

# FASD & SEXUAL HEALTH

**THERE ARE WORDS AND PHRASES THAT ARE EXPLICIT IN TERMS OF SEXUAL CONTENT IN ORDER TO ACCURATELY EDUCATE REGARDING THE TOPIC**

## FASD UNDERSTANDING

Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term used to describe impacts on the brain and body of individuals prenatally exposed to alcohol. FASD is a lifelong disability. Individuals with FASD will experience some degree of challenges in their daily living, and need support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills, to reach their full potential. Every individual with FASD is unique and has areas of both strengths and challenges.

## WHY HAVE SEXUAL HEALTH CONVERSATIONS

Sexual health conversations are essential starting from a young age. Without these conversations, an individual's understanding of societal expectations around sexual health, behavior, and relations can become distorted. These conversations lay the groundwork for ensuring that children grow up with a healthy and secure view of their bodies, and understand they have the right to safety and protection of their bodies. (Nctsnadmin, 2018). Having open positive conversations surrounding modesty, boundaries, and privacy will encourage healthy sexual behaviors, understanding, and development (Nctsnadmin, 2018).

Minors with disabilities experience normal sexual development, including maturity and puberty, understanding of sexuality, relationships, beliefs, and values. They develop an awareness of their own sense of sexuality, gender, body image, and identity. As with most individuals, minors with disabilities have sexual needs that require healthy outlets, such as masturbation, that are clearly explained and communicated by caregivers and professionals caring for them (Brown J, Mitten R, Carter MN, Haun J, Fenrich A, Neal D, et al., 2018). It is especially important to repeatedly have sexual health conversations with individuals with FASD because of the characteristic cognitive, social, and adaptive impairments. Without these conversations, an individual with FASD may have difficulty understanding social cues, how to form positive consensual relationships, and understand boundaries, which could lead to sexual offending, or being a victim of a sexual offence (Brown J, Mitten R, Carter MN, Haun J, Fenrich A, Neal D, et al., 2018). Individuals with disabilities experience all forms of abuse and neglect at a rate of 3.4 times more than other children (Anderson, T., Harding, K. D., Reid, D., Pei, J., 2018). Combining these potential issues with sexual needs may result in individuals with FASD engaging in inappropriate sexual behaviors that could have serious consequences. Not recognizing that inappropriate sexual behaviors have serious consequences and may be illegal, is consistent with the learning and comprehension impairments characteristic of FASD (Brown J, Mitten R, Carter MN, Haun J, Fenrich A, Neal D, et al., 2018). By educating individuals with FASD about healthy sexual development and behaviours, the incidence of inappropriate sexual actions is more likely to be reduced, protecting both the individual themselves and others from unnecessary harm. This handout includes potential methods and strategies, to aid those caring for individuals with FASD to feel more confident when having sexual health education conversations.

## COMMON SEXUAL BEHAVIOURS & TEACHING POINTS

It is not uncommon for children and youth to be curious about their own bodies as well as other’s bodies. Exploration and curiosity are natural and not a cause for concern (Nctsnadmin, 2018). Natural curiosity and exploration between children who know each other, are together often, are around the same age and physical size, is common, unplanned, and voluntary (Nctsnadmin, 2018). With this curiosity, opportunities arise to educate about healthy sexual development. For **healthy peer experimentation**, children should be free from any unwanted sexual activity, and the behaviors should be neither coercive nor aggressive. The table below highlights common sexual behaviors for children and youth that are not cause for concern and offer ample opportunities for educational points (Nctsnadmin, 2018; Little Warriors, 2017). For individuals with FASD, the behaviors may be seen earlier or later in life, depending on the cognitive age of the individual.

