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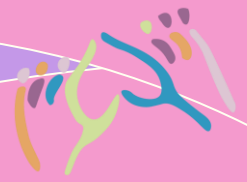
let's sign about sex

EXTENSION SECTION

BEHAVIOR

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INTRODUCTION

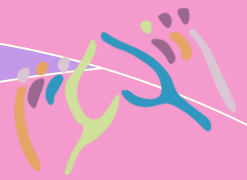
Here you will find materials that you can use for training (according to the lesson plan). We have already prepared examples for the practical exercises. You can add to them or replace the examples yourself.

- ✓ Additional information for the PowerPoint slides (in-depth explanations, suggestions).
- ✓ Worksheets that you will need for the activities.
- ✓ Information and reflection sheets for in-depth understanding

Note:

We always use **Deaf (with a capital “D”)** when referring to the Deaf community:

- Uses sign language as a primary language
- Identifies with Deaf culture, values, and community
- Deafness is not viewed as something to “fix,” but as a difference



Worksheet - Icebreaker “Hand On”

Flirting

Being jealous

Being in love / hearty smile

**Being embarrassed,
showing shyness**
(e.g. I'm in love and don't dare say so)



PowerPoint – Notes and Handouts

Agreements – rules for Workshops (slide 5)

“Share the Air”

strengthens the importance of being inclusive and making space for other—often quiet and hesitant—participants. It is everyone’s responsibility to find ways for everyone to contribute their ideas and thoughts to the workshop.

Social Ecological Model (Slides 09-11)

The Social-Ecological Model (SEM) is very effective because it views topics

(e.g. “coming out”)

- **not only as an individual decision**, but as a
- **process that is influenced by several levels.**

For Deaf young people in particular, additional factors such as sign language, community affiliation, communication barriers in families, and institutional structures play a major role.

Individual level (knowledge, feelings, identity)

Interpersonal level (family, friends, peers)

Institutional level (school, boarding school, clubs)

Community level (Deaf community, religious groups, LGBTQIA+ community)

Societal level (laws, norms, discrimination)



Activity with Example “Coming Out”

Trainers collect:

- What does coming out mean for Deaf young people?
- What additional barriers are there?

Examples:

- o Communication barriers in hearing families
- o Lack of access to queer information in sign language
- o Double minority status (Deaf + LGBTQIA+)

Find more examples using all levels:

.....

.....

.....

.....

.....



Information Sheet – Social ecological model

1. Individual level

- Self-acceptance
- Identity development
- Fear of rejection
- Access to information in DGS

Practical example:

Role play in sign language:

“I think I'm lesbian/gay/bi.”

Reflection questions for trainers:

- What inner conflicts become apparent?
- What resources can be strengthened?

Methods:

- Emotion barometer (visual)
- Identity cards, Emotion cards
- Video testimonials from Deaf queer adults, scenario videos, explanation videos



2. Relationship / Interpersonal level (family & peers)

This is often where the greatest challenge lies.

Special feature of Deaf young people:

Many have hearing parents.

Communication about intimate topics is often limited.

Parents may not be familiar with Sign Languages or LGBTQ+ issues.

Practical exercise for trainers:

Scenario work:

Group A: Supportive parents

Group B: Overwhelmed parents

Group C: Rejecting parents

Analysis:

- Which reactions are hurtful?
- Which are empowering?
- Which interpreting/language barriers play a role?

Trainer task:

How can young people be prepared?

Create a list of safe people

Develop a coming-out plan

Alternatives to direct conversation (video chat, ...)



3. Institutional level

(e.g. school, training centre, youth centre)

Questions for trainers:

- Are there visible LGBTQ+ signals?
- Are there contact persons who are proficient in sign language?
- Is discrimination clearly sanctioned?

Practical example:

Conduct a “school or organisation check”:

Develop a checklist:

- Is the rainbow symbol visible?
- Are there gender-neutral toilets?
- Is there an anti-bullying policy?
- Are materials available in Sign Language

What are your ideas for a checklist?

Example for a role play:

Bullying situation after coming out



4. Community Level (Deaf Community, LGBTQIA+ ...)

The Deaf community can be:

- A safe space
- But also normative/conservative

Reflection questions:

- What norms exist in the community?
- How visible are queer Deaf role models?

Practical idea:

Create a network map:

- What queer services are available in sign language?
- Are there any role models?

Trainer task:

Research local contacts (e.g., queer Deaf groups).



