

1: - NLM Catalog Result

*Sex Education for Physically Handicapped Youth [C. Edmund Hopper, William A. Allen] on www.enganchecubano.com
FREE shipping on qualifying offers.*

This booklet is for physically disabled young people and aims to provide them with information about sex and relationships, and sexual health. It includes sections about self-esteem and body image, bullying, puberty, making friends, developing sexual relationships, contraception and sexually transmitted infections. Includes a directory of useful organisations. The booklet is part of a series of publications that have been produced by a group of organisations with expertise and experience in the field of disability and SRE. The booklet is available in full text on the Contact a Family website at: A personal and social development training and teaching pack for staff working with and caring for young people and adults with profound and multiple impairments. Suitable for use in statutory and voluntary organisations and agencies such as schools, colleges, local authority services, housing organisations, the voluntary sector and NHS trusts. On the basis of this, it helps staff teams to develop a Personal and Social Development Programme. Downs, C and Craft, A Sex in context. Pavilion Publishing pp. Section IV, Working with Parents and Carers, contains workshop exercises to help staff work with parents and carers. Sex, sexuality and people with learning difficulties. Directed at parents and other direct carers, this is a practical book, well illustrated with a wealth of case studies with which parents will easily identify. It addresses the many stereotypes about disability and sexuality. Addresses issues that arise in relation to the sexuality of people with learning difficulties. The authors use a storytelling approach to explore the rights of people with learning difficulties to be informed about sexuality, to form relationships, and to express their sexual nature. It is intended as an introduction to some of the aspects of the moral territory in which practical decisions are embedded. Fanstone, C and Katrak, Z Sexuality and learning disability. Highlights a range of creative approaches to working with people with learning disabilities. Available from fpa Direct. Aimed at schools, parents and carers working with people with learning disabilities. A review of resources which also provides useful advice on choosing appropriate resources and using them effectively. Available in full text on the Health Development Agency website at www.hda.gov.uk. Offers more than 80 drama based activities for use with young people with learning difficulties. Eight sections provide a framework for covering a complete sex education programme. Adaptions are offered to meet the different needs of students. The layout is clear with each activity on a new page described under the headings of aims; resources; description; how to do it; what if? A companion resource to On the Agenda, also by Image in Action. Second edition of this resource aimed at those working with adults with learning difficulties. It contains advice and materials on sex education work with individuals and groups, and practical interventions for responding to specific issues and problems which an individual may be experiencing. Available from Pavilion at or Telephone: Martinez, A Effective learning methods: There are three elements to sex and relationships education SRE: The methods of delivering SRE are as important as the content. This factsheet highlights these methods to ensure effective learning. Martinez, A Sex and relationships education for children and young people with learning difficulties. A factsheet to support staff in special schools, mainstream schools and other settings in developing and reviewing SRE policy and practice. Available to download and print from the Sex Education Forum website at www.seforum.org. Personal, social and health education PSHE and citizenship, including sex and relationships education SRE, should support and reflect this ethos and be sensitive to the diversity and development of sexual identities. This factsheet supports schools to challenge homophobia and develop PSHE and SRE policy and practice which addresses homophobia, sexual orientation and sexual identity, how to promote a whole school ethos, how they can challenge homophobia and bullying, and suggests ways to address diversity and difference through the curriculum. Includes a list of useful contacts. Otten, L A curriculum for personal and social education. Written by teachers from a secondary school for pupils with severe learning difficulties, this book provides a progressive health education curriculum for pupils with moderate and severe learning difficulties. Emphasis is placed on a whole school approach to sex and health education which builds on existing skills. A suggested curriculum including activities is provided in

