



WOMEN WITH DISABILITIES AND SEXUAL VIOLENCE EDUCATION GUIDE

Illinois Imagines Project
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WOMEN WITH DISABILITIES AND SEXUAL VIOLENCE EDUCATION GUIDE

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SECTION 1 INTRODUCTION

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INTRODUCTION

WHAT YOU WILL FIND IN THIS GUIDE?

Disability service agencies and rape crisis centers can help prevent sexual violence against women with disabilities. They can also respond effectively to women who experience sexual violence. Achieving these goals requires collaborative efforts to educate women with disabilities about healthy sexuality, sexual rights and sexual violence, and safety planning.

This guide will help disability service agencies and rape crisis centers:

- **Be aware of basic information about women with disabilities and healthy sexuality.**
- **Understand the sexual rights of women with disabilities.**
- **Prepare and deliver education sessions to women with disabilities regarding sexual violence, healthy relationships, healthy sexuality and sexual violence risk reduction.**

This guide is organized into four sections.

1. Overview – Women with Disabilities and Sexuality
2. Education Sessions
3. Education Session Handouts
4. Education Resources

TERMINOLOGY

(See Tool #1 for more definitions and terms)

Victim/Survivor – The terms victim and survivor are often used interchangeably, though individuals who are sexually victimized may prefer one term over another. Both terms will be used throughout this Toolkit. When working with a victim/survivor, ask her which term she prefers and use that term.

WOMEN WITH DISABILITIES – This Toolkit focuses exclusively on women with disabilities, as this was the purpose and restriction of the funding. However, most of the material can be generalized to improve services to males and youth with disabilities who experience sexual violence.

SHE – This Toolkit focuses on women, the most common victims of rape. The sexual assault victim is referred to as “she” throughout this Toolkit. However, men can also be victims of sexual violence. The reactions, feelings and needs of sexual assault victims, whether male or female, are very similar. This information in this Toolkit is equally relevant and helpful to male sexual assault victims and their friends and family.

SEXUAL VIOLENCE – The term sexual violence is used throughout this Toolkit to refer to any act (verbal and/or physical) that is non-consensual and is sexual in nature. The term “sexual violence” includes sexual harassment, exposure, voyeurism, sexual abuse, sexual assault and other forms of sexual exploitation. Sexual violence may be perpetrated by a family member, partner, acquaintance, caregiver or stranger.

SECTION 2
OVERVIEW:
WOMEN WITH
DISABILITIES AND
SEXUAL VIOLENCE

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OVERVIEW:

WOMEN WITH DISABILITIES AND SEXUAL VIOLENCE

INTRODUCTION

Women with disabilities experience sexual violence at a disproportionate rate. They are also less likely than other women to identify abuse and seek services from rape crisis centers and others. One of the factors that contributes to the increased risk faced by women with disabilities is the lack of information and education they receive on issues related to healthy relationships, sexuality, sexual violence prevention and body safety.

Risk reduction is a key tenet of sexual violence prevention education. Though stopping the behavior of perpetrators is the only sure way to prevent sexual violence, women can take steps to reduce their risk of sexual violence. However, it is critical to remember, and to tell all women, that sexual violence is not their fault. No matter what they did or did not do, the behavior of forcing sexual contact is always the fault of the perpetrator, not the victim. Keeping that fundamental principle at the forefront, we can provide education about relationships and sexuality geared toward reducing the risk of sexual violence. Women with disabilities need this education as much as all other women and girls.

PRESENTING THE SESSIONS

With a modest amount of planning and preparation, you can provide valuable education for women with disabilities. This type of education, long denied or overlooked, is central to reducing the risk of sexual violence and empowering women with disabilities to report sexual violence when it occurs.

As you review these materials, consider opportunities that you have, or could create, to provide education to women with disabilities, individually or in a group setting. Think about the topic area(s) you will choose as your focus and the activity(ies) that fit into the time frame you have.

The education sessions in this Guide are best used in totality and in the sequence they are listed in the modules. However, we understand time constraints might not make it possible to present each session. You can adapt the presentations to reduce the time commitment.

Each session description includes information about preparation, instructions, usage, objectives, materials and estimated time. Most of the sessions take 30 minutes or less to complete. Some sessions include options for varying the length of the session.

Handouts associated with the education sessions follow the Lessons in Section 3 of this module. We created one “Universal Handout” entitled Sexual Violence and You. This handout should be given to every woman with a disability who participates in any education session. If you have time, review this handout briefly before adjourning the session. Encourage the women to discuss the handout with their significant others, family members, caregivers, staff and others they trust.

WOMEN WITH DISABILITIES AND SEXUALITY

Human sexuality is as unique as each human being and develops in relation to many individual, physical, cultural and social factors. All people have sexual feelings and experience sexual changes across their life span. For many people, coming to fully appreciate their sexuality can be quite a journey. For women with disabilities, the journey can be treacherous.

Women with disabilities have often been deprived of information about relationships and human sexuality. Further, they have frequently been denied the right to sexual expression and/or privacy to engage in sexual behavior alone or with a partner. Finally, few women with disabilities receive information about sexual abuse, sexual assault and other forms of sexual violence. This lack of information and experience increases the risk that women with disabilities will experience sexual violence.

As advocates and providers of services and support, perhaps our greatest responsibility is to listen to the words of women with disabilities whose lives are affected by our responses. When Illinois Imagines asked women with disabilities what they want everyone to know about them and their sexuality, they indicated the following:

- **I am a human being, just like everyone else;**
- **I am a sexual being, just like everyone else;**
- **I am not a child; I am an adult;**
- **My sexuality is a human right, not a legal one; and**
- **I have the right to information, community participation, private sexual expression, boundaries in personal care and relationships and a full life.**

Women with disabilities need education about sexuality and sexual violence in order to reduce their risk of being victimized. To achieve this, workers in disability services agencies and rape crisis centers can:

- Provide facts;
- Create a safe place for expression;
- Accept each woman with a disability as a human being with rights and possibilities;
- Empower each woman with a disability to make choices and use her voice on her own behalf; and
- Support each woman with a disability in recognizing and totally embracing herself as capable, strong, sexual, and beautiful.

WOMEN WITH DISABILITIES AND SEXUAL RIGHTS

All women with disabilities have the same rights to sexual expression and safety as all other women in society. These rights include, but are not limited to:

1. The right to explore, identify, define and express their sexuality and sexual orientation without judgment or discrimination.
2. The right to receive education and information about sex, safe and healthy sexual relationships, and reproductive health.
3. The right to make decisions about their sexuality and sexual relationships, including who they choose to relate to sexually and how they choose to relate sexually to that person.
4. The right to privacy and dignity related to dating and sexual intimacy.
5. The right to receive education and information about sexual violence, including harassment, abuse and assault.
6. The right to safety and freedom from sexual harassment, abuse, assault and other forms of sexual violence.
7. The right to receive supportive, trauma-focused, victim-centered response in the case of sexual harassment, abuse, assault or other forms of sexual violence.

SEXUALITY EDUCATION AS RISK REDUCTION

The belief that people with disabilities are not or should not be sexual leads to a denial of appropriate education. Special education students are often denied sex education and even violence education classes. Similarly, women with disabilities are often denied exposure to social experiences that could provide opportunities for learning and experimenting with relationships and sexuality. Some women with disabilities have not even had preventive gynecological exams because of assumptions made by family members and medical professionals. When education and experience are denied, women with disabilities lack the tools to understand their sexuality and are not empowered to respond to sexual violence.

The women who are most at risk for sexual violence may have little framework for understanding or communicating about any experience of sexual violence. It is important to understand this history of oppression, segregation and denial of basic rights when providing a compassionate, proactive, victim-centered response to women with disabilities who experience sexual violence.

Despite the traditional reluctance on the part of parents, caregivers, and institutional staff to discuss sex with women with disabilities, there are many benefits to providing sexuality education for women with disabilities including:

- Healthier choices
- Increased social skills
- Improved assertiveness
- Greater independence
- Increased ability to take responsibility for sexual behavior
- More appropriate expressions of sexuality
- Less chance of risk-taking behaviors
- Reduced risk of sexual abuse, sexually transmitted infections and unintended pregnancy
- Increased communication by women with disabilities about sexuality, including interests, desires, concerns, fears and experiences of sexual violence
- Increased safety

OUR RIGHTS, right now

Women with disabilities need complete and accurate information, education and support. Ideally, education regarding sexuality, relationships and risk reduction should include information about:

- Self-esteem
- Public and private places and behaviors
- Different types of relationships
- Personal safety and protective behaviors
- Right to refuse sexual contact
- Coping with relationship difficulties or rejection
- Appropriate and inappropriate expressions of sexuality
- Sexually transmitted infections (STIs), safer sex, contraception
- Consent
- Saying no and resistance/assertive responses to unwanted sexual attention
- Sexual coercion and violence
- Reporting incidents of sexual violence

PREPARING TO TEACH ABOUT SEXUALITY AND RISK REDUCTION

You may need to examine your own comfort level with this material. You need to make sure that you are comfortable using language related to sexuality and body parts (both correct language and slang terms). You also need to make sure that you know and understand the information. You don't need to be embarrassed or ashamed if you are not clear or are unsure if your information is accurate or complete.

Most of us are not accustomed to speaking openly about body parts, sexual acts, sexual violence and other aspects of a risk reduction program. But take the time and opportunity to educate yourself. It is also helpful to discuss the material with someone else or practice doing the activities prior to using them. You can also ask someone else to assist in facilitating the information and session.

Many women with disabilities may never have had an opportunity to talk openly about these topics. Therefore, it is critical to create a safe, private, comfortable environment for education sessions.

ESSENTIAL FOR EVERY EDUCATION SESSION

1. Privacy – Privacy is critical. Make sure that you hold these discussions in a location where privacy is ensured. It is best to avoid areas of traffic flow or intrusions. A space behind closed doors is preferred. Inform others that a private meeting is being held and there are to be no interruptions if possible.

2. Confidentiality – Confidentiality is also paramount. Women with disabilities need to know that anything that they share in the group will not be shared or discussed elsewhere. State the rule clearly (“We don’t repeat what other people say outside of this room.”) at the beginning of each discussion. Ask group members to affirm this agreement.

3. Ground Rules – Start every session by setting ground rules, like “Don’t interrupt” and “Listen to the person talking.” It can be helpful to have the ground rules on a poster in the room as a reminder. Remind the group often that we want to make this a safe place for people to ask questions, share stories and discuss any issues they may have.

4. Disclosures – Prepare for the possibility that this material may be difficult and emotional for some individuals. Prepare yourself for the possibility of a disclosure of sexual harm, and anticipate your response when this occurs. If you are a required reporter, disclose this to the audience. Discuss your required reporting obligations and the impact that will have on a disclosure. It may be helpful to have another support person, such as a rape crisis center prevention educator available if someone needs individual attention and support. It is also beneficial to have a rape crisis center prevention educator involved in the education program, as they are not required reporters.

TEACHING TIPS

1. **Background** – Ask women in your education program if they have received any sex education before. They may have little or no knowledge about sexual issues, and what they know may have come from misinformed peers. You need to know this to tailor your sessions to the audience.
2. **Repeat** – Repeat the same concept from a few different angles to maximize the potential for understanding. Each lesson should begin with a review of any previous lesson(s).
3. **Examples** – Provide concrete examples. Some women with cognitive disabilities may not easily comprehend abstract concepts (e.g., pregnancy results in having a baby nine months later). Examples need to be concrete, in the present and as tangible as possible. Using pictures and videos is helpful.
4. **Pacing** – Pace the education program. Go slowly and don't overload the women with information. Schedule enough time to process the information, answer questions and have discussions. You can also leave a few days between lessons so that the women have time to think about the information.
5. **Participation** – In teaching women with disabilities, it is important to provide lots of opportunities for them to make choices and to help facilitate portions of the class. For example, ask for volunteers to write on the flip chart or to read scenarios. They may have limited choice and power in their lives, and these sessions are a perfect setting to empower them to use their talents.
6. **Context** – Remember that context is everything. Consider how the information you are providing fits into the lives of group members. Discuss social situations as examples.

KEY MESSAGES

SEXUALITY

Appreciate that all women are sexual, and they **may express their sexuality** in various ways. Talking about sex does not encourage them to try it. Rather, education can make women more comfortable and informed on the subject.

RISK

Recognize that women with disabilities are at a **greater risk for sexual violence**, because they often have to depend on others and have been conditioned to place total trust in others.

No

Teach the right to say no. Women with disabilities have been conditioned to be overly compliant with the wishes of others. They are accustomed to taking direction from others and obeying others. They need to know it is okay to say no if they are uncomfortable, nervous or scared.

PRIVACY

Acknowledge that women with disabilities may have **few opportunities for sexual expression** due to a lack of privacy. Explore ways that they can request and access private space for sexual expression, alone or with a partner.

DIVERSITY

Recognize that women with disabilities represent the **same diversity of sexual identity and orientation** as the general population. In education sessions, acknowledge that some women with disabilities may choose female dating partners or have questions about sexual orientation and identity they would like to explore.

THE NEXT STEP

Think about how you can collaborate to plan and conduct these education sessions. Disability service agencies and rape crisis centers working together will present the most effective, comprehensive education program to inform and empower women with disabilities. Talk with colleagues in your agency and partner agencies in the community to plan a coherent, comprehensive education program for women with disabilities.

SECTION 3 EDUCATION SESSIONS

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EDUCATION SESSIONS

This Guide describes education sessions that disability service providers and rape crisis center workers can use to teach women with disabilities about sexuality and sexual violence risk reduction. For background information and additional educational materials, see the Resources Section in this module.

LESSONS

HEALTHY RELATIONSHIP

○ What are Relationships?	30 minutes	Page 16-19
○ Thumbs Up/Thumbs Down	30 minutes	Page 20-21
○ Who Would You Date?	15 minutes	Page 22
○ Dating Relationships	45 minutes	Page 23-25
○ Starting a New Dating Relationship	30 minutes	Page 26-29

HEALTHY SEXUALITY

○ Knowing our Bodies	30 minutes	Page 32-33
○ Public and Private Behavior	20 minutes	Page 34
○ Sexuality: Feeling and Actions	20 minutes	Page 35
○ Consent: The Yes/No Exercise	20 minutes	Page 36

SEXUAL VIOLENCE RISK REDUCTION

○ Our Rights, Right Now	30 minutes	Page 40-41
○ What is Sexual Violence?	30 minutes	Page 42-44
○ Boundaries	30 minutes	Page 45-46
○ Consent	30 minutes	Page 47-49
○ Red Light/Green Light	30 minutes	Page 50-51

SAFETY AND SUPPORT: HOW TO GET HELP

○ Ways to Reduce Risk	15 minutes	Page 54-55
○ Safe People, Safe Places	30 minutes	Page 56-57
○ Design a Support Person	30 minutes	Page 58-59
○ Safety Planning	20 minutes	Page 60-61
○ Empowerment Graffiti	30 minutes	Page 62

Handouts

○ Relationship Rights	#1
○ Green Flags	#2
○ Red Flags	#3
○ Relationship Quiz	#4
○ Three Safety Rules	#5
○ 5 Tips to Reduce Risk of Sexual Abuse	#6
○ Design a Support Person	#7
○ Sexual Violence and You	Universal

“ Education is the
jewel casting
brilliance into the future. ”
Mari Evans

EDUCATION SESSIONS: HEALTHY RELATIONSHIPS

The following education sessions provide a foundation to help women with disabilities identify characteristics of healthy relationships. The sessions address the basic elements of relationships. It is important to provide this baseline information, because often women with disabilities have not been educated about the qualities of healthy and unhealthy relationships. The sessions help reinforce the concept that everyone is entitled to safety in their relationships with others.

