

TRAINING MANUAL

For sensitizing intermediaries on sexual rights
of young people with learning disabilities

Abstract

This manual has been developed for organizations who wish to educate and sensitize staff, teachers and carers about the sexual and reproductive health and rights (SRHR) of young people with mild to moderate learning disabilities. Although it mainly focuses on intermediaries that are staff in an institution for young people with learning disabilities, it may well also be appropriate as a programme for the parents and family of young people with learning disabilities



**Keep me
Safe**



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Manual for Sensitizing Intermediaries On sexual rights of young people with learning disabilities

About the manual

Who is it for?

This manual has been developed for organizations who wish to educate and sensitize staff, teachers and carers about the sexual and reproductive health and rights (SRHR) of young people with mild to moderate learning disabilities. Although it mainly focuses on intermediaries that are staff in an institution for young people with learning disabilities, it may well also be appropriate as a programme for the parents and family of young people with learning disabilities.

What is its purpose?

The manual outlines the main themes to be covered in a training programme for intermediaries of young people with learning disabilities, and suggests exercises to discuss these themes.

The manual provides a menu of exercises that can be used to sensitize intermediaries on how to create a protective environment for young people with learning disabilities to prevent sexual abuse and violence.

How to use it

The manual is part of a comprehensive package. It comes together with a best practice manual and another training manual to help intermediaries conduct sexuality education sessions for young people with learning disabilities.

We advise readers to consult the best practice manual first. It outlines best practice for organizations that wish to set up an SRHR programme for young people with learning disabilities and their intermediaries.

This manual can be used as inspiration to develop a training programme for intermediaries. It outlines main themes which should definitely be covered, with suggestions for possible exercises for each.

If a trainer wishes to explore a theme in more depth or elaborate on some exercises, s/he can consult the tools and publications that are referred to in the resources section (only available online).

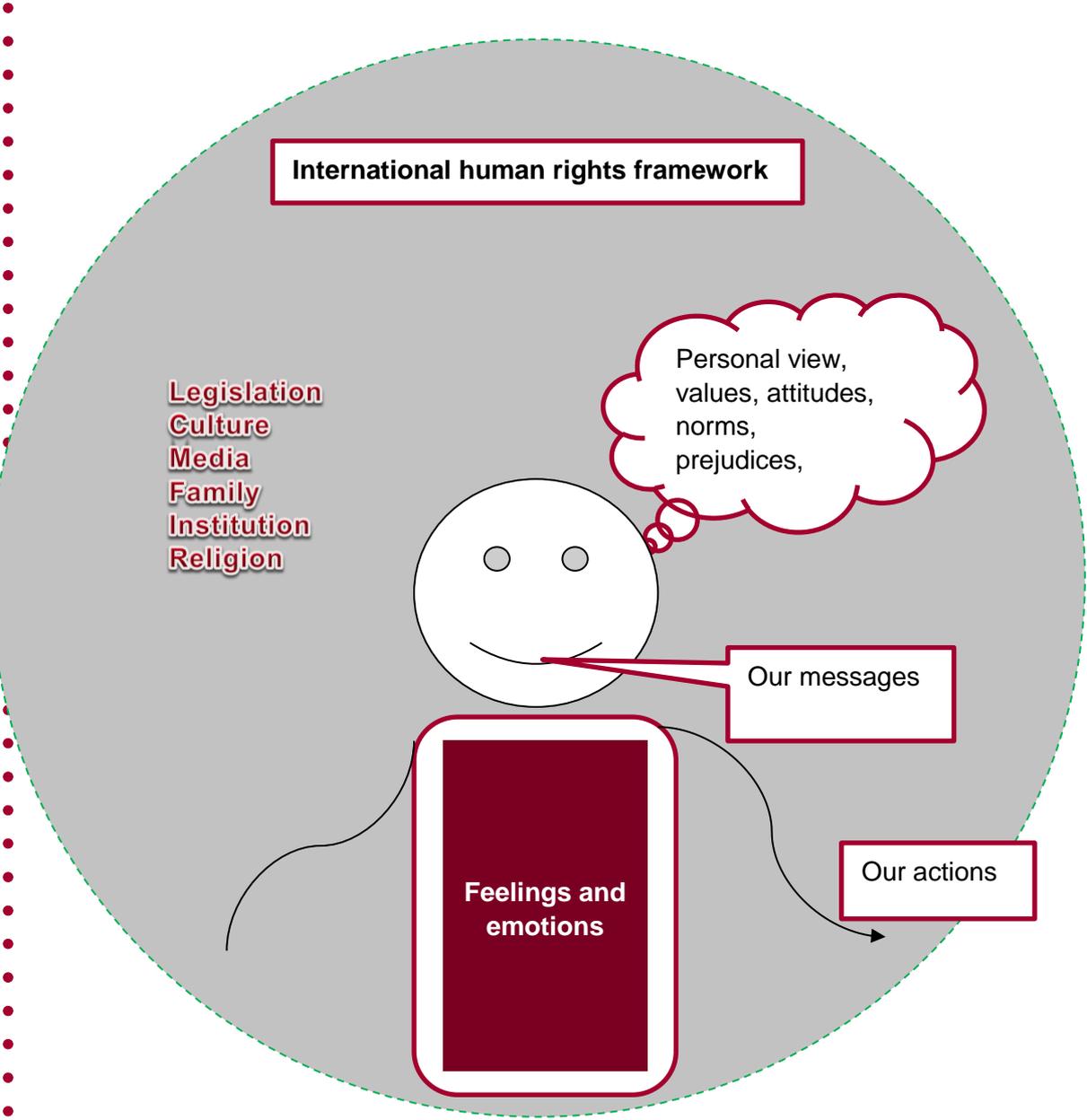
Once intermediaries are sensitized, they can be trained on providing sexuality education sessions for young people with learning disabilities. Suitable exercises for a sex education programme are part of a separate manual, also part of the comprehensive package.

Themes to be covered – with suggested exercises

The interventions (e.g. actions and communication) of intermediaries are influenced by different factors. Ideally, their interventions should be guided by the international human rights framework – not by personal values, attitudes, opinions or feelings – and they need structural support from their organization. The policies and practices within the organization should also be in line with the international human rights framework.

This manual aims to reflect on and build the knowledge and skills of intermediaries in the following areas:

- The sex and sexuality of young people with learning disabilities;
- The legislation and rights framework;
- Their values and attitudes;
- Their knowledge of sex, sexuality and SRHR concepts;
- Their skills to provide SRHR information and advice in easy language; and
- Bringing about structural change within their organization.



Introductions

Create a safe environment for the participants to discuss sensitive topics. Make ground rules clear and refer back to them throughout the training.

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Suggested exercises:

- Introduce yourself (1)
- Introduce yourself (2)
- PICSASOLL Agreements

Sex and sexuality of young people with learning disabilities

This section contains exercises that can be used to discuss and explore the sexual and reproductive realities, knowledge, development and behaviour of young people with learning disabilities: how does it differ from other young people? What are their specific needs, and how does their disability affect their sexual development and behaviour? What impact can intermediaries have on the sexual lives of young people with learning disabilities? What are the intermediaries' responsibilities in this regard? What support do intermediaries need?

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Suggested exercises:

- Your travelling buddy
- Maslow's hierarchy of needs
- Sexual behaviour of young people with learning disabilities

Legislation and rights framework

Sexual rights are human rights related to sexuality. Sexual rights apply to everyone. How do they apply to young people with learning disabilities? Is there national legislation, and is the institution's policy (if available) in line with the international human rights framework? How can intermediaries ensure that their actions towards young people with learning disabilities, and the messages they give them, are in line with the human rights framework?

This manual contains some exercises to clarify the concept of sexual rights as human rights and answer some of the above questions.

Note: The international and national legal frameworks should be mapped and analysed in preparation of the discussions with intermediaries on this topic. The best practice manual provides links to relevant international and European Union frameworks on the sexual rights of young people with learning disabilities.

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Suggested exercises:

- 'Sex and Law' quiz
- Exploring legislation, local policies, guidelines and professional practices – Case studies
- Perceptions
- Court case
- Sexual rights
- Human rights survey

Values and attitudes

Understanding intermediaries' values is important, as they determine and influence their behaviours and attitudes.

Values drive our behaviour and motivate our actions. Beliefs affect not only the behaviour of an individual but also of an organization. They are generated by our religion, social background, class, education, age, gender and gender identity, sexual orientation and experiences.

Our values may determine our ability to identify, stop and deal with abuse. They may also influence our willingness to educate young people with learning disabilities on issues of sex, sexual health and relationships.

The manual contains some exercises to clarify intermediaries' values and opinions about sex and sexuality of young people with learning disabilities and to raise awareness of possible tensions between personal and professional values and norms. It is important for the team to have a common point of view: on the one hand, to be able to adequately support young people in their sexual development; on the other hand, as support to the professional him/herself.

Suggested exercises:

- Sexuality card continuum
- Myths
- My story
- Statements
- Sexuality and culture
- Postcards
- Value system

Knowledge of sex, sexuality and other SRHR concepts

Intermediaries should not only feel confident talking about sex and sexuality, they should also be equipped with correct information and understand all relevant concepts.

This section suggests some exercises that can be used to increase their knowledge in the area of SRHR.

Suggested exercises:

- Factual knowledge about the target group and sexuality
- Body body
- Sexuality: concept and dimensions
- World Health Organization definition of sexual health
- The human body
- The human body (2)
- Sexual development
- Emotional and physical challenges in puberty
- List of sexual-sensual parts and activities
- How do I say it?
- Terminology

Providing SRHR information and advice

The topic of sex and sexuality should not be taboo in our conversations and discussions with young people with learning disabilities. They should be able to address their questions to their carers, who should be able to respond, provide advice or at least refer them to a person who has more knowledge and skills on the topic.

This section contains several exercises that allow intermediaries to practise the skills of talking about sex and sexuality with young people with learning disabilities, responding to their questions, giving advice and providing sexuality information in language that is easy to understand.

Suggested exercises:

- Conditions necessary to talk about sex
- It begins with the opening
- Questions about sexuality
- Merry-go-round
- Merry-go-round (2)
- Working with the IEC materials for your clients

Implementing change in the organization – preventing and responding to abuse

Intermediaries need to be supported by their supervisors, managers and organization to bring about change. If they are to empower young people with learning disabilities to protect themselves against sexual violence and abuse, structural changes will need to take place within the institution where the young people live or spend most of their time.

Changes will need to take place within the organization to ensure that mechanisms are in place to:

- respond to inappropriate behaviour and abuse;
- prevent inappropriate behaviour and abuse from happening; and
- improve the quality of (sexual) life of young people with learning disabilities.

Exercises in this section will assist intermediaries and everyone working in the same institution/organization to take the first steps to bring about this change in these three areas.

Suggested exercises

- Merry-go-round – body carousel
- Building a house
- Inhibiting or facilitating...?
- Sexual rights of young people with learning disabilities
- Flag system
- Sexuality on our agenda
- Plan-Do-Study-Act
- Sexual abuse in a care situation – case study

Evaluation

What have we learned, and how will we integrate this into our daily lives?

Suggested exercises

- Feather or nut?
- My learning points
- Am I able to answer questions?
- Collegial ladder

Learn more – resources and tools

Most of the exercises that are proposed in this manual are part of tools that were developed by the Member Associations who developed the manual. A brief description of each of these tools and other relevant resources can be found online and are not part of the printed version of the manual.

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EXERCISES

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INTRODUCTIONS

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PICSASOLL Agreements

Subtitle	This acronym stands for a number of agreements you make with the group before you start a session.
Objectives	<ul style="list-style-type: none"> • To create a safe atmosphere within the group. • To win trust both between the coach and the students and between the students themselves.
Materials needed	<ul style="list-style-type: none"> • Board • PICSASOLL handout
Duration	15 minutes
Methodology	<ol style="list-style-type: none"> 1. Ask the group to keep to a number of agreements during and after sessions. 2. Write the letters PICSASOLL one underneath the other on the board. Complete the word for each letter and explain the agreement. 3. To conclude, ask if everyone is OK with the proposed rules. 4. Participants may also propose to add some new rules.
Guidance and talking points for the facilitator	Make sure that the rules are and remain clearly visible during the lesson so that they can always be referred to. Or give every participant a handout with the agreements.
Source	Sensoa, 'Goede Minnaars' (Good Lovers)

We will stick to the following agreements during and after sessions:

P – Privacy

Personal matters discussed within the group are confidential and stay in the group. We don't use the things we hear here in other situations; this applies to the coaches as well.

I – 'I' mode

We talk about ourselves, our feelings and experiences, our views, etc. We're open and honest in what we say.

C – Culture

My culture is the unique way in which I have learned to respect values and traditions. I can respect my culture, and I respect the culture of others.

S – Be Selective

Be selective about what you say and what you don't say. Not everything is appropriate for sharing with everyone, and it's fine to keep your feelings and thoughts to yourself if you don't feel comfortable sharing them with the group.

A – Actively Involved

Take an active part in the group. We give you a lot of scope to determine for yourself what you want to address today, so don't wait passively for someone else to take the initiative.

S – Sexuality

Sexuality doesn't just mean sleeping with someone; sex is also something that's on your mind and in your feelings. We're talking about all forms of sex, and everyone is able to join in that discussion. There are major differences between different cultures and people (men and women, young and old) in the way we deal with sex.

O – Orientation

People can be heterosexual, homosexual, lesbian or bisexual. Whatever sexual orientation you have, remember that everyone is unique and deserves respect.

L – Listening

Listening to each other makes for a good discussion.

L – Laughing

Humour is important, and it's good sometimes to defuse highly charged subjects. Laughing at other people isn't acceptable though. Listening is also important – not just talking.

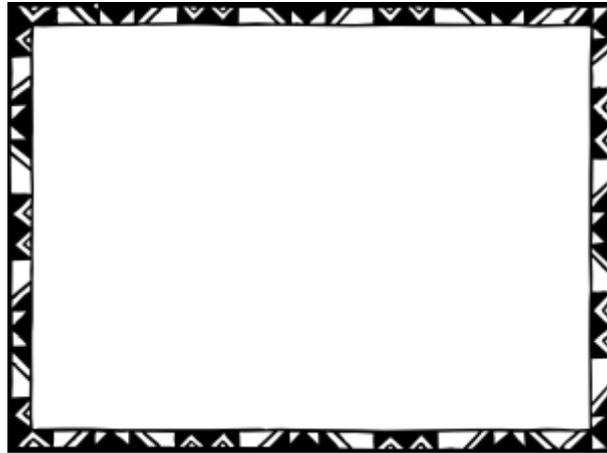
Introduce Yourself

Subtitle	Asking too many details
Objectives	<ul style="list-style-type: none">• To raise awareness about respecting the right to privacy of people with learning disabilities.
Materials needed	None
Duration	
Methodology	<ol style="list-style-type: none">1. Ask participants to introduce themselves to the group:2. Ask them to say their name, function etc. (usual stuff); and3. Add that you also want to know their age/weight/sexual orientation.4. Give them a moment to reflect. In reality, you don't want this detailed information, but just let them assume for a moment that you do expect them to provide it to the group.5. Reassure them that you don't want to know their weight/age/sexual orientation.6. Ask them how they felt about these questions.
Guidance and talking points for the facilitator	This exercise will let participants experience the same feeling as their clients have when they are asked all kinds of personal questions. It is an interesting experience because most participants don't realize that they ask their clients for all kind of information they personally wouldn't share with someone else.
Source	<ul style="list-style-type: none">• Sensoa

Introduce Yourself (2)

Subtitle	'Wanted' poster
Objectives	<ul style="list-style-type: none"> • Participants introduce themselves to others and get to know each other. • Participants experience an exercise they could use in their sessions with young people with learning disabilities
Materials needed	<ul style="list-style-type: none"> • Handout – 'Wanted' • Polaroid camera to take pictures
Duration	5 minutes for each participant
Methodology	<ol style="list-style-type: none"> 1. Hand out a 'wanted' poster to each participant. 2. Give each participant 5 minutes to fill it out: who are they, what do they like, and what work do they do? 3. Ask each participant to briefly introduce him/herself based on the information they included on the poster. 4. Take a picture of each participant and stick it on their poster. 5. Hang the posters on the wall for future reference for all participants.
Guidance and talking points for the facilitator	<p>This is an exercise that intermediaries can do with the young people with learning disabilities. The poster is very visual.</p> <p>If the young people with learning disabilities have problems writing, this exercise could be done by using images cut from media and with assistance from the intermediary in the form of a brief interview.</p>
Source	Pro Familia

I AM



I live

.....



I work

.....



I like

.....

KNOW YOUR TARGET GROUP

Your 'Travelling Buddy'

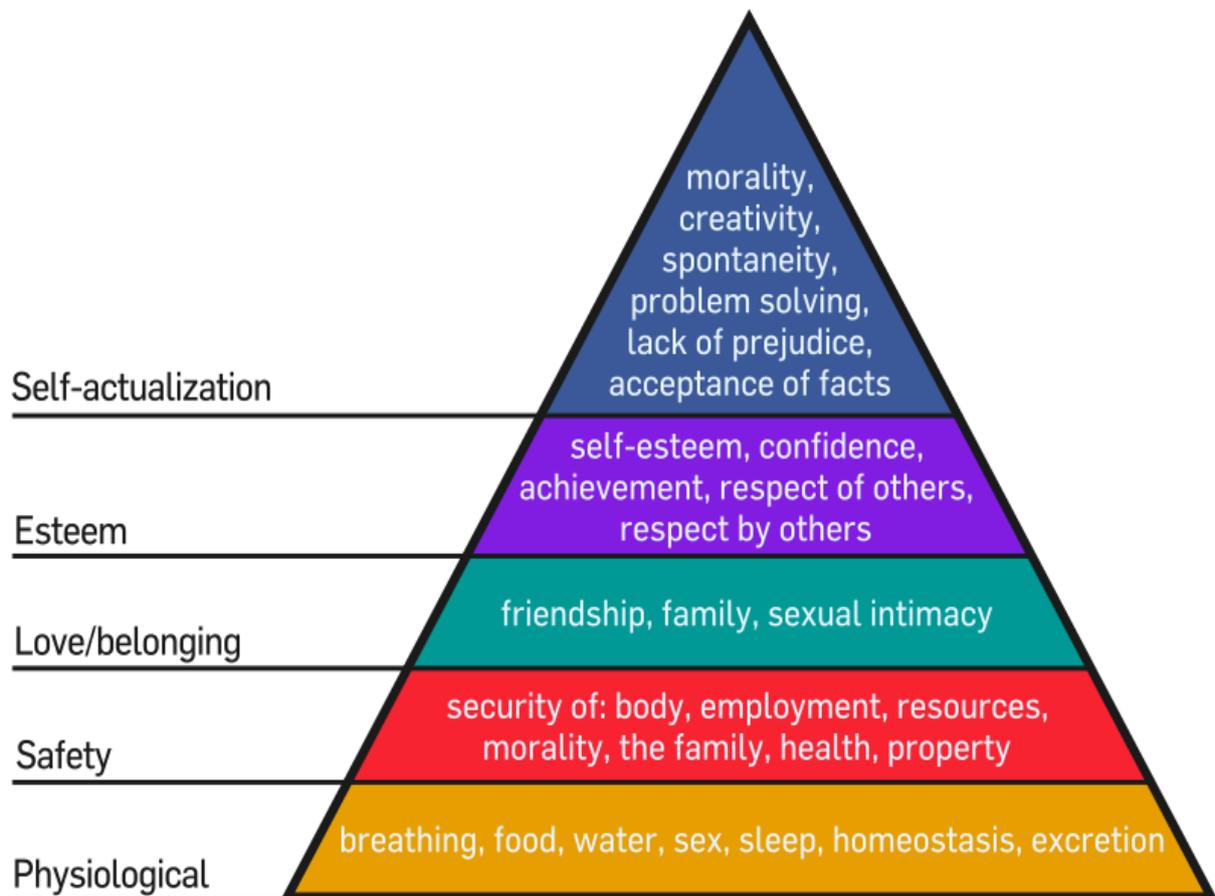
Subtitle	
Objectives	To bring participants closer to their target group.
Materials needed	
Duration	
Methodology	<ol style="list-style-type: none"> 1. Ask participants to <i>depict</i> a young person with learning disabilities with whom they are fairly or quite familiar. 2. This person will be their 'travelling buddy' during the training. Whenever possible they relate the exercises they do in the training to this person– for example: <ul style="list-style-type: none"> • What would his/her experience be? • What sexual language does s/he use? • Could s/he be a victim of sexual abuse? Why? 3. Ask each participant to present his/her travelling buddy to the group.
Guidance and talking points for the facilitator	<p>You can choose to let the participants take up the role of the buddy they have chosen. In this case, each participant presents himself as 'I am...', and, for example, might say 'I did not receive any sexuality education, but I pretend I know everything'. In the exercises that follow, the facilitator can choose this option. In this way, there can be more in-depth discussion. It could be though that some participants will find it 'weird' and resist.</p> <p>You can encourage participants to differentiate between facts and how they <i>perceive</i> their buddy by asking questions such as:</p> <ul style="list-style-type: none"> • What do you know about him/her?; • Why do you think this is the case?; • How come you think this is the case?; • What makes you think so? <p>You can also encourage participants to check with their travelling buddy. How does s/he experience different situations?</p>
Source	Rutgers WPF, training manual developed for the basic training 'Sexuality in the JJI' (no formal publication)

