

PREVENTING AIDS AND OTHER STDs  
THROUGH SEXUALITY EDUCATION  
FOR STUDENTS  
WITH INTELLECTUAL  
IMPAIRMENTS

Compendium of  
teaching and  
learning activities  
geared to adapted  
curricula

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Secondary level: first and second cycles

Compendium  
of teaching  
and learning  
activities  
geared to  
adapted  
curricula

*PREVENTING AIDS  
AND OTHER STDS  
THROUGH  
SEXUALITY EDUCATION  
FOR STUDENTS  
WITH INTELLECTUAL IMPAIRMENTS*

Québec 

Ministère de  
la Santé et des Services sociaux Centre de coordination  
sur le sida

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AIDS and other sexually transmitted diseases (STDs) are current problems of concern to everyone, including students with intellectual impairments. Because such students are few in number, the availability of special educational tools on this subject is rather limited. To remedy this situation, the Centre de coordination sur le sida of the ministère de la Santé et des Services sociaux du Québec, in collaboration with the ministère de l'Éducation du Québec, has agreed, in the framework of a common action plan, to support schools and teachers by producing educational materials on the subject. Accordingly, this publication was developed in order to support educational activities aimed at preventing AIDS and other STDs. The proposed activities are related to certain competencies and elements of competency included in the adapted curricula *Pacte (Programmes d'études Adaptés avec Compétences Transférables Essentielles)* and *Challenges (An educational approach that facilitates social integration)*.

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# Introduction

Adapted curricula seek, among other things, to help the students concerned gradually develop their autonomy and sense of responsibility and to increase their feeling of self-fulfilment (*Pacte*). They also exist to help students acquire the knowledge, skills and basic attitudes required for their integration into today's society (*Challenges*).

This publication is in line with those objectives, because the intent is that, through the activities proposed, students will adopt informed attitudes toward sexual health, particularly with regard to HIV/AIDS and other STDs.

## **Who this publication is for**

This publication is for teachers of the first or second cycle of secondary school who work with students who have moderate to severe intellectual impairments, whether the learning environment is a regular class, resource class, special class or special school.

However, it could also be useful to partners in various other sectors who work with the same clientele (e.g. staff of rehabilitation centres or CLSCs, professionals in the education network, significant persons who help the student).

## **Content**

It should be pointed out from the start that this publication is not itself a guide to sexuality education; its aim, rather, is to see that teaching staff are at least minimally equipped to talk with these students about AIDS and other STDs in a context of sexuality education.

The first part is entitled "Background and perspectives". It includes information on the situation currently facing young people with regard to HIV/AIDS and other STDs, an examination of the attitudes, beliefs and reactions relevant to preventive education on a subject that necessarily deals with sexuality, and guidelines for educational practices.

The second part deals briefly with the recommended educational approach and then presents all the proposed learning activities. Teaching staff can integrate the activities they find relevant into the activities of adapted curricula pertaining to the themes of health and sexuality.

Appendices contain support material for the activities and information that can be useful to the teacher.

This compendium was guided by the efforts of a working group and was derived from a review of the literature, a non-exhaustive inventory of existing tools, and consultations with people who work with young, intellectually impaired people or who are experts in the field of intellectual impairment.

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### **Using this publication**

It is best to read the entire publication before undertaking the activities. The first part can stimulate the teacher's personal thinking about sexuality and make him or her aware of certain attitudes. It can also sensitize the teacher to the existence of misconceptions on the subject and dedramatize certain aspects of sexuality education. The first part also presents the educational approach underlying the learning activities. An examination of the second part (learning activities) will provide the teacher with a comprehensive view of the proposed interventions and facilitate planning and scheduling of the activities over the two cycles of secondary school.

The activities come under the following competencies of the adapted curricula:

- the competency of the "social integration" section of *Pacte* (elements of competency of the subcategory "responsible behaviour");
- the competency of the "social integration" section of *Challenges* (elements of competency of the subcategory "Personal and Social Education").

We hope this compendium will prove useful and contribute to the well-being of young people with intellectual impairments.

*Background and perspectives*

# Background and perspectives

## 1. REVEALING FACTS ABOUT AIDS AND OTHER STDs

Although, at times, statistics can seem to be dry reading, they do bring reality into focus in a very specific way by providing a helpful indication of how serious a phenomenon is.

Keeping in mind that there are people behind the numbers, we present the following data as a background for preventive action.

### AIDS and HIV infection

The World Health Organization set at 8.4 million the number of reported cases of AIDS as of December 1, 1996 and estimated that about 30 million people had been infected with HIV since the beginning of the pandemic.

In Québec, as of March 31, 1997,<sup>1</sup> 4850 cases of AIDS had been reported since the epidemic broke out. However, official statistics give the number of people who have reached the final stage of the disease, i.e. AIDS itself; they do not include the number of people infected with HIV (reporting is mandatory for AIDS only). In this sense, the statistics represent the state of the epidemic a number of years ago because, according to current data, it may take 14 years for a person infected with HIV to develop AIDS. It is estimated that, by the end of 1992, more than 10 000 people in Québec were infected with HIV. In addition, 500 to 2000 new cases of HIV infection occur yearly in Québec.<sup>2</sup>

Most of the cases reported involve relatively young people; very close to 75% are in the 25-to-45 age range. Given the long incubation period of the virus, it can be assumed that some of these people were infected during their adolescence.

### STDs

Despite an overall reduction in the number of cases in recent years, the data indicate that young people—especially young women—are particularly affected by STDs.

STDs constitute an important public health problem in terms both of their frequency and of the seriousness of the complications that can arise when they are treated improperly or not at all. Their prevalence among women is an even greater concern, given that many women are asymptomatic and, therefore, exposed to the dangers of undetected and untreated infection. The data on STDs also constitute an indicator of at-risk sexual behaviour.

1. *Surveillance des cas de sida, mise à jour no 97-1, Programme de surveillance du sida du Québec (PSSQ).*

2. MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX (1997). *Stratégie québécoise de lutte contre le sida. Phase 4. Orientations 1997-2002*, Québec, Direction générale de la santé publique, p. 10.

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## **2. A SPECIAL TARGET GROUP: YOUNG PEOPLE WITH INTELLECTUAL IMPAIRMENTS**

The data cited above reveal a situation that calls for a multitude of actions, particularly in the area of prevention. In this connection, young people are an important target group, and a number of prevention programs have been set up in recent years to raise their awareness of the problem.

Several considerations point to young people with intellectual impairments as a particularly vulnerable population.

### **The vulnerability of young people with intellectual impairments**

The individuals in this special group develop sexually pretty much like anyone else their age, but the characteristics of their psychosocial development include vulnerability factors that can influence their sexual experience considerably.

People with intellectual impairments generally have problems with understanding and making judgments. They often have low self-esteem. They are easily influenced and regularly subject to pressure to be submissive and to go along with adults. Many have gotten into the habit of depending on others to make all decisions concerning them.

Often, as well, they are overprotected and treated like children, generally having little privacy and few opportunities to experiment compared with other young people their age. They generally experience a great deal of loneliness and emotional vulnerability.

But part of the reason for their vulnerability is that they are ill-informed. The information in media campaigns, newspapers and everyday conversations is not readily accessible to them or leads them to draw mistaken conclusions, because the level of abstraction is too high. In addition, few existing educational programs or health and prevention materials on sexuality take account of their special needs. A final barrier is that sexuality remains taboo for many adults in today's society and that they resist talking about it all the more because of their ignorance of the sexuality of people with impairments. As a result, the young people in question do not have the benefit of an explicit sexual education and know little about at-risk sexual behaviours and their implications.

These aspects of their experience and development mean that young, intellectually impaired people more easily fall victim to exploitation and abuse. The statistics in this regard are eloquent indeed. According to Health and Welfare Canada (1993), the danger of sexual exploitation of people with impairments is apparently at least 150% higher than that of same-sex, same-age individuals without impairments.

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Thus, despite an absence of conclusive statistics on the prevalence of HIV/AIDS and other STDs among young, intellectually impaired people, it can be assumed that, because they are more vulnerable to sexual exploitation and have difficulty resisting pressure and realizing the consequences of unsafe behaviours, they are at greater risk of contracting the diseases in question. Moreover, given the current transformation in the care and support network, these young people will be increasingly integrated into today's various social environments and, as a result, they may increasingly have to cope with sexual advances.

### **The importance of prevention**

The above observations make clear not only that educational support is needed and important but that it must be adapted to young people with intellectual impairments. Since they will soon reach the final stage of their schooling, it is important to intervene before they begin having problems and to make them aware of a few tools that can help them better face today's realities and better manage the risks that come with certain sexual behaviours. At the same time, it is important that this educational intervention not be narrowly limited in content, but that it occur in a context of comprehensive education regarding sexuality.

### **3. TALKING ABOUT SEXUALITY<sup>3</sup>**

Talking about the prevention of STDs and AIDS with intellectually impaired students automatically means talking about sexuality, and many people find that hard to do.

#### **GETTING OVER THE UNEASINESS**

It is perfectly legitimate to feel uneasy, embarrassed or uncomfortable when you have to talk about sexuality in public. After all, it is an intimate and sensitive topic. In addition, many adults who want to talk to young people about it have little to go on: they do not have an adult role model who spoke with them frankly and openly about sexuality. As a result, it is perfectly understandable to feel a certain resistance to and uneasiness about speaking openly with students on this subject, and the resistance may be greater when the students have intellectual impairments.

Though legitimate, the resistance and the uneasiness must not become an excuse for avoiding dialogue with students on this subject, especially since, given the goal of having them practise safe sex and in spite of the uneasiness they too may feel, the students are being explicitly asked to talk about sexuality.

It must be said that many teachers who choose to talk about sexuality and prevention with young people find it becomes much easier with practice. They also say that they get as much out of the discussions as their students.

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3. Some of the ideas in this section were inspired by the *Répertoire d'activités d'enseignement et d'apprentissage sur les MTS et le sida. Cheminements particuliers de formation en vue de l'insertion sociale des jeunes de 16 à 18 ans*, pp. 10-14, Centre québécois de coordination sur le sida, ministère de la Santé et des Services sociaux (1995).

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## DISCOVERING YOUR OWN ATTITUDES

It can be extremely beneficial for an adult who wants to discuss sexuality with young people to give some thought to his or her own perceptions, attitudes and values on the subject. Doing so honestly and without preconceptions often makes adults more comfortable with themselves and, consequently, with young people as well. If it is important to become aware of your own attitudes, it is because they show when you are teaching. Obviously, a look at yourself will not instantly eliminate all ambivalence or resolve all conflicts, but it will help you, as an adult dealing with sexuality, to be more consistent in your verbal and nonverbal communication with students, and more vigilant in how you react and what you say. This will reduce the risk of sending students ambivalent signals and confusing them or of transmitting a message that is diametrically opposed to the educational intent of your intervention.

You may find this approach fascinating or threatening, but it is always rewarding, since it provides an opportunity for self-discovery and knowing yourself better.

### ■ *Attitudes toward sexuality*

Not only is it important for you to recognize your own attitudes toward sexuality, but also it helps to know some of the factors that may have influenced them. Your own sex drive, family dynamics, implicit and explicit sexual education, social, cultural and religious environment, love experiences and sexual experiences shape your attitudes and influence how comfortable or uncomfortable you are talking about sexuality.

Some examples of questions to ask yourself before teaching young people about sexuality are given below; the answers you come up with can help you understand certain attitudes and reactions affecting your role as an educator:

- How was sexuality regarded in my family? As something shameful? Natural? Dangerous? Joyful?
- How did the people in my family show me their affection? In words? By touching?
- How did they relate to their bodies? Were they proud? Ashamed? How was natural curiosity about the body and the genitals regarded?
- What can I say about my own love experiences and sexual experiences? Have they been positive? Negative?
- How did I learn about sexuality?
- What image of sexuality do I see in the media? Among the people I am with every day?
- What importance do I give to religious values when it comes to sexual behaviours?
- What importance do I give to sexuality in my life?

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An additional factor is that the plurality of values in today's society compared with the relatively rigid codes and clear guidelines of past decades can be a source of confusion and anxiety for some adults. Also, many people are ambivalent about sexuality—say yes and no at the same time—and that includes sexuality educators as well as parents. This is “a situation that, all things considered, was perhaps inevitable given our history”.<sup>4</sup> The ambivalence can manifest itself in several ways; for instance, parents of teenagers may feel that having sex is a legitimate choice for young people ... as long as it doesn't happen under their roof.

■ *Attitudes toward the sexuality of people with intellectual impairments*

Imagining the following scene and answering the questions below can be a useful exercise for discovering your perceptions and attitudes about the sexuality of people with intellectual impairments.

Two lovers on a park bench are passionately kissing one another. After a while, they turn around and you see that they both are intellectually impaired.

- How do I usually react when I see a couple kissing?
- How would I spontaneously react when I realized that the two people were intellectually impaired?
- How would I react if the two people were both men or both women?
- Do I perceive the sexuality of intellectually impaired people the same way I perceive the sexuality of so-called “normal” people?

There are two widely held beliefs concerning people with intellectual impairments. One is that they are sexually unrestrained and uncontrollable; the other is that they are not sexual at all.

Openly or secretly, we have hard-to-shake fears regarding the sexuality of people with intellectual impairments. We are afraid they have an untameable instinct or energy that threatens to burst forth beyond control. ... Would we really feel safer if they were somehow sexually handicapped? Paradoxically, we hesitate to recognize that intellectually impaired people have needs and rights to sexual education and expression, but, at the same time, we think of their sexuality as a volcano that shows disturbing signs of activity, and is about to erupt at any moment.<sup>5</sup>

4. J. ROBERT, (1989). *Parlez-leur d'amour*, Montréal, Éditions de l'Homme, p. 178.

5. M. LEMAY “La sexualité chez les personnes ayant une déficience intellectuelle” (supplementary appendix), *Guide d'animation du programme de formation “Parents d'accueil et prévention des MTS et du VIH-SIDA chez les adolescentes et les adolescents à risque”*, Québec, Les Centres jeunesse de Québec, p. xiv.



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We tend to think of intellectually impaired people as “different” when it comes to sexuality, because they have difficulty learning. But the fact that they are intellectually impaired does not mean they are impaired sexually.

Girls and boys with intellectual impairments react normally to sexual excitement. One day they discover erotic self-stimulation. They feel needs (for affectionate physical contact, for understanding what is happening to them at puberty, etc.), ask themselves questions (about anatomic differences between men and women, the physiological reactions of their vagina or penis, menstruation, semen, etc.), have fears (of rejection, being judged by others, etc.), harbour desires (to make love, have a girlfriend or boyfriend, etc.), have hopes (to be like everybody else, etc.), seek to imitate, to explore (rush into things, experience anxiety, etc.) have problems (solitude, isolation, stress, etc.), suffer setbacks and frustrations. Their ignorance, lack of realism and lack of skill know only the bounds of our great failure to understand them.<sup>6</sup>

Thus, sexuality is part of life for people with intellectual impairments, as it is for everyone else, and they may enjoy sexuality for the gratification and pleasure it brings, just like everyone else. They may or may not have a strong interest in sexuality, like so-called “normal” people. They may display “deviant” behaviour, but in the same proportion as the general population. It is important to point out that some behaviours considered deviant may be caused by a lack of education.

■ *Attitudes toward the manifestations of sexuality*

Thus, as much as the way we view sexuality, the prejudices and beliefs we have about the sexuality of intellectually impaired people can colour our attitudes and direct our actions when teaching. Answering the following questions can help you identify your general attitude toward manifestations with sexual connotations on the part of your students.<sup>7</sup>

- Is my attitude generally repressive? (Do I try simply to eliminate the behaviour with a sexual connotation, without trying to help or understand?)
- Is my attitude generally tolerant? (no implications—“they can do whatever they want”)
- Is my attitude generally educative? (Do I try to identify the need expressed and respond in a way that allows the student to acquire knowledge, a skill or a fulfilling behaviour?)

Thinking these questions through will help you see whether or not you need to be more vigilant in your actions as an educator in order to avoid discrimination and be sensitive to the true needs of students with intellectual impairments.

6. *Ibid* p. xv

7. Inspired by M. Lemay, *op. cit.*

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## SEEING THROUGH MISCONCEPTIONS

Often the desire to get moving in this area is held back by beliefs, images and expectations that are somewhat unrealistic. Becoming aware of them can help you eliminate some of the barriers.

- *“I have to be an expert.”*

You do not have to be an expert to talk about sexuality with your students. The important thing is to have basic knowledge that is accurate and specific. It is not so much transmitting detailed biomedical knowledge that counts, as helping students become more autonomous, while assuring, of course, that they acquire the minimum knowledge they need.

- *“I have to have all the answers.”*

No one is a walking encyclopedia, and it is normal not to have all the answers. The best thing to do is simply tell students you don't know. At the same time, this teaches them that it is normal not to know everything.

Moreover, learning how to look for an answer is just as important as having the right one. You can take the opportunity to involve them in the search for information from a reliable source and to demonstrate the process for obtaining information (e.g. identify people who are credible (according to certain criteria) and can be asked about the type of information you need, or model meeting someone to request information from them).

- *“I must not show that I am uncomfortable.”*

Feeling uncomfortable when dealing with certain questions is nothing to be ashamed of. “If you are uncomfortable like this, you should let your students know, since they will see that you are anyway. It will help you and your students relax”.<sup>8</sup> Students who are also uncomfortable with the subject will learn from your reaction that they are just like everyone else and that their discomfort is not “abnormal”.

Humour can also lighten the atmosphere, reduce tension and facilitate dialogue and learning. Laughter can work wonders in situations where you can feel the discomfort in the classroom. And it is an excellent way to show that sexuality is not a sad subject.

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8. F. DUQUET, (1987) *Il vous reste une demi-heure : guide d'accompagnement pour la vidéo*, Québec, ministère de la Santé et des Services Sociaux, Direction des communications, p. 6.

- 
- “Talking about sexuality is an incentive to sexual activity.”

This prejudice is still very hard to shake, and often inhibits teaching about sexuality. Several studies have shown that sexuality education not only does not cause an increase in sexual activity, but encourages students who are active sexually to adopt safer practices and can even make certain students delay their first sexual experiences.<sup>9</sup> In addition, when young people understand what is happening to them they are in a better position to control their actions and protect themselves and those around them from any negative consequences of sexual behaviours.<sup>10</sup>

The goal of sexuality education for young people with intellectual impairments is not to encourage them to have an active sexual life but to help them make better choices and enjoy better lives.

- “There will be fewer problems if we don’t talk about it.”

Not talking about sexuality is a form of sexuality education in itself. Silence and nonintervention teach as much as words, and young people interpret what they see in their own way. Their interpretation may make them feel confused, wrong, guilty or simply lost when they want to know about things sexual or when they feel a sexual emotion.

And, when faced with silence regarding sexuality, young people with intellectual impairments may adopt inappropriate sexual behaviours arising from their ignorance and the lack of information and education. Thus, silence on the subject runs the risk of provoking or making worse the problems that one hoped to avoid to begin with.

## OVERCOMING FEARS

Being afraid of certain impacts on students or of certain reactions or questions students may have can also impede your intervention. Below are examples of frequently asked questions and indications for answering them that can help in this area.<sup>11</sup>

9. World Health Organization, [World Health Organization encourages sex education in schools to prevent AIDS], Geneva, WHO, press release WHO/94.

10. W. KEMPTON, (1983). “Sexuality Training for Professionals Who Work with Mentally Handicapped Persons”, *Sex Education & Counseling for Mentally Handicapped People*, Kent, The Pitman Press, p. 66.

11. Some of the ideas in this section were inspired by the following sources:

Centre de coordination sur le sida, ministère de la Santé et des Services sociaux and Radio-Québec (1995). *Projet de perfectionnement sur le VIH-sida pour le personnel enseignant du second cycle du primaire : guide d’animation*, pp. 113-125. This section includes a contribution by sexologist/educator Francine Duquette on adapting the content of training sessions on sexuality education.

W. KEMPTON, (1988). *Sex Education for Persons with Disabilities that Hinder Learning, A Teacher’s Guide*, Massachusetts, Durebury Press.

- 
- “Is this the right time to take up the subject?”

Sexuality education cannot be premature. If the material is too complex or advanced for their ability to understand, students will find the activity boring and stop listening. On the other hand, delaying the explanation of a phenomenon can do more harm than good (e.g. not knowing what to do when you have your first menstruation). And the advantage of talking about a subject before students have reached a given stage is that they will be less shaken emotionally when they do reach it.

Thus, you must anticipate questions, which may, in fact, never be asked (some intellectually impaired students cannot speak) or may be expressed through inappropriate behaviour.

- “What if they use coarse language?”

Some students may use coarse language because it’s all they know. By making the connection between the words that are used in private circles or in the street and the correct words, you ensure that everyone is talking about the same thing, and, at the same time, teach students the proper vocabulary. It is also important that students know the meaning of words regarded as vulgar or slang so that they can avoid being laughed at if such words are used in everyday conversations.

Some people have trouble using clear, precise language (e.g. vulva, vagina, penis, glans) or other words commonly used in conjunction with sexuality. If you feel squeamish about pronouncing certain words in front of your students, it might be a good idea to practise saying them out loud in advance (in your car, at home, etc.) to get used to them and be more at ease. Working with small groups of people is another way of becoming familiar with the words you need.

- “What if the students ask personal questions about my private life?”

You may feel that personal questions are too intrusive, but it is important to give students an adequate response in order to keep communication lines open. You can say that a question like the one asked is personal and that that means it isn’t a good idea to talk about it. By reading your attitude, students can get the message that respecting someone’s private life is the right thing to do (which may reassure many of them). In addition, they will be able to tell the difference between questions that are not socially acceptable and those that are.

It may be a good idea to try to see why a student has asked an embarrassing question and what the real question or underlying need may be. Is he or she worried about something? Does he or she need attention? Is it a simple matter of interest or curiosity? Or was he or she trying to provoke you?

- 
- “What if certain things are in conflict with my personal values?”

Young people often have different values from adults with regard to sexuality and health. It is important to avoid value judgments while discussing things with students (or with students' parents), because there is a great risk of a communication breakdown. It is preferable to present the various aspects of controversial questions, adapting them to students' ability to understand, in order to help students' think for themselves. Moreover, educational practices are generally more beneficial if students are given help explaining their own values rather than having someone else's values imposed on them. This does not mean you should imply that nothing is good or bad: some values remain a matter of personal choice, but there are also universal values that are generally accepted in society and in Québec schools (justice, respect for oneself and others, love, honesty, responsibility, freedom, etc.).

- “What if a student confides in me and needs help?”

Listening, without making value judgments or moralizing, is the action that can be of the greatest help. Expressing your concern for the well-being of a student can be tremendously reassuring to him or her. Depending on the situation, it may be a good idea to advise the student to talk with people close to him or her about the problem or seek professional help.

Knowing in advance the resources available in the area, the law (e.g. the youth protection system, the *Criminal Code*) and the school policy on sexual abuse can be a great help when a student has troubling things to say about what he or she has been through.

- “What about reticence and reactions on the part of parents?”

Parents are often worried when they know that the subject of sexuality is being taken up with their children. Their concern is legitimate and understandable, and often arises from a desire to protect their children from certain realities. Some parents are afraid of how their teenage son or daughter will express his or her sexuality (or would rather not know); others feel unable to continue the process begun at school on the subject or do not realize how vulnerable their child may be to exploitation, among other things.

But resistance on the part of parents is often related to erroneous ideas about what their children are going to be taught about sexuality. This means it is imperative to sensitize parents to the educational effort in advance. A lot of resistance melts away when parents realize that teaching staff are not replacing them in any way, and when they learn about the objectives of the effort and understand that their children will not be encouraged to be sexually active but that they will, in the end, be better equipped to deal with today's realities.

While continuing to have the primary responsibility for educating their children about sexuality, parents are essential partners in the sexuality education effort at school.

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## **BASIC ATTITUDES**

Certain basic attitudes can facilitate educational practices and make interventions more significant for students and more satisfying for teachers.

### **■ Believe in students' capabilities**

Students will tend to trust themselves more and find suitable solutions for themselves if they feel, during discussions, that the teacher believes in their ability to find their own answers to the problems that concern them. Moreover, the goal of educational practices is not to impose on young people solutions that work for adults, but to promote students' well-being, autonomy and sense of responsibility. Of course, while basing your interventions on faith in your students, you will take their limited abilities to understand and learn into account, but will accentuate their strengths rather than their weaknesses.

### **■ Believe in the importance of sexuality education**

Sexuality is part of everyone's makeup. It is a way of being much broader than the frequent, narrow focus on genitals, and embraces all dimensions of being human (biological, emotional, psychological, moral, religious, social and cultural). Considering sexuality as part of daily life, just like any other aspect of life, can help dedramatize educational interventions and make them seem less mysterious.

You teach children how to cross the street in order to broaden their horizons and reduce risks. You would never think of letting them learn on their own. With sexuality education, it's the same thing.

Young people with intellectual impairments are entitled to the right information at the right time, so they feel confident and safe. They are entitled to a richer emotional life, to love, to the same quality of life you want for yourself (putting yourself in their shoes can be a very helpful exercise). However, they need guidance and learning methods geared to their abilities in order to develop and protect themselves.

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■ **Believe in prevention but accept its limits**

If you believe that prevention activities are a sure-fire, quick way to help students, you are liable to be disappointed. No single educational intervention can guarantee that students will immediately adopt attitudes and behaviours favourable to their health. The effort must continue and recur at different times in students' sexual lives. It must be enriched by consistent educational action in other living environments and supported by simultaneous intervention on other levels, such as organization of services and policy.

We know, nevertheless, that small efforts by a variety of significant persons are the way to maximize the effectiveness of prevention. It is better to adopt the philosophy of "baby steps" and to believe that new attitudes will emerge, but over the longer term. From this vantage point, health and sexuality education in schools participate in the synergy of efforts conducted on a broader scale and make an essential, and very valuable, contribution, even though the results may not be evident in the short term.

#### **4. EDUCATIONAL APPROACH**

You may be asking yourself how you should talk about prevention with young, intellectually impaired people, or what knowledge, attitudes and skills can help them reduce sex-related risks, particularly the risk of AIDS and other STDs. The educational approach proposed here is based on certain principles that should be clarified.

##### **Present an all-embracing, positive view of sexuality**

First of all, it is important to situate AIDS and other STDs in a broader framework, in which human sexuality is presented in all its aspects (instinct, pleasure, relations, commitment) and as a source of growth and happiness in life's journey. Then present AIDS and other STDs as incidents along the way that are preventable. Putting these diseases into perspective can attenuate the sex-equals-disaster image that risks being associated with them (often resulting in resistance to help and apathy among young people) and help you present a vision more in keeping with reality: sexuality is not just about danger, problems and misfortune.

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### **Foster a feeling of empowerment**

Some people may be tempted to try to scare young people into protecting themselves against AIDS and other STDs. It has been shown, however, that educational methods using scare tactics are not effective and may even provoke the opposite reactions to those sought. Furthermore, the goal of educational practices is not to scare young people, still less to make them feel powerless with respect to potential problems. The goal, rather, is to see that they acquire a feeling of personal power over these diseases and their environment, and the feeling that they are able to remain healthy in that environment. A feeling of powerlessness breeds apathy toward prevention, whereas the impression that one has a certain control over one's life and health is an incentive to the adoption of preventive measures.

### **Foster the acquisition of skills**

While information remains the cornerstone of prevention, it is recognized that, contrary to what was long thought, the simple transmission of knowledge cannot achieve the desired results. Consequently, educational practices regarding AIDS and other STDs do not consist simply in transmitting knowledge about them, but aim to foster the acquisition of skills that will help students deal with the various situations related to AIDS/STD prevention. The promising avenues for the prevention of AIDS and other STDs among young, intellectually impaired people appear to consist in helping them, among other things, recognize their emotions, trust the messages their bodies are sending them, say no and assert themselves, develop a network of people they trust and know the criteria for expressing their sexuality in an enriching and safe way.

### **Develop autonomy**

From this perspective, the aim of intervention in schools is to make young people with intellectual impairments more responsible in their actions while guiding them toward the delicate balance between security, responsibility and enjoyment of life. In this way, the activities proposed contribute to the overall approach taken in the adapted curricula *PACTE* and *Challenges*.



*Learning Activities*

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## **ABOUT THE LEARNING ACTIVITIES**

This part presents the learning activities. As previously mentioned, the activities are geared to the prevention of AIDS and other STDs through education regarding sexuality.

Certain activities may seem to be only indirectly related to the prevention of these diseases, but the activities proposed form a continuum, which includes an introduction to the activities, prerequisite subjects felt to be essential, in case they have not previously been taught (e.g. anatomy, puberty, masturbation), the development of very useful skills for the adoption of preventive behaviours (ability to recognize and express feelings and emotions, to understand the body's messages, to trust those messages, to affirm one's preferences and choices, to know how to ask for help, to identify people who can be trusted, etc.) and, finally, activities more directly related to the prevention of HIV/AIDS and other STDs (sexual behaviours, knowledge about STDs and prevention, using condoms).

## **USING THE LEARNING ACTIVITIES**

The activities proposed can take up several hours of class time and be spread over both cycles of secondary school. Activities can be taught in their entirety or broken up into short sections that can be repeated according to students' needs and presented in the order deemed most appropriate.

The special needs of the students in each group, their age, their learning ability, their previous learning about sexuality, the curriculum currently being taught and the weighting indicated in the adapted curricula are criteria that can provide guidance in the choice and organization of the activities.

Depending on how homogeneous your group or class is (students' age, experience, previous learning, ability to understand, etc.), you can decide whether it is preferable to do the activity with a smaller group, in divided groups or even on a one-to-one basis, if necessary.

Bear in mind that the suggested activities require direction and support by teaching staff. In addition, certain adaptations (further means of communication, such as pictographs, photographs, mime and additional illustrations) will be necessary for some students, particularly for those who have difficulty communicating orally.

At the end of most activities, the important points are summarized as mottos, which can be reinforced with pictographs and retained by students as memory aids.

You can take advantage of events such as World AIDS Day (December 1) or special theme weeks to take up a given topic or review previously learned material.

The proposed activities are to be taken, of course, only as indications of how to cover the various topics. You remain the best judge of how to adapt them to the needs of your students and your personal teaching style.

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## **INFORMATION FOR PARENTS**

It is essential to inform parents about the activities in which their children will be taking part. This will not only reduce many parents' resistance to preventive action being taken with regard to sexuality but also foster a joint, coherent educational effort by parents and teachers.

Some of the materials required for the activities are very explicit, and some parents who see them out of context may react negatively. Needless worry can be avoided if you inform parents in advance and give them the opportunity to realize that the materials are required so that your students will understand certain concepts.

