

**A Faith-Based Sexuality Education Guide
for the Inclusion of Children and Youth
with Special Needs**

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Introduction

One of the main tenants of the *Our Whole Lives* (OWL) curricula is that every person is sexual. Yet many adults either deny or ignore the sexuality of children with special needs, which leads to misunderstandings about their sexual development. Most children with special needs develop physically and sexually within the normal range. Therefore, whether children have a sensory, orthopedic, mental, emotional, or learning disability, they have the same need as any child for accurate information about sexuality and to express their identity as a sexual person. Unfortunately, a prevalent belief in this society is that many young people with disabilities will not have the capacity or opportunity to form intimate relationships. When this assumption is combined with the fact that the emotional and intellectual growth of some children with special needs develops at a slower rate than their non-disabled peers, it creates a situation in which our churches frequently do not plan for or allow children with special needs to attend the OWL programs.

Children with special needs are the most vulnerable to sexual exploitation and abuse. The reasons for this are many. They have learned compliance because so many adults in their lives, both professionals and parents, tell them what to do and how to behave in order to fix or ameliorate their “disability.” They may have difficulty communicating their needs and interpreting social cues, and therefore are the ones most vulnerable to inappropriate sexual advances. Unfortunately, the children that may be the most in need of sexual education are the ones most likely to be excluded from sexuality education programs.

Purpose

The purpose of this *Faith-Based Sexuality Education Guide* is to provide information and strategies for successful inclusion of children and youth with special needs into faith communities’ sexual health education programs. This *Guide* is designed to supplement the current sexuality education curricula known as *Our Whole Lives* (OWL) for children grades K-1, 4-6 and grades 7-9, 10-12 published jointly by the Unitarian Universalist Association (UUA) and the United Church of Christ’s (UCC) United Church Board for Homeland Ministries. There is no curriculum designed for grades 2-3. The *Guide* is written for OWL trainers, teachers, parents, religious educators, ministers, and other people involved in creating an inclusive sexuality education program for the children and youth in our churches.

Structure

This *Guide* is organized to provide general information first and then specific information concerning four overall categories of disabilities. The general information is split between an overview of prevalent views regarding sexual health for children and youth with disabilities and methods for creating inclusive programs within our churches. It is not possible or necessary to cover each of the disabling conditions or disorders that exist. Because many types of disabilities present similar problems for the teaching of sexuality, it is possible to group them according to these similarities. Therefore, I have organized the various disabilities and disorders by four general categories: 1) learning differences, 2) cognitive limitations, 3) emotional and behavioral difficulties, and 4) physical and sensory limitations. Even with the grouping of specific disabilities by categories, it is still possible for a child to have characteristics from more than one category. An example of this is a child with cerebral palsy who has both physical and cognitive limitations or a child with an emotional and behavioral disorder such as attention deficit disorder

(ADD) who also has a learning disability. In order to fully understand the inclusion strategies for such a child, two chapters will need to be read in order to cover all their needs. A list of resources for each of the categories is provided at the end of the *Guide*. The following is a general list of disabilities and where they appear in the four categories.

- Learning Differences – children and youth with language-based learning disabilities, nonverbal learning disabilities, Asperger’s syndrome and/or high functioning autism.
- Cognitive Limitations – children and youth with intellectual disabilities such as Down syndrome and other forms of mental retardation and lower functioning autism.
- Emotional and Behavioral Difficulties – children and youth with depression, bipolar disorder, attention deficit disorder, oppositional defiance disorder, anxiety disorders which includes obsessive compulsive disorder, and schizophrenia.
- Physical and Sensory Limitations – children and youth who require physical aids in order to function. These include but are not limited to young people with spinal cord injury, cerebral palsy, muscular dystrophy, blindness or visual impairments, Deafness or hard of hearing, traumatic brain injury, and spina bifida.

This *Guide* is also designed to be used in conjunction with the book, *Welcoming Children with Special Needs, a Guidebook for Faith Communities*, by Sally Patton. In this book the chapters, “Ministering to Families” and “Religious Education That Welcomes All Children,” provide information that will be helpful in understanding ways to involve parents in the OWL program as well as information on teaching strategies. In this *Guide*, I do not describe each disability. If you need to understand a specific disability, please use my book which includes twelve chapters on specific disabilities.

In this *Guide* as well as my book, I often use traditional labels to describe various disabilities because they are necessary to provide a framework for understanding the children and youth in our congregations. When the meaning of the sentence allows, a term such as *special needs, difference, challenge, and difficulty* is used instead of *disability* to humanize the diagnostic process. The person is presented first and then the disability, so that the text reads, *a child with a disability*, not *a disabled child*. Language does affect perception. By putting the person before the disabling condition, we convey that a person is a human being first and foremost. No one is his or her disability. However, it should be noted that there are some people in the disability rights movement who proudly prefer to be referred to as disabled person rather than person with a disability. In so doing they are making a statement that their disability is an integral part of who they are as a person.

Because OWL curricula include children from kindergarten through high school, it is challenging deciding when to use the words child, youth, or young person. For the purposes of this *Guide* I generally use all three interchangeably. However, when it is clear I am only discussing children kindergarten through grade five, I will use the word child. Also when discussing the curricula for youth grades seven through high school, I will use both youth and adolescent.

Special Needs Awareness and Sensitivity

In the book, *Welcoming Children with Special Needs, a Guidebook for Faith Communities*, I provide extensive information about developing an awareness and sensitivity

concerning children with special needs. I suggest you read the preface, introduction, and pages 1-8 and 12-16.

To summarize, one of the most important tenants of my book is that children with special needs are more than their diagnostic labels. While labels sometimes help in deciding what treatment to provide a child, they can also lead to assumptions of expected behavior, and most of this expected behavior is negative. Implicit in the use of these labels is that the children are defective and different and need to be fixed. We hear a child is autistic and we immediately assume they will be difficult to handle. We hear a child has cognitive limitations and we assume they have limited abilities. We hear a child is struggling in school and we assume they are not very smart or are just lazy. We hear a child has attention deficit disorder (ADD) and we assume he or she will be a troublemaker; we see a child in a wheelchair and we assume he or she can not be included in all activities. Then we expect all of these children to behave according to our assumptions. It often becomes a self-fulfilling prophecy. And we wonder why some of our labeled children are so angry and difficult.

Children with special needs are, first and foremost, children with dreams, strengths, and weaknesses, and they have the right to be loved and nurtured. They also have the right to be viewed as sexual beings with the capacity for loving, significant relationships. One of the ways to see past the labels to the unique gifts of each child is to see the world through a child's eyes. This means dropping the labels and assumptions so we can change the labels into human faces; so we can see the sacred in each child.

Overview of Sexual Health and Children and Youth with Special Needs

We need to avoid double standards. People of all ages, people of different races, genders, backgrounds, income levels, physical and mental abilities, and sexual orientations must have equal value and rights.

—*Our Whole Lives*, Program Values

General Information

A prevalent belief in our society is that people with disabilities are asexual and cannot have significant social and intimate relationships. Unfortunately, there are some people who even find the idea of sexual intimacy for people with disabilities offensive. This view is particularly believed to be true for people with cognitive, physical, and sensory limitations. Of course, this is not true. Children with special needs have the same desire and capacity as their peers for forming friendships and loving, sexual relationships. There are many support systems designed by adults which encourage children to learn about and explore relationships and sexual attraction such as school dances, school-sponsored organizations, sports programs, church youth groups, boy and girl scouts, and after-school programs. Yet many children with special needs are excluded from these activities because they are isolated in school and sometimes because parents are overprotective, and this makes it even more difficult for them to learn about their sexuality.

The teaching of sexuality education to children and youth can be a controversial subject. The fact that we are all sexual beings and that sex is natural gets confused with people's beliefs about sexual feelings and acts. Despite considerable evidence to the contrary, some adults feel adolescents will engage in more sexual activity if they are taught about it. In addition, many adults who have been brought up with strict views about their own bodies, sexual feelings, and sexual activities are uncomfortable talking with young people about sexuality. So sexuality education can get ignored, receive limited attention, or be eliminated if adults think it is only about teaching young people about sexual anatomy and sexual intercourse. Many of the myths about what happens when you teach children and youth about sex are amplified when applied to young people with special needs.

OWL Values and Beliefs as They Relate to Children with Special Needs

The OWL curricula describe five values and beliefs which guide its teachings. These values and beliefs also hold true for teaching sexuality education to children with special needs. They are found in the *Introduction* section for each of the OWL curricula. After presenting each value and belief, I provide a brief discussion about how they relate to children and youth with special needs.

- *All children should be loved, cared for, respected, and valued as unique individuals.*

One would expect everyone would automatically apply this belief to children with special needs. However, what often occurs is people only notice or respond to the label, or physical limitation, of a child with special challenges. As I wrote in my book, "Somewhere in the morass of labels, diagnoses, opinions, facts, myths, and misinformation is a unique and individual child who has gifts to offer the world. Unfortunately, he or she is often lost in the hunt for help, the search for a cure, and the desire for relief and healing."¹

- *Sexuality is a natural and healthy part of living. Children begin to learn about sexuality at birth and continue to learn throughout their lives.*

Of course this is true for every child; however, what often occurs is that parents and professionals become so focused on a child's disability they forget about the child's sexual development.

- *Children learn about sexuality from how people touch them, talk with them, and expect them to behave. The messages that children receive affect their future attitudes, values, and behaviors.*

This is especially true for children with special challenges, and the messages they receive are often negative and disempowering. Many children with special needs learn that they are disabled first before learning to see themselves as sexual beings, if they are acknowledged as sexual beings at all. Children and youth with cognitive limitations may be denied sexuality information because they are seen as asexual. Many parents react negatively when they witness their children being sexual and often do not know how to respond. Or parents may overprotect their child from emotional injury or an insensitive society, and that often leads to limited communication concerning sexuality and healthy family and peer relationships. Children with special challenges are often more isolated with fewer contacts with their peers and this also lessens opportunities for learning about healthy social interactions. Because of their disability, many children are frequently touched and their privacy intruded upon by doctors, other medical professionals, and their parents, and they can become confused about what is appropriate healthy, physical contact and the difference between public and private behavior.

- *Information about sexuality, human development, and sexual health should be presented to children in positive, accurate, and developmentally appropriate ways.*

The type of disability a child has should be considered when deciding how to convey sexuality information. For example, children and youth with learning differences may be confused about sexuality because of how the information is presented. Education should also take into account children's maturation level and their psychosocial skills. Because this changes according to the type of disability, this is discussed in each of the four sections on disabilities.

- *Parents are their children's most important sexuality educators. The larger community of educators, caregivers, and health professionals can also have a positive influence on children's sexual health.*

This is critically important for children with special needs because parents often avoid discussion of sexuality from a mistaken impression that they are protecting their child and because the society in general feels many children with special needs are asexual. According to *Sexuality Education for People with Disabilities*, a report by Sexuality Information and Education Council of the United States (SIECUS), there are four reasons people overlook providing sexuality education to children and youth with special needs: (1) young people do not need to know anything about sexuality because they will never have sex, (2) they will be unable to understand the information (3) they are automatically excluded from sexuality education classes if provided in the school setting, and (4) there is no curriculum which addresses their needs.²

Vulnerability to Sexual Exploitation and Abuse

As discussed in the introduction, there are many reasons why children with special needs are more vulnerable to sexual exploitation and abuse than their non-disabled peers. Many of these reasons are disability specific and are addressed in more detail in the sections on disabilities. Some examples are: a child within the autism spectrum has difficulty understanding normal social cues so will have more trouble distinguishing age-appropriate sexual behavior and interactions. A child with cognitive limitations may be physically demonstrative to everyone he or she meets and may have difficulty distinguishing when someone responds back inappropriately. Children with physical disabilities and many children with cognitive limitations have become used to having their bodies touched by their parents and professionals for care and treatment. Confusion as to who can touch their body, what is appropriate touching, and what it means to have privacy concerning their body can lead to their compliance with inappropriate touching. Children with emotional and behavioral difficulties often struggle with issues of self-awareness and self-esteem and are therefore susceptible to inappropriate behavior from adults in the guise of concern. Children with learning difficulties often struggle with processing information and may become easily confused by inappropriate advances from adults.

