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SINE

SPECIAL INTIMACY NEEDS EDUCATOR

Project N° - 2018-1-LV01-KA204-046973

IO1/A1.1 – Best Practice Report

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CONTENT

I. ACTIVITY DESCRIPTION AND REPORT COMPOSITION

According to project application, the main aim of the Intellectual Output 1 (IO 1) is to design and deliver the new education for adults about Special Intimacy Needs in Europe. In order to reach this objective, IO 1 has been articulated in two main activities, led by project partner Eurocrea Merchant (Italy) with specific inputs from project partner Center for Competence Development (Cyprus).

The development of IO 1 comprises three tasks:

- Activity IO1/A1.1 Best practice report
- Activity IO1/A1.2 Update on training needs analysis
- Activity IO1/A1.3 Comprehensive report delivery

Based on the results of the research phase and the experience of the partners, it will be possible to design the Special Intimacy Needs Educator's learning outcomes, by describing the contents that need to be included in a training course for learning about Special Intimacy Needs: these will be the learning outcomes validated according to the 2015 European Guidelines for the validation of non-formal and informal learning. We decided to apply this approach to validate the training of this project and also the soft and transversal skills (personal lives and individual aptitudes) that will be achieved during this training.

The intention is to apply it to the learning path for Special Intimacy Needs Education. To reach this goal, in this phase the consortium will produce:

- IO1/A.2.1 A learning path structured according to validation guidelines
- IO1/A.2.2 The syllabus of a training course for these new educators. This will imply:
  - IO1/A2.2.1 Identification of the learning outcomes to be acquired;
  - IO1/A2.2.2 Documentation of the evidences needed to validate the learning;
  - IO1/A2.2.3 An Assessment Procedure for the recognition of competence of people operating as European Special Intimacy Needs Educator;
  - IO1/A2.2.4 Development of the Certification that demonstrates the acquired learning outcomes, eventually with the elaboration of a method of credit point allocation.

It is important to note that the present report brings together mainly the conclusions reached within the Activity 1. The comprehensive report will bring together the findings of Activity IO1/A1.1 and Activity IO1/A1.2 and will represent the starting point to design the training curriculum of the Special Intimacy Needs Educator.

The report will provide best practices, innovative ideas and research data on topics and tools that will help the consortium to stay up-to-date, other than those already presented as a baseline for motivating such a project proposal. The use of the Best Practice Report produced for each country involved is important as a basis of focused discussion to build up the training course and also as an input into non-formal and informal validation system for the quality assurance of the training.

The output will lead to a better understanding of the alignment of skills and qualifications for joint recognition at the European level, enhanced European cross sectoral professional networks, improved competency in identifying professional needs and improved project management.

II. PROJECT'S BACKGROUND

The right to have a love and sexual life is widely agreed to be one of the primary human rights (Aga & Enzlin, 2010; Kok, Maassen, Maaskant, & Curfs, 2009), but opinions are more divided when it comes to persons with disabilities.

The rights of persons with disabilities are listed in the UN Convention on the Rights of Persons with disabilities, ratified by the European Union and all member states. Article 23 of the Convention, "Respect for home and the family", includes "...the right of all persons with disabilities who are of marriageable age to marry and to find a family on the basis of free and full consent of the intending spouses is recognized...to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided[1]", including the right to information and education about sexuality. Education is one of the conditions for self-determination and empowerment and in order to create the conditions for access sex education, it is necessary to educate professionals of health , social workers, caregivers, adult educators, parents, as well as persons with disabilities themselves.

The sexuality of persons with disabilities, many of whom require varying degrees of assistance to lead fulfilling sex lives, continues to be overlooked, avoided or even dismissed as a component of holistic care because of a longstanding stigma that shrouds disability and sex. A dearth of resources, training and infrastructure to guide caregivers and patients in addressing sexual needs contributes to the problem[2].

Society tends to have an idealised image of 'sexually attractive' and anyone – whether with a disability or not – not meeting the standards can feel diminished or dismissed. This is also related to the fact that the constant need of assistance linked to some kind of disabilities goes together with the perception of the disabled as a child, therefore as asexuated. In this sense, relatives and caregivers are often those that dismiss the desires of persons they care of as "disgusting" or "not normal" in first instance.

Prejudices around disability and sexuality are particularly frustrating, offensive and incorrect. One of the most widespread is that a person with a disability doesn't need sex or can't have 'real sex', followed by the idea that a disabled person has more important needs than sex, or should not have children[3].

It has been only since a few decades that an increased awareness of persons with disabilities as people with emotional and sexual desires has risen together with the recognition that persons with disabilities have the same rights to sexual and reproductive health as others in the community, including education.

At European level there is a rough experience in sharing best practices and ideas between some organizations that are working in this issue. This leads to a dramatic fragmentation of the situation at the European level, an unclear definition of emotional and sexual assistance and the risk for these important initiatives to be left in the domain of volunteerism and exposed to lack of professionalism and training.

The SIN Educator project aims to define a figure that can contribute to a public debate and policies highlighting persons with disabilities are individuals with needs, desires, love and sexual needs.

The first section of the report analyses the legal framework, general situation concerning the disabled emotional and sexual needs of the situation of the EU28, as initiatives are not only fragmented because of lack of coordination, but also because of the legal vacuum which can be ascribed to a lack of sensitivity from

[1] "Convention on the Rights of Persons with Disabilities", UN, 2016 https://www.un.org/development/desa/disabilities/convention-on-the-rightsof-persons-with-disabilities/convention-on-the-rights-of-persons-withdisabilities-2.html,

[2] Canadian Medical Association Journal, March 22, 2011

[3] https://www.betterhealth.vic.gov.au/health/ServicesAndSupport/disability-and-sexuality

policy makers and public opinion, public morality and also constraints related to the norms on consent and definition of prostitution.

Some of these practices are listed in the last part of the report, which groups together 22 best training practices outlining elements like the course provider, the duration, whether the course is based on formal or non-formal recognition and if a certificate is provided at the end of it.

EU 28 COUNTRIES BEST PRACTICES

1. AUSTRIA

The exercise of sexuality by persons with disabilities in general as well as the desire to have children, pregnancy and motherhood by women with learning disability are still taboo subjects in Austria. Often, persons with disabilities still have to fight the stereotyping of being considered “asexuals”. Most women with learning difficulties hardly have the chance to claim counseling services in terms of sexuality or their desire to have children. There is almost no adequate sexual education within the family setting, at school or at facilities of the disability assistance nor is it made up during adulthood. As far as it is known, only the region Styria provides special counseling services for persons with disabilities. Other measures are often only provided occassionally and without the essential sustainability[4].
The Fundamental Decree on sexuality education of 1990 – available on the website of the Ministry of Education, Art and Culture[5]- specifies that even if sexuality education conveyed on a Biology lesson, schools should provide not only pure scientific information, but also have to offer a meaningful help in life, by providing information also on emotions and relationships.

Austrian criminal law punishes active sexual assistance. The caregiver could under certain circumstances be found guilty of instigation to sexual abuse of a defenseless and psychosocially disabled person (previously “desecration” according to Sec 205 Austrian Criminal Code). This would be the case if the caregiver causes persons with learning difficulties and a lacking capability of understanding to sexual intercourse or other obscene actions. Provided that both persons are adults and capable of understanding and if the desire for sexual contacts is given for both of them, assistance in sexual actions is not punishable.

In Austria, according to the report Sexuality Education in Europe' published by the European Commission and the World Health Organization (WHO), interdisciplinary projects are organized at school and involve parents. They are not able to withdraw their children from sexuality education lessons, but are involved in conferences and are given information about material used during the lessons. There are two points worth noticing. Firstly, even though sexuality education at school is mandatory, only half of the pupils are tahught to actually receive a school-based sexuality education. The second is that sexuality education taught in Austrian schools based on biological issues and discussions linked to ethics, psychology and society are limited. Sexuality education in Austria is also developed through the programme GIVE, implemented by the Ministry of Education, Science and Culture, and the project 'Love Talks', which had been developed by the Austrian Institute of Research on Family[6].

[4] https://www.behindertenrat.at/wp-content/uploads/2018/07/OEAR-Report_En2013_final_lang.pdf
[5] http://www.bmukk.gv.at/schulen/unterricht/prinz/Unterrichtsprinzipien_Se1597.xml
[6] http://www.ippfen.org/NR/rdonlyres/7DDD1FA1-6BE4-415D-B3C2-87694F37CD50/0/sexed.pdf

2. BELGIUM

The right to the affective and sexual life of persons with disabilities has legitimately found its place in the Convention On the rights of persons with disabilities (article 23 and 25A. There Belgium signed the Convention on 30 March 2007 and ratified it on 2 July 2009.). The idea and the practice of sexual assistance developed historically outside of the universe of the handicap, but found in it new possibilities of application. It responds to various objectives, experiences various forms and covers different practices depending on the country[7]. In addition to the range of support actions or accompaniment to the affective, relational and sexual life existing in Belgium an initiative has emerged, at the end of the years 2000, aimed at promoting sexual assistance itself. As this initiative is unique in the country, it is important to present with some details its perspective and the current results of its experience[8].

The teaching of sexuality education in Belgium was established in a decree published in 1984. In the 1970's rose the question of abortion and in the 1980's the issue of HIV/AIDS. With these two elements of sexual and reproductive health and rights, sexuality education began to be taught in a less medical or scientific manner and with a more holistic approach, integrating emotional aspects of relationships. By the year 2000, sexuality education was included in the school curricula and became part of school evaluations. The objectives of school-based sexuality education in Belgium are: "the development of gender identity and roles, positive physicality and sexuality, sexual orientation tailored to the individual, ability to achieve intimacy with others, acquiring sexual and relational morality, and risk prevention (STIs, HIV/AIDS, pregnancy, sexual abuse)[9]". There is a noticeable difference in dealing with sexuality education between Flanders and Wallonia. In Flanders, sexuality education is incorporated into two different subjects: Biology, and Religion and Philosophy, covering both the biological aspects and moral aspects. Sexuality education can also be included in lessons of Social Skills, Education for Citizenship and Health Education. The technical aspects of the organization of sexuality education are arranged by school managers. The Briefing 'Sexuality Information, Education and Communication' by The Safe Project mentions a non school-based sexuality education called the 'Laura campaign'. This was developed by the Flemish family planning association SENSOA and launched in 2004, and is based on a comic book story of a 16-year old girl who becomes pregnant. Its aim is to sensitize young people to this matter.

3. BULGARIA

Bulgaria adopted the law for the integration of persons with disabilities in 2005 and signed the Convention on the Rights of Persons with Disabilities in 2010, but measures of applying their principles were severely delayed (the first measures were taken in 2013) and stretched out along several years, which drew with itself a lot of protests of the civil society. Finally, in December 2018, Bulgaria's parliament adopted the new Disability Act, which states the following: a monitoring council, a state agency for persons with disabilities, a Deputy Prime Minister's for the national council for persons with disabilities, coordinators for the rights of persons with disability, emphasis on individual assessment, financial support and measures for employment[10] for persons

[7] http://www.asph.be/Documents/Brochures/brochure-affectivite-handicap-tout-public.pdf

[8] https://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_theme_file/avis_74_ass_sexuelle_aux_ph.pdf

[9] Sexuality Information, Education and Communication - Good practise in sexual and reproductive health and rights for young people", op. cit.

[10] http://www.mondaq.com/x/790306/Discrimination+Disability+Sexual+Harassment/Bulgarias+New+People+With+Disabilities+Act+Know+Your+Employer+Obligations

with disabilities[11]. Overall the new law lays the ground for a better social integration of the disabled and may lead to a complete reform in the Bulgarian social sphere[12].

No specific references were found in regard to the emotional and/ or sexual assistance of persons with disabilities.

4. CYPRUS

In Cyprus, the legislation related to persons with disabilities gives no specific attention concerning emotional and sexual assistance to these persons[13]. Emotional and sexual assistance is not a concept that exist in the country. In general, the emotional and sexual needs of persons with disabilities are being confronted with scepticism. So far, no remarkable studies or interventions have been made. Limited interventions were implemented without specific structure and planning[14]. Although in reference to the Criminal Code Law (chapter 154) – Ethical Criminal Offenses states that any person need to give their consent on "intimate" contact.

The term disability is defined in the official legislation for persons with disabilities (The Disabled Persons Act 2000 (127 (I) / 2000)7 and that serves the official terminology in Cyprus. Below is presented the official terminology:

"Disability" in relation to a person means: any form of deficiency or a disability that causes permanent or indefinite physical, mental or mental limitation to the individual taking into account the background and other personal data of that person substantially reduces or excludes ability to perform one or more activities or features that are considered to be natural and essential to the quality of life of each person of the same age who does not face similar issues[15].

Further to studies implemented in the country related to the emotional and sexual needs of persons with disabilities there are not much to present. Although, a study[16] completed by the Saint Barnabas School for the Blind concerning the possible factors that affect how people with visual disabilities experience their sexuality, indicated that sexuality is an important aspect of their life.

More specifically the results identified the below:

1. 91.7% replied positive on the question "Is sexuality important to you?"

2. 70.8% place 'have a relationship' within the three main goals of their life

3. 78.9% answered positive "Would you like to have a sexual relationship?"

In regards to organisations working specifically on the field of emotional and sexual education for persons with disabilities, there was none identified. Although, the Cyprus Family Planning Association is an NGO working on sexual education of all social groups. It offers high quality informational, educational and counselling services, as well as programs for sexual and reproductive health and rights[9]. Although they do not offer any specialized education program for persons with disabilities.

[11] https://childhub.org/en/child-protection-news/bulgaria-after-years-protesting-parliament-adopted-new-disability-act

[12] http://tbinternet.ohchr.org/Treaties/CRPD/Shared%20Docu ments/BGR/INT_CRPD_ICO_BGR_27646_E.pdf

[13] "A Law to provide for Persons with Disabilities 2000-2015" (https://bit.ly/2UU7pkM)

[14] School of the Blind "Agios Varnavas", [article], https://bit.ly/2GLj54u, (2019)

[15] Cypriot Law for people with disabilities (EN): https://bit.ly/2UU7pkM

[16] School of the Blind "Agios Varnavas", [article], https://bit.ly/2GLj54u, (2019)

5. CROATIA

In Croatia disability has been recognized as a human rights issue and also became part of social policy and politics through adoption of the UN Convention on Rights of Persons with Disabilities in 2007.

The recent findings (Lisak, 2013) have shown that there is still a gap between formal legislation and its implementation. The present situation is shaped by the legacy of the socialist tradition within the political system as well as the importance of the family and the family support system. There is a great importance of the family support network which have significant role in achieving the quality of life of persons with disabilities and families in the country. Christian values and the impact of the Catholic Church organizations plays an important role, as well. The discriminative experiences include the lack of early intervention support for the disabled children, the lack of life-long support and a certain level of discrimination experienced by the health, social welfare and educational professionals. Some families reported also about discrimination from the Catholic Church organizations that refused to enrol the disabled child into the kindergartens run by the church[17].

The Ministry of Family, with the Family Act adopted in 2014, has launched an initiative to provide support to young and adult persons with disabilities in the realization of sexual and reproductive rights and roles based on non formal education.

The objectives of the implementation of this training were to: educate family centre staff for providing expert counselling in this area, educate children with disabilities and young persons with disabilities for partner and family roles, develop awareness on the need for lifelong learning for the role of a competent parent, and provide access to information for children with disabilities, young people and adults with disabilities and their families.

In this context, the Ministry released the manual "Support to persons with intellectual and other developmental difficulties in the realization of partnerships, parenting and other rights in the field of sexuality " by author prof. Daniela Bratković, PhD.

6. CZECH REPUBLIC

The Czech law does not include a coherent definition of disability and/or "people with disabilities". They are referred to as "people with changed labor ability" in employment law (No. 435/2004), "invalids" in social policy (No. 100/1988, amended in 2004 to "people with health disadvantages"), "people with health impairments" in health policy (No. 47/1997), "people with partial/full invalidity pension" (No. 155/1995) or "children with special needs" in education policy (No. 561/2004). To decide whether a person is disabled, a team of medical staff called a "Medical Advisory Committee" assesses the person's condition and decides whether the applicant should receive one of three types of Disability ID Cards.

Czech Republic is one of the few countries in Europe which has created a sexual assistance programme at institutional level: Rozkos bez rizika (Bliss without risks), an initiative established by the Ministry of the Interior in the beginning of 2016, provides training for sexual assistants to help disabled experience sexual intercourse, but also human touch and affectivity to help them discover and manage their sexuality with the ultimate purpose of finding a lover on their own[18].

The task of a sexual assistant is to teach the disabled how to engage with their sexuality and sex toys and the right way to masturbate as usually nobody talks to them about that kind of thing.

[17] Lisak, N. *Disability Policy in Croatia.* University of Zagreb, Zagreb: 2015.

[18] https://news.expats.cz/weekly-czech-news/czech-republic-gets-sex-assistants-for-the-disabled/

7. DENMARK

Denmark is one of the 165 countries that have ratified the Convention on the Rights of Persons with Disabilities and its Optional Protocol, in July 2009. Consecutively the Danish Institute for Human Rights was appointed by the Danish Parliament to promote and monitor the implementation of the convention in Denmark.

Most legal specifications regarding persons with disabilities are contained within the Danish Consolidation Act on Social Services, which offers a broad view upon the meaning of disability and social policy of Denmark, upon rights and obligations in regard to persons with disabilities.

In Denmark, the Persons with disabilities's Organisations Denmark (DPOD)[19] is the umbrella organisation for 33 organisations representing persons with disabilities. DPOD represents about 320.000 members and leads NGO activities at the local, regional and national level. Activities include, *inter alia*, contact with the various authorities, responses to public hearings on relevant bills, attempts to influence public attitudes through publication of information material and through the media. The DPOD is represented on a number of relevant committees, boards and commissions, putting great effort into raising awareness of the objectives of Danish disability policy and of the UN Convention on the Rights of Persons with Disabilities.

According to Don Kulick and Jens Rydström, persons with disabilities have desires for sexual activity and they explore the psychological and social framework of these desires in their book, "Loneliness and Its Opposite: Sex, Disability and the Ethics of Engagement". The book offers several points of view on the matter: from caregivers, persons with disabilities and policy makers.

The book militates for persons with disabilities' right to sex and is considered to be a significant contribution to the body of literature on disability studies, because it shows how sex and disability are contested or accepted in a given society, by using Denmark and Sweden as examples of how welfare states handle both issues[20].

Still, no specific reference was found in what concerns the emotional and/or sexual assistance, even though the Danish Consolidation Act on Social Services clearly states the right of the persons with disabilities to benefit from individual, personalized assistance, according to the specific needs[21].