5. Societal level (laws, norms, discrimination)

Topics:

Legal situation

Anti-discrimination

Access to barrier-free healthcare

Discussion input:

“What good is the right to equality if information is not accessible?”

The UN Convention on the Rights of Persons with Disabilities can also be included here.



Homework: Design your own training programme for the future

Ideas for you on how you can design your own training session using the Social Ecological Model in the future

1. Warm-up (15 min)

Visual mind map: “What does coming out mean?”

2. Input SEM (15 min)

Present the model – visually as a circle model.

3. Group work (30 min)

Each group is assigned a level and develops:

- Risks
- Protective factors
- Intervention ideas

4. Transfer (20 min)

As a trainer, how can I:

Create a safe environment?

Avoid triggers?

Incorporate interpretive sensitivity?

5. Conclusion (10 min)

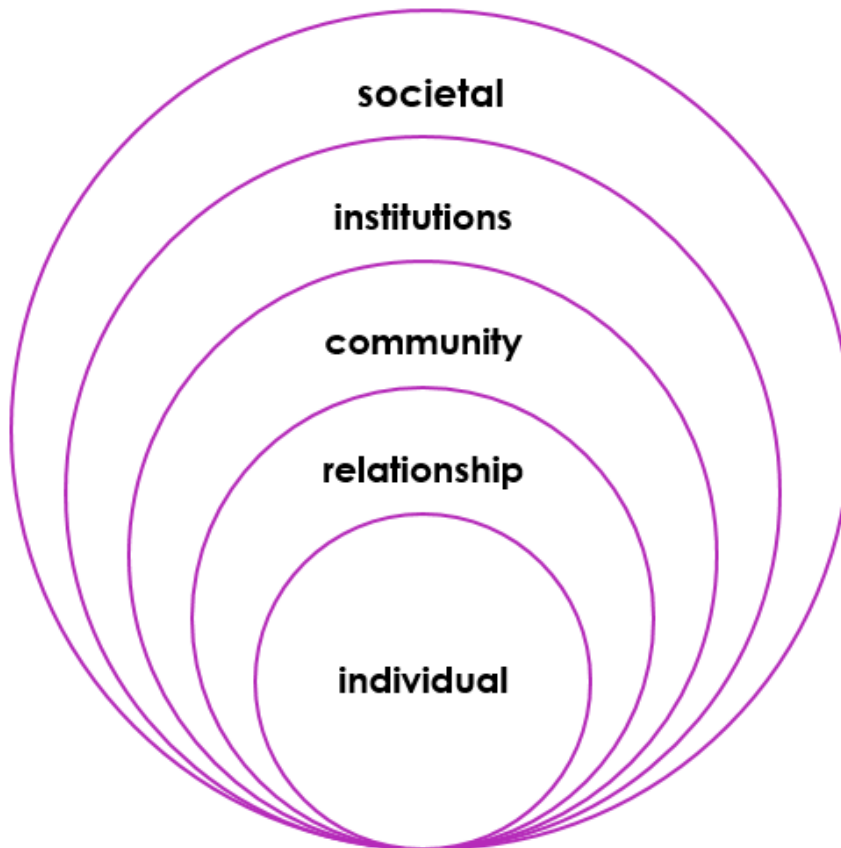
Resource round: “What am I taking away with me?”



Chart: Social Ecological Model



Social-ecological Model





Health Belief Model (slides 12-14)

Info: The model helps trainers understand the thoughts, fears, and barriers behind the behaviour of Deaf youth—especially when access to information is limited.

In principle, the model works on two levels:

= perceived advantages

= perceived obstacles

This model is perfect for actively working out possible behaviors with young people.

Especially when it comes to difficult topics, Deaf young people should have the opportunity to reflect on and practice their behavior.



Brief overview: Health Belief Model (HBM)

The HBM consists of the following components:

1. Perceived susceptibility – How vulnerable do I feel?
2. Perceived severity – How bad would the consequences be?
- 3. Perceived benefits – What are the benefits of protection?**
- 4. Perceived barriers – What is stopping me?**
5. Cues to action – What motivates me to take concrete action?
6. Self-Efficacy – Do I trust myself to use protection correctly?

For Deaf young people, all components must be communicated in a visually and linguistically accessible and culturally sensitive manner.



Activity: Using the HBM for the topic “Protection during sex”

Introduction (raising awareness)

Question for trainers:

“Why do Deaf young people sometimes not use protection even though they know it is important?”

Simple Version

Perceived benefits – What are the benefits of protection?

