My Rights My Life
A Curriculum for Safer Relationships

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Funding Disclaimer

Disability Services of SAFE (1996-present).

Acknowledgements

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Introduction

Rational for My Rights My Life

Research about abuse, violence prevention education, and people with intellectual and developmental disabilities (IDD) is somewhat limited. However, we know that people with disabilities are at high risk for abuse, and that education on safety and sexuality can decrease that risk. For 25 years, SAFE's Disability Services program has provided personal safety and sexuality education for youth and adults with disabilities in Central Texas and beyond. Those trainings and important research and studies on these topics laid the foundation for the contents of the *My Rights My Life (MRML)* curriculum.

In our experience, public school administrators, parents, and residential services staff are more likely to support healthy relationship and safer sexuality education for individuals with IDD when they are familiar with evidence-based research on abuse of people with disabilities, sexuality of people with IDD, and the effectiveness of sexuality education.

Abuse of people with disabilities
Studies consistently show that individuals with disabilities face an increased risk of experiencing abuse compared to their peers without disabilities (Barger, 2009; Powers, Hughes, & Lund, 2009). In a large-scale national survey on abuse of individuals with disabilities that netted over 7,000 responses, more than 70% of people with disabilities said they had been victims of physical, sexual, or emotional abuse or neglect. In addition, most reported experiencing abuse on more than 20 occasions, with only about half of these abusive incidents being reported to authorities (Baladerian, Coleman, & Stream, 2013).

While all people with disabilities are at an increased risk of experiencing violence not only once, but often multiple times throughout their lifetimes, individuals with some disabilities are especially vulnerable. People with intellectual, communication, or mental health disabilities report experiencing the highest rates of victimization (Sullivan & Knutson, 2000; Powers, Hughes, & Lund, 2009). In particular, rates of sexual assault are extremely high for these populations (Barger, Wacker, Macy, & Parish, 2009). In 2018, National Public Radio released a series of reports on sexual assault of individuals with IDD. For their investigation, they reviewed unpublished federal crime data and determined that people with IDD experience sexual assault at a rate seven times higher than do people without disabilities. Clearly, there is an epidemic of violence against people with disabilities.

In response to fears about safety, many families and caregivers decide that they need to provide heightened protection for their loved ones with disabilities by limiting their independence, isolating them from the broader community, and/or preventing their access to information about relationships and sexuality. Yet, evidence suggests that the

exact opposite approach—community inclusion and building self-advocacy and self-determination skills—is much more effective in preventing abuse.

In a 2005 study, researchers provided evidence that individuals with IDD who demonstrated higher levels of self-determination were more successful in recognizing and resisting abuse (Khemka, Hickson, & Reynolds, 2005).

My Rights My Life devotes a significant amount of education and class time to encouraging students to practice advocating for themselves and to take ownership of their relationships and their own sexual boundaries.

Additionally, to increase safety, youth and adults with disabilities need to be part of a community support network; isolating them from the broader community is not an effective means of abuse prevention.

Self-Determination. The concept of self-determination began in the field of special education. As early as 1972, ombudsman at FUB (the Swedish parental organization for children with intellectual disabilities) Bengt Nirje wrote about the need for self-determination for people with disabilities: "a person's rights to have control over decisions regarding their personal lives and access to information necessary in making those decisions."

A self-determined life is characterized by having opportunity, information, and support in making conscious choices and important decisions about one's life (Loman et.al, 2010; Wehmeyer & Schwartz, 1996, 1997, 1998).

Self-determined individuals with or without disabilities can make things happen in their own lives. They work with clear goals or purpose, sometimes with the actions or supports of another person on their behalf (Loman et.al, 2010).

The myth of stranger-danger. Research also indicates that people with disabilities, especially people with intellectual disabilities, are most likely to be abused by someone they know and trust.

In one study, 97-99 percent of individuals with intellectual disabilities knew their abusers. Forty-four percent of the abusers in this same study had a relationship with the victim specifically due to their disability, such as being an accessible transportation provider or a physical therapist (Baladerian, 1991).

Isolating people with disabilities from the broader community is not an effective means of supporting self-determination, developing self-advocacy skills, or of preventing sexual violence, abuse, and exploitation. Removing people with disabilities from broader society or teaching platitudes such as stranger danger does nothing to protect them from abuse at the hands of those they know well, especially when they are living or spending their days in institutional settings, without a community-based network. Instead, people must be taught how to recognize when their boundaries are being

crossed or violated and how to get help in those situations, two key topics explored in great depth in *MRML.*

Sexuality of People with Intellectual and Developmental Disabilities

There is growing evidence that comprehensive sexuality education can help reduce risks of sexual assaults, abuse, and exploitation of youth and adults with disabilities (Hughes et al., 2010; Robinson-Whelen et al., 2014; 2020).

Youth and adults who learn about *consent, bodily autonomy, setting personal boundaries, self-advocacy,* and other topics can increase their awareness of the rights they have to their own bodies, as well as of the rights of everybody else. Through comprehensive sexuality and sex education, youth and adults with disabilities can gain the knowledge and the anatomical vocabulary necessary to accurately report a sexual assault, abuse, or exploitation. When a sexual assault survivor cannot articulate what happened to them and when physical evidence cannot be collected, there is virtually no option for perpetrator accountability.

Leaders in anti-violence movements also recognize the importance of teaching about healthy, pleasurable, and consensual sexual relationships as a sexual assault prevention strategy. "Preventing sexual violence does not mean telling people how to keep themselves safer;" according to the Oregon Attorney General's Sexual Assault Task Force (2016) "by changing our focus to help communities better understand what it means to have a consensual and pleasurable sex life, we [can] begin the process of preventing sexual violence from happening."

Sidebar:
"By changing our focus to help communities better understand how to have a consensual and pleasurable sex life, we begin the process of preventing sexual violence from ever happening." Oregon Attorney General's Sexual Assault Task Force, 2016
End sidebar

Rape culture relies on victim blaming, "slut shaming," and old ideas about gender norms and consent, notes a report from Action Canada for Sexual Health and Rights (2019). Sex-education provides a tool to teach about consent and healthy relationships instead, which helps keep young people more safe. "Talking about pleasure, about intimacy, about fun, and all of the reasons why people may want to have sex helps young people form a concrete picture of what a healthy sexuality is about."

Despite the potential benefits of sexuality education that addresses topics such as intimacy, consent, and pleasure, many individuals with disabilities, especially those with IDD, do not receive this information. Sometimes this lack is due to local or state-wide restrictions against any sex education in public schools. Even in districts where sex education is allowed, students in special education classes tend to be left out of these classes. Or, if they do attend, the information is presented in an inaccessible manner.

Even though students are physically present in classes, their learning needs are not met. In many other cases, students with IDD are removed from sexuality education classes either by their guardians or school staff.

