An Evidence-Informed Assessment of:

Sexuality Education for People with Developmental Disabilities:
Curriculum for High School Students and Adults with Developmental Disabilities

According to the Bureau of Justice Statistics, National Crime Victimization Survey, Special Tabulation, and the National Public Radio series, "Abused and Betrayed," people with Intellectual and Developmental Disabilities (I/DD) are seven times more likely to be sexually abused than someone without I/DD.[1]

In a nationally representative sample of middle and high school age youth (7th to 12th graders), the association of low cognitive ability with increased risks of sexually transmitted infections (STIs) among adolescent boys and girls were found to be substantial. These findings indicated that 8% of adolescent male participants with low cognitive ability had been exposed to an STI, as compared to only 3% of males with average intelligence; for adolescent females who were sexually active, 26% of the cognitively impaired reported having an STI, a sharp contrast to 10% of adolescent females with average cognitive ability. The same study found that nearly 40% of cognitively impaired teenage girls had become pregnant — more than double the 18% rate of teenage girls without a disability.[2] With respect to the incidence of unplanned pregnancy, scant data exists on the frequency of pregnancy among adolescents and young adults with developmental disabilities.[3] A recent study using data from the National Longitudinal Study of Youth suggests that young women with low cognitive functioning are at increased risk for early sexual activity and early pregnancy.[4]

Along with these statistics, there are also many anecdotal stories of young people with developmental disabilities being removed from the mainstream health class during the sexuality education unit, adults with I/DD being arrested for accidentally downloading child pornography, or preforming illegal sexual acts in public because of their lack of knowledge of what is "public versus private."

These statistics and anecdotal stories demonstrate the need for people with I/DD to receive sexuality education that is accessible and specifically geared towards their learning needs. The topics that need to be included in a sexuality education curriculum for this population should be medically accurate and age-appropriate. It needs to be a comprehensive sexuality and social skills education curriculum. These topical needs should be based on one's biological age, whether they have a disability or not. All people need the same information to make healthy choices about relationships and social and sexual health. What is different is *how* the topics are taught, not *what* the topics are. Also, people with I/DD need additional topics that may not be taught to people without disabilities such as public and private places, as well as public and private topics and acts, plus the different types of relationships and how you touch within those relationships.

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[1] Source: Bureau of Justice Statistics, National Crime Victimization Survey, Special Tabulation

[2] Cheng, M., & Udry, J. (2005). Sexual behaviors of physically disabled adolescents in the United States. Journal of Adolescent Health, 31, 48-58.

[3] Jones, K. H., Woolcock-Henry, C. O., & Domenico, D. M. (2005). A wake-up call: Pregnant and parenting teens with disabilities. International Journal of Special Education, 20(1), 92-104.

[4] Shearer, D. L., Mulvihill, B. A., Klerman, L. V., Wallander, J. L., Hovinga, M. E., & Redden, D. T. (2002). Association of early childbearing and low cognitive ability. Perspectives on Sexual and Reproductive Health, 34(5), 236-243.

In 2009, ***Sexuality Education for People with Developmental Disabilities: Curriculum for High School Students and Adults with Developmental Disabilities*** was written because there was a lack of resources that were evidence-informed, able to reach this population's specific learning needs, and included all the necessary topics to promote the health and well-being of individuals with I/DD. To guide content development of this curriculum, we not only included the wisdom and experience of field practitioners but we also relied heavily on the needs assessments gathered from self-advocates.

In 2018, we revised the curriculum and added updated topics, such as social media and communication and gender identity and expression. This version is now a 22-lesson curriculum that includes a manual with instructions on how to implement the curriculum.

This curriculum is unique in that it incorporates the Disability Rights, Independent Living, and Self Advocacy Movements into its structure and framework. The curriculum places an emphasis on being a sexual self-advocate. Becoming a sexual self-advocate means an individual has the skills to: know what they want for themselves, ask for help when needed and in a way that is best for each individual, and not giving up when there is a barrier or roadblock placed in the way.

Another unique feature of the curriculum is that it was created by individuals with developmental disabilities who understand the importance of creating a product and educational tool that will be successful for people with developmental disabilities. Additionally, the curriculum places an emphasis on having a co-facilitator from the I/DD population to provide a relatable perspective to the content being taught. All of these features provide a positive view of disabilities and promote the "nothing about us, without us" mentality that is very present and inherently important to the Independent Living Movement. All of the above movements strive to provide independence, autonomy and self-advocacy skills to people with disabilities as well as promote the development of their leadership skills.

Evidence Informed Program:
According to The Smart Start Resource Guide of Evidence-Based and Evidence-Informed Programs and Practices, an evidence-informed practice is "one that is guided by child development theory, and practitioner wisdom, and qualitative studies, and findings from basic research and has written guidelines, and a strong logic model, and a history of demonstrating positive results. They may be rated 'Promising' or 'Emerging' by at least one source that rates evidence-based programs" (Smart Source Resource Guide, 2015).

This definition encapsulates what this current curriculum aims to do. The theories and research behind the design, goals, objectives, and activities make a strong case for the successful dissemination of information to individuals with developmental disabilities. There have been influential studies conducted on other curriculum geared towards the I/DD population, and the tenets of those programs, which led to statistically significant results, can also be found in this current curriculum.

In conclusion, the ***Sexuality Education for People with Developmental Disabilities*** curriculum was developed using evidence-informed practices such as theories, practitioner wisdom, self-advocate voices, and research. We recently performed an internal curriculum assessment based on the Professional Sexuality Education Standards and a literature review, and a comparative analysis using an alternate tool and compared the curriculum with another evidence-based curriculum to establish it as an evidence-informed program. These assessments were performed by an outside consultant in order to provide an unbiased review.

Contents in this Document

Here is what is covered in this document. Each section will be expanded upon below.

The consultant:

1. Compared the Professional Sexuality Education Standards to the curriculum.
2. Analyzed “Identifying Effective Methods for Teaching Sex Education to Individuals with Intellectual Disabilities: A Systematic Review in Journal of Sex Research (May 2015)” and identified effective techniques in teaching this population and compared those techniques to the curriculum.
3. Used the Sexual Health Education for People with I/DD (SHEIDD) curriculum assessment tool to perform a comparative analysis with evidence-based curriculum.

Development and Revision of the Curriculum

Theories: The unique approach to sexual health education for people with intellectual disabilities calls for a theory that acknowledges the cultural and historical aspects and implications of disability. According to an article published by Advocates for Youth, in the past decade young people diagnosed with developmental disabilities increased from 12.8% to 15%. Specifically, this means that between 2006 and 2008 it was determined that 1 in 6 young people had a developmental disability diagnosis (Advocates for Youth). This is a considerable portion of the population and means that the creation and use of curricula that address this population is important and necessary. Attention and acknowledgment of perception, stigma, and treatment as it relates to health care — specifically sexual health — for people with disabilities is essential in providing a comprehensive and appropriate approach to education and empowerment.

Sexuality Education for People with Developmental Disabilities: Curriculum for High School Students and Adults with Developmental Disabilities is a curriculum that acknowledges the common theories referenced in this document and utilizes these theories when discussing the importance and effectiveness of a targeted curriculum approach to sexual health decision-making. This curriculum also goes a step further to provide cultural and historical context of how effective programming can be as an educational resource and tool for people with intellectual disabilities.