Maslow's Hierarchy of Needs

Subtitle	
Objectives	Participants will become aware of the basic need for young people with learning disabilities to have sexual relationships.
Materials needed	<ul style="list-style-type: none"> • Maslow's pyramid of needs (blank shape) • Maslow's needs cut out into cards • Maslow's hierarchy of needs structure
Duration	40 minutes: 10 minutes introduction; 20 minutes on activity; 10 minutes for discussion and wrapping up
Methodology	<ol style="list-style-type: none"> 1. Ask participants to arrange themselves into groups of 3 or 4. 2. Give each group the shape of the pyramid together with the cards of words to represent each need on the pyramid. 3. Ask them to place the words on each level to represent their order of basic, safety, social, self-esteem and self-actualization. Where does each need belong according to them? 4. Ask participants to explain their completed work. 5. Show participants Maslow's pyramid and discuss where the groups have placed their order of needs in comparison to Maslow's pyramid. Pay particular attention to where they put sex and sexual intimacy. 6. Ask the participants to discuss the structure in terms of the needs of young people with learning disabilities and whether these needs are met? If not, which needs aren't met? Also, where would people with learning disabilities place sex and intimacy on the pyramid?
Guidance and talking points for the facilitator	<p>During the exercise pay attention to where participants place 'sex' on the pyramid structure.</p> <p>This pyramid of needs is the same for every human being – also for young people with learning disabilities. However, this does not mean that all needs are met for every human being.</p> <p>The discussion may also bring up the idea that everyone has a different definition of what 'sex' is.</p> <p>Sexual intimacy is very different from sex. This must be outlined and form a part of the discussion in the group. Sex is a basic requirement for survival and on the same level as food, excretion, shelter etc., whereas sexual intimacy and relationships are higher</p>

	<p>on the pyramid, and not everyone attains these needs.</p> <p>The main message to convey is that young people with learning disabilities do not have access to realize and exercise their basic right to have sex and sexual relationships.</p>
Source	Irish Family Planning Association Training Department, 2012

Maslow's Pyramid of Needs – Handout 1

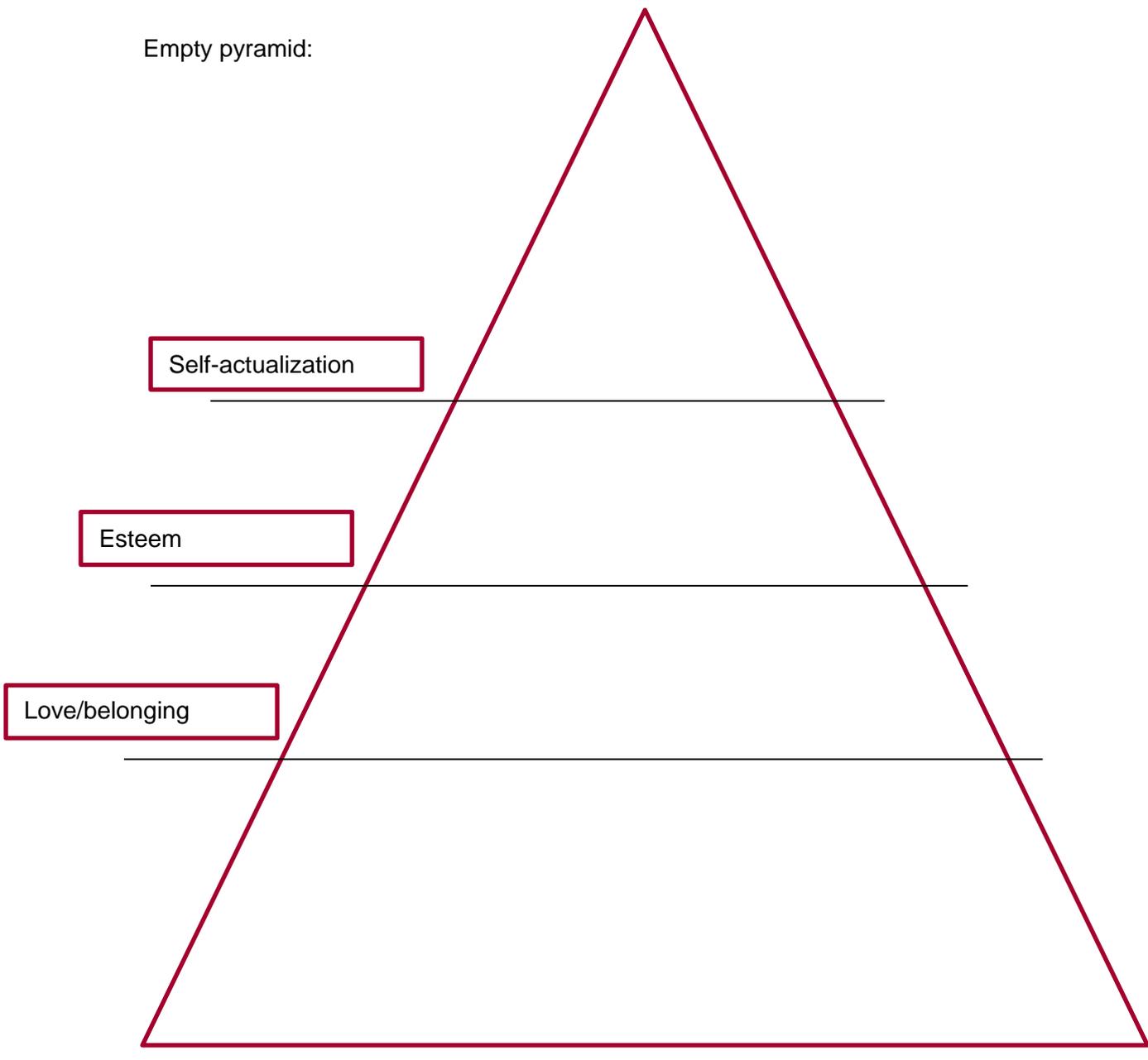


Maslow's Pyramid of Needs – Handout 2

Make cards, each with one word:

morality	creativity	spontaneity
problem solving	lack of prejudice	acceptance of facts
self-esteem	confidence	achievement
respect of others	respect by others	friendship
family	sexual intimacy	security of body
security of employment	security of resources	security of morality
security of the family	security of health	security of property
breathing	food	water
sex	sleep	homeostasis
excretion		

Empty pyramid:



Sexual Behaviour of Young People with Learning Disabilities

Subtitle	Brainstorming – examples of the sexual behaviour of young people with learning disabilities									
Objectives	<ul style="list-style-type: none"> • To realize that young people with learning disabilities have their own sexual life and experiences of sexuality. • To realize that sexuality is a very broad concept. • To appreciate the positive aspects of sexual behaviour and not see sexuality only as a source of problematic behaviour. 									
Materials needed	Flipchart + marker									
Duration										
Methodology	<ol style="list-style-type: none"> 1. Ask participants to describe the sexual behaviour of young people with learning disabilities based on their observations. 2. Write their examples down in a matrix, dividing them into 4 groups. 3. Note: do not explain yet the criteria for dividing them into 4 groups, and don't yet show them the top row and left-hand column) <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%;"><i>Negative</i> <i>(sex as a problem)</i></th> <th style="width: 35%;"><i>Positive</i> <i>(sex as a chance)</i></th> </tr> </thead> <tbody> <tr> <td style="text-align: left;"><i>Narrow definition (genital)</i></td> <td>e.g. masturbation in public places</td> <td></td> </tr> <tr> <td style="text-align: left;"><i>Broad definition (intimacy)</i></td> <td></td> <td>e.g.</td> </tr> </tbody> </table> <ol style="list-style-type: none"> 4. Afterwards explain your classification (by adding the top row and left-hand column) and discuss: 5. Are there empty fields? Which ones? 6. Are there especially broad examples (such as finding a partner?) 7. Are there predominantly examples of a narrow definition? 8. Are the behaviours listed predominantly problematic? 9. Explain the importance of using a broad definition and of a positive focus. If there are predominantly negative examples, give the group a new task: to come up with more positive examples and see if they are able to do so. 		<i>Negative</i> <i>(sex as a problem)</i>	<i>Positive</i> <i>(sex as a chance)</i>	<i>Narrow definition (genital)</i>	e.g. masturbation in public places		<i>Broad definition (intimacy)</i>		e.g.
	<i>Negative</i> <i>(sex as a problem)</i>	<i>Positive</i> <i>(sex as a chance)</i>								
<i>Narrow definition (genital)</i>	e.g. masturbation in public places									
<i>Broad definition (intimacy)</i>		e.g.								

<p>Guidance and talking points for the facilitator</p>	<p>Explain that the concept of sexuality is very broad and can be defined in many ways. All of the aspects belong to the life of young people with learning disabilities, and they need to have autonomy over them to the greatest extent possible. But it is certainly part of the responsibility of intermediaries to provide the necessary and tailored support where needed and wanted.</p> <p>It is very important for young people with learning disabilities to have ownership of their own lives: they should be able to make their own decisions about relationships, sexuality, and the things they want to do. Remind the participants of this every time they seem to forget it.</p>
<p>Source</p>	<p>Sensoa, 'Draaiboek Seks en Handicap', Karen De Wilde; not published</p>

LEGISLATION AND RIGHTS

Sex and Law' Quiz

Subtitle	Legislation on child protection, vulnerable adults, mental health and sexual offences
Objectives	<ul style="list-style-type: none"> • To establish awareness, understanding and knowledge of legislation in these areas, to be able to either develop or improve policies and guidelines to implement at local, regional or national level. • To set up a clear legislative boundary to enable the protection of vulnerable children and young adults. • To guide Member Associations to create or improve sexuality policies and guidelines to implement their training programmes.
Materials needed	<ul style="list-style-type: none"> • Copies of national/local/regional legislation on child protection, vulnerable adults, mental health and sexual offences • Questionnaire handout • PowerPoint presentation of key facts from the relevant piece of legislation involved
Duration	60 minutes
Methodology	<ol style="list-style-type: none"> 1. Give intermediaries the questionnaire and ask them to fill it out individually. 2. Ask them to discuss, contrast and compare their responses in pairs. 3. Ask them to share their responses with the group under the trainer's supervision. 4. Guide the discussion with the PowerPoint presentation of key facts from the relevant piece of legislation involved.
Guidance and talking points for the facilitator	<p>This exercise needs some preparation by the facilitator.</p> <p>Before you do this exercise, you may ask the group to bring up their concerns in relation to sex and sexuality of young people with learning disabilities. Some (or many) concerns may be related to law and legislation. This quiz can be a way to respond to these concerns.</p> <p>Collect and look up existing relevant legislation, policies and adapt questionnaire to your country context.</p> <p>The questionnaire on the handout is based on the UK situation and needs to be adapted to the country where the questionnaire will be</p>

	<p>used. Other questions could also be added.</p> <p>Prepare a PowerPoint presentation that provides a correct answer to each question. Make sure you are well informed about the legislation and have correct answers to questions in the questionnaire. Do not include questions where you are not sure about the correct answer. You may need to seek legal advice to ensure that your answers to each question in the questionnaire are correct.</p> <p>In some countries, the country's legislation may go against the UN Declaration of Persons with Disabilities; if that is the case, it is advised to inform the participants of the country's legislation and refer them to the UN Declaration.</p>
<p>Source</p>	<p>UKfpa</p> <p>'Good sexual health for people with learning disabilities – Westminster Project', Training manual for professionals supporting people with learning disabilities, pages 4–7</p> <p>Electronic copy available to IPPF EN; not freely available online.</p>

The below questionnaire is used by UKfpa. If used in another country, it will need to be adapted to the different context and legislation.

Additional questions could also be added related to:

- Use of (naked or half-naked) pictures and images and media.
- For 'sexting' (sending naked/half-naked pictures to a girl/boyfriend or peer), for communication via webcam, etc.: Are young people protected by law – or can they be prosecuted as well if they use these pictures later on to bully the other young person? Could there be a link with child pornography?
- For sexuality education: is it allowed?
- Webcam grooming¹: what legislation protects young people?
- Access to sexuality education: is sexuality education mandatory?
- What to do in case of sexual abuse: duty to report – duty to care?

1. A 16-year-old with a learning disability can change his/her doctor without parental knowledge.

True False Maybe

2. Under the Sexual Offences Act 2003 it is an offence for a person to have sexual intercourse with a child under what age?

18 16 13

3. If a doctor prescribes medical contraception to, or agrees to an abortion for, a person under 16, s/he is legally bound to:

Tell the parents Inform the police Confidentiality

4. Rape is now the only sexual offence that can only be committed by men.

True false Maybe

5. Pornography: which of the following are legal?

- a) Owning pornography showing adults
- b) Owning pornography showing children
- c) Owning pornography showing adults who look like children
- d) Looking at internet pictures of pornography showing children
- e) Sending pornography through the post

¹ Grooming comprises actions deliberately undertaken with the aim of befriending and establishing an emotional connection with a child, to lower the child's inhibitions in preparation to sexually assault or to exploit the child.

6. It is possible to be convicted of exposure even without intent to cause alarm or distress.

True False Maybe

7. It is legal to pay for the sexual services of a 17-year-old.

True False Maybe

8. What is the age of consent for homosexual acts?

For men:	14	<input type="checkbox"/>	For women:	14	<input type="checkbox"/>
	16	<input type="checkbox"/>		16	<input type="checkbox"/>
	18	<input type="checkbox"/>		18	<input type="checkbox"/>
	21	<input type="checkbox"/>		21	<input type="checkbox"/>

9. It is illegal to engage in sexual activity with someone with a mental disorder.

True False Maybe

10. Under the 2003 Sexual Offences Act it is illegal for a care worker to have sexual intercourse with a person with a mental disorder that they care for.

True False Maybe

11. It is legal to lie to a person with a mental disorder in order to have sex with them.

True False Maybe

12. Sterilization cannot be performed on an adult without his/her consent.

True False Maybe

13. A member of staff is likely to be prosecuted if s/he teaches a person with a learning disability to masturbate.

True False Maybe

14. Which of these tests would be used to assess someone's capacity to consent? (tick all that apply). Whether someone is able to:

- a) understand the information relevant to the decision
- b) use or weigh the information relevant to the decision
- c) remember the information relevant to the decision
- d) communicate the decision

Exploring Legislation, Local Policies, Guidelines and Professional Practices

Subtitle	Case studies of young people with learning disabilities in situations of potential sexual abuse or violence
Objectives	To establish a link between the national legislation, the existing policies developing that legislation and the national practices when implementing legislation and policies.
Materials needed	<ul style="list-style-type: none"> • Five case studies reflecting culture, customs/habits/institutions and the intermediaries' professional roles. They should represent a credible situation of potential sexual abuse or violence of young people with learning disabilities. • Copies of national legislation, and existing policies/regulations on child protection, vulnerable adults, mental health and sexual offences. • If the institution has policies, analyse these prior to this session.
Duration	45 minutes
Methodology	<ol style="list-style-type: none"> 1. Divide the participants into small groups or pairs. 2. Ask each group/pair to choose 2 out of the 4 or 5 case studies, based on their specific professional needs. 3. Alternatively, you can select one case study to be discussed by all groups/pairs. 4. Ask them to identify any legislation or any part of any sexuality policy available which is involved in the resolution of the case, and any action to be taken by the intermediary participating in the training to protect the young person with a learning disability involved: <ul style="list-style-type: none"> • What do you <i>feel</i> about this case study? What emotions and thoughts does it bring up? • Identify what law is at issue here? Is someone breaking the law (if so, which law)? • Does your institution have any policy that guides you to implement the law/legislation? • What would you do if this situation were happening at your place of work? 5. Ask every group to report back in plenary on their conclusions. 6. Ask other participants to provide feedback.

<p>Guidance and talking points for the facilitator</p>	<p>This exercise needs good preparation. The facilitator needs to be very familiar with the relevant legislation, policies and regulations.</p> <p>Institutions may not have a policy on sex and sexuality in place. This exercise could be a starting point to discuss the importance and relevance of such a policy.</p>
<p>Source</p>	<p>UKfpa</p> <p>‘Good sexual health for people with learning disabilities – Westminster Project’, Training manual for professionals supporting people with learning disabilities, pages 8–11</p> <p>Electronic copy available to IPPF EN; not freely available online.</p>

Case study A: Tom

Tom is a 14-year-old severely learning disabled client. He is very close to his mother who is his only parent and, in many ways, treats him like a small child. His mother is often seen lying on his bed in the residential unit cuddling him while they watch television. Tom often gets upset when his mother leaves after a visit and can get very agitated when she is due to arrive. Tom is generally quiet and withdrawn and resists the friendships offered to him within the residential unit. When not with his mother Tom prefers his own company and can spend long periods of time alone.

One day when Tom and his mother have come back from a walk you go to Tom's room to speak to them about a trip which is happening next week. When you knock on the door, there are loud shuffling noises and Tom's mother answers looking flustered. You can see Tom zipping up his fly in the corner of the room.

1. What do you feel about this case study? What emotions and thoughts does it bring up?

2. Identify what law is at issue here? Is someone breaking the law (if so, which law)?

3. Does your institution have any policy that guides you to implement the law/legislation?
 - If not, what is needed?

 - If yes, what does the policy say about it?

4. What would you do if this situation were happening at your place of work?
 - According to the law/policy

 - According to the practice in the institution?
 -

Case Study B: Anna

You have recently started a new post at a residential unit for people with moderate to severe learning disabilities. As you support adults, the ethos of your work is around empowerment, and your clients are able to choose which activities to engage in and are allowed to come and go as they please from the unit.

One 25-year-old woman in the unit called Anna is going out every evening and selling sex on the street to local men and underage boys, sometimes for alcohol or cigarettes and sometimes for money. She often does not return to the unit all night. Many meetings have been held to talk about Anna's situation, staff feel unhappy with her actions, but Anna is adamant that this is her choice and she wants to carry on doing this.

Her parents, with whom she does not have a very close relationship, have been asking why she is often tired and asleep when they come to visit her and want some answers from you.

Case Study C: Mark

You work with young adults with learning disabilities who display sexually inappropriate behaviour.

You have been asked to come and work with an 18-year-old called Mark, who is touching young women at the local swimming pool when supported there by his day service. Mark waits by the side of the pool and touches the bottoms of young women as they get into the water.

Mark is a friendly, outgoing boy who enjoys the company of others, particularly women. Mark is bright and understands things well and is very interested in science at school.

Mark has also recently been found with a female swimming costume which he takes into the bath with him.

Case Study D: Sam and Raj

You are a community nurse who works in different organizations. You carry out the sex and relationships education within a local residential unit. A staff member comes to you very distressed, as she has discovered that two male clients, Sam and Raj, are having a sexual relationship.

After much discussion, staff at the unit think that neither have the capacity to consent to sexual activity, as neither have the cognitive ability to understand the consequences of the act.

Sam is willingly leaving his room and going into Raj's bed every night, and there are signs that the relationship is mutual, as they also spend a lot of time together throughout the day. Both are well behaved.

The staff member wants to know what to do about this and has asked for your help.

Perceptions

Subtitle	Looking at same situation from different angles and viewpoints
Objectives	<ul style="list-style-type: none">• To open discussion about dilemma situations on a wide range of sexuality topics• To acquire skills to analyse dilemma situations.• To pay attention to professional knowledge and personal attitudes - how they intertwine and how they can influence the decision making process.
Materials needed	<ul style="list-style-type: none">• Case studies for each small group.• Flipchart, markers
Duration	1 - 1,5 hour
Methodology	<p>You can use the given case studies (see hand out) or create your own stories based on a typical dilemma situation.</p> <ol style="list-style-type: none">1. Create small groups and hand out the case studies.2. First - ask the groups to discuss the cases, to share their ideas on the situations, emotions and attitudes. Suggest that some situations can be complicated or ambiguous.3. Next, the participants are asked to imagine they are professionals involved in working with client/s and they have to analyse and solve the case.4. Give flipcharts and markers to each group and ask the groups to analyse the situation on 4 levels:<ul style="list-style-type: none">• The client – what does this situation tell us about the clients' situation, what are the rights of the client, what are the needs we can see through this case; what reactions, activities or education is needed;• The family - what does this situation tell us about the clients' possible family; what reactions, activities or education is needed;• The organization – how can we see this case in the context of the organization: what reactions can be appropriate or needed from the part of the professionals and the organization;• State or legislation level – what do local and international laws tell us about this case, what are possible gaps we can see, what are suggestions.5. Each small group will present the results of their group discussion to the whole audience.

<p>Guidance and talking points for the facilitator</p>	<p>In working with people with learning disabilities, professionals come across different complicated, challenging and contradictory situations. It is important to acquire the skills to analyse situations in a wider context and from different perspectives instead of simply reacting.</p> <p>In facilitating this activity, you have to keep in mind that there are no right answers and simple solutions – most important is that participants come to a broad understanding. Based on the needs of the training group this activity can be facilitated focusing on particular aspects such as client`s needs, rights, guidelines or the organizational perspective, educational needs, legislation, society context, etc.</p>
<p>Source</p>	<p>LFPA “Papardes zieds”, Baiba Purvīce</p>

Situation 1:

A social worker is going to her work in a day care centre for persons with learning disabilities. She notices one of her new clients at the other end of the bus. He is 23 years old and lives with his grandmother. She looks at him for a while and notices that he is starting to rub against other passengers. Then he takes out his penis and starts masturbating...

Situation 2:

Two young men – John and Josh – live in an institution for persons with learning disabilities. They look very friendly, shop together, cook together, spend evenings together. Workers consider that they have homosexual relationships and feel OK about that. When asked if they are friends or partners they avoid answering.

John is 29 years old and has never shown any interest in women. Josh is 20 years old and comes from a boarding school for boys. It is known that cases of violence and sexual abuse from older boys have occurred in this institution in the past.

