

6. Puberty and Adolescence

1. Do not ignore the sexual health and sex education of the child with a disability, particularly for adolescents as this relates to development of their self-image.

SEXUALITY – One of those subjects that parents are frequently reluctant to discuss with their children. Perhaps more so for parents of children with a disability. Although people with a physical disability are sometimes mistakenly assumed to be asexual, this is a mistake.

It has been argued that "...sexuality is much more than physical"... it is part of the essence of being human. Characteristics of expressing sexuality include having relationships with others; physical and sexual development; and sexual activity or curiosity"¹

Australian research² has reported that;

...sexual esteem³, body esteem and sexual satisfaction were strong predictors of self-esteem in people with physical disability. If people with disability were sexually satisfied and felt good about their sexuality and their body, they were more likely to have high levels of self-esteem. Further, for people with physical disability, if they felt good about their body and were sexually satisfied they were less likely to feel depressed. These relationships were shown in both men and women with physical disability. (p. 182)

Time and again⁴ it is said that discussions about sexuality and the adolescent with a physical disability should be open. For example, when writing about "*Sexuality in children and adolescents with disabilities*" two American doctors⁵ note that;

Sexuality education empowers children with disabilities to enjoy personal sexual fulfillment and to protect themselves from abuse, unplanned pregnancies, and sexually transmitted diseases. When sexuality is discussed routinely and openly, conversations are easier to initiate, more comfortable to continue, and more effective and informative for all participants. It is through such dialogue that dangerous misinformation can be revealed and dispelled. If practitioners [and parents] wait for children to ask explicit questions about their bodies and developing sexuality, learning opportunities may be missed. Topics of substance abuse, sexual development, sexually transmitted diseases, contraception, and

¹ Downs and Craft, (1996), cited in Black (2005).

² Taleporos & McCabe (2002). *The Impact of Sexual Esteem, Body Esteem, and Sexual Satisfaction on Psychological Well-being in People with Physical Disability* *Sexuality and Disability*, Vol. 20, No. 3, Fall 2002.

³ "Sexual esteem has been defined as positive regard for and confidence in an individual's capacity to experience his or her sexuality in a satisfying and enjoyable way." p. 131, Taleporos, G., & McCabe, P., (2002) *The Impact of Sexual Esteem, Body Esteem, and Sexual Satisfaction on Psychological Well-being in People with Physical Disability* *Sexuality and Disability*, Vol. 20, No. 3, Fall 2002

⁴ See e.g. Gordon, P., Tschopp, M., & Feldman, D., (2004) Addressing Issues of Sexuality with Adolescents with Disabilities. *Child & Adolescent Social Work Journal*, 21 (5), 513-527.

⁵ Murphy, N., & Young, P. (2005) *Sexuality in children and adolescents with disabilities*. *Developmental Medicine & Child Neurology*, 47 (9): 640-644.

the health implications of pregnancy should be discussed with all teenagers with disabilities. Health care providers should advocate independence in children with disabilities by discussing many of these issues in private with the child, although informing the parents of the general topics of discussion may be appropriate.

As an indication that people with a disability are as varied in their sexuality as the broader population, and not “asexual”, the following describes the participants from a large Australian study⁶ looking at sexuality and physical disability. It had roughly equal numbers of males and females, and a wide range of variables;

Of the participants with physical disabilities, 47% did not have a partner, 16% had a partner but they lived separately, 10% were in de facto relationships and 27% were currently married. Eighty-four percent of participants described themselves as heterosexual, 6% as bisexual and 10% as homosexual. Fifty-one percent had completed a degree at university or a higher qualification. (p. 178.)

It is not just non physically-disabled adolescents who think about sex constantly! One participant in some Australian research⁷ with people with a physical disability noted;

“I must think about sex every minute that I am awake! When I’m asleep, I dream about sex. I can never go from the front section to the sport section of the local paper without looking at the prostitute section....Is this becoming clearer?”

