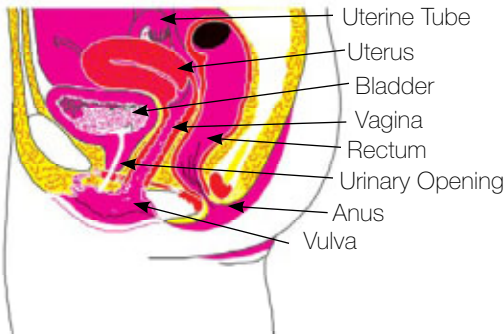
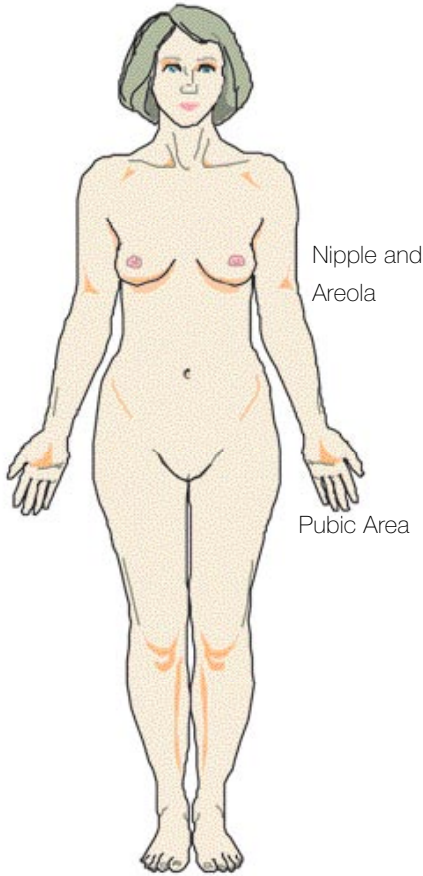
- The nipple and areola get larger and darker in color.
- The breasts enlarge.
- The breasts may feel tender or sore.
- The nipples will be sensitive and when cold, touched, or sexually aroused they may become erect.

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, 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 - this is when the ovum pushes through the ovary and travels through the uterine tube.
- Uterus - 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 male students understand the the difference between being circumcised or not. During gym class or in the bathrooms at school they may see that there is a difference. An explanation will help to alleviate any concern.

Voice changes

- Boys’ voices change more noticeably than girls’ do. 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 experiences would be a good strategy.

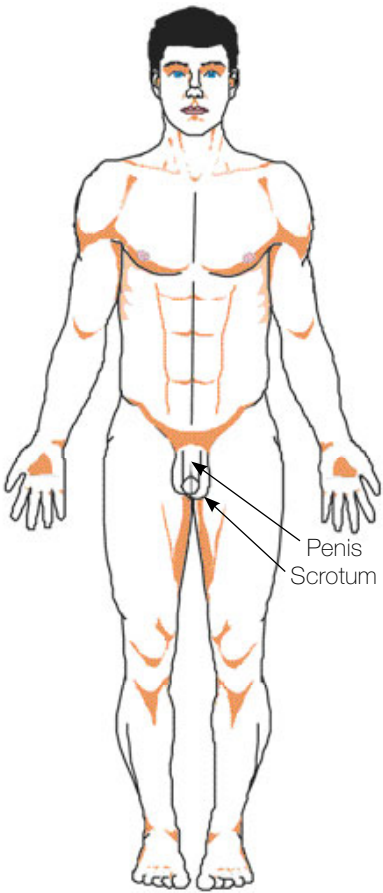
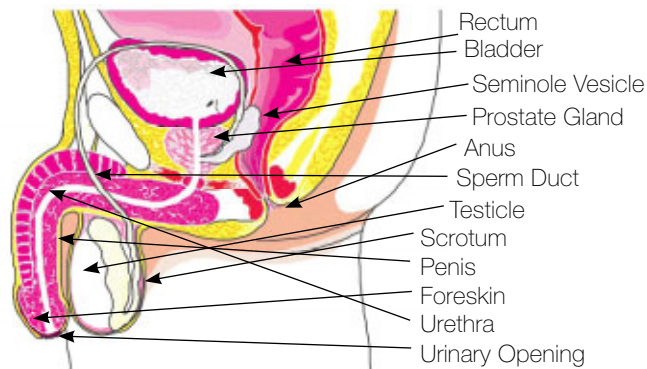
Pubic area - Boys exhibit more external changes than girls do.

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 organ becomes hard (erection) during sexual excitement. Teenage boys will have many uncontrolled experiences of sexual excitement which can lead to embarrassing situations. As educators, it is important to work with parents and caregivers to help your students learn appropriate behaviors during these times.

For example:

if they are in school, they may need to excuse themselves to go the bathroom or learn to engage themselves in other activities until the erection goes away. If at home, they may need the privacy of their room or bathroom. It is natural for most teenage boys to experiment with masturbation. They need to learn, though, that there is an appropriate time and place for this. Parents/caregivers should be involved in determining these appropriate private times and places.



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.

What is puberty?
AN INFORMATION SHEET FOR YOUNG BOYS

How boys change:

Height

Boys start growing taller a little later than girls, but also keep growing 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 also notice that you will grow a little heavier. You will see the muscles on your arms, chests, and legs get bigger and stronger, too.

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 faces, chests, armpits, and pubic areas. 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 beds so you can clean it up when you wake up. Be sure that you also launder your bed sheets and nightclothes, or else there will be a very strong odor later in the day.



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, close friends, 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. What 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.

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 yourselves. 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 do not 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 friends and classmates.

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

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 is 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 though. It is a VERY important decision and should take a lot of planning.

As you grow you may start feeling sensations that feel nice. Boys will get erections. Both boys and girls will find it feels nice to touch certain 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 front of anyone else.**

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. 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 that you like someone who does not feel the same way about you, talk to your parents, teachers, or other people you really trust about ways to deal with the situation. Even though it is normal, it still hurts.

Public and Private

As you each 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 – and families – have different ideas and beliefs about what is public and private. On the next page, you and your parents, or other trusted adults can work 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 peoples’ 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.

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 toward understanding the changes in their body as they mature into young adults. The pages are designed for you and your students 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:

- Students 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 as independently as possible and to be responsible for our behaviors. As educators, it also means helping our students learn how and when to ask for help. Be sure to teach your students the following important lessons:

- To feel good about themselves, students need to take care of themselves. This means washing their hands after using the toilet, taking baths or showers, combing their hair, eating good food, exercising in whatever ways they can, and, for girls, menstrual self-care. Talk with parents about what they are doing at home to teach about self-care and work together in teaching your students.
- Remember to use correct terminology or identification with your students for body parts and changes, including sexual organs, menstruation, and erections.
- Taking care of one’s health is also important. This is the time for students to learn to examine their own bodies. If your students, or you as their educator, see changes that do not seem right, your students need to be able to tell a trusted person about these changes in a way that will be understood. Likewise, any worrisome changes you see in your students’ bodies should be reported to their parents or other professionals.



PREPARATION

The following materials and resources can be used alone or in combination to meet the specific needs and interests of your students. Movies, magazines, books, and pictures show a variety of relationships. Previous lessons revisited as needed.

Procedure

ACTIVITY- Your students are now in high school, or of high school age, and are observing the rituals of “dating”, “going steady”, “breaking up”, etc. They may also be involved in health education classes 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 their bodies are feeling when they are near people that they “like”.

- 1. Talk with parents about how they define dating and other typical “high school age” rituals in their households. Partner with your students’ parents as much as possible in teaching from this module. It will be very confusing to your students if you are teaching them concepts that contradict what is being taught in the home.
- 2. Assess your students’ capacities 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 (beginning on page 35) are a good place to start. Ask them to describe (verbally or through pointing to a picture board) what they are feeling (sample picture board in the back of manual). Give them time to express themselves. They may have a hard time at first expressing their feelings, but the more practice they have the better they will get at it. Many educators find it helpful to have students point to their feelings on a “feelings picture board” every day to build and maintain this critical skill.
- 3. Reinforce the correct names for body parts if they use slang in describing their feelings.

Note: Multiple learning activities may need to be used to meet the needs and interests of students. If you cannot work with your students individually, you will need to be sure to group them together according to maturity level and preparedness to learn materials.

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 students through this learning process. Unfortunately, for this age group some resources are expensive.

However, there are many resources right within your own school. The TV, videos, and even the Internet offer many opportunities for discussing appropriate and inappropriate behaviors. For example, you might record several hours of different soap operas, and you will have a lot of video to teach from.

