

Comprehensive Sexuality Education

*Moving Beyond Abuse Prevention
in Special Education.*

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Comprehensive Sexuality Education Topics

1. **Sexuality Education Behavioral Outcomes**
2. **Oregon Revised Statute 336.455 (Sexuality Education)**
3. **Oregon Administrative Rule 581-022-1440 (Human Sexuality Education)**
4. **Definitions and Terminology**
5. **Review of Benchmarks**
6. **Age Appropriate Guidelines**
7. **Characteristics of Effective Sexuality Education Programs**

Historical Sex Ed??

- **Focus on Abstinence Only Education**
- **Wait until Marriage**
- **LGBTQ ???**
- **Reinforced stereotypes**
- **Scary photos of STDs**



FEAR!!



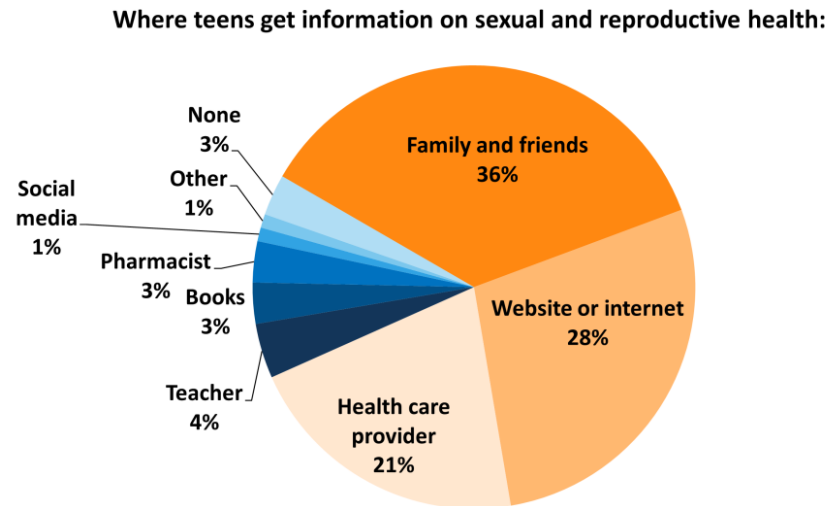
Why Sexuality Education?

Outcomes:

1. Delayed initiation of sexual intercourse
2. Reduced number of sexual partners
3. Reduced frequency of sexual intercourse
4. Increased use of condoms, correctly and consistently

Figure 6

Teens Primarily Get Information on Sexual and Reproductive Health from Family and Friends, Websites, or Health Care Providers



NOTES: Among women ages 15-19.

SOURCE: Kaiser Family Foundation, 2013 Kaiser Women's Health Survey.

Sex Ed Outcomes: Are there others?

- **What are some other outcomes that you and your peers hope for?**

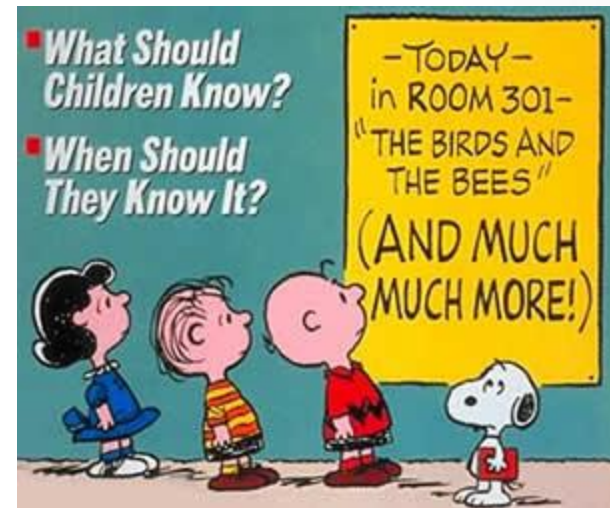


- 1. Young people experience their sexuality as a natural and positive element of maturation**
- 2. Strengthen social norms that encourage healthy and respectful relationship.**

Also. . . It is the Law!