SAFE Disability Services staff has heard many anecdotes about the lack of sexuality education provided to students with intellectual and developmental disabilities. This phenomenon is also reflected in the available research. In one study, only 44.1 percent of students with mild intellectual disabilities and 16.18 percent of students with intellectual disabilities with the highest support needs had access to sex education classes in their schools (Barnard-Brak et. al, 2014). Ultimately, this tendency to deny individuals with IDD access to sex education is harmful to their overall wellbeing. When denied access to sex education youth and adults with disabilities, including IDD, are at increased risks of abuse and exploitation as well as contracting a sexually transmitted infection (STI). Denying access to sexuality education and information does not support self-determination and/or self-advocacy (Gougeon, 2009).

Removing students from sex education classes may be motivated by an effort to protect or the pervasive and incorrect belief that people with disabilities are asexual. It has been our experience that people with disabilities report that, throughout their lives, community members infantilize and assume they are incapable of having adult romantic and intimate relationships. Yet only a small amount of people, with or without disabilities, are asexual. There is no evidence that individuals with intellectual and developmental disabilities identify as asexual at higher rates as do people without disabilities (Advocates for Youth, 2008 & Elevatus Training, 2018).

People with disabilities have a right to information about and to understand their bodies and sexuality. The type of information presented to students with intellectual and developmental disabilities should be based on their biological age. However, *how* that information is presented must be adapted to meet an individual's disability related support needs (Elevatus Training, 2018). *MRML* provides a variety of modifications and accommodations built into each lesson to assist teachers in meeting the needs of the greatest array of students possible.

The Need for LGBTQIA-Inclusive Education
Another widely-held misconception relates to how people with disabilities express their sexuality and/or gender. People commonly and erroneously believe that people with disabilities are all straight and cisgender (cisgender is a term used to refer to individuals whose current gender identity aligns with the sex they were assigned at birth).

Other family members or guardians may actively try to prevent people with intellectual and developmental disabilities from expressing any sexuality other than heterosexuality, engaging in romantic or sexual relationships that are not straight, or dressing in a way that does not correspond with the sex they were assigned at birth.

This is unfortunate, given that research indicates that people with and without intellectual disabilities identify as gay or lesbian at about the same rates as do people without disabilities (Noonan & Gomez, 2011). In fact, more recent studies provide evidence that transgender and other gender diverse individuals are three to six times more likely than cisgender individuals to have autism spectrum disorder or another neurodevelopmental disability (Warrier et. al, 2020).

Although more research is needed about people with disabilities who align under the LGBTQIA+ umbrella, these two studies suggest that inclusive curricula for people with disabilities must provide information that addresses the needs of LGBTQIA+ individuals.

LGBTQIA rates of abuse. Inclusion and affirmation of all gender and sexual orientation identities become even more important when one considers the consistent research evidence that LGBTQIA+ individuals experience violence at rates similar to or higher than the general U.S. population (Brown & Herman, 2015 & NISVS, 2010).

Bisexual women experience more violence than either lesbian or heterosexual women, and bisexual men experience more violence than gay or heterosexual men (Walters, M.L., Chen J., & Breiding, M.J., 2013 as cited in VAWnet, n.d.). Research indicates that transgender people experience disproportionately high rates of violence (James et al., 2016 as cited in VAWnet, n.d.).

In recognition of these and other findings, and our commitment to inclusive services and practices, *MRML* includes resources and activities for talking with students with IDD about sexuality, gender, LGBTQIA+ identities and the celebration of all identities.

Using plain and clear language, we identify a range of sexual acts in this curriculum, recognizing that types of sexual activities individuals engage in may depend on their sexual orientations. Our goal is to affirm SAFE's core mission to "Stop Abuse for Everyone" and to ensure that all sexual interactions are consensual and as healthy as possible.

Accessible and accurate information
Much of the sexual material online is full of misinformation, exploitive, and not accessible to individuals with disabilities, especially people with intellectual and developmental disabilities. Therefore, in addition to leadership skills building, healthy relationships education, self and community advocacy, *MRML* classes provide accurate and accessible information with adults with intellectual and developmental disabilities (18+). Topics include sexuality, sexual acts, sexual safety, and sexual orientation or gender identities.

To ensure that MRML provides inclusive education throughout the manual, we use gender-neutral terminology, such as *partner* rather than *boyfriend* or *girlfriend*, and *person with a vulva* rather than *woman* or *girl* and *person with a penis* rather than *man*

or *boy*. Using this kind of language can help prevent curriculum facilitators from making assumptions about their students' sexual orientations or gender identities. Given the multiple vulnerabilities individuals with IDD who are LGBTQIA+ face, we believe it is essential to create a safe space for these students and to ensure that their educational needs are also being met in the classroom.

Sexuality education

Sexuality education can be a controversial topic for parents of children with and without disabilities. For this reason, it is helpful to be familiar with current research regarding the potential benefits of sexuality education. Rather than encouraging irresponsible sex, comprehensive sex education has been shown to cause students to delay engaging in sexual activity. Of students who do decide to become sexually active, those who have received comprehensive sex education are more likely to reduce the frequency of sexual intercourse, reduce their number of sex partners, and increase condom use (Breuner, 2016).

Conversely, abstinence-only programs have repeatedly been found ineffective. Students who participated in one of four abstinence-only programs were no more likely to abstain from sex than students who did not participate in the programs, according to a congressionally-mandated study (Trenholm et. al, 2007). Indeed, there is a positive correlation between the amount of emphasis in state policy on abstinence-only education and the rates of teen pregnancy and birth in that state (Stanger-Hall & Hall, 2011). Studies continually confirm that comprehensive sexuality education is much more effective than abstinence-only programs in supporting and empowering students to have healthier sexual lives and safer relationships.

Even within comprehensive sex education, the way instruction is delivered varies. Commonly, children and teens are separated by sex or gender prior to receiving instruction. According to sex education experts, however, this separation is not best practice. Dividing students by sex or gender can lead to a belief that students are receiving different messages, and therefore, reinforces the notion that sex shouldn't be discussed in *mixed company*. What young people need is a shared and mutual set of social expectations. For example, setting and respecting personal boundaries is a standard to which all students can hold each other accountable.

Given that a large percentage of individuals will have sexual encounters with a person of a different gender, we must normalize open discussions among people of different genders about things like consent and sexual limits.

Finally, separating by gender is often unsafe for nonbinary and transgender students who may not feel like they fit with either group, or who may find a focus on just one set of genitalia to be disorienting (Rough, 2018).

Anonymous questions. In keeping with current sexuality education research, *My Rights My Life* is comprehensive and evidence-based. Each class is designed specifically for teens and young adults, in settings where young adults of all genders are welcome. We do recognize, however, that some students may feel particularly reluctant to ask certain questions in front of their peers, or in front of their peers of a specific gender. To address this discomfort, *MRML* facilitators are encouraged to distribute blank notecards at the end of each class. Students have the option to anonymously write a question on the card, and then leave the card on their desk or discreetly turn it in to a facilitator. During the next week's class, facilitators can answer the question(s) without identifying its source. If students do not use written communication, they also have the option to ask someone they trust to help them write their question on a notecard, or to talk privately with one of the facilitators. These students might also be able to use the Important Words Sheet (a session-specific communication board found within each PowerPoint) to ask their question using picture supports.

