

ISAWP: Inclusive Sexuality a World of Possibilities

Good Practices Guideline

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INTRODUCTION

0.1 Purpose of the guide

Sexuality education is a fundamental human right, yet young people with disabilities—particularly those with developmental and cognitive impairments—often lack access to inclusive, high-quality instruction. This guide synthesizes evidence-informed methods, international standards and innovative practices piloted by partners in Spain, Portugal and Turkey to:

1. Ensure that affective-sexual education is accessible, engaging and relevant to learners aged 15–24 with developmental disabilities.
2. Provide trainers, families and professionals with practical tools and strategies to design, facilitate and evaluate sessions across all eight UNESCO key concepts of comprehensive sexuality education.
3. Promote a rights-based, gender-sensitive and trauma-informed approach that fosters autonomy, respect and well-being.

0.2 Who is it for?

This guide is intended for:

- Trainers and Facilitators designing and delivering affective-sexual modules in formal or non-formal settings.
- Curriculum Developers integrating Universal Design for Learning and inclusive pedagogy into sexuality education curricula.
- Families and Caregivers seeking to reinforce learning at home and create a supportive environment for discussions about sexuality and relationships.
- Educational and Health Professionals (special educators, psychologists, social workers) coordinating multi-disciplinary support for learners.

0.3 How to Use This Guide

1. Read Section 1 (Fundamental Principles) to ground your work in rights-based, intersectional and inclusive frameworks.
2. Consult Section 2 (Key Themes) for concise overviews of the eight UNESCO concepts, ensuring coherent progression from basic concepts to advanced topics.
3. Apply Section 3 (Good Practices by Stakeholder Group) for tailored strategies with learners, families and professionals.
4. Leverage Section 5 (Resources and References) to access publicly available toolkits, websites and multimedia channels.
5. Adapt flexibly: each module can be delivered online, in-person or in hybrid formats, and activities may be modified to suit specific group sizes, cultural contexts and technological capacities.

1-Fundamental Principles

This section establishes the theoretical and ethical foundations for inclusive affective-sexual education. By centering human rights, universal accessibility and intersectional awareness, trainers ensure that every learner—regardless of cognitive or developmental profile—receives the support and respect they deserve.

1.1 Rights-Based and Inclusion-Based Approach

Affective-sexual education is not a luxury but a fundamental human right. Article 24 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) mandates inclusive education “without discrimination and on the basis of equal opportunity,” explicitly requiring “reasonable accommodation of the individual’s requirements”. In practice, this means:

1. Universal Design for Learning (UDL):

- **Multiple Means of Representation:** Present core concepts through at least three formats—textual summaries, pictogram sequences (from the RSAC library), and narrated animations (e.g., AMAZE videos on puberty and consent).
- **Multiple Means of Expression:** Allow learners to demonstrate understanding via verbal explanation, drawing pictogram storyboards or performing role-play. Provide templates that scaffold each mode (e.g., “draw three steps of asking for consent”).
- **Multiple Means of Engagement:** Embed choice and relevance by offering learners topic options (e.g., romantic relationships vs. online boundaries), and incorporate interactive polls (Mentimeter word-clouds) to surface personal interests.

2. Accessible Materials:

- **Visual Accessibility:** Use high-contrast color schemes (dark text on light background), minimum 18-point sans-serif fonts, and simple slide layouts with one idea per page.
- **Cognitive Accessibility:** Employ easy-read language—short sentences, active voice—and accompany each paragraph with a pictogram illustrating the main idea. Where possible, include an “easy-read summary” box at the end of each handout.
- **Multimedia Accessibility:** Ensure all videos include synchronized captions and audio descriptions. Provide downloadable transcripts and an option for audio-only playback.

3. Reasonable Accommodations:

- **Extended Time:** Allow additional processing time for quizzes, role-plays and discussions.
- **Assistive Technology:** Facilitate use of screen readers, text-to-speech software and alternative input devices for learners with motor or reading challenges.
- **Flexible Grouping:** Offer both small-group and one-on-one options for sensitive topics, enabling learners to choose the format in which they feel safest.