- 1. Each school district shall teach an **age-appropriate**, comprehensive plan of instruction focusing on human sexuality education, HIV/AIDS and sexually transmitted disease prevention in elementary and secondary schools as an integral part of health education and other subjects.**

-OAR 581-022-1440



Oregon Administration Rule 581-022-1440

- **Each school district shall teach an age-appropriate, comprehensive plan of instruction focusing on human sexuality education, HIV/AIDS and sexually transmitted disease prevention in elementary and secondary schools as an integral part of health education and other subjects.**

What Else Stands out?



In small groups, identify 3 topics that:

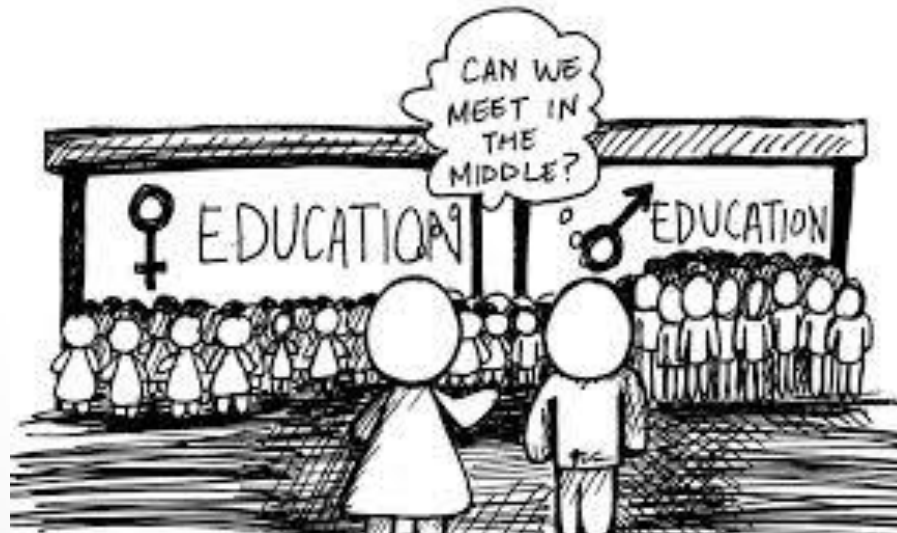
- 1. May be new to you.**
- 2. Will be a challenge because of the school community (Staff, Parents, Students.)**
- 3. Just doesn't make sense.**

OAR 581-022-1440

- (a) **“age-appropriate”** means curricula designed to teach concepts, information, and skills based on the social, cognitive, emotional, and experience level of students;
- (b) **“balanced”** means instruction that provides information with the understanding of the preponderance of evidence;
- (c) **“best practice”** means something has the appearance of success, but has as yet not proved its effectiveness;
- (d) **“comprehensive plan of instruction”** (as defined by Oregon education statutes) means k-12 programs that emphasize abstinence, but not to the exclusion of condom and contraceptive education. The human sexuality information provided is complete, balanced, and medically accurate. Opportunities are provided for young people to develop and understand their values, attitudes, and beliefs about sexuality as a means of helping young people exercise responsibility regarding sexual relationships as further defined by (2) and (3);

(Required) Comprehensive Plan of Instruction shall:

- Promote abstinence
- Can't be “shame or fear based”
- Use [culturally] inclusive materials, language, and strategies that recognizes different **sexual orientations, gender identities and gender expression**;



New: Sex Abuse Prevention

➤ 9) As part of the comprehensive plan of human sexuality instruction, each school district shall provide child sexual abuse prevention instruction from kindergarten through grade 12. School Districts must provide a minimum of four instructional sessions per year. One instructional session is equal to one standard class period.

- **Integrated with CSE plan**
- **4 sessions (equal to or greater than a class period)**
- **Kindergarten through grade 12**

New Standards

- Ode is currently in the process of updating Oregon Health Standards.
- Panel of Health educators and content experts.
- 3 year process (6 months for new standards)
- Will align with ORS/OARs as well as National Standards
- Will be grade specific (no longer grade bands)

Standards

Strand - PROMOTION OF SEXUAL HEALTH:

- **Analyze the influence of friends, family, media, society and culture on the expression of gender, sexual orientation and identity. (6-8)**



- **Explain that there are many ways to express gender. (K-2)**

- **Provide examples of how friends, family, media, society and culture influence how people think they should act on the basis of their gender. (3-5)**

- **Advocate for school policies and programs that promote dignity and respect for all. (6-8)**

Why Comprehensive Sexuality Education For Special Education Students?