Sexual Script Theory

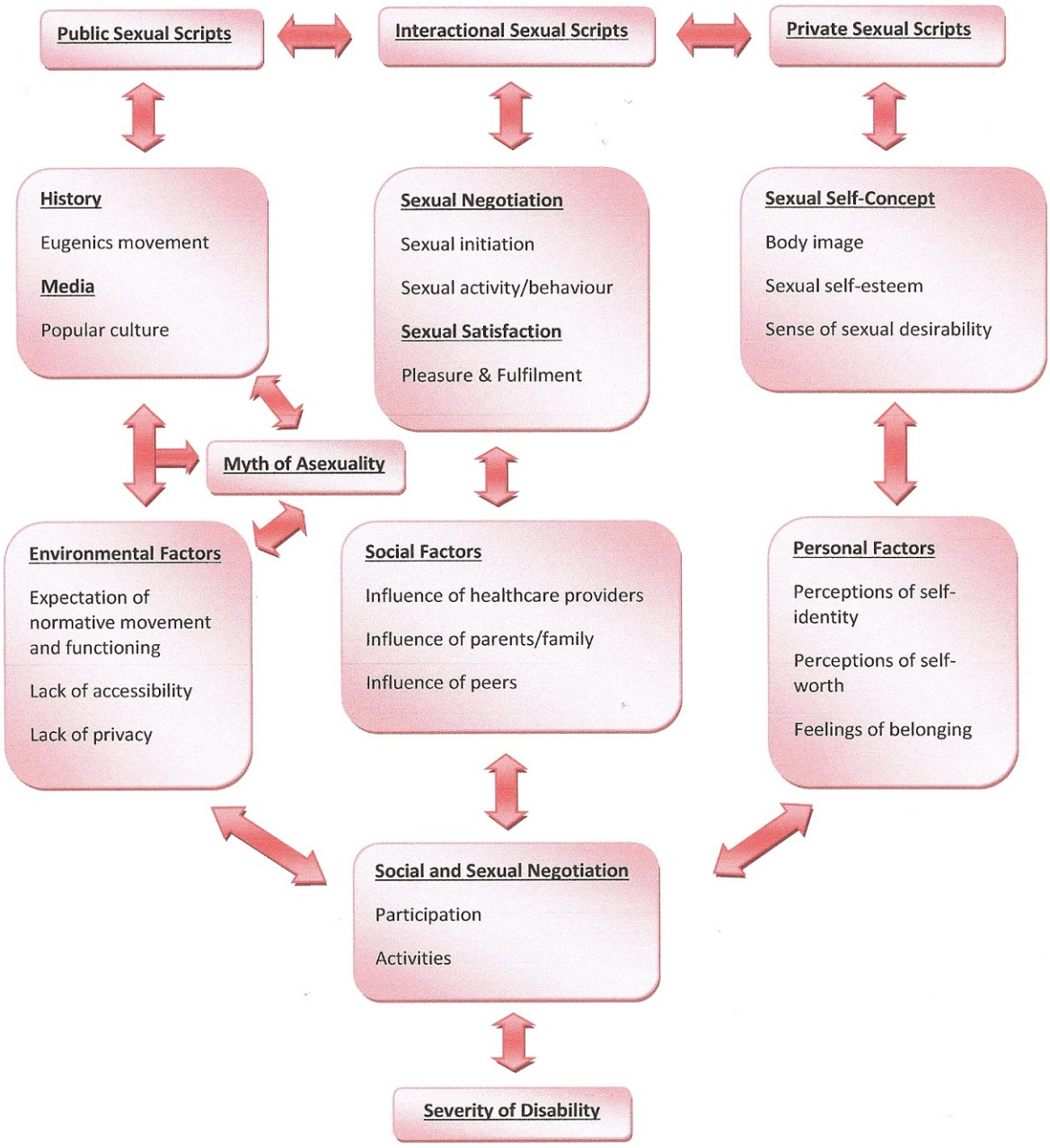


Figure 1. Preliminary Model for the Construction of Individual Sexuality in People with Cerebral Palsy

Sexual Script Theory was created by Gagnon and Simon in 1973 and promotes the idea that there is meaning and symbolism within sexuality that is more than simply chemical feelings within the body. The thought is that there are three different scenarios in which sexuality takes on additional meaning and develops based on 1. culture, 2. interpersonal experiences, and 3. intrapsychic experiences.

Cultural scenarios refer to the emphasis, definition, or interpretation of sexuality during different historical or social periods of time. Interpersonal scenarios refer to how sexuality is viewed and processed through encounters and interactions with others. Intrapsychic scenarios refer to how an individual defines and determines sexuality based on the image of sexuality that they find to be true and based on personal sexual turn-ons.

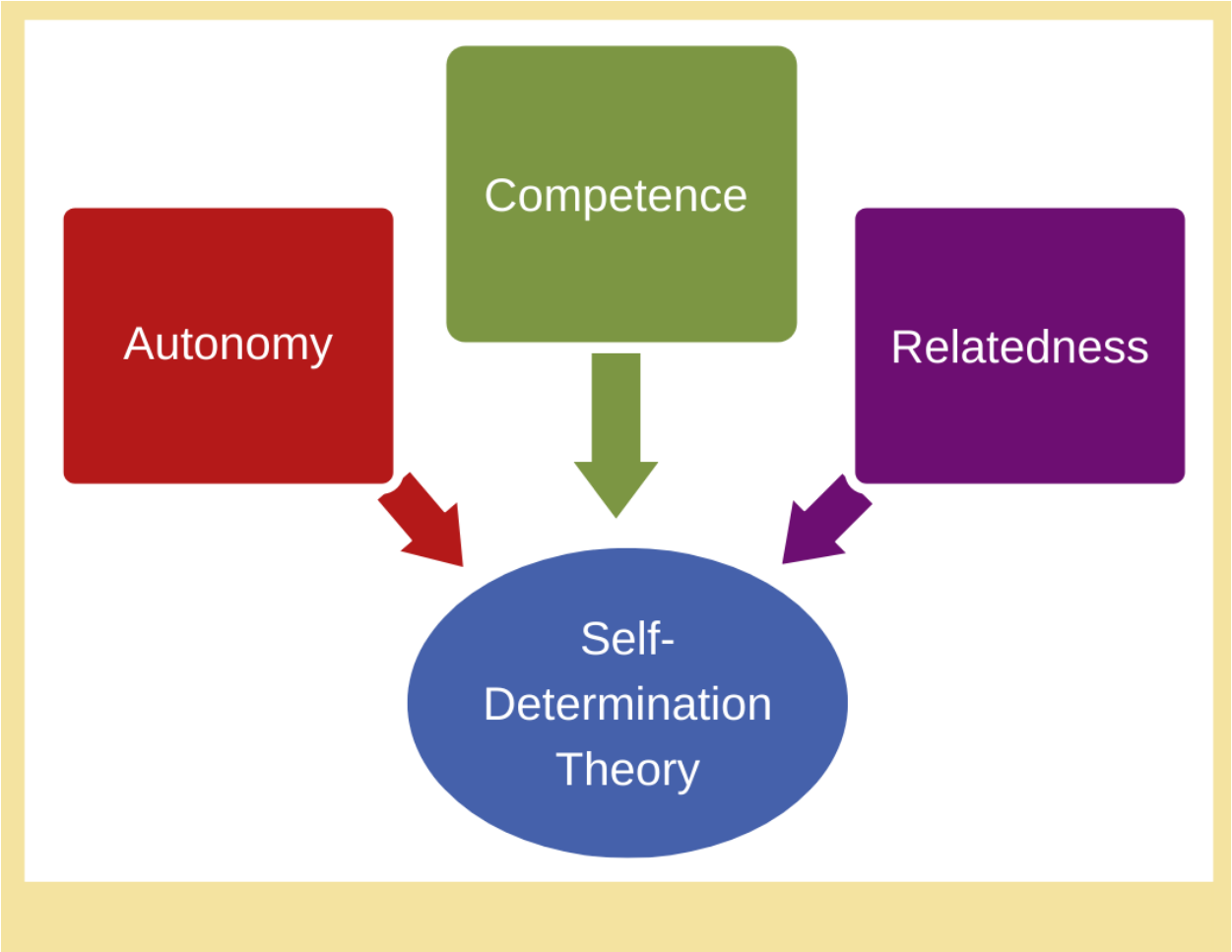
In 2013, Tinashe M. Dune, Ph.D., re-worked sexual script theory to be specific to members of the disability community. Dr. Dune refocused Sexual Script Theory to be viewed through the lens of disability, and how that can have a significant impact on the way that a person with a disability is viewed when it comes to relationships, sexual attraction, sexuality, and the myths/stigmas that come along with these concepts and disability.