## **EDUCATIONAL STRATEGIES AND SUGGESTED APPROACH**

The activities integrate many of the basic principles of educational practice for students with intellectual impairments. Those principles are just as valid for sexuality education as for basic subjects, and emphasis should be placed on similar learning strategies. The table on the next page, entitled "Basis for educational practices: a summary", lists the principles in question.

A "Synoptic table of learning activities" follows, presenting the proposed activities as a whole and the overall approach recommended.

# Basis for educational practices: a summary<sup>12</sup>

To consider learning as an active process:

- Facilitate student experimentation and discovery.
- Encourage students to take charge.
- Encourage active group participation.

To recognize the importance of prior knowledge in learning:

- Take prior knowledge into account when planning something new.
- Offer information that will help students access prior knowledge.
- Make sure information remains semantically (meaning) and morphologically (form) stable (e.g. always use the same word for a particular instruction).

To present the students with reasonable challenges:

- Have the students experience success to counter a sense of failure.
- Give the students an opportunity to make choices with regards to activities or materials.
- Reinforce small triumphs.
- Reduce dependency.

To attract and retain attention:

- Use meaningful and attractive materials.
- Eliminate or control non-relevant stimuli.
- Make use of certain elements of verbal expression.

To sustain motivation:

- Make activities meaningful.
- Emphasize progress and success.
- Praise the students' efforts.
- Offer constant encouragement (e.g. feedback, reinforcement, rewards).
- Give the students opportunities to do things the way other students their age do.

To plan activities which facilitate the transfer of skills:

- Choose contexts which are as close as possible to ones in which the students will use the skills or knowledge learned.
- Make the conditions of transfer explicit.
- Decontextualize knowledge.
- Work in close collaboration with parents to ensure that learning is used in daily life.

To make learning activities meaningful:

- Aim for essential objectives.
- Suggest meaningful tasks which have useful, practical and immediate consequences.
- Use new skills in real contexts.

To reduce the complexity of tasks:

- Adapt work and materials.
- Simplify tasks.
- Turn to peers as competent, available resources.

To emphasize visual stimulation:

- Accentuate the characteristics of an object.
- Modify the environment so as to facilitate the visualization of stimuli.
- Offer daily opportunities for social adjustment.

To offer guidance:

- Offer models for imitation.
- Support the students' actions and thinking, using mediation.
- Adapt guiding and mediating interventions.

To facilitate learning retention:

- Reduce support and guidance and encourage independence.
- Intensify situations involving the autonomous practice of an activity (high frequency within a variety of contexts).
- Consolidate the mastery of a cognitive or social skill.

12. Ministère de l'Éducation du Québec (1998), *Challenges: An educational approach that facilitates social integration*, Adapted curriculum, secondary level, preliminary version, Québec, MEQ, Direction de l'adaptation scolaire et des services complémentaires, pp. 32-33.

## Synoptic table of learning activities

ACTIVITY NO.	ACTIVITY NAME	LEARNING TOPIC
1	Talking about sexuality	<ul style="list-style-type: none"> <li>- Feelings and emotions</li> <li>- Sexuality: multi-dimensional aspect; pleasures and problems</li> <li>- Purpose of subsequent activities</li> </ul>
2	Knowing your body	<ul style="list-style-type: none"> <li>- Anatomy</li> <li>- Private parts</li> <li>- Your body: It belongs to you, you decide</li> </ul>
3	Changes at puberty	<ul style="list-style-type: none"> <li>- Signs of puberty</li> <li>- Feelings</li> <li>- New responsibilities</li> </ul>
4	Demystifying masturbation	<ul style="list-style-type: none"> <li>- Feelings</li> <li>- Natural, healthy masturbation</li> <li>- Personal choice</li> <li>- Privacy</li> </ul>
5	Self-confidence and assertiveness	<ul style="list-style-type: none"> <li>- The body's messages</li> <li>- Understanding and relying on those messages</li> <li>- Being assertive</li> </ul>
6	Confiding in others	<ul style="list-style-type: none"> <li>- Social network</li> <li>- People you can trust</li> <li>- Confiding in someone</li> </ul>
7	Reacting to sexual exploitation	<ul style="list-style-type: none"> <li>- Types of exploitation</li> <li>- Signs of exploitation</li> <li>- How to react</li> </ul>
8	Having a boyfriend Having a girlfriend	<ul style="list-style-type: none"> <li>- Criteria</li> <li>- Sexual behaviours: types, personal choice</li> <li>- Sexual intercourse: positive and negative consequences</li> <li>- Criteria for an enriching sexual relationship</li> </ul>
9	Knowing about STDs	<ul style="list-style-type: none"> <li>- Definition of STDs</li> <li>- Main mode of transmission</li> <li>- Symptoms</li> <li>- What to do</li> <li>- Preventive measures</li> </ul>
10	Using a condom	<ul style="list-style-type: none"> <li>- How a condom works and why it's useful</li> <li>- Safe use</li> <li>- Availability</li> <li>- Negotiating condom use</li> </ul>

## Talking about sexuality

**Link with PACTE**

*Element of competency 2.4.1:  
To recognize the manifestations of  
human sexuality*

**Link with Challenges**

*Competency:  
To adopt personal and social  
behaviours enabling the student  
to be autonomous in society*

**Materials:**

- *support sheets 1.1  
(to be posted)*
- *support sheets 1.2, 1.3 and 1.4*
- *pictures from magazines*

**Approximate duration:**

*One or two periods, depending on  
students' prior learning and ability  
May also be broken into several  
short sessions*

**Upon completion of this activity, students should be able:**

- To identify their feelings and emotions about talking about sexuality
- To state the rules for discussing sexuality in class
- To recognize the many dimensions of human sexuality
- To state the purpose of the rest of the activities

**Learning topics**

- Feelings and emotions
- Rules (respecting questions, listening, right not to answer, etc.)
- Sexuality: a multi-dimensional vision
- Sexuality: pleasures and problems
- Purpose of activities: to feel good about expressing your sexuality, and to prevent problems and potential dangers

**Note to the teacher**

The purpose of this activity is to introduce those to follow and make them more meaningful for students.

Although the ultimate goal of the proposed activities is to prevent AIDS and other STDs, several activities considered to be essential prerequisites have been suggested. The age, needs and interests of students and their prior learning will help you choose the activities that are appropriate.

Students are invited first of all to identify how they feel about talking about sexuality. This procedure is suggested several times in later activities because the ability to recognize and express feelings and emotions helps students know themselves, assert themselves and communicate, which is a very useful skill when it comes to prevention.

To provide a reassuring and respectful atmosphere for talking about sexuality, you should point out certain principles to students and agree with them on the rules for talking about sexuality in class.

It is important to point out the true meaning of the word sexuality and to present the many dimensions of sexuality. This is to counter the impact on young people of a restrictive vision of sexuality (often limited to the genitals and reproduction) that is widely spread by the media, jokes and insinuations. Human sexuality should be portrayed as positive and fulfilling so that students do not view prevention in terms of an equation between sexuality and misfortune, and to offset the negative view of sexuality some of them may have ("sex isn't pretty", "sex is bad"). The concepts related to prevention (sexual exploitation, STDs, etc.) can then be introduced as possible, but avoidable, consequences, so that students have a feeling of power over the situations involved.

This introductory activity is optional. It may be less necessary or be adapted if the activities chosen from this compendium are used in conjunction with adapted curricula for sexuality education. It could also be used as an introduction to all sexuality education activities in the adapted curricula.

## Talking about sexuality

**GETTING STARTED**

Tell students that today you are going to talk about something that has to do with boys and girls. The topic is sexuality.

**Discussion**

- When I say the word “sexuality” or the word “sex”, do any pictures or words come into your mind?
- What pictures or words are they?

**DESCRIPTION OF ACTIVITY**

1. Talk with students about their ideas and list them on the blackboard.
2. Then present the objectives of the activity (to put into words how a person can feel about talking about sexuality, to agree on rules for talking about it seriously, but pleasantly and respectfully, to know what the word sexuality means and to find out what the upcoming activities will be about).

**Feelings**

3. Invite students to express how they feel about talking about sexuality. Gather their comments and help them notice that it is not always easy to put into words what you feel (what is going on in your mind and your body).

Post copies of support sheet 1.1 or hand out support sheet 1.2, and invite students to point out which face corresponds to how they feel about talking about sexuality.

Note: The teacher can model someone saying how he or she feels about talking about sexuality (e.g. “I feel a little uncomfortable talking about it”, “I am very happy about talking about it”).

Note: This part of the activity requires that students have learned on a previous occasion how to recognize and express their feelings, and how to interpret facial expressions that reflect those feelings (see “ENRICHMENT”, at the end of this activity, for references to activities focusing on these skills).

4. Legitimize students’ reactions and feelings.

Lead a discussion about why people are often uneasy about talking seriously about sexuality:

Examples: “It’s embarrassing”, fear of being laughed at, few people talk about it seriously, people often joke about it, they don’t really know what it means, it’s a bit of a secret.

**Basic principles and discussion rules**

5. Help students recognize the elements that contribute to a harmonious climate for discussion (it is important to feel listened to, respected in what you have to say, free to express yourself, etc.) and propose certain basic principles and rules<sup>13</sup> that should be adhered to during discussions about sexuality. Here are a few examples:
  - a) All questions are important. There are no stupid questions. You learn by asking questions.
  - b) We listen to the person speaking.
  - c) We don't laugh at others.
  - d) You don't have to answer when it's your turn.
6. Build a consensus with your students; add or drop certain principles or rules, as required, and post those that are accepted.
7. Invite students, in their own words, to express their understanding of the rules for talking about sexuality.

**The many dimensions of sexuality**

8. Present pictures from magazines, one at a time, that show the many dimensions of sexuality (e.g. couples cuddling, naked babies, a pregnant woman, teenagers in love, a father or mother with a child).

***Discussion***

- Which pictures do you like best?
  - Do any of the pictures remind you of anything (e.g. when my brother was born, a couple I know)?
  - What do the pictures show?
  - How are they related to sexuality?
9. Continue, returning to the list of key words written on the blackboard when students were saying what they thought sexuality meant. Point out, if necessary, that when the word "sexuality" or "sex" is used, the narrow vision of sexuality as limited to the genitals and sexual intercourse often comes up. Broaden the concept by discussing it with students and adding examples to illustrate the many dimensions of human sexuality.

13. Inspired by E. Wagman et al. (1981), *Family Life Education, Teacher Training Manual* (Santa Cruz: Planned Parenthood), p. 402.



Examples: being in love, having a boyfriend or a girlfriend, wanting to be near the other person, making love; physical changes, wanting to have a baby, deciding, motherhood, fatherhood, fear of losing your boyfriend or girlfriend, heartbreak; feelings, diseases, information about diseases, marriage; how babies are made; what to do to avoid getting pregnant, how to protect yourself from disease, menstruation, activities for boys and girls.

Get students to notice that the pictures represent

- stories involving boys and girls, men and women
- what they are experiencing in their mind, body and heart (happiness, hurt, dreams, etc.)
- what they are deciding to do

and that the word sexuality includes all of those dimensions.

10. Check students' understanding by asking them to give examples of situations where sexuality is involved or to say which pictures or words come to mind when they say the word sexuality. Correct and supplement their ideas as required and compare them with the ideas that were expressed when the activity began.

### **Purpose of subsequent activities**

11. Divide the blackboard into two sections and write the heading "PLEASURES" on one side (a happy face) and the heading "PROBLEMS" on the other side (a sad face).

Present sexuality as something completely natural and healthy, as valuable, not problematic. However, get students to notice that undesirable consequences and problems are also part of the picture. Illustrate by analogy with the following examples.

### ***Discussion***

#### ***Example 1: Walking down the street***

- What are the pleasures associated with walking down the street? (I might be going to meet a friend, enjoying the sunshine or the pleasant smells, admiring the view, etc.)
- What problems or dangers are associated with walking down the street? (I might be in an accident if I cross the street on a red light, get cold if I don't have warm clothes on, be afraid if I don't know where I am, be bothered by strangers, etc.)
- What can help me avoid the problems or dangers? (knowing the meaning of traffic lights and obeying them, wearing warm enough clothes, knowing about the places where I want to go, etc.)

## ***Example 2: Eating***

- What are the pleasures associated with eating? (food that smells good, the enjoyment of being hungry when the food is good, of eating something I like, of being with people I like, etc.)
  - What are problems, dangers or unpleasant things related to eating? (food I don't like, having to eat when I'm not hungry, an unpleasant mood at the table, food that has gone bad and can make me sick, being obliged to eat, etc.)
  - What can help me avoid the problems? (knowing what I like, being able to tell when food has gone bad, being able to say "no, thank you", etc.)
12. Help students reason the same way about sexuality.

## ***Discussion***

- What are the pleasures associated with sexuality? (ways of showing my love or affection, the happiness of being in love, of having a boyfriend or a girlfriend, of having a baby when conditions are right, of feeling loved, of not being afraid of disease; consideration, touching, a pounding heart; "It feels good", "It makes me relax", etc.)
  - What are the problem situations associated with sexuality? (not knowing what is happening in my body, an unwanted pregnancy, exploitation, undue pressure by my partner, diseases including AIDS, etc.)
  - What can help me avoid problem situations? (having the right information, being confident, being able to say "no" or "yes", knowing how to ask for help, being the "boss" when it comes to my body, etc.)
13. Gather the thoughts expressed by students, adding whatever is missing, and list them on the blackboard in point form as elements associated with pleasures or problems.
14. State the goal of the upcoming activities: to know what can help you experience sexuality in a positive way (point to the happy face) and avoid the potential problems and dangers (mark an X beside the "PROBLEMS" column).
15. Present the topics you have chosen to discuss during the upcoming activities. To give students a clearer idea of the upcoming activities, hand out or post support sheet 1.3.

## ***Discussion***

- Do any of you have a special box or chest you put things in, or do you know anyone who has one?
- What do you use the box or chest for? (e.g. to save objects or papers because they're important and precious to me, to be able to find them again, to remember important things)

16. Explain to students that they can keep the information, important ideas and skills to be learned in the upcoming activities concerning sexuality in their mind (compare this with keeping precious things in a treasure chest) and that they will be able to use them when they need them. The information will help them make decisions, now that they are almost grown up, and will help them be happier boys and girls (point to the happy face on the blackboard).
15. Invite students to explain the goal of the activities in their own words and to say how they feel now about talking about sexuality (see the table of feelings, support sheet 1.2).

## INTEGRATION

Hand out support sheet 1.4 and fill it in with students (explain what is to be done and read the statements one at a time). Correct and supplement as required.

- Correct support sheet 1.4.

No. 1: all of the situations have to do with sexuality, except “working in a restaurant” and “playing Nintendo”.

No. 2: personal answers.

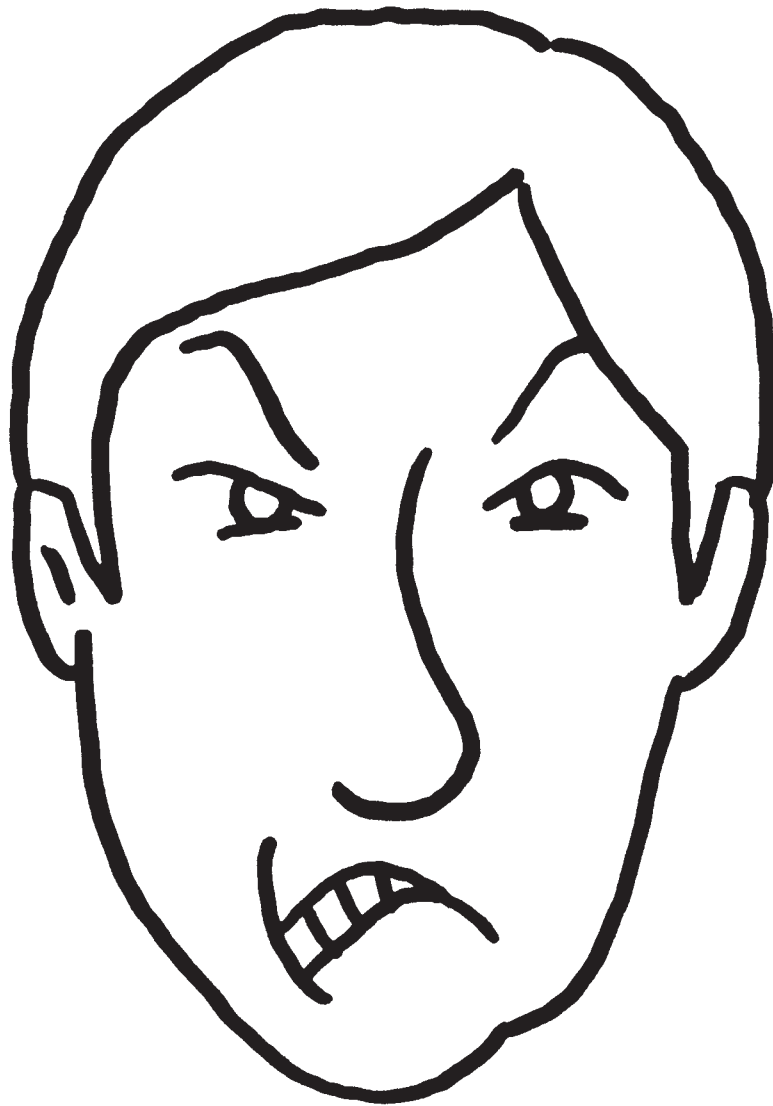
## ENRICHMENT

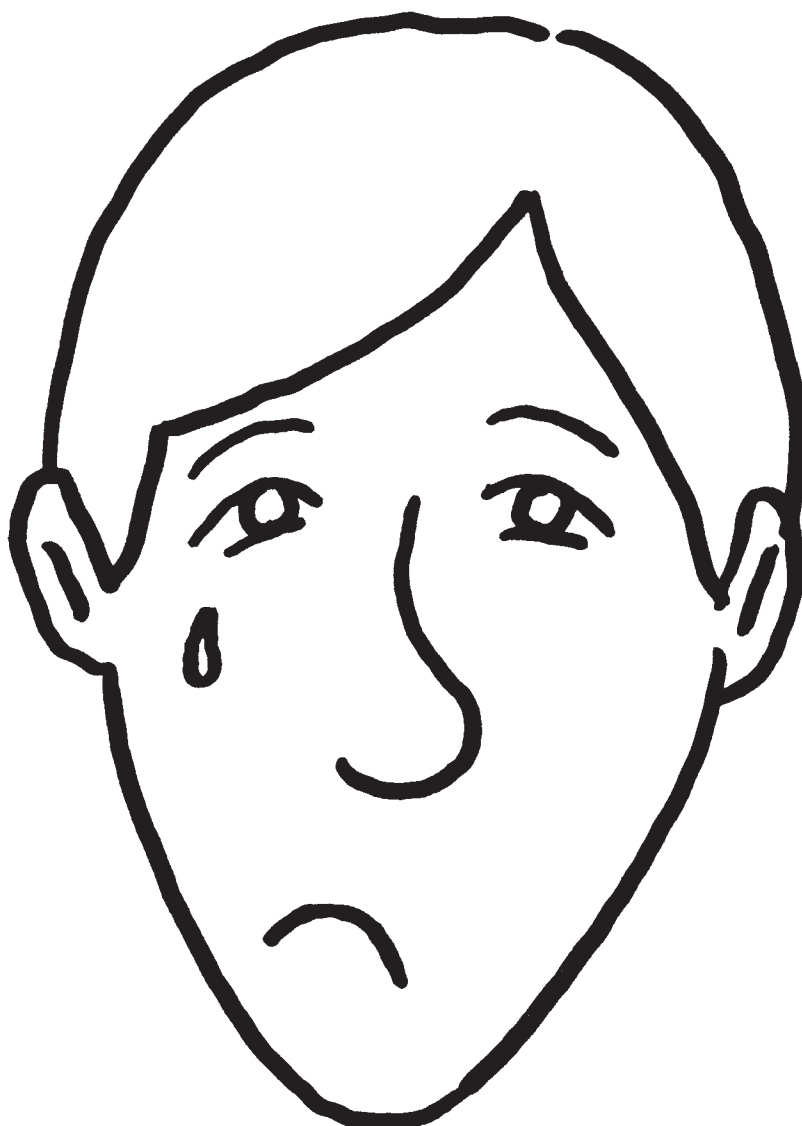
- A letter to parents explaining the upcoming activities and inviting them to talk about them with their children.
- Invite students to ask their parents how they felt about talking about sexuality when they were young.
- The curriculum guideline by Duranleau<sup>14</sup> and the Activity Guide for the Sex Education section of the Personal and Social Education Program for elementary school<sup>15</sup> propose activities on the theme of feelings and emotions, which could lay the groundwork for Activity 1 in this compendium if the themes mentioned have not been taken up previously.

14. Information on this tool is given in Appendix 2.

15. Information on this tool is given in Appendix 2.







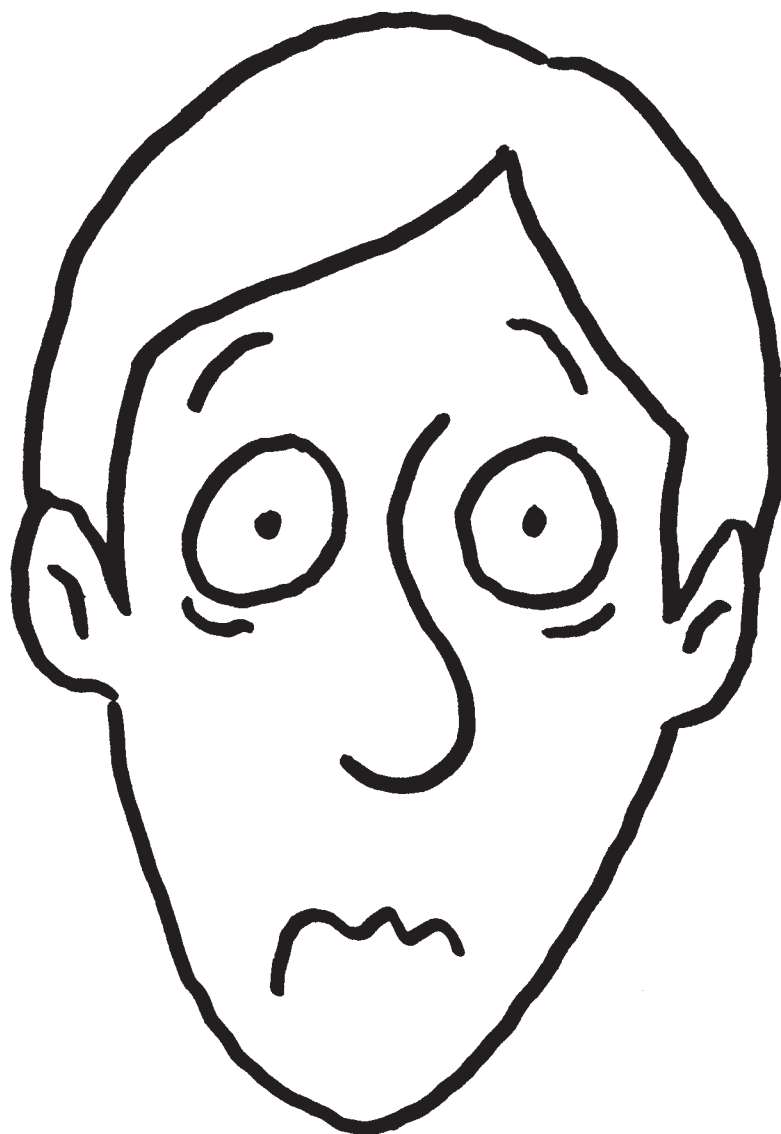
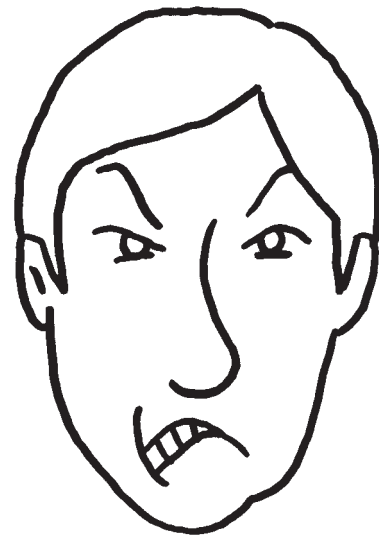


Table of feelings

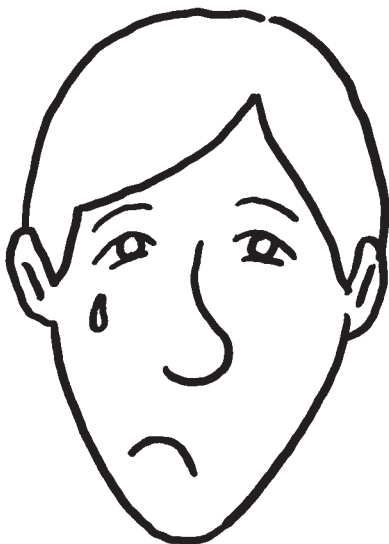
Joy



Anger



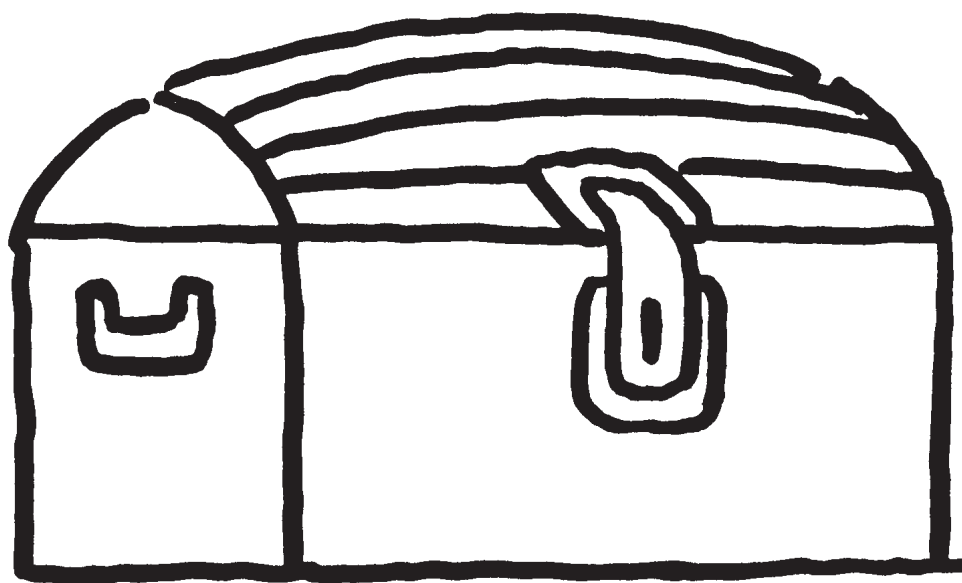
Sadness



Fear







1. Place a check mark (✓) in the box when the situation has to do with sexuality.

<hr/>	✓
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>

2. Place a check mark (✓) in the box corresponding to how you feel or what you think.

<hr/>	✓
When people are talking about sexuality, I feel	
Good 	<input type="checkbox"/>
Not good 	<input type="checkbox"/>

## Knowing your body

**Link with PACTE**

**Element of competency 2.4.1:**  
To recognize the manifestations of human sexuality

**Link with Challenges**

**Element of competency 2.9.1:**  
To demonstrate basic attitudes which foster personal development and self-confidence

**Materials:**

- support sheets 2.1, 2.2, 2.3, 2.4 and 2.5
- support sheet 1.2
- transparencies 1, 2 and 3 and content for commenting on them (Appendix 1)
- transparency 4 (optional)
- scissors and glue
- two bathing suits (boy's, girl's)

**Approximate duration:**

One or two periods, depending on students' prior learning and ability  
May also be broken into several short sessions

**Upon completion of this activity, students should be able:**

- To name the parts of the body
- To name the main male and female genitals and their functions
- To correctly locate the genitals on the diagrams
- To recognize private parts
- To realize that their bodies belong to them

**Learning topics**

- Anatomy (various parts of the body)
- Male and female genitals
- Private parts: parts underneath a bathing suit
- Your body: It belongs to you, you decide

**Note to the teacher**

Some young people with intellectual impairments may not know much about their body and how it works. How can you enjoy being a boy or a girl if you don't know your body? How can you confide in someone if you don't know what words to use? How can you avoid certain problem situations if you aren't aware of the private character of some parts of your anatomy? How can you assert yourself in front of someone else if you aren't comfortable with your own body?

A minimal knowledge of anatomy is the first step toward appropriating your body and is an essential prerequisite for any discussion about prevention. In addition to the confidence that comes when you feel you know your body, the power of words is extremely important when you talk about your experiences or problems, or report abusive situations.

The aim of this activity is to provide students with the vocabulary required to name the parts of the body and to see that they recognize the private character of certain parts. They will also be sensitized to the fact that their bodies belong to them and that they have the power to decide about their private parts being touched.

All learning at school that helps students be more proud of being a boy or a girl and be aware of the value of a body that works and is unique can only help them appropriate their bodies and thereby improve their prevention skills.

**GETTING STARTED**

Invite students to recall examples of when they were all alone in a place they knew very little or not at all (it may have been their first day at school or an adventure they had, for instance).

**Discussion**

- How did you feel? (e.g. uncomfortable, embarrassed, a bit lost, insecure because I didn't know who people were, where things were). The table of feelings might come in handy (support sheet 1.2).
- How do you feel when you're at home or in a place you know well? (e.g. I'm not scared because I know the people and I know where things are, I feel more comfortable).

**DESCRIPTION OF ACTIVITY**

1. Bring students to notice that they feel better in a place they know well (e.g. their classroom, school or house) than in a place they don't know, because they know the people there, they know where things are, they aren't afraid; in short, they have gotten to know the place.

Illustrate this by asking students if they would like to live in a place they don't know.

2. Explain to students that their body is like a house they live in, and that it is important to get to know it (the house, all of its parts, the names of the parts) so that they feel more comfortable being in it.

Extend the comparison with a house: you need to know your house and the rooms in it (there are doors, windows, a living room, a kitchen, etc.) so that you feel at home in it.

3. Present the objectives of the activity and indicate them briefly on the blackboard (students will name all the parts of the body—the face, arms and legs, genitals; identify the parts that are more special than others; and discuss the following topic—who owns your body? who is boss?).
4. Explain the usefulness of discussing the topic in class (knowing what words to use to designate different parts of the body will make it easier for them to talk about it if they have questions or problems, to understand what people say about it, to feel more comfortable as a male or female, the way they do in a house they know well, etc.).
5. Ask students to say briefly, in their own words, what they have understood and how they feel about discussing the subject (table of feelings, support sheet 1.2).

**Anatomy**

6. Show transparency 1 and invite students to name the various parts of the male body and the female body using words they know. Write what they say as you go along.