By embedding UDL and accommodations into every aspect of program design, trainers operationalize the CRPD’s mandate—ensuring that no learner is left behind.

1.2 Gender Perspective and Intersectionality

Sexuality education must do more than present neutral facts; it must confront and dismantle the intersecting systems of inequality that shape learners' lives. Two complementary frameworks guide this work:

1. Gender Analysis Tools:

- **Genderbread Person Framework:** This accessible model disaggregates sex assigned at birth, gender identity, gender expression and attraction into four sliders. Trainers can use touchscreen or printed versions, accompanied by large-print key terms, to help learners locate themselves on each continuum .
- **Case Study Discussions:** Present short vignettes—"Alex uses they/them pronouns and dresses in what their culture considers masculine clothing"—and facilitate small-group analysis of how social expectations affect Alex's relationships and self-esteem.

2. Intersectionality:

- **Concept Introduction:** Coined by Kimberlé Crenshaw (1989), intersectionality illuminates how multiple identities (e.g., being autistic, Latina and transgender) combine to produce unique experiences of privilege and marginalization .
- **Personal Mapping Activity:** Learners complete a simple worksheet listing three identity markers (e.g., disability, gender, religion), then, with facilitator support, identify one challenge and one strength associated with each. This visual exercise fosters empathy and self-understanding.

3. Safe Spaces:

- **Ground Rules Co-Creation:** In the first session, collaboratively develop a "Respect Charter" using pictograms for key agreements:
 - Confidentiality: Lock icon + "What I share stays here."
 - Respectful Language: Speech bubble + "Speak kindly, no insults."
 - No Wrong Questions: Question mark + "All questions welcome."
- **Ongoing Enforcement:** Display the Charter on-screen and on printed posters. Appoint a rotating "Safe Space Guardian" among learners to remind the group of agreements when discussions intensify.

4. Challenging Stereotypes:

- **Myth vs. Fact Quiz:** Use interactive polling to dispel common misconceptions—e.g., "Myth: People with developmental disabilities cannot feel sexual attraction" (False). Follow with a brief video testimony from a self-advocate describing their own experiences.
- **Role-Modeling Inclusive Language:** Trainers consistently use person-first or identity-first terms according to each learner's preference (e.g., "person with Down syndrome" vs. "Down syndrome person"), demonstrating respect for autonomy in self-identification.

By integrating gender awareness and intersectional insights, trainers create curricula that reflect the diversity of learners' lives. This approach not only educates but also affirms identities—cultivating an environment in which every participant feels visible, respected and empowered.

2- Key Themes in Affective-Sexual Education

This section presents succinct definitions of UNESCO's eight core concepts for comprehensive sexuality education (CSE), adapted for learners aged 15–24 with developmental disabilities. Each concept builds on the previous, ensuring a coherent progression from foundational interpersonal skills to advanced knowledge of sexual and reproductive health .

2.1 Relationships

Definition: Knowledge and skills necessary to develop and maintain respectful, caring and consensual interpersonal connections.

Core Components:

- Family, friendship, romantic and peer bonds
- Communication techniques (active listening, “I-statements”)
- Boundaries and mutual respect

Adaptations for Developmental Disabilities:

- Pictogram sequences illustrating typical relationship scenarios
- Role-play scripts with simplified dialogue
- Interactive polls to gauge perceptions of healthy vs. unhealthy relationships

2.2 Values, Rights, Culture & Sexuality

Definition: Understanding how cultural norms, human rights and personal values inform attitudes and behaviors related to sexuality.

