

# AFFIRMING PERSONS SAVING LIVES

Introduction

AIDS Awareness and  
Prevention Education



UNITED CHURCH OF CHRIST

Wider Church Ministries | 700 Prospect Avenue, Cleveland, OH 44115 | 216.736.3217



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AIDS Awareness and Prevention Education  
Introduction

William R. Johnson  
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A Resource for Christian Education Settings



UNITED CHURCH OF CHRIST  
Wider Church Ministries, Health and Wholeness Advocacy Office  
Cleveland, Ohio

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HIV/AIDS information contained in this Learning Series is based upon current knowledge disseminated by the United States Centers for Disease Control and Prevention, the United States Department of Health and Human Services, the United States Public Health Service, and the World Health Organization used by HIV/AIDS educators worldwide.

Nothing in this Learning Series should be construed to be medical advice. Persons with medical concerns should consult a physician or other healthcare provider.

# ABOUT THE COAUTHORS

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# DEDICATION

*In loving memory of*

William David Kamens  
The Rev. Daniel McBride Ritchie  
Jorge Serrano  
The Rev. Dr. John H. Klein  
Bill Diersing

*and*

The Rev. Greg Wherry  
Gordon Bowman  
The Rev. Tom Davis  
Bonnie Brown  
The Rev. William McLinn  
Bruce Fritz  
The Rev. Robert Ewing  
Salvador Franco and J. Michael O'Neal, M.D.  
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Joseph Woods  
Vito Russo

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# DEVELOPMENT OF THIS CURRICULUM

A comprehensive AIDS curriculum for Christian education settings was first envisioned in the late 1980s by Mary Ellen Haines, AIDS Ministry Consultant with the United Church Board for Homeland Ministries (UCBHM). The development of *Affirming Persons—Saving Lives* began in earnest in January 1990 with an evaluative survey of available AIDS curricula. Although numerous public school curricula existed, there were few resources appropriate for Christian education settings. The available curricula were deficient in two important areas. They did not include the AIDS education needs of younger children, and most omitted vital HIV prevention information deemed by some to be controversial.

This curriculum consists almost entirely of original writing. The first of 23 draft versions of the curriculum was completed in November 1990. That and other draft versions were tested at four regional AIDS curriculum consultations convened by UCBHM and held between November 1990 and May 1991. Nearly 100 United Church of Christ adults and youth from every sector of the country attended the consultations. Participants learned of the envisioned scope of the curriculum. They received up-to-date AIDS information and heard the personal stories of people living with HIV and AIDS. They also prepared and taught one or more lessons from the draft curriculum and served as students in mock classroom sessions. Their vigorous critiques of the materials led to numerous rewrites of portions of the curriculum.

Some sessions of the Youth Learning Series draft were site tested with youth attending the United Church of Christ General Synod 18 in 1991. During 1991 and 1992, various drafts of the Adults Learning

Series were site tested in a variety of settings (congregations, Conference meetings, Association meetings, special events, etc.) throughout the country. Feedback from these site testings informed additional rewrites of portions of the curriculum.

From February to April 1992, the children's portions of the draft curriculum (Preschool–Grade 6) were site tested in the church schools of six UCC churches in the New Jersey Association of the Central Atlantic Conference, UCC. This site testing was coordinated by the Rev. Herbert B. Yeager, a veteran Christian educator. The participating churches were:

First United Church of Christ  
Bayonne, New Jersey

Stanley Congregational Church, UCC  
Chatham, New Jersey

First Congregational Church, UCC  
Park Ridge, New Jersey

First Congregational Church, UCC  
Passaic, New Jersey

First Congregational Church, UCC  
River Edge, New Jersey

Rutherford Congregational Church, UCC  
Rutherford, New Jersey

Critiques and evaluations from this site testing affirmed the value and teachability of the curriculum materials. Changes suggested by the New Jersey church school teachers were incorporated into the curriculum

as additional draft versions were completed.

In addition to the consultations and site testing, various drafts of the curriculum were given to selected readers with experience in Christian education, AIDS education or both. Their helpful comments also resulted in changes that strengthened the curriculum.

Throughout the developmental process, the primary goal of this curriculum was kept firmly in mind: to create a resource that provides people with the HIV and AIDS information they need to save their lives. UCBHM was also committed to creating a core curriculum adaptable to different Christian

education settings and producing a user-friendly curriculum that can be taught, without specialized training, by church school teachers, youth workers, and pastors.

The *Affirming Persons—Saving Lives* videos—“Learning About AIDS” and “. . . in the day of adversity”—were produced by UCBHM in cooperation with the UCC Stewardship Council. Video production began in the fall of 1991 and was completed in 1993. Both videos were directed by award-winning videographer, Stan Dawid.



# Introduction to the Curriculum

## **The Reality of AIDS**

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AIDS. The term stirs strong feelings—from fear to compassion to grief—in people of all ages.

At one time, most people believed that Acquired Immune Deficiency Syndrome (AIDS) was someone else's problem. As the epidemic has grown, holding on to that belief has become a sign of denial.

Human Immunodeficiency Virus (HIV), the virus that causes AIDS, does not discriminate among persons. Any human being—regardless of age, gender, race, economic status, sexual orientation, geographic locale, religion, ethnic heritage, or physical ability—can become infected with HIV.

HIV is a lifetime infection. A person who has contracted the virus may show no signs of illness for years. She or he may be unaware of having contracted HIV and, consequently, may take no precautions to protect others. From the day of infection the virus may be passed to others.

HIV suppresses the body's immune system. As this happens, the person living with HIV becomes vulnerable to serious, ever more debilitating illnesses. Over time, a diagnosis of AIDS may be made, which more often than not leads to death.

This Acquired Immune Deficiency Syndrome epidemic is not just another social issue to be responded to today and forgotten or ignored tomorrow. Since 1981, when the first cases of what we now call AIDS were reported, the expansion of this epi-

dem has been dramatic. According to the World Health Organization (WHO), 14 million people worldwide contracted HIV during the first 12 years of the epidemic. As of December 2008, WHO estimated that 31.1 million to 35.8 million people were living with HIV/AIDS.

There is no vaccine against HIV or cure for AIDS. Because HIV is a mutating retrovirus that destroys the body's ability to fight infection, the prospect of a vaccine or a cure is dim. The reality is that the AIDS epidemic will afflict the human family for generations to come. Unless AIDS awareness and prevention efforts increase, millions of men, women, children, and youth may die.