Note: So that students will understand the words used in all types of language, invite them to say the words and expressions they know for the genitals, being careful to always give the proper term at the same time.

Examples:

vulva=pussy, cunt, hole, etc.

penis=cock, dick, prick, etc.

testicles= balls, nuts, etc.

breasts=bust, bosom, tits, boobs, knockers, etc.

7. Point out that some words are cute or funny, and others are used more in the street, but that it is a good idea to know the right words because then everyone will understand.

Fill in the gaps in students' knowledge with the help of transparencies 2 and 3, adapting the proposed content to the students' ability to understand and age. Present the external parts of the body, including the genitals.

To eliminate the confusion that often exists between the genitals and "where the pee comes out", precisely indicate where the urethra is on the male body and the female body.

Note: If possible, it's a good idea to use rubber models of genitals (available in sex shops), anatomical drawings, sexed dolls or explicit photographs of naked people (for instance, tool No. 6 in the SexoTrousse; see Appendix 2), because such materials are more concrete and make anatomical concepts easier to understand.

Have the children repeat the names of the parts of the body until they can remember them.

8. Point out that, in spite of resemblances, every person's genitals are unique (like noses, faces, etc.).
9. Then ask students to point out the differences between the male body and the female body, and make brief notes of their answers on the blackboard.

Model for students the process they can use to recognize the differences:

***Demonstration***

- I look at both pictures on transparency 1.
- I ask myself, What is the same and what isn't the same?
- I name what is different (girls have a vulva and a clitoris, and their breasts get bigger at puberty; boys have a penis and testicles).

10. Invite students to take turns identifying what is the same and what is different on the male body and the female body, helping them use the same approach.

Note: Transparency 4 (internal reproductive organs of women) is optional and its use will depend on the students' ability to understand and their previous learning. The same transparency could be used when talking about menstruation, pregnancy, etc.).

**Private parts**

11. Explain that some body parts are special: we call them private parts. To make this easier to understand, show a boy's bathing suit and a girl's bathing suit and explain that the private parts are the parts underneath the bathing suits.

Stress the following point:

***- No one can touch your private parts without your permission***

12. Point to different parts of the body on transparency 1 and ask students to say whether or not they are private parts. When they are private parts, ask students if someone can touch them there without their permission.
13. Help students realize that the notion of consent applies to other people too, and stress the following point:
  - You cannot touch another person's private parts without his or her permission.

**Your body belongs to you**

14. To make the idea of appropriating your body more concrete, present objects that belong to everyone in the class (e.g. books, games) and ask them to identify an object that belongs only to them (e.g. clothing, a pencil).

***Discussion***

- Who do these things belong to? (things that are shared, things that aren't)
- What is the difference between something that everyone uses and something that belongs to you? (e.g. it's for me only, I own it, you have to ask for my permission to borrow it)

15. Then draw the comparison with the body and bring students to realize that their body does not belong to everybody; it belongs to them, they are the boss, they own it.

Model for students the right attitude and the important point to remember: adopt an assertive attitude (back straight, head held high, firm voice) and say:

“My body belongs to me. I own it.”

Then invite students to take turns repeating this line, adopting the same attitude.

16. Ask students to explain briefly, in their own words, what they learned during this activity.

Add whatever is missing in their remarks and invite them to remember the following points (mottos):

- ***Your body belongs to you***
- ***No one can touch your private parts without your permission***

17. Conclude the activity by inviting students to put the things they have learned and the above mottos into their treasure chests (see support sheet 1.3), keep them there and use them whenever they need them.

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**INTEGRATION**

Hand out support sheets 2.1, 2.2, 2.3 and 2.4. Read the instructions and the words or statements, and help students complete the support sheets. Correct and supplement as required.

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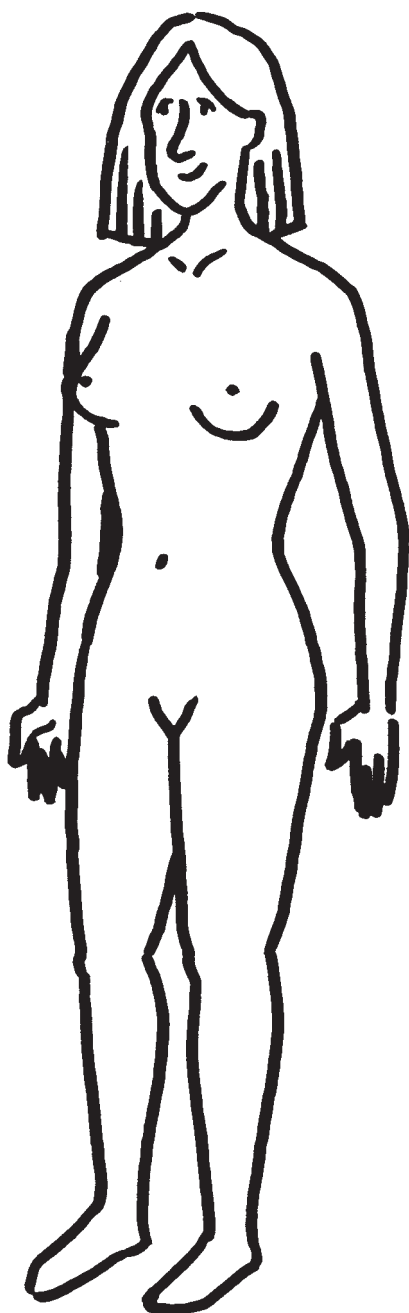
**ENRICHMENT**

- An activity in which students are invited to draw and to circle the parts of the body they especially like; point out that it is important to think more about the parts they like the most and less about the parts they like less.
- An activity that gives students an opportunity to realize how valuable the body is and the many things that are possible because of it.
- An activity in which students become aware of how their body is arranged (a mirror can be very helpful). The curriculum guideline by Duranleau<sup>16</sup> proposes activities on this theme.

16. Information on this tool is given in Appendix 2.



Draw arrows to connect the words with the corresponding parts of the girl's body and the boy's body.



Head

Neck

Breasts

Stomach

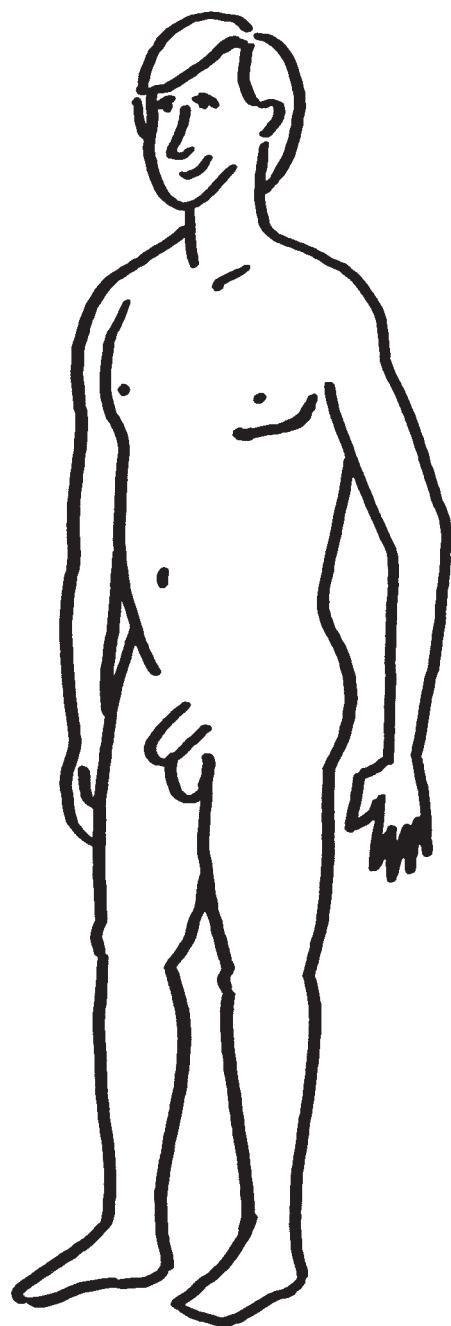
Buttocks

Vulva

Penis

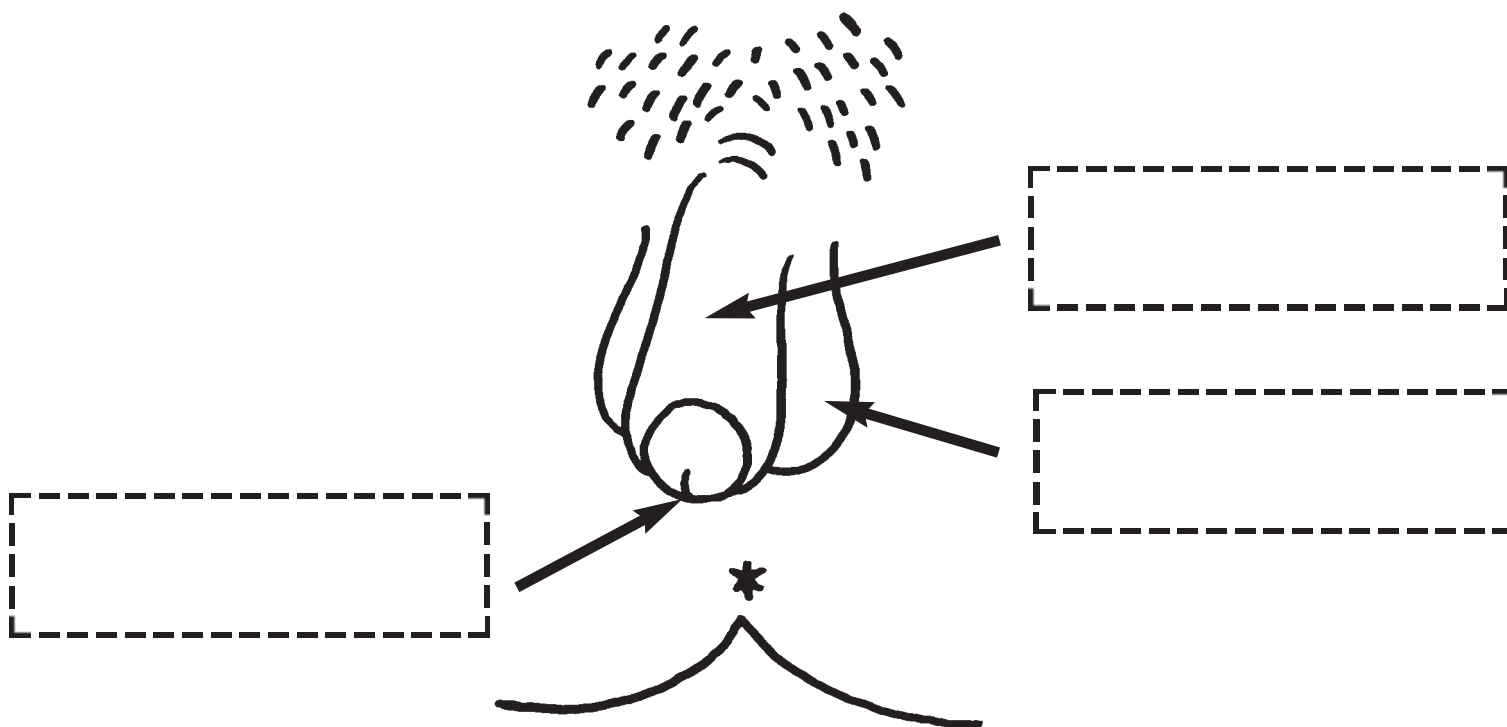
Testicles

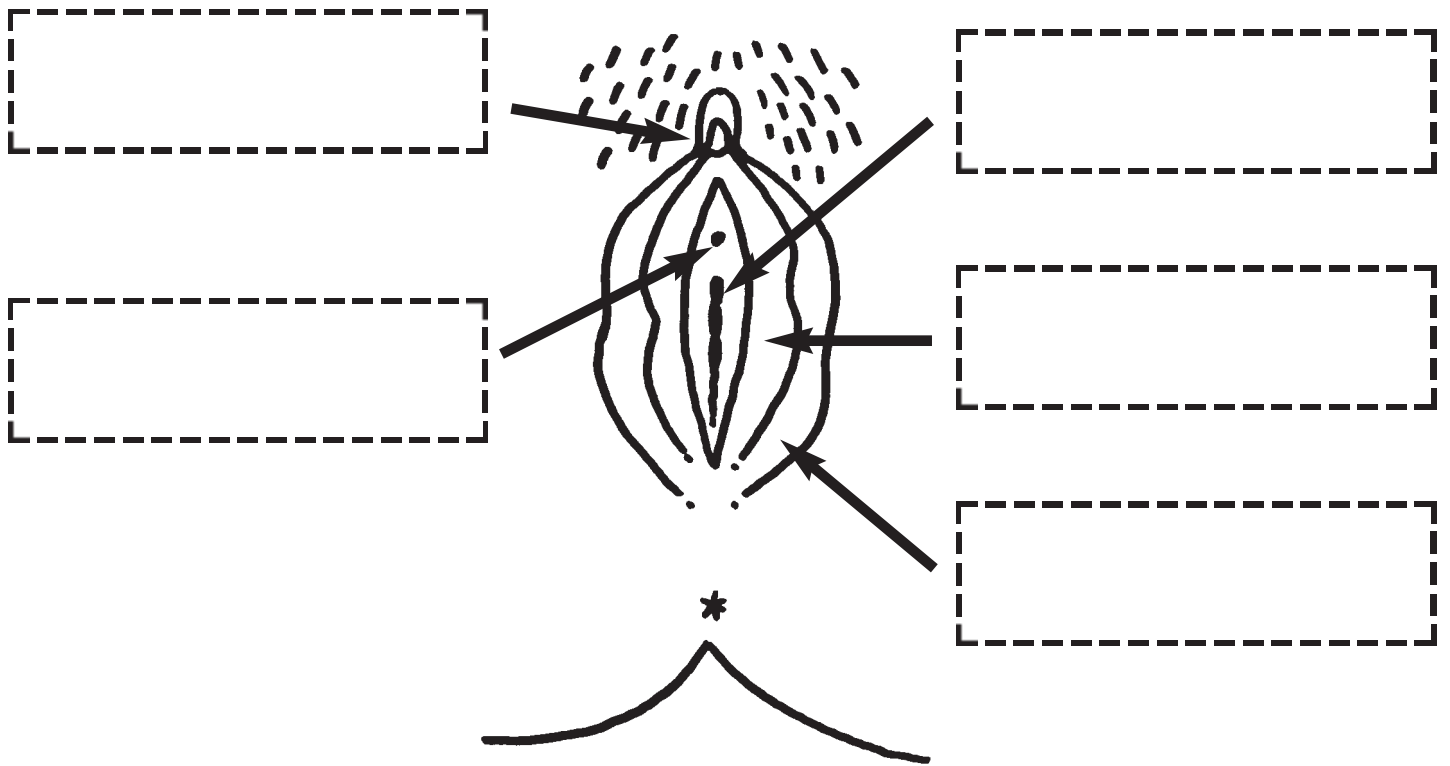
Legs



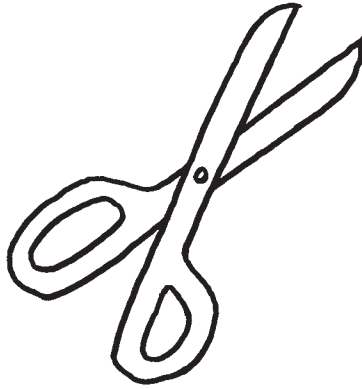
Identify the genitals

Cut out the labels (on support sheet 2.3) and glue them in the places where they belong.





Labels to cut out and glue onto support sheets 2.2



opening of the vagina

clitoris

labia minora

labia majora

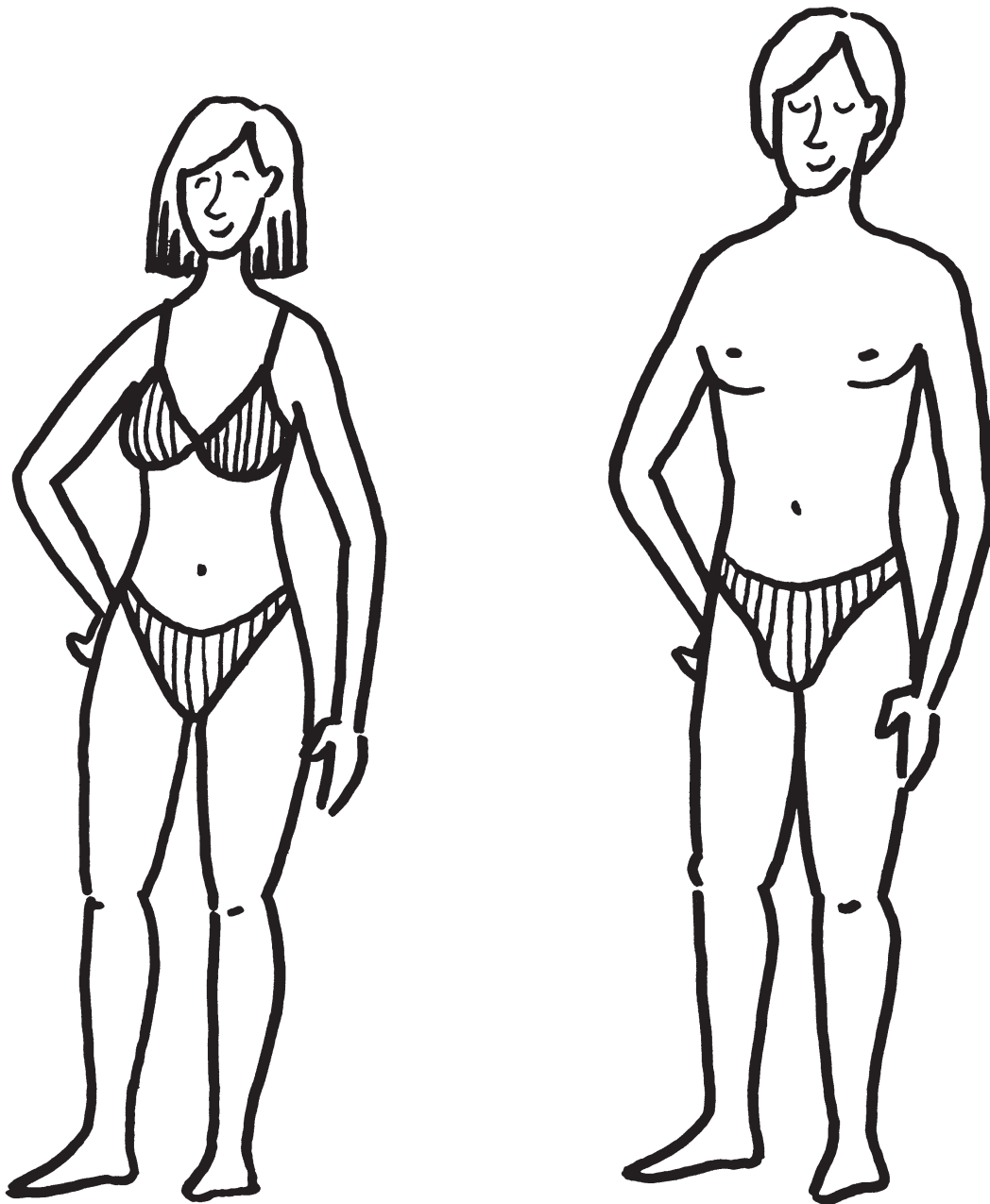
penis

testicles

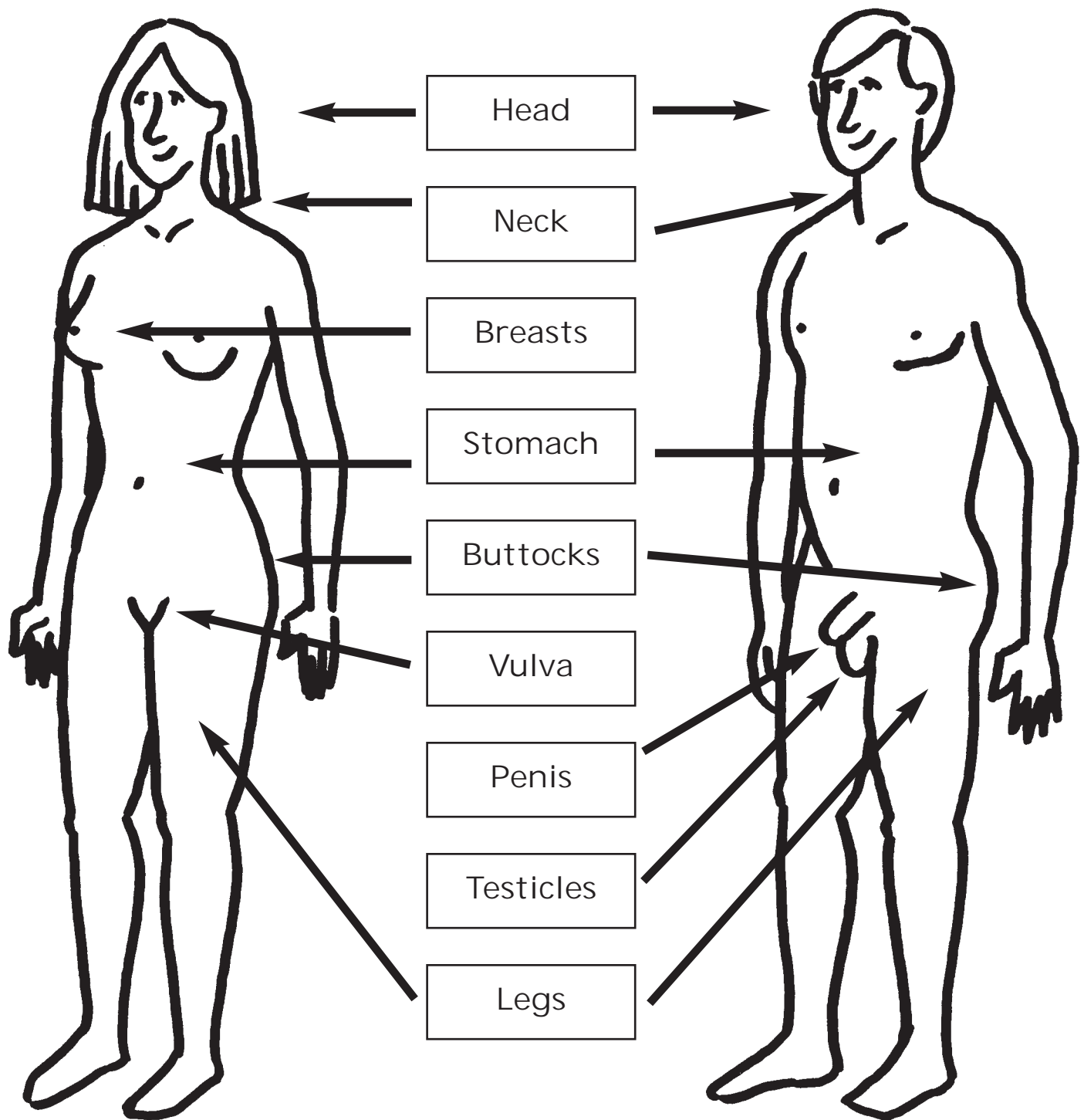
opening of the urethra (where the pee comes out)

opening of the urethra (where the pee comes out)

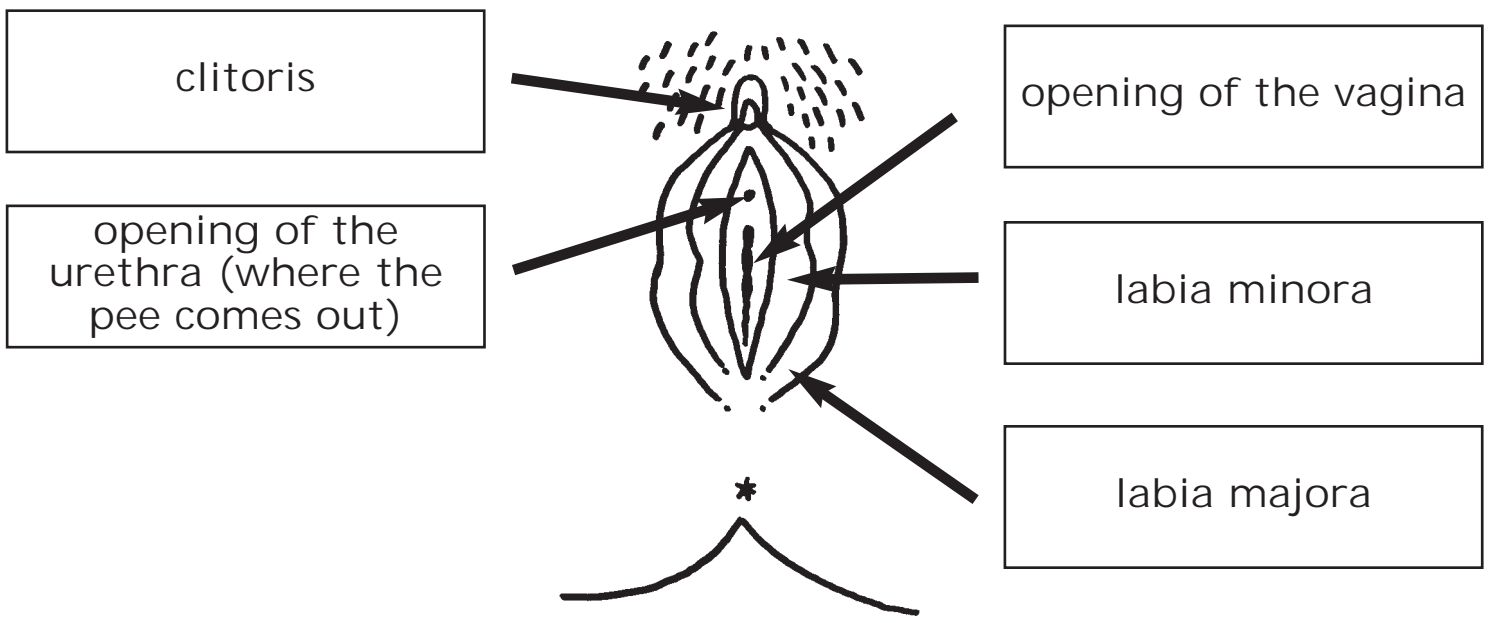
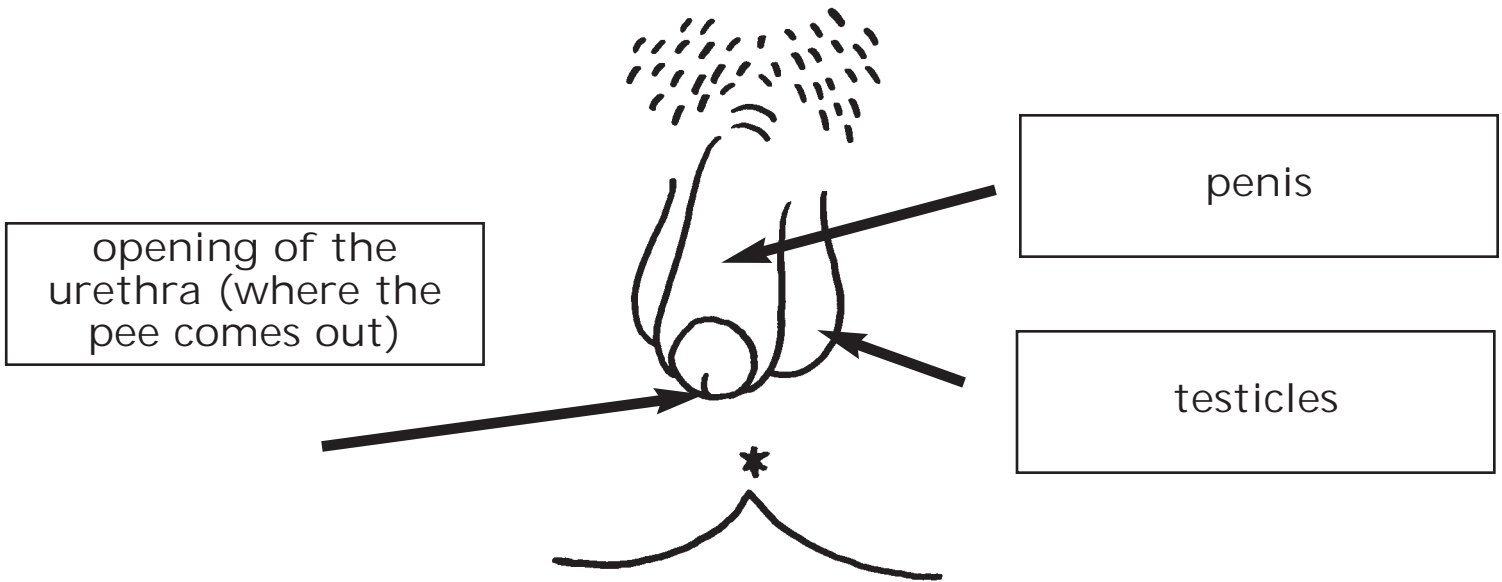
Colour where the girl's and the boy's private parts are in blue.



Answers for support sheet 2.1



### Answers for support sheets 2.2



Answers for support sheet 2.4  
The bathing suits should be coloured blue.

## Changes at puberty

**Link with PACTE**

**Element of competency 2.4.1:**  
To recognize the manifestations of human sexuality

**Link with Challenges**

**Competency:**  
To adopt personal and social behaviours enabling the student to be autonomous in society

**Materials:**

- photograph of a child and of the same person as an adolescent
- support sheets 3.1, 3.2, 3.3, 3.4, 3.5, 3.6 and 3.7
- transparencies 4, 5 and 6 and content for commenting on them (Appendix 1)
- photographs of each student (as a baby, young child and now) (optional)

**Approximate duration:**

One or two periods, depending on students' prior learning and ability  
May also be broken into several short sessions

**Upon completion of this activity, students should be able:**

- To recognize the anatomical, physiological and psychological signs of puberty.
- To identify their feelings about the various manifestations of sexual growth.
- To recognize their current stage of development.
- To recognize the responsibilities inherent in adolescence.

**Learning topics**

- Signs of puberty: menstruation, erection, changes in your body, mood and interests, etc.
- Feelings: worry, fear, enthusiasm, etc.
- Implications of adolescence: new responsibilities

**Note to the teacher**

Like all adolescents, students with intellectual impairments need to understand what is happening to them. You will not feel you have appropriated your body, which is essential for prevention, unless you know and understand what happens to it.

The psychosocial development of your students is much the same as that of others their age. The purpose of this activity is to provide students with a minimal knowledge of the changes that occur at puberty. Another aim is to sensitize students to the fact that they are now adolescents; often, some students are unaware that they have reached this stage of development and still see themselves as children. Students are also invited to become aware of the new responsibilities that come with this stage in their life; this will pave the way for the focus on prevention in subsequent activities.