After some time they have a fight. Social workers get involved in resolving the conflict and have discussions with both of them. Both of them are in tears. Josh forbids John from entering his room and asks the social workers to find him a girlfriend.

Situation 3:

A 50-year-old man lives in group flats – institution for persons with learning disabilities. He has found a job – he informs a social worker that he will be starting work as a gardener in a children's hospital the following week. The social worker informs the head of the organization. The head of the organization remembers that a doctor from the man's previous institution had mentioned that this client had been involved in unclear situations with children and sexual issues. The head of the organization invites the client to her office and asks about details from his past. The client becomes furious and threatens to complain that his rights are violated.

Situation 4:

A 29-year-old woman with learning disabilities moves from a closed institution to group flats. She enjoys her new freedom, likes shopping and cooking for herself. After a few months it seems she has gained some weight. Her social workers get suspicious – if it's from better food or ...pregnancy. And so therefore they send her to visit a gynaecologist. The young woman tells the doctor that she has no complaints, denies she has been in sexual relationships and refuses to be examined. She tells the social workers that the visit had been OK and that no problems were discovered. After some more weeks the social workers decide to take her to a gynaecologist once more and ask for an examination. She is confirmed as eight month pregnant. The young woman shows surprise and says she is not aware of any sexual relationships in the past. She has no idea how babies are born, fed or raised. By law group flats are not for families with children, and there is no medical staff or other staff prepared for taking care of newborns. Formally it can take a few months to move the young woman to some other social service.

Court Case

Subtitle	Role play on sexual and reproductive rights and the barriers to exercising these rights
Objectives	To make intermediaries aware of sexual and reproductive rights and the social, individual and other barriers that may prevent people from realizing them.
Materials needed	<ul style="list-style-type: none"> • Prepare a case study according to the theme you want to discuss in a particular session, or you may ask the participants to create a case study on the themes they think that are the most significant to them. <ul style="list-style-type: none"> • • For example: “Jon and Mary, two young people with learning disabilities, have had a relationship for 2 years. They would like to have a baby, but their parents object.” • • The options are infinite. • • Legislation that applies to the case.
Duration	10 minutes maximum per case study As many case studies as you want
Methodology	<ol style="list-style-type: none"> 1. Explain that we will simulate a court case. 2. We need a judge, the prosecution and the defence. Ask for three volunteers to take on these roles. You may also have a jury to decide which side had the best arguments. 3. Give the participants a case to discuss or ask them to create a case on the spot. 4. Ask the prosecution to speak against the barriers; then the defence should try to defend the barriers. Sometimes they may have to go against their own beliefs. 5. At the end, ask the judge to make a decision, and if you have a jury you may ask them to comment on both sides and the decision. 6. You may also conclude the session by having a look at the legislation: what does the legislation say?
Guidance and talking points for the facilitator	It's important to keep in mind the main questions you want to debate in a particular activity. What kind of topic is 'hot' at a particular moment?

	<p>The principal objectives are to practise debating skills and also to develop an understanding of some important issues for young people with learning disabilities that are rarely discussed in the way they should be: thinking about opportunities and barriers. Asking the professionals to discuss those issues and making them defend some issues they won't be prepared to discuss will open their minds. Having others listening to their argument will also avoid prejudice. Having different points of view and defending some points of view that are different from their own may also prepare families and professionals to deal with some issues and to defend the rights of young people with learning disabilities.</p>
<p>Source</p>	<p>APF Portugal</p> <p>This activity is not published in any toolkit or any other publication.</p>

Sexual Rights

Subtitle	
Objectives	<ul style="list-style-type: none"> • To introduce the concept of sexual rights and to relate them to the target group • To raise awareness about the dilemmas and different points of view about the target group and sexuality
Materials needed	<ul style="list-style-type: none"> • The World Health Organization's working definition of sexual rights (handout) • IPPF sexual rights declaration – leaflet on how these rights apply to young people with learning disabilities
Duration	
Methodology	<ol style="list-style-type: none"> 1. Individual assignment, in pairs or in groups. 2. Ask participants to formulate their top 10 sexual rights for all people in the world. 3. Make an inventory of the results and discuss them in plenary. 4. Compare them with the sexual rights as formulated by WHO and IPPF. 5. Ask participants to apply these rights to young people with learning disabilities (or their 'travelling buddy'). 6. Ask them how these rights can be made a reality for young people with learning disabilities? What are the responsibilities of intermediaries and of young people with learning disabilities to fulfil each of these rights?
Guidance and talking points for the facilitator	<p>Young people with learning disabilities are entitled to the same human and sexual rights as every other human being. However, in reality, they may not have access to these rights. How can intermediaries support them to fulfil these rights? What responsibilities do young people with learning disabilities, their intermediaries and policymakers have to ensure that young people with learning disabilities can fulfil their rights?</p> <p>Each sexual right comes with responsibilities – not only for the young person with learning disabilities who is entitled to the right, but also for intermediaries and other stakeholders.</p> <p>Young people with learning disabilities have the right to make mistakes – and also to have bad experiences. We need to find a</p>

	good balance between guiding them towards autonomy and at same time ensuring their protection.
Source	RutgersWPF, Annelies Kuypers The exercise is part of an in-company training course which was not officially published.

World Health Organization Working Definition of Sexual Rights, 2002:

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive and impart information related to sexuality;
- sexuality education;
- respect for bodily integrity;
- choose their partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children; and
- pursue a satisfying, safe and pleasurable sexual life.

The responsible exercise of human rights requires that all persons respect the rights of others.

IPPF Sexual Rights Declaration:

In October 2008 International Planned Parenthood (IPPF) published *Sexual Rights: an IPPF Declaration* which adds to the IPPF Charter on Sexual and Reproductive Rights. The Declaration was developed to ensure that sexual rights as human rights are respected and fulfilled, so that all individuals can exercise control, freedom and choice in their sexual and reproductive lives. It is grounded in core international human rights instruments and international human rights standards, and supports the value that sexual and reproductive freedom is central to a satisfying and fulfilling life. Depriving individuals of their sexual and reproductive freedom denies them the capacity to live their life according to their own internal values and beliefs system.

Whilst the Declaration addresses sexual and reproductive rights in the broadest sense, a leaflet below, developed by UKfpa Northern Ireland, uses the 10 Articles enshrined in the Declaration, and focuses on the rights of people with learning disabilities to sexual health and well-being and to be acknowledged as sexual beings.

Article 1: Right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality or gender

Without exception sexuality is an integral part of every human being. Everyone has the right to enjoy all sexual rights in order to take an active part in the economic, social, cultural and political processes in their society.

People with learning disabilities have the **right** to have their sexuality recognized as a positive aspect of their life and to be protected by the law against discrimination.

Article 2: The right to participation for all persons, regardless of sex, sexuality or gender

Everyone is entitled to influence decisions concerning matters that directly affect their health and well-being.

People with learning disabilities have the **right** to support and advocacy to enable them to fully participate in the development and implementation of policies determining their sexual and reproductive health, without barriers or conditions.

Article 3: The rights to life, liberty, security of the person and bodily integrity

The medical care of women should never be based on any consideration other than ensuring her well-being, and no woman should be compelled to have children.

People with learning disabilities have the **right** to education and learning to enhance their capacity to access health facilities, services and conditions which enable them to make informed and consensual choices and decisions about their sexual and reproductive health.

Article 4: Right to privacy

Everyone has the right not to be the victim of subjective interference with their privacy, including accessing reproductive health care services.

People with learning disabilities have the **right** to have their privacy respected and upheld and shared only with those directly involved in consensual decisions about their sexuality, sexual behaviour and intimacy without arbitrary interference.

Article 5: Right to personal autonomy and recognition before the law

Everyone has the right to be recognized before the law and make decisions about their lives in an environment free of discrimination, violence or abuse.

People with learning disabilities have the **right** to a transparent and consistent capacity assessment process which enables them to:

- decide freely on matters related to sexuality;
- choose their sexual partners; and
- seek to experience their full sexual potential and pleasure within a legal framework of non-discrimination and with due regard to others.

Article 6: Right to freedom of thought, opinion and expression; right to association

Everyone has the right to freedom of thought, conscience and religion without interference. Conversely, everyone also has the right to access reproductive health care services without interference from personal conscience and religion.

People with learning disabilities have the **right** to develop their own value base and express their opinions on sexuality and relationships, and access sexual health and reproductive health care services without interference from others' personal conscience and religion.

Article 7: Right to health and to the benefits of scientific progress

Everyone has the right to the highest possible quality in health care including all care related to their sexual and reproductive health; and to enjoy the benefits of scientific progress.

People with learning disabilities have the **right** to access high-quality sexual health and reproductive health care services which reflect their special needs, including the use of accessible language by service providers.

Article 8: Right to education and information

Everyone has the right to education and information presented in an objective, critical and pluralistic manner.

People with learning disabilities have the **right** to comprehensive relationships and sexuality education based on personal growth and development which enables them to develop skills to exercise their sexual rights.

Article 9: Right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when, to have children

Everyone has the right to freely and responsibly choose whether or not to marry and to decide if and when to have children.

People with learning disabilities have the **right** to enter freely and with full consent into marriage or other partnership arrangements and to decide whether or not to have children.

Article 10: Right to accountability and redress

Everyone has the right to effective, adequate, accessible and appropriate educative, legislative, judicial and other measures to ensure and demand that those who are duty bound to uphold sexual rights are fully accountable to them.

People with learning disabilities have the **right** to hold to account those who would seek unlawfully to violate their sexual rights.

* For a more comprehensive breakdown of each article of the Declaration, see Sexual Rights: an IPPF Declaration (2008)

Human Rights Survey

Subtitle	
Objectives	<ul style="list-style-type: none"> •
Materials needed	<ul style="list-style-type: none"> • Exercise handout: Human Rights Survey • Optional: handout on human rights instruments
Duration	
Methodology	<ol style="list-style-type: none"> 1. Give each participant a copy of the Human Rights Survey. 2. Ask participants to complete both parts of the exercise on their own. During the process, remind them to focus on themselves and their own lives. 3. Divide participants into pairs or small groups and ask them to share and discuss: <ul style="list-style-type: none"> • the six rights they did not want to lose; • why they chose these six rights; and • the impact on their lives if they lost those six rights. 4. Discuss in plenary: <ul style="list-style-type: none"> • How did it feel doing this exercise? • Was it difficult to identify the six rights? • What issues did the exercise bring up? • What rights are common to everyone? • Why are these rights important? • Linking with human rights. 5. Ask participants in plenary or in small groups how they might be feeling and behaving three years after losing these rights and how their lives and relationships may have changed. Ask about their sexuality and sexual expression and how it might be effected. 6. Ask participants to reflect on what kind of people they would need to help them survive and live if this were their world.
Guidance and talking points for the facilitator	<p>Most participants will choose core rights such as private life, being listened to, welfare of self and family and then choose rights specific to the individual such as going for a drink with friends and reading what they want etc. It is important to explore core rights first and then individual rights. Although the core rights such as welfare of children and family may not immediately be connected to sexuality and sexual expression, it is important to make this connection.</p>

	Be prepared to give some more explanation on human rights.
Source	©fpa Georgie McCormick

Handout – Human Rights Survey

The right to . . .

- . . . give my permission before people do things for me
- . . . have a drink with a friend
- . . . go to bed when I want to
- . . . read whatever I want when I want, provided it is legal
- . . . look for a job
- . . . go to a night class
- . . . have a sexual relationship
- . . . have a private life
- . . . use public transport
- . . . have children
- . . . do my own shopping
- . . . choose my own clothes
- . . . be listened to
- . . . choose my own method of birth control
- . . . legal redress when I experience discrimination
- . . . make my own decisions about whom I have sex with
- . . . have sexual intercourse in a private, comfortable place
- . . . express my opinion and have it valued
- . . . be on my own when I want
- . . . say YES and NO when I want to
- . . . make decisions regarding my own welfare
- . . . make decisions regarding my family and children's welfare

Handout – Human Rights Survey

You have been given a list of some basic human rights. Due to new legislation everyone is about to lose six rights. Before any decisions are made about which rights these will be, the government is carrying out research to find out which rights are most important to people and what impact losing these rights might have on their lives.

From the list, choose six rights which you definitely would not want to lose.

Section 1

Write them down in the space provided

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Section 2

Consider how your life might be affected over the next three years if you lose these rights. Write down some of the changes that might happen to you and in your life.

VALUES AND ATTITUDES

Sexuality Card Continuum

Subtitle	Card game to discuss acceptable and unacceptable sexual terms in relation to their own values and norms
Objectives	To explore, share and discuss personal and professional values relating to sexual terms. What topics would they feel uncomfortable with discussing?
Materials needed	<ul style="list-style-type: none"> • A pack of cards with different sexuality terms (heterosexuality, teenage pregnancy, oral sex, parenthood etc.) that are potential topics for sexuality education work. • The pack of cards with the words can be developed locally with culturally and nationally appropriate terms.
Duration	45 minutes
Methodology	<ol style="list-style-type: none"> 1. Before starting this exercise, ensure you create a safe environment to discuss issues that may be sensitive to the participants. Refer back to the rules set at the beginning of the session (e.g. PICSASOLL). 2. Divide the participants into groups of 4–6. 3. Place a pack of cards upside down at the centre of a table for each group. 4. A card with ‘unacceptable’ and another with ‘acceptable’ are placed on each side of the table. 5. Ask a participant to pick a card. 6. Ask the participant to define his/her understanding of the term’s meaning and place it in the continuum between acceptable and unacceptable. 7. Ask the other group members to give their opinion from the viewpoint of their own values. 8. Participants may try to convince the person who chose the card to move it along the continuum. 9. The final placement of the card is decided by the person who picked the card. 10. The next participant in the group chooses a new card, and the process starts again until the pack is finished. 11. At the end, ask the group for feedback on the exercise. Discuss how their values and norms could influence their actions.
Guidance and talking points for the facilitator	Participants cannot refuse to place a card on the continuum. S/he has to place the card and listen to the arguments of other participants in his/her group. This person has the power to decide where s/he puts the card in the end.

	<p>Ask a person who does not want to discuss a certain topic: what makes you unwilling to talk about this issue? Why? What can we do for you?</p> <p>You may also challenge this person: if you don't want to discuss this topic here, would you not discuss it with young people with learning disabilities either? They have the right to sexuality and relationships education. You can protect/safeguard them by talking about it.</p> <p>This exercise will give you an indication of how comfortable intermediaries will be in discussing and talking about certain topics with young people with learning disabilities. If certain topics are unacceptable according to their values and norms, intermediaries should be aware of how this currently affects their communication and messages on these topics to young people with learning disabilities.</p> <p>Understanding people's values is important to determine behaviours (such as identifying possible abuse and sexualized language, the ability to stop and deal with abuse, willingness to educate young people with learning disabilities in issues of sex, sexual health and relationships etc.)</p> <p>What are values?</p> <ul style="list-style-type: none"> ● They are drivers behind our behaviour, which motivate our actions. ● They are principles or standards by which we act. ● They are beliefs held so strongly that they affect the behaviour of an individual or an organization. <p>What generates values?</p> <ul style="list-style-type: none"> ● religion; ● social/cultural background; ● class; ● education/information; ● beliefs; ● experiences; and ● other factors that participants come up with. <p>This exercise can also be used with young people with mild learning disabilities.</p>
<p>Source</p>	<p>UKfpa</p> <p>'Good sexual health for people with learning disabilities –</p>

Westminster Project', Training manual for professionals supporting people with learning disabilities, pages 14–16

Electronic copy available to IPPF EN; not freely available online.

Handout – Sexuality Card Continuum

A list of possible topics to be discussed as used by UKfpa. The pack of cards with the words can be developed locally with culturally and nationally appropriate terms.

Identity and self-image	Relationships
Menstruation/menopause	Puberty
Self-esteem	Sexual activity
Forced sex	Public and private behaviours/spaces
Conception, pregnancy and birth	Heterosexuality
Gay, lesbian, bisexual and transgender identities	Family: support and restrictions
Gender issues	Marriage and other partnerships
Female cycles	Parenthood
Mental health: post-natal depression	Pre-menstrual tension/syndrome
Methods of contraception	Emergency contraception
Unplanned and unwanted pregnancies	Abortion
Adoption	HIV/AIDS
Sexually transmitted infections	Safer sex
Celibacy	Male and female biology
Exploring emotions in relationships	Sexual/physical abuse
Power in relationships	

Myths

Subtitle	
Objectives	To become aware of myths on sex and sexuality that form the basis of our own behaviour and actions.
Materials needed	<ul style="list-style-type: none">• Handout with information about myths• Flipchart and markers
Duration	10–15 minutes
Methodology	<ol style="list-style-type: none">1. Briefly introduce what we mean by ‘myths’ and why it is important to be aware of their impact.2. Read out the myths from the handout.3. Ask every participant to think about whether there are myths s/he has difficulty with because they don’t believe they are not true.<ul style="list-style-type: none">• Many people have difficulty with the myth that ‘sexuality is a natural process’.4. Let them come up with counterarguments: why is this not a (complete) myth?5. If this exercise does not go smoothly, you can ask some questions as:<ul style="list-style-type: none">• What usually goes naturally with sexuality?• Is it natural for everyone?• Who needs help or support?• How can you support young people with learning disabilities?• If there isn’t any education or communication on sexuality with young people with learning disabilities, what do we teach them informally about the topic (through our actions, behaviour, informal messages etc.)?
Guidance and talking points for the facilitator	<p>This exercise can be done as an introduction, with the complete group.</p> <p>There are many myths around sexuality. Myths are ideas or statements that are not true but widely spread. They have a big impact. Myths influence people’s views on relationships and sexuality and how they deal with them.</p> <p>The main message of this exercise is that sexuality needs</p>

interference and does not come naturally.

The only thing in *sexuality that is more or less natural* is the development and growth of the body. Otherwise, sexual behaviour is to a great extent a *learning process*. Once the skills are obtained, it is as if we have always had them. Make the comparison with learning how to walk, cycle, read and write. Sexual competencies are also the result of a learning process (in the broad sense). Children, young people and adults increase their sexual behaviour and 'repertoire' by experimenting, through trial and error. Illustrate this with an example of a 10-year-old who finds the idea of a French kiss disgusting, but integrates it into his behaviour a few years later. Or compare it with the attitude of many people towards oral sex, whereas on the basis of a learning process, they can start to appreciate it.

People with learning disabilities also acquire skills and learn on the basis of their experiences: behaviour that is confirmed by a positive feeling, or by receiving attention, will be repeated.

Another argument is that some people are struggling with sexual problems. For them, sexuality is not at all natural. The myth makes them feel abnormal and unhappy.

For people with learning disabilities, sexuality is not a natural process. They need tailored support. It might be by providing information, help to increase their network, guidance with their relationship, effective support such as (un)dressing etc.

It's important that intermediaries understand that for their clients, sexuality and sexual behaviour does not always go smoothly and naturally. Their clients need tailored support, and they have the responsibility to provide this support in agreement with their client.

Also, the myth of sexuality education as a Pandora's box (or a source of all evil) is widespread. You can dispel this myth by asking how people who did not receive any information, or with a severe learning disability, deal with sexuality.

People do not wait until they receive information to start experimenting.

Talking about sex usually doesn't create but on the contrary prevents problems.

It is possible that people with a learning disability will ask more questions and are more interested in sex and sexuality once they

	<p>have received sexuality education. But this is usually just temporary. It is a positive sign, as it is an indication that the subject interests them.</p> <p>Sexuality education almost never leads to problematic behaviour. On the contrary, a lack of information and education can cause problematic behaviour. Should there be problematic behaviour, then this can be dealt with within the framework of sexuality education.</p>
Source	Sensoa, Karen de Wilde

Handout – Myths

Myths are *incorrect* ideas that are widespread and generally accepted as true. Myths influence our view on relations and sexuality and how we deal with them.

About sexuality	Sexuality is a natural process
About relationships	People with a disability cannot engage in relationships
About sexuality education	Sexuality education is opening Pandora's box
About disability	A disability makes someone asexual

Which myth seems correct to you? Come up with arguments to dispel the myth.