the areas of substance misuse and abuse, sex education, family life education, personal safety, food and nutrition, personal hygiene, advocacy and independence and leisure. Scott, L On the agenda: A practical guide to policy making, planning and working with young people in schools and colleges using drama and active learning methods. The first section explains the basis of the active learning methodology and its applications to students with learning difficulties. Part two takes governors and school managers through the policy making process including working with parents. The third section is a six part guide to planning and teaching sex education. Sex Education Matters, No 26 Autumn. This factsheet will support staff in special schools and other settings in developing and reviewing SRE policy and practice for disabled children. It is in a question and answer format and deals with a wide range of issues, including formulating and reviewing PSHE policy, involving students, working with parents, social attitudes towards disability, teaching methods, choosing resources, evaluating practice and adapting SRE provision in a mainstream school to meet the needs of disabled children. Available in full text from the publications section on the Sex Education Forum website at www.seforum.org. A series of booklets for young people on: What young people need to know Nottingham: A booklet for parents about how to listen and talk to children and young people about sex and relationships. Includes a section for parents of children with learning difficulties of special needs, and a list of contacts for more information. For parents, carers and others involved in the lives of young people with learning disabilities. Video; 20 minutes; colour; includes booklet for discussion work. This video resource looks at issues of sexuality and sexual health with regard to young people with learning difficulties. It is accompanied by a users guide which offers discussion points for each section of the video. The video uses young people with learning difficulties to dramatise events in a further education college. It could be used for session with parents or governors to look at the scope of sex and relationships education. Animated sex education video for use by men with learning difficulties. The accompanying pack contains an introduction, viewing notes and resource list. Animated sex education video for use by women with learning difficulties. The video has strong emphasis on consent and how to say "no". Emphasises the use of condoms for safer sex. Life Support Productions You, your body and sex. Animated sex education video for use by people with learning difficulties. Animated sex education DVD for use by people with learning difficulties. Contains DVD and booklet. Schools can purchase using elearning credits. The Life Support Productions website at.

2: Disability Sexuality: Sex and the Disabled Information - Disabled World

From Research to Practice 1 www.enganchecubano.com actice Sex Education for Physically, Emotionally, and Mentally Challenged Youth Introduction In recent years, important changes in public policies and attitudes have resulted in improved opportuni-

Tweet this In the past it has often been assumed that children and young adults with SEND will not have any interest in sex. With the advent of statutory Relationships and Sex Education RSE , we have an opportunity to dispel this myth once and for all, and ensure that all children, including disabled children and those with disabilities have access to high-quality, comprehensive RSE. This is a pressing concern for large numbers of children and young people. In , the Department of Work and Pensions estimated that one in ten young people aged have a disability that affects their ability to do normal everyday activities. All of these children will go through puberty and deserve to understand what is happening to their bodies and how to deal with the changes that happen at that time in their lives. Furthermore, research suggests that disabled children are at greater risk of abuse including sexual abuse than non-disabled children. Sexual health statistics also highlight inequality, with one example being that there are higher rates of unplanned pregnancy and STIs amongst deaf young people and adults. The truth is that many people with a learning disability say that having a relationship is important to them. Adults and young people with a learning disability also have the right to have consensual sex. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. The same principle applies to education, as is reflected in one of our 12 principles for the key requirements for good quality RSE in a school setting: Many parents and carers find it difficult to talk about sex and relationships with the children and young people in their care, and this can often feel even more daunting if the child in question has SEND. In my workshop I will also be outlining some ways that teachers can work together with parents and carers to ensure that the relationships and sex education that these children receive is timely, relevant and useful. The conference will be a chance to listen to what support is needed, and understand what gaps there are in RSE for children and young people with SEND. The current call for evidence from the government includes a question specifically asking schools how they should be expected to consult with parents, and they also want to hear from parents, as well as teachers, practitioners, and young people. You can take part in the consultation here. There are still limited places available at the conference – you can sign up on our Eventbrite page. This year could be a watershed for how we support young people to understand relationships and sex, and a perfect opportunity to give disabled children and those with SEN the information they need as they grow and develop. Dr Eleanor Draeger works in sexual health and will be speaking at our forthcoming event:

3: Sexual Behaviors | Adolescent and School Health | CDC

Note: Citations are based on reference standards. However, formatting rules can vary widely between applications and fields of interest or study. The specific requirements or preferences of your reviewing publisher, classroom teacher, institution or organization should be applied.