No matter the type of disabling condition, most young people with special needs are vulnerable to sexual abuse and exploitation because of adults' denial of their sexuality, which leads to lack of information about their bodies and sexual activities, and less opportunities to form healthy relationships with their peers. Unfortunately, many parents' efforts to protect their more vulnerable children means their children are routinely denied the experiences and the information on which to build self-awareness and self-esteem. A strong sense of self helps tremendously in avoiding or recognizing potentially exploitive situations with adults and peers.

Given the vulnerability to sexual abuse, it is conceivable that a child with special needs attending the OWL program will have experienced sexual abuse or exploitation in the past. Unless a child or parent discloses, it will be difficult to know this before the program starts. The child may become highly agitated and upset during class. If the child feels comfortable, they may disclose to a teacher in confidence. Whether or not it is known the child has been sexually abused, if they are always highly upset or agitated during class, then there needs to be some counseling provided to process why. The minister should be notified immediately and outside professional help solicited. It is essential to find a way for the child to process what happened to them or what upset them while continuing to participate in OWL to learn about sexuality and safe sexual activity. This could provide a means for healing that might otherwise not occur. It is therefore critically important for OWL programs to include the children with special needs who are part of our congregations. How we do this depends on the type of disability. Some churches have been successful with inclusion, however too many have not. The next section will discuss overall strategies for inclusion in OWL programs and will provide some examples of what has worked.

Creating an Inclusive Sexuality Education Program

Creating a Welcoming Environment

Creating an environment in which all children and youth with special needs will have the opportunity to participate in churches' OWL programs involves the willingness of all those involved to be flexible and open to new ideas. In order for inclusion to work, everyone must feel acknowledged and accepted, the child or youth and his or her parents, the OWL teachers, the religious educator, the children and youth taking the OWL program and their parents. Certain types of disabilities seem to be associated with more problems for inclusion than others. These often include children and youth with cognitive limitations, children and youth within the autism spectrum, and children and youth with disruptive behavior. It is important to remember that while some young people's behavior and/or emotional mental understanding can be problematic, there are other children and youth with special needs who are included more easily but still need attention as to how the material is presented for their complete understanding.

A welcoming environment is one in which all concerned have the attitude that everything will be tried to make it work. While inclusion of children and youth with special needs into the OWL program is a specific event, often its success is determined by how welcoming a church is to young people with special needs in its regular programming and how well the entire congregation responds. If you are encountering little support for inclusion in the OWL program, then it might be time to take a look at the underlying assumptions and unspoken expectations of the church which may be contributing to the difficulties. There may need to be some sensitivity awareness training provided to the congregation. Ways to create a welcoming and inclusive congregation are discussed at length on pages 7 and 8 in my book.

Support Strategies

There are four basic guidelines to follow when creating an inclusive OWL program for children and youth: 1) develop a support committee; 2) provide orientation about the inclusion strategies to everyone—parents, teachers, and young people; 3) use mentors/buddies when appropriate; and 4) be clear about what behavior and information is considered confidential. In order to provide a practical framework for the discussion of support strategies, I provide examples of successful inclusion used by the First Parish in Framingham, MA, for a boy with autism.

Support Committee

Because of the long-term nature, intensity, and sensitive subject matter of the OWL program, it is essential that the OWL teachers feel supported and competent when including children and youth with special needs. Too often young people with special challenges are thrown into the OWL program with only the hope that it will work. However, without the necessary support, problems usually occur and then the unprepared OWL teachers can become easily overwhelmed. This can lead to either the child or youth being asked to leave the program or the teachers continuing to valiantly struggle to the detriment of everyone involved. The opposite can also occur. The teachers recognize they do not have the knowledge or skills to include a young person with special challenges and there is no support mechanism in place to help them with this, so the young person is excluded from attending.

One of the most effective ways to provide continual support to the OWL teachers is to form a support committee whose purpose is to ensure that the OWL experience works for

everyone involved. The support committee must be composed of members who are committed to the idea of inclusion. Members should minimally include the director or minister of religious education, the chair or representative of the religious education committee, and one or two parents of the other children participating in the OWL program. It is helpful if the OWL teachers are part of the committee, but it is not necessary so long as the teachers are consulted and supported. Additional members could include people from the congregation with special expertise that would be helpful in providing support to the teachers.

The primary purpose of a support committee is to ensure everyone involved feels their concerns are acknowledged, accepted and supported. This is accomplished by gathering information and brokering agreements as to expectations of behavior from all those participating in the program. An effective support committee will consider the needs and feelings of the young person with special needs, his or her parents, the OWL teachers, and the other children participating in OWL and their parents. Therefore, everyone needs to be consulted and this must occur before the start of the OWL program. If the teachers or anybody else are unwilling to include the child, then the support committee's role is to find out why, address those concerns, and educate them about the benefits of inclusion. Once the OWL program begins, the support committee continues as a resource for airing concerns and solving problems should difficulties occur.

The First Parish in Framingham used its Belonging is a Religious Experience (BRE) Committee as the support committee for ensuring that Bill, an eighth grader with high functioning autism, could successfully participate in the OWL program. Bill is almost at grade level academically but has difficulty with abstract information. He has social impairments and difficulties in unstructured social situations. After much consideration, they decided that in order for Bill to participate in the OWL program, the following would need to occur:

- The OWL teachers would need to be willing to meet Bill's needs in the class,
- Bill's peers would need to have an understanding of his behavior and be willing to have him join the class,
- Bill's mother would need to review the lessons beforehand with Bill, and
- Bill would need a "buddy" to be with him during the class.

Orientation

Ensuring successful inclusion relies on comprehensive orientation for all concerned. The purpose of orientation is to create an atmosphere where the teachers, children and parents are accepting of what is being taught and how it is being taught, and that no individual child will impede the learning of the other children. The OWL curricula has detailed and thoughtful strategies for teachers to help parents feel more comfortable about their child's participation and to create an atmosphere of trust among the children and youth participating in OWL. This *Guide* is to provide information to help teachers include a child whose disability could challenge their ability to create a trusting atmosphere.

The support committee can play an important role in achieving this by meeting with the parents of the young person with special needs. The parents are the best source of information about their child and how his or her disability may affect their participation in the OWL program. Some questions to ask the parents could include:

What is your child's learning style?

How would your child's disability affect their participation in OWL?

Do you have any concerns about your child's sexuality as it pertains to their disability?

Have you had any discussions with your child about sexuality and their disability?
What accommodations do you think would be helpful?

It is possible that some parents will be uncooperative or in denial as to the challenges their child faces, and/or the challenges their child presents to the group. This would be unfortunate but should not be an automatic reason for excluding the child or youth. Explain to the parents that there are certain expectations for all parents to support their children's involvement and consistent attendance in the program. Ask them if they are willing to work with the support committee to ensure the best possible experience for their child. They are not being singled out because of their child's behavior but rather because of their child's needs and the support committee is trying to determine those needs. Then hopefully the challenges to participation can be discussed objectively.

The support committee can be equally helpful by meeting with the teachers to discover their concerns and needs for successful inclusion. This should be a private meeting as the teachers should have the opportunity to share their concerns and/or fears without feeling constrained by the presence of the parents. It is important for the minister and religious educator to express strong commitment to inclusion while conveying that everything will be done to support the teachers so it can be accomplished. The same commitment should be expressed to the parents when they are included in the discussions with the teachers at a later point. Without this strong commitment, best attempts at inclusion can flounder and fail.

In addition, the other children taking the OWL program will benefit from orientation concerning the type of disability, how it affects the behavior of the young person or their ability to participate, and any special accommodations that are being made. The orientation can be accomplished in several ways. Sometimes the child with special needs, especially the older youth, can be their own advocate. If the youth wants to conduct the orientation, then he or she may need additional support from the teachers or another knowledgeable adult such as their parent. Most likely, someone will need to meet with the OWL participants when the young person with special needs is absent. This person can be either the parent of the young person with special needs, someone in the congregation with expertise in the area, or an outside professional familiar with the child or youth. Whoever does the orientation must be approved by the parents and the young person with special needs.

It is most helpful if this orientation is conducted in conjunction with a lesson on differences. Some differences are considered disabilities because of society's predominant views and expectations of what is acceptable behavior or acceptable learning styles. Those predominant views are not always correct, nor do they have to be accepted. For example, many people with Asperger's syndrome do not think of themselves as disabled, just different from what they call neurotypicals. Neurodiversity is a new and much more affirming term being used to describe many of the children usually labeled as special needs. This perspective means that we view people as neurodiverse rather than trying to define what is normal and then labeling as disabled those people who do not fit an increasingly narrow definition. Dr. Thomas Armstrong, a well-known educator and expert on Howard Gardner's theory of multiple intelligences, says,

[Neurodiversity's] basic premise is that atypical neurological wiring is part of the normal spectrum of human differences and is to be tolerated and respected like any other human difference such as race, gender, sexual preference, or cultural background. This new term has great appeal because it includes both the difficulties that neurodiverse people face (including the lack of toleration by others), as well as the positive dimensions of their lives, something

that is generally missing in the disability discourse except in a token way.³

This would be an intriguing perspective to offer at the orientation for the other children attending the OWL program. (For more information on the concept of neurodiversity, please see www.neurodiversity.com)

Finally but of equal importance, the child with special needs must join the discussions about their inclusion in the OWL program. Usually the best time to include them is during the discussions about specific accommodations. He or she must have a thorough understanding of the support they will be given as well as the expectations of behavior in order for inclusion to work. If the young person has had difficulty in the past with disruptive behavior, then a contract between the child or youth and the teachers may be a good idea. Make sure the young person is involved in setting the expectations of behavior and the consequences to not meeting those expectations. For ideas on effective strategies for teaching the highly imaginative and active child, please review the section in my book, "Teaching Disruptive or Difficult Children," page 38. The young person also needs to understand and agree to the orientation that will be given to his or her peers. This introduction is a key element to the acceptance of the young person with special needs by his or her peers and an important step in building trust between the teachers and youth. There should never be the appearance of doing something without the child's knowledge and consent. Depending on how sophisticated they are in advocating for themselves, they may want to be totally, somewhat, or not involved at all in the orientation

Accommodations

Using Buddies/Mentors One of the most effective accommodations to use with a young person with cognitive limitations, high functioning autism, or emotional and/or behavioral difficulties is the assignment of a mentor or buddy to work with the young person during the OWL program. The BRE Committee of the First Parish in Framingham, MA, decided that Bill needed a buddy to be with him during the OWL classes. In this case, the BRE Committee decided the buddy should be a youth who was older than Bill and had already participated in the OWL grades 7-9 program. An adolescent buddy would limit the number of adults in the program and allow the focus to be on peers, and the committee felt an adolescent would better be able to relate to what Bill was feeling. This proved highly successful. According to Julie Porter, the Director of Religious Education,

Roy, a year older than Bill, was always calm and was quickly perceptive as to when Bill needed more explanations of what was going on, what a certain topic meant, and when to take Bill out for a walk. Roy was excellent at getting Bill to stay on topic and found ways to help Bill assimilate the information discussed. He quietly answered Bill's questions when Bill was confused. He was devoted to Bill, and he was a wonderful peer for him. The teachers repeatedly mentioned how wonderful Roy was and what exceptional insights he had.

Bill felt that Roy was a good friend. It was clear that the experience was beneficial for both boys.

