



RESEARCH AT GALLAUDET

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Sexuality Education for Deaf Students: Current Curricular and Administrative Realities

By Susan Jacoby



Susan Jacoby

When deaf students are faced with decisions about sexuality and sexual behavior, do they have the knowledge they need to make informed, responsible, and safe choices? Do they have access to sexuality education classes and, if so, what

are they being taught? To make effective decisions about their bodies and sexual behavior, deaf students need accurate information and accessible materials, and they need this information at an early age.

While little is known about the sexual activity of deaf adolescents, studies suggest that they are sexually active at rates similar to their hearing counterparts (Joseph, Sawyer, & Desmond, 1995). Reports suggest as many as 20 percent of adolescents age 14 and younger have engaged in sexual intercourse (Albert, Brown, & Flanigan, 2003) and that this percentage increases with age. Almost 50 percent of high school students have had sexual intercourse, but they often do not protect themselves from potentially negative consequences. According to the Centers for Disease Control (2002, p.14) only 60 percent of adolescents

reported using a condom during their most recent sexual activity. What are schools for deaf students doing to address these realities?

Seeking answers to these questions, I con-

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Deaf Teachers in China Seek Larger Role in Deaf Education

By Elizabeth S. Parks

Since China's first school for deaf children was established in 1887 by American missionaries, the number of deaf children receiving formal education in that country has greatly increased, just as has the overall Chinese population. China now has approximately 24 million deaf people among its 1.3 billion inhabitants, and it is estimated that 1,028,000 of that 24 million are currently in school. The China Disabled Persons' Federation (CDPF), the only national government-sponsored organization serving people with disabilities, reports that 72.9 percent of the nation's deaf or hard of hearing children have received some kind of education, either through one of the 900 special schools serving deaf students or through mainstreaming in the regular classroom. But just as China does not allow its deaf citizens to have drivers licenses, schools in China seldom if ever allow the country's estimated one to two hundred deaf teachers—all of whom work in deaf schools—to play a leading role in deaf children's educations.

Until Jun Hui Yang, doctoral student in Gallaudet's Department of Education, decided to investigate deaf teachers' perceptions of their employment experiences in China, no studies had explored these teachers' views about their roles in deaf education, the barriers they faced in becoming teachers, or the future of their profession. This article is based on *Deaf Teachers in China: Their Perceptions Regarding Their Roles and the Barriers They Face* (Yang, 2006).



Jun Hui Yang

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Spotlight on Cochlear Implants: Ongoing Issues and Research

By Elizabeth S. Parks

Since the film *Sound and Fury* won the academy award for Best Documentary Feature in 2001, millions of Americans who seldom think about deafness have become more aware of how the availability of cochlear implants is affecting deaf people, deaf culture, and families with deaf children. At the same time, members of the deaf community have found themselves wrestling with choices about technology that have profound implications on their identities and ways of life. Since *Research at Gallaudet* last addressed the topic of cochlear implants in 2000, the increase of cochlear implant users across the nation has provoked changes in perspective and approach concerning how to best meet the needs of this growing group.

According to the GRI's Annual Survey of Deaf and Hard of Hearing Children and Youth, the number of students using cochlear implants has been growing steadily. As of 2003, 11.2 percent (4,051) of the 37,500 students whose records were reported had a cochlear implant. Over 90 percent of those used their implant inside and outside of the classroom. These figures, however, do not fully cover the total numbers of children with cochlear implants in the United States. Since the U.S. Food and Drug Administration (FDA) now allows implantation for children at younger ages—currently as young as 12 months—these numbers are expected to multiply past the fourteen thousand children currently estimated to have cochlear implants (Cochlear Corporation). However, because of insufficient follow-up information on children with cochlear implants, many of the issues that accompany the implant—for example, technological efficacy, social integration, psychological effects, and cultural identity—often go unaddressed.

