

Youth with Intellectual and Developmental Disabilities Deserve Sexual and Reproductive Health Education: Sexual Health Equity Project

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Intros

Acknowledgements

Disclosures

&

Other Stuff You Should Know

Today's Presenters

- Catherine Sherwood-Laughlin
- Wendy Schroder
- Mika Baugh

Acknowledgements

- Supported by a grant from the Indiana Clinical and Translational Sciences Institute
- Our work was largely conducted on the ancestral land of the Miami, Delaware, Potawatomi, and Shawnee nations.

Disclosures

- We have no conflicts of interest to disclose

Housekeeping

- Raise your hand AND say your name
- Feel free to meet your body-mind's needs
- We'll be using identity-first language throughout the presentation

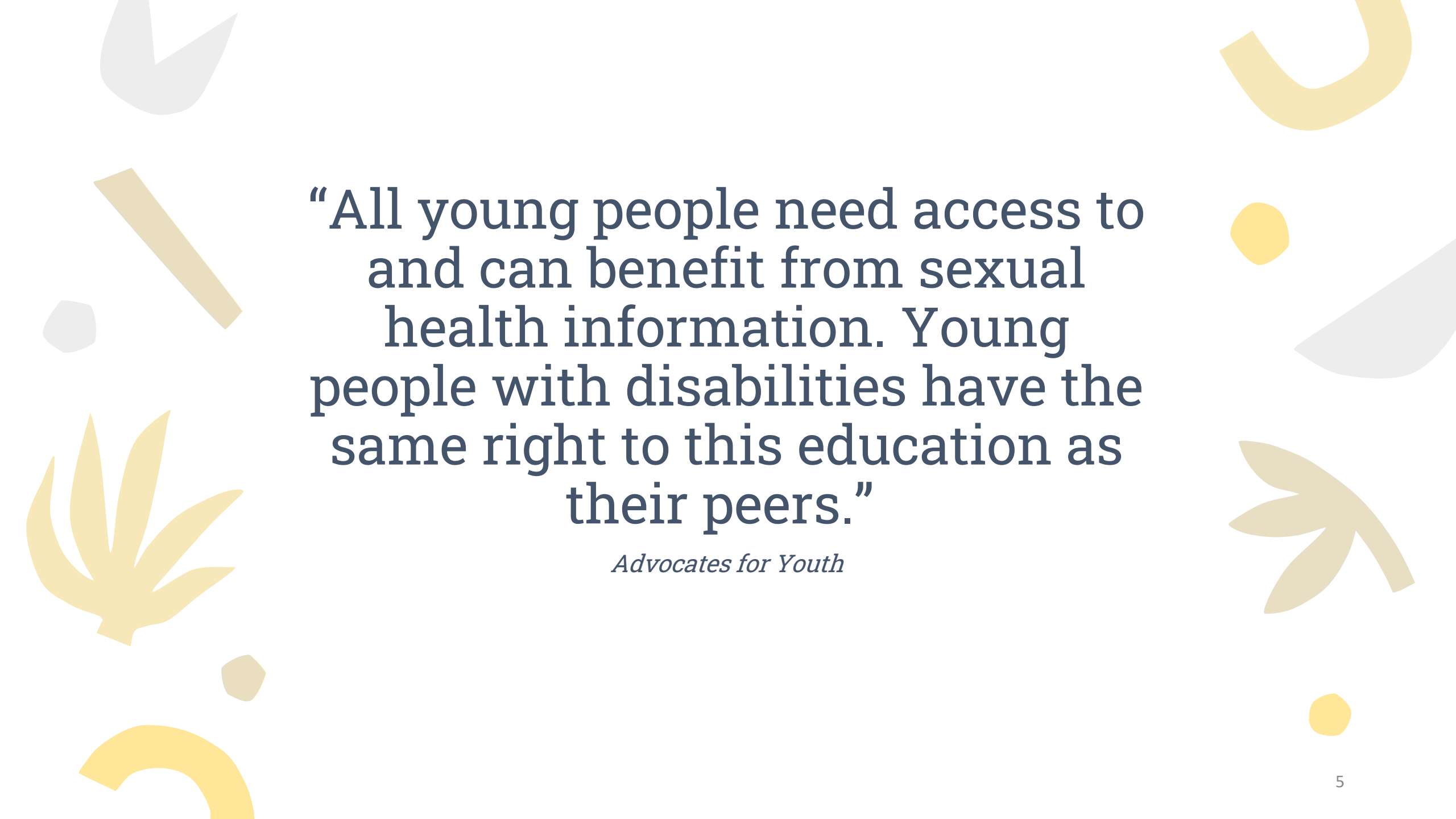
Objectives

By the end of this session, the participants will be able to:

1. Explain the importance of providing sexual and reproductive health (SRH) education to youth with intellectual and developmental disabilities(IDD).
2. Describe SRH education strategies to support youth-serving professionals working with youth with IDD and their families, caregivers, and support teams.
3. List the resources that support youth with IDD related to SRH.
4. Recall actionable steps they can take in their school and/or community-based setting to improve access to quality SRH education for students/youth with IDD.