My Story

Subtitle	
Objectives	<ul style="list-style-type: none"> ● To evaluate how participants' own sexual history, the messages about sex that they got in their youth influenced their values, norms etc. and the messages they pass on to others. ● To help participants to get personally involved. ● To raise awareness of individual differences and similarities. ● To raise awareness of the tension between personal and professional values and norms.
Materials needed	<p>Handout with a description of the exercise</p>
Duration	<p>30 minutes</p>
Methodology	<ol style="list-style-type: none"> 1. Introduce the exercise by explaining that everyone has a life story and a sexual history. How they have received sexuality education or not, the relationships and sexual experiences they had are influencing their perceptions and beliefs about sexuality. When talking to young people with learning disabilities about sexuality, it's important to be conscious about how it influences the messages they pass on. 2. Ask participants to think individually: <ul style="list-style-type: none"> ● How has your personal history influenced your view on sexuality? ● Which experience in particular had an impact? ● How did it influence your values and norms? ● What message do you want to pass on to young people with learning disabilities? 3. In plenary, mainly focus on discussing what message(s) participants currently pass on to young people with learning disabilities? 4. Ask the participants to formulate the message that their organization/institution passes on to the target group they are working with.
Guidance and talking points for the facilitator	<p>This exercise can be a good way to start the training session – as a way of introduction.</p> <p>Examples of experiences are:</p>

	<ul style="list-style-type: none"> ● sexual experiences in youth; ● sexual intimidation and sexual violence; ● initiation ceremony; ● first time falling in love; ● first time of sexual intercourse; ● sexual desire; and ● feeling unsafe. <p>In plenary discussion, mainly focus on the message they currently pass on to young people with learning disabilities. This message can differ greatly and has a lot to do with each individual personal history. This is not good or bad. By discussing this with each other, participants can become aware that there are also other possibilities.</p> <p>Examples of messages they may (want to) pass on are:</p> <ul style="list-style-type: none"> ● Make sure nothing happens to you. ● Men are bad. ● Love is beautiful. ● Men and women are equal, also in bed. <p>It can happen that people with negative sexual experiences get emotional or defensive (too personal). It is important to stress that everybody makes his/ her own choice in what to share and what not to share.</p>
<p>Source</p>	<p>RutgersWPF, Annelies Kuyper</p> <p>The exercise is part of an in-company training course which was not officially published.</p>

Statements	
Subtitle	Clarifying and developing a team's position
Objectives	To help a team to come to a common point of view.
Materials needed	Handout with statements
Duration	20 minutes to 1 hour: depending on whether a team just chooses one or two statements that are relevant for them at that moment, or uses this exercise as a method to formulate a team vision.
Methodology	<p>There are different ways to work with the statements. Either:</p> <ul style="list-style-type: none"> • Ask the team to rank the statements on a scale from 'agree fully' to 'disagree fully'. Discuss their ranking in plenary. <p>OR:</p> <ul style="list-style-type: none"> • The team ranks each statement individually from 10 (agree fully) to 1 (disagree fully). Discuss each statement in plenary. <p>OR:</p> <ul style="list-style-type: none"> • Team members take positions in the room on a virtual axis. Standing in the middle of the axis is allowed. Team members are asked to explain their position, after which anyone who wants to can change their position. <p>OR:</p> <ul style="list-style-type: none"> • You may also do this exercise as a form of 'self-reflection for the group'. Based on the statements, you could then develop a questionnaire on which participants mark each statement with: fully agree, rather agree, rather disagree, absolutely disagree. This alternative is different from the other versions of the exercise because participants fill out the questionnaire anonymously. You could analyse the results and present them later in the day: which statements do participants agree on? Which ones do they disagree on?
Guidance and talking points for the facilitator	<p>Pay attention to the commonalities and differences, and what would be the underlying reason for those (norms, values, culture and religion, personal experiences).</p> <p>Try to formulate a team position, if that is possible. Within teams</p>

	<p>that are responsible for providing support to young people with learning disabilities, there can be diverse opinions about young people and sexuality – and what is required in terms of the professional's tasks and responsibilities. It is important for the team to share a common point of view in that regard: on the one hand, to be able to adequately support young people in their sexual development; on the other hand, as support to the professional him/herself.</p> <p>Discuss what this position means for team members with a different opinion/belief. For instance, in relation to a statement that 'every professional who works with a young person with learning disabilities should be able to talk about sex': is it OK if 75% of team members are able to do this, so that those who have principal objections don't have to do this, and other colleagues can take over?</p>
<p>Source</p>	<p>Rutgers WPF, 2012</p> <p>'Totally Sexy' Relaties en Seksualiteit bij jongeren met een chronische ziekte of lichamelijke beperking. Toolkit voor professionals, 2012, page 100</p>

Handout – Examples of Possible Statements

- Young people with learning disabilities should accept that they will never have sexual intercourse.
- As an intermediary you have to discourage young people with learning disabilities from having children, and should talk them out of it.
- Young people with learning disabilities shouldn't experiment with sex from a young age.
- Sexuality education for young people with learning disabilities is not needed.
- Every professional (intermediary) should be able to talk about sex and sexuality with young people with learning disabilities.
- As a professional (intermediary), you have the responsibility to tell the parents of young people with learning disabilities about their responsibility to provide sexuality education to their child.
- Setting up a programme about sexual and personal relationships education leads to more problems than it solves.
- There are some personal issues that it is better not to teach young people with learning disabilities because they may encourage experimentation.
- Young people with learning disabilities need to be protected from making mistakes.
- As a professional I feel responsible for my client's risk-taking and mistakes.
- Sterilizing women with learning disabilities is an acceptable option.
- Parents have the right to be consulted on all issues affecting their children.
- Sexuality is a spontaneous act; you don't have to learn it.
- People with disabilities have a right to self-determined sexuality.
- Sexuality should be part of a permanent relationship.
- Men have a stronger sex drive than women.
- Adults can decide on the use of pornography.
- People with disabilities need more bodily contact than people without disabilities.
- You should say and show in relationships what you want and what not.
- Masturbation is fine if it happens in privacy.
- You should be faithful to your partner.
- Same-sex and opposite-sex relations are equivalent.
- It is not appropriate to show intimate affection in public.
- In case of sexual harassment, you should do something about it.
- It is normal to use the services of sex workers.

Sexuality and Culture

Subtitle	Influences on sexuality in public and in private spaces – outside and inside the home
Objectives	To explore influences on sex and sexuality.
Materials needed	<ul style="list-style-type: none"> • Flipchart paper and pens • Magazines, newspaper articles, YouTube clips
Duration	1 hour
Methodology	<p>1. Ask participants to list:</p> <ul style="list-style-type: none"> • What is culture? • Influences outside (media, billboards, school) and inside (parents, family, friends, social media, carers) the home. • Complete a collage of positive and negative imagery using the print materials. • Discuss participants' ideas, values and attitudes. • Briefly explore the need for a non-judgemental approach to working with young people with learning disabilities.
Guidance and talking points for the facilitator	<p>This exercise can be used with parents, but also with carers. It is similar to the exercise 'My Story' also included in this manual.</p> <p>During the exercise pay attention to cultural differences in values and attitudes.</p> <p>Guide the discussions and pay careful attention to sub-groups of differences within the main group.</p> <p>As facilitators, parents and support workers, we have our own beliefs and attitudes toward sex and sexuality for people with learning disabilities. We should recognize this and be aware that our attitudes should not impact on the work we deliver. Parents may facilitate their home sex education based on these beliefs, but again recognize that their children have a right to non-judgemental information and support.</p>
Source	Speakeasy fpa manual with additional notes.

Postcards

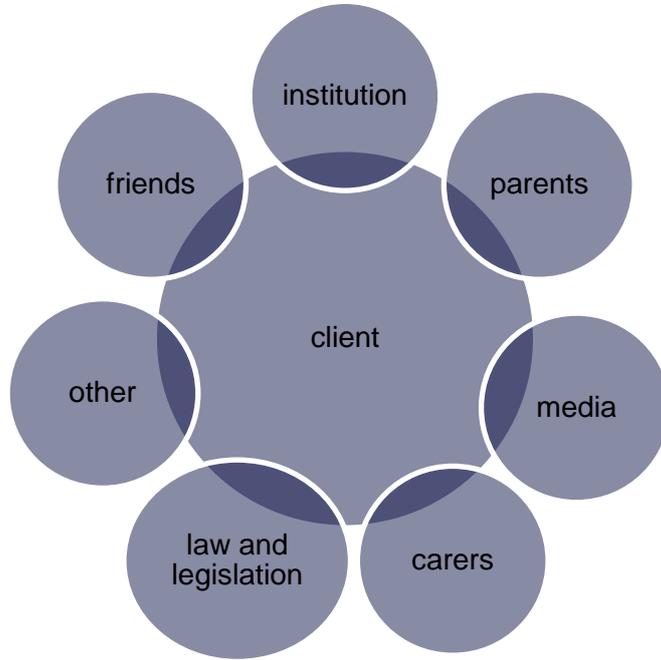
Subtitle	
Objectives	To reflect on and discuss personal attitudes on the subjects of the body, sexuality, eroticism and beauty.
Materials needed	Postcards with erotic, nice and ugly images on the subject of sexuality
Duration	30–40 minutes
Methodology	<p>Postcards are laid out on the ground, with erotic, nice and ugly images on the subject of sexuality. The participants review the images and afterwards select one which they like and one which they dislike or which irritates them. They explain their choices to the group.</p> <p>The postcards can be stuck in two frames – one for the images that people like, and one for those that are rejected – on the wall, so that the two sides of sexuality can be looked at and discussed.</p>
Guidance and talking points for the facilitator	
Source	Pro Familia Passau

Value System

Subtitle	
Objectives	To think about the values and norms of the institution/organization.
Materials needed	<ul style="list-style-type: none"> • Flipchart • Markers • Definition of 'norms' and 'values'
Duration	About 30 minutes for the individual/group work and about 60 minutes to present and discuss in plenary
Methodology	<ol style="list-style-type: none"> 1. Let the participants work individually or in groups. If groups are formed, they should consist of colleagues from the same institution/organization. 2. Ask participants to formulate the norms and values of the own institution/organization. 3. Before you start collecting, it is helpful to define the terms 'norms' and 'values'. What does that mean exactly? <ul style="list-style-type: none"> • Norms include rules and regulations. • Values are principles and qualities that are considered good. 4. As a first step, ask them to concentrate on formulating the prevailing values: which values are existing within the organization? Which of these values are actually written down somewhere? And which ones can be deduced from attitudes within the organization? 5. As a second step, ask them to formulate norms (rules and regulations) that guide their work. Participants should list everything that is related to sex and sexuality (in a broad sense) and should list both what is permitted and forbidden. They should list all norms that are known to them: both (un)documented, unspoken or spoken, practised (but not necessarily written down), assumed. 6. To conclude, ask each individual/group to report back to plenary. And, depending on the time available, ask questions, compare the responses etc. Guiding questions could be: <ul style="list-style-type: none"> • What do you notice? • Was this an easy exercise?
Guidance and talking points for	<p>If there is time remaining, you could also ask participants:</p> <ul style="list-style-type: none"> • How do your own values compare to the norms of the institution?

<p>the facilitator</p>	<ul style="list-style-type: none"> • How do you deal with possible conflicts of norms and values? • How do we change these norms and values? <p>The client/resident should be at centre of our attention.</p> <p>In addition to the institution and the staff, there are more factors on the client/resident's values and norms in relation to sex and sexuality.</p> <p>We should be aware of these. You can list the other factors and visualize them as a diagram, with the client in the middle. As the training goes along, you could add influencing factors to the diagram as they come up. This visualization can then later be referred to when discussing and analysing case studies or problems.</p>
<p>Source</p>	<p>Pro Familia Landesverband Bayern</p>

Handout – Influencing Factors on Values: Diagram



KNOWLEDGE OF SEX, SEXUALITY AND OTHER SRHR CONCEPTS

Factual Knowledge about the Target Group and Sexuality

Subtitle	Quiz
Objectives	<ul style="list-style-type: none"> • To gain insight into the factual knowledge of the group. • To make participants aware of the existing myths and prejudices related to sex and sexuality.
Materials needed	<ul style="list-style-type: none"> • Two green and two red cards • Flipchart to mark scores • Optional: small prize for the winners • Quiz questions and answers
Duration	15 minutes
Methodology	<ol style="list-style-type: none"> 1. Briefly introduce the quiz – for example: ‘we will play a quiz to see what we all know about sex and relationships’. 2. Divide the participants into two teams which will compete against each other. 3. The teams have to give the right answer to the questions (true/false). Give each team a few minutes to discuss and reach agreement before they answer the question. 4. When the facilitator asks ‘true/false’, each team has to raise the card (green = true; red = false). 5. The teams score a point every time they provide the correct answer. Mark the scores on a scoreboard. 6. Ask teams to explain their answers – they can get extra points if providing a correct explanation. 7. Encourage discussion: what would be true or false for your ‘travelling buddy’? 8. Provide information about the correct answer as a quizmaster would. 9. The team with the most correct answers is the winner. 10. If the scores are equal at the end, you can ask an open question as a tie-breaker (for instance, by asking for a statistic – the team that gives the answer closest to the correct figure is the winner). <p>Alternatively,</p> <ul style="list-style-type: none"> • Each participant may take part individually. • You could also do the exercise in the room, with participants demonstrating their answers by standing somewhere along an axis (red/false for one end of room; green/true for other end of room). Each participant has to choose a position for each question.

<p>Guidance and talking points for the facilitator</p>	<p>It is best to do this exercise in teams, as it is less embarrassing when the team gets the answer wrong than when an individual gets it wrong.</p> <p>Examples of possible questions/statements:</p> <ul style="list-style-type: none"> ● You can also get pregnant if a boy/man withdraws. ● Girls/women have a bigger risk of becoming infected with a sexually transmitted infection than boys/men. ● There is no need to use contraception the first time you have sex. ● When you take the pill, there is no need to use a condom. ● A doctor can see when a girl is still a virgin. ● When a girl has sex for the first time, she always bleeds. ● One in five girls has engaged in sex or allowed sex against her will. ● Young girls are extra fertile. ● 83% of girls below the age of 25 masturbate.
<p>Source</p>	<p>Rutgers WPF, Girls' Talk, 2013 A guided quiz in Dutch on PowerPoint</p>

Body Body	
Subtitle	
Objectives	<ul style="list-style-type: none"> • To familiarize participants with the language and terminology of sexuality. • To be able to talk freely about sex.
Materials needed	A ball
Duration	15 minutes
Methodology	<ol style="list-style-type: none"> 1. Stand or sit in a circle. 2. A word is chosen that is associated with sexuality and relationships. Either a participant chooses the first word or you make a suggestion. You could start with one of the following words, for instance: love, being in love, pregnant, the pill, penis, vagina, making love, kissing etc. 3. Now let the ball go round, either around the circle in turn or randomly across the circle. The person with the ball has to come up with a synonym for the chosen word or say what they associate the word with. 4. As soon as the group runs out of inspiration, you, as facilitator, can suggest a new word. Or let the group find a word for every letter of the alphabet.
Guidance and talking points for the facilitator	<p>The most widely searched terms on www.allesoverseks.be (a Belgian sexual advice website) are:</p> <ul style="list-style-type: none"> • Sucking pussy/oral sex with a girl • Blow job/oral sex with a boy • Positions • Anal sex • Wanking • First time • Penis • Masturbation • Fingering • Shaving • Breasts • Orgasm • Sperm
Source	<p>Sensoa – Goede Minnaars (Good Lovers); exercise 3.1 http://www.seksuelevorming.be/sites/default/files/digitaal_materiaal/</p>

	goedeminnaars.pdf
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Sexuality: Concept and Dimensions

Subtitle	Brainstorming
Objectives	To help intermediaries to understand the diversity of the concept itself and of the individual experience of sexuality.
Materials needed	Flipchart/board and markers
Duration	20–30 minutes
Methodology	<ol style="list-style-type: none">1. Ask participants for words that may be related to sexuality.2. Write each one on a board or flipchart or ask participants to write them on a post-it and place it on the board. <p>Alternatively:</p> <ol style="list-style-type: none">1. Give participants some words on post-its.2. Ask them to put them in several categories so it is clear that every word is related to sexuality and has a social connotation. <p>Using post-its will allow you to group the words participants come up with in different categories. Explain that 'sexuality' is a diverse concept and everyone has a different experience and understanding of it.</p> <p>You may also ask participants to put themselves in the position of their 'travelling buddy': what words would they come up with? Why?</p> <ol style="list-style-type: none">3. To conclude, you could ask participants what their concerns are in relation to dealing with sexuality with young people with learning disabilities.
Guidance and talking points for the facilitator	<p>This exercise can be used as an introduction, as it provides lots of food for thought and discussion.</p> <p>The rule is that every word the participants come up with is accepted. Then you may explore whatever comes up, and it enables people to understand that sexuality is a broad subject and that it's different for every person and also at different times in their life.</p>

	<p>After this exercise, it's possible to understand that people with learning disabilities also have their own individual ways of living with sexuality and that we have to respect this.</p> <p>Pay special attention to the main issues/categories of words that people bring to the board because that's what is of concern to them, or what generates more curiosity or simply what they need to talk about.</p> <p>This exercise is good as an activity to start a session because it allows the level of speech, topics and ways of talking about them to be established.</p> <p>The discussion about the words/categories may move on from this starting point in any direction that is suitable.</p>
Source	APF Portugal, not published

WHO Working Definition of Sexual Health

Subtitle	What is sexual health?
Objectives	To explore the concept of sexual pleasure and bodily integrity within the broader definition of sexual health.
Materials needed	<ul style="list-style-type: none"> ● World Health Organization working definition of sexual health: ● http://www.who.int/topics/sexual_health/en/ ● Flipchart paper ● Pens
Duration	45 minutes
Methodology	<ol style="list-style-type: none"> 1. Ask the participants to write down as many words they can when they think about sexual health. 2. Discuss the answers and ask the group to place their words into the following themes: 'treatment', 'prevention', 'sexual expression', 'relationships', 'reproduction', 'rights', 'well-being'. 3. Introduce the WHO working definition and ask the participants to discuss this definition and split it into key areas of: <ul style="list-style-type: none"> ● Negative consequences of sex ● Safe sexual experiences ● Pleasure ● Bodily integrity ● Well-being 4. Discuss the key headings 5. Show participants the WHO working definition and collectively agree on a group definition of sexual health.
Guidance and talking points for the facilitator	<p>During the exercise pay attention to differences and similarities in participants' beliefs and attitudes towards sexual pleasure and the overall concept of sexual health.</p> <p>Explain to participants that good sexual health is not merely an absence of disease but is about having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.</p>
Source	This exercise was developed and delivered by the Irish Family Planning Association (IFPA) training department, 2010; not published.

Handout – WHO Working Definition of Sexual Health

Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

Source: http://www.who.int/topics/sexual_health/en/

The Human Body

Subtitle	<p>Exercises to promote knowledge of the human body, its parts and functions</p>
Objectives	<p>To allow professionals to improve their knowledge about the human body and sexual parts and enable them to work on the human body and development issues with young people with learning disabilities.</p>
Materials needed	<ul style="list-style-type: none"> • Large sheets of paper, markers • Drawings of the human body • Gender diagram (see handout) • Coloured cards (green and red) • Optional: play-doh to let groups make the (primary and secondary) sexual parts of the body • Optional: sexual parts of the body in felt and fabric models (see www.paomi.de) • Optional: suitcase with clothes and underwear
Duration	<p>Flexible. The trainer may adapt and decide how much time s/he wants to spend on this.</p>
Methodology	<ol style="list-style-type: none"> 1. If you have a big group, ask participants to split into groups of 5. 2. Ask each group to make a large drawing of a female and male human body. You can do this by asking two participants (one female, one male) to lie down and two other participants to go around their contours with a marker. 3. Ask participants to draw the parts of the human body, highlighting the sexual parts. Alternatively, you may also have the sexual parts made in felt or fabric (see www.paomi.de). Or, you may make the sexual parts themselves out of play-doh. 4. Ask participants what words are given to these parts of the body (and sexual parts) – these can be medical or slang or other connotations. Add them to the drawings with post-its. 5. You may also ask participants to link words to the different parts of the body associated with feelings, sexual techniques, actions, emotions, intimate contact (kisses, sex, hugs) etc. 6. You may ask the participants to rotate and visit another group – and get them to add words (of parts, techniques, emotions etc.) that others have not yet come up with. 7. If you have a suitcase of clothes and underwear, ask the participants to dress up the male and female body. This is also an opportunity to challenge them on gender stereotypes, roles and transgender issues: the felt gender may be different from the expressed gender and biological sex (transvestite,

	<p>transsexual, transgender).</p> <ol style="list-style-type: none"> 8. Once bodies are dressed, ask participants to mark parts of the body where they want to be touched (red = no; green = yes). If undressed: which parts of the body can be touched? Is it different? 9. Ask intermediaries to try to put themselves in the shoes of young people with learning disabilities: if they did this exercise, what terms would they know or come up with; what knowledge do they have about parts of the body, sex and relationships, feelings and emotions, gender? If available, you may also give examples of what drawings they have made when doing the exercise and discuss. 10. You may use the drawings also to talk about (or to let participants practise and explain in easy language, as they would with young people with learning disabilities): <ul style="list-style-type: none"> • the functions of the organs, processes and sexual stimulation; • the female cycle, menstruation; • conception, pregnancy and birth; • feelings, desire and masturbation; • the first time; • prevention methods; • sexually transmitted infections; • gender, transgender; and • intimate hygiene.
<p>Guidance and talking points for the facilitator</p>	<p>The reasons why we suggest this activity, which may seem very basic and childish, are the following:</p> <ul style="list-style-type: none"> • Bringing down barriers for professionals and families in talking about the human body, its functions, sexual development, sexual acts and techniques, emotions and feelings. Very often, intermediaries don't allow themselves to talk about the human body, its functions, even sex and relations, because they are not comfortable or they don't have the knowledge to do so. Putting those issues into a very basic activity almost as child's play is useful to bring down these barriers and involve people easily. • Intermediaries can also do this exercise with young people with learning disabilities. It's good that they experience this exercise themselves before they do it with young people with learning disabilities.
<p>Source</p>	<p>APF, 'Cube set': http://www.apf.pt/?area=100&mid=003&lvr=LVR49cfdd63343b9 The cube set may also be useful to talk about pregnancy, women's menstrual cycle etc.</p>

APF, Sex education programme for professional schools and SER+ manual activities and drawings:

<http://www.apf.pt/?area=100&mid=003&lvr=LVR47e1262824a69>

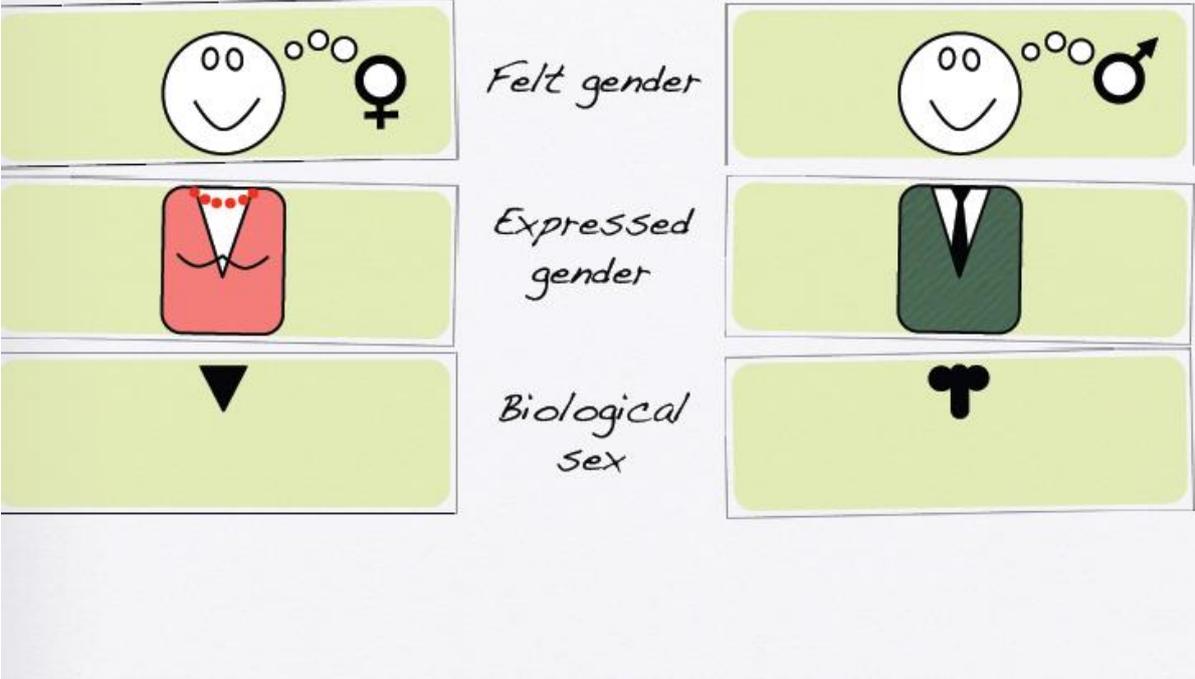
Sensoa, Idriss koffer – includes sheets with human body figures, where people can add the names and functions of the sexual parts of the body

Sensoa, Make it work – Prevention of SGBV in the European Reception and Asylum Sector,

http://www.seksuelevorming.be/sites/default/files/digitaal_materiaal/makeitwork.pdf

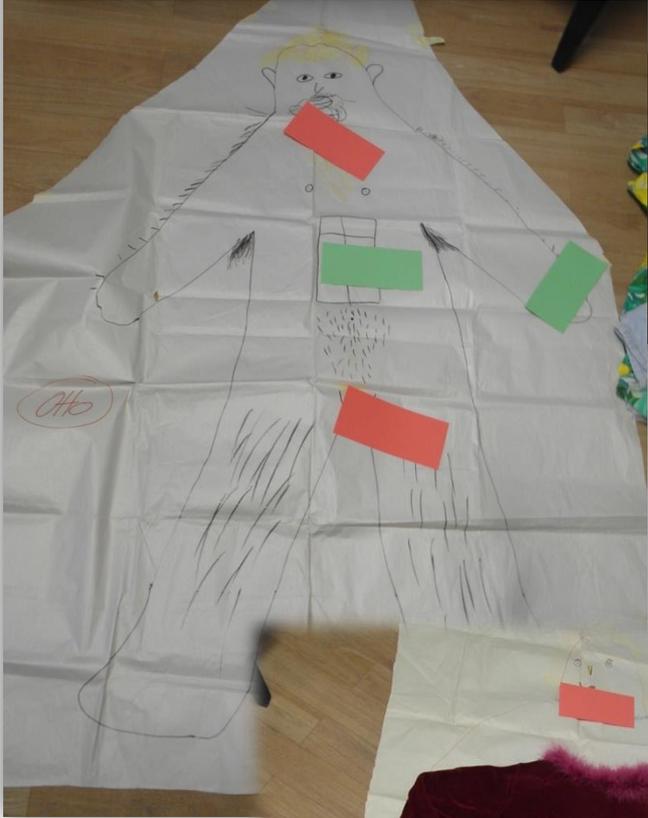
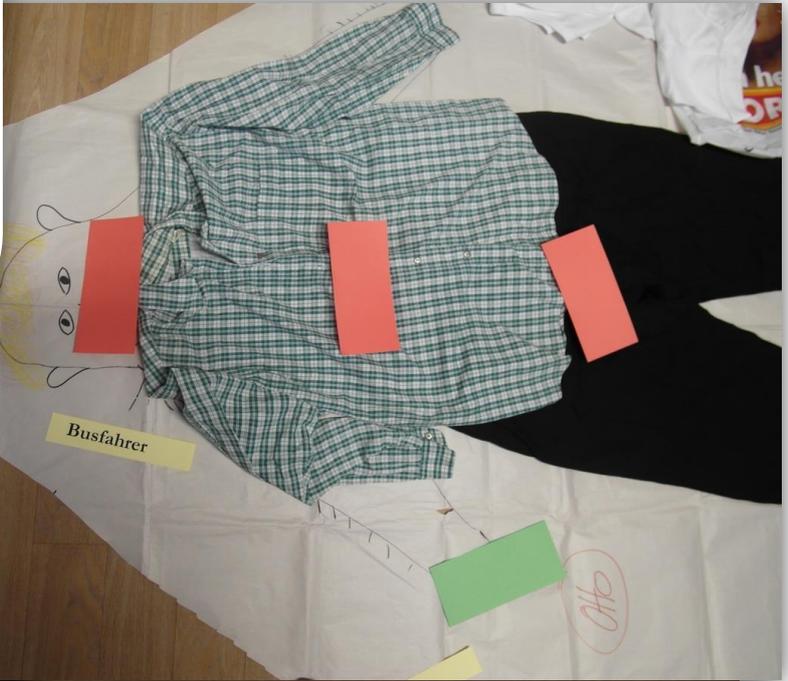
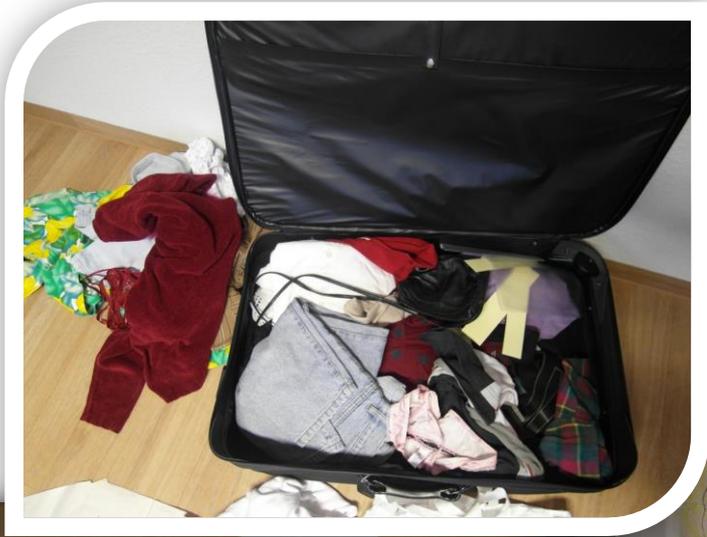
Pro Familia Passau

Gender identity



Some Illustrative Pictures

Source: Pro Familia Passau



The Human Body (2)

Subtitle	
Objectives	<ul style="list-style-type: none">• To increase participants' knowledge about sexual parts of the body and enable them to name them.• To enable participants to detect the most common myths and explain them.
Materials needed	<ul style="list-style-type: none">• Large sheets of paper with drawings of the male and female human body (actual size)• Pictures/drawings of the male and female sexual organs (could also be in felt or in fabric: www.paomi.de)• Cards with various terms for parts of the body• Handout: 'Myths about the body'• Cards (green and red) with pictograms of eyes (look), hands (touch) and mouth (kiss)
Duration	
Methodology	<ol style="list-style-type: none">1. Put the drawings of the human body on the floor or on the wall.2. Explain that this is an exercise in communication and use of language: different terms have different connotations for different people.3. Distribute the cards with the terms and ask every participant to put his/her card in the right place.4. When they place their card, ask questions such as:<ul style="list-style-type: none">• What do you know about this part of the body?• Do you know any other names for it?• What do you call it on your own body?• Direct the conversation to the concept of the 'myth'. Explain the myth for the corresponding part of the body and explain why it is a myth.5. Let the group reflect on the consequences of believing a myth?6. You may continue the exercise by talking about boundaries: give participants the green and red cards with pictograms (eye, hand, mouth) and ask them to mark which parts others can touch, look at, kiss?7. Ask intermediaries to try to put themselves in the shoes of young people with learning disabilities: if they did this exercise, what terms would they know or come up with, and what knowledge do they have about parts of the body? What myths do they have? If available, you may also give examples of what drawings young people with learning disabilities have

	made when doing the exercise, and discuss them.
Guidance and talking points for the facilitator	
Source	Sensoa, Make it Work (handouts, cards, drawings) Sensoa, Draaiboek seksualiteit en handicap; not published.

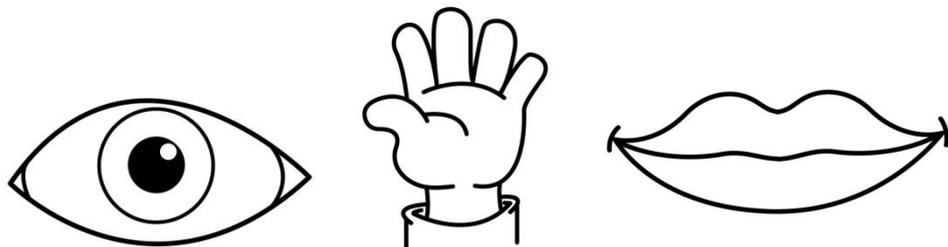
Handout – Terms

Female body	Male body
Breast	Penis
Hip	Beard
Belly button	Belly button
Pubic hair	Pubic hair
Armpit hair	Armpit hair
Anus	Nipple
Clitoris	Foreskin
Urinary meatus	Glans
Vagina	Anus
Labia minora	Bladder
Labia majora	Erection
Bladder	Sperm cell
Womb	Vas deferens
Egg cell	Seminal vesicle
Ovary	Urethra
Ovarian tube	Prostate
Nipple	Testicle
	Ejaculation

Handout – Myths about the Body

Myth	Fact
An erection is an indication that someone wants to have sex.	An erection can also be a reaction to other factors such as fear, general arousal, morning erection etc.
Circumcision does not have any health benefits.	Circumcised men are less vulnerable to sexually transmitted infections.
When erect, all penises are the same size.	There is a big different: sizes range from 9–16 cm in girth and from 11–22cm in length.
A virgin has a hymen that is intact and closed.	
A woman's most important sexual organ is her vagina.	A woman's most important sexual organ is the clitoris. It is internal and mostly hidden. The total length is 9cm, and the clitoris has 4 'arms'.
The size of the breasts depends on how often they are touched.	The size is genetic.
Pubic hair has to be shaved for reasons of hygiene.	There is no reason to remove pubic hair.

Handout – Green and Red Cards



Sexual Development

Subtitle	Timeline
Objectives	To discuss what is 'normal' sexual development and how is it different for young people with learning difficulties?
Materials needed	<ul style="list-style-type: none"> ● Timeline ● Cards with different types of sexual behaviour ● PowerPoint presentation explaining typical sexual behaviour in different life phases (baby, toddler etc.) ● Handouts and work sheets
Duration	30 minutes or more
Methodology	<p>In plenary:</p> <ol style="list-style-type: none"> 1. Divide the participants into groups (max. 8 participants per group). 2. Each gets 5 pieces of paper: one for each stage of the development: baby (0–1.5 years), toddler (1.5–3), small child (4–6), schoolchild (6–11) and teenager (12–15). Tell them that these pieces of paper together form a timeline. 3. Read aloud a sexual behaviour from a card – for example, 'playing doctor'. 4. Ask the group to place the card on the timeline when they think the behaviour is likely to appear for the <i>first</i> time 5. Present the answers and give more information (from the PowerPoint presentation) <p>Individually:</p> <ol style="list-style-type: none"> 6. Continue exercise by asking each participant to individually fill out a work sheet: <ul style="list-style-type: none"> ● How is it different for young people with learning disabilities? ● How does their disability impact their sexual behaviour and development? ● Does the behaviour from younger phases (baby, toddler, childhood) still appear among young people with learning disabilities? (see handout)
Guidance and talking points for the facilitator	This exercise is always fun. People start telling each other stories of their children or themselves AND their experience of how difficult this is. They always make mistakes (placing behaviour too late on the timeline).

	<p>A sample PowerPoint presentation with talking points is included in the handouts for facilitators.</p> <p>The PowerPoint presentation introduces normal development. Go through and let groups/individuals compare this with what they have done. People may prefer not to disclose what they had on their timeline – respect this.</p> <p>The PowerPoint presentation also explains that there are three areas of children’s sexual development: (1) physicality; (2) gender and orientation; and (3) intimacy. Ask the group about the sexual development of young people with learning disabilities in each of these areas? What is going well, and in which areas are there concerns?</p> <p>You can draw three major messages to pass on with this exercise:</p> <ol style="list-style-type: none"> 1. It is very difficult to educate young people with learning disabilities about setting their own boundaries and respecting other people’s (physical boundaries), if the members of staff don’t respect the boundaries of young people with learning disabilities in the first place. 2. Young people with learning disabilities all have a disharmonic sexual development profile (their body, their sexual development and behaviour and their knowledge are not in harmony). 3. Sexual development in the area of intimacy: there is a lot of control in this area for young people with learning disabilities – more than with other young people.
Source	Sensoa; not published

Handout – Timeline

Create one A4 page per stage: Baby (0–1.5 years), Toddler (2–3), Small child (4–6), Schoolchild (6–11), Teenager (12–15)

Baby (0–1.5)
Toddler (1.5–3)
Small child (3–6)
Schoolchild (6–11)
Teenager (12–15)

Cards with Sexual Behaviour

Explicitly exploring their own body	Sex games
Sucking	Hugging and romping
Kissing	Stereotypical beliefs about gender
Lying naked on each other	Amorous, in love
Playing with friends of the same sex	Feeling ashamed
Masturbation	Secretly playing doctor
Fertility	Jokes and drawings about sex
Fantasizing about sex	Behaviour conforming to their gender role
Curious about their own body	Growth spurt
Interested in their own genitals	Developing secondary sexual characteristics
Interested in others' bodies	Developing sexual orientation
Aware of gender identity	Using dirty words
Potty trained	Provocative behaviour towards adults
Asking questions about the body	Having erections
First menstruation	Sitting on someone's lap
First ejaculation	Watching sex images together (internet)
Showing their own genitals	Looking at and touching each other's genitals
Grabbing breasts	Understanding the difference between boys and girls
Walking around naked	Deliberately touching their own genitals
Accidentally touching their own genitals	Interested in adult sexuality
Having sex naked	French kissing

Answers (for facilitator)

Baby (0–1.5)	Small child (3–6)
Sucking	Understanding the difference between boys and girls
Kissing	Stereotypical beliefs about gender
Having erections	Amorous, in love
Accidentally touching their own genitals	Feeling ashamed
Deliberately touching their own genitals	Secretly playing doctor
Toddler (1.5–3)	Jokes and drawings about sex
Explicitly exploring their own body	Looking at and touching each other's genitals
Curious about their own body	Lying naked on each other
Interested in their own genitals	Playing with friends of the same sex
Interested in others' bodies	Schoolchild (6–11)
Aware of gender identity	Behaviour conforming to their gender role
Potty trained	Developing sexual orientation
Asking questions about the body	Interested in adult sexuality
Sitting on someone's lap	Fantasizing about sex
Masturbation	Provocative behaviour towards adults
Showing their own genitals	Sex games
Grabbing breasts	Watching sex images together (internet)
Walking around naked	Teenager (12–15)
Using dirty words	Growth spurt
Hugging and romping	Developing secondary sexual characteristics
	Fertility
	First menstruation
	First ejaculation
	French kissing
	Having sex naked

Worksheet – Impact of a Disability on Sexual Development

Development-related behaviour

Does the behaviour from younger phases (baby, toddler, childhood) still appear among young people with learning disabilities?

Baby (0–1.5)	Yes/no
Skin contact is important	
Oral enjoyment	
Thumb sucking and other auto-erotic behaviour	
Exploring their own body	
Toddler (1.5–3)	
Curious about their own body and genitals	
Curious about others' bodies	
Awareness of gender identity	
Masturbation	
Potty trained	
Small child (3–6)	
Curious about adult sex	
Stereotypical beliefs about gender	
Being in love, amorous	
Feeling ashamed	
Using dirty words	
Asking questions	
Childhood (6–11)	
Fantasizes about sex	
Secretly experimenting	
Friendships	
Knowledge	

Naming genital organs	
Knowledge of sexual function of genital organs	
Knowledge about procreation	
Knowledge of different reasons why people have sex	
What are information sources?	

Below, there are three areas of sexual development of children. Which problems occur with your target group (young people with learning disabilities?):

<p>Physicality</p> <ul style="list-style-type: none"> • Exploring their own body • Exploring others' bodies • Touching and being touched
<p>Gender and orientation</p> <ul style="list-style-type: none"> • Gender identity • Role-specific behaviour • Sexual preference/orientation
<p>Intimacy</p> <ul style="list-style-type: none"> • Feelings • Contacts and relationships • Security and attachment • Safety, nurturing and feeling in love

Below, there are three areas of sexual development of *adolescents and puberty*. Which problems occur with your target group (young people with learning disabilities?). Do some things develop at earlier or later stage? Do they develop in a different way?

Physical development and self-image
Thinking facility
Experimenting and detaching from parents

Is the following sexual behaviour occurring among the young people with learning disabilities that you work with?

Experimentation
Feelings of arousal and sexual fantasies

Example of Possible PowerPoint Presentation on Sexual Development

[Slide 1] **Sexual development:**

- Happens in phases
- Lifelong: from birth until death
- Learning process
- Needs support

[Slide 2] **Development domains:**

- Physicality
 - Body
 - Touching and being touched
- Gender:
 - Sex (male/female)
 - Roles
- Intimacy and relationship
 - Making contacts
 - Maintaining contacts
 - Falling in love
 - Bonding

[Slide 3] **Baby: sexual development**

- The mouth is the most important organ
- Biological influence: starts from conception
- Influence from environment: steering behaviour to conform with that of the biological sex
- Basic need for physical touch: auto-erotic and by others
- Unconditional warmth and safety
- Basis of bonding!!

[Slide 4] **Baby: sexual behaviour**

- (Thumb) sucking, biting, kissing
- Erections and contact with own genitals, already with foetuses
- 6–8 months: boys touch their own genitals by accident
- 9–12 months: girls touch their own genitals by accident
- From 1 year onwards: more targeted/deliberate touches

[Slide 5] **Toddler: sexual development**

- Explicitly exploring the body
- Curious about their own body and genital organs and others' bodies
- Potty training
- Awareness of gender identity (male, female)
- Sitting on someone's lap
- Asking questions

[Slide 6] **Toddler: sexual behaviour:**

- Touching their own genitals with their hand
- Auto-erotic behaviour, e.g. rhythmic stimulation (masturbation)
- Watching others' naked bodies

- Showing their own genitals
- Touching others' breasts
- Running around naked
- Hugging and romping
- Using dirty words

[Slide 7] Small child: sexual development

- Understanding of difference between boys and girls
- Stereotypical ideas about gender
- Body contact remains important
- Boys play with boys, and girls with girls
- Falling in love
- Feeling ashamed

[Slide 8] Small child: sexual behaviour:

- Romping, hugging and kissing
- Secretly playing doctor, father and mother
- Jokes and drawings about sex
- Watching and touching each other, also each other's genitals
- Lying naked on each other

[Slide 9] Schoolchild: sexual development 6–8 years:

- Playing with children of the same sex
- Latent sexual period
- Falling in love with intense feelings

[Slide 10] 8–10 years:

- Behaviour affirms specific gender role: boys are competitive, and girls are cooperative
- Understanding the story of procreation
- Greater role of love or desire, with more physical contact
- Increased masturbation

[Slide 11] 10–12 years:

- First physical signs of puberty, with great individual differences, growth spurt
- Development of sexual orientation
- Interest in adult sexuality, fantasizing about sex
- Amorousness/kissing

[Slide 12] Schoolchild: sexual behaviour

- Provoking and seducing adults
- Jokes and drawings about sex
- Experimenting with their own body
- Masturbation
- Sex games, e.g. pretending to have sex
- Secretly playing doctor
- From 10 years onwards: watching sexual images together – interested in erotic pictures (searching on internet)

[Slide 13] Knowledge:

- 2 years: naming of genitals

- Toddler and small child: interested in procreation and birth
- Up to 7:
 - No knowledge of sexual function of genitals
 - Often no idea of the 'activity' that leads to conception
- From 7 onwards: more interest in and knowledge about adult sexuality; knowledge about sexual function of genitals and conception
- From 9 onwards: understanding other reasons for having sex
- Information sources: parents and school, peers, media

[Slide 14] Teenager: sexual development

Changes in puberty:

- Biological/physical
- Cognitive
- Relationship with parents and peers
- Start of 'adult' sexual behaviour

[Slide 15] Biological development: girls (10y8m)

- Development of breasts
- Pubic hair
- Body shape
 - Less fat in the waist
 - More fat in the hips
- Armpit hair
- First menstruation: late puberty (13y2m)

[Slide 16] Biological development: boys (11y6m)

- Growth of the testicals
- Growth (length and width) of the penis
- Pubic hair
- Lower voice
- Armpit hair
- Late puberty:
 - Ejaculation
 - Beard
 - Body hair

[Slide 17] General development:

- Very conscious about their own physical appearance and traits
- Physical appearance and traits play an important role
- Discrepancy between physical development and mental/psychological state

[Slide 18] Cognitive development:

- Naïve idealism
- Thinking in black and white
- No differentiation between 'me' and 'them'
- Imaginary public (everyone is looking at me)
- Personal myth/fable (nothing can happen to me)

[Slide 19] Psychosexual development

- Influence of the parents diminishes

- Increasing autonomy
- Autonomous decision-making
- Important contribution to family decisions
- Influence of peers increases
 - Spending a lot of time with peers
 - Informal meeting spaces
 - Contact with young people from the other sex increases
 - Youth culture

[Slide 20] Sexual behaviour

- Start of adult sexual behaviour
- Gradual sexual career
- Serial monogamy

[Slide 21] Sexual career of young people

- Is composed of a whole range of different behaviours!
 - Kiss on the mouth
 - Arousal and masturbation
 - French kissing
 - Touching and stroking (with clothes on)
 - Touching and stroking underneath the clothes
 - Manual sex
 - Sexual intercourse and oral sex
 - Anal sex (minority)
- Young people choose themselves if and when they take the next step
- On average, it takes 4 years.