Responding to Abuse Disclosures

Due to the content of *My Rights My Life classes*, there is a high likelihood that, students will disclose past or current experiences of abuse, neglect, sexual assault, or exploitation. These disclosures may feel scary or overwhelming for a teacher, but they don't have to be. With the right information and planning, facilitators can know when to report potential abuse to authorities, and how to respond in a trauma-informed manner to abuse disclosures.

When to report abuse against people with disabilities: Reporting laws
Children. Every U.S. state and territory has laws requiring mandatory reporting of child abuse and neglect. The specific people or professions required to make a report vary, and there are also differences among state laws about whether a report can be made anonymously, penalties for failure to report, and organizational obligations. You can find your state's laws here: www.childwelfare.gov/topics/systemwide/laws-policies/state/

Adults. Mandatory reporting of abuse of "protected adult" populations exists in some capacity in each American state and some territories (National Center on Elder Abuse, n.d.). State rules and regulations vary. For example, while 90% of states investigate abuse of adults age 18 and older with disabilities, some states only investigate abuse of adults in later life. Laws also differ about who is required to report, whether a report can be made anonymously, penalties for failure to report, organizational obligations, and more. You can find your state's laws here: www.napsa-now.org/get-help/help-in-your-area/

Some states may additionally require a report to local law enforcement when a crime has occurred. Consult your jurisdiction's mandatory reporting statutes for further information, and always call 911 in the case of an emergency.

People with disabilities. As noted, not all states mandate reports of abuse, neglect, or exploitation of people with disabilities. Even in states that do, the specific disabilities that lead to a mandatory report differ. In Texas, for example, only adults with "a disability that grossly and chronically diminishes physical or mental ability to live independently or provide self-care" are covered by the state's Adult Protective Services division (Texas Administrative Code Rule §705.1001). Many types of disabilities would not meet this requirement. When in doubt about if you are required to make a report, consult your state statute or local Adult Protective Services department.

Current or past abuse? One final factor in deciding whether you need to make a report of suspected abuse is when the abuse occurred. For example, Texans must make a report of any known or suspected child abuse, whether it is currently ongoing or occurred in the past.

For adults with disabilities, it is more complicated. Texas Adult Protective Services only investigates *current* abuse. So if an adult with a disability or adult in later life discloses abuse that occurred in the past, there is typically no requirement to make a report. The only exception to this rule is if there is information or reason to believe that a perpetrator of past abuse has current access to the victim or any mandatory reporting populations. In this case, a mandatory report *is* required (Texas Human Resources Code §§ 48.051). Guidelines about when to report past abuse should be explained in your state/territory's mandatory reporting [statute](#).

Title IX. If you are working in a school setting, you may have additional responsibilities to report any abuse disclosures to your institution's Title IX Coordinator. Title IX is a federal law that prohibits sex discrimination in any educational setting that receives federal funds through the U.S. Department of Education (almost all schools and universities). This means that schools have an obligation to prevent and address sex discrimination, sexual harassment, and sexual assault, regardless of whether these were perpetrated by a student, a school employee, or a third party (Know Your IX, n.d.). School employees typically have a responsibility to report Title IX violations experienced by students to their employer's Title IX team. If you are a guest working in a school setting (for example, a disability service provider or an employee of a domestic violence agency), you are likely not obligated to make a Title IX report, though you should confirm this with your agency's legal team. For all individuals providing My Rights My Life in a school setting, more information on Title IX reporting obligations can be obtained through contacting your educational institution's Title IX office.

Trauma-informed responses to disclosures
Facilitators of these classes can prepare to respond to abuse disclosures in a trauma-informed way. Trauma is an emotional response to an event that is deeply distressing or disturbing, often one that poses a threat to our social-emotional self, physical body, or life (SAMSHA, 2015). Abuse, neglect, and exploitation are all examples of forms of trauma that people with disabilities commonly experience.

Trauma-informed care is a shift in approach to how we interact to people who are coping with previous traumatic experiences with behaviors that are not working for them or others. These behaviors may include interrupting others, not responding, shutting down, or getting angry easily. Rather than wondering what is wrong with the person, or attributing the behavior to a disability, we consider what traumatic events might be impacting how they respond.

Think of all behavior as communication. Humans behave in ways that do not work when something is not right in their lives. As facilitators, we can work to understand the meaning behind student behaviors. Another way to be trauma-informed in these class is to incorporate five principles of trauma-informed care into your classroom: safety, trustworthiness, choice, collaboration, and empowerment (Fallot, 2011). One of these values, choice, is explored in more depth below.

Choice. There are many ways to support students' choices while making mandatory reports. One of the most important things you can do when first beginning these classes is to explain mandatory reporting requirements. Remind students of these requirements before class sessions that specifically address abuse and sexual assault. If you believe someone is about to disclose abuse, we suggest interrupting and reminding about your mandatory reporting requirements. This can help ensure that disclosure are being made as an informed choice.

An example of accessible language script to explain mandatory reporting requirements in Texas can be found in the Class 19 PPT, slide 5. This script can be adapted to match the population you are working with and the mandatory reporting laws in your area. Giving students this information upfront is crucial because it allows them to choose whether and what information they want to share in your class.

You can also foster choice and decision-making in the mandatory reporting process by asking students who have experienced abuse how involved they would like to be in the reporting process itself. Students can make a report of their own in addition to your report, make a report with you, sit and watch while you make a report, or not be involved with the reporting process at all. Respect the student's decision. You can further support a student's choice by sharing as much information as you have about what will happen next in the abuse investigation, and what the student can expect as the investigation progresses.

A final consideration when making a mandatory report is obtaining support for the student who has experienced violence, any student who heard the disclosure, and for yourself. Talk to the student who disclosed abuse, and help them identify sources of support. Is there a safe family member they can talk to? A trusted adult friend? Do they need your support telling this safe family member or friend about the abuse?

If you are working in a school setting, there are legally-mandated protections and supports that can be put in place through the Title IX process (see "Title IX" section for more information). In addition, a school social worker or counselor may be available who could, with consent, meet with the student and help connect them with additional resources and support.

Another resource to consider is your local domestic violence, and/or sexual assault center. Find information about your local or state:
- Child Advocacy Center here: www.nationalcac.org/find-a-cac/
- Domestic Violence Coalition here: https://www.thehotline.org/get-help/domestic-violence-local-resources/
- Sexual Assault and Exploitation Center here: centers.rainn.org/

In addition, talk with any students who were present during the abuse disclosure, and acknowledge that it can be difficult to hear about someone else being hurt. Check in with class members to see how they are feeling, and try to find out if they need further support. Be prepared to provide information about where they can find support if they need extra time to process what they heard. Finally, take care of yourself. Hearing abuse disclosures and making mandatory reports can have a large emotional impact. See the *Preventing Burnout* section for information on healing resources for yourself and others.