The humanistic model is at high level in the Denmark society and policies, as in this country the perspective upon disability reflects the fact that every single individual, no matter what are his difficulties or deficiencies, should have the best possible conditions for living an independent life, unfolding his/ her potential, pursuing his/ her dreams and contributing to the society and the community life. The Danish Disability Counsel declares that its goal is to promote a society with room for everyone, where everyone sees the person, not the disability.

Of course, this vision regardin disability draws upon itself a continuous challenge to improve services for people with special needs, to search for new solutions of organizing social communities and to ensure equal rights for all.

No specifications on emotional and sexual needs of persons with disabilities and the assistance offered in such matters were found.

[19] https://www.dch.dk/english

[20] http://www.anthropology-news.org/?book-review=fulfilling-sex-lives-understanding-people-with-disabilities-and-sexual-desire-in-denmark-and-sweden

[21] https://www.disability-europe.net/country/denmark

8. ESTONIA

In Estonia, there is no single agreed definition of disability as it is defined as: the loss of or an abnormality in an anatomical, physiological or mental structure or function of a person which in conjunction with different relational and environmental restrictions prevents participation in social life on equal bases with the others in the Social Benefits for Disabled Persons Act §2(1).

And the loss of or an abnormality in an anatomical, physiological or mental structure or function of a person which has a significant and long-term unfavourable effect on the performance of everyday activities in the Equal Treatment Act §5.

Other national legal acts addressing disability are guided by the definition provided in the Social Benefits for Disabled Persons Act §6.

9. FINLAND

Finland has a long history of legally defining disability and the rights of persons with disabilities. As proof of that, stands the Act on Services and Assistance for the Disabled, adopted in 1987, which states the responsibility of the municipalities to provide services for disabled persons.

The revised Non-Discrimination Act entered into force in January 2015, which protects people against discrimination on any criteria and promotes equality.

The Convention on the Rights of Persons with Disabilities has been ratified in March 2015, but not in full, as the Finnish law stipulates that national legislation has to be in line with the convention before an international convention can be ratified. The final ratification depends on the adoption of the Act on the Right to Self-Determination[22].

The legal Finnish framework states the right of the disabled persons to live a normal life, including the right to start a family. It also states the obligation of the municipalities to offer specific services for the disabled persons, including assistant services according to the person's special needs and this obligation not only covers the Finnish citizens, but also the foreign people that are residents in Finland[23].

In Finland, disability is regarded as a condition caused by the interaction between environmental barriers and the individual. The principles of Finnish policy concerning persons with disabilities are the rights to equality, participation, necessary services and support. According to legislation, municipalities are mainly responsible for disability services. Persons with disabilities should be provided with a personal service plan on their individual services. Policies aim to support the working and functional capacity of persons with disabilities and their individual autonomy. Municipally organised services and support should enable persons with disabilities to cope with every-day life.

The main organization responsible for the implementation of these principles is the National Council on Disability.

According to the 2012 Euro-barometer, 42% of Finnish citizens (compared to 46 % of all EU citizens) estimated that discrimination based on disability is widespread in their home country. Disabled children and the youth encounter discrimination in schools. According to a survey published by the Ministry of the Interior on discrimination experienced by children and young people in 2010, young people with disabilities, long-term

[22] https://www.ohchr.org/Documents/Issues/Disability/SocialProtection/NHRI/NHRIFinland_ENG.docx

[23] https://www.infofinland.fi/en/living-in-finland/health/disabled-persons

illnesses and youth belonging to sexual and gender minorities are more prone to discrimination than other young people[24].

No specific references on expression of emotional and sexual needs of persons with disabilities were found.

A theoretical study on the sexual health of persons with disabilities was done in Finland by Kaija Karkaus-Rikberg, in 2010, compiling information on several aspects of the topic. The article offers a review on the approach of sexuality of persons with disabilities, pointing out the fact that the discussion was initiated in the 1970s, when the Finnish Association for Sexual Policy (SEXPO) drew attention to sexual rights of various minorities. Sex counselling for disabled was apparently given for the first time in the summer of 1973, when SEXPO's experts lectured to young people with cerebral palsy. In 1975 sex counselling for persons with disabilities started to be developed by a working group at the joint initiative of the Association of Psychologists in Health Care and SEXPO. A guidebook on the matter, "Disability and Sex Life", was published in 1978, being the first one in Finland.

In 1980 the Finnish National Board of Health issued guidelines in accordance with the World Health Organisation's recommendations on sex education. According to these guidelines sexual matters should be integrated as part of the total treatment of the disabled and resources to deal with sexual matters should be developed for caretakers of persons with disabilities. The guidelines especially emphasise the need for sex education and counselling for persons with disabilities and long-term illnesses. According to law, sex education should be a part of a municipality's child and family counselling.

The most commonly tool used in Finland for sex counselling and therapy is the PLISSIT scheme: "P" is for Permission and means giving permission to have sex or information about it; "LI" stands for Limited Information and means giving some general advice; "SS" is for Specific Suggestions and includes giving specific advice; "IT" stands for Intensive Therapy and means providing actual psychotherapy. The stages of this model also reflect the level of competence that the persons offering these services should have: for the first two stages, which are among the services of the primary health care system, the level of competence is lower than for the last two, because the latter involve individual assessment and intervention.

Different training courses on sex counselling are organised in Finland for persons with disabilities, people who have become disabled and people who have a disabled child. These courses often deal with sexuality and partnership concerns. The participants also have the possibility to talk individually with an expert (physician, nurse, sex counsellor or sex therapist) about their own situations and related matters. Sex counselling consists of verbal advice and suggestions for new positions for intercourse and getting acquainted with technical sex aids and medicines alleviating sexual problems.

Again, no specifications on emotional or sexual assistance seem to be provided within the laws regarding disability and persons with disabilities.

10. FRANCE

Sexual assistance for disabled isn't legally regulated in France. Despite the increasing awareness and required action from organisations active in the field, no legislative action has been taken to allow and define the notion the "*assistance sexuelle*". The definition of the activity of providing emotional and sexual experiences by organisations of professionals, as in many other countries, could ambiguously fall under the definition of pimping (*proxénétisme*) and priming (*racolage*), which are criminally sanctioned under art. 225-5 and art. 225-10-1 of the French criminal code.

[24] https://www.disability-europe.net/country/finland

The issue has been raised in 2011 by the member of the Parliament Jean-François Chossy, presenting a law proposal[25] to provide a criminal exception for people involved in sexual accompanying of persons with disabilities as intermediator, but was sunk into oblivion after Chossy's resignation.

The issue came back to the scenes in 2015, when an hotel in Strasbourg refused to host a training course on sexual assistance for disabled organised by the "Association pour la Promotion de l'Accompagnement Sexuel" (APPAS) addressed to social and medical professionals for "fear of criminal risks that the organisation of such training could bring to the hotel".

The competent judge stated that it was not possible to determine whether the training organised was at risk of falling under criminal law provisions[26] by simply including the study of real cases through practical atelier which, according to the judge, didn't necessarily imply the practice of sexual acts by the participating people[27].

The decision involuntary revived the debate around the topic of sexual assistance for disabled and implicitly admitted the possibility of providing training courses for operators in the social and health system[28].

Speaking of sentimental/sexual needs of persons with disabilities in France, as in many other countries, is still a taboo.

A survey conducted by APPAS in 2016[29] on 155 disabled between 18 and 94 who expressed their need of sensual/sexual experiences helped identifying which were the profile and instances of the target group:

- the 95% of those making requests was composed by men, while women represented only the 5% of the sample;
- the most represented age group is composed by people between 26 and 35 years (29%) and 36-45 years (23%).

Physical impairment is the most common handicap, followed by psichic handicaps. The majority of the interviewed lives alone, while the others live in family. A very small part of them lives with a partner or in an institution.

The desires expressed include mainly sexual intercourse, especially between the age target 26-45, followed by hugs, contact, affection, tenderness and self-confidence.

Being sensual/sexual assistance still undefined and unregulated at legal level, no specific training is provided in a systematic and homogenous form at national level.

Nowadays is up to the individual/professional interested in the topic to look for training opportunities erogated by non-profit associations promoting awareness raising on a voluntary basis.

Guaranteeing professionalism, safety and homogeneity would have been the major benefits of overcoming the taboo and establish a clear legal framework.

This would have also meant assess and regulate a reality which already exist.

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[25] "*Evolution des mentalités et changement du regard de la société sur les personnes handicapées : Passer de la prise en charge… à la prise en compte*", submitted to the Government on November 2011.

[26] Tribunal de grande instance de Strasbourg, Ordonnance du 6 mars 2015, Référé civil, n ° 15/00173, p. 2

[27] Ibid. p. 5.

[28] Missoffe, P. (2015), "*L'admission judiciaire d'une formation théorique à l'assistance sexuelle pour les personnes en situation de handicap*", La Revue des droits de l'homme.

[29] "*Analyse des demandes d'accompagnement sexuel et/ou sensual formulées auprès de l'APPAS*", available at: http://www.appas-asso.fr/étude2016.pdf

People providing emotional/sensual experiences for disabled which could be assimilated to those of the helper are constantly operating on the edge of legality, being assimilated as prostitutes, whose activity is not criminally sanctioned.

With the criminalisation of prostitution on the user's side in 2016 (Law 444/2016) and the risk to incur in fines from 1,500 euros up to 3,750 euros, things got harder for disabled too.

The "Association pour la Promotion de l'Accompagnement Sexuel" (APPAS), the most active organisation promoting the introduction of sexual accompanying for persons with disabilities has proposed amendments to art. 225-6 of the Criminal code and to the Public Health code in order to provide exceptions to criminal liability for registered associations active in the field of sexual and emotional help.

The non-profit association was born in 2013 as an answer to the increasing quest for emotional and sexual experiences by disabled and families of persons with disabilities[30].

APPAS (Association pour la Promotion de l'Accompagnement Sexuel) has been for a long time the only association providing training on sensual and sexual accompaniment, without being in any case a representative organisation of sensual/sexual helpers or being remunerated for their activities.

Targets of the training are sexual helpers and people working with persons with disabilities in socio-sanitary facilities.

The sexual helpers training course is the main focus of the association and it consists in a 3-4 days session training for which participants pay a fee of around 1,000 euros.

The training is composed by a theoretical part on the legal framework, handicap and sexuology and each handicaps' specificities they could incur in. The practical part consists in anonymous, concrete and specifical case studies, an activity of sensibilization and psychological elaboration, touching exercises and simulations. The final purpose is to give the participants' some instruments to face each individual case with a sufficiently clear and "humanistic" approach to facilitate their first meeting.

After receiving a certificate, attendants are included in a network of local referents as regional contact point to whom persons with disabilities can make a request.

A more structured course has seen the light only in June 2016 when, CH(s)Ose, an association created in 2011 under the initiative of the Collectifs Handicaps et Sexualités, has launched a 120 hours training of one year duration for the certification of "assistant sexuel".

The training has been provided by certified trainers of the Swiss professional association Corps Solidaires.

The seven participants, after passing a pre-selection assessing their human and professional attitude, have taken part in the course, which included a first path of erotic accompaniment of a disabled person.

Beside the more impacting promotion of the recognition of the figure of the sensual/sexual assistant, these organisations regularly provide training for professionals in the socio-sanitary field.

APPAS also provides to hospitals and family-houses internal trainings dedicated to socio-medical professionals to raise awareness, inform and provide guidance about the problems regarding the intimacy and sexual needs of people they take care of.

The lack of preparation in the field of sexual and emotional well-being of persons with disabilities is already perceived by socio-sanitary professionals, who are also the target of another similar training course provided by the Institut de Formation du Cos (IFCOS).

[30] https://www.appas-asso.fr

These trainings are outside from the formal education system and do not result in validated learning outcomes.

11. GERMANY

The definition of disability in Germany is provided in Section 2 para. 1 of the Neuntes Buch des Sozialgesetzbuches - SGB IX, that defines persons with disabilities as persons whose physical functions, mental capabilities or psychological health are highly likely to deviate, for more than six months, from the condition which is typical for the respective age and whose participation in social life is therefore impaired[31].

A deviation from the typical condition means the loss of or restrictions with regard to physical, mental or psychological structures that are normally present at the re- spective age. Such an impairing deviation is deemed to be a disability if the impairment leads to a particular restriction that has an effect on at least one area of life. The minimum six-month period excludes only temporary abnormalities[32].

Status as a disabled person automatically comes into existence if the definition's criteria are met. Recognition based on the formal process of the Versorgungsamt (Maintenance and Supply Office) does not constitute a formal finding as regards disability status, but only serves to recognize the status of being disabled[33].

According to data, eight million people in Germany are phisically disabled, suffering from limitations in their movements, speaking, sight or hearing. Even if not impaired in their sexual sensibility, many of them are unsatisfied with their security, tenderness and sexual needs or their sexual life is severely limited.

Germany, as well as Switzerland, has a relatively strong tradition of sex worker organising, including regular interventions in media and political platforms.

In Germany, where laws have somehow legalized prostitution, sex work is considered as a form of work, and sex workers are treated as workers, in that they have to pay taxes and – at least in principle – enjoy some of the rights and protections associated with other forms of work, such as pensions and health insurance.

With the purpose of empowering disabled taking back the control over their bodies and sexuality, the Institut for the self-determination of people wih handicaps (ISBB) in Trebel offers sexuality consultancy and assistence.

The training course for "Sexualbegleitung" provides the attendance of 5 weekends erotic workshops, a Tantra weekend and distance learning.

The course doesn't include medical or somatic knowledge but rather a training on how to approach disabled sexuality with a human and non-judging approach which doesn't necessarily imply sexual intercourse: what is being paid is rather the shared time that could help the disabled build a "real life" partnership and sexuality[34].

Profamilia (https://www.profamilia.de//) is another association active in the field of sexual education, which, among others, provides training courses for sex professionals in order to give them concepts and methodologies and consultancy according to the Convention on disabled rights.

[31] http://dsq-sds.org/article/view/696/873

[32] Knock, M., "Disability Law in Germany: an overview of employment, education and access rights", German Law Journal, Vol. 05, N°11.

[33] Bundesarbeitsgericht (Federal Labor Court) of 7 March 2003 - 2 AZR 612/00; Bundesverwaltungsgericht (Federal Administrative Court) of 21 October 1987 – 5 C 42/84.

[34] http://www.isbbtrebel.de/ausbildung-in-sexualbegleitung/

12. GREECE

The Greek legislation for disabled does not include any guidelines on emotional and sexual assistance. In addition, offering sexual assistance on persons with disabilities is not consider illegal nor legal. There a specific school on sex education with specialized sexual assistances for persons with disabilities, which is considered legal[35].

The term disability is not defined specifically in the official legislation for persons with disabilities. In general conception the terminology used is based on the WHO definition as indicated below:

According to this definition, disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.

Based on Syrou's article[36], skills and competences that are consider essential for disable people are: interpersonal skills, responsibility, self-respect, and communication.

13. HUNGARY

Hungary also ratified the United Nations Convention on the Rights of Persons with Disabilities[37] in July 2007, but in 2012 it has been found that the country had violated some of the obligations stated in this convention because the right of disabled individuals to vote in local and national elections had been restricted[38]. Individuals considered to have intellectual disabilities were removed from voting registries. Following the complaint and the indictment, remedy was provided and the initial election registries were restored. Also, Hungary was recommended to take further steps in order to prevent similar violations in the future, which included the accessibility to appropriate voting procedures, facilities and materials and also, if necessary, allowing the assistance of persons with disabilities by another person while voting. No mention of emotional and sexual assistance and its legal context in Hungary was found. Current legislative proposals of the civil society focus on organizing rehabilitation centres for the disabled and on sustaining independent living of this category of citizens, as well as on financial benefits and compensations provided according to the degree of disability.

14. IRELAND

The National Disability Authority of Ireland in their Report on the Status of People with Disabilities states that "the right of people with disabilities to the same degree of fulfilment through relationships and sexuality as anyone else must be included in any list of equal rights..." which means "...widespread implications for the providers of services in housing/accommodation, education, training and counselling.[39]"

The report further affirms that "...people with disabilities are denied their sexuality primarily by the stigma which surrounds and pervades disability..." which leads to the refusal of the society to acknowledge sexuality

[35] Karnakis Kostas, 'Η πρώτη σχολή σεξ στην Ελλάδα...άνοιξε-Μαθήματα για προχωρημένους και αρχάριους',AlphaNews, 15/01/2018, https://bit.ly/2VynnWn (24/04/2019)

[36] Syrou E., 'Σεξουαλική διαπαιδαγώγηση ατόμων με αναπηρία', Ψυχολόγος Αθήνα, https://bit.ly/2UOahzM, (24/04/2019)

[37] https://www.ohchr.org/Documents/Issues/Disability/SocialProtection/States/MS_Hungary_EN.docx

[38] https://sites.psu.edu/rhs100fa18001/?s=hungary

[39] "A Strategy for Equality ", Summary of the Report of the Commission on the Status of People with Disabilities, Ireland, 2017, http://nda.ie/nda-files/A-Strategy-for- Equality.pdf,

of people with disabilities. According to the report, it can occur in different ways: treating a person with a disability like a child or genderless: for example, "...some people argue that a "disabled" toilet is a denial of the fact that persons with disabilities are men or women first while others argue that unisex toilets allow access to individuals whose assistants are of the opposite gender." Some other examples of "desexualising" of persons with disabilities are their clothes more appropriate for children "as though their appearance is unimportant" or "leaving people naked in hospitals for long periods as medical and paramedical staff work around them[40]".

The Commission recommends that the Department of Health of Ireland "should develop policies (including delivery structures) in conjunction with the Council on the Status of People with Disabilities in relation to the sexual rights of persons with disabilities. These policies should include... the right to privacy and dignity...the right to counselling as appropriate...the right to information on family planning, contraceptive services, sex therapy services, sexual equipment, and on the prevention and investigation of sexual abuse." To address these issues, the Commission recommends to include "disability and sexuality awareness in the professional and academic training of all those who work with persons with disabilities whether they are paid staff or volunteers."

15. ITALY

Italy, as many other European countries, has adopted the definition of disability provided by the WHO.

Italy's approach towards disabled sexual and emotional needs has been for a long time characterized by denial.

Until 1996, indeed, sexual intercourse with a disabled person was always criminally sanctioned, assuming that the person in condition of physical and mental disability were mainly asexual[41.] .

After the introduction of art. 609-bis in the Italian criminal code, the disabled condition of the victim is an aggravating circumstance in case of sexual assault.

