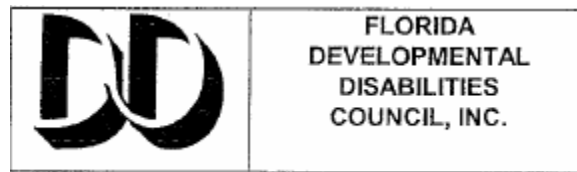


SEXUALITY EDUCATION FOR
CHILDREN AND ADOLESCENTS
WITH
DEVELOPMENTAL DISABILITIES

AN
INSTRUCTIONAL MANUAL FOR
PARENTS or CAREGIVERS OF
AND INDIVIDUALS WITH
DEVELOPMENTAL DISABILITIES

SEXUALITY ACROSS THE LIFESPAN





Florida Developmental Disabilities Council, Inc

For additional copies of Sexuality Education for Children and Adolescents with Developmental Disabilities: An Instructional Manual for Parents of and Individuals with Developmental Disabilities

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SEXUALITY ACROSS THE LIFESPAN

by

DiAnn L. Baxley and Anna Zendell

First Edition

2005

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



FLORIDA DEVELOPMENTAL DISABILITIES COUNCIL, INC.

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Introduction

As a parent or caregiver 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.

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

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

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



Helpful Hints for Parents

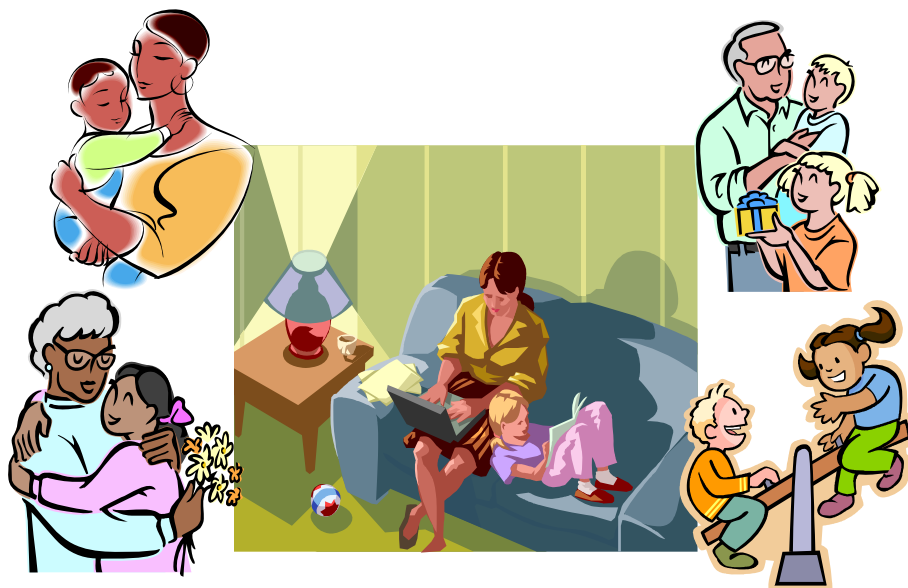
As a parent or caregiver you have the responsibility of teaching your family member about growing up and becoming a sexual being. There is a myth that individuals with intellectual or developmental disabilities are “asexual” beings (meaning without sex). This is so false! Therefore, it is important that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

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

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

1. It is normal for *all* children to express a curiosity about sex.
2. It is helpful to look for opportunities to discuss the subject. For example: Your family member may ask a question dealing with relationships or, if your family member is non-verbal, you may find him/her watching a particular movie or show involving loving relationships more than other shows. These are good clues that your family member is noticing and may be thinking about issues of sexuality.
3. You may find that you are uncomfortable talking about sexuality with your family member. Most parents/caregivers feel that way. You may also think you are ill-prepared to discuss the issue. Rest assured the very fact that you are reading this workbook today means you have a vast knowledge of sexuality - you are an adult and have 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 family member is as important as what you say. If sexuality is taught as a bad or unnatural thing, then your family member may have trouble participating in society appropriately. Keep it positive!
4. Your family member will already be aware of many aspects of sexuality through TV, the radio, music, and classmates. Your job is to make sure he or she learns to like who s/he is and to use the correct language and appropriate behavior for what your family member will be feeling as s/he matures and moves into puberty and adulthood.
5. It is important to use the correct language. The correct names for body parts will better prepare your family member for living safely in the community. There is a very high incidence of sexual abuse among individuals with developmental disabilities. We all hope it never happens, but if it does, teaching your child to speak or point to the correct body parts where s/he was touched will better help the authorities.

6. You and your family member may not always agree when discussing sexuality. Sexuality includes discovering our own style in clothing and appearance, so make room for individuality. Your style may not be his or her style. Even in a disagreement, keep it positive. Do not put your family member down. Rather, teach that sexuality involves responsibility. Then discuss the consequences of acting irresponsibly. No matter whom we are, irresponsible sex has its consequences. The consequences may be physical or emotional. Use praise when the right decisions are made. Seek professional counseling help should the need arise.
7. Talk, Talk, Talk. The best relationships involve open communication. You have learned how best to communicate with your family member. Use this method to teach about sexuality remembering that it is not just about sex. Sexuality is mostly about the importance of self-worth and personal responsibility in all types of relationships.
8. There are exercises in this manual for you to do with your family member. They are broken down into small steps. This is important to remember when teaching any aspect of sexuality, whether it be washing one's pubic area, or appropriate social interactions. We all learn best by learning small steps. You will also need to revisit many of the steps over and over again. You will be reminded throughout this manual of possible skills to revisit.
9. Use as many resources as possible to teach the task(s). The brain is a marvelous thing. Different parts are responsible for processing differing media input such as: spoken language, visual, touch, or music. Trying a variety of media formats will help you discover which one, or which combination, works best for your family member.
10. We all need positive reinforcement when working on a task. Throughout this manual you are encouraged to keep it positive and acknowledge a job well done. This will help your family member see sexuality as a positive experience and make learning about it more fun.



Adapting for different learning styles:

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

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

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

Links to the Resource Guide: Below are corresponding references to the accompanying Resource Guide. The selections were chosen to help you find additional information that can help you and your child through this learning process.

- Resources for Parents/Caregivers: pages 8 & 9
- Diversity Inclusion in Sexuality Education: page 12
- Train-the-Trainer Materials: pages 13 & 14
- General Sexuality Education Curricula: pages 15 & 16
- Materials to Support General Sexuality Education by Grade Level: pages 16 -18
- Materials to Support Teaching about Feelings/Emotions: page 18
- Materials to Support the Teaching of Gender-Specific Issues: pages 22 - 24
- Abuse Prevention Curricula: pages 25 - 29
- Materials to Support Abuse Prevention: pages 29 – 30.

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

1. Throughout this manual there is reference to using pictures to help your family member understand what you are trying to teach. It is true that “a picture is worth a thousand words”. Using pictures of family or friends when describing various types of relationships will make the concept more real to him or her.
2. There are exercises in this manual for you to do with your family member. They are broken down into small steps. This is important to remember when teaching any aspect of sexuality, whether it be washing one's pubic area, or appropriate social interactions. We all learn best by learning small steps. You will also need to revisit many of the steps over and over again. You will be reminded throughout this manual of possible skills to revisit.
3. Uses as many resources as possible to teach the task. The brain is a marvelous thing. Different parts are responsible for processing differing media input such as: spoken language, visual, touch, or music. Trying a variety of media formats will help you discover which one, or which combination, works best for your family member.
4. We all need positive reinforcement when working on a task. Throughout the manual you are encouraged to keep it positive and acknowledge a job well done. This will help your family member see sexuality as a positive experience and make learning about it more fun.
5. Reach out to others for help. If you don't know the answer find someone who does. There are professional organizations able to help. Even better, find another parent who has already gone through the process and ask them what they did.