BACKGROUND

Why is sexuality education necessary for youth with
IDD?



“All young people need access to and can benefit from sexual health information. Young people with disabilities have the same right to this education as their peers.”

Advocates for Youth

Adverse Sexual Health Outcomes

Sexual victimization risk estimated at least 4x higher

Teen pregnancy and parenting ~15% more likely

STI risks similar or greater

(Cotter, 2018; Mandell et al., 2008; Shandra, 2011; Wissink et al., 2015)

Deficits in Teacher Training

Overall scarcity of sexual education implementation training for general education health instructors

No sexual education training for special education teachers

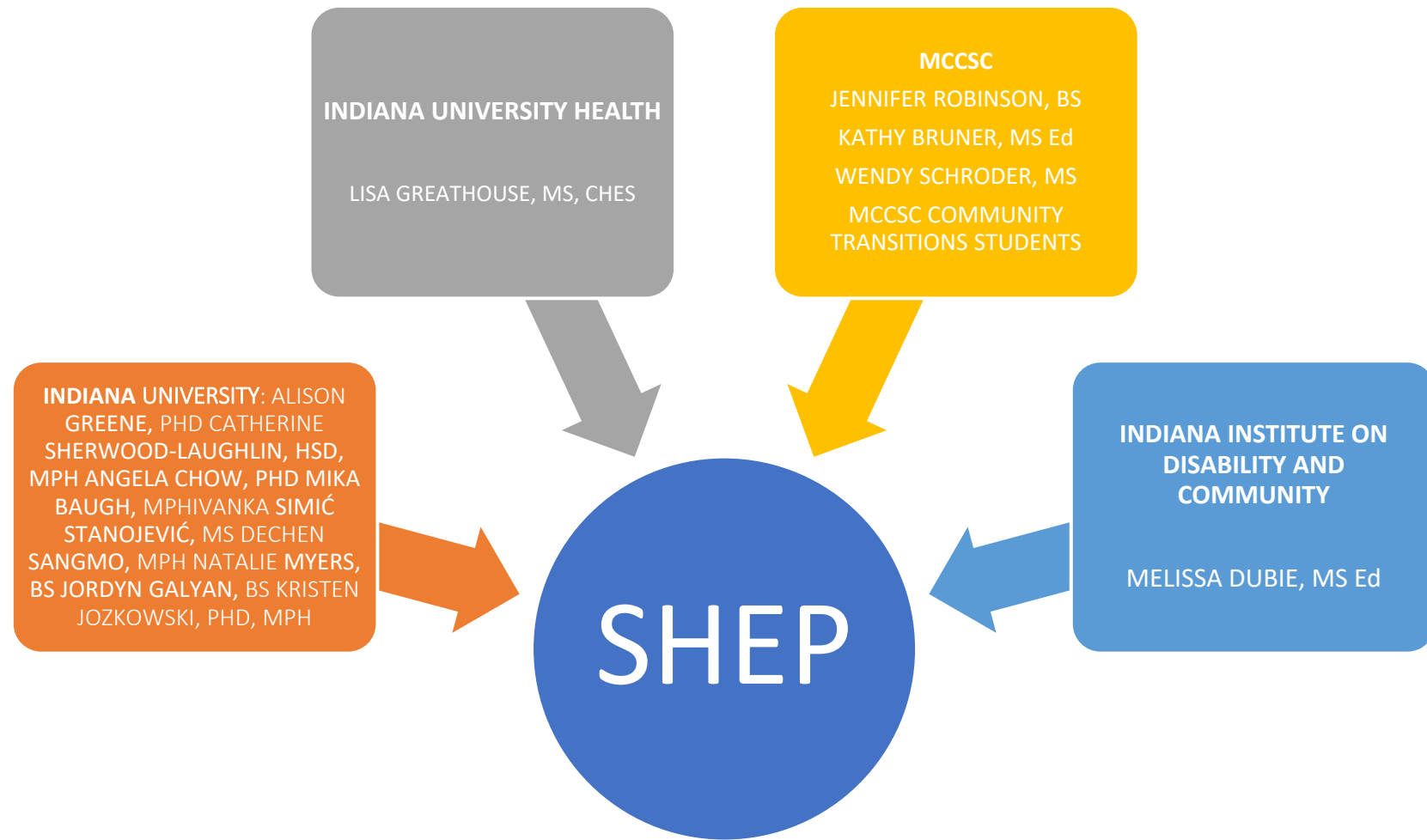
Resulting in lack of access to sexual health education in school for IDD students