### Common Sexual Behaviors for Children and Youth

| Early Childhood<br>(Less than 6 years)   | Middle Childhood<br>(7-10 years)  | Late Childhood<br>(11-12 years)  | Adolescence<br>(13-17 years)   |
|--|---|--|--|
| <ul style="list-style-type: none"> <li>– Curious and immodest</li> <li>– Exploring and touching private parts, in public and private</li> <li>– Showing private parts to others</li> <li>– Trying to touch mother’s or other women’s breasts</li> <li>– Removing clothes and wanting to be naked in front of others</li> <li>– Attempting to see other people when they are naked or undressing</li> <li>– Asking questions about their own – and other’s – bodies and bodily functions</li> <li>– Kissing non-family members</li> <li>– Mimicking dating behavior (kissing or holding hands)</li> </ul> | <ul style="list-style-type: none"> <li>– Purposely touching private parts (masturbation), usually in private</li> <li>– Playing games with children their own age that involve sexual behavior (truth or dare, playing family or boyfriend/girlfriend)</li> <li>– Attempting to see other people naked or undressing</li> <li>– Looking at pictures of naked or partially naked people</li> <li>– Viewing/listening to sexual content in media (TV, movies, games, internet, music)</li> <li>– Wanting more privacy and being reluctant to talk to adults about sexual issues</li> <li>– Beginnings of sexual attractions/interest in peers</li> <li>– Shows genitals to another child</li> <li>– Talks about sex</li> <li>– Humps or pretends to have intercourse</li> </ul> | <ul style="list-style-type: none"> <li>– Very interested in opposite sex (for child with a primary attraction to the opposite sex)</li> <li>– Masturbates</li> <li>– Fondles non-genital areas such as back and stomach</li> <li>– Talks about sex</li> <li>– Kisses/hugs other children</li> <li>– Looks at pornographic pictures</li> <li>– Sexual teasing (lifting skirts, using sex words)</li> <li>– Humping or pretending intercourse</li> <li>– Start of puberty for some children</li> </ul> | <ul style="list-style-type: none"> <li>– Exploration of and development of sexual identity</li> <li>– Exploration of gender identity</li> <li>– Biological changes associated with puberty</li> <li>– Increased levels of sex hormones results in physical changes, sexual attraction and fantasies</li> <li>– Increased curiosity about sexual acts, kissing, touching genitals, oral and vaginal sex and/or anal intercourse</li> <li>– Curiosity about pornography and looking at pornographic images</li> <li>– Masturbates</li> </ul> |

Education throughout the lifespan is crucial for healthy sexual development and relationships. Teaching should begin at the first sign of curiosity and exploration. Watch for things that the child is already curious about and use these as teaching moments. A common place to start is by teaching anatomically correct names for body parts. The table below highlights important points for education pertaining to different age groups (Nctsnadmin, 2018; Little Warriors, 2017). All teaching points below can be carried throughout each year, as it is important to remind and reiterate teaching points throughout an individual’s life.

| <b>What to Teach When</b>                               |   |  |   |   |
|---|---|--|---|---|
| <b>Teaching Points</b>                                  | <b>Early Childhood<br/>(Less than 6 years)</b>  | <b>Middle Childhood<br/>(7-10 years)</b>   | <b>Late Childhood<br/>(11-12 years)</b>   | <b>Adolescence<br/>(13-17 years)</b>  |
| <b>Provide proper names for body parts</b>              | <ul style="list-style-type: none"> <li>– proper names for penis, vagina, testicles, and breasts.</li> </ul>   | <ul style="list-style-type: none"> <li>– Continue to expand on vocabulary.</li> <li>– Discuss slang words that come up and provide proper names where appropriate.</li> </ul>  | <ul style="list-style-type: none"> <li>– Discuss upcoming body changes using proper terminology.</li> </ul>                 | <ul style="list-style-type: none"> <li>– Discuss puberty using proper names for body parts and processes.</li> </ul>  |
| <b>Talk about boundaries “your body belongs to you”</b> | <ul style="list-style-type: none"> <li>– Use descriptions such as the “bubble” analogy to explore each person’s personal space.</li> <li>– Show that children’s boundaries matter by respecting the boundaries they set themselves.</li> <li>– Teach them to ask permission and respect the answers before physical contact.</li> <li>– Who to tell if people do “not okay” things to your child, or ask your child to do “not okay” things.</li> </ul> | <ul style="list-style-type: none"> <li>– Continue talking about who is allowed to touch what body parts and under what circumstances and explore how this may change as the child grows older.</li> <li>– Rules about personal boundaries (keeping private parts covered, not touching other children’s private parts).</li> </ul> | <ul style="list-style-type: none"> <li>– Expand to include boundaries about topics of discussion and words used.</li> </ul> | <ul style="list-style-type: none"> <li>– Boundaries as they relate to sexual curiosity and exploration.</li> <li>– How to set sexual boundaries and how to respect them.</li> <li>– Explore how to tell when someone is pushing a boundary: emotional reaction, yucky feeling in your stomach.</li> </ul> |
| <b>Saying “no” is allowed</b>                           | <ul style="list-style-type: none"> <li>– Praise children when they use “no” appropriately.</li> </ul>   | <ul style="list-style-type: none"> <li>– Brainstorm other words that can indicate “no” such as “stop” or “don’t”.</li> </ul>   | <ul style="list-style-type: none"> <li>– Emphasize that it is each person’s responsibility to pay attention</li> </ul>      | <ul style="list-style-type: none"> <li>– Explore complexities of saying “no”, when it</li> </ul>  |

