
YOU'RE IN CHARGE.



**A Customizable Sex and Relationship
Education Program for Self-Advocates with
Intellectual and Developmental Disabilities**

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Self-Advocates with Intellectual and Developmental Disabilities



Planned Parenthood of Delaware
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About Planned Parenthood of Delaware

Planned Parenthood of Delaware (PPDE) has been providing comprehensive, medically accurate and shame-free sex education since 1993. In 2018, the PPDE Education Department won an Association of Planned Parenthood Leaders in Education (APPLE) award for their work creating inclusive sex education programs for self-advocates with intellectual and developmental disabilities.

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Gratitude

Thank you to the self-advocates who helped pilot test this curriculum, and to the numerous Delaware teachers, schools, state employees, PPDE staff, interns and volunteers, and community-based organizations who supported the development of this curriculum.

Special thanks to the Planned Parenthood Federation of America's Employee Contribution Campaign for providing the resources necessary to illustrate, publish and disseminate this curriculum.

Contact us

Please contact education@ppde.org with questions or suggestions about You're in Charge.

Before you begin...

Introduction

Welcome to You're in Charge. A Customizable Sex and Relationship Education Program for Self-Advocates with Intellectual and Developmental Disabilities. After a decade of providing sex and healthy relationship education to individuals and couples with developmental disabilities (DD) at Planned Parenthood of Delaware (PPDE), we decided it was time to formalize all of our lessons and activities for others to use. Although there are some great curricula for sex education in a group setting of people with DD, there are no known curricula for one-to-one education. For people with DD who struggle to learn in a group setting due to the pace of the class, their learning style not being met, or simply because their educational needs are unique, this curriculum offers an opportunity for people to learn in a one-to-one setting with lessons selected and tailored to meet their interests and needs. This curriculum is designed to be facilitated by one educator for one student with DD. This allows the educator to address topics of unique interest or need to the student, tailor the education to that student's learning style, and allow the student to progress at their own pace using interactive activities that meet a variety of learning styles.

This curriculum is divided into two units: **Unit 1: Your Sexuality** and **Unit 2: Sexuality with a Partner**. Unit 1 addresses educational needs about bodies, pregnancy, parenting, public vs. private, appropriateness, sexual identity, masturbation, sexual feelings, sexually explicit media, and abuse and assault prevention. Unit 2 covers topics relevant to students who are interested and have the opportunity to have sexual or romantic relationships with others. The information in Unit 2 is uniquely important to people considering, exploring or engaging in sexual and romantic relationships. It includes information on healthy and unhealthy romantic relationships, dating, consent, contraception, safer sex and self-advocacy.

Our Education Department at PPDE has six values that guide our work as sex educators. We believe that these values provide breadth and depth to our work that promote inclusivity and acceptance of our human experience of sexuality. We believe that:

1. Sexuality is a natural, healthy, life-long part of being human.
2. There are many healthy ways to express sexual feelings, alone or with a partner; sexual intercourse is only one form of sexual expression.
3. Sex should never be hurtful; sex should be pleasurable for everyone involved.
4. Knowledge about sex is helpful not harmful.
5. People deserve to be respected, inclusive of all gender identities and orientations.
6. In a diverse world, we must respect a variety of sexual attitudes and behaviors, as long as they are based in consent, responsibility and equality.

We encourage you, the educator, to consider how these values align with your own personal values about sexuality and developmental disability. How will you ensure that the education you provide affirms all people as sexual beings deserving of respect and freedom of expression?

Intended audience

This curriculum is designed to be used by educators, clinicians, support staff and other caregivers of people with DD. This curriculum can be used effectively by anyone who believes in the rights of people with DD to express and enjoy their sexuality, to explore romantic relationships and to make mistakes in relationships without seeing those as evidence that people with disabilities "can't handle relationships." If you have an open mind about sexuality and the diverse ways that people might express and enjoy their sexuality, you will succeed. Within each topic area, there is a list of values to affirm. Pay attention to these values to help ensure that the education you provide is inclusive and affirming of all people's expression and exploration of sexuality.

This curriculum is intended to be used with people with DD, but the range of topics covered in this curriculum can be useful for all people. Many sex education curricula do not include the depth of information we include on topics like masturbation, sexually explicit media, sexual identity and technology. Existing sex education curricula written to be used with groups of people with DD typically assume that individuals can read and write, and have the ability to grasp abstract concepts. This curriculum avoids those assumptions and offers more accessibility and flexibility. In the appendices, you will find a variety of adaptations that can be used for people with limited or no verbal skills, limited or no reading skills and/or who struggle with social skills.

How to use this curriculum

The educator should scan the topics in each unit and choose topics and activities that are relevant to the student because they are of particular interest or challenge for the student. Note that for each topic there is a list of "related topics." Use the related topics lists to ensure you are appropriately scaffolding, i.e. teaching foundational information first, then building lessons from that foundation. In the appendices, you will find some example scenarios for why individuals or their caregivers may be seeking out sex and healthy relationships education. With each scenario, there is a suggested scope and sequence of lessons to use. You may also choose to use all the lessons in the curriculum, in order.

Doing your homework

Over the past decade providing sex and relationship education to people with DD, we have learned many valuable lessons. We strongly recommend you take the time to engage with each point below before you begin providing education.

- [The Arc Position Statement on Sexuality](#) provides an excellent framework for education and advocacy around the rights of people with DD to relationships, sexual expression and parenting. The document can be empowering for people with DD who too often have been told that sex and relationships are not for them.
- There are myriad resources on teaching strategies for people with DD. [Do2learn.com](#) has a section on characteristics of different disabilities and strategies for teaching. Take some time to read the general and specific teaching strategies for students with different abilities.
- Estimates vary around the rate of sexual abuse and assault among people with DD, but research consistently shows that people with DD experience sexual abuse and assault much more often than people without DD. Take time to read on this topic. [The Arc](#), [RAINN](#) and [Disability Justice](#) websites are good places to start. Too often, abuse is perpetrated by caregivers, including support staff, so be aware that your very presence could be a trigger for

a student. In addition, take some time to read information on people with DD who sexually offend against others. [The Arc](#) (People with Intellectual Disabilities and Sexual Offenses by Leigh Ann Davis) has some information, as well as [Health Canada](#) (Addressing the Needs of Developmentally Delayed Sex Offenders: A Guide).

- Be sure you clearly understand the mandatory reporting policies of your organization and the laws of your state. Because of the high rates of sexual abuse and assault against people with DD, it is likely you will have a student disclose sexual abuse or assault. Be up front and transparent about your duty as a mandatory reporter. It should be part of your intake process that both the student and anyone who supports them is clearly informed about mandatory reporting. This may sound like, "I will keep what we discuss confidential, unless I am concerned that someone might be in danger or is being hurt. Then I have to get help for that person." It is recommended that the person disclosing be included in the reporting process as much as they want to be involved. Reporting can be empowering, scary, frustrating, emotional and/or liberating. Abuse and assault take power away. Give the individual the power to be involved as much or as little in the reporting process as is comfortable for them.
- Consider professional development specifically in the area of sexuality and disability. A good place to start is [Elevatus Training](#) which offers web-based and in-person training on sexuality and disability.

Getting started...

Effective sex educators

Sex educators are professionals with extensive training, knowledge and experience in human sexuality and the pedagogy behind effective delivery of sexual health information. The profession of sex education can overlap with other fields including social work, positive youth development, therapy and behavior analysis. However, not every town, city, region or even state has widespread sex education professionals. Although sex education is ideally taught by trained sex educators, we understand that there are instances when this is not possible. This curriculum is designed to be used by educators, clinicians, support staff and caregivers of people with DD. That said, there are qualities and characteristics of effective sex educators that you will want to focus on to hone your skills. Qualities of an effective sex educator include:

- Comfortable discussing human sexuality and a diversity of sexual behaviors and interests
- Knowledgeable of factual information about human sexuality
- Comfortable saying "I don't know, but I can find out."
- Uses inclusive language and avoids making assumptions about the student's past, present or future sexual behaviors or interests
- Able to leave personal values "at the door."
- Possesses interpersonal skills needed to sense when a student is uncomfortable or needs a break
- Shares personal information rarely, and only when it enhances the learning

When it comes to facilitating effective conversations on sexuality topics, the best practice is to guide the student to answers and new insight through multiple means of instruction. Throughout this curriculum, you will notice brainstorms, hands-on activities, video suggestions, sorting games, role-play, stories, opportunities for artistic creativity and more. The intent is that the educator NOT lecture information to the student, but rather guide the student to new learning and new insights through conversation and activities.

Answering questions

When answering sensitive or sexuality-related questions, this may be a helpful format:

First, respond with "good question!" This lets the student know that you are approachable and validates their question. It also gives you some time to think about how you will answer. You may want to restate the question to the student to be sure you are understanding their question correctly. You could say, "Let me be sure I understand your question. Are you asking [rephrased question]?"

If the question is a fact-based question (What is a period? What is oral sex?) you can answer simply and succinctly. A simple answer will usually be age and developmentally appropriate. You can add "does that answer your question?" or "what other questions do you have?" to invite follow up questions. If you do not know the answer to the fact-based question, that's okay. You can say, "I don't know, but I can find out." This can be a great opportunity to practice safe internet searching for sexuality information with the student.

If the question is a values-based question (e.g. Is it okay to have sex before marriage? Is it okay to watch pornography?) you'll want to give the student a sense of the range of values that people might have on that topic. You can say, "for some... for others... for you..." For example, if the question is, "is it okay to have sex before marriage?" You can say, "for some, they want to wait until marriage to have sex. For others, they want to wait until they meet the right person. For you, it depends on you and your partner, and if you both feel comfortable, ready and safe." You can also refer the student to someone they trust (a caregiver, good friend, teacher, religious leader etc.) to further discuss their own values.

Understandability vs. inclusivity

There are many ways to affirm a range of identities and experiences by adjusting your language and the examples you give when teaching. Use gender-neutral names and affirm LGBTQ+ identities in scenarios and role-plays. In addition, avoid assuming that your student was raised in a "nuclear family" (i.e. a mom, a dad and 2.4 kids) since family structures are much more diverse. Do not assume that your student is heterosexual and/or cisgender. Do not assume that your student has been or has not been sexually active. Do not assume that all sexual contact has been consensual.

That said, there may be times we are less inclusive in order to ensure understanding. Many people with DD are concrete thinkers, better understanding the world when it is presented in black and white. Abstract concepts and analogies can be difficult. For example, for inclusivity around gender identity, we may say "a person with a penis" instead of "a man" since not every person who has a penis identifies as a man. However, you may find that this language is bulky or confusing for some students. Be aware that there is a careful balance between understandability and inclusivity. Sometimes when we increase inclusivity, we may decrease understandability. Inclusivity is essential, as is understanding the information. You will need to assess for each student their ability to understand abstract or complex concepts.

Establishing your program

At PPDE we offer one-to-one, tailored sex and healthy relationship education for teens and adults with DD. We offer between four and eight one-hour sessions, depending on educational needs. We focus on the topics most relevant to the student. We look for knowledge gaps, relationship/safer sex goals and topics of particular interest as stated by the student and/or their support staff or caregivers. We use a scaffolded approach: start with foundational information and build off what the student already knows when adding new topics. Sex education is a lifelong learning process, so we focus on immediate needs and areas where new learning can happen. We provide support staff and caregivers with simple tools to reinforce educational content at home.

In the appendices, there is a sample phone intake for new students. The intake gathers contact information, areas for learning, disability or diagnosis, how the individual learns best and their individual strengths. This information will help you understand the student's knowledge gaps and learning style. For individuals living in group settings, the intake asks about the individual's access to private space and time, and the house rules around touch. This information will ensure your education aligns with the existing house rules and may also be used to help the student advocate for more private time alone or with a partner.

Finding the right location

There are many considerations when choosing the right location for education. For support staff or caregivers, education will likely happen in the home, with opportunities to practice skills in the home or out in the community. For a clinician, the right location may be a medical office or other private space within the medical facility. For a teacher, the right location may be in the classroom, a conference room or a private study room in the library. It is important that the location of the learning match the relationship of the educator and the student. A teacher would not meet their student in a home, but support staff would. A caregiver would not teach the student in a medical office, but a clinician would. Particularly when teaching about boundaries and appropriateness in relationships, it is important to model appropriateness by choosing the right location for education.

You'll also want to consider physical accessibility of your space - are there elevators? Is it comfortably wheelchair accessible? Are there accessible bathrooms? What distractions will you need to adjust for in terms of clutter in the room, bright or harsh lighting, ambient noise etc.? What can you do to minimize distractions in your space and be inclusive of those who may have sensory sensitivities? In addition, you'll need to get some basic education supplies including flipchart paper, markers, painters' tape etc.

The first session

In the appendices, you'll find a first session template. During the first session with a student you have two goals:

1. To build trust and comfort with the student. They may feel awkward, excited, uncomfortable, curious and/or nervous. Affirm that all feelings are okay. Get to know the student - where do they go to school or work? Who do they like to hang out with? What are their hobbies? What do they like to do in their free time? The more trust and rapport you can build, the more effective the learning will be. This is also a good time to assess your student's strengths, learning style and communication style. Always focus your attention on your student. If you want to ask support staff or a caregiver a question, ask the student first if it is okay. Above all, do not talk as if the student is not in the room. This is condescending and can break trust.
2. Lay out the educational goals for your classes together. Give the student an idea of what topics you can cover together. Explore what the student is interested to learn. With the student's permission, support staff or caregivers may be able to provide additional information on the knowledge gaps of the student.

Ending a session

In the appendices, you'll find a session take-home sheet that lays out the topic discussed during the session, the key points, what to practice until the next session, additional resources and the next appointment date. This take-home sheet improves overall learning because it provides support staff and caregivers with tools to continue the learning between sessions.

Topic format

The first page(s) of each new topic has some information to consider before teaching on the topic:

Key concepts: these are the essence of each topic - the key concepts the student should understand after completing all the activities within the topic. These key concepts can be used as an assessment of the student's understanding of each topic.

Values to affirm: these values are the lens through which to view the topic. The values will help guide the conversation of the lesson. They will help ground each lesson in inclusivity and the affirmation of a variety of sexual attitudes and behaviors.

Note to the educator: here you will find rationale, helpful tips and/or additional information to inform your lesson delivery. These notes are intended to provide context for the educator.

Related topics: these are the topics that should precede or co-occur with learning on the current topic. They will help to provide the necessary scaffolding for learning the topic.

Resources: this is where you'll find websites, books, curricula and video suggestions to learn more on the topic, for both the educator and the student.

Unit 1: Your Sexuality

Reproductive Anatomy

Key concepts

- The location and function of the vulva, vagina, ovaries, uterus, clitoris, penis, glans, foreskin, testicles, scrotum, anus and urethra.
- There are many words people use to talk about reproductive body parts and it is good to know the medically accurate terms.

Values to affirm

Bodies and body parts come in many wonderful shapes and sizes. All bodies are different. All bodies deserve respect and care.

Note to the educator

While students may have heard different words to refer to their genitals, using medically accurate terminology when discussing reproductive anatomy (e.g. "penis" and "vulva" instead of "privates," slang, or childish terms) has the following benefits:

- Allows us to disclose sexual abuse in a way that will be understood by parents, support staff, health care providers and law enforcement
- Reduces stigma and shame around these body parts
- Allows us to be specific with health care providers about medical concerns and conditions
- Improves our ability to communicate about our body with sexual and romantic partners

According to the Intersex Society of North America, between 1 in 1,500 and 1 in 2,000 babies are born with noticeably atypical genitals that warrant specialist assessment. Intersex conditions are common, and it is important to provide education that affirms people who are intersex.

In this section, the terms "male" and "female" are used to keep the language simple. To be more inclusive, you may also use the phrases "body with a penis" and "body with a uterus" since not all those with a penis identify as male and not all those with a uterus identify as female.

Related topics

- Sexual Health & Hygiene
- Puberty
- Reproduction, Pregnancy & Birth
- Appropriate Touch
- Masturbation & Pleasure

Resources

- [Buni, Catherine. *The Case for Teaching Kids 'Vagina,' 'Penis,' and 'Vulva'.* The Atlantic, 2013.](#)
- [Intersex Society of North America](#)

Anatomy Coloring Pages 20 minutes

SAY: We're going to start by learning about private body parts. When we talk about these body parts you might feel curious, awkward, nervous, giggly or something else. Whatever you feel is okay! If you ever feel uncomfortable, let me know and we can learn about something else. We are going to use the words that doctors and nurses use for these body parts. It is important to know the correct names for these body parts, and what these body parts do, so that we can keep our bodies healthy and safe.

DO: Begin by watching the video [Sex Ed for People with I/DD: Sex, Gender and Genitals](#) from the National Council on Independent Living.

SAY: Now we're going to learn a little more about each of these body parts.

DO: Hand out the Anatomy Coloring Pages (pages 15 & 17). Allow the student to choose whether to begin with the male or female anatomy. Instruct the student to color and label the body parts. When they have finished coloring, discuss the *function* of the body part as follows.

SAY: Now we're going to talk about what each body part does for our bodies. Which body part would you like to learn about first?

DO: Use the list below to ask the student what the body part does, and then fill in any missing information. Discuss all the body parts.

Female

- Anus - lets feces (poop) out of the body
- Clitoris - for pleasure; to feel good
- Ovaries - makes egg cells
- Urethra - lets urine (pee) out of the body
- Uterus - provides a place for a baby to grow
- Vagina - lets menstrual blood out of the body; can serve as a birth canal; can receive a penis during vaginal intercourse
- Vulva - protects the clitoris and openings to the urethra and vagina

Male

- Anus - lets feces (poop) out of the body
- Foreskin - protects the penis
- Penis - lets urine (pee) and semen out of the body
- Scrotum - protects the testicles
- Testicles - makes sperm cells
- Urethra - lets urine (pee) out of the body

Men - Women - Everyone 10 minutes

DO: Give the student the Men - Women - Everyone Handout (page 19) and ask them to place a check in the appropriate column depending on if the body part is found on everyone, men only, or women only. Discuss the correct answers using the definitions above.

SAY: Everyone has body parts that protect their genitals, make sex cells, and allow people to pee and poop. Everyone also has body parts that are made especially for pleasure - the clitoris and the head of the penis. Men and women have some body parts that are different. Bodies and body parts come in many wonderful shapes and sizes. All bodies are different, and all bodies deserve respect and care.

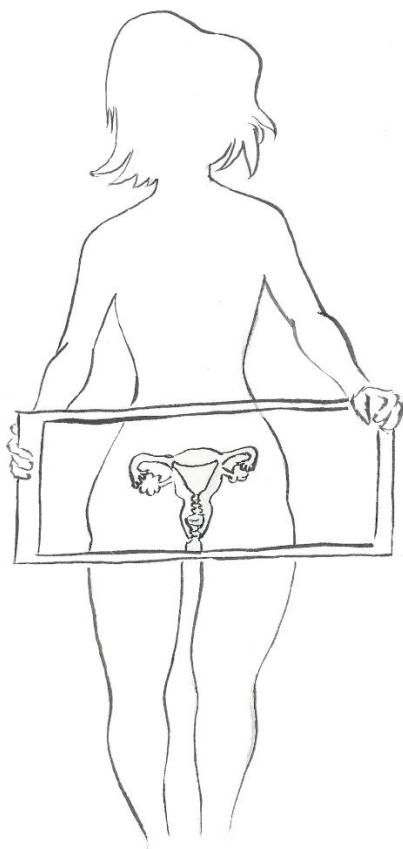
SAY: For this activity, we are going to discuss the language of sexuality. When we talk about private body parts, we have lots of different words we use. Some are medical words, some are slang and some are childish words. For example, "penis" is a medical word, "dick" is a slang word, and "pee pee" is a childish word - but they all mean the same thing. We might use some words during this activity that we wouldn't usually say in school or in a public place. It is okay to use the words for this activity, and we'll talk about what words are most appropriate.

DO: At the top of four pieces of large paper, write the following words: penis, testicles, vulva / vagina, and breasts. Ask the student to brainstorm all the words people might say instead of the word on the paper. If necessary, give an example or two, but most of the list should be student-generated, not educator-generated.

