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"Hearts of Love"
Maria Rivette
Alabama

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The Voice and Vision of Special Education

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Council for Exceptional Children
The voice and vision of special education

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President's Message

By Diane Pevsner

I find myself fortunate to be writing my President's Message from the beautiful beaches of Alabama. My soul resides within the waves of the Gulf of Mexico and it is here that I am able to place the various aspects of my life into perspective.

As I reflect on the love that I have for DVI, and the past, present, and future members of this organization, I find myself very humbled to be scripting this message. I remember attending my first DVI meeting; I was in awe. I was surrounded by those who had written text I had learned from, conducted research that I had studied, and established procedures and strategies that I was putting into practice. The people in that room were bigger than life to me, and I remember dreaming, at that moment, that perhaps someday I would be considered an integral member of this organization.

While walking along the water this morning, I was reminded that a few grains of sand swept from shoes or clothing can be easily discarded, while many grains of sand working together can be a treasure, such as a beach. In comparison, one of us standing alone as an advocate for individuals who are visually impaired can easily be discarded, or ignored but when many of us work as one, we are a very strong and powerful force that can be treasured by those we represent.

As the incoming President, it is my goal to: be of service to all who are involved in DVI; add more to the stream of this organization than I take out; and to not disappoint those that I represent and serve. I would like to close by thanking you for allowing me the opportunity to serve the profession that I cherish. I anxiously await our fun times together, as well as those times of rolling up our sleeves and working together as a treasured entity. Once again, I am humbled and I look forward to the continued progression of DVI.

SPECIAL NOTICE TO THE DVI MEMBERSHIP
FROM THE DVI CONSTITUTION AND BYLAWS COMMITTEE

From time to time, the DVI Constitution and Bylaws need to be amended to keep up with changes in our field. Since our annual general business meeting in April, 2013, several amendments to the DVI Constitution and Bylaws have been submitted and approved by both the Constitution and Bylaws committee and the DVI Executive Board.

As per our current constitution and bylaws, all amendments must be submitted to the general "membership at least 30 days prior to the annual meeting" (Article XII, Section 1). Therefore, this serves as notice to the membership of the proposed amendments that will be voted on by all members in attendance at the annual general business meeting to be held on April 10, 2014 at 6:15pm at the CEC Convention and Expo in Philadelphia, PA. As per our current constitution and bylaws, only those members in attendance at the convention are able to vote (Article XII, Section 1).

You may see the full proposed DVI Constitution and Bylaws on the front page of our website at www.cecdvi.org.

However, the Constitution and Bylaws Committee would like to provide you with a summary of the amendments:

- Changing “Division on Visual Impairments” to “Division on Visual Impairments and Deafblindness” throughout;
- Changing “DVI” to “DVIDB” throughout;
- Adding “and deafblindness” to all appropriate places where “visual impairment” is located as a descriptor of professors of services related to the Division’s mission and goals;
- ARTICLE XII AMENDMENTS, Section 1, #1-deleting the phrase: "the annual meeting";
- ARTICLE XII AMENDMENTS, Section 2. Voting-adding the word “and/”or…

These changes are needed in order to better represent the membership and to provide more flexibility in making decisions via multiple modes of voting (such as electronic). Any questions regarding these changes need to be submitted to DVI President, Dr. Diane Pevsner at dpevsner@uab.edu.

“Forty Years in the Making: Special Issue on Sex Education and Students with Visual Impairments”

Message from the Guest Editor: Stacy Kelly, Ed.D., COMS

Welcome to this issue of *DVI-Q* entitled "Forty Years in the Making: Special Issue on Sex Education and Students with Visual Impairments." This special issue is entirely devoted to the topic of sex education and students who are visually impaired, including those with additional disabilities. The topic of sex education and students who are visually impaired is broad and complex. In the pages that follow, readers will find wide ranging information about the topic as well as thought provoking discussions about the underlying challenges involved. In order to present the information in a sufficient manner, please note that terminology is used within this special issue that adequately describes sex education.

The last special issue on this topic of sex education and students with visual impairments was published exactly 40 years ago in 1974. The 1974 special issue of *The New Outlook for the Blind* was among the first pioneering efforts to explore this topic within the profession of teaching students with visual impairments. The first article presented in this special issue elaborates on the historical perspectives involved and the ongoing shortage of meaningful information readily available to students with visual impairments in this value-laden topic area.

This issue of *DVI-Q* includes a grand total of nine articles. The articles have been written by experts from across the U.S. and address many of the most pressing issues. The articles explain practical strategies, several resources, and different perspectives to be considered in providing students with visual impairments with a healthy foundation from which to develop this aspect of their well-being.

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Historical Perspectives on Sex Education for Students with Visual Impairments: Looking Back Forty Years at the Last Special Issue on this Topic

Stacy Kelly, Ed.D., COMS

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For at least forty years, the field has been discussing the need for breakthroughs in the sex education that is provided to students who are visually impaired (Dickman, 1975; Kapperman & Kelly, 2013; Scholl, 1974). It does not suffice to simply convert content into braille, large print, or audio format (Kapperman, Matsuoka, & Pawelski, 1993). Specialized instructional methods should also be used (Kapperman et al., 1993). It is evident, however, that students who are blind or have low vision have yet to be provided with sex education that incorporates meaningful methods and materials (Foulke, 1974; Kelly & Kapperman, 2012; Krupa & Esmail, 2010; Wild, Kelly, Blackburn, & Ryan, in press). Many recommendations about instruction in this value-laden topic area were described in a 1974 special issue of *The New Outlook for the Blind* This 1974 special issue was entitled "*Planning Sex Education Programs for Visually Handicapped Children and Youth.*" A lot of the information included in this 1974 publication is still relevant today. The issues surrounding this topic have not been accounted for or fully addressed by today's cultures, families, or school systems. The points that follow are specifically directed toward teachers and parents of students who are visually impaired in the context of sex education, instruction-based information included in the 1974 *New Outlook for the Blind* special issue.

Concept development: Concepts generated by children who are visually impaired without adequate information can be seriously wrong and sometimes even bizarre (Foulke, 1974). For example, “the vagina is located under a woman’s right breast” (Foulke, 1974, p. 196) and “masturbation causes physical or mental damage” (Foulke, 1974, p. 198). Methods and content of sex education programs should address this predisposition of children with visual impairments to generate seriously wrong theories about topics that are private in nature such as the function and anatomy of sex (Foulke, 1974). Greater knowledge of the facts is essential (Holmes, 1974).

Awareness of the stereotypes: Among the many stereotypes of blindness, people who are blind “are expected to be impotent and uninterested in sex” (Foulke, 1974, p. 199). Belief in this mythological perspective can result in serious complications for the individual who is visually impaired, including lacking confidence in sexual adequacy and neglecting contraception (Foulke). Without proper education, the individuals who are visually impaired may conform to the expectations that are implicit in these stereotypes (Foulke).

High quality accommodations: Overcome resistance to using the tactile and auditory senses as these particular senses are necessary learning commodities for students who are visually impaired (Torbett, 1974). Include the use of explicit or “frank” talk accompanied by tactile objects that are as realistic as possible (Scholl, 1974; Torbett).

Meaningful materials: The use of anatomically correct models plays an important part in building understanding (Holmes, 1974). The use of the models should not be restrictive in nature. Provide students who are visually impaired with the opportunity to preview models before and revisit with the models after whole group instruction (Holmes). Accompany the model examination

with the use of proper vocabulary (Holmes).

Parent education: Sound parent education in this area of instruction is key (Torbett, 1974). Just because a child is willing to discuss non-sexual problems with a parent does not mean that the child is willing to discuss sexual problems with this same parent (Foulke, 1974).

In summary, the global pool of education and knowledge continues to expand regularly, but there are some problems in education that remain constant over the years because they are not adequately addressed. This article showcases several examples of how the sex education of students who are blind or have low vision has not progressed along with the rest of the educational system in the past 40 years. Nearly a half century has gone by and the same issues persist. As Torbett explained back in 1974, “sex education for the blind is a most worthwhile venture and one that is far overdue” (p. 215).

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Step by Step Recipe to Teach Reproductive Anatomy

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For 25 years, I have taught classes in human sexuality to different groups of people: middle to college age school students and high risk youth. These groups of people had one commonality: good vision. The techniques to teaching reproductive anatomy have included group drawings using various media, peer presentations, game shows, Lotería (bingo), and more.

Here are factors to consider when teaching learners who are visually impaired: 1) internal anatomy, its inter-connectivity and its functionality is an abstract concept regardless of vision; 2) verbal descriptions of abstract concepts may be repeated back verbatim by blind participants, but may not be understood in reality; and 3) making learning tactilely fun means decreasing the embarrassment of "touching parts" with mixed gender classmates.