|   |  |  |  |   |
|---|--|--|--|---|
| <p><b>Saying “no” is allowed</b></p>        | <ul style="list-style-type: none"> <li>– Teach them to respect when other people say “no”.</li> </ul>  | <ul style="list-style-type: none"> <li>– Encourage them to pay attention to for signs of “no” in other people and respect them by stopping.</li> </ul>   | <p>when other people communicate “no” and to stop what we are doing.</p> <ul style="list-style-type: none"> <li>– The child is never responsible for another person’s behavior.</li> </ul> | <p>is more difficult to say “no”, what can make it difficult, what if you say “no” and the other person does not listen?</p> <ul style="list-style-type: none"> <li>– Saying “no” in situations of peer-pressure should be actively discussed in relations to all topics not just sexuality.</li> </ul> |
| <p><b>Talk about sexual development</b></p> | <ul style="list-style-type: none"> <li>– Answer their questions in a matter of fact, reassuring way.</li> <li>– If you do not know the answer, be honest and say you do not know.</li> <li>– Normalize behaviors that are developmentally expected, such as touching one’s own private parts.</li> </ul> | <ul style="list-style-type: none"> <li>– Tell the child that they can ask questions and talk to you about sex, sexuality and sexual abuse and that you will do your best to answer their questions and to help.</li> <li>– If you do not know the answer, be honest and say you do not know.</li> <li>– What to expect and how to cope with the changes of puberty.</li> <li>– Risks of sexual activity (pregnancy, sexually transmitted infections).</li> <li>– Masturbation is common and not associated with long term problems but should be done in private.</li> </ul> | <ul style="list-style-type: none"> <li>– Basics of contraception.</li> <li>– Dating rules.</li> </ul>  | <ul style="list-style-type: none"> <li>– Always respond to questions and curiosities with respect, appropriate seriousness.</li> <li>– Provide the youth with other resources where they can get accurate information.</li> </ul>   |

## SEXUAL ABUSE

Education is an important preventative measure for being a victim and/or offender of sexual abuse. Being familiar with the common sexual behaviours and what is expected will help you recognize concerning behaviours that need to be addressed through education. The age of consent in Canada to sexual activity is 16 years old, meaning that no individual under the age of 16 can consent to sexual contact with an adult. It is important to familiarize yourself with the definition of child abuse and 4 types of child sexual abuse:

Child sexual abuse (Little Warriors, 2021):

- Includes exposure or subjection of a child to sexual material, contact, activity, or behaviour
- Includes any sexual act directed toward a child by an adult or by an older or more powerful child.

4 types of Child Sexual Abuse (Little Warriors, 2021):

- Exposure Abuse
  - Exposure of the genitals to a child, photographing the child's genitals for a sexual purpose.
  - Masturbating in front of a child.
  - Exposing a child to pornography or using the child in pornography.
  - Talking to, teasing, or taunting in a sexual way.
- Non-Genital Touching
  - Inappropriate oral touching (kissing).
  - Rubbing of a child's thighs in a sexualized manner and/or saying things that are sexual in nature.
- Genital Contact
  - Touching of a child's genitals by another individual with a body part or object.
  - Telling a child to touch another's genitals.
  - Rubbing (masturbating) against a child.
  - Includes another individual putting their mouth on the child's genitals or the child putting their mouth on an individuals' genitals.
- Penetrative Abuse
  - Any type of penetration of child's vagina, anus or mouth, however slight using any object or body part.

Harmful behaviors that are a cause for concern, include the use of threats, violence, force, aggression, and displaying behaviors beyond the child's developmental stage, when there are varying ages and abilities between individuals. Additional causes for concern include strong emotional reactions expressed by a child as a reaction to the harmful actions (Nctsnadmin, 2018). Children who are 'acting out', or expressing sexual behaviors outside of their developmental stage, whether it be chronologically or cognitively, may be indicating that they have experienced some form of sexual abuse. Children's

Services and the RCMP are two organizations that will assist with any questions or concerns and provide direction and assist with interventions.