The decision to use an adult or a youth as a buddy/mentor depends on many factors: the adult to child ratio in the program, the behavioral and/or emotional difficulties of the special

needs child or youth, the availability of an appropriate youth or adult, and the child's level of comfort with either adults or youth. What made the buddy experience of Bill and Roy so successful was Roy's previous experience with the OWL curriculum, his commitment of time and energy to the whole process, and his remarkable sensitivity to his partner's needs. If a church decides to use a youth as a buddy, then there will need to be a careful screening process to assess time, willingness, and sensitivity. Having a middle- or high school-aged buddy who has participated in the OWL program would work well for a child with special needs being included in the grades 4-6 OWL program, but if an adolescent can not be found, then an adult buddy can be used. For the grades 7-9, 10-12 OWL program, it will be necessary to use an adult or a college-age youth for a buddy.

Some children's behavioral or emotional difficulties may be such that an adult presence is critical to maintaining appropriate behavior. However, I strongly suggest not using the young person's parents as mentors. Because most young people are reluctant to share their deepest fears and concerns about sexuality with their parents, the OWL program facilitators strongly advise that parents of a child in the program not serve as an OWL teacher. The same is true of most children with special needs and the role of the buddy/mentor. There may be a rare situation in which having the child's parent be his or her buddy/mentor is the best solution, and parents are actively encouraged to be in the classroom of the K-1 program, but usually it is more effective to have the adult buddy/mentor be unrelated to the child.

If the support committee decides to partner an adult with the child, then it is important to recruit an adult who is comfortable with the young person's type of disability. Someone with expertise in the area would be helpful but not critical, since the chosen adult can meet with the parents and other professionals to gain insight about how to work with the young person. It is more important to find an adult who can get along with and has a genuine liking for the young person, and who can balance care and concern with the ability to be firm about appropriate behavior if necessary. Being a supportive and caring adult works better than trying to be the young person's best friend. Therefore, the adult should be called a mentor instead of a buddy. Buddy implies a more informal and more equal type of relationship.

The young people in the OWL program will need to be informed that one of their peers will be participating with a buddy or mentor. As explained previously, they will need some orientation as to why this is necessary. The etiquette for being friendly and acknowledging the buddy/mentor while allowing the buddy/mentor to focus on the young person with special needs will need to be explained to the other participants along with the expectation that they will only ask the buddy/mentor for assistance or help if it is an emergency.

Deciding When to Attend Another useful accommodation is to delay when the young person with special needs attends the OWL program. Children with cognitive limitations and those within the autism spectrum are often not emotionally or mentally ready to take OWL at the same time as their same-age peers. Delaying a year or two until the young person is more mature can make all the difference to successful inclusion. If orientation is handled properly, then the OWL participants will have little difficulty accepting someone into their midst who is older. Another factor to consider is the benefit of staying with a peer group with whom they have made healthy connections or of getting away from a peer group with whom they have long-standing animosities. Parents, who insist that their child with special needs be included in the OWL program, even if the minister or DRE feels the child is not ready, are probably under the impression that it is now or never. Assuring them that their child will be included when it is appropriate will probably relieve their anxiety and allow them to work with the religious educator to eventually formulate a plan for inclusion.

Additional Resource Materials A young person's sexual health can be affected by their disability. Since this is not covered by the OWL curricula, outside reading materials and other resources are required to teach about the issues which have an impact on his or her ability to form sexual relationships and participate in sexual activities. The young person's parents and sometimes their buddy/mentor will need to be responsible for helping their child learn and understand this additional resource material. This will have the added advantage of also helping parents better understand their child's sexual needs and abilities. Please see the resource section of this *Guide* for some suggestions of sexual health education resources to use for specific disabilities.

Prior Review of Each Lesson If the young person is going to have any difficulty reading or understanding the OWL lessons, then having the parents read the lesson with their child prior to class is extremely important. This will eliminate anxiety as to what to expect, provide an opportunity to review new words and concepts, and allow the child to prepare written activities. Depending on the circumstances, the availability of the buddy/mentor, and the needs of the young person, a buddy/mentor can also fill this role.

I realize having some parents involved in the process of reviewing lessons with their child could be problematic. As previously stated, children are usually uncomfortable talking about sexuality in front of their parents. Also some parents may inject their own fears and concerns while reviewing the lessons with their child. This is an issue for the support committee to consider. A helpful reminder to the parents about this issue and a suggestion that their role is merely to review and not discuss the material unless their child initiates a conversation, may take care of the problem. If the religious educator or minister feels that the child's parents would be detrimental, then hopefully the support committee can help find another adult to review the lessons with the child. As mentioned earlier, the buddy/mentor can help with the review of the lessons. Whether or not the parents help with the lesson review, having them read some of the additional information concerning sexuality in relation to the specific disability of their child will be immensely beneficial for both adult and child.

Physical Accommodations The most immediate concern for inclusion of children and youth with physical and sensory limitations is an accessible environment. Building accessibility is important for a wide range of church members and visitors. Accessible buildings allow easy access for parents with strollers, pregnant women, people temporarily disabled by an injury, the elderly, and small children. If there is a child in a wheelchair or braces who wants to participate in the OWL program and the church building is inaccessible, then the OWL program should be held in another accessible building in the community. Discussion of other physical accommodations can be found in this *Guide's* chapter on "Physical and Sensory Limitations."

Teachers need to be aware of children with invisible disabilities such as seizure disorders, asthma, diabetes, and severe allergies in case a problem occurs in class. In order for their child to participate, parents should be required to provide directions as to what the teachers need to do in case of seizure or other episodes. Most parents are very aware of the need to provide this information and will do so without having to be asked.

Confidentiality

Confidentiality is one of the OWL program's strengths. It is highly important for young people to be able to share questions about their deepest worries and anxieties concerning sexuality without fear their parents will be informed. However, it should be made clear that confidentiality does not apply to overly disruptive or hurtful behavior or any type of behavior

which keeps the other participants from feeling safe. If one of the participants is being consistently disruptive, then it would be a good idea to create a contract with him or her which spells out acceptable behavior. One of the consequences of not following the contract could be to notify the young person's parents. You can reassure the young person that it is their behavior which will be discussed with their parents, not information they have shared concerning sexuality.

Question Box The question box exists so young people can ask the teachers questions concerning sexuality and their concerns but remain anonymous. The teachers then answer the questions to the group as a whole. Young people with special needs will probably have questions about their sexuality but will be unable to use the question box anonymously if their question relates to their disability. Even if they don't mind being identified with their question, the teachers may not have the knowledge to answer disability-related questions. How to handle these questions as they arise should be discussed with the support committee and worked out prior to the start of the OWL program. This needs to be handled very carefully and tactfully with the utmost respect for the wishes of the young person. This is also a good time to be able to have some outside resources for the young person to read with his or her parents, buddy/mentor, or another adult in order to answer some questions pertinent to their disability.

Teaching Strategies and Questions to Consider

There are many labels for disabilities and disorders, and these labels carry with them assumptions about behavior and learning abilities. Many times the assumptions we make from the labels are inaccurate which can lead to huge misunderstandings as to why young people with special needs act and think the way they do. It is also important to realize the extensive range of ability and behavior associated with any one label. So rather than organizing the teaching methods based on the label, it is more effective to look at the child or youth individually. There are several helpful questions to ask which can determine which teaching strategies will be most effective. The teaching strategies suggested by the question are explained in the sections on specific disabilities. I have placed in parentheses the corresponding disability chapter.

Does the young person take things literally? Children and youth who have difficulty with social cues struggle with understanding the subtleties of behavior and speech. They rarely get sarcasm and subtle or ironic humor. It can be frustrating being around someone who takes everything literally; however, they can keep us emotionally and verbally honest. (Learning Differences)

Do they have difficulty interacting with their non-disabled peers? This is related to the above question. Some children and youth get along better with adults than their peers. These children are often very bright and can get stuck talking about one subject. With less facility in understanding social cues, they sometimes do not know when to stop talking about their favorite subject. They lack the ease of camaraderie and often appear stiff and way too serious. Also, children with disabilities are often segregated in school so their friends are usually other children with disabilities, and they have less opportunity to interact with their non-disabled peers. OWL is a wonderful opportunity to learn appropriate social skills. (Learning Differences)

Can they read and comprehend what they are reading? Many children and youth are at different levels in their ability to read and understand what they are reading. Some young people also process information differently and more slowly. (Learning Differences)

Can they developmentally comprehend what is being said? This is a big issue for the inclusion of children and youth with cognitive limitations. While physically they usually grow at a normal rate, in comparison to their age, their emotional and intellectual development is slower than their non-disabled peers. (Cognitive Limitations)

Do they have difficulty transitioning from one activity to the next? Any sudden change in activity, especially if it is different from the established routine, is an issue for many children and youth. Many young people are comforted by routine. Without an established routine they can become highly anxious and upset. Providing plenty of warning several times in advance of an activity change is one way to prepare young people both mentally and emotionally for what is going to occur next. (Cognitive Limitations, Learning Differences)

Do they have a low threshold for tolerating any type of change or confusion? This question is designed to discern those children who have a very low tolerance for change. Sometimes this low tolerance means they can easily become enraged or angry when they can not rely on finding comfort by following past routines. If they feel themselves losing control, they may need to leave the room in order to calm down. (Cognitive Limitations, Learning Differences)

Are they uncomfortable around strangers? This can be an issue for a very shy child and also a child who is more comfortable with routines. This is important to know if there are plans to bring in outside people with pertinent expertise to talk to the OWL participants. (Emotional and Behavioral Difficulties, Learning Differences)

Are they fearful of talking in public, even in small groups? This can be an issue for a very shy child, for children with learning differences who have a word retrieval problem, and for very anxious children. Creating a supportive, relaxing atmosphere will help as well as honoring OWL's guidelines for allowing the child or youth to pass during times of sharing. (Learning Differences, Emotional and Behavioral Differences)

Are they constantly moving their bodies and have difficulty sitting still? These children and youth are our body-kinesthetic learners. Young people who need to move in order to learn and to avoid boredom are the ones that can easily be seen as disruptive by the teachers. Especially during times of discussion, teachers should always have something for them to do with their hands such as using pipe cleaners or clay. It is also helpful to provide plenty of brief physical activities during breaks. (Emotional and Behavior Difficulties)

Can they be understood easily when they speak? Some children who stutter or have a speech impediment will find it extremely difficult to participate in discussion. Find some way to have their opinions and questions heard. such as offering to have the child or youth write down their answers for the teachers to read. This accommodation will need to be worked out ahead of time with the young person. It is most important to teach the other children to be patient when the child with a speech impediment is speaking. Teachers need to model for the other children how to allow extra time for speaking, to never finish the child's sentence, never assume what the child is trying to say, and to feel comfortable asking the child to repeat what s/he has said. (Physical and Sensory Limitations)

Do they need special accommodations to hear or see or move around? It is important to have this question answered before setting up the OWL curricular materials and the building and room environment. (Physical and Sensory Limitations)

Will the room environment affect their ability to pay attention? While visual cues are very important for children with differing learning styles, it is important to make sure that the visual cues only relate to the OWL material, or it becomes confusing. This can easily happen in multi-use rooms. The room should be comfortable and inviting so the young people want to stay. (All disabilities)

Do they need lots of visual cues in order to learn? Children who have difficulty reading benefit from visual cues as to what is being discussed each week. Also visual/spatial learners do better having something visual to focus on rather than pure discussion. (Learning Differences)

Do they get bored easily? Highly creative and imaginative children can become easily bored if their imaginations are not engaged. In general, the topic of sexuality is of high interest to these young people even if they are embarrassed. However, lengthy discussion or lecture could trigger disruptive behavior because they will invent things to keep themselves engaged. Often what they invent will be highly entertaining to the other children but will most likely not be what the teachers want to convey. (Emotional and Behavioral Difficulties)

In general, effective teaching strategies will include:

- Effective and thoughtful pre-approved accommodations by the support committee
- Thoughtful orientation for everyone concerning the inclusion of young people with special needs
- A comfortable room environment with visual cues for each week's lesson
- Well-planned and thoughtful transitions from one activity to the next with no unstructured time.
- Hands-on activities during discussions such as providing pipe cleaners or clay
- Clear expectations of behavior with consequences delineated in a group covenant and if necessary, individual contracts
- Adapting each week's lesson to the needs identified by the teaching questions listed above
- Never asking for volunteers to read out loud. Since children and youth often do not like to listen to each other read because the reader may be reading too fast, too slow, or stumbling over words, it's not an effective way to increase comprehension among the group. More importantly, you may not know who struggles with reading, and unknowingly you may be setting up a young person to feel acute embarrassment because they think rightly or not that everyone knows why they never volunteer to read. These young people can bring with them a history of being ashamed about their difficulties with reading from their school experience, and many will feel terrified that they may be asked to read. Since creating a sense of safety is crucial to the success of sexuality education, one of our primary goals is to create an environment where each person comes to trust that they will be accepted for who they are, whatever their abilities.