Thus, the recognition of the choice autonomy of the disabled and the admission of their entitlement to emotional and sexual desires has raised the debate about the profile of the sexual assistant.

Italy's situation is comparable to that of many Mediterranean countries, where the activity of sexual helping isn't defined under the law and is assimilated to prostitution. Again, as in the case of France, only pimping or promotion of prostitution are sanctioned, not prostitution in itself (Law n. 75/1958).

A committee (www.lovegiver.it) created in 2013 is currently working to promote sexual assistance in Italy. In April 2014, this committee submitted a proposal to legally distinguish prostitution from sexual assistance for the very first time in Europe (Law proposal n. 1442/2014)[42].

The proposal included the possibility, for trained and certified helpers, to work autonomously or organize in cooperative associations, but excluded forms of subordination.

The law proposal has never been discussed, but has contributed in raising awareness around the topic and contributed to the creation of several organizations active in the field of disabled sexual rights as well as people interested in becoming sexual assistants.

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[40] "A Strategy for Equality ", Summary of the Report of the Commission on the Status of People with Disabilities, Ireland, 2017, http://nda.ie/nda-files/A-Strategy-for- Equality.pdf

[41] Rotelli A., "I diritti della sfera sessuale delle persone con disabilità", Questione Giustizia, (2016), Vol. 2, pp. 250-256.

[42] Gammino G.R., Faccio E., Cipolletta S., "*Sexual assistance in Italy: an explorative study on the opinions of people with disabilities and would-be assistants*", Sex Disabil (2016), pp. 157-170.

More sensitiveness has been showed at regional level: Tuscany, Piedmont and Emilia Romagna expressed their interest for a piloting experimentation of training paths.

Despite increased knowledge and different interventions in terms of sex education for persons with disabilities, the right to be free and autonomous, to have privacy, to express oneself and to experience emotional and sexual pleasure, including that resulting from auto-eroticism, continues to be disregarded.

According to a survey[43] conducted on 12 people with physical disability and 10 would-be assistants, a sexual assistant is a person who possesses ''empathy,'' ''sensitivity,'' and a ''vocation to help'' others. A sexual assistant is considered to be: a person ''without taboos about sexuality,'' ''receptive about the problems of disability,'' who can ''understand the needs and desires of those who have never had sex before''; an ''open minded'' person, ''ready for any request and able, if necessary, to decline gracefully and admit one's own limits.'' Being able to be ''emotionally detached'' was considered essential for both assistants and customers.

For all these reasons it was considered really important to ''select'' and ''train'' only those who have ''a natural aptitude'' to ''be useful,'' and to reject those who ''just want to earn money.'' In fact, the prevalent meanings attributed to the profession of sexual assistant are: ''to help others,'' ''helping to satisfy desires and passions,'' ''to do something for others,'' ''to help to properly address sexual energy through erotic-emotional rehabilitation,'' ''to give and to take, give a little joy that fills my heart too.'' Working as a sexual assistant can also permit the individuals to work at times and rhythms determined by themselves and to supplement their income.

The most active association in the field of disabled sexual rights, Lovegiver, has so far organised 32 training sessions.

The course, whose duration is about 200 hours, is held by doctors, educators and sexologists. The purpose of the training is to provide a comprehensive preparation about affectivity and sexuality which doesn't necessarily imply sexual intercourses (which are prohibited), but rather the revival of physical sensations which are too often degraded by the constant manipulation of the disabled's body, including tenderness and hugs.

The course aim is to help disabled erotic experience through auto-eroticism and perceive their body as a possible source of pleasure rather than suffering.

The discussion raised around the subject has received more or less attention at local level according to the different sensitivities of each region and municipality.

The Turin municipality, among others, has created a sexuality and disability front office for providing education and sexuological and pedagogical support on sexuality, affectivitiy and parenthood for persons with disabilities thanks to the collaboration with doctors, psychologists, sexuologists and educators.

The office has dedicated services for persons with mental disorder[44] and a dedicated office for physically disabled and their relatives[45].

A further step onwards has been the creation of a first officially recognised training course in 2018, whose certification, released by a training institution, provides training credits for psychologists attending it.

The training course on "Sexuality affectivity in people suffering from visual disability and multiple impairments" has consisted in a two days seminar for school support teachers, communication assistants, training instructors for mobility and personal autonomy, educators, psychomotrists, psychologists and child neuropsychiatrist and addressed topics like sexual self-perception including workshops held by psychologists.

[43] Ibidem

[44] http://www.comune.torino.it/pass/disabilitasessualita/category/progetto-e-sportelli/gli-sportelli/sportello-per-la-disabilita-intellettiva/

[45] http://www.comune.torino.it/pass/disabilitasessualita/category/progetto-e-sportelli/gli-sportelli/sportello-per-la-disabilita-fisico-motoria/

16. LATVIA

In Latvia a person with a disability is considered to be - a person for whom a disability has been determined in accordance with the procedure specified by the DIsability Law. It defines that disability is a long-term or non-transitional very severe, severe or moderate level limited functioning which affects a person's mental or physical abilities, ability to work, self-care and integration into society.

Regarding this law there are persons with predicted disability, who are defined as individuals with limited functioning caused by a disease or trauma which, in case if the required medical treatment and rehabilitation services are not provided, may be a reason for determining disability.

In Latvia a stigma of disability connected to sexuality still exists, thus there is not much statistical data on sexual trends of persons with disabilities. One research initiated by B.Baikovska explores sexuality trends in persons with disabilities in Latvia, but it is not yet published.

Every person has the right to obtain information from a health care practitioner regarding the basic principles of sexual and reproductive health promotion and care, birth planning and contraception.

A person is allowed to offer or provide sexual services for fee only in a living space which is his or her property or regarding which he or she has entered into a rental contract.

A minor or a person who does not have a health card is prohibited to be engaged in prostitution. A person who is engaged in prostitution (hereinafter - person) shall be issued a health card by a dermatologist or venereologist after the initial health examination. The Centre of Health Economics shall issue a health card which is drawn up in the form of booklet to medical treatment institutions and physicians.

A few projects and initiatives of informal education have been executed, for example an Educational Programme for Women With disabilities co-financed by European Commission carried out in 2006.

Educational course for persons with intellectual disabilities has been carried out in 2016 called “Sexual and reproductive health for People with intellectual disabilities for S SCC (State Social Care Center)” ”Zemgale” department.

17. LITHUANIA

Sexual education was established with the Family Policy Proposal and Action Plan, adopted in 1996 in Lithuania. One of the Plan's proposition consists in preparing a draft law on family healthcare that focuses on topics such as family planning, contraception, abortion, sexuality education, artificial insemination and sterilization.

The point of integration is that a disabled person is able to participate in a community of healthy people. In Lithuanian educational terminology are used two conceptions for integrated education levels – a partial integration and a full integration (LR Special Education Law,1998).

In May 2005, the Board of General Education established the "guidelines on training for family and sexuality education". These guidelines aim at providing holistic information about sexuality, sensitizing young people to the respect of human life and to mature interpersonal relationships. Moreover, it encourages young people to be responsible for their sexual health and to resist negative social influences.

18. LUXEMBOURG

The official document considered as the basis of sexuality education in secondary schools in Luxembourg was the 'Study Plan' of 1973. It was republished in 1989 for primary schools as an extension of the programme to younger classes.

The Ministry of Education defined the minimum standards but in 2006, the project 'SASEX', implemented by the Ministry of Health, covered sexuality education. Its aim was "to produce an inventory of services in the field of sexuality education, leading to more consistent and accurate sexuality education; develop a public health policy that promotes sexual and relationship health; give a wider response to the needs of teenagers by providing sexuality education in different sectors; and cover the needs of more socially excluded or marginalized groups".

19. MALTA

Sexual needs for people living with disabilities is a sore topic which is often ignored in Maltese society. There's a lot of unspoken uncertainties when it comes to persons with disabilities, but when sexuality is added to the equation, these uncertainties turn into taboos and giant unthinkable fears.

The United Nations Convention on the Rights of Persons with Disability has been ratified by the Maltese government only in 2012. The sexuality of persons with disability is also recognised in the Maltese National Policy on the Rights of Persons with Disability, which was launched in December 2014 by the Parliamentary Secretariat for the Rights of Persons with Disability and Active Ageing.

A survey conducted on eight persons with disability involved in an intimate relationship has revealed a "hierarchy of impairments"[46]. Persons with intellectual disability and persons with mental health conditions are perceived as less desirable partners than those affected by physical or sensorial impairments. In this case, the process called "differentiation" make people belonging to an impairment group perceive themselves as better of those from other impairment groups.

Interview participants spoke of negative reactions from significant others, ranging from partner's family and friends, to parents of persons with disability. Some of the participants stated that families and friends of non-disabled partners have a propensity to talk them out of relationships with persons with disability on grounds of the perception of disability as a burden.

The strong links between the Maltese culture and Roman Catholicism (Ciobaru et al, 2005) influence the perception of sexuality as something strictly related to reproduction while the hedonistic pursuit of sexual intercourse leads to the commodification of the body and a consequent loss of dignity.

People with disabilities are seen as undesirable partners and parents as they are seen as "eternal children" and completely dependent on non-persons with disabilities for their care (Campion, 2005).

These findings support observations by Azzopardi Lane (2011) that persons with disability experience lack of access to information, including information on sexuality and reproduction. The rudimentary sexual education – and lack of awareness about the sexuality of persons with disability – could reflect the fact that the topic of sexuality is still somewhat of a taboo subject, at least up until recently (Mizzi and Zammit, 2009).

The debate around providing emotional and sexual education to disabled has recently come into the limelight. As in many other countries, the possibility to train "sex workers" or "sex therapists" is often perceived as

[46] https://www.maltatoday.com.mt/lifestyle/health/56634/sexuality_in_malta_a_greater_taboo_if_it_involves_persons_with_disability#.XJkO6y2h2gQ

prostitution. Moreover, there is also a widespread fear that these people could take advantage of the disabled condition for assaulting them.

Finally, another remark is that this kind of assistance would further marginalize persons with disabilities assuming that they cannot enter normal relationship as sometimes happens[47].

The L-Università ta' Malta has established a Sexuality and Disability course within the disability studies department with the purpose to give students a general grounding in the context of disability and sexuality. Socio-cultural influences and attitudes towards the sexuality of persons with disability are at the fore, while policies, conventions and legislations related to the sexuality of persons with disability are used to substantiate the topic.

The transition from childhood to adulthood and the related implications of friendships and relationships in the life of persons with disability will be discussed in relations to parental involvement and available support services.

Students will be exposed to areas of intersectionality between sexuality and disability, gender identity, sexual orientation and mental health issues amongst others. While the connection between disability, vulnerability and sexual abuse will be highlighted.
The study-unit aims at bringing a theoretical as well as a practical understanding of the realities surrounding disability and sexuality. By exploring foreign and local scenarios, the study-unit aims at delivering a holistic picture of sexuality and disability. A chronological approach looking at persons with disability from puberty to adulthood will further round up the aspects of sexual exploration and expression encountered by persons with disability in the life course.

Learning outcomes will include the definition of the conceptualization of sexuality in the context of disability, the understanding of the characteristic related to the sexuality of persons with disability and the identification of the main challenges encountered by persons with disability in relation to sexuality in order to understand their origin.
The expected skills include an improved understanding of the socio-cultural impact on the sexuality of persons with disability and awareness of the examples of good practices that could be implemented to support persons with disabilities who want to explore and express their sexuality.

Claire Azzopardi, has organized in January/February 2019 a Sex Education Course for Persons with Intellectual Disability of the duration of 14 hours to equip participants with the skills and tools required to address the sex education needs of persons with intellectual disability.
At the moment, no training courses for educators are provided.

20. NETHERLANDS

In The Netherlands, Denmark and Germany, sexual assistants have a proper legal status
and, in most cases, they are professional figures trained by specialised organisations.
The sexual assistant means an autonomous person who freely decides to have an intimate contact with a person with functional diversity. Between both parties, private agreements are made based on pleasurable and safe condition, free of coaction, discrimination, and violence. By sexual assistance it is meant one or more of these activities: sexual intercourse, oral sex, massage therapy including erotic massage, masturbatory acts, and discussion of sexuality, contraception, and the appropriate use of sex toys.

[47] http://www.independent.com.mt/articles/2017-12-10/local-news/Activists-agree-with-need-for-clinics-to-help-people-with-disability-with-sex-education-6736182460

In The Netherlands the state has the obligation to support the lifestyles of persons with disabilities, which includes providing access to sex with public funds. Thus, the Netherlands subsidizes sex for persons with disability. With prostitution legalized in the country, the government is boosting both the domestic sex economy and the intimate endeavors of its disabled citizens.

In The Netherlands, healthcare professionals - nurses, social workers, psychologists - treat and care for persons with disabilities in different areas of life. Nevertheless, sexuality is often not part of the treatment, though there is a lot being done to help this group of people which account to more than one million people, according to figures from the statistics arm of the Dutch government. Sex care is sexual service for persons with severe physical or mental disabilities often done by professionals with a background in health care. It is focused on intimacy, physical touch and sexual satisfaction for persons with disabilities who are often frustrated and unhappy with their sexual life. Of course, not all persons with disabilities use this service but studies have shown that the ones who do are usually less frustrated because every human being – disabled or not - needs physical touch and intimacy.

There are various organisations where people who can be described as 'erotic service providers' work.

The "Handicap & Sexuality Foundation" helps and supports people with physical disabilities who have difficulties experiencing intimacy and sex. The Foundation works together with doctors, sexologists, hospitals, social institutions and organisations in providing sex care to persons with disabilities.

Foundation for Alternative Relationship Mediation (Stichting Alternatie Relatiebemiddeling – SAR) (www.stichtingsar.nl) is a non-profit organisation created in 1982 by residents with physical disabilities. SAR mediates between persons with disabilities and service providers in the Netherlands, Germany and Belgium.

Flekszorg (www.flekszorg.nl) is a foundation specialized in sex care for persons with disabilities.

It is not government-funded and, therefore, a bit more expensive than the rest: it can be paid around 250 euros for 1.5h. The foundation provides sex care to persons with a disabilities via freelance sex care workers.

De Schildpad (www.deschildpad.nl) is a voluntary, not-for-profit, organisation founded by a disabled person in 1995 and funded through grants from health care insurance, local government and service fees. It operates across the Netherlands and part of Belgium. The staff team includes specialist care workers who can act as surrogate sexual partners, has access to sexologists, working within rehabilitation centres, and supports heterosexual, gay,lesbian and bi-sexual persons with disabilities.

The specialist care workers do not consider themselves as sex workers, but as social workers whose role is to provide intimacy on a therapeutic basis or emotional befriending.

Within the surrogacy, there are two issues to be considered:
- Sexual development: enable persons with disabilities to learn to function on their own, which includes learning how to meet potential partners, develop and maintain relationships, sexually satisfy oneself, and achieve satisfactory sexual intimacy with a partner.
- Sexual maintenance is required where the future independence is not achievable.

21. POLAND

The Polish legislation, which is based on the international Convention of the United Nations on the Rights of persons with Disabilities of 2006, does not give attention on emotional and sexual assistance for persons with disabilities[48].

[48] Polish Law for people with disabilities (PL), https://www.pfon.org/images/dodatki/19970801_kpon.pdf

No specific terminology was found on the Polish legislation for persons with disabilities. Although, the Polish legislation is based on the UN Convention on the Rights of Persons with Disabilities, i.e. "the long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder a person's full and effective participation in society on an equal basis with others".

Not much research has been done related to the necessary skills and competences needed for persons with disabilities on dealing with their sentimental and sexual situations. A study completed by Kijak[49] regarding the emotional and sexual development of persons with disabilities highlighted the necessity for development of their interpersonal and social skills while learning how to date.

22. PORTUGAL

In Portugal, in 2013 "Sim, nós fodemos" ("Yes, we fuck"), an activist group of people with physical disabilities, began to claim the right of a sexual life for people with functional diversity. Through growing visibility, this group has contributed to deconstructing myths and claiming the right to have a sexual life which is as important as the right to accessibility, employment and other basic rights. Health and social care professionals are increasingly recognizing the sexual health and sexual needs of persons with disabilities, as well as their professionals' roles in promoting or inhibiting their sexual expression[50]. However, there is an overall lack of knowledge and skills amongst professionals, which is related to the discomfort and inability to manage questions to provide information.. Furthermore, research on sexuality and disability in Portugal is scarce and Disability studies are not a well-established research field in Portugal.

23. ROMANIA

On 26th of September 2007, Romania signed the Convention on the Rights of Persons with Disabilities, adopted by O.N.U. (organizarea națiunilor unite) on 13th of December 2006, which states that persons with disabilities have the same rights as any other human being and should have access to any kind of assisstance needed in order to be able to exercise those rights.

The law regarding the social work services (L. 292/ 2011 and all the legal improvements brough to it until 2018) also states that people with different sorts of disabilities are entitled to several social services meant to facilitate the social or professional integration, reintegration or rehabilitation, including counselling and emotional support.

Still, the legislation in Romania regarding the persons with disabilities offers no specific references on the emotional and sexual assistance of persons with disabilities. The legal framework mainly promotes medical, professional, administrative and legal assistance[51].

One of the good practices in Romania concerning the interaction with the disabled persons is offered by the Romanian organization "Youth in action" in cooperation with the Dutch organization "Rock Solid" in the form of a guide on how to interact and support persons with disabilities[52]. The guide offers a rather accurate

[49] Kijak R. 'A desire for Love: Considerations on Sexuality and Sexual Education of People With Intellectual Disability in Poland', Sexuality and Disability, 29(1), 2011, pp.65-74, https://bit.ly/2IQy9Bf, (24/04/2019)

[50] "Proposing a new sexual health model of practice for disability teams: the recognition model". Couldrick, L., Sadlo, G., Cross, V. Int. J. Ther. Rehabil. 17, 290–299, 2010. https://www.researchgate.net/publication/328431601

[51] http://anpd.gov.ro/web/despre-noi/legislatie/legi/

[52] https://www.salto-youth.net/downloads/toolbox_tool_download-file-1055/GUIDANCE%20Handbook%20RO.pdf

perspective upon the emotional characteristics of persons with disabilities and provides a lot of helpful insight and advice on the attitudes of the people offering support and assistance to persons with disabilities.

There is no reference on sexual assistance of the disabled so far.

24. SLOVAKIA

The official and current sexuality education curriculum in Slovakia is called 'Education for Marriage and Parenthood'. It is mandatory since 1996 and is included in subjects such as Ethics, Religion (for the relationship and emotion issues) and Biology (for the biological and physiological aspects). It has been established in 1996 and is mandatory. It starts from age 13-14 and is given by Biology, Ethics or Religion teachers (nuns or priests). Sometimes, external experts such as nurses or gynaecologists intervene.