During this activity, you should accentuate the positive aspect of bodily changes and bring out the advantages of gradually becoming an adult. It is also important to take advantage of all situations in school life to help students develop an attitude of wonder about the human body's capacity for transformation and a feeling of pride in the students' ability to take care of themselves.



**GETTING STARTED**

Invite students to imagine the following scenes, and lead a discussion about each one:

**Eve is 13. She has just noticed blood in her panties. She doesn't know what's happening to her. She doesn't know what to do. She thinks she's really sick and is scared.**

***Discussion***

- What is happening to Eve? (her first menstruation)
- Is it normal?
- Why is she scared?
- If Eve had been told about what was happening to her, would she have been scared?
- How would she have felt? (use the table of feelings, support sheet 1.2)

**John wakes up one morning and notices that his pyjama bottom is moist and sticky. He is very upset because he doesn't know what is happening to him. He thinks he's wetting his bed again, like his little brother.**

***Discussion***

- What has happened to John? (his first ejaculation)
- Is it normal?
- Why is he upset?
- If John had been told what was happening to him, how would he have felt? (use the table of feelings, support sheet 1.2)

**DESCRIPTION OF ACTIVITY**

1. Help students see that not being informed about what is happening to you can make you feel very insecure. You can imagine all kinds of things and be afraid or upset. Invite students to give examples of their own experiences illustrating this idea.
2. Point out to students that they are at an age at which their body is changing or soon will change in many ways. Present the objectives of the activity (to have the right information about the changes that occur during adolescence, to be able to see the differences between a child and an adolescent, to recognize what stage they are at, to name their new responsibilities).
3. Bring out the usefulness of discussing this subject in class (understanding what is happening to you, banishing fear by reducing the unknown, knowing what to do, sharing feelings with peers, being able to ask about what is on your mind, etc.).
4. Invite students to briefly state the purpose of the activity in their own words.

**Puberty**

5. Hand out support sheets 3.1. and 3.2 (to boys and girls, respectively). Invite students to say what stage they are at now and why they say so. Explain that you will come back to this support sheet a bit later in the activity.
6. To check prior knowledge, show students a photograph of a young child and another photograph of the same child as an adolescent.<sup>17</sup> Ask them to list the changes they see and the changes they don't see. Give a few examples to guide their thinking.

Briefly list students' answers in two columns (using different colours), one for physical changes (in the body) and one for psychological changes (in the head or the heart).

7. Compliment students on their prior knowledge and invite them to learn more. Hand out support sheet 3.3 and point out that the first two illustrations are different from one another (young boy vs. adolescent). Show students one way to recognize the changes.

***Demonstration***

- I look at both pictures
- I ask myself, what is the same and what isn't the same?
- I name what is different

8. Invite students to name the changes they see. Offer guidance by suggesting categories (e.g. games, friends, moods, clothes, the way the body changes inside and out) and fill in the picture as you go along by making notes on the blackboard.

Go through the same process with the last two illustrations on support sheet 3.3 (girl vs. adolescent).

9. Summarize the various changes that occur during adolescence, with the help of support sheet 3.4. Point out that the age at which the changes that come with puberty occur can vary a great deal from one person to another and that that variation is normal (from 8 to 18 years old).

Note: Transparencies 4, 5 and 6 could be presented to illustrate the internal reproductive organs, menstruation, and erection and ejaculation.

10. Next, ask students to say what they have learned in their own words.

17. This part of the activity is inspired by Direction régionale Québec–Chaudière-Appalaches (1996), *Comment devons-nous enseigner aux élèves de 13-15 ans handicapés par une déficience intellectuelle moyenne à sévère?*, Commission scolaire des Découvreurs. (scenario: signs of changes at puberty).

## **Situate your stage of development**

11. Go back to support sheets 3.1 and 3.2, and ask students again what stage of development they are at. Correct answers as required and bring students to realize that they aren't children anymore, but adolescents, and that they will soon be adults like their parents.
12. To personalize the identification of each stage, invite students to name people they know. Then ask them to say where those people fit in on support sheets 3.1 and 3.2. Correct as required.
13. Invite students to list the advantages of being a grownup.

Examples:

- I'm not treated like a baby any more
- I can do more and more things by myself
- I can decide certain things on my own

## **New responsibilities**

14. If photographs of the students are available, ask them to glue them in the appropriate places (when they were babies, young children and now) on support sheet 3.1 or 3.2 (alternatively, ask them to draw themselves).
15. Then invite students to answer the following questions:

### ***Discussion***

- Who got your food ready when you were just a baby?
- Who does it now?
- Who gave you your bath when you were a child?
- Who does it now?
- Who dressed you when you were little?
- Who does it now?

16. Prompt students to note that being an adolescent gives them new responsibilities concerning personal hygiene, among other things. Illustrate with the following example:

**Luke's underarms are always moist and it doesn't smell very good when he's around.**

### ***Discussion***

- What can Luke do to solve his problem?
- Is Luke old enough to take care of himself in this situation?

17. Stress the fact that their body belongs to them, that they aren't babies any more, and that personal hygiene is one of the things they can do for themselves now (e.g. washing every day, changing underwear every day, brushing their teeth, personal hygiene when they are having their period).
18. Continue by pointing out that being an adolescent can bring you face to face with new realities (e.g. deciding what to do when approached for sexual intercourse, when you have a boyfriend or a girlfriend).

Invite students to give examples of these potential situations by having them identify some of them in the TV programs they watch.

Point out that these topics will be taken up in later activities.

19. Invite students to express how they feel about these changes, about becoming grownups (use the table of feelings, support sheet 1.2).

If feelings of discomfort, uneasiness or fear are expressed, invite the group to come up with ideas that could help (e.g. ask questions about what's on your mind, talk to someone you trust [see activity 7]).

20. Invite students to say what they learned in the activity in their own words. Fill in the gaps as required.

Invite students to put the things they have learned into their treasure chests (see support sheet 1.3), keep them there and use them whenever they need them.

Conclude the activity by welcoming them into the adult world.

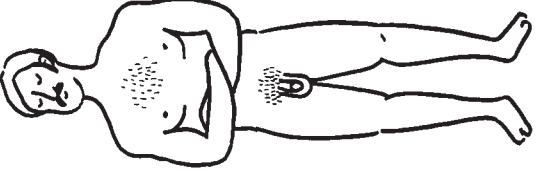
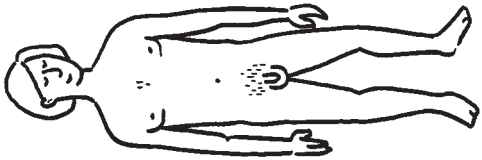
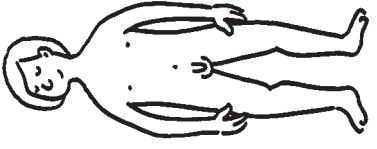
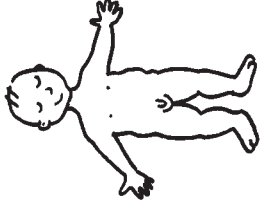
## INTEGRATION

Hand out support sheets 3.5 and 3.6. Explain the instructions, read each word or expression, and invite students to complete the support sheets. Correct and supplement as required.

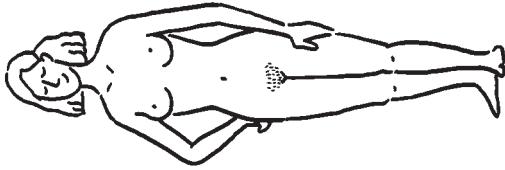
## ENRICHMENT

- Invite students to imagine that they are adults, and to draw what they think they will look like in the appropriate space on support sheet 3.1 or 3.2.
- Show the part on puberty from the video *Changes*, from the *Growing Up* series,<sup>18</sup>.
- Show the part on personal hygiene from the video *Sex: A Guide For the Young*<sup>19</sup>.
- Show the part on the internal reproductive organs and fertilization from the video *So, That's How!*<sup>20</sup>.

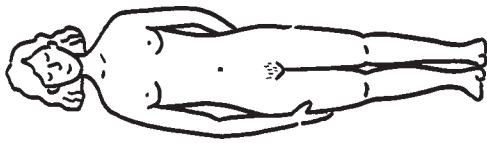
18, 19, 20. Information on this tool is given in Appendix 2.

Adult		
Adolescent		
Child		
Baby		

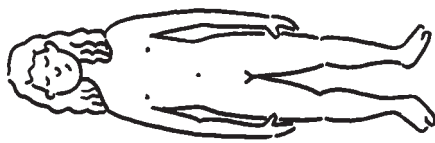
Adult



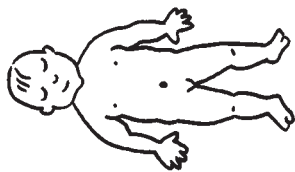
Adolescent

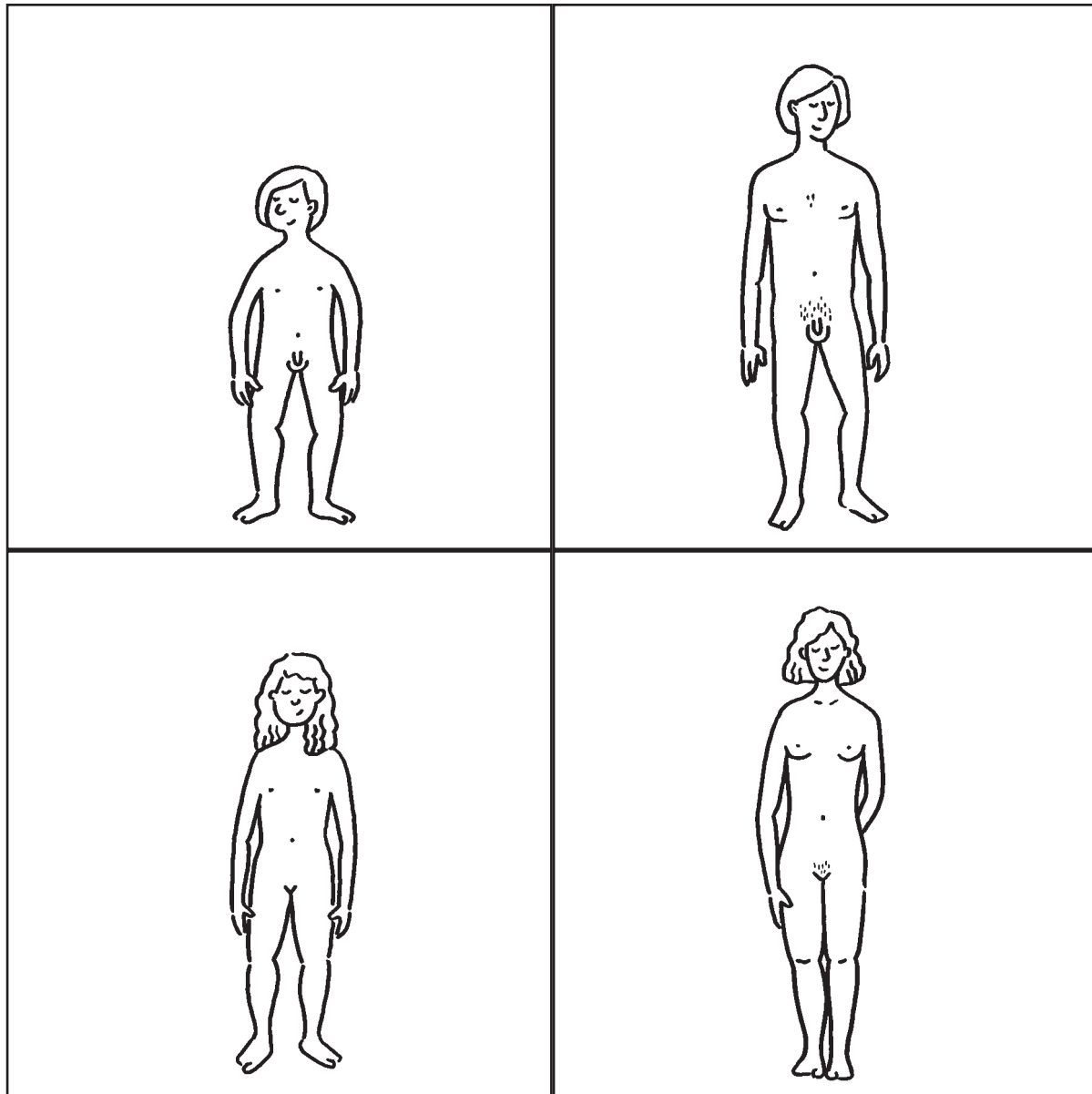


Child



Baby







## Changes at puberty<sup>21</sup>

### Body

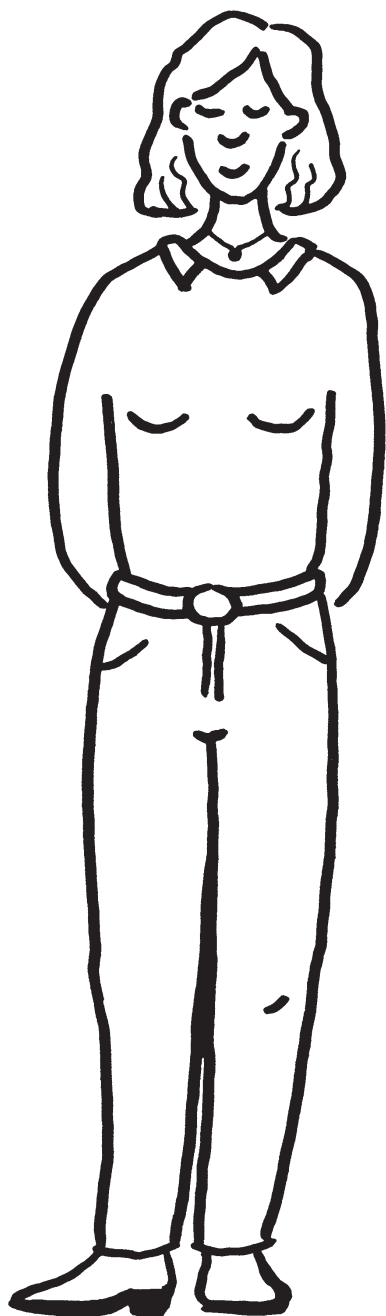
- growth spurts, changes in appearance (shoulders, hips)
- appearance of body hair (face, underarms, pubic area)
- breast development
- transformation of genitals
- increase in appetite
- acne
- need for sleep
- menstruation
- erections
- etc.

### Mind

- changed interests: games, music, dreams
- importance of friends
- importance of personal appearance: hair, clothes that are in style
- changing moods
- need for freedom: "I can do it by myself"
- need for parents to be trusting and receptive
- sexual awakening: discovery of new sensations, emotions and feelings
- etc.

21. Adapted from C. Côté and R. Tapin (1994), *LA SEXUALITÉ Faut s'en parler*, Les Services Barbara-Rourke, p. 5.

Draw arrows to show if the changes occur in girls, in boys or in both.



appearance of  
body hair

menstruation

mood changes

erection

ejaculation

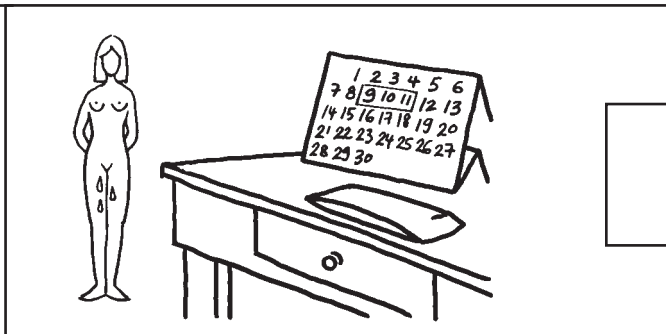
larger breasts

changed  
interests  
(games, music,  
dreams, etc.)



Put a check mark (✓) in the boxes corresponding to responsibilities of adolescents

Hygiene with regard to menstruation



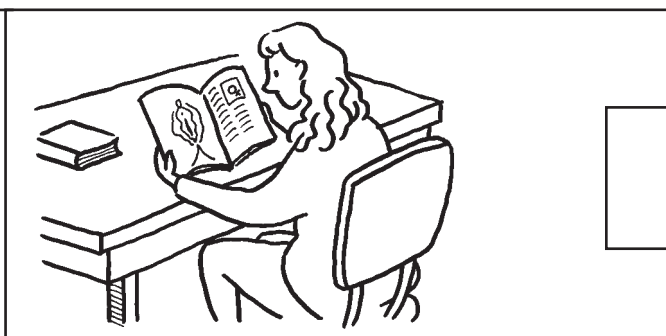
Shaving your face



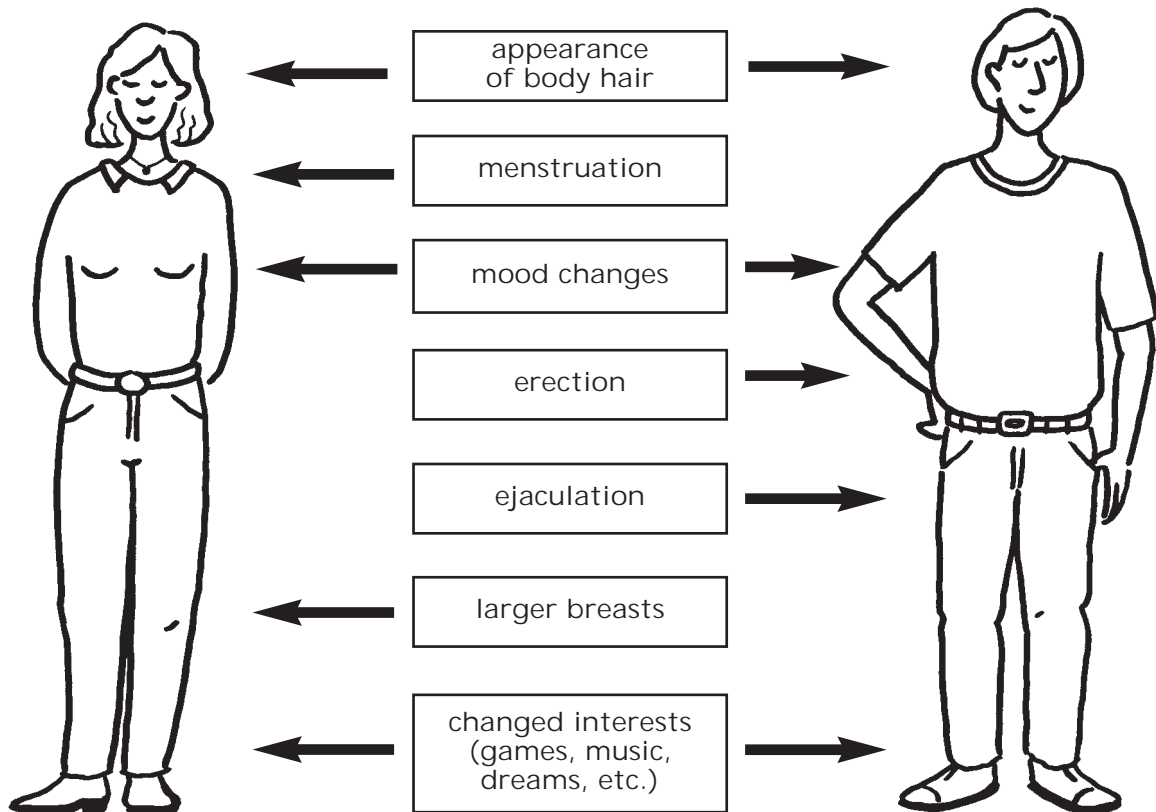
Washing every day



Finding out about sexuality



Answers for support sheet 3.5



Answers for support sheet 3.6: There should be check marks in all boxes

## Demystifying masturbation

**Link with PACTE**

**Element of competency 2.4.1:**  
To recognize the manifestations of human sexuality

**Link with Challenges**

**Element of competency 2.7.1:**  
To demonstrate socially acceptable sexual behaviour

**Materials:**

- support sheet 1.2 (table of feelings)
- support sheets 4.1 and 4.2
- two bathing suits

**Approximate duration:**

One or more periods depending on students' prior knowledge and ability to understand

**Upon completion of this activity, students should be able:**

- To associate masturbation with sexual growth
- To identify their feelings about masturbation
- To say what a positive attitude toward masturbation is
- To recognize appropriate places for masturbating
- To list the alternatives when the time or the place is inappropriate

**Learning topics**

- Masturbation: definition
- Natural, healthy masturbation
- Personal choice
- Myths
- Privacy
- Feelings
- Alternatives

**Note to the teacher**

Masturbation is often among the discoveries made during adolescence. In spite of the fact that it is natural, there are still many myths and prejudices concerning masturbation. Saying nothing, not providing information, and dissuading or reproving in a subtle or more direct way constitute forms of sex education that can disconcert a young person and make him or her feel guilty and ashamed about masturbation.

Some young people with intellectual impairments may masturbate in places where it is inappropriate to do so. This improper behaviour is often linked to a lack of information, which shows that teaching about masturbation is important.

The purpose of this activity is to demystify masturbation, and to present it as a valid, healthy and agreeable experience. Students must understand that it is all right to masturbate, and that it is all right not to masturbate. The activity is also intended to make students aware that masturbation is a private act and to inform them of the settings where it is permissible.

The topic of masturbation may cause uncontrollable laughter or embarrassed reactions among students. This is completely normal. Taking note of the reactions and legitimizing them can only reassure students and reduce their uneasiness.

Teaching about masturbation is an essential prerequisite for prevention. In addition to helping students know their bodies and increase their sexual autonomy, masturbation is a legitimate source of pleasure, which may be the only form of sexual expression available to a young person who does not have a sexual partner, or an alternative to penetration in at-risk situations.

## Demystifying masturbation

**GETTING STARTED**

To make the idea of pleasure more concrete, invite students to recall and name actions or activities they enjoy for the pleasure they bring (e.g. what I like to do is ... eat a piece of cake, play outside, take a relaxing bath, go swimming).

Next, ask students to think about how they feel while engaged in the activity, with the help, if need be, of the table of feelings (support sheet 1.2).

**DESCRIPTION OF ACTIVITY**

1. Bring students to notice that there are a number of activities that can make you feel good, depending on what you like to do, and present masturbation as one of the activities that can make you feel good and that you often discover when you're an adolescent.
2. Present the objectives of the activity (we'll be talking about masturbation, we'll find out whether it's a normal and common practice, whether there are proper times and places for it and how we should feel about it).
3. Point out the advantages of discussing masturbation in class:

Example:

- it clears away misconceptions
- it reduces ignorance about a phenomenon they need to know about, as they become grownups
- it can make them feel more comfortable talking about masturbation (relate this back to when you were getting started)

**Masturbation**

4. To help students understand all of the ways of saying masturbation, ask them if they know other words for it (e.g. playing with yourself, jacking yourself off)

Next verify their understanding of the word masturbation.

Definition: to caress one's genitals (clitoris, vulva, penis) in order to feel pleasing sensations.

Note: The illustration of masturbation on support sheet 9.3 could be enlarged and handed out to students.

**Attitude toward masturbation**

5. Invite students to imagine the following situation: You are with one of your friends and suddenly he or she asks you, “Do you think it’s OK to masturbate?”

Ask students how they would feel if they had to answer this question. (If necessary, use the table of feelings, support sheet 1.2).

Gather students’ comments, legitimize their reactions and tell them that masturbation is a subject that can cause very different feelings from one person to the next, and that many people feel embarrassed talking about it.

6. Next, ask students how they would answer the question, “Do you think it’s OK to masturbate?”

Gather their answers and invite them to say what they have heard on the subject, writing the positive and negative aspects in two columns on the blackboard (the negative aspects column is often longer than the positive aspects column).

Correct, if need be, the myths and misconceptions that may be expressed (e.g. masturbation will not make you sick or impotent, it is not bad) and clearly bring out the following two points:

- *It is possible and natural to touch your genitals for pleasure* (simply because it’s good and makes you feel good; it can also make you know your body better).
  - *It is just as normal not to do so* (some people masturbate, some don’t; some people masturbate all their lives, others don’t; some people masturbate while their partner is with them, others don’t).
7. Check students’ understanding by asking them how they would answer the question in point 5 now, and express the principle briefly:

- ***It’s OK to masturbate***
- ***It’s OK not to masturbate***

## **Personal and private**

8. Make the notion of personal privacy more concrete by showing two bathing suits (a boy's and a girl's). Reiterate that the parts of the body under the suit are the private parts. (This was explained during activity 2.)

Continue by explaining that touching your private parts (masturbating) is something that isn't done just anywhere.

To get the idea of privacy across, invite students to give examples of private acts (things you do alone and not in front of people) (e.g. using the toilet, having a bath, washing your genitals).

9. Clearly make the following point:

***- You can masturbate in your room with the door closed***

Note: The bathroom is not mentioned as an appropriate place because of possible confusion between public restrooms and private bathrooms.

Make sure students clearly realize that the reason for masturbating in private is not to hide (for shame) or because it isn't right, but because it is personal and you do it only when you are alone, not in front of people.

10. Next, to make it clear that masturbation is personal and private, ask students to explain the difference between masturbation and the activities they mentioned at the beginning of the activity. Guide their thinking by stressing that masturbation is something that isn't done in front of everybody, contrary to the other activities mentioned.

## **Alternatives when the time or place is inappropriate**

11. Next, to check students' understanding and to present alternatives, mention the following hypothetical situations:

**A student touches his or her private parts in class.**

### ***Discussion***

- Is it the right place to do so?
- Is it the right time?
- What can the student do? (Examples of alternatives: think about something else, do something else, concentrate on class work, doodle, handle an object, wait until evening in his or her room)



Peter and his parents are sitting around the table. He feels like touching his private parts.

### *Discussion*

- Is it the right place to do so?
  - Is it the right time?
  - What can he do?
12. Ask students to sum up what they learned during this activity in their own words. Briefly indicate what they say on the blackboard.
  13. Remind students of the feelings expressed at the start of the activity on masturbation and invite them to say how they feel now.
  14. Conclude the activity by motivating students to remember the main points about masturbation (mottos).

- ***It's OK to masturbate***
- ***It's OK not to masturbate***
- ***You can masturbate in your room with the door closed***

Invite students to put these mottos into their treasure chests (refer to activity 1.3) and to use them whenever they need them.

## INTEGRATION

Hand out support sheets 4.1 and 4.2:

Read the instructions and statements, and ask students to fill in the support sheets.  
Correct and supplement as required.

Correct support sheets 4.1 and 4.2:

support sheet 4.1: personal answers

support sheet 4.2: students should mark an X in all boxes except the one corresponding to the bedroom.

## ENRICHMENT

Show the part on masturbation from the video *Sex: A Guide for the Young*.<sup>22</sup>

22. Information on this tool is given in Appendix 2.

Place a check mark (✓) in the box next to the drawing showing how you feel or what you think.

When people are talking about masturbation I feel:



Good



Not good

A young person says he or she masturbates in his or her room. I think that's

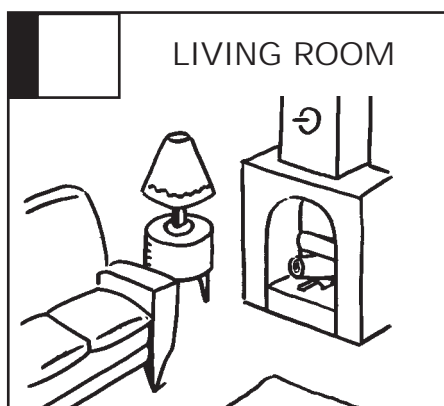
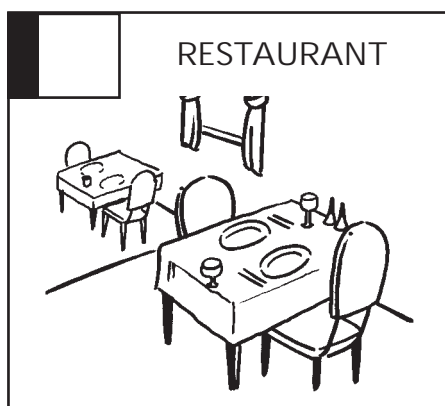
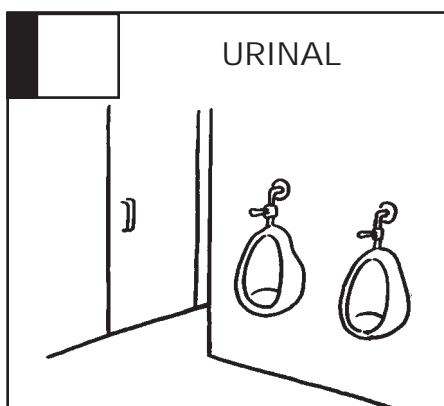
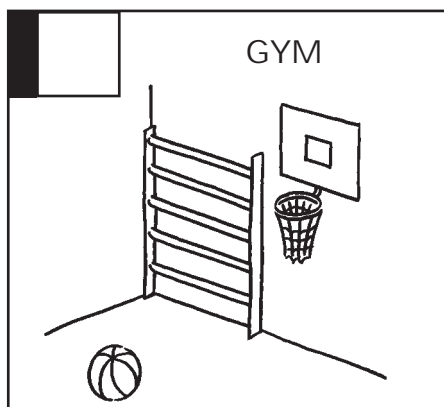
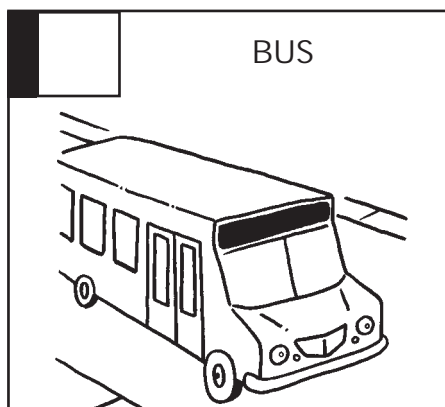
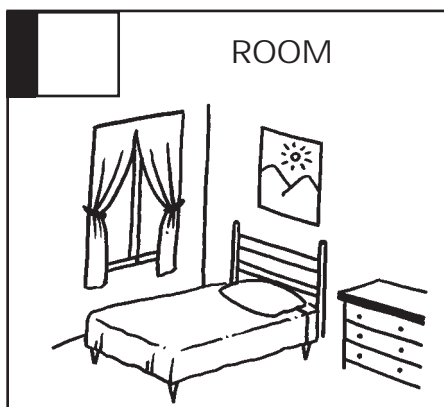
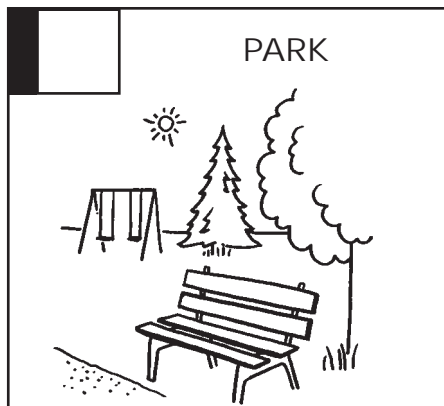
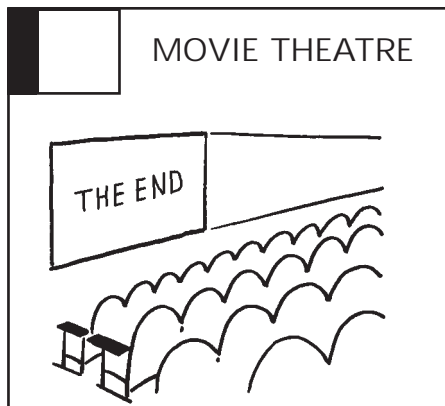
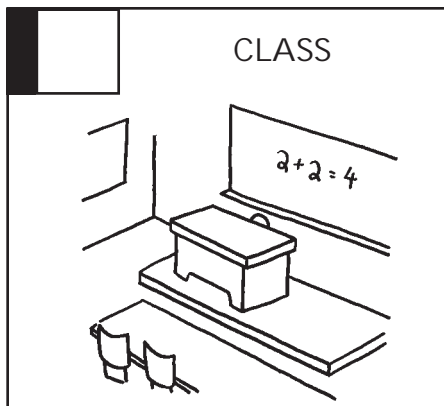


OK



Not OK

Make an X in the places where it's not appropriate to masturbate.