Ingredients to be bought at a discount or crafts store (substitutions okay):

Male anatomy:

Bladder, urethra: 1 small balloon, 1 long (10-12 inches) pipe cleaner

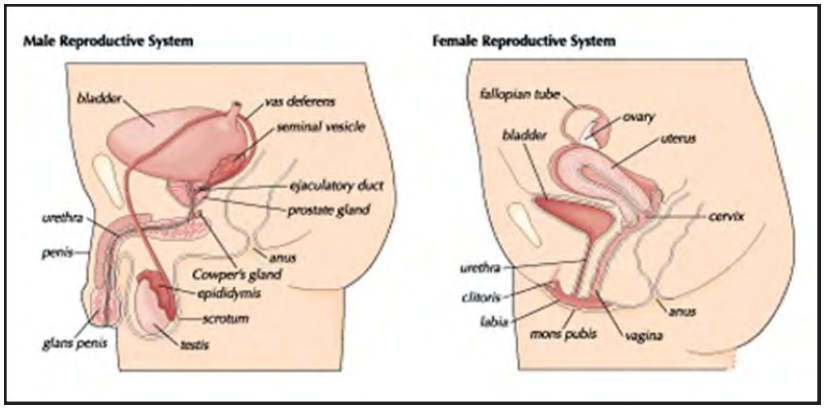
Seminal Vesicles: 1 short pipe cleaner, 2 gum drops

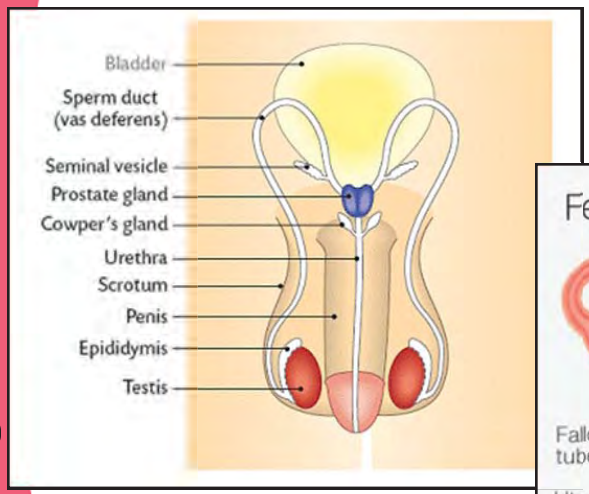
Prostate: meatball size amount of Play-Doh(1.5 inch diameter)

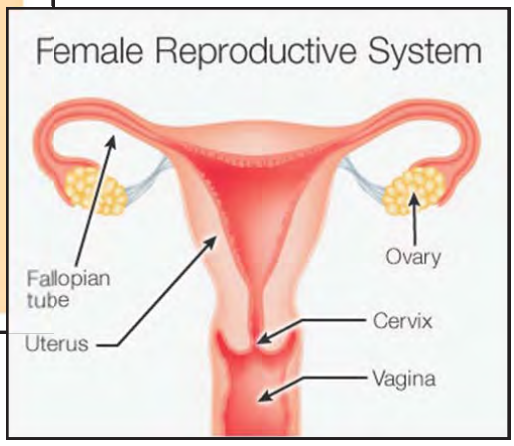
Vas deferens, testicles, epididymis, scrotum: 2 long pipe cleaners, 2 small Styrofoam balls, 2 marble size amounts of play doh (flattened), and 1 small balloon - cut

Cowper's gland: 1 short pipe cleaner, 2 gumdrops
Penis: play doh (3 three inch long portions) Anus, rectum: 1 small balloon - cut
Diagram and functions of all parts in tactile graphics, braille and large print

Female anatomy:
Bladder, urethra: 1 small (2 inch) balloon, 1 short (3 inch) pipe cleaner
Uterus, cervix, vagina: 1 small Styrofoam flat bottom bell (2x2 inches), 1 small balloon - cut
Fallopian tubes, ovaries: 2 short pipe cleaners, 2 small (1 inch) Styrofoam balls
Anus, rectum: 1 small balloon - cut
Diagram and functions of all parts in tactile graphics, braille and large print







Instructions:

Instructor Preparation: Pre-cut the balloons and pipe cleaners. Pre-punch holes into the Styrofoam balls, Styrofoam bells and gum drops. Place the pieces into separate zipped bags. Practice making the models and the verbal descriptions.

Instructor introduces the session and determines what is already known to encourage peer sharing. Each student receives two zipped plastic bags, identify the items in each bag as they are described and arrange them in their work space.

As students construct the models, the instructor describes how the parts fit together. The instructor states the name, number and function of each part, and their interconnectivity. Verbal explanation with simultaneous tactile demonstration by each participant is used throughout the exercise to review information.

Step by Step for Female Anatomy (photo 1):

- A short pipe cleaner (urethra) twists around the hole end of an non-inflated balloon (bladder). Put aside.
- The Styrofoam bell (uterus) has 2 holes pre-punched opposite each other on the flat part of the bell. Participants feel the holes as they insert a short pipe cleaner (fallopian tube) in each. Each pipe cleaner is then inserted into the holes of each Styrofoam ball (ovary). Another balloon has a half inch cut off the nipple end (cervix and vaginal canal) into which the curved bell is inserted. Put aside.
- Cut off an inch from the open end of a balloon (anus and rectum). Put aside.
- Assemble parts sideways: urethra, vagina, anus. The order of the anatomy from front to back makes explaining hygiene and toiletry concerns easier.

Step by Step for Male Anatomy (photo 2):

A long pipe cleaner (urethra) twists around the hole end of an non-inflated balloon (bladder). Put aside.

Each end of a short pipe cleaner is inserted into the holes of two gum drops (seminal vesicles). Make a second set (cowper's glands). Put aside.

A long pipe cleaner (vas deferens – left side) is inserted in the pre-punched hole of a Styro-foam ball (left testicle). Make a second set (vas deferens and testicle – right side).

Twist the end of the left vas deferens around the uretha just below where the bladder connects. Do the same with the right vas deferens.

Take a flattened piece of Play-Doh (epididymis) and place on top of each testi-cle where the vas deferens connects with it. Insert both testicles into the cut balloon (scrotum).

Twist the seminal vesicles pipe cleaner around the urethra just below the bladder and vas deferens.

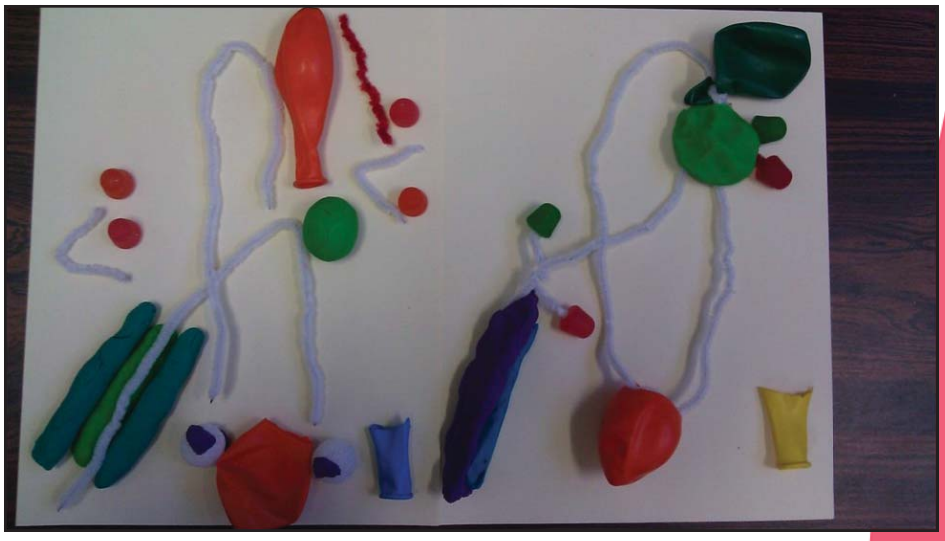
Take some Play-Doh, form a ball (prostate) and have the Play-Doh surround the area just below the bladder where the vas deferens and seminal vesicles meet.

Roll 3 three inch strips of Play-Doh (internal penis). Place the non-connected end of the pipe cleaner (urethra) on top of the one strip (corpus spongiosum) and cover it with the other two strips (corpora cavernosa).

Twist the cowper's glands pipe cleaner around the urethra just above the penis.

Cut off an inch from the open end of a balloon (anus and rectum). Put aside.

Assemble parts sideways: penis, scrotum, anus.



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Updated 10/14/2013

A Candid Conversation with a Sex Education Teacher of Students with Visual Impairments

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Last year, I began work on a research project that examined sex education for students with visual impairments. Before our group of researchers even began to think about developing an instrument, we decided to go to the Ohio State School for the Blind (OSSB) and talk with the health teacher (who also teaches sex education to all the students), the transition coordinator, and the life/vocational skills teacher. Their expertise was invaluable. Therefore, when I sat down to think about this special issue, I thought it was very important to include the voice of a teacher who teaches sex education to our students.