“I think about it all the time! (p.143)

Some of the major findings of a large U.S. study of women with physical disabilities⁸ report that;

- A. Women with disabilities have limited opportunities to establish romantic relationships.
- B. Self-esteem in women with physical disabilities is more strongly influenced by social and environmental factors than by the fact of having a disability.
- C. Abuse is a very serious problem for women with disabilities. They have even fewer options for escaping or resolving the abuse than women in general.
- D. Women with physical disabilities have as much sexual desire as women in general; however, they do not have as much opportunity for sexual activity.
- E. Women with physical disabilities encounter serious barriers to receiving general and reproductive health care.

⁶ Taleporos, G., & McCabe, P., (2002) The Impact of Sexual Esteem, Body Esteem, and Sexual Satisfaction on Psychological Well-being in People with Physical Disability *Sexuality and Disability*, Vol. 20, No. 3, Fall 2002

⁷ Taleporos, G., & McCabe, P., (2001) Physical Disability and Sexual Esteem *Sexuality and Disability* 19, (2) 131-148.

⁸ Nosek, M., Howland, C., Rintala, D., Young, M., & Chanpong, G., (2001) National Study of Women with Physical Disabilities: Final Report *Sexuality and Disability*, Vol. 19, No. 1, 2001

2. As part of the adolescent's transition to adulthood, post school options and a valued place in the community, there is a need for both the child with a disability and the parent's to develop relationships outside the home

During adolescence, the development of a group of peers is particularly important as this is one of the ways a child with a disability develops social skills. Research⁹ has looked at a range of aspects of sports, physical exercise, and recreational and social activities for children with a physical disability, and shown that these have benefits for both the child, as well as the family. These benefits include;

- A. Better overall fitness;
- B. Greater social competence;
- C. Improved self-esteem;
- D. Lower levels of hyperactivity and aggression;
- E. Promotes the overall quality of family life;
- F. Helps to develop life and social skills;

For the adolescent with a disability, the development of a circle of peers, both with and without a physical disability, will assist in their social and emotional development.

A West Australian study about the transition from school for *rural* families of school leavers with disabilities¹⁰ identified a number of issues that could well apply to both city and rural families with an adolescent. These included;

- A. The replacement of the time taken up by school with interesting, valued, safe activities;
- B. The level of support required to successfully participate in the community;
- C. Recruitment, management and payment of personal assistants;
- D. The role of the *Local Area Co-ordinator*;
- E. Logistics surrounding funding processes (the adequacy of, and needing to juggle different sources and amounts of funding, and related issues);
- F. Control and flexibility exercised by the family (wanted versus actual control over day-to-day aspects of the transition);

⁹ Cowart, Saylor, Dingle, & Mainor (2004) Social Skills and Recreational Preferences of Children with and Without Disabilities. North American Journal of Psychology 6 (1), 27-42.

¹⁰ Yates, C., (2002) Transition from School: Outcomes for Rural Families of School Leavers with Disabilities. Unpublished master's thesis, University of Western Australia, Perth Western Australia

- G. Work and other valued roles (particularly work experience);
- H. Community acceptance and support (either surprise at the level of support available, or a realisation of the need to do further preparatory work);
- I. Planning for the future (a continuation of something that had been given some previous thought).

3. Parent's, carer's and the adolescent with a physical disability, should not believe the myth that people with a physical disability are not interested in, or capable of having loving, sexual relationships

As one researcher¹¹ has noted:

People with physical disabilities are stereotyped as asexual, as lacking the same sexual desires as non-disabled people. Yet people with disabilities are human beings created in the image of God, and thus are sexual beings with the same capacity to love and be loved as any other human.(p 195.)

While parents will be aware, (to some extent,) from their own experience of what sex and sexuality mean both in terms of “what to do” and the psychological and social aspects of sexuality, they are less likely to know how it translates to a person with a disability.

Depending on the type and severity of the disability, conventional genital to genital intercourse may not be possible or practical. However other options are available to ensure sexual satisfaction for both parties.