## Self-confidence and assertiveness

**Link with PACTE****Competency:**

*To adopt responsible behaviour to fulfil yourself and be autonomous in a school or social group.*

**Element of competency 2.6.1:**

*To demonstrate basic attitudes ensuring your personal development*

**Link with Challenges****Element of competency 2.9.1:**

*To demonstrate basic attitudes which foster personal development and self-confidence*

**Materials:**

- scissors
- string about 300 cm long
- support sheets 5.1, 5.2 and 5.3

**Approximate duration:**

*The activity can take one or more periods depending on students' prior learning and abilities*

**Upon completion of this activity, students should be able:**

- To tell that their bodies are sending them messages
- To recognize the importance of trusting those messages
- To practise reacting assertively

**Learning topics**

- The body's messages: sensations indicating comfort or discomfort
- Importance of the messages: useful indicators of well-being
- Ways of communicating: a passive or an assertive attitude
- Characteristics of an assertive attitude: how you hold your head, eye contact, etc.

**Note to the teacher**

Like many young people their age, students with intellectual impairments may find it hard to tune in to the messages their bodies are sending them, to rely on those messages and to react accordingly. These are extremely useful skills to have to ensure your well-being and prevent problems. How can you defend yourself against sexual exploitation if you are not familiar with the language your body speaks, if you have not learned to rely on your feelings and to react when something inside you says no? How can you demand safe sexual practices from a partner if you have never learned to be assertive?

The aim of the first part of the activity is to get students to recognize the sensations that tell them they are comfortable or uncomfortable and to realize the importance of trusting their feelings in order to ensure their well-being. The aim of the second part is to make students realize that it is all right to say they feel uncomfortable and to get them to practise saying so in an assertive way. Adopting an assertive attitude can be a major challenge for students who have always felt pressured by those around them into being submissive and acquiescent.

Students can acquire important skills from all school activities that put them in touch with their bodies, make them aware of the positive and negative messages they constantly receive from their five senses and enable them to say what they want. Such activities build a sense that your body belongs to you and increase your self-confidence, which are valuable assets when preventive behaviour is required.

**GETTING STARTED**

Hand out support sheet 5.1 and ask students to cut it in two.

Then ask students to recall a situation when they were cold (e.g. waiting for the bus one day when the clothes they had on weren't warm enough, on an outing, when they had a fever).

**Discussion**

- How did you feel: good or not good? (Ask them to show the corresponding illustration.)
- What made you notice you were cold? (remembering sensations in my body when I was cold; e.g. shivering, teeth chattering, pain)
- Did your body use words to tell you it was cold and not feeling good?
- Is it useful to understand how your body tells you it's cold? Why? (I can put warm clothes on, wear a hat so I feel more comfortable, etc.)

Now invite students to recall a time when they felt good (e.g. in a warm bath, sitting in the sun, etc.)

**Discussion**

- What sensations did you have in your body?
- Did your body use words to tell you that you felt good?
- Is it useful to understand how your body tells you you're comfortable? Why? (e.g. I can enjoy the moment, do what it takes to make it happen again)

**DESCRIPTION OF ACTIVITY**

1. Get students to notice that their body tells them things without talking, that it sends them messages to say whether it feels good or doesn't feel good. Explain to students that *the body is a friend that sends you messages so you can take good care of it*.
2. Explain the objectives of the activity (you will be devoting special attention to the messages sent by the body, and you will see whether those messages can be trusted and how a person can act after receiving those messages).

Point out the usefulness of talking about this subject (it will improve your ability to understand what your body is telling you, it will give you ideas about how to react in the future, etc.).

3. Ask students to say, in their own words, what they remember about the content and the goal of the activity. Add whatever is missing and write the main points on the blackboard.

## **The body's messages**

4. Refer back to the example from when you were getting started and invite students to discover other messages that their bodies send them. Illustrate with the following examples:
  - The body's message to say it is hungry: an uncomfortable sensation, a growling stomach, tiredness, a headache, dizziness, etc.
  - The body's message to say it is thirsty: an uncomfortable sensation in the throat, a dry mouth, etc.
  - The body's message to say it is in danger: pain if you put your finger on something that's too hot
5. Explain that, in our relations with other people, our body also sends us messages to tell us it is feeling good or not good.
6. Ask students to imagine the following situations:
  - You're doing your homework and your mother caresses your hair and says, "You're sure working hard."
  - Someone you don't know comes near and pulls your hair.

### ***Discussion***

- What would your body tell you in each of these situations? That you feel good or that you don't feel good? (Show the corresponding illustration, support sheet 5.1.)

## **Bubble of intimacy and the body's messages<sup>23</sup>**

7. Explain to students that they are going to be part of an experiment in which they have to pay special attention to the sensations in their body.
8. The teacher makes a circle about 300 centimetres in circumference with a string. A student is asked to step into the circle and is told to concentrate on how he or she feels (good or not good?). Then, drawing closer, the teacher steps:
  - 50 cm outside the circle;
  - onto the circle;
  - inside the circle, very close to the student, a few centimetres from his or her eyes.

23. Adapted from an activity conducted by Carmen Côté and Réjean Tapin of Services Barbara-Rourke, in Québec City.

At each stage, engage the student in a dialogue: “Do you feel good? Me too ...” Continue through the final stage, where your face is very close to the student’s face, and ask him or her to pay extra attention to what is happening in his or her body.

Note: When another person comes inside the circle, the vast majority of students have trouble looking that person in the eye, feel hot and shift from one foot to the other; in short, they feel uncomfortable, without necessarily being able to identify or understand their discomfort.

9. Invite students to be in the circle, one at a time, and to notice the messages their body sends them and how it sends them.
10. Continue the activity by explaining that we all have a kind of bubble around us that can get larger or smaller depending on who’s around or how we feel that day.
11. Help students notice that when someone else enters our bubble and we don’t feel good, our body tells us so in its own way:

Examples:

- when there is enough distance between us, I feel good, my body says yes, I feel like smiling;
- when the other person is too close to me and steps into my circle, I don’t feel good, I feel shy, I don’t like it, I don’t feel like smiling, I feel funny inside, my body says no, it’s like an alarm going off.

12. Invite students to say, in their own words, how they feel inside when they don’t like it.
13. Sum up this part of the activity by stressing the following points:

***Your body talks to you  
Listen to it***

## **Reacting**

14. Help students see that there are several ways of reacting in such a situation. You can let the other person have his or her way and not react, or you can say you don’t like it and ask the person to back away.

Use support sheet 5.2 to explain each of these attitudes.

15. Ask students to repeat the circle experiment, but to practise reacting this time. Explain that, as soon as they feel you are standing too close to them and their body is sending them messages (e.g. not being able to look you in the eye, being hot), they have to react. Model the reaction for students by adopting an assertive attitude (head held high, making visual contact and speaking firmly) and saying: “Back off. You’re too close to me.”

Invite each student to react this way, using the same attitude and the same words, as soon as he or she feels you are standing too close to him or her.

16. Explain to students that they may be in a similar situation with other people (strangers, acquaintances, people they know better, etc.). Remind them that their body belongs to them and that they have to say when they don't like what's happening.
17. Temper the message by making sure students understand that there are also situations in which people feel fine when someone else is close to them (e.g. two people who are in love, being hugged by your parents on your birthday).
18. Invite students to say briefly, in their own words, what they have learned, and add anything that may be missing.
19. Briefly state the important thing in this part of the activity:

**- *When you don't like it, say you don't like it***

20. Conclude by inviting students to pay attention to how they feel (comfortable or uncomfortable) in their daily activities and in their reactions to other people. Encourage them to say when they feel uncomfortable and to demand respect for their bubble.

Repeat the important points (mottos) one last time

**- *Your body talks to you; listen to it***  
**- *When you don't like it, say you don't like it***

and invite students to keep these mottos in their treasure chests (refer to support sheet 1.3) and to use them whenever they need them.



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**INTEGRATION**

Hand out support sheet 5.3. Invite students to say:

- what it shows
- what the young woman is feeling (use the table of feelings, support sheet 1.2)
- what she should do in this situation
- what they would do in a situation like this

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**ENRICHMENT**

- Activities that help students discover the wealth of information they can obtain through their five senses by tuning in to their bodies. The curriculum guideline by Duranleau<sup>24</sup> and the Activity Guide for the Sex Education section of the Personal and Social Education Program for elementary school<sup>25</sup> propose activities on this theme.
- Use situations in school life to encourage students to become aware of their preferences in different areas, to assert their preferences and to make decisions based on them.
- A letter to parents informing them about the activity at school and inviting them to encourage their child to assert himself or herself. Explain that assertiveness skills can help their child resist various pressures and be better equipped with regard to exploitation.

24. Information on this tool is given in Appendix 2.

25. Information on this tool is given in Appendix 2.

I FEEL GOOD



I DON'T FEEL GOOD



## Behaviour characteristics

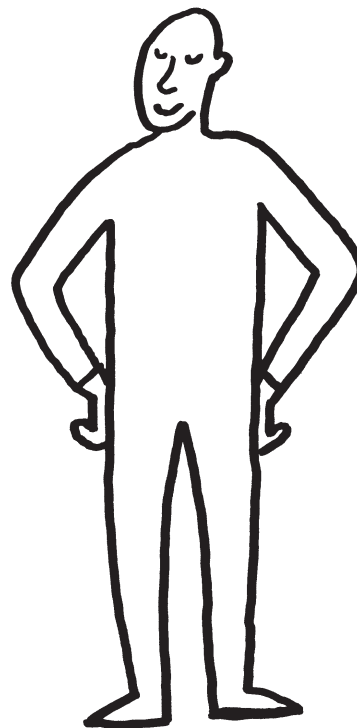
### PASSIVE



- Head hanging
- No eye contact
- Weak voice

- Not standing up for your rights  
*(putting other people's rights first)*
- Giving in to what others want
- Not saying what you're concerned about

### ASSERTIVE



- Eye contact
- Head held high
- Firm voice
- Short, clear sentences

- Standing up for your rights  
without denying other people's rights
- Respecting yourself



## Confiding in others

**Link with PACTE****Competency:**

*To adopt responsible behaviour targeting self-realization and autonomy in a school or social group.*

**Element of competency 2.9.1:**

*To recognize the resources available in and around the immediate environment*

**Link with Challenges****Element of competency 2.9.1:**

*To demonstrate basic attitudes which foster personal development and self-confidence*

**Materials:**

- support sheets 6.1, 6.2 and 6.3
- an address book
- support sheet 1.2 (table of feelings)

**Approximate duration:**

*One or more periods, depending on students' prior learning and abilities*

**Upon completion of this activity, students should be able:**

- To name the people they have ongoing relations with
- To identify the people they can turn to if there is a problem
- To tell the people concerned how they feel and the problems they have

**Learning topics**

- List of people you know: family, friends, professionals, etc.
- List of people you can trust: significant persons
- Possible ways of contacting them

**Note to the teacher**

Most adolescents are liable to be in situations in which they need help with regard to health and sexuality, and support from a significant person, whether it be to obtain information, make a decision, say how they feel inside or talk about their problems. Young people with intellectual impairments can sometimes feel lost when they need to ask for help: knowing who to turn to and how to talk about a problem can be a major challenge for them.

The first part of the activity is intended to help students identify the people in their networks of relations and recognize among those people the ones who are significant for them, i.e. those they feel comfortable with and trust, the ones they can turn to when they need to talk about any problem they may be having. The second part has students experiment, through role play, with ways of asking for help.

This knowledge and these skills can be valuable tools not only for preventing potential sexuality-related dangers among young people but also for helping them cope with many situations in their personal and social lives.

All activities and situations that help students acquire concrete means of building and maintaining a network of friends can be regarded as prevention activities. People with intellectual impairments often have a weak social network and experience a great deal of loneliness. This makes them easy targets for exploitation, because preventive intentions risk being annihilated by their quest for affection.

## Confiding in others

**GETTING STARTED**

Pass around an address book, with telephone numbers.

*Discussion*

- What is it?
- What is it good for? (a pocket-size book with the names, addresses and telephone numbers of all the people you know; you use it when you want to contact those people).

Invite students to give examples of circumstances in which it is useful to call upon people you know (e.g. you feel like doing something with someone, you want to wish someone you like happy birthday, you need to talk to a friend, you're wondering about something that bothers you).

*Discussion*

- How do you feel when you need something and know who to turn to?  
(if necessary, use the table of feelings, support sheet 1.2)
- How do you feel when you don't know who to turn to for help?  
(table of feelings)

To make things more concrete, invite students to describe experiences they have had.

**DESCRIPTION OF ACTIVITY**

1. Explain to students that they each have a network of people who are part of their lives. Then add that, now that they are almost grown up, they are responsible for calling upon the people around them when they need them.
2. Present the objectives of the activity (to make a directory of the main people you know, something like an address book, to identify the people you can talk to or turn to for help, and to know how to take up a subject you're concerned about).
3. Point out the usefulness of discussing this in class (e.g. knowing what to do if you have a problem, not panicking, knowing things you can do to be less embarrassed about it, being able to get help finding solutions).
4. Invite students to say briefly, in their own words, what they have learned and how it can help them, and write the main points on the blackboard.

## **Network of friends**

5. Ask students if they have photo albums at home and what's in them (e.g. pictures of people in their family, friends, acquaintances, trips they went on).

Hand out support sheet 6.1, and explain that it is like a page from a photo album and that they are going to put the main people they know on it.

Invite students to draw or to write the name of the most significant people in their lives (family, friends, and people they see at school, during recreational activities, at work, at a rehabilitation centre, in their neighbourhood, etc.). Model how to do this:

“In my album, I have my girlfriend or boyfriend, the people in my family (my father, mother, sister, etc.), my main friends at work, one or more persons who are very important to me, etc.”

## **People you can trust**

6. Next, invite students to say which people in their album meet the following criteria:
  - I feel good when I am with him or her
  - I feel that I am taken seriously
  - I feel that he or she is truly listening to me
  - I can talk about anything, without worrying about upsetting him or her or making him or her laugh at me
  - I would confide in him or her if I was sad or had a problem
7. Hand out support sheet 6.2 and invite students to draw or to write the name(s) of the person(s) they can trust (person(s) who meet the above criteria) and help them write brief contact information after engaging in the following dialogue:

### ***Discussion***

- Is it easy to get in touch with this person?
- How do you contact him or her? (e.g. at home, at school, by phone)

## Approaching people

8. Ask students to give examples of situations they have been in at school or elsewhere, in which they had to ask for help (e.g. asking for information, asking how to get somewhere, saying that I had a stomach ache).

### *Discussion*

- How did you feel? (e.g. relaxed, shy, worried about bothering someone)  
Use the table of feelings, support sheet 1.2, as needed).
  - How did you go about talking to the person?
9. Continue by inviting students to role play different scenarios in which one person approaches another, so that it becomes easier for them to take up subjects that are a bit delicate. Explain to them that one way of talking about a problem is to say first how you feel and then mention the facts.

Possible scenarios (other scenarios drawn from students' experience can be substituted):

- Mark has spots on his body and is worried about them. He talks to his mother.  
("Can I talk to you? I'm kind of scared. I've got these spots on my stomach and I don't know what they are.")
- Matthew is sad because his girlfriend doesn't want to see him anymore.  
He talks to his grandmother, who he feels very comfortable with.  
("Can I talk to you? I'm sad. My girlfriend doesn't want to see me anymore.")
- Alexandra feels upset when a neighbour takes the bus and sits down beside her.  
She thinks he sits too close to her. She talks to her teacher.  
("Can I talk to you? I feel upset and I'm a bit afraid when this person sits down beside me in the bus. He moves over close to me and I don't like it.")

Model Mark's role in the first scenario and then invite students to take turns acting out the same scene. Do the same thing with the other scenarios until students get used to the process.

10. Invite students to imagine that they are the ones involved in the above situations (or in others suggested by them).
  - Who would you talk to in each situation?
  - How would you take up the subject?

Compliment students on their answers and add to them as required.

11. Bring students to notice that you can also contact a person you trust to share your joy (invite them to give examples of when they experienced such a situation).



## My address book<sup>26</sup>

12. Hand out copies of a form similar to support sheet 6.3 (in a format suitable for your students) and invite students to start making their own address books, beginning with the addresses and telephone numbers of the people they can trust (support sheet 6.2).

Explain that the address book will enable them to have the addresses and phone numbers of the people who are important to them all in one place, and to bring information up to date whenever they need to (they may change friends, where they live, schools, etc.).

13. Invite students to say, in their own words, what they have learned during the activity.

14. Add whatever is missing and invite students to remember the following points (mottos):

***- I know the people I can trust***  
***- I confide in them if I have a problem***

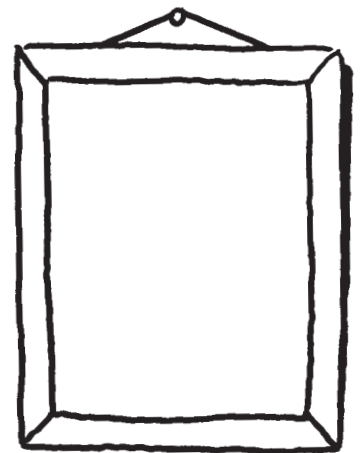
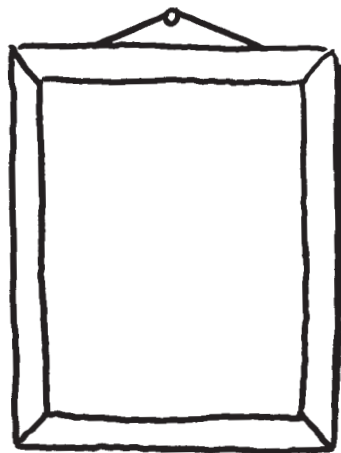
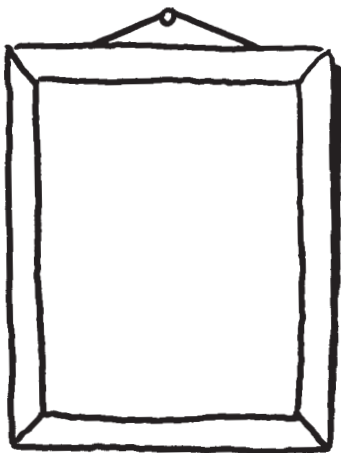
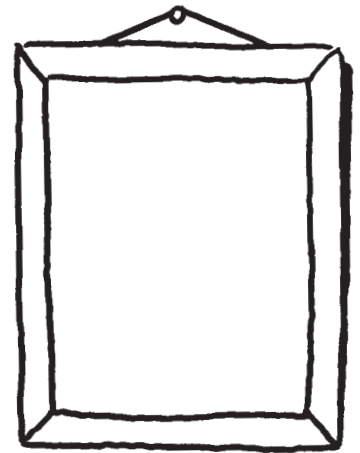
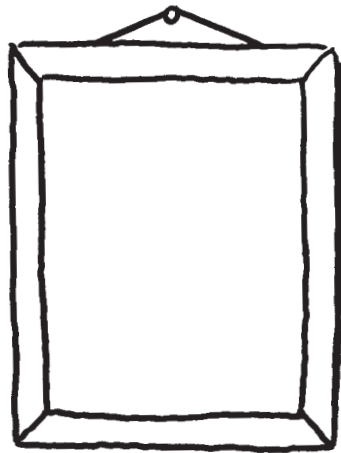
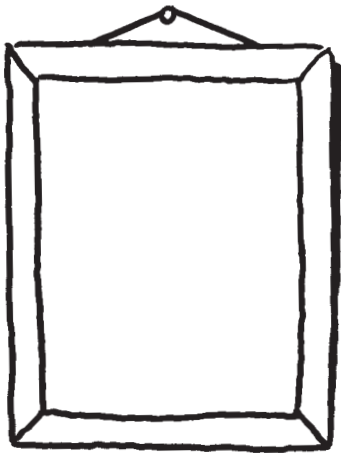
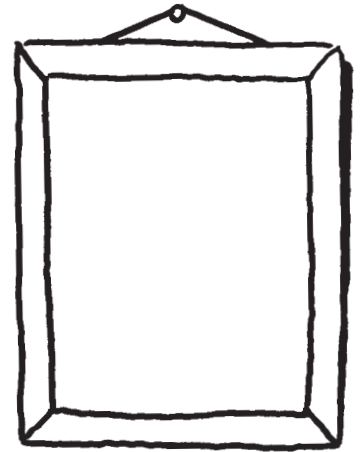
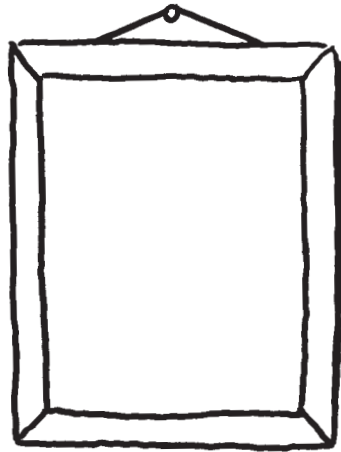
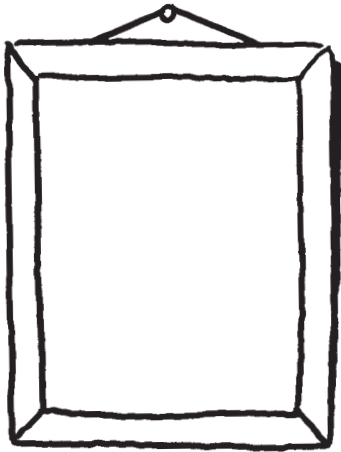
15. Conclude the activity by inviting students to put the things they have learned and the above mottos into their treasure chests (see support sheet 1.3), and to use them whenever they need them.

## ENRICHMENT

- Invite parents to complete the address book with their child and to keep it continually up to date (e.g. add the name, telephone number and birthday of other friends or acquaintances) so that he or she has concrete means of establishing and maintaining a social network.
- During later activities, add resources that could be useful for students, depending on the problems dealt with (e.g. Info-santé, school nurse).

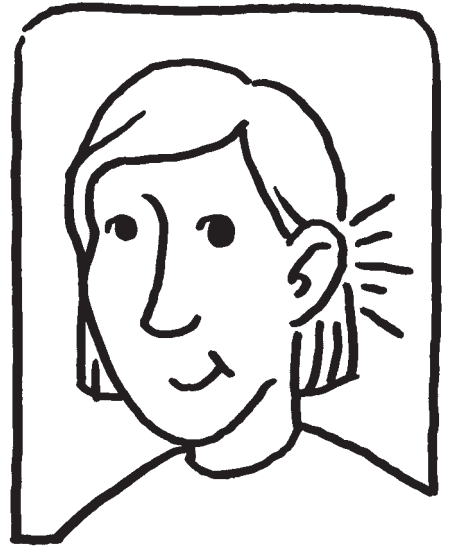
26. This part of the activity is inspired by Centre de Services en déficience intellectuelle Mauricie/Bois-Francis (1994), *Créer un réseau d'amis*, "Carnet d'adresses", Fondation du parrainage of the Centre de services en déficience intellectuelle Mauricie/Bois-Francis.

MY PHOTO ALBUM

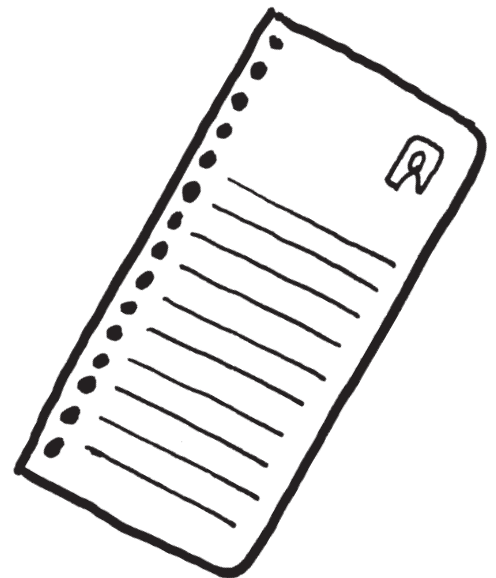


# PEOPLE I CAN TRUST TO HELP ME

● \_\_\_\_\_



● \_\_\_\_\_



● \_\_\_\_\_

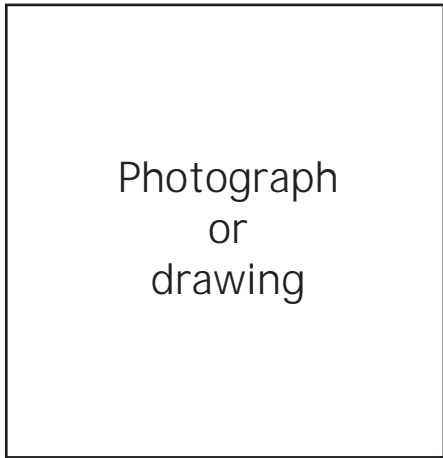
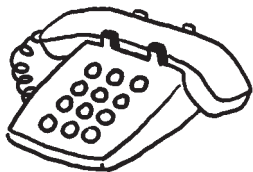
### First model page for an address book<sup>27</sup>

Name \_\_\_\_\_

Birthday \_\_\_\_\_



Telephone No. \_\_\_\_\_



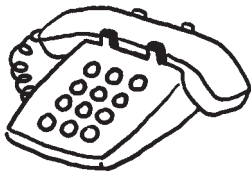
Full address



27. Inspired by *CARNET D'ADRESSES, CRÉER UN RÉSEAU D'AMIS*,  
Centre de services en déficience intellectuelle Mauricie/Bois-Francs.

Second model page for an address book<sup>28</sup>

Services (CLSC, nurse, Info-santé, etc.)



Telephone No. \_\_\_\_\_

Photograph or drawing of service
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28. Inspired by *CARNET D'ADRESSES, CRÉER UN RÉSEAU D'AMIS*,  
Centre de services en déficience intellectuelle Mauricie/Bois-Francis.

## Reacting to sexual exploitation



### Link with PACTE

#### Competency:

To adopt responsible behaviour targeting self-realization and autonomy in a school or social group.

#### Element of competency 2.4.1:

To recognize the manifestations of human sexuality

### Link with Challenges

#### Competency:

To adopt personal and social behaviours enabling the student to be autonomous in society



### Materials:

- support sheets  
7.1, 7.2, 7.3, 7.4 and 7.5



### Approximate duration:

- One or two periods depending on students' prior learning and abilities  
May also be broken into several short sessions

### Upon completion of this activity, students should be able:

- To recognize the various forms of sexual exploitation
- To distinguish sexual exploitation from marks of affection
- To recognize that exploiters can be adults, adolescents or young people their age, of the same or opposite sex
- To recognize that they may be subjected to sexual exploitation
- To put into practice the ways of responding to sexual exploitation

### Learning topics

- Types of exploitation
- Telltale signs of exploitation
- How to react in cases of sexual exploitation: say no, get away, talk about it

### Note to the teacher

While prevention activities regarding sexual exploitation are highly desirable for all young people, they are particularly appropriate for young people with intellectual impairments.

Statistics show that intellectually impaired young people are very vulnerable to sexual exploitation: without preventive tools, they are perfect victims, since most of them remain passive and obey adults without asking any questions. And victims of sexual exploitation are vulnerable with regard to other problems, including the transmission of HIV/AIDS and other STDs.

This activity is not meant to scare students, but to help them develop self-protection skills. The approach begins with the way a young person who is exploited may feel, whether something inside him or her says yes or says no. The activity seeks to sensitize students to the signs of exploitation and to the importance of demanding respect. Then it presents different ways of reacting and invites students to role play those reactions in order to be able to use them if they are in an exploitative situation in real life.

This topic is somewhat delicate, because some students may have troubling stories to tell. If this occurs, it is important to maintain a climate of trust and to listen to what the student has to say. It is important to reassure the student, and to say you believe him or her and that he or she is courageous for talking about the situation. You also need to know the school's policy on sexual abuse and the professional consultation services that are available.

## Reacting to sexual exploitation

### GETTING STARTED

Invite students to talk about their favourite animals and to identify the feelings they have about those animals.

Guide discussion about situations students have witnessed.

#### *Discussion*

- How does your favourite animal react when it feels good, when it is happy?
- Have you seen situations in which an animal was mistreated?
- What do you think about those situations?
- How did the animal feel? How did it react?
- If it could have talked, what would it have said? Do you think something inside the animal said yes or said no?

### DESCRIPTION OF ACTIVITY

1. Help students see that hurting an animal is not right, that the animal is unhappy, that it is an exploitive situation. Explain that exploitation can also occur between two people, and that one of them may be unhappy.
2. Present the objective of the activity (we are going to see what exploitation means and what sexual exploitation means, how sexual exploitation can be recognized and how you can react to it if it ever happens to you).
3. Point out the advantages of discussing the topic in class (you will know what it is, you will know what to do if it happens to you, you will be able to give a friend advice about it, etc.).
4. Next, invite students to say, in their own words, what the activity is going to be about and how it can help them, and write the main points on the blackboard.

#### **Exploitation**

5. Return to the example from the beginning of the activity and explain to students that it involved exploitation because a person harmed an animal, and repeat that the same thing can occur with two people.