Protection and Advocacy System

One final resource to support a student with a disability who has experienced violence is your state or territory's Protection and Advocacy System (P&A). P&As are mandated by law in all US states and territories, and they provide legal support, information and referral, and technical assistance to protect the civil and personal rights of individuals with disabilities (Administration on Community Living, 2019). All crime victims have rights, and people with disabilities also have the right to be accommodated through the criminal justice process and in all victim services settings. If you feel that a student's rights are not being respected, ask if they would like to get in contact with the local P&A. With consent, you or the school counselor may be able to support them in calling the P&A to explore possible rights violation. You can find your local P&A at this website: www.ndrn.org/about/ndrn-member-agencies/

Preventing Burnout

No matter what your role is—parent, teacher, disability service provider, domestic violence/sexual assault center employee—chances are you have a pretty busy schedule. We hope that after reading the *Research* section of this manual, you are convinced of the vital need to provide healthy relationship and safer sexuality information to people with disabilities in your life. Even with this conviction, however, deciding to provide instruction on of *My Rights My Life* may add extra work and exposure to violence-related issues. In recognition of this fact, we included the resources below on preventing burnout.

The Mayo Clinic (2018) defines job burnout as "a state of physical or emotional exhaustion that also involves a sense of reduced accomplishment and loss of personal identity." Facilitating healthy relationship and safer sexuality education is hard work, and you may need to plan for how you will compensate for this new challenge. In fact, research has shown that teachers with more proactive coping skills experience less feelings of job burnout (Starchenkova, Kruglova, & Stolyarchuk, 2017).

Before you begin to facilitate this curriculum, take some time to think about what things you will do to help avoid experiencing burnout. You may even choose to write down a self-care plan that you can refer to throughout the year. Often, our first line of defense against burnout is connection with people we trust. Identify who the people are on your campus, in your organization, and elsewhere you can talk to after a tough class, or when you're preparing to teach new content. Everyone needs allies and mentors in this work. If you don't have someone at work who fills this role, maybe there is someone in your personal life you can connect with for support as needed. SAFE Disability Services is also available for technical assistance on delivering *MRML* content and can be reached at disabilityservices@safeaustin.org or by calling 512-267-7233.

During classes, you will spend a lot of time helping students understand their boundaries in relationships, and how to set them. It is equally important for you to be able to set boundaries in your professional life in order to prevent burnout. Sometimes, saying *no* to things can be a huge gift to your self-care. Make sure to find time to not be working, and to seek out activities, places, and people that rejuvenate you. Self-care includes, but is not limited to, physical, social, creative, spiritual, and professional care:

- *Physical self-care* focuses on movement and the body, and includes things like going for a walk, dancing to a favorite song, getting a group together to play a sport, or even just getting a good night's rest.
- *Social self-care* can include calling up a close friend, or going out to eat with loved ones.
- *Creative self-care* might be drawing and painting, crafting, taking photos, gardening, or writing.
- *Spiritual self-care* taps into the things that refill your spirit, and could include anything from going to a place of worship, reading a great book, meditating, or being outside in nature (consider tree or beach therapy).
- *Professional self-care* might involve setting boundaries, obtaining continuing education, and finding a support network at your place of employment.

If none of these things appeal to you, you can also consider incorporating self-care that connects to the senses, such as writing in a journal, listening to music, doing artwork, smelling flowers, or having a hot drink. There's no right or wrong way to do self-care, and each person's self-care routine will be as unique as they are.

Practical Considerations

Sex Education Laws

Sex education laws and restrictions vary widely from state to state, and how these laws are translated into policy can also vary between districts within a state. In addition, sex education requirements may depend on the age of the students you're working with, and at times, these can be difficult to interpret. In Texas, for example, part of the sex education statute as of 2021 refers to guidelines for "unmarried persons of school age" (Texas Education Code §§ 28.004). In preparing to teach *MRML*, SAFE consulted with several attorneys and educational experts, and each had a different opinion as to whether this piece of the law would apply to transition-aged adults still receiving services through the public schools (Are they "school age?" What about if they are married?).

In determining which parts of *MRML* you are allowed to teach in your classroom, you can start by *reviewing the sex education laws in your state*. Look to see if there is any information that is not allowed to be taught, any information that must be taught, or any oversight body that needs to approve healthy relationship curricula before they are used in school settings. SIECUS is one organization that tracks this information federally, and you may be able to find your sex education laws by reviewing their state profiles online at https://siecus.org/state-profiles-2019-2020/. You may also be able to get this information from your school administration or school board. While *MRML* is designed to be taught in a comprehensive, cumulative way across the school year, students will still benefit if local restrictions only allow you to teach some of the classes.

Engaging Parents

While this curriculum was designed for and piloted with an adult audience, the majority of those adult transition-aged students SAFE worked with lived at home with family. We are also aware that some sites may use this curriculum with younger students. In recognition of these facts, we have included some information about how to engage parents in this work.

While sex education can elicit strong opinions in some communities, recent research shows that more than 89% of U.S. parents on both sides of the political aisle support including a wide range of topics in high school sex education, including puberty, healthy relationships, abstinence, sexually transmitted diseases (STDs), and birth control. The majority of respondents in this study (75-92% depending on political affiliation) also supported inclusion of information on sexual orientation in high school sex education curricula (Kantor & Levitz, 2017). Evidence suggests that it is a relatively small, though perhaps vocal, group of parents who may oppose the use of a curriculum like *My Rights My Life*.

Our team employed two main strategies for engaging parents and trying to elicit their support for *MRML* in the classrooms. First, at the beginning of each school year, we held a parent launch meeting during the evening after workday hours. At this meeting, we presented the curriculum, starting with some of the information from the "Research" section of the Introduction of this manual. We discovered that by starting our presentation with some facts about people with IDD's sexuality, we helped address many parent anxieties, and laid the groundwork for the rest of our presentation.

After demonstrating through research why comprehensive sexuality education is a necessary human right for all people, and especially for people particularly vulnerable to sexual abuse, we highlighted the primary curriculum topics in *MRML*. The parent launch meetings were an excellent opportunity for parents to get to know the class teachers, and to safely ask questions about the curriculum. It was also an opportunity to cover what information would be shared with parents (topics covered in class), and what information would remain confidential (specific stories shared or questions asked by students, unless a mandatory report of abuse was required). We held our meetings in the evening, based on feedback from parents that this was the easiest time for them to attend. Other options include holding an in-person meeting during the day, scheduling a virtual meeting, or recording an online overview that parents can view on their own time.