Books Growing Up on the Spectrum: This comprehensive guide for teens with autism has a section specific to relationships and sexuality that covers dating and sex for teens with autism. **Making Sense of Sex: Puberty** is a time of huge change in the physical body, in emotional experience and in social relationships. This book is ideal for those who need clear, detailed explanations and direct answers to the many questions raised by puberty and sexual maturity. Sarah Attwood describes developments in both the male and female body, and explains how to maintain hygiene and personal care, and to promote general good health. She examines emotional changes, including moods and sexual feelings, and provides comprehensive information on sex, sexual health and reproduction. She looks at the nature of friendship, how it changes from childhood to adulthood and its importance as a basis for sexual encounter. She also offers coping strategies for different social experiences, from bullying to dating, and includes essential tips on the politics of mature behavior, such as knowing the difference between public and personal topics of conversation. This one of a kind curriculum is designed for teams of self advocates and staff to co-teach together. This page cognitively accessible curriculum includes 20 lessons, scripts, handouts, and teaching tools. Plus it has a manual that provides tips on how to establish a sexuality education class and how to be an effective, engaging sexuality educator. It also outlines challenges when teaching this topic and offers tactics to overcome them. This curriculum has everything you will need to get started. This book gives parents the confidence to speak comfortably about these sometimes difficult subjects. In an easy-to-read, non-clinical style, the book covers relevant issues and concerns for children of all ages. Each chapter highlights important points with key messages, teaching activities, parental pauses, and anecdotes, all of which prompt readers to stop and consider concepts or values associated with a particular topic. The final chapter covers the special concerns of parents who are now teaching teenaged or adult children about sexuality for the first time. It concludes with extensive appendices containing invaluable teaching materials and illustrations of body parts and functions. **Talking with your kids about sexuality.** This newsletter is for families of young and grown children with developmental disabilities from Planned Parenthood of Northern New England. This is a feature issue on sexuality and people with intellectual, developmental, and other disabilities. **Reflections on Sterilization** by David Wetherow. Responding to a question about the possibility of sterilizing a young woman with developmental disabilities who had just begun menstruating. **Websites Sex Education for Youth:** This website includes some general sex education guidelines for parents of youth with physical, emotional, and mental disabilities. This website distributes books and training materials dealing with sexuality and people with developmental disabilities published by David Hingsburger. David is a therapist, educator, lecturer and author who actively campaigns for the sexual rights of people with disabilities. **Family Support Institute Press:** This organizations distributes copies of: Family Support Institute Press. A comprehensive list of links, books, articles, and curricula on sexuality and disability can be found under IDHD Resources. This fact sheet 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. The group is comprised of PAMF physicians, social workers, educators and researchers concerned with addressing the health care needs of adolescents. This website includes resources for sexual education for individuals with intellectual and developmental disabilities. A good, straightforward health network with information, support and other links. Written in larger type and easy to understand language. 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. Content created by Self Advocates Becoming Empowered.

4: Getting relationships and sex education right for disabled young people | NCB

Advocates for Youth reminds readers that each young person is unique and may require a specialized program or resources—that is, each youth living with a disability is also an individual with individual reactions and needs regarding sexual health education.