TEAM MEMBERS

Developing a Diverse Team to Address Sexuality Education
in Special Education Classrooms

Sexual Health Equity Project (SHEP) Team





EMPHASIS ON CBPR

Community-Based Participatory
Research

Community-Based Participatory Research

- Communities are a unit of identity
- Collaborating with existing coalitions and community liaisons
- Building on the strengths and resources within the community.
- Disseminating results to all partners and involving them in the wider dissemination of results

Communities & Their Champions



Strong agency foundation for
Champion to work under



Characteristics of a Champion



Community Characteristics

Collaboration: Academic Team and School/Community Team



Connected the team with school administrators, teachers, and students



Established reputation of community engagement

Work ethic of compassion and commitment



Convinced school that we were not going to “Dine and Dash”

Academic team was not using the school corporation as their “lab”

Held accountable

PROJECT OVERVIEW

SEXUAL HEALTH EQUITY PROJECT

The What

The Why

The How

WHAT

2-year data-driven project utilizing a systematic approach to develop and test a sexual health education program for youth with disabilities.

WHY

MCCSC has been providing sexual health education to grades 5, 8, and 10 for at least the past 11 years.

Many students with disabilities may not have access to this sexual health information and skill-based protective factors in a way that best meets their individual needs.

Concerning as students with disabilities are at high-risk for sexual victimization and other adverse sexual health outcomes. (Sullivan & Knutson, 2000; Mandell et al, 2008; Wissink, 2015).

HOW

Utilize instructional design models and leverage teachers' expertise to adapt the MCCSC sexual health education curriculum.

Timeline: Year 1

Utilized instructional design models and leverage teachers' expertise to develop and adapt the SRH education for school-aged students with IDD **to increase health equity** among students in Monroe County

Build materials, resources, content, and assessments, and train MCCSC special education teachers to deliver and implement the MCCSC SRH education curriculum to their students with IDD.

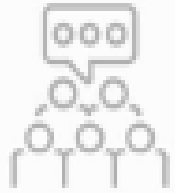
Timeline: Year 2+

Pilot tested the SRH education intervention and related materials (e.g., fidelity assessments) for acceptability and feasibility among MCCSC special education teachers, and for potential use in a more rigorous study design with other populations of students with disabilities to build evidence-base.

Examined design processes (e.g., systematic approach, analysis) and implementation outcomes (e.g., adoption, acceptability, appropriateness) regarding SRH education for students with IDD to advance understanding in the field of implementation research.



Pre & Post Surveys: send via email to all 5th grade classroom teachers, 8th & 10th health educators, and special education teachers. (April 2020, June 2021). Incentive (Gift Card) will be provided.



Interviews: 6-8 current sexual health education teachers will be randomly selected (using an online randomizer) to participate in semi-structured qualitative interviews.* (Spring 2020). Incentive (Gift Card) will be provided.



Focus Groups: Approximately 52 special education teachers will be randomly selected (using an online randomizer) to participate in focus groups*(6-8 participants in 6 groups: 3 upper elementary level; 1 middle school level; 2 high school level). (Spring 2020). Incentive (Gift Card) will be provided.



Teacher Training*: PGPs will be given & Stipends \$50/half day . (Fall 2020)

**All in-person activities with staff will take place afterschool hours or will be scheduled during already occurring professional learning days*



SUCCESSSES & CHALLENGES

Building & Maintaining
Partnerships



Successes

- Successful in choosing the best fit partner/champion
- Strong relationship with the school liaison
- School buy-in
- School administration approval and support
- Reaching teachers and students
- Data collection amidst the global pandemic
- Sharing project with school community and professionals

Challenges

The nature of being “outsiders”

Communication divide over virtual means

Delays in data collection process

Limited institutional and community knowledge

Limited knowledge about resources available in the school corp

RESULTS

Reports for Administrators, Teachers and Families

SEXUAL HEALTH EDUCATION FOR STUDENTS WITH DISABILITIES

REPORT FOR ADMINISTRATORS

FEBRUARY 2023

WHY THIS MATTERS TO MCCSC:

- Students receiving special education services often lack access to school-based sexual health education, despite higher rates of sexual victimization and other negative health outcomes
- This is an issue of equity (i.e., fair access to education through adjusting for existing inequalities in learning abilities)
- The selected findings and recommended "Action" items in this report come from interviews and focus groups with MCCSC health & special education teachers

Challenges to Implementation

• INSUFFICIENT TEACHER TRAINING OPPORTUNITIES

Teachers identified a lack of training and professional development as a barrier to teaching sexual health education. Special education teachers identified their lack of training in more "medical" aspects of sexual health education (e.g., anatomy and physiology). Most felt some level of confidence in teaching social and emotional skills.