The second strategy we employed for parent engagement was sending home a monthly newsletter electronically and/or in paper copy, depending on parent preferences. Each newsletter had four key components. First, a monthly calendar informed families of which class topics would be covered on which days. Next, each newsletter included a more in-depth summary of the class content for that month. The back of the newsletter featured tips to help students continue practicing healthy relationship and self-advocacy skills at home, as well as links to resources for further information. Finally, each newsletter included contact information for the teachers should family members have further questions.

Creating Classroom Cultures of Consent

One of the biggest things you can do to support student understanding of healthy relationships and safer sexuality is to create a culture of consent in the classroom. We most often talk about sexual consent in our society, which is important, but consent should also be practiced every day in situations that are not sexual. In *My Rights My Life* classes, you will teach students that consent means getting someone's permission or asking for their okay to do something, and that there are many times every day that we must ask for and receive consent. Help students think through examples of when they need to get consent: to borrow something from someone, to share what someone else told them, to take a picture of someone or share it online, to touch someone in any way, etc. This everyday practice creates a culture of consent that can further students' understanding of the curriculum and help prepare them to practice sexual consent.

In order for consent to happen, four things need to be true:

1. Both people need to be **thinking clearly.** This means that everyone is awake, and free from the influence of alcohol or drugs.
2. Both people give an **excited yes**! If a person doesn't say anything, or if they seem unsure, this is not an excited yes. For students who use nonverbal communication, an excited yes can be shown through body language, facial expression, communication devices, a thumbs up, nodding the head. Remind students that it is always okay for someone to change their mind, even if they initially said yes to something.
3. There is **no pressure.** Nobody should be forced or threatened into giving consent.
4. There are **ongoing check-ins** to make sure that both people are still saying yes.

Set the expectation that everybody in the classroom—teachers, assistants, students, and other staff—will ask for consent before touching others, borrowing something, or sharing stories that are not theirs. It is important that students see examples of authority figures such as staff practicing boundaries and consent by asking students before touching them or before providing assistance. "Can I help you get your jacket on? How would you like me to help?" Emphasize to students that they can always say no to anyone who does something that they are not comfortable with or that does not feel right. This practice can help them learn their own boundaries and how to communicate those boundaries to others.

Students also need to learn how to accept no for an answer. While it is normal to feel disappointed when someone says no to something we want, students need to understand that they have to respect the other person's right to tell them no. You can role play different scenarios when someone asks for consent, and the appropriate ways to respond when someone says no.

You can also strengthen your classroom culture of consent by using a comprehensive informed consent process for *MRML* classes. When SAFE delivered this curriculum, each student received an outline of class topics and had a chance to ask questions about the curriculum before the classes began. If they wanted to participate in the class, they signed a plain-language informed consent document. Students also had the opportunity to opt into and out of individual sessions, although no students took that choice. In addition, students always had the right to take a break, or to decide in the moment that they no longer wanted to participate in *MRML* classes. Never force a student to complete an activity or participate in a lesson that they do not wish to do—this is not consent.

In our experience, allowing students to step outside for a few minutes, or even to sit quietly and listen without directly participating in an activity, increased the students' interest in continuing to be a part of *MRML* classes.

If a student has a legal guardian, that person will need to sign the consent form. You should, however, still get the student's consent to be in the classes, and that student should still be allowed to take breaks from classes as desired. If a legal guardian does not want to provide consent for a student to participate, ask if they are willing to share their concerns with you. You may be able to address those concerns, or find a compromise that would allow the student to at least participate in some *MRML* activities. Ultimately, however, a legal guardian may have the right to remove students from your classes.

Making Learning Sustainable

Each *My Rights My Life* lesson is designed to last about an hour to an hour and a half. While a lot of repetition is built into *MRML* classes throughout the year, it is our experience that one class per week will not be enough for most students to be able to fully understand and apply the healthy relationship and self-advocacy skills from this curriculum.

This is especially true because, as noted earlier, many people with intellectual and developmental disabilities are either removed from sex education classes during K-12 schooling, or are provided sex education that is inaccessible to them (Barnard-Brak et. al, 2014). You may find that you are the first person who has provided students with accessible information on consent, their bodies, and human sexuality. Depending on the students' experiences and support needs, this lack of previous education may make it more difficult for them to acquire and maintain healthy relationship skills, including consent and boundaries.

To address this challenge, each week's lesson plan includes tips and suggestions for both a pre-teach lesson and for continuing conversations post-lesson in your classroom. If you work in an external agency providing classes within a school district (for example a disability services provider or a domestic violence/sexual assault center), you can provide pre-teach and post-teach materials to your partners at the school district. Students' abilities to apply the skills they are learning in *MRML* will be greatly enhanced with these strategies.

In addition, we recommend that you keep the curriculum's Healthy Relationship Toolbox displayed in the classroom throughout the school year, and help students find a variety of ways to practice these tools on a regular basis. For example, you might ask a student to grab the I Statements Tool out of the Toolbox, and practice using an "**I"** statement to communicate their feelings or boundaries to another student or staff member. The more opportunities you give students to practice these skills throughout the year, both as situations naturally arise and through planned role plays, the greater likelihood that students will be able to fully comprehend *MRML* content.

For Disability Services Providers or Domestic Violence/Sexual Assault Centers

Engaging School Districts

The SAFE Alliance is a nonprofit working to stop abuse for everyone. We serve survivors of sexual assault and exploitation, domestic violence, and child abuse. For this project, the Disability Services Program of SAFE, chose to work with three transition programs in local school districts. It was helpful to provide our curriculum in already established classrooms and programs because of the natural supports provided by district professionals. If you choose to work in school settings, you may consider creating a school district workgroup to facilitate the project's success. For our project, we established a workgroup in each of three districts. The composition of each workgroup was left up to districts. Some workgroups consisted exclusively of classroom teachers. Other districts chose to include administrative and other district professionals in the meetings.

When this development project began, each workgroup met on a monthly basis. During each of these meetings, project staff and school personnel debriefed the previous month's successes and challenges, and discussed ways to avoid repeating pitfalls in future classes. SAFE's staff also provided a preview of the upcoming classes, asking for any input on best ways to present the information, or ways to tie the content of these classes into conversations students were already having in their classrooms. These meetings proved invaluable as they provided a time for us to brainstorm the best ways to engage with parents, and how to handle any concerns that were raised by parents, students, or district administrators. As the project progressed, the workgroup met less frequently. During the third and final year of pilot testing, each workgroup met once every couple of months, and addressed current needs or more pressing issues through emails, phone calls, and in-person communication.