Core Components:

- Human rights frameworks (e.g., CRPD)
- Cultural and religious influences
- Personal and societal values around sex and gender

Adaptations for Developmental Disabilities:

- Easy-read case studies contrasting differing cultural perspectives
- “Myth vs. Fact” exercises to debunk stereotypes
- Structured discussions using visual value-clarification cards

2.3 Understanding Gender

Definition: Exploration of gender identity, expression, roles and power relations.

Core Components:

- Distinction between sex, gender identity and gender expression
- Socialization processes and stereotypes
- Power dynamics and gender-based violence

Adaptations for Developmental Disabilities:

- Genderbread Person visual tool with large labels and audio description
- Sorting activities: match examples to concepts (identity, expression)
- Small-group storytelling to surface personal experiences

2.4 Violence & Personal Safety

Definition: Skills and awareness to recognize, prevent and respond to gender-based violence and harassment.

Core Components:

- Definitions of consent and coercion
- Bystander intervention strategies
- Personal safety planning and support networks

Adaptations for Developmental Disabilities:

- Pictogram-based “consent continuum” charts
- Guided practice in refusal skills (“No means no”)
- Simple flowcharts mapping safe-reporting steps

2.5 Skills for Health & Well-Being

Definition: Life skills that promote physical, mental and emotional health.

Core Components:

- Emotional intelligence and stress management
- Decision-making and problem-solving
- Self-advocacy and resilience

Adaptations for Developmental Disabilities:

- Emoji check-ins and mood-regulation exercises
- Step-by-step visual guides for decision processes
- Peer-support circles with facilitator prompts

2.6 The Human Body & Development

Definition: Accurate information about anatomy, bodily changes during puberty and normal sexual development.

Core Components:

- Reproductive anatomy and physiology
- Pubertal milestones (menstruation, erection)
- Variations in development

Adaptations for Developmental Disabilities:

- Tactile models and 3D visuals of anatomy
- Simple charts pairing images with key terms
- Animated videos with captions (e.g., Amaze)

2.7 Sexuality & Sexual Behaviour

Definition: Understanding sexual feelings, behaviors, orientation and the spectrum of sexual expression.

Core Components:

- Diverse expressions of intimacy and pleasure
- Healthy versus risky sexual behaviors
- Respect for diverse orientations and identities

Adaptations for Developmental Disabilities:

- Pictogram scenarios depicting consenting intimacy
- “Good touch / Bad touch” sorting games
- Accessible definitions of orientation and identity terms

2.8 Sexual & Reproductive Health

Definition: Comprehensive knowledge of contraception, STI prevention, pregnancy, reproductive rights and health services.

Core Components:

- Contraceptive methods and dual protection
- STI/HIV transmission, prevention and treatment
- Prenatal care, safe childbirth and post-abortion care
- Accessing youth-friendly SRH services

Adaptations for Developmental Disabilities:

- One-page visual menus of contraceptive options
- Role-play: booking a clinic appointment by phone
- Easy-read directory of local and online support services

3- Good Practices by Stakeholder Group

In order to translate high-level principles and key concepts into tangible learning experiences, it is essential to tailor strategies to the needs and contexts of each stakeholder. Section 3 outlines best practices for three core audiences—young people with developmental disabilities, their families and caregivers, and the professionals who design and deliver programming—so that every lesson is accessible, engaging and respectful of lived realities.

y centering learners’ cognitive and communicative profiles, trainers can adapt content through message-first pictogram design, multi-sensory delivery and scaffolded activities that build confidence in expressing consent, navigating relationships and advocating for personal rights. Simultaneously, equipping families with easy-read tools, myth-busting materials and structured dialogue formats ensures that learning continues beyond the classroom, in the very environments where values and behaviors are modeled.

For professionals and facilitators, this guide presents an integrated approach—combining Universal Design for Learning, trauma-informed facilitation and intersectional gender awareness—with practical advice on co-facilitation, accessible session planning and data-driven monitoring. Together, these stakeholder-specific guidelines form a cohesive framework: learners gain autonomy and self-efficacy, families become active partners in sexual health education, and trainers are empowered to navigate cultural taboos, manage difficult interactions and sustain continuous improvement.