• LIMITED TIME & PERSONNEL

Health teachers expressed there is a lack of time to cover so many topics, while special education teachers would like to have more time on sexual health education as students with disabilities have different needs.

• ABUNDANT STUDENT CONSENT LETTER PAPERWORK

Abundant paperwork for student enrollment is a barrier as it is time-consuming for both teachers and parents

• FEAR OF BACKLASH

Teachers expressed feeling constrained by a fear of parent and administrator reactions or backlash to teaching sexual health education, which limits what they teach and how they respond to student questions.

Action Items

- Increase collaboration across MCCSC administrators (special education and general administration) for consistent messaging to teachers related to teaching sexual health education

- Expand teacher training opportunities on sexual health education across the MCCSC
- Include special education teachers in all sexual health education training opportunities

- Support and respond to teacher needs related to sexual health education provision

- Extend access of Canvas sexual health education curricula and training materials to all special education teachers

- Inform teachers and staff across the corporation of MCCSC-specific and Indiana state sexual health education policies and mandates

- Provide clear expectations and support of teacher's communications with and response to

Administrator Support

Although the results of sexual health education level administrators' instruction, and teach special education administrative support

- Health teachers and involvement of administrators in relation to sexual health education
- Special education administrative support

Feasibility and Willingness to Teach

Special education teachers expressed interest and willingness to teach developmentally appropriate, evidence-based sexual health education to the students they serve, particularly with provided training, as well as having support from school staff (e.g., social workers, nurses) and administration.

Teachers believe it is feasible to deliver sexual health education to students with disabilities, with modified and/or adaptable curricula and materials, the flexibility of various classroom settings, teaching formats, and the time needed to teach depending on students' individual needs.

"And I just want some instruction. I want some training and I want an actual curriculum that is geared towards the population that I would serve." - Special Education Teacher

Policy Issues

There is a lack of teachers' awareness of policy issues and procedures. There seems to be a lack of orientation or programs to educate teachers about how to navigate policy issues, curriculum, consent forms, and other procedures involved in teaching sexual health education. Health teachers reported mixed responses regarding awareness of corporation expectations and policies related to teaching sexual health education; many have a binder inclusive of this information and yet many reported needing guidance regarding sexual health education expectations, policies, and guidelines for teaching.

Special education teachers expressed lower levels of policy awareness as compared to health teachers and the majority expressed the need to learn more about the policies, expectations, and standards; some had never seen any of the MCCSC curricula materials, consent forms, or any policies, procedures, and expectations for providing sexual health education (no special education teacher reported receiving "a binder").

Strong Need for Proactive Sexual Health Education

Teachers described the need for students with disabilities to receive school-based sexual health education as critical and vital for students' development, especially in addressing healthy boundaries, consent, and sexual victimization.

Special education teachers urged utilizing the proactive approach - providing sexual health education as a prevention rather than as a response to a negative incident. Special education teachers describe current sexual health education as reactive, with implementation only occurring in response to a negative incident or fear of a negative outcome; teachers advocated for a proactive approach to teaching sexual health education to students with disabilities, demonstrating their perception that receiving sexual health education is important for their students.

It is a challenge for teachers that there is no specific sexual health education curriculum for students with disabilities, modifications/adaptations to the existing sex ed curriculum have not been made, and special education teachers do not have access to the existing curriculum. Teachers expressed the need for sexual health education curriculum adaptation to better accommodate students with disabilities, and for curriculum adaptation to be included in the IEP.

Administrators can impact change and expand access to sexual health education for all students. On the first page of this report, you may find some examples of actions that will lead to increased equity.

This project was funded, in part, with support from the Indiana Clinical and Translational Sciences Institute (ICTSI), in part by Grant Number 1U19HD09729 from the National Institutes of Health, National Center for Advancing Translational Sciences. Clinical and Translational Sciences Award and support from the Indiana Department of Health. The content is solely the responsibility of the authors and does not necessarily represent the views of the National Institutes of Health or the Indiana State Department of Health.