Cultural scenario is one that is directly impacted when a person with a disability is brought into the topic of sexuality. Historically, people with disabilities were not seen as individuals with rights, as sexual beings, or as individuals who were able to make any kind of independent decisions. This cultural and historical context of people with disabilities being perceived as "less than" — incapable of making independent decisions, incapable of being sexual beings, and incapable of having sexual urges and desires — impacts general beliefs about people with disabilities in *today's* climate as well. There is still a general belief, especially by those who do not have a disability, that people with disabilities cannot grasp the concept of sex or sexuality, and should not/cannot be a part of that aspect of intimacy, self-expression, education, and future goals.

These cultural scenarios directly impact interpersonal and intrapsychic scenarios that people with disabilities find themselves navigating. If a person with a disability has been taught and modeled that disability disqualifies a person from traditional sexual experiences, goals, and expectations then their interpersonal scenario is going to consist of that message.

- ***Sexuality Education for People with Developmental Disabilities: Curriculum for High School Students and Adults with Developmental Disabilities*** uses the Sexual Script Theory to take a close look at how sexuality and disability can be viewed together in a positive way. This curriculum addresses not just being a self-advocate, but a sexual self-advocate as well. The curriculum also goes above and beyond in defining and discussing sexual health by addressing sexuality in terms of gender identity, sexual orientation, sexual preference, etc. The inclusion of these concepts and topics encourages and normalizes the importance of providing this information to people with disabilities. The curriculum, without explicitly saying so, combats the stigmas and myths associated with people with disabilities and sexuality in an inclusive and educational format.

Self-Determination Theory

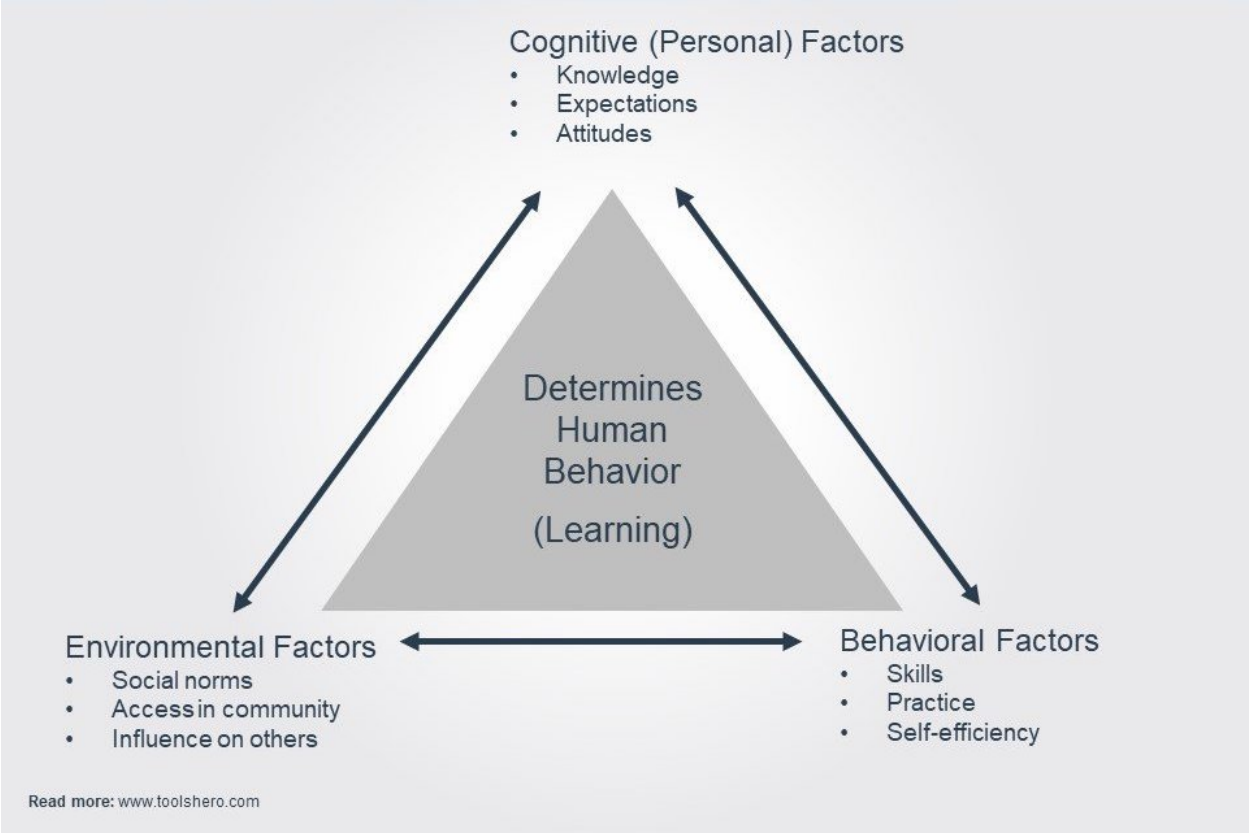


Self-Determination Theory was created by Edward Deci and Richard Ryan. This theory looks at self-motivation and internal motivation in regards to decision-making. This theory takes away external influences and interference, to determine what an individual's internal influences are when making decisions and processing information. Deci and Ryan felt that internal motivation related to decision-making can be impacted by three different factors: competence (the desire to control outcomes of situations and master skills), relatedness (the desire to interact and connect with others), and autonomy (the desire to have independence in decision-making and actions, but still includes a desire for fellowship and support system inclusion).

The focus on Self-Determination Theory is on the individual and their motivation to learn information, make decisions that will aid in connecting with others and establishing meaningful connections, being able to be a self-advocate, and have some independence in decision-making. This theory directly impacts sexual health education as it provides factual information that a person can use to help guide decisions moving forward.

