Why Sexuality Education for Special Education Students: The Law, Oregon Health Education Standards, Need

Brad Victor, MAT
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OREGON DEPARTMENT OF EDUCATION
HIV-AIDS WEBSITE

• UPCOMING EVENTS

• FACTS ABOUT HIV-AIDS

• RESOURCE LIST (videos, curriculums, etc.)

• OTHER GREAT WEBSITES

This site can be used for classroom instructional information, student reports, and many other applications. *(Information and websites have been screened for student use, but it is the responsibility of the adult educator to assure that all sites meet your community’s standards prior to student use.)*

http://www.ode.state.or.us/search/page/?id=1773

Questions or comments? Contact:

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OTHER GREAT WEBSITES:

• The Henry J. Kaiser Family Foundation - http://www.kff.org

• Sexuality Information & Education Council of the United States - http://www.siecus.org

• The Alan Guttmacher Institute - http://www.agi-usa.org

• Advocates for Youth - http://www.advocatesforyouth.org

• Contraceptive Methods - http://www.reproline.jhu.edu/english/1fp/1methods/1methods.htm
Oregon Department of Education - Resources & References

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Oregon Alliance for Health, PE, Recreation and Dance (OAHPERD)
www.oahperd.com

Oregon Health Standards and Grade Level Maps
www.ode.state.or.us/search/results/?id=12

Oregon Healthy Teens Survey
• Oregon Division of Human Services  www.oregon.gov/DHS/ph/chs/youthsurvey/index.shtml
• Centers for Disease Control and Prevention (CDC)  www.cdc.gov/HealthyYouth/  (National)

Health & Prevention Curricula and Programs
• CDC Division of Adolescent and School Health (DASH)
  www.cdc.gov/HealthyYouth/publications/registries.htm
• U.S. Department of Education

Healthy Eating and Fitness Curricula and Programs
• National Cancer Institute of Research-Tested Interventions Programs (NCI-RTIPs)
• New Food Pyramid  www.mypyramid.com

Sexual Health and HIV/AIDS Prevention Curricula and Programs
• CDC Division of HIV/AIDS Prevention
  www.cdc.gov/hiv/pubs/hivcompendium/hivcompendium.htm
• Sexuality Information Education Council of the U. S.

Substance Abuse, Mental Health and/or Violence Prevention Curricula and Programs
• National Institute on Drug Abuse (NIDA)  www.nida.nih.gov/Prevention/Prevopen.html
• Substance Abuse and Mental Health Services Administration (SAMHSA)
  http://modelprograms.samhsa.gov/template_cf.cfm?page=model_list
  http://modelprograms.samhsa.gov/matrix_all.cfm
• Center for the Study and Prevention of Violence  www.colorado.edu/cspv/blueprints/
AGE-APPROPRIATE SEXUALITY EDUCATION TOPIC
GUIDELINES
Oregon Department of Education
Brad Victor, M.A.T.
Sexuality Education Specialist

The purpose of the document is to provide educators, schools, and school districts guidelines for age-appropriate topics for sexuality education during grades K-12. The topics listed below are the result of developmental research and are only suggestions to help guide your school in providing an effective sexuality education curriculum that can have a positive impact on reducing sexual risk-taking. Oregon Revised Statute 336.455 states that human sexuality education courses “…shall enhance student’s understanding of sexuality as a normal and healthy aspect of human development.” ORS 336.455 further states that course instruction shall:

- Be age-appropriate
- Be comprehensive
- Be an integral part of the health education curriculum
- Promote abstinence, but not to the exclusion of material and instruction on contraceptive and disease reduction measures. Also, not devaluing or ignoring those young people who have had or are having sexual intercourse
- Include a discussion of the possible emotional, physical, and psychological consequences of preadolescent sexual intercourse
- Include information regarding the efficacy of contraceptives in preventing HIV/STIs and unintended pregnancy
- Advise students of the laws pertaining to their financial responsibilities for their children
- Advise students of ORS 163.435 and 163.445 pertaining to persons 18 years or older having sexual relations with persons younger than 18 years of age
- Teach that no form of sexual expression is acceptable when it physically or emotionally harms oneself or others
- Validate honesty, dignity, and respect for oneself and others
- Teach effective communication and refusal skills
- Encourage family communication

There are basically three approaches to sexuality education:

- **Abstinence-based** (also called “comprehensive”)—emphasizes that abstinence is the only 100% effective way to prevent HIV/STI’s and unintended pregnancy, but not to the exclusion of medically accurate, age-appropriate information and instruction about condom use and other forms of contraception.
- **Abstinence-only**—emphasizes that abstinence is the only responsible choice outside of a long-term, monogamous relationship and medically accurate information about condom use and other forms of contraception is usually not included.
• **Abstinence-only until marriage**—emphasizes that abstinence is the only choice outside the context of a heterosexual marriage and medically accurate information about condom use and other forms of contraception is usually not included.