John Christiansen and Irene Leigh, faculty members in Gallaudet's sociology and psychology departments, respectively, are working to fill some of these gaps in understanding. Their research investigates how families who have children with cochlear implants respond to the many choices forced upon them by this technology. Initial data collection began in

1999 and their results are based on 439 questionnaires returned by parents of cochlear implant users, interviews with 83 of these parents and 63 of their children, and questionnaires and interviews at Gallaudet, investigating campus attitudes toward cochlear implants. The discussion of these results culminated in their book *Cochlear Implants in Children: Ethics and Choices*, published by Gallaudet University Press in 2002, and reprinted with an afterword in 2005.



John Christiansen



Irene Leigh

Christiansen and Leigh found that although few of the parents involved in the study knew about cochlear implants when their children were identified as deaf, most made a decision within a year of discovering the technology to go ahead with the surgery. Although most were happy with their final decision, this year was often very stressful as they waded through a diversity of strong opinions. As families adjusted to life after the surgery, Christiansen and Leigh identified several key issues that confronted them. These included the actual effectiveness of the cochlear implants, the immense time commitment required of parents for their children to fully benefit from cochlear implants, the mode of communication the child used (manual, oral, or both), school placement, and social and personal identity construction.

Parents' responses to their implant experiences were quite diverse. Some parents indicated that they would follow the same path again. Many parents wished that their children were implanted at a younger age or that they had been more aggressive in finding speech and auditory training for their children. Numerous parents mentioned that their children continued to experience difficulty hearing in noisy situations or when interacting with strangers, and that they continued to rely on lipreading for communication. Some parents wished that they had started signing earlier, before the child was implanted, so that

language development could have occurred sooner. A small number wished they had never gone through with the surgery at all, whether because the implant stopped functioning, expected spoken language results never materialized, or the implant entailed more expense, time, and effort than expected. The discussion offered in Christiansen and Leigh's book strives to provide a balanced perspective on the sensitive issues related to pediatric cochlear implants, identifying concerns while providing differing points of view for their readers.

Christiansen and Leigh are currently conducting follow-up research to this project with Deborah Maxwell of the Gallaudet psychology department. Now in the data analysis stage, they are comparing the psychosocial adjustment of 30 non-implanted adolescents with 30 deaf adolescents who have had cochlear implants for at least 3 years.

As children implanted some time ago grow older and new children are receiving the surgery, there is further opportunity for considering the long-term impact of cochlear implants. Lauren Esposito, a graduate student in Gallaudet's psychology department, added to this body of literature in her examination of the social functioning of implanted students. Targeting a large hearing rehabilitation facility, she interviewed 23 mainstreamed children with cochlear implants, and their parents, comparing her results with Yael Bat-Chava's research done with the same students, five years previously. She published the findings in her 2005 doctoral dissertation: *Oral Communication Ability, Social Functioning, and Self-Esteem Among Mainstreamed Deaf Children with Cochlear Implants: A Longitudinal Study*.

Esposito's study points out that while the students who communicated through oral means were not generally perceived by their parents as showing marked improvement over time in their oral communication ability, they were at least seen as stable in their ability to communicate and function socially. The implanted children perceived their own oral communication skills to be more effective than their parents did. Children and parents agreed that social functioning with hearing peers was at least adequate and often more than adequate. Esposito also found that implanted students reported high on self-esteem, an encouraging discovery since there was a direct cor-

respondence between a child's social self-esteem and their social functioning. She characterizes her study as presenting a positive perspective overall, providing a balance to previous research that indicated mainstreamed students often have socially negative experiences.

There are many who are interested in ensuring that students with cochlear implants have effective educational environments. In April of 2002, approximately 125 professionals in fields with interests in cochlear implants arrived at Gallaudet to participate in a two day conference: "Cochlear Implants and Sign Language: Putting It All Together". This conference was an occasion for sharing ideas about possible effective practices for cochlear implant users in educational settings. Sponsored by the Cochlear Implant Education Center (CIEC), established in the fall of 2000 by Gallaudet's Laurent Clerc National Deaf Education Center, the conference proceedings (including presentations and group discussions from a variety of viewpoints) can be found at the CIEC website: <http://clerccenter.gallaudet.edu/CIEC/index.html>.