It is a basic need and aspect of being human that cannot be separated from other aspects of life. Sexuality influences thoughts, feelings, actions and interactions and thereby our mental and physical health. Since health is a fundamental human right, so must sexual health also be a human right. How people feel about this aspect of themselves affects their self-esteem and thereby influences all aspects of their lives, including whether or not they reach their full potential as human beings. Healthy sexuality is critical for human happiness and fulfillment. The need for comprehensive and accessible sexual health education is clearly stated in the "Canadian Guidelines for Sexual Health Education" Health Canada. These guidelines declare that healthy sexuality is a basic human right and that sexual health education should be available to all Canadians. The guidelines suggest that the goals of sexual health education include a positive outcomes such as self-esteem, respect for self and others, non-exploitive sexual satisfaction, rewarding human relationships, and the joy of desired parenthood and b the avoidance of negative outcomes such as unwanted pregnancy, sexually transmitted disease, sexual coercion, and sexual dysfunction. Nevertheless, teen-pregnancy, sexual abuse, sexual harassment, and sexual assault are still prevalent. The Canadian guidelines urge schools to continue to improve existing sexual health education programs and to develop new approaches that address these issues. They encourage educators to go beyond simple dissemination of facts to provide educational experiences that help young people a develop the motivation and personal insight that is necessary to act on information provided, b acquire the skills needed to maintain and enhance sexual health, and c create an environment that is conducive to sexual health. The "Canadian Guidelines for Sexual Health Education" Health Canada, include the following philosophical themes specifically related to people with disabilities: In terms of access and content, effective sexual health education does not discriminate against race, gender, sexual orientation, religion, ethno-cultural background, or disability. In addition, effective sexual health education provides, within the domain of its subject matter, accurate information that counters misunderstanding and reduces discrimination based upon race, gender, sexual orientation, religion, ethno-cultural background, or disability. Effective sexual health education recognizes and responds to the specific sexual health educational needs of particular groups, such as senior adults, people who are physically or developmentally disabled, children and adults who have experienced sexual abuse, isolated populations, Aboriginal peoples, immigrants, gay and lesbian youth, and street youth. My objectives in this project are to: This guide describes the specific sexual health information needs of children and teens with visual impairments. It also outlines the developmental tasks related to sexuality that should be achieved by children at various stages and offers suggestions to ensure that these tasks are achieved. The Need for Specific Programs for Children with Visual Impairments Impediments to Learning Society has been slow to acknowledge the need for sexuality education of the disabled Neff, Beliefs that persons with disabilities are asexual, fear of awakening unsatisfiable aspirations, and concern that individuals with disabilities will be unable to cope with their sexuality has led parents and educators to withhold the information disabled people need in order to cope with their sexuality Baugh, ; Neff, Today, a growing number of educators recognize the right of all persons to be fully informed sexual beings. The needs of children with visual impairments for comprehensive sexuality education are similar to those of their sighted peers. However, their needs go beyond those of sighted children and are different from the needs of individuals with other handicapping conditions. In my work with children attending the APSEA Resource Center, I have noted that many children who are visually impaired have significant gaps and delays in their understanding of both the social and physical aspects of sexuality. Low self-esteem, poor social skills, difficulties in interpersonal relationships, as well as naivety about sexual anatomy and functions are often apparent. Conversations with parents and with visually impaired adults have further convinced me that more needs to be done to meet the sexual health education needs of these children. Teachers of sexual health,