It is to observe that themes such as homosexuality or sexual abuse are almost never discussed. Parents and pupils have the right to choose between two subjects of topics for sexuality education: Religion and Ethics. However, it seems that Religion is chosen most of the time because the Ethics subject, which is more secular, is not always provided because of a lack of financial and human resources.

25. SLOVENIA

Regardless of the fact that Slovenia, in its accession into the European Union in May 2004, adopted several new laws that promoted inclusion and equal treatment, there are still many burning issues which could at least be partly resolved with some formal guidelines for change. However, neither the EU social policy officers nor the national politicians seem to have any interest to promote such guidelines.

Persons with disabilities in the post-socialist countries of Eastern Europe are still called "invalids" (based on the Latin word, invalidus which means, weak; powerless). In Slovenia, a disabled woman is called an invalidka[53].

The rights of persons with disabilities in the Republic of Slovenia are not guaranteed under a single umbrella act, but rather under sector-specific legislation and different acts regulating the various rights of persons with disabilities in different areas, like the "Equalisation of opportunities for Persons with disabilities Act; the Employment relationship Act; the Vocational Rehabilitation and Employment of Disabled Persons Act; the Pension and Disability Insurance Act; the Act Concerning Social Care of Mentally and Phisically Handicapped Persons; the Construction Act; the Slovenian Sign Language Act etc.

In 2010 the Act on Equal Opportunities for People with Disabilities was adopted, setting out the duty of appropriate (reasonable) accommodation for persons with disabilities.

In this context, the directorate and services and public cultural institutions have launched a programme for Raising Awareness and Providing information in order to teach an independent way of living, starting from the assumption that persons with disabilities should be enabled to choose their way of life independently and decide where and with whom they live and how they live. In this regard, the law provides that it should be ensured that the construction of their residential environment is accessible to anyone and adjusted to the needs of persons with disabilities and their family members, irrespective of whether they decide to live independently in a residential building or live in a care home.

However, no specifical training on sexual education is provided.

[53] http://bidok.uibk.ac.at/library/zavirsek-citizenship-e.html

26. SPAIN

In Spain, the Convention on the Rights of Persons with Disabilities and the law on sexual and reproductive health supported by the Spanish government in 2010 (Organic Law 2/2010, of March 3)[54] provide the framework necessary to train professionals in the sexual rights of persons with disabilities.

According to the 2017 annual report of CEESC (Col·legi d'educadores i educadors socials de Catalunya), the profile of Special Intimacy Needs Educator doesn't exist in Spain, though knowledge and skills in this field are in high demand by diverse groups, such as social educators, associations of persons with disabilities, family members of persons with disabilities. The above mentioned report states that more than 78% of the social educators don't have enough knowledge to take decisions about emotional circumstances, especially in sexual affairs when they have to give support to people with special needs. The collective of social educators affirm that they receive much more information about other areas related to disability issues in quantity and in quality compared to the area of sentimental and sexual needs of persons with disabilities.

Although persons with disabilities sometimes require the help of local prostitutes, in Spain, like in Netherlands, Denmark and Germany[55], sexual assistants have a proper legal statusand, in most cases, they are professional figures trained by specialised organisations.

The sexual assistant means an autonomous person who freely decides to have an intimate contact with a person with functional diversity. Between both parties, private agreements are made based on pleasurable and safe condition, free of coaction, discrimination, and violence. By sexual assistance it is meant one or more of these activities: sexual intercourse, oral sex, massage therapy including erotic massage, masturbatory acts, and discussion of sexuality, contraception, and the appropriate use of sex toys. The sexual assistant can be men and women, trained in the socio-sanitary field and at the same time with an authentic social sensitivity, an impeccable professional ethic, who understand sex as a personal and non-transferable bond. They are people with a great capacity for communication and empathy, capable of giving and receiving affection and pleasure.

The sexual assistant's profile should meet two fundamental requirements: training and a high sensitivity. Training and professional qualification can be gained through experience: home-based or institution assistants, social-healthcare and social welfare assistants, prepared to make a physical transfer, put and remove a diaper, provide continence care, put a collector, and know how to communicate and empathize.

The first requirement must be complementary to the sensitivity of a person who wants to share his/her sexual intimacy with an open mind; a person who feels his/her work as something born from within; a person with a concern for personal growth, self-knowledge or very rich vital experience.

Sexual assistance can be confused with prostitution only when its remunerative or commercial character is coupled with one of the following activities: oral sex, masturbatory activities, or any activity, other than the aforementioned, which involves physical contact and the use of one person by another for her/his sexual satisfaction[56].

In Spain, the concept "functional diversity" was introduced by researchers Palacios y Romañach as an alternative to "disability" and "handicap" in order to change" the focus from the individual to society,

[54] Blissbomb, L. " Sex work for the soul: negotiating stigma as a feminist activist and closeted sex worker" . Demistifying Sex Work and Sex Workers 8, 2010, https://www.questia.com/library/journal/1P3-2337139751/fourteen-sex-work-for-thesoul-negotiating-stigma

[55] Limoncin, E., Galli, D., Ciocca, G., Gravina, G., Carosa, E., Mollaioli, D., Lenzi, A., Jannini, E. "The Psychosexual Profile of Sexual Assistants: An Internet-Based Explorative Study", 2014, doi: 10.1371/journal.pone.0098413

[56] Limoncin, E., Galli, D., Ciocca, G., Gravina, G., Carosa, E., Mollaioli, D., Lenzi, A., Jannini, E. "The Psychosexual Profile of Sexual Assistants: An Internet-Based Explorative Study", 2014, doi: 10.1371/journal.pone.0098413

assuming that persons with disabilities have different characteristics –as all human being does-but due to the environmental conditions and the concept of "normal" created by society, persons with disabilities have to do the same tasks and functions but in a different way, sometimes needing the help of a third person[57].

People with functional diversity have the same sexual needs as everyone else, but not the same opportunities to resolve them adequately. Specifically, the difficulties encounter regarding access to sex are often used to justify the social role of prostitution.

In some countries, for example, the Netherlands and Denmark, the state has the obligation to support the lifestyles of persons with disabilities, which includes providing access to sex with public funds. Thus, the Netherlands subsidizes sex for persons with disabilities. With prostitution legalized in the country, the government is boosting both the domestic sex economy and the intimate endeavors of its disabled citizens.

While there is no direct "sex grant" per se, the benefits citizens with disabilities receive can be spent however they like. Some reports indicate that they can use these benefits to access sex services 12 times a year, but information on the specifics is elusive.

In Spain, three alternatives existing to provide persons with disabilities access to sex are going to prostitutes, using sexual surrogacy, and sexual facilitation[58].

People with functional diversity sometimes seek prostitutes, which can be done on their own initiative, often alleging sexual inexperience or taken by a family member. These facts are sometimes used as a means to make prostitution respectable and suggest that it serves a noble purpose[59].

The personal care services support the concept of sexual facilitation[60] aiming at supporting the welfare of people with functional diversity, together with other aspects related to their physical appearance, comfort, safety and interaction with community and society. Sexual relief is considered to be as important as overall health and wellness, for example, the need to sleep or feed. Hence, the person with functional diversity should be supported by carers in case they are not able to do this by themselves. Sexual facilitation can range from the provision of accessible information to organizing a sex surrogate.

Sex subrogated involves the intervention of the therapist, the client and the surrogate partner or sexual assistant. This option provides more autonomy and independence, decreasing the chance of being abused and in Spain embraces two approaches.

On the one hand, the THERAPEUTIC approach, in which the figure of the sexual assistant is neither more nor less than the one of the surrogate, that is, it is the same but called in a different way. On the other hand, the approach that could be called "for PLEASURE", without therapy, which is nothing more than sex in exchange for money, that is, sex work.

There are some experiences which address sexual assistance on the volunteering basis.

Currently, a non-profit association "Tandem Team" from Barcelona and an organisation "Aspasia" from the Canarias act under the Sexual Assistance protocol. The initiative is supported by the associations Sex Asistent, Aspaym Catalunya and the National Association of Sexual Health and Disability (ANSSYD). All of them promote

[57] "El modelo de la diversidad. La Bioética y los Derechos Humanos como herramientas para alcanzar la plena dignidad en la diversidad funciona l". Palacios, A. y Romanach, J. Madrid: Diversitás Ediciones, 2016

[58] Gutiérrez García, A., Delgado Álvareza, C. "Sexuality and functional diversity: an analysis from a gender perspective". Procedia - Social and Behavioral SciencesScience Direct, 161, 299 – 305. 2014. www.sciencedirect.com

[59] "The sexual politics of disabled masculinity". Shakespeare, T. Sexuality and Disability, 17 (1), 53-64. 1999, https://link.springer.com/article/10.1023/A:1021403829826

[60] "Sexual options for people with disabilities". Mona, L.R. Women and Therapy, 26 (3-4), 211-221, 2003, https://www.tandfonline.com/doi/abs/10.1300/J015v26n03_03

trainings in sexuality and functional diversity to practice professional support based on a health model that addresses the emotional, affective and relational well-being of people with functional diversity.

They define the SEXUAL ASSISTANCE as a type of sex work that consists of providing support to be able to have a sexual access to one's own body or that in a couple. The assistant is not someone to have sex with, but someone who supports you to have sex with yourself or with other people. The assisted person decides on what kind of support and how he/she receives, that is his/her way of autonomy to explore his/her body or to masturbate. The wheelchair does not walk out the person with functional diversity, this is the person who walks in his/her own way, making his/her own decisions and using the wheelchair. In the same way, the assistant does not masturbate the person, the person masturbates in his/her own way, with the hands of the assistant and making his/her own decisions.

Aspasia (http://aspasiacanarias.blogspot.com/p/perfiles.html) is an association specialized in cases of tutored and institutionalized people. This organisation has developed a protocol on approaching the professionals who offer "intimate accompaniment". The collaborators of the Aspasia project act only as mediators, defending respect for dignity and privacy. They contact people with functional diversity who want to have an intimate encounter with a sexual assistant which provides personal assistance and at the same time share their privacy through an exclusive and genuine encounter. The sexual assistants take up, through a document of exemption of the liability, the total responsibility of their autonomous actions without their parties' mediation.

The Aspasia's protocol is as follows: after a first interview, the profile search starts; when an assistant is found, a meeting is set up; during the meeting a user and assistant get to know each other and decide whether they want to continue their relation. If the feeling is mutual, the session is agreed on: place (home, adapted hotels, other premises), date, time. After this session, the assigned counsellor from Aspasia collects both parties' feedback to see if the expectations have been met and verify that there has been no irregularity.

In Spain, the first course for sexual assistants for persons with disabilities was launched in 2014 through the initiative of Spain's national association for sexual health and disability and an organisation "Asistencia Sexual". The course is aimed at physiotherapists and social workers who intend to specialise in an activity that requires professional training.

Tandem Team, a non-profit association dedicated to facilitating contact between persons with disabilities and sexual assistants. This project, a pioneer in Spain, was born at the end of 2013 in Barcelona, by Francesc Granja, an emotional and quadriplegic therapist for a car accident at 32, and María Clemente, a neuro-rehabilitation psychologist. Francesc discovered after his accident that not all sex was genital. He wrote a book on disability and sexuality, traveled to northern Europe to investigate and had his first experience with assistance. From there, an idea of offering a service was born to "cover a need that was latent". In 2014, the website was launched and users began to arrive. (https://www.elconfidencial.com/sociedad/2016-09-04/sexo-discapacitados-tandem-team-asistencia-sexual_1254701/)

The topics currently under disccusion are:

1. Definition of the status:

Should the sexual assistant be defined by people with functional diversity, in the same way as the figure of the personal assistant was defined? Should it be linked to the figure of the personal assistant, adopting the same way of doing things and the philosophy from which it comes, the philosophy of independent living?

2. Tasks of the sexual assistant:

What tasks would the sexual assistant do? Could these tasks be incorporated into the tasks of the personal assistant?

Tasks should be defined according to the type of functional diversity (physical, intellectual, mental, sensory), with clear identification which tasks correspond to 1) the sexual assistant, to 2) the personal assistant, or to 3) other professional figures.

27. SWEDEN

In Sweden, there is no legislation giving any attention on disabled emotional and sexual assistance. On the contrary, the zero-tolerance policy on sex work has rendered persons with disabilities excluded from assistance around sex[61]. In addition, studies indicate that no regulations regarding how sexual facilitation should be handled in personal assistance services are becoming an obstacle to sexual encounter[62].

In Sweden "disability" is not defined specifically within Swedish Disability Policy. The Swedish Disability Policy is based on the UN Convention on the Rights of Persons with Disabilities which defines disability "the long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder a person's full and effective participation in society on an equal basis with others".

A number of association are working on sexual rights of persons with disabilities. A great example are the Equally Unique - The Swedish Federation, Human Rights for Persons with Disabilities, The Swedish Disability Rights Federation (Funktionsrätt Sverige), Forum – Women and Disability in Sweden and RFSU - The Swedish Association for Sexuality Education. These four organisations have collaborated for the completion of desk research on a number of topics related to stereotypes, norms, values, taboos, attitudes and behaviours related to the sexual and reproductive health and rights of girls with disabilities[63].

28. UNITED KINGDOM

In the UK the official definition of disability is provided under the Equality Act 2010, that describes disability as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on the ability to do normal daily activities.

Despite an higher sensitivity to the topic of disabled sexuality, the figure of the and the role of the sexual assistant doesn't exist in the UK. The same issue hasn't raised a heated debate like in other countries. More practically, as selling or buying sexual intercourse is not legally sanctioned there are dedicated sex workers who provide sexual services to persons with disabilities.

Despite debate around the issue, no legal initiative has been presented to create a path for a dedicated figure to address disabled emotional and sexual needs on a comprehensive perspective.

UK's approach is similar to that of other northern countries, where prostitution is not criminalised and society approaches sexuality in a pragmatic and less prudish way.

This has meant that the issue of disabled sexuality is being treated more pragmatically, without recurring to special norms.

[61] Shakespeare T., Richarsdson S., 'The Sexual Politics of Disability, Twenty Years On', Scandinavian Journal of Disability Research, 20(1), 2018, pp. 82-91 , https://bit.ly/2VG4vEP (24/04/2019)

[62] Bahner J., 'Sexual professionalism: for whom? The case of sexual facilitation in Swedish personal assistance services', Disability & Society, 30(5), 2015, pp.788-801, https://bit.ly/2GTmC0O, (24/04/2019)

[63] Submission to the United Nations Human Rights office of the high Commissioner Ms. Catalina Devandas Aguilar', Sweden, 2017 https://bit.ly/2VJACn3, (24/04/2019)

This however also led to less desk and statistical research about the disabled needs in the country as well as less coordination and representation of disabled rights.

In this context, FPA (The Family planning Association) a sexual health charity, released in 2017 a statement[64] about disability and sexuality policy, claiming the right of persons with disabilities to enjoy positive relationships and good sexual health and wellbeing.

Despite the absence of institutionally recognised training courses, there do exists professional organisations specifically dedicated to disabled sexual assistance providing several services.

As an example, the TLC (tender loving care) trust (http://tlc-trust.org.uk), a non profit association, provides several services to disabled (both women and men) with the purpose to help them move forward towards happy relationships.

The mission of the association includes giving an education on how the disabled's body is capable of enjoying and to please a partner.

Becky Adams, who describes herself as a former madam, runs a not-for-profit, telephone-based service supported by TLC, and says she receives about 12 inquiries a week from disabled and vulnerable people looking for a trusted sex worker.

Thus not expressly this is in line with the purpose of structured training courses, that claim their scope differs from that of prostitutes since their final aim is to emancipate clients rather than fidelize them.

Services include sex workers, tantric practicioners, sexological bodyworkers and psychosexual somatic practicioners and striptease artists.

The professionals are trained to provide not only physical intercourse but also emotional experiences and human touch.

III. CASE STUDIES

The following section presents 22 relevant case studies from all over Europe that will represent a starting point for the development of the training curriculum.

1) Sex Education for Persons with disabilities, Greece

A Name of the course:	Sex Education for Persons with disabilities
B Course provider:	EMPLOY
C Country	Greece
D Based on:	Formal ☐ – non formal X education
E Course duration:	5 hours
F Methodology:	In class
G Number of attendees:	25
H Course subjects:	Break down the myths related to the sexuality of persons with disabilities by raising awareness, informing and educating those living and/or working with persons with disabilities.
H Final certification:	Yes X No ☐
I Validation of learning outcomes:	Yes ☐ No X

[64] https://www.fpa.org.uk/sites/default/files/disability-and-sexuality-policy-statement.pdf

PROFILE NAME:	
Learning Outcome 1 : Sex education for persons with disabilities	
LEARNING OUTCOME definition	- Definition of the stereotypes about the sexuality of persons with disabilities - Biological and socio-emotional needs of persons with disabilities that are related to sexuality - The purpose of special sex education and what pedagogical tools can be used
Duration	*2 hours*
Unit 1	Bio social and Psycho-Social aspects of persons with disabilities
Knowledge/Skills/Competences	
- Investigating our perception of sexuality in general and more particularly also the sexuality of persons with disabilities - Stereotypes and myths about the sexuality of persons with disabilities - Sexual development, socialization and disability	
Unit 2	**Special Sexual education (Objectives and methods)**
Knowledge/Skills/Competences	
- General purpose and specific goals of special sexual education - Strategies and techniques of teaching and guidance on special sexual education	
Methods	
For the coordination of the group, the teacher followed the model of the American humanitarian psychotherapist Carl Rogers. No specific direction were given to the group so as to allow them to feel safe and engage in the whole process at their personal pace. Various active education techniques, such as role-play, photolangage, art-therapy, etc. were used. Participants received electronic material (ppt and pdf) with the theoretical presentations of the seminar.	