3.1 With Young People with Disabilities

3.1.1 Adaptation of Content and Activities

1. Message-First Pictogram Design

- oBegin by distilling the learning objective into a single sentence.
- oSelect 3–7 clear, metaphor-free icons (e.g., heart for “affection,” traffic light for “boundaries”), placing one-word labels beneath each.
- oSequence icons to mirror narrative structure (beginning → conflict/challenge → resolution) (CAST, 2018).

2. Chunked Learning Modules

- oLimit each sub-topic to 20–25 minutes, with built-in breaks for reflection or movement.
- oUse “breadcrumb” summaries at the end of each chunk to reinforce retention.

3. Multi-Modal Instruction

- oCombine visuals (slides, pictograms), audio narration, tactile props (anatomical models, condoms) and closed-captioned videos (e.g., AMAZE animations) to address varied learning preferences.

3.1.2 Active Participation and Empowerment

1. Ice-Breaker Activities

- oEmoji or pictogram check-ins (“How do you feel today?”) to build rapport and model communication tools.

2. Interactive Polls and Word Clouds

- oUse Mentimeter or similar platforms to pose open-ended prompts (e.g., “What is consent?”), instantly visualizing group responses to stimulate discussion.

3. Guided Role-Plays

- oProvide simplified scripts for asserting boundaries, seeking help or describing discomfort.
- oRotate roles so each learner both practices and observes.

4. Co-Creation Workshops

- oInvite learners to design their own pictogram narratives around a concept (e.g., steps to access a clinic), fostering ownership and self-advocacy.

3.1.3 Accessible Materials (Visual, Simple, Interactive)

- **High-Contrast Graphics:** Ensure pictograms and text stand out against backgrounds.
- **Large-Print, Easy-Read Text:** Limit each screen or page to one key idea.
- **Structured Navigation:** Use a consistent layout (title → image → label → brief explanation) across all materials.
- **Alternative Media:** Offer audio recordings and transcripts for all written content; ensure videos have captions and audio descriptions.

3.2 With Families and Caregivers

3.2.1 How to Accompany at Home: Listening and Respect

- **“I Feel / I Need” Cards:** Provide pictogram cards prompting expression of feelings and needs (e.g., “I feel scared,” “I need help”).
- **Reflective Listening Training:** Teach caregivers to mirror back the learner’s words before responding, reinforcing validation and trust (Rogers, 1957).

3.2.2 Overcoming Resistance and Taboos

- **Myth vs. Fact Quizzes:** Distribute accessible quizzes that correct common misconceptions (e.g., “People with disabilities are asexual” → False).
- **Short Testimonial Videos:** Share publicly available clips of families discussing successful SRH conversations (e.g., on TheGenderTalk.eu).

3.2.3 Creating Safe Spaces for Dialogue

- **Ground Rules Agreement:** Co-develop simple, pictogram-based rules (e.g., confidentiality, respectful language) at the start of any joint session.
- **Staggered Participation:** Allow caregivers to first observe a session, then participate in a debrief where they can ask questions in a smaller group.

3.2.4 How to Tackle Difficult Questions

- **Reference Public Manuals:** Link to freely available guides such as UNESCO’s Q&A on sexuality education.
- **Postponement Techniques:** Train caregivers in acknowledging a question and scheduling a follow-up discussion, reducing pressure and ensuring accurate answers.

3.3 With Professionals and Trainers

3.3.1 Inclusive Methodological Keys

- **Universal Design for Learning:** Plan lessons that offer learners multiple means of engagement, representation and expression (UDL Guidelines).
- **Trauma-Informed Facilitation:** Begin with trigger warnings, offer opt-out choices, and include grounding exercises (e.g., deep-breathing breaks) to support emotional safety.