DO: For each word on the lists, have the student decide if the word is a medical term, a slang term, or a childish term. Process the activity with the following questions:

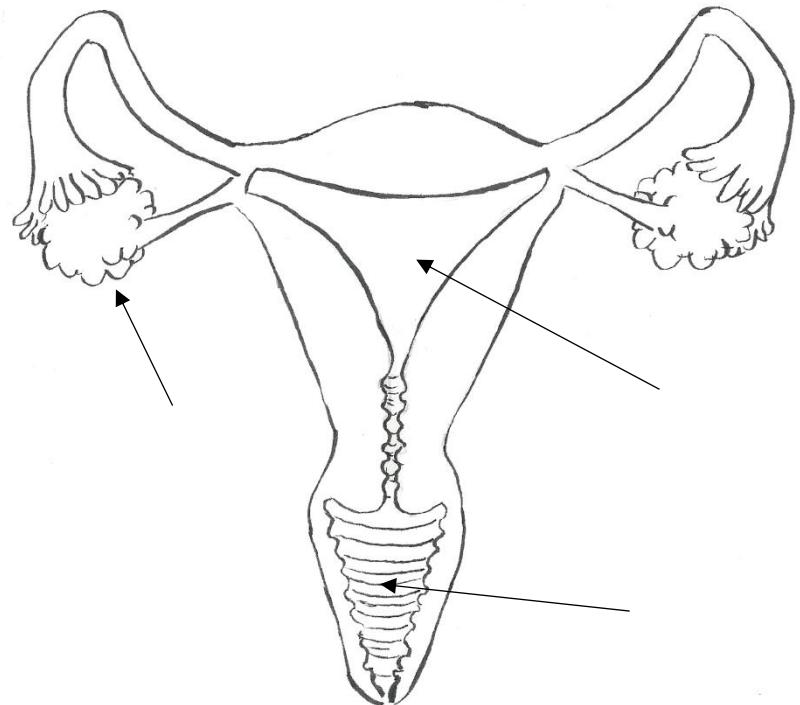
- Why do people use slang terms or childish terms?
(They are embarrassed to say the correct term; they don't know the medical term; the slang term sounds sexier)
- When should we be sure to use medical terms?
(At the doctor's office or with the school nurse, with care providers, in any serious situation)
- When might we use slang terms?
(With our romantic partner, with friends)

Handout: Anatomy Coloring Pages



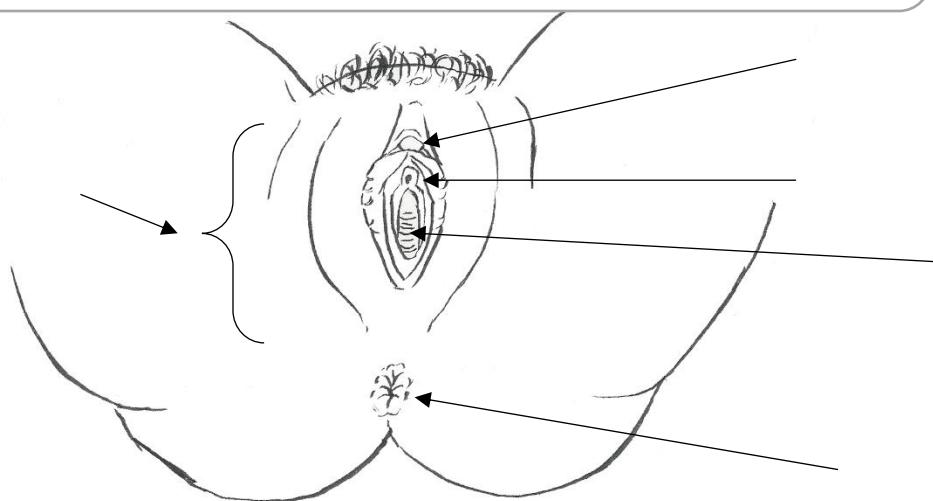
On the inside

To label: Ovary; Uterus; Vagina

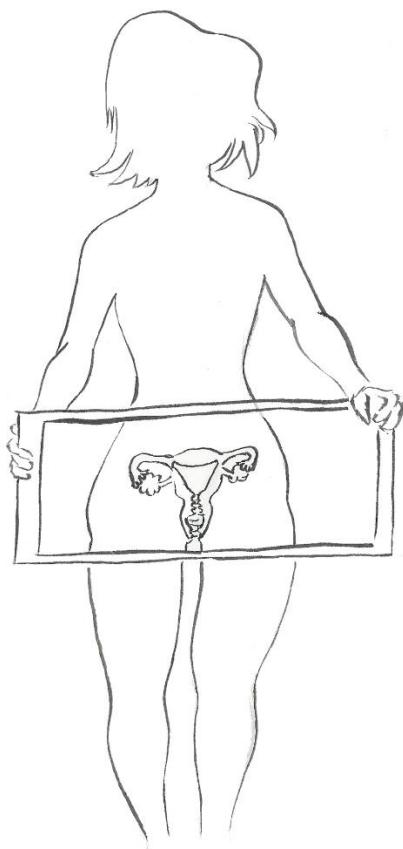


On the outside

To label: Anus; Clitoris; Urethra; Vagina; Vulva

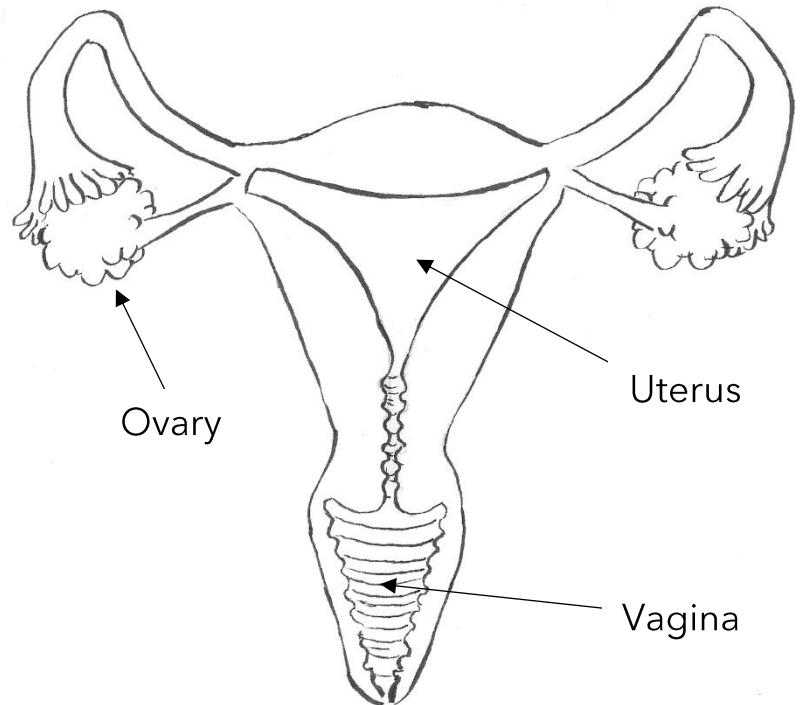


Handout: Anatomy Answer Key



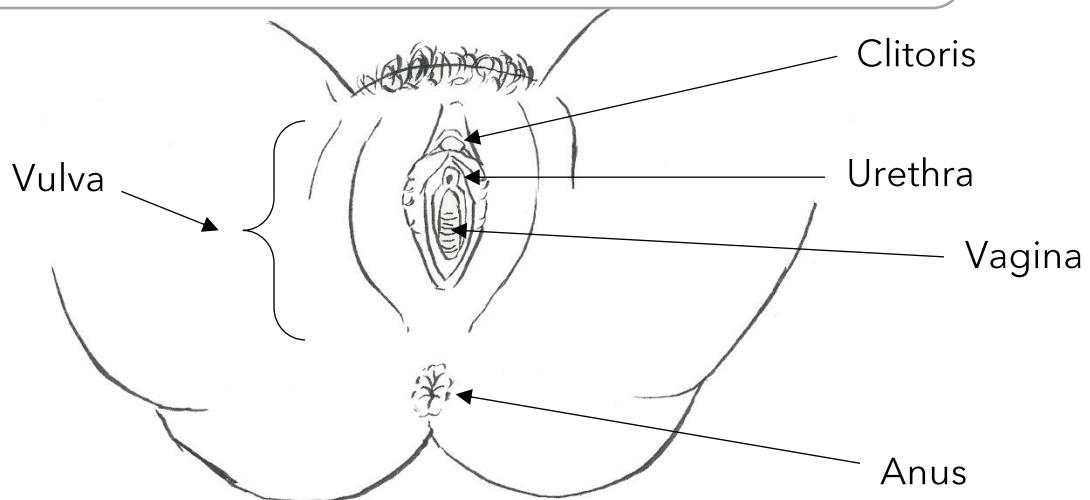
One the inside

To label: Ovary; Uterus; Vagina

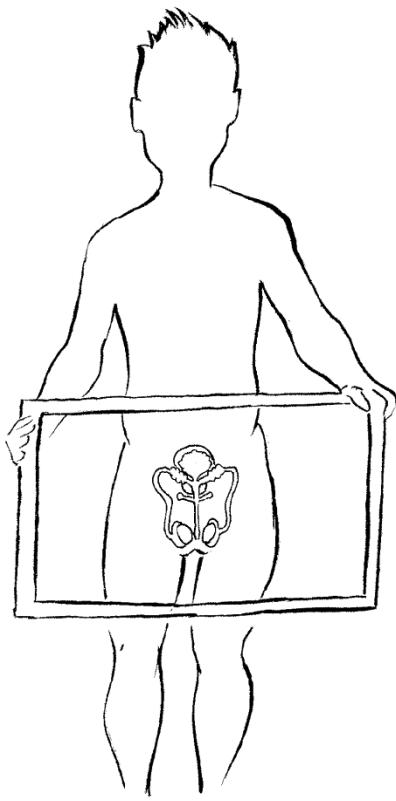


On the outside

To label: Anus; Clitoris; Urethra; Vagina; Vulva

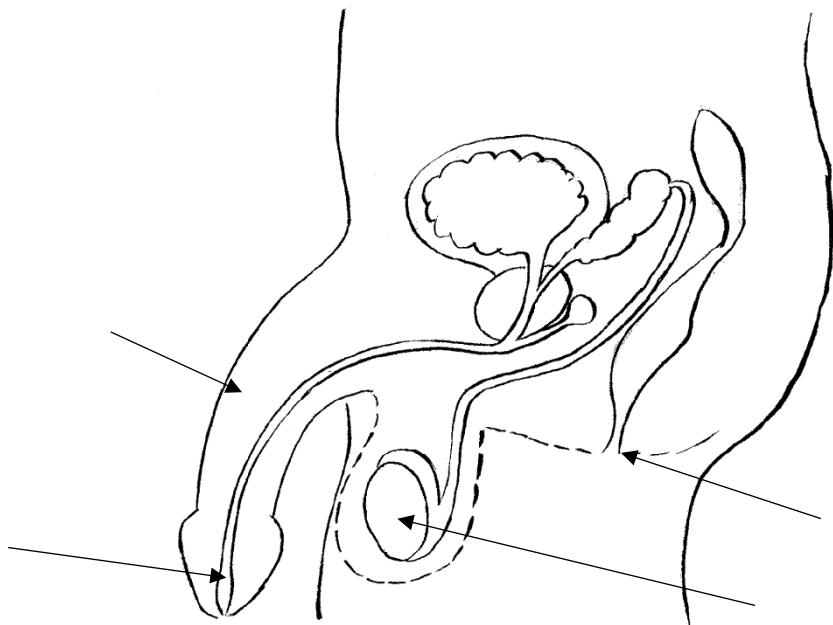


Handout: Anatomy Coloring Pages



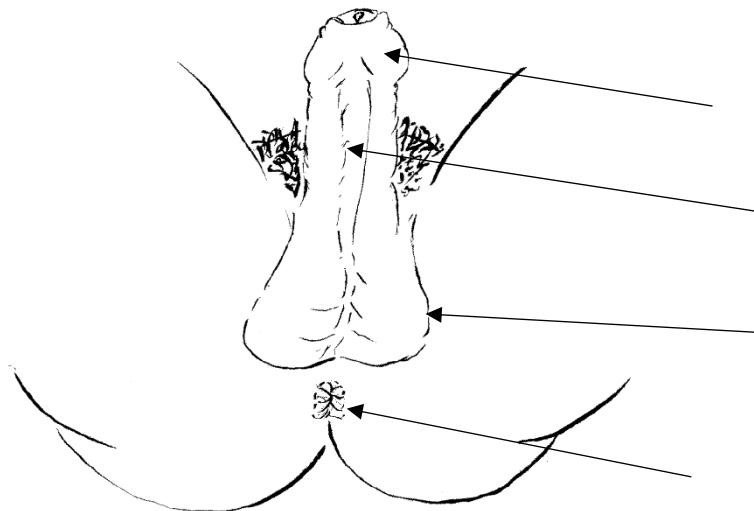
One the inside

To label: Anus; Penis; Testicle; Urethra

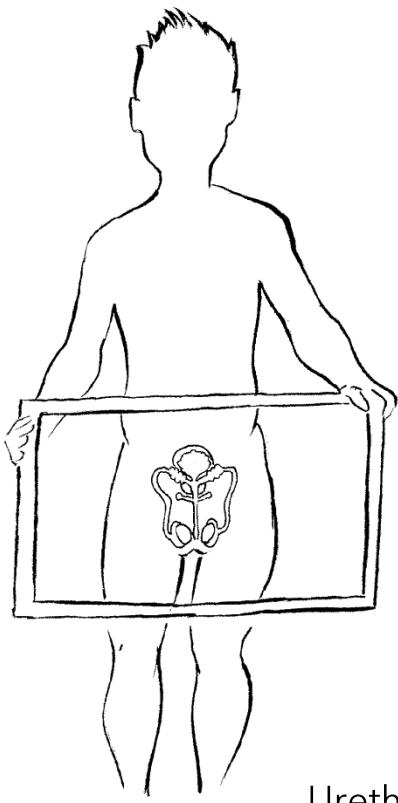


On the outside

To label: Anus; Foreskin; Penis; Scrotum

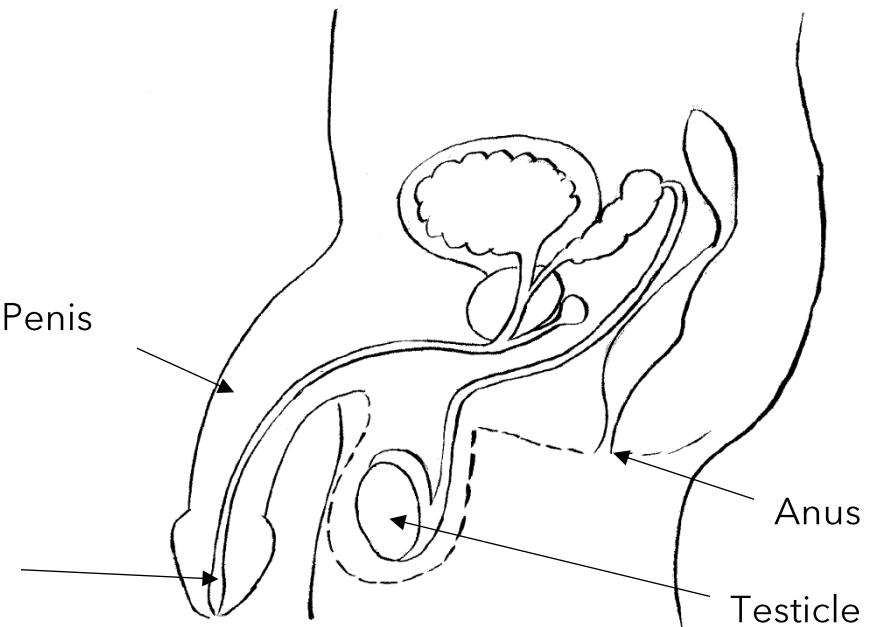


Handout: Anatomy Answer Key



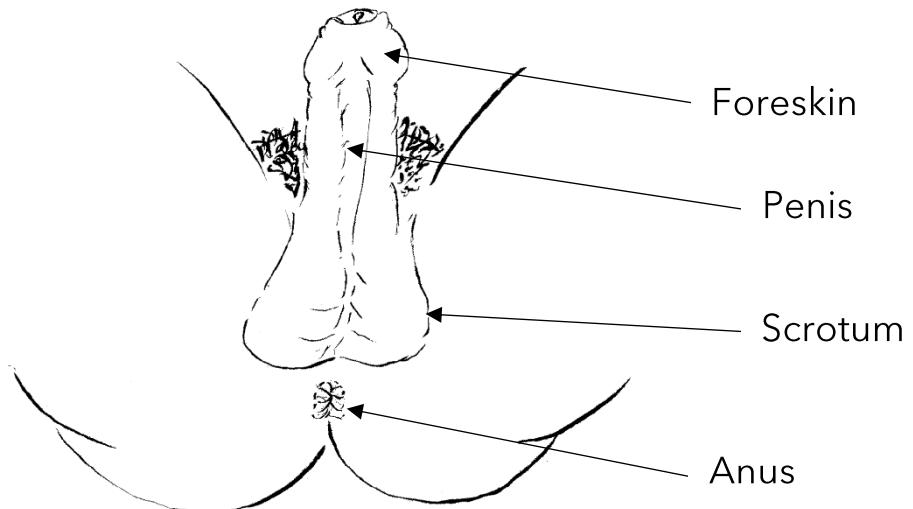
One the inside

To label: Anus; Penis; Testicle; Urethra



On the outside

To label: Anus; Foreskin; Penis; Scrotum



Handout: Men - Women - Everyone

For each body part listed, decide if it belongs to everyone, men only, or women only. Then, match the body part with the definition. We did one to get you started.

Body Part	Everyone	Men only	Women only
1. Anus	✓		
2. Clitoris			
3. Foreskin			
4. Ovaries			
5. Penis			
6. Scrotum			
7. Testicles			
8. Urethra			
9. Uterus			
10. Vagina			
11. Vulva			

Protects the penis _____	For pleasure _____	Makes sperm cells _____	Protects the testicles _____
Protects the clitoris and opening to the urethra and vagina _____	Lets feces (poop) out of the body 1 _____	Provides a place for a baby to grow _____	Lets menstrual blood out of the body; can serve as a birth canal _____
Lets urine (pee) out of the body _____	Makes egg cells _____	Lets semen out of the body _____	

Some bodies are different from these lists and that is okay!

Sexual Health & Hygiene

Key concepts

- How to access sexual health services
- How to practice good sexual hygiene including washing hands, body parts and sex toys.

Values to affirm

All bodies are unique. All bodies deserve love and care.

Note to the educator

Bodies come in many wonderful shapes and sizes. All bodies deserve love and care. All people need information about where to access sexual health services and how to care for their bodies at home. In these activities, affirm that while bodies have many similarities, all bodies are also unique and may function differently depending on age, ability, size and health status.

Related topics

- Reproductive Anatomy
- Puberty

Resources

- An illustrated video of a visit to the GYN: [Tiger Lily - GYN Princess Warrior](#)
- To find a clinic near you: [Planned Parenthood](#)

Sexual Health Clinic Scavenger Hunt 15 minutes

DO: Using the Sexual Health Clinic Scavenger Hunt (page 22) as a guide, together with the student search the internet to find nearby health care clinics that offer sexual health services.

SAY: There are a few things to expect when you visit a clinic:

- You will need your ID and insurance card.
- You will fill out forms about yourself and your health conditions.
- A nurse or health care assistant will take you to an exam room and ask some questions. They may take your blood pressure, temperature and pulse.
- You can ask the doctor or nurse any question.
- The doctor or nurse may need to touch you to check to see if your body is healthy. You can ask the doctor to tell you before they touch you. You can also ask them to tell you what they are looking for and what they see while they are touching you. You can also tell them if something hurts, or if you want them to stop touching you.

SAY: It's normal to feel nervous about visiting the doctor. It's also normal to feel completely comfortable. If you have any questions you want to ask the doctor, it's good to write them down now,

so you don't forget to ask when you are in the office. You can also call the doctor before or after your visit to ask questions.

DO: For students considering GYN exams, watch [Tiger Lily - GYN Warrior Princess](#). Process the video using these questions:

- Why did Lily decide to see the doctor?
- How did Lily feel about having a GYN exam?
- What could someone do to feel better if they were nervous about a doctor's visit?
- What did the doctor mean when she said, "you're in charge"?

Hygiene Toolkit 10 minutes

DO: Using the Hygiene Toolkit Cards (pages 23-24), discuss what the item is for and where someone would buy it.

Discuss which items might be considered mandatory (soap, toothbrush and toothpaste) and which might be considered optional (make-up, razor and shaving cream). Note the following:

- **Condoms** are very good at preventing pregnancy and STIs. They can also be used on sex toys to keep toys clean and prevent spreading STIs.
- **Lubricant** helps sex and masturbation feel good and helps condoms to work well.
- There are many types and brands of **menstrual products**. The decision to use pads, tampons, or a menstrual cup depends on personal preference, comfort and physical activity.
- Keeping **nails** trim and clean can make masturbation more comfortable and make sex play safer.
- **Sex toys** can be cleaned with a mildly soapy washcloth. If using a sex toy with a partner, condoms are recommended.

Handout: Sexual Health Clinic Scavenger Hunt

Name of the clinic: _____

What are 3 health care services the clinic provides?

- 1.
- 2.
- 3.

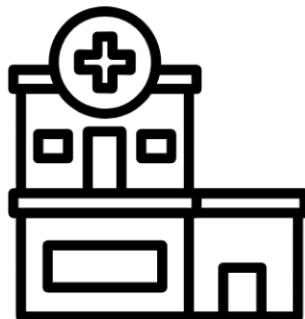


Do they take insurance? Circle one: Yes / No / Not sure

How could you get to the clinic?

How could you make an appointment at the clinic? Check all that apply:

- Phone call - phone number: _____
- Online
- Walk-in appointment

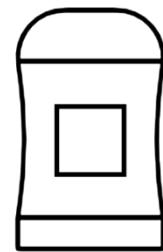


Who is a trusted person that could help you if you wanted to go to the clinic?