Alison Brewer is a health and adapted physical education teacher at the Ohio State School for the Blind. Her passion for teaching tough subject matter to students with visual impairments is evident. Alison Brewer graduated with a double major in physical and health education from Muskingum University. After graduation, Alison continued on to complete her Master's degree at The Ohio State University focusing on adapted physical education. During field work for her Master's, she observed and taught under Mrs. Annie Tolle. Annie strongly encouraged Alison to spend time in the health classroom, where she had a great experience. When Annie retired, Alison was hired. She has taught adapted physical education and health education at the Ohio State School for the Blind since 2008. Alison taught during the day and attended classes online

and during the weekends to obtain her teacher of students with visual impairment certification and orientation and mobility specialist licensure at The Ohio State University.

In observing Alison, it became evident that she wants to ensure that her students are prepared for the real world and life after their time in her school. She provides her students with answers to tough questions students have about relationships, sexuality, and sex. I admire her as a teacher and colleague. This article features the report of an interview with Ms. Allison Brewer.

Q: How often do you teach sex education?

Alison: Every year, 5th, 7th and 10th grade students receive sexual health education. Length of instruction depends on age, previous instruction and comprehension level. In the fifth grade it can vary on age because of having 4/5/6 split classes due to number of students enrolled. Sexual health education should be K-12 to help students understand their bodies, reproductive organs, rights, and prevent harm to themselves, among other topics.

Q: What ages of students do you teach in class?

Alison: Students at OSSB ages vary based on placements; the school runs 5-21 (22 if the student turns that age during the school year). Ages can range 11-14 for 7th grade, 16-19 for high school health (typically 10th graders but sometimes students transfer without that education credit or it doesn't fit in their schedule in the 10th grade).

Q: What methods do you use in teaching your students?

Alison: Small group instruction, discussion, lecture/note taking, projects, skits/role play, internet based research, skill modeling, tactile models, real world applications of skills/experiences, interviews, guest speakers, and collaborative activities. Soon we will add interactive media once we get the software for our new projectors.

Q: What changes would you like to see in your curriculum?

Alison: More 3-D or tactile models. Models are very expensive and I would like a way to test models before putting all that money into them. There was an article recently published by Kapperman and Kelly that mentioned the models, but not information about using them with research based outcomes or experiences used with students with visual impairments. Students get more from these experiences than from raised line drawings.

I would like more time with elementary students to receive age appropriate instruction. This would be along the lines of know body parts (including external reproductive parts), advocacy skills to protect themselves, healthy relationships, and other items. Addressing the topic throughout the student's life may help reduce time needed for pre-teaching - structured instruction from young to graduation.

Q: Why do you feel it is so important to ensure that students with visual impairments receive sex education?

Alison: It seems like most people are not comfortable speaking about sex, reproduction, or anything remotely related to sex education. Health covers many topics and part of it is sex.

Because it is a part of the curriculum, not its own class, it might not get a great deal of depth. For students with a visual impairment, it is hard to pick up a diagram of the body, look up the correct way to use birth control or notice a [sexually transmitted infection] (STI) (just as an example) compared to their peers who are sighted. It takes more detailed instruction to overcome the differ-ence.

Students who are visually impaired are also more vulnerable to being victims of sexual assault or being taken advantage. Social interactions with peers are hard enough but to have an attraction or need to resist attention requires students to understand their rights and practice expressing those rights.

Q: What do you think are the greatest challenges in teaching sex education curriculum to students with visual impairments?

Alison: I don't think I am the best to answer [this question] because I only have students with [visual impairments] (VI). I don't have comparison to same-age peers except with past experience but both at the same time.

I don't think this is the greatest, but I am having a hard time with one stand out issue. [I am] having to spend a lot of time reviewing or figuring out the true level of knowledge about sexual health, [which] can be hard. Students have health in our school three years after their middle school requirement. In that time, students hear many things from their peers, families, media, and friends. All that information forms their opinions and not all of it is accurate. No one in high school wants to stand out as not understanding, so getting students to be honest or figure out what he/she might not completely understand can

can be hard. There are teaching strategies around this but still some students are good at 'faking' it.

Q: What would the perfect sex education curriculum look like for students with visual impairments?

Alison: It would be the same as their peers and it would be based off the national health education standards and the national sexuality education health standards. All students would receive more instruction throughout their school-age instruction. The difference for students with visual impairment will come from differentiated student instruction based off that same curriculum.

Ongoing sex education would relieve some of the stress for students who are visually impaired getting singled out when going over the parts of reproductive systems. Having fewer gaps in education (years between instruction or only 2-3 lessons starting in 5th grade) I presume would help with being able to cover more information with greater depth. The more instruction early on, the better students with VI can participate in important discussions and projects with their peers.

Students in high school with the limited time they receive health education (usually one semester for all of high school) shouldn't be learning about the reproductive parts but how to make safe choices and how to use materials to keep them safe (barriers to pregnancy/STIs and information from sources). That information should be in place for all students before high school.

In health education, some professionals have advocated not teaching body systems very in depth because students can get that information or refer to it on their own with a few clicks of a mouse. I don't believe that is the right course of action for students with visual impairments be-

cause of the inaccessible materials. I feel this is important for students with VI because it's important for complete understanding; just like understanding that we get beef from a cow that lives on a farm and is raised to be eaten as hamburger, steak, etc. The whole process is not picked up by incidental learning. Or, at least I hope not!!!

Q: What recommendations do you have for the field of visual impairments regarding sex education?

Alison: Don't miss the fun! I love to teach health education and part of health education is instructing students about their body systems/ parts. A part of being a healthy person is understanding and embracing who 'you' are as an individual. Every individual has sexual needs (this could be just doctor's care or expressing themselves sexually or having sexual release). Ignoring differences between male and female bodies, ignoring changes as they occur, and ignoring the need for knowledge does not help students become healthy, well-adjusted adults. When a student leaves health education, they might not have all the answers, but they should have a basis of understanding and know how/where to get information to stay healthy.

Concluding Remarks

At the end of our interview, Alison added the following: Maybe we need to move away from the term sex education. It is more than just sex that needs to be addressed - reproductive health education?

I want to thank Alison for taking the time to share her knowledge and experience with the readers of DVIQ. This is a topic that is difficult for many to approach and I appreciate her willingness to speak candidly about the topic!

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Don’t See, Must Tell: Teaching Students who are Visually Impaired and Deafblind about Human Sexuality

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Scenarios

Imagine being in the seventh grade and attending your first middle school dance: You step into the doorway to see the boys standing against one wall and the girls doing the same against the other. You feel nervous and awkward. You set your sights on the cutie standing alone by the DJ booth and…

Now imagine yourself in that same scenario and not being able to use your vision to navigate the treacherous waters that separate you from a potential magical moment on the dance floor, or at least having someone say yes to sharing a soda with you. Having vision in this situation helps figure out who looks like they do not have a date, who looks interested, and who is attractive. A student who is visually impaired has little access to this important information and a deafblind student has less (and may require a sign language interpreter to strike up a conversation with someone).

Challenges

Much of what children and adolescents learn about the world around them, including things about the confusing yet critical issues of sexuality and relationships, comes incidentally through the distance senses of vision and hearing. By observing other people, how they dress,

how they approach others, talk to each other, touch each other, etc., children learn the rules: what they are expected to do. The young people who grow up blind or deafblind, however, rely heavily on other people to describe and explain the world around them. People are generally eager and willing to describe and explain things to students who are blind. But what about issues that typically go unspoken, things that people with vision experience, but do not necessarily talk about, like the pleasure of watching a beautiful woman sunbathing in a bikini or the erotic charge of watching a buff man showing off a rippling six-pack?

Students who are blind or deafblind are up against the challenge of a double whammy; they do not know what they do not see, and people are often not comfortable or not able to talk with them about issues considered taboo in polite conversation. This critical teaching, therefore, becomes a primary responsibility of teachers of students with visual impairments. Students who have access to accurate, developmentally-appropriate information from a trusted adult are better prepared to navigate the social world and less likely to get into trouble due to a lack of knowledge. Without information from adults, young people with visual impairments will seek out information on their own: on the Internet, from peers, or through the otherwise appropriate and reliable sense of touch. When examining an object in class, a student who is visually impaired is encouraged to use his/her hands to discover and learn. The same does not hold true, however, when it comes to learning about a classmate!!

Among the myriad of things that sighted students are exposed to and learn from on a daily basis: What are typical patterns of dress and what parts of the body are always covered? Who kisses on the cheek and who on the lips? What is typical body language and posture in a variety of

formal and informal settings? How close together do people stand if they are strangers? If they are lovers? Students who are blind and deafblind need to be taught directly about all of these aspects of human behavior. And because they are interrelated with issues of sexuality, they become exponentially more important.

Boundary Issues

Perhaps the most confusing area of human interactions for students who are blind and deafblind is that of personal boundaries. Most children are taught to respect the personal space of others and to prevent people from invading theirs. Students who are blind, however, routinely have their personal space invaded by caring and trusted adults. In school, they are guided, instructed, communicated with and, in the case of students who require assistance, may be bathed and have their clothes changed, all through physical touch. In public, well-meaning passersby often unexpectedly grab hold of students who are blind to guide them to chairs or across streets. Additionally, many students with visual impairments are so accustomed to having very personal aspects of their lives discussed openly in meetings that it is possible that they may think little of disclosing private information to strangers (e.g., everything from the frequency of their bowel movements to their preferred techniques for masturbation).