For more in-depth information and specifics on teaching strategies related to the specific OWL curricula, please read the section on teaching strategies under the chapter about Learning Differences.

Teaching Disability Awareness

In the section on “Support Strategies,” I discuss orientation issues for the inclusion of a young person with special needs in the OWL program. As suggested, this orientation session needs to take place before the regular OWL lessons begin. The orientation provides the opportunity to talk about the needs of the young person and the accommodations the group will be making during the program. This discussion is most effective when set within the context of how we are all different in myriad ways. Some observations to offer include how some differences get labeled and others do not, and how we have all used accommodations at some time in our lives. We may need to use crutches if we break a bone in our foot or leg. If we break a bone in our dominant wrist or hand, we may need some help eating or writing till it is healed. Other examples include lowering the basketball nets and providing small chairs for little children, using tutors for school subjects which are difficult, and wearing glasses or contacts in order to see clearly. This orientation is especially important for the grades K-1 and 4-6 curricula as there are no lessons about disability issues in these curricula, although it could be discussed in the section on “prejudices and stereotypes.”

In the grades 7-9, 10-12 curricula there is a chapter on “Disability and Other Diversity Issues.” This presents another excellent opportunity to provide disability awareness, however it must be done with sensitivity to the young people with special needs attending the OWL program. For example, in the grades 7-9 curricula, there is a story of a young woman in a wheelchair and how she handles wanting to have sexual intercourse with a young man to whom she is attracted. If there is a young person who uses a wheelchair in your OWL program, then the teacher will need to check beforehand and in private whether the young person, male or female, is comfortable discussing the story. Otherwise, it could be a set up for much embarrassment. In this *Guide’s* chapter, “Physical and Sensory Limitations” there is more information about the different ways a person with physical and mobility limitations takes part in sexual expression and activities.

Because this is an OWL lesson on disabilities, the young person may expect discussion about the interaction between their disability and their sexual expression. If the young person is uncomfortable or unable to do this, then the teachers will have to be very careful about presenting material. Ignoring it may not entirely be an option. The OWL participants obviously know who has a disability so not discussing it during a chapter on disability issues is like not talking about the elephant in the middle of the room. This may be a perfect opportunity for more disability awareness training or it may just have to be mentioned and stated that the young person with special needs wishes to maintain their privacy.

If you wish to offer more disability awareness training, please take note that many disability community advocates have expressed some legitimate concerns about the type of disability awareness training that has been used in the past. Simulating what it feels to be in a wheelchair, to be blind or deaf, or have other types of disabilities often leaves people feeling as if being disabled is the worst that could ever happen to them. So instead of generating sensitivity to the needs of people with disabilities, all that is generated is fear. An excellent book on this subject is *Disability Awareness—Do it Right, Your All-In-One How-To Guide (Tips, techniques and handouts for a successful Awareness Day)*.⁴ Therefore as I emphasized previously, orientation to and awareness of disabilities need to be offered within the context that we are all

part of this human community and we all have differences and gifts. Each difference can also be seen as a gift because they offer opportunities for meaningful connection.

Learning Differences

Discussion

The term “learning differences” is a category for a wide range of disabling conditions. In a broad sense, it could be used to describe all of us because we all learn and express ourselves in many different ways. Society decides what is normal and then puts a label on those who differ from what is the current definition of normal. For example, the IQ score for determining who receives a label of mental retardation has changed over the years. The current educational practice of “teaching to the test” means that children who are right-brained, visual/spatial learners who have difficulty with memorization often do poorly on standardized tests. They frequently get pushed into the learning disabled category.

Two terms to explore which have humanizing and freeing effects are “neurodiversity” and “diff-ability.” The use of the term neurodiverse originated within the autistic and AS community. They do not see themselves as disabled but just one type among many in the neurodiverse group of people which make up our world. They often use the word “neurotypicals” to describe non-disabled individuals. Diff-ability as well as learning diverse are often used by people with LD and/or ADD who also do not see themselves as disabled. While I would much rather do away with the labels, they are commonly used to describe the children to be included in the OWL programs, so I concede to the necessity of using labels in this *Guide*.

For the purposes of this chapter, I am including learning disabilities (LD), nonverbal learning disabilities (NLD), Asperger’s syndrome (AS), and high functioning autism. Both AS and high functioning autism are within the autism spectrum disorders (ASD) category. Some people also place NLD within the autism spectrum. Children with low functioning autism are discussed in the chapter on “Cognitive Limitations.” If you need information on the many types of learning disabilities and the autism spectrum, please read the corresponding chapters in my book, *Welcoming Children with Special Needs—a Guidebook for Faith Communities*. While there are many types of learning disabilities, for the purposes of the OWL program, we are mostly concerned with those children with language-based LD because they affect how we teach. Many children have conditions which create the possibility of being placed in more than one category. For example, a child with attention deficit disorder (ADD) may also have learning disabilities. If you are experiencing more difficulties with the child’s learning style than his or her behavior, then this is the chapter to read. If it is both, then you would need to also read the chapter on “Emotional and Behavioral Difficulties.”

Children with LD, AS, ADD and within the autism spectrum are often ostracized by their non-disabled peers and called names. These names sometimes have sexual connotations. It is regrettable that sexuality in our culture is often viewed as dirty and to be kept secret. As a result it is often expressed negatively and used to demean those who are seen as different.

Learning Disabilities The awareness and expression of sexuality for children with language-based learning disabilities develop at the same pace as their non-disabled peers. What differs is they may have less opportunity to develop social-sexual relationships. The reasons for this are many. Sometimes the language-based LD means they lack communication skills and process information differently so they can misunderstand what goes on in social situations. Children with LD often are isolated because they have been singled out in school as having learning problems and often go to special classes. Having less opportunity to make friends and to be invited to typical social gatherings with their peers means less experience in those social situations which could give them confidence with their developing sexual awareness. They also

have less skill in determining what information in social situations is truthful or just fabrication. This leads to difficulty recognizing potentially exploitative situations with adults and their peers.

Besides teachers having an awareness of the issue, the naiveté of young people with LD should not be an obstacle to their participation in the OWL program because it falls within the normal range of expected behavior for the OWL curricula. What does need to be considered is how they learn and process information. The OWL curricula rely heavily on reading, writing, and discussion for teaching purposes. While this is problematic for any age group's curriculum, it is particularly noteworthy for the Grades 4-6 curriculum. Children with LD in this age group have not yet had enough time, experience and special instruction to be able to read with any proficiency, much less at grade level. It is crucial to adapt the curriculum so that these children will not be set up to feel ashamed of their difficulties in reading and processing information. Older youth will hopefully have learned some coping skills and are also more proficient readers, but do not assume this is always so. There are many bright people with dyslexia (the more common term used for language-based LD) who will listen to books on tape all their lives in order to stay current and keep up.

Nonverbal Learning Disabilities, Asperger's Syndrome, High Functioning Autism

Young people with these three disability labels all have in common problems with social skills which are much more severe than for those with LD. This means they have difficulty interpreting emotions and understanding the nuances of complex interpersonal relationships. Many people believe that the difficulties young people within the autism spectrum have in relating to another person means they have no sexual desires, drive or awareness. While this may be true for some within the high functioning autism spectrum, most young people within this higher functioning range desire close relationships and sexual intimacy. Their bafflement about the contradictory social behavior of other people creates major reluctance to attempt close or romantic relationships. The subtleties of flirting are often misconstrued, misunderstood or just missed altogether. The isolation that results from lack of understanding leads to few opportunities to interact with their peers and less chance to learn about social-sexual information. Their lack of sexual information and knowledge, as with young people with LD, can lead to a naiveté about what is appropriate sexual behavior. It makes them vulnerable to sexual abuse and exploitation.

It is the degree to which they express these difficulties which determines the label they receive. In general, the highest functioning young person receives the NLD label, the second highest functioning receives the AS label and then the third highest functioning receives the autism label. Frequently the three labels are used interchangeably which can be confusing to those trying to understand the young person's abilities. Parents often prefer the NLD label because it sounds less detrimental than the AS label. There is a fine line between each label's definition, therefore labeling is highly subjective and often depends on the professional's bias when assigning a label. Once the young person is an adult, sometimes they will take on the label which they feel most accurately describes them. Jerry Newport and Liane Holliday Willey, both spokespeople for the AS community, claimed their AS identity as adults in order to better relate to their life experience. Even though they did not receive a diagnosis when young, they always felt as if they did not belong in the mainstream.

Dr. Temple Grandin is a well-known spokesperson for people with autism. She believes there is a set of behaviors which distinguishes between those who receive the AS label and those who receive the higher functioning autism label. For example, Dr. Grandin has friends; however she realizes these friendships are not of the close intimate nature of other people's friendships. Intimacy remains puzzling to her; nevertheless she is comfortable with this aspect of herself. It is important to remember that not all people within the autism spectrum are like Dr. Grandin and many do want the experience of forming close relationships. Those are usually the ones with the

NLD and AS labels. Jerry and Mary Newport, who have AS and are married, wrote the book, *Autism-Asperger's and Sexuality: Puberty and Beyond*. They feel that too many people with autism or AS have limited experience discovering whether they would like an intimate relationship because they are too scared to try and navigate such a confusing world.

There is enormous benefit for young people with these labels to attend some type of socio-sexual health education because it increases their ability to form friendships when their sexual desires are understood in relation to what is and is not appropriate behavior. Isabelle Hénault has developed a socio-sexual education program for young people with AS. She believes that sex education may be one of the best ways to teach young people with AS appropriate social skills. Misinformation about sexuality is a huge barrier as well as a wonderful incentive to learn appropriate sex skills behavior.⁵

Accommodations

Types of accommodation to provide young people with special needs are discussed in the chapter, “Creating an Inclusive Sexual Health Education Program,” and should be reviewed first before reading this section. The use of buddies/mentors, deciding what age to attend the OWL program, providing additional resource materials, and having parents review the lessons prior to class are all useful accommodations discussed in this chapter. I provide additional details pertaining to young people with learning differences in this section.

Learning Disabilities Being aware of those children who struggle with reading and processing information is the best accommodation for children with LD. This awareness will allow the teachers to adapt appropriate teaching strategies for successful inclusion into the OWL program. These teaching strategies will not only assist young people with LD but will also be beneficial for all types of children with differing learning styles.

In general, if the teaching strategies suggested in this chapter are adopted, then there is probably no need for a young person with LD to be assigned a buddy/mentor. The parents of the child with LD will be the most helpful in making this determination. If they have the opportunity to review the material with their child before each OWL lesson, then this should help the young person’s ability to keep up with what is going on. This review will give the young person the chance to become familiar with strange words and prepare any writing activity. Therefore as an accommodation, the OWL curriculum should be made available to the parents for this purpose.