personal development and relationships, and family studies are often unsure of their ability to meet the needs of students with visual impairments in the regular classroom. Itinerant teachers vision specialists who serve children with visual impairments in integrated settings frequently request suggestions and resources to assist parents, classroom teachers, and themselves in dealing with this topic. A study conducted by Welboume, Lifchitz, Selvin, and Green included both sighted women and women who were visually impaired. They found that the women who were visually impaired obtained significantly lower sex knowledge scores and obtained their information about sexual matters at a later age than did the women with sight. When asked for their recommendations for sex education, these women requested more accurate information and more discussion. They wanted to receive this information from parents and teachers rather than from agencies, friends, and books. They felt that their learning was impeded by over-protective and negative attitudes of parents and professionals and by a lack of non-visual teaching methods and materials. Parents of sighted children often express concerns about the sexuality education of their children. These concerns are compounded for those whose children have a visual impairment. It is necessary to go beyond the classroom to fully address the needs of children with visual impairments. It is important to begin early to address the needs of very young children in an attempt to avoid the gaps and delays that lead to misconceptions and hinder further growth. The sexual development of children with visual impairments follows the same pattern as that of sighted children. The development of understanding of sexuality, however, may be affected by lack of sight. Vision plays a major role in concept development and children with visual impairments may require assistance to fully develop and understand their sexuality. Young people who are visually impaired do not have the same access to sexuality information as do their sighted peers. They cannot learn incidentally through observation and because of societal taboos against touching, they are denied their most efficient learning modality. Intervention strategies are required to ensure that these children learn about sexual anatomy and function, develop positive attitudes toward their sexuality, as well as gain the skills they require to form and maintain satisfactory relationships. Every child is unique. It is not possible to make generalizations that will apply to all children who are visually impaired. Scholl reminded us, "children react in their. Blindness may be partial or complete, congenital from birth or adventitious acquired either suddenly by trauma or gradually over time , and it may be accompanied by other impairments that are related to the visual condition. The effects of a visual impairment tend to be more apparent when the age of onset is earlier, when the degree of impairment is greater and when other handicapping conditions are present Scholl, Not all of the comments and suggestions offered in the parent guide will apply to all children who are visually impaired. Those who know the child best usually the parents should decide the most appropriate educational modifications for the needs of their particular child. Infants receive messages about who they are from the ways they are held, touched, fed, changed, and spoken to. Hicks tells us that earliest relationships particularly that formed with the primary care-giver who is usually the mother profoundly affect the pattern of future relationships. When the Infants needs are met in loving and consistent ways, a sense of trust is developed. Gillman and Gordon suggest that there are no specific deviations in gender identity and gender roles that can be ascribed to congenitally blind children. It is their belief that in the absence of vision, language serves as the major source of information. In a commentary on Gillman and Gordons work, Freedman agreed that for most children who are visually impaired this is true, but that roughly one fourth to one third of these children present with a syndrome not unlike infantile autism. He attributes this maldevelopment to impaired early mother-infant relations. In the absence of vision, the infant is less able to induce maternal responses through eye-contact and smiling, thus early bonding may be thwarted. In yet another commentary on the study done by Gillman and Gordon, Prescott suggests that the somatosensory system near receptors rather than vision and hearing distance receptors has the primary role in the development of emotional, social, and sexual behaviours. Somatosensory deprivation during formative periods results in avoidance and aversion to body contact and touching. Inadequate bonding due to lack of eye contact, delays in smiling, or to parental grieving may lead to decreased touching, cuddling, and handling of the blind infant, inhibiting psychosocial -sexual development. Parents need to understand the importance of the bonding process and can be shown ways to interact effectively with their blind infant so that behavioral and developmental abnormalities are prevented. Lisa Dom describes some promising research conducted with