Instructors need to be aware of and specifically address personal boundary issues with students. Picture a young man working with a female occupational therapist who is doing a hand-over-hand demonstration: the smell of her perfume, her warm breath against his skin or the proximity of her breast to his body may preclude him from fully concentrating on the lesson at hand. For this reason, before any close interaction, teachers need to explain what they are doing and why they are getting so close and should ask permission

before touching a student's body. For example: "I am going to touch your waist to show you how this cane holster attaches to your belt. Is that okay?" This informs students of what is going on while simultaneously underscoring the idea that the students are in control of who touches their body and where they are touched. The very act of talking about boundaries reinforces their importance. In a residential setting, staff should always knock before entering a bedroom, even if the student is deafblind. First, because this models the behavior for other students who can hear, and second, it reminds the staff to always respect students' privacy.

Resources

One key resource we have used to teach about boundaries at Perkins School for the Blind is the Circles Curriculum from the Stanfield Company (see www.stanfield.com). Students learn in a very concrete way to understand their relationship to the people in their lives; with themselves in the center, they move outward through concentric circles to family, friends, and so on, to the far periphery for strangers. Students place the appropriate people in each circle and label the suitable behaviors (e.g. hugs, handshakes, etc.) that are appropriate for people in that circle. This basic framework can be expanded to teach more sophisticated social skills, e.g. how someone moves from the friend circle to a closer, more intimate circle through dating, etc. For students with low vision, this already very colorful curriculum can be further adapted with large print, picture symbols and high contrast materials. For students who are blind, the wall chart can be adapted with tactile materials (e.g. hula hoops to indicate the circles) or raised line drawings with tactile or braille labels for each circle.

Although there are many wonderful sexuality education curricula developed for school-age

children, very few are written specifically to address the learning needs and particular issues of students who are blind or deafblind. However, with creativity and some investment of time, general curricula can readily be adapted to meet students' needs. Screen-reading software and brailled lessons and worksheets allow direct access for students who are blind. Large print materials and picture symbols, like those available through the Mayer-Johnson Boardmaker (see Mayer-Johnson.com) program can be used to adapt materials for students with low vision. Teachers of students with visual impairments can adapt the vocabulary and concepts of general curricula to the intellectual level and learning media needs of their particular students.

Thankfully, there are a number of teaching tools designed specifically for working with students with visual impairments. Students who are blind are often quite confused by three things about bodies of the other gender: the location, size, and shape of the sexual organs. One tool that enables specific, direct teaching about the form and function of male and female sex organs are anatomically correct rubber models created for this purpose by Jim Jackson and Company (see www.jimjacksonanatomymodels.com). Because the Jackson models are somewhat larger than usual, they are not a completely accurate depiction of the norm; however, they do convey a lot of useful information. For example, the erect penis model is far preferable for teaching how to put on a condom than the often-used unripe banana. The vulva model is tactilely graphic enough to illustrate how the clitoris is stimulated, or possibly not, during sexual intercourse.

When it comes to teaching about the location and function of body parts, another useful tool is the Talking Tablet with software by Touch Graphics (see www.touchgraphics.com) that is typically used for teaching concepts like map

reading. When the tablet with tactile overlays is attached to a computer, it can provide information about any object on the tablet's surface. The information can be organized in layers, so that the first time a student touches a body part on a human anatomy "map," for example, the speech output will identify that part by name. A second tap provides additional information about that part, e.g. "The foot is made up of 26 bones." A student can also identify the body part he/she wishes to locate, and the voice will guide him or her (up, down, left, or right) until the student finds it. One great benefit of this tool is that students can use it independently and learn vital information without having to ask an adult or a peer.

Summary

Much of the job of educating students who are visually impaired or deafblind involves bringing the ordinary but unseen or unheard experiences of life alive for them. The expanded core curriculum supports this notion by requiring direct instruction in areas that a non-disabled student receives through incidental learning. And in this regard, there is no more important area to address than that of human sexuality. Like all adolescents, young people with disabilities share the desire to grow up, leave home and find a special someone to share their lives. These young people may lack the senses of hearing and/or vision that can certainly assist in this worthy pursuit, but as the old expression says, "Where there is a will, there is a way." The role of teachers of the students with visual impairments is to help students learn the skills they need to realize their dreams.

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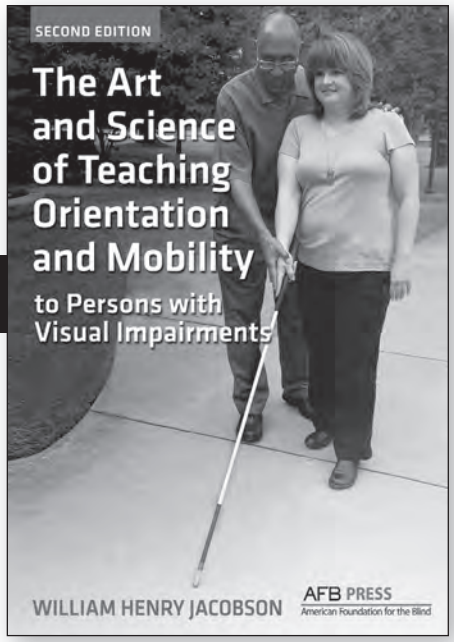

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Prevention of Sexual Assault Against Children Who Are Visually Impaired

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Introduction

Sexual abuse can occur within any group of children. No gender, age, ethnicity, or socioeconomic class is immune. However, research has shown that there is a higher incidence of sexual abuse of children with disabilities compared to non-disabled children (Westat, 1994). Because there is a severe paucity of literature on the sexual abuse of children with visual impairments, the authors have chosen to review the literature that pertains to children with disabilities in general, with the assumption that this information may be equally relevant for children with visual disabilities.

What Do We Know About Sexual Abuse?

The vast majority of sexual predators are individuals who already have a relationship with the child. It is estimated that over 90% of sexual predators are known to the child (Sobsey, 1994). The stereotype of the “creepy” stranger leaping out from the bushes to snatch a child holds little credence. Unfortunately, the abuser can be a family member including a father, brother, grandfather, mother, sister, or any other member of the inner family circle. Additionally, abusers can be a friend of the family, such as a boyfriend, teacher, coach, counselor, physician, babysitter, school

administrator, or member of the clergy. In short, an abuser can be anyone who is a member of the trusted circle of acquaintances. Over 98% of abusers fall within this category (Sobsey, 1994).

Most sexual predators are men. It is estimated that 4-9% of all men have pedophilic tendencies (Sobsey, 1994). Some of these individuals have an insatiable predilection for sexual interactions with children while others transgress social norms as a result of a crime of opportunity. Women can also be sexual predators. It is estimated that 2-4% of all women have pedophilic tendencies (Sobsey, 1994). As in the case of male perpetrators, female perpetrators are almost always known to the child and typically are also members of the trusted inner circle. In contrast, cases involving female perpetrators are rarely reported. Additionally, a much smaller percentage of cases of sexual abuse of children with disabilities are reported to authorities than that of their non-disabled peers. It is estimated that only 10% of all cases of sexual abuse of children with disabilities reach the attention of authorities (Garbarino, Brookhouser, & Authier, 1987). There is a myriad of reasons for this, chief among them being that prosecutors frequently do not believe children with disabilities can be credible witnesses, because many children in this population do not possess the proper vocabulary to testify in a court of law.

Furthermore, the more severe the child's disability, the more he or she appears to be vulnerable to potential predators. In fact, the chance is 4-10 times greater for children with disabilities to become victims of sexual abuse than their non-disabled peers (Westat, 1994). The sexual abuse of children with disabilities generally takes place over a much longer period of time than in the case of non-disabled children (Garbarino et al., 1987). In summary, children with disabilities are at much greater risk of being victimized by sexual

predators than are their non-disabled peers.

Warning Signs of Sexual Abuse

While children who are being sexually abused may develop their own individual idiosyncrasies, there are some common behaviors that could indicate sexual abuse.

- Exhibiting sexual behavior, language, or knowledge that is inappropriate for their age
- Developing unusual fears of people or places
- Hinting that he or she holds a secret which he or she refuses to share with others
- Exhibiting rage, fear, insecurity, withdrawal, or having sudden mood swings
- Reverting to infantile behaviors (such as bed-wetting, thumb-sucking, etc.)
- Having money, toys or other gifts without a credible reason
- Developing a negative self-image (Stop it Now!, 2008b).

Any one or a combination of these behaviors may portend the existence of sexual abuse being perpetrated against the child. The reader should note that any-one or combination of these behaviors does not guarantee that sexual abuse is or was occurring, but the existence of such signs should warrant the need for heightened vigilance on the part of adult caregivers.