## **We Are All Affected**

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We are not all infected with HIV, but we are all affected by this continuing global tragedy. As HIV continues to spread, eventually every church member personally will know someone, or know of someone, who is living with HIV or AIDS.

Already the AIDS epidemic is an overwhelming, lived reality for many church people who are providing care with a loved one. They not only share the suffering of a spouse, family member, or friend but also have their own needs for support and comfort. Yet, many people whose lives have been forever changed by this horrible epidemic, whether infected or affected, fear rejection within their churches and

are silent about the ways HIV or AIDS has touched their lives. Many are grieving in silence.

As the epidemic continues, our assumptions about human intimacy, our social relationships, and our understandings of compassion and care giving are being forever changed. The devastating economic impact of HIV/AIDS will be felt throughout the world. But the real cost of the AIDS epidemic is personal. In dreams deferred, in contributions to humanity stolen, in lives lost, in the burdens of grief, the impact of AIDS cannot be measured.

## **The Church's Life-Saving Mission**

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When it comes to HIV and AIDS, ignorance is not bliss. Denial and silence can be lethal.

As Christians, we have a life-saving mission for health and wholeness in the midst of this tragic epidemic. The transmission of HIV is preventable. It can be stopped with education that gives people of all ages the facts about HIV transmission and prevention so they can know how to protect themselves from the virus. Providing people with relevant AIDS education within a context of Christian values encourages them to make self-affirming and life-saving behavioral choices.

The United Church Board for Homeland Ministries (UCBHM), a Recognized Instrumentality of the United Church of Christ, has created this curriculum for churches wishing to provide effective AIDS education. The Office for Health and Wholeness Advocacy, Wider Church Ministries (WCM), now serves as the office for HIV/AIDS Ministries. The Office for Health and Wholeness Advocacy has a vision of local churches committed to life-saving education, including:

- providing AIDS awareness and prevention education for people of all ages—from preschooler to older adult.
- offering people the freedom to talk honestly about HIV and AIDS, Christian values, fears, hopes and concerns in a mutually supportive environment.
- teaching and building skills in decision making, in decision keeping, and in communication, especially in saying “no” effectively.
- committing on an ongoing basis to help the whole congregation become AIDS aware and knowledgeable about prevention.
- motivating behavioral change and healthy decision making by nurturing self-esteem and affirming personal dignity and worth.
- expanding commitment to AIDS ministry.
- nurturing a generation of AIDS-aware youth and adults by providing childhood AIDS education.

Education regarding this life-threatening epidemic cannot be limited to those who are motivated to gather HIV/AIDS information for themselves. The congregation has a communal responsibility to provide factual, complete AIDS awareness and prevention information. Historically, one of the church's primary purposes has been the nurturing of community. The AIDS epidemic challenges the church to create safe communities that offer nonjudgmental, person-affirming compassion and concern and impart tenderness, respect, honesty, encouragement, knowledge, love, and hope. These are vitally needed resources for survival.

## What This Curriculum Is About

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*Affirming Persons—Saving Lives* is a groundbreaking curriculum for AIDS awareness and prevention education. Every component of this factual, comprehensive, age-appropriate, straightforward curriculum has been designed to help churches teach people of all ages what they need to know to protect themselves from HIV infection.

HIV/AIDS information contained in the Learning Series of this curriculum is based upon current knowledge disseminated by the United States Centers for Disease Control and Prevention, the United States Department of Health and Human Services, the United States Public Health Service, and the World Health Organization. This information is used by HIV/AIDS educators worldwide.

This curriculum also reflects the social policy commitments of the United Church of Christ, established by UCC General Synods. Included among them is a primary commitment to enabling all United Church members to become knowledgeable about HIV and AIDS.

This curriculum has one primary goal—to save lives. Too many lives have already been endangered or lost because governmental and school-based AIDS education programs have too often failed to provide teenagers and adults with essential prevention information and have denied and ignored the AIDS educational needs of children.

## AIDS Education in Christian Education Settings

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*Affirming Persons—Saving Lives* is designed to be used within a Christian education setting as a special learning program. The Christian values affirmed in the various Learning Series are well known in every church school. Applying them to AIDS-related issues and concerns broadens their relevance to modern life.

Learning about AIDS challenges every congregation to take seriously Christian affirmations that every child, every youth, and every adult:

- is created in God's image and is loved by God.
- has inherent worth and dignity as an individual and a right to be affirmed in her or his unique identity.
- has unique abilities and qualities to be valued within human community.
- has a right to life-enhancing knowledge rooted in right relationship with God, neighbor, and self.

These key elements of Christian education are the foundations of successful AIDS awareness and prevention education as well.

Your church can use these special AIDS Learning Series sessions to help individuals of all ages deepen their understandings of the Christian faith and personal responsibility. Like regular church school lessons, these sessions affirm the goodness and love of God and teach that there are distinct aspects to Christian identity. They affirm the primacy of loving God, and learning to love ourselves and others. They convey the message that learning about AIDS is part of our responsibility as Christ's disciples. In the age of AIDS, that awareness may have profound significance for spiritual as well as physical survival.

There are unique aspects to learning about HIV and AIDS at church. Not only can the presentation of AIDS awareness and prevention information be informed by Christian values, but it also can be taught within a community of people who share those values. These sessions affirm our Christian responsibility to be in ministry in the midst of this life-threatening epidemic.

## **Who Can Teach This Curriculum**

Effective education does not take place in a vacuum. *Affirming Persons—Saving Lives* has been written with respect for the abilities and commitment of church school teachers, youth leaders, and others who will be teaching these sessions. It trusts their compassion and concern for their students. It assumes that understandings about God, the life of Christ, and the ethics of love that Jesus taught are among the things every child, youth, and adult learns in Christian education and youth programs at your local church. It builds upon that knowledge and experience.

Every effort has been made to make this a curriculum that church school teachers can teach without special training. At the same time, the sessions in this curriculum cannot be effectively taught if there is only minimal preparation. The seriousness of the topic demands seriousness of purpose and willingness to devote time and energy to preparing to teach. Where commitment is firm, these materials can be taught by anyone who conscientiously follows the recommended preparation described at the beginning of each session.

Teachers and leaders who regularly teach the various age groups bring to the educational task knowledge that will greatly enhance the HIV/AIDS learning experience for the students. These teachers not only know the children, youth, or adults they will be teaching, but also are generally aware of their attitudes and feelings on a variety of subjects, some of which may arise in this educational venture. In addition, experienced teachers will know how to communicate effectively with the students and will be able to assess which activities in any particular session will work best with their students.