Particularly for adolescent males, the ability, or inability to gain, and maintain an erection, can be seen as a source of considerable stress, anxiety and frustration. With the realisation that intercourse is not the only way to sexual satisfaction, for both themselves and their partner, hopefully some of the anxiety and frustration will be reduced. As participants in some Australian research¹² noted:

“The lack of sensation does interfere with my enjoyment but the transfer of sensation to different parts of my body means I enjoy different areas than those where you'd normally expect to gain pleasure—my neck is really sensitive.”

“Since my injury I get a lot of my enjoyment from pleasuring my partner, like when I give her oral sex, which I'm really good at. I love watching her squirm that makes me feel really good.” (p. 137-138)

“I am lucky to have found a partner who is more tactile than sexual but I still sometimes feel sad that I am unable to get into the positions that I would like to.”

¹¹ Chance, R., (2002) To Love and be Loved: Sexuality and People with Physical Disabilities Journal of Psychology and Theology, 30 (3) 195-208.

¹² Taleporos, G., & McCabe, P., (2001) Physical Disability and Sexual Esteem Sexuality and Disability 19, (2) 131-148.

“You adapt and use what you’ve got, you become more versatile.”

“It’s forced me to develop a whole new selection of moves.” (p. 142.)

The same Australian research about *Physical Disability and Sexual Esteem* notes how often potential partners see the person with a physical disability as asexual but that:

A compatible and supportive sexual partner is likely to result in strong feelings of sexual satisfaction regardless of a physical impairment. [They go on to say] one participant explained how her disability was not the greatest impediment to her sexual enjoyment:

“I make my body totally embody my sexual expression so it doesn’t matter that I’m disabled. I believe other pressures besides my body inhibit my sexual expression—for example, notions of how a woman should be sexually—monogamous, straight, shaved and lithe—these sorts of “norms” are much more oppressive of my sexual expression than my quirky body.” (p. 138)

Although having a physical disability may result in the person with a disability feeling potentially “unwanted” as a sexual partner, their own attitudes can have a significant effect. This same research notes the comments of participants about not giving up:

“I used to think that no one wanted me but now I’ve realized that it comes back to my self-esteem. I’ve realized, since I met my current partner, that I reject potential partners rather than the other way around.”

“I’m currently in a long-term relationship and I’ve realized that I used to think that whenever a person would make a move that they’re not interested in me and their only trying to get their ‘brownie points’ to get into heaven or they’re just trying to be nice. I actively made myself not available even though on the other hand I always talked about how much I wanted to meet someone.”

“With my current partner, she was the one who made all the moves but that’s usually my role and for me that was really strange. It doesn’t usually come the other way and I’m thinking, I don’t know what this feels like, I’m the one who’s always doing the chasing. It was so unusual for someone to be attracted to me.” (p. 140)

Further on they note the importance of interpersonal skills, and a positive outlook, by quoting the following research participants:

“It is a barrier initially, but when people start talking to you and getting to know you, they see past the wheelchair and it’s no longer an issue.”

“Most people accept me for my personality and don’t judge me because of my disability.” (p. 140)

By way of example, one participant in Australian research¹³ about Physical Disability and sexuality noted:

I feel that it can be too easy to blame everything on my disability—that the cute girl or guy I have a crush on rejects me just because I'm disabled. I'm beginning to realise that other factors come into play, that very few people . . . have 'perfect bodies'—and that I may be rejected for quite separate reasons other than my body. This realisation has cheered me up immensely, but I still find myself slipping into 'poor cripple me' mode sometimes, especially when I can't get those folk I desire. (p.141.)

A psychotherapist with cerebral palsy notes how people with disabilities have interests that do not necessarily relate to their disability, and should look as widely as possible for potential partners. In other words, "...avoiding preconceived notions about the disability status of their ideal partners, since seeking only disabled or non-disabled partners can greatly limit their options."¹⁴

Appendix C: What Makes a Healthy Relationship? Can be used to identify a healthy relationship.