Prevention of Sexual Abuse

While it may not be possible to prevent all acts of sexual abuse, there are steps that can be taken to lessen the risk to children. They should be afforded the opportunity to participate in age-appropriate sex education. Younger children should be instructed on concepts such as “good and bad touching.” To illustrate this concept more vividly for children who are also lower functioning,

one can use the “bathing suit model” to describe appropriate and inappropriate touch in general situations. Exceptions for the “bathing suit model,” such as during an examination by a doctor, need to be discussed (Stop it Now!, 2008a).

Due to the nature of visual impairments, children are commonly accustomed to being touched. Therefore, it is imperative that these children understand the difference between appropriate and inappropriate touching. Children can also be taught through the use of re-enacting scenarios to illustrate when and how it is permissible to say “no” to adults. This instruction can include scenarios focusing on when to divulge secrets to trusted adults as well as scenarios on how to prevent deception by various means such as accepting gifts or other intangible rewards (i.e. love, attention, acceptance, etc.) in exchange for participation in forbidden sexual activities (Stop It Now!, 2008a).

Additionally, the materials used in sex education should be adapted for meaningful instruction for children who are blind or visually impaired. Because of space limitations, this topic is not addressed here. Refer to the “Recommendations for Sex Education for Visually Disabled Students” written by Gaylen Kapperman and Stacy Kelly, appearing in the April/May 2013 issue of the Journal of Visual Impairment and Blindness (Kapperman & Kelly, 2013) where the authors describe in detail appropriate adaptations for sex education for visually impaired students.

Conclusion

Researchers indicate children with disabilities are at greater risk of being victimized by pedophiles than are their non-disabled peers. Little has been published regarding victimization of children with blindness or visual impairments. The authors believe that one is warranted in making the assumption that children with visual impair-

ments fall within the same level of risk as do their other disabled peers. Adult caregivers should be aware of this and should be alert to the possibility of sexual abuse being perpetrated against children with visual impairments. Many children who suffer sexual abuse exhibit certain behaviors which may point to that fact. Therefore, it is the responsibility of caregivers, professionals, and researchers to advocate for greater attention to the topic in order to decrease the incidence of sexual abuse occurring among children who are visually impaired.

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Finding the One: Human Mate Selection Applied to Persons Who are Visually Impaired

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Preferences in Human Mate Selection

Humans, like all primates, are visual creatures (Fedigan, 1992). Vision plays an essential role in the search for "the one" and securing of a suitable mate. Every culture has its own idiosyncratic set of criteria which determines the characteristics of suitable potential mates, but there are some cross-cultural, innate characteristics that are operative in all humans. The defining underlying fundamental rationale is focused on securing a mate with the greatest probability for becoming a high quality parent with the potential for producing genetically superior offspring. The basis of any mate selection is the inevitability and necessity to procreate (Riley, 1993).

Before proceeding, we must note that the majority of research on human mate selection applies to heterosexual couples and that more research is needed as this topic pertains to homosexual couples. It has been found, however, that the factors that influence mate selection in heterosexual couples generally applies to same-sex couples, too (Felmlee, Orzechowicz, & Fortest, 2010).

In the case of Homo sapiens, the selection of a mate is made by females (Fedigan, 1992). There are five basic criteria that human females desire in a mate. The first is that the male be physically larger than she (Cashdan, 1997). This is a longstanding desire that is evident in higher

order primates such as the gorilla and orangutan where the sexual dimorphism is such that the males are twice the size of the females (Fedigan, 1992). The second criterion can also be attributed directly to our non-human primate ancestors; females are most interested in an alpha male (Cashdan, 1997). Today, that can mean simply that he is the leader of his social group or has a dominant quality. This is important to females because she and her offspring are protected by his status. The third criterion is that he be able to provide for her and her offspring (Cashdan, 1997). In today's Western culture, this is most accurately translated into contributing monetarily to the family's wealth. The fourth criterion is that he is smarter than she by a small degree, and the fifth is that he be physically attractive to her (Cashdan, 1997). There are many subconscious biological cues in a man's appearance that his mate interprets to determine the likely genetic outcome of their children because it is an innate desire to have healthy children.

The criteria that human males seek in a mate, at the basic level, are similarly linked to the innate desire to procreate. The list of criteria for men is smaller because they seek mates who appear to have the potential for bearing offspring (Jones, 1996). Men look for women who possess hourglass figures since that shape is created post puberty and diminishes post menopause (Jones, 1996). A woman who has large eyes and red lips appears more healthy and youthful (Jones, 1996). Thus, the emphasis on producing that effect through the use of modern make-up is seen in our society. A man also estimates the female's level of health through her appearance which is evident in light skin, long hair, and intact dentition (Jones, 1996). All of those markers were more significant to early humans who did not cut their hair, groom themselves regularly, or have the benefit of modern dental care. These cultural

norms continue to play a significant role in modern humans' selection of mates (Jones, 1996).

Human Mate Selection Applied to Adults with Visual Impairments

It goes without saying that individuals who are visually impaired (that is, those who are blind or have low vision) are at a distinct disadvantage in the selection of a suitable mate or in being selected as a suitable partner. In the process of selecting a mate, females with visual impairments are unable to judge many of the characteristics of males. For example, without sight, it is nearly impossible to judge the physical size of others. Obviously, other physical characteristics are also not readily evident to an individual who cannot see. The other characteristics, such as potential as a high quality parent, the social status of the male, level of intelligence, and the potential for providing for the family, are difficult to judge without sight, but are not as difficult as judging physical characteristics. In order to judge these characteristics, a female must be involved in social situations in which these characteristics may be assessed. Given that many individuals who are blind or have low vision are socially isolated, these characteristics are made much more difficult to judge because of the lack of opportunity.

The absence of sight, obviously, puts a male who is visually impaired at a distinct disadvantage, also. Because his basis for judgment is mainly on the physical characteristics of potential mates, such as physical shape, size of eyes, quality of skin, length of hair, and condition of dentition, a man who is blind or has low vision finds himself at an obvious disadvantage in the search for a suitable mate.

Both men and women with visual impairments are in very disadvantageous situations. Men who are visually impaired may not be viewed as potential mates by sighted females because

they may not be seen as possessing the necessary characteristics. They may not be viewed as holding alpha positions in their social circle. They may not have the opportunity to display their level of intelligence. Once again, they may be isolated socially and thus may not have the opportunity display these qualities. As individuals who are blind or have low vision, they may not be seen as having the potential for being able to provide sufficiently for the family. Given that a male is visually impaired, he may be viewed by females as genetically inferior, notwithstanding the actual cause of his visual condition.

In the case of females who are visually impaired, they may not be perceived as capable of producing healthy offspring and being able to care for young children. Social isolation also adds to the difficulty, given that females who are blind or have low vision may not be available for observation by a large number of sighted males.

In summary, the all-important process of mate selection in the case of both women and men who are visually impaired is an extraordinarily difficult problem to overcome.

Implications for Instruction in Disability-Specific Skills

There are, however, opportunities to alleviate some of the challenges that have been discussed with intervention during childhood and adolescence. The difficulties typically encountered by youth who are blind or have low vision when it comes to dating and fitting in with their sighted peers often extend beyond the formative years and well into adulthood (Sacks & Wolffe, 2006). Parents, teachers, and family members can support the development of individuals who are visually impaired in the areas highlighted in this article through ongoing educational experiences that start early on and continue regularly. The expanded core curriculum (ECC) is the body

of knowledge and skills that provides such a framework for unique disability-specific instruction in skill areas.

Consider, for example, a student who is visually impaired that receives explicit instruction in grooming and other self-care connected to the independent living skills component of the ECC. At the same time, this learner is also provided with opportunities to explore his/her strengths and interests while being trained in the use of nonverbal communication as well as the physical, social, and personal aspects of sexuality. Each area of the ECC is integrated into this student's daily experiences. Bringing together all of the skills learned in the ECC can enable the individual who is blind or has low vision to function well and completely in the general community and facilitate the development of many desirable traits. Table 1 shows how each instructional area of the ECC can relate to particular human mate selection criteria. There are numerous ways ECC-specific instruction can enhance desirable traits such as leadership, employability, and physical attractiveness. The exact match between areas of the ECC and particular human mate selection criteria varies based on individual characteristics. We present some of the most fundamental associations between ECC instruction and human mate selection criteria in Table 1.

Table 1

Human Mate Selection Criteria and Related Instructional Areas of the Expanded Core Curriculum

ECC Instructional Area	Human Mate Selection Criteria		
	Leader of social group or has a dominant quality	Contributes monetarily to the family's wealth	Physically attractive
Career education		X	
Compensatory or functional academic skills	X	X	
Independent living skills	X	X	X
Orientation and mobility skills	X	X	
Self-determination skills	X	X	
Sensory efficiency skills	X		
Social interaction skills	X	X	
Recreation and leisure skills	X	X	X
Use of assistive technology	X	X	

Note. X = disability-specific skill area of the ECC that can facilitate development of a desirable trait.