[Slide 22] Serial monogamy

- Young people are monogamous/faithful
- Relationships differ in length
- One relationship after the other

[Slide 23] Impact of disability on physicality:

- Discovering their own body
- Discovering others' bodies
- Touching and being touched (+boundaries)
- Being touched less by others
- More hospitalization
- Understanding of boundaries is more difficult
- Functional touch
- Disowning their body
- Resilience???

[Slide 24] Impact of disability on gender and orientation:

- Biological sex
- Gender identity
- Gender roles
- Sexual orientation

- Physical development:
 - Mostly normal
 - Can be later or earlier
 - Sometimes deviating (syndromes)
- Possible problematic gender awareness
- Disharmonic development profile
- Importance of the calendar age!!

[Slide 25] Impact of disability on intimacy and relationships:

- Feelings
- Contacts and relationships
- Bonding and security
- Safety, nurturing, amorousness

- Sometimes this is at the core of the disability (autism)
- Less hugging
- Raised and growing up in a group
- Less opportunity for experimentation
- Is deviating behaviour tolerated?

[Slide 26] Tasks and responsibilities of the professionals:

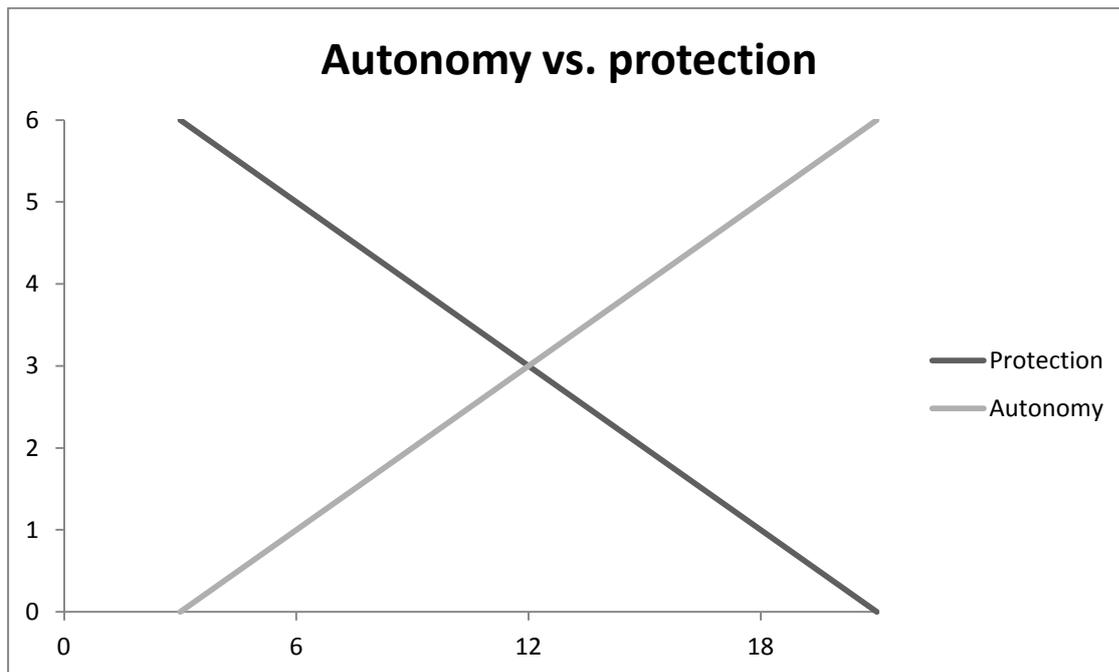
- Offering space for sexual development
- Being alert and responding appropriately to sexual behaviour
- Carrying out a vision as a team
- Entering into dialogue with all concerned: boarding school, parents, other instances
- Integrating support for sexual development in the provision of sexuality education
- Coaching children in resilience

[Slide 27] Vision on resilience:

Similar to resilience in traffic which cannot be taught by just sitting in the back of the car, but by learning how to get on the road as a vulnerable person:

- Recognizing risk situations
- Being able to assess the behaviour of others
- Not causing dangerous situations
- Knowing how to protect yourself

[Slide 28] Autonomy vs. protection:



[Slide 29] Vulnerability

- Less resilient?
- How to respond to it?
 - General resilience
 - Enough information – timely and tailored
 - Easy language!
 - Tailored materials!
- Respect their limits and boundaries
- Experimenting? Taking risks?

[Slide 30] Conclusions on sexual development

- Physical development is usually normal
- Emotional development??
- Psychosocial: support is needed for children to become more autonomous from their parents and to experiment with their peers
- Adapted information and support/guidance is needed
- Development-related behaviour is not equal to acceptable behaviour!!

Emotional and Physical Challenges in Puberty

Subtitle	
Objectives	To enable participants to list the emotional, physical and social challenges associated with puberty, and understand the need for ongoing support and communication with young people with learning difficulties to overcome challenges associated with this stage of growing up.
Materials needed	<ul style="list-style-type: none"> ● Flipchart paper and pens ● List of changes (see attached)
Duration	45 minutes
Methodology	<ol style="list-style-type: none"> 1. Ask participants in groups of 3 or 4 to list the changes and challenges to puberty that come under the following three headings: <ul style="list-style-type: none"> ● Emotional ● Physical ● Social 2. Ask participants to note the average age of the onset of puberty among boys and girls. 3. Discuss the responses within the larger group.
Guidance and talking points for the facilitator	<p>During the exercise pay attention to the differences in ages that the groups have indicated as the onset of puberty in boys and girls.</p> <p>Social challenges are a part of growing up and are particularly noted among young people with learning difficulties, as their opportunities for peer social interaction can be limited.</p> <p>It is important to support young people with learning difficulties with the challenges and changes they experiences through informed, non-judgemental support and information.</p>
Source	Irish Family Planning Association, 2011

List of Sexual-Sensual Parts of the Body and Activities

Subtitle	Using adequate sexual words
Objectives	<ul style="list-style-type: none"> • To become aware of sexual language used by young people with learning difficulties. • To identify sexualized language that could be linked with sexualized behaviour. • To enable participants to use acceptable sexual language in sexuality education and for this language to be consistently used by all stakeholders.
Materials needed	Flipchart paper and pens
Duration	
Methodology	<ol style="list-style-type: none"> 1. Divide the participants into 3 groups. 2. Ask the participants to write on flipchart paper any word used in their language relating to female and male sexual parts of the body, as well as sensual/sexual activities, without censoring them. 3. Every 5 minutes they will swap that list with another group. 4. Continue until all 3 groups have contributed to each list. 5. Ask a group representative to present the list to the rest of the groups.
Guidance and talking points for the facilitator	<p>Encourage a debate about:</p> <ul style="list-style-type: none"> • Which terms are acceptable/unacceptable? • Which terms could be a sign of abuse when a young person with learning difficulties uses them? • Where could a young person with learning difficulties have learned these terms?
Source	UKfpa; not published

How Do I Say It?

Subtitle	Finding the right words
Objectives	To enable participants to adapt their language to the situation.
Materials needed	<ul style="list-style-type: none"> • Participants' worksheet: terminology • Appendix for the facilitator: terminology • Cards with different terms about sexuality
Duration	
Methodology	<ol style="list-style-type: none"> 1. You explain that, when talking about sex, different words are used depending on the context. We have to practise using the appropriate words in a specific context. 2. Hand out the 'Terminology' matrix and ask the participants to work individually or in pairs to complete it. 3. After 5 minutes go through the matrix, and the participants can fill in any missing words. 4. Focus on the following: <ul style="list-style-type: none"> • Which words do you feel OK about? Which words do you use yourself? • Which words have a negative connotation? Why? • Do you know any other words, synonyms? • Do you know what all the words mean? 5. Then a participant takes a card from a box – the card has a word printed on it. S/he picks another participant and gives a definition of the word on the card or a synonym. The other student has to guess the word. Make sure every student has a turn.
Guidance and talking points for the facilitator	<p>To end the exercise, you can ask the following questions:</p> <ul style="list-style-type: none"> • What questions does this exercise raise? • In which situations do you need particular language and terminology? • Why do we know so many words with a negative connotation?
Source	<p>Sensoa, 'Good lovers' exercise 7.1. pp 66–70 http://www.seksuelevorming.be/sites/default/files/digitaal_materiaal/goedeminnaars.pdf</p>

Terminology Worksheet

MEDICAL	STANDARD	SLANG
	testicle	
		cunt
penis		
	having sex	
		periods
scrotum		
	womb	
cunnilingus		

Appendix to Terminology Worksheet (for the facilitator)

MEDICAL	STANDARD	SLANG
testicle	testes, balls	nads, nuts, bollocks
scrotum	scrotum	ball-sack
vulva	vulva	pussy, cunt, beaver, twat
vagina	vagina	muff, slit
labia	labia	camel toe
glans penis	head of the penis	
clitoris	clitoris	clit
erection	erect penis	stiffy, a hard-on, boner
penis	penis, willy	dick, dong, prick, knob
ovaries	ovaries	
ovulation	ovulation	
ejaculation	ejaculation	coming, blowing your load
coitus	having sex	fucking, shagging, getting laid, getting it on
uterus	womb	baby oven
cunnilingus	having oral sex (with a girl)	sucking pussy, muff diving
menstrual cycle	periods monthly cycle	being on, time of the month
dyspareunia	pain during sex	
fellatio	having oral sex (with a boy)	blow job, head job
genitalia	genitals, private parts, groin	privates, tackle (boys), junk (boys), fanny (girls)
gynaecologist	gynaecologist	
andrologist	men's health specialist	
orgasm	climaxing	coming
hymen	hymen	cherry
to masturbate	masturbating, self-pleasuring	wanking, fingering

menarche	first period	
mons pubis	pubic mound	mound of Venus
smegma	smegma	dick cheese
spermatozoa	sperm	spunk, jizz
praeputium, prepuce	foreskin	hood

Terminology

Subtitle	Explaining sexual terms to each other.
Objectives	To enable participants to give a definition of the terminology of male and female internal and external generative organs.
Materials needed	Cards with sexual terms
Duration	
Methodology	<ol style="list-style-type: none"> 1. Distribute little cards with sexual terms on them (e.g. masturbation, erection, clitoris etc.). 2. Divide the participants into groups of 3 people. <ul style="list-style-type: none"> • Ask them to explain each of the topics they have got. One explains the topic to another person, and the third person is observing. • Ask them to change roles so that they each play every role. • They are allowed to use drawings in their explanations. 3. Discuss in the large group: <ul style="list-style-type: none"> • <u>When you have to explain:</u> What is easy? What is difficult? What do you need to do this? How did you feel while doing this exercise? • <u>When you listen:</u> Do you understand the explanation? Is the information clear and complete? How do you feel listening to this information? • <u>As an observer:</u> What did you notice? Did they feel at ease? Do you have tips for them?
Guidance and talking points for the facilitator	These exercises are interesting to find out which barriers people feel when they have to talk about sex. Barriers have to do with knowledge, with will (and personal limits) and with authorization.
Source	Sensoa

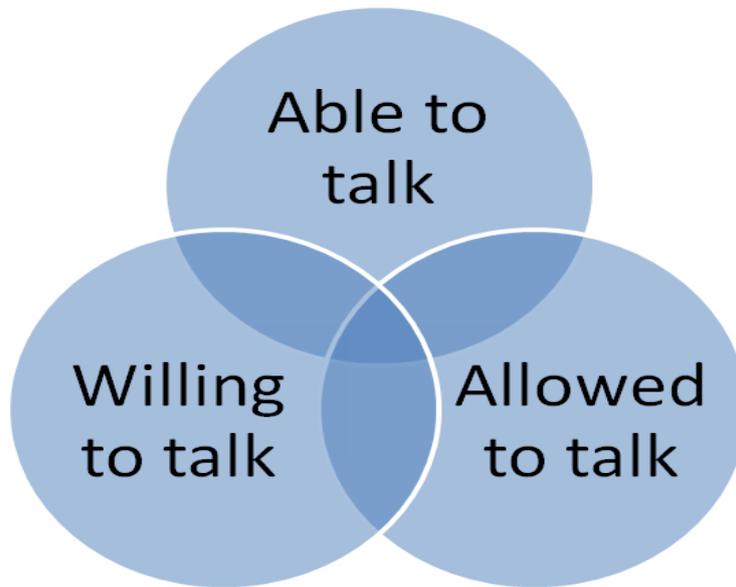
COMMUNICATION AND COUNSELLING SKILLS

Conditions Necessary to Talk about Sex

Subtitle	
Objectives	To think about the conditions that need to be fulfilled to have a conversation about sex.
Materials needed	Flipchart and markers Handout on personal conditions (able, willing, authorized)
Duration	
Methodology	<ol style="list-style-type: none"> 1. Ask the participants list up which (<i>general</i>) <i>conditions</i> they think are important and necessary. They should keep in mind that they would like to have a conversation with a client about sex. You can use several techniques to let them do so, e.g. a 'pyramid discussion': <ul style="list-style-type: none"> • Let them start in pairs and identify 5 necessary conditions together. • Then let 2 pairs come together to make a list of their priorities. • Then let 4 pairs work together with another 4 pairs on the same task and so on, until you have the complete group. 2. Make the list as complete as possible. 3. Continue the discussion by asking them to think about <i>their personal conditions</i> that need to be fulfilled to have a good conversation with a client about sex. Briefly introduce to them the 3 important groups of <i>personal</i> elements. You need to: <ul style="list-style-type: none"> • Be able (competencies, knowledge, language, skills); • Willing to speak (own boundaries, values and norms, own experiences); and • Have authorization (from your management AND from your client). 4. Ask questions such as: <ul style="list-style-type: none"> • Which elements are OK, and which could be better? • Which elements can you influence? • What support do you need, and who could support you in this task?
Guidance and talking points for the facilitator	<p>A good conversation about sex requires the following general conditions:</p> <ul style="list-style-type: none"> • Time • Privacy

	<ul style="list-style-type: none"> ● No disturbances (no telephones ringing) ● Getting permission to talk about sex ● Starting from a positive angle and view on sexuality ● Face-to-face contact ● Visual support ● Respect ● Acceptance ● No judgements ● Respect for privacy ● Tailored information ● Enough repetition ● Tailored language ● A conversation partner of own choice ● Being able to tap into opportunities ●
Source	Sensoa, Draaiboek seksualiteit en handicap; not published

Handout – Able/Willing/Allowed or Obligated



Able: know how to use the correct and tailored language; communication skills; enough background knowledge; be able to find the correct information

Willing: not passing your personal boundaries; corresponding to your personal norms and values; influenced by your own history and experiences

Permission/obligation: having a policy as framework; getting management permission to undertake the task; getting permission from the client

It Begins with the Opening

Subtitle	How to start a conversation with a client about sexuality?
Objectives	<ul style="list-style-type: none"> • To enable participants to understand what is important to keep in mind when starting a conversation and to apply this knowledge. • To enable participants to practise talking about sexuality with young people with learning disabilities. • To offer a playful way of learning about the effects of different ways of starting a conversation.
Materials needed	<ul style="list-style-type: none"> • Handout on the 'Head-Body-Tail' conversation model • Background information for the facilitator (see handout) • Case study: made up by participants • Pen and paper
Duration	60 minutes
Methodology	<ol style="list-style-type: none"> 1. Introduce the exercise by saying that with the help of a conversation model, we will practise the start of a conversation with a young person with learning disabilities about sex and sexuality. 2. Introduce the conversation model 'head-body-tail' to the participants (handout). 3. Introduce a case study or construct a case study together about a client you want to talk to about sexuality/falling in love/puberty etc. 4. Practise the model in plenary using the proposed case study. 5. Ask participants to sit in u-shape. 6. Ask each participant to individually suggest an opening sentence for the conversation. They can write it down in key words. 7. The participants try their opening sentence out in a short role play with the facilitator. 8. Stop the conversation as soon as it's clear how the 'young person' reacts to each participant's opening sentence (is the client invited to a conversation, does s/he feel safe, does s/he feel the need to defend him/herself or to attack the person etc.?). 9. Briefly discuss each situation. When during the discussion there is a proposal to do the opening sentence differently, then try this out. It's about trying things out, to see what the effect is. 10. Conclude by emphasizing that the start of a conversation is likely to set the tone for how it will continue and, therefore,

	<p>deserves particular attention. If it's not possible to answer certain questions from the start of the conversation – and you don't know how to handle them – then it may be best to stop the conversation and continue it at a later stage, with you or a colleague.</p> <p>If you don't know the answer:</p> <ul style="list-style-type: none"> • make an appointment for the client to come back later and try to find out in the meantime; or • refer the client to a colleague, medical clinic, family doctor, specialist, sexologist etc.
<p>Guidance and talking points for the facilitator</p>	<p>In essence, at a start of a conversation ('head'), it is important to create an atmosphere of safety, trust and clarity about the goal of the conversation.</p> <p>This exercise is about trying different alternatives and discovering the effect of different ways of starting a conversation through trial and error. It is not right or wrong, but about finding out a way that fits you best.</p> <p>When discussing this exercise with participants, also talk about diversity, cultural differences and sex differences: how is it different when the client is a boy/girl? What are implications for you as an intermediary when preparing and during the conversation?</p>
<p>Source</p>	<p>Rutgers WPF, JJI Training Manual (in Dutch)</p>

Head: start of a conversation:

- Feeling of safety/security and trust
- Put the young person at ease
- Tell him/her why you are starting this conversation – be as concise and clear as possible
- Give the young person time to respond
- Allow him/her time to think about his/her feelings
- Tell him/her the purpose of the conversation: what you aim to achieve, and the time and structure of the conversation
- Privacy, reporting

Body: the actual conversation:

- Ask for open questions
- Give the young person time to respond
- Think about the content of the conversation and the young person's feelings
- Summarize the conversation from time to time

Dilemmas:

- Bring in your own experience: yes/no
- Ask further specific questions: yes/no
- Respond to (non-)verbal signals: yes/no
- Consider your own values and norms

Tail: close of the conversation

- Look back at the conversation – both you and the young person
- Summarize and conclude
- Mention any next steps for follow-up

Talking about Sex and Sexuality – Some Background Information for the Facilitator

Some questions to consider to prepare yourself for a conversation:

- Why am I having the conversation? What is the reason, and what do I want to achieve?
- What are my values and norms?
- How am I being supported?
- How do I start the conversation?
- What subject or topic do I choose?
- What words and language do I use?
- What knowledge do I need?
- Where (place) will I have the conversation?

Questions about Sexuality

Subtitle	Responding to factual questions
Objectives	To practise knowledge and communication about sexuality with young people with learning disabilities
Materials needed	Laminated question cards (see handout)
Duration	30 minutes
Methodology	<ol style="list-style-type: none"> 1. Participants split into groups of two. Each team gets a piece paper with three questions from young people with (and without) learning disabilities. Or, let each team to come up with questions that they have heard in the past from young people with learning disabilities. 2. The teams get at least 5 minutes to prepare an answer. The teams have to answer as if they were a sexuality educator in front of a classroom. 3. The first team answers the questions, while the other teams role play as if they were the group of young people with learning disabilities: they can ask further questions. 4. After each answer, the facilitator discusses in plenary with the group whether all the information provided was correct and whether the answer was a good one. 5. To conclude, discuss with the group: how can we answer the questions using language that is easy for the young people to understand? What is important to consider when responding to factual questions from young people with learning disabilities? What if you don't know the answer?
Guidance and talking points for the facilitator	<p>Refer the participants to information, education and communication material that is available in easy language and may help them in their education of young people with learning disabilities (see the references in the manual for young people with learning disabilities).</p> <p>A framework for answering questions:</p> <ul style="list-style-type: none"> ● Where did you hear about...? ● Let me check I've understood the question... (reformulate in your own words). ● Answer: briefly and concisely! ● Does that answer your question?