NLD, AS, and High Functioning Autism Most children within the autism spectrum will benefit from having a buddy/mentor. In addition, keep in mind that young people within the autism spectrum may also have reading difficulties, although many do not. Therefore it is important to review the information on assigning a mentor/buddy under “Accommodations” and “Teaching Strategies and Questions to Consider” in the chapter, “Creating an Inclusive Sexuality Education Program.”

Having a young person within the autism spectrum in the OWL program has its benefits. Julie Porter, the DRE at First Parish in Framingham, MA, wrote about Bill’s participation in their OWL program.

The teachers loved having Bill in class! They would try to re-direct him when he seemed socially uncomfortable at the beginning of some of the classes. They all said that he was a huge asset in the class because he would say what he was thinking so freely. For example, if a particular reading was thought-provoking

and sad, Bill would immediately state, “that makes me feel sad.” His quick emotional response allowed other students to be more at ease in discussing their reactions to the reading. In addition, Bill was a wonderful source of questions – he was not intimidated about asking anything at all! Even questions that might be too embarrassing for Bill’s classmates to ask were answered, so everyone present benefited!

On the other hand, it is also possible that a young person within the autism spectrum may become fascinated with sexual behavior and express their interest in a forthright manner that is unsettling to their peers. This may happen about a subject sometimes considered taboo, such as oral sex or incest. One OWL class in another church made a rule limiting everyone to two off-topic questions per sessions in order to enable their class to respond to one youth’s genuine need for ongoing reassurance on the subject of necrophilia.

Jerry and Mary Newport describe how the AS and autistic person’s ability to be totally honest can be of benefit to forming a relationship. I feel that their book is a must read and a necessary accommodation for a young person’s inclusion into the OWL program. The book provides very practical advice for understanding puberty, sexual desires, dating, and keeping intimate sexual relationships. I would highly recommend it to be read by youth with AS or high functioning autism, their parents and the teachers because it gives such wonderful and eye-opening descriptions of what it is like to have AS or autism while navigating the confusing and contradictory world of intimate and romantic relationships. In the resource section, I provide other ideas for additional reading materials which would be helpful for the young person with learning differences and their parents to read.

Sometimes over stimulation can lead to angry outbursts, so another helpful accommodation is allowing the young person to leave the room when they feel overwhelmed or over stimulated. This can easily be handled with the buddy/mentor. However, it is possible to allow this accommodation even without a buddy/mentor. If this coping strategy has been practiced by an older child who has demonstrated their ability to do this in other situations, then they can be allowed to go to an assigned place to be alone for awhile. It would be helpful if this assigned place had a few objects or reading materials that are of comfort to the young person. One of the teachers can check on them periodically. A younger child will need to be accompanied. This accommodation will only work if the young person has been taught this coping strategy before coming to the OWL program.

Teaching Strategies

The following has already been discussed in the chapter “Creating an Inclusive Sexuality Education Program.” I repeat it verbatim because I feel it is so important. Never ask for volunteers to read out loud. Since children and youth often do not like to listen to each other read because the reader may be reading too fast, too slow, or stumbling over words, it’s not an effective way to increase comprehension among the group. More importantly, you may not know who struggles with reading, and unknowingly you may be setting up a young person to feel acute embarrassment because they think rightly or not that everyone knows why they never volunteer to read. These young people can bring with them a history of being ashamed about their difficulties with reading from their school experience, and many will feel terrified that they may be asked to read. Since creating a sense of safety is crucial to the success of sexuality education, one of our primary goals is to create an environment where each person comes to trust that they will be accepted for who they are, whatever their abilities.

Grade School Children In all the OWL curricula, most of the lessons rely heavily on pencil-and-paper type activities. As previously stated, this is particularly problematic for the grades 4-6 curriculum because the children have not yet had enough instruction and time to become more fluent readers. In the following paragraphs, I provide some examples of lessons that need to be adapted. However, the teachers should review all the lessons keeping in mind the types of disabilities of the children in the program. Teachers should always read out loud any questions or information presented for an activity so those children and youth who read very slowly can comprehend what is going on. Children or youth who struggle with reading and processing information usually are not given enough time to read on their own so they get left behind and become confused and frustrated. The young people who read quickly can easily become bored or critical of those who read much more slowly, so having the teacher read all instructions and questions will help everyone understand the material at the same rate.

Lesson Six uses situation stations in which the children are paired and asked to go from station to station taking a card from an envelope and writing a response to a question. This would be extremely difficult for most children with LD at this age. They will need to be paired with a child who has agreed to help with reading and writing and one with whom the child with LD is comfortable. In Lesson Seven, Amy's story uses nonsensical words. I find this particularly problematic because often a child with LD confuses and mixes words so they could easily feel as if people were making fun of them as well as be confused by the funny words. It is therefore critical for the teachers to know who has LD. I would have the parents review the story ahead of time with their child so they understand the purpose of the story and will not feel uncomfortable when it is read. In Lesson Eight, there is a timeline activity which asks children to do some math by subtracting years from their age. The teachers should be prepared to do the math for all the children because once again there may be some children who have difficulty with simple math. Once again it would be extremely helpful if a parent reviews each lesson with their child prior to class.

Writing key words from the lessons on newsprint to leave up for reference from one week to the next is always helpful. Besides the key words, pictures representing the word could also be used to remind struggling readers what the word means. Leaving these posted on the walls from one lesson to the next provides an easy way for the child to remind themselves of important words repeated in each lesson. Make sure the children realize this will be done so they can remember to utilize this accommodation. This will be helpful for all the children, not just the ones with learning differences.

Cognitive Limitations

Discussion

There are several labels used to describe people with cognitive limitations: mental retardation, developmental disabilities, and intellectual disabilities. Because of the negative connotations associated with the label mental retardation, it is being used less and less by parents and advocates for people with cognitive limitations. Many parents prefer the label developmental disabilities but this also has its detractors. Some parents feel that implying their child's limitations are caused by developmental delays means that their child will eventually grow out of their limitations, when often this is not the case.

The labels intellectual disabilities and cognitive limitations are becoming more widely used and accepted by parents and advocates. While both these labels still focus on deficits, I prefer cognitive limitations to intellectual disabilities. There are many cultural biases associated with what it means to be intellectual which focus on one's ability with logical reasoning and verbal ability. Yet people with cognitive limitations are intelligent in many other ways which is not implied with the use of intellectual disability. (For more specific information, please read the chapter, Mental Retardation and Developmental Delays, in *Welcoming Children with Special Needs—a Guidebook for Faith Communities*. Please note my thinking about which label to use has changed since writing the book.)

One of the most prevalent beliefs about people with cognitive limitations is that they are asexual. The reasons for this are many and are based on several myths about what it means to have cognitive limitations. Many assume that people with intellectual disabilities are also disabled when it comes to forming intimate sexual relationships. Because some of these children appear dependent and childlike, they are believed to be lifelong children who need protection from sexuality or who do not have sexual feelings, but research shows that there is little or no difference between the sexual desires and interests of people with developmental disabilities and the non-disabled.⁶ In contrast to this view and equally detrimental is the belief that men with cognitive limitations have uncontrollable sexual urges and women with cognitive limitations are sexually promiscuous. In actuality, given the high level of protection and/or lack of opportunity to be part of sanctioned social situations, the frequency of sexual activity is lower than their non-disabled peers.⁷

A strong sense of self and self confidence is synonymous with healthy sexuality. Children with cognitive limitations have the same needs as all children to be given opportunities to develop self esteem. Yet misconceptions about their capacity to learn often mean they are given limited opportunities to gain an understanding of themselves as whole individuals with many strengths and gifts. Many parents and other adults touch and talk less to children with cognitive limitations because they are often perceived as undesirable and unattractive. This can happen even with children with Down syndrome whose distinctive features are often seen as cute when they are little but less so as the children become adults. Dave Hingsburger and Karin Melberg Schweir, both parents of and experts about children with cognitive limitations, suggest that the development of healthy sexuality can only happen when children are loved unconditionally. "Why are we talking about this when the issue is sexuality? Well, to understand sexuality, you have to understand love. To understand love, you have to understand bonding. To understand bonding, you have to understand unconditional love. To understand unconditional love, you have to have felt it."⁸

Children with cognitive limitations develop physically at the normal rate yet lag behind their non-disabled peers in socio-sexual development. This is aggravated by a prolonged period

of dependency on adults for personal care and hygiene such as dressing washing, and using the toilet. This dependency can lead to lack of body ownership which in turn leads to difficulties in differentiating between the sexual and nonsexual parts of their bodies and difficulty learning modesty. The dilemma of dependency and thus lack of privacy can be seen when a kindergarten child's diapers are changed in the middle of the classroom or play area. It is critical for children with cognitive limitations to develop a sense of body ownership so they can understand the difference between public and private behavior, and it is important for social acceptance and sexual health that young people with cognitive limitations learn when and where it is appropriate to masturbate.

Self esteem, body ownership, and knowing the difference between public and private behavior are essential for avoiding sexual exploitation. Teaching sexual health to children with cognitive limitations may be even more critical than for their non-disabled peers because their naiveté means they are much more vulnerable to sexual abuse by both peers and adults. In order to develop healthy relationships, these children need to be taught safety skills which derive from a strong sense of self and sexual awareness. For example, young people with cognitive limitations are often very physically affectionate. Like all children, young people with cognitive limitations want to please and to be liked. Hugging can be a demonstration of this. The problem is nobody has taught them that it is not appropriate to hug strangers or to constantly hug the people they do know. Adults are more tolerant of a young child's indiscriminate hugs than they are for teenage boys and girls hugging everyone they meet. They need to be taught when it is safe and appropriate to hug and when it is not, and most importantly, what is an exploitive response to their hug.

Sexuality education for young people with cognitive limitations is really about relationship training. Sexuality is so much more than sexual anatomy and sexual activities. For young people with cognitive limitations we often overlook the need for companionship, conversation, trust, love and an appreciation for who they are.

Accommodations

The type of accommodations needed to include young people with cognitive limitations in the OWL program is well covered in the chapter, "Creating an Inclusive Sexuality Education Program." To summarize, there are four basic accommodations to consider: delaying when the young person attends the OWL grades 7-9 or 10-12 programs, using a buddy/mentor, using additional resources by the buddy/mentor or parent to guide and teach the young person with cognitive limitations, and orientation of the other OWL participants. In most cases it is not necessary to delay the participation of the child with cognitive limitations in the grades K-1 and grades 4-6 programs. The child may be behind in verbal skills; however, I still feel exposure to the curricula plus parental education from other sources will make the experience valuable. The child's participation should be with the understanding and commitment of the parents to be fully involved. They will need to study and read the OWL curriculum as well as additional resources in order to help their child understand not only the information covered in the OWL program but also to teach appropriate socio-sexual skills. Parents' early participation and understanding of their child's sexual development is highly desirable for laying the groundwork for teaching healthy body awareness so critical for children with cognitive limitations. What the parents learn from this experience about their own parenting skills may be the most beneficial part of the child's participation in the OWL program.

The religious educator, minister, and parents can help decide when the young person should attend either the grades 7-9 or 10-12 OWL programs. It can be an advantage to have a youth take OWL with their friends and peers from church, but delaying a year or two is

sometimes the most appropriate accommodation to meet the child's readiness for sexuality education. Some parents may insist on placement within their child's age group. Parents are so used to fighting for their child's rights; it can become a habit for them to approach things confrontationally, especially if it appears their child is being excluded from the mainstream. If the conflict can not be resolved through assurances of attendance in another year, then it would be advisable to ask the parents for permission to get the opinion of a third party such as the child's social worker, school psychologist, or teacher. Sometimes the perspective of another party who has worked closely with the child or youth carries more weight than the church minister or religious educator. One question to consider is whether the child is successfully included with peers of the same age in school. The discussion of when to attend the OWL program should be presented as a way to create the best possible experience for the child with cognitive limitations.