blind infants that found that these babies do send signals although they differ from those sent by sighted infants. She suggests that parents be helped to interpret these signals, thus mitigating some of the negative effects on bonding. Hicks assures us that children with visual impairments brought up in a warm, caring and accepting family atmosphere can develop the normal ability to relate positively to others. As children grow, they continue to receive messages about themselves from significant others. The ways that children are encouraged to play, the clothes they are given to wear, the chores they are expected to perform, the behaviours in which they are encouraged to engage, the kinds of touching they receive and are allowed to give, and the compliments and reprimands they receive send messages to children about their sexuality. When children receive messages of a positive nature, they develop positive self-concepts, they feel good about themselves and their sexuality, and they exhibit high self-esteem. When the messages they receive are negative, self-esteem suffers. Without adequate visual information, the development of self-concept is hindered. It is difficult to form an accurate body image when one cannot see in a mirror. Many children who are visually impaired do not understand how their bodies compare with those of others and may believe that they are less attractive than their sighted peers. Corn recommends providing children who have low vision with a magnifying mirror to allow them to study their own facial features to form a more realistic view of their appearance. Children with little or no vision require verbal and tactual feedback that will enable them to realistically appraise how they "look" to others. Mangold tells us that because children with visual impairments are unable to see the mistakes and less than perfect performance of others, they often view sighted children as super human. Because perfection is impossible to achieve, many become discouraged, devalue their own achievements, or in extreme cases, refuse to try at all. It is important that children with visual impairments learn that all people make mistakes and are clumsy at times. Parents can do this by gently pointing out when they themselves and others have erred Mangold, Children need help in developing a realistic appraisal of their abilities. It is also possible for parents and teachers to over-praise certain abilities so that the child develops an unrealistic sense of self, one that will be deflated during adolescence or early adulthood Scholl, Children need to feel competent and in control of certain aspects of their lives. Many parents struggle with their desire to protect their child from harm and their desire to see their child develop competence. Parents and teachers may have low expectations for children who are visually impaired. They may do more difficult tasks for them, continue to assist with tasks already mastered, and make decisions for children after the children are ready to make those decisions for themselves. Over-protection of children, teaches them to become passive and helpless and seriously undermine their development and ability to make sound, independent decisions and choices. Personal competency and the ability to make choices leads to a sense of control and empowerment. Even very young children should be encouraged to make choices that are within their ability. Age appropriate skills of independence must be developed if children are to perceive themselves as competent. Self-esteem suffers if they believe themselves to be less able than their peers. This lack of self-esteem becomes devastating in the teen years when peer pressure is so strong. Traditionally, North American males have been expected to be active, aggressive, athletic, and unemotional, while females have been expected to be passive, nurturant, yielding, emotional, and gentle. Today, women, as well as some men challenge many of these stereotypes. Parents and teachers need to be aware of their influence on the way children come to think about themselves and their expectations for their future roles in society. Children who are visually impaired seem to receive, through verbal feedback, the same stereotypic messages that sighted children are bombarded with every day in books, magazine advertisements, movies, and television. The limitations society imposes on both sexes may leave these children no freer than their sighted friends to pursue interests and to develop healthy gender roles. Sex-role stereotypes affect the ways that teens who are visually impaired are perceived by their peers and, consequently, by themselves. In her book, *School girls- Young Women, Self-esteem, and the Confidence Gap*, Peggy Orenstein, describes in graphic detail the influences of home, school, and society on the development of female self-esteem as well as the differences in the manner in which boys and girls are socialized. Young women who are visually impaired, face the dual stigma of being blind and female. For both genders, sex-role stereotypes can cause significant difficulty in the establishment and maintenance of a positive self-concept that is essential for high self-esteem.

5: C. Edmund Hopper (Author of Sex Education for Physically Handicapped Youth)

Beginning with a few statistics on disability among American youth and an overview of common myths and facts about the sexuality of people living with disabilities, the document also provides general guidelines for parents of physically or mentally challenged children and youth and offers a select, annotated bibliography of sex education.