2) Opening Paths, Catalonia, Spain

A Name of the course:	"Opening Paths" (*Obring Comins*) targeting persons with disabilities
B Course provider:	Centre of specialized attention and residences Villablanca, Bellisens and Marinada of the Pere Mata Foundation (*Fundació Pere Mata*)
C Country	Catalonia, Spain
D Based on:	Formal ☐ – non formal X education
E Course duration:	10 – 50 hours (depending on the conditions of learners)
F Methodology:	In class, tutored
G Number of attendees:	NA
H Course subjects:	The programme covers the areas such as gender respect, private space, respect for sexual orientation, genital sexuality
H Final certification:	Yes ☐ No X
I Validation of learning outcomes:	Yes ☐ No X

3 – 4 – 5 – 6 - 7) Sexual Development, EU project

A Name of the course:	Sexual development
B Course provider:	TRASE project consortium https://www.traseproject.com/

C Country	England, Portugal, France, Germany, Lithuania
D Based on:	Formal ☐ – non formal X education
E Course duration:	NA
F Methodology:	e-learning
G Number of attendees:	NA
H Course subjects:	Sexual Development is the acquisition of skills on a physical, sensory and cognitive level as well as relationship skills that can be used in the context of sexuality and support sexual stability. This eLearning course explores the stages of sexual development from birth through to becoming an adult. Target group: Teachers, carers, parents and others who work with people with learning disabilities.
H Final certification:	Yes No X
I Validation of learning outcomes:	Yes X (scenario quiz) No

PROFILE NAME:		
Learning Outcome 1: Development of sexual competences		
LEARNING OUTCOME definition	Sexual Development is the acquisition of skills on a physical, sensory and cognitive level as well as relationship skills. Sexual Development means that all acquired skills can be used in the context of sexuality and support sexual stability. So called sexual conspicuousness is therefore an indication that necessary skills to shape one's sexuality in a satisfactory way could not yet be acquired and a need to support their development is indicated. In this eLearning course we explore the stages of sexual development from birth through to becoming an adult.	
Duration	*2 hours*	
Unit 1	Development of sexual comptences from 16	
Knowledge	**Skills**	**Competences**
Developing sexual competences goes on until death	● Respectful acceptance of all arising questions (regarding sexuality) ● Respectful handling of obvious sexual autonomy	

8 – 9 – 10 – 11 - 12) Staying Safe when Developing Relationships Online, EU project

A Name of the course:	Staying Safe When Developing Relationships Online
B Course provider:	TRASE project consortium https://www.traseproject.com/
C Country	England, Portugal, France, Germany, Lithuania
D Based on:	Formal ☐ – non formal X education
E Course duration:	NA
F Methodology:	e-learning
G Number of attendees:	NA
H Course subjects:	This eLearning course explores the risks around social media, texting, sexting and online dating and look at ways to help your students, clients or

	those in your care to keep safe online and through their mobile when developing relationships through these channels. Target group: teachers, caregivers, parents and others who work with people with learning disabilities that are able to use the internet and a smart phone and want to provide advice and guidance on being safe when developing relationships online and through mobile devices.
H Final certification:	Yes No X
I Validation of learning outcomes:	Yes X (scenario quiz) No

PROFILE NAME:		
Learning Outcome 1: Development of sexual competences		
LEARNING OUTCOME definition	Sexual Development is the acquisition of skills on a physical, sensory and cognitive level as well as relationship skills. Sexual Development means that all acquired skills can be used in the context of sexuality and support sexual stability. So called sexual conspicuousness is therefore an indication that necessary skills to shape one's sexuality in a satisfactory way could not yet be acquired and a need to support their development is indicated. In this eLearning course we explore the stages of sexual development from birth through to becoming an adult.	
Duration	*2 hours*	
Unit 1	Development of sexual comptences from 16	
Knowledge	**Skills**	**Competences**
Developing sexual competences goes on until death	● Respectful acceptance of all arising questions (regarding sexuality) ● Respectful handling of obvious sexual autonomy	

13) Sexual and reproductive health for people with intellectual disabilities

A Name of the course:	„SEKSUĀLĀ UN REPRODUKTĪVĀ VESELĪBA CILVĒKIEM AR GARĪGA RAKSTURA TRAUCĒJUMIEM" (SEXUAL AND REPRODUCTIVE HEALTH FOR PEOPLE WITH INTELLECTUAL DISABILITIES) in SSCC department „ZEMGALE"
B Course provider:	SSCC (financed by NGO fund)
C Country	Latvia
D Based on:	Formal ☐ – non formal X education
E Course duration:	NA
F Methodology:	Week-end seminar
G Number of attendees:	Unknown
H Course subjects:	HIV/AIDS awareness, sexual intecourse, sexual and reproductive health.
H Final certification:	Yes ☐ No ☐
I Validation of learning outcomes:	Yes ☐ No ☐

14) Accompagnement à la vie affective, sensuelle et/ou sexuelle, France

A Name of the course:	Accompagnement à la vie affective, sensuelle et/ou sexuelle
B Course provider:	APPAS
C Country	France
D Based on:	Formal ☐ – non formal X education
E Course duration:	32 hours
F Methodology:	In class
G Number of attendees:	Unknown
H Course subjects:	- Professional ethics - Representations, motivations and projections - Legal framework - Knowing oneself for better knowing the other - Handicaps and sexuality - Experiences in the field of mental disease
H Final certification:	Yes X No
I Validation of learning outcomes:	Yes No X

15) Lovegiver, Italy

A Name of the course:	Lovegiver
B Course provider:	Lovegiver (NGO)
C Country	Italy
D Based on:	Formal ☐ – non formal X education
E Course duration:	72 + 32 hours
F Methodology:	5 + 3 Week-end seminar
G Number of attendees:	Unknown
H Course subjects:	- Sexuality and disabilities: approach to diagnosis, sexual dysfunctionalities and biopsychosocial model - The profile of the sexual assistant: identity, functions and professional ethics - Need analysis, construction of intervention and the role of family - Operational methodology and instruments - Risk management and the importance of supervision After passing a pre-selection, people willing to continue their training path will have the opportunity to put into practice the new notions in a three weekends practical training - Practical demonstration of the various techniques of sexual assistance and intensity levels - Workshop with Swiss disabled volunteers that use this service - Practical experience and supervision interview
H Final certification:	Yes X No
I Validation of learning outcomes:	Yes No X

16) Sexuality and affectivity in people affected by visual disability and multiple impairments, Italy

A Name of the course:	Sexuality and affectivity in people affected by visual disability and multiple impairments
B Course provider:	IRIFOR

C Country	Italy
D Based on:	Formal X – non formal education
E Course duration:	2 days
F Methodology:	Online
G Number of attendees:	30
H Course subjects:	- Physical perception and gender differences - Basic sexual self-perception in people affected by disability - Sexuality and Disability: feeling, discovering, experiencing the body in the rehabilitation experience - Sexuality and multiple impairments - State of art in the field of disabled sexual assistance - Discussion
H Final certification:	Yes X No
I Validation of learning outcomes:	Yes X No

17) Masturbation – working with people with learning disabilities, UK

A Name of the course:	MASTURBATION – WORKING WITH PEOPLE WITH LEARNING DISABILITIES
B Course provider:	Family Planning Association (FPA) – London (UK)
C Based on:	Formal ☐ – non formal ■ education
D Course duration:	7 hours
E Methodology:	In class
F Number of attendees:	-
G Course subjects:	Intimate self-touch and masturbation
H Final certification:	Yes ■ No ☐
I Validation of learning outcomes:	Yes ☐ No ■

PROFILE NAME:	
Learning Outcome 1:	
LEARNING OUTCOME definition	By the end of the training participants will have: • Knowledge of the current law and good practice responses surrounding intimate self-touch and masturbation • Knowledge of how to respond when clients want to masturbate both publically and privately • Explored ways in which they can support clients to masturbate appropriately and effectively • Explored resources that can support work with people who have learning disabilities and who masturbate

18) Relationships and sex education for people with learning disabilities: practical approaches, UK

A Name of the course:	RELATIONSHIPS AND SEX EDUCATION FOR PEOPLE WITH LEARNING DISABILITIES: PRACTICAL APPROACHES
B Course provider:	Family Planning Association (FPA) – London (UK)
C Based on:	Formal ☐ – non formal ■ education
D Course duration:	5 days (35 hours)
E Methodology:	In class

F Number of attendees:	-
G Course subjects:	Plan, develop and liver Relationships and Sex Education (RSE) to groups and individuals with learning disabilities
H Final certification:	Yes ■ No ☐
I Validation of learning outcomes:	Yes ■ No ☐

PROFILE NAME:	
Learning Outcome 1 :	
LEARNING OUTCOME definition	By the end of the course, participants will have: • Used a tool to Identify gaps in relationships and sex knowledge for people with learning disabilities • Broken down how to structure a good quality RSE session • Designed a session they can deliver in their workplaces • Practiced facilitating a session in a safe environment • Experienced examples of exercises and used a range of accessible, visual resources to develop their session • Thought about elements of safe, inclusive practice.

19) Sexual Grounding Therapy, UK

A Name of the course:	Sexual Grounding Therapy
B Course provider:	UK Centre for Psychosexual Therapy and Education, UNITED KINGDOM
C Based on:	Formal ☐ – non formal ■ education
D Course duration:	14 hours
E Methodology:	week-end seminar
F Number of attendees:	-
G Course subjects:	Parents as models for male and female identity Inappropriate projections and life-scripts The inner and outer flow of the sexual energy Sexuality within the context of relationship The importance of receiving supportive sexual mirroring
H Final certification:	Yes ☐ No ■
I Validation of learning outcomes:	Yes ☐ No ■

20) Training manual for sensitizing intermediaries on sexual rights of young people with learning disabilities, Cyprus

A Name of the course:	TRAINING MANUAL - For sensitizing intermediaries on sexual rights of young people with learning disabilities
B Course provider:	Keep Me Safe (initiated by the International Planned Parenthood Federation)
C Based on:	Formal ☐ – non formal ■ education
E Methodology:	Specific exercises corresponding on the course subjects
G Course subjects:	• Sex and sexuality of young people with learning disabilities • The legislation and rights framework • Their values and attitudes • Their knowledge of sex, sexuality and Sexual and Reproductive Health and Rights (SRHR) concepts

	• Their skills to provide SRHR information and advice in easy language • Bringing about structural change within their organization
H Final certification:	Yes ☐ No ■
I Validation of learning outcomes:	Yes ■ No ☐

MODULE 1: INTRODUCTION	
LEARNING OUTCOME definition	Create a safe environment for the participants to discuss sensitive topics. Make ground rules clear and refer back to them throughout the training.
Unit 1	PICSASOLL Agreements - This acronym stands for a number of agreements you make with the group before you start a session.
Objectives	
• To create a safe atmosphere within the group. • To win trust both between the coach and the students and between the students themselves.	
Methods	
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.	
Duration	*15 minutes*

Unit 2	**Introduce Yourself – Asking too many details**
Objectives	
To raise awareness about respecting the right to privacy of people with learning disabilities.	
Methods	
1. Ask participants to introduce themselves to the group 2. Ask them to say their name, function etc. (usual stuff) 3. 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.	
Unit 3	**Introduce Yourself (2)**
Objectives	
• 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	
Methods	
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.	
Duration	5 minutes for each participant

MODULE 2: KNOW YOUR TARGET GROUP	
LEARNING OUTCOME definition	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?
Unit 1	Your 'Travelling Buddy'-
Objectives	
• To bring participants closer to their target group.	
Methods	
1. Ask participants to *depict* 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: • 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.	

Unit 2	**Maslow's Hierarchy of Needs**
Objectives	
Participants will become aware of the basic need for young people with learning disabilities to have sexual relationships.	
Methods	
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?

Duration	40 minutes: 10 minutes introduction; 20 minutes on activity; 10 minutes for discussion and wrapping up
Unit 3	Sexual Behaviour of Young People with Learning Disabilities – Brainstorming - examples of the sexual behaviour of young people with learning disabilities

Objectives

- 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.

Methods

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)

	Negative (sex as a problem)	*Positive (sex as a chance)*
Narrow definition (genital)	e.g. masturbation in public places	
Broad definition (intimacy)		e.g.

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 d

MODULE 3: LEGISLATION AND RIGHTS FRAMEWORK	
LEARNING OUTCOME definition	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?
Unit 1	Sex and Law Quiz - Legislation on child protection, vulnerable adults, mental health and sexual offences
Objectives	
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.	
Methods	
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.	
Duration	*60 minutes*
Unit 2	**Exploring Legislation, Local Policies, Guidelines and Professional Practices –** 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.	
Methods	
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:
    - What do you *feel* 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.

Duration	60 minutes
Unit 3	**Perceptions –** Looking at same situation from different angles and viewpoints

Objectives

- 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.

Methods

You can use the given case studies (see hand out) or create your own stories based on a typical dilemma situation.

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:
    - 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.

Duration	1 - 1,5 hour
Unit 4	**Court Case** – 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.

Methods

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?

Duration	10 minutes maximum per case study As many case studies as you want
Unit 5	**Sexual Rights**

Objectives

- 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

Methods

Unit 6	**Human Rights Survey**

Methods

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:
    - 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:
    - 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 is were their world

MODULE 4: VALUES AND ATTITUDES

LEARNING OUTCOME definition	Understanding intermediaries' values is important, as they determine and influence their behaviours and attitudes. 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.
Unit 1	**Sexuality Card Continuum -** 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?

Methods

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.

Duration	45 minutes
Unit 2	**Myths**

Objectives

To become aware of myths on sex and sexuality that form the basis of our own behaviour and actions.

Methods

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
    - 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:
    - 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, behavior, informal messages, etc?)

Duration	10 – 15 minutes
Unit 3	**My Story**

Objectives

- 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.

Methods

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:
    - 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.

Duration	30 minutes
Unit 4	**Statements -** Clarifying and developing a team's position

Objectives

To help a team to come to a common point of view.

Methods

There are different ways to work with the statements. Either:

- Ask the team to rank the statements on a scale from 'agree fully' to 'disagree fully'. Discuss their ranking in plenary.

OR:

- The team ranks each statement individually from 10 (agree fully) to 1 (disagree fully). Discuss each statement in plenary.

OR:

- 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.

OR:

- 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 analyses the results and present them later in the day: which statements do participants agree on? Which ones do they disagree on?

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.
Unit	**Sexuality and Culture –** Influences on sexuality in public and in private spaces – outside and inside the home.

Objectives

To explore influences on sex and sexuality

Methods

1. Ask participants to list:

- What is culture?
- Influences outside (media, billboards, school) and inside (parents, family, friends, social media, careers) 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-judgmental approach to working with young people with learning disabilities.

Duration	1 hour
Unit 5	**Postcards**

Objectives

To reflect on and discuss personal attitudes on the subjects of the body, sexuality, eroticism and beauty.	
Methods	
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. 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.	
Duration	30–40 minutes
Unit 6	**Value System**
Objectives	
To think about the values and norms of the institution/organization.	
Methods	
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? • 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: • What do you notice? • Was this an easy exercise?	
Duration	About 30 minutes for the individual/group work and about 60 minutes to present and discuss in plenary

MODULE 5: KNOWLEDGE OF SEX, SEXUALITY AND OTHER SRHR CONCEPTS

LEARNING OUTCOME definition	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.
Unit 1	**Factual Knowledge about the Target Group and Sexuality** - Quiz

Objectives

- 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.

Methods

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).

Alternatively

- 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.

Duration	15 minutes
Unit 2	**Body Body**

Objectives

- To familiarize participants with the language and terminology of sexuality.
- To be able to talk freely about sex.

Methods

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.

Duration	15 minutes
Unit 3	**Sexuality: Concept and Dimensions -** Brainstorming

Objectives

To help intermediaries to understand to diversity of the concept itself and of the individual experience of sexuality

Methods

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.

Alternatively:

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. 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.
   You may also ask participants to put themselves in the position of their 'travelling buddy': what words would they come up with? Why?
3. To conclude, you could ask participants what their concerns are in relation to dealing with sexuality with young people with learning disabilities.

Duration	20 – 30 minutes
Unit 4	**WHO Working Definition of Sexual Health –** What is sexual health?

Objectives

To explore the concept of sexual pleasure and bodily integrity within the broader definition of sexual health

Methods

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:
   - 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.

Duration	45 minutes
Unit 5	**The human body –** Exercises to promote knowledge of the human body, its parts and functions

Objectives

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.

Methods

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, 76 transsexual, transgender).
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 he 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):
    - 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.	
Duration	Flexible. The trainer may adapt and decide how much time s/he wants to spend on this.
Unit 6	**The Human Body (2)**
Objectives	
• 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.	
Methods	
Unit 7	**Sexual Development -** Timeline
Objectives	
To discuss what is 'normal' sexual development and how is it different for young people with learning difficulties?	
Methods	
In plenary: 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 first time 5. Present the answers and give more information (from the PowerPoint presentation) Individually: 6. Continue exercise by asking each participant to individually fill out a work sheet: • How is it different for young people with learning disabilities? • How does their disability impact their sexual behavior and development? • Does the behaviour from younger phases (baby, toddler, childhood) still appear among young people with learning disabilities? (see handout)	
Duration	30 minutes or more
Unit 8	Emotional and Physical Challenges in Puberty
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.	
Methods	
1. Ask participants in groups of 3 or 4 to list the changes and challenges to puberty that come under the following three headings: • 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.	
Duration	45 minutes
Unit 9	List of Sexual-Sensual Parts of the Body and Activities – Using adequate sexual words
Objectives	
• 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.	
Methods	
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.	
Unit 10	How Do I Say It? - Finding the right words
Objectives	
To enable participants to adapt their language to the situation.	
Methods	
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: • 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.	
Unit 11	Terminology – 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	
Methods	
1. Distribute little cards with sexual terms on them (e.g. masturbation, erection, clitoris etc.). 2. Divide the participants into groups of 3 people. - 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: - When you have to explain: What is easy? What is difficult? What do you need to do this? How did you feel while doing this exercise? - When you listen: Do you understand the explanation? Is the information clear and complete? How do you feel listening to this information? - As an observer: What did you notice? Did they feel at ease? Do you have tips for them?	

MODULE 6 – COMMUNCATION AND COUNSELLING SKILLS	
LEARNING OUTCOME definition	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 careers, 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 practice 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.
Unit 1	**Conditions Necessary to Talk about Sex**
Objectives	
To think about the conditions that need to be fulfilled to have a conversation about sex	
Methods	
1. Ask the participants list up which *(general) conditions* 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': - 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 *their personal conditions* that need to be fulfilled to have a good conversation with a client about sex. Briefly introduce to them the 3 important groups of *personal* elements. You need to:
   - 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:
   - 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?

Unit 2	**It Begins with the Opening –** How to start a conversation with a client about sexuality?

Objectives

- 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 practice 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.

Methods

1. Introduce the exercise by saying that with the help of a conversation model, we will practice 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. Practice 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, 109 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.

If you don't know the answer:

- 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.

Duration	60 minutes
Unit 3	Questions about Sexuality – Responding to factual questions

Objectives

To practice knowledge and communication about sexuality with young people with learning disabilities

Methods

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?

Duration	30 minutes
Unit 4	**Merry-go-round –** Counselling in sexuality

Objectives

- 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.

Methods

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 practicing 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.