Designed both to serve as a resource to professionals throughout the country and to support the growing number of students with cochlear implants at the Clerc Center's Demonstration Schools, the CIEC is now offering resources and research that may benefit the many schools that are increasingly seeing students with cochlear implants in their classrooms. Resources include on-site supports to students, families, and professionals, professional training workshops at various regional centers across the country, online courses studying topics related to cochlear implants, and continued resource development.



Debra Nussbaum works with student at Clerc Center

CIEC is also involved in research related to cochlear implants in the educational setting. Debra Nussbaum, coordinator of the CIEC on Gallaudet's campus, and Clerc Center's Susanne Scott and Bettie Waddy-Smith worked in cooperation with researchers Brenda Seal, Kelly Clingempeel, and Kate Belzner, from James Madison University (JMU) to investigate the sign-spoken language relationship in children with cochlear implants.



Researcher Bettie Waddy-Smith with young participant

Studying 22 children, they ranked the children's communication preferences on a scale from fully visual to fully auditory. Transcribing vocal, gestural, and sign productions, they found that 3 children were fully visual, 6 mostly visual, 5 equally visual and auditory, 4 mostly auditory, and that none were fully auditory.

Nussbaum and her research colleagues have interpreted the research literature as showing that early communication—spoken or signed—is important for the implant to have positive spoken language outcomes. Of the children included in the study, visual communication played at least some role for all of them. As the CIEC considers the programs and support services that may benefit students and their families, the Center continues to see sign language as an important option for students with cochlear implants.

Children with cochlear implants have a variety of choices for communication throughout their lives. The researchers point out that when sign language is considered, it is important to think about how much to use it after the transition to spoken language begins. These transitions may occur in multiple stages over months and years. The researchers also argue that signed and spoken language abilities should

continue to be compared and individually measured, both in functional and standardized tests, throughout the child's education. It is important that the child's ability to communicate abstract and concrete information remain strong within their family, community network, and culture.

These findings, presented at the 2005 American Speech-Language-Hearing Association (ASHA) conference, point out that children with implants come from diverse backgrounds, have diverse communication outcomes, and that communication and educational approaches need to be flexible to meet this diversity. The CIEC attempts to meet the needs of deaf students who have cochlear implants by offering information that helps put the pieces of the complex cochlear implant and language puzzle together.

Research at Gallaudet is available free of charge. Address inquires to Research at Gallaudet, Gallaudet Research Institute, Gallaudet University, 800 Florida Ave., NE, Washington, DC 20002-3660. Phone: (202) 651-5995 (V/TTY). Contributing to this issue were Susan Jacoby and Elizabeth S. Parks. Special thanks are due to Jun Hui Yang, Debra Nussbaum, Irene Leigh, John Christiansen, and Lauren Esposito for the materials and advice they provided for the articles and photos in this issue. Comments related to articles in this issue are welcomed by the editor and may be sent by e-mail to Robert.C.Johnson@gallaudet.edu.

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Deaf Teachers in China, Continued from page 1

Yang, a deaf woman who was educated in both residential and mainstream settings, grew up in Beijing, China. She has also worked in the Netherlands at the Max-Planck-Institute for Psycholinguistics. Her dissertation provides a look at a group of 73 currently employed teachers who are deaf or hard of hearing. She hopes that this study, based on questionnaires and focus group interviews, will give voice to the insights of deaf teachers and have a positive impact on their employment situations.

History of Chinese Deaf Education

After the first deaf teacher in China established a school in southern China in 1924, approximately 30 more schools were established by deaf people and filled primarily with deaf teachers. The majority of deaf people in these schools used some variant of Chinese Sign Language (CSL)—a language influenced by American, French, and English missionaries who taught Chinese deaf children between 1880 and 1930. In 1949, the Chinese government assumed responsibility for all deaf schools and the golden years for deaf people faded as a speech-first policy was adopted nationally in 1956. Between the early 1960s and the late 1980s, no deaf adults were known to be hired by schools for the deaf. Although the rate of deaf children attending school in China has increased steadily since 1987, an estimated 54 thousand school-age deaf children still have no access to education.