¹³ Taleporos, G., & McCabe, P., (2001) Physical Disability and Sexual Esteem Sexuality and Disability 19, (2) 131-148.

¹⁴ Rousso, (1993) cited in p. 199, Chance, R., (2002) To Love and be Loved: Sexuality and People with Physical Disabilities Journal of Psychology and Theology, 30 (3) 195-208.

4. For parents “letting go” can be an issue. The usual dependence-independence issues of adolescence can be complicated by disability, e.g. personal care and mobility challenges;

Parents may be reluctant to let their children out by themselves into the wider world. Charlotte Thompson¹⁵ refers to the issue of independence for children, and it being a normal, and gradual part of a child’s growth and development, with the longer term aim of the child becoming an independent adult. For parents of a child with a disability, finding ways of fostering this independence is one of the trickiest parts of raising a child with a disability. This could particularly be the case where a parent has become the full time carer and their life revolves around care of the child.

Parents need to be aware that sometimes they can be “overprotective”. How much has changed since these passages were written in the 1970’s and early 1980’s?

[By a man with a physical disability.] Due to my handicap, I was leading a very sheltered life and my lack of education (I have never attended school), plus my rather old-fashioned but well-meaning parents, held me back in more ways than one. Mum and Dad never talked about my sexual potential but I strongly suspect they doubted that I had any. In those days it seemed taboo to bring up the subject of sex with the result that little, if any, serious thought was given by Mum and Dad. I could only invite a girl out when my parents were available to transport us. They didn’t trust the life and limbs of their son with other drivers. When I took a girl out it had to be the drive-in or nothing and with my parents sitting in the front seat!¹⁶

[From an interview with a British woman who started a club designed to help people with a disability realise their sexual and emotional needs.] Disabled people are prevented from realising their sexual and emotional needs chiefly by the well-meaning but misguided over-protectiveness of those who traditionally look after them. Those living in institutions or with parents are continually watched, which means they lack any privacy. Disabled people are often treated as though they are sub-normal and they are not expected to enjoy themselves.¹⁷

American research, although written in the context of American women with a physical disability¹⁸, noted “Those who depend on parents for personal care often have few opportunities to live on their own and establish independent social lives.” The same may be applied to Australian young women and men with a physical disability.

¹⁵ Thompson, C., (2000) Thompson, C., (2000) Raising a handicapped child: a helpful guide for parents of the physically disabled [Revised and expanded edition] New York: NY, Oxford University Press

¹⁶ Collins, J. (1976) Calling all PIPS [Physically Incapacitated Persons]. Forum: The Australian Journal of Interpersonal Relations, 9 (6), 28-30.

¹⁷ P. 29, Baker, R., (1981) An Interview with Tuppy Owens. Forum: The Australian Journal of Interpersonal Relations, (9) 6.

¹⁸ Nosek, M., Howland, C., Rintala, D., Young, M., & Chanpong, G., (2001) National Study of Women with Physical Disabilities: Final Report Sexuality and Disability, Vol. 19, No. 1, 2001

Giving some thought to the following questions¹⁹ will give young people an opportunity to think about some of the issues related to independence:

<p>HAVING A BREAK:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you experienced alternatives to living with your family, for example, camps, staying with friends, staying at home alone? <input type="checkbox"/> Would you like to have time away from your family? <input type="checkbox"/> Do you or would you like to access respite services? 	<p>COMMUNITY PARTICIPATION AND LEISURE ACTIVITIES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do you have a range of leisure activities you enjoy? <input type="checkbox"/> Are you aware of facilities/support agencies in your local community? Do you need more information? <input type="checkbox"/> Are you involved in activities without your family? Do you need assistance to do this? <input type="checkbox"/> What is your favourite past time/hobby? <input type="checkbox"/> Do you know how to get to leisure activities on your own?
<p>PERSONAL:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do you understand your disability? <input type="checkbox"/> Can you explain it to others? <input type="checkbox"/> Can you manage dressing, food preparation, eating, toileting and grooming tasks? <input type="checkbox"/> What are your health care needs in relation to your disability? <input type="checkbox"/> Do you know how to arrange to see <ul style="list-style-type: none"> <input type="checkbox"/> your doctor? <input type="checkbox"/> a dentist? <input type="checkbox"/> specialists, including clinics? <input type="checkbox"/> Can you get around all areas of your home ? <input type="checkbox"/> Are you able to stay at home alone? <input type="checkbox"/> Can you use all the everyday things in your house (light switch, fan, turn on and off the television, open and close doors)? <input type="checkbox"/> Could you be more independent in these areas? <input type="checkbox"/> Do you need assistance with communication/writing? eg. Assistive Technology. 	<p>RELATIONSHIPS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do you have a group of friends your age? <input type="checkbox"/> Do you get along with your family? <input type="checkbox"/> Would you like to meet new people? <input type="checkbox"/> Would you like to meet with other young people with similar disabilities? <input type="checkbox"/> Do you have any concerns about relating to the opposite sex? <input type="checkbox"/> Can you express your needs and feelings? <input type="checkbox"/> Do you have someone you trust that you can talk to about personal things? <input type="checkbox"/> Do you feel confident with unfamiliar people? <input type="checkbox"/> Do you have any difficulties with reading, writing or understanding others? <input type="checkbox"/> Do you need to access the internet to remain in contact with friends and families? <input type="checkbox"/> Do you have a say in the choices and decisions affecting your life?

¹⁹ Adapted from CPA WA, (2004).

EQUIPMENT:

- Do you or your carers know how to go about getting new equipment or organizing equipment repairs?
- Do you or your carers know where to go on weekends and public holidays to get your equipment fixed if you need to?
- Do you know how your equipment works?
- What do you think your future equipment needs will be?

MOBILITY:

- Can you access recreation/education options at school and in the community?
- Do you know how to access Public Transport? eg. taxis, buses, trains.

LEAVING SCHOOL [FUTURE NEEDS]:

- What are your ideas/plans for when you leave school?
- How are your current school subjects helping to prepare you for when you leave school?

Do you need to know about:

- Therapy services? (where and how to get them)
- Post-School Options? (supported employment or alternatives to employment (ATE) services)
- Further studies? (TAFE, University)
- Equity and Access Programs
- Employment and work experience options?
- Centrelink entitlements and benefits
- Accommodation options and funding support?

The Child with a disability may also wish to conduct a “Parent Interview” as proposed in Appendix E.

5. Raising a “well adjusted” and “responsible” teenager starts long before the teenage years. Start early!

The following is a summary of tips for parents to assist in the social and emotional learning of children. These are suggested by CASEL.²⁰ (The Collaborative for Academic, Social, and Emotional Learning at the *University of Illinois at Chicago*.)

In general terms they refer to “*The Four L’s of Building Adolescent Identity*”. These are;

a.) **Love and Caring:** This includes, things like thinking about how you show love, and making sure your caring is getting through;

b.) **Laughter:** Like remembering the humour in your own teenage years and sharing this with your teenager/s;

²⁰ Collaborative for Academic, Social, and Emotional Learning at the University of Illinois at Chicago www.casel.org

c.) **Limits:** For example, reflect on your own teenage struggles with self-discipline, and share what you learned;

d.) **Linkages:** Taking an interest in community service programs, and encourage your teenager to participate in services matched to their talents and abilities.

They also suggest;

1. Focus on strengths.
2. Follow up with consequences for misbehaviour.
3. Ask children how they feel.
4. Find ways to stay calm when angry
5. Avoid humiliating or mocking your child.
6. Be willing to apologize.
7. Give children choices and respect their wishes.
8. Ask questions that help children solve problems on their own.
9. Read books and stories together.
10. Encourage sharing and helping.