	<ul style="list-style-type: none">• Remember, you can ask me any time. <p>If you don't know the answer, or you don't feel comfortable answering, refer the young person to a colleague or someone else.</p>
Source	Pro Familia Landesverband Bayern Framework for answering questions: Paul Casey, UKfpa

Sample Questions about Sexuality

- Is it painful to fall in love with someone
- How does natural family planning work?
- Do women's breasts itch?
- What is best: Caesarean or natural birth?
- On average, how many times does someone have sex?
- How big is a baby, and how heavy is s/he at birth?
- Why do men have a penis? They could just as well have a short penis.
- What is a morning after pill?
- What can you do about love?
- What is an orgasm?
- Is childbirth painful?
- Why does one move up and down when having sex?
- Have you already had sex?
- What if you have to pee while having sex?
- How can a baby drink from breasts filled with silicone?
- What happens when there is a miscarriage?
- Why is it called 'sex'?
- How do I get an orgasm, and how does it feel?
- I have terrible heartache; how does it go away?
- Can masturbation become addictive?
- How do you know you're lesbian, or gay?
- When can you be sure that it's true love?
- What do you do with a French kiss? How does it work?
- What is oral sex? How does it work?
- If you're 18 years old, can you go to bed with your 14-year-old girlfriend?
- What is the right age for the 'first time'?
- I'm 15 and pregnant. My mother wants me to have an abortion, but I want to keep it. Can she force me if I'm not yet 18?
- Is it your own fault when someone has abused you? Or is it both people's fault?
- Why is it that most girls cannot get an orgasm?
- How many positions are there?

Merry-go-round

Subtitle	Counselling in sexuality
Objectives	<ul style="list-style-type: none">• To confront participants with several types of situations and enable them to experience having to understand the situation and either offer advice or take other action.• To come to a common understanding together with participants of what is good counselling.
Materials needed	<ul style="list-style-type: none">• Chairs put in two circles, one inside the other, facing each other• Paper and pen
Duration	30 minutes
Methodology	<ol style="list-style-type: none">1. Ask each participant to think about a situation that a young person with learning disabilities might present him/her.2. Ask the participants to sit in two circles facing each other. The person in the inner circle will be playing the role of a counsellor, and the person in the outer circle will be playing the role of the young person with learning disabilities. Explain that this exercise is not about giving the right answer but about practising counselling skills.3. The person in the outer circle has 1 minute to present the situation to the person in the inner circle.4. The person in the inner circle gets 1 minute to counsel the young person with learning disabilities in the outer circle.5. When time is up, give all participants 1 minute to reflect and take notes about things they liked or didn't like about the counsellors, or about their own counselling provided. You may also have some observers to take up this role and identify good/bad approaches.6. When time is up, ask participants from the outer circle to move one seat to the left and then present that same situation to a new counsellor.7. At a certain point, ask people to switch circles and start again.8. At the end of the exercise, have a plenary discussion on how things went. Try to come to a common understanding with participants of what is good counselling, and what its key elements are.
Guidance and	The main purpose of this exercise is to train professionals to

<p>talking points for the facilitator</p>	<p>respond to questions from young people with learning disabilities and to develop the necessary skills.</p> <p>An added value of this activity is the sharing of questions asked by young people with learning disabilities based on true situations or situations that might occur.</p> <p>Ask the observers and participants who were playing the role of young people with learning disabilities about what they liked or did not like – what they identified as good/bad practice.</p> <p>Try to highlight elements of good practice such as: not making judgements, being emphatic, active listening, asking for more details, helping the person to find his/her own answer for the situation etc.</p> <p>You could also refer them to a framework for answering questions (Paul Casey, UKfpa):</p> <ul style="list-style-type: none"> ● Where did you hear about...? ● Let me check I've understood the question... (reformulate in your own words) ● Answer: briefly and concisely! ● Does that answer your question? ● Remember, you can ask me any time. <p>If you don't know the answer, or you don't feel comfortable answering, refer the young person to a colleague or someone else.</p>
<p>Source</p>	<p>APF Portugal, Sex Education Programme for Professional Schools Framework for answering questions: Paul Casey, UKfpa</p>

Merry-go-round (2)

Subtitle	
Objectives	<ul style="list-style-type: none">• To improve communication about sex.• To set boundaries.• To overcome embarrassment.
Materials needed	Envelopes with questions on cards
Duration	30 minutes (3 steps of 10 minutes each)
Methodology	<ol style="list-style-type: none">1. Ask participants to create an inner and outer circle, and sit in pairs facing each other. Make sure there is enough space between the pairs, so that each pair can have a private conversation.2. Each pair receives an envelope with a few questions on cards.3. Ask the people sitting in the inner circle to start by picking a question card from the envelope and ask the person in the outer circle to answer the question.4. The person sitting in the outer circle can answer or pass.5. Then the pairs take turns, and the person in the outer circle picks a card from the envelope and asks the question.6. After ten minutes, ask the people sitting in the outer circle to change places by moving along three places to the left to form new pairs. Repeat at least three times.7. The facilitator always participates in this exercise.8. Discuss the exercise in plenary.
Guidance and talking points for the facilitator	<p>You can use this technique in several contexts. The method allows people to talk in pairs privately and decide together what they will/will not talk about together. Every 10 minutes they change partners and start again.</p> <ul style="list-style-type: none">• How was it to talk about sex in this way?• What made it easier or more difficult?• Was there a difference between the partners you talked to? Which?• How did it feel for those pairing up with the facilitator? Is there a difference?• Did you experience fewer boundaries as the exercise went along? Why is this?• Did you find that you did not wish to answer some

	<p>questions during the exercise? Was this difficult or easy?</p> <ul style="list-style-type: none">• Do you regret having said some things? Why? <p>At the end of the plenary discussion, it's important to refer to the objectives of the exercise and to the 'PICSASOLL' rules.</p>
Source	<p>Sensoa/Rutgers WPF, 'Love is all around', also available in English, http://shop.rutgerswfp.nl/webwinkel/love-is-all-around/44777.</p>

Handout – Questions on Cards

Some examples of possible questions:

- Imagine that your best friend tells you that s/he thinks that s/he has some symptoms of a sexually transmitted infection. What would you do?
- What do you think about two men having a child via a surrogate mother and raising it?
- What if a man of 28 has made a woman of 20 pregnant, breaks up with her and demands she has an abortion?
- What would you do if your girlfriend or boyfriend forced you to have sex when you didn't want to?
- What do you think of this statement: when you have a date with someone you got to know via the internet, you should never go alone.
- Imagine you have to brag to a stranger about yourself (about how you look, what you can do, your character). What would you tell him/her?
- [question for a boy]: Say you're watching video clips (showing a lot of naked people) with your sister, and your sister says: 'I could have sex with him'. What would you do?

Working with Information Education and Communication (IEC) Materials for your Clients

Subtitle	Experience yourself the IEC materials for your target group
Objectives	To let the participants experience how it is to work with the materials.
Materials needed	<p>IEC materials for young people with learning disabilities. These can be:</p> <ul style="list-style-type: none"> ● leaflets in clear, easy-to-understand language ● sexual parts of the body in felt, tissue or other material ● videos ● interactive CD-ROM (such as 'All about us') ● images or pictograms
Duration	
Methodology	<ol style="list-style-type: none"> 1. First, presented the materials. 2. Participants, working in pairs, select one of the items and prepare an introduction for the target group. 3. Subsequently, the material will be tried out in a group in the form of a role play. Four or five participants play the role of their 'travelling buddy' while the rest observe.
Guidance and talking points for the facilitator	<p>General:</p> <ul style="list-style-type: none"> ● Try to relate anything that occurs or comes up as an issue in the group to young people with learning disabilities, and ask how they would respond to it? ● You don't need to have an answer to all questions that are asked: <ul style="list-style-type: none"> ● There is not always a solution. ● A response can be very different depending on the relationship and the person. ● You can broaden the question, and ask if others recognize it and how they respond to it. ● Sometimes you can ask more questions. Often, other issues are raised. <p>Role play:</p> <p>To engage and stimulate the participants in their role of counsellor, you can encourage them to reflect on what they would like to practise and improve during the role play. Those observing can then pay specific attention to this particular point.</p>

Source	Rutgers WPF, 'Girls' Talk' training for counsellors
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IMPLEMENTING CHANGE IN THE ORGANIZATION

Merry-go-round – body carousel

Subtitle	How assertive am I?
Objectives	<ul style="list-style-type: none"> • To set personal boundaries. • To experience physical boundaries.
Materials needed	Envelopes containing cards with instructions
Duration	20 minutes
Methodology	<ol style="list-style-type: none"> 1. Ask participants to create an inner and outer circle, and sit in pairs facing each other. 2. Each pair receives an envelope containing cards with physical tasks. 3. Ask them to pick a card from the envelope and read the task. 4. Together, each pair should decide whether they want to perform the task. If one or both do not want to, then they don't do it. The other person has to respect this. 5. Change pairs three times. 6. It's important that the facilitator also participates in the exercise.
Guidance and talking points for the facilitator	<ul style="list-style-type: none"> • Was it difficult to set boundaries? Why? When? • Was there a difference when you were paired with the facilitator? • Were many or few tasks performed? • Was it difficult when the other person refused? How did it feel? <p>Relate this exercise also to young people with learning disabilities: How is it for them? Do they set their boundaries? Are they respected by others? Etc.</p> <p>What can you do to:</p> <ul style="list-style-type: none"> • help/support young people with learning disabilities to set their boundaries?; and • respect the boundaries of young people with learning disabilities?
Source	Sensoa, 'Goede Minnaars' (Good Lovers), exercise 5.1, http://www.seksuelevorming.be/sites/default/files/digitaal_materiaal/goedeminnaars.pdf
	<p>Instructions in the envelope:</p> <ul style="list-style-type: none"> • Give each other a handshake

- | | |
|--|--|
| | <ul style="list-style-type: none">• Give each other a kiss on the cheeks• Give each other a shoulder massage• Wink at each other• Massage the other person's hand• Stroke each other's face• Give the other person a kiss on the ear• Nuzzle each other• Do your partner's hair• Sit on each other's lap |
|--|--|

Building a House

Subtitle	The house of young people with learning disabilities – where does sexuality take place?
Objectives	To introduce the subject of intimate/private space and possibilities for sexuality in the lives of young people with learning disabilities.
Materials needed	<ul style="list-style-type: none"> • Large sheet of paper with a floor plan of a 'house' for young people with learning disabilities • Masking tape, coloured paper, monochrome cards for the rooms and colourful cards for the situations • More material for crafting the house (e.g. magazines with pictures that can be cut out)
Duration	60–90 minutes (without the preparation)
Methodology	<ol style="list-style-type: none"> 1. Put the floor plan of the 'house' on the floor. The house should represent a typical place where young people with learning disabilities live: an institution, work place, school, organization, public space etc. Place cards in the house representing the rooms of the house (as relevant) e.g.: living room, bathroom, classroom, station, disco etc. 2. Ask the group: <ul style="list-style-type: none"> • Where does sexuality take place in this house? 3. Ask the participants to present real-life situations that they know about – note them down on a card, and place them on to the floor plan of the house, in the respective places/spaces. For instance: Julia and Boris are hugging in the living room; Paul is masturbating in the group living room; or the bus driver always hugs a young lady with learning disabilities. 4. Discuss in plenary: <ul style="list-style-type: none"> • What stands out? • Are there any clusters of themes? • Where can relationships and sexuality take place? • Where are boundaries crossed? 5. Continue the exercise by asking the group to reflect on: <ul style="list-style-type: none"> • Where can sexuality take place without being disturbed? Which are private spaces? • What is allowed? What is forbidden? 6. And let them mark the areas in the house with colours (e.g. green = sexuality is allowed; red = not allowed)

	<p>7. End with a plenary discussion:</p> <ul style="list-style-type: none"> • How should the institution be better designed so that it is possible for young people with learning disabilities to express love, sex, friendship?
<p>Guidance and talking points for the facilitator</p>	<p>Recurring topics are: masturbation, crossing boundaries, privacy, couple relationships, the lack of opportunities to experience sexuality, and the influence of the carers on the reality of life.</p> <p>This method is very suitable to open up the discussion on these themes, to identify concerns among the group and discuss any cases or situations and how to respond or prevent them from happening in future – and improve the possibility for young people with learning disabilities to live their sexuality.</p>
<p>Source</p>	<p>Pro Familia, Landesverband – method developed by Petra Winkler, social pedagogue, sex educator, sex counsellor.</p>

Inhibiting or Facilitating?

Subtitle	Which factors inhibit or facilitate the sexuality, intimacy and behaviour of young people with learning disabilities?
Objectives	<ul style="list-style-type: none"> • To gain insight into the complexity of the concept of sexuality. • To gain insight into stimulating and inhibiting factors. • To gain insight into the state of play within the organization. • To think about ways to optimize the situation.
Materials needed	<ul style="list-style-type: none"> • Handout with matrix • Or: Post-its and a wall
Duration	
Methodology	<ol style="list-style-type: none"> 1. Start by explaining that sexuality is influenced by biological, psychological and socio-cultural factors. For people living in an institution, these factors come into play at different levels: <ul style="list-style-type: none"> • the personal level; • the level of the client's environment (partner, parents etc.); and • the level of the staff of the institution. 2. With this exercise, we are trying to assess the current situation within the organization from the point of view of one client. 3. Ask participants to sit in pairs. They need to have one client in mind when filling out the matrix. They should come up with factors that are inhibiting or facilitating the sexuality, intimacy and sexual behaviour of the client. 4. Discuss in plenary: <ul style="list-style-type: none"> • Did participants leave some fields blank? • Is there a balance between inhibiting and stimulating factors? • Are there ways to optimize the situation? What can you do to start?
Guidance and talking points for the facilitator	<p>In care settings and institutions, there are often many factors that are hindering rather than stimulating sexuality.</p> <p>You also have to make the link to ways to improve the situation.</p>
Source	Sensoa, 'Draaiboek seksualiteit en handicap', Karen De Wilde; not published

Handout – Stimulating and Inhibiting Factors of Sexuality, Sexual Behaviour and Intimacy

	Stimulating factors	Inhibiting factors
<p>Biological</p> <p>Hormones, brains, nerves, blood circulation, sexual organs, sensations and emotions</p>		
<p>Psychological</p> <p>Thoughts, feelings, desires, wishes, cognition, interaction</p>	1. Client level	1. Client level
	2. Level of client's environment (partner, parents etc.)	2. Level of client's environment (partner, parents etc.)
	3. Staff level	3. Staff level
<p>Cultural</p> <p>Norms, rules, ethics, rituals, expectations, positions</p>	1. Client level	1. Client level
	2. Level of client's environment	2. Level of client's environment
	3. Societal level	3. Societal level
	<p>4. Setting level</p> <ul style="list-style-type: none"> • Infrastructure • Policy • Staff/personnel 	<p>4. Setting level</p> <ul style="list-style-type: none"> • Infrastructure • Policy • Staff/personnel

Sexual Rights of Young People with Learning Disabilities

Subtitle	Do we respect and promote them?
Objectives	<ul style="list-style-type: none"> ● To think about the sexual rights of young people with learning disabilities. ● To gain an overview of things that go well and things that can be improved in the organization. ● To start to optimize the situation.
Materials needed	<ul style="list-style-type: none"> ● Flipchart and markers ● Handout with examples of good and bad practice ● Handout with a list of sexual rights
Duration	
Methodology	<ol style="list-style-type: none"> 1. Divide the wall into positive (left) and negative (right) sides. 2. Ask participants to write down on a Post-it (one for each): <ul style="list-style-type: none"> ● Positive examples: which sexual rights do we respect? ● Negative examples: which sexual rights are not respected (enough)? 3. Ask participants to stick their post-its to the wall where they belong 4. Discuss: <ul style="list-style-type: none"> ● Where are most examples: on the positive or negative wall? ● Are there any striking examples? In a good and bad sense? ● Are there ways of optimizing the situation? What can you do to start? ● How do we continue what goes well?
Guidance and talking points for the facilitator	This exercise helps participants realize that most of the interventions and the remarks they make are negative.
Source	Sensoa, 'Draaiboek seksualiteit en handicap', Karen De Wilde; not published

Flag System	
Subtitle	
Prior knowledge needs	<ul style="list-style-type: none"> • Knowledge of normal sexual development and insight into the impact of disability on sexual development. • • Do not conduct this exercise if you have not been trained on the flag system.
Objectives	<ul style="list-style-type: none"> • To evaluate whether sexual behaviour is appropriate or not – and how to respond. • To help professionals make a correct evaluation – not on an emotional basis but based on 6 objective criteria.
Materials needed	<ul style="list-style-type: none"> • Flag system package consisting of CD-rom, drawings and book
Duration	3 hours
Methodology	<ol style="list-style-type: none"> 1. Introduce the topic with a short film: http://www.youtube.com/watch?v=2VSDtwiBcMA or http://www.youtube.com/watch?v=cv7LXhVrAFk. 2. This is to highlight the importance of gathering all the information and not to make judgements based on emotions, prejudice etc. Don't judge too quickly. 3. Show some of the drawings (situations) that are part of the 'flag system' package and explain the 6 criteria (flags) to evaluate the situations. 4. Ask participants to evaluate (flag) all the situations shown to them. 5. Discuss the results in the group. 6. Ask extra questions, examine prejudices etc. 7. End by talking about possible ways to respond to the behaviour.
Guidance and talking points for the facilitator	<p>This exercise can be used on 2 levels:</p> <ul style="list-style-type: none"> • Intermediary level: tool to evaluate sexual behaviour and react to it in an appropriate way • Direct level: to help young persons evaluate and control their behaviours. <p>Stress that any incident has to be interpreted as a way of getting to know more about the needs, gaps in knowledge or competencies etc. of the young people involved. What does this incident tell us about X and Y? This is necessary to monitor the young people and</p>

	<p>to identify what sexuality education they need.</p> <p>To end the exercise, you might use participants' own real-life cases and score them by giving them a flag.</p>
Source	<p>Sensoa, 'Flag system manual', available online in English: http://www.seksuelevorming.be/sites/default/files/digitaal_materiaal/flagsystem.pdf</p>

Sexuality on our Agenda

Subtitle	Quick scan
Objectives	A team can do a quick scan to get an impression of how far they are with integrating the theme of sexuality into their daily work: what is strong; what requires further attention.
Materials needed	<ul style="list-style-type: none"> • Questionnaire for young people with learning disabilities • Questionnaires for intermediaries
Duration	
Methodology	<p>1. Different questionnaires can be used:</p> <ul style="list-style-type: none"> • A questionnaire for the young people with learning disabilities themselves about feeling safe, the social environment, respecting each other, sexual empowerment. • The other questionnaires are filled in by professionals: one about the attitudes of the professional; one about what is important in guiding young people with learning disabilities individually, and one about guiding in a group; one about the social environment of the group; one about education; and one about medical care.
Guidance and talking points for the facilitator	<p>The questionnaires in the handout are sample questionnaires and were developed in the Netherlands – they need to be tailored to the specific country situation.</p> <p>The questionnaires can be adapted for use in different situations: for youth care in general, but also in institutions that work with young people with learning disabilities.</p> <p>These questionnaires could also be used as a basis to conduct interviews with staff and carers in the insitutions you are working with – to assess the situation.</p> <p>The questionnaires could be used as a basis to develop a tool to assess progress in a certain organization.</p>
Source	<p>Rutgers WPF</p> <ul style="list-style-type: none"> • ‘Seksualiteitsbeleid of struisvogelpolitiek’, Rutgers WPF, 2012 • Toolkit ‘Zorg voor Beter’

Handout – Questionnaires for Quick Scan

The first six questionnaires are to be filled out by the staff; the last questionnaire is to be filled out by the young people.

You can get the most realistic picture if all stakeholders fill out the same questionnaires (both young people and staff). Because this is quite time-consuming and probably not feasible, it is advisable to have the questionnaires filled out by at least three staff or young people.

General instructions for filling out and processing the data from the questionnaires:

- At minimum, three representatives per organizational unit (different functions/positions) should fill out the respective questionnaire on their own and without consulting others.
- Calculate the averages for each item.
- Pay particular attention to whether the responses are similar or different.

On the basis of the results of the different questionnaires, it should be possible to identify the stronger and weaker aspects in regard to the implementation of a vision on sexuality. Identify the most important barriers and challenges in this regard.

Discuss the findings with the staff members of the particular organizational unit and identify the priorities for the coming period. Make an action plan, stipulating which subjects are important, who is responsible, who will develop what, and when it should be ready.

Questionnaire 1: ‘Current situation – individual support for young people’

Individual level	<i>Degree to which it is realized</i> <i>Score 1–10</i>	<i>Any remarks in relation to facilitating/hindering factors or challenges</i>
2. The subject’s relationships, intimacy and sexuality is raised during the interview.		
3. Each young person receives sexuality education from his/her mentor.		
4. There is a list of issues/topics that need special attention and should be covered as part of the sexuality education.		
5. The item ‘sexual development/sexual behaviour’ is part of the observation plan.		
6. Relationships, intimacy and sexuality are integrated into the person-centred plan.		