Definition of exploitation:

Taking advantage of someone else, enjoying yourself at someone else's expense, being unfair, trading things with someone when you know you are getting the better deal, etc.

6. Check students' understanding by handing out support sheet 7.1. Read the instructions and the statements, and invite students to fill in the support sheet.

## Sexual exploitation vs. marks of affection

7. Next, explain to students that exploitation can occur with regard to sexuality and that, then, it is called sexual exploitation. Give a definition of sexual exploitation:

sexual exploitation: manipulating someone with money, invitations or gifts so that he or she will engage in a sexual interaction, or forcing or scaring someone into a sexual interaction; the person who exploits the other person tries to obtain sexual gratification using the other person's body.

8. Point out that it is important to know the difference between the touching involved when sexual exploitation occurs or is intended and touching as a mark of affection.

mark of affection: something a person does or says to express his or her friendship or love for another person.

9. To help students understand the difference between marks of affection and sexually exploitive intentions, ask them to say what difference there is between the following two situations:

- your sister kisses you on the cheek to wish you happy birthday  
(would something inside you say yes or no?)

- a neighbour touches your buttocks while saying hello  
(would something inside you say yes or no?)

Help students see that a mark of affection is pleasing to both people, whereas sexual exploitation is pleasing to only one of them.

10. Point out that being tuned in to the messages your body is sending you (refer back to activity 5, if necessary) can help you tell the difference between a mark of affection and sexually exploitive actions.

- mark of affection: something inside me says yes, it's nice, I like it, I feel good, etc.

- sexual exploitation: something inside me says no, I don't like it, I don't feel good, etc.

11. Check students' understanding of these concepts by asking them if it is a mark of affection or a sexually exploitive intention when:

- a friend waves to you in the street
- Diane's uncle touches her breasts
- a neighbour touches your private parts and says not to tell anybody
- a stranger wants to touch your penis
- the school janitor waves to you
- a stranger offers to give you a massage at her house



## **Who can the exploiter be? Who can the person exploited be?**

12. Explain to students that an exploiter can be

- someone you don't know
- someone you know a little
- someone you know well and like a lot
- someone of the same sex or of the opposite sex

Draw students' attention to the fact that a person who wants to sexually exploit another person behaves strangely. Illustrate through a discussion with students based on the following examples or others:

- Wouldn't it be strange for someone you don't know at all to offer you a present, to offer you a cigarette?
- Wouldn't it be strange for an uncle or a neighbour to want to touch your private parts (the parts under your bathing suit)?

Note: Young people are often taught to watch out for strangers only, whereas abusers are often people they know. They must learn to be careful with people who behave strangely.

13. Continue by explaining that anyone can be subjected to sexual exploitation, and bring students to realize (being careful not to frighten them) that it could happen to them, too. Repeat that one of the objectives of the activity is precisely for them to know what to do if they are ever in such a situation.

## **Reacting**

14. Return to the situation of the exploited animal, from the beginning of the activity.

### *Discussion*

- How does the animal react when it is subjected to treatment it doesn't like? (e.g. it defends itself, it runs away)
- How should a person who is exploited react?
- Would you know what to do in a sexually exploitive situation?

15. Remind students of the following points:

- ***Your body belongs to you***
- ***You have a right to decide who can touch you***
- ***You can and you must say no when you don't like it***
- ***No one has the right to exploit you sexually***

16. Explain to students that, when they are in a situation and something inside them says no or they feel upset, they must trust the message their body is sending them (refer to activity 5 if it is helpful) and react immediately like this:

Say no  
Get away

17. Invite students to take turns practising these first two steps by asking them to imagine the following hypothetical situation:

I am in a situation in which someone is touching me  
(e.g. in a bus, in a dark place or under circumstances suggested by students)  
and something inside me says no. I stand up, I say NO clearly and I walk away  
from the person.

Model the appropriate behaviour. Then ask students to role play the same scenario, and explain why it is useful to do so (you will know what to do if it happens to you, you will be able to act the same way, etc.).

18. Point out to students that they can scream “No!” and run away if the situation is dangerous (e.g. someone is holding your arm and wants to force you to do things you don't want to do: you scream “NO!” (model) and you run away).

## **Talking about it**

19. Help students see that a person who is exploited can feel very unhappy (e.g. be afraid, angry, embarrassed, ashamed, anxious, confused). Use the table of feelings, support sheet 1.2, if you think it will be useful.

Explain that it is important not to keep your feelings inside, and to talk to someone you trust.

### ***Discussion***

- Why is it important to talk to someone? (e.g. because you have a right to say what you are going through, because someone you trust can help you if you don't want the situation to happen again)
- Who would you talk to if you were in a situation in which someone was trying to exploit you? (refer to activity 6, if useful)

20. Return to the scenario at point 17 and ask students to imagine that, now, they want to talk about the experience to someone they trust.

Model the scene. A student plays the role of a person you trust and you say:

“Can I talk to you? I feel bad (or I’m scared, etc.);  
I don’t like it when that person touches me.”

Then change roles and ask students to take turns playing the person who confides in someone he or she trusts (played by the teacher).

21. Then ask students to say, in their own words, what they would do if someone tried to exploit them.

Gather what students say. Hand out support sheet 7.2 and sum up the important points to remember (mottos) in situations of sexual exploitation:

- **Say no**
- **Get away**
- **Talk about it**

22. Conclude the activity by inviting students to put the mottos into their treasure chests (refer to support sheet 1.3) and to use them whenever they need them.

## INTEGRATION

Hand out support sheets 7.3 and 7.4. Explain the instructions, read the statements one by one and invite students to complete the support sheet.

Variant: Repeat the three stages of the role play using different examples (e.g. a car stops and the driver invites you to get in)

## ENRICHMENT

- Apply what has been learned to situations at school and invite students who are exploited (even if the situation is harmless) to react and assert themselves.

Recognizing exploitation

Colour the happy face or the sad face,



or



depending on whether the situation makes something inside you say yes or say no

1	A stranger hurts your cat		YES	
			NO	
2	Your cousin loans you a CD		YES	
			NO	
3	A neighbour wants to exchange his pencil for your walkman		YES	
			NO	
4	Your mother gives you a birthday present		YES	
			NO	
5	A student says to you: "Give me your snack or I'll hide your bag."		YES	
			NO	



1

SAY NO



2

WALK AWAY



3
















TALK ABOUT IT





Recognizing intended sexual exploitation

Colour the happy face if something inside Donna says yes, and colour the sad face if something says no

1	Donna's father kisses her to wish her happy birthday		YES	
			NO	
2	A stranger asks Donna to look at his penis		YES	
			NO	
3	Donna's neighbour touches her private parts (parts underneath her bathing suit)		YES	
			NO	
4	Donna's mother caresses Donna's hair and says it looks like she's done a fine job with her homework		YES	
			NO	
5	A stranger invites Donna to visit her apartment		YES	
			NO	



Reacting


Someone touches you and something inside you says no.  
Place a check mark (✓) beside the way you would behave in this situation.

You let them



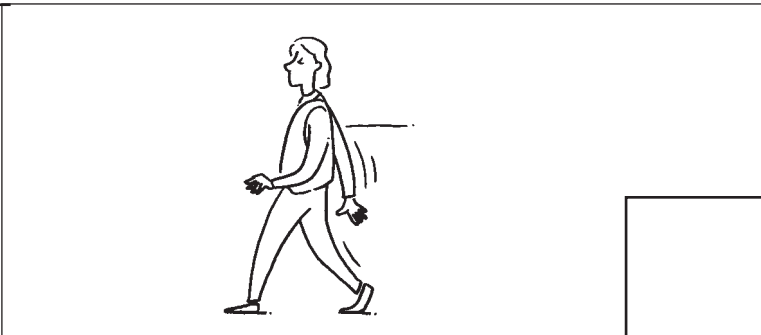
A line drawing of a woman with shoulder-length hair, looking down and to the left with a sad or thoughtful expression. To the right of the illustration is a square box for a checkmark.

You say no



A line drawing of a woman with shoulder-length hair, raising her right hand in a 'stop' gesture. A speech bubble above her hand contains the word 'No'. To the right of the illustration is a square box for a checkmark.

You walk away



A line drawing of a woman walking away to the right, carrying a bag. To the right of the illustration is a square box for a checkmark.

You talk to someone about it



A line drawing of two women talking. The woman on the left is wearing glasses and pointing upwards. The woman on the right is gesturing with her hand. To the right of the illustration is a square box for a checkmark.

## Answers for support sheets 7.1, 7.3 and 7.4

### Answers for support sheet 7.1

Situations in which there is exploitation or intended exploitation:  
situations 1, 3 and 5

### Answers for support sheet 7.3

Situations in which sexual exploitation occurs or may be intended:  
situations 2, 3 and 5

### Answers for support sheet 7.4

Personal answers

## Having a boyfriend Having a girlfriend



### Link with PACTE

**Element of competency 2.4.1:**  
To recognize the manifestations of human sexuality

### Link with Challenges

**Competency:**  
To adopt personal and social behaviours enabling the student to be autonomous in society

**Element of competency 2.7.1:**  
To demonstrate socially acceptable sexual behaviour.



### Materials:

- support sheets 8.1, 8.2 and 8.3



### Approximate duration:

One or more periods depending on students' prior learning and ability to understand  
May also be broken into several sections, taking into account the age and experience of students

### Upon completion of this activity, students should be able:

- To explain what “having a boyfriend” and “having a girlfriend” mean
- To recognize the different types of sexual behaviour
- To realize that the choice of sexual behaviour is a personal one
- To recognize the positive and negative consequences of sexual intercourse
- To state the criteria of a healthy, responsible sexual relationship

### Learning topics

- Having a boyfriend, having a girlfriend: time, stages, mutual consent, personal choice, etc.
- Types of sexual behaviour: French kissing, intimate touching, sexual intercourse
- Positive and negative consequences of sexual intercourse
- Criteria: time, stages, mutual consent, psychological security, prevention

### Note to the teacher

Being in love or having a boyfriend or a girlfriend is something most adolescents dream of. Many young people with intellectual impairments have the same aspirations. Some fulfil them, some don't. Some limit themselves to affectionate behaviour, while others express their sexuality through actions ranging from caressing their partner to sexual intercourse with penetration.

This activity is not intended to promote sexual behaviour. It aims to provide students with guidance on choosing a partner and healthy, responsible sexual behaviours. Choosing a partner is itself a form of self-protection. And knowing the criteria for making that choice allows a young person to say a real yes or a real no, making him or her less vulnerable to exploitation.

Although homosexuality is still a relatively taboo subject, it is important to deal with it when talking about sexual intercourse. For one thing, ignorance is a cause of vulnerability; for another, some intellectually impaired young people may be homosexual in orientation, and it is important that their reality be covered in educational practices.

**GETTING STARTED**

Copy the outline drawings on support sheet 8.1 onto the blackboard (or onto transparencies).

Invite students to imagine the following situation:

These are two people who have just met at a disco party (ask students to give them names). All of a sudden, one of them says to the other, "You're my girlfriend" (or my boyfriend). I want to make love to you."

**Discussion**

- Is it right for the person speaking to say that the other person is his or her girlfriend or boyfriend? Why? (these two people have just met, there's no consent, etc.)

**DESCRIPTION OF ACTIVITY**

1. Gather students' comments and present the objectives of the activity (we will know what "having a boyfriend or a girlfriend" means, what "making love" means, what can happen when two people make love, what you have to think about before deciding to do something like that).
2. Point out the advantages of discussing this topic in class (e.g. we'll know what's true and what isn't, we'll be in a better position to decide what's best for us if we get into a relationship).
3. Invite students to say, in their own words, what they have understood the activity is about and how it can be useful to them, and make brief notes on the blackboard.
4. Invite students to say how they feel about discussing the topic (use the table of feelings, support sheet 1.2).

**Having a boyfriend, having a girlfriend**

5. Invite students to say, in their own words, what makes it appropriate for a person to call someone "my boyfriend", "my girlfriend" or "my lover", and bring out the following points:
  - time to get to know one another (you don't become someone's boyfriend or girlfriend the first time you spend an evening with him or her; there are stages to go through: learning about the other person, spending time with him or her, etc.)
  - mutual consent (both people have to agree)
    - a) I agree
      - something inside me says yes
      - it's my choice
      - I don't feel obliged to do it
    - b) The other person agrees
      - he or she doesn't feel obliged to do it

6. Check students' understanding by returning to the situation that started the activity.

### *Discussion*

- Are the two people in love? Why?
- Name two important conditions for two people being a boyfriend and a girlfriend (time, consent)

7. Now ask students if it is essential to be in love with someone.

Gather students' comments and emphasize the following points:

***- It's OK to be in love with someone***

***- It's OK not to be in love with someone***

Explain that it can be very nice to have a boyfriend or a girlfriend, but that many people go through life without either and still have a good life.

### **Sexual behaviours: a personal choice**

8. Return to the outline drawings from the beginning of the activity and invite students to imagine, now, that the two people have seen a lot of one another, have done things together and know one another well. Each one agrees to be the other's boyfriend or girlfriend.
9. Using support sheet 8.2, explain to students that, in addition to the various marks of affection (kisses on the cheek, holding hands, other marks of consideration), the following behaviours are typical of people in love:

- French kissing

- intimate touching (caressing the entire body including private parts, mutual masturbation, etc.)

- sexual intercourse (generally meaning penetration of the penis into the vagina)

Note: Point out that, for people who are homosexual in orientation (who prefer to have sex and be in love with people of the same sex) and for some heterosexuals (people who prefer to have sex and be in love with people of the opposite sex), "sexual intercourse" can also mean penetration of the penis into the partner's anus.

To make sure all of the terms used have been understood, ask students to say, in their own words, what the term "sexual intercourse" means, and invite them to identify other expressions they have heard that refer to the same thing (making love, having sex, coitus, fucking, etc.).

10. Continue with the example from the beginning of the activity and help students realize that the choice of sexual behaviours belongs to each couple:

### *Discussion*

- What is the extent of intimate touching between people in love?  
(it depends on the people, from simple shows of affection to more intimate touching; usually things happen gradually)
- These two people are going out together. Does that mean they have to make love?  
(personal choice and couple's choice)

Emphasize the nonobligatory nature of sexual intercourse.

### **Possible consequences of sexual intercourse**

11. Divide the blackboard into two sections, and draw a happy face on one side and a sad face on the other.

Return to the example with two people and ask students to imagine that they have had sexual intercourse.

### *Discussion*

- Why do you think people have sexual intercourse?  
So they feel good or so they don't feel good?  
(ask them to indicate which face goes with their answer)
- What can happen after two people make love? (consequences)

Gather students' comments, add anything missing, and invite them to say whether the following consequences are positive or negative.

#### *Positive consequences:*

- mutual satisfaction, a feeling of well-being
- feeling loved
- a wanted pregnancy (when a choice has been made and the couple is able to take care of the child: a place to stay, sufficient income, time to be with the child, ability to take care of the child if he or she is sick, etc.)
- not being afraid of getting a disease

#### *Negative consequences:*

- feeling bad
- being disappointed
- not feeling comfortable with your partner (undue pressure, being obliged to make love)
- an unwanted pregnancy
- STDs (diseases you can catch through unprotected sex)

Note: This part of the activity requires that students have previously learned about fertilization and pregnancy.

12. Help students notice that the consequences can be positive or negative (happy face or sad face).

### **Criteria for a healthy, responsible sexual relationship**

13. Make a large X on the side of the blackboard where the negative consequences are listed. Ask students how things have to be for the two people in the situation not to be sad (suffer negative consequences).

Gather their comments and add anything missing by handing out support sheet 8.3 and explaining each of the criteria to them:

- Time to get to know one another (it is important to take the time to get to know the other person well)
  - Feeling good when you're with the other person (it is important to trust the other person, to be able to communicate with him or her, to say what you feel, etc.)
  - Mutual consent (both people must agree, something inside each of you says yes, neither of you must feel obliged to stay in the relationship)
  - Having discussed contraception (to avoid an unwanted pregnancy)
  - Having discussed health (and employing means to avoid certain diseases that can be caught during unprotected sex, a theme that will be taken up in a later activity).
14. Help students see that having sexual intercourse is not a matter to be taken lightly. Point out that the above criteria can help them say a real yes or no when they have to make a decision.
  15. Ask students, in their own words, to summarize the conditions for a positive, enriching sexual relationship (happy face).

Note: Depending on students' ability to understand, help them see that alternatives to penetration (petting, masturbation) are solutions to consider until they are ready to discuss contraception and disease prevention. Point out as well that talking to someone they trust can help them make the best decision for them.

16. Conclude the activity by inviting students to say what they have learned in their own words.

Invite students to put the knowledge acquired in their treasure chests (refer to support sheet 1.3) and use it whenever they need it.

**INTEGRATION**

Invite students to answer the following questions:

- What does “sexual intercourse” mean?
- Does having a boyfriend or a girlfriend mean you have to make love? What are the other sexual behaviours that can be satisfying (marks of affection, kissing, intimate touching, etc.)?
- How would you explain to a friend what the conditions are for an enriching sexual relationship (happy face)?

**ENRICHMENT**

- Show the scenes on sexual intercourse from the video *So, That's How!*<sup>29</sup>
- The concept of circles of social relationships used in the *Intimacy and Relationships*<sup>30</sup> program is of great help in getting students to understand the concept of intimacy and social distance and getting them to learn the concept of appropriate social or sexual behaviour. To facilitate understanding, the program uses visual parameters (concentric colour-coded circles, each representing a degree of intimacy) that can help students, among other things, distinguish between appropriate and inappropriate kinds of touching and understand the specific nature of the sexual love relationship.

29. Information on this tool is given in Appendix 2.

30. Information on this tool is given in Appendix 2. In addition, the bibliography lists articles by L. Walker-Hirsch and M.P. Champagne explaining the concept and summarizing its use with groups of students.



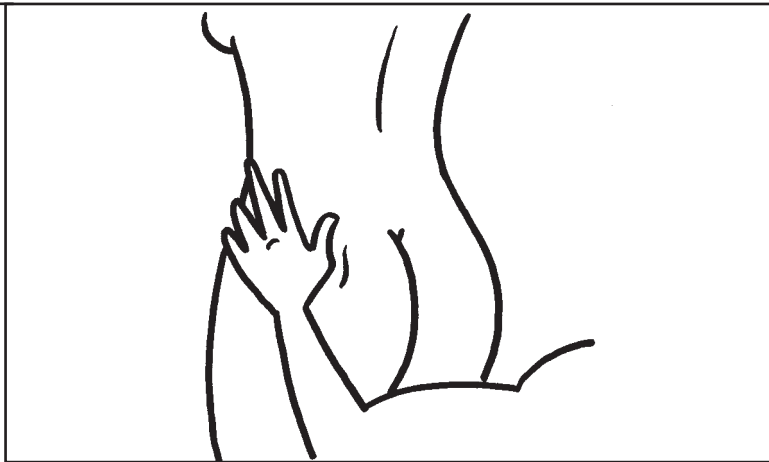


SEXUAL BEHAVIOURS

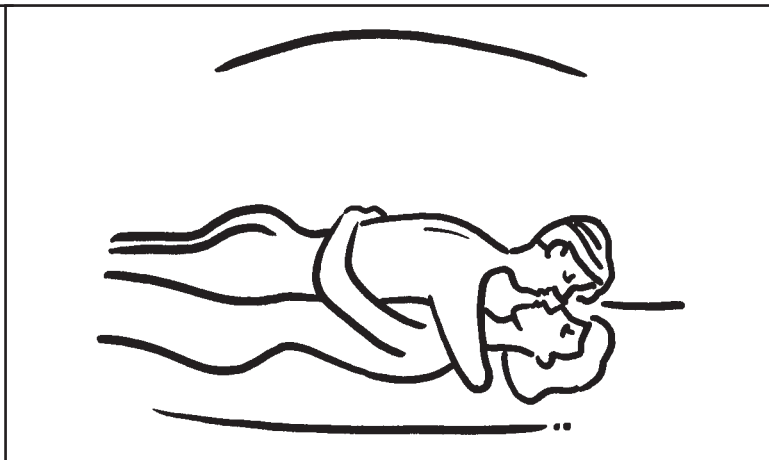
French kiss



Intimate touching

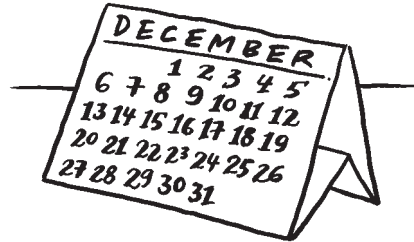


Sexual intercourse



### CRITERIA FOR A MEANINGFUL SEXUAL RELATIONSHIP

Time to get to know one another



Feeling good with the other person



Mutual consent  
"I agree"  
"The other person agrees"



Having discussed contraception



Having discussed health



## Knowing about STDs



### Link with PACTE

**Element of competency 2.4.1:**  
To recognize the manifestations of human sexuality

### Link with Challenges

**Competency:**  
To adopt personal and social behaviours enabling the student to be autonomous in society



### Materials:

- support sheets 9.1, 9.2, 9.3, 9.4, 9.5, 9.6 and 9.7



### Approximate duration:

May be done in several stages depending on students' prior learning, age, experience and ability to understand

### Upon completion of this activity, students should be able:

- To define sexually transmitted diseases
- To indicate their principal means of transmission
- To recognize the symptoms of an STD
- To say what to do if they have an STD or are afraid they have one
- To describe preventive measures

### Learning topics

- Definition of STDs: diseases that can be transmitted during sexual intercourse
- Main mode of transmission: sexual intercourse
- Symptoms
- What to do: see a doctor
- Preventive measures: use a condom, alternatives to penetration, abstinence

### Note to the teacher

Most young people have heard about STDs and HIV/AIDS, and some of them may have fears or be confused about these infections. The young people who will have to make sexuality-related decisions must be able to make the most informed choices possible. It is important that they have at least minimal knowledge of the realities that can have serious short or long-term consequences.

This activity is intended to make students realize that these diseases exist and that it is important to take them into account and use means of preventing their transmission through sexual contact. Emphasis is placed, not on the names and various types of infections, but on their symptoms (when present), what to do about them, the main way they are transmitted and, above all, prevention. It is important not to scare students, but to present the positive aspect of STDs: they are preventable.

It is appropriate to explain immunization campaigns against hepatitis B in schools as a preventive measure against one type of STD, so that students understand the reason behind those campaigns.

This activity must be adapted to students' age, experience and ability to understand. The information given to a group of 13-year-olds will be less detailed and complex than that given to a group of 20-year-olds.

Since HIV/AIDS and other STDs require practically the same preventive behaviours, the discussion of these diseases will be in general terms.

**GETTING STARTED**

Ask students if any of them have had the flu, chicken pox, a cold or other illnesses.

*Discussion*

- How did you get sick?
- What made you realize that you were sick?
- What did you do to get better?
- How do you feel when you're sick? (Use the table of feelings, support sheet 1.2).

**DESCRIPTION OF ACTIVITY**

1. Explain to students that you can catch some diseases through the air (e.g. from the sneeze of someone who has a cold) or from the water you drink or food you eat (when they contain microbes). Bring students to see that, fortunately, most such illnesses can be treated easily; after all, they've gotten over them (they don't have a cold or the flu anymore).

Say that some illnesses can be prevented (e.g. if you are vaccinated, you are protected against hepatitis B; if you don't smoke, you have less of a chance of getting lung cancer).

2. Tell students that, today, you are going to talk about diseases that you get in a special way (not through the air or from water or food) and that they can be prevented. They're called sexually transmitted diseases, or STDs.

*Discussion*

- Have you heard the word STD before? The word AIDS? (on TV, in conversations, etc.)
  - What do you see in your mind when you hear the word STD? The word AIDS?
  - What do you know about these diseases?
3. Gather students' comments and suggest that they can learn more about such diseases. Then present the objectives of the activity (we will learn what STD means, how you can get such a disease, how you can tell if you have one, what to do if you think you have one and, above all, how you can prevent them).
  4. Invite students to say briefly, in their own words, what they have understood the activity will be about, and stress that the activity could be useful for them (they will know what is being talked about in the media and in conversations, they will be able to give advice to friends, they will be able to decide what is best for them regarding the prevention and treatment of STDs, etc.)

## STDs: definition and transmission

5. Explain to students that, when you choose to have sexual intercourse, the experience can be enriching and positive, but you are also faced with the possibility of catching STDs if you don't protect yourself.

Point out to students

- there are several kinds of STDs<sup>31</sup>
- some diseases are preventable (e.g. there is a vaccine for hepatitis B), others are easily treated, and a few we don't have a cure for aren't fatal
- AIDS is more serious than other STDs because you can die from it (no cure has yet been found)

6. Continue by explaining that STDs are different from the illnesses mentioned at the beginning of the activity and that you don't catch them the same way. Clearly make the following point:

***- An STD is a disease that you can get by making love with a person who has the STD.***

7. To reassure students regarding the possibility of catching STDs (including AIDS) through everyday activities, ask them to take turns choosing an illustration corresponding to a specific situation (illustrations on support sheet 9.1, cut out ahead of time).

For each illustration, ask students to say whether it is possible to catch an STD in the situation shown.

Help students realize that transmission of STDs is not possible in any these situations and make sure they clearly understand the main mode of transmission of STDs (sex with someone who already has an STD).

8. Check students' understanding of the main mode of transmission by inviting them to explain, in their own words, how you can catch an STD.

Note: It may be a good idea to tell students that using the same syringe or needle as someone who uses drugs is dangerous: you can get HIV (the virus that causes AIDS) or another STD. Temper the information, however, by saying that there is no danger in being given an injection by a doctor or a nurse.

31. For more information on HIV/AIDS and other STDs, consult the publications listed in Appendix 2.

## The signs of STDs and what to do if you think you may have one

9. To make the concepts of sign and symptom more concrete, ask students to say how they can tell if they have a cold or the flu (e.g. sneezing, a runny nose, etc.)

Present the main signs and symptoms of STDs:

- most often, there are no signs or symptoms
- itchiness
- a bad smell
- discharge, spots or lesions on or around the genitals

10. Then ask students:

- What should a person do if he or she has STD symptoms?
- What should a person who has had unprotected sex do if he or she doesn't have any symptoms? (point out that the ways of protecting yourself against STDs will be taken up later in the activity)

Gather students comments and explain that, contrary to a cold, an STD does not get better all by itself and that it is very important to see a doctor.

11. To check students' understanding of the concepts discussed, invite students to take turns choosing an illustration from support sheet 9.2 (cut out in advance). Then ask them to say

- if the situation shown has any connection with STDs (they all do, particularly the absence of signs and symptoms **if at-risk behaviour has been engaged in**).
- what you should do in such a situation (talk to someone you trust to get help finding a doctor).

Note: Since the symptoms of these diseases may resemble certain symptoms students may have, point out that STDs can only be involved if a person has had sex with another person.

## Preventing STDs

12. Present the positive aspect of STDs to students, which is that **they can be prevented**.

### *Discussion*

- How would you feel if you had AIDS or another STD?  
(use the table of feelings, support sheet 1.2)
- How can these diseases be prevented?
- Is it important to know how to avoid AIDS and other STDs? Why?

13. Stress the importance of staying healthy and wanting the partner you love to stay healthy. Explain that using a condom helps prevent STDs, if you have decided to have sexual intercourse.

Note: Depending on the the group's ability to understand, give a more nuanced message, explaining that alternatives to penetration (limiting yourself to petting, individual masturbation together, mutual masturbation, etc.) can prevent STD transmission and, at the same time, allow two people to express their sexuality.

Note: Under certain circumstances (specific individual situations or in response to questions from students) and depending on the group's ability to understand, the teacher can judge whether it is appropriate to point out that there are no risks of STDs when **both** sexual partners:

- have never had sex before and have never used injection drugs

or

- have both tested negative and have not engaged in at-risk behaviour since

It is essential, however, to have covered fertilization and the prevention of unwanted pregnancy before going into the above explanation.

14. Ask students to say, in their own words, how STDs can be prevented.

15. Sum up the main points (mottos) about STDs:

- ***The way you get an STD is by making love with a person who has the STD.***
- ***Use a condom if you have sexual intercourse.***
- ***Talk to someone you trust if you think you might have an STD.***

16. Invite students to keep the things they have learned and the above mottos in their treasure chests (refer to support sheet 1.3) and to remember them if they are in a situation where they have to make a decision.



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**INTEGRATION**

Hand out support sheets 9.3, 9.4, 9.5 and 9.6. Read the instructions and the statements and invite students to complete the support sheets. Correct and supplement as required.

---

**ENRICHMENT**

- Role play the following scenarios involving a person who has STD symptoms:
  - confide in someone you trust and ask for help finding a doctor
  - at the doctor's office, explain why you want to see him or her (e.g. I had sexual intercourse and I have a discharge from my penis)
- Invite a resource person (school nurse, CLSC nurse) to explain how a gynecological or urogenital examination is carried out.