Hygiene Toolkit Cards



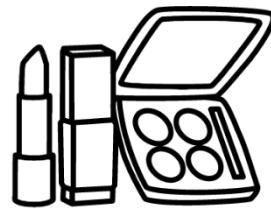
Condoms



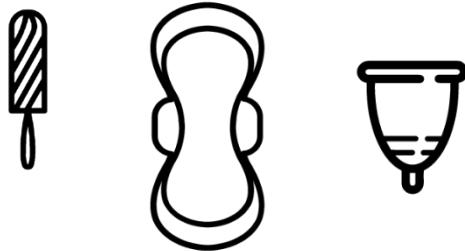
Deodorant



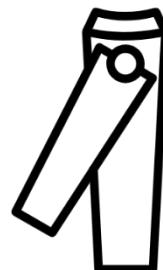
Lubricant



Make up



Menstrual products



Nail clippers



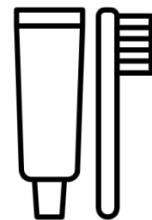
Razor & shaving
cream



Sex toys



Soap



Toothbrush &
toothpaste

Puberty

Key concepts

Puberty brings physical, emotional and social changes. Some changes during puberty are temporary, others are permanent.

Values to affirm

- Our bodies change in lots of ways during puberty. These changes are perfectly normal.
- Not everyone will experience puberty in the same way, or at the same age.
- Bodies and body parts come in many wonderful shapes and sizes. All bodies deserve respect and care.

Note to the educator

Many adults never received education on puberty and may have lingering questions or anxieties about whether or not their body is normal. These activities affirm all bodies and help students understand the physical, emotional and social changes associated with puberty.

In this section, the terms "boy" and "girl" are used to keep the language simple. To be more inclusive, you may also use the phrases "body with a penis" and "body with a uterus" since not all those with a penis identify as a boy and not all those with a uterus identify as a girl.

Related topics

Reproductive Anatomy

Resources

Harris, Robie. *It's Perfectly Normal: Changing Bodies, Growing Up, Sex, and Sexual Health*. Candlewick 3rd Edition. 2009.

Changing Bodies 15 minutes

SAY: We are going to talk about puberty. Puberty is when our bodies change from child to adult. People go through puberty when they are teenagers. When people go through puberty, their body is changing so that they can make a baby. All people go through puberty.

DO: Look at the Changing Bodies Handout (page 28) with the student. Ask the student to point out specific ways our bodies change as we get older. Ask the student to point out the things stay the same.

DO: Brainstorm some of the changes that occur during puberty. This may include body hair, breast development, body sweat, acne, menstrual cycle, wet dreams, growth spurts and voice changes. Discuss which changes eventually go away (e.g. acne, growth spurts) and which last forever (e.g. breast development, voice changes).

SAY: During puberty, boys may start having wet dreams. A wet dream is when semen, which is a white fluid, comes out of the penis while a boy is sleeping. Sometimes the boy might be having a sexy dream when this happens. Wet dreams are perfectly normal and are most common during the teenage years. Waking up with a hard or erect penis is also normal and usually goes away after the person pees.

SAY: During puberty, girls start having their period. We'll talk more about this in the next activity.

SAY: During puberty, our bodies change, but our emotions and feelings change too. People might start having sexual feelings for other people. People might be more interested in dating, and/or being sexual with other people. During puberty, people often want to be more independent, and might start to have questions about their identity and their place in the world. What are some emotional or social changes you experienced during puberty?

SAY: It's important to remember that our bodies change in lots of ways during puberty. These changes are perfectly normal. Not everyone will experience puberty in the same way, or at the same age. Bodies and body parts come in many wonderful shapes and sizes. All bodies deserve respect and care.

Who Changes? 10 minutes

DO: Using the Who Changes? Handout (page 29), have the student mark which change is experienced by everyone, men only or women only.

<u>Male</u>	<u>Female</u>	<u>Both</u>
<ul style="list-style-type: none">• Deepening of voice• Increase in size of penis & testicles• Erections & ejaculation• Hair growth on face & chest• Broadening of chest & shoulders	<ul style="list-style-type: none">• Development of breasts• Widening of hips• Menstrual cycle begins	<ul style="list-style-type: none">• Development of acne• Increased body odor• Increased sweating• Hair growth in armpits• Pubic hair growth• Mood swings• Increase in sexual feelings

DO: Discuss any remaining questions the student has about puberty.

DO: Review the information by watching [Sex Ed for People with Disabilities: Puberty](#) from the National Council on Independent Living.

Menstruation & Ovulation 15 minutes

DO: View the video [Menstruation: What to Expect](#) at Amaze.org.

SAY: Most women get a period once per month, about every 21-35 days. Some people may not have regular periods, and some people may take medications, including contraceptives, that stop their periods. People are most likely to get pregnant during the days before and after ovulation. Ovulation happens about two weeks before the next menstrual period starts. People get periods from the time they are teenagers through age 40 or 50. Menopause is when the ovaries slow, and then eventually stop, making hormones and egg cells. A person will stop having periods and cannot become pregnant once they go through menopause. What questions do you have about the menstrual cycle?

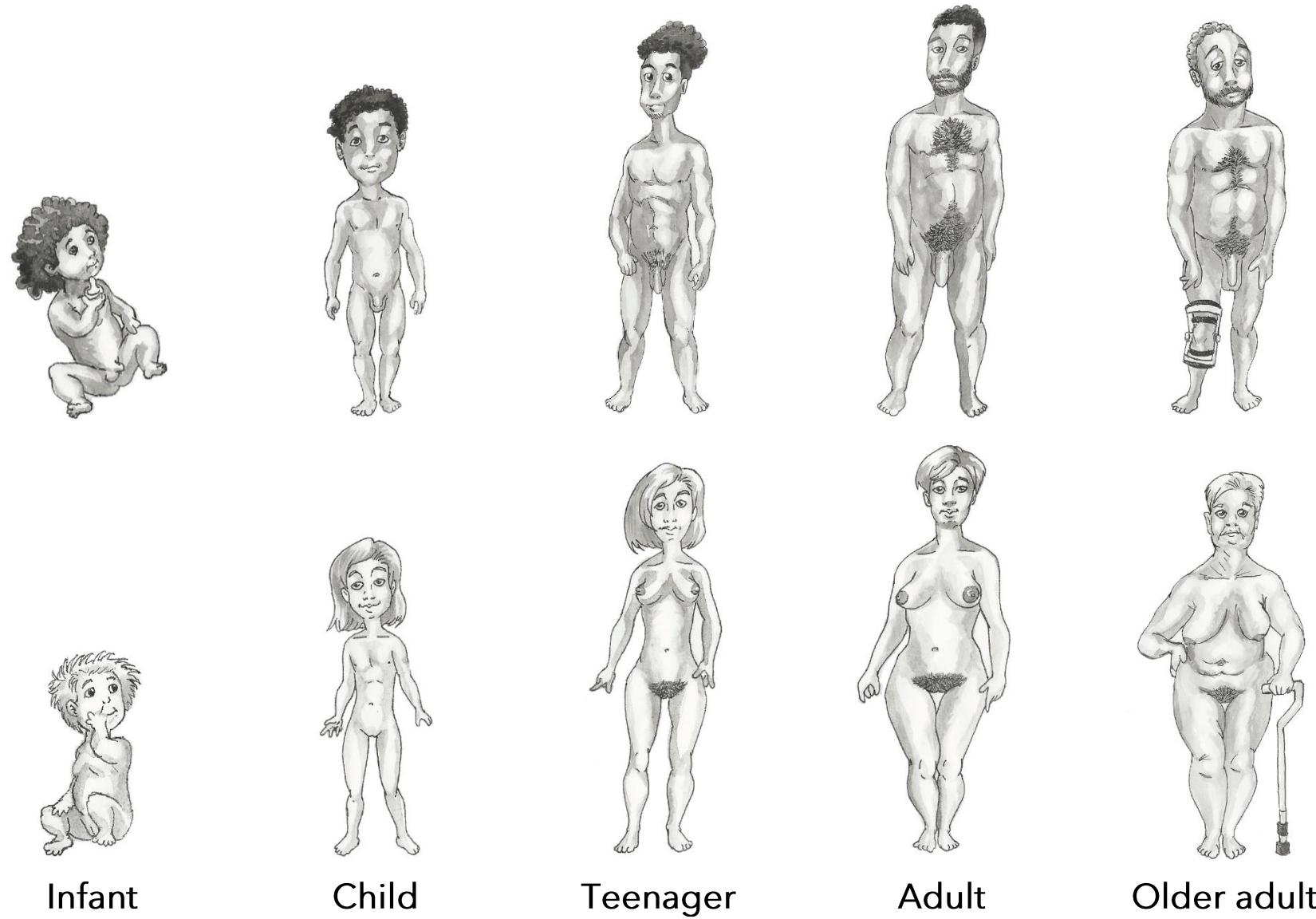
DO: If desired, view the video again.

DO: Ask the following questions to assess comprehension:

- What is menstruation? (Menstruation is when some of the lining of the uterus sheds through the cervix and vagina because a person is not pregnant.)
- When is a person most likely to become pregnant? (A person is most likely to become pregnant during and around ovulation, which occurs about two weeks before the start of a menstrual period.)
- What is menopause? (Menopause is when a person's body no longer produces reproductive hormones or eggs.)

DO: Review the material by watching [Sex Ed for People with Disabilities: Puberty](#) from the National Council on Independent Living.

Handout: Changing Bodies



Handout: Who Changes?

For each item listed, decide if it is a change that everyone experiences, men only or women only. We did one to get you started.

Body change during puberty	Everyone	Men only	Women only
Hair grows in armpits	✓		
Voice gets lower			
Penis & testicles get bigger			
Acne / pimples			
Menstrual period starts			
Hair grows around genitals - penis & vulva			
Chest & shoulders get wider			
Breasts grow			
More body odor			
Mood swings			
Erections & ejaculations			
Increased sweating			
More sexual feelings / sexual attraction			
Hips get wider			
Hair grows on face & chest			

Different bodies grow and change on different timelines.

Bodies and body parts come in many wonderful shapes and sizes!

All bodies deserve respect and care.

Reproduction, Pregnancy & Birth

Key concepts

- When a sperm and an egg meet, they can start a pregnancy.
- A pregnant person can choose to carry the baby to term and keep the baby, or choose adoption, or have an abortion. There are many factors to consider with each choice.
- A baby grows in the uterus for up to nine months.
- Babies are born by vaginal birth or C-section.

Values to affirm

- People have the right to choose to become pregnant or not: it's okay to want to become pregnant and it's okay not to want to become pregnant.
- No one should be forced to have a baby.
- No one should be sterilized without their fully informed consent.

Note to the educator

This section includes information about how vaginal sexual intercourse can lead to a pregnancy and potential birth. Reinforce medical terminology during these lessons.

Related topics

- Reproductive Anatomy
- Puberty
- Sexual Feelings & Behaviors

Resources

- Harris, Robie. *It's Perfectly Normal: Changing Bodies, Growing Up, Sex, and Sexual Health*. Candlewick 3rd Edition. 2009.
- Short, fun video resources on human sexuality topics from [Amaze.org](#)
- [Pregnancy Options, Planned Parenthood.](#)

How Pregnancy Happens 25 minutes

DO: View the video [Sex Ed for People with I/DD: Pregnancy](#) from the National Council on Independent Living.

DO: Use the How Pregnancy Happens Handout (page 32) to describe how sperm and egg can meet through vaginal sex or reproductive medicine to start a pregnancy. Ask the student what questions they have about how pregnancy happens.

DO: If desired, view the video again.

SAY: If a person becomes pregnant, and does not want to be pregnant, they have options. They can choose to have the baby and raise the child. They can choose to have the baby and choose adoption for the baby. They can choose to have an abortion and stop the pregnancy. There are many factors to consider with each choice. [Planned Parenthood](#) offers information and resources on pregnancy options. Would you like to learn more about pregnancy options?

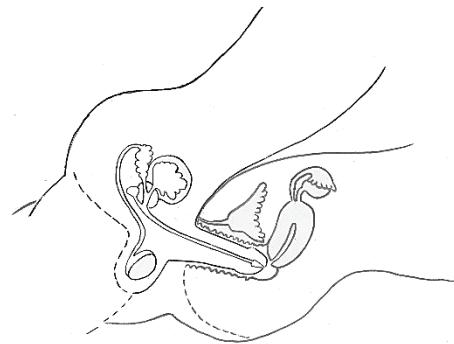
DO: Ask the following questions to assess comprehension:

- What two cells must meet in order for a person to become pregnant? (The sperm and the egg)
- How does a person become pregnant? (A person can become pregnant through vaginal sex or reproductive medicine.)

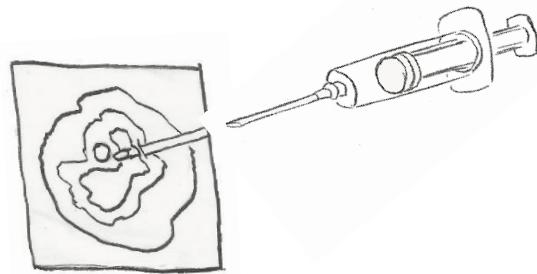
DO: Use the How Pregnancy Happens Handout (page 32) to show the stages of pregnancy and birth. Discuss the different stages of pregnancy and explain that a baby can be born through vaginal birth or C-section.

Handout: How Pregnancy Happens

Getting pregnant

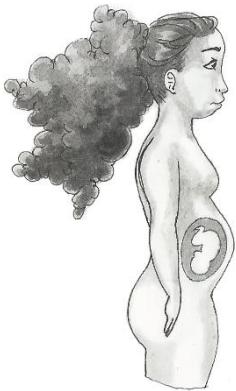
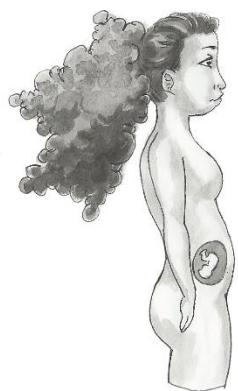


Penis in vagina sex



Reproductive medicine /
Fertility support

Pregnancy

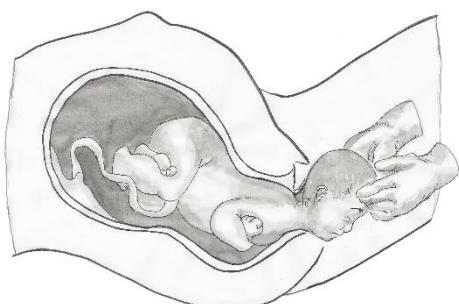


2 months

5 months

8 months

Delivering a baby



Vaginal birth



C-section birth

Decisions About Parenting

Key concepts

- Anyone can be a good parent. All parents need resources and a good support system.
- Parenting requires financial resources, time and patience.

Values to affirm

- All people have the right to choose whether and when they want to become parents.
- Parenting looks different for every family.
- There is no such thing as a perfect parent.
- No one should be forced to use contraception or be sterilized.

Note to the educator

This lesson outlines some things people may want to think about before becoming a parent. In addition, this lesson discusses some of the historical trauma around forced sterilization of people with disabilities and cultural beliefs around parents with disabilities that pervade today.

Related topics

- Reproduction, Pregnancy & Birth
- Healthy Relationships
- Contraception, Condoms and Safer Sex

Resources

- Creating opportunities for parents and prospective parents with disabilities: [Disabled Parenting Project](#)
- [Christopher and Dana Reeve Foundation, Parenting with a Disability: Know Your Rights Toolkit, 2016.](#)

Thinking About Parenting 20 minutes

SAY: All people have the right to choose whether and when they want to become parents. There are some important things to think about before becoming a parent. Getting ready to be a parent can help a person feel more confident and more prepared to be a parent.

DO: Share with the student the Ready to Be a Parent? Handout (page 35). The checklist is a way to assess our strengths and support needs when it comes to parenting. For any items that remain unchecked, brainstorm with the student what they could do to feel more prepared in this area. Have the student write 2-3 next steps to be better prepared for parenting.

Parenting Supports 15 minutes

DO: Watch the video [New Disabled Parent Adventures in Advocacy](#) from Rooted in Rights. Discuss the video using the following questions:

- Ivanova says, "people with disabilities can be parents, we just need the right supports." What kinds of supports do parents need?
- What is a person-centered plan? Who would be a part of your plan?
- What did Ivanova and Ian do to get ready for their baby? What did the PAVE organization do to provide supports?

Handout: Ready to Be a Parent?

Use this checklist to determine your parenting readiness.



Emotional readiness:

- I am excited about being a parent!
- I feel ready for the long-term commitment of parenting.
- I am willing to change my schedule & my life to meet the daily needs of a child.
- I have people (family, friends, staff) who will support me.
- I know how to cope when I get frustrated or angry.

Financial readiness:

- I have enough money coming into my household on a regular basis to support a child.
- I can pay for a necessary baby items such as crib, car seat, diapers, clothes, formula, toys, and day care.

Physical readiness:

- I can manage getting little sleep.
- I / my partner have talked to my doctor about becoming pregnant and know what to expect during pregnancy.

Childcare knowledge:

- I have spent time caring for children on my own (babysitting etc.)
- I can list the daily needs of infants and children.
- I know someone who can answer my questions about being a parent.



Relationship readiness (if co-parenting):

- I am in a stable relationship with someone I love.
- My partner and I both want to be parents.
- My partner and I communicate well, and we are able to resolve disagreements.
- My partner and I have similar goals and values around parenting.

My next steps to be more prepared for parenting are:

Public & Private

Key concepts

- The difference between public, private and careful places.
- Some behaviors, like masturbation and sex, are only allowed in private places.

Values to affirm

People have a right to privacy and to enjoy private spaces

Note to the educator

This lesson helps students understand public vs. private spaces, and what people can do in those spaces. If your student lives in a group home setting, it is important to find out whether they have access to a private space (e.g. do they have their own bedroom?) and whether there are any restrictions on their private time (e.g. does their behavior plan require staff checks?). This information is helpful to know when teaching about public and private places and behaviors and may be used to help the student advocate for more private time alone or with a partner.

Related topics

- Reproductive Anatomy
- Sexual Feelings & Behaviors
- Masturbation & Pleasure

Public or Private? 30 minutes

SAY: A public place is a place where anyone can go. Often, there are lots of people in public places. What is an example of a public place? (A park is a public place - anyone can go there, and there could be lots of people there.) A private place is a place where you can close the door, and no one can see you. What is an example of a private place? (A bedroom is a private place - you can close the door, and no one can see you.) A careful place is a public place where it is okay to do some private things. A locker room is a careful place - sometimes people get undressed in a locker room, even though it is a public place.

DO: Using the Public & Private Card Sorter (page 38) and the Public & Private Place Cards (pages 39-40), have the student sort the places into public, private or careful places. (The place cards have a dot in the corner for easier sorting.)

DO: Discuss why each place is public, private or careful. If the student misplaced more than 25% of the cards, repeat the activity.

DO: Using the Public & Private Card Sorter (page 38) and the Public & Private Touch Cards (pages 41-42), have the student sort the touches into public, private or careful. (The *place* cards have a dot in the corner for easier sorting. The *touch* cards do not have a dot.) For this activity, use the careful space for behaviors that some people might do in public, while others might only do in private (e.g. kiss on the lips).

DO: Discuss why each behavior is public, private or careful. If the student misplaced more than 25% of the cards, repeat the activity.

Public

Anyone can go there.

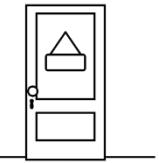
There may be lots of people there.



Private

You can close the door.

No one can see you.



Careful

A public place where we might do private things.

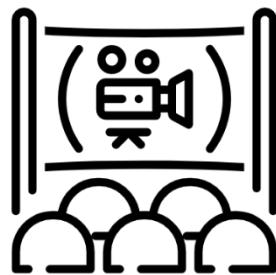
Public & Private Place Cards



Bus



Park



Movie theater



School



Car



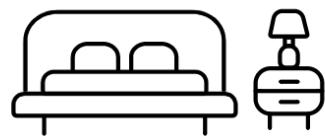
Internet



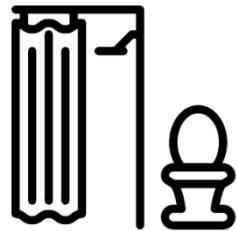
Public bathroom



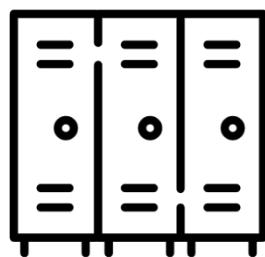
Doctor's office



Bedroom



Home bathroom



Locker room



Living room /
Common area

Public & Private Touch Cards



High five



Masturbation



Being sexual



Hug



Fist bump



Cuddling



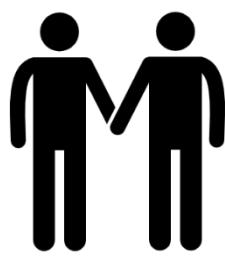
Arm around
shoulder



Kiss on the lips



Handshake



Holding hands



Kiss on the cheek



Watching sexually
explicit media

Appropriate Conversation

Key concepts

- How much we share with someone depends on the closeness of our relationship with them.
- Choose carefully who you speak to about sexual behaviors.