A seminal moment in Chinese deaf education occurred in 1986 when the Ministry of Education and the National Congress drafted and approved a law requiring all children with disabilities to attend at least 9 years of basic education—the rough equivalent of elementary and middle school education in the United States. Students can fulfill this requirement either through mainstreaming into “regular” schools, where they almost never receive support services, or by attending a residential school program for students with disabilities, located in one of the larger cities. Mainstreaming is considered a measure of achievement for a deaf child while deaf schools are often seen as a placement of last resort, signifying a deaf student’s inability to measure up to hearing students in academic accomplishment. Reflected in these attitudes is



"Deaf Education" in Chinese characters (Deafedu.com)

the traditional view that deafness is merely a medical condition—a disability to be hidden or overcome.

Chinese educators who visited Europe and North America in 1996 returned to their home country with a new understanding of deafness—one that embraced deaf people’s signed languages as natural and their culture as valuable. This socio-cultural perspective inspired the establishment of bilingual preschool programs in a number of locations. In these preschools, where both sign language and spoken language are used, deaf teachers are becoming more welcome.

Employment of Deaf Teachers

In 1990 the Chinese government approved a law guaranteeing equal access and support services to people with disabilities in schools and other settings. Three years later, a regulation that provided more guidelines on the protection of the educational rights of people with disabilities was passed. Although most provincial governments currently require employers to hire people with disabilities at a rate of no less than 1.5 percent, many schools do not follow this stipulation and hire only one or two deaf teachers into positions that many of the teachers believe underutilize their levels of capability.

To enter the teaching profession, candidates must obtain a college or university diploma, but there are no special qualifications for teachers who want to specialize in deaf education. In fact, only a little over one percent of all hearing and deaf teachers have a degree in a special education area. The lack of special requirements for individuals wishing to teach deaf students works, at times, to the disadvantage of deaf people. Knowledge of Chinese Sign Language (CSL), for example, is not a requirement for teachers of deaf students. In fact, CSL is not taught in teacher preparation programs. Deaf people who know and use CSL clearly would be able to communicate effectively with deaf students, but this capability may not help them secure teaching positions.



Teacher-student interaction at deaf preschool in Tianjin

Yang's study investigated deaf teachers who are breaking through the barriers to becoming teachers. In June of 2005, Yang sent two questionnaires to 95 deaf teachers whom she had located through various Internet resources, academic conferences, magazines, and newspaper articles. One questionnaire investigated teacher attitudes and perceptions about their roles and the other explored the personal backgrounds of the teachers. Of the 73 teachers that returned the surveys, 12 were invited from 5 cities to participate in one of two focus groups. These focus groups discussed the teachers' reactions to the initial survey and to the collected teachers' responses.

Of the approximately 900 special schools in China, only 52 are known to currently employ deaf teachers. Thirty-two of these had only one deaf teacher and only four schools had more than three. No known deaf teachers are employed at mainstreamed institutions. Participants included in the study represented 56 deaf and 17 hard of hearing teachers, 42 schools from 37 cities, 40 men and 33 women. Over 71 percent of the teachers held a teacher's license or certification, and 67 percent held both. Teaching experience ranged from 1 to 28 years, with most teachers first obtaining teaching jobs and receiving formal training later. This pattern, however, seems to be changing. In the last 15 years, new teachers have been hired with higher credentials.

While all deaf teachers responded that they had a command of sign skills, most seemed to communicate with their co-workers through a combination of signing, speaking, and writing. Some indicated that hearing colleagues rarely communicate with them. While only a little more than half of the deaf teachers reported using mostly sign in the classroom setting, none of them reported using speech only.

Based on responses to her questionnaire, Yang states

that deaf people believe there are a variety of barriers to their entering the teaching field. One barrier cited by many respondents was the lack of communication accessibility and support services for deaf students in mainstream educational settings. This contributes to weak academic foundations, difficulty passing national entrance exams, and lack of literacy skills. Special schools for deaf students, in contrast, may have accessible communication practices, but often do not provide sufficient academic training for deaf students to acquire the knowledge needed to pass national university entrance exams. In addition, these exams are composed of multiple choice questions, a testing format biased against test-takers without a native command of the Chinese language.