3.3.2 How to Facilitate Tailored Sessions

- **Pre-Session Easy-Read Survey:** Gauge learners' prior knowledge, vocabulary preferences and communication needs.
- **Co-Facilitation with Self-Advocates:** Involve young people with developmental disabilities as peer educators, enhancing relevance and modeling self-advocacy.
- **Flexible Content Pathways:** Prepare “core” and “extension” materials so facilitators can adjust depth and pacing in real time based on learner responses.

3.3.3 Design of Accessible Sessions, Use of Inclusive Materials and Resources, Learning Assessment and Monitoring

- **Accessible Session Plans:** Include explicit accommodation notes (e.g., allow extra time for responses, provide visual aids).
- **Inclusive Materials Repository:** Maintain a shared drive of pictogram templates, easy-read handouts and annotated video links.
- **Formative Assessment Tools:** Use quick check-for-understanding methods—thumbs up/down, emoji reactions, short exit-tickets with pictograms.
- **Monitoring & Data Collection:** Track participation, comprehension and self-reported confidence using simple, pictogram-supported surveys.

3.3.4 Coordination with Educational and Socio-Health Teams

- **Interdisciplinary Planning Meetings:** Schedule regular check-ins with special educators, speech therapists and psychologists to review adaptations and progress.
- **Shared Documentation:** Use joint journals or digital logs to document accommodations used, learner feedback and observed outcomes.
- **Continuous Improvement Cycles:** Conduct reviews of session materials and methods, updating practices based on stakeholder input.

3.4 Managing Taboo Topics, Stereotypes & Difficult Interactions

Even in educational settings committed to inclusion, trainers may confront deeply held cultural taboos and misconceptions—especially around the sexuality of young people with developmental disabilities. This section offers evidence-informed strategies and publicly available resources to navigate challenging questions, resist deferral, and foster constructive dialogue.

3.4.1 Common Stereotypes and Barriers

Stereotype / Barrier

- “People with disabilities aren’t sexual.”
- “Talking about sex encourages sexual activity.”
- “Parents know best; experts should defer to families.”
- “Consent is too abstract for cognitive impairments.”
- “Sexuality is a private matter; don’t discuss publicly.”

Impact on Education

- Learners feel shamed; families resist inclusion of SRH topics.
- Caregivers refuse consent; sessions are curtailed.
- Trainers feel disempowered; factual misinformation persists.
- Over-simplification; neglect of learners’ agency.
- Learners lack safe, reliable sources of information.

3.4.2 Preparation and Framing

1. Set Clear Learning Agreements (first session)

- Develop a simple, pictogram-based “Contract of Respect” covering confidentiality, mutual listening and no-shame principles.
- Display agreement prominently at every session.

2. Use Data to Ground Discussions

- Cite authoritative statistics: e.g., adolescents with disabilities are nearly four times more likely to experience sexual abuse .
- Reference human-rights frameworks: CRPD Article 24 on education rights.

3. Normalize the Conversation

- Begin with universally relatable topics (friendship, emotions) before introducing sexual content.
- Show a short AMAZE video on puberty or healthy relationships to demystify the subject .

3.4.3 Responding to Debatable or Sensitive Questions

When learners or families pose challenging queries, trainers can apply the “ASK–ACKNOWLEDGE–ADAPT” model:

1. ASK for Clarification

- “Can you tell me exactly what you’d like to understand?”
- Ensures you address the real concern rather than assumptions.

2. ACKNOWLEDGE the Emotion or Belief

- “I understand this topic can feel uncomfortable.”
- Validates the questioner’s feelings, reducing defensiveness.

3. ADAPT Your Response

- Provide accurate, age- and developmentally appropriate information.
- If unsure, defer with a plan: “I don’t have that detail right now, but I will find out and let you know by our next session.”

Example Dialogue

Learner: “Are people with disabilities allowed to have sex?”

Trainer (ASK): “What do you mean by ‘allowed’—by law or by families?”

Learner: “By law.”

Trainer (ACKNOWLEDGE): “That’s a very important question.”