In his book *ENOUGH ABOUT YOU, LETS TALK ABOUT ME: How to Recognize & Manage the Narcissists in Your Life*, Dr Les Carter writes that:

In normal development, children learn from their parents that they possess an inherent worth that is not attached to performance, looks, or status. That worth simply is. When the parent-child bonding is well established, and the child feels safe in the intimacy of the family, parents can reinforce the notion that despite mistakes or differences, the child can rest in the certainty that personal value is not a commodity that comes and goes; rather, it is a constant. For instance, if a child is angry at a playmate, the parent can say, "I know you're feeling disrespected right now, but let's talk about how you can hold onto your worth even when someone else rejects you. Or if a child loses a contest or earns an unsatisfactory grade at school, the parent might tell her, "I'd like you to do your best, but we still love and appreciate you, even when you don't come out on top." Parents and other adults have hundreds of opportunities to validate a child's worth by teaching that love and acceptance are completely separate from performance or popularity. External criteria can be put into proper perspective if the inner qualities are emphasized, but that, sadly, is not what budding narcissists learn. (p. 30-31)

As Charlotte Thompson notes in her book *Raising a Handicapped Child*:

Adolescence can be a time of many peaks and valleys, when anger, depression, and even estrangement from parents can occur. Thus, keeping open the lines of communication fostering feelings of self-sufficiency and competency makes the transition to adulthood much easier. Seeing your teenager become a capable, happy, and independent adult makes it all worthwhile. (2000, p. 143.)

6. Similar to adolescents without a disability, parents need to be aware of drug use (both prescribed and illicit, e.g. IV and other drugs) and alcohol use;

As with all parents of adolescents, there is the potential for problems related to the use, and or abuse of drugs, whether they are legal drugs, like alcohol, and tobacco, or prescription drugs (medications), as well as illegal ones like marijuana, cocaine, or any of the so called “party drugs”.

The Australian Psychological Society looks at why people use drugs in their tip sheet on Alcohol and other drugs²¹ which says:

Why do people use alcohol and other drugs?

People tend to choose the substances that help them in some way, such as increasing pleasure, or decreasing emotional or physical pain. As alcohol and other drugs act directly on the central nervous system, they can seem to be predictable and effective ways to change how a person feels - at least in the short-term.

Substance use is often associated with important social rituals such as celebration, socialising, relaxation, healing, spirituality and commiseration. In some groups, clubs or communities, alcohol or other drug use can be seen as part of belonging to the group.

The choice of substance is influenced by the particular needs the person is trying to meet. Because different people may experience the same drug in different ways, it is hard to know why an individual has their particular pattern of substance use without getting to know more about what it means for them. The availability and cultural norms associated with different substances can also influence individual preferences.

When might alcohol or other drug use become a problem?

With time, some people can find their alcohol or other drug use becomes problematic, because the harm or risk of harm associated with the substance use outweighs the benefits.

²¹ *The Australian Psychological Society* Tip Sheet “Alcohol and other drugs”
http://www.psychology.org.au/publications/tip_sheets/12.5_9.asp

Substance use may be a problem when you:

- Have difficulty meeting responsibilities at home, work or school
- Use more than you intended despite wanting to cut down or quit
- Have recurring problems with health, safety, relationships, finances or the law through the substance use
- Need the substance to cope with everyday life or particular experiences
- Organise other events or needs around your substance use
- Need increasing amounts of the substance to have the same effect
- Feel sick or moody without the substance, but feel normal upon resuming use
- Have tried unsuccessfully to reduce or cease use
- Find yourself using as a way to maintain your friendships.²²

Before attempting to deal with a “drug problem”, it can be useful to try to decide whether the reason there is a “problem” is;

- a.) Because of the drug itself, e.g. problems because of the effects of the drug, like drunkenness, or inability to study or work, or interaction with prescribed medication;
- b.) Problems related to a need to obtain the drug, or drugs, e.g. illegal or immoral behaviour to obtain the money to pay for the drugs;

It is also worth looking at the reasons for use of the drug;

- a.) Is it to deal with physical pain, e.g. related to the physical disability, or recent (or not so recent) surgery, or other medical procedures;
- b.) Is the young person using drugs to deal with psychological pain, e.g. to cope with reduced mobility, life expectancy, or affairs of the heart, or as a response to peer pressure?