Because parents are encouraged to participate in the grades K-1 program, there is no need to use a buddy/mentor. The necessity of a buddy/mentor for the grades 4-6 program can be determined by the support committee. In most cases, if parental involvement is available, I do not believe a buddy/mentor will be required for successful inclusion. While I highly recommend that a child's participation in the grades K-1/4-6 programs be dependent on the parents' involvement, I would not want a child to be excluded because a parent is either unable or reluctant to be involved. In such a case, it would be advisable to assign an adult mentor or a high school buddy. This person will need to feel comfortable with the child and willing to read additional materials concerning sexuality education and children with cognitive limitations and help with homework.

The assignment of a buddy/mentor for the grades 7-9 and 10-12 programs will most likely be necessary for successful inclusion. While support from the youth's parents is crucial, he or she will feel more comfortable asking questions and talking about sexual concerns with their buddy or mentor if that person is not one of their parents. For children in the grades 7-9 program, the buddy could be a high school student. However, for the grades 10-12 program, it should be an adult and the adult should be called a mentor. Ideally the buddy/mentor should be someone familiar with cognitive limitations, although it is not absolutely necessary, and someone who is comfortable with the young person. Depending on the relationship between parent and youth, the buddy/mentor would most likely be the best person to go over the OWL material and additional reading with the youth prior to each OWL class. Depending on the abilities of the young person with cognitive limitations, the buddy/mentor may need to provide extra guidance as to appropriate behavior. I would still recommend that the parents review the additional resources for their own education. If there are scheduling problems or the buddy/mentor does not have the extra time to review the materials with the youth, then the parents will need to provide this support.

Because young people with cognitive limitations have less opportunity to participate in social situations, their sexual vocabulary often lags behind their non-disabled peers. They may find it awkward to ask questions in class, and when they do, the questions may be articulated poorly. Therefore the teachers will need to be patient and sensitive to the youth's needs and concerns. A useful accommodation could be arranging a way for the young person to ask questions outside of class, not just through the question box. The buddy/mentor can help with this situation. But most importantly, the other OWL participants will need to be accepting of the youth with cognitive limitations, and this can be encouraged by providing an orientation when the OWL program starts. This orientation will provide an excellent opportunity to explore differences we all have, accepting and understanding people with cognitive limitations, as well as discussing the specific accommodations being provided for the young person with cognitive limitations.

Teaching Strategies

It is important to incorporate the teaching strategies suggested in the chapter on learning differences. For example, the display of visual cues for each lesson will be helpful. In addition, due to their delay in developing socio-sexual skills, the use of outside resources and materials is essential for children and youth with cognitive limitations. The extra material should cover topics such as: independence and body awareness, the difference between public and private behavior, safety skills, and social skills. Children with cognitive limitations have difficulty learning from context—picking up subtle social cues and selecting relevant information from the world around them. Hingsburger and Schweir suggest using parallel talk with children to help them understand social cues. This involves talking about what you are doing while doing it such as, “I am picking you up from school and now we are going to get dressed and go out for dinner.” Teachers of the OWL program for both the grades K-1 and grades 4-6 programs can use this technique to help all children make transitions. For example, “We are gathering together and sitting on our own cushions. We are sharing with each other something that is important to us.”

Love and acceptance is important for all children’s development of healthy sexuality, and is an integral message of the OWL curricula. For children with cognitive limitations this is even more critical because parents often touch and talk less to their child with a disability than they do with their other children. As Hingsburger and Schweir point out,

“Touch and talk: These are powerful tools to begin an education about sexuality, selfhood, value, and worth. They are inherent elements of three major self-awareness concepts along the way to healthy sexuality:

I am loved.
I am welcome here.
My body is mine.”⁹

Experiencing love and acceptance in the grades K-1 and 4-6 programs will hopefully enhance what the child is learning at home leading to a strong sense of self as a sexual being.

Despite delays in social awareness, adolescents with cognitive limitations reach puberty and develop gender identity chronologically at the same rate as their non-disabled peers. Nevertheless, their socio-sexual identity is hindered because of lack of involvement with or rejection by their non-disabled peers. They have limited experience in those sanctioned social situations in which they can learn about dating and attraction. Yet as with all young people, they are exposed to the media’s portrayal of women, men, and sexuality, and much of the information is misleading and confusing. It is important for teachers of the grades 4-6 and 7-9 programs to realize that a young person with cognitive limitations will not be at the same level of understanding about what is happening to their bodies during puberty. Because of limited contact, they do not even have access to their peers’ sometimes inaccurate explanations of sexuality, so they may have no words to describe what is happening to them. Even though they may not have been informed about their emerging sexuality, adolescents with cognitive limitations still experience sexual desires and interests.

Young women with cognitive limitations may be fearful of the flow of menstrual blood because blood is usually associated with injury to the body. They need to be prepared before their first period and will need clear modeling and direction on using sanitary pads or tampons. They may also be confused about the emergence of breasts and will need reassurance and

explanation. Young men will need to be informed about erections and wet dreams before they occur or they may become frightened and feel they are not normal. They will need to be shown what actions to take if they have an erection in public. Again, discussion as to public and private behavior is critical. Because of this, it is essential that the parents or the buddy/mentor prepare the young person before each OWL lesson so there will be no surprises or misunderstandings which could embarrass the young person in class. A young person with cognitive limitations may sometimes ask questions that are perceived by the other OWL participants as awkward and embarrassing. If handled sensitively, these questions can actually be advantageous for fostering discussions.

The Sexuality Information and Education Council of the United States (SIECUS) published a report on *Sexuality Education for People with Disabilities* in 2001. In this report experts write about sexuality and many types of disabilities. Michelle Ballan provides recommendations to parents concerning their role in sexuality education for young people with developmental disabilities. The following list will be helpful for parents to consider prior to and during their child's participation in the OWL program. Their understanding and involvement will help the OWL teachers successfully include their child in the OWL program. I have included in parentheses examples of what can be considered in order to become more comfortable educating your child about sexuality.

- Assess your attitudes and beliefs before talking with your child. (Are you uncomfortable talking about sex? Do you believe even partially some of the cultural myths about the asexual nature of children with cognitive limitations?)
- Recognize your children as sexual beings with emotions and desires. (Does viewing your child as a sexual being make you uncomfortable?)
- Consider how you want your children's sexuality education to be similar or different from your own. (Where did you get most of your information—from peers, your parents, the media, books? Was it helpful?)
- Acknowledge that sexuality extends beyond reproduction and intercourse. Sexuality includes a range of emotions and interactions, including intimacy, love, and affection. (Can you see your child forming intimate relationships outside of the family?)
- Provide information about sexuality without making the conversation a biology lesson. Nevertheless, use the correct names for body parts. (Are you uncomfortable with using the correct names for body parts?)
- Use everyday opportunities to teach about sexuality. Do not wait for children to ask questions. (Do you believe your child is not interested if they do not ask questions?)
- Think about your behaviors that might send messages contradictory to those you are trying to teach. (Do you want to convey that sexuality is natural to your child, but are uncomfortable talking about it?)

- Develop individualized approaches to your children’s sexuality education by tailoring the information to their specific needs. (Are you unclear about your child’s needs?)
- Help children differentiate thought from behaviors. While many thoughts are acceptable, certain behaviors are not. (Sexual fantasies are ok and sometimes helpful; however, acting out the fantasies is often not acceptable. This is part of the discussion of the difference between public and private behavior.)
- Clearly communicate your values to your children. (Try to distinguish between values and negative or harmful beliefs which limit the full expression of your child’s sexuality. An example might be, “I value privacy for certain sexual behavior such as masturbation.” A negative belief might be, “It is harmful to masturbate, even in private.”)¹⁰

Emotional and Behavioral Difficulties

Discussion

Teachers' concerns about inclusion of children with emotional and behavioral difficulties in the OWL program are mostly focused on how to handle disruptive and difficult behavior. Children who often come under this category have: attention deficit disorder (ADD), anxiety disorders including obsessive compulsive disorder (OCD), oppositional defiance disorder (ODD), bipolar disorder, severe depression, and schizophrenia. A small minority of the children will be institutionalized periodically. Older youth and young adults who are institutionalized for longer periods of time will encounter huge barriers to expressing their sexuality and establishing intimacy. For the purposes of this *Guide*, it is not necessary to understand the sexual health difficulties of institutionalized people with psychiatric disabilities. What is important to note is that the seeds of difficulty in expressing sexuality and establishing intimacy are often planted early, when the children are young. Being institutionalized compounds the problem. (For more information about the specific disabilities, please read the pertinent chapters in *Welcoming Children with special Needs, a Guidebook for Faith Communities*.)

Children with emotional and behavioral difficulties develop sexually at the same rate as their peers. They have the same sexual desires and longing for intimate relationships. What they have to contend with is similar to other children with differing types of disabilities, the lack of social skills and less opportunity to interact with their non-disabled peers. Many of these children are shunned by their peers because their behavior can be offensive or disturbing. They may be perceived as bizarre, unstable, or weird. It can be exhausting to maintain a friendship with someone who is severely depressed, demands constant attention, or who is highly energetic. Therefore, these children are less likely to have close friends or to be asked to attend those socially sanctioned activities and events which help young people learn appropriate socio-sexual skills. This lack of information and a desire for friendship can make them vulnerable to sexual abuse and exploitation.

It is important to realize that the children in this category will have a huge range of behavior, some of which can be managed easily with appropriate teaching techniques and environmental structure such as having a buddy/mentor to help provide consistency and support. It is important to determine with the child and their parent what they feel they can handle and when they feel they will have difficulty. The range of behavior that might be encountered includes some children who may be hyper kinetic learners and have difficulty sitting still so they will invent things to do to keep themselves occupied, some may become anxious in groups or with strangers, and others may be sullen and defiant. Some children may be fine one week and not the next, while others may be constantly negative. Some children may get unexpectedly angry. While we should never automatically assume that a child with severe depression or one who is angry and defiant has been abused, it is important as you observe the child's behavior over time to be aware that these can be symptoms of abuse.

Accommodations

Children with disruptive and inconsistent behavior can cause unprepared teachers to panic, especially given the already sensitive and often emotionally charged content of sexuality education. Therefore, it will be critical to successful inclusion that the teachers have plenty of support and resources. They need to be able to start the OWL program confident that they can manage effectively and compassionately the child with emotional and behavioral difficulties.

While it is important to be prepared, it is also important to realize that teacher expectations can sometimes exacerbate difficult behavior. Many of these children get labeled the problem child and then everyone expects them to misbehave. The child without the label who every once and awhile

misbehaves is often given more latitude and treated more kindly than the child with the label who misbehaves. For example, Johnny has a reputation for causing trouble. Sarah, unseen by the teacher, kicks Johnny under the table. Johnny responds angrily and the teacher immediately assumes Johnny started it and disciplines Johnny and not Sarah. If the same scenario occurred with two children who were not known for disruptive behavior, then the teacher would not assume who started the fight and would probably just warn the children not to do it again.

The ongoing involvement of the support committee is crucial. I recommend that there be someone on the support committee who has expertise with emotional and behavioral disorders. Usually there is someone within the congregation with the necessary expertise. If there is not or they do not have the time to participate, then it would be a good idea to periodically solicit opinions from an outside professional. If both the parent and the young person agree, talking with their psychologist or social worker can be very helpful. A plan for inclusion will need to be carefully developed. Accommodations to be considered are: developing a behavioral contract with the young person, allowing self determined time outs, and using an adult buddy/mentor. In some instances, the content of the OWL curricula may cause a young person to react disruptively. It would be advisable for the parents to review the curricula before the start of the program in order to identify potential problem areas.