Grades 7 - 12

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.



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. Encourage your students to join activities with classmates and appropriate peer groups. It is important to give your students many opportunities to share about what is going on outside of school. It is also important to use your students’ strengths, interests and desires as guides when providing them with opportunities to explore activities and hobbies. If they mention that peers are going to various activities, but your students choose not to go, then this may be a clue that they are struggling with self-esteem. Again positive reinforcement is important. Talk with your students’ parents about taking their children shopping for clothes that are current with their peers. Reinforce good grooming skills and hygiene. Encourage them to try some activities with a few close friends that they feel comfortable with.

The next several pages provide you with some sample activities to help you glean information about your students’ self-esteem, whom they look up to as role models, and how they think others view them. Use the method of communication that works best with your students to modify the activities. If you cannot work individually with your students, it would be important to break your students into groups with similar maturity levels.

If you feel that any of your students are experiencing extremely low self-esteem you should talk to their parents about taking them to see a qualified professional, or pursue a referral to a school social worker or psychologist.

If I Could Choose To Be.....

Choose 5 -10 of the following statements to discuss with your students, 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. It may even have happened with students in your classroom. What and how you teach your students about masturbation will depend on school policies and families’ values and faith beliefs. Keep in mind, though, that your students 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 them to using whatever means they could find to relieve these natural urges, often causing physical harm to themselves. Work with your students’ parents and other professionals involved with your students to find appropriate ways to help students deal with their sexual feelings.

The scenario below is very common in classrooms. There are many ways to deal with such a situation. Several possible reactions are described. Which you choose will likely depend on your school’s policies and your students’ parents’ 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. Taking the time to learn about how your students’ parents view masturbation and how they would like to deal with masturbation will prevent potential tensions between home and school and confusion for your students, should they be receiving contradictory messages at home and school.

How to talk to your students about masturbation

SCENARIO: You walk over to a male student’s desk and see him masturbating under the desk. Clearly this is inappropriate in a classroom setting.

Reaction 1: In a calm voice tell him to stop what he is doing. (Avoid saying things like “stop doing that; it’s bad.”) Then take him into a private area, such as the bathroom or nurse’s office, and have a discussion about what he was feeling when he started to masturbate. Use the term “masturbate” so he connects it with what he was doing. Acknowledge his feelings as being natural. Introduce what an orgasm is. Explain that he may see a white sticky substance come out of his penis. This is called semen and is normal. Next discuss what was inappropriate with the location where he was 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 (e.g. 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” bathroom and “school” bathroom. If it is easier, just teach one appropriate place, such as the bedroom, to start. You may have to redirect him to his room at home (after discussing this with his parents) and go over the picture board many, many times.

Reaction 2: In a calm voice, tell him to stop what he is doing. (Avoid saying things like “stop doing that; it’s bad.”) Then take him into a private area such as the bathroom or nurse’s office and have a discussion with him about what he was feeling when he started to masturbate. Use the term “masturbate” so he connects it with what he was doing. Acknowledge his feelings as natural. Then talk about what was inappropriate about masturbating at school. Talk with him about ways he can take his mind off his feelings and avoid the urge to masturbate. For example, if he is in art class, he can focus on a favorite art project, such as drawing. Or, he can think about something he looks forward to doing when he gets home, such as going out for a bike ride or getting on the computer. The same steps may be modified for your female students.

If you notice a male student’s penis, or a female student’s vaginal area, is red and sore-looking it could be because s/he is masturbating. You could try speaking with the parents about teaching the student to use a lubricating gel or cream. There are several good ones on the market. If you are not comfortable with doing this, you could have the school nurse broach the subject with the parents. Sometimes, hearing these suggestions from a health professional takes away some of the embarrassment for parents.

If you feel that one of your students may be overactive sexually, talk with the parents and encourage them to speak with a family doctor. There may be a hormone imbalance or other medical condition which is causing an overactive sex drive.

Intercourse

Intercourse, making love, and having sex are all terms your students will have heard by now. They may even have asked you about it more than once. So how do you talk to them about what happens during intercourse? It is important that you use correct terms. Even if your students are unlikely to ever be in intimate relationships, it is important that they know exactly what intercourse is. Explaining it using correct terms will help them describe to you, their parents, or other trusted adults if someone touches them 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, semen ejaculates out of the man’s penis. The man and woman will have what is called an orgasm. When the man and woman have an orgasm they may feel the muscles of their bodies getting tense (tighten your arm muscle so students can feel what you mean). It is a very good feeling, though, and not a bad feeling. If you have discussed masturbation with your students and know they masturbate, it will be easier to explain orgasm during intercourse.

Remember to be knowledgeable about and sensitive to students’ family values. Not all parents will be comfortable with having intercourse taught in schools. Many parents wish to do this themselves in the privacy of their homes and in a manner befitting their family values and faith beliefs. In this case, you will want to offer support and factual information to parents, to help ensure that the information is shared with students. Remember that talking about intercourse may be very uncomfortable and difficult for parents. As their children’s teacher, you can provide immense support in this endeavor.

Safe Sex

If your students are 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. Next to family, you likely know your students best. Introduce the concept of safe sex the same way you did for masturbation or intercourse. Safe sex can be achieved through many means. Among these are various methods of birth control and abstinence. Most schools mandate teaching abstinence as part of sex education, and many parents also want this to be included in education about safe sex.

When talking about safe sex, if possible, have pictures or actual items of the various birth control methods, including pictures of people saying no (abstinence). For males, teach them how to use a condom with a banana. For females, it is best that to encourage their parents to discuss the various forms of birth control with their family OB/GYN. We need to urge the use of condoms to both males and females due to the rise of STDs.

There may be specific medical conditions which would keep some girls from using certain birth control methods. The OB/GYN will be able to steer your female students to the safest and easiest to use methods. If you are unable to discuss this topic with the parents of your students, talk with the school nurse about speaking with parents.

Condom Use

For sexually active individuals, condoms are one of the most common methods for safe sex. Before teaching your students about condom use, be sure that you, a school nurse, or other health professional from the school talks with their parents. Some parents may not want you to teach condom usage, due to their faith beliefs. Come up with alternative ways to emphasize safe sex, such as abstinence. Once you and your students’ parents are agreed on teaching about condom use, here are some important points to teach your students.

- Only use latex condoms (unless your student 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.
- There are also condoms for females, although these are a little more difficult to use.

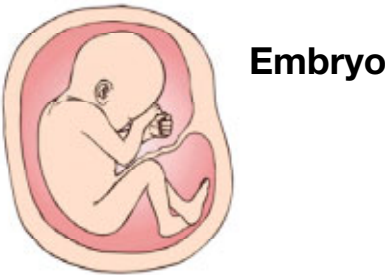
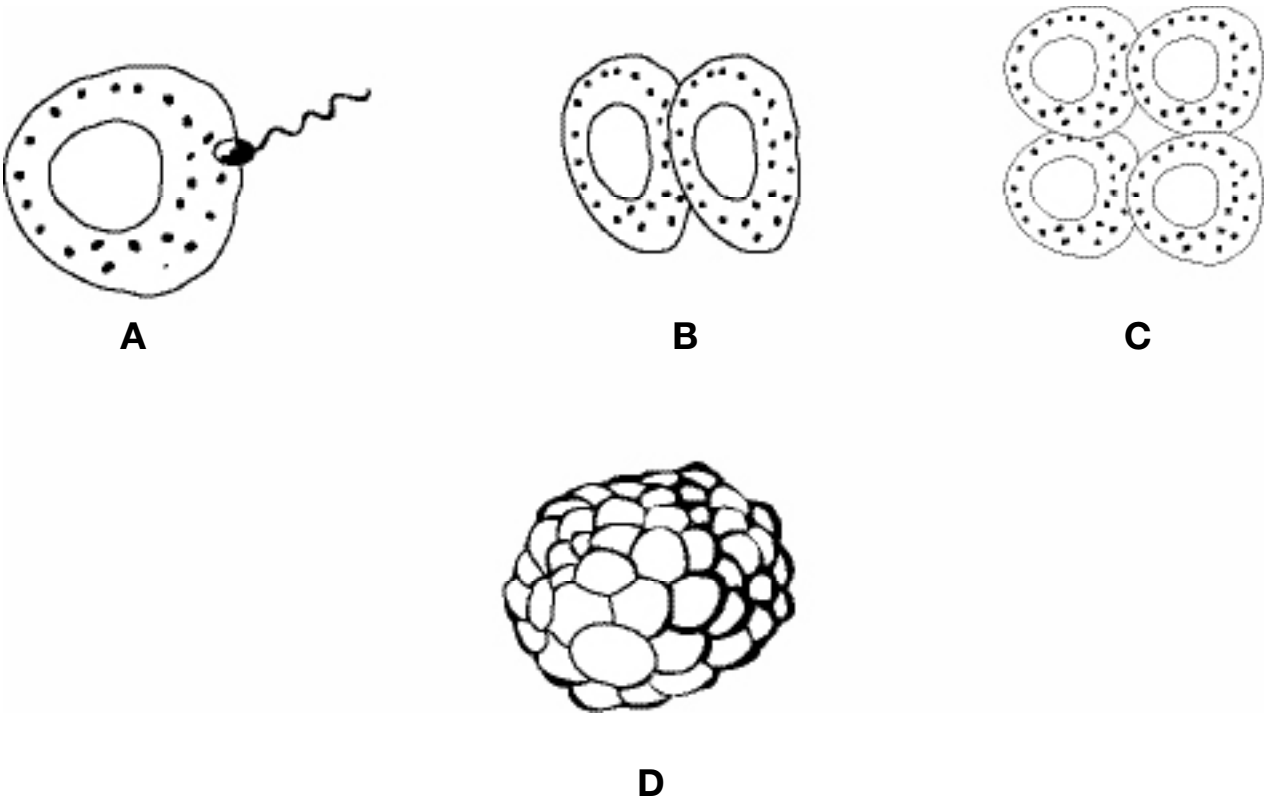
Note: Even when used correctly, condoms are not 100% effective.