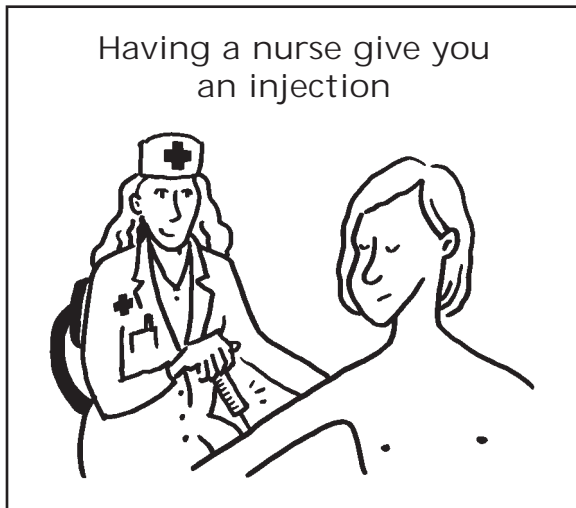
Eating with someone



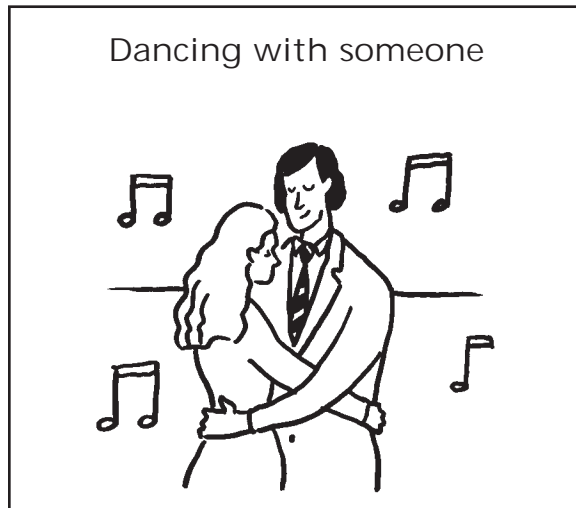
Sitting together with someone



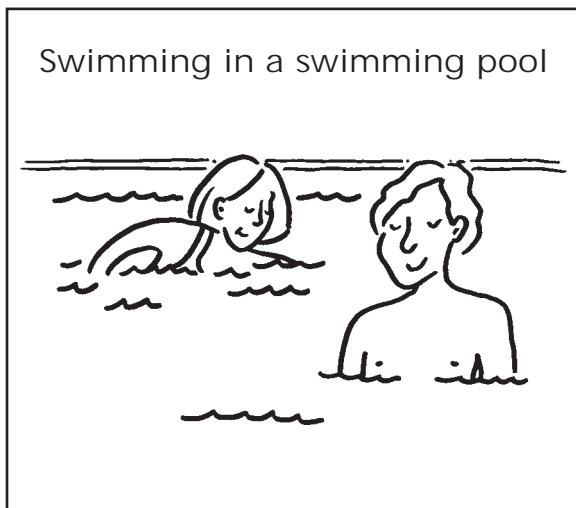
Having a nurse give you an injection



Dancing with someone

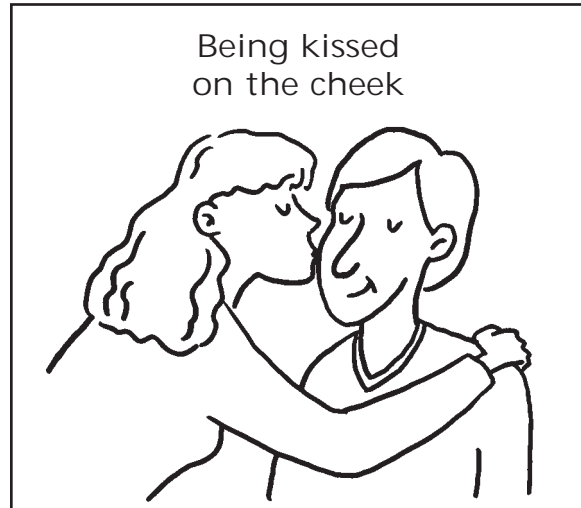


Swimming in a swimming pool

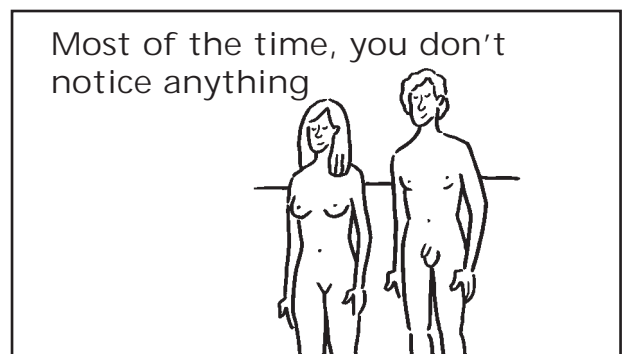
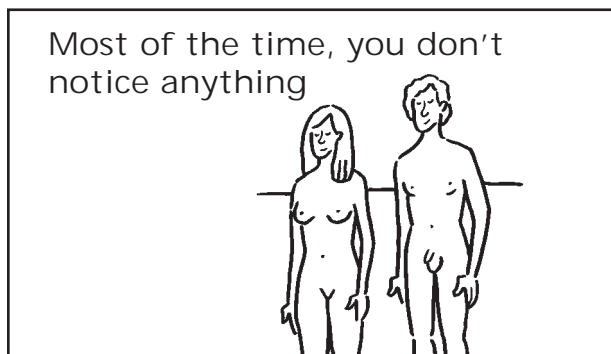
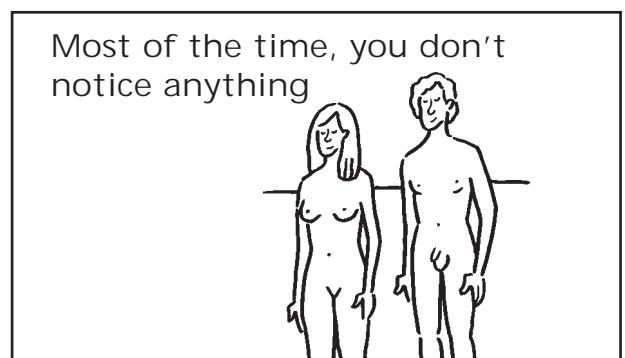
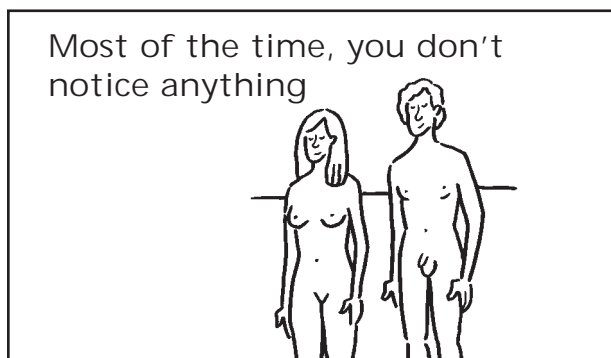
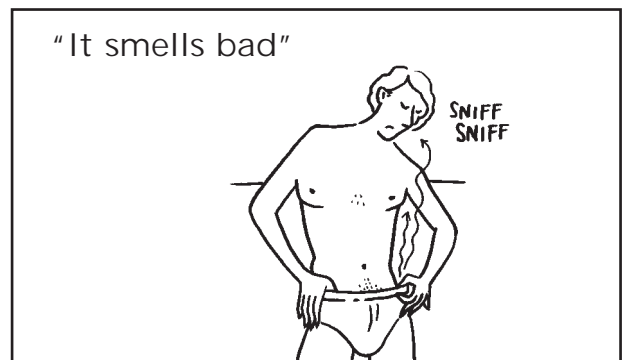
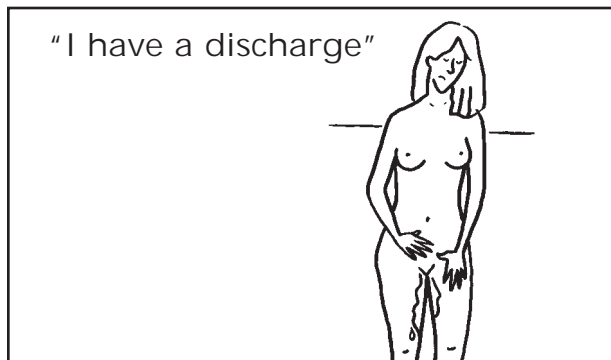
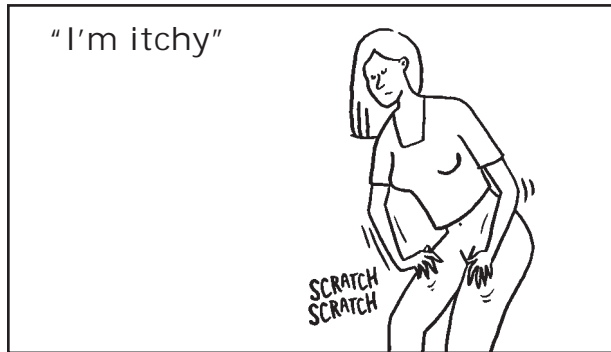


Sitting beside someone





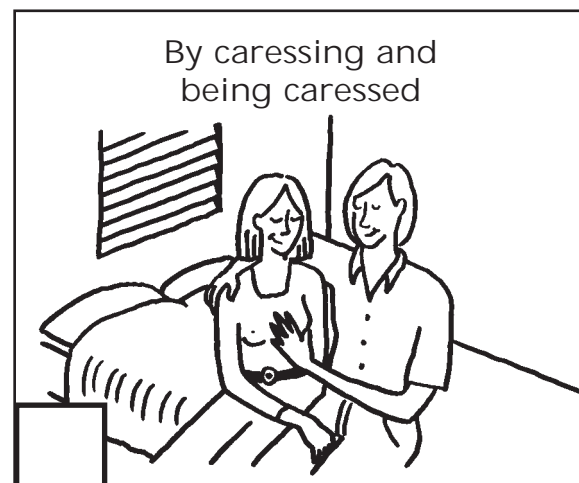
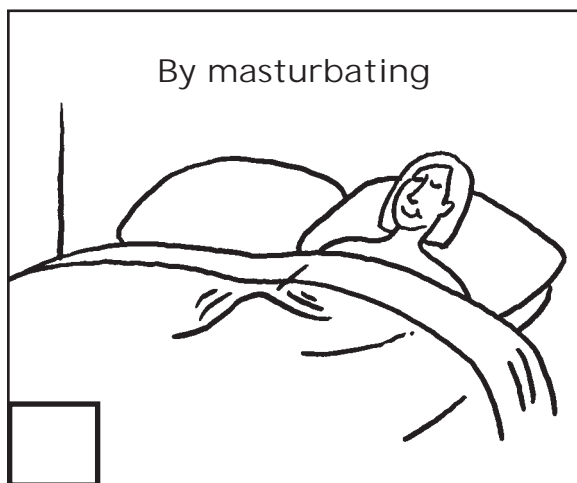
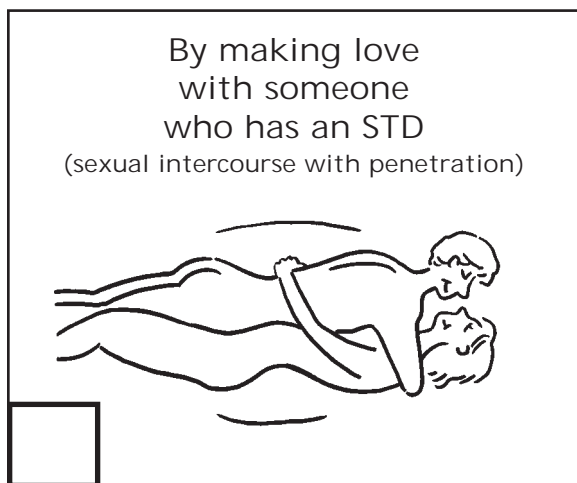
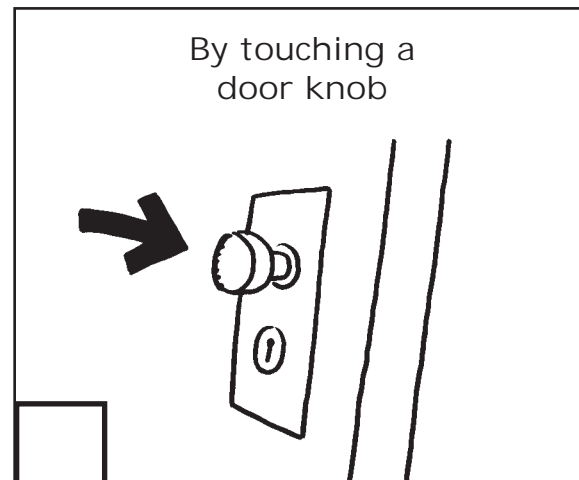
STD SYMPTOMS



STD transmission

How can an STD be spread?

Place a checkmark (✓) next to the correct answer.



# Recognizing an STD

What are the possible signs of an STD?

Place a checkmark (✓) next to the correct answers.

"I'm itchy"




"It makes me laugh"



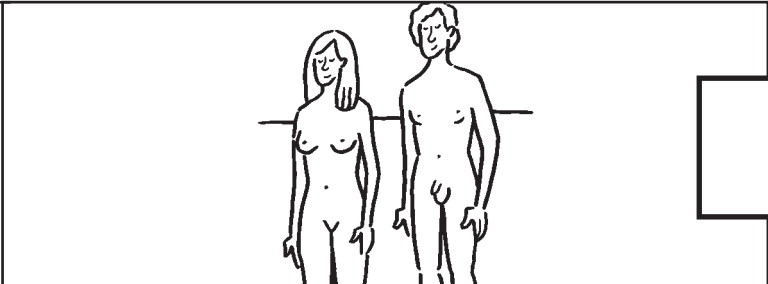
"I have sores on my genitals"



"I have a discharge"



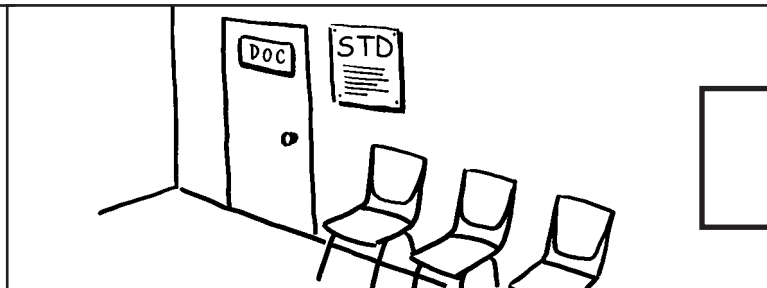
Often, it doesn't show



What must you do if you have an STD?

Place a checkmark (✓) next to the correct answer.

Go see a doctor



Think about something else



Drink a glass of water



Protecting your health

How can I protect myself from STDs?

Place a checkmark (✓) next to the correct answers.

Think before having sexual intercourse



Talk to my partner about it



Use a condom if we decide to have sex



Say no unless a condom is used





## Answers for support sheets 9.3, 9.4, 9.5 and 9.6

Answers for support sheet 9.3

Situation 3 (by making love with someone who has an STD)

Answers for support sheet 9.4

All of the situations show possible signs or symptoms of an STD

Answers for support sheet 9.5

Situation 1 (go see a doctor) should be checked

Answers for support sheet 9.6

All answers should be checked

## Using a condom

**Link with Challenges**

**Element of competency 2.7.1:**  
To demonstrate socially acceptable sexual behaviour.

**Element of competency 2.9.1:**  
To demonstrate basic attitudes which foster personal development and self-confidence.

**Materials:**

- support sheets 10.1, 10.2 and 10.3
- a squirt gun (or large syringe), a rubber band and a condom
- support sheet 8.1
- scissors, glue
- a sanitary napkin
- a box of condoms (a sufficient quantity to give one to each student)
- a model penis (of wood, plastic or another material)

**Approximate duration:**

One or more periods  
May also be divided into into a series of sections, depending on students' age and experience

**Upon completion of this activity, students should be able:**

- To say what condoms are used for
- To describe the steps in using a condom
- To say where condoms are available
- To negotiate condom use

**Learning topics**

- Usefulness of condoms: protection against STDs, contraception
- Appropriate steps in condom use
- Availability of condoms
- Negotiating condom use: be firm, repeat, etc.

**Note to the teacher**

Although it does not make sex 100% safe, using a condom is the best way to protect yourself against STDs during sexual intercourse. Prevention campaigns in recent years to encourage condom use are beginning to have an effect, but many young people (and many adults) are still reluctant to use them.

This activity aims to sensitize students to the safe use of this means of prevention. It is important that students practise opening the envelope and handling the condom so that it becomes a demystified, familiar object and they develop the manual dexterity required to use it with ease. Through role play, students will also be offered a chance to practise the negotiation of condom use.

This activity may cause students to laugh uncontrollably or make jokes. These are normal reactions, and the activity can even show that sexuality can be discussed simply and humorously.

## Using a condom

**GETTING STARTED**

Show students the following objects: a sanitary napkin, a box of oral contraceptives and a box of condoms.

*Discussion*

- Which of these objects can prevent STDs (including AIDS)?

**DESCRIPTION OF ACTIVITY**

1. Gather students' answers and present the condom as the only one of the three objects that can prevent STDs. Briefly remind students what oral contraceptives and sanitary napkins are used for.

Explain that, as with the pill or sanitary napkins, you have to know how to use a condom correctly.

2. Present the objectives of the activity (to understand how a condom protects against AIDS and other STDs, to learn how to use one properly and to know how to talk about condoms with a potential partner).
3. Point out why it is useful to deal with this subject (to be less embarrassed if you have to use a condom, to know how to use a condom so it doesn't break, to be able to explain to a friend how a condom works, etc.)
4. Invite students to say, in their own words, what they have understood about the content and the purpose of the activity and to express how they feel about discussing the subject (use the table of feelings, support sheet 1.2).

**Why you should use a condom**

5. Draw two outline drawings on the blackboard (use the model on support sheet 8.1 or copy it onto a transparency). Invite students to imagine that they represent a couple and that both people are ready and consent to having sex. They have decided to use a condom.

*Discussion*

- Why do you think two people decide to use a condom?

Examples:

- because one person thinks he or she is important enough to take care of himself or herself and wants to stay healthy
- because one person loves his or her partner and wants him or her to stay healthy
- because a pregnancy would not be a good idea at the time

- Remind students that condoms serve two purposes: they protect against STDs and they provide a means of contraception

Note: This part of the activity requires that students already know about fertilization and contraception.

### **How a condom works**

- Show concretely how a condom provides a barrier by attaching one with a rubber band to the end of a squirt gun<sup>32</sup> (or a large syringe) filled with a small quantity of water. Squeeze the trigger or push the plunger and get students to notice that the liquid stays inside the condom.

Explain that STDs can be transmitted in semen (the liquid from the penis) and demonstrate that, when the liquid comes out, it stays inside the condom. Explain that the rubber wall of the condom prevents the body fluids of a man and a woman from touching and transmitting disease.

Point out that the condom acts in the same way to prevent pregnancy: it acts as a barrier that prevents sperm from passing through the vagina and coming into contact with the ovum.

- Ask students to explain, in their own words, how a condom can prevent pregnancy and the transmission of STDs.

### **Safe sex with a condom**

- Return to the two outline drawings and tell students they represent two people who don't know how to use a condom.

#### ***Discussion***

- Could you tell them how to use a condom for safe sexual intercourse?

Gather students' remarks and invite them add to their knowledge of the subject.

- With the help of support sheet 10.1, demonstrate all of the steps in using a condom. Unroll it onto a model penis (of wood or rubber).
- Hand out a condom to each student and invite them to get used to how it feels in their hands. Then invite students to take turns placing the condom correctly on the model penis. Correct and supplement as required.

32. Inspired by a scene from the video *Under Cover Dick* by Dave Hingsburger, Vancouver, AIDS & Disability Action Program.

## **Where to get condoms**

12. Return to the two outline drawings.

### *Discussion*

- Where could these two people go for condoms?
- How would you feel about asking for condoms?  
(use the table of feelings, support sheet 1.2)

13. Gather students' remarks and point out the main places (information to be verified for each area) where you can get condoms:

- in drug stores
- at some school health services
- at some CLSCs
- in some rehabilitation centres
- etc.

Point out that students can always turn to someone they trust (refer to activity 6) for help.

14. Legitimize the embarrassment a person often feels when he or she has to ask for condoms and stress the importance of overcoming that embarrassment in order to protect your health.

## **Negotiating condom use**

15. Return again to the two outline drawings on the blackboard. Ask students to imagine that one of the two people wants to have sex, but doesn't want to use a condom.

### *Discussion*

- What should the person who wants to use a condom do?
- How would you react if the person you were in love with didn't want to use a condom?

16. Gather students' remarks and guide their thinking about the importance of being assertive in such a situation.

17. Invite students to role play a scenario in which they have to react to a partner who wants to have sex but doesn't want to use a condom.

Model the right attitude for the situation (see support sheet 5.2: head held high, eye contact, voice loud and clear) and what to say: "No condom, no sex!"

Then invite students to take turns adopting the same attitude and saying the same thing.

18. Point out that, in a situation where a partner insists on not using a condom, students can use the “tape loop” tactic (repeat “No condom, no sex!” every time the partner applies pressure not to use a condom).
19. Ask students to sum up what they have learned during the activity and ask them how they feel now about the subject (use the table of feelings, support sheet 1.2).
20. Conclude the activity by emphasizing the following points (mottos):

- ***Sexual intercourse = condom***
- ***No condom, no sex***

Invite students to put the things they have learned and the above mottos into their treasure chests (refer to support sheet 1.3) and encourage them to use them if they ever need them.

## INTEGRATION

Hand out support sheets 10.2 and 10.3 and read the instructions to students. Correct and supplement as required.

Variant:

- Show each of the steps in using a condom (with the help of the illustrations on support sheet 10.2) on a separate card.
- Hand out the cards of the steps to six students and ask them to stand in front of the class. Invite the students to stand in a row so that the steps in condom use are in the right order. Start a discussion with the rest of the class on the order the cards are in. Correct, if necessary, and summarize the steps.

## ENRICHMENT

- Show the video *Safe for Life*.<sup>33</sup>
- Use the explicit photographs of condom use contained in Outil #6 of the *SexoTrousse*.<sup>34</sup>
- Role play a situation in a drug store: a student plays a young person buying a condom; the teacher could play the person at the cash register.

33. Information on this tool is given in Appendix 2.

34. Information on this tool is given in Appendix 2.

## USING A CONDOM

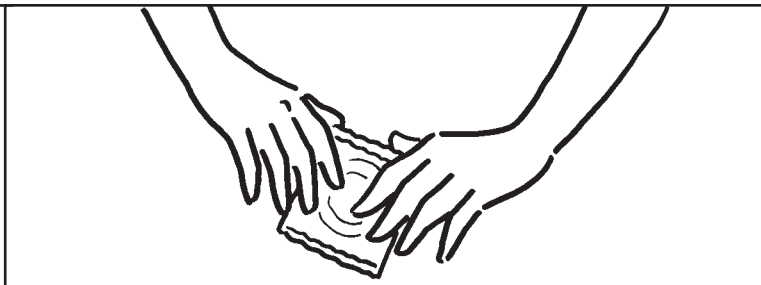
Buy lubricated, latex condoms. Avoid natural membrane condoms: they don't provide protection against STDs.

Check the expiry date.



Open the package carefully with your fingers, not your teeth (this can be done even before you start making love).

Either partner can put the condom on the penis prior to any contact with the vagina or anus.

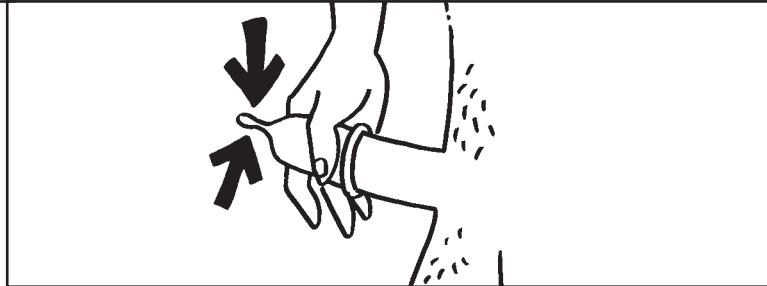


Before putting the condom on the penis, unroll it a bit to make sure it is facing the right way.



## USING A CONDOM

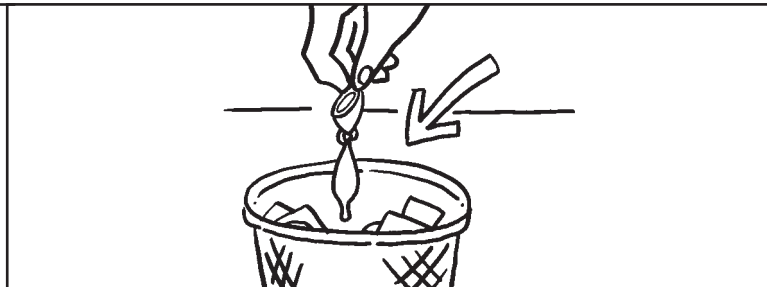
While unrolling the condom, squeeze the tip to leave room for semen and prevent breakage.



To prevent leakage, the man must slide out again shortly after ejaculation, before he loses his erection, and hold the condom by the ring so it stays on.









Tie a knot in the condom to prevent spillage of semen and throw the condom into the garbage



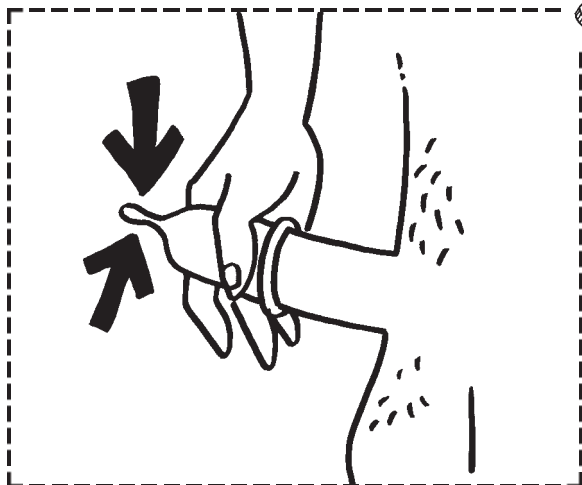
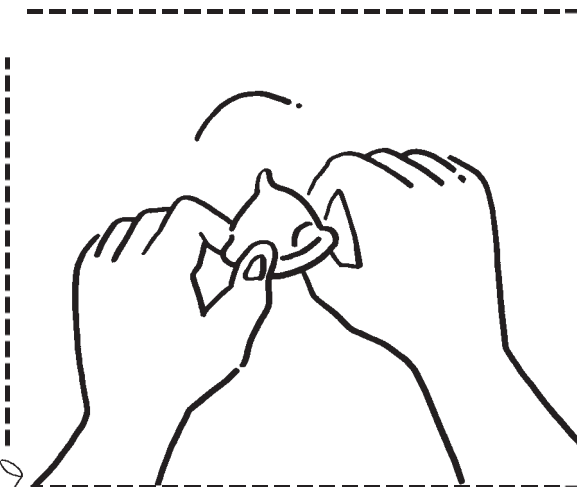
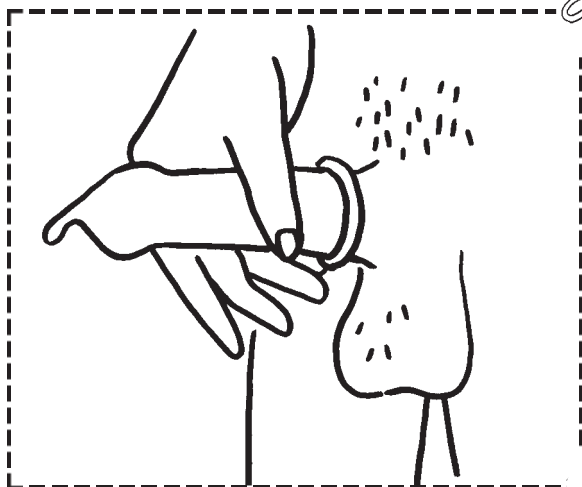
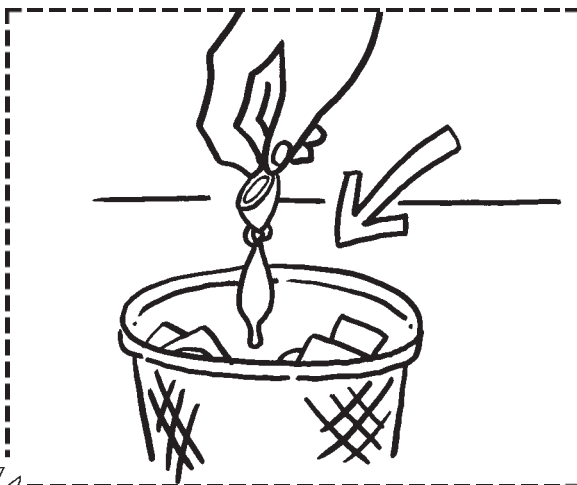
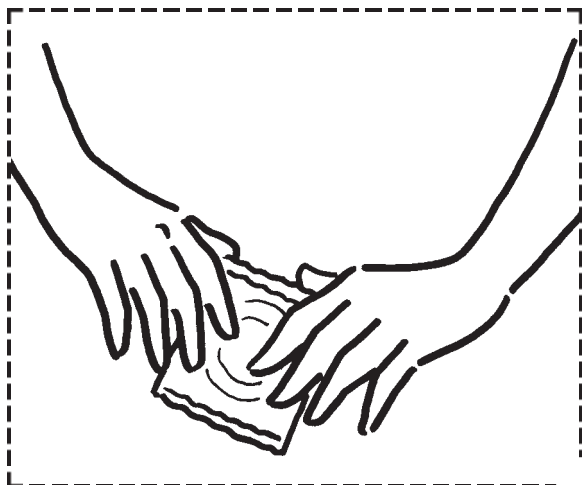


Steps in condom use

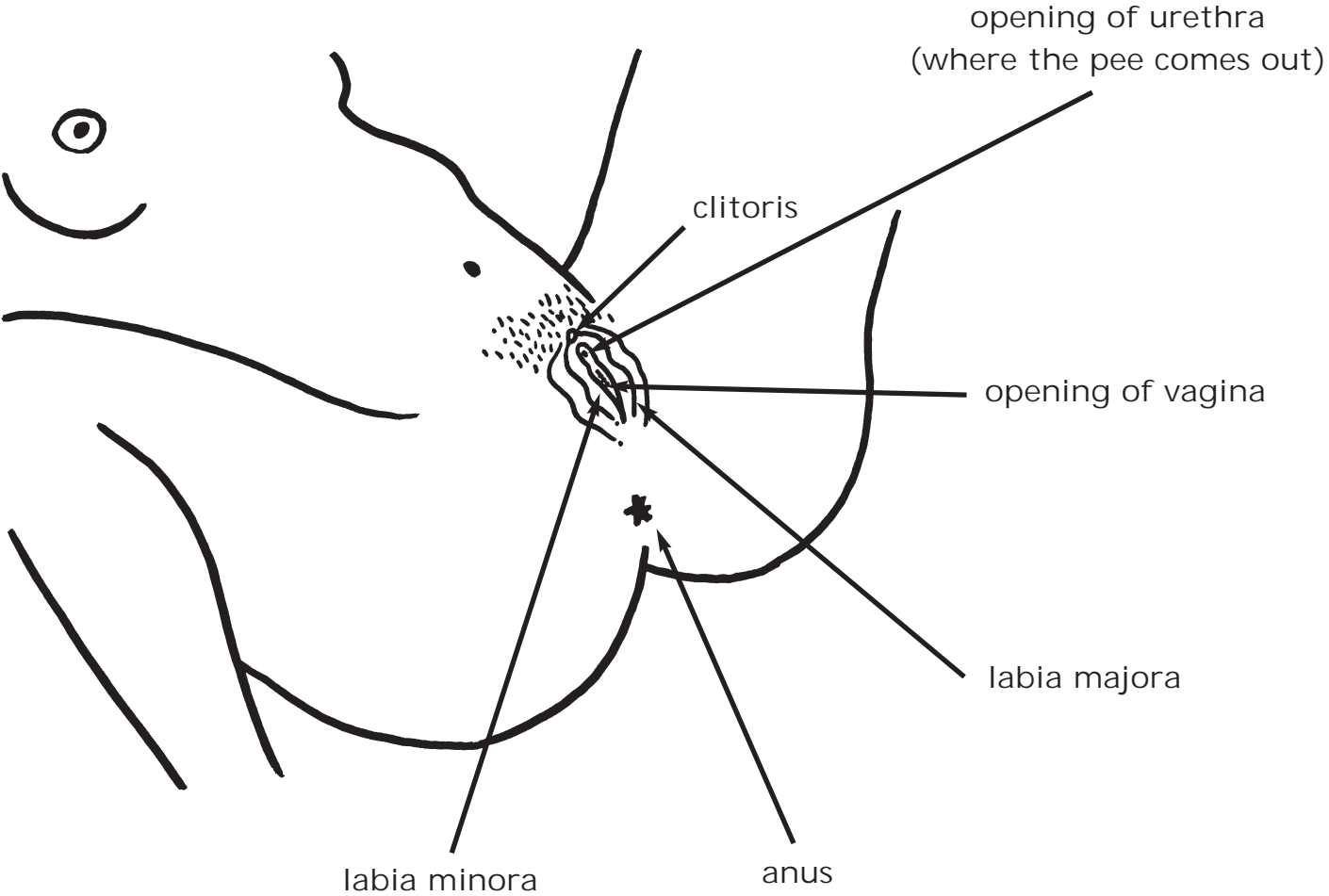
Cut out the steps in condom use (support sheet 10.3) and glue them onto this page in the proper order.