Testing to gain a teacher's license or certificate is often just as complicated. A few teachers indicated that some administrators consider a healthy body to be a pre-requisite for teachers, and because deafness is considered a medical condition, they were not allowed to take the written examinations. Other teachers indicated that tests were given orally, no interpreters were provided, and results could not be waived.

College programs specifically designed for deaf students are connected with regular universities and vocational colleges. Deaf applicants are not required to take the usual national college entrance exam to gain admittance, but instead take exams designed by individual college programs for the deaf. This track, however, places them in college programs with only a few majors from which to choose.

Deaf teachers indicated that upon completion of their programs they were carefully screened to ensure their qualifications prior to employment. These qualifications included academic certification, satisfaction of moral and ethical standards, sufficient literacy, knowledge of their subject matter, and demonstrated teaching skills. Regardless of their qualifications, over half of the teachers involved in Yang's study believed that many hearing principals will not hire eligible deaf teachers to teach academic courses.

Deaf Teachers and Their Roles

In previous American research, deaf teachers' presence in the classroom has been shown to be valuable to deaf students for a number of reasons (Erting, 1994). In China, deaf teachers perceive their command of CSL

to be higher than hearing teachers—especially because hearing educators begin teaching deaf students without being required to take a single course in CSL. Deaf teachers can have an impact on deaf students' cultural and linguistic identity, can become positive role models, and can share a common experience with deaf students that hearing teachers do not possess. Yang argues that bicultural deaf people are able to maintain balance between deaf and hearing perspectives, and that deaf teachers in this role provide a living example of what students can become.



Two deaf boys laugh and talk at Tianjin preschool

In order to better understand the teaching roles that the deaf teachers are filling, Yang divided course subjects into “academic” and “non-academic” subjects. Academic subjects include subject matter such as mathematics, social studies, CSL, and computers while non-academic courses deal with topics such as art, physical education, calligraphy, and vocational skills. Twenty-three teachers indicated that they taught academic subjects, 42 indicated non-academic ones, 5 indicated some combination of both, and 3 did not report.

While half of the deaf academic teachers have teacher licenses and certifications and less than half of the non-academic ones do, most deaf academic teachers were in preschools where a bilingual educational program was already embraced. Here, these teachers were filling multiple roles of teaching children CSL and teaching and evaluating hearing teachers' signing proficiency.

Deaf Teachers' Experiences

Deaf teachers did not seem to lack self-confidence about their teaching ability or their teaching certification. Most of them agreed that, compared to most hearing teachers, deaf teachers have more impact on

deaf students' social growth (95.9%), learning motivation (91.8%), character development (86.3%), and future career choices (78.1%). The majority of respondents indicated that the most important rationale for having deaf teachers in schools is that they have characteristics that many hearing teachers do not.

Deaf teachers believe that they have a special bond with deaf students because of their fluent natural sign language skills (70%) and shared deaf experience (61.5%). Communication skills in CSL allow them to serve as natural language models and allow for an ease of communication that improves education. As one participant in the focus group stated:

Deaf teachers tell stories in natural sign language, and students tend to pay more attention and maintain heads-up eye-contact with the deaf teacher, but many hearing teachers' signing often make their students bored and causes them to lose interest. Only a few students who are hard of hearing or skilled speech-readers manage to catch what the hearing teachers have said.

In addition, many deaf teachers identify themselves with the deaf community and believe that they become positive symbols of accomplishment for the students. When asked why this may be the case, one teacher put it this way:

Deaf students often talk with deaf teachers after class, and ask more in-depth questions about human relationships, deaf life, social issues, and express their worries and troubles. They believe in deaf students who often have the same experiences as deaf students. Deaf students sometimes fear that hearing teachers might laugh at them, or look down on deaf people.

Despite these positive results, three barriers to academic and professional achievement were identified to be significant by deaf teachers. The first and most problematic was that of administrative bias. This included lack of access to support services and communication, lack of recognition of deaf teachers for their leadership and academic teaching positions, and lack of rewards for their service. Deaf teachers felt that schools did not consider them as important as hearing

teachers and tended to treat them as assistants.