## **Who Can Learn from This Curriculum**

This comprehensive curriculum enables churches to provide effective AIDS awareness and prevention education to the entire congregation—children, youth, and adults.

Too often it is assumed that only teenagers and young adults need to learn about AIDS or that there is no reason to provide this information to children or older adults. Nothing could be further from the truth. People of different ages have different educational needs with regard to AIDS.

Young children need to learn that all that God has made is good, and that God loves them. They need affirmation of their individual uniqueness, which is a gift from God. They need to learn the importance of taking care of themselves and of responding in kind and loving ways to other people. Among young children, a foundation for gradual awareness about AIDS needs to be laid in a way that nurtures their self-esteem and calms their fears.

In addition to receiving affirmation as persons of sacred worth, older children need to learn about HIV transmission and prevention and the deeper meanings of caring relationships. They need help in strengthening their skills for saying “no” to risky behaviors and support for making healthy choices. Children in grades 5 and 6 are in the pivotal age group for AIDS awareness and prevention education. Increasing peer pressure and expanding social relationships make in-depth presentation of factual HIV/AIDS information essential. Children in this age group—generally ages 10 and 11—who do not receive explicit, effective HIV/AIDS education will enter their teenage years at significantly increased risk for HIV infection.

Most teenagers struggle with self-esteem issues. They need affirmation and assurance that they are loved and loveable. They need respect as individuals

of inherent worth conveyed through honest communication and nonjudgmental listening both to their concerns and their experiences. AIDS education for youth must provide factual, complete, and explicit information concerning HIV transmission and prevention. Most teenagers are aware they are not being told all that they need to know in school-based AIDS education programs. The withholding of this information is done at great peril to the well-being of young people who have no choice but to live in a world with HIV.

The Youth Learning Series of this curriculum presents AIDS awareness and prevention information within a context of Christian values that affirm personal responsibility in relationships. Teenagers need to understand the ways in which they affect, and are affected by, peers. They also need to be able to assess whether relationships are mutually destructive or affirming. They need assistance in strengthening their ability to make healthy decisions and in refusing unwanted invitations to engage in risky behavior. They need guidance in deepening their understandings of both abstinence and intimacy. Perhaps more than anything, youth need to experience the church as a safe place in which to discuss their concerns about HIV and AIDS, sex and drugs. Youth need to discover that adults at church will assist and support them both in learning about HIV and AIDS and in making healthy choices concerning behavior and social relationships.

Although some adults in your congregation may be very knowledgeable about AIDS, others will know only what they have read in newspapers or magazines or heard on radio or television. Some may have AIDS-related concerns in their own lives but have not had easy access to AIDS education. Adults of all ages need to learn the facts about AIDS and have their questions and concerns about AIDS addressed. They need to be able to assess their own degree of risk for contracting HIV. They, too, need

to experience the church as a safe place in which to talk about many AIDS-related concerns. They need support for communicating about HIV and AIDS with other adults and with children and youth in their families, in the church, and in the community. They need to understand that they can be supportive reinforcers of AIDS education among children and youth and be effective AIDS educators among their peers.

Parents and teachers need to be partners in the AIDS education of children and youth. They need to support one another in communicating and reinforcing the HIV/AIDS information taught in the Learning Series of this curriculum. Some parents need to strengthen their effective listening skills so that they may clearly hear the concerns of their children. Many parents feel that their understanding of HIV and AIDS is too limited and that they are unprepared to discuss this issue with their children. Becoming educated about HIV and AIDS themselves will enable parents to feel comfortable responding in nonjudgmental ways to questions posed to them. The child or youth who receives an uninterested or judgmental response, or no response at all, to a serious AIDS concern may never raise another question. Encouraging questions and discussion about AIDS is crucial to helping children and teenagers gain the life-saving information they need.

Discussion about HIV and AIDS is also a major part of the Intergenerational Learning Series of this curriculum. These programs give children, youth, and adults an opportunity to learn from one another, enhancing understanding of individual responses to HIV/AIDS. They also build awareness within the congregation that everyone, regardless of age, can benefit from AIDS education.

An important goal of this curriculum is to encourage and enable the entire congregation to become AIDS aware and AIDS sensitive.

## What This Curriculum Is Not

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*Affirming Persons—Saving Lives* is not a human sexuality education curriculum. It is not a drug education curriculum. It is not a curriculum about parent-child relationships or a curriculum about the complex world of being a teenager. It is not a family life curriculum. It is not a curriculum about sexually transmitted diseases. It is not a curriculum about child abuse or sexual violation or a curriculum about death and dying, grief and bereavement.

This is not a multicultural curriculum that seeks to address the myriad issues that make the AIDS epidemic the most perplexing psychosexual-socioeconomic issue the world has ever known. It is not a curriculum about global perspectives on AIDS or about AIDS in specific racial/ethnic communities. It is not a curriculum about living with HIV or AIDS.

This curriculum does not rely heavily on statistics to convince people that there is a problem, recognizing the futility of using fear as a motivator for behavioral change. However, it does not avoid tough issues for the sake of comforting those who live in denial about the epidemic.

To a greater or lesser degree, all of these issues are aspects of the AIDS epidemic and, therefore, are legitimate subjects for AIDS education.

Because many churches resist dealing with many of these issues, it was tempting to try to address all of them in this one resource. However, during the developmental process, we were called to accountability by a young man living with AIDS. He warned that the draft curriculum was losing its focus by trying to address too many issues. His challenge was to focus this curriculum on AIDS awareness and prevention. It was a warning we did not forget as we continued our work.

This is not a perfect curriculum. Individuals or the Christian education committee in some congregations

will devise creative ways to improve it. We encourage such improvements! To the extent possible, suggested improvements sent to the Health and Wholeness Advocacy Office will be shared with churches that are utilizing *Affirming Persons—Saving Lives*.

Finally, this is not a curriculum written without travail and grief. The young man who called us to accountability, and beloved United Church members and others with whom we worked on the curriculum during the years of development, will never see the resource you now have before you. They lost their courageous battles against HIV and AIDS knowing this curriculum would be part of their legacy. Their wisdom, love, and commitment to this project enrich this curriculum in many, many ways, and we are profoundly grateful to them. This curriculum is dedicated to them.