Listed below are suggested, age-appropriate topics of instruction for sexuality education. These topics are the accumulative summary of recommendations made by the Sexuality Instruction and Education Council of the United States; Advocates for Youth; Guttmacher Institute; The Henry J. Kaiser Family Foundation; Douglas Kirby, Ph.D. (*No Easy Answers* and *Emerging Answers*); Phi Delta Kappa; Center for Disease Control and Prevention-Division of Adolescent School Health; and the Oregon Sexuality Materials Review Panel.

A. **Grades K-3:**
1. Good touch, bad touch
2. Understanding body parts, proper anatomical names, stages in basic growth process
3. Communicable/non-communicable diseases, the concept
4. Behaviors that reduce the spread of communicable diseases (washing hands, not sharing eating utensils, using Kleenex)
5. Accepting of their uniqueness and a positive regard for themselves and others
6. Recognize risk behaviors (sharing body fluids) and methods of prevention
7. Unsafe objects (needles, broken glass, drug paraphernalia)
8. Refusal skills, role playing
9. Personal hygiene
10. Emotional development

B. **Grades 4-5:**
1. Children are not ready for sex
2. Biological explanation of the anatomy and physiology for reproduction, for HIV and infectious diseases and puberty – physical and emotional changes
3. Risk, consequences, prevention (avoiding body fluids, needles, etc.)
4. Unsafe objects (needles, syringes, etc.)
5. Refusal skills, role playing
6. Communicable/non-communicable diseases
7. Infection control, hand washing
8. HIV/STI risk, personal plan of prevention
9. Developing healthy attitudes about oneself and others
10. Communication skills
11. Gender respect (boy/girl relationships)
12. Realistic body image
13. Media influences
14. Personal hygiene
15. Sexual expression is a healthy/pleasurable activity for most adults
16. Discussion of different types of relationships (i.e. friendship, family, romantic)
C. Grades 6-8:
1. Young teenagers are not physically or emotionally prepared for a responsible sexual relationship that include intercourse
2. Abstinence from sexual intercourse is the safest and most effective method to prevent HIV/STI’s and unintended pregnancy
3. Teenagers need to discuss sexual limits with their partners and people need to respect the sexual limits set by their partners
4. There are many ways to express love, attraction and connection to a partner. Sexual intercourse or other sexual activities are just one way.
5. There are many ways to give and receive romantic attention and not have sexual intercourse or engage in sexual activity that can put you at risk
6. Teenagers need to talk to their parent(s) or other trusted adult before they engage in sexual intercourse or other sexual risk behaviors, seeking reliable advice
7. Effective use of contraceptive and disease prevention methods
8. Most adults believe school-aged teenagers should not have sexual intercourse or engage in risky sexual behaviors
9. The majority of school-aged youth are not having sexual intercourse
10. Influence of media
11. Puberty and maturation, masculinity/femininity
12. Positive body image and healthy identity
13. Reproductive health, conception, personal hygiene
14. Dating violence, responsibility and respect for oneself and others, gender respect
15. Refusal skills, resisting and effectively dealing with negative pressures, communication and asserting personal boundaries
16. Many religions teach that sexual intercourse should only occur in marriage
17. Teenagers who have had sexual intercourse can choose to be abstinence
18. Define HIV/STIs and the immune system, symptoms, effects testing, self examination
19. Define vaginal, oral and anal sexual intercourse
20. Chain of infection
21. Skills for making responsible decisions and choices
22. Social issue with regards to abstinence and non-abstinence
23. Family structures and dynamics
24. The effects of alcohol and drug use in making responsible sexual decisions
25. Disease treatment, past/current/future research for HIV and STI’s