Summary

The selection of a mate may very well be the most important personal decision of a lifetime. Happiness, well-being, and productivity can be significantly and profoundly affected by this personal choice. Individuals who are blind or have low vision face significant barriers and major obstacles in the process of human mate selection. The expanded core curriculum can serve as a framework for instruction that facilitates healthy growth and development in a wide variety of life skills including the human mate selection process.

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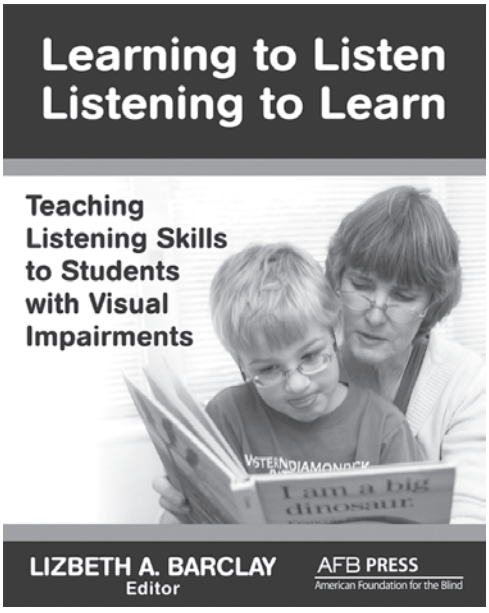

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How to Support Youth Who Are Blind Through Each Stage of Their Sexual Development

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Myth: sexuality starts at puberty. *Fact*: sexuality is a lifespan process starting in the womb. *Myth*: sexual development is about sex. *Fact*: every person goes through sexual development which includes sexual and gender identity formation, physical changes at puberty accompanied by sexual feelings and emotions, decision making and social skills, and relationship building. This article will explore the stages of sexual development, how visual impairment can affect each stage, and how professionals can guide parents in supporting youth who are blind with adaptations.

Some parents fear telling children who are blind too much too soon and wait for their children to ask questions. A child who is blind cannot visually observe activities that would prompt questions. Youth are not harmed by information; they disregard what they are not developmentally ready for and retain the rest. When information is delayed until a later age, misconceptions become difficult to address, facts add confusion, and the risk of sexual abuse and exploitation increases. Children who are blind also may have fear or guilt about sexual feelings they do not understand.

Birth to age 2

Infants learn about themselves by exploring their bodies. Parents should allow blind babies to touch their own genitals and instill a healthy body image by sharing positive “body” talk. Infants re-

ceive positive messages and develop trust about who they are from how they are held, touched, fed, changed and spoken to (Hock, 2010). New parents may be grieving the loss of their "perfect child" which may lead to decreased touching, cuddling, and handling of the infant who is blind.

Ages of 3 to 4 years

Toddlers become more curious about their bodies and they may masturbate (a normal activity for all children). These are not the same 'sexual' responses that adults associate with masturbation – children are comforted by repetition, such as sucking their thumbs. Parents should define two sets of words: 1) appropriate or inappropriate, and 2) public or private (Hock, 2010). Appropriateness is not whether a situation is right or wrong, but whether or not the behavior matches the situation. Public is defined as any place where people can or may see you. Private is any place where no one can see you and there is little or no chance of being seen. If a child who is blind cannot see others' behaviors, the child may assume that others cannot see their own behaviors. For example, masturbation is appropriate and private in a bedroom versus the living room or a preschool class.

During this stage, children establish for themselves that they are boys or girls. They are inquisitive about body differences and may play "doctor" or "house" (Hock, 2010). Parents should begin using appropriate sexual vocabulary to name body parts so that a child who is blind will not believe that these parts are not to be mentioned or are somehow unacceptable.

Additionally, parents should explain that no one touches a child's "private parts" unless for health reasons or cleaning. Some children who are blind may become more passive if they rely on adults solely and may be reluctant to protect themselves from inappropriate behavior from

adults.

Toddlers often ask questions like, “Where did I come from?” Vision is the primary way a child learns about and gauges the social acceptability of gender roles, toileting practices, the concept of privacy, body shapes and sizes, attractiveness factors, fashion, relationship behaviors, and displays of affection (Hock, 2010). A child who is blind cannot learn through visual observation of adults and family members so auditory descriptions or explanations of situations are useful stand-ins.

Ages of 5 to 8 years

All young children form strong same-sex friendships and have a strong interest in traditional male and female roles, regardless of the parental approach to childrearing. Parents of children who are blind should arrange play dates to encourage socialization. Additionally, children become very curious about pregnancy and birth when they see or hear about it (Hock, 2010). Parents or teachers can provide anatomically correct dolls to blind children as a way to understand gender differences and similarities. Adults worry about what amount of detail to provide to young children who are blind who ask questions about sexual topics. Responding with, “What do you think?” gives the adult the opportunity to determine what the child already knows, what is actually being asked, and what the child is ready to learn.

Ages 9 to 12 years

Preteens reaching puberty are very aware of the changes their bodies are experiencing, and are wondering if they are “normal” (Hock, 2010). Preteen girls who are blind may have early onset of puberty due to lack of melatonin production and lack of physical activity. Melatonin regulates circadian rhythms and is kept in balance through

daylight entering the eyes; lack of this activity can trigger early onset of puberty in girls with no light perception (Steingraber, 2007). Lack of physical activity can increase the percentage of fat accumulating in girls leading to obesity. Additionally, active kids produce more melatonin (Steingraber, 2007). Estrogen is lipophilic and a certain fat percentage can also trigger earlier onset of puberty. These two specific factors in girls who are blind should spark the interest of adults to ensure that they prepare children who are blind for the social expectations of puberty. Socially, preteens develop romantic crushes and show an interest in dating. They are trying to conform to family and societal expectations of appropriate gender behaviors. Privately, they use sexual language and explore fantasies (Hock, 2010). Parents should respect the desire for privacy on behalf of preteens who are blind. Sharing family values about dating and love can help preteens who are blind develop their social skills such as decision making, communication, and assertiveness skills.

Ages 13 to 18 years

Teens want to date and there is peer pressure to engage in sexual activities. Teens fantasize about romantic and sexual scenarios, and experiment with sexual behaviors, such as kissing, touching, oral sex, and, intercourse. They fall in love and feel these emotions deeply (Hock, 2010). Social contact is important for social, psychological, and emotional development. Lack of social skills by teens who are blind can decrease their acceptance as potential dating partners.

Teens who are blind need friends and social situations to observe and imitate. Fewer social contacts lead to fewer opportunities to develop social skills. A teen who is blind with social problems will turn to adults who are kinder to fill a need for friendship – this further isolates a socially awkward teen who is blind from sighted

peers. Teens are more loyal to their peer group and are suspicious of adults and of the motives of teens who choose to spend time with adults (Hock, 2010). Too much adult intervention for teens who are blind may be detrimental to the development of friendships with peers.

Social interactions are a prime concern for adolescents (Hock, 2010). For example, if a teen who is blind demonstrates a facial expression that does not match their tone or the content of a conversation, or if s/he speaks too loudly or interrupts inappropriately, sighted teens may consider the behavior not normal and may not want to associate with the teen who is blind. The inability to express feelings and emotions may result in frustration and acting out behaviors that may further impede social/emotional maturity on behalf of teens who are blind.

Flirting is a very important social skill for teens. Flirting involves talking, but it is initially a visual activity: a certain eye gaze, facial gestures, and body postures can signal interest (Hock, 2010). Teens learn from peers how to send and receive signals, so (partially sighted and sighted) friends are crucial for a teen who is blind to know what the reaction is of the other party.

Youth need to feel competent and in control of certain aspects of their lives. Overprotection by adults teaches passiveness, helplessness, and undermines decision making development. Youth who are blind may devalue their achievements or refuse to try at all. They need a realistic appraisal of their abilities to achieve a realistic sense of self. Unfortunately, adults may do more difficult tasks, continue to assist with tasks that are already mastered, and make decisions for youth who are blind who are ready to decide for themselves.

Summary

Adults can support youth who are blind through the phases of sexual development. First and foremost, listen. Instead of stating your opinion, try to understand the child's point of view. Let the child know you are open to talking by seeking "teachable" moments, such as while driving in a car together. Don't wait for the child to ask questions. Know and practice saying messages, and if you don't know the answer, look it up together. Find out what the school is teaching and provide age appropriate reading material. Most importantly, the child needs to feel supported in each stage of development, so stay actively involved in the child's life and help the child plan for the future.

This article provides an introduction to sexual development. Professionals can guide parents in supporting their children who are blind by researching normal sexual development and demonstrating how to make adaptations so that children who are blind can reach their developmental milestones.

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Sex Education: Standards, Topics, Obstacles, and Ways of Overcoming Them

Mollie V. Blackburn, Ph.D.
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The National Sexuality Education Standards (Future of Sex Education (FOSE), 2011) include eight standards across seven broad topics to be addressed in distinctively age appropriate ways in kindergarten through twelfth grade (with grades clustered like this: K-2, 3-5, 6-8, and 9-12). The standards are, essentially, about

(1) core concepts,
(2) analyzing influences,
(3) accessing information,
(4) interpersonal communication,
(5) decision-making,
(6) goal-setting,
(7) self-management, and
(8) advocacy.