## People Affected by AIDS in Your Church

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Rare is the congregation that has not been touched, in some way, by the AIDS epidemic. In many congregations there are individuals who are living with HIV or who have been diagnosed with AIDS. Friends or family members—spouse, parent, sister, brother, aunt, uncle, cousin, grandparent, son, daughter, son-in-law, daughter-in-law—may also be sharing a loved one's struggle.

Others in the congregation—such as healthcare providers, social workers, school teachers, business people who must deal with HIV or AIDS issues in the workplace, children or youth who encounter HIV or AIDS in the lives of classmates or friends, or professional staff or volunteers of a state or local HIV/AIDS service organization—may be encountering HIV or AIDS in a variety of settings. Still others directly affected are pastors, chaplains, and other care-partners of persons living with HIV or AIDS.

When the silence about AIDS is broken within a congregation, a major step forward is taken toward creating a safe community for people affected by the epidemic—especially for people who are living with HIV or AIDS, their loved ones, and their care-partners.

Some of these individuals may be willing to be resource people for the AIDS learning experiences envisioned in this curriculum. For a variety of reasons, others may be unwilling or unable to talk about their direct experience of the epidemic. Although one of the benefits of conducting an AIDS awareness and prevention education program in the local church is to open discussions about HIV and AIDS, the church must also respect the need that some people have not to talk about their personal experience of the epidemic.

The direct and indirect experiences of the epidemic that church members have are shaping new understandings of relationships in the church, the nature of spiritual life, and the meaning of ministry. All of us, clergy and laypersons, are called by God to ministry. Understandings of that call and of opportunities for ministry are expanding dramatically as more and more people share the journeys of people who are living with HIV or AIDS.

Care giving is being increasingly understood as a communal responsibility. When need is so great, it is not sufficient to restrict care giving to individual efforts. As Christians, we are called to respond to human need, to comfort the grieving and dying, and to act in the face of potential suffering, particularly when doing so is most difficult.

## **Ways to Overcome Barriers**

Some church members may be hesitant to faithfully contend with sensitive issues, which can be a hindrance to effective AIDS education and ministry. From the beginning of the AIDS epidemic, progress

on many fronts has been constrained by the unwillingness or inability of people to talk about such issues as drug use (including alcohol and steroids), sexual orientation (especially homosexuality and bisexuality), sexual intercourse, personal responsibility, prejudice, discrimination, life-threatening illness, and death (in particular, death at an early age).

The AIDS epidemic challenges us to confront our personal barriers to effective AIDS education and to wrestle with misconceptions and prejudices that stop us from providing life-saving information. We need to understand that the lives of children, youth, and young adults, as well as the lives of some older adults, depend upon our willingness to talk candidly about topics that we may have previously thought inappropriate for discussion at church.

AIDS insists that we examine how we feel about **ourselves**. It raises crucial questions: “Do I love myself enough to protect myself from a deadly virus?” “Do I love my children enough to give them knowledge they need so they can protect themselves from HIV?” The choice to protect oneself requires three things: knowledge, positive self-regard, and accessibility to the means of protection. If children, youth, and young adults are to protect themselves, they need to be empowered in the same way.

AIDS challenges us to re-evaluate how we relate as men and women, how we raise children, how we define health and healing, how we view illness and death, how we value life, and ultimately, how our Christian faith informs and empowers our living and our ministries as congregations and as individuals.

This epidemic urges us toward greater honesty with ourselves and with children and youth about God’s precious gift of human sexuality. It demands conversation about drug use, including alcohol and steroids. It implores us to clarify our ethical priorities, especially the value we place upon saving our own lives and the lives of children, youth, and young adults in our churches.

Each of us is endowed by God with the ability to love and be loved. As Christians, we are called to help build a world in which all people are safe and have an opportunity to live full and productive lives. With factual and complete information about HIV and AIDS, and with one another's care, encouragement, and support, church members can act together in ways that embody love and promote individual fulfillment, ethical decision making, and health. Doing so will significantly help to prevent the spread of HIV.

But congregations must realize that the first step is to open communication. AIDS education challenges us all to confront and move through the discomfort we may feel so that the destructive silence about AIDS in our churches can be broken. Breaking this silence is essential to our life-saving mission. Honest discussion must take place. Mutual commitment must be made to break down barriers together, with respect for persons and, always, with compassion for those whose lives may be threatened by HIV now or in the future.

## **Ways to Encourage Behavioral Change**

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The gospel of Christ calls us to respond to human need. The church is called to be a co-partner with God in promoting life in abundance, to support and minister to the sick, and to comfort the dying and those who are in grief. We must act in the face of potential suffering, particularly when to do so is most difficult.

In breaking through barriers that restrain such Christian ministry, congregations can demonstrate an alternative response to a culture that, in many ways, devalues life, generates personal self-hatred and social alienation, and encourages indifference and denial of the threat that HIV poses in every community. Among people who believe that repressing

factual AIDS information and making the means to protection inaccessible will safeguard their children, AIDS-aware congregations can be beacons of hope, truth, and genuine caring.

The Christian education setting affords the freedom to deal forthrightly and forcefully with the life-and-death nature of the AIDS epidemic. That is why this curriculum offers the comprehensive information people need to know so they can protect themselves from HIV. Neither ignorance nor moralism will protect people from this deadly virus. We must begin by empowering individuals of all ages with the facts.

Individuals can act in responsible ways when they have adequate knowledge, interpersonal and community support that enhances a positive self-image, and real-life options that promote physical and economic well-being.

AIDS educators know that teaching "the facts" can promote responsible and safe behavior critical to stopping the spread of HIV. This information must be taught in age-appropriate ways beginning at an early age when children are ready to learn about caring for their bodies and are developing awareness of their relationships with others. Teachers and parents have primary responsibility in nurturing personal self-esteem from childhood through adolescence.

This curriculum assumes that teaching the facts about HIV and AIDS is not sufficient for promoting individual self-protection. Many things in life contribute to personal behavior, regardless of a person's age. What a person believes may heavily influence what she or he desires to do or not do, but it does not solely dictate how she or he will act. What others think often has a greater influence upon how a person acts than what she or he believes. Persons of influence may include friends, peers, family members, teachers, pastors, and others in the faith community.

Behavior also is influenced in significant ways by options that provide for security and/or self-realization. Persons who anticipate secure and hopeful futures that allow for work, physical security, and sound relationships are more likely to seek self-preservation than those who see their future as bleak, lonely, or threatened.