Topic 1

Alike or different?

For use with grades K - 5 (also other grades)

For the parent or caregiver

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

Knowledge and understanding:

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

Attitudes and values:

- Demonstrating an appreciation of people with different attributes

Self-management skills:

- Observing differences and similarities between themselves and others

Interpersonal skills: important in family and social situations

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

Monitoring and assessment

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

- Use correct terminology or identification for body parts, including some sexual organs
- Discuss physical similarities and differences between boys and girls
- Recognize how s/he is alike and different from other people the same age
- Work together to demonstrate developmentally appropriate communication and listening skills

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

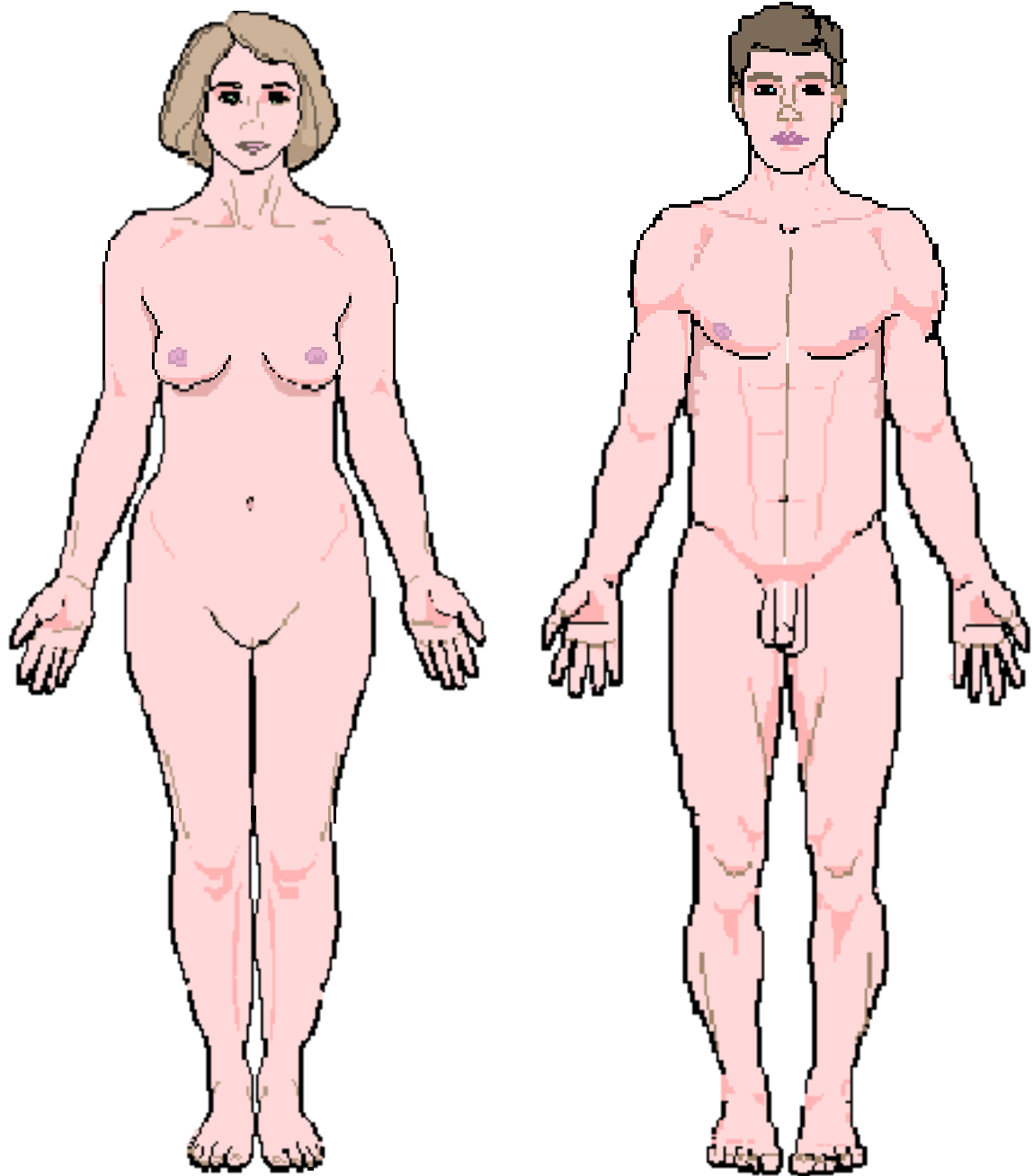
Preparation: the following resources can be used alone or in combination to meet the specific needs and interests of the family member

- Anatomically correct dolls
- Skeleton
- Mirrors
- Dress up area
- Scissors
- A display of 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
- Cut out two paper dolls with exactly the same paper clothes on
- Create an example board that has pictorial examples of all terms being addressed in the lesson.

Procedure

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

1. Assess your family member's understanding of the concepts of alike and different, demonstrating where needed by using like and different objects. When the concept seems to be understood, the following game can be used for reinforcement: Sit across from them. Ask them to describe (verbally or through pointing to an example board of different types of clothes and body parts - include the correct terms for each item underneath) one thing about you that is different. For example - "you are a boy and I am a girl" or "I am wearing pants, you are wearing a skirt". Then have your family member describe one thing that is alike, such as, we are both girls, or we both have pants on.
2. Using the worksheet on the next page, or anatomically correct dolls, ask your child to identify what is alike and different on each. Cover the pictures on the next page, except for the heads, and then uncover them so s/he can see the difference. Keep the example board handy if s/he is unable to respond verbally. If your child does not know the correct terms for the body parts, then discuss the correct terms using verbal and pictorial reinforcement. Use correct names such as penis and nipples, not nicknames. If your family member uses a nickname that is heard elsewhere then acknowledge that "Yes, there are a lot of names for these body parts, and here are the correct names." *(Some people like to teach both nicknames and correct terminology, so that children will know if someone says something inappropriate to them. Use your best judgment. If your child is mature enough to learn both, that is ok. Flash cards with both slang and correct terminology are often used in these situations. Do be aware, however, that much of today's slang for body parts is abusive and vulgar, so you will want to use discretion.)* Many schools have anatomically correct dolls. You could partner with the school and even perhaps borrow the dolls. You could also ask the school nurse or social worker to do this exercise with your child.
3. The song "Head, Shoulders, Knees and Toes" can be modified to introduce the new body parts.
4. Using dressed paper dolls or girl/boy dolls, have your family member identify which doll is a boy and which one is a girl and why. Have him/her remove the clothing to discover the correct gender.



List of words to be learned

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

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

Other activities (with adult supervision)

1. Have your child paint, draw, or create representations of a boy or girl.
2. Have your child create a life size figure of him or her self on paper. Have him/her fill in the face, clothes, etc. Hang it in the room and have him/her discuss the similarities or differences between him or herself and other family members.
3. Give the opportunity for independent learning time via magazines or videos.
4. Help your child find pictures in magazines or newspapers of people with different attributes (eyes, hair, nose, mouth). Help him/her make a picture book of these for use for reinforcement. Talk with your child's teachers or other professionals and encourage them to discuss correct terms with your son or daughter. These terms, along with pictures, should be included in the picture book.

Links to the Resource Guide: Below are corresponding references to the accompanying Resource Guide. The selections were chosen to help you find additional information that can help you and your child through this learning process.