It is important to emphasize that 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.

This is a good time to move into discussion on how a baby is made and develops. If you need to, go back to the section on puberty (page 18) that describes the egg and sperm. The semen that comes out of the man’s penis into the woman’s vagina during intercourse holds the sperm. Some of this sperm stays inside the woman. If the woman has an egg in her uterus, the sperm may join with the egg. When this happens, a baby grows. The next few pages show the progression of a baby’s growth.



HOW A BABY GROWS



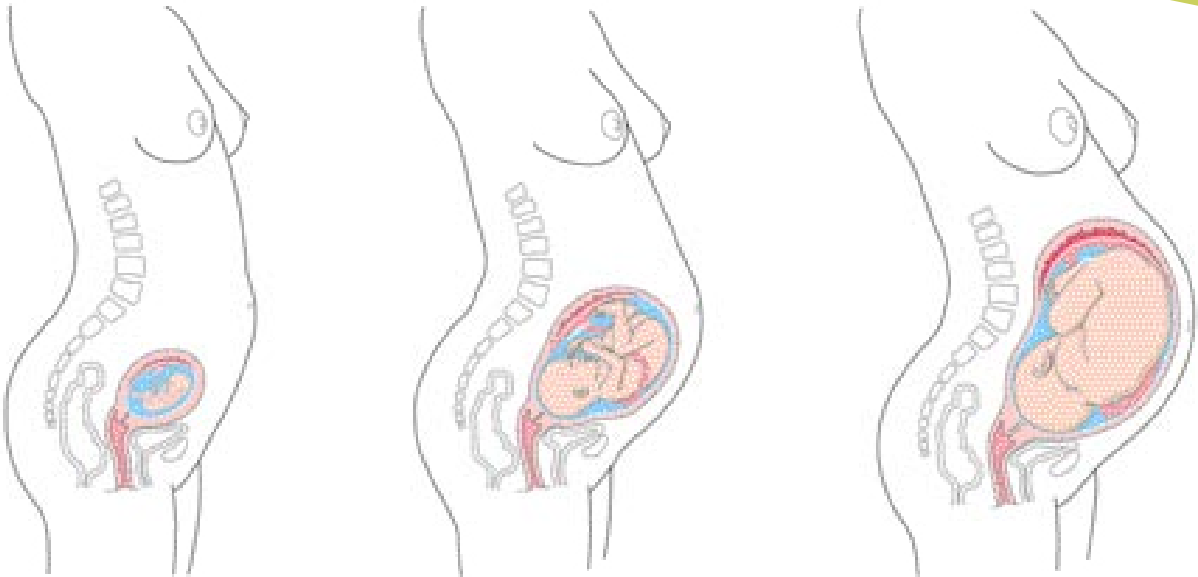
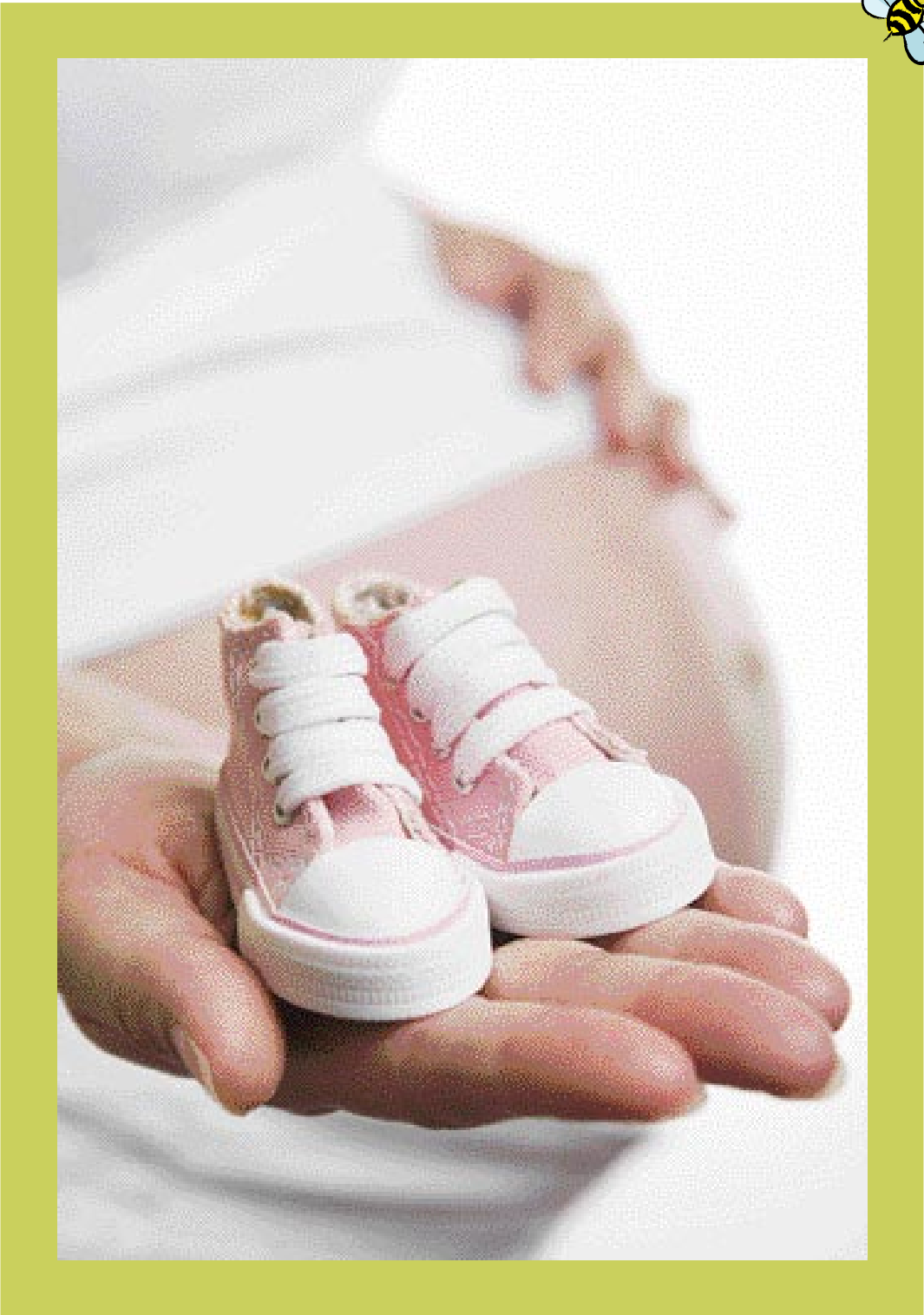
Embryo

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.