Lesson	Page #	Handout	Minutes
#1 What are Relationships?	16-19	N/A	30
#2 Thumbs Up/Thumbs Down	20-21	#1	30
#3 Who Would You Date?	22	#2, #3	15
#4 Dating Relationships	23-25	#4, #5	45
#5 Starting a New Dating Relationship	26-29	N/A	30



LESSON 1: WHAT ARE RELATIONSHIPS?

USE: This is a beginning level session

TIME: 30 minutes

OBJECTIVES:

- To define relationships and identify relationships in participants' lives.
- To identify characteristics of healthy relationships

MATERIALS:

- Flip chart and markers
- Masking tape

PREPARATION:

- Before the session begins, use five pages of the flip chart to list each type of relationship on a different page: Strangers, Acquaintances, Friends, Family Members and Intimate Partners. Tape these five pages on the wall around the room.
- Review Lesson

THE LESSON:

Explain the following: **We all have different types of relationships in our lives: Strangers, Acquaintances, Friends, Family Members and Intimate Partners.** Start with Strangers, and ask the group to define Stranger. Write answers on that flip chart page. Move to each flip chart page and do the same. The responses should include the following key concepts; you may need to prompt the women with questions or suggestions.

1. Stranger

- someone you may have just met and know little or nothing about
- someone you have never met before (someone you pass on the street)

2. Acquaintance

- someone you know, but not well
- someone you do not spend personal time with
- someone you do not share personal feelings with
- someone you have not known for very long
- examples can include the checkout person at the grocery store, the van driver, etc.

3. Friend

- someone you like to spend time with
- someone you can share personal feelings with
- someone who likes to help you
- someone who likes you for who you are, not what you have
- someone you have known for a long time
- someone who cares about your preferences and doesn't try to talk you into something you don't want to do

Also, discuss in more detail the various names for friends and the differences between what these names mean. Examples include:

Best friend (or close friend): a person(s) with whom someone shares extremely strong interpersonal ties as a friend.

Acquaintance: a friend, but sharing of emotional ties isn't present. An example would be a coworker with whom you enjoy eating lunch, but would not look to for emotional support.

Soul mate: the name given to someone who is considered the ultimate, true, and eternal half of the other's soul, in which the two are now and forever meant to be together.

Internet friendship: a form of friendship or romance which takes place over the internet.

Casual Relationship or "friends with benefits": the sexual or near-sexual and emotional relationship between two people who don't expect or demand to share a formal romantic relationship.

Cross-sex friendship: is one that is defined by a person having a friend of the opposite sex: a male who has a female friend, or a female who has a male friend.

Roommate: a person who shares a room or apartment (flat) with another person and does not share a familial or romantic relationship.

4. Family Members

- someone who is related to you
- someone who you grew up with
- someone you live with
- someone who helps look out for your needs

Family members include: mother, father, brother, sister, cousin, aunt, uncle, grandmother, grandfather, nephew, nieces, brother-in-law, sister-in-law, and other relatives.

5. Intimate Partners (Boyfriend/Girlfriend/Husband/Wife)

- someone who you are intimate with
- someone who you trust and who trusts you
- someone you are attracted to and is attracted to you
- someone you share personal feelings with
- someone who cares about your preferences and doesn't try to talk you into something you don't want to do

Now go around to each sheet on the wall and ask participants to identify each type of relationship in their lives by describing the relationship and sharing the person's name (if applicable). (For example, "James is my family because he married my mom." Or "Larry is my intimate partner because we kiss and talk about our feelings." Or "Mary is my friend because we watch movies together.")

Now ask the group what it means to have a healthy relationship with someone. Ask them to describe a healthy relationship. Write responses on another flip chart page. Answers may include:

- They respect you
- They love you
- They take care of you
- They protect you
- They spend time with you
- They listen to you
- They care about you
- They are there for you when you need them

Note that their descriptions of a healthy relationship indicate that when you have a healthy relationship with someone, he/she does not hurt your body (rub hand along

your arm as you say this) and he/she does not hurt your feelings or make you feel bad (rub your heart as you say this). When you are in a good relationship with someone they help you stay safe and stay away from any risk of harm. Stress this point by asking: “If you have a good relationship with someone, do they hurt your body? Do they hurt your feelings? Do they make you feel bad or good? Do they help keep you safe or put you at risk of harm? ”

Close by reminding the group members that we all have relationships, and we deserve respect from the people in relationships with us.

(Source: Adapted from PERSONAL SPACE: A Violence Prevention Program for Women developed by The Arc of Maryland, in partnership with The Arc of Southern Maryland and The Arc of the United States)

LESSON 2: THUMBS UP/THUMBS DOWN

USE: This is a beginning level session

TIME: 30 minutes

OBJECTIVE:

- To distinguish between healthy and unhealthy relationships

MATERIALS:

- Flip chart and markers
- Masking tape
- Handout #1: Relationship Rights

PREPARATION:

- Copy Handout #1 for each participant
- Review Lesson

THE LESSON:

Talk to the participants about some of the qualities of safe, healthy relationships. You may want to have these on a sign or write them on a flip chart. The responses should include:

- People don't hurt your feelings or your body.
- People care about you.
- People respect you.
- People treat you like you are valuable.
- People make you feel good, not bad.
- People can be trusted.
- People treat you like an adult.
- People are honest with you, and you can be honest with them.
- People don't lie to you or play tricks on you.
- People help you stay safe and do not put you at risk of harm.

Tell the participants that people do things in relationships that are both healthy and unhealthy. Slowly read the statements below. After reading each statement, ask the group to vote, using their thumbs, on whether the behavior in each statement is healthy (thumbs up) or unhealthy (thumbs down).

- A friend shares her personal feelings with you.
- Someone lies to you.
- A close friend gives you a back massage.
- A boyfriend hits you.
- A friend keeps calling you “stupid.”
- A family member throws a birthday party for you.
- Someone tells you they are proud of you.
- A boyfriend pressures you to have sex.
- A friend tells someone else a secret you shared with her/him.
- Someone keeps borrowing money from you and never pays it back.
- Your friend asks you to steal something from a store.
- A friend tells you that you look nice today.

Distribute the Relationship Rights handout (Handout #1) and remind the group that they each have rights in every relationship:

- You have the right to be respected.
- You have the right to be treated and spoken to like an adult.
- You have the right to be treated in a caring way.
- You have the right to be treated as a valuable person.

(Source: Adapted from PERSONAL SPACE: A Violence Prevention Program for Women developed by The Arc of Maryland, in partnership with The Arc of Southern Maryland and The Arc of the United States)

LESSON 3: WHO WOULD YOU DATE?

USE: Beginning level session

TIME: 15 minutes

OBJECTIVES:

- To define qualities in a healthy dating partner

MATERIALS:

- Handout #2: Green Flags
- Handout #3: Red Flags

PREPARATION:

- Copy Handouts #2 and #3.
- Review Lesson

THE LESSON

Pass out Handout #2, Green Flags to the participants. Read the list of characteristics. Ask the participants if these qualities sound like what they would want in a date. Does this list describe a healthy dating partner?

Next, pass out Handout #3, Red Flags. Ask the participants for feedback about this list. Does this list describe someone they want to date? Why not? Write their comments on the flip chart. Make sure the list includes items like; “this is someone who might hurt you,” and “it might not be safe to date this person.” Remind the group to be aware of red flag behavior and to trust their own instincts and judgment.

Tell the group that trust and communication are two very important elements in a relationship especially if the relationship becomes sexual.

Suggest that it is a good idea to ask the following questions when you are starting a relationship:

- Do I trust this person to respect what I do and don't want to do?
- How comfortable do I feel talking with them about safe sex and contraception?
- How comfortable am I saying no to them?

LESSON 4: DATING RELATIONSHIPS

USE: This is an advanced level session that should follow a session on healthy relationships such as lessons #1, #2 and #3 in this Section. This can be divided into several smaller sessions as needed.

TIME: 45 minutes

OBJECTIVES:

- To define goals of relationships
- To identify components of healthy dating relationships

MATERIALS:

- Flip chart, markers and masking tape
- Handout #4: Relationship Quiz

PREPARATION:

- Copy Handout #4 for each participant.
- Prepare two flip chart pages. One should have the heading “Healthy Relationships.” Another should have the heading “Respect.”
- Review Lesson



THE LESSON:

Explain to the group: People want different things from a relationship. Some want a casual relationship, some want romance, some want sex and others want someone to be close to. It can take time to find someone who wants the same things you do. Plus, sometimes there are pressures from family and friends about relationships. For example, friends may want you to like somebody that you don't like, or families may not want you to be in a relationship at all. With all these pressures, it's hard to work out what you want. Sometimes you might find yourself just going along with what other people want. Remind the group that it is okay to take your time at the start of any relationship to figure out what you want. It can help to ask yourself questions.

- What do I want from a relationship?
- What don't I want?
- What qualities do I like in a person?
- What don't I like?
- Ask the group to brainstorm some qualities of healthy relationships. Write these on the flip chart. Make sure some of the following are included.
 - You have fun together.
 - You both feel able to be yourself.
 - You can have different opinions and interests.
 - You can listen to each other.
 - You can both compromise, say sorry, and talk about disagreements.
 - You don't have to spend all your time together but can also spend time with others.
 - You feel safe and comfortable.

Tell the group that a healthy relationship is based on **RESPECT**. Ask the group to brainstorm what they think respect looks like in a relationship. Write these on the flip chart. Make sure some of the following are included.

- You are free to say no to things you don't want to do.
- You feel safe and never scared.
- You feel free to see other friends and family when you want.
- You feel free to express your opinions and beliefs.
- You feel free to change your mind.
- You feel good about yourself.
- You feel supported to make your own decisions.
- You feel free to end the relationship if you want.

Invite the group to think about how they feel in their relationships/ friendships. Tell them that if they don't always feel like this, maybe they are not being treated with respect. Remind the group members that they each deserve to be treated with respect. How do you know if you are being treated with respect? Distribute the Relationship Quiz (Handout #4) to the participants.

Ask them to think of their boyfriend or girlfriend when doing this quiz. If they say they do not have a boyfriend/girlfriend, ask them to think about a previous relationship or a friendship. Tell them that you will read each statement to them. After you read each one, ask them to circle the number next to the statement if the statement applies to them. Encourage them to be honest, and remind them that nobody but them will see this. If they prefer, they can take the quiz home and do it later by themselves or with someone else.

Tell the group that the statements in italics are signs of love and respect. If you are being treated with respect, you should have circled all of these. If you have circled answers in bold, these are signs that you are not being treated with respect. You may want to consider talking to someone about this relationship and seeking help. Remember, if someone is mistreating you, it is not your fault. You deserve to be treated with respect and dignity.

LESSON 5: STARTING A NEW DATING RELATIONSHIP

USE: This is an advanced session that should follow a session on healthy relationships and general sexuality, like those offered in Lesson #1, #2 and #3 in this section.

TIME: 30 minutes

OBJECTIVES:

- To explore options for beginning new dating relationships
- To promote safety in establishing new dating relationships

MATERIALS: None

PREPARATION:

- Review Lesson

THE LESSON:

Tell the group members that this discussion is about getting involved in new dating relationships. Explain the following:

Sometimes we meet someone we like and we both want to spend more time together. There is no best way or best time to begin dating. Every person will be ready to start a dating relationship at a different time. The most important thing is that, when you decide to start a new dating relationship, it should be because you care about someone and not because you feel like you have to have a boyfriend or girlfriend, or because someone else wants you to have one. A dating relationship is a special chance to get to know someone, share your thoughts and feelings with each other, and do activities together.

Healthy dating relationships should have the same elements as healthy friendships, such as good communication, honesty and respect. Dating relationships are different because they may include physical affection, like hugging, kissing, or holding hands. As with all relationships, it may be tempting at first for you to spend all of your time with your new partner. But making special time to spend together and apart means that you will be able to work on having a healthy relationship with the person you are dating and with other people in your life, like your friends and family.

You should NEVER feel pressured to do something that you don't want to do. Your relationship partner should always respect your right to say no to anything that makes you feel uncomfortable. It is important that you are direct with each other about your values and your limits. By talking about how each of you feel, you may avoid situations where you feel pressured into making a decision on the spot about something important.

Now tell the group that we will discuss an example of a dating situation and see if we can come up with ideas for starting a healthy, safe relationship. Read the example below:

Anna and Jamal like each other. They met a few weeks ago on a group outing. They want to get to know each other and spend time together, but don't know what to do next.

Ask the group for ideas on how Anna and Jamal could start a relationship in a safe and healthy way. Write their ideas on the flip chart. Be sure that the tips below are included on the list:

- **Get to know a person** by talking on the phone or at school or work before you go out with them for the first time.
- **Go out with a group of friends to a public place** the first few times you are spending time together. It is safer in a crowd than alone, and it is good for them to meet your friends. You may also be more comfortable in a group setting until you know the person better.
- **Plan fun, public activities** alone with the other person, like going to the movies, a picnic, the mall or a walk. It is safer to be in public with someone you don't know well until you are sure this person can be trusted.
- **Be clear with the other person** about what you feel comfortable doing and what makes you nervous or scared. Tell them any rules you have about going out, like what time you should be home and who they should meet.
- **Introduce them to at least one friend or family member** so they know that you have other people in your life who care about you and will protect you if anybody treats you badly. It is also a good way to get a second opinion on this new person in your life. It is healthy to share your relationships with others.
- **Let at least one other person know when you are with this person, where you will go, and when you will return.**



Tell the group that you now want to talk about sex as part of a healthy relationship. Having a good relationship doesn't mean you have to have sex. **But whatever you do, whether it is kissing, touching, or having sex, it should always be something that you both want to do.** Use flip chart notes to reinforce the following points.