Grades K-2

- Teach-A-Bodies Anatomically Correct Dolls; page 16
- Bare Naked Book; page 17
- Belly Buttons and Navels; page 17

Grades 3-5

- A Kid's First Book About Sex; page 17
- Where Did I Come From?; page 17

Point to the picture that matches each word:

Head

Arm

Leg

Stomach

Foot

Lips

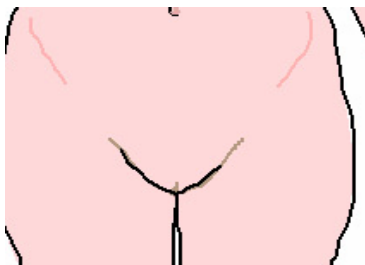
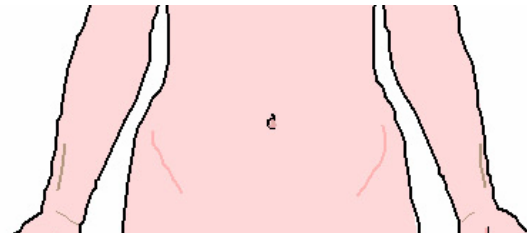
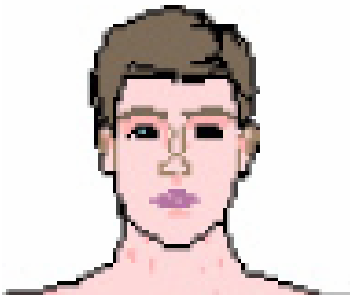
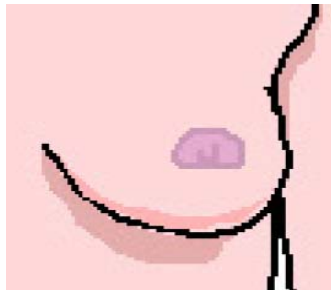
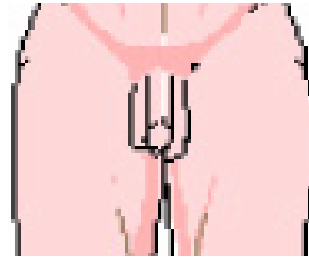
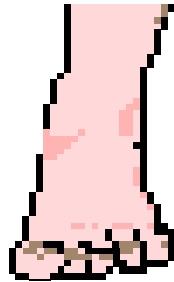
Breast

Penis

Testicles

Pubic Area

Hand



Topic 2

Changes in Your Body

Suggested use with grades 4 - 8

Activities and Discussion Points

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

Knowledge and understanding:

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

Attitudes and values:

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

Self-management skills:

- Observing differences and similarities between themselves and others

Interpersonal skills:

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

Growing Up

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

- 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 physical differences between boys and girls such as: usually, but not always, boys have more muscle strength than girls and are therefore stronger; voice changes; obvious body changes - breast growth, hair on legs, under arms, on the face (for boys) and in pubic area; boys' shoulders may get broader.
- Recognize how they are alike and different from other people their age

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

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

- Anatomically correct dolls
- Diagrams provided
- Picture board
- Scissors
- A display of posters of anatomically correct bodies
- Books and stories about the human body (see Resource Guide)
- Samples of sanitary napkins (pads) or tampons (if plan to use these) to show
- An example board that has pictorial examples of all terms being addressed in the lesson.

Procedure

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

1. Assess your family member's ability and preparedness to understand the various concepts about puberty. Remember to use as many different learning formats as possible. Take each step of puberty listed under the sections "for girls" and "for boys" one at a time, teaching just that term and how it will affect your family member's body. Ask your son or daughter to describe (verbally or through pointing to a picture board to acknowledge s/he understands - 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 your child point to a picture of an adult woman to acknowledge s/he understands.
2. Use correct names, such as penis and nipples, not nicknames (unless you have made a considered decision to use both). If your family member uses a nickname that was learned elsewhere, acknowledge the different term: "Yes, there are a lot of names for these body parts, and the correct names are.....".

Links to the Resource Guide: Below are corresponding references to the accompanying Resource Guide. The selections were chosen to help you find additional information that can help you and your child through this learning process.

Grades 4 - 5

- A Kid's First Book about Sex, page 17
- Where Did I Come From?, page 17

Grades 6 - 8

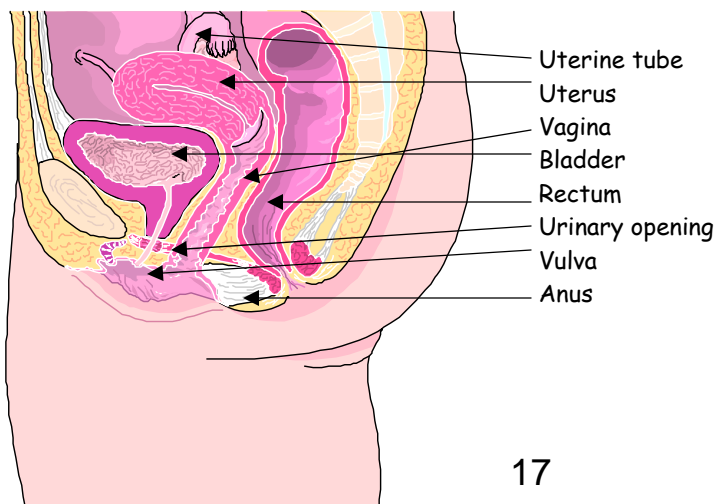
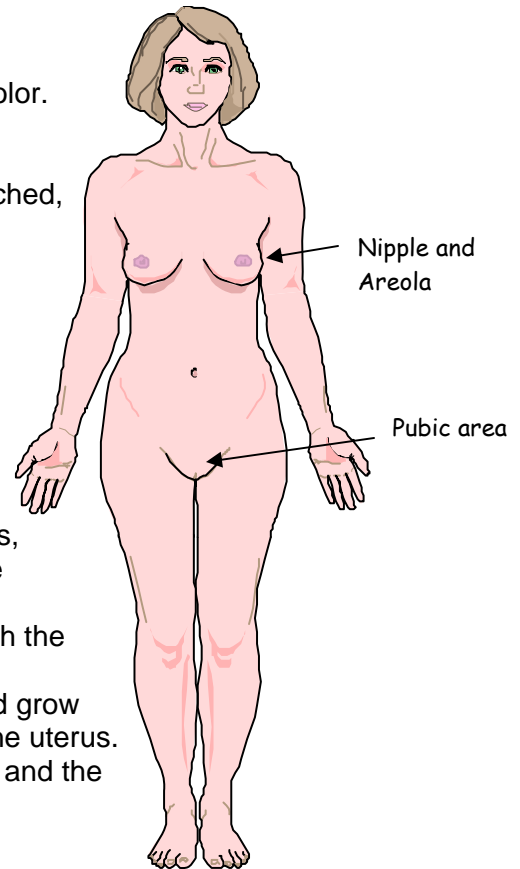
- Changes in You:for Boys, page 17
- Changes in You:for Girls, page 17
- Janet's Got Her Period, page 22
- Pages 23 - 24 list many good resources for teaching about periods
- There are two videos listed on page 23, one for girls and one for boys, that teach about puberty. The cost is \$24.95 each.