SEXUAL HEALTH EDUCATION FOR STUDENTS WITH DISABILITIES

REPORT FOR MCCSC TEACHERS

FEBRUARY 2023

WHY THIS MATTERS TO MCCSC TEACHERS:

- Students receiving special education services often lack access to school-based sexual health education, despite higher rates of sexual victimization and other negative health outcomes
- This is an issue of equity (i.e., fair access to education through adjusting for existing inequalities in learning abilities)
- The selected findings and "recommendations for the classroom" in this report come from interviews and focus groups with MCCSC teachers; this report is intended for MCCSC teachers

Strong Need for Proactive Sexual Health Education

Teachers described the need for students with disabilities to receive school-based sexual health education as critical and vital for students' development; especially in addressing healthy boundaries, consent, and sexual victimization. Special education teachers advocated for utilizing a proactive approach - providing sexual health education preventatively, rather than only in response to a negative incident.

Feasibility and Willingness to Teach

Special education teachers expressed interest and willingness to teach developmentally appropriate, evidence-based sexual health education to students they serve, particularly if provided training and support from staff and administration. Teachers believe it is feasible to deliver sexual health education to students with disabilities given modified and/or adaptable curricula and materials, flexibility of various classroom settings/teaching formats, and time needed to teach depending on students' individual needs.

Current Level of Comfort

Health teachers reported a high level of general, feeling more confident compared to physiological/anatomical to the current level

- years of teaching experience
- training and access to role models and ability
- guidance and support
- having time to prepare
- continuous improvement
- remaining aware of experience
- enhancing rather than r

Improving the Level of Comfort

Special education teachers reported some factors pertinent to increasing their comfort in teaching sexual health education, which included:

- receiving training / gaining more experiences in sexual health education topics
- increasing support from peers and administrators in implementing sexual health education
- knowing the sexual health education guidelines, specific school corporation and state-level standards, and health education requirements
- having access to current sexual health curricula and resources on Canvas, with tools to adapt them for students with disabilities
- gaining administrative support for educating parents and families about the importance of sexual health education
- securing partnerships with external resources (e.g., Midleway House).

The Need for More Training, Time, and a Specified Curriculum

Some teachers reported that having training, set guidelines, and a curriculum has allowed for successful implementation of the sexual health education curriculum, but also expressed the need for population-specific training that would help teachers deliver sexual education to students receiving special education services. Additionally, there is a need for training on district expectations and guidelines, scaffolding, as well as sexual health pedagogy. Despite many of the special education teachers having received no training, they shared feeling comfortable talking about sexuality topics with their students, but expressed that lack of on-going training is a concern, especially related to the medical aspects of sexual health education (e.g., anatomy and physiology). Some health teachers expressed a lack of time to cover all topics, while special education teachers specifically stated that their classroom time is insufficient to address all students' needs and different learning styles, and would like to have more time for sexual health education.

The absence of a specific sexual health education curriculum for students with disabilities is an additional challenge for instructors. Modifications/adaptations to the existing sexual health education curriculum have not been made, and special education teachers do not have necessary access to the existing curriculum. Teachers expressed the need for sexual health curriculum adaptation to better accommodate students receiving special education services, and for curriculum adaptation to be included in the IEP.

The Importance of Collaboration

Teachers expressed a preference of having a designated person in the school corporation to consult with if they need more current information on specific sexual health topics and guidelines. This individual could serve as a resource for training, answering teachers' questions, and giving technical assistance, as needed. Collaboration with colleagues, community partners, and organizations (e.g., sexual health experts, guest speakers, healthcare providers, social workers, district sexual health education liaison) can help with the delivery of sexual health content. Additionally, each student's educational team, including parents and guardians, can collaborate to empower students and increase enthusiasm for delivery of sexual health education.

Policies & Administrative Support

Special education teachers expressed a need for concentrated support by corporation and building administrators to support their goals to implement sexual health education in the classroom. Communication between these administrative parts was also noted by teachers to be important for communication purposes.

Special education teachers expressed lower levels of policy awareness as compared to health teachers and the majority expressed the need to learn more about policies, expectations, and standards. Some had no familiarity with any MCCSC curricula materials, consent forms, or policies, procedures, and expectations for providing sexual health education. In contrast, most health education teachers with access to these resources and information reported feeling supported by administration.

Teachers can utilize their influence to expand access to sexual health education for all students. On the first page of this report, there is an extensive list of strategies and methods recommended by MCCSC teachers that you can implement to expand access to sexual health education.

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SEXUAL HEALTH EDUCATION FOR STUDENTS WITH DISABILITIES

REPORT FOR MCCSC FAMILIES

FEBRUARY 2023

WHY THIS MATTERS TO MCCSC FAMILIES:

- Students receiving special education services often lack access to school-based sexual health education, despite higher rates of sexual victimization and other negative health outcomes
- This is an issue of equity (i.e., fair access to education through adjusting for existing inequalities in learning abilities)
- The selected findings and "What Can I Do?" items in this report come from interviews and focus groups with MCCSC teachers; this report is intended for MCCSC families, particularly families with students receiving special education services

Strong Need for Proactive Sexual Health Education

Teachers described the need for students with disabilities to receive school-based sexual health education as critical and vital for students' development; especially in addressing healthy boundaries, consent, and sexual victimization. Special education teachers urge utilizing a proactive approach - providing sexual health education preventatively rather than only in response to a negative incident.