If a young person has had past behavioral difficulties in religious education programs or if behavioral problems develop, then it may be necessary to create a behavioral contract. Before putting a young person on a contract, however, I would suggest that the religious educator first meet with the child and clearly state behavioral expectations. Make sure the young person is treated as an equal partner in this endeavor. Create a plan that feels workable for both the young person and the teachers. Giving a young person the chance to meet expectations is always useful for the growth of self esteem. If expectations are not met, then it may be necessary to put the young person on a contract, which is a decision that should be made by the support committee and religious educator. Consequences to unacceptable behavior should be clearly stated. Ask the young person to help identify consequences. Often they will come up with excessive punishment which may be an indication of how they feel about themselves and how they have been treated in the past. Once reasonable and appropriate consequences have been agreed upon, the contract has been drawn up, and all parties involved have a clear understanding of it, the young person, teachers, and religious educator should sign it.

Allowing the young person to leave the room when they are beginning to act out in order to calm themselves is an excellent accommodation. It's important to have this arrangement in place before the program starts so the child understands what the accommodation is and what is expected of him or her. This works well for many children within the autism spectrum, but could also be useful for any child who gets upset easily. For young people who have been assigned a buddy/mentor, this can be a very effective strategy. The buddy/mentor can help the child monitor their behavior and determine when it would be helpful to leave the room for a time out to calm down. Eventually the buddy/mentor can discuss with the young person what triggers their anger or impulsive behavior in order that they can become more self aware. Since this is an accommodation rather than a punishment, the teacher's attitude toward the child should be matter of fact and supportive when the child needs to leave the room.

I recommend only using adults as mentors for children with emotional and behavioral difficulties. It is more useful to call the adults "mentor" instead of "buddy" since the word buddy may imply someone to pal around with rather than a person whose role is to be a teacher and guide. Many troubled youth are experts at figuring out how to push adults' buttons, so the mentor must have the ability to stay calm, not take things personally, and have a genuine liking for the young person. If the young person is to be placed on a contract, then the mentor will also need to sign it.

I realize that children's participation in OWL is dependent on their and their parents' agreement to attend all the sessions unless they are sick. However, there are some children with emotional and behavioral difficulties who may be unable to always be part of the class situation. The following is a suggested model for working with a mentor or perhaps several mentors so that the young person who is

unable to attend every class receives all the necessary OWL lessons. It is important for the other OWL participants to be aware that this is a necessary accommodation for their peer.

On page 177 in *Welcoming Children with Special Needs, a Guidebook for Faith Communities*, I describe a story of Alex, a teenager with schizophrenia, and how he was successfully included in the religious programming of a mid-sized church. A mentor program which involved four volunteer adults who knew and liked Alex was developed. Each Sunday, Alex had the option to study independently with his mentor or to join any religious education class third grade and up. All of the teachers agreed to this accommodation. The mentors were always prepared with a lesson. Emily Green, the religious educator at the time, said:

This situation has worked out very well for all concerned. The mentors really enjoy their time with Alex. Every Sunday, Alex comes to me to find out what the classes are doing so he can make his choice. He chooses the activities that interest him, so his class time is always positive. He rarely stays for an entire class and often ends up talking with his mentors. I've heard that the conversations have been wonderful.¹¹

This model could also work well for a young person who wants to be involved in the OWL program but would have difficulty attending every class. I would recommend at least two mentors in case someone gets sick or can not attend a class. Only one mentor at a time will attend each class, and it will be critical that each week he or she reads the OWL curriculum, discusses with the OWL teachers what will be presented, and comes prepared to teach the lesson. Prior to each class the mentor can discuss with their mentee what the lesson covers and determine whether the young person will attend class, discuss the lesson with their mentor outside the classroom setting, or do both. Whether in class or with his or her mentor, the young person needs to agree to stay the length of time of the OWL class whenever possible. While much of the OWL curricula include activities involving all the participants, if the young person does not feel comfortable, then the mentor will have to be creative about how to teach what the activities are conveying. Using these accommodations should create a better environment for teaching children with emotional and behavioral difficulties.

Teaching Strategies

If there are going to be children with emotional and behavioral difficulties attending the OWL program, I strongly recommend reading "Teaching Difficult or Disruptive Children" in *Welcoming Children with Special Needs, a Guidebook for Faith Communities*. I also recommend reading the teaching strategies discussed at the end of the chapters of the pertinent disabilities. I will summarize a few key teaching strategies:

- Avoid unstructured time, especially during transitions from one activity to the next. Highly energetic children will invent something to do if they feel nothing is going on.
- Have something for young people to do with their hands to engage their kinesthetic learning channel during times of discussion. I have pipe cleaners and clay available even during my workshops with adults.
- Provide plenty of breaks with structured but brief physical activities such as stretching, doing jumping jacks, etc. Be aware of what types of physical activities are possible for children with physical limitations in order to provide them with alternative activities.

- Provide plenty of warning before transitioning to another activity. Letting children know what is going to happen next before one activity ends gives them time to prepare and avoids anxiety and unwanted behavior.
- Provide direct requests for desired behavior rather than negative commands. For example, “Lois, please put your pencil down and look at me” works better than “Lois, stop tapping your pencil.”
- Provide a diversion before the unwanted behavior occurs. It is often obvious when a child is starting to become disruptive. Ask them to do something before it gets out of control. For example, Henry is getting restless and fidgety. In the past this has usually led to him punching someone or talking when he should not. Be prepared with a list of things you can ask Henry to do when this starts to happen such as putting up notes from a flip chart or handing out materials. (This also may be a good time to take a brief physical break with a structured activity.)
- Have one of the teachers quietly sit next to a child who is being disruptive to convey a calming attitude and to gently remind the young person of appropriate behavior. Sometimes all it takes is close adult presence to stop unwanted behavior. (If the child has a buddy/mentor, then the mentor can take care of it.)

Most importantly, teachers need to recognize that disruptive children need positive attention but often lack the skills to elicit it. Talking to the disruptive child outside of the classroom to show you care and are willing to listen without judgment will go a long way to getting cooperative and engaged behavior during class.

Physical and Sensory Limitations

Discussion

The inclusion of children and youth with physical and sensory limitations in the OWL program is most dependent on the existence of an accessible building. In general, physical and sensory limitations include children who have poor use of their arms or legs; poor balance and coordination; difficulties with receptive or expressive language; and limitations in their hearing or vision. Providing appropriate physical accommodations will go a long way toward successful inclusion; however, teachers must also be aware of the societal barriers which limit young people's development of healthy sexuality.

Children and youth with physical and sensory limitations have much to contend with concerning the expression of their sexuality. Societal ideals of physical attractiveness, good health, and self-reliance create a situation in which young people with disabilities are seen as unattractive, dependent, and asexual. As a result, many struggle with a negative self-image and may bury any thoughts of sexual expression and desires. As stated many times in this *Guide*, healthy sexuality is related to healthy self-esteem. The self-esteem of young people with physical disabilities is constantly being battered. They encounter inaccessible buildings and transportation, unemployment, and limits to social interactions. Ken Kroll, who writes about healthy sexuality for people with physical disabilities points out, "When basic self-respect is eroded, good relationships with others are hard to develop and maintain, inner peace remains elusive, and anger, depression, and addictive behaviors become commonplace."¹²

An additional set of issues emerges for those people whose injury or disease affects their ability to engage in all aspects of physical sexual activity. Too often sexual expression gets identified solely as having an erection or experiencing an orgasm. While many women can experience an orgasm with a severe physical disability such as spinal cord injury, the public perception is they can not. Men who can not have an erection are viewed as not being able to feel other sexual pleasure. Our culture promotes the idea that types of pleasurable sexual activity other than erection or orgasm are not totally satisfying, and this contributes to the view that people with physical disabilities are asexual or can not experience sexual pleasure. According to Kroll,

...the need for sexual expression is never lost as the result of an injury or illness. Every person, regardless of gender, age, or disability, is a sexual being. Furthermore, every person has the right to sexual expression, and there is hardly anyone who is too disabled to have some pleasure from his or her sexuality—with a partner if possible, alone if necessary. It is up to each person to discover the kind of sexual expression that works for him or her and the best way to achieve it.¹³

Many people with physical disabilities only feel comfortable interacting sexually with other people with physical disabilities who know and understand their experience. Even if they are attracted to someone who is not disabled, they may be reluctant to initiate a relationship because they assume the person could never be attracted to someone who is disabled. It can affect their feelings of self-worth.

With our cultural preoccupation with "normalcy" and our cultural biases concerning physical attractiveness, there are many barriers facing a young person with a physical disability who wants to become sexually active. They will need to feel comfortable explaining to a new

sexual partner what position and movements to use during sexual activity and what assistance is necessary as the couple prepare for physical sexual activity. People with extremely limited physical mobility sometimes have special care attendants who help them prepare for physical sexual activity. Issues of privacy have to be worked out between the attendant, the person with a disability and the sexual partner. In this case it means that sex is rarely spontaneous, this may be difficult for the couple.

Young people with physical and sensory limitations have many of the same issues about privacy as do children with cognitive limitations. While they may have a more complete conceptual understanding of the difference between public and private behavior, they often develop compliance to being touched. The severity of the disability determines the amount of adult care and the opportunity for privacy.

Their parents may be in denial as to their child's ability for sexual expression or assume their child's disability means they will not have sexual desires. Hearing parents of children who are deaf, especially younger children, may have poor communication with their child. Vocabulary may be limited to everyday matters. Words like masturbation, names for sexual organs, and sexual concepts are frequently not discussed. Children who are blind generally do not have a chance to explore nude, aroused adult bodies, so they don't know what an erection looks like. Like other children with special needs, young people with physical and sensory limitations have less opportunity to interact with their non-disabled peers or to be part of socially sanctioned events which help promote healthy socio-sexual exploration. All of these factors mean that children with physical and sensory limitations may be more naïve than their non-disabled peers and more vulnerable to sexual exploitation and abuse.

Accommodations

The accommodations that will be the most helpful for successful inclusion are physical accommodations, orientation of the OWL participants, and the use of additional resource materials. The physical accommodations that will be needed for inclusion into the OWL program depend on the type of physical disability. I assume if a young person uses a wheelchair, walker or braces, the issues of building accessibility have already been addressed by your congregation. If the church's building is not accessible, then the OWL program will need to be moved out of the church to an accessible building with an accessible bathroom. The room environment will need to be arranged so the young person can easily move around without encountering obstacles. Also keep in mind how the other children or youth will be sitting. If everyone is sitting on cushions on the floor, then it will be awkward for the young person in a wheelchair to always be looking down at them. A significant number of OWL activities require movement, so please be aware of modifications that may be required to include the young person with physical limitations.

Children who are deaf or hard of hearing may need a sign language interpreter, or if they use a hearing aid or a cochlear implant, they will need to sit near the teacher in order to hear more clearly and to also see the teacher's lips. The teachers may be asked by the parents to wear a special microphone which amplifies their voices over other voices and extraneous noise. If the child has a cochlear implant, then the microphone is tied directly into the implant. When asking the child a specific question, teachers should always look directly at the child. The children should sit in a circle so that the child or youth with a hearing aid or cochlear implant can see everyone when they speak. If the teacher is trying to quiet a noisy room, flicking the lights on and off is an effective way to get everyone's attention. The young person will need to be asked if it is ok to touch their arm or hand in order get their attention if they have not heard their name being called or if someone wants to speak to them. If a sign language interpreter is being used,

then the etiquette will need to be explained of always speaking directly to the young person who is deaf rather than the interpreter.

A young person who is blind may bring a guide dog with him or her. The other children will need to learn the etiquette for interacting with a guide dog and be reminded that the guide dog's primary purpose is to help the child who is blind and is not a pet. As the OWL material cannot be translated into Braille because of its high graphics content, the parent, buddy or mentor will need to read the lessons to the young person prior to each class. The teachers should be prepared to always read out loud and explain everything or have someone read the material to the child who is blind if the other participants are reading quietly to themselves.