Sign up now Sex education: Sex education needs to happen at home, too. By Mayo Clinic Staff Sex education basics may be covered in health class, but your teen might not hear or understand everything he or she needs to know to make tough choices about sex. By reinforcing and supplementing what your teen learns in school, you can set the stage for a lifetime of healthy sexuality. Breaking the ice Sex is a staple subject of news, entertainment and advertising. If you wait for the perfect moment, you might miss the best opportunities. Instead, think of sex education as an ongoing conversation. Here are some ideas to help you get started and keep the discussion going. When a TV program or music video raises issues about responsible sexual behavior, use it as a springboard for discussion. Remember that everyday moments such as riding in the car or putting away groceries sometimes offer the best opportunities to talk. Clearly state your feelings about specific issues, such as oral sex and intercourse. Present the risks objectively, including emotional pain, sexually transmitted infections and unplanned pregnancy. Move beyond the facts. Examine questions of ethics and responsibility in the context of your personal or religious beliefs. Be prepared for questions like these: Various factors peer pressure, curiosity and loneliness, to name a few steer some teenagers into early sexual activity. Sex is an adult behavior. In the meantime, there are many other ways to express affection intimate talks, long walks, holding hands, listening to music, dancing, kissing, touching and hugging. Explain that no one should have sex out of a sense of obligation or fear. Any form of forced sex is rape, whether the perpetrator is a stranger or someone your teen has been dating. Impress upon your teen that no always means no. Emphasize that alcohol and drugs impair judgment and reduce inhibitions, leading to situations in which date rape is more likely to occur. Help your teen understand that he or she is just beginning to explore sexual attraction. These feelings may change as time goes on. Lesbian, gay, bisexual and transgender LGBT youth who lack family acceptance are at increased risk of sexually transmitted infections, substance abuse, depression and attempted suicide. Family acceptance can protect against these risks. Above all, let your teen know that you love him or her unconditionally. Praise your teen for sharing his or her feelings. Listen more than you speak. Parents also should be alert to warning signs that a teen may be a victim of dating violence, such as: The emotional impact of unhealthy relationships may also be lasting, increasing the likelihood of future unhappy, violent relationships. The lessons teens learn today about respect, healthy relationships, and what is right or wrong will carry over into their future relationships. Responding to behavior If your teen becomes sexually active whether you think he or she is ready or not it may be more important than ever to keep the conversation going. State your feelings openly and honestly. Remind your teen that you expect him or her to take sex and the associated responsibilities seriously. Stress the importance of safe sex, and make sure your teen understands how to get and use contraception. You might talk about keeping a sexual relationship exclusive, not only as a matter of trust and respect but also to reduce the risk of sexually transmitted infections. Also set and enforce reasonable boundaries, such as curfews and rules about visits from friends of the opposite sex. A routine checkup can give your teen the opportunity to address sexual activity and other behaviors in a supportive, confidential atmosphere as well as learn about contraception and safe sex. The doctor may also stress the importance of routine human papillomavirus HPV vaccination, for both girls and boys, to help prevent genital warts as well as cancers of the cervix, anus, mouth and throat, and penis. Looking ahead With your support, your teen can emerge into a sexually responsible adult. Be honest and speak from the heart. He or she is probably listening.

6: Sex education: Talking to your teen about sex - Mayo Clinic

Sex Education for Physically, Emotionally, and Mentally Challenged Youth (Advocates for Youth).

Latest Publications Main Document Sex and disability tends to be a taboo area for many abled bodied persons and is rarely discussed in the same sentence. Sexuality and disability refers to the sexual behavior and practices of people with a disability PWD. Physical disabilities such as a spinal cord injury may change the sexual functioning of a person. However, the disabled person may enjoy sex with the help of sex toys and physical aids such as bed modifications , by finding suitable sex positions, or through the services provided by a qualified sex worker. According to the World Health Organization, "Sexuality is an integral part of the personality of everyone: Sex is very much associated with youth and physical attractiveness, and when it is not, is often seen as "unseemly". If sex and disability are discussed, it is very much in terms of capacity, technique, and fertility - in particular, male capacity and technique and female fertility - with no reference to sexual feelings by ignoring aspects of sexuality, such as touching, affection, and emotions. In addition, opportunities for sexual exploration among disabled people, particularly the young, are very limited. There is often a lack of privacy and they are much more likely than other young people to receive a negative reaction from an adult if discovered. The general reduction in life choices also has an impact on self-esteem which in turn affects sexuality. If the disability happened later on in their life, the person may recall how they used to look and feel very unattractive by comparison to who they once were. Disability stereotypes add to the difficulty and stigma experienced by people with disabilities. The following myths about people with disabilities have been identified: Men and women with disabilities are "oversexed. Men and women with disabilities are not sexually attractive. Men and women with disabilities have more important needs than sex. Men and women with disabilities, such as retardation, should not have children and should not be allowed to have children. In relation to intellectual disability, society frequently takes the view that intellectually disabled people have no rights at all to pursue social and sexual relationships. They have often been completely denied sex education. Intellectually disabled people are sometimes regarded as sexually deviant because they may exhibit socially inappropriate sexual behavior. Just as can happen in the rest of the community, some intellectually disabled people grow up in situations e. This can cause difficulties in social and personal development, and can contribute to the development of socially inappropriate behavior. It can also be more difficult for intellectually disabled people to distinguish between public and private behaviors. People with intellectual disability also need sexuality education that: Teaches them that people with disability can have fulfilling sex lives Is delivered in a way that a person with intellectual disability can understand. Explains social rules, such as telling the difference between private and public behaviors Covers age-appropriate sexual issues that may be associated with their particular disability For paraplegic and quadriplegic people, a loss of sexual function does not mean a corresponding loss of sexuality. Sexual function may be impaired but can, like other functions, be increased. After spinal cord injury the spinal center for sexual function is generally intact; it is the communication from the brain to the spinal center that is usually disrupted. Unless some sensation in the area of the sexual organs remains, the usual sensation of orgasm is lost, but phantom orgasm elsewhere in the body may be experienced. However, the physical and emotional aspects of sexuality, despite the physical loss of function, continue to be just as important for disabled people as for non-disabled people. Johnson says, "People with disabilities often find reading erotic literature can help spark the imagination as well as the libido. For example, some people with Spina Bifida are allergic to latex, so they need to use non-latex condoms and dental dams for safer sex. Disability and Sexuality Rights People with disabilities deserve acceptance of their sexuality. That acceptance would not only be within the community of people who do not have disabilities, but also validation within each individual who does. A disability does not alter the right of an individual to express his or her sexuality. This includes the right to marry, parent, and care for children; to make choices about these areas; and to have access to accurate information which will enable them to make good choices and take appropriate actions. Sometimes, a person with intellectual disability may exhibit inappropriate sexual behavior, such as public masturbation, or soliciting sex from minors or in public.