Values to affirm

- We must respect that people have different levels of comfort when it comes to talking about sex.
- It is common to have private thoughts that are not shared with others.
- If you ever feel confused, uncomfortable, scared or hurt, it is okay to talk about sex with someone you trust.

Note to the educator

Appropriate conversation can be a challenging topic to teach because the concept of "appropriate" is rooted in personal and societal values, rather than in facts. Throughout these lessons, reinforce with the student that a person's sexuality is healthy and normal, and that people have different levels of comfort when it comes to talking about sex. In general, talking about sexual behavior and pleasure happens between a person and their romantic partner. Sometimes people might speak with a doctor or therapist about sexual behavior and pleasure. It is always okay to talk with a someone you trust about sexual abuse and assault.

Related topics

Public & Private

Resources

Recommended for students on the autism spectrum: Nowell, Nancy. *Mike's Crush - Understanding High School Relationships*. Social Signals, LLC, 2011.

Conversation Brainstorm

10 minutes

DO: On a flipchart, brainstorm a list of conversation topics. Think about the things people talk about with different people in their lives. These can include things like the weather, sports, your income, a medical problem, your sex life etc. Once you have created a list, consider which topics would be okay to discuss with a romantic partner? A parent? A friend? A support person? A stranger? Explain that some topics are okay for certain types of relationships, but not others.

What Is Okay to Share? 15 minutes

DO: Print and cut out the Person Cards (pages 45-48) and the Conversation Topic Cards (pages 49-50). Place them in two separate piles.

SAY: We're going to talk about appropriate conversation. That means thinking about what information we share and who we share it with. For example, someone would talk with a doctor or a trusted friend about a medical problem they are having. But they wouldn't tell a stranger about it. We're going to play a game to think about this some more.

DO: Have the student draw one Person Card and one Conversation Topic Card and discuss whether it would be okay to discuss the topic with that person. Repeat several times making different combinations of people and topics.

Conversation Scenarios 15 minutes

DO: Print and read the following scenarios with the student. Decide which conversations are appropriate and which are not. Consider who the character is talking to and the location where they are having the conversations.

1. John feels a burning sensation when he pees. He goes to the doctor's office. On the way, he tells the bus driver how much it burns when he pees. At the doctor's office, he tells the person sitting next to him in the waiting room what he's going through. When he gets called back, he tells the nurse his symptoms and finally, the doctor. Which conversations did John have that were appropriate and why?
2. Tamara has been dating Sam for the past two months. They recently started having sex and it's going great. Tamara would like more alone time with Sam. Sometimes she chats with her best friend about her sex life. Sometimes she chats with her roommate about her sex life - it makes her roommate uncomfortable. She tells her direct support staff that she would like more alone time so that she and Sam can have sex more often. Which conversations did Tamara have that were appropriate and why?
3. Ken likes to watch pornography on the internet and masturbate. He watches it in his bedroom, in private. Sometimes he likes to watch pornography with his boyfriend. They talk about which videos are their favorite. One day, Ken and his boyfriend are walking through the mall discussing a scene from one of the videos. Which conversations did Ken have that were appropriate and why?
4. Cassie was forced to have sex by her college boyfriend. It happened a few years ago and Cassie never told anyone. Cassie goes to see a therapist to talk about the assault. She also talks about it with a best friend who went to college with her. She tells her 8-year-old cousin about the assault so that her cousin can stay safe. Which conversations did Cassie have that were appropriate and why?

Person Cards



Coach



Sister



Mom



Grandfather



Stranger



Grandmother



Cousin



Uncle



Brother



Aunt



Teacher



Friend



Friend



Therapist



Romantic partner



Bus driver



Neighborhood
kids



Police officer



Doctor



Dad



Romantic partner



Support worker



Neighbor

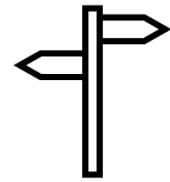


Nurse

Conversation Topic Cards



How much
something costs



Directions when
you are lost



The weather



Your pet



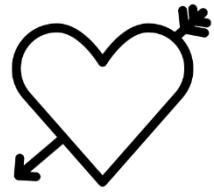
Sports



Your deepest
feelings



Your sexual limits



Who you have
a crush on



Your favorite TV
show

How sexy they
look



You are feeling
sick

Your sex life

Appropriate Touch

Key concepts

- How and how much you touch another person depends on the closeness of your relationship with that person.
- If you are not sure if someone wants to be touched, you should ask them.
- Health care professionals may need to touch your body as part of their job. We can still decide if we want that touch or not.

Values to affirm

- Caring and loving touches are a basic human need.
- Your body belongs to you. You decide who touches your body.

Note to the educator

Most people have a basic need and desire for caring and loving touches from other people. It is important to understand that all touches must be given and received with consent. Some touches are friendly, some touches are intimate, and some touches are sexual. All touches require consent.

Related topics

- Public & Private
- Appropriate Conversation
- Consent

Resources

A curriculum on social boundaries designed for students with disabilities: Champagne, Walker-Hirsch, Stanfield. *Circles®: Intimacy & Relationships*. The James Stanfield Company, 2018.

People in Our Lives 20 minutes

DO: Divide a flipchart paper into four quadrants. Each quadrant will represent a different relationship type: (1) romantic partner, if applicable; (2) family members; (3) friends; (4) acquaintances. Leave the quadrants untitled for now.

DO: Ask the student to brainstorm the people in their life. As the student thinks of names, write them into the untitled quadrant that fits the relationship type. Once the quadrants are filled, ask the student if they can determine the title for each quadrant. Then write the titles for each quadrant.

DO: Using the Public & Private Touch Cards (pages 41-42), ask the student which touches they feel are most appropriate for each of the four relationship types. Sometimes a touch might be appropriate for more than one category. Encourage the student to tape the card in between the quadrants, or to pick the one they think is the best fit.

SAY: How we touch someone, and how much we touch them, depends on the closeness of our relationship with them. Typically, we touch people we are closest to, like a romantic partner or family member, the most.

SAY: Imagine you wanted to give someone a hug, but you weren't sure if they wanted a hug. What would you do? (Responses could include "don't hug them," and/or "ask if they want a hug.")

SAY: Why do you think it is important to ask someone before we touch them? (Responses could include, "they would feel uncomfortable," and/or "so I don't get in trouble.")

What Touches Are Okay? 15 minutes

DO: Using the Person Cards (pages 45-48) and the Public & Private Touch Cards (pages 41-42), have the student draw one Person Card and one Public & Private Touch Card. Decide together if it would be appropriate for the student to touch that person in that way.

SAY: Sometimes health care professionals may need to touch our bodies as part of their jobs. Sometimes these touches may be uncomfortable. It is always okay to tell the health care provider what feels uncomfortable and to ask them to stop or let you take a break. A health care professional should always use a "medical touch." That means they only touch your body to make sure you are healthy or to assess a problem. A health care professional should never use a romantic or sexual touch for a patient.

SAY: What should a person do if someone touches them in a way they do not like? (Responses can include, "tell the person to stop," "get away from the situation," "tell someone you trust.")

Gender Identity & Sexual Orientation

Key concepts

- Everyone has a sex assigned at birth, a gender identity, a gender expression and a sexual orientation.
- Gender identity, expression and sexual orientation can change and shift over time.
- It is perfectly normal to have sexual feelings for people of the same gender and/or another gender.
- People who are transgender may want to undergo medical transition, social transition, both, or neither. There is no right or wrong way to transition.
- There are resources and support groups available for people who are LGBTQ+.

Values to affirm

- LGBTQ+ identities are a natural part of the human experience.
- All people deserve equal rights regardless of orientation or identity. As a society, we are still striving for equality in these areas.

Note to the educator

Gender dysphoria (formerly called Gender Identity Disorder) is a diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) that allows transgender people to potentially use medical insurance to medically transition. It is important to know that some gender diverse people do not feel their identity is a disorder or that they suffer from dysphoria - instead feeling that gender diversity is a natural part of the human experience.

Research indicates that the prevalence of autism spectrum disorder (ASD) is 6-10 times higher among people with gender dysphoria or gender variance (deVries 2010; Heylens 2018). People with ASD may be less concerned about conforming to social norms and therefore may feel more comfortable identifying as gender diverse. Despite this trend, people with autism and other DD diagnoses may be less likely to be believed by their family, caregivers and health care providers when they present with a diverse gender identity. All people have the right to explore their gender identity and expression in order to determine what fits them best.

It is becoming more common for people to state which pronouns they use (he, she, they, etc.). Always use the pronouns a person asks you to use. If you are not sure what pronouns a person uses, you can ask them. Even better, you can introduce yourself using your own pronouns and ask the student their name and pronouns upon meeting them.

Related topics

- Reproductive Anatomy
- Sexual Feelings & Behaviors

Resources

- [Trans Student Educational Resources \(TSER\). The Gender Unicorn.](#)
- deVries, A. et al. *Autism Spectrum Disorders in Gender Dysphoric Children and Adolescents*. Journal of Autism and Developmental Disorders, 2010.
- Heylens, G. et al. *The Co-occurrence of Gender Dysphoria and Autism Spectrum Disorder in Adults*. Journal of Autism and Developmental Disorders, 2018.

Defining Terms

30 minutes

DO: Give the student a copy of the Sex, Identity, Expression, Orientation Handout (page 58). On a flipchart, write "sex assigned at birth," "gender identity," "gender expression," and "sexual orientation." Ask the student to brainstorm any words they have heard related to these categories. Fill in the chart as follows:

Sex assigned at birth	Gender identity	Gender expression	Sexual orientation
Male	Man	Masculine	Asexual
Female	Woman	Feminine / femme	Bisexual
Intersex	Transgender Cisgender Non-binary	Androgynous	Gay Straight Queer

Note: These lists are simplified for understandability, but the educator should add and affirm any other terms the student mentions.

DO: Explain that every person has a sex assigned at birth, a gender identity, a gender expression and a sexual orientation. Explain the following terms:

Sex assigned at birth - The sex given to a baby at birth, usually based on how their genitals look.

Gender identity - A person's sense of themselves as male, female, both or neither. It can be the same or different from their sex assigned at birth.

Gender expression - The way a person uses hair, make-up, clothing, jewelry, speech and hand gestures to show their gender.

Sexual orientation - An emotional, romantic, or sexual attraction to other people.

SAY: Our culture has some ideas about how these identities should line up, but we know that there is no right or wrong combination of these identities.

DO: Have the student complete the Sexual Identity Terms Handout (page 59) to review the definitions.

Note: Use the following list of terms as a reference for activities on this topic.

Male - a person born with a penis, scrotum and testicles

Female - a person born with a vulva and vagina

Intersex - a person born with genitals that are not obviously male or female; or a person who discovers later in life that their genitals, chromosomes and hormones do not align how our society expects them to

Man - refers to a person who knows in their heart, mind and soul that they are a man

Woman - refers to a person who knows in their heart, mind and soul that they are a woman

Transgender/Trans - refers to a person who does not identify with their sex assigned at birth. Note that the word "transgender" is an adjective and not a noun. You could say "a person who is transgender" but would not say "a transgender." Additionally, to say a person is "transgendered" is considered offensive.

Cisgender/Cis - refers to a person who identifies with their sex assigned at birth

Non-binary - refers to a person whose gender identity is not within the binary of man and woman

Masculine - having qualities or appearance traditionally associated with men

Feminine/femme - having qualities or appearance traditionally associated with women

Androgynous - having qualities or appearance traditionally associated with men and women, or neither

Asexual - a person who is not attracted to other people

Bisexual - a person who is attracted to people of their own gender and other genders

Gay - a person who is attracted to people of their own gender

Straight - a person who is attracted to people of the opposite gender

Queer - umbrella term for sexual and gender minorities who are not heterosexual or are not cisgender

For more information, visit the [Human Rights Campaign](#) and [Trans Student Educational Resources \(TSER\)](#) glossaries of terms.

Sexual Identity Scenarios 10 minutes

DO: In each of the scenarios, determine the character's sex assigned at birth / gender identity / gender expression / sexual orientation.

1. Simon was assigned male at birth. He is attracted to men. He usually dresses in masculine clothing, but sometimes has fun dressing in drag. He identifies as a man.
(Sex assigned at birth: Male / Gender identity: Man / Gender expression: Usually masculine, sometimes feminine / Sexual orientation: Gay)

2. Sierra is attracted to men. She was assigned male at birth but feels most comfortable wearing her hair long and wearing dresses. She identifies as a transgender woman.
(Male / Transgender Woman / Feminine or femme / Straight)
3. Thomas is attracted to women. He was assigned male at birth, has a beard, a deep voice and wears masculine clothing. He is attracted to men and women.
(Male / Man / Masculine / Bisexual)
4. Stef was assigned female at birth. Stef uses they/them pronouns. They dress in gender-neutral clothing and enjoys a non-gendered look. They identify as a non-binary. They are sexually attracted to women and identify as queer.
(Female / Non-binary / Androgynous / Queer)
5. JD was assigned male at birth. He identified as a man for a long time, but now feels that non-binary fits him better. He used to date only men, but now dates men and women.
(Male / Non-binary / No information about gender expression / Bisexual)

DO: Using the Gender Unicorn Handout from Trans Student Educational Resources (TSER) (page 60), have the student mark where they fall on each spectrum arrow of gender identity, gender expression, sexual attraction and emotional attraction. Invite the student to color in the unicorn and the arrows as they wish.

Finding Support 20 minutes

DO: View the video [Crip Queer Pride with Daisy Wislar](#) by Rooted in Rights. Discuss the following.

- What types of support does Daisy have in their life?
- What types of support would you like more of in your life?

DO: Together with the student explore the following resources to find support and community for LGBTQ+ people in your area:

- [Human Rights Campaign](#)
- [GLAAD](#)
- [The Trevor Project](#)
- [Center Link: The Community of LGBT Centers](#)

Transitioning 15 minutes

SAY: Transitioning means the changes a person might choose to make their gender expression and their gender identity match. There are two main kinds of transitioning: social and medical. Social transition could include cutting or growing out hair, wearing or not wearing makeup, wearing a binder (to flatten the chest) or a padded bra, changing name and/or pronouns, etc. Medical transition could include taking hormones like estrogen or testosterone to change sex characteristics, having “top” surgery to remove or increase breast tissue, and/or having “bottom” surgery to change how the genitals look and how they work.

SAY: There is no right or wrong way to transition. Each person has the right to decide what steps they want to take, or not take.

DO: If the student is considering transitioning, have them brainstorm some ways they would like to transition now or in the future. Discuss what resources the student would need to make those changes - include financial, social and emotional resources.

Coming Out 20 minutes

DO: For students who would like to come out as LGBTQ+, use the [How Do I Come Out?](#) resource from Planned Parenthood.

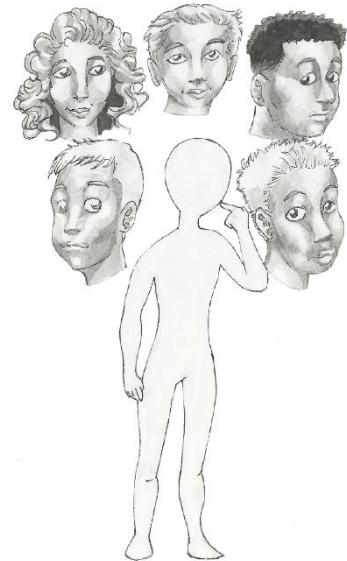
DO: Role play a coming out conversation a few times. Encourage the student to experiment with different wording to find what feels best to them. If the student is unsure of how the person they are coming out to might react, role play how to respond to different reactions from that person.

Handout: Sex, Identity, Expression, Orientation



Sex assigned at birth

The sex given to a baby when they are born, usually based on how whether they have a penis or a vulva.



Gender identity

How a person feels about their gender: male, female, both or neither. It can be the same or different from their sex assigned at birth.



Gender expression

The way a person uses hair styles, make-up, clothing, jewelry, speech and hand gestures to show their gender.



Sexual orientation

Who a person is sexually and emotionally attracted to.

Handout: Sexual Identity Terms

Match the definition with the correct word. We did one to get you started.

Whether a person feels like a man, a woman, both or neither. It can be the same or different from their sex assigned at birth.	g
The way a person uses hair, make-up, clothing, and personality to show their gender.	
An emotional, romantic, or sexual attraction to other people.	
A person born with a penis, scrotum and testicles	
A person born with a vulva and vagina	
Describes a person whose gender identity is different from their sex assigned at birth	
Describes a person whose gender identity is the same as their sex assigned at birth	
Describes a person whose gender identity does not fit with feeling like a man or a woman	
Describes a person who is not attracted to other people	
Describes a person who is attracted to their own gender and another gender	
Describes a person who is attracted to people of their own gender	
Describes a person who is attracted to people of the opposite gender	
An umbrella term for sexual and gender minorities who are not straight / cisgender	

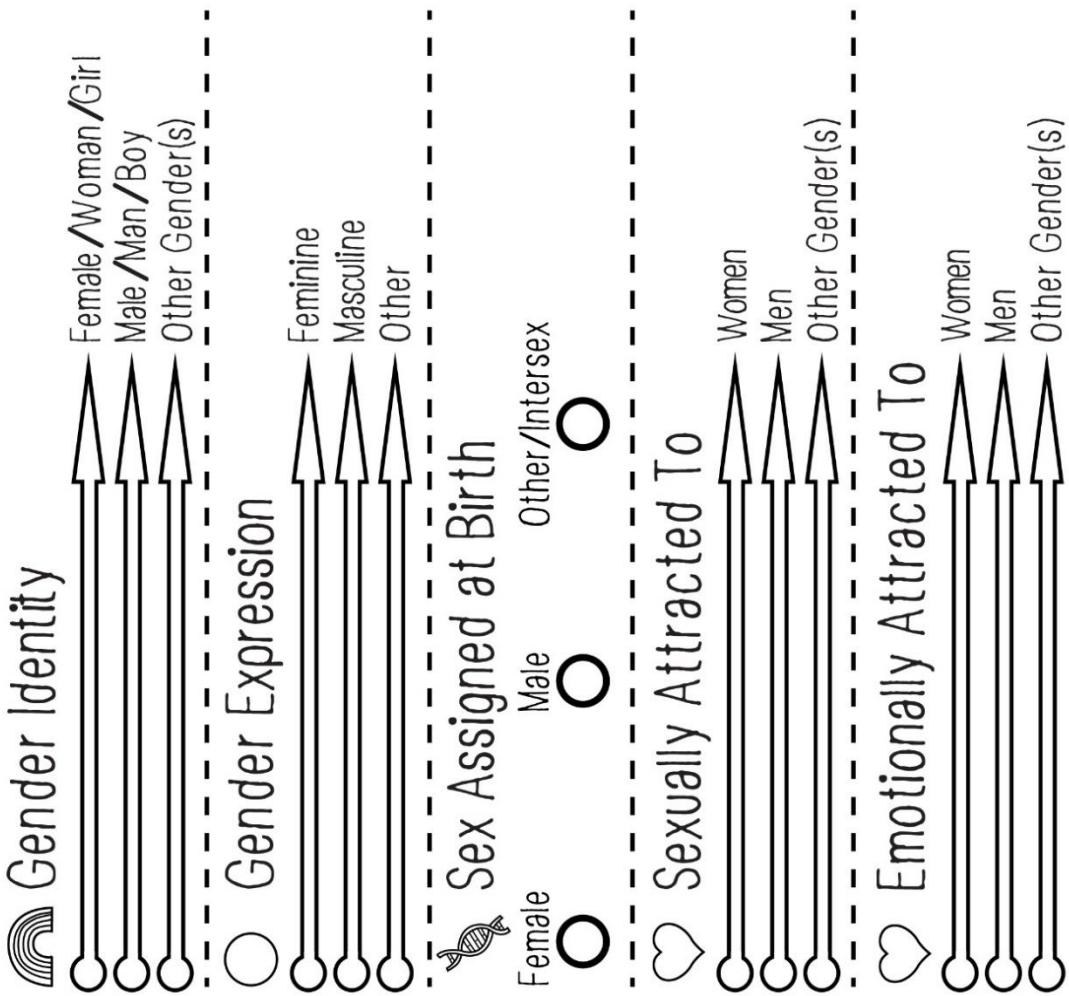
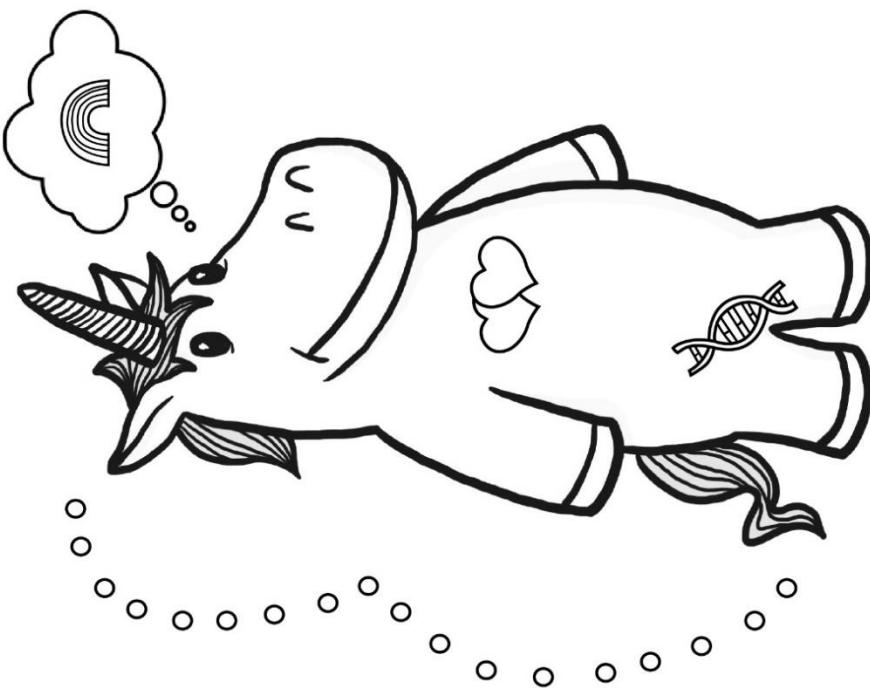
Word list:

- | | |
|----------------------|-----------------------|
| a. Asexual | h. Male |
| b. Bisexual | i. Non-binary |
| c. Cisgender | j. Queer |
| d. Female | k. Sexual orientation |
| e. Gay | l. Straight |
| f. Gender expression | m. Transgender |
| g. Gender identity | |

Answers: g, f, k, h, d, m, c, i, a, b, e, l, j

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more go to:
www.transstudent.org/gender
Design by Landyn Pan
Illustration by Anna Moore

Masturbation & Pleasure

Key concepts

- Masturbation is healthy, normal and safe.
- Masturbation is a great way to get to know your body and your desires. It can also be helpful for communicating to a partner about what makes your body feel good.
- It is important to practice good sexual hygiene when masturbating - keep hands and toys clean and fingernails trimmed.
- Enjoying sexual fantasy is normal and people often do not want or intend to engage in their fantasies in real life.