Trainer (ADAPT): “In many places, the law recognizes the right of all adults to consensual relationships. I’ll share the website of our national SRH rights council and we’ll discuss next week.”

3.4.4 Engaging Resistant Families

Strategies:

- “Family Café” Model: Host informal, small-group discussions where families rotate through pictogram-guided stations on different topics (e.g., consent, privacy) rather than a single, intimidating lecture.
- Myth-Busting Handouts: One-page “myth vs. fact” PDFs using easy-read text and icons, for example:
 - Myth: “Talking about contraception will encourage promiscuity.”
 - Fact: “Knowledge empowers safer choices and delays first activity.”
- Video Testimonials: Show brief clips from AMAZE (e.g., <https://www.youtube.com/watch?v=K2K4mjvg2Xw>) featuring parents who successfully navigated SRH conversations to model positive outcomes.

3.4.5 Preventing and Managing Conflict

1. Pre-Session Parent Briefings: Offer a 15-minute online orientation (e.g., via Zoom) to explain objectives and address initial concerns.
2. “Parking Lot” Technique: Maintain a visible “Parking Lot” flipchart or shared Google Doc to note off-topic or contentious issues for later discussion, preventing derailment.
3. Safe Exit Options: Clearly state that any participant (learner or family) may step out or mute video/audio if needed—reinforcing autonomy and emotional safety.

3.4.6 Leveraging Public Resources

Resource Type - Link & Use Case

Animation Videos - AMAZE YouTube: puberty, consent, healthy relationships (e.g., <https://youtu.be/K2K4mjvg2Xw>)

Interactive Tool - TheGenderTalk.eu for exploring gender identity in accessible steps

Rights Guidance - OhCHR on harmful practices & child marriage: <https://www.ohchr.org/en/women/harmful-practices>

Data & Reports- UNAIDS Global AIDS Update (July 2023): <https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2023/july/unaids-global-aids-update>

Toolkit - UNESCO CSE Toolkit: <https://csetoolkit.unesco.org>

By equipping trainers with these strategies, we create a resilient learning environment where taboo is transformed into opportunity for growth, and every question—no matter how challenging—becomes a gateway to understanding and empowerment.

4- Monitoring, Evaluation & Continuous Improvement

Effective monitoring and evaluation (M&E) are critical to ensuring that inclusive sexuality education remains responsive to learner needs and achieves its intended outcomes. By systematically collecting data on participation, comprehension and self-advocacy skills, trainers can identify which methods resonate and which warrant refinement. Combining quantitative indicators—such as quiz scores or poll engagement—with qualitative reflections from learners and families provides a holistic view of impact. Learner portfolios and reflective journals offer tangible evidence of conceptual understanding and personal growth over time. Equally important is establishing regular feedback loops with families, caregivers and interdisciplinary partners to surface emerging challenges and opportunities. Review meetings allow all stakeholders to share best practices, troubleshoot barriers and co-create adaptations. Version control of materials ensures that trainers always work from the latest, most effective guidelines. In this way, M&E and continuous improvement form a dynamic cycle—plan, do, check, act—that sustains high-quality, rights-based instruction and empowers every participant to thrive.

1 Indicators and Data Collection

- **Participation Metrics:** Track attendance, frequency of interactions (e.g., chat contributions, poll responses) and completion of assignments (e.g., pictogram storyboards).
- **Comprehension Measures:** Use brief, pictogram-supported quizzes at the end of each session to assess understanding of key terms and concepts.
- **Self-Efficacy and Confidence:** Include Likert-style questions (with emoji scales) on learners' perceived ability to apply skills (e.g., "I can say no when I don't want to engage in sexual activity").
- **Behavioral Intentions:** Measure intentions to seek help or report abuse via simple scenario prompts ("If someone touched me inappropriately, I would...").