SEX EDUCATION FOR PHYSICALLY HANDICAPPED YOUTH pdf

This is more likely to occur when the person lacks more appropriate sexual outlets or has not been provided with appropriate education about the complicated social etiquette and legal issues around sexual behavior and relationships. Online disabled dating web sites specifically aimed at people with disabilities have been founded to fill this void.

7: Sexuality Education for Children with Visual Impairments

"Sex and disability, disability and sex; the two words may seem incompatible," Michael A. Rembis wrote in his paper on the social model of disabled www.enganchecubano.com roughly 15% of adults.

8: Resources for Learning About Sexuality | The Arc's Autism Now Center

Sex and specific physical disabilities. How specific physical disabilities can affect a person's sexuality. Disabilities briefly discussed include: spinal cord injury, traumatic brain injury, cerebral palsy, back pain, spina bifida, and neuromuscular disorders.

9: Sexual Education for Those with Disabilities - HopeTree Care

In a Canadian Council for Learning study on the state of sex education for youth with physical disabilities, percent of participants felt their education had been inadequate and educators.

Travels with a Primate Integrative endocrinology Implications of cellphones Rocktron prophesy ii manual The Aged and the Aging A textbook of accounting for management Ring! Ring! (Sound Board Books ; No 3402) The Bradford Exchanges Rhett Butler / Nursing assessment and treatment of anxiety in late life Walt Disney World (Birnbautms Travel Guides) Prentice hall science explorer animals Langenscheidts Taschenworterbuch Englisch Encouragement for Teachers (Pocketpac Books) Translators introduction Till the day I die. The Longman Anthology of World Literature, Volume C The challenge of abolishing nuclear weapons Addition worksheets for 2nd grade Aged Christians companion Honda annual report 2016 The Christmas Foundation Few-cycle laser pulse generation and its applications The problem of skepticism and knowledge. Word pictures in Hebrews and James Men and women of deep piety A computer system for diagnosis of causative drugs and poisons developed by the Japan Poison Information 40 classic drama games Affairs, a guide to events in northern California Numerical analysis for semiconductor devices Oral tradition and the history of segmentary societies The seventh pebble God wants you rich Sex in the classroom Alan aragon girth control Sinister pretence : the Kremlins use of state power against dissent A Darkness of the Soul Where science and religion meet : public life Gajanan maharaj aarti Injustice for all scott pratt Shadow: a parable