Values to affirm

- It is normal to masturbate; it is normal not to masturbate.
- Many people, those who are single and those in romantic relationships, enjoy masturbation. It is okay to masturbate if you are in a relationship. It is okay to choose not to masturbate if you are in a relationship.
- If frequency of masturbation does not interfere with daily activities and duties, it is within range of normal.

Note to the educator

From a health perspective, masturbation is healthy, normal and safe. Masturbation is a good way to explore one's own body, to relieve stress or pain, to feel good and/or to induce sleep. Because educators may have different values about masturbation, it is important to examine your own values before facilitating these activities. What were the messages you received about masturbation growing up? What are your feelings about masturbation now? When educators teach about masturbation, it is important to validate and affirm masturbation as healthy, normal and safe.

Related topics

- Reproductive Anatomy
- Sexual Health & Hygiene
- Sexual Feelings & Behaviors

Resources

- Reynolds, Kate. *Things Tom Likes: A book about sexuality and masturbation for boys and young men with autism and related conditions*. Jessica Kingsley Publishers, 2014.
- Reynolds, Kate. *Things Ellie Likes: A book about sexuality and masturbation for girls and young women with autism and related conditions*. Jessica Kingsley Publishers, 2015.
- [Sex Toys & Disability Guide](#) video by Erika Lynae
- Hingsburger, Dave. *Hand Made Love: A Guide for Teaching About Male Masturbation Through Understanding and Video*. Diverse-City Press, Inc, 1997.
- Hingsburger, Dave. *Finger Tips: Teaching Women with Disabilities about Masturbation Through Understanding and Video*. Diverse-City Press, Inc, 2000.
- [Sexuality Resource Center for Parents. Information about Masturbation \(For Parents of Children with Developmental Disabilities\)](#). n.d.

What Is Masturbation? 15 minutes

DO: View the video [Sex Ed for People with Disabilities: Masturbation](#) by the National Council on Independent Living.

DO: Review with the student:

- What is masturbation? Touching genitals in a way that feels good; rubbing the penis, vulva and/or clitoris.
- What is important to remember when you masturbate? Wash hands, clean up afterwards, choose a private place, use lubricant, only use toys specific for sex if you use toys. If masturbation is causing physical discomfort, like chafing, try using lubricant. If discomfort persists, consult a health care provider.
- There are three main types of lubricant: water-based, oil-based and silicone-based. Water-based lubricants are easy to find, affordable and can be used with all toys and condoms. Oil-based lubricants break down latex condoms, and some can make yeast infection more likely. Silicone-based lubricants last longer than water-based but cannot be used with silicone toys.
- What is a sex toy? Sex toys come in lots of different forms: vibrators, dildos, butt plugs, rings to go around the penis and/or testicles, penis sheaths etc. The type of toy a person chooses depends on what sensations they like, what body parts they have and their budget.
- Where could someone buy a sex toy? A local sex shop or online
- What is fantasy? Fantasy is what you imagine during sex that seems exciting or interesting. People have all kinds of different fantasies. Fantasy can tell us who and what turns us on. People have all kinds of different fantasies, including ones that might be nonconsensual or violent. Just because a person has a fantasy like this, does not mean they want to act on it in real life. If a fantasy feels very concerning to a person, they can discuss it with a therapist.
- What is an orgasm? An orgasm is a strong feeling of pleasure mostly around the genitals and sometimes throughout the rest of the body. For men, orgasm can include ejaculation, meaning semen coming out of the penis. For women, orgasm can include waves of pleasure in the vulva and vagina and increased lubrication and wetness in the genitals.
- Reinforce that masturbation is healthy, normal and safe.

Why Do People Masturbate? 10 minutes

DO: Divide a piece of flipchart paper down the center. Label one side "why?" and the other side "why not?" Ask the student to brainstorm reasons people might choose to masturbate and reasons people might choose not to masturbate. Answers may include:

Why?

- To explore their body
- To feel good
- To relieve stress or pain
- To fall asleep

Why not?

- They are in a relationship
- They have been told masturbation is wrong
- They are not interested
- They don't have the mobility needed

SAY: It is okay to choose to masturbate and it is okay to choose not to masturbate. Masturbation is healthy, normal and safe. It is okay to masturbate if you are in a relationship. It is okay to choose not to masturbate if you are in a relationship. Many people enjoy using sex toys for masturbation, and they can be helpful if a person is having difficulty with the mobility needed to masturbate.

DO: See the Resources section (page 61) for more information.

How Do People Masturbate? 10 minutes

DO: Using the Steps to Masturbation Cards (pages 64-65) have the student place the card in the correct order.

1. Go to a private place
2. Close the door
3. Remove clothing as desired
4. Touch and/or rub penis, vulva and/or clitoris with hands, toys, a pillow etc. in a way that feels good to your body. Use lubricant, if desired. Use sexually explicit media, if desired.
5. Use tissues to wipe up any fluids
6. Put clothes back on
7. Wash hands

DO: If the student would benefit from an instructional video about masturbation, see the Resources section (page 61) for more information.

Steps to Masturbation Cards



Go to a private place



Close the door



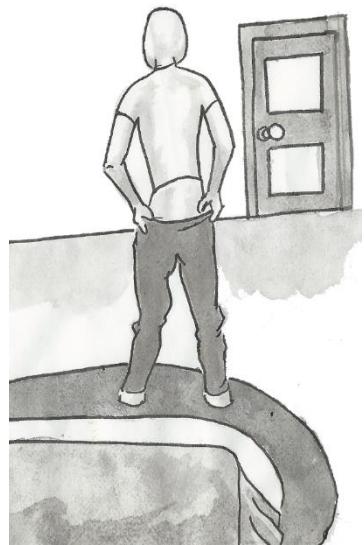
Remove clothing, as desired



Touch penis, vulva or clitoris in a way that feels good



Use tissues to
wipe up



Put clothes back on



Wash hands

Sexual Feelings & Behaviors

Key concepts

- When a person has sexual feelings, they have some choices: they can choose to redirect their thoughts, feel the sexual feelings and not act on them, masturbate (in a private place), or be sexual with a partner (with their partner's consent).
- There are a variety of ways to express oneself sexually, alone or with a partner(s).

Values to affirm

- Most people have sexual feelings and desires; this is a normal part of being human.
- Most people enjoy masturbation and will masturbate at some point in their lives.
- Many people enjoy engaging in sexual touch with another person.
- We must respect a variety of sexual behaviors as long as they are based in consent, equality and responsibility.

Note to the educator

There are many healthy ways to express sexual feelings, alone or with a consenting partner. Regardless of your own personal beliefs, it is important to validate and affirm the feelings and desires of others. Remember that fantasy can take many forms and people often do not want or intend to engage in their fantasies in real life. We must respect a variety of sexual behaviors as long as they are based in consent, equality and responsibility.

Related topics

- Public & Private
- Masturbation & Pleasure
- Consent

Resources

Inclusive, comprehensive, supportive sexuality and relationships info for teens and emerging adults: Scarleteen.com

Exploring Sexual Feelings 15 minutes

DO: Ask the student to brainstorm what happens to the body when someone feels sexual feelings or sexual attraction. Answers may include:

- Flushed face
- Heart beats faster
- Palms become sweaty
- Butterflies in the stomach
- Penis becomes erect/hard
- Vagina and vulva become warm and/or lubricated

DO: Ask the student to brainstorm what a person can do when they have sexual feelings. Answers could include:

- Think about something that is not sexual to lessen the feelings
- Enjoy the feelings and keep them to yourself
- Masturbate (rub vulva or penis) in a private place
- Be sexual with another person – if you both want to

DO: Ask the student to decide what they would do if they felt sexual feelings at work or school? While at home watching TV? When cuddling with a romantic partner? At the grocery store?

SAY: What we choose to do when we have sexual feelings depends on *where* we are, *who* we are with and *what* we are doing. If a person decides to masturbate or be sexual with another person, they must be in a private place. If a person chooses to be sexual with another person, there must be consent, meaning that both people want to be sexual with each other.

What Is Sex? 20 minutes

SAY: For this activity we are going to talk openly about sex and sexual behaviors. Some people might feel uncomfortable talking so openly about sex, and others might be excited or curious. All feelings are okay.

DO: Ask the student to brainstorm types of sexual touches people might do alone or with a partner. Answers may include holding hands, hugging, cuddling, kissing, masturbating, having sex etc.

SAY: Sex is an important topic to discuss because many people will be sexual alone or with a partner at some point in their lives. "Sex" means different things to different people. Talking openly and honestly with a partner is important so that partners are clear about their sexual boundaries and limits.

DO: Ask the student to brainstorm what "sex" means to them. Be specific about what body parts would touch. Answers may include:

- Rubbing genitals together
- Masturbating with a partner (hands on each other's genitals)
- Oral sex (mouth on penis, vulva or anus)
- Vaginal sex (penis or toy in vagina)
- Anal sex (penis or toy in anus)
- Cybersex, text sex or phone sex (with or without masturbation)
- Masturbation (touching one's own genitals for pleasure)
- Something else!

DO: Complete the brainstormed list by filling in anything that was not mentioned. Discuss which body parts are involved in the different kinds of sex listed.

DO: Ask the student to brainstorm a list of reasons why people choose to have sex. Answers may include: it feels good; they want to have a baby; they are curious about sex; they want to be close to their partner etc.

SAY: Any time two or more people are involved in sexual touch, everyone must agree on what sexual touches they want to do together. This is called consent and will talk more about it later.

SAY: Some sexual behaviors can result in pregnancy or sexually transmitted infections. We will talk more about these topics later.

Sexually Explicit Media (SEM) / Pornography

Key concepts

- Some adults enjoy viewing SEM alone or with their partner. Other adults are not interested in SEM or do not enjoy viewing it. It is normal to enjoy SEM. It is normal to be uninterested or not enjoy SEM.
- SEM should be viewed in a private place.
- SEM involving people under 18 years of age is illegal and there are serious consequences if a person views, stores or shares these images or videos.
- There are many scenarios or behaviors in SEM that are unrealistic or not reflective of most people's bodies or their sex or romantic lives.
- Enjoying sexual fantasy is normal and people often do not want or intend to engage in their fantasies in real life.

Values to affirm

- If the SEM is legal (i.e. does not involve people under 18 years of age) adults have the right to view it if they wish.
- Many adults enjoy viewing SEM alone or with a partner. Viewing SEM is a normal exploration of sexuality.
- Adults have a right to private space and time to enjoy SEM.

Note to the educator

The term "Sexually Explicit Media" is used in this lesson instead of "pornography." Sexually Explicit Media (abbreviated SEM and pronounced "sem") is a more descriptive, neutral term that is less culturally charged than the term pornography.

It is important to avoid assumptions about the student's interest or lack of interest in SEM. Approach this lesson from a lens of providing information, avoiding stigma and advocating for the right for adults to view SEM, if they so choose. Remember, many people may have viewed SEM for the first time unintentionally and may have questions. For some people, SEM may have been a useful form of sex education when they had no other source of information about sexual behaviors. SEM may have been the first representation they saw of their own sexual identity. SEM can be a safe way to experience sexuality through fantasy, without consequence of pregnancy or STIs and to explore behaviors that a person does not want or intend to engage with in real life.

Related topics

- Public & Private
- Sexual Feelings & Behaviors
- Masturbation & Pleasure

Resources

[Rothman, Emily F. How porn changes the way teens think about sex. TEDMED talk, 2018.](#)

Sexually Explicit Media (SEM): What Is Real?

15 minutes

SAY: Sexually explicit media or "SEM" is pictures or videos of sexual body parts or sexual behaviors that are created to make people feel sexually aroused. Sometimes people call this "pornography" or "porn." SEM can come in the form of magazines, DVDs and internet pictures or videos.

SAY: People in SEM pictures and videos are actors. The actors must be adults (18 years old or older). SEM that has people under 18 years of age is illegal and there are serious consequences if a person views, stores or shares these images or videos.

SAY: By law, SEM may only be viewed by adults. We also know that many people under the age of 18 accidentally view SEM or view it on purpose. Some adults enjoy watching SEM alone or with their partner. Other adults are not interested in SEM or do not enjoy viewing it. It is normal to enjoy SEM. It is normal to be uninterested or not enjoy SEM.

SAY: SEM can be a safe way to enjoy sexuality through fantasy, without the chance of pregnancy or STIs. Some people explore their fantasies by watching SEM. Sometimes people are interested in watching something happen in SEM that they don't want or intend to try in real life.

SAY: There are many things about SEM pictures and videos that are not real. A lot of bodies and body parts we see in SEM don't look like most people's bodies. The way people meet, talk about and have sex in SEM doesn't look like how it happens in real life. Just like in the movies, the people in SEM are paid actors. SEM is like a car chase in an action movie. It can be exciting and fun to watch, but it isn't how people really drive their cars on the road.

DO: Ask the student to brainstorm what might happen in SEM that is not real. Answers may include:

- The actors may pretend to enjoy the sex more than they actually do
- The actors may have very large breasts or penises that are not typical sizes of most people
- The actors might show something that would be illegal in real life (e.g. sexual or physical violence)
- The actors might do sexual things without asking each other if it is okay (i.e. get their consent)
- The actors are immediately ready for anal, oral or vaginal sex without time for sexual arousal (cuddling, kissing, body rubbing etc.)
- The actors might not use condoms
- The actors' bodies are thin, young and attractive
- The actors make it look like the sexual encounter is perfect - no one loses an erection, needs extra lubrication, and everyone has an orgasm etc.

Note: Although SEM is often an unrealistic portrayal of bodies and sexual behaviors, there are also some SEM creators and curators who are intentional about including more realistic portrayals of bodies and sexual behaviors. An adult may choose to search for that content while being careful to use the Dos and Don'ts listed in the next lesson.

SEM Dos and Don'ts 10 minutes

DO: Discuss with the student each of the items on the Dos & Don'ts of Sexually Explicit Media (SEM) Handout (page 72).

Handout:

The Dos & Don'ts of Sexually Explicit Media (SEM)

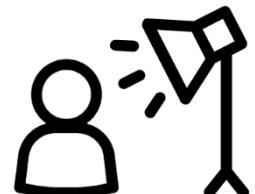
Do...

- Watch SEM in a private place
- Use only trusted websites
- Use an antivirus software and a private browsing mode to protect your information
- Be careful what you share on a SEM website, including comments.
- Ask questions about the SEM you watch. Is it enjoyable for the actors? Do they ask for consent? Do they use protection? Who has the power in the scene? What feelings come up when you watch it?
- Get help from a therapist if watching SEM means that you are missing school or work, not seeing family & friends, or not getting enough sleep.



Don't...

- Don't click on suspicious pop-ups, banners and links, which can crash your computer or spread a computer virus.
- Don't believe that SEM is real life - people in SEM are paid actors.
- Don't stay on a website if you feel uncomfortable - leave right away.
- Don't create an account with a username that would identify you, for example, your name or birthday.



Sexual Harassment, Assault & Abuse

Key concepts

- Your body belongs to you. You get to decide who touches your body.
- If you were sexually harassed, assaulted or abused, tell someone you trust. Keep telling people until someone believes you and agrees to help.

Values to affirm

- Harassment, assault and abuse are not the survivor's fault.
- If you were harassed or assaulted or abused, you are not alone and there are many places to find help.

Note to the educator

People with intellectual disabilities are seven times more likely to be sexually assaulted than people without disabilities and they are more likely to be assaulted by someone they know. People with DD may be targets of sexual assault because they may be easier to manipulate and may have difficulty testifying in court. Read more at the [NPR Special Series, Abused and Betrayed \(2018\)](#).

Terms to know:

Sexual harassment: Unwanted sexual comments, gestures, text messages or requests for sexual favors in the workplace or at school.

Sexual assault: Unwanted sexual touching. This includes unwanted anal, oral or vaginal sex and unwanted sexual touching, like fondling or kissing.

Child sexual abuse: Sexual activity with a minor (under 18 years old), including showing genitals to, or masturbating in front of, a minor; fondling; sexual intercourse; sexual text messages or social media interaction; and showing Sexually Explicit Media to minors.

Because of high rates of assault and abuse among people with DD, teaching with a trauma-informed lens helps to promote safety, equity and empowerment for your student. Review the resources listed to ensure that you understand and can implement the six key principles of a trauma-informed approach:

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, historical and gender issues

Because of high rates of assault and abuse among people with DD, it is important to know the mandatory reporting laws in your state, as well as the mandatory reporting policies of your organization. Start by looking up your state's laws at the [Child Welfare Information Gateway](#).

Related topics

- Reproductive Anatomy
- Appropriate Touch
- Consent
- Unhealthy Relationships

Resources

For Survivors

- Hines, Staci. *Healing Sex: A Mind-Body Approach to Healing Sexual Trauma*. Cleis Press, 2007.
- For male survivors: [1in6](#)
- [Rape, Abuse & Incest National Network \(RAINN\)](#)
- Survivor-led, LGBTQ+ focus: [The Network La Red](#)

Supporting Sex Offenders with DD

- [Health Canada. Addressing the Needs of Developmentally Delayed Sex Offenders: A Guide. 1998](#)

Trauma Informed Sex Education:

- [CARDEA. A Guide to Trauma-Informed Sex Education. 2016.](#)

Data and Statistics

- [NPR Special Series. Abused and Betrayed. 2018.](#)

Understanding Sexual Harassment, Assault & Abuse 10 minutes

SAY: The topic of sexual harassment, assault and abuse is important to understand but can also bring up a lot of emotions for people. You are in charge of this discussion and you can ask to take a break at any time for any reason.

SAY: Talking about sexual harassment, assault and abuse can help us understand what it is and what to do about it. What are some things you think people should know about sexual harassment, abuse or assault? (Answers may include: it's not okay, it's not the survivor's fault, if it happens you should tell someone you trust.)

SAY: Abuse and assault can take different forms, and none are okay.

- It is not okay for co-workers, supervisors or teachers to talk about sex or make sexual gestures, send sexual text messages, or ask for dates or sex, especially if it makes you uncomfortable. This is called sexual harassment.
- It is not okay for someone to touch you sexually without your permission. This includes unwanted anal, oral and vaginal sex. It also includes unwanted kissing or touching of breasts or buttocks. This is called sexual assault.
- It is not okay for adults to be sexual with children or show children sexual images or videos. This is called child sexual abuse.

SAY: What questions do you have about what is or is not harassment, assault or abuse? What questions do you have about what is or is not okay?

Getting Help 15 minutes

DO: Together with the student, discuss the Getting Help Handout (page 75). Answer any questions the student may have.

Handout: Getting Help

- Your body belongs to you and you get to decide who touches your body.
It is not okay for someone to touch you without asking.
- If you have been sexually harassed, assaulted or abused, it is NOT your fault.
- If someone touches you in a way that you do not want, you can tell them to stop.



- Sometimes a body responds sexually to assault or abuse (vaginal lubrication, erection and/or orgasm). This reaction is natural and does NOT mean that you wanted to be, or liked being, assaulted.
- If someone touched you in a way that you did not want, tell someone you trust. It is normal to feel scared to tell someone. Be brave – you can do it.
- List three people you trust:

1. _____ 2. _____ 3. _____

- You can also call the National Sexual Assault Hotline for help:
1-800-656-4673



Unit 2: Sexuality with a Partner

Healthy Relationships

Key concepts

- A healthy romantic relationship is based in attraction, love, mutual respect, equality and responsibility.
- It is helpful to know what you want in a partner and in a relationship.
- Relationships grow and change over time. It is normal to have arguments or disagreements with a partner. Healthy communication can help resolve disagreements.
- You have the right to decide whether or not to be sexual with another person.
- You have the right to advocate for your personal sexual boundaries.