➔ ***Sexuality Education for People with Developmental Disabilities: Curriculum for High School Students and Adults with Developmental Disabilities*** uses the Self Determination Theory to discuss being a sexual self-advocate and encourages education and healthy discussion regarding sexual health decisions and sexuality. This knowledge and skill allows for an individual to process information and determine what feels appropriate for them moving forward and how to use the information learned either now or in the future. Removing external factors that can influence decision-making is important because it allows an individual to figure out where their values and comfort falls, and what they want and need moving forward. This can ensure that a person with a disability — whose family or friends may want them to engage in, or abstain from, a behavior — is taken out of the equation while information is being relayed, discussed, and skills are practiced. This assists in building important skills that people need in order to determine what is best for them and how to begin the process of expressing those needs, wants, desires, etc. to others.

Social Learning Theory



Social Learning Theory was created by Albert Bandura and places emphasis on the importance of learning and retaining skills through interaction with others, observation of skills, skills being modeled to and for them, and then practicing those skills through imitation.

Social Learning Theory is a common theory to be found and presented when discussing the framework and theories behind any type of educational curriculum. For sexual health education — curricula that place focus on teaching about decision-making skills, negotiation skills, refusal skills, communication skills associated with safe sexual practices, etc. — there is a multi-level approach. The first level of approach is to provide basic information about a topic or concept, and then move to the next level of practicing the skill being discussed, and then following up with how to utilize this skill in everyday life versus in a curriculum setting.

- **Sexuality Education for People with Developmental Disabilities: Curriculum for High School Students and Adults with Developmental Disabilities** uses the Social Learning Theory to incorporate a variety of different learning styles (role-play, discussion, hands-on application of skills, etc.) to discuss and then practice skills related to condom use, understanding the anatomy of the body, information related to sexuality, and how to negotiate intimacy and different types of relationships. Activities within this curriculum have been adapted and created with individuals with intellectual disabilities in mind, which ensures that the content is understood and retained so that skills are practiced and, hopefully, used in the future. Something that other curricula have not accounted for when discussing being adapted for a specific population, is whether it has been adapted by members of the population in question. This curriculum has utilized the experience and expertise of individuals with intellectual disabilities when creating activities, and encourages co-facilitation by an individual with an intellectual disability as well. Both of these factors ensure that information can be presented and practiced in a way that works best for this population, and also ensures that skills are more likely to be retained for future use.

Social Impact Theory

Social Impact Theory was created by Bibb Latane in 1981. This theory states that individuals are more likely to have a strong response to social influence if those with influence are a group of people close to that individual; if that support system is physically and emotionally close to the individual during decision-making; and is influenced by the number of members in an individuals' support system.

For an individual with a disability, this means that a person's support system or group of influence around them can impact the way they view themselves, the way they view sexuality, and the feelings they have surrounding sex, relationships, decision-making, etc. It is important for a person with a disability to get information and support from others in a way that validates their ability to make decisions, while also providing the opportunity to be a sounding board to discuss decision-making.

- ➔ A unique feature of **Sexuality Education for People with Developmental Disabilities: Curriculum for High School Students and Adults with Developmental Disabilities** uses the Social Impact Theory to emphasize having two facilitators present; one being a person with an intellectual disability. This provides an opportunity for any individual going through this curriculum and educational opportunity to have another voice in their immediate circle providing accurate, non-shaming and non-stigmatizing information regarding sexuality, sexual health, and disability. The current curriculum also provides suggested scripts and talking points on how to address the

concept of sexual health education with parents and caregivers of participants with disabilities. This helps to address the messaging and influence that an individual will have at home with their family unit and/or friends. Providing this involvement and discussion of the benefits of a curriculum with support system members is important in ensuring that the messages provided in the curriculum are ones that will be consistently provided within their home and community as well.

Needs Assessment, Review, and Field Testing:

The writing and design team consisted of three lead authors with specific expertise. There were many steps to get to the curriculum's current version.

4. Needs Assessment:

We performed a needs assessment to decide what topics and skills were needed, and what skills would be needed to implement the curriculum, as well as the philosophy and approach of the curriculum. We used practitioner and self-advocate wisdom to create the first draft of the curriculum. We examined the negative impact of having no sexuality education and designed lessons to teach the concepts that were missing in their education.

We also asked self-advocates why they wanted and needed sexuality education. Here are their responses:

"So we can learn to have healthy relationships."
"So we aren't lonely!"
"So we are able to make informed choices!"
"So we can pick the right person!"
"For help with the toughest part of the relationship, making it last!"
"So we can be safe!"
"Because we all have desires/needs and that's okay!"
"To get correct information!"
"To get resources and tools to make healthy sexual choices!"
"So that people know their rights!"
"So people with disabilities don't put themselves in bad situations!"
"So we will know how to protect ourselves!"
"So we can feel good about ourselves and our bodies!"
"So we can be sexual self-advocates, not just self-advocate."

2. Curriculum Review:

In the spirit of "nothing about us without us," self-advocates played an active role in the creation of this curriculum. We had self-advocates review all of the lessons and give input into the order of the topics, language, and lesson plans. We asked professionals to review the first draft and give input as well. We used two illustrators in the body parts lesson, one self-advocate and a professional.

5. Field testing:

Teams of self-advocates and professionals used the curriculum to teach people with I/DD, and then the teams gave us input on what went well and what they would change. We made a second edition of the curriculum which was available in 2009.

6. 2018 Revision of the Curriculum:

We interviews educators who were using the curriculum on what lessons worked well, what changes were needed, and what topics needed to be added to meet the learning needs of this population. The feedback was that many of the lessons worked well, but some adaptations were needed for people who

were non-speaking, reading, and writing. Also, the topics that were missing were social media and the internet and gender identity.

Listed are all the people who contributed to the creation, illustrations, review, and field testing and recent revision of the curriculum.

Leader Authors:

Katherine McLaughlin, M.Ed., ASSECT Certified Sexuality Educator (CSE) has 25+ years of experience as a sexuality educator and trainer. Katherine McLaughlin, M.Ed. CSE, is a national expert and trains individuals, staff, and parents on sexuality and developmental disabilities. She teaches sexuality education to people with DD/ID as well as trains them to be peer sexuality educators themselves. McLaughlin is the author of an agency and school curriculum: *Sexuality Education for People with Developmental Disabilities*, and has developed two online courses; one to train professionals, *Developmental Disability and Sexuality 101*, and one for parents: *Talking to Your Kids: Developmental Disabilities and Sexuality*. McLaughlin has spent her career trying to elevate the status of all people, which is why the new name for her growing company is Elevatus Training.

Karen Topper is the Administrative Director for Green Mountain Self-Advocates. She manages the GMSA office, supervising employees, training persons with developmental disabilities in techniques of self-advocacy, and program development work. Topper is the co-author of Sexuality Education for Adults with Developmental Disabilities, a curriculum designed for self-advocates and allies to teach a sexuality education series together as a team. She has been working with people with disabilities for the past 40 years. She has created individualized supports for people moving out of institutions in Connecticut, New Jersey, and Pennsylvania. Topper has extensive experience in developing curricula for self-advocates, providers and families on: Independent Living, Abuse Prevention, Supportive Decision-Making and Sexuality Education. Topper has been an ally of the self-determination, disability rights and self-advocacy movements since the early 1990s.

Jessica Lindert was a Direct Support Professional for Community Associates in Middlebury, Vermont. She taught sexuality education classes at her organization and used her day-to-day support of people with I/DD to inform her work on this project.

Self-advocates: These self-advocates are Randy Lizotte, Bob Kay, Colleen Longe, Lisa Rudiakov, Max Barrows, Stirling Peebles, Wendy Boright, Jeremiah Tetreault, Amy Searles, Patrick Wilson, Michelle Griffin, Elisha Buss, Patrick Willis, and Brian Schreifels.