All of the standards articulate enhancing health and avoiding or reducing health risks as their goals. The topics through which to achieve these standards are those typically included in sex education curricula, like anatomy and physiology, puberty and adolescent development, pregnancy and reproduction, and sexually transmitted diseases (STDs), including *human immunodeficiency virus (*HIV). Less common topics, like identity, healthy relationships, and personal safety are also included. as well as those less often included like identity, healthy relationships, and personal safety. Importantly, these standards and related topics are inclusive of diverse sexualities and gender identities. These are, I think, comprehensive and defensible standards and topics. But

they are, like all such things, imperfect and unable to respond to the needs of all students who need them.

Curriculum Accessibility

Early grade level expectations. Of key importance to students with visual impairments is the standard related to accessing information. Students are expected in early grades, to "identify parents and other trusted adults they can tell if they are feeling uncomfortable about being touched" or "if they are being bullied or teased" (FOSE, p. 13), and then in upper elementary if they are being harassed or abused, sexually or otherwise (p. 15). Moreover, they are expected to identify people with whom they can talk about puberty, adolescent health issues, sexual orientation, and relationships (pp. 14-15). These things are probably no more or less difficult for students with visual impairments. That is to say, it is probably easier for young people to talk to the adults in their lives about being bullied or teased if that mistreatment is not grounded in a perception of the child as gay or lesbian, for example. Similarly, discussions of sexual orientation and relationships are often easier for youth to negotiate with their parents or guardians when they are defined in heterosexual terms.

Upper elementary and middle school expectations. The expectations with respect to accessing information rise as children get older. In upper elementary, students are also expected to "identify medically-accurate information about female and male reproductive anatomy… puberty, and personal hygiene" (FOSE, p. 14). Further, in middle school they are expected to access "accurate and credible" information about sexuality, gender identity, gender expression, sexual orientation, pregnancy prevention, reproductive

health care, emergency contraception, pregnancy options, STDs (pp. 16-7), including testing and treatment (p. 18). In other words, upper elementary and middle school students are expected to access a plethora of "accurate and credible" information, some of which is more or less available depending on the young person's identity and desires. So, for example, information about gender identities, gender expressions, and sexual orientations that are not heteronormative are often censored from sex education materials, making information about such identities and desires more difficult to access.

Secondary grade level expectations. The expectations, of course, intensify for high school students to include explaining how to "access local STD and HIV testing and treatment services" and demonstrating how to access valid information and resources "to help deal with relationships" and "for survivors of sexual abuse, incest, rape, sexual harassment, sexual assault and dating violence" (FOSE, p. 22-23). Accessing such information is a challenge for sighted young people, but this challenge becomes more complex for those who have visual impairments.

Accessibility of Instructional Materials

There is the issue of instructional material accessibility. Consider, for example, the challenge of accessing information about anatomy and puberty. For students who have visual impairments, 3-D models are imperative but not always available and even less so for upper elementary students since sex education typically started in middle or sometimes even high school. Then, too, think about the challenge of accessing information about personal hygiene and contraception. Hands-on demonstrations with real objects are needed, but again, not always provided, for students who are visually impaired. There is also the

issue of orientation and mobility. Although students who have visual impairments are typically trained in orientation and mobility, such training rarely includes getting to places like Planned Parenthood; local STD and HIV testing and treatment facilities; local centers for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth; and facilities that serve survivors of sexual abuse. There is a third issue that is related to a failure to understand young people as sexual beings, particularly those with disabilities, including but not limited to those with visual impairments. Often, information is either skipped or glossed over for these young people based on an implicit misunderstanding of these young people as asexual.

In the absence of being provided accessible instructional materials and thus information in schools and with the difficulty of getting to alternative sources of such information, many students who have visual impairments turn to the internet to complement their often inadequate sex education (Wild, Kelly, Blackburn, & Ryan, in press). Of course, the internet is a significant resource for all sorts of information, including sex education, but it also comes with some risks. There is the risk of receiving inaccurate information, but there is also the risk of sexual predators, particularly when conducting searches that are, by definition, sexual in nature. This risk is of particular concern for people who visual impairments since they are more likely than their sighted peers to experience sexual abuse (Kvam, 2005), with one in three people with visual impairments being survivors of either attempted or actual sexual or physical assault (Pava, 1994). This concern gets addressed across the grade levels through the topic of personal safety, beginning with teaching young children to assert their rights to tell people not to touch their bodies when they do not wish to be touched and going so far as teaching young adults to “advocate for safe environments that en-

courage dignified and respectful treatment of everyone" (FOSE, p. 35).

What Teachers Can Do

Therefore, as educators we need to include the full range of standards and topics in our sex education and we need to do so beginning in kindergarten and continue throughout high school. More specifically, we need to provide students who have visual impairments with accessible texts, such as 3-D models. We need to offer hands-on demonstrations with real objects and explicit discussions that are grounded in the understanding that our students are sexual beings and we need to have a respect for diversity in the ways their sexuality takes shape in their lives. Such accommodations, however, should be provided in privacy, among the teacher, the student, and a witness, preferably of the same gender, rather than in the mainstreamed classroom (Kapperman & Kelly, 2013). They may also be available in but not imposed or limited to the mainstreamed classroom (Kapperman & Kelly, 2013). Our curricula need to include information about and directions to service providers in the local community, including those for LGBTQ people. Moreover, we need to teach all students ways of critically analyzing information, electronic and otherwise, and safe and savvy ways of navigating the internet.

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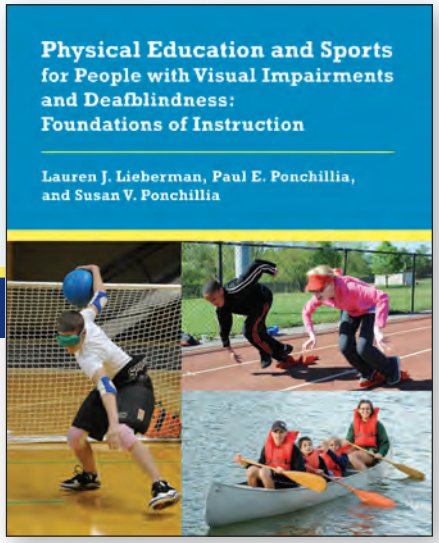
Physical Education and Sports for People with Visual Impairments and Deafblindness: Foundations of Instruction



By Lauren J. Lieberman, Paul E. Ponchillia, and Susan V. Ponchillia

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Accessible Sex Education Resources for Students who are Visually Impaired: Assistive Technology is Required

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Given the ever-growing amount of accessible reading material now available to students who are blind or severely impaired, we believe that teachers and parents should help their students avail themselves of the vast amount and variety of reading material which is now available on all aspects of sexuality. All of this information is readily available to sighted youngsters. We believe that there is no reason why it should not be made available for youngsters who are blind or have low vision when all of the proper parent/guardian permissions have been secured and school procedures are followed (see Kapperman & Kelly, 2013). Use of the proper assistive technology devices and software can afford these individuals access to the very wide range of information on this important topic of sexuality. Thus, it is our intent to summarize the resources which are available.

We begin with an overview of general and disability-specific sources for digital books that include sex education content. We searched each of these sources for accessible sex education content and at the end of this article we present a list of sex education book titles that showcases the findings of our search. We wish to state here that we make no claims that the list included is in any way exhaustive. It is not! It should be

considered only representative of the digital material that now exists.

Recommended Sources for Digital Text

Audible.com. With the use of the proper assistive technology equipment and software, one can obtain electronic books from audible.com. These have ben commercially produced and are made available for sale to anyone. Various assistive technology devices and software can be used which will “play” the electronic books from this source.

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The National Braille Press. The National Braille Press makes available several pieces in various digital formats including ASCII/Word, DAISY, and eBraille formats. These formats can be downloaded or obtained on a compact disc (CD). Each piece carries with it a cost. See www.nbp.org for additional details.

The National Library Service for the Blind and Physically Handicapped (NLS). One can obtain reading material from the talking book

service of the National Library Service for the Blind and Physically Handicapped. All that is needed is to establish an account which is free to qualified borrowers. We wish to highlight the NLS site which refers to Braille and Audio Reading Download (BARD), the electronic service which enables borrowers to download electronic books at no cost. For more information, interested individuals should go to https://nlsbard.loc.gov/login//NLS.

Recommended Instructional Strategies

A perusal of the books which we have found indicates that reading material on all aspects of sexuality can be found in one or more sources. The topics include the very basic facts about sexuality and the sex-related changes that pre-teens and teenagers will experience. Other topics include the basic information on how both the male and female reproductive systems function. Additional areas covered include dating behavior, setting boundaries, employing safer sex precautions, answers to commonly asked questions, and many other subjects germane to the topic.