Values to affirm

- All people have the right to explore romantic relationships.
- All relationships look different. What is important is that they are based in consent, equality and responsibility.

Note to the educator

Too often the assumption is made that people with DD cannot have or maintain healthy relationships. This is a myth and all people have the right to explore and enjoy romantic relationships, no matter their ability. All people should have the dignity of risk, meaning the right to make mistakes in relationships and have relationships fall apart – this is a normative experience for most people. People with DD should not be barred from exploring and enjoying relationships, or the positive and negative consequences that may result. All romantic relationships look different – they last for varying amounts of time, those involved enjoy a wide range of sexual and romantic behaviors, and relationships may be conducted online, offline or some combination of the two. We must respect a variety of relationship types and styles, as long as they are based in consent, equality and responsibility.

Related topics

- Consent
- Dating & the Relationship Cycle
- Technology & Relationships
- Unhealthy Relationships

Resources

- Sex education curricula for students with disabilities: Kelley et al. *Talkabout Sex and Relationships 1 & 2*. Routledge, 2017, 2018.
- [Healthy relationships videos](#) at Amaze.org

Thinking About Relationships 15 minutes

DO: Draw a line down the middle of a flipchart page. On one side, have the student brainstorm: what is a healthy relationship? Write or draw answers on the flipchart. On the other side have the student brainstorm: what is an unhealthy relationship? Write or draw answers on the flipchart. Discuss with the

student what makes a relationship healthy (e.g. consent, equality, responsibility) vs. unhealthy (e.g. poor communication, an imbalance or misuse of power and control).

Optional: Have the student brainstorm: what are you looking for in a romantic partner? Write or draw answers on a flipchart. Have the student choose the three answers that are most important to them in a relationship. Discuss why they chose those three. Discuss whether or not those items are part of a healthy relationship.

Relationship Stoplight Game 15 minutes

DO: Have the student sort the Relationship Scenario Cards (pages 80-81) using the Stoplight Sorter (page 82) into red light (unhealthy), green light (healthy) and yellow light (caution or needs more information.) Some cards may fit into two categories depending on the student's opinions. For each card, discuss the reasons the student chose the category they did.

DO: Review the content by watching [Sex Ed for People With I/DD: Healthy Relationships](#). Ask the student to share two important points from the video.

Optional: View [What Makes A Relationship Healthy?](#) at Amaze.org. Review with the student the three characteristics of a healthy relationship: respect, equity and communication. Ask the student to describe each term in their own words, and how each would show up in a healthy relationship.

Deal Makers / Deal Breakers 15 minutes

DO: Have the student complete the Deal Makers & Deal Breakers Handout (page 83). Explain that a deal maker is a quality that a romantic partner must have, whereas a deal breaker is a quality that would be cause for break up. Discuss the student's responses, highlighting what the student chose and why. The handout could also be given as homework.

The Relationship Process 10 minutes

DO: Using the Relationship Process Handout (page 84), discuss the questions to consider before a relationship, while establishing a relationship and as the relationship develops. If the student is in a romantic relationship, have them identify where in the process their relationship is currently. Let the student know that it is okay to talk about relationship challenges with their partner, with you, or with a trusted friend or family member.

Relationship Rights & Responsibilities 15 minutes

DO: Review the Relationship Rights & Responsibilities Handout (page 85) with the student. Discuss which right and which responsibility feels most important to the student and why.

Communication Styles 25 minutes

SAY: What does the word "communication" mean? Can you give some examples of communication?

SAY: There are three main styles of communication: passive, aggressive and assertive. Passive communication is shy, quiet and the person does not advocate for what they want. Aggressive communication is loud, rude and the person gets what they want, at any cost. Assertive communication is confident, clear and the person advocates for themselves in a respectful way.

DO: Print and read the communication scenarios below to determine whether the characters' communication styles are passive, aggressive or assertive.

- Sheera and Tomas are going out to dinner. Tomas suggests a favorite fast food place. Sheera says, "I hate that restaurant! Why would you think I want to go there?" Tomas mumbles, "I don't know. We can go wherever you want." What communication style did Sheera use? Tomas?
- Clarissa and her mom are arguing about what time Clarissa must be home after a party tonight. Clarissa says, "My friend and I have agreed that we'll stick together for the whole party, and we'll get a ride share home so that we don't have to drive. I'll be home by 1am and not any later." Clarissa's mom says, "I'm glad you have already made plans to be safe. However, I want you to be home by 11pm so that you are not tired for sports practice tomorrow." What communication style did Clarissa use? Her mom?
- Alex and Rae are discussing who should empty the dishwasher. "I did it last time," Alex says, "So I think it is fair that you empty the dishwasher this time." Rae groans and says, "I've been at work all day! I'm tired and I don't want to!" What communication style did Alex use? Rae?
- Sam needs a doctor's checkup. Sam and their dad are arguing about who should call to make the appointment. "You are 18. You should be able to make the call yourself!" says Dad. Sam says, "I am nervous about making the call because I have not done this before. Can I watch you make the call and I'll do it next time?" What communication style did Sam use? Their dad?
- Vera and Erin cannot find the remote control. Vera thinks Erin was the last person to use it. Vera is too nervous to say this to Erin. While looking for the remote together, Erin says, "I don't know where the remote is. It's not my problem." The show Vera wants to watch starts in five minutes, but Vera mumbles, "Okay. I'll keep looking." What communication style did Vera use? Erin?

DO: Ask the student to recall a recent event where they used passive, aggressive or assertive communication. Did the communication go well? What could have made it go better? Share the following tips for assertive communication:

- Think about what you are going to say before you say it - you could even write it down
- If the conversation gets difficult, take a few deep breaths to calm and center yourself
- Listen and ask questions to understand what the other person is saying to you

Optional: Find clips from the student's favorite movie or TV show. Show the clip, discuss the communication style used and whether or not the communication was effective.

Relationship Scenario Cards

They like you just the way you are

You look forward to seeing each other

You spend time together and apart

It is easy to talk about your feelings with them

You do not like their friends

Sex is the most important part of your relationship

You stay with them because you do not want to be single

Sometimes you disagree or argue

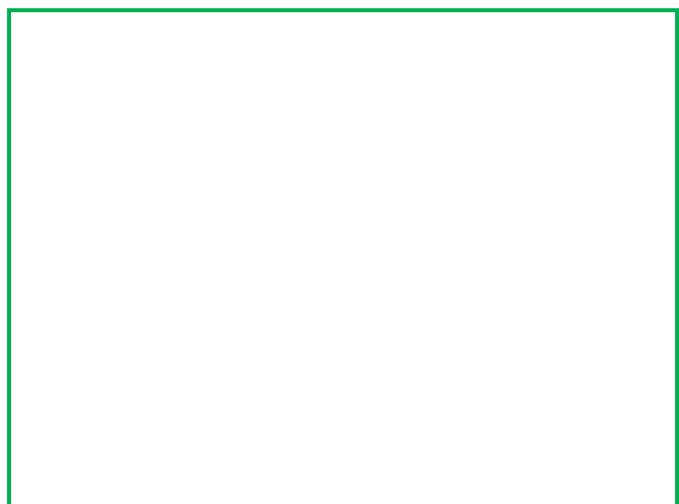
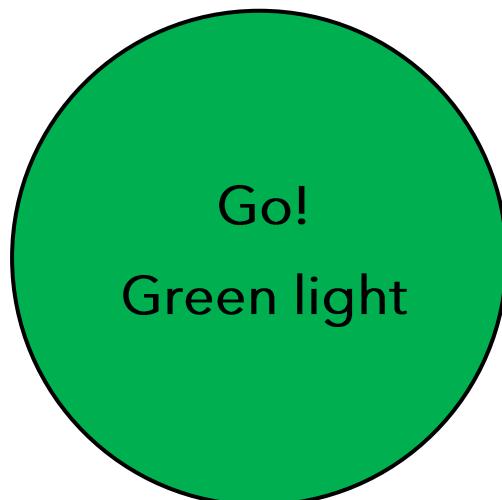
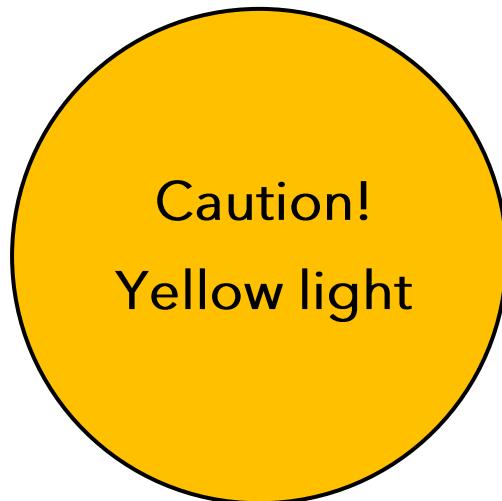
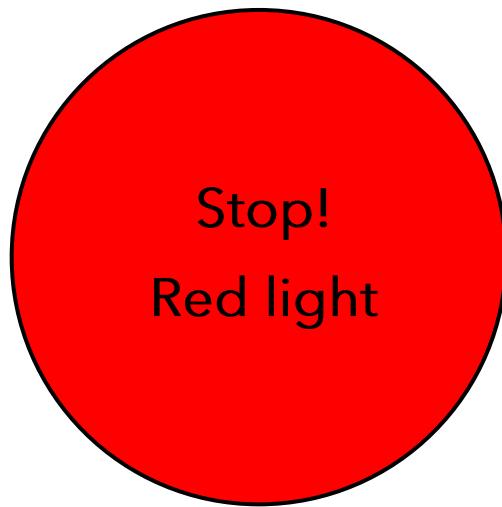
They pressure you to have sex

They do not want you to hang out with your other friends

They accuse you of kissing someone you did not kiss

They are always texting you, even after you ask them to stop

Stoplight Sorter



Handout: Deal Makers & Deal Breakers

Choose from the items below and decide if they are deal makers (important to the relationship), deal breakers (you might break up over this), or not important. Write in any others you think of that are not listed here.

Sense of humor	Same religion as you	Smokes cigarettes
Good looking	Loves me for me	Wants to have pets
Smart	Controlling	Messy
Good listener	Wants to get married	Wants to have kids
Uses drugs / alcohol	Honest	Likes adventure

Deal maker	Not important	Deal breaker

Handout: The Relationship Process

Before a relationship:

What do you want to get out of a relationship?

What are you looking for in a partner?

Starting a relationship:

Where will you meet people?

Are you already friends?

Are you ready to ask them out on a date?

After a date... do you still like them?

Do you want to ask them to be
your partner / boyfriend / girlfriend?

As the relationship continues:

Do you trust and value each other?

Do you support each other?

Can you overcome problems and disagreements together?

Do you share values, hopes and dreams?

Can you make the relationship work
even though tough times?

Are you happy together?

Handout: Relationship Rights & Responsibilities

You have the right to...

- Have your feelings and thoughts respected.
- Share expenses; not feel like you owe your partner something.
- Be touched in loving or sexual ways ONLY with your consent.
- Break up, fall out of love and not feel scared.
- Never be touched in a way that makes you feel uncomfortable or unsafe.



You have the responsibility to...

- Ask someone before you touch them if it is okay to touch.
- Leave someone alone if they do not want to be touched, or if they do not want to talk.
- Be sexual only in a private place, like the bedroom.
- Respect what other people need and want.



Consent

Key concepts

- Giving consent means giving someone permission to touch you.
- Getting consent means asking permission to touch another person.
- Consent is important so that everyone feels respected and comfortable.
- If someone touches you without your consent, you should tell someone you trust.

Values to affirm

- Your body belongs to you. You decide who touches your body.
- It is not okay to touch someone without their consent.

Note to the educator

This lesson differentiates between *giving* consent and *getting* consent. Everyone should understand both. It is recommended that you research the sexual consent definitions and laws in your state.

Related topics

- Appropriate Touch
- Sexual Feelings & Behaviors
- Sexual Harassment, Assault & Abuse
- Healthy Relationships
- Unhealthy Relationships
- Sexual Self-Advocacy

Resources

[Sexual Consent](#) from Planned Parenthood

Giving Consent 25 minutes

DO: Together with the student, complete the Giving Consent Handout (page 90).

DO: Print and cut out the Consent Stoplight Cards (pages 91-92). Use the Giving Consent Handout (page 90) to determine where to place the cards on the Stoplight Sorter (page 82).¹ Red means "consent is not given," green means "consent is given," and yellow means "not sure / need more information." For each card on yellow, decide what would need to happen, or what information a person would need, to decide if consent is given.

Note: If a student is non-verbal or has limited verbal skills, they could use an assistive communication device or decide with their partner signs or hand signals to indicate 'yes' and 'no.'

¹ This activity is an adaptation of content developed by Planned Parenthood of the Great Northwest and the Hawaiian Islands (PPGNHI), 2019.

DO: View the video [Sex Ed for People with I/DD: Consent](#) from the National Council on Independent Living. Ask the student to share two things they learned from the video.

Getting Consent 20 minutes

DO: Together with the student, complete the Getting Consent Handout (page 93).

DO: Explain that you are going to practice getting consent by asking for a high five. Demonstrate the process by asking the student, "can I give you a high five?" Use the student's verbal answer and body language cues to decide if you give them a high five. Explain to the student why you made the choice you did.

DO: Have the student ask you for a high five. Practice several times modeling different verbal answers and body language cues.

SAY: Sometimes we might use only body language when asking for or giving consent. For example, we don't usually ask someone out loud if we can shake their hand. When we put our hand out for a handshake, we are asking without words. What other touches do we usually ask for using body language? (Answers can include handshakes, high fives, fist bumps, hugs). What should we do if we are not sure if someone wants to be touched? (Answers can include don't touch them or ask them if it is okay to touch them.)

SAY: If a partner is non-verbal, be sure to decide with them before doing anything sexual how you will communicate consent with each other. This could be agreeing on signs or hand signals or by using an assistive communication device.

SAY: If you hurt someone, or think you may have hurt someone, there are some questions to consider:

- How do you think the person felt?
- What could you do better next time?
- Can you apologize to the person? If yes, what will you say?
- How will it feel if they do not forgive you?

Note: If the student indicates they may have hurt someone, write down these questions and encourage the student to take some time to think about the questions at home. You can discuss the answers at your next meeting.

SAY: Even if you did not mean to hurt the person, it is important to know that they felt hurt. The person may not want to be in a relationship with you anymore, and you must respect that. It can be hard to accept that we have hurt someone, but we can focus on how we can do better next time. It may also be helpful to seek therapy around the experience.

Consent Videos 30 minutes

DO: Explore consent further by using the consent video series from Planned Parenthood. Note that these videos were designed for older teens and young adults.

DO: View the Planned Parenthood video, [How Do You Know if Someone Wants to Have Sex with You?](#)

Discuss: what are two things important things to know about consent?

SAY: We're going to watch some videos about different couples in different sexual situations talking about consent. Pay attention to the words the couples use, and their body language.

DO: View the Planned Parenthood video, [When Someone Definitely Wants to Have Sex.](#)

Discuss: what words did people use to give consent? What body language did you see that showed the people were giving consent?

DO: View the Planned Parenthood video, [When Someone Isn't Quite Sure If They Want to Have Sex.](#)

Discuss: what words did people use when they weren't sure about having sex? What body language did you see that showed people weren't feeling sure?

DO: View the Planned Parenthood video, [When Someone Doesn't Want to Have Sex.](#)

Discuss: what words did people use when they were not giving consent? What body language did you see when people were not giving consent? How did the people feel when they were told 'no'?

What's Right for You? 15 minutes

SAY: Thinking about personal boundaries before being in a sexual situation can help us communicate what we want and don't want to do with a partner. I'm going to read a series of questions to help you think about what you might be comfortable doing with a partner. For each question, think about whether the answer is 'yes,' 'no,' 'maybe' or 'I don't know.' There are no right or wrong answers. If you want to discuss your answers after all of the questions, we can. If you don't want to discuss your answers with me, that's okay too. If any of the questions make you feel uncomfortable, tell me to stop and I will stop. Again, you don't have to answer these questions out loud. Just think about the answers in your head.

DO: Read the questions slowly to allow time for the student to think.

- Is it okay if your partner touches you in public? Is it okay if your partner holds your hand? Hugs you? Kisses you on the cheek? On the lips?
- Thinking about being in a private place, are you comfortable being naked with your partner?
- Is it okay if your partner uses sexual words and language around you?
- If your partner asked to do the following things, what would you say? Kissing? Taking off clothes? Touching chest or breasts? Touching genitals? Having sex?
- Would you want to use condoms with your partner every time you have sex? Why or why not?
- Would you want to use, or have your partner use, contraception / birth control? Why or why not?
- Would you want to get tested for STIs with your partner? Get tested by yourself?
- Is it okay if your partner sends you sexy texts or pictures?

SAY: How did it feel to think about those questions? Why do you think it could be helpful to think about these questions before being in a sexual situation with a partner? Do you have any other thoughts or questions you want to share?

Handout: Giving Consent

What is giving consent?

Consent is giving someone permission to touch you.

For example, if someone asks, "can I give you a hug?" you can say yes or no.

When it comes to consent...

- No one should feel pressured
- Anyone can change their mind, at any time
- If you say yes, it is only for that moment. A yes now is not a yes for later.
- Each 'yes' is specific; saying yes for making out is not a yes for sex.
- Everyone should feel good about what is happening!

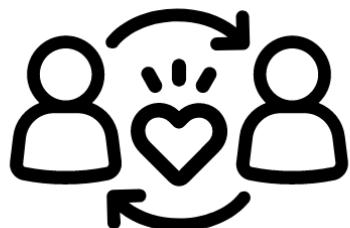


What to do when things are uncomfortable:

If someone touches you without consent or makes you feel uncomfortable:

1. Tell them to stop
2. Get away from them, if possible and safe to do so
3. Tell someone you trust

Who is someone you trust? _____



It is NOT okay, and it is NOT your fault if someone touches you without consent.

Consent Stoplight Cards

<p>“Yes!”</p>	<p>“I like that”</p>
<p>“That feels good”</p>	<p>“Keep going!”</p>
<p>One partner is not saying anything</p>	<p>One partner looks uncomfortable</p>

“Can we slow down?”

“I’m not sure...”

“Please stop”

“No!”

One partner looks scared or is crying

“I do not like that”

Handout: Getting Consent

How to ask for consent:

Would you like to...?

Is it okay if...?

Write your own: _____



YES!



Sounds like:

- Yes!
- I would love to!
- Write your own: _____



Looks like:

- Smiling
- Nodding head 'yes'
- Comfortable body language

NO.



Sounds like:

- No!
- I do not want to.
- Write your own: _____



Looks like:

- Frowning
- Shaking head 'no'
- Moving away, looks uncomfortable

If someone says 'no,' that is okay! It makes people feel comfortable when you respect their boundaries. You could ask if they want to do something else, like go for a walk or watch a movie.

Dating & the Relationship Cycle

Key concepts	Values to affirm
<ul style="list-style-type: none">Many people choose to date. People date to get to know one another and decide if they want to continue a relationship.Dating involves social skills that can be learned and practiced.Dating can be sexual, romantic, or both sexual and romantic.Relationships change over time. Sometimes a relationship ends in a breakup. When a relationship ends you may have many mixed emotions.	<ul style="list-style-type: none">Everyone has the right to explore romantic and/or sexual relationships.Everyone has the right not to date, if they choose.Everyone has the right to end a relationship if they no longer want to be in that relationship.

Note to the educator

This topic covers beginning, maintaining and ending romantic and/or sexual relationships.

Related topics	Resources
<ul style="list-style-type: none">Healthy RelationshipsTechnology & RelationshipsSexual Self-Advocacy	<ul style="list-style-type: none">Videos on healthy relationships at Amaze.orgSex education curricula for students with disabilities: Kelley et al. <i>Talkabout Sex and Relationships 1 & 2</i>. Routledge, 2017, 2018.Laugeson, Elizabeth. <i>PEERS® for Young Adults</i><i>Social Skills Training for Adults with Autism Spectrum Disorder and Other Social Challenges</i>. Routledge, 2017.Couwenhoven, Terri. <i>Boyfriends & Girlfriends: A Guide to Dating for People with Disabilities</i>. Woodbine House, 2016.

Dating Basics 15 minutes

SAY: Dating means agreeing to spend time with someone you are romantically or sexually attracted to. The purpose of dating is to get to know someone better and to decide if you want to continue a relationship. Many people choose to date, and some people do not want to date. It's up to each person.

DO: Have the student brainstorm a list of reasons why people choose to date. Answers could include: for fun, to get to know a person, peer / societal pressure, because you're attracted to someone, etc.

DO: Have the student brainstorm places where people meet other people that they want to date. Answers may include at a social event, at a bar, on the internet, or at a special interest group like a game night or bowling league.

SAY: Usually, people who are dating have common interests and values, so they meet each other at places related to those interests and values.

DO: Have the student brainstorm some places people might go on a date.

SAY: After a few dates, people may want to talk about their relationship and decide whether or not they want to use labels for each other like 'partner,' 'sweetheart' or 'boyfriend / girlfriend.'