D. Grades 9-12:
1. The majority of high school students are not having sexual intercourse
2. There are many ways to express love, attraction and connection. Sexual intercourse or other sexual activities are just one way.
3. Accessing contraceptive disease prevention methods, resources and community services, adoption and abortion
4. Review of HIV/AIDS/STI’s symptoms, effects, testing, self examination
5. Prevention through responsible decisions and choices
6. Refusal and communication skills to maintain sexual limits and healthy relationships
7. Teens perceiving themselves at risk
8. Treatment and research
9. Male and female anatomy, reproduction
10. Masculinity/femininity, gender identity and sexual orientation
11. Promoting gender respect, respect for oneself and others and individual differences
12. Family structures and dynamics
13. Media influence, peer and parental influence on sexuality
14. The effects of alcohol and drugs with regards to responsible sexual decision making
15. Vaginal, oral, anal sexual intercourse
16. Social, physical and emotional advantages of making choices that are right for us, that fit with our personal choices and boundaries and are freely chosen
17. Analyzing appropriate behavior in dating relationships

Other themes that need to be included in an effective sexuality education program:

- Human sexuality decisions can impact our health.
- HIV/STI’s and unintended pregnancies are public health issues. Human sexuality is a continuum of choices:
  - no sex ←---------------→ sex with protection.
- Human sexuality education is a part of mental, social and psychological well being.
- Human sexuality education is about age-appropriate, accurate knowledge and skills that, when addressed in a safe and healthy environment, can help our children grow into responsible community members.

For more information about sexuality education and sexuality, HIV/STI, and unintended pregnancy prevention curriculum trainings, please contact:

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Why Sexuality Education for Special Education Students: Law, OHES, Need

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Top 10 Reasons why we should teach Human Sexuality Education to people with disabilities

Top 10 List

Number 10
Low reading ability hinders learning from written materials.
Many students with disabilities do not know when and whom to ask questions.

Desire to please people and become easily exploited.

Many students with disabilities don’t have even the basic knowledge.

Number 6
To prevent the spreading of HIV/AIDS and STD's within this population.

*Abstinence Only vs Comprehensive Programs*

Number 5
They have the same hormones and urges and need to make the same choices as their peers.

Number 4
May have limited social skills.
Number 3
Have low self-esteem, will do anything to be accepted by peers.

Number 2
IDEA

Number 1
Because they are people first and, like all people, have the right to know all they can comprehend that will enable them to become sexually healthy persons.
**Goals of Human Sexuality Education for Persons with Special Education Needs**

- To provide accurate information
- To help students learn about their bodies
- To help students learn appropriate social skills
- To help students protect themselves
- To help students become responsible persons
- To help students learn to appropriately express themselves
- To help students learn to make good choices

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**Exceptional Students and Sexuality Education: Teachers’ Beliefs, Professional Preparation, and Practices**

Elissa M. Howard-Barr, PhD, CHES, Journal of School Health (2005), Vol. 75, No. 3, pp 99-104

- Purpose: Establish baseline data
  - teachers' beliefs
  - topics taught
  - nature and extent of professional preparation
  - when it should be taught
  - Do beliefs predict topics taught?
  - Does professional preparation affect beliefs?

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**Need for the Study**

- Difficulty in achieving intimacy
- Social situations become unavoidable
- High rates sexual abuse
- Limited studies
• **Methods:**
  - **Participants:** Florida special education teachers
  - **N = 988, n = 494**
  - Randomly assigned to pilot or study
  - **Instrument:** 3 sections, developed by researcher
  - **Pilot Test**

**Demographics**
- 89.4% were females
- 50% reported teaching elementary school
- Almost half (45.6%) hold a master’s degree
- Over half (51.5%) had been teaching 12 or more years

**Topics Taught**
- Teach it at all: 44.2% = Yes, 55.8% = No
- Only 6 topics were included by at least 75% of teachers
  - Families, friendship, values, decision-making, communication, assertiveness, & finding help
- Key concept most frequently taught: Personal Skills, least taught: Sexual Behavior
Professional Preparation

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When Should Sexuality Education be Taught?

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<th>Educational Level</th>
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</thead>
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<td>33.0</td>
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<tr>
<td>Q38 Middle School</td>
<td>96.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Q39 High School</td>
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<td>2.0</td>
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</table>

Conclusions

- Most believe it is important to teach many of the sexuality education topics.
- A baseline of sexuality courses is not being provided.
- Many are teaching sexuality education, yet do not consider themselves to be doing so.
Conclusions cont.

- Many do not feel their professional preparation is adequate.
- Almost all believe sexuality education should be offered at both the middle school and high school levels.
- Teachers' beliefs affect which topics are being taught.