Explain that sex is meant to be:

- something you decide to do when you're ready;
- something that makes you both feel good;
- something you can interrupt or stop; and
- safe (because you're prepared with condoms to protect you from sexually transmitted infections and unwanted pregnancy).

Now explain that sex is not meant to be:

- the only way to prove that you love someone;
- something you feel pressured or forced into;
- something you do because "everyone else is doing it;"
- something that makes you feel used; or
- something you do to get something.

Remember, if you've been kissing or touching but don't want to go any further, that's okay. Kissing is not a promise to do more. Explain that someone who loves you should respect your right to decide if and when to have sex.

Ask the group for ideas about how to say no. Give an example: You could say "*I do love you but I don't feel ready to have sex yet.*"

Close by reminding the group members that dating relationships can be a fun and rewarding part of their life.

(Source: Adapted from Family Net Works, www.family-networks.org/relationships.cfm)

EDUCATION SESSIONS: HEALTHY SEXUALITY

The following education sessions provide basic knowledge women with disabilities need when thinking about or engaging in healthy sexual activities with a partner. This information prepares women to understand healthy sexuality and sexual behavior. This will enable them to identify sexual behavior they are comfortable with and to be able to respond to and report sexual violence. A cornerstone of sexual violence prevention education for women with disabilities is the recognition that they have the right to engage in sexual activity. Far too often, information on how to explore and express their sexuality in safe, positive ways has been kept from women with disabilities. Yet, this information is important to help women with disabilities understand sexual violence and the difference between healthy sexuality and sexual violence.

Lesson	Page #	Handout	Minutes
#1 Knowing Our Bodies	32-33	N/A	30
#2 Public and Private Behavior	34	N/A	20
#3 Sexuality: Feelings and Actions	35	N/A	20
#4 Consent: The Yes/No Exercise	36	N/A	20



LESSON 1: KNOWING OUR BODIES

USE: This is a beginning level session

TIME: 30 minutes

OBJECTIVES:

- To identify different body parts of men and women
- To identify private body parts

MATERIALS:

Anatomically correct posters. These can be purchased, or you can draw them on flip chart pages. Anatomically correct models can be substituted. See the resources section at the end of this module.

PREPARATION:

- Review Lesson

THE LESSON:

Post large anatomically correct posters of a naked man and woman, with removable bathing suits covering breast and genitals.

Use large, anatomically correct posters of a man and woman in bathing suits to discuss body parts. Begin by pointing to unclothed areas on the female's body and asking the names for the body parts. When the group has named most of the body parts of the woman, remove her bathing suit and ask for some names of these body parts. Ask them if they have ever heard these body parts called other names. If the group is hesitant, offer some slang terms to make participants feel comfortable in using slang themselves.

Talk about the difference between public language that you use around most people and private language that you may use with your closest friends or family. Note that it is important to know correct terms for body parts. Bring participants back to using appropriate public language.

Follow the same process for the male figure.

When this is completed, ask participants which parts are private. When participants identify private areas of the body, place the Velcro bathing suits back on the figures. Ask when it is okay for someone to touch your private parts. Possible answers include:

- Doctor visits
- When someone has your permission to assist you with bathing, dressing and/or toileting
- When you give permission for someone to touch you

Close by reminding group members about public and private parts and that nobody should ever touch their private parts without their permission.

(Source: Adapted from PERSONAL SPACE: A Violence Prevention Program for Women developed by The Arc of Maryland, in partnership with The Arc of Southern Maryland and The Arc of the United States)

“You must be the change you wish to see in the world.”

Ghandi

LESSON 2: PUBLIC AND PRIVATE BEHAVIOR

USE: This is a beginning level session

TIME: 20 minutes

OBJECTIVE: To distinguish public and private behavior

MATERIALS: 3x5 index cards

PREPARATION:

- Using 3x5 index cards, make a card that has “PUBLIC” and a card that has “PRIVATE” for each participant. To make this activity more accessible to women who may not read, use two different color cards (e.g., red for private and green for public).
- Review Lesson

THE LESSON:

Explain to the group that some things we want to do are things you can do in public. Other things we might want to do are private things. Distribute “public” and “private” cards to each participant. Go over some activities below and ask the group to hold up a card to vote whether each activity is public or private:

- Eat your lunch (public)
- Comb your hair (public)
- Take off your clothes (private)
- Sing a song (public)
- Touch your private parts (private)
- Kiss your boyfriend (public)
- Touch your boyfriend’s sexual parts (private)
- Look at pictures (public)
- Look at pictures of naked people (private)
- Read a book (public)
- Go to the bathroom (private)
- Hold your friend’s hand (public)

Ask participants to identify other behaviors if they are unsure whether the behavior is public or private. Discuss. Ask the group to vote on each activity.

(Source: Adapted from PERSONAL SPACE: A Violence Prevention Program for Women developed by The Arc of Maryland, in partnership with The Arc of Southern Maryland and The Arc of the United States)

LESSON 3: SEXUALITY: FEELINGS AND ACTIONS

USE: This is a beginning level session

TIME: 20 minutes

OBJECTIVES:

- To identify feelings and actions associated with sexuality
- To understand how the feelings and actions relate to each other

MATERIALS: 2 flip charts, markers and masking tape

PREPARATION:

- Review Lesson

THE LESSON:

Write one of the following statements on each flip chart

- Feelings about self
- Feelings about others
- What you do with yourself
- What you do with others

Use colored tape to make a big cross on the wall to form four squares. Put one of the statements on the white pages in each square.

Tell the participants you are going to talk about sexuality. Explain that all of us are sexual. Sexuality includes non touching behavior like flirting and contact behavior like intercourse. We might express our sexuality by ourselves or with a partner. It is useful if we are aware of both our feelings and our actions when we are being sexual. This helps us pay attention to whether we are engaging in healthy relationships. It also helps us become aware to take care of ourselves if someone is sexually exploiting or abusing us.

Ask the participants to name feelings and actions involved in healthy sexuality. If they have trouble getting started, ask them to say how they feel and what they do when they are attracted to someone, flirting, kissing, making out, etc. Write their responses on the appropriate flip chart pages.

Review the two charts. Note that these charts describe healthy sexuality.



“When we end our silence, when we speak in a liberated voice, our words connect us with anyone, anywhere who lives in silence ... It is important that we speak.”

bell hooks

LESSON 4: CONSENT: THE YES/NO EXERCISE

USE: This is a beginning level session

TIME: 20 minutes

OBJECTIVES: To define consent (or permission)

MATERIALS: None

PREPARATION:

- Review Lesson

THE LESSON:

Tell the group that consent, or permission, means that two people agree to something. Explain that both people have to agree for there to be consent, or permission. If one person does NOT agree, there is NOT consent, or permission. Give this example: *If you are walking with a friend and you want to hold their hand, how do you know if it is okay? If your friend wants to hold your hand, how does s/he know it is okay?*

If needed, prompt them with a question (e.g., maybe you could ask if it is okay). Note that if both people say “Yes”, then it is okay because there is consent, or permission. Give the following examples. For each one, ask the group if there is consent:

- Amy wants to sit next to Maria. She asks if she can sit down with her. Maria says no, thanks. Does Amy have consent to sit with her? Why or why not?
- Paul wants to kiss Constance at the end of their date. He starts to kiss her and Constance turns her face away. Does he have consent? Why or why not?
- Robert wants to hug José. He asks if José wants a hug. José says yes. Does Robert have consent? Why or why not?
- Chris and Terry are making out. Terry asks if Chris wants to have sex. Chris gets off the couch and turns away. Is that consent? Why or why not?

Both people need to say or sign “yes” for there to be consent.

Make it clear that if one person says no, then there is not consent, or permission, and the activity should stop. Both people have to agree to the activity for there to be consent or permission. This is respecting someone else’s right to choose.

(Source: Adapted from PERSONAL SPACE: A Violence Prevention Program for Women developed by The Arc of Maryland, in partnership with The Arc of Southern Maryland and The Arc of the United States)

EDUCATION SESSIONS: SEXUAL VIOLENCE RISK REDUCTION

The following education sessions help women with disabilities differentiate between healthy sexuality and sexual abuse/violence. Women with disabilities often do not have much experience with sexuality and may not understand when they are experiencing sexual abuse rather than healthy sexuality. These sessions provide the danger signs that women can look for and how to say no to unwanted sexuality.

Lesson	Page #	Handout	Minutes
#1 Our Rights, Right Now	40-41	N/A	30
#2 What is Sexual Violence?	42-44	Universal	30
#3 Boundaries	45-46	#5	30
#4 Consent	47-49	#5	30
#5 Red Light/Green Light	50-51	N/A	30



LESSON 1: OUR RIGHTS, RIGHT NOW

USE: This is a beginning level session

TIME: 30 minutes

OBJECTIVE:

- To teach women with disabilities about sexual violence, their rights and how to get help.

MATERIALS:

- DVD – Our Rights, Right Now: Women with Disabilities and Sexual Violence: an Education Program
- DVD player
- Flip chart, markers and masking tape

PREPARATION:

- Put the DVD in the player and make sure it's ready to play.
- Watch the DVD prior to training to familiarize yourself with stopping points.

THE LESSON:

Tell participants they will be watching a short DVD called Our Rights, Right Now: Women with Disabilities and Sexual Violence: an Education Program.

Play the DVD's first segment on what sexual violence/assault is.

Stop the DVD before the narrator discusses good or bad touch.

Ask the participants to list what sexual violence is. Write the answers on a flip chart page. Discuss. Ask if they have any questions.

Start DVD. Play "Your Rights" section.

Stop DVD.

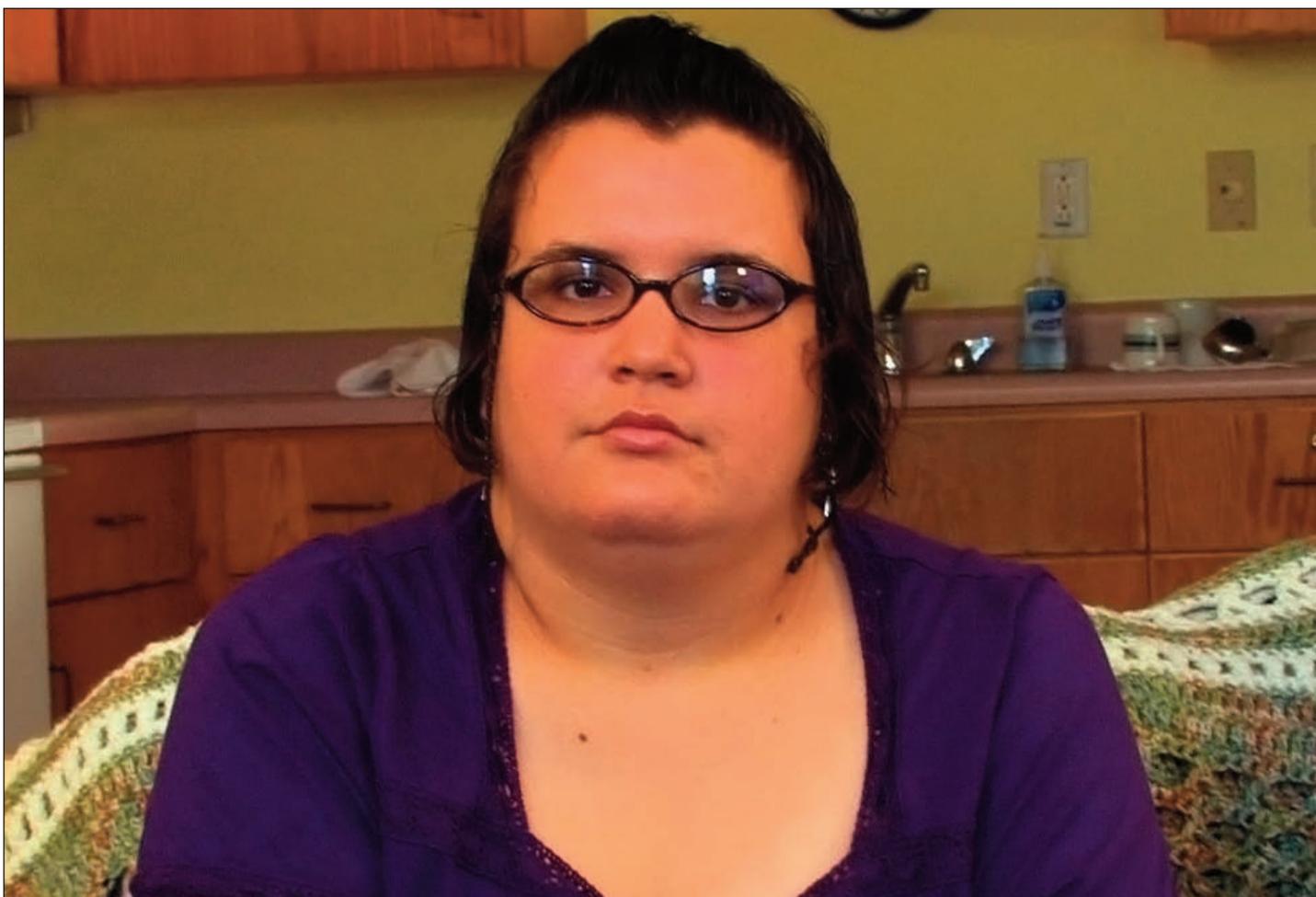
Ask participants what their rights are. List their responses on a flip chart page. Review the list of rights emphasizing the right to say "No!"

Finish playing the DVD.

Review services that are available and list people who will help. Tell participants they have the right to get help. Give them local rape crisis center information.

List key concepts on a flip chart and review them.

- Sexual violence is never the victim's fault.
- The victim is not to blame.
- Tell someone if you experience sexual violence.
- You have rights.
- Help is available.



LESSON 2: WHAT IS SEXUAL VIOLENCE?

USE: This is a beginning level session

TIME: 30 minutes

OBJECTIVES:

- To define sexual violence
- To identify examples of sexual violence

MATERIALS:

- Flip chart, markers, masking tape
- Universal Handout

PREPARATION:

- Copy handout

THE LESSON:

Tell participants we are going to talk about sexual violence. Tell them sexual violence is referred to using a lot of different names. Ask if they know some words used to name sexual violence. Write their responses on a flip chart. Make sure the following are included:

- Sexual abuse
- Sexual assault
- Rape
- Sexual harassment
- Child abuse
- Incest

Now tell participants you want to discuss how to know if an act or behavior is sexual violence. Tell them there are three primary ways to know if someone is being sexually abusive.

Is it Sexual? Tell the group you will be talking about what makes someone's actions or touches or speech sexual. Ask the group for ideas and write their input on a flip chart. You may need to ask questions to guide this discussion. Is it sexual if:

- people are using sexual words?
- people are kissing and hugging?
- people are touching private parts?
- someone is partly or all the way undressed?
- someone takes pictures of someone else naked?
- people show each other pornography (naked pictures and magazines)?