DO: Use the Relationship Timeline Handout (page 97) to show how a relationship might progress. Affirm that there is no right or wrong way to date, and that dating and relationships will look different for every couple. Have the student check off three things they want in a partner.

DO: Brainstorm with the student a list of places where someone could meet people they might want to date. Brainstorm with the student what someone would say if they wanted to ask someone out.

Choose Your Own Dating Adventure 15 minutes

DO: Using the Choose Your Own Dating Adventure! Handout (pages 98-100) have the student read through a few scenarios of how a relationship might begin, progress and possibly end. After each adventure, process the activity with the following questions:

- Where did the characters meet? What attracted them to each other?
- What did Drew think about when deciding to ask August to hang out?
- If they went on a date, where did they go? How did they decide where to go?
- How did they know they liked each other?
- If they kissed, did they ask for consent?
- If things didn't work out, why do you think they didn't?
- How did Drew deal with rejection? (If applicable)

Handling Rejection 20 minutes

DO: Have the student brainstorm a list of reasons why people in a relationship might break up. Answers could include, wanting different things, growing apart or wanting to date other people.

DO: Have the student brainstorm what a person could say if they wanted to break up with their partner. Think about when would be a good time to tell them. Where would be a good place to tell them? What are the pros and cons of breaking up over text or social media?

DO: View the video [Dealing with Rejection: What's the Best Way?](#) from Amaze.org. Ask the student to share some main points from the video. Be sure to discuss the following:

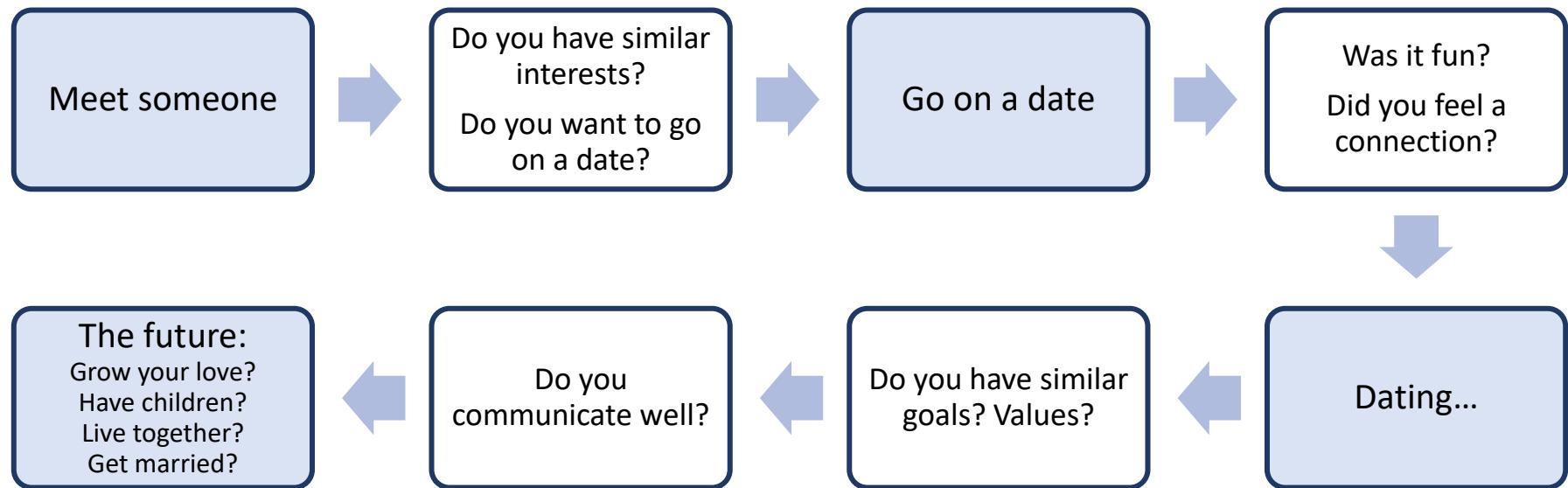
- Being rejected is common – it happens to everyone and doesn't mean there is anything wrong with you

- Accept the decision of the person who rejects you
- Don't blame yourself for being rejected - talk about your feelings with someone you trust
- Think about your best qualities
- Spend time with friends

Optional: If the student is trying to let go of hurt feelings, here are some things to try:

- Write a letter to the person who hurt you that you don't plan to send. It can help to write down your feelings and say exactly what you want to say.
- What would a good friend tell you about this situation? What would their advice be to help you let go of hurt feelings?
- Think about when and where your hurt feelings are strongest. Are you in the place where you used to meet up together? Is it when you are bored or lonely? Brainstorm a list of things you can do when hurt feelings come up.
- Who is one of your heroes? What would your hero do in this situation to help let go of these feelings?

Handout: Relationship Timeline



All relationships look different! There is no right or wrong way to date.

A breakup can occur at any point during dating - whenever one or more people feel they want to end the relationship.

Check off 3 things you want in a partner:

- | | | |
|---|---|--|
| <input type="checkbox"/> Sense of humor | <input type="checkbox"/> Wants children | <input type="checkbox"/> Neat/clean |
| <input type="checkbox"/> Likes pets | <input type="checkbox"/> Honest | <input type="checkbox"/> Same religion as me |
| <input type="checkbox"/> Smart | <input type="checkbox"/> Good listener | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Nice family | <input type="checkbox"/> _____ |

Handout: Choose Your Own Dating Adventure!

This is a choose your own adventure story. Read the story and decide what decisions you want the characters to make.

START August and Drew are at a birthday party. They have never met before. August sees Drew from across the room and thinks Drew is cute. August goes up to Drew and asks about his cool t-shirt design. The two chat and realize they have a lot in common. August seems interested, but Drew is nervous to ask for his number.

ASKS FOR THE NUMBER (GO TO 1)

DOESN'T ASK FOR THE NUMBER (GO TO 2)

1 August smiles and gives Drew his number. But August says that he is not interested in dating right now because he just went through a bad break up. August and Drew text back and forth for a few weeks as friends. Drew loves chatting with August. He has a really big crush on August but isn't sure if he should tell him how he feels.

TELLS AUGUST HOW HE FEELS (GO TO 3)

KEEPS HIS CRUSH A SECRET (GO TO 4)

2 Drew and August keep chatting but go their separate ways at the end of the party. Later, Drew mentions to a friend that he thinks August is nice and very cute. That friend heard from another friend that August thinks Drew is really cool. A few days later, Drew sees August at the grocery store.

SAYS HELLO TO AUGUST (GO TO 5)

DOESN'T SAY ANYTHING TO AUGUST (GO TO 6)

3 One afternoon, Drew texts August about his feelings. August texts back right away. August really likes Drew too, but he is nervous about starting a new relationship. Drew asks if August would want to hang out sometime - just as friends - to see how it goes.

AUGUST AGREES TO HANGOUT (GO TO 7)

AUGUST SAYS, 'NO THANKS' (GO TO 8)

4 Drew feels too shy to tell August how he feels. But a few weeks later, Drew and August bump into each other at the library. They chat for a little, and things get flirty. Drew wonders if he should ask August out on a date.

ASKS AUGUST ON A DATE (GO TO 9)

DOES NOT ASK AUGUST ON A DATE (GO TO 10)

5 Drew says 'hi,' and he and August chat for a long time. August tells Drew about a movie he wants to see and asks if Drew wants to go with him. Drew and August exchange phone numbers and make plans to go to the movies. As they are saying goodbye, Drew debates whether to tell August about his feelings.

TELLS AUGUST HIS FEELINGS (GO TO 11)

DOESN'T TELL AUGUST HIS FEELINGS (GO TO 12)

6 Drew avoids August at the grocery store, but then later he regrets not saying hello. He does some googling and puts in a friend request to August on social media.

ACCEPTS FRIEND REQUEST (GO TO 13)

REJECTS FRIEND REQUEST (GO TO 14)

7 August and Drew decide to go to a movie together. It is a movie that they both really wanted to see. They have such a good time together that they go to a coffee shop afterwards to talk. After a couple hours, they realize it is getting late and plan to leave. Drew really want to ask August out on a real date, but he is nervous how August will respond.

ASKS AUGUST ON A DATE (GO TO 15)

DOESN'T SAY ANYTHING (GO TO 12)

8 August says that he thinks Drew is really friendly and cool, but that there's just too much going on in his life right now. Drew feels confused and frustrated. Doesn't August want to make new friends? They say goodbye and Drew calls a close friend to share his feelings. **The end.**

9 August says he would love to go on a date. He and Drew have so much in common. They share phone numbers and make dinner plans for the weekend. Before leaving, they lock eyes and smile at each other. August leans in and kisses Drew on the cheek. Both are excited to see where this new relationship takes them. **The end.**

10 Drew decides not to ask August on a date. He is too afraid that Drew might say no. As time goes on, Drew and August see each other occasionally, and are always friendly. Sometimes, Drew wonders if August would have dated him, but he does not think that much about it. **The end.**

11 Later, Drew texts August. He had a great time at the movies and asks August on a date. August really likes Drew, but says he is just not ready to start a relationship right now. Drew feels a little rejected but asks if August wants to hang out again as friends.

AUGUST SAYS YES (GO TO 16)

AUGUST SAYS NO (GO TO 17)

12 Drew decides not to say anything to August about his feelings. He decides to just enjoy his friendship with August for now. **The end.**

13 August accepts the friend request within minutes. Later that night, they send some messages back and forth. Drew cannot tell if August is flirting with him or not. Drew would like to ask August on a date, but he is not sure what August will say.

ASKS AUGUST ON A DATE (GO TO 15) DOES NOT ASK AUGUST ON A DATE (GO TO 12)

14 August rejects the friend request. Drew feels so upset. He wonders if he did something wrong, or if August rejected his request by mistake. Drew talks about it with some close friends. They reassure him that they love being around him, and there is no way to know what August was thinking. **The end.**

15 Drew asks August if he wants to go on a date sometime. He has a favorite restaurant he would like to take August to. August smiles, but hesitates. He says he is just not ready to start a relationship right now. Drew feels a little rejected but asks if August wants to hang out again as friends.

AGREES TO HANGOUT (GO TO 16)

SAYS HE'S NOT READY FOR THAT (GO TO 17)

16 August and Drew hang out a few more times. They always have a great time together and feel closer to each other each time they hang out. One afternoon, while walking in the park, August looks deeply into Drew's eyes and asks if he can kiss him. Drew smiles and says 'yes.' Later they talk. They both really like each other, and that they agree to take this new relationship slow. **The end.**

17 August says he wants to stop hanging out with Drew for now. He is not sure what he wants in his life right now and needs some time to figure it out. Drew feels upset, but also respects August's feelings. **The end.**

Technology & Relationships

Key concepts

- Be careful what information you share with people online.
- The internet can be a great place to meet people. There are some things to remember to make sure you stay safe.
- Sharing sexual images can be fun and exciting. There are some things to remember to make sure you stay safe.

Values to affirm

- Many people use technology to meet and connect with other people.
- Sometimes people online do not have good intentions. Sometimes people are not who they say they are, so it is important to know how to stay safe.

Note to the educator

It is common for people to meet and establish sexual and romantic relationships using apps and websites. This is true for people of all abilities. The focus of these activities is to learn skills to be smart and safe when dating online.

Related topics

- Sexually Explicit Media (SEM) / Pornography
- Healthy Relationships
- Dating & the Relationship Cycle

Resources

- Dating apps and websites geared towards people with disabilities:
 - Glimmer(app)
 - SpecialBridge.com
 - DisabledMate.com

Online Dating

20 minutes

DO: Using the Online Dating Cards (pages 103-104), have the student sort them on the Stoplight Sorter (page 82) into red light (not okay), green light (okay) and yellow light (caution or needs more information). Some cards could fit into two categories depending on the student's opinion. For each card, discuss the reasons the student chose the category they did.

DO: See the Resources section for dating apps and websites specifically for people with disabilities.

Before Going on a Date

15 minutes

DO: Review the Before Going on a Date... Handout (page 105) with the student.

Sexting: Test Your Knowledge 15 minutes

DO: Have the student complete the Sexting: Test Your Knowledge! (page 106) Handout. Discuss all items and correct any misconceptions.

Online Dating Cards

Talk about your favorite recipes	Share photos of pets
Tell someone you like chatting with them	Share your social media account name
Ask someone if they want to hang out in person	Ask someone if they want to video chat

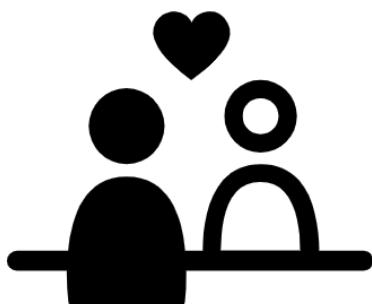
<p>Share photos of family members and friends</p>	<p>Share photos of yourself</p>
<p>Pressure someone to send a naked photo</p>	<p>Share your password</p>
<p>Send money to someone online who you have not met in person</p>	<p>Share your home address</p>

Handout: Before Going on a Date...

Lots of people meet romantic partners online. If you are planning to meet someone in person who you met online, there are a few steps to follow to make sure you stay safe.

Complete the following checklist in order to make sure you are ready for your date:

- Do you feel ready to meet in person?
- Decide on a public place to meet - like a coffee shop, bowling alley, or mall
- Consider a double date or including friends for the first time you meet
- Tell a trusted person where you are going and when you plan to be back
- Have the trusted person call or text you in the middle of the date to check in
- Decide how you will leave the date if you feel uncomfortable - what will you say and how will you get home?
- Put on clothes that are comfortable and make you feel fabulous!
- Meet up with your date!



Handout: Sexting: Test Your Knowledge!

1. True / False? If you are under age 18, sharing a naked picture of yourself can be considered child pornography.
2. True / False? Using privacy settings helps people stay safe online.
3. True / False? You can be fired from a job for something you post online.
4. True / False? Pictures can be saved by someone else using a screenshot.
5. True / False? You could be charged as a sex offender for sharing a naked picture your 16-year-old partner texted to you.
6. True / False? When you share something online, you do not know for sure who saw it, or if they re-posted it.



Answer: These statements are all true!

Unhealthy Relationships

Key concepts

- Power and control are often at the center of an unhealthy relationship. A person might try to control their partner using threats, violence, intimidation or isolation.
- Abuse is never the fault of the person who experienced the abuse.
- There are resources and steps a person can take to get help if they are in an unhealthy relationship.

Values to affirm

- Relationships can become unhealthy, even if they started out great.
- People deserve to be happy and safe in their relationships

Note to the educator

It is important for all people to know the warning signs of an unhealthy relationship and have the knowledge, tools, resources and ability to end an unhealthy relationship. This lesson may bring up emotions around past unwanted experiences for some students. Be mindful to check in with the student frequently to make sure they are feeling okay. Let them know they can ask to stop the lesson at any time.

Related topics

- Healthy Relationships
- Consent
- Dating & the Relationship Cycle

Resources

- [National Domestic Violence Hotline](#), 1-800-799-7233
- Educational resources and videos on relationships: [OneLove.org](#)
- [What Makes A Relationship Unhealthy?](#) from Planned Parenthood

Relationship Red Flags

30 minutes

DO: Watch the video [Intimate Partner Violence](#) from Amaze.org. Ask the student to share two things from the video that would be unhealthy in a relationship.

DO: Go over the Relationships Red Flags Handout (page 109) with the student.

DO: Have the student decide which red flag from the Relationship Red Flags Handout (page 109) is present in each of the following scenarios:

Danielle and Sam have been dating for a few months. Sam really loves Danielle, but Danielle seems to be getting angrier and picks fights with Sam more often. During a fight one night,

Danielle slaps Sam in the face. Danielle immediately apologizes and promises to never do it again. But a few weeks later, Danielle hits Sam again. (Physical abuse)

Tyler and Wren both have jobs. To keep things fair, they split the bill when they go out on a date. When Wren is fired, Wren and Tyler agree to stop going out for dinner until Wren gets another job. Lately though, Tyler seems to have less cash in his wallet than he remembers. One night, Tyler catches Wren going through his wallet and taking money without asking. (Financial abuse)

Stephanie and Lindsey are making dinner together. Lindsey accidentally burns the food. Stephanie says, "I can't believe I'm dating someone as dumb as you. If you don't get it together, I'm going to break up with you." (Emotional abuse)

Julia and Jerome have been dating for about a year. They spend almost all of their time together. When Julia wants to spend time with friends or family, Jerome makes her feel guilty. Jerome says, "Why don't you want to hang out with me? Do you like them better than me?" Julia starts hanging out with friends less because she hates when Jerome makes her feel bad. (Isolation)

DO: Share with the student these resources if they or a friend are in an unhealthy relationship.

- [National Domestic Violence Hotline](#), 1-800-799-7233
- [OneLove.org](#)
- [What Makes A Relationship Unhealthy?](#) from Planned Parenthood

Handout: Relationship Red Flags

Here are some signs of an unhealthy relationship:

Emotional abuse

- Being mean to, insulting or shaming a partner
- Making threats to leave the relationship
- Making threats to hurt a partner
- Name calling or talking down



Physical or sexual abuse

- Hitting, slapping, punching
- Forcing a partner to have sex
- Unwanted sexual touching



Financial abuse

- Stealing money
- Not letting a partner work and make money



Isolation

- Not allowing a partner to see their friends and family
- Not letting a partner do things they want to do, or go places they want to go



Sexually Transmitted Infections (STIs)

Key concepts

- STIs are germs that can be passed from one person to another during anal, oral and vaginal sex and skin-to-skin genital contact.
- STIs are very common and many people will get one at some point in their life.
- Many people who have an STI have no symptoms or signs of infection.
- STIs have effective treatments or cures but can have lasting consequences if left untreated.
- Condoms and dams protect against STIs.
- It is important to tell your sexual partners if you have an STI so that they can be treated and prevent further infection.

Values to affirm

- STIs are common and have effective treatments or cures. No one should be shamed for getting an STI.
- It's important to get tested and treated for STIs to avoid any harmful effects of the infection being left untreated.

Note to the educator

This section includes activities to help the student gain knowledge about sexually transmitted infections (STIs), what they are, how they spread and how to prevent their spread. Many people have the misconception that people with DD are asexual and/or do not need information about safer sex. Everyone can benefit from information about safer sex, regardless of ability and whether or not they have been, are currently, or plan to be sexually active.

Related topics

Contraception, Condoms & Safer Sex

Resources

Plush [Sexually transmitted disease](#) models from GiantMicrobes.com

All About STIs

20 minutes

SAY: If a person has the flu, what are some ways they could pass the flu to another person? (Answers may include shaking hands, sneezing or coughing on another person etc.) Germs are tiny organisms that carry infections from one person to another. We cannot see germs because they are too small. There are some germs that pass infections from person to person through anal, oral or vaginal sex, or skin-to-skin genital contact. These are called Sexually Transmitted Infections, STIs or sometimes, STDs (Sexually Transmitted Diseases). STIs are very common and many people will get one at some point in their life. What STIs have you heard of?

DO: Write down any STIs the student names, organizing them into two columns – one labeled “curable” and one labeled “not curable.”

DO: Fill in the list with any STIs that are not mentioned, as follows:

Curable	Not Curable
Chlamydia	HIV
Gonorrhea	Herpes
Syphilis	HPV
Trichomoniasis	Hepatitis B
Pubic lice ("crabs")	

SAY: These STIs can be passed from person to person through unprotected anal, oral or vaginal sex (without a condom or dam.) Syphilis, pubic lice, herpes and HPV can also be passed from person to person through skin-to-skin genital contact. It is important to remember that many people who have an STI have no symptoms or signs of infection. That means the only way to know for sure if you have an STI is to get tested.

SAY: If someone has one of the STIs that is curable, they can take antibiotics to cure it and make it go away. If someone has an STI, they should be sure that their partner(s) is also tested and treated. This keeps their partner safe. It also keeps them safe because a person can get the same STI from their partner, if their partner is not treated. If someone has an STI that is not curable, they can take medication to treat the STI, but they will have the infection for life. If someone has an STI that is not curable, they can talk with their doctor about how to make sure they don't spread the STI to their partner(s).

SAY: What does the word "prevent" mean to you? (Answers may include to stop, or to make sure something doesn't happen.) People can prevent STIs, which means they can use protection to lower their chance of getting an STI or passing an STI to their partner(s). Condoms, dams, testing and vaccines are all ways to prevent STIs.

DO: Review the information by watching: [Sex Ed for People with I/DD: Sexually Transmitted Diseases and Infections](#) from the National Council on Independent Living.

Optional: Use plush models of STIs from the [Giant Microbes](#) website to complement STI education. Give the student a plush model and have the student list one fact about that STI. Have the student sort the plush models by curable vs. not curable. Have the student sort the plush models by whether the infection can be passed through skin-to-skin genital contact or only through anal, oral or vaginal intercourse. These activities can also be completed by using index cards with each STI written on a card.

DO: For information on how STI testing works, see [How Does STD Testing Work?](#) from Planned Parenthood.

Contraception, Condoms & Safer Sex

Key concepts

- What are external and internal condoms and how to use them correctly.
- Condoms protect against STIs and can also prevent unintended pregnancy.
- What is a dental dam and how to use it correctly.
- If partners are engaging in penis-vagina sex and do not want to become parents, they should use a contraceptive method that works for them.
- It is important to have open conversations with your partner about the safer sex methods you will use together.