7. Group reports regularly mention the young person's sexual and relational behaviour.		
8. Relationships, intimacy and sexuality is a subject of discussion or conversation with the young person's parents or legal guardian.		
9. Relationships, intimacy and sexuality is a subject of discussion or conversation with the young person's carer.		
<i>Total score</i>		
<i>Maximum possible score</i>	80	

Questionnaire 2: 'Current situation – group support'

Group level	<i>Degree to which it is realized</i> <i>Score 1–10</i>	<i>Any remarks in relation to facilitating/hindering factors or challenges</i>
1. For each age group, there is attractive, age-specific and development-specific educational material on the theme of relationships, intimacy and sexuality.		
2. The theme of relationships, intimacy and sexuality is regularly planned as a topic for discussion among the group.		
3. The theme of relationships, intimacy and sexuality regularly comes up in the group as a topic of conversation and discussion – unplanned.		
4. The theme of relationships, intimacy and sexuality regularly comes up in the staff team as a topic of conversation and discussion.		
5. The behavioural scientist regularly discusses with the team how the sexual development of the young people can be positively influenced.		
6. The behavioural scientist regularly discusses with the team what can be done		

to prevent incidents of a sexual nature.		
<i>Total score</i>		
<i>Maximum possible score</i>	60	

Questionnaire 3: 'Current situation – climate/atmosphere'

Climate/atmosphere	<i>Degree to which it is realized</i> <i>Score 1–10</i>	<i>Any remarks in relation to facilitating/hindering factors or challenges</i>
1. There is a possibility to openly talk about relationships, intimacy and sexuality.		
2. The young people are treating each other respectfully.		
3. The young people and carers/staff are treating each other respectfully.		
4. The carers and staff are a positive role model for the young people.		
5. The carers and staff set clear limits/boundaries in terms of acceptable or unacceptable sexual behaviour.		
6. These limits/boundaries are respected.		
7. The young people feel safe.		
8. Staff and carers feel safe.		
<i>Total score</i>		
<i>Maximum possible score</i>	80	

Questionnaire 4: 'Current situation – education'

	<i>Degree to which it is realized</i> <i>Score 1–10</i>	<i>Any remarks in relation to facilitating/hindering factors or challenges</i>

1. Sexuality education is a fixed part of the educational programme in the different school years.		
2. The sexuality education programme does not only pay attention to prevention of sexually risky behaviour but also to positive aspects of sex and sexuality.		
3. Sexuality education is coherent and comprehensive, not only paying attention to knowledge but also attitude and skills.		
4. The sexuality education makes use of attractive, age-specific or development-specific materials and interventions.		
5. The education is accessible: young people can raise their concerns and questions about relationships, intimacy and sexuality.		
<i>Total score</i>		
<i>Maximum possible score</i>	50	

Questionnaire 5: 'Current situation – medical services'

	<i>Degree to which it is realized</i> <i>Score 1–10</i>	<i>Any remarks in relation to facilitating/hindering factors or challenges</i>
1. Sexual health is a fixed topic in the medical support to every young person.		
2. The information about sexually healthy behaviour (in the broad sense) is age-specific and reliable.		
3. The medical services are accessible: young people can ask questions about relationships, intimacy and sexuality (including about sexually transmitted infections, pregnancy, sexual violence or force, pain during intercourse etc.) and receive tailored counselling and advice.		
<i>Total score</i>		

<i>Maximum possible score</i>	30	
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Questionnaire 6: 'Staff'

Give yourself a score of 1–10 in relation to the below items*	Score (1–10)	Any remarks in relation to facilitating/hindering factors or challenges
1. I think it is my job to support young people in their healthy sexual development.		
2. I can talk freely with my colleagues about providing support to young people on relationships, intimacy and sexuality.		
3. The atmosphere in our team allows me to talk freely and safely with the young people about relationships, intimacy and sexuality.		
4. I have enough knowledge and skills to support the young people in their sexual development.		
5. I feel capable of talking with young people about relationships, intimacy and sexuality.		
6. I feel capable of referring young people to the right information or appropriate services if they have problems or questions.		
<i>Total score</i>		
<i>Maximum possible score</i>	60	

Questionnaire 7 'Young people'

Note: adapt the questionnaire to the institution and fill in the name of the institution where there is '....'

Questionnaire 'Young people and intimacy, relationships, sexuality and security'

Dear,

At, we find it important to provide young people with good support, so that they can develop themselves further when reintegrating into society. Good support includes education and work which includes the topic of sexuality. Young people have to learn how to deal with relationships and sexuality. We are currently developing education on this topic at ...

To allow us to do it well, we think it is important to hear what young people themselves think about this topic. That is why we created this questionnaire.

Please answer the questions as truthfully as possible, so that we can use your feedback to address this important topic.

The questionnaire is anonymous, so nobody needs to know what you think of this personally. If you have any questions about this questionnaire or the topic of sexuality, you can contact your support staff or someone from the medical services.

...

GROUP:

A. General questions about the group, school and medical services

Choose one answer for each question	<i>Agree/disagree</i>	<i>Remarks</i>
1. There is a nice and respectful atmosphere among the young people of the group.	<input type="checkbox"/> Always <input type="checkbox"/> Almost always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> I don't know	
2. The topic of sexuality, relationships and intimacy is talked about in the group in a nice and pleasant way.	<input type="checkbox"/> Always <input type="checkbox"/> Almost always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> I don't know	
3. The young people and support staff treat each other in a nice and respectful way.	<input type="checkbox"/> Always <input type="checkbox"/> Almost always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> I don't know	
4. Young people in the group respect each others' limits. If someone says 'no', others respect this and listen.	<input type="checkbox"/> Always <input type="checkbox"/> Almost always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> I don't know	
5. When it comes to relationships, intimacy and sexuality, the young people in the group can express their limits and wishes well.	<input type="checkbox"/> Always <input type="checkbox"/> Almost always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> I don't know	

<p>6. The care and support staff provide good help and support when you have questions or problems in relation to sexuality, intimacy or relationships.</p>	<input type="checkbox"/> Always <input type="checkbox"/> Almost always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> I don't know	
<p>I feel comfortable asking questions in the group about and discussing relationships, intimacy and sexuality.</p>	<input type="checkbox"/> Always <input type="checkbox"/> Almost always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> I don't know	
<p>7. At school, you get good information about sexuality, intimacy and relationships.</p>	<input type="checkbox"/> Always <input type="checkbox"/> Almost always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> I don't know	
<p>8. At school, you get skills to make your own choices about sexual health.</p>	<input type="checkbox"/> Always <input type="checkbox"/> Almost always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> I don't know	
<p>9. The medical services give valuable information when you have questions or raise problems about sexuality.</p>	<input type="checkbox"/> Always <input type="checkbox"/> Almost always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> I don't know	

B. Questions about yourself*

Mark the statement with ☺, ☹ or ☹

1. I feel safe	☺	☹	☹
In the group			
In my room			
In the building			
At school			
In the playground			
Elsewhere, namely:			

2. Did you fill out a ☹ in question 1? Please answer this question:	
I feel unsafe because of:	<input type="checkbox"/> Group members <input type="checkbox"/> Care staff <input type="checkbox"/> Other people working here, namely <input type="checkbox"/> People from school <input type="checkbox"/> Bad lighting, it is deserted etc. <input type="checkbox"/> Something else, namely...

3. Have you been confronted with one or more of the situations described below within the institution?	Yes, once	Yes, more than once	No, never
Sexually explicit comments ('jokes', questions about your sex life, comments on your looks)			
Sexual harassment, such as: <ul style="list-style-type: none"> • Staring • Coming a little too close • Getting trapped • Being forced to watch sexual acts • Unsolicited showing of pornographic images or movies 			
Assault/groping, such as: undesired cuddling, kissing, touching, feeling, grabbing.			
Rape: vaginal, oral or anal penetration with penis, fingers or objects			

*These questions come from the tools of the 'Verbetertraject Preventie Seksueel Misbruik', from the 'Zorg voor Beter' programme

4. Do you need...?	☺	☹	☹
More information about sexuality and relationships			
More information about contraception or condoms			
More information about sexual pleasure			
More information about unpleasant sexual experiences			
More attention to 'standing up for yourself'			
Something else, namely:			

5. Questions about sexuality	
With whom would you prefer to talk about and raise your questions about sexuality?	<input type="checkbox"/> A group member(s) <input type="checkbox"/> A member of the care/support staff <input type="checkbox"/> Someone else working here, namely <input type="checkbox"/> Someone from school <input type="checkbox"/> Someone from the medical services <input type="checkbox"/> Someone else, namely...

C. Remarks, tips

Would you have any further remarks or feedback concerning sexuality, intimacy and relationships?

.....
.....
.....
.....

Thank you for your collaboration

Processing the information

Part A: Group, school, medical services

You can calculate an individual score:

‘Always’ and ‘almost always’ are scored with a 1.

‘Sometimes’, ‘never’ and ‘I don’t know’ are scored with a 0.

Add up the scores of all 10 questions, which will give you the total score.

Then, add up all the scores of all young people of the same group. Divide the total score by the number of young people in the group. Now you have the group’s average score.

Part B: Questions about yourself

1. I feel safe and secure	☺	☹	☹
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To score:

☺ = 2

☹ = 1

☹ = 0

This is a way to give each person an individual score – and a score for the group.

The category ‘someone/something else, namely....’ does not get a score. Its purpose is to collect additional information.

2. I feel unsafe because:	
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This is qualitative information. The information obtained through this question can lead to interventions: observation, a talk etc.

3. Did any of the following ever occur to you?	Yes, once	Yes, more than once	No, never
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This is qualitative information. The information obtained through this question can lead to interventions: observation, a talk etc.

4. Do you need...?	☺	☹	☹
More information about...			

This is qualitative information. The information obtained through this question can lead to interventions: observation, a talk etc.

5. Questions about sexuality

With whom within the institution would you prefer to talk and raise your questions in relation to sexuality?	
--	--

The preferences can be an indication of the (lack of) accessibility of certain services or persons.

'Plan, Do, Study, Act'

Subtitle	Working with a learning cycle – learning by doing
Objectives	To learn how to start a process of change – for example, introducing talking about sexuality with the clients
Materials needed	
Duration	
Methodology	<ol style="list-style-type: none">1. Ask participants to:<ul style="list-style-type: none">• Plan a short activity.• Do it as planned.• Study the result and how it went.• Act, modify your plan if necessary, possibly run one or more trials, and decide to implement it or not.
Guidance and talking points for the facilitator	It is a non-threatening way of starting a process by trying out something that you want to change on a small scale. The exercise generates creativity. You cannot fail, only learn. It does not require much extra time in the workplace. If it seems to be useful/effective, you can introduce it on a larger scale.
Source	Rutgers WPF, 'Kennisplein gehandicaptenzorg, leernetwerk seksualiteit', http://www.kennispleingehandicaptensector.nl/kennisplein/Kennisplein-verbeterprogramma-gehandicaptenzorg-Preventie-seksueel-misbruik.html

Sexual Abuse in a Care Institution

Subtitle	Case study
Objectives	To raise awareness about the responsibility of the different professionals, and possible obstacles to following protocols and procedures.
Materials needed	<ul style="list-style-type: none">• Case study• Handout – Guiding Questions
Duration	
Methodology	<ol style="list-style-type: none">1. There is an example of a situation in an institution.2. Participants analyse the situation with guiding questions:<ul style="list-style-type: none">• Is this something that could occur in your organization/institution?• Why would it definitely not occur in your organization/institution?• In which circumstances could it possibly occur in your organization/institution?
Guidance and talking points for the facilitator	
Source	Rutgers WPF, 'Zorg voor Beter, Verbetertrajecten, workshop incident seksueel grensoverschrijdend gedrag', 2012

Peter

Peter is a young man of 25 years old. He has been staying at an institution for three weeks, and not much is known about him. Previously, he was in another institution, but there they could not give him the support and guidance he needed.

Sophia

Sophia is a vulnerable girl of 15 years old. She has been living in the institution for over a year. She's in her puberty and very much interested in all that has to do with boys and sex.

What happened?

Two clients, Sophia and Peter, living in different sections (West pavilion and East pavilion) of the same institution were discovered having sex in the bushes by a visitor. The girl was yelling "no, stop, I don't want to", but the young man did not stop.

The visitor, Mr. Simon, aged 75, heard the yelling coming from the bushes, went to look where it was coming from, and when he saw what was happening, yelled: "Hey, stop it!".

He reported what happened at the reception, with a request for action to be taken.

After that, he went to visit his daughter, Josephine, aged 38, living in the South pavilion. When her mentor/support worker, John, came by to have a chat, Mr. Simon told him what had just happened.

John told him not to worry and that he would make sure that this incident would be dealt with. John filled out a case/incident report form and put it on his team leader's desk.

Two weeks later, Josephine's father sees John again and asks him how the incident has been dealt with. John tells him that he has reported the incident to his team leader but has not heard anything since. John doesn't think this is strange, because the incident concerned clients of the East and West pavilions, and not South, where he works.

When Mr. Simon is at home, this case keeps bothering him. Because he does not know what he can do, he decides to call Mrs. Hepburn. She is the president of the parents' committee, and her son lives in the same pavilion as Josephine. She will contact the regional manager. Mr. Simon is glad she is willing to do this.

The regional manager is shocked when he hears the story and tells her he will investigate the case with urgency. He contacts the team leader who tells him that he has informed the manager of the East pavilion, where Peter lives.

When Mrs. Hepburn hasn't heard anything from the regional manager after a few days, she decides to call the other parents to find out if they know anything more. After a few phone calls, she understands that the incident probably concerned Sophia and Peter. One parent knows that Sophia's mother is a bit worried because her daughter has backed away and is very quiet recently, and the mother has raised this with her mentor/support worker. Another parent, whose son has lived in the same institution as Peter, tells her that Peter is no good.

He was charged with rape a few years ago but was not sentenced because there was not enough evidence. Other parents whom Mrs. Hepburn has spoken to on the phone get upset and emotional when they hear of what happened because their daughter lives in the same pavilion as Peter and they didn't know anything about this. They raise a number of questions:

- How could this have happened?
- Why are no measures being taken to guarantee the safety of the residents?
- Why is Peter allowed to live there?
- Why do we not know anything about Peter's past?
- Are the support staff capable enough?

When Mrs. Hepburn hasn't heard anything from the regional manager after a week, she contacts Mr. Simon again to ask whether he has heard more. He hasn't heard anything either, so together they decide that she would contact him again to find out what is happening and to inform him that the other parents are worried.

Handout – Could this Happen in your Organization/Institution?

Discuss with each other:

Could this incident occur in your organization/institution?

1.
.....
.....
.....

2.
.....
.....
.....

Why would this incident definitely not occur in your organization/institution?

1.
.....
.....
.....

2.
.....
.....
.....

In which circumstances could it possibly occur in your organization/institution?

1.
.....
.....
.....

2.
.....
.....
.....

Task: Strengths and Weaknesses of the Institution

Identify the strengths and weaknesses: which factors made the situation/incident in the institution escalate? Make use of four prevention indicators of the 'path to improve':

Professional attitude: <i>how do you rate the attitude of the professionals concerned? What are their strengths? What are their weaknesses?</i>	
Strengths	Weaknesses

Knowledge and skills: <i>how do you rate the knowledge and skills of the professionals? What are their strengths and weaknesses in this regard?</i>	
Strengths	Weaknesses

Guidance and support: <i>how do you rate the guidance and support in the institution?</i>	
Strengths	Weaknesses

Case reporting procedure/experiences of clients: <i>how do you rate the safety of the clients? What are the strengths and weaknesses?</i>	
Strengths	Weaknesses

Task: Self-assessment

Assess/evaluate your own organization against 4 prevention factors. How do you assess the current situation in your organization?

Own organization	
Current situation	To be improved
Professional attitude	
Knowledge and skills	
Guidance and support (policy?)	
Case reporting/experiences	

EVALUATION

Feather or Nut

Subtitle	What progress have I made?
Objectives	<ul style="list-style-type: none">• To map participants' own weaknesses and strengths.• To identify and list points for improvement.
Materials needed	Handout 'Feather or Nut'
Duration	
Methodology	<ol style="list-style-type: none">1. Participants receive a handout with a list of competencies to think individually about what they think are their strengths – what they are good at – and what they can still improve and need to work on.2. In plenary, you can discuss and list what is working well already and what needs improvement.
Guidance and talking points for the facilitator	
Source	Sensoa, 'Draaiboek seksualiteit en handicap'

Handout – Feather or Nut

Go through the competencies listed below. Put a feather in your cap for those competencies you already have, and mark those competencies that still are a challenge with a nut, because they are still a tough nut to crack.

I can talk to clients about sexuality, such as the naming and identifying of genitals etc.	
When dealing with a client's sexuality, I take his/her perspective as a starting point – his/her questions, reflections, remarks etc. about sexuality – and I put aside my personal values and norms as much as possible.	
I empathize with the clients and the world they live in.	
I can talk about risks and unsafe sex with the clients.	
I try to empower and increase the resilience of the clients.	
I take into account the remarks of the other stakeholders (parents, teachers, managers etc.) and tailor my programme accordingly.	
I can collaborate with other stakeholders, such as parents and family members.	
I have a positive view on sexuality and don't necessarily see it first and foremost as a problem.	

My Learning Points

Subtitle	What have I learned?
Objectives	To actively engage the participants in their own learning process.
Materials needed	Paper and pen
Duration	Throughout the training
Methodology	<ol style="list-style-type: none">1. Ask participants to write down after each exercise what they have learned or taken away from the exercise on a piece of paper headed 'my learning points'.2. At the end of the day/training, participants could choose their main learning point.3. If you have time, you could discuss these in plenary.
Guidance and talking points for the facilitator	
Source	Sensoa

Can I Answer Questions?

Subtitle	Self-assessment of learning needs in answering questions
Objectives	<ul style="list-style-type: none">• To assess how comfortable participants are in discussing certain topics and answering questions about sex and sexuality?• To assess levels of awareness and comfort when exploring words associated with sex and sexuality before and after the training.
Materials needed	List of topics in a questionnaire
Duration	15 minutes at the start of the training and 15 minutes at the end
Methodology	<ol style="list-style-type: none">1. List topics such as puberty, penis, vagina, abortion, sexual pleasure, sanitary products, hygiene, masturbation, contraception, sexually transmitted infections, relationships, boundaries, oral, anal and vaginal sex, homosexuality etc.2. Ask participants to score them on a scale of 1–10 (1 = very hard to discuss; 10 = very easy)
Guidance and talking points for the facilitator	<p>During the exercise pay attention to personal issues that might arise or be connected to the topic, as well as personal belief systems.</p> <p>This questionnaire is anonymous, and participants should answer the questions as truthfully as they can. It will form a part of their self-assessment during the training.</p>
Source	IFPA training department; not published

Collegial Ladder

Subtitle	
Objectives	<ul style="list-style-type: none"> • To share experiences with colleagues in pairs. • To brainstorm together on ways to improve.
Materials needed	Handout
Duration	60 minutes
Methodology	<ol style="list-style-type: none"> 1. Introduce the exercise to the participants. Explain that on the collegial ladder, they will find different rungs that each stand for a different theme. The purpose of the exercise is to think about, discuss and exchange information on each theme with a different partner. 2. Give each participant a handout. 3. Ask participants to choose a partner and a theme. <ul style="list-style-type: none"> • They choose a partner. • Together, they select a theme. • They may also add themes if you wish. 4. Pairs collect information. <ul style="list-style-type: none"> • They read out the task. • They prepare their questions, suggestions and information they wish to share. • They share the information with their partner. • They conclude by summarizing what they learned/what message they are taking home. • Ask them to note down a specific working point. 5. After 20 minutes, let them choose another partner, to discuss another theme. Try to let them cover three themes in total. 6. Themes are: <ul style="list-style-type: none"> • Policies • Rights framework • Starting a conversation • Conversation techniques • Referral • Useful resources • (own theme) 7. For each theme there are a few guiding questions, but you may also add your own questions.
Guidance and talking points for	

the facilitator	
Source	Sensoa

Theme 1: Policy

Task 1: Optimizing policy

What can you do as an employee to influence the organization’s policy on relationships and sexuality? What have you tried already? What worked? Have you had any negative experiences? What did you learn from them?

Analysis, questions, suggestions

Notes taken during the information-sharing session

Sources, contact details, agreements

Conclusion: What did I learn? What message do I take home?

Theme 2: Rights framework

Task 2: Respecting rights

To what degree are clients’ rights respected? What objectives do you have in relation to this? How do you work with teams to ensure that rights are respected? What have you managed to improve? Did you encounter any resistance? How did you deal with negative experiences?

Analysis, questions, suggestions

Notes taken during the information-sharing session

Sources, contact details, agreements

Conclusion: What did I learn? What message do I take home?

Theme 3: Promote conversation

Task 3: Starting a conversation

How do you begin a conversation with a client about sex? What tools and materials do you have at hand for this? Any tips to put the client at ease? Have you had any good experiences? Negative experiences? What sources of information can you use?

Analysis, questions, suggestions

Notes taken during the information-sharing session

Sources, contact details, agreements

Conclusion: What did I learn? What message do I take home?

Theme 4: Conversation techniques

Task 4: Conversation techniques

What are your experiences when talking about sex? Do you feel at ease, or not? What are you doing or have you done to improve your skills? What is your attitude towards clients? What are your sources of information? Would you have any tips, tools or methodologies to keep a conversation going? What are possible traps?

Analysis, questions, suggestions

Notes taken during the information-sharing session

Sources, contact details, agreements

Conclusion: What did I learn? What message do I take home?

Theme 5: Referral

Task 5: Referral

Would you know to whom to refer a client in case of urgency? Who can you count on in case you need support? To whom can you refer the client? How do you follow-up with the client after referral?

Analysis, questions, suggestions

Notes taken during the information sharing session

Sources, contact details, agreements

Conclusion: What did I learn? What message do I take home?

Theme 6: Useful resources

Task 6: Looking for resources

Do you have useful resources, tools or methodologies to start a conversation about sex? How will you raise this subject with a team? What can you do to prepare yourself? Interesting experiences that you can pass on? How to go about this with a client? What works and does not work with your target group?

Analysis, questions, suggestions

Notes taken during the information-sharing session

Sources, contact details, agreements

Conclusion: What did I learn? What message do I take home?