Ask the group if they agree on the list of things that are sexual. Try to get agreement on this list.

Who is Doing it? – Tell the participants some people should never have sexual contact with you. Ask the group for ideas about who should not be sexual with them. Write their ideas on a flip chart. Make sure the list includes:

- family
- teachers
- employers
- supervisors
- doctors, dentists
- counselors
- people who have power over you – ask for examples of who has power over them

These people should not be sexual toward you because of the law or because of power differences. Remind the participants if a woman with a disability chooses to engage in sexual activity with a caregiver or support worker, she must be aware of the power dynamic and be careful about entering into this type of relationship.

Did You Consent? – Now tell the participants you will talk about consent. Tell them consent means to say yes, freely, without any tricks, threats, bribes or force. Show them the flip chart pages about consent.

Ask the group if they know what consent means. Write their ideas on another flip chart page. Participants may say things like “going along with something” or “participating in something,” etc. Explain to the group (and write it on the flip chart) that consent should be spoken verbally or signed. If it is not communicated, it is not consent. Consent includes things like saying “yes” or “okay.” It means agreeing to do something. If you don’t give verbal consent for someone to touch you, they should not.

Tell the group that sometimes abusers get consent by using threats, tricks or bribes. Ask the group to give examples of each and write them on the flip chart. Help the group, as needed.

Threats are when somebody says “if you don’t do _____, then _____ will happen.” Or, “I’ll do _____ if you don’t do _____.”

Tricks are when somebody fools you or plays a game on you. For example, they may say “We are going to play doctor, and doctors touch private parts.” Or “If you come with me we can have special time together but you can’t tell anybody.”

Bribes are when somebody offers to give you something in exchange for something else. For example, they may say, “I’ll buy you ice cream if you kiss me” or “If you touch my penis, I’ll buy you a new video.”

Note that when someone gets consent by using a threat, trick or bribe, that isn’t really consent because it wasn’t given freely or willingly.

Review with the group the three primary ways to identify sexual abuse and sexual violence.

- 1. The conduct is sexual.**
- 2. The conduct is by someone who should not be sexual toward you.**
- 3. You don’t consent or say yes.**

Give the participants the Universal Handout.

LESSON 3: BOUNDARIES

USE: This lesson should follow lesson #2, to reinforce the concept of who are appropriate partners for a sexual relationship

TIME: 30 minutes

OBJECTIVE:

- To clarify appropriate relationships

MATERIALS: None

PREPARATION:

- Review Lesson

THE LESSON:

Inform participants that this activity discusses appropriate sexual relationships between them and people they know. Ask who they can have sexual relationships with because they are on an equal basis – the person is not in their family and does not have power over them. List on flip chart. Make sure the list includes:

- Husband/wife
- Boyfriend/girlfriend

Ask who should not ask to have a sexual relationship with them because it is against the law or unethical. Write their responses on the flip chart. People who should not try to be sexual with you include:

- Staff
- Family
- Any person who has responsibility/power over your daily life.

OUR RIGHTS, right now

Tell the participants that people who should not ask for a sexual relationship with them should follow certain boundaries. This means they should not flirt with you or touch you sexually. Review role plays one at a time.

1. Your boyfriend takes you to a movie. You and your boyfriend are holding hands. You are happy. Later, he asks if he can kiss you when he says goodbye.

2. Your favorite support staff person offers to take you out and you happily agree. Later he asks you if you would do something really special for him since he took you out. You say yes. Then he moves closer to you, puts your hands between his legs and asks you to rub on him.

3. You and your girlfriend are sitting on the couch. She starts making moves on you. You are not interested in kissing or making out. When you say you don't want to do anything, she stops.

Follow-up Question: What if you like it when your boyfriend starts making moves and you want him to continue?

4. You and your stepdad are watching television together. He moves really close to you on the couch and starts to touch your breasts.

Now talk to the participants about what they can do if somebody violates their boundaries or tries to sexually harm them. Talk to the group about three safety rules they can follow if they feel sexually abused. Pass out Handout #5 and review each rule and what it means.

For each role play, ask if the person starting the sexual behavior is breaking a boundary. If yes, ask why this is a boundary violation.

Remind the participants that it is never their fault if someone violates their boundaries or is abusive.

LESSON 4: CONSENT

USE: This should follow Lesson #3, to reinforce the concept of consent. The session can be divided into smaller segments by stopping at the indicated places

TIME: 30 minutes

OBJECTIVES:

- To define consent
- To practice clear communication and consent

MATERIALS:

- Flipchart and markers
- Handout #5

PREPARATION:

- *(Note: this session requires two leaders)* If you do not have two leaders, identify an audience member to help with the role plays and talk with them in advance, if possible.
- Review Lesson

Make a poster or handout with three safety rules:

- Say no
- Get away
- Tell someone

THE LESSON:

Talk about consent. Say consent means saying “yes” – without pressure or threats or tricks. If you say “yes” because you want to do something and it makes you happy and feels good, that is consent.

Begin by talking about the qualities of healthy relationships. Remind participants that healthy relationships include trust, honesty, and respect. Also remind participants that, when we have healthy relationships with people, they don’t hurt our feelings or our bodies. They treat us with care and concern for our safety and happiness.

Two leaders should role-play a scenario when two people are flirting with each other. One person compliments the other and the other one smiles and says thank you. Continue with obvious flirting between the two role-players, including smiles, compliments, friendly joking and laughing, etc. There should be no physical touching. End the role play by having one of the role-players asking the other one to go out for a soda, and the other one agrees.

Stop the action and ask the following questions:

- What were these people doing?
- How do you think each person was feeling? How could you tell?
- Does it seem like a healthy relationship?
- Does it seem like they are both consenting?

Make the following points:

These two people want to get to know each other better and spend time together. Both people involved are enjoying the activity and willingly participating. That is consent.

““ Don't walk in front of me, I may not follow. Don't walk behind me, I may not lead. Just walk beside me and be my friend.””

Albert Camus

Now the leaders should role-play a situation in which one of the people compliments the other, telling them how nice they look today. The person looks down. The person continues to talk about the other person's body and appearance saying he/she likes the way they look in that outfit, it fits them nicely, they should wear it more often because it's nice to see them look like that. The other person being talked to appears to be uncomfortable and turns away. The other person touches his/her leg and rubs their hands up and down their back. The person moves away.

Stop the action and ask the following questions:

- What is going on here?
- How do the two people seem to feel?
- Do both people seem to be enjoying this?
- Do both people appear to want this to continue? Is there consent?
- What was the difference between the two roles plays?

Explain that what happened between the two people in the second role play is not consent.

Ask for examples of interactions where there is not consent and list them on a flip chart. Examples may include:

- Unwelcome comments about your body or clothes, like “You have beautiful legs” or “you look really sexy in that outfit.”
- Unwelcome advances (including sexual advances) like patting, pinching, hugging, rubbing, etc.
- Unwelcome requests or demands for favors
- Unwelcome requests for dates
- Unwelcome joking or kidding about sexual things
- Showing/making you look at pictures of people naked or having sex.

Now talk to the participants about what they can do if somebody pushes for sexual contact without consent. Talk to the group about three safety rules they can follow if they feel sexually abused. Pass out Handout #5. Review each rule and what it means.

LESSON 5: RED LIGHT/GREEN LIGHT

USE: This session should follow sessions #2, #3 and #4 to practice responding to information about sexual violence from those sessions.

TIME: 30 minutes

OBJECTIVE:

To practice identifying safe and unsafe touch

MATERIALS:

Two sheets of paper for each participant, one red and one green or sheet(s) of paper with stop and go signs for each participant.

PREPARATION:

- Review Lesson

THE LESSON:

Tell participants that if someone is touching you in a way you don't want, it is okay to say "No." If someone is hurting you, it is okay to say "No!" It is okay to say "No" if someone asks you to do something that is against the law or is dangerous. For example, if someone asks you to steal something, or if someone tells you to touch a hot flame you can say "No." It is not only okay, but smart and healthy, to say "No" to things that are unsafe.

Explain that we are going to play a game about knowing what is unsafe and when to say "No." It is called Red Light/Green Light. Ask participants if any of them remember this game from when they were growing up.

Give each participant one red (stop) and one green (go) paper. Tell the group the red paper is the stop light and the green paper is the go light. You will read a statement. For each statement, the participants must decide if the behavior is safe or unsafe. If it is unsafe, the group members should hold up the red stop light and say "No! Stop." If the situation is safe, the group members should hold up the green stop light and say "Go!" Practice saying each with the group. Some behaviors are intentionally ambiguous to stimulate discussion.

Below are some Red Light/Green Light situations:

- Your mom gives you a big kiss when she sees you.
- Your house parent shows you his penis.
- Your boyfriend holds your hand at the movies.
- Your cousin tells you he will give you a chocolate bar if you let him take naked pictures of you.
- Your teacher gives you a hug after you pass a test.
- Your friend dares you to steal something from a store.
- Your aunt asks you for a kiss after she gives you a birthday present.
- Your older brother asks you to touch his penis and tells you not to tell.
- Your caregiver puts his fingers inside your vagina when he is helping you bathe.
- The boy on the bus next to you puts his hand under your dress.

At the end of the game, state: “If somebody drives through a red stop light, that is unsafe and they could hit someone.” If someone uses a secret or unsafe touch with someone, that is also red light behavior and it is unsafe. If you experience red light behavior, say “No.”

(Source: Adapted from Lay, Marilyn, Liana Lowenstein, and Geraldine Crisci, Paperdolls and Airplanes: Therapeutic Exercises for Sexually Traumatized Children. Jist Publishing, 1998. Print.)

EDUCATION SESSIONS: SAFETY AND SUPPORT: HOW TO GET HELP

The following education sessions provide women with disabilities information to assist them if they experience sexual violence. The sessions teach them how to get help from friends, family, disability service providers, rape crisis centers and others. This information is crucial to making sure women know that they don't have to keep quiet about sexual abuse and how to get services.

Lesson	Page #	Handout	Minutes
#1 Ways to Reduce Risk	54-55	#6	15
#2 Safe People, Safe Places	56-57	N/A	30
#3 Design a Support Person	58-59	#7	30
#4 Safety Planning	60-61	N/A	20
#5 Empowerment Graffiti	62	N/A	30

“ Help us be ever
faithful gardeners of the spirit, who
know that without darkness nothing comes
to birth, and without light
nothing flowers.”

May Sarton

LESSON 1: WAYS TO REDUCE RISK

USE: This is a beginning level session.

TIME: 15 minutes

OBJECTIVES:

- To explain risk reduction strategy
- To give practical ideas on risk reduction

MATERIALS: Handout #6

PREPARATION:

- Copy Handout #6
- Review Lesson

THE LESSON:

Tell the participants you are going to discuss ways to reduce the risk of sexual violence. Explain that only people who hurt others can actually stop sexual abuse and sexual assault. However, all of us can do things to help us stay safe and protect ourselves and each other. Ask the group for ideas about general safety.

Ask for examples and things they do to stay safe. Write these on a flip chart. Examples might include: locking doors, don't get in a car with a stranger. Once you are sure the group understands the concept of risk reduction, move on to situations and behavior that occur in relationships and ways to reduce risk of sexual harm.

Questions to ask include:

- The first time you meet someone new, is it safer to do that alone or with other people?
- If you feel nervous with someone visiting you, should you be quiet or ask them to leave?
- If someone is touching your body in a way that makes you uncomfortable, should you be quiet or tell them to stop?

Discuss each scenario. Remind the participants that sexual violence is never their fault. Pass out Handout #6. Review the tips.

Ask what they can do if they see others pushing for sexual behavior without consent. List these on the flip chart. Examples might include:

- Ask the person being harmed if they want help.
- Tell the pushy person to stop.
- Ask staff or another support team person to help.

Tell them they can say “no” to keep themselves safe and to help others who are in danger.



LESSON 2: SAFE PEOPLE, SAFE PLACES

USE: This is a beginning level session

TIME: 30 minutes

OBJECTIVES:

- To help participants identify what makes places/people safe
- To help participants identify the particular safe people/places in their lives
- To explain reporting options

MATERIALS:

- Flip chart, markers and masking tape
- Piece of paper for each participant, pens, pencils
- Markers, crayons, magazines, glue sticks

PREPARATION:

- Review Lesson

THE LESSON:

Explain to the group that you are going to talk about safe places and safe people. Talk about what makes a place or a person safe.

- A safe place is somewhere that you know nothing bad or scary can happen to you.
- A safe person is someone that you trust and can tell in case something bad or scary ever happens to you.
- A safe person is someone you can trust to listen to you, protect you and take care of you.

Now ask the participants to describe what types of places make them feel safe. Write these on the flipchart. Responses may include:

- A place that is private.
- A place where I know people.
- A place that I can lock.
- A place where everybody is nice.

Next ask the participants to describe the kinds of people that make them feel safe. Write these on the flip chart. Responses may include:

- People who listen to me.
- People who understand me.
- People who treat me nice.
- People who think I'm smart.

Now give each participant a piece of paper. Ask them to identify the people in their lives who they feel are safe people. Ask them to use the top half of the paper to write the names of these safe people on the paper. Provide assistance as needed. Remind them to think of people that they feel they can trust to believe them and protect them. Examples may be family, relatives, friends, counselors, ministers, school or agency staff, etc. Alternative activity: Ask them to draw pictures of these people or cut out pictures of people who remind them of their safe people.

Now ask them to identify places where they feel safe. Ask them to write these places on their paper beneath the safe people they identified. Provide assistance as needed. Remind them to think of places where they feel like nothing or nobody can harm them. Examples of places may be their home or a specific room in their home, at church, at school, at the library, etc. Alternative session: Ask them to draw pictures or cut out pictures of safe places.

Remind the participants that when they do not feel safe, or when something bad or scary happens to them, they can tell their safe people and go to their safe places. Encourage them to save their paper as a reminder of safe people and safe places.

LESSON 3: DESIGN A SUPPORT PERSON

USE: This is a beginning level session

TIME: 30 minutes

OBJECTIVES:

- To identify qualities of supportive people
- To identify supportive people in participants' lives

MATERIALS:

- Flip chart, markers and masking tape
- Design a Support Person – Handout #7

PREPARATION:

- Copy the Design a Support Person handout.
- Review Lesson

THE LESSON:

Begin by telling the group that all of us need other people in our lives that support us. There are times when we feel sad and want to talk, sometimes when we are lonely and want someone to be with us, and times when we have problems and need help. Ask the participants if they can think of such times in their lives. Give them a few minutes to share.

Continue by talking about what it means when someone is supportive. Ask the group to describe what it means to be a supportive person. Write these responses on the flip chart. Responses may include:

- They listen to us.
- They understand us.
- They help us.
- They don't laugh at us.
- They protect us.
- They think we're smart.