How one envisions one's future is influenced by one's financial status (poor or economically secure), gender identity (male or female), race and cultural/ethnic heritage, age, and sexual orientation (heterosexual, bisexual, gay, or lesbian). Information and supportive relationships **alone** cannot change perceptions of life's possibilities in the face of poverty and/or prejudice.

AIDS prevention programs that rely on information but ignore ways of changing human behavior are inadequate in preventing the spread of HIV. That is why this curriculum includes skills-building components that will enhance behavioral change. Such change requires the support of family, friends, and others in the faith community. As builders of community, churches have an important role in nurturing behavioral change by creating supportive environments in which change is possible and affirmed.

## The Vision of Life-Saving Education

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*Affirming Persons—Saving Lives* is unique in its commitment to AIDS education for people of all ages in the local church, beginning with children of preschool and kindergarten age. It is unique in its vision of the local church as a center for AIDS education.

This curriculum is designed to be used in a two-year cycle. Its age-appropriate educational design progressively enables children to learn about HIV and AIDS as they grow older. Each Learning Series offers information that is immediately applicable to the life experiences of the individuals in that age group. So these Learning Series sessions will prove beneficial regardless of the entry point at which a person begins the learning experience.

If the recommended two-year cycle is used, children whose starting point is the Preschool and Kindergarten Learning Series will have a solid foundation for making healthy decisions when they are faced with having to decide about engaging in behaviors that may put them at risk for HIV.

Churches, then, need to prayerfully consider making an ongoing commitment to AIDS awareness and prevention education. The careful design of this curriculum makes it an invaluable resource for your church for many years to come.

We hope that your church will embrace the vision of life-saving education that inspired this project. Together, let us affirm persons and save lives.



## Children Have a Right to Know about AIDS

Children are naturally curious about the world around them and, though we might wish otherwise, AIDS is now part of that world. Even children as young as four or five years old have heard about AIDS on television or in overheard adult conversations. Children may know a classmate or a relative who is living with HIV or AIDS. Like all subjects that fascinate children, AIDS will be the focus of many questions.

Children deserve to receive positive and appropriate answers to their questions. If children ask questions and receive no response, they feel frustrated and less interested in pursuing a topic. When children are made to feel guilty or ashamed of their curiosity, they learn to avoid raising questions. Children need to learn that there are no “stupid” questions. Asking questions is an important way that human beings learn.

When children feel they cannot raise questions with their parents or other adults, they will seek answers from their peers or others. The information they receive from these sources is more often than not inaccurate or partial. Getting inadequate answers to their questions leaves children feeling confused and, sometimes, fearful. Confusion and reluctance to raise questions results in ignorance. When it comes to AIDS, ignorance can be lethal.

The best time to talk with a child about AIDS or any issue is when the child raises a question. If the time is not convenient, it is important to acknowledge the question and agree on a more convenient time to have the discussion.

Generally, children are content if they receive what seems to them a satisfactory answer to whatever question they raise. The very fact that she or he is asking the question suggests a readiness for the information. The supportive adult will patiently and honestly respond to whatever question a child asks. Of course, information needs to be shared in age-appropriate language. For example, with regard to HIV, a preschooler cannot comprehend the meaning of Human Immunodeficiency Virus, but can understand the idea of a germ that causes AIDS.

The greatest barrier to effective AIDS education with children is the belief on the part of many parents and other adults that children are not old enough to learn certain information or that they need to be “protected” from knowledge about which they are curious. This is a barrier that parents and teachers need to strive to overcome. Children have a right to know about AIDS.



# How to Use This Curriculum in Your Local Church

We encourage you to use *Affirming Persons—Saving Lives* in a way that meets the needs of your congregation. The following suggestions for using the curriculum may help.

## Getting Started

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- Upon receipt of your *Affirming Persons—Saving Lives* curriculum package from United Church Resources, check to make certain all materials listed on the Contents Sheet are included.
- Purchase two 2-inch 3-ring binders. Use one as a Curriculum Binder for storage of all curriculum booklets. Use the other for holding copies of AIDS-related news items to be gathered over time; this will be the Curriculum Update Binder.
- Identify an easily accessible but safe place where the two binders and DVD may be permanently stored.

## Reviewing the Materials

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Designate a Review Coordinator for the review process. This person should take responsibility for making enough copies of the materials selected for all reviewers. Make certain that the Review Coordinator

understands that reviewers need to receive the materials in enough time for a careful reading.

Review all of the *Affirming Persons—Saving Lives* materials carefully and completely. A thorough review is essential to making informed decisions about how the curriculum will be used. There are several options for this review.

- The Christian Education committee, guided by its chairperson or the Director of Christian education, may agree that all committee members will read all of the curriculum materials and view the DVD. A schedule of sharing material will need to be set up.
- The Christian Education committee, guided by its chairperson or the director of Christian education, may agree to divide up the materials for review. Specific Learning Series may be assigned to committee members who will read them and then share their impressions and evaluation with others. The entire committee should view the videos on the DVD together.
- The pastor, director of Christian education, or Christian Education committee chairperson may take responsibility for

reading all materials and sharing his or her impressions and evaluation with others.

If all committee members are not going to read all of the curriculum materials, it will be helpful to ask one or two people to read through the Introductions to each Learning Series and compile an overview of the eight Learning Series. This overview, summarizing the content of each Learning Series, should be given to the committee members prior to presentations by individuals who have read all the materials. This overview of the Learning Series may also be a resource for introducing the curriculum to the congregation.

Ask one or two people to contact your local or state health department about current HIV and AIDS statistics in your geographical area. Ask them to use these statistics to complete the “Current Statistics on AIDS” worksheet to share with the reviewers.

After the review, convene one or more meetings to:

- Share impressions, evaluations, questions, and concerns.
- Consider the importance of AIDS awareness and prevention education for your children, youth, and adults in your church.
- Strategize ways to help the congregation make a commitment to ongoing AIDS awareness and prevention education.
- Decide how the curriculum will be implemented at your church. Strive to implement a full cycle of the curriculum. The curriculum design assumes that a full cycle of eight *Affirming Persons—Saving Lives* Learning Series will be implemented in the local church once every two years.

- Identify teachers for each of the Learning Series.
- Set the dates for the curriculum series, indicating specifically when each Learning Series will begin and end.