Exploitation of a child using a process of manipulation and trust-building used by a perpetrator is called grooming (Grooming, n.d). This process can be hard to identify because the individual creating this atmosphere may seem very caring and attentive toward the child. However, there are 5 signs of grooming to be aware of. These include (Sexual Exploitation Education, n.d.):

- ❑ **Age Difference:** This age gap will be utilized to create a power imbalance and to normalize unhealthy behaviors. This gap does not have to be huge to have an impact. As little as 2 years can matter.
- ❑ **Gifting:** Groomers spoil the individual they are trying to groom with gifts they cannot normally afford or are not allowed to have. This process creates a vision of false promises for a better life and future debt they may owe their groomers in the future.
- ❑ **Isolation:** This includes the groomers limiting their time with other individuals and speaking to other individuals. The groomers may convince the individual that others in their life do not have their best interests in mind and that the individual cannot trust them. This could also include being convinced to leave their home and/or community.
- ❑ **Lifestyle Changes:** These are negative changes in an individual's lifestyle. Examples include skipping school, partying more often, developing a drug and/or alcohol addiction and hanging out with other peers than normal, including older individuals.
- ❑ **Gut Feeling:** Listen to your gut if something feels off. Reach out to trusted resources for a confirmation on your feelings.

Groomers include exploiters or pimps that pose as a significant other or a friend in the individual's life. The warning signs do not happen at the same time or necessarily in this order; grooming takes time. If you are concerned about an individual who may be being groomed, reach out to a community resource.

The internet can be used for grooming and child sexual abuse. With the internet being so easily accessible through smart phones, tablets, and camera's, the rate and way sexual abuse is occurring has changed (Little Warriors, 2021). It is important for adults to be aware of the ways under-age individuals may be exploited using the internet and how to implement safety measures for protection against exploitation. Pornographic material is viewed and shared all over the internet, including child pornography (Little Warriors, 2021). Canada's Criminal Code states that it is illegal to make, distribute, possess or look at child pornography. This includes sexual acts of two consensual under-age individuals that is shared, viewed, or possessed. It is illegal to share sexual pictures or videos of anyone under the age of 18, including pictures or videos of oneself.

Groomers, exploiters, and pimps often use the internet to connect with underage individuals. They seek out vulnerable individuals, especially those who present with low self-esteem, to begin the grooming stages of gifting, isolation and changing the individual's lifestyle (Little Warriors, 2021). Individuals who engage in chat rooms, role-playing games, who are connected with others around the world, and other interactive online activities are at the greatest risk for meeting an offender online (Little Warriors, 2021). Social media, such as Facebook, Instagram and Snapchat are examples of applications that many children and youth use that also put them at great risk for meeting an offender or becoming involved in the grooming process.

## PARENTAL CONTROLS

With technology playing a huge part of daily life, it is important to know how this can affect an individual's perception of healthy sexual relations. Social media, television, movies, music, video games and pornography can have accurate and inaccurate representations of appropriate sexual behaviors (Little Warriors, 2021). It is important to highlight and educate these differences as they present themselves. Sexual violence, unhealthy relationships, and internet addiction are examples of outcomes that may result from exposure to these inaccuracies from media and pornography at a young age. (Little Warriors, 2021). Although applications, devices and television providers allow activation of parental controls, do not assume that these controls will prevent all undesired viewing. It is very important to be aware of what your children are viewing and make time to watch shows with them (Nctsnadmin, 2018).

Internet safety is an important conversation to have with your children as this increases internet safety and reduces the risk of vulnerability from online child sexual abuse (Little Warriors, 2021). Individuals with FASD are prone to suggestibility by others they are trying to impress or gain friendship with (Brown J, Mitten R, Carter MN, Haun J, Fenrich A, Neal D, et al., 2018). This suggestibility increases their vulnerability and increases their risk of victimization (Brown J, Mitten R, Carter MN, Haun J, Fenrich A, Neal D, et al., 2018). Activating parental controls, having open conversations and being aware of what the individual is engaging with on their devices is important for internet safety.

## METHODS & STRATEGIES

Age, modeling, and teachings are three areas to focus on when educating individuals on the topic of sexual health. It is important to ensure these conversations are had with consideration of the child's mind and body age. For children with FASD, it is important to adapt conversations to their cognitive level and implement methods and strategies that assist in their understanding of what is being explained to them. A minor's sexual knowledge, understanding and subsequent behavior, may also be influenced by their peers, culture, and religion (Nctsnadmin, 2018). Children also learn through observing others and imitating what they see, also known as modeling. A child will often learn by imitating the behaviors and/or actions of the person they are observing (Social Psychology, 2016). This highlights the importance of parents and caregivers being aware of their sexual behaviors when around minor's. Positive modeling by adults helps children develop healthy sexual relationships in the following ways (Little Warriors, 2021):

- ❑ Teaching minor's to be in control of their rights when it comes to their body and sexuality.
- ❑ Being supportive of the minor's self-acceptance of their own sexuality.
- ❑ Emphasizing parental and societal values regarding sexual knowledge, behavior, and relations, in order to make informed decisions.
- ❑ Education surrounding puberty and sexual practices.
- ❑ Stress an understanding of sexual practice safety and build communication and relationship skills.