Now tell the participants that they are going to design our own support person. They are going to determine what it is that they would like from their support person. If you need to seek out a trusted friend for some reason, what would you want from them? How would you want them to feel about you? What would you want them to think about you? What would you want them to say about you? Most importantly, what would you want them to do?

Give each participant the Design a Support Person handout and ask them to complete each statement.

Provide assistance as needed in helping the participants complete the sentences.

Now ask the participants if anyone in their life fits this description. If so, ask them to write the person's name on the page. If not, ask them to begin to look for people who may have these qualities. If necessary, discuss this individually with group members.

End by reminding the group that everybody needs help sometimes, and it is healthy to ask for help. This is especially important if we are nervous or afraid or if something unsafe, scary or harmful has happened to us.

(Source: Adapted from Lay, Marilyn, Liana Lowenstein, and Geraldine Crisci, Paperdolls and Airplanes: Therapeutic Exercises for Sexually Traumatized Children. Jist Publishing, 1998. Print.)

LESSON 4: SAFETY PLANNING

USE: This session should follow Lessons #2 and #3 to reinforce the meaning of safety and provide guidance in being safe. This session can be divided into shorter sessions by stopping where indicated

TIME: 20 minutes

OBJECTIVES:

- To identify what safety means
- To help participants begin to consider safety planning

MATERIALS:

- Flip chart, markers and masking tape

PREPARATION:

- Review Lesson

THE LESSON:

Ask the group to tell you what safety means and what a plan is. Emphasize that they can try to stay safe by making a safety plan. Tell them they can plan to try to avoid a risky situation.

Example: What are some things you can do when you go out for a walk to keep yourself safe? Suggestions may include:

- Ask a friend to come along
- Bring a dog
- Stay in areas with lots of people and good lights
- Tell someone where you are going and when you expect to return

These are all things you can do to try to stay safe.

Ask participants for examples in their own lives of situations where they may use a safety plan. You may need to ask specific questions, such as “Do you or someone you know have a plan in case you forget the key to your house?” Or “Does your group home have a plan for group outings?”

Tell the group that we do some safety planning in advance and some at the last minute. Discuss the key points of safety planning, no matter whether it is planned far ahead or figured out in a few minutes. Ask group members to help identify key safety planning points and write them on a flip chart. For example:

- Pay attention to your own feelings. If you're nervous or scared, say no and get out of the situation if you can. Ask for help.
- Travel with a friend.
- Tell someone where you are going and when you'll be back.

Ask the group to discuss some examples where safety planning is useful. Discuss how you could handle these situations. Review and discuss scenarios below:

You are home alone and a stranger comes to the door. He says there is an emergency and he needs to come in and use your phone. What could you do?

You are waiting for an elevator. When the doors open, there is one person in the elevator. He looks at you in a strange way and you feel uncomfortable. What could you do?

A new man starts working at your job. You like him. At the end of the first day, he asks you to go out with him. What could you do?

A woman shows up at your group home and says your regular counselor is sick and that she is replacing her. What could you do?

You are on the bus, having fun and talking to a group of people that you just met. They invite you to get off the bus and come to a party at their house. What could you do?

Remember, even if we have a safety plan, unsafe things can still happen. Safety planning can help prevent abuse, but it is not a guarantee. This doesn't mean it is your fault. It is never your fault if someone else chooses to do something bad to you.

(Source: Adapted from PERSONAL SPACE: A Violence Prevention Program for Women developed by The Arc of Maryland, in partnership with The Arc of Southern Maryland and The Arc of the United States)

LESSON 5: EMPOWERMENT GRAFFITI

USE: This is a beginning level session This session may be best following other sessions about sexual violence

TIME: 30 minutes (depending on how many participants)

OBJECTIVES:

- To empower women with disabilities to speak out against sexual abuse
- To provide an opportunity to educate others

MATERIALS:

- Large butcher paper for mural
- Markers and/or paints and masking tape
- Flip chart page with 10 Personal Safety Slogans (page 62)

PREPARATION: None

THE LESSON:

Begin by asking the group to hang a big piece of paper on the wall to create a large mural. On the top of the mural, the leader will write “Personal Safety Slogans.”

Next, each participant should be given a list of “Personal Safety Slogans.” Below are some suggestions, but the leader and/or the participants may add their own.

- Sexual Abuse is a Crime!
- It’s okay to say NO to abuse!
- Everyone Has a Right to be Safe and Free!
- There is No Love in Sexual Abuse!
- I Have a Right to be Treated with Respect!
- No Means No!
- My Body Belongs to Me!
- Stop Sexual Violence!
- Handle with Care!
- Our Rights, Right Now!

Provide the members with paint or markers. Ask each of them to write one of these slogans or another safety slogan on the mural and draw a picture/graphic to go with it (for example, a stop sign, a circle with a line through it, a big NO, etc.). When the group is finished, ask each member to read their slogan. Then have them all stand back and admire their work.

(Source: Adapted from Lay, Marilyn, Liana Lowenstein, and Geraldine Crisci, Paperdolls and Airplanes: Therapeutic Exercises for Sexually Traumatized Children. Jist Publishing, 1998. Print.)



SECTION 4 HANDOUTS

ILLINOIS IMAGINES
OUR RIGHTS
RIGHT NOW!





HANDOUTS

- Handout 1 Relationship Rights
- Handout 2 Green Flags
- Handout 3 Red Flags
- Handout 4 Relationship Quiz
- Handout 5 Three Safety Rules
- Handout 6 5 Tips to Reduce Risk of Sexual Abuse
- Handout 7 Design a Support Person

- Universal Handout Sexual Violence and You

RELATIONSHIP RIGHTS

- You have rights in every relationship.
- You have the right to be respected.
- You have the right to be treated and spoken to like an adult.
- You have the right to be treated in a caring way.
- You have the right to be treated as a valuable person.
- Someone who cares for you doesn't hurt your feelings and doesn't hurt your body. They make you feel good, not bad.

**THESE RIGHTS ARE PART OF A
HEALTHY RELATIONSHIP!**

GREEN FLAGS

LOOK FOR A DATING PARTNER WITH THESE QUALITIES

- Has a gentle nature and is kind.
- Loves her/his family and treats them well.
- Is a peacemaker when people are restless.
- Loves children and old people and everyone in between.
- Does not blame others when things happen.
- Is responsible in all ways. Admits when wrong.
- Is not willing or able to do things that are hurtful.
- Respects others' rights to their opinions.
- Knows that everyone sometimes needs their space and is okay with that.
- Has his/her own friends and encourages you to have yours.
- Is respectful to your family and goes with you to your family functions.
- Is comfortable with himself/herself and with you.
- Helps you when you need it.
- Is honest with you and others.

GREEN FLAGS (CONT.)

- Is able to fit into most situations.
- You feel safe when you are with him or her.
- Is aware of your feelings and does not put you in situations where you do not feel comfortable or safe.
- Is trustworthy and knows that you are too.
- Obeys the law. Does not judge others.
- Respects authority and understands that the world has to have boundaries for those who do not.
- Is just what he/she seems to be.
- Conveys a message of what he/she stands for when he/she enters a room.
- Is able to cry for joy or sadness without being embarrassed or ashamed.
- Lets you know he/she loves you by his/her actions and his/her words. Likes making you happy.
- Respects your wishes and boundaries with regard to your body and soul.
- Asks before touching or kissing you.
- Respects your boundaries. Takes “no” for an answer.

RED FLAGS

BEWARE IF YOUR DATING PARTNER HAS THESE QUALITIES

- Grew up in a violent/abusive home.
- Is very jealous and possessive.
- Puts you and others down.
- Lies to you or others.
- Is afraid of losing you and the relationship.
- Tries to be with you all the time.
- Insults you, then says “Just kidding.”
- Frequently talks about previous partners.
- Is cruel to animals.
- Often drinks too much.
- Calls women rude names.
- Talks about women in sexual ways.
- Calls or texts you over and over.
- Wants sexual contact before you get to know each other.
- Was violent toward a dating partner before you met.

RED FLAGS (CONT.)

- Is often angry and/or has a bad temper.
- Blames others for what he/she has done.
- Touches you or kisses you even if you say no.
- Pressures you to have sex.

RELATIONSHIP QUIZ

My boyfriend/girlfriend...

1.seems to like me as a person
2.**won't let me to talk to other guys/girls**
3.respects my feelings, opinions and beliefs
4.**doesn't want me to spend time with my friends or family**
5.**makes me feel like I have to watch what I do or say**
6.is okay if I say no to being kissed, hugged or touched
7.**kisses and touches me even if I say no**
8.is happy for me to make my own decisions about my life
9.**often puts me down or criticizes me**
10.tries to work out arguments by compromising or talking
11.**sometimes scares or hurts me by being aggressive or violent**
12.is happy for me to see my own friends if I want to
13.**might try to hurt me or themselves if I wanted to break up**
14.**makes me feel scared to disagree or to say no to things**
15.makes me feel good about who I am
16.**makes me feel bad about myself**
17.pressures me to have sex

THREE SAFETY RULES

There are three safety rules you can follow if you feel threatened or abused by someone else:

1. SAY NO!

- Tell the person to stop what they are doing.
- Keep saying no.

2. GET AWAY!

- Try to leave the place where you are.
- If you can't get away, yell or scream or make noise.
- It is okay to push, hit, kick, yell or get away.

3. TELL SOMEONE!

- Tell someone you trust.
- If they don't believe you, tell someone else.
- Call the rape crisis center or the police.

5 TIPS TO REDUCE RISK OF SEXUAL ABUSE

Below are some ways to help yourself if you are in danger.

- If you do not like what someone is doing, you have the right to say “No” and to leave.
- Trust your instincts. Listen to that little voice inside you.
- Do not let others touch you when you do not want to be touched.
- If you are in a dangerous situation, yell, throw things, run, fight. This is not a time to be nice.
- Remember, you cannot identify a potential rapist/abuser by looking at someone.

**The most important thing to remember is that it is not your fault if you are abused.
Abuse is always the abuser’s fault.**

DESIGN A SUPPORT PERSON

I want a support person who feels....

I want a support person who says...

I want a support person who thinks...

I want a support person who does...

SEXUAL VIOLENCE AND YOU

WHAT IS SEXUAL VIOLENCE?

Sexual violence has a lot of forms and a lot of names. Some people call it rape, sexual assault or sexual abuse. Sexual violence can include:

- Being forced to listen to someone talk sexually to you
- Being forced to look at or participate in sexual pictures or movies
- Being forced to kiss someone
- Being forced to look at or touch someone's private parts
- Being touched in a sexual way when you don't want to be touched
- Being forced, tricked or manipulated to have sex

SEXUAL TOUCH

Unless you say yes, it is wrong for someone to touch you in a sexual way. If this happens to you, tell someone. Keep telling until you get help.

No one should touch you sexually if:

- They are in your family
- They are staff
- You don't know them, or
- You say No

WHAT CAN YOU DO?

Say No

You have the right to say No to sexual contact. Say it loudly and repeatedly.

Tell Someone

If you are a victim of sexual violence — *tell someone*. You do not have to keep it a secret. Ask for help. It is not your fault. You didn't do anything wrong.

WHO CAN YOU TELL?

Tell someone you trust. The people you could tell might include:

- A friend
- A family member
- A support staff person
- A counselor
- A rape crisis center
- The police

WHAT IS A RAPE CRISIS CENTER?

The rape crisis center is a place that helps victims of sexual violence. This help is free. They have 24-hour hotlines in case you need to talk to someone anytime. Workers will go with you if you need to go to the hospital or talk to the police after an assault. They also provide counseling services. The rape crisis workers will protect your privacy and will not tell anyone else about what happened to you.

REMEMBER

Sexual violence is never the victim's fault. Never!

SECTION 4 EDUCATION RESOURCES

ILLINOIS IMAGINES
OUR RIGHTS
RIGHT NOW!



EDUCATION RESOURCES

There are many resources available to assist in educating women with disabilities about issues of sex and sexuality. In addition to browsing libraries and searching the internet for resources, some specifically helpful resources are identified on the following pages.

- Links Pages 77-78
- Books Pages 79-87
- Articles Pages 88-91
- Curricula Pages 92-97
- Videos Pages 98-100
- Sexual Abuse Resources..... Pages 101-104

LINKS

Blue Tower Training

www.bluetowertraining.com

Resources on sexual abuse and sexuality, self-advocacy, spirituality and self-esteem.

The American Cancer Society

www.cancer.org/docroot/MIT/MIT_7_1x_SexualityforMenandTheirPartners.asp
www.cancer.org/docroot/MIT/MIT_7_1x_SexualityforWomenandTheirPartners.asp

The American Cancer Society publishes two booklets on sexuality and cancer: one For the Woman Who Has Cancer, and Her Partner and one For the Man Who Has Cancer, and His Partner.

Disability, Abuse & Personal Rights Project

<http://disability-abuse.com>

This online resource is administered by ARC of Riverside CA. The project is currently pursuing objectives to identify and disseminate best practices in abuse prevention and treatment for people with developmental disabilities.

Diverse City Press, Inc.

www.diverse-city.com

A small publishing company which aims to provide educational materials for people with disabilities and their care providers. The company is informed by the disability rights movement, and is closely linked with organizations and individuals fighting for the rights of all people with disabilities to take control of their own lives and control their own fate.

Illinois Coalition Against Sexual Assault

www.icasa.org

Online home of the statewide coalition of rape crisis centers provides detailed information on sexual violence including a lending library and statistical information. Also, includes contact information for the rape crisis centers located across the state.

The National Information Center for Children and Youth with Disabilities

www.nichcy.org

The National Information Center for Children and Youth with Disabilities still remains relevant despite its age. Sections include information on defining sexuality and how it develops, social skills, teaching children about sexuality, affects of disability on sexuality, and relationship issues for young adults.

Program Development Associates

www.disabilitytraining.com

This website includes resources for sexual education for individuals with intellectual and developmental disabilities. The video All of Us Talking Together is a 38-minute video of parents, their young adult sons and daughters with developmental disabilities, and educators, who highlight the critical need for sex education for this population and demonstrate practical models for delivering this service. A detailed sex education segment covers reproductive anatomy, pregnancy, contraception and disease prevention. Social skill development and the desires for friendship, companionship and romance are all considered. Public vs. private behaviors are explored and steps for reporting sexual abuse are included.

Sexuality Information Education Council of the United States

www.siecus.org

A good starting point for sexuality resources in general are the websites for the Sexuality Information Education Council of the United States. From the SEICUS homepage, users can link to a listing of informative and annotated bibliographies including sexuality and disability.

James Stanfield—Specialists in Special Education

www.stanfield.com

This publisher has many curriculum resources for individuals with intellectual and developmental disabilities.