Fetus

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:

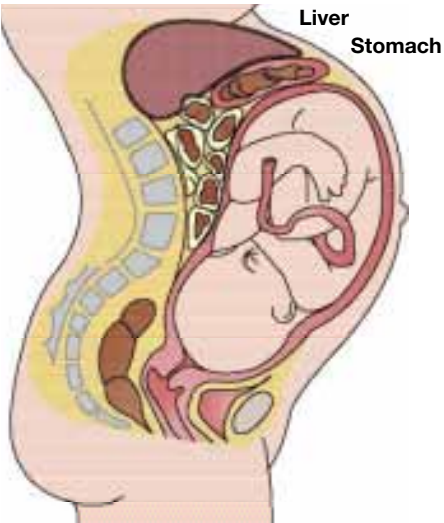
This is the first 13 weeks of your pregnancy. The fetus will start to form around week 3. Your body will start changing. The fetus continues growing each week.

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:

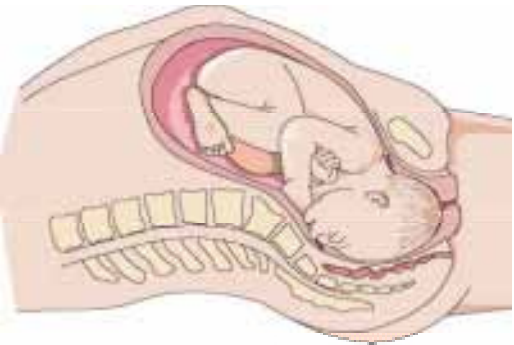
The fetus is about 14” long and weighs about 2 lbs. Central nervous system develops so that if born now the baby could survive.



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 students' abilities may not include being able to care for their own personal care needs. If this is the case, it is your responsibility to be sure that these personal care needs are being met for them both by their parents and, as needed during the school day,

by professionals at school. If they are able take care of their personal care needs (bathing, etc.), 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 students the importance of hygiene early on will reinforce good hygiene habits throughout their lives.

The more your students know about various illnesses and diseases, the better prepared they will be to live as independently as possible. It is important that your students all 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 people susceptible to secondary medical problems. An example of this is antibiotics. They can reduce the good bacteria in girls' vaginas, leaving them open to possible yeast infections. Left untreated, yeast infections can become very serious. Encourage parents to talk with their family physicians about possible secondary problems from medications. Preventative measures can be taken to avoid such infections as yeast. Regular medical exams are also another means for ensuring that your students have not been sexually abused.



BEGINNING SOCIAL SKILLS

Activities and Discussion Points

These activities can be used to help girls and boys demonstrate an understanding of how 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 students 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

Self-management skills:

- Showing respect for self and others

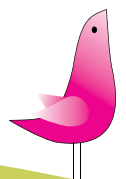
Interpersonal skills:

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

Social Skills: Hints for Educators

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 educators you are in a wonderful position to help your students grow and learn about their sexuality by helping them learn 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 and interests of students. Though the ideal situation would be to conduct these activities individually with each student, this is often not possible in the school setting. You may need to form several groups of students of similar maturity levels to facilitate learning.



Listening Skills

Exercise 1

A good way to teach listening skills is through general conversation or role playing. For this first exercise, have one of your students sit or stand facing you. Use a real life example of a situation that happened, such as “you were sad because...” do the following steps:

- 1. While you are talking, have your student look at you making sure you both make eye contact.
- 2. Ask him or her to think about what you are saying. Ask your student to acknowledge that she/he is listening by nodding or vocalizing “yes” or “uh huh.”
- 3. If she interrupts, reinforce that she/he needs to wait his or her turn.
- 4. When you are finished ask your student questions about what you just said to ensure that she/he was listening. Again ask him or her to acknowledge with a nod or a verbal statement.
- 5. Now reverse the roles and have your student talk about something that happened to him/her or how she is feeling while you demonstrate appropriate listening skills.
- 6. If you are role playing in front of a group of students, involve them in talking about this exercise.
- 7. When you feel that your students understand the exercise, have them pair off and complete steps 1-5 with one another.

Conversation Skills

Exercise 2

We all talk to people, but for some students 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 them interact more easily and appropriately. During this process, reinforce the methods your students use to communicate with you while teaching the skill set. This is working with your students’ communication strengths, which is very important in building self-esteem and communication skills. Again use a role playing situation such as asking a classmate to be a partner on a class assignment. If you are doing this with a group of students, choose a student to role play with you who will be able to follow the steps of the exercise.

Following are the steps in this skill set:

- 1. Greet the student by saying hi and/or shaking hands. Choosing the right time to approach another 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, such as asking how they are doing.
- 3. Next demonstrate the skills learned in Exercise 1 to make sure that your student is listening to you - nodding or verbalizing that they 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.
- 9. When you feel your students understand the exercise, have them pair off and do this exercise with one another.

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 reinforcement, are needed by everyone to help us feel good about ourselves and what we are doing in life. 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 as in prior exercises either individually with students or as a group, pick various scenarios (school, home, friends, church, neighbors) to reinforce the proper way to pay a compliment. The appropriateness in each situation will be different. If your student is a 10-year-old girl with a female best friend who just started wearing a bra, it is ok for her to compliment her friend on being able to wear a bra. If your student 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. Children often overhear their parents making intimate remarks to each other in the privacy of their home in front of their children. This is a natural thing for parents to do. However, children tend to repeat what they hear to classmates, friends, and neighbors. Part of your responsibility as an educator is to teach your students that certain compliments are only appropriate between a couple who are in a loving relationship and that this 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 have had or currently 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 students learn this skill. Probably the hardest part of teaching this skill is helping your students 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 that have occurred in the classroom or, if appropriate, that may have happened in your own home, 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.

- 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 also aspects 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. As an educator, you can serve as an excellent role model in recognizing and discussing feelings in a manner appropriate to your position as a professional. Here are some of the feelings we all need to learn to recognize: joy, happiness, love, sadness, disappointment, anger, fear, frustration, anxiety, embarrassment, excitement, confusion, misunderstanding, and physical sexual feelings.

As your students move 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 to use when talking to your students 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. For persons who use augmentive communication devices, pictures and emotions can be programmed into their devices to expand their communication abilities.

You will need to explain what each feeling means many times so that your students learn to differentiate between them. Once they learn to identify these feelings they will be better able to understand and communicate what they are feeling. You can help them understand what they are feeling by describing how you feel inside when you experience each emotion. Remember, though, that how your students react internally to emotions may not be the same as how you react. Remember that within your class students will react differently to their emotion, as well. Allow for individuality. The following is an example of how you might proceed to describe each feeling. (There is a sample feelings page in the resource section.)

Exercise 5

1. Help your students focus on what is going on inside their bodies. Do they feel a tightening in their stomachs, or maybe butterflies? Do they feel their hands, arms, or mouths 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 people may feel when experiencing different emotions. If your students do not know what it means to have butterflies or tight muscles, show them. Tighten the muscle of your forearm and let them 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 their forearms. (The inside of the forearm is more sensitive than the palm of the hand.)
2. Once they can recognize how their bodies react, then help them focus on an event that may have occurred to make them feel that way. You may have to go over everything that has happened to them that day in order to hit upon the one thing that is still affecting them. 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. Then when 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 is to practice communicating what they are feeling to you. Use the steps from Exercise 2 to help them do this.

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 they are family, friend, romantic partner, fellow student, or co-worker, take an ability and a willingness to understand how the other person is feeling. We require 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 students should unwanted advances be directed at them. 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 - with individual students or groups of students of similar maturity levels - and use the picture board, your personal examples, or a situation that has occurred recently at school where your students did or did not react appropriately to others' feelings. The exercise below can help your students 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 students look at you closely. Or, use the picture board and show them 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 students use good listening skills (Exercise 1) during this time.
3. Have your students discuss what they see in the other person's physical reaction, i.e. tight muscles, squinted eyes.
4. Help your students put a name to the feelings they are seeing, i.e. anger or whatever feeling you are trying to demonstrate.
5. Discuss appropriate ways in which to show that your students understand 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 them 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 best and have your students practice that response with one another.

Remember: The better the abilities of your students to communicate effectively and appropriately, the better self-image they will have. This leads to a better quality of life for all of your students! Another reason for good communication skills is 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 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 student 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 for adults to overlook what children are 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. This is often compounded for individuals with I/DD. Children may also be afraid of getting in trouble if they express their feelings. For these reasons, they may make up stories. If you notice physical changes in your students, body language, unusual quietness or behaviors, then listen to these stories. They may not be just make-believe. Children 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 students, using whatever means they use to communicate, will help you learn how best to understand what it is they are trying to say. Look at body language. Your students may exhibit certain facial expressions or body postures for different things they are feeling or thinking. These will often vary by students, so get to know each student. You can be certain that your students will be trying to communicate with you.