Children who are visually impaired will need good lighting in the room and material provided in large print, especially if not all the material can be read out loud by the teacher. Perhaps a buddy or a friend can read the material to them if it is not too disruptive. The support committee should work with the teachers prior to the start of the OWL program to ensure that the materials are prepared in a print size that is readable to the child and to help identify the portions of the lessons that the teachers will need to read out loud. Teachers will need to remember to describe what they are doing, even the pictures which are being shown. It would be helpful to have models of the body and the sexual organs, including dildos, for the child to feel. This would also be helpful for all the children. Again it would be beneficial to have the parents read through the lessons with their child prior to the class so both parent and child know what to expect.

If the young person is visually impaired or blind, the room configuration needs to stay the same and if it has to change, then the young person will need to be informed and shown the new configuration. The child or youth who is blind or visually impaired will need to be asked how they want to be helped. Do they want another person to physically help them navigate the room or the building? It would be an excellent idea to invite the young person and their parents to a mobility orientation to familiarize them with the building and room configuration.

Except possibly for a young person with blindness, usually there will be no need for a buddy/mentor if the other accommodations are implemented. In the orientation session for the other OWL participants, all the physical accommodations and the appropriate ways to interact should be discussed, and once they are informed, they can all be helpful in making sure the accommodations are provided. For example, if there is someone with a visual impairment, the other OWL participants can help keep the room environment the same and if it has to be changed, they can help familiarize the young person with the changes. Other courtesies and directions to be covered in the orientation could include for example, always conducting lengthy conversations at eye level with someone in a wheelchair and offering to hold the door open if they have to leave the room, or being aware to always speak directly to the young person who is hearing impaired. Everyone working together to make sure the room environment is always accessible will be a wonderful lesson on the benefits of inclusion and should be part of the orientation.

Providing additional reading materials on sexuality and the pertinent disability is also important for successful inclusion. Depending on what their parents have told them, young people may have limited knowledge concerning their disability and how it affects their sexual response and expression. The young person may have many questions about sexuality as it pertains to their disability. Since the teachers should not be expected to be experts on the various disabilities, the young person and their parents can be given a list of additional resources to read. If a young person is not able to find the answer to their concerns and questions in the additional reading materials and they are too embarrassed to ask their parents, hopefully they can be encouraged to ask their teachers in confidence either through the question box or in private with the understanding that they may not want their question answered in front of the whole

class. The support committee should be a resource for the teachers for help in locating answers to the young person's questions.

Teaching Strategies

Useful teaching strategies are closely associated with appropriate physical accommodations and thus have already been discussed. It is very important for the teacher to be aware of all of this and comfortable before starting the OWL program. One word of caution about the OWL grades 7–9 curriculum's chapter on "Disability and Other Diversity Issues." There is an excellent story about a young woman in a wheelchair who has a sexual relationship with a non-disabled young man. If you have a youth with a physical disability who uses a wheelchair, the teachers should discuss the story with him or her first to make sure they are comfortable discussing it in class. It may feel too personal for them or they may welcome the opportunity to talk about their disability and their own concerns. If they do not want to be part of the story's discussion, then the support committee will need to help the teachers find a substitute story.

Conclusion

The most important aspect of successful inclusion is flexibility. Children and youth with special needs should never have to adapt to the curricula, the curricula needs to be adapted to the needs of the children and youth. What works for one child may not work for another child. I tried to give suggestions for accommodations for a range of disabilities, but they are only suggestions. Other people may have other ideas. The key is the attitude on the part of everyone involved that inclusion can work and we will do all we can to figure out how to make it work.

Hopefully this *Guide's* suggestions and additional resources provide the necessary incentive for inclusion of children and youth with special needs into the OWL program. Many congregations have not tried to include some children and youth with special needs because they did not know where to go for information. Given the substantial evidence that young people with special needs are vulnerable to sexual abuse and exploitation, it is vitally important that we make the effort and succeed in including in the OWL program all the young people with special needs who are part of our church congregations. The benefits are for all who are involved, not just the young person with special needs. Everyone is enriched by learning and understanding the beautiful complexity of life and our sexuality.

Endnotes

¹ Sally Patton, *Welcoming Children with Special Needs, a Guidebook for Faith Communities* (Boston, MA: Unitarian Universalist Association, 2004), pp. xiii – xiv.

² Mac Edwards, editor, *Sexuality Education for People with Disabilities Report (SIECUS)* (NY, NY: Sexuality Information and Education Council of the United States, Vol. 29, No.3 February/March 2001), p.26.

³ Thomas Armstrong, *Special Education and the Concept of Neurodiversity* (New Horizons for Learning, 2005), www.newhorizons.org/spneeds/inclusion/information/armstrong.htm

⁴ Mary Johnson, editor, *Disability Awareness – Do It Right* (Louisville, KY: The Advocado Press, 2006)

⁵ Isabelle Hénault, “Sexuality and Asperger Syndrome: The Need for Socio-Sexual Education,” *Children, Youth and Adults with Asperger Syndrome* Kevin P. Stoddart, ed. (Philadelphia, PA: Jessica Kingsley Publishers)

⁶ Michelle Ballan, “Parents as Sexuality Educators for Their Children with Developmental Disabilities,” *Sexuality Education for People with Disabilities Report (SIECUS)* Mac Edwards, ed. (NY, NY: Sexuality Information and Education Council of the United States, Vol. 29, No.3 February/March 2001), p. 15.

⁷ Ballan, p. 15.

⁸ Karin Melberg Schweir and Dave Hingsburger. *Sexuality: Your Sons and Daughters with Intellectual Disabilities* (Baltimore, MD: Paul H. Brookes Publishing Co., 2000), p.24.

⁹ Schweir and Hingsburger, p. 26.

¹⁰ Ballan, p.18.

¹¹ Patton, p. 178.

¹² Ken Kroll, *Enabling Romance: A Guide to Love, Sex, and Relationship for People with Disabilities (and the People Who Care About Them)* (No Limits Communications, 2001) p. 35.

¹³ Kroll, p. 33.

Resources

General Awareness

There are many resources listed in Patton's book. These following resources include ones which have been found since its publication.

The Advocado Press: www.advocadopress.org. This publisher provides publicity books and periodicals on disability rights and the disability experience since 1981.

Johnson, Mary, ed. *Disability Awareness – Do It Right*. Louisville, KY: The Advocado Press, 2006.

www.neurodiversity.com. A website dedicated to providing information to improve the lives of children and adults primarily within the autism spectrum.

Patton, Sally. *Welcoming Children with Special Needs, a Guidebook for Faith Communities*. Boston, MA: Unitarian Universalist Association, 2004.

www.thenthdegree.com. An online community which celebrates the disability culture and inclusion.

Ragged Edge Magazine: www.raggededgemagazine.com. The Ragged Edge community provides articles by, about and for the disability community.

General Sexuality Information and Disability

Edwards, Mac, ed. *Sexuality Education for People with Disabilities*. NY, NY: Sexuality Information and Education Council of the United States, Inc., Vol. 29, No. 3, Feb. /Mar. 2001.

Enable Link: www.enablelink.org. Links people with disabilities to a world of resources. Includes information on sexuality.

National Information Center for Children and Youth with Disabilities, *Sexuality Education for Children and Youth with Disabilities*, NICHCY News Digest, #ND17, 1992 www.nichcy.org.

Sexuality Information and Information Council of the United States: www.siecus.org. Offers comprehensive information on sexual issues and sexual rights.

Society for Human Sexuality: www.sexuality.org. Provides articles and information on sexuality including sexuality and disability.

Susan's Sex Support Site: www.sexsupport.org. Provides information on sexuality and disability.

Learning Differences

Cummings, Rhoda Woods, Gary L. Fisher, Pamela Espeland, and L. K. Hanson. *The Survival Guide for Teenagers with LD*. NY, NY: Spirit Free Publishing, 1993.

Hénault, Isabelle. *Asperger's Syndrome and Sexuality: from Adolescence through Adulthood*. Philadelphia, PA: Jessica Kingsley Publishers, 2005.

Hénault, Isabelle. "Sexuality and Asperger Syndrome: The Need for Socio-Sexual Education." *Children, Youth and Adults with Asperger's Syndrome*. Kevin P. Stoddart, ed. Philadelphia, PA: Jessica Kingsley Publishers, 2005.

Newport, Jerry and Mary Newport. *Autism—Aspergers and Sexuality, Puberty, and Beyond*. Arlington, TX: Future Horizons, Inc., 2002.

www.coultervideo.com: Provides DVD's and videos for people with AS and for other people to understand people with AS.

Cognitive Limitations

American Academy of Pediatrics, *Sexuality Education of Children and Adolescents with Developmental Disabilities*, Vol. 97, No. 2, Feb. 1996, pp. 275-278.

Carmody, Mary Ann. "The 3 R's of Sexuality Education: Rights, Responsibilities, and Realities." *Down Syndrome: A Promising Future Together*. Terry J. Hassold and David Patterson, eds. NY, NY: Wiley – Liss and Sons, Inc. 1999.

Diverse City Press. www.diverse-city.com. Provides educational materials for people with intellectual disabilities.

Feingold, Ben. *Sexuality and People with Intellectual Disability*. Baltimore, MD: Paul H. Brooks, 1997.

Hingsberger, Dave. *Hand Made Love: A Guide for Teaching About Male Masturbation*. Book and video from www.diverse-city.com.

Hingsberger, Dave and Sandra Hoar. *Finger Tips: A Guide for Teaching About Female Masturbation*. Book and video from www.diverse-city.com.

Hingsberger, Dave. *No! How!!* Video involving people with intellectual disabilities in acting and working, producing, and directing to help other people with intellectual disabilities on how not to be victims. Video from www.diverse-city.com.

Hingsberger, Dave. *Under Cover Dick: A Guide for Teaching About Condom Use Through Video and Understanding*. Book and video from www.diverse-city.com.

Reynolds, Leigh. *People with Mental Retardation and Sexual Abuse*, The Association for Retarded Citizens, #101-56, Oct. 1997. www.thearc.org.

Schweir, Karin Melberg. *Couple with Intellectual Disabilities Talk About Living and Loving*. Rockville, MD: Woodbine House, 1994.

Schweir, Karin Melberg and Dave Hingsburger. *Sexuality: Your Sons and Daughters with Intellectual Disabilities*. Baltimore, MD: Paul H. Brookes Publishing Co., 2000.

Wheatley, Helen. *Sex, Sexuality and Relationships for Young People with Learning Disabilities*. Current Pediatrics, England: Elsevier Ltd., 2005.

Physical and Sensory Limitations

Baer, Robert W. *Is Fred Dead? A Manual on Sexuality for Men with Spinal Cord Injury*. Pittsburgh, PA: Dorrance Publishing Co. Inc., 2004.

Blackburn, Maddie. *Sexuality and Disability*. Burlington, MA: Butterworth – Heinemann, 4th edition, 2002.

Center for Research on women with Disabilities: www.bcm.edu/crowd. Provides a report on a national study of women with physical disabilities and sexual functioning.

Kroll, Ken. *Enabling Romance: a Guide to Love, Sex, and Relationships for People with Disabilities (and the People Who Care About Them)*. No Limits Communications, 2001.

Neistadt, Maran E. *Choices: A Guide to Sex Counseling with Physically Disabled Adults*. Burlington, MA: Butterworth-Heinemann, 2002.

Sexual Health and Fertility after Brain and Spinal Cord Impairment: www.scisexualhealth.com. Information provided by practicing physicians and sexual health nurses.

Sexual Health Network: www.sexsupport.org. Provides general sexuality information and specific information on disability and chronic conditions.

Silverberg, Cory; Miriam Kaufman and Fran Odette. *The Ultimate Guide to Sex and Disability: for All of Us who Live with Disabilities, Chronic Pain and Illness*. San Francisco, CA: Cleis Press, 2003.