Completing “The Australian Psychological Society (APS) Substance Use Test” included as Appendix F. may be of some assistance, in looking at whether or not there actually is a substance use problem.

7. Privacy within the home environment is important for young adolescents. Parents and carers need to take this into account.

These issues may require some thought, or actions in relation to the following questions.

Does the adolescent or young person:

²² *The Australian Psychological Society* Tip Sheet “Alcohol and other drugs”
http://www.psychology.org.au/publications/tip_sheets/12.5_9.asp

1. Have the opportunity to spend time by themselves, in private, if they wish to, without needing to make a “big deal” about it?
2. Know of, and have access to anyone (preferably, knowledgeable about sexuality and disability,) that they can, if they wish to, talk to confidentially about sexuality, and masturbation?
3. Know that discussions, questions, and assistance in relation to privacy, and sexuality, (including masturbation, and or the purchase and use of sex aids) will be dealt with sensitively and confidentially?
4. Know that where they live, there is an explicit understanding that if the door to their bedroom or bathroom is closed, those planning to enter should knock or otherwise indicate they wish to enter, and wait for a response?
5. Have access to information and assistance (if wished,) in relation to sex education?

In relation to young girls there are additional questions like:

6. Has she been given training and or information in relation to menstrual management?
7. Is she able to make her own informed decisions about menstrual care?
8. Has planning been done in relation to how menstruation is to be managed, e.g. is she able to manage this herself, and if not, what level and type of assistance is required keeping in mind dignity and privacy?
9. Does she have access to health care professionals familiar with gynaecology and it's implications for those with a physical disability?
10. If medical intervention is required, are the least intrusive and least restrictive options being considered first?

Films/Videos/DVD's²³

The following are some films that may be inspirational, for those with a physical disability. Those that won or were nominated for academy awards are marked with an asterisk (*). Most should be fairly readily available.

CARE: Parental guidance recommended.

Born on the 4th of July * (1989);

Plot Outline: The biography of Ron Kovic. Paralyzed in the Vietnam war, he becomes an anti-war and pro-human rights political activist after feeling betrayed by the country he fought for.

[<http://www.imdb.com/title/tt0096969/>]

Coming Home * (1978):

Plot Outline: A woman whose husband is fighting in Vietnam falls in love with another man who suffered a paralyzing combat injury there.

[<http://www.imdb.com/title/tt0077362/>]

Dance Me to My Song (1998):

Plot Outline: A woman (Heather Rose) trapped in a twisted body from her bouts with the debilitating cerebral palsy communicates with the world via her computer with a voice box. Her caretaker (Joey Kennedy) is a short-tempered woman who begrudges the woman the care she needs. Things change when Rose bumps into a young man (John Brumpton) who starts giving her attention. This leads her to start fantasizing about a real sexual relationship. However, the caretaker takes an interest in the man, as well, which leads to the dramatic conclusion.

[<http://www.imdb.com/title/tt0154378/>]

Murderball * (2005):

Plot Outline: A [documentary] film about quadriplegics who play full-contact rugby in Mad Max-style wheelchairs - overcoming unimaginable obstacles to compete in the Paralympic Games in Athens, Greece.

[<http://www.imdb.com/title/tt0436613/>]

My Left Foot * (1989):

Plot Outline: The story of Christy Brown, who was born with cerebral palsy. He learned to paint and write with his only controllable limb - his left foot.