Your challenge, and your responsibility, is to learn how to communicate with them and teach them appropriate communication skills, no matter what method of communication they use. If you already know how your students communicate, teach this to anyone they come in contact with - family, other teachers, classmates, etc. The more people who can have conversations with your students, the more they will be able to participate in their school and home communities fully and safely.

Teach them how to ask questions in a straightforward manner. Don't reprimand them 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 students are out on a field trip. You meet a fellow teacher from your school, Mrs. Smith, whose husband just recently died. Your students have overheard teachers discussing it with each other. One of your students (we will call her Sally) 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, "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 would be happy to help her in any way." Then when you are somewhere where just you and your student 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 Mrs. Smith.

Jane: Hello.

Sally: (Your student) So John died, huh? [Now stop the conversation and tell your student what the appropriate thing to say would have been and have them 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.

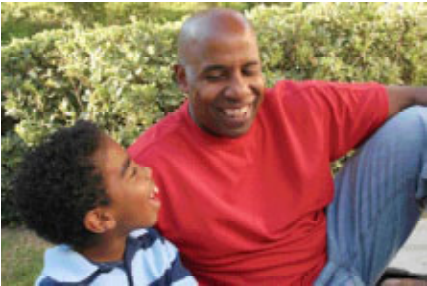
Now you have modeled the conversation with the appropriate response in a positive and reinforcing way.

This may also be done with entire groups of students, such as the group on the outing mentioned in the example above. You do not want to embarrass the student who spoke in appropriately, but with tact, this could be a learning experience for your entire class or group on ways to speak appropriately and supportively to someone who has lost a loved one to death. You can model this type of conversation with other sensitive topics, as well.

Another important lesson for your students to learn is how to figure out whom to ask certain questions.

For example:

- Questions about schoolwork - You, another teacher, or an adult family member
- Questions about an argument with a friend at school - You or adult family member
- Questions about something they saw on TV - You, adult family member, or a sibling
- Questions about their bodies or feelings - A parent or caregiver or 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 older child touching them in a way that didn't feel good/right - Immediately tell a parent, teacher, or other trusted adult. You need to teach them who these trusted adults are, but remember, unfortunately, sometimes those you think are trusted adults may be the ones trying to touch one of your students. You need to also teach your students that, should this happen, it is OK 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 for helping to teach your students these important basic skills. The skills covered in this section build upon the skills taught in the Beginning Social Skills section.

Knowledge and Understandings:

- 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 adults in society, individuals need 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, the important fact that everyone has rights that must be respected, and lastly how to avoid situations that may cause harm to themselves and others.

Note: Multiple learning activities may need to be used to meet the needs and interests of children. Though the ideal situation would be to conduct these activities individually with each student, this is often not possible in the school setting. You may need to form several groups of students of similar maturity levels to facilitate learning.



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 whether it is someone expressing anger about something totally unrelated to us, there are appropriate and inappropriate ways of dealing with their anger.



Exercise 7: Anger directed at you

The following steps utilize the role modeling techniques you have practiced individually and in groups with your students. Below are several ideas for exercises to use with your students.

1. If you are working with a group of students, solicit a volunteer to role play with you.
2. Using the listening skills learned in Exercise 1, listen to what the person is saying.
3. Try to understand what the person is feeling. Use the feelings picture board or flash cards you made for exercise 5 to help your students identify the angry picture.
4. Discuss whether there is any response that your students 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. Take turns with students modeling different types of situations, so everyone has a turn practicing these important skills.
5. 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 statements - “I’m sorry I didn’t listen to you.” “I’m sorry I didn’t wash my hands when you asked.” “I can see you are angry at the other person; what can I do to help?” “I am listening to what you are saying.” For people who are non-verbal but can use head or hand gestures, practice good eye contact, nodding their heads affirmatively, 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 you have students who use language boards, you may need to make some additions to allow for appropriate responses. Again, teaching as many people as possible in your students’ lives how they communicate will help significantly.

Note: It is also important to teach when it is not appropriate or safe to deal with someone’s anger. In an abusive situation, the best course of action is to leave immediately and tell a trusted adult.

Other role modeling exercises on anger:

1. Role model a situation in your classroom that may occur from time to time. The whole class was very loud and disruptive, not responding to prompts to be quiet. You got upset and had to raise your voice to get the students’ attention. The correct behavior/response from the students is to agree to pay attention and be quiet.

2. Now role model a situation in which your students are home. You are a parent and have asked the children several times to do something; they didn’t do it. Now you are angry. You appropriately express your anger to them, and go over the correct response - the children agreeing to be responsible and do what they were asked.
3. In this last situation, model a situation in which your students are with a group of friends. 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. Discuss with your students, who overheard the hurtful dialogue, how to respond to both the friend who said the hurtful statement - i.e. “I’m sorry, John, but I heard you say it and feel you owe Mary an apology” and to the friend who was hurt - i.e. “I heard what John said to you, Mary. That must have hurt a lot.”

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 people the ability to give and receive affection or love is to deny them one of the most basic facets that make up their self-worth. As educators, you need to understand your students’ natural explorations of love and affection, and, as indicated in the classroom setting, guide them toward expressing and receiving these feelings in appropriate ways.



The skills taught in the exercise emphasize helping individuals recognize the different types of affection experienced in relationships, such as familial, romantic, platonic, casual, and stranger. Your students who may be entering puberty, or those who have 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 them to see that affection can be expressed in many different ways.

Exercise 8

Using the following steps, role play with your students either individually or in groups the appropriate way to show affection toward you and other teachers at school, very good friends your students may not have seen in a while (i.e. greet with a hug), parents, and an adult extended- family member. During these exercises it is also important to emphasize inappropriate behavior from and toward your students. You will need to include discussions on personal space and respect. For instance, it would be inappropriate for your students to regularly approach and hug their teachers or classmates (especially if they have a crush on one of them). It is also important to stress inappropriate touch toward your students by adults or classmates. Have them repeatedly identify trusted adults to whom they can go, should instances of inappropriate touch occur.

1. Choose one type of feeling of affection. Or, if a student 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 students.
2. Discuss whether or not it is appropriate for the student to tell the other person how they are feeling. In the case of someone expressing feelings toward your student, discuss whether or not those feelings

are appropriate. If the other person is expressing feelings appropriately, discuss with your student how they feel about the way the other person feels toward him or her. This is a good time to emphasize concepts of rejection (this includes understanding that the person for whom your student 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. If you are doing this exercise in a group setting, this is a good time to involve your other students in the conversation. Find out how others would feel in this modeled situation, and if they are experiencing similar situations, perhaps have them share.

- 3. Using your original modeled situation of expressed affection, discuss the best way to tell or show the person how you feel.
- 4. Practice expressing those feelings using whatever communication method your student uses.
- 5. Practice good listening skills and let the other person respond.
- 6. Remember, should you see signs that your student may need to be protected from the person who is expressing feelings toward your student, or if this student may not be able to say they do not feel the same way, be sure to communicate with others involved in your student’s life (parents, other school professionals) to ensure that no “relationships” are encouraged and to reinforce lessons across settings focused on saying “no” or “please leave me alone.”
- 7. Expand your modeling to other students’ situations if conducting this exercise in a group.

Fear

Fear is something that everyone feels every day. It may be a small fear that we won’t 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 students opportunities to learn ways of figuring out what your students may be afraid of and how they can 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 students it is important to remember that to you a fear may seem silly, but to your students it is real and should be recognized as such. We fear that which we do not understand. Affirming your students’ fears is important. Helping them to understand what they are afraid of will enable them to be more willing to express fears. Feeling safe to express their fears will also protect them from abusive situations.

Exercise 9

Using role playing, discuss various fears that you already know that your students have. If you are just getting to know your students, talk with former teachers and parents about fears that may have already been identified. Starting with the known will build trust and understanding to help them recognize and express those fears not known to you or other trusted individuals. We have talked about the importance

of partnering with your students’ parents. By now, you ideally will have built collaborative relationships with many parents, so this conversation may have already occurred.

- 1. Choose a situation that you want to role play. Perhaps it is a fear of thunderstorms, a fear that is very common among children and adolescents, with or without developmental disabilities. Help your students to recognize that what they are feeling is fear. You can use Exercise 5 to help them recognize what they are feeling.
- 2. If they are not sure what it is they are afraid of, run down a list of things you think it might be until they acknowledge 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 they 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 corner of your classroom or the sound of the wind outside your classroom window.
- 3. Discuss whether or not the fear is an actual threat to them or if it is just something they need more information about so they can understand and then not be afraid of it anymore. An example might be going from elementary school to middle school. To children, that can cause a great deal of fear. It is a BIG unknown.
- 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 work with families to discuss a professional consultation, such as psychologists or social workers trained to help people work through major fears.
- 5. If you are doing this exercise as a group, involve classmates as supports for students who experience a certain fear. This can be very validating to students who may feel vulnerable after talking about fears.