BOOKS

(1992). *Being sexual: An illustrated sex education series for developmentally handicapped people*. East York, Ontario: Sex Information & Education Council of Canada.

Description: *Being Sexual: An Illustrated Series on Sexuality and Relationships* is a unique 17-booklet series published by SIECCAN in 1993 to meet the educational needs of people with developmental disabilities or problems with language, learning and communication. With over 500 pages of easy-to-understand drawings and text, the *Being Sexual* booklets have been used by learners independently and with the support of parents, teachers, counselors, and caregivers.

Abbey, N. (1989). *Entering adulthood: Coping with sexual pressures*. Santa Cruz, CA: Network Publications.

Description: A handbook on sexuality for people with developmental disabilities.

Allen, J. D. (2003). *Gay, lesbian, bisexual, and transgender people with developmental disabilities and mental retardation*. Binghamton, NY: Harrington Park Press.

Anderson, O. H. (2003). *Doing what comes naturally: Dispelling myths and fallacies about sexuality and people with developmental disabilities*. Decatur, IL: Blue Tower Training Group.

Description: This book first challenges the beliefs and attitudes of family members, educators, and DD professionals concerning the sexuality of people with developmental disabilities. It then guides them in meeting the social-sexual needs of the people they love and serve. Overflowing with passion and filled with wisdom, this book provides a philosophical, yet practical, definition of sexuality.

Brown, G. T., Carney, P., Cortis, J. M., Metz, L. L. & Petrie, A. M. (1994). *Human sexuality handbook: Guiding people toward positive expressions of sexuality*. Springfield: The Association for Community Living.

Description: A guide to policy for individuals with intellectual disabilities and their residential service providers.

Brownworth, V. A. & Raffo, S. (1999). *Restricted access: Lesbians on disability.* Jackson, TN: Seal Press.

Description: This anthology represents the voices of lesbians experiencing a diverse range of disabilities. Essays include “Autoimmune Disease: A Personal Perspective,” “Complications: The Deaf Community, Disability and Being a Lesbian Mom - A Conversation with Myself,” “Flirting with You: Some Notes on Isolation and Connection,” and “Hidden Disability: A Coming Out Story.”

Cambre, S. (2004). *The sensuous heart: Guidelines for sex after heart attack or heart surgery.* Atlanta, GA: Pritchett & Hull Associates, Inc.

Description: This cartoon-style booklet discusses the emotional and physical needs of people who have had a heart attack or heart surgery. It answers questions about sexual intercourse and discusses the effects of alcohol, prescribed drugs, stimulants, and illegal drugs.

Couwenhoven, T. (2007). *Teaching children with down syndrome about their bodies, boundaries, and sexuality: A guide for parents and professionals.* Bethesda, MD: Woodbine House.

Description: A comprehensive “how to teach sexuality” resource that offers practical information on teaching ideas for addressing a wide variety of sexuality issues across the life span. Includes “use at home” activities that are useful for teaching about the body, privacy, relationships, and exploitation prevention. Detailed and realistic drawings that can be used for teaching are included in the appendices.

Couwenhoven, T. (1991). *Beginnings: A parent/child sexuality program for families with puberty-aged children with developmental disabilities.* Wisconsin Council on Developmental Disabilities.

Description: Ideal for professionals setting up parent/child puberty workshops.

Ducharme, S. H. (1997). *Sexuality after spinal cord injury: Answers to your questions.* Baltimore, MD: Brookes Publishing.

Description: This book provides practical, straightforward information and answers to questions about spinal cord injury. Topics include emotions, sexual behavior, sexual health, and parenting.

Drury, J., Hutchison, L. & Wright, J. (2000). *Holding on, letting go: sex, sexuality, and people with learning disabilities.* Souvenir Press.

Description: Discusses general information about sexuality from the perspective of parents and professionals as well as strategies for working together on issues.

Fairbairn, G. Rowley, D., & Bowen, M. (1995). *Sexuality, learning difficulties, and doing what's right*. London: Taylor and Francis.

Description: This book addresses sexuality and people with learning disabilities. It explores the rights that individuals have to be informed about sexuality issues, to form relationships, and to express themselves sexually. Chapters include “Ethics, Learning Disabilities and Sexuality,” “Sweet Little Mystery: The Person With Learning Difficulties As A Sexual Being,” “Exploitation, Abuse and Assault: The Sexual Misuse of People With Learning Disabilities,” and “Being and Becoming: Sex Education, Responsibility, and the Limits of Inclusion.”

Fegan, L. & Rauch, A. (1993). *Sexuality and people with intellectual disability (2nd ed.)*. Baltimore, MD: P.H. Brookes Publishing Company.

Future Horizons (2003). *Taking care of myself: A hygiene, puberty, and personal curriculum for young people with autism*.

Description: This book is essentially a social stories curriculum for teaching about body changes, appropriate sexual behavior, and encouraging independence with hygiene and self-care. It also includes ideas for teaching tools using Boardmaker© and Picture This© symbol programs.

Griffin, L. K. (1996). *Informed consent, sexuality, and people with developmental disabilities: Strategies for professional decision making*.

Milwaukee: ARC Milwaukee.

Description: This workbook is intended to increase knowledge about sexual consent and decision making for those who work with people with disabilities. Although it focuses on the state of Wisconsin, the topic areas are relevant to all professionals.

Harber, M. & Hingsburger, D. (1998). *The ethics of touch*. Newmarket, Ontario: Diverse City Press Inc.

Description: Two videos and a training manual about establishing and maintaining appropriate boundaries in service to people with developmental disabilities.

Hebert, L. A. (1997). *Sex and back pain: Advice on restoring comfortable sex lost to back pain*. Greenville, ME: IMPACC USA.

Description: A physical therapist describes various types of back pain and sexual positions for maximum comfort. Line drawings and photographs illustrate recommended exercises and sexual positions for people who experience back pain. All individuals in the photographs are clothed. In an accompanying video, a partially clothed man and woman demonstrate the various sexual positions described in the book.

Henault, I. & Kingsley, J. (2005). *Asperger's syndrome and sexuality from adolescence through adulthood*. London: Jessica Kingsley Publishers.

Description: This resource includes background information on sexual development, inappropriate sexual behavior, and relationships, as well as therapist level activities to do with clients.

Hendrickx, S. (2008). *Love, sex and long-term relationships: What people with Asperger's Syndrome really really want*. London: Jessica Kingsley Publishers.

Description: What are the motivations and desires behind relationship choices and sexual behaviour? Are they very different for those with Asperger Syndrome than for anyone else? Does having extreme sensitivity to physical touch or an above-average need for solitude change one's expectation of relationships or sexual experience?

Hingsburger, D. (2000). *Under cover dick: A guide for teaching about condom use through video and understanding*. Newmarket, Ontario: Diverse City Press, Inc.

Description: This book and video set provides clear direction regarding condom use. The video discusses disease transmission as well as demonstrates how to wear a condom, plus the book includes photographs of each step involved.

Hingsburger, D. & Harr, S. (2000). *Finger tips: A guide for teaching about female masturbation*. Newmarket, Ontario: Diverse City Press, Inc.

Description: This book and video set is aimed at teaching women with developmental disabilities about masturbation. It also confronts typical myths about female sexuality. A gentle, positive film that is clear, graphic and dignified. The book includes a step-by-step photographic essay about masturbation and the joy of private time.

Hingsburger, D. (2000). *Hand made love: A guide for teaching about male masturbation*. Newmarket, Ontario: Diverse City Press, Inc.

Description: This book and video set discusses privacy, pleasure and the realities of sharing living spaces with others. The narrator of the video talks about myths and suggests that masturbation can be a way of learning about sex, while the book discusses masturbation from the point of view of both health and pleasure.

Hingsburger, D. (2001). *I Contact: Sexuality and People with Developmental Disabilities*. Mountville: Vida Publishing.

Description: Parents ask questions about sexuality and children with developmental disabilities.

Kaufman, M. (1995). *Easy for you to say: Q & As for teens living with chronic illness or disability*. Firefly Books.

Description: This book provides straightforward answers to questions that teens have relating to chronic illness or disability. Chapters include “Sexuality,” “Family Relationships,” “Doctors and Medical Issues,” “Friends and Dating,” “School and Work,” “Alcohol, Drugs, and Medication,” “Recreation,” and “Transitions.”

Kaufman, M., Odette, F., & Silverberg, C. (2007). *The Ultimate Guide to sex and disability: For all of us who live with disabilities, chronic pain, and illness*. San Francisco: Cleis Press.

Description: *The Ultimate Guide to Sex and Disability* is a complete sex guide for people who live with disabilities, pain, illness, or chronic conditions. The authors cover all aspects of sex and disability, including building a positive sexual self-image; positions to minimize stress and maximize pleasure; dealing with fatigue or pain during sex; finding partners and talking with partners about sex and disability; adapting sex toys; and more.

Kempton, W. (2003). *Socialization and Sexuality: A Comprehensive Training Guide for Professionals Helping People With Disabilities That Hinder Learning*. Winifred Kempton Associates.

Description: Originally published in 1973, Winifred Kempton’s training guide was completely revised in 1998 with the publication of “Socialization and Sexuality: A Comprehensive Training Guide for Professionals Helping People With Disabilities That Hinder Learning” One handbook provides a breadth of information from setting up “train the trainer” sessions to identifying key content areas for sexuality education to evaluating outcomes. In addition to the resources identified at the end of each of the 14 chapters, a 28 page bibliography makes the Guide a treasure for anyone planning for or already providing sexuality education.

Mackelprang, R. W. & Valentine, D. (1996). *Sexuality and disabilities: A guide for human service practitioners*. Birminghamton, NY: Haworth Press.

Description: This collection of eight articles is intended to provide a better understanding of issues related to sexuality, intimacy, and disability. Titles include “Mental Retardation and Sexual Expression: An Historical Perspective,” “Responding To The Sexual Concerns of Persons with Disabilities,” “A Holistic Social Work Approach to Providing Sexuality Education and Counseling for Persons with Severe Disabilities,” and “Sexual Assault and People with Disabilities.”

Marks, L. & Rousso, H. (1991). *Barrier free: Serving young women with disabilities*. Women's Educational Equity Act Publishing Center.

Description: This training manual for groups that provide services to teenagers with physical or sensory disabilities examines some important issues that young women with such disabilities face, including career exploration, independent living, and sexuality.

McKee, L. & Kempton, W. (1987). *An easy guide to loving carefully for men and women*. Sacramento, CA: ETR Associates.

Description: A well-illustrated book which explains birth control and sexual health in very simple language. Requires reading skills.

Moise, L. (1998). *Barbara and Fred: Grownups now*. Fort Bragg: Cypress House.

Description: Living fully with a disability is the theme of this mother's book about her daughter growing up. It is the sequel to *As We Grew Up With Barbara*.

Monat-Haller, R. K. (1992). *Understanding and expressing sexuality: Responsible choices for individuals with developmental disabilities*. Baltimore, MD: P.H. Brookes Publishing Company.

Newport, J. Newport, M. (2002) *Autism- Asperger's & sexuality: Puberty and beyond*. Arlington, TX: Future Horizons Inc.

Description: This book tackles dating, relationships, and sexuality issues for individuals with Asperger's Syndrome and autism. The book emphasizes the importance of self-confidence and practice.

Parker, G. (1993). *With this body: Caring and disability in marriage*. Buckingham: Open University Press.

Description: Examines the views both of younger people who become disabled after marriage and of their partners who care for and support them.

Radford, T. (2000). *MS and intimacy: Managing specific issues*. National Multiple Sclerosis Society.

Description: This booklet is for people with MS and their partners. It addresses the importance of communication between partners. It also discusses sexual problems associated with MS for both men and women. A list of resources is provided.

Rogers, J. & Matsumura, M. (1991). *Mother to be: A guide to pregnancy and birth for women with disabilities*. New York: Demos Publications.

Rothrock, R. W. & D'Amore, G. (1992). *The illustrated guide to better sex for people with chronic pain*. Winifred Kempton Associates.

Description: This self-help booklet provides information about frequent problems that interfere with sexual enjoyment for individuals who suffer from chronic pain and suggests simple, basic solutions. It includes six illustrations showing comfortable sexual positions for persons with various pain disorders, and stresses the importance of communication between partners.

Sandowski, C. K. (1989). *Sexual concerns when illness or disability strikes*. Springfield, IL: Charles C. Thomas Publisher, Ltd.

Description: This book discusses the possible effects of various medical conditions (arthritis, diabetes, spinal cord injury, alcoholism) on sexual functioning, relationships, self-esteem, and communication. The author explores treatments for sexual dysfunction.

Schwier, D. M. (2000). *Sexuality: Your sons & daughters with intellectual disabilities*. Towson, Maryland: Brookes Publishing Company.

Description: This book is designed for parents, helping them to make sure their child develop healthy sexuality, that sense of self and confidence that helps make people well-adjusted and strong individuals. It focuses on interacting with your children -- no matter their age or ability -- in a way that increases self-esteem, encourages appropriate behavior, empowers them to recognize and respond to abuse, and enables them to develop life-long relationships. Both parents of people with intellectual disabilities and people with intellectual disabilities themselves are referenced.

Schweir, D. M. (1994). *Couples with intellectual disabilities talk about living and loving*. Rockville, MD: Woodbine House.

Description: This book provides information to parents and caregivers on interacting with their children (regardless of age or ability), in a way that increases their self-esteem, encourages appropriate behavior, empowers them to recognize and respond to abuse, and enables them to develop lifelong relationships. Throughout the book, parents share the joys and challenges of raising a child with an intellectual disability as they offer advice and practical strategies, while individuals with disabilities share information about what is important to them.

Shakespeare, T., Gillespie-Sells, K. & Davies, D. (1996). *The sexual politics of disability: Untold desires*. London: Wellington House.

Description: This book, based on first-hand accounts, takes a close look at questions of identity, relationships, sex, love, parenting and abuse and demolishes the taboo around disability and sex. It shows both the barriers to disabled people's sexual rights and sexual expression, and also the ways in which these obstacles are being challenged.

Shapland, C. (1999). *Sexuality issues for youth with disabilities and chronic health conditions*. Institute for Child Health Policy.

Description: This policy brief of The Institute for Child Health Policy addresses teen pregnancy prevention and risk factors for teen pregnancy as they relate to youth with disabilities. It also discusses strategies to address the needs of youth with disabilities in such programs as sexuality education, community family planning services, community partnerships, and contraceptive needs.

Siegel, P. (1991). *Changes in you*. Richmond, VA: Family Life Education Associates.

Description: A clearly illustrated, simply worded explanation of the changes of puberty for girls and boys. Includes a Parents' Guide.

Tepper, M. S. (1997). *Providing comprehensive sexual health care in spinal cord injury rehabilitation: Continuing education and training for health care professionals*. Shelton, CT: The Sexual Health Network.