Other professionals: Glenn Quint, Lauren Grousd, Brian Ashley, Jeff Coy, Barbara Bruno, Tracy Drake, Sara Camoli, Lindsey Hescock, Kate Berge-Charter, Kate Hoover, Karen Noone, Jeffrey Nunemaker, Monica Ste. Marie, Oscar Hughes, Mitch Gunderson-Palmer, Linda Sandman, and Katy Park.

Field Testing Teams:
Jeff Nunemaker partnered with Lisa Rudiakov (self-advocate)
Brian Ashley partnered with Randy Lizotte (self-advocate),
Anne Ives and Padriac Smith

Illustrators: Lindsey Hescock and Max Barrows (self-advocate)

Outside Consultant Review

In 2019, we hired an outside consultant to review the curriculum and perform three tasks to assess its effectiveness.

1. Professional Learning Standards for Sex Education Assessment Tool Results

Our outside consultant chose this tool as a way to look over the components of the curriculum. While the original intent of this assessment tool by the Sex Education Collaborative is to act as a self-assessment for facilitators or organizations that will be/are implementing sexual health education curricula, this tool will be used to assess the curriculum ***Sexuality Education for People with Developmental Disabilities: Curriculum for High School Students and Adults with Developmental Disabilities.***

The assessment will focus on the question "How would you rate your CAPABILITY to do this?" regarding different categorical and sub-categorical indicators, and whether these indicators are present or acknowledged within the curriculum.

It should be noted that while this tool has been created and utilized to assess programs and curricula with a youth-based lens, this does not mean that the curriculum can only be utilized with youth. The categories and sections of this self-assessment tool use youth as the default age group in order to ensure that the content and information is appropriate for that age group given adolescent brain development. This provides a basis for why this curriculum can and should be used with a youth population, but does not limit the curriculum to youth only. This curriculum can be utilized with older adults as well due to the comprehensive nature in which it discusses sexual health and sexual decision-making.

The assessment is broken down into four main categories, or domains, that assess curricula from the perspective of the capability of the curriculum to address sexual health.

The four domains are: 1. context for comprehensive sex education, 2. professional disposition, 3. best practices for sex education, 4. key content areas. The two domains that are most useful to review a curriculum are domains 3 and 4, i.e., best practices for sex education and key content areas.

Domain 3 (best practices for sex education), reviews 18 different components of what "best practices" would entail. Of the 18 components assessed in regards to this curriculum, 15 were identified as areas where content was addressed in a way that would deem them areas of "high capability" out of a range of low, moderate, or high. The remaining three areas were rated as "moderate."

Domain 4 (key content areas), assesses 52 different components of areas that need to be addressed, or are present within National Sex Education Standards, that should ideally be present or discussed within a curriculum when discussing comprehensive sexual health education. Of the 52 components reviewed, an overwhelming number, 40, were rated as being present within the curriculum with a "high" rating.

It should be noted that ***Sexuality Education for People with Developmental Disabilities: Curriculum for High School Students and Adults with Developmental Disabilities*** not only met certain key content components, but exceeded expectations in the way that content is discussed. This is true when

discussing LGBTQ population, the topic of consent, and detailing out the difference between sexual orientation, sexual identity, and sexual behavior.

The remaining 15 components were rated as "moderate." See appendix A below for the actual assessment, pages 19-26.

The curriculum also went beyond these standards and included topics specifically geared towards people with I/DD such as body autonomy, public and private, different types of relationships, communication, decision-making, and friendships.

2. Analyzed "Identifying Effective Methods for Teaching Sex Education to Individuals with Intellectual Disabilities: A Systematic Review in Journal of Sex Research (May 2015)" and identify effective techniques in teaching this population and compared those techniques to the curriculum.

By utilizing, "Identifying Effective Methods for Teaching Sex Education to Individuals with Intellectual Disabilities: A Systematic Review in Journal of Sex Research (May 2015)" we reviewed previously created curricula. We are able to identify what aspects are present in other curricula and take a more detailed look at the aspects present within this curriculum and, and which aspects are unique to the current curriculum.

Information related to increased education, skill acquisition, and application of new skills are present in most curricula as it relates to different learning activities.

- Of the 20 curricula discussed in the formal systematic review mentioned above, 13 of the curricula reviewed incorporate specific methods used to teach skills, knowledge, and attitudes.
- Eight of the 20 curricula modeled skills and the application of those skills as they relate to sexual health, while eight (not all of which were the same eight curricula that modeled necessary skills), rehearsed and practiced skills taught.
- Seven of the 20 curricula reinforce skills that were taught, while six used images and visual representations to get points and information across effectively.
- While positive correlation was found within multiple curricula in regards to increased knowledge, skills, and behaviors for people with intellectual disabilities, the methods and strategies used are not well documented.

➔ ***Sexuality Education for People with Developmental Disabilities*** has all three of these aspects: education, skill acquisition, and application of new skills as well as some unique approaches.

Increase of Knowledge

In regards to increase in knowledge through this systematic review, 13 studies reported an increase of knowledge in relation to sexuality. This increase in knowledge dispels the myth that people with intellectual disabilities are unable to learn about sexuality, sexual health, and anatomy given a tailored approach.

The 22-lesson ***Sexuality Education for People with Developmental Disabilities*** curriculum directly addresses healthy boundaries, healthy and unhealthy relationships, sexual health, anatomy, and sexuality with participants to ensure they have access to information that allows them to make informed decisions and be sexual self-advocates. One unique aspect of this curriculum is the idea of being a

self-advocate. This is not a new concept within the disability community, however applying this self-advocacy lens to sexuality and sexual decision-making is unique to this curriculum.

Skill Requisition

In regards to skill acquisition through curriculum lessons:

- Thirteen of the 20 curricula studies addressed building a variety of protective and risk reduction skills.
- Five of the studies directly taught skills related to refusal regarding sexual activity, identifying inappropriate behavior, and reporting it.
- Eight of the studies focused on skill building surrounding social skills, dating skills, appropriate behavior in sexual situations or relationship situations, and steps related to decision-making.

➔ All of these skills are ones that are present within ***Sexuality Education for People with Developmental Disabilities: Curriculum for High School Students and Adults with Developmental Disabilities.***

Application of skills

In "Identifying Effective Methods for Teaching Sex Education to Individuals with Intellectual Disabilities: A Systematic Review in Journal of Sex Research (May 2015)**,** the table on page 419, shows four techniques used for application of new skills. These four techniques are modeling, guided practice, reinforcement, and corrective feedback.

In the ***Sexuality Education for People with Developmental Disabilities*** curriculum, many skills are applied through modeling or demonstrating the skill by instructors. Then, the participants have an opportunity to practice the skills with guidance from instructors and other class participants. Each skill is reinforced through the curriculum with corrective feedback when needed.

It should be noted that 12 of the 20 curricula reviewed contained a pre- and post-test to evaluate information learned and skills acquired. This current curriculum incorporates those same measures to determine information learned, skills acquired, and behavior change intention moving forward post-curriculum education. Our plan is to conduct actual research on these learning objectives in the near future.

There is enough information and parallels between this curriculum and findings based on other curricula with similar structure, concepts, and intended audience to infer that this curriculum could have the same positive results.