A second barrier was the lack of college education and professional development opportunities. Colleges for deaf students often did not have the same academic standards as universities targeting hearing students. Also, because of financial limitations and lack of interpreting services, administration sent hearing but not deaf teachers to continuing education classes. This further deprived deaf teachers of a strong knowledge base.

Deaf teachers expressed desires for increased opportunities in academic teaching and leadership positions on a level equal to that held by hearing teachers. Many deaf teachers (58.9%) taught art and handicrafts but wished that there were more diverse opportunities available to them during their education.



Deaf girls learn visual arts at special school

Deaf non-academic teachers felt that they had better subject matter knowledge and held higher degrees than deaf academic teachers. Deaf academic teachers, in contrast, seemed to believe that they did not have sufficient content knowledge about their subject or the pedagogical and psychological knowledge about educating deaf children needed to do their job as well as hearing teachers. Since deaf schools are not at the academic level of schools targeting hearing students, teachers that graduate with degrees to teach non-academic subjects tended to feel more qualified than their counterparts. This contributed to their more positive perceptions about the role that they played in deaf children's education.

The third barrier deaf teachers identified was the students' parents not supporting their teaching role. Deaf teachers believe that if they had greater opportunity for training and were in more diverse roles in

their schools, students' hearing parents would be less concerned about their effectiveness as teachers. Only 24 respondents (32.9%) had any role beyond classroom teaching at their schools. These roles included being a principal/dean/director of student affairs, chief of a department, in charge of a class, or a member of a technology group or dormitory team.

Although some respondents seemed to indicate that they had no opinion about deaf teachers in leadership roles or aspirations to fill these roles themselves, focus group participants pointed out that the desire is present, but the social and workplace environments squelch any hope. Most hope that there will be more deaf leaders in schools and in governmental positions who can have impact on educational policy. They believe that greater visibility of deaf teachers as role models will increase the number of deaf people in the field and improve the situation for all deaf teachers.

Looking Ahead

Yang recommends five steps that would improve the situation for deaf teachers in China. These include establishing consistent communication and information access policies in schools, improvement of academic curriculum in deaf schools, offering sign language and deaf culture courses in special schools and special education teacher training programs, leadership training for deaf teachers, and changes in national policy that would provide financial resources ensuring accessibility and equal rights for deaf people in employment and education.

Deaf teachers strongly believe that they can provide deaf students with solid educations and have insightful perceptions about how this can be accomplished. If given the opportunity and encouraged to contribute, their experiences could move deaf education in China to a higher level.

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Sexuality Education, Continued from Page 1

ducted a doctoral study at Gallaudet which became a dissertation in 2005: *Sexuality Education in Residential and Day Schools for Deaf Students: Curricular Components and Administrative Practices*. The study provided a comprehensive knowledge base about sexuality education and administrative issues and influences. My study also added a new perspective in the literature for deaf students, that of the school principal. Areas of investigation included the curricular and administrative components of sexuality education, the principals' roles related to sexuality education administration, and factors influencing program implementation.

Participants in my study were principals at sign-based, residential and day schools for deaf students across the United States. Of the 72 surveys mailed to principals in this census study, 54 usable surveys were returned for a response rate of 75 percent. The typical respondent had served as a principal for 15 years or less, supervised grades 5 through 12, and self-identified as hearing.

Survey findings revealed that all but four schools provided sexuality education for students and most offered instruction across a spectrum of grades. This high rate of instruction is consistent with that for public schools (Henry J. Kaiser Foundation, 2000) and previous findings of schools for deaf students (Getch, Young, & Denny, 1998). Deaf students were most likely to receive instruction in grades 7 through 10, similar to their peers in public schools (Kaiser, 2000), though percentages in my study were almost twice as high for each grade. A third of the schools offered sexuality education to students every year between grades 5 and 12, and in almost 60 percent of schools, sexuality education was required. Sexuality education was also more likely to be required for older students, perhaps because the percentage of students engaging in sexual activity increases with age (Centers for Disease Control, 2002).