What happens as we grow? - Hints for parents or caregivers

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

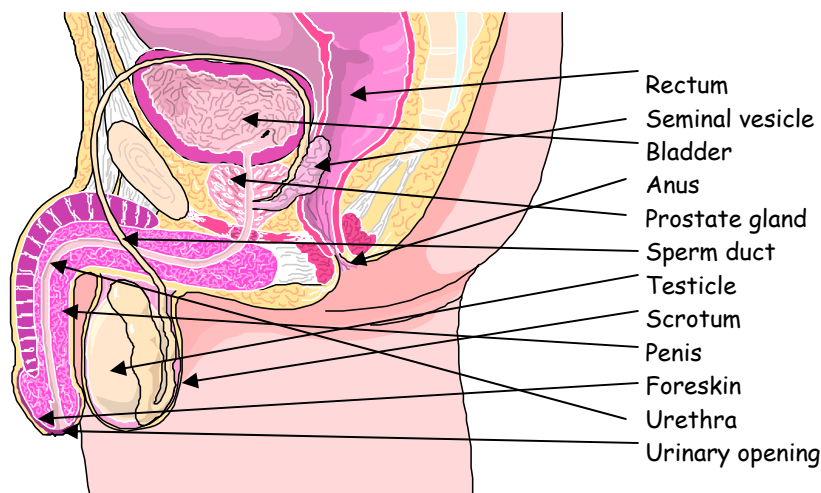
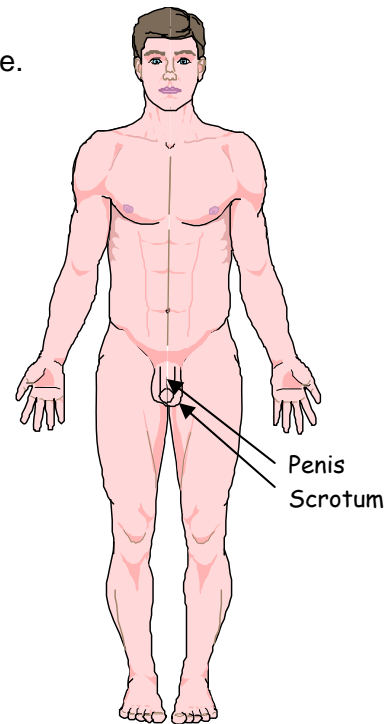
What happens during puberty? - For girls

- Breast growth - discuss the correct terms for breast parts
 - The nipple and areola get larger and darker in color.
 - The breasts enlarge.
 - The breasts may feel tender or sore.
 - The nipples will be sensitive and when cold, touched, or sexually aroused they may become erect.
- Pubic area -
 - Much of a girl's changes are on the inside.
 - Pubic hair will start to grow.
- Menstruation - also known as Period
 - The ovary, the part that holds the hundreds of thousands of ovum.
 - The ovum, or female egg, is the female reproductive cell (ova is plural).
 - 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 on the lining leave the body.



What happens during puberty? - For boys

- Circumcision - It is important to help your son understand the difference between being circumcised or not. During gym class or in the bathrooms at school he may see that there is a difference. An explanation will help to alleviate any concern.
- Voice changes
 - A boy's voice changes more noticeably than does a girl's. Often this leads to teasing by peers. You can stress that everyone goes through this, and that it is part of becoming a man. Having another male talk about his experience would be a good strategy.
- Pubic area - Boys exhibit more external changes than girls do and will include:
 - Pubic hair growth
 - Testicles - the equivalent of the girl's 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 the sperm travel toward the penis.
 - Seminal Vesicles - glands that produce a fluid which gives the sperm energy.
 - Urethra - in males this has two functions, one to carry urine out of the body and the other to carry semen (mixture of sperm and fluid from both the seminal vesicles and prostate gland).
 - Penis - this becomes hard (an erection) during sexual excitement. Teenage boys will have many uncontrolled experiences of sexual excitement, which can lead to embarrassing situations. As a parent it is important to help your son learn appropriate behaviors during these times. For example, if he is in school, he may need to excuse himself to go to the bathroom or learn to engage himself in other activities until the erection goes away. If at home, he may need the privacy of his room, or if your family does not believe in masturbation, you will want to find ways to help him learn to engage in other activities until the urges go away. It is natural for most teenage boys to experiment with masturbation. Your son needs to learn though, that there is an appropriate time and place for this.



What is puberty? An information sheet for young girls with an intellectual or developmental disability.

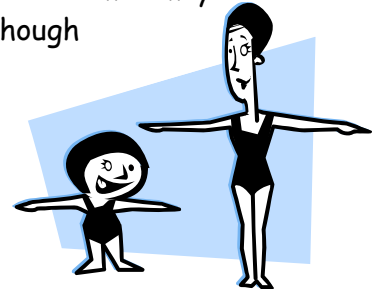
Growing up takes a very long time. The changes your body will go through take place very slowly. These changes that you will see in yourself and others your age are what is called puberty.

Some of the ways in which girls and boys change are the same. 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 and father or 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 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 a 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. This is an exciting time for you, and buying your first bra is something most girls look forward to. Girls wear bras to give their breasts support.

Hair - The hair on certain parts of your body will start to grow too. This is one thing that boys and girls do 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 body are all part of growing up. You will notice that your armpits will start smelling funny.



This is 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 decide 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 a girl matures she changes on the inside as well as on the outside. Somewhere between the age of 9 and 14 she starts her menstrual cycle, 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 next page). 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. This is what we call your period.

The blood comes down through your 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 see the school nurse, who may have a sanitary napkin to give you.

There are changes that you may notice 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 your lower pelvic area or your 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, or doctor 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 parent, family member, or perhaps your 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 come in many shapes and sizes. What one you use will depend on how much you bleed and what feels most comfortable for you.

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



What is puberty? An information sheet for young boys with an intellectual or developmental disability.

How boys change:

Height

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



You will also notice that you will grow a little heavier. You will see the muscles on your arms, chest and legs get bigger and stronger too.

Physical Changes

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



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

Hair - You will see tiny little hairs starting to grow on your face, chest, armpits and pubic area. At first it will look like the fuzz on a peach. However, as you get older it will change and become thicker. It is common for men to shave the hair on their face 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. Your 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 an erection 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. Try to think of something else, like your favorite TV show, and it should go away.

Wet dreams - Boys have dreams at night that cause erections. This is normal. Semen (a milky colored substance) squirts out through the opening of your penis. Semen contains sperm which is how an adult man helps to make a baby. You will not know that you are having a wet dream. Keep tissues by your bed so you can clean it up when you awaken. Be sure that you change and launder your sheets, as the semen will cause a strong odor within a few hours.

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 everyday. When you do, make sure you wash your hair with shampoo. 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 your 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 stronger mood swings, but boys 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 body to change as you grow up. Mood swings are caused by the increase or decrease in these hormones in your body.

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

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

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

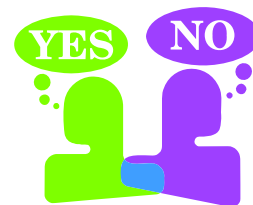
Independence - Part of getting older is being able to do more things. You will see classmates or friends doing more things without their parents. You may feel you want to do this too. It is important for you to learn to do more things on your own. Talk to your parents about how you may do this.

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 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 that you like. This is all normal. You need to remember though that the person that you like may not feel the same way about you. This too is a normal part of growing up. If you find you like someone who does not feel the same way about you, talk to your parents, teachers, or other people that you really trust about ways to deal with the situation. Even though it is normal, it still hurts.



Public and Private

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

House Rules:

Discuss the house rules regarding dress:

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

Discuss the house rules regarding touch:

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

Discuss the house rules regarding private areas:

1. Are there private areas in our house where I can touch myself? _____
2. What are the private areas in our house? _____
3. What are the areas in our neighborhood? _____
4. What are the private places in our community? _____
5. Are there private places in my school? _____
6. 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 our house rules about other people's privacy? For instance knocking on the door, using other peoples' things without asking. _____
2. Where is OK to urinate, look at a newspaper/magazine, take a bath, 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*



Public
Or
Private

Which is Which?



**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.*

Topic 2

Becoming an adult

Suggested use with grades 9 - 12

Activities and Discussion Points

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

Knowledge and understanding:

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

Attitudes and values:

- Valuing their own bodies and the importance and naturalness of the changes in their bodies and emotions

Self-management skills:

- Observing appropriate sexual behaviors

Interpersonal skills:

- Learning how to respect other individuals
- Understanding appropriate behavior

Self-care

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

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

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

Movies, magazines, books and pictures showing a variety of relationships
Previous lessons revisited as needed

Procedure

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

1. Assess your family member’s ability to understand the various concepts about relationships. Remember to use as many different learning formats as possible. For this age group the exercises in the Social Skills section (pages 42-47) are a good place to start. Ask him/her to describe (verbally or through pointing to a picture board) what s/he is feeling (see the sample picture board in the back of manual). Give your son or daughter time to express him or herself. S/he may have a hard time at first expressing feelings, but the more practice s/he has, the better s/he will get at it.
2. Reinforce the correct names for body parts if your child uses slang in describing feelings.