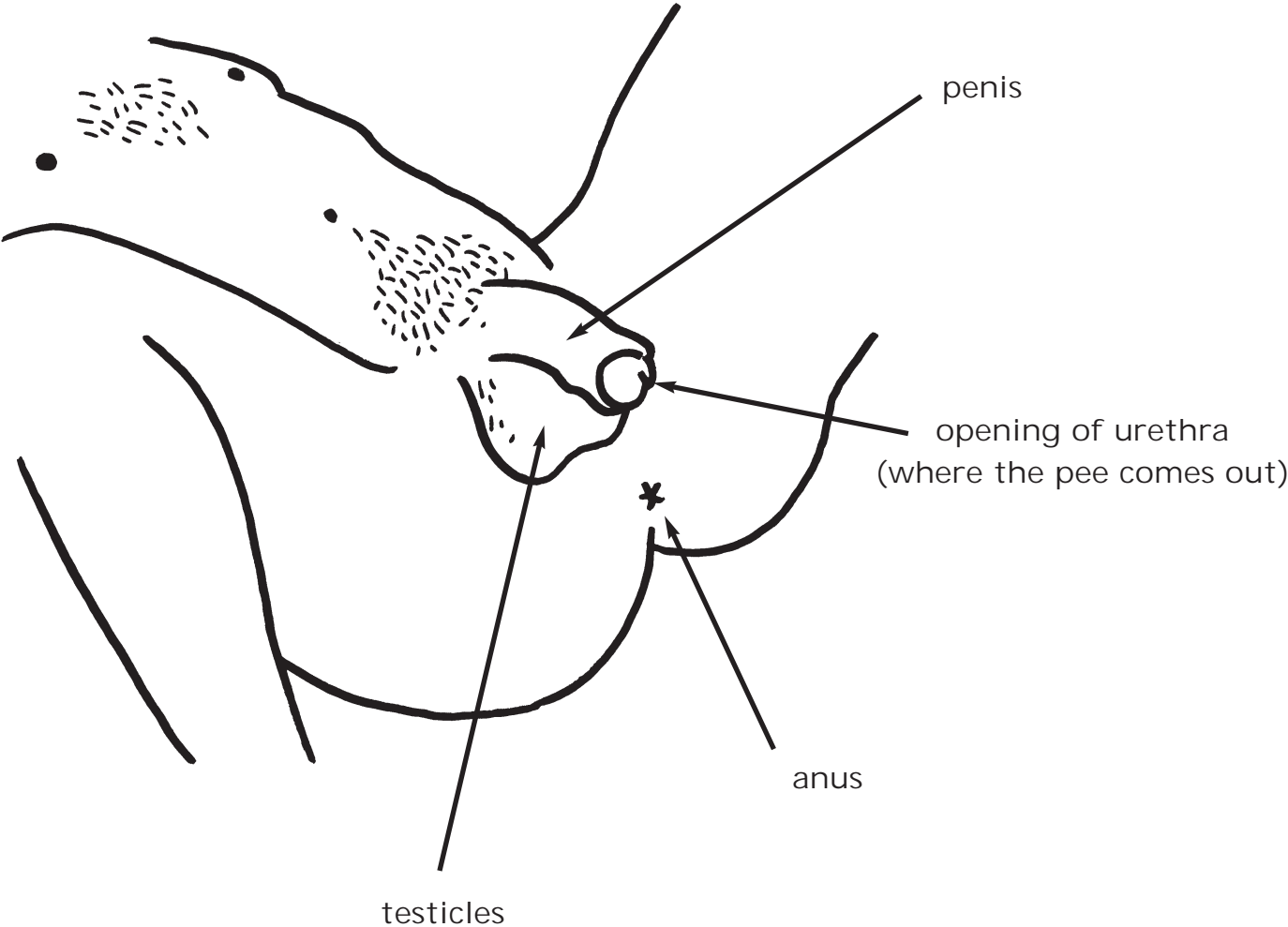
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<b>5</b> 	<b>6</b> 

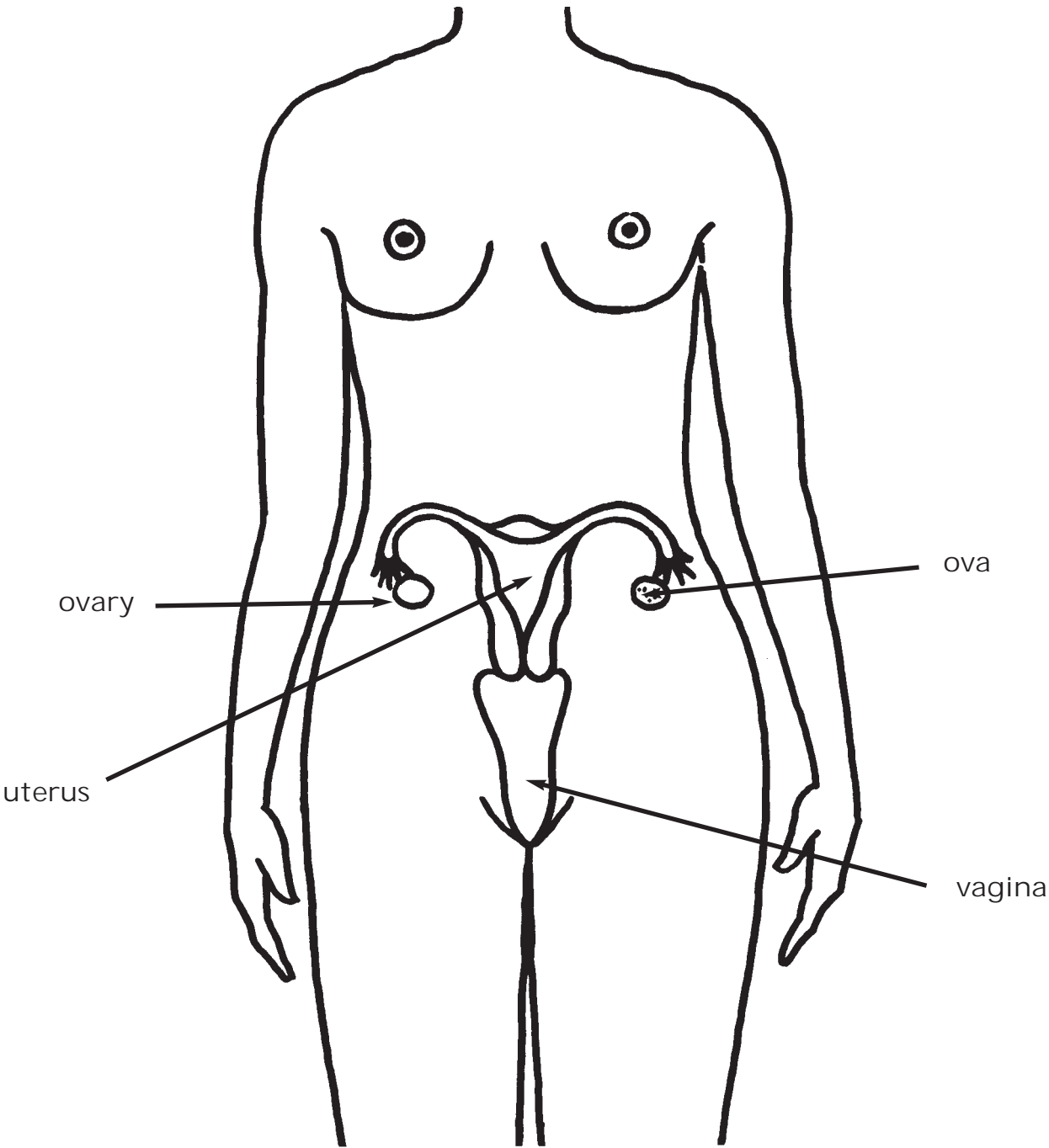
Steps in condom use

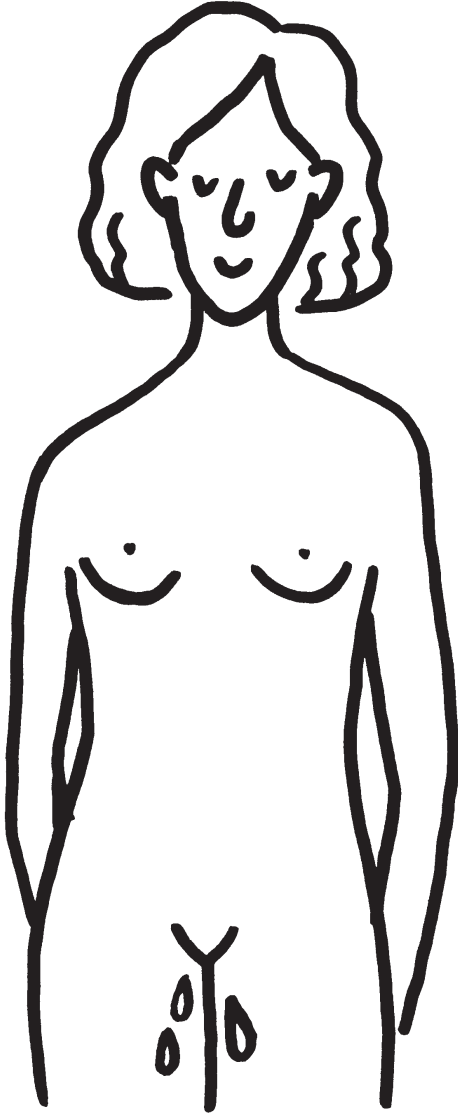


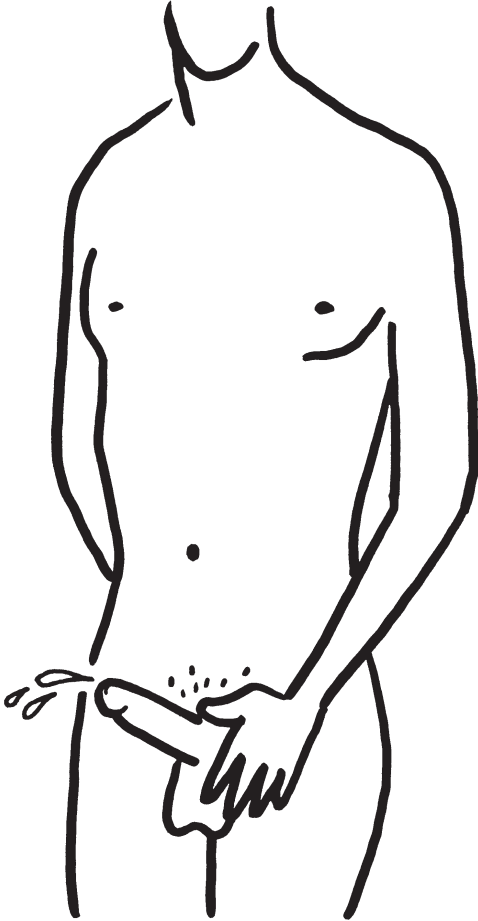
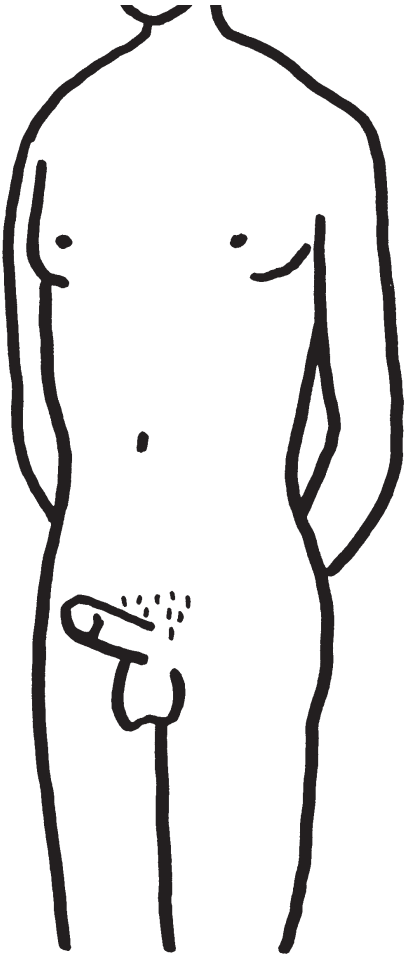
*Transparencies, and content  
for commenting on transparencies*













## Suggested content for transparencies<sup>35</sup>

This section provides brief information on male and female anatomy and physiology. Its content has been arranged so that it can serve to comment on the transparencies given previously.

There is more content here than is used in the activities. The teacher can select the information to be given depending on students' interests, age and ability to understand.

### **Transparency No. 1** **THE HUMAN BODY**

The human body consists of the head, the trunk and the limbs.

There are differences between boys' and girls' bodies. Among other things, boys have a penis and testicles. Girls have a vulva and their breasts get larger at puberty.

The function of the breasts is to provide milk for the baby. The breasts also contribute to sexual stimulation. The nipple (tip of the breast) can become hard during sexual arousal.

### **Transparency No. 2** **FEMALE GENITAL REGION**

**Vulva:** The external female genital organs taken together. It includes the labia majora, labia minora, opening of the vagina, opening of the urethra (where the urine, or pee, comes out) and the clitoris. It is important to always clean the genital region from front to back (from the clitoris toward the rectum) to prevent the spread of germs from the anus to the vulva.

**Clitoris:** A small organ the size of a pea located above the labia minora. It can contribute to pleasing sensations; its sole function is pleasure. It can swell up (be erect) during sexual stimulation.

**Labia majora:** Two rounded folds of flesh (a bit like the lips of the mouth) that come together to close the vulva and protect its parts. At puberty, body hair appears on them.

**Labia minora:** Two rounded folds of skin (a bit like very thin lips) that surround the opening of the vagina. They are covered by the labia majora.

**Opening of urethra:** A small opening where urine (pee) comes out. It is inside the vulva, between the clitoris and the opening of the vagina.

**Opening of vagina:** An opening located inside the labia minora that is the point of entry into the vagina. Menstrual blood flows out through this opening and babies come out through it at delivery. Sexual intercourse also takes place here.

**Anus:** The opening that feces come out of.

35. Some of the content of this section has been adapted from: J. Robert, *Ma sexualité de 9 à 12 ans*; G. Letarte et al., *Julie et François. La puberté*; C. Côté and R. Tapin, *LA SEXUALITÉ faut s'en parler*.

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**Transparency No. 3**  
**MALE GENITAL REGION**

**Penis:** The male copulatory organ. It serves for urination. After puberty, it also serves to eject semen. It is very sensitive to stimulation.

**Scrotum:** A pouch of skin containing the two testicles.

**Glans penis:** The tip of the penis.

**Prepuce:** A fold of skin covering the glans penis. Circumcision consists in removing some or all of the prepuce. It is important to roll back the prepuce during daily hygiene and to clean the tip of the penis (glans) thoroughly.

**Opening of the urethra:** A small opening at the tip of the penis where urine (pee) comes out and where semen comes out during ejaculation.

**Testicles:** Two sex glands contained in the scrotum. Sperm are produced in the testicles.

**Anus:** The opening that feces come out of.

**Transparency No. 4**  
**FEMALE INTERNAL REPRODUCTIVE ORGANS**

**Ovaries:** Two female glands where ova are produced.

**Ova:** Small eggs produced by the ovaries.

**Uterus:** A special organ in a woman's belly the size of a fist. The uterus is shaped like an upside-down pear. It is the place where the baby develops when a woman is pregnant.

**Vagina:** An extensible tube from the vulva to the uterus. The baby has to pass through the vagina to be born. The vagina surrounds the penis during sexual intercourse.

**Vaginal fluid:** Whitish or transparent liquid in the vagina that can occasionally flow out of the body. It is important to consult a doctor if the discharge is greenish or smells bad.

**Vaginal lubrication:** This occurs when the vagina and vulva become moist. It is a sign of sexual arousal. Touching the vulva or clitoris, imagining erotic scenes or being with someone you find attractive can cause vaginal lubrication.

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**Transparency No. 5**  
**MENSTRUATION**

**Menstruation:** Flow of blood and water out the vagina. Menstruation (or the period) occurs about once a month and lasts from three to seven days.

The flow is painless and normal. Most women menstruate until they are 45 to 50 years old. However, a woman does not menstruate when she is pregnant.

When a woman starts to menstruate, it means that she can have a baby if she has sex.

**Sanitary napkin:** A strip of absorbent paper that women use when they have their period. Sanitary napkins have to be changed frequently (every three or four hours).

**Tampons:** Gauze cylinders that are inserted into the vagina to absorb menstrual blood. Tampons have to be changed frequently to prevent infection.

Suggestion for explaining menstruation to students.<sup>36</sup>

This explanation is very simple, but presents the advantage of being more concrete for students with intellectual impairments.

- First show students illustrations of blood circulation (e.g. dictionary illustrations of all blood vessels)
- Then explain:
  - the menstrual blood in the uterus comes from the rest of the body and is absorbed by the lining of the uterus (compare it to the skin on the inside of an orange peel).
  - the blood flows out through the vagina when there is so much that the lining of the uterus (which is like a sponge) can't hold it any more.

To make the explanation more concrete:

- Take a paper towel (pretend it is the lining of the uterus)
- Using a syringe or other container, let water slowly drop onto the paper towel
- At the same time, explain that, during the month, the lining of the uterus is like the paper towel and absorbs blood until there is so much that it can't hold it any longer
- At that moment extra blood flows out of the uterus (add enough water so that it drips out of the paper towel) and the blood retained flows through the vagina and out of the body.

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36. Adapted from W. Kempton (1988), *Sex Education for Persons with Disabilities that Hinder Learning. A Teacher's Guide*, Massachusetts, Durebury Press, p. 70.

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**Transparency No. 6**  
**ERECTION AND EJACULATION**

**Erection:** The penis gradually sticks out, swells in size, and becomes hard and stiff. Touching the penis, imagining erotic scenes or being with someone you find attractive can cause an erection. An erection can also occur for no reason. Even though it can make a person worried or embarrassed, it is a completely natural phenomenon.

**Ejaculation:** Semen coming out of the penis. Pleasing sensations are usually felt during ejaculation. Following ejaculation, the penis shrinks to its normal size.

**Semen:** Thick, whitish liquid that comes out of the end of the penis.

**Urethra:** Small tube through the length of the penis that allows semen and urine (pee) to come out. Urine and semen never come out of the penis at the same time.

**Testicles:** Glands where sperm are produced.

**Sperm:** Small cells produced by the testicles. They are found in semen.

***Resource materials  
related to certain aspects of sexuality  
education and the prevention  
of AIDS and other STDs***

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The following is a nonexhaustive list of material available on certain aspects of sexuality education and the prevention of AIDS and other STDs. It includes written documents as well as audio-visual materials that can enrich educational practices.

It would be a good idea to check on the availability of material connected with sexuality education at regional support services for intellectual impairment and at regional divisions of the ministère de l'Éducation.

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## PRINTED MATERIALS

CENTRE DE SERVICES EN DÉFICIENCE INTELLECTUELLE MAURICIE/BOIS-FRANCS (March 1994). *Créer un réseau d'amis*, "Carnet d'adresses", Fondation du parrainage du Centre de services en déficience intellectuelle Mauricie/Bois-Francis.

An address book plus a practical guide  
for the coach (15 pages)  
Cost: \$12

DURANLEAU, ODETTE (1985). *Programme d'éducation sexuelle s'adressant aux personnes ayant un handicap intellectuel*, Services professionnels du centre d'accueil Charleroi, 177 pp. (Défi-85 summer job project, under the supervision of Michel Lemay)

A curriculum guideline exploring several aspects of sexuality in the broad sense of the word.

- Available at the Centre de réadaptation Gabrielle Major.<sup>37</sup>

HINGSBURGER, DAVE AND SUSAN LUDWIG (1993). *Being Sexual: An Illustrated Series on Sexuality and Relationships*, SIECCAN.

17 books with illustrations, short text and Blissymbolics.

Covers different topics such as relationships, woman's body, man's body, adolescence, male masturbation, female masturbation, birth control, homosexuality, sexually transmitted disease, AIDS, dating and sexual abuse. In each book the student will find a short text and an illustration supporting content.

- Available from SIECCAN.<sup>38</sup>

MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX (1994). *AIDS, you better be concerned*, Québec Direction des communications, 28 pp.

A booklet of general information on HIV infection and AIDS covering, notably, the modes of HIV transmission, the degree of risk associated with different activities, preventive measures, the HIV screening test and the progress of the disease.

- Available free at CLSCs and from the Service des Communications of the ministère de la Santé et des Services sociaux.<sup>39</sup>

37, 38, 39. See Appendix 3 for addresses.

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MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX (1995). *STD: be aware and beware*, Québec, Direction des communications, 24 pp.

A booklet briefly describing the modes of STD transmission and means of preventing STDs. Explanations of symptoms, possible complications, screening tests and treatments are also provided.

- Available free at CLSCs and from the Service des Communications of the ministère de la Santé et des Services sociaux.<sup>40</sup>

MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX (1997). *Sex, STD's and AIDS let's talk!: brochure for parents*, Québec, Direction des communications, 20 pp.

This publication is especially for parents who want to talk about sexuality and STDs with their children. Although not specifically addressed to parents of children with intellectual impairments, it contains a fair amount of information that may be found useful. A table with brief information on the main STDs is also provided.

- Available free at CLSCs and from the Service des Communications of the ministère de la Santé et des Services sociaux.<sup>41</sup>

MINISTÈRE DE L'ÉDUCATION (1986). *Activity Guide. Elementary School. Personal and Social Education. Sex Education*, Québec, Direction générale des programmes, Direction de la formation générale, 330 pp.

This guide is a compendium of learning activities for elementary school teachers. It includes, among other things, a set of learning activity sheets geared to the attainment of the objectives of the sex education section of the program. The activities must be adapted, however, for use with students with intellectual disabilities.

- Available from regional divisions of the ministère de l'Éducation and school boards.

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## AUDIOVISUAL MATERIALS

### *BEING WITH PEOPLE*

Videocassette

Distributor: James Stanfield and Co.

Social training program that demonstrates appropriate behaviours with a friend, a date and acquaintances. The video illustrates different situations and how to react to them.

40, 41. See Appendix 3 for addresses.

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*CHANGES IN YOU*

73 laminated illustrations; one book for boys and one book for girls  
1992

Distributor: James Stanfield and Co.

Helps students develop positive feelings about themselves as they make the transition into puberty. The program includes the physical, emotional and social changes that occur during puberty. Also included are easy-to-read books for students.

*CIRCLES I: INTIMACY AND RELATIONSHIPS*

Videocassette, posters and teaching guide  
1993

Distributor: James Stanfield and Co.<sup>42</sup>  
Cost: US\$599

Program designed to help students understand the concept of intimacy and social distance and integrate adequate social and sexual behaviour.

*CIRCLES II: STOP ABUSE*

7 programs; slides or video

Distributor: James Stanfield and Co.

Step by step protective strategies and behaviours. In Part One the student will learn how to recognize and react to sexual exploitation. The goal is to empower the potential victim. In the second part of the program the student will learn how to identify inappropriate behaviour and initiate protective behaviour to cope with unwanted advances.

*CIRCLES III: SAFER WAYS*

14 programs; teacher's manual

Distributor: James Stanfield and Co.

Information regarding sexually transmitted diseases. In Part One the student will learn the steps that can be taken to reduce the chances of catching a communicable disease. In Part Two the difference between casual and intimate contact will be explained. It promotes positive decision making.

42. See Appendix 3 for addresses.



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*GROWING UP* (version for institutions)

Videocassette  
1991

Distributors: National Film Board<sup>43</sup> (sale)  
Cost: \$39.95 for each cassette (guide included)  
Some CLSCs  
Copies of the family video are available in several public libraries.

*Growing Up* is a series of three films (*Head Full of Questions*, *Changes* and *Especially You*) guiding young people through a broad spectrum of questions related to sexuality.

*HAND MADE LOVE*

Videocassette  
1999

Distributor: Diverse City Press<sup>44</sup>

This 20-minute film shows the different steps involved in appropriate masturbation. It could be an interesting tool for students who are masturbating in public or with objects that are dangerous to their health. The film is promoting a positive approach.

*THE INSIDE STORY*  
*FACTS ABOUT PUBERTY*

Videocassette  
1993

Distributor: Tambrands Inc.<sup>45</sup>

A 21-minute film explaining the changes that come with puberty. The menstrual cycle and the use of tampons and sanitary napkins are explained. Girls and boys aged 10 to 14 discuss the changes undergone by the body during puberty.

*LIFE HORIZONS I*

Five slide programs, teaching guide  
1991

Distributor: James Stanfield and Co.

In Part One the student will learn the different parts of the body for boys and girls. In the second part the student will explore the sexual life cycle from birth to old age. In the third part the student will learn about human reproduction. In the fourth and fifth parts the student will learn about birth control and sexually transmitted diseases.

43, 44, 45. See Appendix 3 for addresses.

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*LIFE HORIZONS II*

7 slide programs, teaching guide  
1991

Distributor: James Stanfield and Co.

This program is divided into 7 parts: building self-esteem, moral and legal aspects of sexual behaviours for male and female, dating skills, marriage, parenting and preventing or coping with sexual abuse. This program focuses more on the psychosocial aspect of human sexuality.

*SAFE FOR LIFE*

Videocassette  
1989

Distributors: Le Groupe Multimédia du Canada<sup>46</sup>  
(previewing, sales)  
Some CLSCs

The goal of this animated cartoon is to inform young people about the most serious of all sexually transmitted diseases: AIDS. It humorously illustrates the attitudes and behaviours to adopt to prevent the spread of the disease.

*SEX: A GUIDE FOR THE YOUNG*

Videocassette  
1987

Distributors: Le Groupe Multimédia du Canada  
(previewing, sales)  
Some CLSCs

Animation humorously and frankly describing a sometimes delicate subject: sexual intercourse the first time. The two main characters in the film help young people learn to dedramatize their sexual experiences.

*SEXUALITY EDUCATION FOR PERSONS WITH SEVERE DEVELOPMENTAL DISABILITIES*

Slides and teaching guide

Distributor: James Stanfield and Co.

Through the slides the student will learn about the different parts of the male body and the female body, appropriate social behaviour, menstruation and the different steps in a medical examination. This program uses right and wrong icons.

46. See Appendix 3 for addresses.

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*SEXOTROUSSE*

1995

Kit, program, teaching materials

Distributor: Pavillon du Parc<sup>47</sup>

Cost: \$400 per kit (8 kits are available)

Some regional intellectual impairment support services

Educational materials on the development of personal sexuality covering eight themes: getting to know one another, the mini-program, the steps in a relationship, emotions, you can say no, words for it, yours personally, and pleasures and norms. The materials include drawings, photographs, games, questionnaires, cards and more.

*SO, THAT'S HOW!*

Videocassette

1990

Distributors: Le Groupe Multimédia du Canada

(previewing, sales)

Some CLSCs

A fresh, humorous animated cartoon presentation in which four youngsters tell the story of conception and birth.

47. See Appendix 3 for addresses.

*Useful addresses*

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**Aids & Disability Action Program**

British Columbia Coalition of People With Disabilities  
#204-456 West Broadway  
Vancouver, B.C.  
V5Y 1R3  
Phone: (604) 875-0188  
Fax: (604) 875-9227

Centre de coordination sur le sida

**Ministère de la santé et  
des services sociaux du Québec**

201, boulevard Crémazie Est, bureau RC03  
Montréal (Québec)  
H2M 1L2  
Phone: (514) 873-9890  
Fax: (514) 873-9997

**Centre de réadaptation Gabrielle Major**

Direction de la qualité des services  
6455, rue Jean-Talon Est  
6<sup>e</sup> étage  
Saint-Léonard (Québec)  
H1S 3E8  
Phone: (514) 259-2245  
Fax: (514) 259-5906

**Diverse City Press**

33 des Floraliés  
Eastman, Québec  
J0E 1P0  
Phone: (514) 297-3080

**James Stanfield and Co.**

2060 Alameda Padre Serra  
Drawer 152  
P.O. Box 41058  
Santa Barbara, CA 93140  
Phone: 1 800 421-6534  
Fax: 1 805 897-1187  
E-mail: [www.stanfield.com](http://www.stanfield.com)

**Le Groupe Multimédia du Canada**

261, rue du St-Sacrement  
Montréal (Québec) H2Y 3V2  
Phone: (514) 844-3636  
Fax: (514) 844-4990

**National Film Board of Canada**

P.O. Box 6100  
Station Centre-Ville  
Montréal (Québec)  
H3C 3H5  
Phone: 1 800 267-7710  
Montréal phone: (514) 283-7564  
Fax: (514) 283-7564

**Pavillon du parc**

Réseau de services en déficience intellectuelle  
131, rue King  
Maniwaki (Québec)  
J9E 2L2  
Phone: (819) 449-3235  
Fax: (819) 449-7081

Service des communications

**Ministère de la Santé et  
des Services sociaux du Québec**

1075, chemin Sainte-Foy, 16<sup>e</sup> étage  
Québec (Québec)  
G1S 2M1  
Printed matter  
Fax: (418) 644-4574

**SIECCAN**

850 Coxwell Avenue  
East York, Ontario  
M4C 5R1  
Phone: (416) 466-5304

**Tambrands Inc.**

777 Westchester Ave.  
Whiteplains, N.Y.  
10604, U.S.A.  
Phone: (914) 696-6352

**Note:**

*Most of the above contact information applies  
to resource materials previously cited.*

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