- Have low self-esteem, more likely to do things in order to be accepted by peers.*
- Many students with disabilities don't have basic knowledge around sexuality. *
- Many students with disabilities do not know when and whom to ask questions.*
- Desire to please people and become easily exploited.
- It is the Law:
 - IDEA
 - OAR 581-022-1440
 - ORS 336.455

* Cheng & Udry,2003

Why Comprehensive Sexuality Education For Special Education Students?



- **Because they are people first and, like all people, have the right to know all they can 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**
- **Help students build confidence and self esteem.**

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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**
- **Discovery method**
- **Cooperative learning**
- **Pre-assess needs**
- **Use student focused learning strategies**
- **Frame outlines**
- **Graphic organizers**
- **Highlighting**
- **Study guides**
- **Direct instruction**

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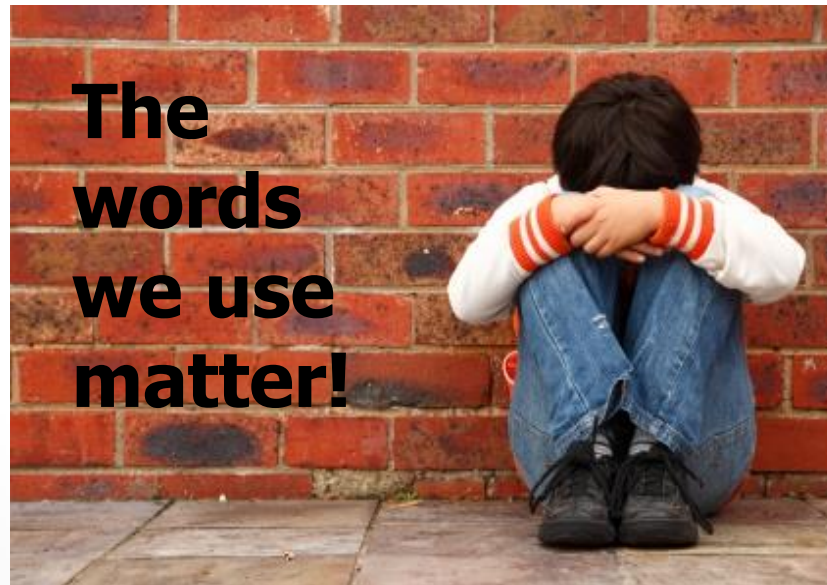


Age/Developmentally Appropriate Sexuality Education Topic Guidelines

(See Handout)

Terminology

(h) “medically accurate” means information that is established through the use of the ‘scientific method.’ Results can be measured, quantified, and replicated to confirm accuracy, and are reported or recognized in peer-reviewed journals or other authoritative publications.



Feared Questions

- **Value Questions:**
“How old should you be to have sex?”
- **Slang Questions:**
“What is a blow job?”
- **Personal Questions:**
“Have you ever tried smoking pot?”
- **Questions/Personal Belief Questions:**
“Do you think it is okay to...?”

Things to Keep in Mind

- **Follow your district guidelines**
- **Decide what “messages” you want to give your students. Consult with colleagues/expert**
- **Answer simply, using correct vocabulary**
- **Always encourage students to discuss their questions w/ parents or a trusted adult**

Value Question Protocol?

- **Affirm the asker**
- **Values vs Facts**
- **State the facts**
- **Range of values and beliefs**
- **Identify responsible adults**
- **Remain available**

Resources

Family Life and Sexual Health (FLASH) Curriculum

- **Seattle, King County Health Department**
- **Free SPED CSE curriculum online**
- <http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/FLASH.aspx>

Advocates for Youth

- **White Paper, Human Sexuality Education for students with Special Needs. 2007**

Oregon Department of Education

- **Resources for Parents, Teachers, and School Administrators.**
- <http://www.ode.state.or.us/search/page/?id=1773>

Questions?

Next Steps?

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