Duration	30 minutes
Unit 5	**Merry-go-round (2)**
Objectives	
- To improve communication about sex. - To set boundaries. - To overcome embarrassment.	
Methods	
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.	
Duration	30 minutes (3 steps of 10 minutes each)

Unit 6	**Working with Information Education and Communication (IEC)** **Materials for your Clients** – Experience yourself in the IEC materials for your target group
Objectives	
To let participants experience how it is to work with the materials.	
Methods	
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	

MODULE 7 – IMPLEMENTING CHANGE IN THE ORGANIZATION

LEARNING OUTCOME definition	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.
Unit 1	**Merry-go-round – body carousel** – How assertive am I?
Objectives	
• To set personal boundaries. • To experience physical boundaries.	
Methods	
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.	
Duration	20 minutes
Unit 2	**Building a House –** The house for 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.	
Methods	
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:
   - 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:
   - 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:
   - 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)
7. End with a plenary discussion:
   - How should the institution be better designed so that it is possible for young people with learning disabilities to express love, sex, friendship?

Duration	60–90 minutes (without the preparation)
Unit 3	**Inhibiting or Facilitating? –** Which factors inhibit or facilitate the sexuality, intimacy and behavior of young people with learning disabilities?

Objectives

- 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.

Methods

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:
   - 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:
   - 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?

Unit 4	**Sexual Rights of Young People with Learning Disabilities –** Do we respect and promote them?

Objectives	
• 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.	
Methods	

1. Divide the wall into positive (left) and negative (right) sides.
2. Ask participants to write down on a Post-it (one for each):
  • 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:
  • 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?	

Unit 5	**Flag System**
Objectives	
• 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.	
Methods	
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 behavior.	
Duration	3 hours
Prior knowledge needs & materials needed	- 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. - Flag system package consisting of CD-rom, drawings and book is needed
Unit 6	**Sexuality on our Agenda –** 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.

Methods

1. Different questionnaires can be used:
   - The 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.

Unit 7	**Plan, Do, Study, Act** - 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

Methods

1. Ask participants to:
   - 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.

Unit 8	**Sexual Abuse in a Care Institution –** Case study

Objectives

To raise awareness about the responsibility of the different professionals, and possible obstacles to following protocols and procedures

Methods

1. There is an example of a situation in an institution.
2. Participants analyze the situation with guiding questions:
   - 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?

MODULE 8 - EVALUATION	
LEARNING OUTCOME definition	What have we learned, and how will we integrate this into our daily lives?
Unit 1	**Feather or Nut** – What progress have I made?

Objectives

- To map participants' own weaknesses and strengths.

• To identify and list points for improvement.	
Methods	
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.	
Unit 2	**My Learning Points –** What have I learned?
Objectives	
To actively engage the participants in their own learning process.	
Methods	
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.	
Duration	Throughout the training
Unit 3	**Can I answer questions?** – Self-assessment of learning needs in answering questions
Objectives	
• 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.	
Methods	
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)	
Duration	15 minutes at the start of the training and 15 minutes at the end
Unit 4	**Collegial Ladder**
Objectives	
• To share experiences with colleagues in pairs. • To brainstorm together on ways to improve.	
Methods	

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. • They choose a partner. • Together, they select a theme. • They may also add themes if you wish. 4. Pairs collect information. • 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: • 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.	
Duration	60 minutes

21) A pick 'n' mix of sex and relationships education activities, UK

A Name of the course:	A pick 'n' mix of sex and relationships education activities
B Course provider:	FPA (Family Planning Association)
C Based on:	Formal ☐ – non formal ■ education
E Methodology:	Session activities and exercises (brainstorms, group discussions, games, quizzes, team activities)
G Course subjects:	• Introduction • Health and Safety information • Setting of ground rules • Sexual and reproductive health • Fostering communication • Using sex language • Personal hygiene • Masturbation • Public and Private spaces • Sexual relationships • Parenthood • Methods of contraception

	• Sexually transmitted infections • Evaluation **NOTE:** The exercises in this book are in no set order and we suggest that you read through them and pick out the ones you like and feel would be beneficial to your group. You can then prepare for the session by gathering the resources listed in the information grid for that activity.
H Final certification:	Yes ☐ No ■
I Validation of learning outcomes:	Yes ☐ No ■

MODULE 1: SETTING GROUND RULES

Learning Outcome: Ground rules are a set of instructions created by facilitators and participants that enable participants to feel safe and comfortable when taking part in the group, thus allowing all people shared ownership of the group work process.

Objectives

- Ensure that everyone in the group has an opportunity to have their say on how the group manages itself.
- Support ownership of the group and engagement with the process.
- Assist the group to think about and discuss elements that help the group process, for example allowing people to have their say.

Methods

Discuss confidentiality with the group and the difference between maintaining professional confidentiality and keeping secrets, for example the confidentiality rules that facilitators and other staff work to, what happens if confidentiality is broken within the group and the child protection duties of the facilitator(s).

Lead a discussion on the issue of personal disclosure; remember – participants usually cannot guarantee confidentiality just because it is written on flip chart paper and may have a variety of reactions to a personal piece of information. Try to create a safe group environment for all by discouraging personal disclosure and encouraging distancing techniques.

Ask the group to think about what they will need in order to feel comfortable enough to get the most from the session, for example seating arrangements, what breaks they need, respect from other group members and no put downs.

Work towards a set of ground rules that everyone is comfortable with.

Write down the ground rules on flip chart paper.

Be prepared to revisit your ground rules at any time to reinforce messages or adapt the rules if they are not working effectively. Do this via negotiation with the group.

Display the ground rules at all times during the session(s).

Remember – facilitators have to stick to the ground rules, too!

MODULE 2: SETIING THE LEARNING AGENDA

Learning Outcome: It is always a good idea to involve participants in planning their own learning. You can use this simple exercise to encourage participants to set their own learning agenda to ensure their needs are met.

Objectives

- Explore the needs of the participants.
- Set a learning agenda.
- Encourage engagement with the learning process through participation in planning.

Methods

Facilitate a group discussion on what the group would like to learn about in the coming sessions/programme. If participants have completed the *Relationships brainstorm* later in this publication, the facilitator can use this to prompt this discussion. It is often helpful to break down the agenda setting into easier sections, such as sexual health and relationships or information to learn, skills to practice and feelings to explore.

Inform the group that the agenda can be adapted as the programme develops, if the participants change their minds or become aware of any other topics they want to cover.

Write down what was agreed on flip chart paper. If you are running a series of sessions it is useful to occasionally refer back to any previous sessions and review where you are up to and what the group has learnt.

Remember: The participants may not know enough about sex and relationships to identify topics they want to cover. It is up to you to guide the discussion through a range of topics to identify what the programme needs to include. There may be obvious gaps in their knowledge that you can help identify at this point and in future sessions.

MODULE 3: ABOUT ME

Learning Outcome: An easy introductory activity

Objectives

- Gently encourage young people to think about their preferences
- Encourage participants to begin to express their individual preferences in a group environment
- Give everyone a chance to speak

Methods

Give each young person a copy of the *About me worksheet* (overleaf).

Ensure everyone has a pen.

Read through the sheet checking that everyone understands the titles.

Ask the young people to draw their answers to the titles in the spaces provided.

Once everyone has completed the task ask each person to take it in turn to feedback to the group, either by telling the group what they have drawn and why or by simply showing their pictures.

Thank each person for their contribution.

Ask the group if they found the exercise easy or difficult, and why.

MODULE 4: SIMILAR AND DIFFERENT

Learning Outcome: A simple worksheet that encourages participants to identify and celebrate what they have in common and how each person is unique. It is a very good starting point for discussing other differences such as gender and sexual preference.

Objectives

Identify ways in which the participants are similar and different.

Methods

Give each young person a copy of the Similar and different worksheet (overleaf).

Ensure everyone has a pen.

Ask the group to pair up.

Ask each pair to discuss the ways in which they are similar and the ways in which they are different, and to note down their observations on their worksheets. When they have finished, bring the participants back to a large group and ask them to read out their differences and similarities.

The facilitator must take care to manage this and celebrate the similarities and differences.

The facilitator can ask:

- What did you notice about your similarities?
- What differences make you unique?
- How did it feel to do that exercise?

Adaptations

* Answers can be drawn by participants who can't write. You can also do this exercise without the worksheet as a discussion activity for participants who can't read or write.

MODULE 5: ARMADILLO GAME

Learning Outcome: This is a game that requires participants to remember some simple rules and to pay attention. It is a good game for focusing the group before giving them a task, or for energizing a group.

Objectives

- Focus the young people on group work
- Show the importance of paying attention
- Have fun

- Give everybody the opportunity to speak

Methods

The group sits in a circle.

The facilitator hands an object to the participant on their left and says, "This is an armadillo."

The participant on their left asks, "It's a what?"

Facilitator: "It's an armadillo."

The participant on the left then hands the object to their left saying, "This is an armadillo."

This participant asks, "It's a what?' This question is then passed back around the circle to the right to the facilitator who says, "It's an armadillo", which then gets passed back round the circle to the left by each participant.

This continues until the object has travelled all the way round the circle.

To confuse matters even more, when the object is about one-quarter way around the circle the facilitator then takes another object and sends it around the other way saying, "This is a hippopotamus."

Watch for the moment when the two objects cross (if they ever get that far!!)

MODULE 6: SEX AND LANGUAGE

Learning Outcome: The way in which we communicate about sex and relationships is very important on many levels. Activities exploring language have many benefits, including:

- gauging the level of the group's knowledge and understanding
- introducing medical words
- coming to an agreement on what words you will use during your work
- clarifying what words mean to you and to the young people
- skill development – encouraging young people to ask for explanations for words they don't understand.

Objectives

- Explore the participants' level of knowledge about sex and language
- Explore the participants' level of knowledge about parts of the body
- Place all the words out in the open so that the participants can see you are not shocked and are there to deal with issues not 'bad language'
- Gauge the level of explicitness of the group
- Have a laugh!

Methods

Don't use this exercise as an ice-breaker. Young people will need to feel comfortable before they engage fully with a group.

Ask participants to get into three groups and give each group a piece of flip chart paper with the headings

'Male sexual parts', 'Female sexual parts' and 'Sexual activities' on them.

Ask participants, in their groups, to brainstorm all the words for sexual parts/activities they can think of. It is a good idea not to make any suggestions to the participants about words they can include – this ensures that the work is the participants' own.

After a few minutes rotate the sheets until all three groups have some words under each heading.

When they have finished bring the participants back to a large group and ask them to read out their lists.

Clarify words that participants don't know and discuss meanings.

The facilitator can ask:

- How are cultural, social and sexual attitudes revealed in language?
- How did you feel about doing the activity?
- What do you notice about each list?
- What kinds of words are there?
- How could you group or classify them?
- What does the use of language show us about our attitudes to sex?
- What differences are there between words for males and females? Would males and females use different words? If so, why?
- Are any of the words insulting? Which ones?
- Are any of the words more aggressive than others?
- Has anyone put down words such as skin, brain or lips for sexual parts and/or kissing and cuddling for sexual activities?

MODULE 7: BODY BITS GRAFFITI

Learning Outcome: A fun activity that encourages everyone to get involved in learning about sexual and reproductive body parts.

Objectives

- Explore what the participants already know about sexual and reproductive body parts
- Give accurate information about sexual and reproductive parts

Methods

Before the session make two large sheets of paper by taping two or three pieces of flip chart paper together. This should be large enough for one of the participants to lie on.

Label the top of one sheet 'Female' and the other sheet 'Male'.

Split the participants into two groups. If the group is large make more large sheets and have lots of small groups.

Ask the groups to carefully draw around the outline of one participant – a female and a male – being careful not to draw on clothes (this always happens anyway hence the importance of washable pens or felt tips!). Ask the participant who is being used as a stencil to first sit on the paper and draw the section between their legs.

Once the outline is complete ask the participants to create an imaginary identity for their outline and give them facial features – participants can use famous people such as TV or film stars. The imaginary identity distances the outline from the person used as the stencil.

Ask the female outline group to draw the *external* sexual and reproductive parts of the female body on the outline and label them using the words the participants know.

Ask the male outline group to draw the external sexual and reproductive parts of the male body on the outline and label them using the words the participants know.

Once this is done, bring everyone back to a large group to feedback (and giggle). After feedback, ask the group as a whole if the pictures are correct and make any necessary changes.

Ask everyone to get back in their groups. Swap the outlines around so the group that had the female body now has the male and vice versa. Ask the participants to add the *internal* sexual and reproductive parts of the body.

Bring the young people and drawings back to a large group and ask everyone to feed back.

Handout extra *4Boys* and *4Girls* leaflets so that each participant has a copy.

The facilitator can ask:

- How easy or difficult was that to do?
- Did you learn anything new?
- What would you like to know more about?

MODULE 8: WORD MEANINGS: WHAT DO WE MEAN BY…?

Learning Outcome: This is a sexual health jargon buster activity for young people – run it before you start Sex and Relationship Education (SRE) sessions. It is also a good exercise to run with colleagues – remember to ask them how they feel about certain words.

Objectives

- Explore participants' understanding of different words
- Create a group understanding of words to be used during SRE sessions

Methods

Participants read out a word in turn from the worksheet overleaf and explain what they think the word means.

Other group members discuss the meaning of the word and their understanding of it.

The participants then agree on a common understanding of what is meant by the different words.

We've included answers to help but the facilitator should only intervene if the participants are way off track.

Adaptations

* If participants can't read, then the facilitator can read the words out.

MODULE 9: HOW EASY IS IT TO TALK TO SOMEONE ABOUT…?
Learning Outcome: An activity designed to stimulate discussion about what participants may find difficult to talk about, and why. It also identifies people who participants may find it awkward to talk to.
Objectives
• Explore what subjects are difficult to communicate about, and why • Identify ways in which communication could be made easier
Methods
This activity can be done as one large group or as several small groups. Before the session, photocopy and cut out the easy/difficult cards and discussion subjects overleaf. Place the easy/difficult cards at opposite ends of the table/room. Ask the participants to sit or stand in a circle(s). Explain that the space between the cards represents the range (continuum) of difficulty from easy to talk about to difficult to talk about. Place the discussion subjects face down in the centre of the group. Ask each participant in turn to pick up and read out a discussion subject. The participant then places it on the continuum explaining why they have put it there. The rest of the group can then discuss where they would place it and why. Ask the group to suggest ways to make the subject easier to discuss. After this discussion ask the group if they feel they could move the discussion subject closer to the easy card. The facilitator can ask: Did you all agree on where the discussion subjects would be on the continuum? If not, why?

MODULE 10: EPRSONAL HUGIENE IN THE BAG
Learning Outcome: A simple personal hygiene activity based on the 'What's in the bag?' exercise from fpa's Contraceptive display kit user's manual* *To complete the module you will need the user's manual, which you can find here.
Objectives
• Identify what different personal hygiene products are for and how they are used • Have a general discussion about how to keep clean and healthy
Methods
Divide the group into pairs or small groups. Give each group a bag containing an example of a personal hygiene product and a copy of the What's in the bag? Personal hygiene worksheet (overleaf). Ask each pair or small group to work together to answer the questions on the worksheet.

Bring everyone back to a large group to take it in turns to feedback about their product (you could do this in the same way as the Contraception: Jiwsi doctors exercise later in the book).

The facilitator can ask:

What happens if we don't maintain good personal hygiene?

- Where can you get products from?
- What other products (not shown in this session) do people use and why?

MODULE 11: MASTURBAION BRAINSTORM

Learning Outcome: Masturbation is often seen as a taboo subject, something that is assumed that everyone does but no-one talks about. Often young people feel that there is something wrong with them if they masturbate. This exercise is to prompt discussion about this subject.

Objectives

- Explore what we mean by masturbation and different words to describe masturbation
- Clarify meanings of words associated with masturbation
- Explore any difference in language when referring to men and women masturbating

Methods

Important! Remind the participants of the personal disclosure boundary in your ground rules before you start.

Before the exercise prepare two pieces of flip chart paper with the headings

'Male masturbation' and 'Female masturbation'.

Split the group into two smaller groups. Give each small group one of the prepared flip chart sheets and ask them to list all the terms they know for male masturbation and female masturbation.

Once finished ask them to come back together as a large group and a representative from each small group reads out their answers.

Discuss the meanings as a whole group and clarify any terms that have not been understood.

The facilitator can ask:

- Were there any differences between male and female terms? If so, what?
- Was it difficult or easy to do this activity?

MODULE 11: MASTURBATION MYTHS AND TABOOS

Learning Outcome: This exercise is to prompt discussion around masturbation enabling an exploration of the myths and taboos surrounding the topic.

Objectives

Discuss values and feelings about masturbation in an environment that is distanced from the participants' personal lives.

Methods

The group sits in a circle.

Place the 'Agree' and 'Disagree' title cards at opposite sides of the room or at each end of a table.

Place the discussion cards face down in the middle of the participants. Ask them, one at a time, to pick up a card, read out the statement and place it at some point between the two cards that reflects how strongly they agree or disagree with the statement.

They then state their reasons why they placed it at this point.

Once the participant has had the opportunity to give their reasons, the rest of the group can discuss and move the card if agreed.

The facilitator can ask:

- How easy or difficult is it to talk about masturbation?
- Where would it be appropriate and inappropriate to masturbate? (see *Public and sprivate* later in this publication).

MODULE 12: PUBLIC AND PRIVATE

Learning Outcome: This activity has been developed primarily for people with moderate to severe learning disabilities and is a topic frequently highlighted through needs assessments or specifically requested by organisations Jiwsi works with. Although we have used the term 'discussion', when working with largely non-verbal groups these discussions are more likely to mean an explanation by the facilitator using whatever communication methods are necessary, for example Makaton, Board Maker or other visual aids.

Objectives

- Identify and distinguish between picture of public places and pictures of private places
- Decide which activities would be appropriate or inappropriate in a public or private place

Methods

Discuss with the participants the terms 'public' and 'private'.

- Public places are places where more than one person can be at any time and we have less control over how many people can be there.
- Private places are places where one person, or more than one person, can go to where they will not be disturbed by others and where they have more control of how many people can be there.

Lay out the two 'Public' and 'Private' cards at opposite ends of the workspace (this could be a table or the floor but should be within the reach of the participants).

Explain that each participant will be given a photograph of a place and that in turn they have to show their photograph to the group, communicate what they think the photograph is, decide whether it is a public place or a private place and then place it near the correct card.

You should go first to provide an example. The group can then discuss the picture and may wish to change where it lies between public and private. This may result in pictures being placed in the middle of the cards,

as some places can be both public and private at different times. It is usual that by the end of this section there are a lot more pictures identified as public than private.