Plan ways to address parental concerns about AIDS education in general and the use of *Affirming Persons—Saving Lives* in particular. Make certain there are opportunities for parents to see the curriculum materials. After teachers have had time to review the materials, provide ways for them to share their feelings and concerns with one another so they can be interpreters of the materials to parents. Encourage parents to participate in the Adults and Parents Learning Series and to talk with teachers who will be teaching the Learning Series to their children.

## **Preparing the Teachers**

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- Distribute a copy of the completed “Current Statistics on AIDS” worksheet (from this Introduction) to each Learning Series teacher.
- Distribute a copy of the article “Non-Consensual Sexual Experience & HIV Education” (from this Introduction) to each Learning Series teacher.
- Have teachers identify resources that they would like to have copied for their personal study. After copying, return originals to the Curriculum Binder.
- Plan gatherings for Learning Series teachers so they may express any concerns they may have in a supportive environment before the curriculum cycle begins. Let them know that teacher gatherings will also be offered once the curriculum cycle begins.

## Preparing the Congregation

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- Plan ways to interpret the purposes of AIDS awareness and prevention education to members of the congregation prior to beginning the curriculum cycle.
- Encourage adults to participate in the Adults Learning Series. Be sure that adults who are not parents understand that the Adults Learning Series is open to all people age 18 and older. Encourage intergenerational adult participation.
- Ask the pastor to plan a time during a Sunday morning worship service before the curriculum cycle begins for special prayers for Learning Series teachers and participants.

## Implementing the Curriculum

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Offer a full cycle of the curriculum, if possible. The following is the recommended order for presenting the Learning Series.

### Adults Learning Series

#### Parents Learning Series

These two series should be completed before the Learning Series for children and youth begin. It is important that AIDS-aware parents and other adults in the church be available to enhance the HIV/AIDS learning experience of children and youth.

The Parents Series will require an additional commitment on the parts of parents. Although this may pose some difficulties, it is vitally important for parents to understand their pivotal role in supporting their children and teenagers.

### Preschool and Kindergarten Learning Series

#### Grades 1 and 2 Learning Series

### Grades 3 and 4 Learning Series

#### Grades 5 and 6 Learning Series

These four series may be presented concurrently. They are designed to be taught within regular church school timeframes. Consider the period from early January to the beginning of Lent as an optimum time for these special learning programs.

### Youth Learning Series

This series may be presented concurrently with the children's Learning Series, although it will last longer than those series. These sessions require more time than regular church school timeframes provide. Because most teenagers are eager to learn about and discuss HIV and AIDS, it is especially important to provide ample time for these sessions.

There are several options for presenting the Youth Learning Series:

- Ask the youth to commit themselves to a special series to be presented weekly or biweekly. The 90-minute sessions can be presented in the evening or on a weekend day.
- Offer a special six-week series on a weekend day, teaching two sessions on each meeting date. An alternative is to offer a one-month series, teaching three sessions on each meeting date.
- Invite youth to an AIDS Awareness and Prevention Youth Retreat using the retreat format included in the Youth Learning Series.

### Intergenerational Learning Series

One or more of these programs could be presented after a full cycle of the curriculum has been completed. These programs also may be presented during the year when the Learning Series are not being offered.

Here are further ideas about implementing the curriculum.

- Implement the curriculum by “signing up” participants for the Youth, Adults, Parents, and Intergenerational Learning Series. Use the usual method for enrolling children in your church school classes.
- Offer a mid-cycle “checkpoint” for teachers and, if needed, for parents.
- Gather teachers after the cycle has been completed and evaluate the educational process. Identify ways to improve the next cycle.
- Determine the type of AIDS education to be offered next year at your church. Intergenerational programs are especially recommended for the “in-between” year when the curriculum cycle is not offered.
- Offer church members an opportunity to participate in the Learning Series even if they missed the first full cycle of the curriculum. Instead of having these people wait two years, consider offering a full cycle of the curriculum every year; however, take care to ensure that participants progress through the Learning Series at two-year intervals. Alternatively, your church may wish to begin using *Affirming Persons—Saving Lives* by offering a full cycle of the curriculum two years in a row, to encourage maximum participation, and then offering a full cycle once every two years.

## Creating the Curriculum Update Binder

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- Create a Curriculum Update Binder by asking an intergenerational group of church members to watch for and cut out new items found online and in newspapers, journals, and magazines. As the epidemic continues, articles will appear about advances in the treatment of AIDS, reports on AIDS among specific populations, statistical studies, personal interest stories, and other newsworthy items related to AIDS.
- Establish an easy procedure for submitting news items to the church office or a designated individual.
- Designate a person to copy the submissions and place the copies in the Curriculum Update Binder.
- Keep the Curriculum Update Binder current, adding up-to-date information on a regular basis.
- Let people know that the Curriculum Update Binder will strengthen the long-term usefulness of the *Affirming Persons—Saving Lives* curriculum. Although time may bring few changes to the basic awareness and prevention information, these news items will be a vital resource for teachers of the Learning Series in years to come. Because the full curriculum cycle is presented once every two years, the Curriculum Update Binder will be as important to the preparation process as are the materials for the Learning Series themselves.
- Be open to creative ideas for programs inspired by resources and articles in the Curriculum Update Binder. These

programs may be offered during the year when the Learning Series cycle is not being presented.

- Make the Curriculum Update Binder available to church members who are interested in reading the collected clippings. This binder will be an invaluable resource for persons living with HIV or AIDS, family members, professionals working in the AIDS community, the pastor(s), students working on research projects about AIDS, and others.

## **Creating a Context for Effective AIDS Education**

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- Create a context for effective AIDS education at your church by including HIV and AIDS concerns in the liturgical life of the congregation, as well as in prayers, sermons, litanies, and “moments for mission.” It is important that AIDS education be affirmed within the context of the Sunday morning worship service.
- Help members remain aware that AIDS is an ongoing concern by publishing notices about community-wide AIDS events and articles about the AIDS pandemic in your church’s newsletter.
- Show visible support for AIDS awareness and prevention education by developing a specially designed AIDS Awareness

Week at church, offering a weekend AIDS-related youth program, creating a changing bulletin board display on AIDS, or offering ongoing adult discussion groups focusing on AIDS-related books or films.