3. Comparative Analysis

The comparative analysis compared our 2009 edition of the curriculum, ***Sexuality Education for People with Developmental Disabilities***, our revised 2018 curriculum, and an evidence-based curriculum from University of Alaska Anchorage, Center for Human Development. We compared the reviews of the SHEIDD Community Advisory Group to identify the similarities between the 2018 revision of the curriculum and an evidence-based using the same tool to review all three curricula.

The tool used to review the three curricula in our comparative analysis was developed by Sexual Health Education of People with I/DD (SHEIDD), and the Community Advisory Group (CAG) in 2016. The SHEIDD CAG reviewed seven sexual health education curricula for youth and adults with disabilities. Their

process involved three steps: 1. identification of a review tool, 2. adaptation of the tool, and 3. review of sexual health education curricula.

1. Identification of the tool:

SHEIDD identified the Sexual Education Protocol (SEP), developed by Wolfe and Blanchett, as an instrument that allows educators and trainers to evaluate components of sexuality education curricula to determine the comprehensiveness of the curriculum and the best match for their students or clients with disabilities.

2. Adaptation of the tool: SHEIDD brainstormed additional criteria that we felt were essential components of holistic sexual health education and adapted the SEP tool to include many additions to the SEP criteria, including cultural inclusivity, LGBTQ inclusivity, trauma-sensitive approaches, medical accuracy, relationship rather than pathology oriented, and rights-affirming approaches. We added these criteria to create the adapted SEP tool.

3. Review of curricula: We formed work groups and reviewed seven curricula using the adapted SEP tool. The results are included in Appendix B, first column.

Then, in 2019, our outside consultant used the SHEIDD tool to analyze the 2018 curriculum revision of ***Sexuality Education for People with Developmental Disabilities***, to get a more accurate view of the curriculum and changes that had been made.

Using these reviews, we were able to compare the curriculum to an evidence-based curricula review using the same tool to see the similarities and assume we would have similar positive outcomes based on these similarities. For the results of the comparative analysis see Appendix B, page 27-32.

After reviewing the three curricula, we saw that the second version of ***Sexuality Education for People with Developmental Disabilities*** and the Friendship and Dating curriculum are very similar. Most of the assessments were “Yeses” for both curriculum. There were a few differences in the topics and modalities, but in general, these two curricula are very similar. Based on the evidence from the Friendship and Dating curriculum, we can assume that this curriculum would have very similar results in outcomes.

Evidence Informed Documentation Summary

In conclusion, the ***Sexuality Education for People with Developmental Disabilities*** curriculum was developed using evidence-informed practices such as theories, practitioner and self-advocate wisdom, and research. The recent internal curriculum assessment, performed by an outside consultant, was based on the Professional Sexuality Education Standards, a literature review, and a comparative analysis using the SHEIDD assessment to compare the curriculum with another evidence-based curriculum to establish it as an evidence informed program.

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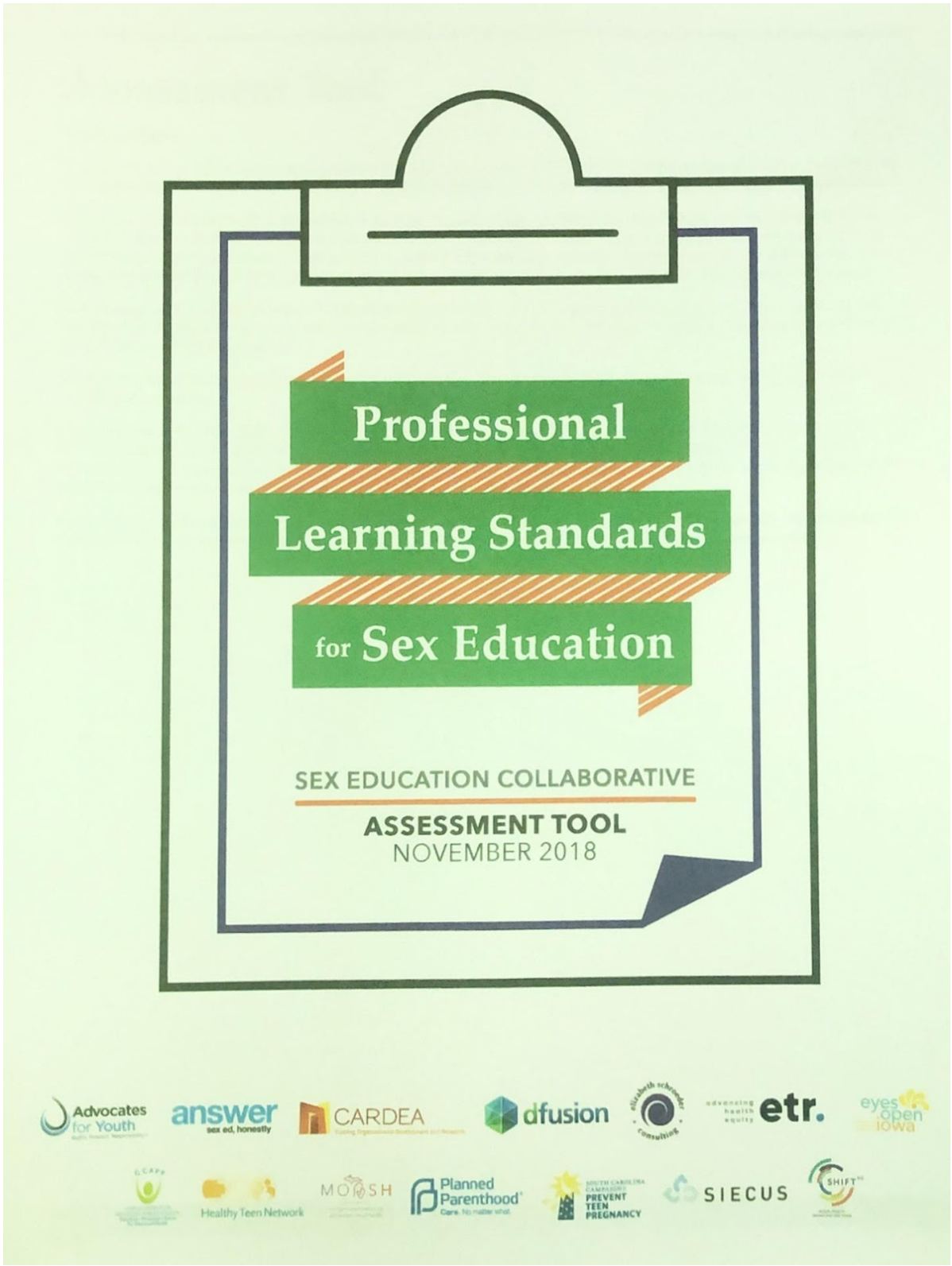
Wolfe, P. S., & Blanchett, W. J. (2013). Sex Education for Students with Disabilities: An Evaluation Guide. *Teaching Exceptional Children, 36*(1), 46-51.

Appendix A: National Sex Education Standards



Domain 3: Best Practices for Sex Education

Being familiar with the best practices in the field of sex education can help educators handle potentially sensitive topics, foster an engaging learning environment, choose the most effective teaching strategies for each group, and answer even the most challenging questions.