"I think that the reality that we all live in as educators, is we are all reactive...we are teaching kids reactively instead of proactively. And it has got to change, especially related to sexual health or just their emotional, social-emotional wellbeing. We have got to be more proactive." - Special Education Teacher

"It was just, this happened, now we've got to do our educating and teaching on the fly here, because we're 'keep deep in it.'" - Special Education Teacher

Barriers to Sexual Health Education

Teachers' experiences of barriers to sexual health education include resistance from families due to:

- stigma around sexual health
- infantilization of child

"And there a like, they an information grow up...so, let their kids

"And I've actually one teacher going to m

The Importance of Partnership

Given the current barriers to sexual health education for students with disabilities, teachers emphasized the importance of collaboration and support from parents and families to implement sexual health education for their children's sexual well-being. Parent-teacher partnerships are recommended to optimize school-based sexual health education and address the specific needs of students with disabilities. Open and ongoing communication between teachers and parents will increase family access to topics their children are learning.

"And I just...want some instruction. I want some training and I want an actual curriculum that is geared towards the population that I would serve." - Special Education Teacher

"I think if it is done in the right setting, with the right context, and training for educators, I think that it is really important. I don't think that it should be something that is just thrown into any curriculum. Or have any teacher be required to do it." - Health Education Teacher

Policies and the Power of Parents as Advocates

Teachers believe parents have a great influence on whether or not their children receive sexual health education at school. Sexual health education can only be taught to students whose parents have consented to or "opted in" for sexual health education. Children who are opted out of these classes by their parents will not have access to school-based sexual health education. Teachers perceive that some parents recognize the importance of increased comprehensive sexual health education and support/request adaptations for students receiving special education services so they can be included in receiving this education.

Parents and families can utilize their influence to expand access to sexual health education for all students. On the first page of this report, you may find examples of actions you can take that will lead to increased equity.

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What Can I Do?

- Leverage your influence by advocating for your child(ren) to receive sex ed. Let teachers, administrators, and legislators know you care about sexual health education.

- Collaborate with your school and teachers to implement competent sex ed through sharing of your views on specific needs for your child(ren) and advocating for necessary classroom adaptations.

- Continue the conversation on sexual health at home by engaging in take home activities.

- Encourage open communication with

"We could, I think of it more as like a partnership with the families, maybe educating them on how to have those conversations, giving them resources and materials as well." - Health Education Teacher

Feasibility and Willingness to Teach

Special education teachers expressed interest and willingness to teach developmentally appropriate, evidence-based sexual health education to students they serve, particularly with provided training and support from staff and administration. Teachers believe it is feasible to deliver sexual health education to students with disabilities given modified and/or adaptable curricula and materials, flexibility of various classroom settings/teaching formats, and time needed to teach depending on students' individual needs.

"I think we are an opt-in state. So the default is you do not get any education unless the family agrees to receive it." - Health Education Teacher

"I remember a parent who was pushing pretty hard to make sure there is -- the student got -- some [sexual health education] then, but they were not on my caseload. But for it to be an IEP, they would need to say that they need specific accommodations specific to that curriculum." - Special Education Teacher

"And I just want... I want some instruction. I want some training and I want an actual curriculum that is geared towards the population that I would serve." - Special Education Teacher

"And I just...want some instruction. I want some **training** and I want an **actual curriculum** that's geared towards the population that I would serve." - Special Education Teacher

"And there are lots of parents that sometimes decide... like, they are **insecure** about their kids getting that information because they don't want their babies to grow up... so, there are some parents that choose not to let their kids participate in the discussion." - Health Education Teacher

Action Items

- Increase collaboration across MCCSC administrators (special education and general administration) for consistent messaging to teachers related to teaching sexual health education
- Expand teacher training opportunities on sexual health education across the MCCSC
- Include special education teachers in all sexual health education training opportunities
- Support and respond to teacher needs related to sexual health education provision
- Extend access of Canvas sexual health education curricula and training materials to all special education teachers
- Inform teachers and staff across the corporation of MCCSC-specific and Indiana state sexual health education policies and mandates
- Provide clear expectations and support of teacher's communications with and response to parents/caregivers and families as it relates to sexual health education
- Send parent consent letter home at the beginning of the school year and have building-level or central administration assume responsibility for letter distribution and tracking of consent responses

Recommendations for the Classroom:

- Strategies to Increase Students' Comfort:
 - create a safe and open learning environment
 - normalize approach to the sexual health curriculum
 - utilize games and icebreakers
 - treat students as young adults
 - exhibit the ability to not take oneself too seriously
- Methods/Approach for Students Receiving Special Education Services:
 - create individualized lessons with smaller groups and shorter duration
 - break material down into more feasible chunks
 - incorporate breaks as needed
 - scaffold strategies (e.g., order of topics)
 - modify language depending on different cognitive, emotional, and reading levels
 - prioritize peer-to-peer interactions and discussions
 - include specific interventions based on student need
 - increase hands-on approach or providing handouts for follow along
 - increase visuals (e.g., video modeling, using pictures)
 - involve online interactive games
 - increase social skills instruction
 - utilize role-play and real-life scenarios
 - draw support from peer tutors (e.g., helping students learn social skills through interacting with both the students and teachers)

What Can I Do?

- Leverage your influence by advocating for your child(ren) to receive sex-ed. Let teachers, administrators, and legislators know you care about sexual health education.
- Collaborate with your school and teachers to implement competent sex-ed through sharing of your views on specific needs for your child(ren) and advocating for necessary classroom adaptations.
- Continue the conversation on sexual health at home by engaging in take home activities.
- Encourage open communication with your children at home.
- Seek out resources to increase your comfort with parent-child sexual health communication.





IMPACT

MCCSC Impact:

Collected health education and special education teacher feedback that led to:

Teacher and staff training on sexual health education and instruction

Four module unit on Consent Education – customized for special education population

Created additional customized lessons on other topics with a team approach

Stakeholder recommendations for future implementation to continue to support the teachers delivering sexual health education and to ensure all students receive sexual health education

LESSONS LEARNED



Core Takeaways

- COVID influence on participatory research
- Varying levels of engagement from teachers
- Project timelines interrupted by staff turnover
- Identified assets within the school community through collaboration with other teachers
- Support exists for this work, just may not be top priority
- Increase support and impact of sexual health education through overlap of other skill sets being taught
- Including an individual with IDD would benefit future projects

ASK ME FIRST: CHOICES

It starts – but doesn't end
with! - Consent

Sexual Health Education for Students with Intellectual
and Developmental Disabilities

WHAT IS “ASK ME FIRST: CHOICES (*CHOICES*)”?

- 4-module sexual consent intervention for high school students receiving special education services
 - Defining consent
 - Communicating and interpreting consent
 - Is this consent?
 - Legal/advocacy issues related to consent
- Developed using:
 - Data generated by special education and health education teachers
 - Extensive literature review
 - Consultation with community-based expert in disability and sexual health
 - Collaboration with school district partners

HOW WAS "*CHOICES*" DEVELOPED?

- 2+ year project (extended due to COVID-19)
- Grant from the Indiana Clinical and Translational Sciences Institute
- Address access to sexual health education for students receiving special education as **an equity issue**
- Data collected through focus groups, interviews, and a survey with teachers.
- CHOICES is SHEP's flagship artifact and is part of a 10-lesson resource kit



WHAT MAKES CHOICES UNIQUE?

- **CBPR paradigm**
 - University researchers and practitioners
 - School district administrators, teachers, and students
 - Community-based partners
- **Backward Design (BD)**
 - Results, assessment, instruction
- **Universal Design for Learning (UDL)**
 - Multiple means of presentation and expression
 - Stoplight menu system
 - UDL prompts throughout



WHAT DID STUDENTS THINK OF CHOICES?

Meet Ethan

"I am 22 years old, I plan to get involved in some form of media and entertainment someday, and my interests are graphic design, history, & logos of any kind."

[Ethan's Thoughts on Sex Education](#)

AMAZE- Saying Yes or No: What is Consent?



This video features an example of a young person whose partner is pressuring them for sexual activity. It includes definitions of consent and coercion and clarifies that if drugs or alcohol are involved, consent cannot be given. The video also defines laws of consent and explains that the laws differ state-by-state. It also broadens the definition of sexual contact to include kissing, hugging, touching. The video emphasizes that you can change your mind about sexual contact at any time for any reason, and that talking to a trusted adult could help.

Where do we go from here?

Continue

Continue testing CHOICES

- MCCSC Special Education classrooms
- Extend partnership to other school districts
- Community-based providers
- Clinical settings

Expand

Expand the SHEP team

- Consistent and sustained engagement and leadership from disabled students
- Increased parent/family/caregiver involvement

Begin

Begin testing other lesson topics

- Public vs. Private Places
- Masturbation
- Legal and Advocacy Issues

“The design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.”