Perceived barriers – What is stopping me?

Collect answers – then structure them using the HBM.

Perceived benefits

Perceived barriers



Information Sheet - Health Belief Model (HBM)

Perceived Susceptibility

“Could this really happen to me?”, *How vulnerable do I feel?*

Many young people believe:

- “I look healthy.”
- “I know the person.”
- “We're in love.”

Especially among Deaf young people:

- Lack of access to barrier-free information about STIs
- Myths in peer groups
- Few sex education offerings in DGS

Practical exercise for trainers:

Show visualized risk scenarios (e.g., cards with situations).

Example:

- “First time with a new person.”
- “Long-term relationship without testing.”
- “Party, alcohol.”

Trainers analyze:

- Where do young people underestimate their risk?
- How can risk be communicated without fear-based education?



Perceived Severity

“How bad would it be?”

Topics:

- HIV
- Other STIs
- Unwanted pregnancy
- Emotional consequences

Important:

Do not dramatize, but present the situation realistically.

Practical idea:

“Consequences tree” (visually on a flipchart):

- Medical consequences
- Social consequences
- Emotional consequences

Reflection question:

How do I explain medical terms in simple sign language?

Tip: Have a look at the LSAS video toolkit.



Perceived Benefits

“What are the concrete benefits of protection?”



Content for trainers:

Protection means:

- Safety
- Self-determination
- Respect
- Less stress afterwards
- Trust in relationships
- Protection against STIs
- Protection against pregnancy

Exercise

Group work:

Formulate benefits in sign language appropriate for Deaf young people.

Example:

Instead of: “Reduction of the risk of transmission”

→ *“I can be more relaxed.”*

→ *“I take care of myself.”*

→ *“I respect my body.”*

Important:



Formulate benefits emotionally AND practically.

Perceived Barriers

“What's stopping me?”



Please be particularly thorough here—this is often the decisive factor.

Typical barriers in general:

- “It doesn't feel as good.”
- Embarrassment when buying
- No condom available
- Partner does not want to
- Alcohol
- Peer pressure

Specific barriers for Deaf young people:

1. Communication:
 - Difficulty talking about protection
 - Lack of vocabulary in DGS
2. Access:
 - Health information not accessible
 - Counseling without sign language skills
3. Shame:
 - Small community → fear of gossip
4. Dependency:
 - Less self-efficacy in negotiation



Practical exercise: “Barrier wall”

Trainers collect all possible barriers on cards.

Then a solution is developed for each barrier.

Example:

Barrier: “Partner says: I don't like condoms.”

→ Solution: Practice communication strategies

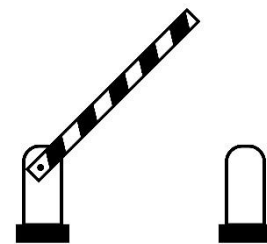
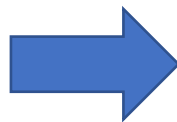
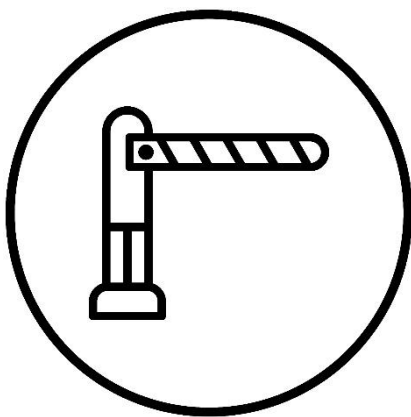
→ Role play “Saying no and sticking to it”

Barrier: “Embarrassed to buy them”

→ Solution: Order online

→ Use vending machines

→ Go with a friend





Self-Efficacy

“Do I feel confident enough to do this?”

This is crucial!

Knowledge alone is not enough.

Young people need to feel confident about:

- Using condoms correctly
- Talking about protection
- Setting boundaries
- Saying no

Practical example:

Demonstration with models + practical exercise (in a safe environment).

Role play:

- “How do I start the conversation about protection?”
- “What do I say when someone pressures me?”

Trainers reflect:

How do I create a safe atmosphere?



Cues to Action

“What specifically reminds me of this?”

Possible cues:

- Condoms visible in the room
- Conversation with peers
- School workshop
- Social media video in DGS
- Reminder after drinking alcohol

Practical idea:

Young people develop their own reminder strategies:

- “When I go out, I take *protection with me.*”
- *Buddy system*



Reflection for trainers

- Which of my own values influence my attitude toward sexuality?
- Can I communicate protection in a positive and empowering way?
- Do I know how to explain STIs in simple Sign Language?
- Am I familiar with accessible counseling services?