It is important to ask children and youth how much they know about sexual behavior and relations. This is a good starting point for where gaps are in sexual knowledge based on their cognitive age. Educating individuals with or suspected of FASD requires:

- Repetition.
- Breaking the information down into small chunks so it is not overwhelming.
- Making lessons relevant to experiences.
- Asking to paraphrase key points, using open ended questions.
- Healthy reminders.
- Writing key points down.
- Take a lot of breaks.

Healthy sexual education should: (*Understanding FASD and sexual behaviour 2021*)

- Increase the individual's knowledge and understanding.
- Promote motivation and personal insight.
- Develop skills to support sexual health.
- Be offered in a safe environment conducive to optimal sexual health.
- Take into account the needs an individual may have if they have experienced sexual abuse when having sexual health education conversations.

When discovering that your child/youth may be engaging in sexual behaviours, healthy or harmful, it is important to (*Little Warriors, 2021*):

- Stay calm.
- Remain composed.
  - Take a step away before addressing the situation.
  - Discuss the situation with another adult if necessary.
- Take a long deep breath, count to 10.
- Figure out what actually happened.
  - Ask open ended questions so the child/ren can tell you what happened in their own words.
    - What were you doing?
    - How did you get that idea?
    - How did you learn about this?
    - How did you feel about doing it?

Staying calm and being empathetic allows for a safe sharing space between you and the child/ren. Anger may hinder your ability to find out what happened and does not allow for an open conversation, leading to an opportunity for education. If the child/ren do not show any distress in having this conversation, especially when asked "how did you feel about doing it?", healthy boundaries and sexual behaviour rules can be outlined in a way the individual can understand.

If the child is in distress the following steps can be taken so the child feels safe (*Little Warriors, 2021*):

- If the children or the child and the other individual reside in the same home, offer each child an alternative place to stay. By separating the individuals, you can have separate conversations with each of them, asking what happened in their own words.
  - If this is not feasible, make a safety plan with other adults in the home to prevent reoccurrence and increase supervision. Community resources such as a sexual assault



centre, Children's Service's and a Child Advocacy Centre can possibly be of assistance in creating a safety plan.

- If a child is an instigator of abuse towards extended family members, a safe alternative placement should be considered for family functions. A safety plan can also be devised between other adults attending functions to prevent reoccurrence and increase supervision. It is important for the child who instigated the abuse to become involved in counselling, Children's Services, Sexual Assault Centres or Child Advocacy Centre's.
- If the individuals are from different home, such as neighbours or school peers, do not allow the children to associate under any circumstance. This could include changing classrooms or schools if the abuse is coming from an individual at school. A report should be made to Children's Services and the RCMP. The family of the victim could connect to a sexual assault centre for assistance and counselling.

## RESOURCES

The following links offer further education and assistance regarding sexual health practices and sexual abuse:

- <https://teachingsexualhealth.ca/>
- <https://www.centralalbertacac.ca/the-issue/>
- <https://casasc.ca/>
- <https://kidshealth.org/en/parents/net-safety.html>

For more information about FASD, please follow the following links.

- The Central Alberta FASD Network offers free FASD 101: The Basics and What You Need to Know.
  - <https://centralfasd.org>
- <https://canfasd.ca/>

# ASSUMPTIONS

***All youth are heterosexual.***

The percentage of Canadians 18-59 who reported in 2014 that they identify as homosexual (gay or lesbian) comprises 1.7% of our population while 1.3% of our population identify as bisexual (Government of Canada, 2017)

***No youth with FASD is sexually involved nor do they have sexual urges.***

This should not be assumed. Like any of us, individuals with FASD go through typical biological processes of puberty and maturation. As part of these processes come sexual urges and the desire to become sexually involved. It is important to educate individuals with FASD to decrease vulnerability of sexual abuse or sexual perpetration.

***All sexual involvements are consensual.***

Instances of non-consensual sex involvement include forced, pressured or coerced acts, the influence of drugs and/or alcohol, and the use of manipulation.

***Youth who are “sexually active” are having intercourse.***

Sexual acts go above and beyond penis/vagina intercourse. Other forms of sexual acts include masturbation, oral sex, foreplay, and anal sex.

***Individuals with FASD do not need sexual health education.***

A young person with FASD goes through the same puberty stages and have the same sexual urges as individuals without. It is imperative to educate individuals with FASD about sexual health using an FASD lens to ensure they understand and comprehend the discussions.

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