Use the exercise above every chance you can to help your students learn to deal with fear. The more you use it the better prepared your students will be to cope with fear. Be sure to communicate identified fears with your students’ parents/caregivers so that you can all help your students work through their fears in a positive, nurturing, and consistent manner.

Self-control

Self-control crosses all aspects of people’s lives. It can be something as simple as not eating that third cookie. It may be 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 you learn and then, voila, you have self-control. Rather, they are lessons we have to revisit almost every day of our lives. As an educator of children with developmental disabilities, teaching self-control can have added complications. You may have to revisit lessons many times a day, particularly in a busy classroom setting that may feel stressful at times to your students. Once you learn how to best teach your students the concepts of self-control, make sure you share your methods with everyone they come in contact with (other teachers, classmates, friends, families, neighbors, etc.). The more people reinforcing positive self-control, the more opportunities your students will have to grasp the concept.

Exercise 10

This exercise is best done one on one with a student who has experienced a loss of self-control recently. However, it may be adapted to a small group setting with students of similar cognitive and maturity levels.

- 1. Using role playing, discuss something that recently happened at school, such as your student hitting a peer in the hall.
- 2. Ask your student what was happening when the incident occurred.
- 3. Ask your student to explain what they were thinking or feeling when they hit the other student (angry, frustrated, scared, etc.). Use the picture board if appropriate.
- 4. Discuss ways in which your student could learn to recognize these feelings.
- 5. Discuss ways in which your student could control their behavior when they start feeling this way, e.g., counting to 10, crossing the hall, coming to talk to you or another adult.

These steps can also be used in helping adolescents deal with sexual urges. You will need to teach them that touching themselves when feeling these urges is a VERY private thing and they should only do so at home in their bedroom or bathroom. For students who do not have access to private space at home, or whose families have ethical/spiritual difficulties with their children touching themselves sexually, you should explore things that your students value that can distract them from their sexual urges, e.g. doing artwork, using the computer, playing a musical instrument, to name a few. If you have tried everything and you find that some of your students still lack self-control, particularly sexually, then you may need to speak with their families about seeking professional advice from your school psychologist or social worker, a family doctor, or a specialist. Don't ever be afraid to ask for help or to advocate on behalf of your students. The important thing is to help your students 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: the right to dignity, the right to participate in their communities, the right to express oneself, and the right to say no in situations that may be harmful. Helping your students learn to recognize their own and others' rights will further enable them 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 students need a refresher on a few of the other social skills you have already covered.

Exercise 11

For this exercise use a variety of situations. Some of these situations may already have happened, and others might be possibilities. Some examples: getting in trouble for something they did not do, being teased by school peers, wanting to have people knock



on their bedroom doors at home before entering (need for privacy), being pressured by others to do something they know is wrong, seeing someone do something wrong to another person, or you, the teacher, finding that one of your students has violated another person's rights. Once you decide on a topic, use role playing either individually or in small groups to run through the scenario using the following steps.

- 1. Discuss the situation you are going to role play having your students focus on the event.
- 2. If it is a situation that already occurred, have your students think about what they were feeling while the event was happening. Ask them to try to identify the feeling (use the picture board if necessary). If the event hasn't occurred yet, as may well be in a group learning situation, discuss some ways that they might feel in this scenario. This may help them 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 students practice asserting themselves. You will likely need to do this over and over again, as this is such a difficult skill for many of us to master and maintain. Again, be sure to maintain open communication with your students' parents to ensure consistent learning across settings as much as possible. Assertiveness is not easy for anyone, but appropriate assertiveness is one of the most important social - and safety - skills your students will acquire.



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 students 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 students have already heard. They may understand what it involves. However, they may have misconceptions or their own unique understandings of dating. Your role as educator is to work with your students’ parents as needed and to guide your students through the process, instilling societal values regarding dating and affirming familial values as communicated by their parents. Before teaching this topic, talk with your students’ parents to learn the families’ views and definitions of dating and household rules on dating, and any other important information. If your students are asking questions about dating, it will be an important area to discuss. Remember, everyone needs to give and receive love. To want to date or have boyfriends or girlfriends is all part of growing up. Talking about dating will help to open the communication doors between you and your students. Do not forget to take into account the very real emotions your students may be feeling toward others. Think back on your first crush. Did you have your heart broken? You may have been only 14 but your feelings were very real, weren’t they? Sharing your experiences, as appropriate, and encouraging parents to share their experiences will help your students understand dating better.



Some of you may feel that your students lack the ability to appropriately participate in dating. In this situation, help your students form relationships that you feel are appropriate. Also, learn what dating means to your students. Keep in mind that dating to your students may be something as easy as talking to someone on the phone, sharing lunch with a classmate in the school cafeteria, or going to the movies as part of a larger group. The key is to help your students experience as many opportunities as possible, both at school and at home, to form appropriate relationships. Look to the community for activities of interest that your students may participate in and share possible appropriate activities with their parents. For instance, let’s say one of your students 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 students toward appropriate and fulfilling relationships. It is in our nature to seek out relationships with others. Left on our own we may find ourselves in potentially unsafe situations. Many times, our students may be attracted to people who do not reciprocate their interest, often resulting in feelings of rejection. This is why discussing dating with your students is so important.

On the next page you will find some guidelines for discussing dating.

Note: Multiple learning activities may need to be used to meet the needs and interests of students. Though the ideal situation would be to conduct these activities individually with each student, this is often not possible in the school setting. You may need to form several groups of students of similar maturity levels to facilitate learning.



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 “best friends.” 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 for our self-esteem, identity, 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. Keep an open line of communication with your students’ parents concerning their rules and expectations about their son or daughter dating. You may want to discuss the various types of dating as described on the previous page, so that parents will know that there are many fulfilling and safe ways their children can experiment with dating.



Dating

1. If you plan to discuss dating with your students, it is important to understand what dating means in your students’ households. Their policy may include no phone calls after 8:00, only going to the movies or other social events only on weekends, or groups of people going with an adult chaperone.
2. Talk about abstinence with your students, and then talk about it some more. Be sure that they understand what abstinence is and how to say “no” (to be covered in the next topic chapter).
3. Go over social skills exercises on listening, conversing, and respecting the rights of others.
4. Talk about what to do in case of an emergency.
5. Work with your students’ families to arrange for your students to have social “dating-type” interactions through community service projects, faith community activities, clubs, or sporting events. At school, dating interactions may include sitting next to one another at a table for lunch, going on field trips together, or joining supervised after-school clubs or activities together.

Alternative Lifestyles

In today’s world your students will, sooner or later, be introduced to alternative lifestyles, such as homosexuality. Homosexuality is when a person is attracted to someone of his or her own sex. When students 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 be. Homosexuality is portrayed on prime time TV, in the news, and even as part of politics. The sooner you discuss it with your students, the greater their ability to understand the concept. 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 persons of the same sex. If you are preparing to discuss alternative lifestyles with your students, one of your roles will be to discuss with families how they are broaching the subject of alternative lifestyles with their sons or daughters. You

may want to include the school nurse and/or sex or health education teacher in this conversation. As with all topics relating to sexuality, be sure to check your school’s policies before beginning discussions with parents and students.

Another role may well be to find out what your students’ questions actually are. Perhaps they are simply curious about others of the same sex. Maybe they feel more comfortable emotionally with members of the same sex. For example, the nurturing received in childhood may have been from certain members of the same sex, and one or more of your students may continue to want to express friendship or familial affection in ways that are perceived as more “sexual” affection. In this case, you may not be actually teaching about alternative lifestyles, but rather appropriate expressions of affection in different types of relationships.

The most important thing is not to approach the subject with an attitude of condemnation. After all, some of the parents you will be seeking to collaborate with may be in relationships with someone of the same sex, or may have loved ones in alternative relationships.

Some parents will have strong faith beliefs on what, if anything, should be taught to their children about homosexuality and bisexuality. It is so important to respect parents’ beliefs. You may not be able to teach some children about alternative lifestyles. In these cases, you or health professionals at your school can provide information to the families to help them decide what they will share with their sons and daughters.