We recommend that teachers use realistic tangible models of the reproductive systems to supplement the reading material. It goes without saying that the descriptions included in the reading material are not adequate for providing accurate information for persons who cannot see pictures. In addition, we recommend the use of real objects such as condoms and feminine hygiene products to supplement the reading material. We refer the reader to our recently published articles (Kapperman & Kelly, 2013; Kelly & Kapperman, 2012) for further instructional guidelines.

Assistive Technology is Required

It goes without saying that in order for the students to take advantage of the very large amount of information available in electronic for-

mats, they must be well-trained in the use of the appropriate equipment and software. For example, students who are visually impaired can use a refreshable braille display connected to their phone, netbook, laptop, or tablet to download and read digital books. Students who have low vision can download and read digital books directly on their mobile devices. A stand-alone portable braille reading device, such as the Bookworm (by AbleNet), is yet another option among the many possibilities for students who are braille readers.

It is obvious that without the use of appropriate assistive technology, students who are visually impaired cannot have independent access to this very sensitive information. In our judgment, given the nature of the information, it would be much more appropriate for students who are visually impaired to read or listen to the content independently rather than having a sighted individual read the material to them.

In addition to having access to a very large amount of written material, there are many websites which can be accessed by students using assistive technology. In these cases, one must use caution because, as most people understand, not all sites can be trusted to provide unbiased, factually accurate information. In addition, many websites on the Internet contain inappropriate content. In order to obtain lists of trusted websites, we recommend reviewing some of the books that are available.

For example, the book *Seductive Delusions* can be found on the Bookshare website. The author of *Seductive Delusions* is a gynecologist whose work focuses on sexually transmitted infections and the consequences of those infections. It was produced with the intention of appealing to teenagers and young adults. The web-

sites included in *Seductive Delusions* can be trusted to provide accurate information.

Readily Available Digital Books with Sex Education Content

The results of our search for accessible sex education content follows next. The title of several of the books uncovered by our search is presented organized according to the source from which the particular book can be obtained.

Audible

The Little Black Book for Girlz: A Book on Healthy Sexuality

BookShare

A Teen's Guide to Sexuality: Building Healthy Relationship Skills
Guide to Getting It On: For Adults of All Ages
Human Sexuality: Responsible Life Choices
Making Sexual Decisions: The Ultimate Teen Guide
Seductive Delusions
Sex: A Book for Teens: An Uncensored Guide to Your Body, Sex and Safety
Sex for One
Sex Made Easy
Sex Toys 101

The National Braille Press

The Period Book
What's Going on Down There

The National Library Service for the Blind and Physically Handicapped

Defining and Setting Boundaries
Doing it Right
Everything You Always Wanted To Know About Sex But Were Afraid To Ask
Everything You Need To Know About Romance and the Internet: How to Stay Safe

Out with It: Gay & Straight Teens Write About Homosexuality
Safe Sex 101: An Overview for Teens
Staying Safe: A Teen's Guide to Sexually Transmitted Diseases
Strong at Heart: How it feels to Heal from Sexual Abuse
The African American Teenager's Guide to Personal Growth, Health, Safety, Sex, and Survival
Will Puberty Last My Whole Life: Real Answers to Real Questions

Summary

One of the primary benefits of assistive technology use for students who are visually impaired is instant access to printed information. This access to printed information should not be restricted in content; it should instead include topics such as human sexuality whenever appropriate. We have provided several suggestions to leverage the vast array of accessible books for the purposes of sex education of students who are visually impaired. In today's high-tech world, it is the responsibility of teachers and parents to provide students who are visually impaired with safe forums for acquiring reliable and trusted information about sex.

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REACH OUT AND TEACH

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KAY ALICYN FERRELL
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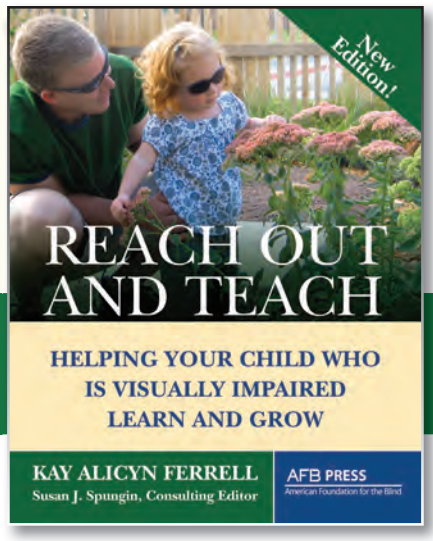

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CEC Membership Benefits

CEC provides you with the tools and resources you need to be a more effective educator. As a CEC member, you'll have access to:

Information—CEC is your #1 source for comprehensive, cutting edge information on reaching and teaching children and youth with disabilities and/or who are gifted. Members receive *TEACHING Exceptional Children,* bi-monthly; *Exceptional Children,* quarterly; and *CEC Today,* six issues annually. You'll stay up-to-date on the news in the special education field through your CEC Web site at www.cec.sped.org.

Participation—CEC membership provides you with direct access to state/provincial and local resources, contacts, and opportunities to affect education policies and practices in your community.

Impact—You'll be part of CEC's advocacy efforts to improve the educational success of children with exceptionalities, foster legislation that addresses their needs, and create better teaching conditions.

Professional Growth and Development—CEC's continuing education programs, including the Annual Convention & Expo, provide you with groundbreaking information, state-of-the-art resources, and new ways of reaching students.

Specialization—Deepen your expertise by joining any of CEC's 17 special-interest divisions and gain access to the in-depth critical information they supply.

Career Opportunities—CEC's Career Center is the only online resource devoted solely to special education careers. It's your source for job information as a prospective employee or employer.

Networking—CEC provides you with a wealth of opportunities to make valuable contacts, share advice and resources, and advance your career.

Member Discounts—Enjoy member discounts – up to 30% – on CEC's publications and professional development events. You'll also have the added advantage of professional liability, health, and other insurance plans at group rates, and other money-saving programs.

Support—Whether it's access to the latest information, development opportunities, or other membership benefits, let us know how we can help. CEC is there for you!

CEC Professional Divisions

CEC Divisions are special organizations which concentrate on a particular exceptionality of children or unique aspect of special education. Divisions publish journals and newsletters and hold conferences and workshops for members. Only CEC members are eligible for membership in CEC Professional Divisions.

- **Council of Administrators of Special Education (CASE)**–members receive the *Journal of Special Education Leadership* two times each year and four newsletters.
- **Council for Children with Behavioral Disorders (CCBD)**–members receive four issues of *Behavioral Disorders*, three issues of *Beyond Behavior*, and six newsletters.
- **Division for Research (CEC-DR)**–members receive the *Journal of Special Education* and a newsletter, quarterly.
- **CEC Pioneers Division (CEC-PD)**–members receive three newsletters and an annual Membership Directory (upon request). Membership in CEC-PD is open only to persons who have been members of CEC for 20 years or more.
- **Council for Educational Diagnostic Services (CEDS)**–members receive *Assessment for Effective Intervention* and a newsletter, quarterly.
- **Division on Autism and Developmental Disabilities (DADD)**– members receive *Education and Training in Autism and Developmental Disabilities, Focus on Autism and Other Developmental Disabilities,* and a newsletter, quarterly.
- **Division for Communicative Disabilities and Deafness (DCDD)**–members receive four issues of *Communication Disorders Quarterly*.
- **Division on Career Development and Transition (DCDT)**–members receive three issues of *Career Development and Transition for Exceptional Individuals* and two newsletters.
- **Division for Culturally and Linguistically Diverse Exceptional Learners (DDEL)**–members receive two issues of *Multiple Voices for Ethnically Diverse Exceptional Learners* and two newsletters.
- **Division for Early Childhood (DEC)**–members receive the *Journal of Early Intervention, Young Exceptional Children*, and a newsletter, quarterly.
- **Division of International Special Education and Services (DISES)**–members receive two issues of the *Journal of International Special Needs Education* (online) and three newsletters.
- **Division for Learning Disabilities (DLD)**–members receive *Learning Disabilities Research and Practice* quarterly and three newsletters.
- **Division for Physical, Health and Multiple Disabilities (DPHMD)**–members receive *Physical Disabilities: Education and Related Services* twice yearly and two newsletters.
- **Division on Visual Impairments (DVI)**–members receive the DVI newsletter quarterly.
- **The Association for the Gifted (TAG)**–members receive the *Journal for the Education of the Gifted* and a newsletter, quarterly.
- **Technology and Media Division (TAM)**–members receive the *Journal of Special Education Technology* (online) and a newsletter, quarterly.
- **Teacher Education Division (TED)**–members receive *Teacher Education and Special Education* quarterly and three newsletters.

The Council for Exceptional Children

Council for Exceptional Children
The voice and vision of special education

CEC is an international community of educators who are the voice and vision of special and gifted education. Our mission is to improve the quality of life for individuals with exceptionalities and their families worldwide through professional excellence and advocacy.

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