[<http://www.imdb.com/title/tt0097937/>]

²³ Plot outlines from the Internet Movie Database www.imdb.com

Passion Fish * (1992)

May-Alice Culhane was a successful soap opera star, but a car accident has left her bound to a wheelchair. She returns to her now-empty family home in the bayous of Louisiana which she had eagerly left years before. She drinks heavily and vents her bitterness on the succession of nurses who are hired to take care of her and immediately quit because she is so unbearable. Chantelle is the latest of these nurses, and May-Alice is told that Chantelle is the last nurse she'll get. Chantelle for reasons of her own, is also in a position where she badly needs the job to work out. The movie focuses on how these two women become friends and help each other heal emotionally.

[<http://www.imdb.com/title/tt0105107/>]

Rear Window (1998):

Plot Outline: Modern remake of [Alfred Hitchcock's] *Rear Window* in which the lead character is paralyzed and lives in a high-tech home filled with assistive technology.

[<http://www.imdb.com/title/tt0166322/>]

Resources:

ASBAH's independent living pack – tried and tested

[The Association for Spina Bifida and Hydrocephalus - Britain]

<http://www.asbah.org/Publications/Independent%20Living%20Pack.html>

Australian Psychological Society - Tip Sheets:

Parent guide to helping children manage conflict, aggression and bullying

http://www.psychology.org.au/publications/tip_sheets/12.5_17.asp

Understanding and preventing suicide in young people

http://www.psychology.org.au/publications/tip_sheets/12.5_8.asp

Understanding and managing ADHD in children

http://www.psychology.org.au/publications/tip_sheets/12.5_7.asp

Managing traumatic stress symptoms and stressful events

http://www.psychology.org.au/publications/tip_sheets/12.5_6.asp

Blackburn, M., (2002) Sexuality and Disability, Woburn, MA: Butterworth Heinemann.

[Also see the publishers' website <http://www.elsevier.com>]

CP Australia, is preparing a sex CD-ROM. Contact the CP Helpline on 1300 30 29 20 for further information.²⁴

Disabilityinfo.gov [American Government] Online resource for Americans with a disability. www.disabilityinfo.gov

Guter, B., & Killacky, (eds.) Queer Crisps: Disabled Gay Men and Their Stories. Binghamton, NY: Harrington Park Press.

[Also see the publishers' website www.haworthpress.com]

Jennifer Trust for Spinal Muscular Atrophy [Britain] www.jtsma.org.uk

Kalparrin – Transitions for your teenage child who has a physical or intellectual disability. <http://www.kalparrin.org.au/transitions/index.html>

Kaufman, M., Silverberg, C., & Odette, F. (2003) The Ultimate Guide to Sex and Disability. San Francisco, CA: Cleis Press Inc.

Kids Helpline www.kidshelp.com.au phone 1800 55 1800, or email via the website.

²⁴ Page 5, of *CP Australia*, 2005 issue says "SEX CD- ROM Recent Canadian research demonstrates that young people with cerebral palsy are uninformed or misinformed about general sexual knowledge and have many misconceptions about sexuality and their disability. Western Australia has received funding by a Non-Government Centre support grant to develop a CD ROM that offers a medium through which teachers, parents, therapists and young people 15-17 years can access information about healthy relationships, safety and the law, health, decision-making and mental health. Contact the CP Helpline on 1300 30 29 20 for further information."

Matthews, A (2001) Being a happy Teenager, Trinity Beach, Queensland: Seashell Publishers

Matthews, A. (2005) Happiness Now Trinity Beach, Queensland: Seashell Publishers
[Also see the publishers' website www.seashell.com.au]

Rogers, Judith, (2005) The Disabled Woman's Guide to Pregnancy and Birth. Demos Publishers NY: New York

[PLEASE NOTE: this book may not currently be available from West Australian libraries. See also the publishers' website:

http://www.demosmedpub.com/prod.aspx?prod_id=9781932603088

secca www.secca.org.au Sexuality Education Counselling and Consultancy Agency

Wheelchair Sports Association <http://www.wheelchairsportswa.org.au/>

World Association of Persons with a Disability www.wapd.org