Values to affirm

- All people have the right to access and use the contraceptive and safer sex methods of their choice.
- No person should be forced to use contraception, or to choose a certain type of contraception.

Note to the educator

This section includes activities to help the student gain knowledge about contraception, including condoms and safer sex practices that reduce the risk of STI transmission. Many people have the misconception that people with DD are asexual and/or do not need information about safer sex. Everyone can benefit from information about safer sex, regardless of ability and whether or not they have been, are currently, or plan to be sexually active.

Related topics

- Reproductive Anatomy
- Reproduction, Pregnancy & Birth
- Sexual Feelings & Behaviors
- Consent
- Sexually Transmitted Infections

Resources

See resources listed throughout the activities

External Condoms 25 minutes

DO: Gather some external condoms to use for demonstration during this activity.

SAY: An external condom is a latex or non-latex tube that is closed at one end. It is rolled onto a penis before oral or anal sex to prevent STI transmission. It is also used during vaginal sex to prevent STI transmission and pregnancy.

DO: Have the student brainstorm condom brands, external condom types (colors, sizes, textures etc.), where someone could get condoms and their approximate price.

DO: View the video [Condom How To](#) from the National Council on Independent Living.

DO: Use two fingers or a condom demonstrator to show the student how to correctly use a condom. Discuss the following steps:

1. Check the expiration date (condoms expire, just like the food in your fridge).
2. Carefully open the package
3. Pinch an inch of the tip of the condom to make space for any ejaculate (semen).
4. Roll the condom down to the base of the penis. If you put the condom on upside down and it won't roll down, the inside of the condom is now contaminated. Throw it away and try a new one.
5. The partners can now safely have oral, anal or vaginal sex.
6. Holding onto the base of the condom, remove the penis from the partner before loss of erection.
7. Take off the condom and throw it in the trash.

DO: Check for understanding by having the student teach you the steps for correct external condom use. Since sex sometimes happens in the dark, have the student practice the condom demonstration with closed eyes, if they are comfortable doing so.

DO: Using the External Condom Line-up Cards (pages 116-117), have the student place the cards in the correct order as quickly as possible. The External Condom Line-up Cards have a dot in the corner for easier sorting.

DO: Ask the student which of the steps, if any, feel difficult to complete. Brainstorm with the student how to overcome those challenges. This may include having a partner or support person put on the condom, using an accessible condom like the [Wingman Condom](#), or trying out different condoms to find one that feels best. [My One Condoms](#) offers condoms in 60 different sizes.

Internal Condoms 15 minutes

SAY: An internal condom is a non-latex tube that is closed at one end. There is a plastic ring inside the condom which is helpful when inserting the condom into a vagina. It is inserted into the vagina before vaginal sex to prevent STI transmission and pregnancy. With the plastic ring removed, it can also be twisted at the closed end and inserted into the anus to prevent STI transmission during anal sex.

DO: View the video [How to Use Your FC2 Female Condom](#) from FC2.

Note: Internal condoms can be purchased on the [FC2 website](#), and are available at many health centers and by prescription in drug stores.

DO: If you have an internal condom, demonstrate correct use by inserting it into pelvic model, a vulva/vagina model or a closed fist. Using the Internal Condom Line-up Cards (pages 118-119), have the student place the cards in the correct order as quickly as possible. The External Condom Line-up Cards have a dot in the corner for easier sorting.

DO: Have the student brainstorm reasons people might want to use internal condoms instead of external condoms. Some reasons include:

- Non-latex and therefore good for people with latex allergies

- Does not require an erect penis to use
- Can be controlled by a person with a vagina instead of a person with a penis
- Can be inserted up to eight hours before sex

Dental Dams 5 minutes

SAY: A dental dam, sometimes called a “dam,” is a thin, rectangular sheet of latex or non-latex that can be used to prevent STI transmission during oral sex, either mouth on vulva or mouth on anus. Simply open up the dam and lay it over the vulva or anus to create a barrier. It can be helpful for a partner to hold onto the dam to keep it in place during sex. An external or internal condom cut down one side long ways can be used as a dam. Plastic wrap can also be used as a dam.

DO: If you have a dam, external or internal condom, or plastic wrap, demonstrate how a dam would be placed over the vulva or anus to create a barrier.

Contraceptive Methods 30 minutes

SAY: What contraceptive or birth control methods have you heard about? What do you already know about how those methods work?

SAY: Contraceptive methods are medications, barriers or procedures that people can use to prevent pregnancy when having penis-vagina sex. There are many different contraceptive options and the best option for a person depends on the person using it.

DO: Use the Planned Parenthood website on [Birth Control](#) to explore any contraceptive methods of interest to the student. Be sure to discuss the effectiveness, cost and duration of each method. Click “learn more” to access more information and videos about the methods.

DO: If the student is trying to find a contraceptive method that will work for them, use the options at the top of the Planned Parenthood website on [Birth Control](#) to explore contraceptive methods by what factors are important to the student, e.g. best at preventing pregnancy, easiest to use, less or no hormones etc.

Optional: Reach out to your local Planned Parenthood affiliate to see if they can rent or sell you a contraceptive methods demonstration kit. Having models of the methods to touch and feel helps students remember details about each method.

Communicating with a Partner About Safer Sex 20 minutes

DO: Have the student brainstorm reasons why people choose to practice safer sex. Some reasons include:

- To avoid STIs and/or unintended pregnancy
- To feel comfortable during sex and not worry about STIs or pregnancy

- To avoid passing an STI to their partner
- Partner asked them to practice safer sex

DO: View the video [How Do I Talk to My Partner About Safer Sex?](#) from Planned Parenthood. Pause the video between scenarios to discuss each scenario separately.

Scenario 1:

1. Why did the woman want to use a condom?
2. Why was her partner not sure about using condoms at first?
3. Why did the woman say that she would put the condom on for her partner?

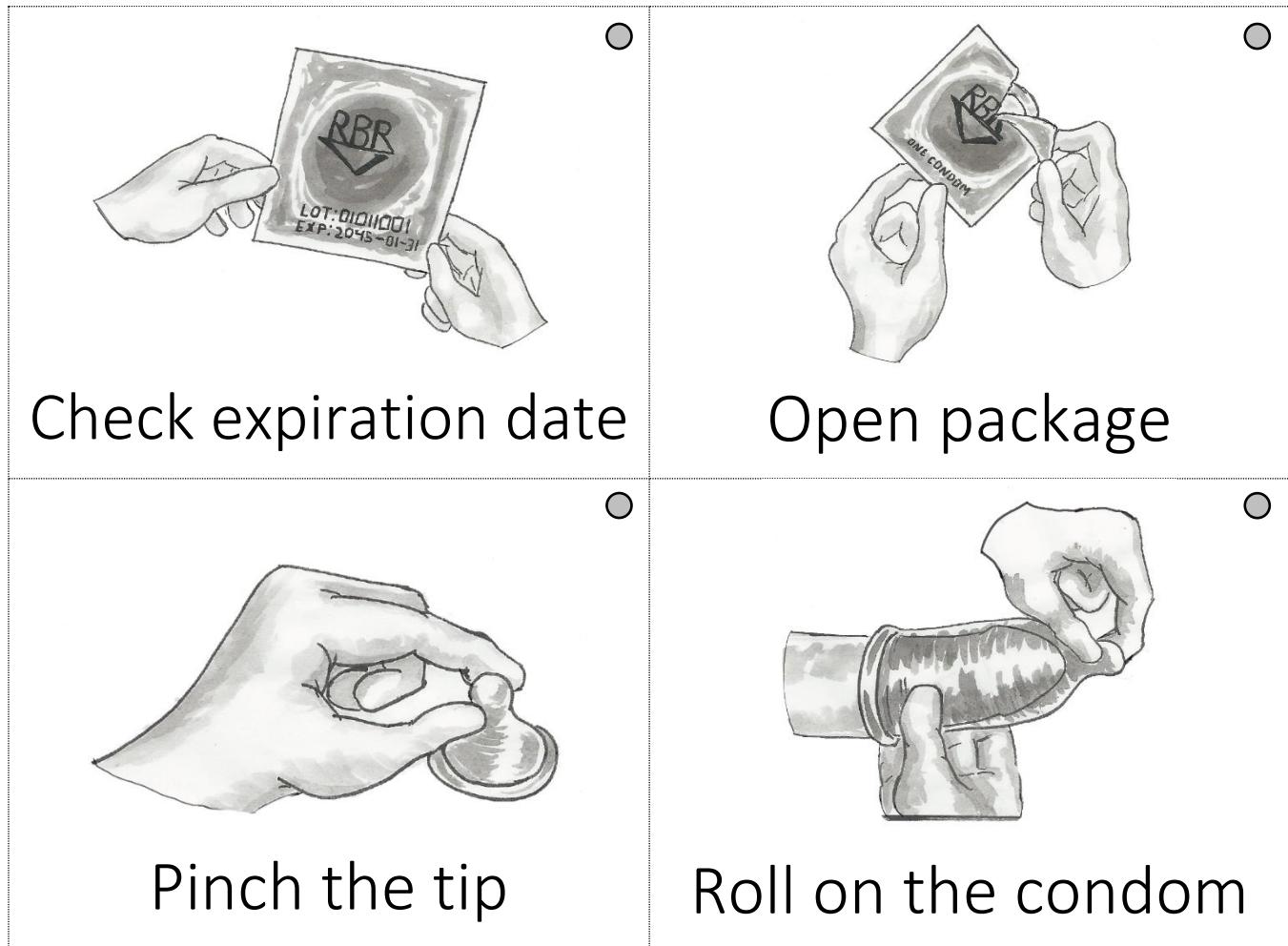
Scenario 2:

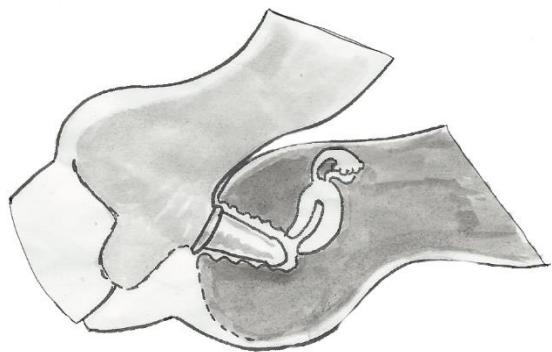
1. Why did the woman want to use a dam?
2. Why was her partner not sure about using a dam at first?
3. What made her partner agree to try out the dam?

Scenario 3:

1. Why did the man want to use a condom?
2. When is a good time to talk with a partner about safer sex?
3. What would you say to your partner if you wanted to use condoms or dams?
4. What would you say if your partner was not sure about using condoms or dams?

External Condom Line-up Cards





Have sex



Remove condom

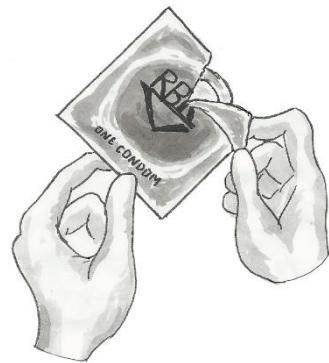


Throw condom away

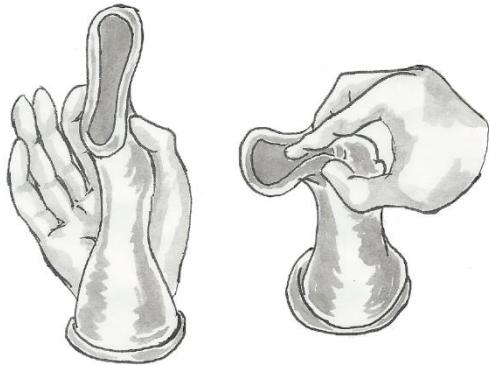
Internal Condom Line-up Cards



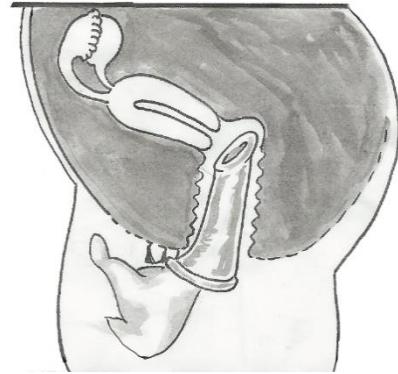
Check expiration date



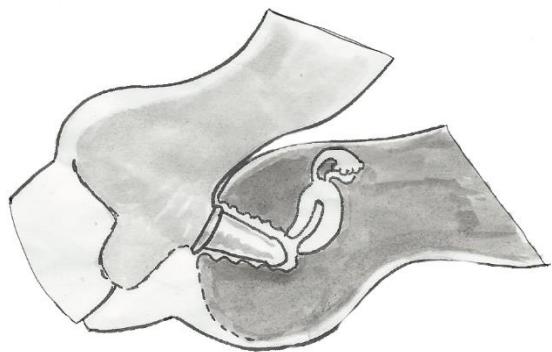
Open package



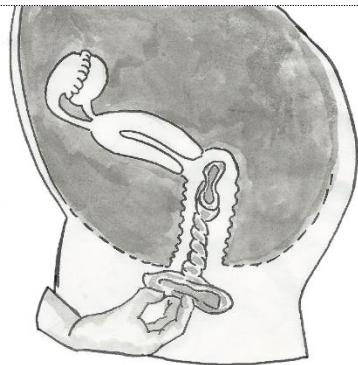
Pinch the ring



Insert the condom



Have sex



Twist and remove



Throw condom away

Sexual Self-Advocacy

Key concept	Values to affirm
<p>There are many ways to explore your own sexuality and your sexual well-being.</p>	<p>All people have the right and the responsibility to advocate for their sexual well-being including:</p> <ul style="list-style-type: none">• Private space and time to experience sexual pleasure alone or with a partner;• Sexual health care;• Sex education;• Opportunities to meet possible romantic partners;• Open communication around sexuality

Note to the educator

This lesson encourages the learner to take charge of their sexual well-being and romantic lives by thinking about concrete ways they want to explore and improve their sexual life journey. There are many ways to experience and express sexuality. There are many ways to experience and enjoy relationships. It is up to the individual to decide what is right for them.

Sexual Self-Advocacy Map 20 minutes

DO: Allow the student time to complete the Sexual Self-Advocacy Map Handout (page 121). Process the activity by discussing the following questions:

- Which items were easiest to complete? Which items were harder? Why?
- How did you choose the two items you want to work on first?
- What supports do you need to achieve the goals on this plan?

Handout: Sexual Self-Advocacy Map



- In my life, I would like more access to:
- Privacy
 - Possible romantic & sexual partners
 - Sexual health care (exams, condoms)
 - Sexual health info and education
 - Erotica and/or sexually explicit media
 - Aids for sexual positioning & pleasure (vibrators, lubricant, wedges, slings)



- In my life, I would like more open communication around sexuality with:
- My staff / caregivers
 - My family
 - My partner
 - My friends

Your sexual journey is YOURS to discover!



Where is one place you can get info about sexual health?

One person that can help me reach my goals on this plan:

Think about the 5 senses (sensuality). What do you want to explore?

- Romantic desserts or _____
- Cuddling or _____
- Sexy talk or _____
- Sexy movies or _____
- Perfumes or _____



Put a star next to two things you want to work on first.



Adaptations

One of the best ways to meet the learning needs of your student is to get to know them. What are their interests? Who do they hang out with? What do they like to do in their free time? Do they like to read? Listen to music? Play games? This will help you direct the content of the lessons to be relevant to their relationships and their interests. Here are some other simple adaptations you can use to meet the needs of your students:

For students who are non-verbal or have low-verbal skills:

- Use a picture-based communication system.
- Start with open-ended questions for processing activities and rephrase if necessary. If the student struggles with open-ended questions, offer some answer choices to your question that the student can pick from. If the student struggles with these multiple-choice questions, move to yes / no or thumbs up / thumbs down questions.
 - For example, first ask: "what is an example of a public place?"
 - Re-phrase: "where is a public place you go to?"
 - Multiple choice: "which is a public place: A movie theater or a bedroom?"
 - Yes / no: "Is a bedroom a public place? Is a movie theater a public place?"
- Adapt activities into a sorting game with short words and/or pictures.

For students who struggle with reading:

- Use simple pictures instead of words. You can draw simple pictures as you are teaching or use a picture-based communication system. These methods can be used to populate a brainstorm activity and to explain more complex words.
- Read aloud all written content.

For students with cognitive challenges:

- Use repetition to review and reinforce information.
- Fill-in-the-blank sentences can help check for understanding. ("A baby grows in a _____")
- Start each session with a review of content from last session.
- Repeat lessons as necessary, scaffolding with new information as the student learns.

For students with physical disabilities:

- Ask the student how best you can accommodate them. Ask them to describe their strengths and limitations when it comes to physical ability.

For students who struggle with social skills:

- Break complex social interactions into steps or small pieces.
- Use role-play to practice social situations.
- Use social stories to give examples of social interactions.

Find more ways to support students at Do2learn.com.

Appendices

Sample: Lesson structures

It would be ideal for all people to learn all the information in this curriculum. However, for a variety of reasons, that may not be realistic. Below are some common reasons for requesting individualized sex and relationship education, and some sample lesson structures to meet those specific educational needs.

A parent wants education for their daughter on how to keep herself safe when working out in the community.

- Reproductive Anatomy
- Public & Private
- Appropriate touch
- Sexual Harassment, Assault & Abuse
- Consent

A house manager wants education for a resident who keeps violating the personal space boundaries of other residents.

- Public & Private
- Appropriate Conversation
- Appropriate Touch
- Sexual Feelings & Behaviors
- Consent

A self-advocate wants to know more about relationships and safer sex - they are in a new romantic relationship.

- Reproductive Anatomy
- Reproduction, Pregnancy & Birth
- Healthy Relationships
- Consent
- Sexually Transmitted Infections
- Contraception, Condoms & Safer Sex
- Sexual Self-Advocacy

A house manager wants education and support for a resident who is struggling with questions around sexual identity.

- Gender Identity & Sexual Orientation
- Sexual Feelings & Behaviors
- Healthy Relationships
- Consent
- Dating & the Relationship Cycle

A parent wants education for their teen on puberty and masturbation.

- Reproductive Anatomy
- Sexual Health & Hygiene
- Puberty
- Public & Private
- Masturbation & Pleasure
- Sexual Feelings & Behaviors

A house manager wants education for two clients who would like to get married and have children.

- Reproductive Anatomy
- Reproduction, Pregnancy & Birth
- Decisions About Parenting
- Healthy Relationships
- Consent
- Sexually Transmitted Infections (STIs)

Sample: Phone intake script with a caregiver / support person

I'd like to ask you a few questions about _____ and their educational needs. This will help me tailor the educational sessions for them.

(Know the mandatory reporting laws for your state and be transparent about your duty to report abuse and illegal sexual contact.)

- Date of intake; with whom? where did you hear about our services?
- Student name & age
- Best contact information for scheduling appointments
- Does _____ live with family, in a group home or another living situation?
- Does _____ attend a day program? If so, which one?
- What does _____ already know about healthy relationships and/or sexuality?
- What is _____'s disability or diagnosis?
- What are _____'s strengths?
- How does _____ learn best?
- How does _____ feel about coming in for education?
- Does _____ have any behavioral concerns, like physical aggression, that may benefit from having additional support people in the room?
- If the student lives in a group home, assess their access to private space and time, as well as house rules around resident-to-resident and resident-to-staff touch
- Assess student's ability to access your space (stairs, bathrooms, hallways etc.)
- Confirm address of the meeting space and your contact information.

Sample: First session template

Introduce yourself, with qualifications and experience

Describe your program and what you offer in terms of education - topics, number of sessions, length of sessions etc.

Affirm that talking about sex and sexuality can be awkward, exciting, make people nervous, make people feel confident and informed, or all of the above. Acknowledge that all questions are welcome.

Let the student know that what they share with you will be kept confidential, unless they share that they, or someone else, is in danger of being harmed. In that case you would need to help that person (i.e. follow mandatory reporting laws and organization policies).

Learning more about the student. Ask if it is okay to take notes.

- What do you like to do in your free time?
- Who do you like to hang out with?
- Do you work or go to school? What do you do like to do there?
- Are you dating / have you ever dated? How is it going? How did it go?

Go through the shortened list of topics (below) with the student to determine their learning interests.

- Body parts and what they are for
- Pregnancy and birth
- Decisions about parenting
- Social boundaries
- Masturbation
- Gender identity; sexual orientation
- Internet safety
- Healthy relationships
- Dating
- Contraception, condoms & safer sex
- Sexual self-advocacy

You may want to ask the parent or support person what they would like the student to learn about. Ask the student first if it is okay to ask the parent or support person for this information.

If time allows, facilitate a few simple activities to begin to assess learning style and needs.

Make a plan for future sessions.

Ask if the student would like to attend more classes with you.

If there are any needs outside the scope of education, provide appropriate local referrals.

Sample: Session take-home sheet

Today's date: _____

Today we learned about...

The key points from today were...

Until the next appointment, here are some things to practice:

Additional resources:

Next appointment _____