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

Links to the Resource Guide: Below are corresponding references to the accompanying Resource Guide. The selections were chosen to help you find additional information to help you and your child through this learning process. Unfortunately, for this age group the resources are somewhat costly and geared toward educational systems in the form of curricula. However, there are many resources right in your own home. TV offers many opportunities for discussing appropriate and inappropriate behaviors. For example, record several hours of different soap operas and you will have a lot of video to teach from.

Grades 7 - 12

- Learn about Life: Sexuality & Social Skills Set, page 15
- SEALS + Plus: Self-Esteem and Life Skills, page 19

Grades 9 - 12

- The Gyn Exam, page 24 (a good resource but very expensive)
- Pages 24 and 25 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. Give your family member opportunities to join activities with peer groups. It is important to give your child many opportunities to share about what is going on outside the home. It is also important to use your child’s strengths, interests, and desires as guides when providing them with opportunities to explore activities and hobbies. If your family member mentions that peers are going to various activities, but s/he chooses not to go, this may be a clue that s/he is struggling with self-esteem issues. Again, positive reinforcement is important. Take your family member shopping for clothes that are current with his or her peers. Reinforce good grooming skills and hygiene. Encourage your child to try some activities with a few close friends that s/he feels comfortable with.

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

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



If I Could Choose To Be.....

Choose 5 -10 of the following statements to discuss with your family member, including the last two statements. You may need to make a picture board showing examples of the questions you pick. For instance, for the first question, have a book of animals available for your family member to leaf through and then point at the one s/he 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? Example: kind, quiet, honest...

Who do I think I can become?

What adult would I like to be most like?

Why would I like to be like that adult?

What person my age would I like to be most like?

Why would I like 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

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

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

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

How to talk to your family member about masturbation

Scenario: You walk into your living room and see your family member masturbating. Clearly s/he is not alone in the house so this is inappropriate.

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

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

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

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

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

Intercourse

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

Sexual intercourse starts when a man's penis enters the woman's vagina. The man and woman move in a way so that the man's penis slides in and out of the vagina. This movement should feel good to both the man and woman. After a period of time, which could be a couple of minutes or longer, the semen ejaculates (squirts) out of the man's penis. The man and woman will have what is called an orgasm. When the man and woman have an orgasm they may feel the muscles of their bodies getting tense (tighten your arm muscle so they can feel what you mean). It is a very good feeling though and not a bad feeling. If you have discussed masturbation with your family member and you know s/he masturbates, it will be easier to explain orgasm during intercourse.

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

Safe Sex

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

Condom Use

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

- Only use latex condoms (unless your family member is allergic to latex)
- Inspect the condom package for a safety seal. The safety seal is an air bubble in the package. If this is not there, do not use the condom.
- Condoms have expiration dates. Check the date on the package.
- 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 to keep air out.
- Unroll the condom all the way to the bottom of the penis.
- If the condom breaks throw it away; do not use it.

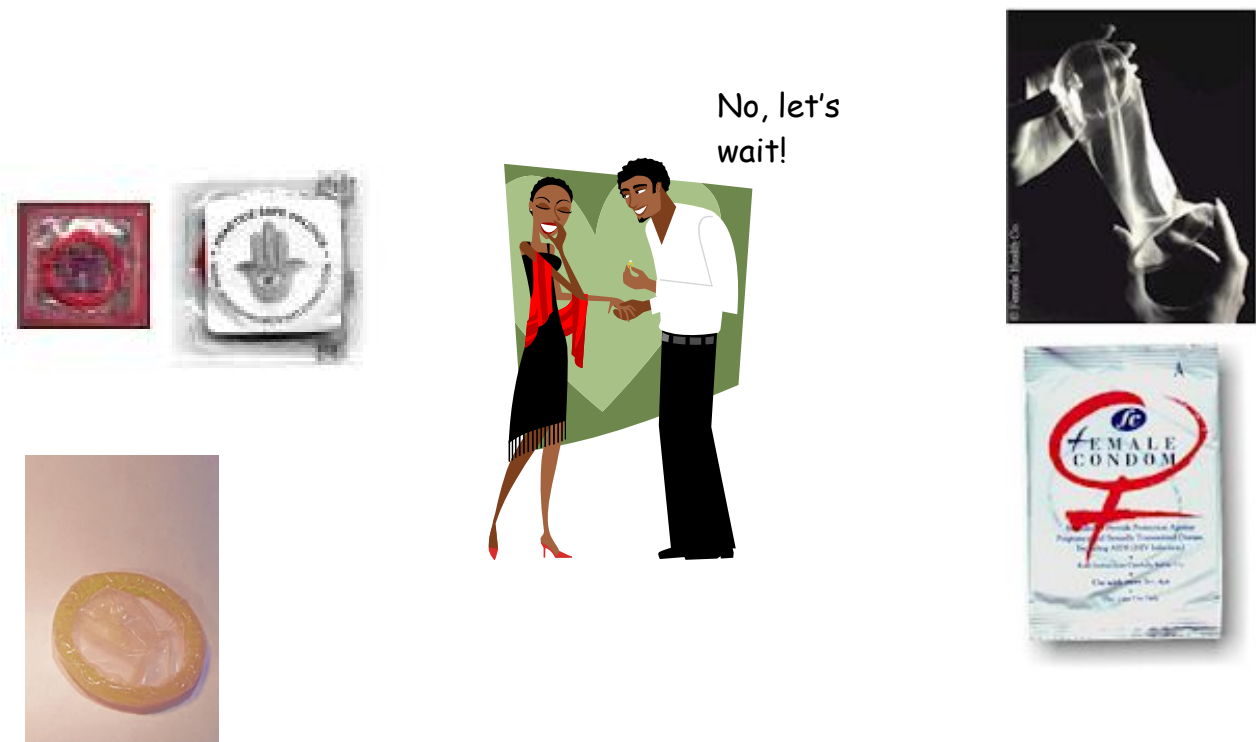
- Do not use oil-based lubricants like Vaseline or baby oil—these damage the condom.
- Condoms are used only once.
- There are also condoms for females, although these are a little more difficult to use. Below are pictures of condoms for both males and females.

It is important to emphasize several key issues:

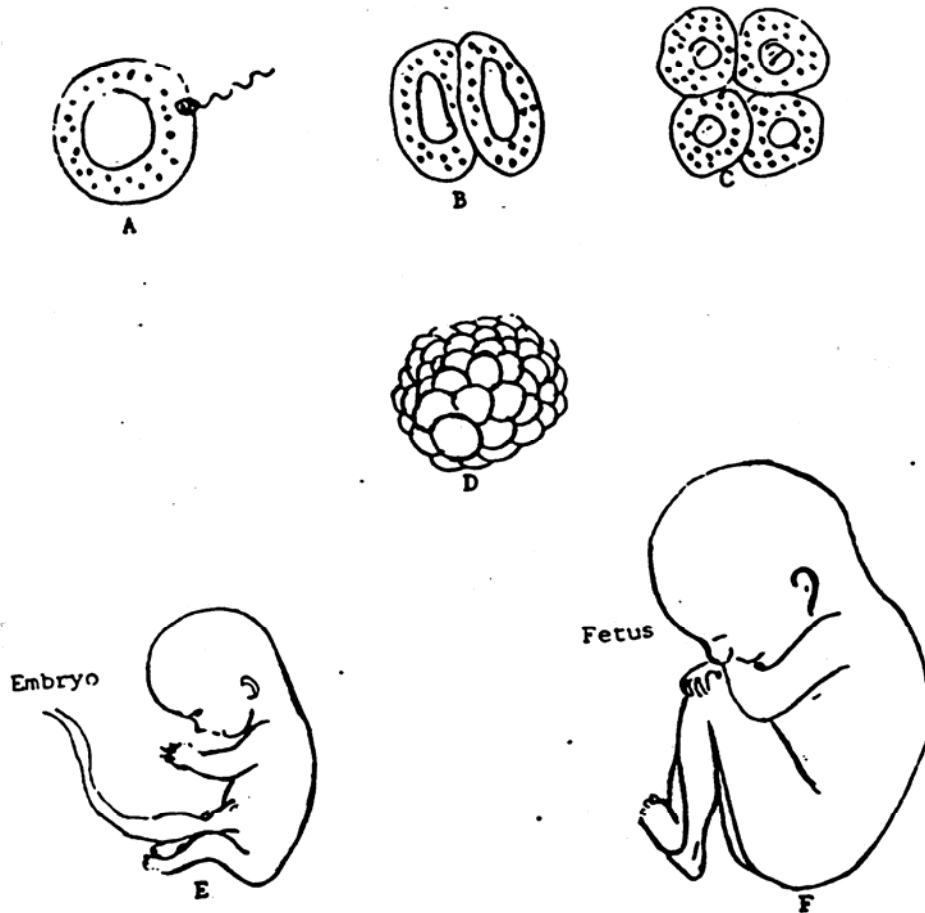
First, sexual intercourse should be between two consenting adults (both people want to have sex). In the state of Florida, the minimum age for legal sexual consent is 16 if the partner is under age 24, and 18 if the partner is over age 24. Having sexual intercourse with someone who is not of consenting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

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

This is a good time to move into 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 holds the sperm. Some of this sperm stays inside the woman. If the woman has an egg in her uterus then the sperm may join with the egg and a baby grows. The next few pages show the progression of the growth of a baby.



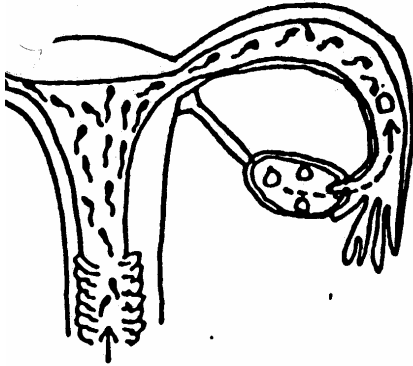
HOW A BABY GROWS



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

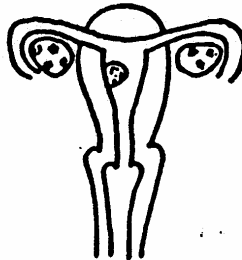
Seven to eight days after fertilization, the cluster of cells attaches itself to the lining of the uterus. In about ten to fourteen days, the cluster begins to "specialize" and later become organized into various tissues of the body, such as skin, muscle, bone, nerve, blood and glands. By the time the 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.

CONCEPTION



occurs when sperm and egg meet in the fallopian tube...most likely to occur 10-14 days after menstruation begins.

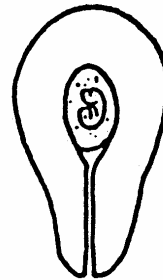
FERTILIZED EGG



attaches itself to wall of uterus and begins to divide.

Sex of child is determined at moment of conception by chromosomes in sperm cell.

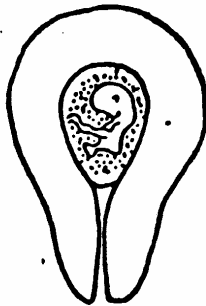
1ST MONTH



The embryo is about 1/4" long.

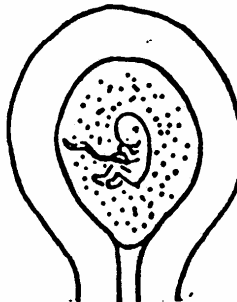
Blood is already circulating and eyes and ears are forming.

2ND MONTH



The embryo is about 1" long.
Face and sex organs develop...
Bones are being formed...The embryo floats in protective water.

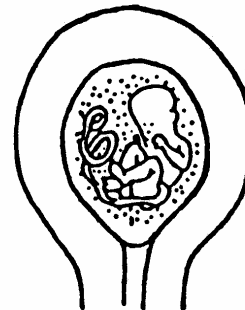
3RD MONTH



The fetus is about 4" long and weighs 1/3 ounce.

Teeth are forming. After the eighth week the embryo is called a fetus.

4TH MONTH



The fetus is about 6" long and weighs 1/3 pound.

Face is well formed...looks like a baby...hair begins to grow.

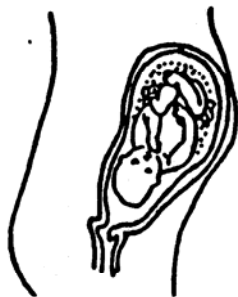
5TH MONTH



The fetus is about 10" long and weighs about 3/4 lb.,

Heartbeat may be heard through the stethoscope. Movement can be felt.

6TH MONTH



The fetus is about 1 ft. long and weighs about 1-1/4 lb.

Fetus position shifts to head down. Movements are real "thumps."

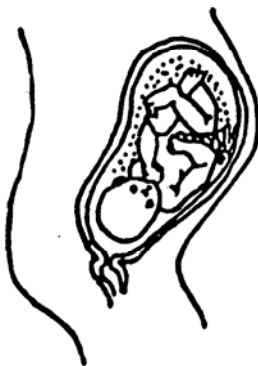
7TH MONTH



The fetus is about 14" long and weighs about 2 lbs.

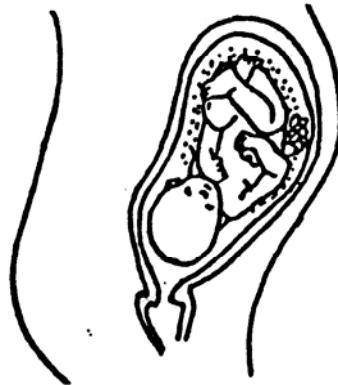
Central nervous system develops so that if born now the baby could survive.

8TH MONTH



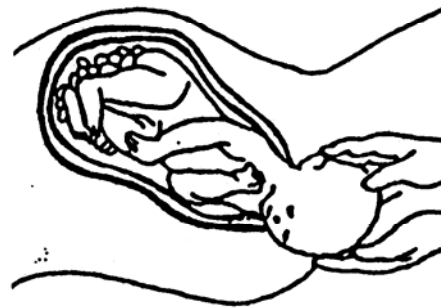
The fetus is about 17" long and weighs about 4 lbs. Fat deposits are forming under skin. Nails and bones are hardening.

9TH MONTH



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

BIRTH



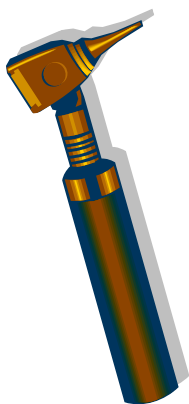
A baby enters the world and starts breathing air for the first time.