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 the abusers are known and trusted by persons with intellectual or developmental disabilities (Reynolds, 2005). Reports on abuse cases show that 32% of abuses were committed by family members or friends, and another 44% came from individuals who worked with individuals, such as care staff or transportation providers (Reynolds, 2005*). These figures are staggering and imply that more needs to be done with individuals 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 us to file a police report, press charges, participate in the prosecution of the abuser, and, most importantly, seek counseling for traumas they have experienced. As an educator, if you know or suspect a student has been sexually assaulted, you need to ensure that the right person is found to counsel your student. You want someone who is familiar with working with individuals with I/DD, willing to learn to communicate with your student in a way most appropriate for him or her and with his/her family (who will most likely be very traumatized by the event as well), and who is knowledgeable in both sexual and physical abuse.

The following pages will discuss what to look for and how to implement strategies for helping your students avoid harmful situations, or what to do should they find themselves in a 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

- * Bruises
- * Welts
- * Burns
- * Fractures
- * Lacerations/cuts

What behavior/s to look for

- * Extremes in moods, overly happy or sad
- * Frightened of you or other family or friends
- * Does not want to be touched
- * Gets upset when another child cries
- * Tells you someone hit him/her

Neglect - As an educator, it is important that you recognize the signs of neglect.

What to look for physically

- * Dirty or hungry
- * Reports being left alone a lot
- * Tired and listless
- * Untreated physical problems
- * Lack of routine medical care
- * Overworked, exploited
- * Abandoned

What behavior/s to look for

- * Starts getting into fights, is argumentative
- * Is constantly looking for food (if not part of their normal behavior pattern)

Sexual

What to look for physically

- * Torn, stained, bloody undergarments
- * Pain or genital itching
- * Bruises, bleeding or swelling of genitals
- * Has acquired a sexually transmitted disease (see appendix for types)
- * Has semen on mouth or genitals
- * Is pregnant

What behavior/s to look for

- * Withdraws or engages in infantile behavior
- * Poor peer relationships
- * Does not want to do any physical activity
- * Does not want to go to school
- * Trying to tell you something but does not

Emotional

What to look for physically

- * No interest in how they are dressing
- * No interest in personal hygiene

What behavior/s to look for

- * Quiet, not expressing self
- * Unusual outbursts
- * Crying all the time

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 one of your students does not necessarily mean that abuse is occurring. You must ask questions to rule out any other alternative explanations. For example, many of the symptoms of emotional abuse can also be signs of depression.

Strategies for you and your students

The best strategy is to start teaching your students as young as possible about the types of abuse. Stress “good touch, bad touch.” Television, magazines, movies, and stories are full of opportunities to teach about abuse. An example: Your class 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 plenty of everyday examples of real life events to teach your students. Have them supply examples of situations they have seen or read about in their own lives. This will have the greatest impact on your students.

Talk, talk, talk. As stated earlier, the more conversations you have with your students, the more in tune you will be to subtle changes in their expressions or behaviors. If your students do not know what abuse is, how are they going to know when it happens to them and when to report it? As an educator, you may be overworked, have a large class, and have many competing responsibilities in and out of the classroom. It may be hard to find the time to talk at length with your students about abuse. You may think your students will be learning these lessons at home or even in other classes at school. This may not be the case. Talking to your students about abuse is so vital in reducing their risk of abuse!

Teach your students how to question when something does not seem right. Often individuals with a disability are taught to be compliant to authority figures. You as their educator teach this to your students every day. This leads them to think that they should not question the behaviors of those in authority positions. Teach them 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, their parents, or another trusted adult about it. Assure them that they will NOT get in trouble for talking about it.

If your students are able, talk with their parents about having them take a self-defense class. There are many self-defense programs around that specialize in helping people with disabilities learn self-defense. Call around to local self-defense businesses. If they do not specialize ask them if they would be willing to learn. Perhaps your school system would be willing to have a self-defense instructor come to gym classes to teach students ways to protect themselves from abusive situations. Even children who may be aggressive at times can be taught appropriate ways to fend off someone who is trying to abuse them in ways that will not put caregivers, educators, and others at risk. Open communication with your students’ parents and knowledge about your students’ needs and behavioral issues will be key in determining the most appropriate ways to teach them how to protect themselves.

The next three pages list steps for preventing sexual assault or rape. Using the role playing techniques you used for the social skills activities, model the topics that you feel your students will be able to understand.



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 that deciding whether a touch is good or bad depends on who is doing the touching and how that person is touching another. Anyone who is touching another person on private areas such as 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 that person is not giving consent. If the person continues to touch the other person despite the NO, then it is definitely a BAD touch. It is important as educators to be alert to changes in your students’ 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 on the legs, complaints of genital discomfort, or torn or missing clothing. As you are the one who sees how your students interact with classmates, it is important that you keep in touch with parents or caregivers or anyone else the students have contact with. Ask the parents to teach you about their children’s personality traits so that you can be more alert to changes as well.

How to teach good touch - bad touch

1. Use television shows your students 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 or may happened, such as this: one of your female students is on the school bus and 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. They should report this to you or a family member.
3. You also need to know about the individuals your students’ families trust so you can help your students learn who to go to if someone touches them in a bad way. Unfortunately, you also have to try to help them understand what to do if a person who is doing the bad touch turns out to be one of the “trusted” individuals. It is important for students to have a variety of people on their lists of trusted individuals, so that if someone on the trust list is touching them in ways that are bad, they have options of people to go to if you and their parents are not available.
4. Teach your student how to say NO! The following worksheets give some examples of how to do this.

What part of NO don’t you understand!?

Making the right decision can be very easy. The hard part is to act on 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 students using the following discussions. The exercises that follow can be used with students individually or in small groups. Be sure if you do these in groups that your students are functioning at similar maturity and cognitive levels.

Exercise 1

One of your students walks home with some neighborhood kids every day. They all know they are supposed to go 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 student to come with them, that it will only make them late getting home by one hour.

Ask your student what they should do. One example of a correct response would be that your student says no and goes to find a phone to call home, or goes to you or to the school office to ask for help in getting home. Another example might be that your student asks one of the neighborhood students they can trust to walk home with him or her and then go back to the event.

Exercise 2

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

There are two things happening here. The first one is that your student is leaving the dance and sneaking outside because they want to be liked by the other kids. The second is being able to say no to the cigarette and not feel pressured by name calling such as “sissy” or “baby.” Your discussion should include not only how to say no in these situations, but also knowing how to choose the right kind of friends. These are skills that all of us needed to learn as children and adolescents; indeed, some of us may still struggle with choosing the right kinds of relationships. Remember to teach to your students’ maturity and cognitive levels and be prepared to modify the environment for students who are not able to gain these skills at this point in time.

Exercise 3

This exercise has two parts, one for females and one for males. One of your male students is at a movie in the school auditorium with classmates. Your male student likes one of the girls who is there. They sit next to each other. Your student 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 two things. One is that the movie is not the appropriate place for any kind of sexual touching, and the second is that the girl said NO and is therefore not consenting to being sexually touched. Now use the same scenario, but this time it is a female student at the movie. She likes one of the guys there. They sit next to each other. He starts to touch her pubic area. She knows it is not right and tells him to stop. He does not. What should she do?

The answer here is that she should get up and immediately seek you or another school official out to tell you about it. If she is unable to physically remove herself, she should raise her hand or somehow signal an adult chaperone that she needs help. Talk with your students about ways the female student could handle

this situation. Discuss the mixed feelings often involved. Your students may feel guilty because they “like” the person who touched them inappropriately. This is not abnormal. It is important to be sure your students recognize that, just because they like someone, that does not mean that they have to allow “bad touches” without their consent. It is still ok to say no even to people they like. Often in group settings, peers’ suggestions are taken very seriously.



In addition to speaking with students about preventing or dealing with saying no to unwanted touches, you as their teacher should always call the parents to let them know when events such as this occur, as well as contacting school administrators as mandated by your school policies.

Some more activities on saying NO!

The following are things that your students’ 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 educators:
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 to 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 students answer each question below based upon the pictures given.

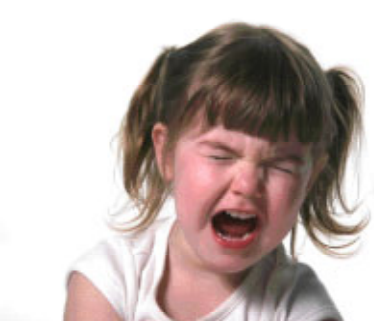
When you are sad what does your face look like?



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 your students 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 students communicate hitting, pinching, slapping, etc.).