Conclusion: Why the Health Belief Model is useful here

The HBM shows that

young people use protection not only because of knowledge,

but when they:

- ✓ feel at risk
- ✓ take the consequences seriously
- ✓ see the benefits
- ✓ can overcome barriers
- ✓ feel self-efficacious

Especially for Deaf young people, trainers must

systematically break down barriers—linguistic, social, and structural.





Strategies to promote positive and respectful behaviors (slides 15 – 18)

Strategies to promote positive and respectful behaviours in sexual contexts - Working with the Intercultural Ladder Model

(Lars Olsson)

Key message:

The Intercultural Ladder is a developmental tool, not a moral judgement system.

It is a tool

- to recognise escalation levels, intervene appropriately, and foster respect and positive communication.

- to learn not only how to react, but also how to address the situation systematically using Lars Olsson's Intercultural Ladder.

- to know strategies for accompanying the group “one step higher”

Definition of the stages: - Info sheet



Positive ladder

1 Tolerance

“I can tolerate differences.”

→ Differences are accepted, but not yet actively valued.

2 Acceptance

“Differences are legitimate.”

→ Other ways of life are recognized as equal.

3 Respect

“I treat you as an equal.”

→ Active recognition of dignity and rights.

4 Mutual Understanding

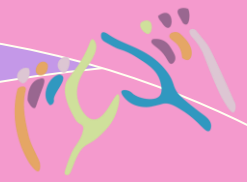
“I try to understand your perspective—and you mine.”

→ Dialogue, change of perspective.

5 Celebrating Diversity

“Differences enrich us.”

→ Diversity is actively valued and made visible.



Negative ladder

1 Misperception

“They're weird.”

2 Stereotyping

“They're all like that.”

3 Prejudice

“There are always problems with them.”

4 Discrimination

Exclusion, devaluation.

5 Conflict / Hostility

Open conflict or aggression.



Activity

Method 1: Ladder in the room

- Each step is written and/or drawn on cards on the floor.
- You read out situations.
- The young people position themselves.

Method 2: Ladder on a Flipchart

- Each step is written and/or drawn on a flipchart.
- You read out situations.
- Position yourself with sticky dots





Scenario: (for role play/discussion):

“A young person signs: ‘Being gay is wrong!’”

Group reactions: some laugh, some say nothing, one person withdraws.”

Trainer reflection question:

- How would you classify the statement and the reactions?
Where would you place each reaction on the negative ladder?
- What group dynamics are occurring?
- What happens if the trainer does not intervene?



Key point: Focus on structural analysis, **not moral judgment.**

Insight: Without moderation, groups often slide downward automatically.

Visualize reactions (Example):

- Laughter → Stereotyping / Negative ladder
- Silence → Tolerance / Positive ladder (neutral)
- Withdrawal → Discrimination (Beginning of social exclusion)



Role Cards



Role 1

A young person with attitude against homosexuality

Signing “Being gay is wrong!”

Role 2

Laughing participants

Participants who laugh at the statement

Role 3

Silent participants

Participants who do not react

Role 4

Withdrawn participant

Participant who looks uncomfortable and withdraws

Role 5

Trainer/Facilitator

Guides the discussion, moderates, intervenes



Intervention Cards for Role Trainer/Facilitators

These interventions are suggestions.

You can add further interventions.

Current Behavior	Ladder Step	Intervention
“Being gay is wrong”	Prejudice	Stop: “Statements that hurt others are not allowed here.”
Laughter	Stereotyping	Ask: “Why do you find that funny? Let’s explore this together. ”
Silence	Tolerance / Neutral	Introduce perspective: “How might this feel for others?”, encourage perspective-taking
Withdrawal	Beginning of social exclusion	Create safe space: Check in with withdrawn participant, validate feelings
Positive dynamics	Respect / Mutual Understanding	Facilitate mutual questions, perspective-taking
Highest positive	Celebrating Diversity	Storytelling or group activity celebrating diversity; showing queer Deaf role models (videos, or invite a role model)



Reflection Question / group analysis

Which ladder step is hardest for me personally?

Which immediate action will I take?

Which interventions worked well, and which did not?

What long-term strategy will I implement?





Feedback

What was an important new insight today?

What was useful for me?

What will I take away from this?