(Adapted from "So You're Going to Have a Baby")

Medical Concerns

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

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



Topic 3

Beginning Social Skills

Suggested use with grades K - 8

Activities and Discussion Points

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

Knowledge and understanding:

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

Attitudes and values:

- Appropriate listening and conversation

Self-management skills:

- Showing respect for self and others

Interpersonal skills:

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

Social Skills - Hints for Parents/Caregivers

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

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

Listening Skills

Exercise 1

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



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

Conversation Skills

Exercise 2

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

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



Giving Compliments

Exercise 3

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

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

Apologizing

Exercise 4

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

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



Feelings

Your own feelings

Understanding how we are feeling and being able to express our feelings are other areas of communication that needs to be learned. These are areas of communication that most of us have a difficult time with. Recognizing what we are feeling is the first step in understanding who we are and how we can best interact with others and our environment. Some of the feelings we need to learn to recognize are: joy, happiness, love, sadness, disappointment, anger, fear, frustration, anxiety, embarrassment, excitement, confusion, misunderstanding, and physical sexual feelings. As your family member moves into puberty s/he will need to learn how to recognize what s/he is 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 family member about what s/he is feeling. Another useful tool is to make a picture board showing photos of people expressing a variety of emotions. Write the corresponding feeling under each picture. This way you'll have a tool for those individuals who may only be able to point to or look at the correct feeling. A sample "Feelings Worksheet" may be found on page 81.

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

Exercise 5

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



Other peoples' feelings

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

Exercise 6

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

Remember: the better the ability of your family member to communicate effectively and appropriately, the better self-image s/he will have. This translates into a better quality of life.

Another reason for good communication skills is so that, should s/he need to report a person for unwanted advances (sexual or violent; verbal or physical), s/he will be able to be as accurate as possible in relating the situation.

Links to the Resource Guide: Below are corresponding references to the accompanying Resource Guide. The selections were chosen to help you find additional information that can help you and your child through this learning process.

- The Way I Feel Boardbook: page. 18. Suggested use with grades K-2
- The Way I Feel: page 18. Suggested for grades 3-5
- What is a Feeling?: page 18. Suggested for grades 3-5
- Any of the resources as appropriate: pages 20 and 21

Conversation Skills cont. - for the adults

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 a child is really trying to say. Given that they are still developing language skills, children do not always know how to say what is on their minds. They may also be afraid of getting in trouble if they express their feelings. Because of this they may make up stories. If you notice physical changes in your child, body language, unusual quietness or behaviors, then listen to these stories. They may not be just make-believe. 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 family member, using what ever means s/he uses to communicate, will help you learn how best to understand what your family member is actually saying. Look at body language. Your family member may have certain facial expressions or body postures for different things s/he is feeling or thinking. You can be certain that s/he will be trying to communicate with you. Your challenge, and your responsibility, is to learn how to communicate with your family member and teach him or her appropriate communication skills, no matter what the preferred method of communication. If you already know how your family member communicates, then teach this to anyone s/he comes in contact with - teachers, friends, neighbors. The more people who can have conversations with your family member, the more s/he will be able to participate in the community fully and safely.

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

For instance:

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

You: Hello Jane (Mrs. Smith)

Jane: Hello

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

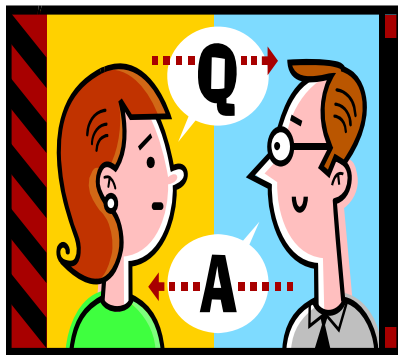
Mrs. Smith: Hello

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

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

Another important lesson for your family member is to figure out whom to ask certain questions. For example:

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



Topic 3

Advanced Social Skills

Suggested use with grades 6 - 12 as ready

Activities and Discussion Points

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

Knowledge and 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 appropriate and respectful behavior
- Learning how to express feelings regarding emotions

Social Skills - Hints for Parents/Caregivers

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

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

Feelings

Anger

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

Exercise 7 - Anger directed at you. Following the steps used in previous role modeling exercises, here are several ideas for exercises to use with your family member.

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

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

1. In this situation, the role modeling you are going to use is that of a classroom teacher. The whole class was very loud and disruptive, not responding to prompts to be quiet. The teacher got very angry. The correct behavior/response is to agree to pay attention and be quiet.
2. Now you are at home and the situation is one where you have asked your family member several times to do something and s/he did not do it. Now you are angry. You appropriately express your anger to your family member, and then go over the correct response - your family member agreeing to be responsible and do what was asked.
3. In this last situation your family member is with a group of friends when one of the friends says something hurtful to another friend. This friend who is hurt gets angry with the person who said the hurtful thing. The offending person denies saying it. You must discuss with your family member who heard the hurtful thing how to respond to both the friend who said the hurtful statement - i.e.: "I'm sorry John but I heard you say it and feel you owe Mary an apology" and "I heard what John said, Mary. That must have hurt a lot. I know it isn't true."

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

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

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

Exercise 8

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

1. Choose one type of feeling of affection. Or, maybe your family member has mentioned s/he "likes" another classmate. This would be a good opportunity to discuss appropriate affection in a situation that is real to your family member.
2. Discuss whether or not it is appropriate for your family member to tell the other person how s/he is feeling. In the case of someone expressing feelings toward your family member, discuss whether or not those feelings are appropriate. If the other person is expressing feelings appropriately, discuss with your family member how s/he feels about the other person's feelings toward him or her. This is a good time to emphasize concepts of rejection (this includes understanding that the person for whom your family member is directing certain feelings may not reciprocate those feelings), and assertiveness for one's own right to say "I don't feel the same way".
3. Discuss the best way to tell or show the person how you feel.
4. Practice expressing those feelings using whatever communication method your family member uses.
5. Practice good listening skills and let the other person respond.

Fear

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

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

Exercise 9

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

1. Choose a situation that you want to role play. Perhaps it is a fear of thunderstorms. Help your family member to recognize that what s/he is feeling is fear. You can use Exercise 5 to help your child recognize this feeling.
2. If s/he is not sure what it is s/he is afraid of, run down a list of possible fears until your child acknowledges that "Yes, that is it." You could also make a picture board of things that people are often afraid of and point to various ones until your child say yes to one of them. Do not give up! There are so many things out there that people can be afraid of, and remember, it may be something really small like a spider in the bedroom. Remember that, as you go down lists of potential fears, you may not "hit" on the major fear, but each time you address a fear with your family member, you will build the child's confidence to talk to you about fears being experienced later on.
3. Discuss whether or not the fear is an actual threat to your family member or if it is just something s/he needs more information about to better understand it and then not be afraid of it anymore. An example might be going from elementary school to middle school. To a child that can cause a great deal of fear. It is a BIG unknown. Another example may be moving into a different house or apartment with a new bedroom, new shadows on the walls, and new sounds to get used to. Another common example is a fear caused from watching something on television that s/he did not understand.
4. Talk through the fear, discussing as much information about it that you can. You may find that the fear is something you do not know enough about. In this case you may need to go ask someone else for information, or have your family member see a professional such as a psychologist who is trained to help people work through major fears.

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

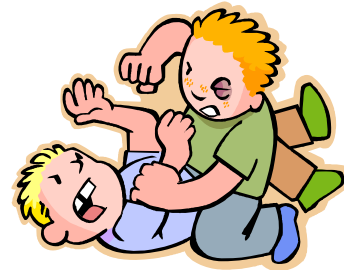
Self-control

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

Exercise 10

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

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



Rights of self and others

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

Exercise 11

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

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

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

Links to the Resource Guide: Below are corresponding references to the accompanying Resource Guide. The selections were chosen to help you find additional information that can help you and your child through this learning process.

Grades K-12

- Social Skills Activities for Special Children, page 20
- Social Skills Stories: Functional Picture Stories for Readers and Nonreaders K-12, page 20
- More Social Skills Stories: Very Personal Picture Stories for Readers and Nonreaders, K-12, page 20
- Connecting with Others: Lessons for Teaching Social and Emotional Competence Grades 6-8, page 21
- Connecting with Others: Lessons for Teaching Social and Emotional Competence Grades 9-12, page 22.