Indicator	How would you rate your CAPABILITY to do this?	What is your COMFORT level in doing this?	Do you need a refresher in this area?
3.1.1 – Define racism (including individual, interpersonal, institutional, ideological, structural, and systemic), racial micro-aggressions, and reproductive justice.	☐ High ☒ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
3.1.2 – Name three sexual health inequities and some of their systemic causes.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
3.1.3 – Describe three ways power, privilege, prejudice, discrimination, and stereotypes related to age, race, ethnicity, sexual orientation, gender, gender identity, socio-economic status, immigration status, and/or physical or intellectual ability can impact sexual health and reproductive justice.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
3.1.4 – Describe three effective response strategies when a student or school community member has been hurt or wronged by bias.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
3.1.5 – Describe three strategies educators can use to acknowledge and proactively work to mitigate the impact of bias on their students' sexual health and multiple, intersecting identities.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
3.2.1 – Demonstrate three techniques to create an inclusive and affirming learning environment.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
3.2.2 – Demonstrate three strategies for creating culturally responsive classrooms.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
3.2.3 – Describe three elements of a trauma-informed approach to sexual health education.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No

Domain 4: Key Content Areas

Knowing the facts about all of the topics covered in sex education is an essential part of being an effective teacher. Educators must have extensive and current knowledge of the core content found in the *National Sex Education Standards*.

Indicator	How would you rate your CAPABILITY to do this?	What is your COMFORT level in doing this?	Do you need a refresher in this area?
4.1.1 – Describe three distinguishing characteristics between healthy and unhealthy relationships, involving family, friends, and/or romantic partners.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.1.2 – Explain three ways that healthy relationships can positively impact personal well-being.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.1.3 – Describe three strategies for teaching students communication skills.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.1.4 – Describe three strategies for incorporating the positive and negative impacts of communicating through technology into lessons on healthy relationships.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.1.5 – Describe three ways to help students set and respect personal boundaries in relationships.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.2.1 – Define consent.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.2.2 – Explain why consent is a fundamental right for people of all ages.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.2.3 – Differentiate between situations in which sexual consent is and is not present.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.2.4 – Identify three youth-friendly resources to assist survivors of sexual assault, abuse, incest or domestic violence.	☐ High ☐ Moderate ☒ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No

Indicator	How would you rate your CAPABILITY to do this?	What is your COMFORT level in doing this?	Do you need a refresher in this area?
4.2.5 – Explain sex trafficking and the state laws related to it.	☐ High ☐ Moderate ☒ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.2.6 – Explain bodily autonomy and how it relates to consent and sexual abuse prevention.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.2.7 – Explain the impact of childhood trauma on decision making and the sexual health of students.	☐ High ☒ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.2.8 – Demonstrate three strategies to prevent and/or intervene in bullying and teasing.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.2.9 – Describe three strategies to help students identify a trusted adult.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.3.1 – Explain how availability of supportive school staff, presence of Gay Straight Alliances (GSAs), gender-inclusive curricular resources, and the presence of comprehensive enumerated anti-harassment school policies are related to improved school climate for students of all sexual orientations.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.3.2 – Define sexual orientation and sexual identity, including that everyone has both.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.3.3 – Explain the difference between sexual orientation, sexual behavior, and sexual identity.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.3.4 – Demonstrate the use of inclusive and affirming language.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No

Indicator	How would you rate your CAPABILITY to do this?	What is your COMFORT level in doing this?	Do you need a refresher in this area?
4.3.5 – Demonstrate the ability to intervene effectively in homophobic and other bullying comments and actions.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.3.6 – Explain three ways that LGBQ+ youth are at disproportionate risk for health disparities.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.3.7 – Identify three credible, medically accurate, youth-friendly resources that can provide information or support related to sexual orientation.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.3.8 – Explain why it is essential to include positive portrayals of LGBQ+ people in lessons.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.3.9 – Demonstrate three strategies that can be used to include positive portrayals of LGBQ+ youth in lessons.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.4.1 – Explain how availability of supportive school staff, presence of Gay-Straight Alliances (GSAs), gender-inclusive curricular resources, and the presence of comprehensive enumerated anti-harassment school policies are related to improved school climate for students of all gender identities.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.4.2 – Demonstrate the use of inclusive and affirming language.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.4.3 – Define gender identity and sex assigned at birth.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.4.4 – Explain how gender identity and gender expression are distinct from each other and from sexual orientation.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No

Indicator	How would you rate your CAPABILITY to do this?	What is your COMFORT level in doing this?	Do you need a refresher in this area?
4.4.5 – Demonstrate the ability to intervene effectively in transphobic, sexist, misogynistic, and other gender-related bullying comments or actions.	☐ High ☒ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.4.6 – Explain three ways that transgender and gender expansive youth are at disproportionate risk for health disparities.	☐ High ☒ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.4.7 – Identify three credible, medically accurate, youth-friendly resources for information and support related to transgender and gender expansive people.	☐ High ☒ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.4.8 – Explain why it is essential to include positive portrayals of transgender and gender expansive people in lessons.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.4.9 – Demonstrate at three strategies that can be used to make lessons affirming for transgender and gender expansive people.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.5.1 – Describe how puberty prepares the human body for the potential to reproduce.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.5.2 – List three physical, three social, and three emotional changes that occur during puberty.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.5.3 – Identify three practices that students can adopt for maintaining healthy habits during puberty.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.6.1 – Explain the benefits of teaching young children the medically accurate terms for genitals.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.6.2 – Demonstrate the ability to use medically accurate terms for sexual and reproductive anatomy, including all external genitals.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No

Indicator	How would you rate your CAPABILITY to do this?	What is your COMFORT level in doing this?	Do you need a refresher in this area?
4.6.3 - Explain the function of the individual sexual and reproductive body parts and how they typically work.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.6.4 - Explain the stages of the human sexual response cycle.	☐ High ☒ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.7.1 - Explain fertilization, implantation, conception, and how pregnancy occurs.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.7.2 - Demonstrate the steps necessary for effective external and internal condom use and how to access condoms.	☐ High ☒ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.7.3 - Describe the differences in mechanisms of action and access between emergency contraception and the abortion pill.	☐ High ☒ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.7.4 - Explain methods of contraception, including the latest medical advances that are popular among young people.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.7.5 - Describe pregnancy options, including parenting, adoption, and abortion.	☐ High ☒ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.7.6 - Identify three federal and/or state laws that impact young peoples' access to effective reproductive and sexual health care.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.8.1 - Describe HIV and three common STDs/STIs, and how each can and cannot be transmitted.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.8.2 - Explain that many STD/STIs do not cause symptoms and the only way to know if you have one is to be tested.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No

Indicator	How would you rate your CAPABILITY to do this?	What is your COMFORT level in doing this?	Do you need a refresher in this area?
4.8.3 – Explain the benefit of getting tested and treated for HIV and other STDs/STIs.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.8.4 – Explain three facilitators and three barriers to STD/STI testing and treatment.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.8.5 – Demonstrate the steps necessary for effective external and internal condom use, and explain how to access condoms.	☒ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.8.6 – Describe the latest medical advances in HIV and other STDs/STIs prevention and treatment.	☐ High ☒ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
4.8.7 – Identify three medically accurate, youth-friendly resources for STD/STI and HIV prevention, testing, and treatment.	☐ High ☒ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No