- Establish a congregational AIDS Ministry Task Force to coordinate the church’s continuing ministry, particularly if there are members for whom AIDS is a special concern. The Task Force should include at least one member of the Christian Education Committee to ensure coordination with the church’s AIDS education program. Also consider adding funds for AIDS ministry to the benevolence budget of your congregation.
- Explore ways to empower people living with HIV or AIDS, their caretakers, and their loved ones.
- Learn about the activities of UCAN (the United Church of Christ HIV and AIDS Network) or other denominational HIV/AIDS networks. Identify ways in which your church, or individual members, can be involved in supporting AIDS ministries in your faith tradition.
- Provide opportunities for people involved in AIDS ministries to share their experiences and to tell of the unmet needs they see.



# Suggestions for Teachers and Leaders

You've accepted the challenge!

You are about to begin a teaching/learning journey that will offer people a precious gift. You will help them learn how to save their own lives. Embark on this journey with a spirit of hope and expectation.

You have an important role to play in teaching AIDS awareness and HIV prevention. No other person will be able to provide this information in the way you can. Your conscientious and faithful effort in responding to this urgent need is an act of love for which many will be grateful.

## Getting Started

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- Read through your Learning Series to see what's included. Make notes about ways you can see yourself teaching or leading this series.
- Decide if you will teach this series by yourself or with help from others. If your class includes eight or more students (for Grades 5 and 6 or younger), consider inviting a parent or youth to help in the classroom. For the Youth Learning Series, consider asking two or three others, including youth, to join you in a leadership team—the variety will add interest to the sessions and will enhance

the learning experience for the youth.

For the Adults Learning Series, consider enlisting adults to prepare and lead portions of the sessions.

- Determine how you will teach the information in each session. Only you know what activities or types of presentations will work best for your class. Feel free to use the Session Activities as a guide in designing a class session of your own. Feel free to make changes, particularly if you feel you can improve upon the suggested activities for conveying AIDS awareness and prevention information. Just be sure not to omit the age-appropriate HIV/AIDS information. Omitting or skimming over information will undermine the effectiveness of the Learning Series.
- Choose options that will work best in your class. The options offered in some sessions generally follow a recommended activity or are offered as a list of possibilities for closing the session. You may feel that the recommended activity is too long, too short, or inappropriate for your class. If this is the case, choose the optional activity that you feel would be

best for your class. With these and other activities, feel free to adapt where needed to meet the needs of your individual students, keeping in mind the importance of not ignoring essential information.

## Understanding Activities and Group Process

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- Be sure you understand what you are to say aloud. In most sessions, you will find special bold paragraphs, like this sample discussion question:

**Does anyone know what the word “special” means?**

This text, generally part of a presentation or discussion, should be read aloud. These words are not intended as a script, however. Feel free to offer the information in these bold paragraphs in your own words throughout the sessions.

- Be prepared for a variety of responses to questions and discussions. In the younger children’s series, discussion questions may be followed by words or phrases in brackets, like this:

**[stay at home and rest, use a tissue]**

If children don’t offer these responses to discussion questions, you or a class helper may wish to suggest them. For older children, youth, and adults, some common responses to discussion questions are often listed. If the class is slow to respond to the question, you might offer some of these responses to get the discussion going.

- Practice the brainstorming process ahead

of time so you feel comfortable with this activity. You should:

- State briefly the topic to be brainstormed.
- Invite people to offer aloud any responses that come to mind. Write these on newsprint **without explanation, questions, or comment.**
- Encourage the flow of ideas. Several responses may be given at once. It is helpful to have more than one person writing responses on the newsprint to ensure that all responses get written down.
- Take only one or two minutes for the brainstorming, unless otherwise indicated.

## Gathering Materials

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- Have newsprint (large tablet of blank flip-chart paper commonly used in classes and seminars), markers, and tape available at each session. Sheets of newsprint can be torn from the tablet and taped up around the room to post discussion questions, key presentation points, and so on. If newsprint is not available, you may wish to use large sheets of paper or a chalkboard. White shelf paper may also be used.
- Include church members in the sessions by inviting them to supply materials, as needed. For example, some activities call for pictures cut from magazines. Ask the congregation to donate pictures or magazines prior to the session. Be specific about the kind of pictures or magazines that would work best for the type of

pictures needed for the session. Give church members plenty of advance notice for supplying materials.

- Gather all materials well in advance of the class time.
- Plan ahead, especially for the materials that children will use to create cards, placemats, bookmarks, and other items to be sent to others. Write a note with a return address and tuck it in with any artwork to be sent or delivered to a hospital or agency serving persons living with HIV or AIDS. The recipients may wish to send a thank-you note to the children. The note might say: “These [placemats, bookmarks, etc.] were lovingly made for you by the children of \_\_\_\_\_ Church who have been learning about HIV and AIDS.”

## Setting Up the Room

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- For the younger classes, designate separate areas of the classroom for listening (story time, discussion, group time), working (art activities), and playing (dramatic play or games), if possible. When you gather the children into a circle, use chairs or the floor—a special blanket or quilt on the floor is inviting.
- For the youth and adult sessions, arrange chairs in a circle, if possible. Discussion is more effective if people face one another. Be sure everyone can see the newsprint area and the video screen, when used. Try to make the meeting space inviting and interesting. If possible, display resources, bring in appropriate table centerpieces, use music while

gathering, arrange a collection of items that could be used as informal discussion starters, or have refreshments available.

The Centers

for Disease Control and Prevention (CDC) National AIDS Clearinghouse (1-800-456-5231) has inexpensive HIV/AIDS posters available, which you may want to use to decorate the room.

## Preparing for the Sessions

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- Be aware that you do not need to be a specialist to be an effective teacher of this information. However, it is essential that you do the recommended preparation so you are ready to present the information in a comfortable, confident, and, to the fullest extent possible, nonjudgmental way. Truly caring about the well-being of your students and understanding how important it is for them to have factual information so they can protect themselves from HIV is strong motivation for doing the preparation that needs to be done.
- Use the materials in this Introduction and in the Teachers Support Resources to broaden your understanding of HIV and AIDS. The more factual information you have, the more you will be able to provide knowledge and guidance to your students, whether children, youth, or adults. The more you know, the more comfortable you will feel with the information you are teaching.
- Read the Introduction to the Learning Series you will be teaching.
- Identify for yourself the essential learnings of each session to make certain that you understand what is to be taught. You may

do this simply by making notes to yourself about information that seems important as you read through the session for the first time. Then reread the objectives for the session and see how the items you identified relate to the objectives.

- Prepare for each session well ahead of the class time. Follow the Preparation steps beginning each session.
- Before each session, open yourself to God's presence by allowing yourself time for centering silence and/or prayer.