For schools in my study, the typical sexuality education program consisted of only several classes,

was taught by a physical education or health teacher, and included both same and separate gender groupings. Principals of schools for deaf students generally rated sexuality education in their schools as satisfactory with almost 85 percent of respondents awarding a grade of "C" or better. While no principal described instruction in his or her school as failing, 40 percent said their sexuality education instruction was worse

than that of other subjects. Principals dissatisfied with sexuality education generally felt their schools devoted insufficient instructional time to that subject. Less than 35 percent of schools offered a half-semester or more of sexuality education and almost 10 percent reported sexuality education was taught during only a single class period. While fewer than 20 percent of principals found sexuality education worthy of an "A" grade, in each of these cases they reported adequate instructional time.

The majority of schools for deaf students reported that they addressed a broad range of topics including conception, birth, sexually transmitted diseases, and dealing with the pressure to have sex. HIV/AIDS instruction has long been included in sexuality education for deaf students. Over 10 years ago, Deyo (1994) found that the vast majority of residential schools for deaf students provided HIV/AIDS education. Half of the schools also included how and where to obtain help in such areas as birth control, abortion, sexual orientation, and how to get tested for sexually transmitted diseases.

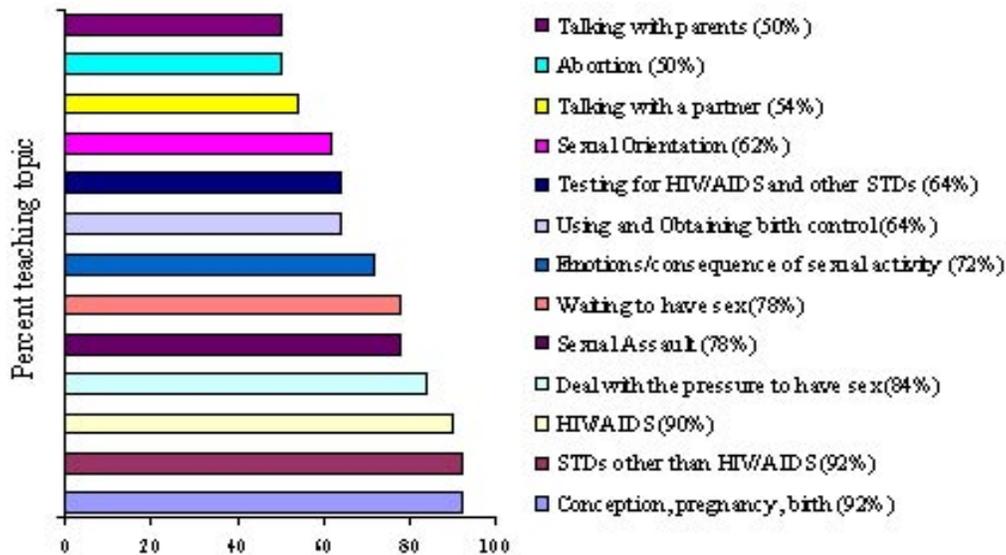
Topics omitted from the curriculum were just as important to consider as those that were actually taught. Principals at 25 percent of the schools in my study did not indicate that their curricula included "waiting to have sex until a student is older or married." This finding was a surprise since waiting is often a primary tenet of sexuality education. Most notably absent was the topic "how to talk with parents about sex and relationships." Only half of the principals said their school addressed this as part of sexuality education. In fact, no topic was included less frequently in school curricula. Perhaps this omission



Teensource.org

was due to language differences between students and families since most deaf students have hearing parents who do not sign with them (Gallaudet Research Institute [GRI], 2003, p. 3-5). See the figure below for a summary of the percentage of principals indicating a sexuality education topic is taught at their school.

Figure: Sexuality Education Topics Taught in Schools



This finding, while disappointing, identifies an area for improvement. Teaching deaf students to communicate with their parents about sexuality and sexual behavior is a powerful way to enhance the parent-school-child partnership. Schools can teach deaf students how to discuss personal and sensitive topics with their parents. Especially important may be the incorporation of innovative strategies such as video relay services, electronic communication, and even poetry and creative writing. While preparing students, schools must also find ways to prepare parents for these important conversations.