Next, show the participants the drawings one at a time, describing the activity taking place.

It may be useful to explain what is on each card before showing it to the group, particularly for the more sexual images. If you choose to show pictures of people masturbating or having sex, then you must decide whether the group will need to do some work to understand these areas prior to this exercise.

As you describe and show each activity card, the participants have to decide whether the activity would be acceptable in a public or a private space. Use prompts, for example when holding up a picture of somebody naked, ask, "Would this be okay in the supermarket?" (and hold the card over a photo of the supermarket). Hopefully, the answer will be "No". Eventually each activity card should be placed next to or over a photo of where the activity would be acceptable.

As activities are assigned to private places, discuss with participants how private places can be made even more private. For example, participants may decide that masturbating is something that could be done in a bedroom. You can then explore this area by asking the group how they could make a bedroom more private, for example by shutting the door, masturbating while covered by the bedclothes and shutting curtains.

You should also point out activities that would be illegal in public places and explain that this may lead to getting into trouble with the police.

Adaptations

For less verbal groups you could use pictures of green ticks and red crosses for participants to indicate if something is acceptable or unacceptable.

MODULE 13: PERSONAL SPACE

Learning Outcome: This activity has been developed primarily for people with moderate to severe learning disabilities and is a topic frequently highlighted through needs assessments or specifically requested by organisations Jiwsi works with. Although we have used the term 'discussion', when working with largely non-verbal groups these discussions are more likely to mean an explanation by the facilitator using whatever communication methods are necessary, for example Makaton, Board Maker or other visual aids.

This activity works well in the middle of a programme when participants are used to working with each other, ground rules have been established and the participants have a level of respect for each other.

Objectives

- Identify when someone is physically close to another person and explore how that person may feel
- Practice techniques for communicating with someone who is physically close
- Identify what to do if someone is too close and this is frightening

Methods

Give each participant two paper plates and ask them to draw a happy face on one and a sad face on the other using the felt tip pens. You may wish to help them by preparing some plates as a dot-to-dot drawing to join up. It is important that the paper plates are recognizable as a happy and a sad face. Another method may be to have a set of faces drawn that the group can copy.

Look at the Matt and Jess picture overleaf. Explain that Matt and Jess had to agree to hug and be that close to each other. Discuss what may happen if we hug someone who doesn't want to be hugged.

Ask the participants to find a space in the room and gently move their arms around to see how big their personal space is. You may wish to follow this by getting them to waggle their legs to see what area they cover! You need to keep a close watch and only get the group to move their arms about when they have found a place with enough room so that they don't connect with each other or the walls, windows or furniture!

Bring the group back to the sitting area and explain that the area they reached with their arms (and maybe legs) is their own personal space and that we all control what happens within that space, in particular how far into that space we allow other people.

Next, two facilitators show how people can control how close somebody comes to us by using the paper plates. The two facilitators stand facing each other about ten paces apart.

One facilitator walks slowly towards the other who remains still. The still facilitator controls how close the other facilitator comes to them by showing the happy face plate if they are happy for them to come closer or the sad face if they are too close.

The facilitators should end up at the edge of each other's personal space.

Then ask participants to pair up and try this. You should help the pairs decide who is walking and who is controlling and make sure that everyone has an opportunity to play both the walking and the controlling role.

The facilitator can ask:

In real life would people have paper plates with them? Leading on to: How can we control our personal space in real life and how can we be aware of others'? Discuss with the group:

- How might people feel if we stand too close to them and how might we recognize this feeling via their facial expressions?
- If someone is moving into our own personal space and we are feeling uncomfortable what can we say to them to make them stop or move back?
- Are there any other ways we can protect our personal space?

Participants then try the walking towards each other activity (as above) but without the paper plates. This time the participants try using the different techniques arising from the last discussion. For example, the participants may practice using and observing facial expressions to control how close they get to other people, or hand gestures to tell the walking participant to stop. They may also use sentences and phrases.

As a final discussion, you should discuss with the participants what they could do if someone kept coming close to them and none of the techniques practiced worked.

Brainstorm who participants could go to for help should this be necessary.

To sum up the activity, recap what the group has learnt in this session. Ask the participants questions about the quality of the session, telling them to answer by holding up the relevant happy/sad plate, for example "Has this session been fun?"

MODULE 14: RELATIONSHIPS BRAINSTORM
Learning Outcome: Relationships can often seem a bit of a mystery to young people. This simple exercise gives participants the opportunity to identify what makes a good or bad relationship. This exercise also reinforces that relationships are not just about sexual activity.
Objectives
• Explore the qualities of good and bad relationships • Explore whether we need to be in sexual relationships to meet our relationship needs
Methods
Any exercise that explores relationships has to be handled very carefully as it can bring up lots of different feelings. It is a good idea for the group to go over their ground rules. Tell participants that they can opt out of the activity at any time. Before the session prepare two pieces of flip chart paper with the titles “Good relationships” and “Bad relationships”. As a group, brainstorm all the qualities relationships have and write them down under the two headings. It sometimes helps to think of these qualities as ingredients for a good relationship cake. The facilitator can ask: • Which qualities (ingredients) do you get from different relationships, for example partner, parent, family, friend or pet? • Do sexual relationships have the same ingredients? • Which of the ’Good relationships’ list do you think you are good at providing?

MODULE 15: WHAT A BABY NEEDS
Learning Outcome: This is a good introductory activity to exploring parenthood.
Objectives
• Explore what a baby needs to survive and thrive • Identify what skills a parent needs
Methods
Ask the participants to work in pairs or small groups. Hand out a number of Post-it notes or pieces of paper to each participant. Ask the participants to brainstorm all the things that babies need. Participants then feedback to the large group and collect similar answers together. Ask the large group to prioritize three things from the answers given (these usually, but not always, end up being food, warmth, love). Ask the large group to brainstorm the skills a parent needs to be able to help their baby thrive.

The facilitator can ask:

- What have you learnt about babies?
- What have you learnt about parenthood?
- What needs to be in place before we plan to become parents?

MODULE 16: PARENTHOOD VISIONING

Learning Outcome: This exercise encourages participants to think about how a particular situation, in this case unplanned pregnancy, may affect them

Objectives

Reflect upon and discuss how an unplanned pregnancy may affect future life plans.

Methods

Any lifeline or visioning exercise has to be handled very carefully as it can bring up lots of different feelings. It is a good idea for the group to go over their ground rules before this activity. Tell participants that they can opt out of the activity at any time and that they can keep their work private if they wish.

Hand out a piece of paper and a pen to each participant. Ask the participants to find somewhere comfortable to sit, preferably somewhere they can think by themselves without being distracted by anyone else in the group. Ask them to draw a line down the middle of their page until about halfway along. It can be diagonal or vertical, straight or wavy.

Explain to participants that this line represents their life up to now, then ask them to write '0 years old' at one end of the line and their current age at the other.

Ask participants to think back to key events in their life. Ask them to focus on positive events, for example:

- a great night out with friends
- an achievement at school or youth club
- learning a new skill
- a book they read that changed the way they thought
- a family occasion.

Participants note these down on the lifeline marking how old they were at each point.

Encourage participants to be as creative as they like in the way they represent these life events on paper.

Next, ask participants to think about the next five years. Ask them to imagine what they want to do, what they want to achieve and where they want to be, for example pass GCSEs, get a job, go to college, live independently, spend time with friends or family or meet new partner. Ask them to extend their lifeline and add this information to it.

Ask participants to sit for a moment and take time to visualize the good times in their past and their positive future plans and aspirations from their lifeline.

Now ask participants to travel back about two years on their lifeline from their current age and imagine that

they had found out that they are about to become a parent (either they or their partner is pregnant).

On a different line, ask them to draw in the alternative past two years and future five years.

Ask participants to consider:

- How does this event alter your lifeline?
- What would you have to do differently now?
- What support and resources would you need?

It is worth reinforcing that unplanned parenthood isn't the end of the world, it can just make life more challenging if people are unprepared. This exercise isn't about putting people off parenthood; it is just a tool to encourage participants to consider the benefits of planned parenthood.

If the group is comfortable enough with each other the participants can either:

- get into pairs and discuss their lifelines with a chosen partner
- come back together as a group and discuss wider implications.

You will need to stress that participants can keep the details of their reflection private and just join in a general discussion on the impact of parenthood.

The facilitator can ask:

- How did the activity feel?
- What did you learn?
- How easy/hard was the activity? Why?

Adaptations

If participants are non-literate, they can use drawings or symbols on their lifelines. This is also a good technique to use when noting down private information that participants do not want anyone else to read.

MODULE 17: CONTRACEPTION: JIWSI DOCTORS

Learning Outcome: This activity is a version of the 'What's in the bag?' exercise from **fpa**'s *Contraceptive display kit user's manual*. It is suited to a group of confident participants who can read and write and are comfortable role playing in front of each other!

Objectives

- Gain an insight into the different contraceptive methods available.
- Identify local services that offer help/advice as well as contraception services.
- Understand young people's entitlement to contraception, even if they are under 16 years old

Methods

Introduce the subject of contraceptive methods.

Split the group into small working groups, either pairs or threes, and give each group a paper bag containing a contraceptive method, information leaflets about that method and the sheet containing prompt questions as to what the group needs to find out about the method (see *What's in the bag? Contraception: Jiwsi doctors worksheet*, overleaf). You may have to put more than one method in each bag depending on the

number of participants.

You should keep one method to use as an example yourself.

Explain that the groups are going to spend some time reading about/researching the contraceptive method they have in their bag. Read through the questions on the *What's in the bag? Contraception: Jiwsi doctors worksheet* **(the worksheet can be found in the original manual, page 51)**. The participants can ask questions to clarify these.

The participants then read the contraception leaflets and discuss the questions before filling in the answers. Allow enough time for all participants to finish this task and keep checking with them to see how they are doing or if they need any assistance.

When all participants have finished, ask the groups to feedback their findings as though they are doctors! Explain that participants will wear the doctors' coats and use the clipboards, all the while putting on their best doctor voices!

While explaining this, put on a white doctor's coat and pick up a clipboard. Then provide an example by explaining how the contraceptive method you have kept as an example works. Another fun thing to include is that every 'doctor' has to introduce themselves with a made-up doctor's name, for example "Good morning, my name is Doctor … and I'm going to tell you about a method of contraception called …".

While the 'doctors' are explaining their method of contraception the display object from their bag should be passed around the other participants.

After each small group has fed back as doctors, ask if anyone has any questions about that method. If possible, the participants who explained that method should try and answer first, but you should be on hand to answer more in-depth questions or to correct any errors.

When all contraceptive methods have been explained draw the discussion to a close and move on to a brainstorm of local services which can offer further advice on contraceptive methods.

Remember to compile a service list of your own before the session. Try and ensure that answers given are not just generic names for services, such as contraception clinic or

Brook clinic, as although these are good answers it is important to discuss where these services are located within the area.

Quite often, while brainstorming the above, the right of under-16s to access contraception, and confidentiality, comes up. It is important to explain that all people, regardless of age, have the right to access contraceptive methods. It is also important to inform participants of their rights with regard to privacy and confidentiality.

MODULE 18: SELF-ESTEEM
Learning Outcome: An activity that introduces participants to exploring self-esteem and results in them designing their own self-esteem logo.
Objectives
Raise awareness of the importance of good self-esteem in relation to positive sexual health.
Methods

First, brainstorm self-esteem and ask the participants:

- What does self-esteem mean to you?
- How does your self-esteem at different times of your life relate to your decision making?
- Does it impact on your sexual health?
- How can people's self-esteem be damaged?

Then ask participants to identify people in the media, such as characters from films/soaps/other TV programs who have good or bad self-esteem or whose self-esteem levels have changed.

Facilitate group discussion on what influences the self-esteem of their chosen characters.

Brainstorm the ideas on flip chart paper.

Hand out some blank flip chart paper and pens and ask participants to design a logo/image that represents having a high level of self-esteem; this could include representations of ways self-esteem could be raised or just a period when they felt they had good self-esteem.

Allow the participants time to complete their images. Then ask those who are willing, to share their images/thoughts with the group.

MODULE 19 – FUTURE VISIONING

Learning Outcome: Future visioning simply means thinking about where you would like your life to be at some stage in the future. This activity is suitable for participants who have undertaken some selfesteem work previously.

Objectives

Build on previous knowledge of self-esteem and explore future life visioning.

Methods

Lead a recap discussion referring back to the participants' prior self-esteem work (see previous *Self-esteem* exercise for a self-esteem activity/session). As part of this discussion you may wish to use the following prompt questions:

- What is self-esteem?
- What does self-esteem mean to you?
- How can self-esteem relate to decision making?
- Can self-esteem impact on your sexual health?
- How can people's self-esteem be damaged?
- How can people's self-esteem be increased?

On flip chart paper ask the group to draw a fictitious character that is a similar age to themselves. Ensure that this is not based on any real person that the participants know.

Ask the participants to discuss as a group where they would like this character to be in ten years' time. Explain that this is called a future vision. You may wish to use prompt questions within this discussion such as:

- Will the character have a partner and what would they be like?

- Will the character have a job and what would that be?
- What will the character be known for by friends and family?

Add the details of the character's future vision to the flip chart paper as each point is clarified in the participants' discussion.

Next, using an oversized photocopy (A3 is good) of the *Stepping stones worksheet*, copy the future vision statements for the character into the box on the right-hand side.

Explain to the group that the small circles are the stepping stones to reach these goals.

Ask the group to come up with ideas as to the steps the character would have to take to get from the left-hand box (the left-hand box being the character at the present moment) to their right-hand box of desired outcomes/future vision. Explain that there are numerous routes across and that they should try and make as many routes as they can to maximize the chances of the character reaching their goals.

Having completed this, explain that each of the steps could probably be broken down into lots of smaller steps and that the smaller they are the more achievable they become.

Next, give each participant two stepping stone sheets. Explain to the participants that they are each going to work on filling in one of these sheets for themselves and that to start with they should fill in where they are now in the box on the left of the page. Then participants think of their own future vision and fill in the right-hand side of the page and then think of the stepping stones between. *You must explain that participants are going to work on their own and that they will not be asked to feedback to the group.*

Allow enough time for the participants to have a go at filling in their sheet. Then bring the participants back together. Explain that the participants can keep the spare sheet they have been given as they may find this a useful activity to do in their own time. You should also discuss with participants who they could talk to if they have concerns or need help with anything that may come up in this activity.

In closing the session suggest that the young people have a go at this exercise for themselves. Remind them that they may not need to do this on paper but that the process is worth remembering and using in their head when faced with challenges or when making plans. Allow time for the group to reflect on, process and make any comments about the session.

MODULE 20 – SEXUALLY TRANSMITTED INFECITONS CONTINUUM

Learning Outcome:

Sexually transmitted infection resources often focus on signs and symptoms rather than values and feelings. This activity encourages participants to explore the issues around sexually transmitted infections.

- Young people need to know that sexually transmitted infections exist.
- If you engage in sexual activity you can catch them.
- If anything looks, feels or smells different or you have any worries about sexually transmitted infections you can get all tests and treatment at a GUM clinic or sexual health clinic. General practices, contraception clinics, young people's services and some pharmacies may also provide testing and treatment for some infections.
- You can help reduce your chances of contacting many sexually transmitted infections by using condoms, correctly and consistently.

Objectives

Explore attitudes to, and knowledge about, sexually transmitted infections

Methods

This activity can be done as a large group or as small groups. Before the session photocopy and cut out the *Sexually transmitted infections continuum worksheet* overleaf.

Place the 'Agree' and 'Disagree' cards at opposite ends of the table/room. Explain that the space between the cards is a continuum ranging from agree at one end to disagree at the other.

Ask the group to sit or stand in a circle(s). Place the sexually transmitted infection cards face down in the centre of the group.

Ask each person in turn to pick up and read out a sexually transmitted infection statement.

They then place it somewhere on the continuum explaining why they have put it there. The rest of the group can then join in the discussion about where they would place it and why.

You will find the answers at the end of the *Sexually transmitted infections continuum*.

Adaptations

* You can read out the sexually transmitted infection statements.

MODULE 21 – WHO WANTS TO BE A SEXUAL HEALTH EXPERT?	
Learning Outcome:	This quiz is designed to test participants' learning and knowledge at the end of an SRE program

Objectives

- Check participants' sex and relationships learning so far
- Stimulate discussion about what has been learnt
- Review how much has been learnt by the participants on their SRE program

Methods

Work as a large group.

Hand out copies of the quiz, explaining that it is multiple choice and that participants choose one answer.

After completing the quiz go through the answers as a large group.

Note: The quiz can be found in the original manual, page 62-66.

MODULE 22 – IMAGINARY GIFT GIVING	
Learning Outcome:	This activity is a closing exercise for a group of participants who are at the end of a large piece/series of group work. It's a friendly activity and allows people to reflect positively on the other participants they have worked with.

Objectives

To bring group work to an end

Methods
All participants sit in a circle. Explain that each participant is going to think about the person to their left and, based on their knowledge and memories of that participant from the group work, decide on an imaginary gift to give to that person. You should explain that these gifts can be as creative as participants would like and do not have to be items that necessarily exist in the real world. Allow as much time as needed for participants to think of their imaginary gift. Then starting with the person to the left of you each participant, one at a time, tells the person to their left what their imaginary gift to them is. You should allow enough time so that the recipient of an imaginary gift can respond/thank the gift giver. This continues all the way round the circle of participants.

22) Methodology – it's my body – Female, Netherlands

A Name of the course:	Methodology – It's my body – Female
B Course provider:	Education4all, Niketan
C Based on:	Formal ☐ – non formal ■ education
E Methodology:	In-class exercises, group discussions
G Course subjects:	**1.** It's my body **2.** My body's growth and development **3.** The difference between a man and a woman **4.** Some parts of our bodies are private **5.** Friendship and relationships **6.** Reproductive health **7.** Sexual abuse
H Final certification:	Yes ☐ No ■
I Validation of learning outcomes:	Yes ☐ No ■

MODULE 1:	
Learning Outcome 1 : It's my body	
LEARNING OUTCOME definition	- Students know their parts of body such as head, body, legs, arms, and senses - To introduce the concept that we own and must take responsibilities for our bodies - To develop a positive self-image by emphasizing that each person is different, has different abilities and is valuable
Unit 1	We are all special people
Knowledge / Skills / Competences	
- Students learn that each person is unique and different	
Methods	
- Indicate students' examples of how people differ from each other. For example:	

- Some people look like their mums, some other like their dads
- Some bodies are tall, some are short
- Some people have straight hair, others have curls
- Some people walk with crutches and some others with a walking frame

Unit 2	We are all special people

Knowledge / Skills / Competences

- Students understand that everybody is different.