Description: This curriculum for health care professionals is intended to provide an opportunity for participants to gain knowledge, comfort, and skills to understand and manage the sexual health care of persons with spinal cord injury (SCI). By the end of this three-day program, participants should be able to recognize sexual concerns, demonstrate the communication skills necessary to provide a supportive environment, conduct sexuality assessment interviews with people who have SCI, relay relevant and unbiased sexual information, and provide specific suggestions about sexual options for people with SCI.

Walker, A. (2007). *The Power Inside: A skit about personal power*. Decatur, IL; Blue Tower Training Center.

Description: This book encourages empowerment among people living in group homes.

Walker-Hirsch, L. (2007). *The facts of life...and more: Sexuality and intimacy for people with intellectual disabilities*. Baltimore, MD: Paul H. Brookes Publishing Co.

Description: This book gives social workers, teachers, and direct support professionals comprehensive instruction on how to educate people with disabilities about sexuality.

Walsh, P. N. & Heller, T. (2002). *Health of women with intellectual disabilities*. Oxford: Blackwell Publishing, Inc.

Description: The first interdisciplinary book taking a contextual approach to the developing health needs of women with intellectual disabilities. It considers the social, economic and political contexts of health promotion. Its concise but comprehensive evidence base makes it a unique, reliable source for a wide readership.

Woodward, J. (1979). *Signs of sexual behavior: An introduction to some sex-related vocabulary in American Sign Language*. Carrollton, TX: T.J. Publishers.

Description: This book presents sexuality-related vocabulary in American Sign Language. It offers clear illustrations of more than 130 signs. Comprehensive explanations and notes on derivation are included.

ARTICLES

Addlakha, R. (2007). How young people with disabilities conceptualize the body, sex and marriage in urban India: Four case studies. *Sexuality and Disability*, 25 (3), 111-123.

Description: Using qualitative data, this articles discusses notions of sexual identity among urban Indian youth through four case studies of college students in Delhi. Gender emerges as a key analytical category in perceptions of sexuality among young men and women with visual and loco-motor disabilities. The author's analysis carries added value, since she herself has low vision; thus conferring a reflexive angle to the research.

Aloney, R., Keren, O., & Katz, S. (2007). Sex therapy surrogate partners for individuals with very limited functional ability following traumatic brain injury. *Sexuality and Disability*, 25 (3), 125-134.

Description: The use of surrogate sex therapists for survivors after Traumatic Brain Injury who have Very Limited Functional Ability is discussed. It includes the rationale of using surrogate therapy with this population as well as some of the professional and ethical issues that such therapy can evoke. It is suggested that surrogate therapy can provide satisfaction and positive experiences to the restricted lives of some of the VLFA-TBI survivors. The use of surrogate therapy is viewed as a part of the integral rehabilitation process aimed at improving the quality of life and the fulfillment of basic human intimacy needs.

Ailey, S. H., Marks, B. A., Crisp, C. & Hahn J. E. (2003). Promoting sexuality across the life span for individuals with intellectual and developmental disabilities. *Nursing Clinicians of North America*, 38, 229-252.

Description: This article reviews the structural and attitudinal barriers that prevent individuals with I/DD from developing and perceiving themselves as sexual beings, along with the philosophical underpinnings that have previously guided sex education programs.

American Academy of Pediatrics (1996). *Sexuality Education of Children and Adolescents with Developmental Disabilities*.

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

Gill, K. M. (2007). Sexuality training, education, and therapy in the healthcare environment: Taboo, avoidance, discomfort, or ignorance? *Sexuality and Disability*, 25, 73-76.

Description: Multiple sources of resistance are present in the healthcare environment to comprehensive assessment and intervention efforts in regard to sexuality. The authors survey both the diversity of needs and values presented by consumers, and encourage providers to equip themselves educationally, emotionally, and ethically so that they can deliver relevant, holistic services to consumers.

Leutar, Z. & Mihokovic, M. (2007). Level of knowledge about sexuality of people with mental disabilities. *Sexuality and Disability*, 25 (3), 93-109.

Description: The paper examines the level of knowledge about sexuality of people with mental disabilities.

Lyden, M. (2007). Assessment of sexual consent capacity. *Sexuality and Disability*, 25, 3-20.

Description: This article discusses assessment of sexual consent capacity, its ethical and legal mandates, and a rationale for the assessment of capacity to have a sexual relationship. It reports current assessment practices used by the authors as well as a summary of relevant literature.

NICHY (1992). Sexuality Education for Children and Youth with Disabilities.

Description: This *News Digest* addresses the concerns that parents and professionals face in guiding children and young adults with disabilities in their social-sexual development and in preparing them to make healthy, responsible decisions about adult relationships. Many books and videos on human sexuality are listed to assist parents and professionals in obtaining materials necessary to support the sexuality education of children with disabilities.

Sanders, T. (2007). The politics of sexual citizenship: Commercial sex and disability. *Disability and Society*, 22 (5), 439-455.

Description: Presenting empirical findings from two studies, one with sex workers who work from indoor sex markets and the other with men who buy sex, this paper exposes the existing relationships and practices between men with physical and sensory impairments who seek out commercial sexual services from female sex workers. In the discussion the politics surrounding sexual rights and commercial sex will be addressed.

Shakespeare, T. (2000). Disabled sexuality: Toward rights and recognition. *Sexuality and Disability*, 18 (3), 159-165.

Description: Looking back at the development of disability sexuality studies, there is a need for a social model of disabled sexuality. However, this should be sensitive to difference, including the impact of impairment. Disability sexuality studies necessarily challenge notions of sexual normality.

Sunny Hill Education Centre (2004). Sexuality and your child: A resource for parents of children with a disability. Retrieved 8 November 2007 from:

www.cw.bc.ca/library/pdf/pamphlets/SH30.pdf

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

Tarnai, B. (2006). Review of effective intervention for socially inappropriate masturbation in persons with cognitive disabilities. *Sexuality and Disability*, 24, 151-168.

Description: This review of the literature investigates factors that lead to necessary intervention, identifies associations of different effective treatment approaches with types of cognitive disabilities, and examines the evolution of documented interventions from the late 1960s to the early 2000s. Data suggest that theoretical advances toward more humane, supportive and self-regulative interventions are more likely to help persons with milder cognitive disabilities.

Taylor, B. & Davis, S. (2007). The extended PLISSIT model for addressing the sexual well-being of individuals with an acquired disability or chronic illness. *Sexuality and Disability*, 25 (3), 135-139.

Description: This article discusses the limitations in the way that healthcare practitioners may use Annon's PLISSIT model in meeting the sexual wellbeing of individuals with an acquired disability and presents the merits of the extended model, Ex-PLISSIT. Key features of this model include explicit permission-giving as a core feature of each of the other stages, the requirement to review all interactions with patients, and the incorporation of reflection as a means of increasing self-awareness by challenging assumptions.

Valenti-Hein, D. C., Yarnold, P. R. & Mueser, K. T. (2004). Evaluation of the dating skills program for improving heterosocial interactions in people with mental retardation. *Behavior Modification*, 18, 32-45.

Description: A review of the curriculum "The dating skills program: Teaching social-sexual skills to adults with mental retardation."

Walters, A. S. (2006). Taking a stand: On teaching the epidemiology of sexually transmitted infections. *Sexuality and Disability*, 24, 131-139.

Description: The activity described in this paper demonstrates the epidemiological processes that contribute to infection. Participants learn how sexually transmitted infections (bacterial, viral, and ectoparasitic) can be transmitted within a sexual network from only one infected individual.

““One of the joys of reading is the ability to plug into the shared wisdom of mankind.””

Ishmael Reed

CURRICULA

Arc of Maryland. Personal Space: A Violence Prevention Program for Women.

Description: A curriculum for teaching women with disabilities about healthy sexuality and sexual violence. The curriculum includes eight interrelated lessons on gender violence prevention. The curriculum includes guidelines for class discussion, role playing and use of visual aids. Visual aids and role play scripts are included, as are letters to share information with family members and staff who can help integrate information into participants' lives.

Arc New Jersey. (1994). *Let's talk about health: What every woman should know.*

Description: A video for teaching women with developmental disabilities about gynecological exams, breast exams, and mammograms. Can be obtained by calling Arc of New Jersey at 908-246-2525.

Baladerian, N. J. (1998). *FACTS: Forensic Assessment of Consent to Sex.* Culver City: Spectrum Institute.

Description: An interviewing instrument to assess consent to sexual relationship through an inventory of the nature and consequences of the sexual act of intercourse or other penetration for adults with cognitive impairments.

Baxley, D. L. & Zendell, A. L. (2005). *Sexuality education for children and adolescents with developmental disabilities: An instructional guide for educators of individuals with developmental disabilities.* Tallahassee, FL: Florida Developmental Disabilities Council, Inc.

Description: There are two versions of the curriculum, one for parents and another for educators. Each chapter has been suggested for different grade levels.

Baxley, D. L. (2005). *Life span holistic sexuality education for children and adolescents with intellectual/developmental disabilities: A guide developed for parents, caregivers, and educators.* Tallahassee, FL: Florida Developmental Disabilities Council, Inc.

Description: This resource introduces educators, family members, and professionals to the necessity of sexual education and tips for creating a sexual education program for people with intellectual and developmental disabilities.

Champagne, M. P. & Walker-Hirsch, L. W. (1993). *Circles: Intimacy and relationships*. Santa Barbara, California: James Stanfield Publishing Company,

Description: This classic video program, used in over 10,000 facilities across the U.S., helps students to recognize exploitative relationships as well as develop mutually respectful ones. Includes 12 videos and multi-media.

Cyprian, J. (2001). *Teaching human sexuality: A guide for parents and other caregivers*. Washington, DC: Child Welfare League of America Press.

Description: A guide for parents and other caregivers on teaching human sexuality to individuals with intellectual and developmental disabilities.

Enright, R. (1995). *Caution: Do not open until puberty!: An introduction to sexuality for young adults with disabilities*. Sparta, Ontario, Canada: Devinjer House.

Description: This book is intended to serve as an icebreaker for an open discussion of sexuality between adolescents with disabilities and their families. Using illustrations and clear, informative text, it addresses decision making, anatomy, sexual response, physical disability and sexual functioning, as well as suggestions for further learning.

Gray, J. & Jilich, J. (1990). *Janet's got her period*. Santa Barbara, CA: James Stanfield Publishing.

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

Heighway, S. (1992). *STARS: Skills training for assertiveness, relationship-building and sexual awareness*. Madison, WI: Wisconsin Council on Developmental Disabilities.

Hingsburger, D. J. (1990). *i to I: self concept for people with developmental disabilities*. Mountville: Vida Publishing.

Description: Video of conference presentation in Redding.

Holburn, S., Cea, C. D., & Gordon, A. (2005). *Health advocacy program: An activity-based curriculum for adults with developmental disabilities*. New York: New York State Institute for Basic Research in Developmental Disabilities.

Kempton, W. (1998). *Socialization and sexuality: A comprehensive training guide for professionals helping people with disabilities that hinder learning.* Syracuse, NY: Program Development Associates.

Description: Written by one of the pioneers of sexuality education for people with developmental disabilities, this encyclopedia of information on socialization and sexuality is considered an invaluable resource for sexuality educators as well as parents. Aimed at increasing the social satisfaction and sexual safety of individuals with developmental disabilities, it covers such topics as: Sexuality Education and Guidelines for Curriculum Design; Coping with Inappropriate Sexual Behavior; Sexual Abuse; Informed Consent; and Working with Parents.

Kempton, W. (1998). *Speaking of sex & sex education: For persons with disabilities that hinder learning.* Santa Barbara, CA: James Stanfield Publishing Co.

Description: Utilizing an interview with sexuality educator pioneer, Winifred Kempton, this video program assists in training the trainer to present sexuality education to students with developmental disabilities. The video is accompanied by a 200-page book with materials for new instructors and tips for more seasoned sexuality educators.

Kempton, W. (1999). *Life Horizons I: The physiological and emotional aspects of being male and female.* Santa Barbara, CA: James Stanfield Publishing Co.

Kempton, W. (1999). *Life Horizons II: The moral, social, and legal aspects of sexuality.* Santa Barbara, CA: James Stanfield Publishing Co.

Description: These two curricula are for people with mild to moderate developmental disabilities. Life Horizons I consists of five programs: “Parts of the Body,” “Sexual Life Cycle,” “Human Reproduction,” “Birth Control or Regulation of Fertility,” and “Sexually Transmitted Diseases & AIDS.” It includes over 500 slides, a teacher’s guide and script, and video. Life Horizons II consists of seven programs: “Building Self-Esteem & Establishing Relationships,” “Moral, Legal & Social Aspects of Sexual Behavior — Male,” “Dating Skills & Learning to Love,” “Marriage & Other Adult Lifestyles,” “Parenting,” “Preventing or Coping With Sexual Abuse.” It includes more than 600 slides, and a teacher’s guide and script.

Kogut, J. & Vilaro, S. (1993). *Teaching persons with mental retardation about sexuality and relationships: An instructional guide.* Connecticut: Planned Parenthood.

Description: This manual offers educators of persons with mental retardation guidance with the development and implementation of sexuality education programs.

Laesch, S. and Pacey, S. (2004). *WE CAN stop abuse: A sexual abuse prevention curriculum for persons with developmental disabilities*. Decatur, IL: Macon Resources, Inc.

Description: An 8-session, interactive curriculum to teach sexual abuse prevention skills to adolescents and adults with developmental disabilities. Includes objectives, pictures, activities, assessments, and more.

Maksym, D. (1990). *Shared feelings: A parent guide to sexuality education for children, adolescents, and adults who have a mental handicap*. North York, Ontario, Canada: G. Allan Roeher Institute.

Matich, Maroney, J. and Baxley, D. (2005) *Life span holistic sexuality education for children and adolescents with developmental disabilities: An annotated resource list*. Tallahassee, FL: Florida Developmental Disabilities Council, Inc.

Description: This annotated list has resources for teaching sexuality to children and adolescents. Many of the resources are specifically created for people with disabilities, and some recommendations of general sexual education resources that may be adapted are also included.

Maurer, L. T. (1999). *Talking sex!: Practical approaches and strategies for working with people who have developmental disabilities when the topic is sex*. Planned Parenthood of Tompkins County.

Description: This curriculum for professionals consists of information, activities, and overheads that provide strategies toward making sexuality education more accessible to people with developmental disabilities.

Moss, K. & Blaha, R. (2001). *An introduction to sexuality education for individuals who are deaf-blind and significantly developmentally delayed*. Monmouth, OR: National Information Clearinghouse on Children Who Are Deaf-Blind.

Description: The ten chapters in this book address the sexuality issues in the lives of school age individuals who are deaf-blind or significantly developmentally delayed. It notes that these individuals usually do not experience sexuality through typical relationships and thus require a different type of instruction.