Policy Considerations

The relationship and sexuality policies enacted by residential settings for people with disabilities vary widely. If you work in a domestic violence and sexual assault center and are providing classes in a residential setting for people with disabilities, ask to see the agency policy on resident romantic relationships and sexuality. It's important to know what kind of sexual and romantic behaviors are supported, and what, if any, are forbidden. Some agencies forbid even holding hands. The *My Rights My Life* curriculum was written to empower people with disabilities to advocate for what they want in their relationships, and to be safer if they choose to participate in sexual activities. We recognize, however, that there may be a conflict between what our curriculum teaches and what is allowed in some residential settings. We do not want students to violate policies/rules, get in trouble, or lose critical housing supports because of these classes. However, you may be able to use the research presented in this facilitator's guide to

advocate for residential setting policy changes. As subject matter experts on preventing abuse and sexual assault, you have a responsibility to educate decision makers about how access to healthy relationship and safer sexuality education is a protective factor for all people, including those with disabilities.

If you are a residential service provider for people with disabilities, take this opportunity to review your agency's policy on residents' rights to healthy relationships and the expression of safer sexuality. Does your agency have a policy on these topic areas? We know that a lack of clear policies about supporting residents' rights to safe expression of sexuality creates a lot of confusion for staff, as well as inconsistency in the support provided to residents. This gap may also increase residents' risk for abuse. If a resident is unable to safely and consensually engage in sexual activities typical for people their age, then they may be more at risk for engaging in dangerous behaviors, or for not knowing how to get support if they experience sexual exploitation or abusive behaviors. Unfortunately, we also often see individuals with intellectual and developmental disabilities arrested for offending sexual behaviors, including public masturbation, because of a lack access to sexuality education and/or safe and private places to be sexual.

Policies on residents' relationships and sexual activities should emphasize adult residents' rights to sexual expression. You may also consider addressing sexuality access, opportunity, education, and empowerment in your policy (Samowitz, 2010). Do residents have *access* to needed sexual aids, reproductive contraception, and methods to protect against sexually transmitted infections (STIs)? Do they have *opportunities* to masturbate or be sexual in a safe, private room? Do they have *opportunities* to connect with other people with similar interests who could be potential romantic or sexual partners? Think also about resident *education* needs. Have they had access to classes on healthy relationships? Did they learn about safer sexuality and sexual health? Many people with disabilities are denied these educational opportunities, and you can help address this need for residents. Finally, how can your staff *empower* residents to have self-determination and self-advocacy in their relationships, gender identity and expression, sexual orientation, and sexual expression? (Samowitz, 2010). You can find sample policies on residential relationships and expressions of sexuality online, or you may be able to collaborate with local sexuality education organizations, disability rights activists, and domestic violence/sexual assault centers to draft your own policy.

For Parents

Advocating with Schools

One way you can support your adult child's development of healthy relationship and safer sexuality skills is by having conversations with your student and school district staff about the types of relationship and sexuality education the district provides. Ask what types of relationship and sexuality education may be provided and including in the school's curriculum.

It's also important to ask how relationship and sexuality education information is made accessible for students with disabilities. If there is no accessible relationship and sexuality education, you may need to advocate with school leadership for that education to be provided. Research noted in the Introduction section of this guide, could be helpful to you in having these conversations. For additional support, you can contact SAFE Disability Services at disabilityservices@safeaustin.org.

Support Staff and Residential Settings

As you and your student are hiring support staff or considering residential housing options, you may want to ask potential staff about any policies they have regarding client rights to romantic relationships and safe expression of sexuality. Ask to review their policies. What is the role of support staff in helping people with IDD have healthier and safer romantic and sexual relationships? Will your adult child have opportunities to engage in sexual activities on their own or with another person in safe, private locations? Will paid staff support them in gaining access to any needed education, contraception, and STI protection methods? For more information, see the "Policy Considerations" subsection of "For Disability Service Providers or Domestic Violence and Sexual Assault Centers" above.

Instructions for Using this Manual

Accessing the curriculum: All *My Rights My Life (MRML)* curricular materials are on the SAFE website at safeaustin.org/WEBPAGENAME. On this webpage, you will find PowerPoints and Lesson Plans for each of the 30 *MRML* classes. All curriculum materials are available in English and Spanish.

Content Overview

The *MRML* curriculum was designed for use with 18-22 year old students with intellectual and developmental disabilities receiving instruction in transition programs. We do believe, however, that most if not all of the information included in this

curriculum could be successfully used or adapted for use for the high school age group and for adults older than age 22. The curriculum is broken into four main units.

Unit One: *Introduction to Healthy Relationships,* consists of nine classes and discusses self-advocacy and safety within non-dating relationships. This unit also includes two classes with an exclusive focus on cyber safety. Throughout Unit One, students will add tools to their "Healthy Relationship Toolbox." The tools in this toolbox (Relationship Map, I Statements, NO!, and Consent Check-In) are utilized throughout the curriculum.

Unit Two: *Romantic Relationships and Dating,* delves into gender and gender stereotypes, as well as the mechanics of healthier dating relationships. This unit has seven classes and includes a discussion of how to handle rejection within romantic relationships.

Unit Three: *Safer Sexuality*, focuses on body parts and safety when being sexual. Throughout the seven classes of this unit, students will add new items to their "Safer Sexuality Checklist."

Unit Four: *Leadership for Healthy Relationships,* consists of seven classes and gives students an opportunity to apply what they've learned throughout the school year as they practice advocating within their communities for healthier and safer relationships.

Core Values

Each lesson of the curriculum was written with the following values in mind:

- ***Accessibility.*** We believe that people with disabilities deserve equal access to information about their bodies, relationships, and sexuality. We believe that this information should be provided in a way that is fully accessible. And we believe that students with disabilities should see themselves reflected in the visual materials utilized in this curriculum.
- ***Safety.*** We believe that all people deserve and have the right to participate in relationships that are free from any and all forms of violence and abuse. We seek a future where all relationships are built on trust, respect, safety, equity, and healthy communication. We want people with disabilities to be in meaningful and safer relationships of their choosing, and to know how to get help if anyone ever hurts them.
- ***Designed for adults***. We believe that adults have the right to honest, evidence-based, and comprehensive information regarding their bodies, relationships, and sexual lives.
- ***Sex positive***. We know that when it comes to talking about sex, fear tactics do not work. We also know that most people, including people with disabilities, will choose to be sexual at some point in their lives. We want our students to have the information they need to be as safe as possible in their sexual relationships,

and to get help if their sexual relationships become unsafe. We also affirm a student's right to set their own sexual limits, including the right to choose to be abstinent.

- **LGBTQIA+ inclusion.** We unequivocally support, affirm, and celebrate our LGBTQIA+ students. This curriculum is written to be inclusive of various gender identities and sexual orientations. We have also chosen to use gender neutral language whenever possible. Finally, we believe that LGBTQIA+ students should see themselves reflected in the visual materials utilized in this curriculum.
- **Anti-racism.** We strive to be anti-racist in our work with students, while also acknowledging that we must continue to grow and improve in this area. We believe that students of color should see themselves reflected in the visual materials utilized in this curriculum. In this curriculum, we also strive to address harmful stereotypes related to race and sexuality.
- **Safety at every size.** We believe that people of all body sizes and shapes deserve access to healthy relationships of their choosing. We also believe that students of all body sizes should see themselves reflected in the visual materials utilized in this curriculum.
- **Language access.** All *MRML* materials are available in English and Spanish. For each lesson, we have also included a communication board featuring SymbolStix picture symbols for students who communicate using picture supports.