Methods

- Explain to students that differences are something that is unique, special, and belongs to every child.
- Teach them that differences should be respected and are not something to make fun of.

- **Exercise 1:**
- Give students a worksheet and ask them to describe their physical characteristics (color of eyes hair and lips, weights, length), as well as personality features (what they like about themselves, what they are proud of, what make them special)
- After discussion, highlight that differences are something that is unique, special, and belongs to every person.

- **Exercise 2: This is my body**
- Use a large mirror and ask students to stand in front of him
- Ask them to describe their bodies in a positive way

- **Exercise 3: Who am I?**
- Divide students into groups of 5.
- Prepare one box to put in the photos of all student members. One by one, every student takes a photo (except of their own).
- Each student must give descriptions based on the photos they see.
- The other team members try to guess whose picture it is.

- **Exercise 4: Handicraft – Make your handprint**
- Each student chooses a partner, and put his hand on him.
- They compare the hands. Which hand is bigger, smaller, or do they have the same size?
- Do some people have shorter or thinner fingers?
- Students then discuss the differences they see

- **Exercise 5: This is my body**
- Arrange students in a circle
- One large mirror is placed where everyone can see it clearly.
- Three to four students stand and queue in front of the mirror. They should look at the mirror and say what they see.
- After that, ask students to tell their personal identities and something about themselves they are proud of.

- **Exercise 6: Drawing my body**

- Take a big piece of paper and ask a student to lay down on it.
- Ask another student to draw that person on paper (eyes, nose, mouth, ears, hair, nipples, breasts, pubic hair). Ask the student to include the genitals.
- Ask students to compare the drawing with other students, by saying what differences they see, and

what they have in common.	
Unit 3	You're the boss of your body
Knowledge/skills/competences	
- Students learn that their bodies are special	
Methods	
- Use poems or song lyrics that educate students what they can do with their body, that their body is special, and that they are responsible for it.	

MODULE 2	
Learning Outcome 1 : My body's growth and development	
LEARNING OUTCOME definition	- Students discover that the body grows and develops since in the womb
Unit 1	Puberty
Knowledge / Skills / Competences	
- Students discover that their body change during puberty - The student knows that each body develops in a different way and understands that this is normal	
Methods	
- Perform exercises using 'feelings' cards/pictures to help students recognize different emotions and use examples or situations from their daily life - Ask students to use different colours to colour each emotion card - Use posters of a girl and a woman to show the differences among them. Ask students to name the various body parts of each poster (e.g. girl's navel, woman's nipples etc.)	
Unit 2	Menstruation
Knowledge / Skills / Competences	
- Accept menstruation (that is, to experience menstruation without anxiety or distress) - Be physically comfortable as possible during periods, while those assisting manage pad changing, bathing, and washing tasks for them - Behave in a generally acceptable way during their menstruation - Participate in some, or all, menstrual management tasks - Know by a set routine when pads need changing	
Methods	
- Use of pictures showing the menstrual cycle and types of pads - Indicate instructions about how a girl should clean a disposable pad - Do's and Don'ts table about dealing with period pain	
Unit 3	Personal care
Knowledge / Skills / Competences	
- Students know how to take care and protect their body and genital in a healthy way	
Methods	
- Use pictures that show what to wash while taking a shower. Show students all pictures of the body parts, and ask them to point put the body part on their own body - Discuss what kind of consequences poor washing can have. Take into account individual situations of students (discrete subject, shame, etc…). Think of possible consequences (e.g. difficulty in finding a job, loss of job/work if the employer finds personal hygiene necessary to fulfil your job properly, etc)	

MODULE 3	
Learning Outcome 1 : The difference between a man and a woman	
LEARNING OUTCOME definition	- Students know the similarities and differences between boys and girls - Students know their parts of body, such as head, body, legs, arms, and senses - Students recognize the name and function of a boy's genital, a girl's genital and breasts
Unit 1	Introduction – men and women are different
Knowledge / Skills / Competences	
- Students know the potency of boys and girls	
Methods	

- **Exercise 1: Differences**
- Indicate some basic differences between a body and a girl (e.g. hair, clothing, jewellery) and ask students if they know some more differences

- **Exercise 2: Housework**
- With the help of visual aid (pictures), the teacher shows various types of daily housework (like sweeping the floor, washing clothes, washing the dishes, working in the field etc.). Ask boys what kind of work is usually done by boys and what kind of work is usually done by girls. Ask each one why they chose those types of homework
- Discuss if boys are able to do the work that the girls chose, and if girls are able to do work that the boys chose.
- At the end of discussion. Explain to students that even though they have different sexes, they are able to do any kind of housework both alone and together. Highlight that boys and girls must respect each other and work together to do the housework.

- **Exercise 3: Professions**
- Use pictures that illustrate various types of professions. Ask students what kind of profession they would like and why.
- Discuss whether boys are able to do the professions that were chosen by the girls, and if the girls are able to do the professions chosen by the boys.
- At the end of discussion, explain to students that even though they have different sexes, they are able to have any kind of profession they want and like.

- **Exercise 4: Similarities between men and women**
- Give all students worksheet showing a figure of a man and a figure of a woman
- Let them identify and put the correct biological names of all parts of the body at the male and female bodies of the figures

- **Exercise 5: the differences between men and women**
- Give students a worksheet showing a figure of a man and a figure of a woman.
- Discuss with them the differences between the body parts of a man and the body part of a woman. Also ask about the genitals.
- Discuss how to say the name of a female genital and then the male genital.
  - Where is the vulva located? Point out the certain body part
  - How do you say the word?

- Do boys also have a vulva?
- Ask the same questions about the male genital.
  - What do boys have?
  - How do you say the word (penis)
  - Where is the penis located?
- Let students point and identify at least 10 parts of the body on the figures
  1. Man's hand
  2. Woman's navel
  3. Man's shoulder
  4. Woman's feet
  5 Man's penis
  6. Man's nipples
  7. Woman's breasts
  8. Man's pubic hair
  9. Woman's vulva
  10. Woman's pubic hair

MODULE 4	
Learning Outcome 1 : Some parts of our bodies are private	
LEARNING OUTCOME definition	- Make students aware that certain parts of their body are 'private', namely their genitals, buttocks, anus, and mouth - Help them differentiate acceptable and unacceptable touching **NOTE:** The mouth must be included as a private body part because of the tendency of child molesters to use children and youngsters with disabilities (of both sexes) for oral sex
Unit 1	Introduction
Methods	
- Discuss with students whether there are any parts of their body that are very private (not allowed to be touched by other people) - Let them name that particular body part - Discuss about which body parts are allowed and not allowed to be touched by random people - Ask them questions like: - Are other people allowed to touch all parts of your body? Why? - Which body parts do you think are ok to be touched by other people? Which ones are not? - How do you touch the friends you like? - How do you refuse when you dislike the way your friend or someone else is touching you?	
Unit 2	Parts of your body are private
Methods	
- Demonstrate good, safe, touches that people obviously enjoying and touching that is obviously not enjoyable. - Ask students what is happening: 'what kind of touching is this? How can you tell?' - Encourage the students to relate touching to feelings - To make it more visual, use dolls to provide examples of touches, like kisses, hugs, strokes, pats. - Build different situation scenarios using the dolls. Some examples: - The boy doll pulls the girls doll hair and call her rude names. The student is asked how the girl doll might feel. What can she do?	

- The boy doll is having a drink and spills some drink of his cloths. The firl doll starts wiping off, touching private places of the body. Is this allowed?	
Unit 3	Our mouths are private places
Methods	
- Explain students that: The special private parts of their body start at their mouth and go down to their knees. Their mouth is private. It has important work to do. - Ask them why their mouth is important (Expected answers: You need your mouth to eat, drink, take medicines, kiss your beloved ones). - Use case studies, or short stories, to introduce students to different scenarios, and ask how they would react if that scenario was true.	
Unit 4	Secrets that are pleasant and unpleasant
Knowledge / Skills / Competences	
- Teach students the difference between unpleasant and pleasant secrets	
Methods	
- Give students a worksheet with different examples of pleasant and unpleasant secrets - Let them mark which secret they will not tell and which secret they should tell. - Explain students that: a pleasant secret is a secret you can either tell or not tell to someone else (for example when you receive a gift from your mother) and an unpleasant secret is a secret about something unpleasant that you must tell (for example when someone treats you bad and wants you to be silent about it)	
Unit 2	We have other private places
Knowledge / Skills / Competences	
- Students learn that they have different parts of their body that are private (like breasts and genitals) - Students learn that now one is allowed to play around their private places, tickle them, or look at them just for fun - Student learn not to show their private places to other people, except in cases of a doctor, nurse, or care giver	
Methods	
- Give students a worksheet showing a figure of a man and a figure of a woman - Also give them a 'private, not touch' sign. - Let them identify the private parts of the male and the female, and ask them to put the 'not touch' sign at all private body parts	

MODULE 5	
Learning Outcome 1 : Friendship and relationships	
LEARNING OUTCOME definition	- Students understand the different kinds of relationships - Students understand what is the appropriate behaviour in different relation settings - Students learn if they are ready to get married
Unit 1	What is a friend?
Knowledge / Skills / Competences	
- The importance and benefit of friendships. - Learn that in friendships, friends must respect one another	
Methods	

- Ask students:
  - Who are your friends?
  - Why is it nice to have friends?
  - What does it mean to have a friend?
  - Is it possible to have more than one friend?
  - What is the difference between a normal friend and a girl or boyfriend?
  - What do you say/do if you dislike something your friend is doing?
  - What are the benefits of friendship?

Unit 2	Girlfriend/boyfriend

Methods

- Use a case study of a friendship between a boy and a girl.
- Ask students what kind of friendship they have. Is it an intimate relationship or are they just friends?
- Ask them to raise their hands to respond to the following questions:

  - How many of you have or want to have a boyfriend or girlfriend?
  - How many of you want to get married someday?
  - How many of you would like to have children someday?

  Direct discussion based on their responses:
  - How old does someone need to be to get married?
  - How would you know if you are 'ready' to get married?

- Show students pictures of a man and a woman holding hands, kissing, and showing affection.
- Explain them that when people have an intimate relationship, they can show casual affection in front of others. They can have intimate affection I in the most private areas in a private place as long as both say that it is ok.

Unit 3	Marriage

Knowledge / Skills / Competences

- **When are you ready to get married?**
- Students learn the right time to get married (when you they can live independently, without the support of a personal supporter)
- Students learn that marriage means the ability to take care of someone else, understand the emotions of their partner, and be able to socialize with him/her.
- Students learn that marriage means earning money, understanding finances, and planning a future in order to run a household

- **Personal and community supporters**
- Students learn that social interactions with friends are different form the social interactions with personal support helpers or community support helpers.
- Some relationships with personal support helpers may continue for many years and could turn into friendships. It is not appropriate to have a sexual relationship or date someone who is paid to be with you.

Methods

- **Exercise 1: Friends and family circle**
- Use a circle map, in which the centre circle represents yourself, the second circle your friends and family, and the last circle outer strangers.
- Tell students to put their name in the centre circle. This circle tell us that you are the most important person in your life.

- The next circle is for our most intimate relationships (with a husband/wife, girlfriend/boyfriend). Tell students to write the name of the person that represent their most intimate relationship. Discuss why each student chose that person, and who that person is.
- The last circle is for strangers, who should be the farthest away from the centre of each person's safe zone.

- **Exercise 2: Who is it okay to…?**
  - Give students a worksheet with five pictures. The picture in the center represents each student, and the four pictures surrounding him represent the family, an intimate relationship, a stranger, and a personal support helper.
  - Along with the worksheet, give students pictograms showing people:
    - Giving a close embrace
    - Giving a passionate kiss on the mouth
    - Putting each other's arm around
    - Holding hands with when going for a walk (two men)
    - Holding hands with when going for a walk (man and woman)
    - Sharing a kiss on the cheek
    - Greet by waving and saying 'hi'
    - Shaking hands with after being introduced for the first time
    - Touch a woman's breasts
  - Ask students to put the pictograms to the person of the worksheet who best represents the above situations

MODULE 6	
Learning Outcome 1 : Reproductive health	
LEARNING OUTCOME definition	- The student learns that a man and a woman can get a child - The student gains basic knowledge about reproduction (i.e. a baby grows in the comb of a woman)
Unit 1	How does a girl become pregnant?
Methods	
- Teach students the fertilization process that happens inside a mother's belly - Use a story between a man and a woman to provide an easier explanation for students to understand the fertilization process - Use a female and a male doll to show how the sperm meets the egg - Use pictures showing the stages of a woman's pregnancy during the months she is pregnant. - Use pictures to show how the baby's position within the woman's womb - Use pictures to explain students the process of baby birth. Explain that babies are usually born from the mother's vagina. - Use the female doll to show how the baby comes out through the vagina - Ask students whether they understand how they were born. Give them a chance to tell their friend the things they know about the delivery process. Let them give reactions to the stories they hear.	
Unit 2	How to prevent pregnancy
Knowledge / Skills / Competences	
- Provide opportunities for students to prevent pregnancy - Students learn that they can decide themselves whether to get pregnant or not - Students learn how to place a condom on a penis	
Methods	

- Teach students about the different techniques used to protect themselves from becoming unwillingly pregnant:

  1. Birth control pill
  2. Birth control shot
  3. Condoms

MODULE 7	
Learning Outcome 1 : Sexual Abuse	
LEARNING OUTCOME definition	- To provide opportunities for students to practice saying 'NO' to unwanted touching - To teach students that they can tell a responsible adult if someone touches them sexually or if they are confused about the appropriateness of touching
Unit 1	Talking about abuse
Methods	
- Ask students to whom they will go when someone does wrong things with them - Use a story about a boy touching a girl's body part without her consent, and the girl not telling her parents about it. Discuss it with the students, and ask how the girl should react, and what they would do in her situation. - What would they do when boys are making fun of them and try to touch their breasts? - What would they do when they reached home? - To whom will they go to tell this story? - Ask students to say 'NO' in various ways (loud, soft, whisper, cry, etc) when their body is touched in a rude/rough manner	
Unit 2	Pleasant and unpleasant touches
Methods	
- Introduce students with different scenarios and discuss with them whether these are pleasant or unpleasant. - Teach students to say 'No, top', when they believe that the behaviour is not appropriate or when it is unwanted. - Introduce students with different scenarios about inappropriate/unwanted touching, physical abuse, or sharing of a bad secret; ask students to say what they should do if they find themselves in such situations. - Teach students what to do when: - they detect signs of sexual abuse - the abuser is a victim herself - they indicate problematic sexual behaviour	

CONCLUSIONS

This research has seen the participation of all project partners who have collected information regarding the definition of disability and what concerns the culture of sexuality in individuals with disabilities for all the countries of Europe.

What emerges is a very diversified picture of the European situation on the subject that sees advanced countries with wider views and a greater involvement of the State body in the creation of adequate and supportive paths and countries in which the definition of disable is still not clear and the possibility of giving support to their most intimate needs is not taken into consideration.

To better understand what has emerged from the research, we have higlighted the most common themes in all countries:

- **Definition of disability and recognition of the rights of persons with disabilities:**
  Having chosen this as a starting point for the development of the research in all European countries regarding sexuality in persons with disabilities, a diversified picture emerges around the definition of disability itself. Some EU countries such as Italy and Greece, adopted WHO definition of disability: "Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. ... Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives[65]."
  All EU countries have signed and ratified the Convention on the Rights of Persons with disabilities. 22 EU countries have also ratified its Optional Protocol[66]. that offers a less clear definition and does not give a definition of disability itself, but, talks about persons with disabilities and what steps to take in order to guarantee equality and integration for them. Other countries like Cyprus, Latvia, Czech republic and Estonia instead, refer to national Conventions or Acts that on the one hand gives a more specific contribution as they are inspired by the national reality on the subject, on the other they risk not being aligned with the European direction and not even being updated. In other words, even only in terms of defining disability, we find a remarkable misalignment that unavoidably produces very different results.
  In the research it's not clear how many countries adopted the WHO definition of disability which could have been a common ground to start working from. Moreover, it's not clear how many countries have their inner laws and norms regarding disability.
- **Sex education in schools:**
  This topic is very differently treated either in all European countries. In those countries in which sex education is enrolled in the learning paths like Austria, Belgium, Lithuania, Luxemburg and Malta, this subject is usually very traditionally taught. Many topics are sexual transmitted diseases (STD), emotions and feelings that turn around sexuality, first intimacy, puberty from a scientific point of view, but rarely, not to say never, this topic relates to disabled.
  This topic in the research was poorly treated. It is known that only the above-mentioned countries provide sex education in schools although is not known at what level and with what kind of context. This information is not reported for all countries and this may mean that sex education is not provided or may mean this kind of topic wasn't researched about. Once again, if needed, it is proven that the issue is poorly treated and considered in the different European countries
- **Sexual assistance for disabled:**

[65] https://www.who.int/topics/disabilities/en/
[66] https://ec.europa.eu/social/main.jsp?catId=1138&langId=en

Sexual assistance for disabled is something that still creates debate. In some countries like Czech Republic, Germany, Greece, Ireland, Netherlands and Spain it's usual, it's considered essential to support disabled in the effort of fully living their lives despite their disabilities. In these countries there are courses for sexual assistance operators, and it's considered an integral part of disabled assistance in general. In other countries like Austria, Malta and Sweden instead it's illegal! It's prohibited and could take operators to be sued for that for sexual abuse. In other countries it's not regulated, and it depends on many factors. In countries like Italy and France the situation is not clear, not legal but not illegal. It depends on a series of circumstances. As it shows from these few lines it's clear that Europe still has a long way to get to a common definition of sexual assistance operator role but it's for sure something that is emerging and will be on European representatives' round tables until a more regulated way to deal with this subject is found.

Regarding this topic, not all countries added their contribution. In few EU countries like Estonia, Portugal, Bulgaria, Hungary, Poland, Slovakia and Sweden it seems to be lacking such sensitivity regarding the possibility to support disabled in their effort to discover their sexuality. No data were found in these countries and this returns us an image of an obsolete Europe, in which a very large number of countries do not deal with this subject.

As a final and broad-range conclusion it is possbile to say that in general, European countries have a diversified approach to the subject of disability, sexual education for disabled and sexual assistance operators. This means it's still necessary to work a lot to try to go along the same path towards the same european direction but these subjects are not to be treaten and studied autonomoulsy but instead they have to be seen as a cultural development, sensitivity increase for such matters and more in general as a human, social and environmental growth of Europe.

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