4.2 Learner Portfolios and Reflective Journals

- **Pictogram Portfolios:** Collect learners' original pictogram sequences as artifacts of their knowledge construction.
- **Reflective Journals:** Encourage short, structured reflections (audio-recorded or written with support) on what learners found most useful and what remains challenging.

4.3 Partner Review Mechanisms

- **Quar Review Meetings:** Convene project partners (Spain, Portugal, Turkey) to share data summaries, discuss successes and identify areas for improvement.
- **Stakeholder Feedback Loops:** Solicit input from families, caregivers and socio-health professionals through easy-read surveys and focus groups.
- **Versioning of Materials:** Based on feedback, update pictogram templates, handouts and facilitator guides; maintain version control to track changes over time.

4.4 Continuous Improvement Cycle

1. **Plan:** Define session objectives, select materials and accommodations.
2. **Do:** Deliver the session, collect in-session observations.
3. **Check:** Analyze participation data, quiz results and feedback.

Act: Revise materials, methods or pacing; share changes with all facilitators

5- Resources and References

This section lists publicly accessible guides, toolkits and multimedia resources that complement the practices outlined above.

5.1 Bibliography and Supplementary Guides

- CAST (2018). Universal Design for Learning Guidelines. Version 2.2.
- UNESCO (2018). International Technical Guidance on Sexuality Education. Paris: UNESCO.
- Rogers, C.R. (1957). The Necessary and Sufficient Conditions of Therapeutic Personality Change. *Journal of Consulting Psychology*, 21(2), 95–103.
- Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex. *University of Chicago Legal Forum*, 1989(1), 139–167.
- WHO (2006). Defining Sexual Health: Report of a Technical Consultation on Sexual Health. Geneva: World Health Organization.

5.2 Tools and Useful Links

- RSAC Pictogram Library
- • Search “RSAC pictogram” for free, high-quality symbols suitable for easy-read materials.
- Canva Templates
- • Use “pictogram storyboard” templates to rapidly assemble message-first sequences.
- Amaze YouTube Channel
- • Animated videos on puberty, consent and healthy relationships: <https://www.youtube.com/@amazeorg>
- Mentimeter
- • Create free word-cloud and poll activities: <https://www.mentimeter.com>
- TheGenderTalk.eu
- • Interactive tool for exploring gender identity and expression: <https://thegendertalk.eu>
- UNESCO CSE Toolkit
- • Comprehensive resource on CSE best practices: <https://csetoolkit.unesco.org>
- OHCHR Harmful Practices
- • Guidance on child marriage and gender-based violence: <https://www.ohchr.org/en/women/harmful-practices>
- UNAIDS Global AIDS Update (July 2023)
- • Data on HIV incidence, prevention and rights-based approaches: <https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2023/july/unaidsglobal-aids-update>

6- Glossary

- Abstinence: The choice to refrain from any sexual activity for a period or indefinitely.
- Affirmative Consent: A proactive, enthusiastic “yes” indicating voluntary agreement to sexual activity.
- Affective-Sexual Education: A holistic approach to sexuality education that addresses emotional, relational and sexual health.
- Bicultural Competency: The ability to navigate and respect two distinct cultural frameworks, often relevant for learners from immigrant or minority backgrounds.
- Bio-Psychosocial Model: An integrative framework recognizing that biological, psychological and social factors all influence health and behavior.