Topic 4

Dating

Suggested use with grades 8 - 12 as ready

Activities and Discussion Points

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

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

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

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

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

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

How we “grow” into dating

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

Dating

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



Alternative Lifestyles

In today's world your family member will, sooner or later, be introduced to alternative lifestyles, such as homosexuality. Homosexuality is when a person is attracted to someone of his/her own sex. When children are going through puberty it is actually common for them to be attracted to someone of the same sex. As puberty progresses these feelings change to an attraction for the opposite sex.

The subject of homosexuality is not something that can be avoided, nor should it. Homosexuality is portrayed on prime time TV, in the news, and even as part of politics now. Your child may see homosexual relationships at school. The sooner you discuss it with your son or daughter, the greater his or her ability to understand the concept will be. Just as there is the myth that persons with I/DD are asexual, so too is there the myth that they will never be attracted to someone of the same sex.

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

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

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



Topic 5

Sexual or Physical Abuse

Suggested use with all grades as ready

Activities and Discussion Points

Myths

- People with intellectual or 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 protections as everyone else.

Reality

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

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

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

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

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

Child abuse

Physical

What to look for on the body

- * 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
- * Doesn't want to be touched
- * Gets upset when another child cries
- * Tells you someone hit him/her

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

What to look for physically

- * Dirty or hungry
- * Is 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 the 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
- * Hides in his/her room or 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 s/he is dressing
- * No interest in personal hygiene

What behavior/s to look for

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

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

Strategies for you and your family member

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

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

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

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

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

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

GOOD TOUCH - BAD TOUCH - EXAMPLES FOR DISCUSSION

Teaching good touch - bad touch can be difficult when working with children or adolescents with severe cognitive disabilities. Showing pictures of an adult hugging a child as a bad touch can give the wrong message regarding situations where a hug is appropriate, such as when a parent hugs a child. The main concept to get across is this: whether touching is good or bad depends on who is doing the touching and how s/he is touching the other person. Anyone who is touching another person on the breasts, penis, or pelvic area, or who tries to kiss another person **without that person's consent** is performing a BAD touch. Consent is a difficult concept to teach, but it basically means that if a person says NO then s/he is not giving his or her consent. If someone continues to touch the other person despite the NO, it is a BAD touch. It is important as parents to be alert to changes in your child's behaviors or demeanor as it can be a signal that s/he is being physically or sexually abused. Also look for physical signs such as bruising in the genital areas, complaints of genital discomfort, torn or missing clothing, or sexually transmitted diseases. As you are the one who knows your child the best it is important that you keep in touch with school personnel or anyone else your child has contact with. Teach them about your child's personality traits so that they will be more alert to changes as well.

How to teach good touch - bad touch

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

What part of NO don't you understand!?

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

Exercise 1

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

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

Exercise 2

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

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

Exercise 3

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

Now the same scenario, but this time it is your daughter at the movie. She likes one of the boys there. They sit next to each other. He starts to touch her pubic area. She knows it isn't right and tells him to stop. He does not. What should she do?

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

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

Some more activities on saying NO!

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

1. Come on, everyone is going. You have to come if you want the other kids to like you.
2. If you love me you'll do what I want.
3. Come on, try it just this once. You won't get in trouble I promise!
4. It's ok to come with me. I already talked to your Mom/Dad and they said it is OK.
5. All the other kids are doing it. You want to do what everyone else is doing, don't you?
6. If you do it this time I'll never ask you to do it again.

Just say no!

Good Touch - Bad Touch Activities For More Concrete Learning

Discussion points for parents or caregivers:

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

Exercise 1: Have individual choose from the two pictures given below each question.

When you are sad what does your face look like?



When you are angry what does your face look like?



When you are happy what does your face look like?



Good touch/bad touch continued -

Exercise 2: What are types of good touches? (Help the individual communicate hug, kiss, holding hands, etc.).

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



Boyfriend and Girlfriend



Doctor



Friends



Husband and Wife



Sister and Brother



Mother and Daughter

Good touch/bad touch continued -

Exercise 3: What are types of bad touches? (Help the individual communicate hitting, pinching, slapping, etc.).

Discussion for bad touch:

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

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

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

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

If a person touches you in a way that makes it hard for you to breath or that makes you cry this is bad touch. (Parents need to explain the difference between disciplining and this type of 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 bottom. (Use the pictures from earlier lessons to reinforce the body parts).

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



Good Touch - Bad Touch
Appropriate Social Distance



Appropriate distance:

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

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





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

Being this close to someone when shaking hands is not appropriate.

Maintain distance when meeting or greeting.





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

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





Coming up behind someone and putting your hands on their shoulders or hugging them is not appropriate without their 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.



Additional Resources

Suggested use with all grades
as ready

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 and interests of children

GLOSSARY OF TERMS

Acne Lesions

Usually start at the onset of puberty, most common on the face, but they 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, noninflammatory 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.

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, Ova

A female sex cell, or egg.

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 that 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 (STD's)

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

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

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

1. Safe sex practices, including abstinence
2. Saying no
3. The importance of good hygiene
4. 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)
7. Ways to avoid date rape drugs
8. The roles of alcohol and drug use in unwanted and/or unprotected sexual activity
9. Talking with your family member's doctor about whether or not s/he would benefit from receiving the Hepatitis B vaccine.

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

The following are several excellent web sites to learn more about STD's with your family member:

- 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 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 sex 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 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, or grow or spread. • A mother with warts can give them to her baby at childbirth.

<p>Gonorrhea</p>	<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. <p>Women</p> <ul style="list-style-type: none"> • Thick yellow or white discharge from the vagina. • Burning or pain when you urinate. (pee) or have a bowel movements. • Abnormal periods or bleeding • Cramps and pain in the lower abdomen (belly.) <p>Men</p> <ul style="list-style-type: none"> • Thick yellow or white drip. • 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 and 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. <p>Reproduction organs can be damaged.</p> <ul style="list-style-type: none"> • A mother with gonorrhea can give it to her baby at childbirth. • Can cause heart trouble, skin disease, arthritis and blindness.
<p>Hepatitis B</p>	<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 symptoms or mild symptoms. • Flu-like feelings that don't go away. • Tiredness. • Jaundice (yellow 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

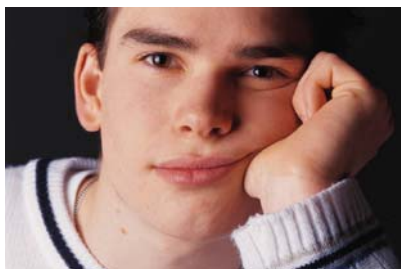
<p>Herpes</p>	<ul style="list-style-type: none"> • Symptoms show up 1-30 days after having sex. • Some people have no symptoms. • Flu-like feelings. • Small, painful blister on the sex organs or mouth. • Blisters last 1-3 weeks. • Itching or burning before the blisters appear. • Blisters go away, but you still have herpes. 	<ul style="list-style-type: none"> • Spread during vaginal, anal and oral sex with someone who has herpes. 	<ul style="list-style-type: none"> • You can give herpes to your sexual partner(s). • Herpes cannot be cured.
<p>HIV/AIDS</p>	<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.

<p>Syphilis</p>	<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 and death.
<p>Vaginitis</p>	<ul style="list-style-type: none"> • Some women have no symptoms. • Itching, burning or pain in the vagina. • More discharge from the vagina than normal. • 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 can carry vaginitis infections without symptoms. 	<ul style="list-style-type: none"> • You can give vaginitis infections to your sexual partner(s). • Uncomfortable symptoms will continue. • Men can get infections in the penis, prostate gland or urethra.

**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



AFFECTIONATE



SHOCKED



LONELY



INSULTED



DEPRESSED



ANGRY



PUZZLED



WORRIED



HURT



UPSET



JOYFUL



HAPPY