Lesson Index

	Session Title	Objectives	Important Words
1	Introductions and creating a safe space	• Learn that *My Rights My Life* classes explore self-advocacy and healthy relationships. • Identify one thing they will learn during *My Rights My Life* classes. • Understand that teachers must get help by calling Adult Protective Services (APS) if students report they are being hurt.	pronouns, safe space, healthy, relationships, dating, family, friend
2	Feelings	• Name and describe common feelings, including happy, mad, sad, and scared. • Identify "I feel" statements as one healthy way to respond to feeling strong emotions. • Discuss unhealthy ways to respond to strong feelings.	feelings, I statements, nervous, tired, grossed out, hurt

		• Choose at least one thing they can do to feel better when they are feeling mad, sad, or scared.	
3	Self-Advocacy	• Define self-advocacy and explore everyday situations when they use self-advocacy. • Practice using "I want" and "I need" communication tools. • Discuss why self-advocacy is so important in relationships.	self-advocate, choices, talk, I want, I need
4	Different types of relationships	• Recognize and name different types of relationships, including family, friends, coworkers, and strangers. • Decide what kinds of behaviors are safe or unsafe in different types of relationships. • Identify one or two trusted adults who can be contacted if the student ever needs help.	relationship, friend, family, co-worker, teacher, doctor, neighbor, romantic partner, safe, boundaries
5	Practicing boundaries	• Learn that their feelings can let them know when a boundary is crossed. • Know that they have the right to set their boundary by saying NO! to anyone or anything that crosses their boundary. • Explore ways to get safe if their boundaries are crossed.	boundaries, cool, not cool, self-advocate, I want, I need, safe
6	Consent	• Define consent and explore why consent is so crucial for healthy relationships. • Learn the four parts of consent: thinking clearly, exciting yes, no pressure, and check-ins. • Practice asking for consent and respecting the answer.	consent, ask, awake, sober, excited, pressure, check-in, respect, listen

7	Healthy relationships	- Identify four foundational components of a healthy relationship: safety, respect, equality, and communication. - Practice using active listening skills in order to facilitate healthy communication. - Explore ways to get help if unhealthy or abusive things happen in a relationship.	safety, respect, equality, communication, healthy, unhealthy, friend, coworker, support staff, family
8	Internet safety: catfishing and creating online profiles	- Understand the concept of catfishing, where people pretend to be someone else online. - Explore what information is safe to share online, and what information is too private to share online. - Be introduced to the concept of changing privacy settings on social media sites.	catfishing, public, private, videogame, social media, email, texting, watch videos
9	Internet safety: cyberbullying and sexting	- Define self-advocacy and explore everyday situations when they use self-advocacy. - Practice using "I want" and "I need" communication tools. - Explore why self-advocacy is so important in relationships.	public, private, cyberbullying, sexting, nude, block, report, screenshot
10	Gender	- Learn three ways people identify their gender: man, woman, and non-binary. - Define transgender and emphasize the importance of respecting people of all gender identities. - Explore three common pronouns and match the correct pronouns with the corresponding gender.	gender, non-binary, man, woman, pronouns, he, she, they
11	Gender stereotypes	- Define a stereotype as a statement about a group of people that is not all true. - Debunk common gender stereotypes.	gender, non-binary, man, woman, pronouns, he, she, they, stereotype

		• Learn how gender stereotypes can affect relationships and be harmful.	
12	Getting to know someone	• Discuss safety when meeting new people. • Identify and practice using questions that are okay to ask a person they are just meeting and getting to know for the first time. • Explore how individuals move on the Relationship Map from the outer circle, middle circles, and inner circles of trust (red, yellow, and green circles).	relationship, romantic partner, friend, stranger, meet, ask, talk, online, public, private
13	Romantic feelings and flirting	• Learn about romantic/sexual feelings, and be able to explain sexual orientations including straight, gay, lesbian, bisexual, queer, and asexual. • Identify how flirting can be used to let someone know you have romantic/sexual feelings for them. • Discuss and practice giving and receiving appropriate compliments.	romantic feelings, sexual feelings, sexual orientation, flirting, compliment, stranger, friend, romantic partner, consent
14	What is dating?	• Explore what dating is, and different things people can do on dates. • Discuss the importance of consent and boundaries within dating relationships. • Debunk some common misconceptions related to dating, including myths about dating and gender.	date, consent, ask, boundaries, pay, free, kiss, gender, stereotype
15	Dream dating partner	• Understand who is and is not appropriate to date, including understanding where someone should be (i.e., how well known) on the Relationship Map before asking them on a date.	date, family, teacher, boss, coworker, support staff, counselor/ therapist, doctor, religious leader, partner

		• Discuss safety when dating in-person or online. • Explore the qualities they are looking for in a dream dating partner.	
16	Rejection and ending relationships	• Practice handling disagreements in relationships in a healthy way using I statements. • Discuss break-ups and rejection in dating relationships. • Explore healthy ways to respond to rejection.	disagreement, healthy, unhealthy, rejection, break-up, self-care
17	Anatomy	• Identify the basic parts of human genitalia, including for people who identify as intersex. • Discuss how the body responds to sexual touching and acts. • Learn what masturbation is, and discuss legal and illegal places to masturbate and/or be sexual.	penis, vulva, breasts, sexual feelings, masturbate, public, private
18	Sexual feelings and acts	• Identify a few qualities that make someone a safer sexual partner. • Review and discuss sexual feelings and sexual orientation. • Define some basic sex acts and think about their own sexual limits.	sexual orientation, sexual feelings, oral sex, anal sex, vaginal sex, foreplay
19	Sexual limits, consent, and assault	• Understand more about sexual limits, including abstinence. • Review the four parts of consent, and practice applying these concepts in real-world sexual scenarios. • Discuss what sexual assault is and explore how to get help.	ask, awake, sober, excited, pressure, check-in, sexual assault, rape
20	Reproduction and birth control	• Learn what type of sex can cause pregnancy. • Discuss the basics of fertilization and birth.	egg, sperm, ejaculate, vaginal sex, pregnancy, condom, birth