Neistadt, M. E., Fredam N, & O'Reilly, K. A. (1987). *Choices: A guide to sex counseling with physically disabled adults*. Melbourne, FL: Kreiger Publishing Company.
Description: Written for rehabilitation professionals who provide sexuality counseling, this book contains guidelines for limited sexuality counseling and examines issues of intimacy and communication, as well as the sexual response cycle. This book discusses functional and sexual difficulties caused by disabilities and the impact of disability on social issues such as privacy, dating, marriage, and childbearing. Reading and resource lists are included.

Pacer Center, Inc. (1996). *I am a beautiful person: Sexuality and me*.
Description: 13:35 minute video for parents of teens with disabilities. This video demonstrates how all people can live their lives as healthy sexual beings. Designed for viewing by parents and caregivers, it includes interviews with people of varying ages and abilities.

Plummer, C. A. (1997). *Preventing sexual abuse: Activities and strategies for those working with children and adolescents*. Holmes Beach, FL: Learning Publications, Inc.
Description: This sexual abuse-prevention curriculum is divided into two sections. The first is a three- or five-day presentation for grades K through six, which is also adaptable for those with developmental disabilities. The second is a one-, three-, or five-day presentation for grades seven through 12. The curriculum also provides information about involving parents and making the program work. Also included are guidelines for instructors and an appendix.

Rodriguez, G. R. & Birth, C. P. *Socialization and sex education: Life horizons curriculum module*.
Description: Designed to be used with the Life Horizons slide series, this curriculum offers supplemental classroom and group activities.

Special Purpose Films. *Learning to talk sex when you'd rather not*.
Description: Excellent for training about people with developmental disabilities, their parents and care providers. Shows un-staged scenes of men and women learning safety, appropriate private and public behavior, and human anatomy. 30 minutes.

Stanfield Publishing. (1991). *The Gyn exam handbook: An illustrated guide to gynecologic examination for women with special needs*.
Description: Videos and pictures that help explain pelvic exams.

Stangle, J. (1991). *Special education: Secondary F.L.A.S.H. (family life and sexual health): A curriculum for grades 7-12.* Family Planning Publications.

Description: This comprehensive program is designed for adolescents in special education programs. It addresses the physical, emotional, and safety aspects of sexuality education; encourages parent and family involvement; and includes a section on preparing community-based sexuality education programs. Lesson plans cover relationships, communication, avoiding exploitation, anatomy, reproduction, sexually transmitted infections, and AIDS. The curriculum includes resource lists, guidelines for answering students' questions, recommended audiovisuals, teacher preparation suggestions, and masters for all transparencies and student handouts.

Steege M. and Steege, S. (1998). *Social skills & sex education: Sex education and self care for the forgotten adult.* Syracuse, NY: Program Development Associates.

Description: This teaching tool is used to educate developmentally delayed adults. Presented in two parts, the first section discusses anatomy and sexual functioning, the second addresses appropriate and inappropriate touch. It includes two audio cassettes and picture books to be used while following along with the instruction manual.

United Learning Company. *All women have periods.*

Description: This video shows a young girl with Down Syndrome who learns about menstruation and how to change pads with the help of an older sister. This is an old, amateurish video created by an ARC, but uses lots of repetition.

Valenti-Hein, D. & Mueser, K. T. (1990). *The dating skills program: Teaching social-sexual skills to adults with mental retardation.* Orland Park, IL: International Diagnostic Systems, Inc.

YAI (2007). *Relationship series #1: The friendship series (DVD).* New York: Young Adult Institute/National Institute for People with Disabilities.

YAI (2007). *Relationship Series #2: The Boyfriend/Girlfriend Series (DVD).* New York: Young Adult Institute/National Institute for People with Disabilities.

YAI (2007). *Relationship Series #3: The Sexuality Series (DVD).* New York: Young Adult Institute/National Institute for People with Disabilities.

Description: This is an innovative DVD series on relationships for people with intellectual and/or developmental disabilities.

VIDEOS/DVDs

Untold Desires (1995), www.filmakers.com

Produced by Eva Orner, this 58-minute video highlights the struggle that people with disabilities face in their quest to be recognized as sexual beings, free to express their sexuality and lead sexually active lives. In the sometimes sensitive area of sexuality, people with disabilities find that their own needs are often subverted by the conservative values of those who provide essential care.

Toward Intimacy (1993), National Film Board, www.nfb.com

In this 61-minute video, Women with disabilities are working towards full participation in all areas of life. *Toward Intimacy* is a cross-disability affirmation of the right of women with disabilities to seek, develop and sustain intimate relationships with the partners of their choice. In this moving one-hour film, four women with disabilities from across Canada share their personal experiences, with particular emphasis on sexuality, self-esteem, stereotyping, and parenting.

Double the Trouble, Twice the Fun (1992), www.wmm.com

This 25 minutes video is a lively examination of disability and homosexuality as it affects both women and men. The movie advocates for acceptance rather than pity for the participants in this video. Interviews with a wide range of lesbian and gay people with disabilities are intercut with dramatic recreations and performances.

Hand Made Love, www.diverse-city.com

This book and video set discusses privacy, pleasure and the realities of sharing living spaces with others. The narrator of the video talks about myths and suggests that masturbation can be a way of learning about sex, while the book discusses masturbation from the point of view of both health and pleasure.

Finger Tips, www.diverse-city.com

This book and video set is aimed at teaching women with developmental disabilities about masturbation. It also confronts typical myths about female sexuality. A gentle, positive film that is clear, graphic and dignified. The book includes a step-by-step photographic essay about masturbation, and the joy of private time.

Illinois Voices: Changing Attitudes, Changing Lives, www.bluetowertraining.com

The voices of more than 20 persons with developmental disabilities speak about their lives.

No! How!!!, www.diverse-city.com

For too long others have determined what people with disabilities need to know to stop victimization. This video involved people with disabilities in acting, writing, producing and directing a film aimed at others with disabilities. From discussing disability to teaching boundaries and body parts, people with disabilities take the lead.

Making Connections, www.johncarmody.net

Here at last is a video whose cast is made up primarily of persons with disabilities! It is an innovative and entertaining look at a fictitious dating service for persons with developmental disabilities that sometimes hinder their social progress. *Making Connections* is performed by people with various physical, emotional and cognitive challenges. Young people who watch this video will see their peers in action. The actors deal with many “What if...?” dating situations in which they sometimes succeed and sometimes fail on their paths to making connections with others. Parents and caregivers who watch this video will see their peers set ground rules and limits, allowing enough independence to leave the nest and join the larger world. *Making Connections* motivates and instructs people to take steps (and some risks) to get out and meet people to socialize with or to date.

Our Rights, Right Now (2010), www.icasa.org

Empowering three-DVD series from the Illinois Imagines project. The first DVD teaches women with disabilities about sexual violence and their rights to prevent sexual violence. The second DVD focuses on teaching disability service agency staff about sexual violence and women with disabilities and how to assist women in getting help. The third DVD is aimed at rape crisis centers and what they need to know to help women with disabilities who have experienced sexual violence.

Person To Person (1991), www.johncarmody.net

Person To Person is a ground-breaking video that set the standard for sexuality education of persons with cognitive challenges. It shows the techniques of expert educators as they provide information on topics such as menstrual hygiene, sexually-transmitted infections, personal space and safety issues, appropriate behaviors on the job and in public places, and marriage for people with special needs. This video will demonstrate to you that sex education can make a difference!

The Ethics of Touch, www.diverse-city.com

This training package looks at the delicate issue of touch. Those who provide direct care to people with developmental disabilities are often asked to be in private places performing intimate services. From bathing to toileting to dressing, staff are necessarily in close proximity to those they serve. Given this situation, it is imperative that staff be aware of how to provide these services while maintaining appropriate professional boundaries. How do staff appropriately express affection toward those they serve? This video suggests new and healthy ways of helping people with disabilities fulfill their deepest needs.

Roots & Wings, www.johncarmody.net/clients/choices/

Roots & Wings is an informative video with a structured discussion program designed to educate a variety of audiences about the multi-dimensional aspects of teens and young adults with developmental disabilities. It's an intimate look at the lives of several young persons who show themselves to be strong, fun-loving individuals. They are eager to get on with the challenges that face them, and they are open to learning about their social responsibilities while in the group setting depicted in the video. It provides the viewer with a very special opportunity to learn from these spirited individuals. The accompanying Discussion Guide offers information and program suggestions so that the video can be used to its greatest advantage.

SEXUAL ABUSE RESOURCES

Anderson, C. (1990). An illusion theater guide for teaching mentally retarded people about sexual abuse prevention education. Minneapolis, MN: Illusion Theater, Prevention Program.

Baladerian, N. J. (1993). Abuse of children and adults with disabilities: A prevention and intervention guidebook for parents and other advocates. Culver City, CA: Disability, Abuse and Personal Rights Project.

Description: This publication discusses increased vulnerability to abuse, the signs and symptoms of abuse, consequences of abuse, the abusers, how to report suspected abuse, intervention and examples of risk reduction strategies.

Baladerian, N. J. (1985). Survivor: For people with developmental disabilities who have been sexually assaulted. Culver City, CA: N.J. Baladerian.

Bissada, A, Scher, L., Wiper, A. M., & Oya, M. (2000). Keeping our children safe. California State Council on Developmental Disabilities Program Development Fund, Cycle XXII.

Description: A booklet for caregivers and providers of children with developmental disabilities to reduce the risk of abuse.

Briggs, Freda. (1995). Developing personal safety skills in children with disabilities. Baltimore: Paul H. Brookes Publishing Co.

Description: Guide to empowering children with disabilities to avoid injury, abuse, and related emotional and psychological problems. Includes curriculum.

Center for Child and Family Studies (2002). Voices ignored: Sexual assault of people with developmental disabilities. Columbia, S.C.: The Center for Child and Family Studies.

Description: *Voices Ignored* addresses two of the most common problems in these sexual assault cases: recognizing when the crime has happened and effectively communicating once you're involved in the case. Includes a video and manual.

Developmental Disabilities Planning Advisory Council (1994). Prevention of abuse begins with you. Spring Meadow Resources: Abuse Prevention Task Force.

Description: Describes how to recognize and report abuse, neglect and exploitation of persons with developmental disabilities. 5 minutes.

Hingsburger, D. (1998). *Do? be? do?* Newmarket, Ontario: Diverse City Press, Inc.
Description: What to teach and how to teach people with developmental disabilities.

Hingsburger, D. (1995). *Just say know: Understanding and reducing the risk of sexual victimization.* Newmarket, Ontario: Diverse City Press Inc.

Description: This book explores the victimization of people with disabilities and helps reduce the risk of sexual assault. The ring of safety presents the skills to teach people with disabilities to enable them to protect themselves. The book also presents a new way of looking at the indicators of sexual abuse in the population of people who have developmental disabilities.

Hingsburger, D. (1993). *I openers.* Vancouver: Family Support Institute Press.

Description: Parents ask questions about sexuality and children with developmental disabilities.

Institute on Disabilities, Temple University (2000). *Your safety your rights II: Personal safety & sexual abuse risk reduction education program to empower adults with disabilities and educate service providers.* Doylestown, PA: Network of Victim Assistance: The Institute on Disabilities, Temple University.

Pennsylvania's University Center for Excellence at Temple University (2002). *Sexual abuse awareness training for self-advocates.* Philadelphia, PA: End the Silence.

Description: A sexual abuse and personal safety-awareness training program developed by self-advocates for individuals with developmental disabilities and to be presented by self-advocates in collaboration with victim service professionals.

Paterson, P. M. (1991). *Doubly silenced: Sexuality, sexual abuse and people with developmental disabilities.* Madison, WI: Wisconsin Council on Developmental Disabilities.

Paceley, S. (2003). *My body... my choice.* Decatur, IL: Blue Tower Training Group.

Description: This fully illustrated mini-book is written for adolescents and adults with developmental disabilities. *My Body...My Choice* covers the basics of body safety and is empowering people with disabilities across the nation to resist and report sexual abuse.

Peterson, M. S. and Urquiza, A. J. (1993). *The role of mental health professionals in the prevention and treatment of child abuse and neglect.* Washington, D.C.: U.S. Dept. of Health and Human Services, Administration for Children and Families, National Center on Child Abuse and Neglect.

Rappaport, S. R., Burkhardt, S. A., and Rotatori, A. F. (1997). *Child sexual abuse curriculum for the developmentally disabled.* Charles C. Thomas Publishing Co.
Description: This curriculum is divided into five parts: “Understanding Child Sexual Abuse of the Developmentally Disabled,” “The Treatment of Sexually Abused Children,” “Sexual Abuse: The Emotional and Behavioral Sequelae,” “Factors That Mediate the Sequelae of Child Sexual Abuse,” and “The Rappaport Curriculum for the Prevention of Child Sexual Abuse in Children with Developmental Disabilities.” The last chapter includes 10 lessons on sexuality and sexual abuse prevention for children who are in the mild range of mental disability. An appendix is included, which parents and caregivers can review with children.

Roeher Institute (1992). *No more victims: Manual for families/friends; Manual for counselors/social workers.* Toronto, Ontario: Roeher Institute.

Description: These are two of the four manuals (the others are for law enforcement and the legal system) that explore factors contributing to increased risk for sexual abuse in this population; describe signs and symptoms of potential sexual abuse and outline appropriate/effective responses and preventive measures. Considered an essential resource for groups concerned with the sexual abuse of individuals with developmental disabilities.

Schaefer, Karen. (1993). *What only a mother can tell you about child sexual abuse.* Washington, DC: Child Welfare League of America, Inc.

Description: A valuable resource for parents of child victims of sexual abuse and for professionals who work with victims and their families.

Virginia Institute for Developmental Disabilities (2002). *Advocacy in action: Health professionals’ response to the abuse and neglect of children with disabilities.* Richmond, VA: Virginia Commonwealth University.

Description: Videotape of the April 25, 2002 teleconference. 90 minutes.

Warger, C. L. (1991). *Abuse and neglect of exceptional children.* Reston, VA: Council for Exceptional Children.

Wisconsin Coalition Against Sexual Assault (2003). *Creating a Balance: Promoting Healthy Relationships and Preventing Sexual Assault of People with Cognitive Disabilities*.

YAI. (2000). *Is this abuse?: An essential training program for all direct care staff working in the field of developmental disabilities*. New York: YAI/National Institute for People with Disabilities.

Description: Presentation of fictional cases intended to help professional personnel recognize traits of several forms of abuse when dealing with adults who suffer from developmental disabilities. 40 minutes.

“ I say if it’s going to be done, let’s do it. Let’s not put it in the hands of fate. Let’s not put it in the hands of someone who doesn’t know me. I know me best. Then take a breath and go ahead. ”

Anita Baker



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