Parents are often viewed as the primary sexuality educators for their children (Getch, Branca, Fitz-Gerald, & Fitz-Gerald, 2001; Haffner, 1995; Kaiser, 2000) and can be valuable partners with school professionals in supporting deaf students. My study sought information about parent involvement in sexuality education as well as how schools support parents in this area. Only 32 percent of principals reported any parent involvement in sexuality education. While two-thirds of principals indicated that their school

provided parental support, in most cases it was in the form of sending home materials or homework. Only a quarter of the schools offered parents sexuality education orientations or classes.

If parents do not have information about sexuality education programming, are not part of school discussions, and do not receive support from the school especially in the area of sexuality signs, how involved can they be in supporting the sexuality education of their children? If parents are not involved in discussions, principals also lose out on a potential group of allies. The limited parental support reported by schools in my study is consistent with past research findings (Gabriel & Getch, 2001) and continues to demonstrate the need for program development to involve parents and enhance their sexuality knowledge.

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Principals' Roles

The school principal, as instructional leader, can have significant influence on sexuality education. Through their commitment to the topic and the educators who provide instruction, principals play a key role in the effectiveness of sexuality education (Getch et al., 2001). While the general education literature has considered their role (Kaiser, 2000), research on programs for deaf students has not. Principals in my study overwhelmingly supported sexuality education instruction and the vast majority believed students should have access to information on birth control and safer sex. Very few principals believed that having this information would lead to increased sexual activity among students.

While principals indicated strong support for sexuality education, their actual involvement appeared to be limited. Their most frequently assumed roles related to policy communication and enforcement and teacher identification. Principals considered this latter role one of great importance. To lesser degrees principals assumed other roles including working

with parents and community members, obtaining resources and materials, arranging training opportunities, determining time for instruction, and participating in curriculum development. Unfortunately, less than half of respondents were involved with curriculum, resource allocation, or teacher training – areas long-cited in the literature as needing attention and improvement (Getch et al., 1998, Getch et al., 2001).

Principal attention to curriculum and instruction could be important for effective programming since many states require little, if any, teacher certification or training to provide sexuality education instruction. It could also direct attention to addressing the need for curriculum and materials designed for a broad range of deaf learners (for example Fitz-Gerald & Fitz-Gerald, 1978, Getch et al., 2001). Overall, it appears that the involvement of principals serves to maintain rather than enhance sexuality education programming.



Influences on Sexuality Education

There are a broad range of ideas and opinions about sexuality education instruction. Supporters of an abstinence-only approach focus on abstinence as the sole method of birth control and disease prevention. Proponents of a more comprehensive approach believe students need information on various forms of birth control and disease prevention. Decisions about curriculum and instruction can be influenced by both legislation and stakeholder involvement.

Through the availability of federal funds, there is strong pressure on schools to adopt an abstinence-only approach to sexuality education. Despite this increased federal pressure, principals in my study, like those in the public schools, reported little impact on the sexuality topics of instruction at their school. Any government influence was likely to come from state level policies and mandates. *No Child Left Behind* (P.L. 107-110) education legislation also appeared to have little impact on sexuality education with almost no principal reporting that these regulations affected instruction. It will be interesting to see if this percep-

tion continues as accountability pressures mount and the impact of sanctions for underperforming schools become more widespread.

Teachers were the stakeholders most likely to be involved in sexuality education at schools in this study. Administrators, parents, and students were also involved but to a more limited extent. Least likely to participate were community members and religious leaders. Less than 10 percent of principals reported involvement from these latter groups. This stands in marked contrast to the 50 percent participation rate reported in public schools (Kaiser, 2000). Principals also reported little involvement from members of the deaf community. When stakeholders were involved, their influence was generally positive, leading to an expansion of the curriculum or an increase in instructional time.

The findings from my study suggest improvement in sexuality education for deaf students can be realized with a focus on expanding instruction time, creating opportunities for parent education and involvement, supporting and training teachers, and supporting the creation of a model curriculum.

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