- **Cognitive Accessibility:** Adaptations (e.g., simplified language, visual supports) that enable individuals with cognitive impairments to comprehend information.
- **Consent Continuum:** A spectrum illustrating degrees of consent, from enthusiastic participation to lack of consent, used to teach nuances in agreement.
- **Digital Safety:** Practices and tools (e.g., privacy settings, secure passwords) that protect personal information and well-being online.
- **Disability Etiquette:** Respectful behaviors and language when interacting with people with disabilities (e.g., asking before offering assistance).
- **Electrographic Feedback:** Use of simple biofeedback devices (e.g., pulse oximeters) in health education to visualize physiological responses.
- **Empowerment:** The process of increasing an individual's control over their own life and decisions, particularly in health and relationships.
- **Ethical Storytelling:** Sharing personal or third-party narratives in education in a way that respects privacy, consent and cultural sensitivity.
- **Gender Expression:** External presentation of one's gender identity through behavior, clothing, hairstyle and voice.
- **Gender Identity:** One's internal sense of being male, female, both, neither or another gender.
- **Health Literacy:** The capacity to obtain, process and understand basic health information needed to make appropriate health decisions.
- **Identity-First Language:** A linguistic approach (e.g., "autistic person") that places identity before disability, favored by many self-advocates.
- **Inclusive Pedagogy:** Teaching strategies designed to address learner diversity by valuing all backgrounds and abilities in the classroom.
- **Intersectional Bullying:** Harassment that targets multiple aspects of identity simultaneously (e.g., disability and sexual orientation).
- **Intersex:** A term for individuals born with reproductive or sexual anatomy that doesn't fit typical definitions of male or female.
- **Iterative Design:** A cyclical process of prototyping, testing and refining educational materials based on user feedback.
- **Little "c" Culture:** Everyday practices, values and norms within a group—important to address in culturally responsive teaching.
- **Locus of Control:** The degree to which individuals believe they have power over events in their lives; fostering an internal locus is key in self-advocacy.
- **Masculinity Norms / Femininity Norms:** Societal expectations about how men or women "should" behave, which can affect self-esteem and relationships.
- **Neurodiversity:** The concept that neurological differences (e.g., autism, ADHD) are natural variations of the human genome.
- **Peer Mentorship:** Pairing learners with slightly more experienced peers who provide guidance, support and role modeling.
- **Positive Sexuality:** An approach that emphasizes pleasure, consent and mutual respect rather than risk alone.

- **Pre-Service Training:** Education and skill-building provided to professionals before they begin their official role as trainers or educators.
- **Privilege:** Unearned advantages conferred by social identities (e.g., able-bodied, cisgender) that can influence group dynamics.
- **Protective Factors:** Personal, social or environmental attributes (e.g., supportive relationships) that reduce vulnerability to abuse.
- **Queer-Inclusive Language:** Vocabulary that welcomes LGBTQ+ identities and relationships without assuming heterosexual norms.
- **Reflective Practice:** The ongoing process where educators critically analyze their teaching experiences and make improvements.
- **Safer Space Principles:** Guidelines ensuring environments are respectful, inclusive and minimize the risk of harm or exclusion.
- **Self-Regulation:** Techniques (e.g., deep breathing, mindfulness) that help individuals manage emotions and behavior.
- **Sexual Self-Esteem:** A person's positive regard for themselves as a sexual being, including confidence in expressing desires and setting boundaries.
- **Sexual Orientation Spectrum:** Recognizing that attraction exists on a continuum, not limited to discrete categories like "gay" or "straight."
- **Social Stories:** Short, descriptive narratives used to teach social skills and expected behaviors to learners with autism.
- **Stakeholder Engagement:** Involving all relevant parties (learners, families, service providers) in planning, delivering and evaluating programs.
- **Stigma Reduction:** Strategies aimed at decreasing negative stereotypes and shame associated with sexuality, disability or health conditions.
- **Trauma Trigger:** A stimulus (e.g., sound, image, situation) that can evoke distressing memories or emotional reactions.
- **Vicarious Trauma:** Secondary trauma experienced by educators or caregivers due to exposure to learners' traumatic stories.
- **Visual Scripting:** A method where learners write dialogue and plan scenes before role-play, enhancing clarity and confidence.
- **Well-Being Indicators:** Measures of holistic health, such as emotional balance, social connectedness and life satisfaction.

This guide is designed to be a living document. Trainers and partners are encouraged to adapt, expand and share their own innovations, ensuring that affective-sexual education remains inclusive, relevant and impactful for all young people.