-The Center for Universal Design

UDL

Universal Design Principles

- Equitable use
- Flexibility in use
- Simple and intuitive
- Perceptible information
- Tolerance for error
- Low physical effort
- Size and space for approach and use

Universal Design for LEARNING

- Multiple means of engagement
- Multiple means of representation
- Multiple means of expression

Q: How do we
Do
Sexual Health
Education for
Students with
Disabilities?

DO NOT:

- **Assume they don't need it**
 - Disabled folks are at significantly higher risk for sexual assault
 - ADA, IDEA, FAPE
 - Equity
- **Make it about you**
 - Comfort
 - Efficacy
 - Time/resources
- **Go rogue**
 - State, national standards
 - Legislation

DO:

- Look inside your backpack – what are you carrying?
- Be proactive
- Make friends (with the right people)
- Try it in the mirror
- Vet your resources
- Utilize community partners
- Make the IEP work for you & the student
- UDL it!



Let's Practice



What would you do? Scenario #1

One of your students (age 17) is curious about menstruation.

1. Would you teach it? Why or why not?
2. How would you teach it? Share your reasoning.
3. What characteristics, if any, about the student in the scenario would change your mind? Share your thought process



What would you do? Scenario #2

You notice that several fourth graders are kissing on the playground at recess.

1. Would you teach it? Why or why not?
2. How would you teach it? Share your reasoning.
3. What characteristics, if any, about the student in the scenario would change your mind? Share your thought process

What would you do? Scenario #3

You suggest an IEP goal around learning difference between private and public places, with the goal of helping a student learn when it is or is not ok to masturbate. Parents are supportive, but school administration is not.

1. Would you teach it? Why or why not?
2. How would you teach it? Share your reasoning.
3. What characteristics, if any, about the student in the scenario would change your mind? Share your thought process

What would you do? Scenario #4

Your blind student asks you to teach them how to use a screen reader so that they can access pornography on their own device outside of school hours.

1. Would you teach it? Why or why not?
2. How would you teach it? Share your reasoning.
3. What characteristics, if any, about the student in the scenario would change your mind? Share your thought process

Resources: Consent and Healthy Relationships

CONSENT

For students:

[In My Voice: Sexual Self-Advocacy](#)

[Sexual Health, relationships and parenthood: a workbook resource for one-to-one support by NHS Fort Valley](#)- pages 10-15 Decision making

[Indiana Disability Justice Consent Resources for People with Cognitive and Developmental Disabilities](#)

For Teachers/Parents/Guardians:

[Free Wheelin Travel: My body my choice as woman with disability](#)

[Teaching Sexual Health: Information for parents, developmental difference and differing-abilities](#)

[Sexual-Decision Making- Not specific to SWD](#)

[American Association of Intellectual and Developmental Disabilities: Joint position statement of AAID and The Arc](#)

[Decision Making Supports](#)

[ASD Sexuality Education: Resources and Books](#)

[Dating Decision Tree](#)

Parents: Scroll down to 'Parents" section after video. [conversation starters around consent](#)

Article: [Autistic men don't always understand consent. We need to teach them. - Chicago Tribune](#)

NPR Podcast (7min): [For Some With Intellectual Disabilities, Ending Abuse Starts With Sex Ed](#)

[Center for Parent Information & Resources](#)

[Reporting abuse processes in Indiana](#)

HEALTHY RELATIONSHIPS

For Teachers/Parents/Guardians:

Amazon.com: A Quick & Easy Guide to Sex & Disability (Quick & Easy Guides): 9781620106945: Andrews, A., Andrews, A.: Books

[Relationships decoded](#). An introductory program and advanced program, has videos and visual supports.

A [video following a disabled/autistic couple's journey to marriage](#)

[Secret loves, hidden lives?](#) A summary of what people with learning difficulties said about being gay, lesbian or bisexual by David Abbott, Joyce Howarth & Karen Gyde

[Sexual Health, Relationships and Parenthood](#): A Workbook Resource for One-to-One Support by NHS Fort Valley

[When Your Child with Special Needs Wants to Date](#)

Organizations

[American Association on Intellectual and Developmental Disabilities \(AAIDD\)](#)

[American Spinal Cord Association](#)

[The Arc: For People with Intellectual and Developmental Disabilities](#)

[National Spinal Cord Injury Association](#)

[Sexuality and Disability](#)

[Sexuality Information and Education Council of the United States \(SIECUS\)](#)

[Sexuality Resource Center for Parents](#)

[United Cerebral Palsy](#)

[Indiana Disability Justice](#) : Aims to support statewide efforts to prevent violence and enhance independence and wellness among people with disabilities.

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We acknowledge YOU! Thank you for choosing to learn more about our project and taking what you learned back to your peers and your clients.



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Time for Questions,
Discussion, and Sharing