Appendix B: Comparative Analysis

	2016 Edition: Analysis Performed by SHEIDD	2018 Revision: Analysis was performed by an outside consultant and Elevatus	Evidence-based Curriculum: Analysis Performed by SHEIDD, changes by CHD Alaska
Goals and Objectives			
Are there behaviorally stated (accessible to all abilities)			
• Cognitive goals/objectives	Yes	Yes/Yes	Yes
• Affective goals/objectives	Yes	Yes/Yes	Yes
Scope and Sequence			
Are:			
• Specific prerequisite concepts listed	No	No/No	Yes
• Preconceptions, myths, and fears addressed	Yes	Yes/Yes	Yes
• Concepts introduced cumulatively	Yes	Yes/Yes	Yes
• Elements and terminology separated – accessible language	Yes	Yes/Yes	No
Instructional Strategies			
Medium			
• Books	No	No/No	Yes
• Brochures/handouts	Yes	Yes/Yes	Yes
• Overheads/carts/diagrams	Yes	Yes/Yes	Yes
• Models/dolls	No	No/No	Yes
• Photos/slides/drawings	Yes	Yes/Yes	Yes
• TV/video/films	No	Yes/Yes	Yes
• Games	Yes	Yes/Yes	Yes

• Guest speakers	No	No/No	Yes
Instructional Strategies – variety of modes			
• Lecture	Yes	Yes/Yes	Yes
• Field trips	No	No/No	Yes
• Q and A	Yes	Yes/Yes	Yes
• Discussion	Yes	Yes/Yes	Yes
• Role playing	Yes	Yes/Yes	Yes
• Behavioral strategies	Yes	Yes/Yes	Yes
• Modeling/demonstration	Yes	Yes/Yes	Yes
• Direct instruction	Yes	Yes/Yes	Yes
Visual elements (i.e. different types of media and interactive online learning)	No	Yes/Yes	Yes
Evaluation			
Identification of concepts (such as body parts)	Yes	Yes/Yes	Yes
Tests	No	Yes/Yes	Yes
Surveys	No	Yes/Yes	Yes
Behavior analysis	Yes	Yes/Yes	Yes
Curriculum Development and Evaluation			
Was the curriculum field tested before publication & dissemination?	No	Yes/Yes	Yes
• If yes, is information about the students involved and specific outcomes of those studies revealed?	No	No/No	Yes
• Has the material undergone revision?	Yes	Yes/Yes	Yes
• Has user feedback been solicited? If yes, has the feedback been used to modify the current format?	No	Yes/Yes	Yes
• Was a theoretical framework used to design the	No	Yes/Yes	Yes

program?			
• Is the curriculum culturally inclusive?	Yes	Yes/Yes	Yes
• Does the curriculum come in other languages?	Yes	Yes/Yes	No
• Is the curriculum trauma informed?	Yes	Yes/Yes	Yes
• Is the curriculum comprehensive / holistic?	Yes	Yes/Yes	Yes
• Is the curriculum medically accurate?	Yes	Yes/Yes	Yes
• Does the curriculum acknowledge a variety of sexual relationships (i.e. single, married, etc)?	Yes	Yes/Yes	No
• Is the curriculum relationship rather than pathology oriented?	Yes	Yes/Yes	Yes
Staff and Family Development			
Does the curriculum delineate knowledge, values, attitudes, and skills needed by teachers?	Yes	Yes/Yes	Yes
Does the curriculum provide suggestions for collaboration with family members or support networks?	Yes	Yes/Yes	Yes
• Does the curriculum contain a component that addresses staff development?	Yes	Yes/Yes	Yes
Presentation and Format			
Can pages be added or removed?	Yes	Yes/Yes	Yes
• Is there representation of racial/ethnic diversity?	Yes	Yes/Yes	Yes
• Is there representation of various sex roles?	No	Yes/Yes	No
• Is there representation of various disabilities?	No	Yes/Yes	No
Reference Aids: Does curriculum contain			
Table of contents	Yes	Yes/Yes	Yes
• Additional readings	No	No/No	Yes
• Resource organizations	Yes	Yes/Yes	No
• Resources (related to respect & consent)	Yes	Yes/Yes	Yes

• Glossary	Yes	Yes/Yes	No
• Index	Yes	Yes/Yes	Yes
• Sample lesson plans	No	Yes/Yes	Yes
• Evaluation instruments	No	Yes/Yes	Yes
• Materials	No	Yes/Yes	Yes
Curriculum Adaptations Strategies			
Does the curriculum use person-first language?	Yes	Yes/Yes	Yes
Does the material present a variety of strategies for:			
• Assessing prior knowledge	Yes	Yes/Yes	Yes
• Reviewing	Yes	Yes/Yes	Yes
• Repeated practice	Yes	Yes/Yes	Yes
• Constructive feedback	Yes	Yes/Yes	Yes
• Concept development (big ideas)	Yes	Yes/Yes	Yes
• Generalization/maintenance	Yes	Yes/Yes	Yes
Structure			
Does each lesson contain an opening?	Yes	Yes/Yes	Yes
Does each lesson contain a guided practice?	Yes	Yes/Yes	Yes
Does each lesson contain a closing?	Yes	Yes/Yes	Yes
Are there suggestions for adapting:	Yes	Yes/Yes	Yes
Instruction (i.e. to individualize, engage peers, ensure relatable trainer)	Yes	Yes/Yes	Yes
Student performance	Yes	Yes/Yes	Yes
Materials	Yes	Yes/Yes	Yes
Curriculum Concepts	**2016 Review**	**2018 Revision**	**Evidence-based Curriculum**

Does the curriculum contain information about:			
Biological/Reproductive			
• Anatomy & physiology	Very Good	Very Good	Good
• Gender differences (Gender Inclusive)	Poor	Very Good	Very Good
• Pregnancy	Good	Very Good	Absent
• Birth control	Very Good	Very Good	Good
Health and Hygiene			
• Hygiene	Good	Very Good	Good
• Health and wellness	Very Good	Very Good	Good
• Alcohol and drug usage	Absent	Poor	Absent
• STI and HIV prevention	Very Good	Very Good	Good
• Body and disease	Very Good	Very Good	Poor
Healthy Relationships			
• Friendships / social skills	Very Good	Very Good	Very Good
• Responsibility to sexual partner	Good	Good	Very Good
• Family types and roles	Good	Very Good	Poor
• Feelings and expression	Good	Very Good	Good
• Dating and marriage	Good	Very Good	Good
• Parenting	Good	Very Good	Absent/Poor
• Sexual orientation / LGBTQ Inclusive / Queer Friendly	Poor	Very Good	Very Good
Self-Protection / Self Advocacy			
• Protection against abuse and sexual violence	Very Good	Very Good	Good
• Privacy – What is it? Why important? Right to privacy	Good	Good/Very Good	Very Good
• Sexual feelings	Good	Very Good	Poor
• Sexuality (and variety of ways people express) as a positive aspect of self	Good	Very Good	Good
• Sexual behaviors other than intercourse (i.e. masturbation)	Very Good	Very Good	Good

• Appropriate / inappropriate touching	Good	Very Good	Good
• Decision-making	Very Good	Very Good	Good
• Use of condoms	Good	Good	Poor
• Reduction of fear and myths	Poor	Very Good	Good
• Personal rights	Good	Very Good	Very Good
• Goal setting	Good	Very Good	Absent
• Emphasize choices and how to move on from mistakes or heartbreak	Good	Good	Poor
• How to access resources and identify supports	Good	Very Good	Good
• Sexual discrimination	Poor	Good	Absent
• Say “no” to nonconsensual sex	Very Good	Very Good	Very Good
• Say “no” to drugs (high-risk behavior)	Absent	Absent	Absent
• Say “no” to alcohol (high-risk behavior)	Absent	Absent	Absent