		• Identify some birth control options, including condoms and options for people with vulvas and vaginas.	control, doctor, baby, lubricant
21	Sexually transmitted infections and barrier methods	• Learn how sexually transmitted infections, or STIs, are spread. • Understand the importance of testing and treatment for minimizing STI risks. • Identify STI protection methods, including dental dams and condoms.	oral sex, anal sex, vaginal sex, sick, healthy, doctor, medicine, clinic, condom, dental dam
22	The truth about your body and sex	• Debunk common misunderstandings about virginity, pornography, bodies, and sex. • Discuss safer ways to learn new information about bodies and sex. • Practice sexual self-advocacy using the I Statement Tool.	porn, hurt, pregnancy, ask, self-advocate
23	Are you and your partner ready to have sex?	• Understand what things people need to think about when deciding if they want to have sex. • Review what steps they can take to be safer while being sexual using the seven items from the Safer Sexuality Checklist.	public, private, ask, birth control, pregnancy, sick, condom, dental dam, doctor, foreplay
24	Sexual harassment	• Define sexual harassment as unwanted sexual words and touch. • Discuss what sexual harassment looks like at school, at work, and in the community. • Explore what to do if they or someone else experience sexual harassment.	sexual harassment, catcall, unwanted, touch, talk, school, work, community, suspended, fired
25	Healthy romantic relationships	• Review the four foundational components of a healthy relationship: safety, respect, equality, and communication. • Explore how these four qualities can be used in romantic relationships.	safety, respect, equality, communication, healthy, unhealthy, recipe, listen

		• Synthesize information from all classes thus far by creating their own healthy relationship recipe.	
26	Unhealthy relationship behaviors and abuse	• Identify warning signs that a relationship is becoming unhealthy. • Discuss dangerous behaviors that indicate a relationship is unhealthy. • Define verbal, physical, and sexual abuse, and discuss ways for violence victims to get help.	healthy, unhealthy, warning sign, dangerous, verbal abuse, physical abuse, sexual abuse
27	Leadership for Safer Relationships	• Review the main healthy relationship and safer sexuality topics discussed in *My Rights My Life* classes so far. • Explore ways they can be leaders for healthier relationships in their communities. • Practice speaking on a healthy relationship issue that is important to them.	leader, advocate, relationship, vote, march, call, email, talk, group
28	Planning for final class presentations	• Learn about their final class project: Leadership Presentations. • Understand the different parts of the Leadership Presentations project. • Break into small groups and begin planning for their final presentations.	leader, advocate, relationship, presentation, actor, artist, tech support
29	Planning for final class presentation part two	• Create the final presentation PowerPoints, role plays, and posters. • Practice delivering their final presentations.	leader, advocate, relationship, presentation, actor, artist, tech support
30	Final class presentations and party	• Deliver their final class presentations. • Receive certificates recognizing their completion of the *My Rights My Life* curriculum. • Celebrate their achievements with a class party.	leader, advocate, relationship, presentation, actor, artist, tech support, party, award

Logistics

Support Needs. This curriculum was field tested with students with a wide range of support needs and communication styles. Each PowerPoint includes an Important Words slide featuring SymbolStix picture symbols. Students can use this slide as a communication board during each class. Communication board use will be most effective if you actively model how to use the board throughout the class session.

Although we have tried to anticipate a wide array of student needs, we also know that you may need to make additional adaptations and accommodations to improve the accessibility of this curriculum for students. Thank you for your efforts to help us provide this important information to as many students as possible.

Physical Materials. At the end of each lesson plan, you will find templates and instructions for creating the physical materials that accompany this curriculum. We found that it was helpful to display some materials, such as the Healthy Relationship Toolbox, in classrooms throughout the year, even outside of normal _MRML_ class time. Our students also benefitted from having a binder where they could keep all of their personal _MRML_ materials in one place.

Timing. This curriculum was designed to be taught about once a week throughout the course of a school year. Each class will take about an hour to an hour and half to complete, depending on how actively your students participate in discussions and activities. There is a 5-minute brain break built into the middle of each class, but you are welcome to take a longer break, or to break the class itself into shorter sections that are completed throughout the day or week. You know the needs of your student's best.

We crafted these classes to be cumulative, and to gradually build knowledge and skills across the school year. _MRML_ classes will be most effective if you teach all 30 classes, and you use the pre- and post-teach materials to reinforce and support learning throughout the school year.

Limitations
Although SAFE's Disability Services staff spent considerable time conducting interviews, engaging workgroups, researching existing curriculum and topics, and pilot-testing in 3 local school districts across each of 3 years, we recognize that it is impossible to include all of the information students need to be advocates for healthier and safer relationships.

And, we believe this is especially true given that many students with disabilities are removed from sexuality and relationship education due to a persistent stereotypes about the asexuality of people with disabilities. In other cases, students participate in

sexuality and relationship education with their peers, but appropriate accommodations are not made to ensure the information is fully accessible to students with disabilities. If students ask you a question that is not covered in this curriculum, or if you are seeking further information on leadership for healthier relationships and safer sexuality, consider utilizing the resources below.

Resources

amaze.org has animated videos on a variety of healthy relationship/safer sexuality topics. The website has a section for educators with toolkits and lesson plans, all available for free.

ConnectSafely is a nonprofit dedicated to educating technology users about safety, privacy, and security online. They have information written for young adults and for parents. Their "Tips and Advice" section includes fact sheets about Internet safety issues. connectsafely.org

The Arc of Spokane developed a "Healthy Relationships Workbook" that can be downloaded for free at: arcwhatcom.org/wp/wp-content/uploads/2013/11/Healthy-Relationship-Workbook.pdf

King County in Washington has a 28-week special education curriculum available to download on healthy relationships and safer sexuality. www.kingcounty.gov/depts/health/locations/family-planning/education/FLASH/special-education.aspx

National Council on Independent Living produced a series of 10 videos created by and for people with intellectual and developmental disabilities on sex education. There is also a corresponding discussion guide. Find both resources here: www.ncil.org/sex-ed-for-individuals-with-i-dd/

Katherine McLaughlin has developed a curriculum on sexuality of individuals with intellectual and developmental disabilities (IDD). The curriculum is available for sale on her website www.elevatustraining.com/. There are also several webinars available on this site.

Planned Parenthood has locations throughout Texas and provides affordable healthcare to individuals with and without insurance. There's also a wealth of educational information on its website: www.plannedparenthood.org

A report from **Multnomah County** on supporting the sexual health of individuals with IDD may be found here: multco.us/school/sexual-health-youth-developmental-disabilities

The Birds and the Bees provides information about teaching sexuality to individuals with autism and other developmental disabilities. asdsexed.org/

About SAFE

The SAFE Alliance is a Central Texas nonprofit working to stop abuse for everyone. SAFE is committed to providing safety, stability, and healing to anyone who has experienced violence and abuse. Locally, we provide housing, support services, and prevention programs to stop the cycle of violence. Globally, we engage in conversations that shape a culture free from violence and abuse. Learn more at **safeaustin.org**

Since its inception in 1996, Disability Services has been nationally recognized as one of the primary leaders in the domestic and sexual violence prevention and intervention field for providing education and training on topics relating to violence against persons with disabilities. During the past 25+ years, program staff has provided training and education to more than 90,000 people with disabilities, family members, and professionals**.**

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