Suggested 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. (You might 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 and you know and trust the person tickling you, then it is good touch. But if you do not like to be tickled it is bad touch. Sometimes a person may tickle us and at first it is fun. But if they do not stop it can become bad touch. It becomes bad touch when you tell the person to stop and he or she does not. It becomes bad touch when someone tickles you so much that you cannot breathe or you start to cry.

If a person touches you in a way that makes it hard for you to breathe or that makes you cry this is bad touch. (You may need to explain the difference between disciplining and this type of bad touch, as some families may use some sort of physical discipline that is not abuse or bad touch. This is a very hard concept for some children to comprehend.)

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 buttocks. (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. (You may want to work with your students' parents to identify who these trusted people are. Create a picture board with pictures of trusted people as a reminder for the student.) If the first person you go to does not 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.



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.



This is 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.



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

Glossary of terms

An overview of sexually transmitted diseases

Sample picture board on growing up for girls

Sample picture board on growing up for boys

Sample picture board on feelings



Note: Multiple learning activities may need to be used to meet the needs, interests, learning capacities, maturity level, and cognitive functioning of your students.



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 is 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 students about the dangers of STDs, including HIV/AIDS, especially if they are likely to be engaged in sexually intimate relationships with other consenting individuals. This is a complicated subject, and you will need to use your best judgment as to what information your students can handle. By now, you will have an excellent sense on how best to teach your students about difficult subjects relating to sexuality. While much of this information can be covered in groups of students with similar cognitive and maturity levels, some conversations may be best done individually.

Here are some topics to discuss with your students, 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. Avoidance of 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 and Hepatitis)
- 7. Ways to avoid date rape drugs
- 8. The roles of alcohol and drug use in unwanted and/or unprotected sexual activity
- 9. You may also want to talk with some of your students’ parents to encourage them to speak with the family doctor about whether or not their children might 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 a student may have an STD, you immediately notify his or her parents and encourage them to 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.

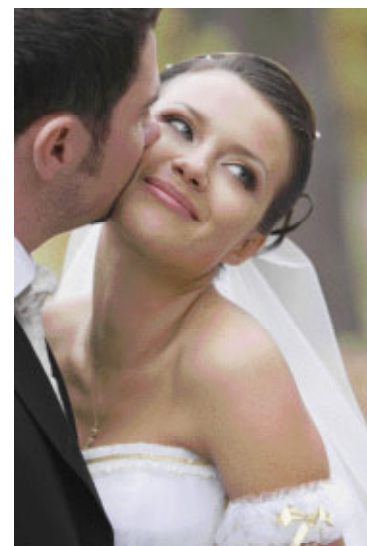
- The following are excellent web sites to learn more about STDs:
- Baylor College of Medicine’s Center for Research on Women with Disabilities: <http://www.bcm.edu/crowd/?pmid=1471>
 - Down Syndrome Information Network: <http://www.down-syndrome.info/library/periodicals/dsrp/03/2/065/DSRP-03-2-065-EN-GB.htm>

STD	What to watch for	How do you get this STD?	What happens if you don’t get treated?
Chlamydia or Non-gonococcal Urethritis (NGU)	<ul style="list-style-type: none">• Symptoms show up 7-21 days after having sex.• Most women and some men have no symptoms.	<ul style="list-style-type: none">• Spread during vaginal, anal and oral sex with someone who has chlamydia or NGU.	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• Spread during vaginal, anal, oral sex with someone who has genital warts.	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• Spread during vaginal, anal, oral sex with someone who has gonorrhea.	<ul style="list-style-type: none">• 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.

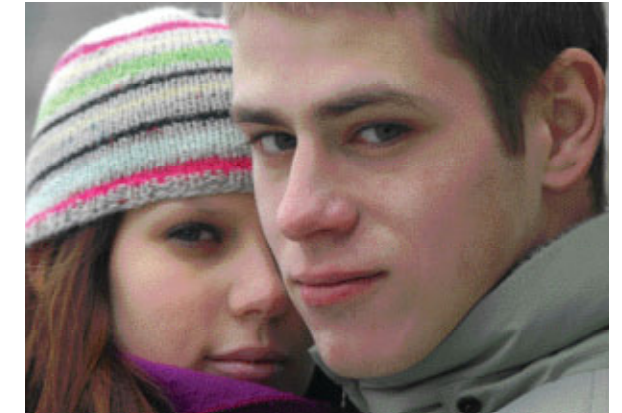
STD	What to watch for	How do you get this STD?	What happens if you don't get treated?
Hepatitis B	<ul style="list-style-type: none">• Symptoms show up 1-9 months after contact with someone who has hepatitis B virus.• Many people have no or mild symptoms.• Flu-like feelings that don't go away.• Tiredness.• Jaundice (yellowish skin).• Dark urine, light colored bowel movements.	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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 with.
Herpes	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• Spread during vaginal, anal, oral sex with someone who has herpes.	<ul style="list-style-type: none">• You can give herpes to your sexual partner(s)• Herpes can not be cured.
HIV / AIDS	<ul style="list-style-type: none">• 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 several 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.	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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?
Syphilis	<p>1ST STAGE</p> <ul style="list-style-type: none">• 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 syphilis. <p>2ND STAGE</p> <ul style="list-style-type: none">• Symptoms go away, but you still have syphilis.• A rash anywhere on the body.• Flu-like feelings.• Rash and flu-like feelings go away, but you still have syphilis.	<ul style="list-style-type: none">• Spread during vaginal, anal and oral sex with someone who has syphilis.	<ul style="list-style-type: none">• You can give syphilis to your sexual partner(s).• A mother with syphilis can give it to her baby during pregnancy or have a miscarriage.• Can cause heart disease, brain damage, blindness or death.
Vaginitis	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• Can be spread during vaginal, anal and oral sex.• Men carry vaginitis infections without symptoms.	<ul style="list-style-type: none">• 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



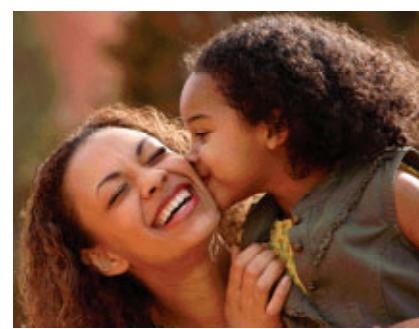
Puzzled



Angry



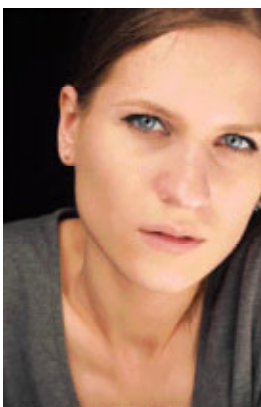
Upset



Happy



Lonely



Insulted

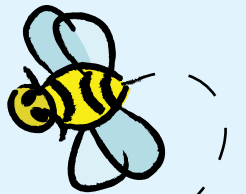


Worried



Hurt

An Annotated Resource List:



SEXUALITY ACROSS THE LIFESPAN FOR EDUCATORS

for children & adolescents with
developmental disabilities

by: Jeanne Matich-Maroney

DiAnn L. Baxley, editor

First Edition 2005 / Revised 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 disabilities (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 disabilities. 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 disabilities)

- 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

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.siecus.org/pubs/biblio/bibs0009.html)

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; Childswor k/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

MATERIALS TO SUPPORT RELATIONSHIP SKILL TRAINING

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; Childsworld/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.saferociety.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, Minneapolis, 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&_ERICEstSearch_SearchValue_0=ED344348&ERICEstSearch_SearchType_0=no&accno=ED344348

HIV/AIDS PREVENTION CURRICULA

GRADE-LEVEL 7-12

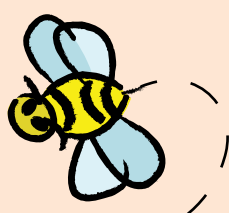
CIRCLES III: AIDS: Safer Ways
Leslie Walker-Hirsch, M.Ed. & Marklyn Champagne, R.N., B.S. (1988)

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 EDUCATORS**
for children & adolescents with
developmental disabilities

by: Jeanne Matich-Maroney
DiAnn L. Baxley, editor

First Edition 2005 / Revised 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.

MATERIALS TO SUPPORT SEXUALITY EDUCATION

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.ubah.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/Tb/Mrs/contents.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
Tallahassee, Florida 32301

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



For additional copies of *Sexuality Across The Lifespan*:



Florida Developmental Disabilities Council, Inc.

124 Marriott Drive, Suite 203, Tallahassee, FL 32301-2981

Phone (850) 488-4180 / Toll Free (800) 580-7801

www.fddc.org