Common Barriers in Teaching Sexuality Education

- Perceived lack of support
- Inadequate teacher preparation in human sexuality
- Curricula lacking sequence and age-appropriate content
- Inadequate time
- Absence of school administrative support
- Absence of, or deficiencies in evaluation

Recommendations for Successful Sexuality Education

- Work w/ "grassroots"  
  - Community coalitions, parents
- Become familiar w/ local/national statistics
- Involve media
- Network
- Address school boards
- Include parents in policy planning
Who's going to teach??

- Co-Teaching
- Health Educator supported by para-educator
- Health Educator with consulting from Special Educator
- Health Educator (short term)
- Special Educator with consulting from Health Educator

Questions to Consider

- How does the child's particular disability affect his/her social-sexual development?
- How does the disability affect their needs?
- How does the disability affect the child's ability to learn the information?
- What other or extra information/materials may be needed or used to address their disability in order for them to learn the information?

Definitions

**Accommodation**
A change made to the teaching or testing procedures in order to provide a student with access to information and to create an equal opportunity to demonstrate knowledge and skills.

**Modification**
A change in what a student is expected to learn and/or demonstrate. While a student may be working on modified course content, the subject area remains the same as the rest of the class.
MODIFICATIONS/ACCOMMODATIONS for General Education

• Instruction
• Assignments
• Content/Materials
• Assessments

Modifications/Accommodations of Instruction

• peer teaching
• one-on-one
• adjust pace of lesson or lessons
• adjust amount of material taught
• hands-on instruction
• review and practice
• Re-teach basic concepts
• cooperative learning
• pre-assess needs
• use student focused learning strategies
• frame outlines
• graphic organizers
• highlighting
• study guides
• discovery method
• direct instruction

Modifications/Accommodations of Assignments

• shorten assignments
• alternative choices
• extra time for completion
• break down into smaller steps
• directions written and orally
• framed assignments
• text alternatives
• alternate grading
• use of technology
• managing homework
• managing homework
• managing homework
• managing homework
• managing homework
• managing homework
Modifications/Accommodations of Content/Materials
- use audio tapes
- Braille or large print
- off-grade level books
- use visual aids
- high-intensity/low vocabulary
- fewer problems/less words on a page
- highlighting text
- teach most important concepts (pyramid)

Modifications/Accommodations of Assessments
- alternative choices
- assess critical/basic concepts
- provide word bank
- extra time for completion
- use notes, study guide or textbook
- tests given/taken orally
- allow "cheat sheets"
- use of manipulatives
- alternate setting
- essay only or short answer only
- take test on computer

Things to Consider
Learning Styles
- Auditory
- Visual
- Kinesthetic

Multiple Intelligences
- Logical-Mathematical
- Linguistic
- Musical
- Interpersonal
- Intrapersonal
- Spatial
- Bodily-Kinesthetic
- Naturalist
Different Needs

- Mentally Disabled
- Learning Disabled
- Hearing Impaired/Deaf
- Other Health Impaired
- Communication Disordered
- Visually Impaired/Blind
- Emotionally Disturbed
- Physically Impaired
- Behavior Disordered
- Autistic
- Dual Labeled

Where???

General Special
Education Education
Classroom Classroom

Making Decisions

- Decisions as to where and how students with special needs should receive human sexuality education depends on the individual need of the student.

- The decision should be made by a team, this includes the special educator, general educator/health educator, the parent, and when appropriate, the student.
Making Decisions

Where?

- Least Restrictive Environment
- Individual needs can be met
- Can change according to topic
- Evaluate frequently

Strongest Challenge

- The Belief: "What they don't know won't hurt them"
- Silence can speak more loudly

Upcoming Trainings:

- December 10-11, 2008, Oregon School for the Blind
- March 11-12, 2008, High Desert ESD

FLASH Curriculum
Students with Special Needs
Save the Date!

December 10-11, 2008
Oregon School for the Blind
Salem, Oregon

March 11-12, 2009
High Desert ESD
Redmond, Oregon

Meeting the Needs of Special Education Students in Human Sexuality Education: 
FLASH Curriculum

Presented by:
Brad Victor, MAT 
Sexuality Education Specialist, 
Oregon Department of Education

Intended Audience:  Oregon Special Education Teachers (no cost)

Registration Will Be Limited to 30 Participants (per site)

To register contact: Brad Victor, MAT 
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