## Presenting Information in Your Own Way

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- Communicate the essential learnings in your own words. Use words that, from your experience as a teacher and your interaction with your students, you feel would communicate most effectively. Just be sure **not** to avoid language that is essential to helping your students have a clear understanding of vital prevention information.
- Be honest and be yourself. Even if at times you feel some embarrassment, your willingness to pursue the teaching task will convey to your students that learning about HIV and AIDS is serious and necessary.
- Facilitate by example as well as words. Strive to make the information in each session part of your personal awareness, so that you can comfortably provide the information with sensitivity and determination. It is important for you to communicate by example that HIV and AIDS are topics about which people can talk without fear.

- Remember that children and youth are aware of Christian values, learned in church school, in a youth group, or through participating in worship and other church activities. In your own way, utilize that awareness whenever possible to enhance what you are teaching about HIV and AIDS.
- Recognize that learning about AIDS is an intellectual, emotional, and spiritual journey. Consider how the theological reflections about Christian values found in the Learning Series sessions can illuminate the information you are teaching. Demonstrate willingness to share your own faith journey, so that others will feel free to speak about theirs.
- Jot down key ideas on note cards, if desired, so you are sure to cover the points as you present information, give directions, or begin an activity.

## Facilitating Discussions

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- Allow for give and take during discussions. Let children know that their ideas are valuable by listening carefully and emphasizing appropriate points in their responses. Affirm nontalkative children as “good listeners,” too. With older children, youth, and adults, avoid questions that seem to have a “right” or “wrong” answer. Be aware that participation will be inhibited if it appears the teacher or leader asks questions, listens to responses, and then gives the “right” answer in a way that dismisses the participants' ideas. Simply say, “Have you ever thought about . . .” to offer content and ideas that have not been addressed by the participants.

- Keep in mind that most people find it easier to speak in a small group rather than a large one. Also keep in mind that it usually takes some time for people to arrange themselves in groups. Although small-group sizes are suggested, you should exercise your own judgment concerning the size of the groups.
- Include everyone in activities and discussions. Some people do not hesitate to speak while others offer the gift of listening. Some people share facts and opinions while others share feelings and experiences. Encourage diverse sharing.
- Be aware of certain roles that you will assume in order to facilitate the flow of the discussion. These are:

— **Gatekeeper** Remembering that some people bring the gift of listening, it is important that no one be forced to express herself or himself if she or he is uncomfortable doing so before the entire group. The gatekeeper makes certain that all have the opportunity to speak if desired. This may be accomplished simply by saying, “We haven’t heard from [name] yet. Is there anything you’d like to share, [name]?” With younger children it might be helpful to remind talkative children that “we want to give our other friends a turn, too. Would you like to say something, [name]?”

— **Clarifier** Sometimes it is necessary to make sure that everyone in the group understands what has been said and to identify the collective wisdom emerging from the discussion. One way to do this is to paraphrase what has been

said by using other words and to ask the speaker if his or her comment was correctly understood. Or, you might ask another group member to do the paraphrase with a simple request: “[Name], could you tell us in your own words what you just heard [name] say?” When significant points are made, you may wish to clarify or underscore them by saying, “What I hear us saying is . . .” Then ask if your statement of the insight is correct or if others have heard something else.

— **Summarizer** Discussions usually have a life of their own and need to be refocused from time to time. You can help regain focus by reminding the group of the subject matter and by summarizing main points that have been made. With children, keep this summary very brief. With youth and adults, you may wish to ask one or two participants to summarize the collective truths that have been identified, or you may do so yourself. Write main points on newsprint as they emerge to assist in this summarizing task. This also helps individuals know they have been heard, and, once written down, their point is not lost.

- Encourage listening to one another, especially if there are disagreements about what is being expressed. This will help build trust within the group, whether the participants are children, youth, or adults. Every person appreciates feeling she or he has been understood and valued.
- To the fullest extent possible, be non-judgmental in leading discussions. Strive

to truly hear, without judgment, what participants have to say about their experiences, thoughts, and feelings. This curriculum affirms Christian values and recognizes that those values have deeper meaning when they are freely chosen, even by children whose understanding is limited. Judging can easily become a hindrance to communication with children, youth, or adults.

## **A Final Word**

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You are not alone in this teaching task. Remember that your church has made a commitment to AIDS awareness and prevention education. Turn

to other teachers, your pastor(s), the Christian Education director, or another supportive member of the congregation when you feel the need for more support.

Remember that you do not need to have all the answers or be perfect in your teaching. Trust that people about whom you care, and who care about you, will recognize that you are doing your best. They will be grateful.

Do the necessary preparation, have confidence in yourself, and bring love to those whom you teach. Have faith that in the midst of this tragic pandemic, God will bless your efforts to affirm persons and save lives.



## AIDS Education in Racial/Ethnic Churches

The AIDS epidemic is disproportionately affecting people in racial/ethnic communities. As a member of a racial/ethnic church, you are probably well aware of ways in which the AIDS epidemic is affecting your congregation and community. You are also in the best position to determine how these Learning Series sessions may be effectively used in your local church.

You have intimate knowledge of the cultural traditions and rituals of your community. You live with the values that undergird social relationships in your community. You are aware of assumptions and attitudes that exist within your racial/ethnic culture toward a variety of issues, toward other racial/ethnic populations, and toward the majority society.

You understand the ways your church seeks to make Christian values relevant to the day-to-day lives of members of the congregation and of others in the community. You have firsthand knowledge of the cultural barriers to learning about AIDS within your faith community. You also are in the best position to assess the need for AIDS awareness and prevention education.

### **Honoring Cultural Values and Traditions**

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Cultural values and traditions should have a direct bearing upon approaches used for AIDS awareness and prevention education in your church. **It is important to acknowledge cultural values and traditions, to honor them, and to utilize them in teaching about HIV and AIDS.** Your Christian education committee or others involved in planning the use of *Affirming Persons—Saving Lives* should plan time to discuss your values and traditions in your community that may be barriers to AIDS education, as well as to discuss how those same values and traditions may be affirmed and used to strengthen the AIDS learning experience.

As in every congregation that uses this curriculum, some adaptations for presentation in your congregation may be desirable. As you or others review the *Affirming Persons—Saving Lives* Learning Series, especially note points at which adaptations for cultural sensitivity may be necessary. In some instances this may mean simply using more familiar language to convey the information. At other points, it may mean changing the setting of a story or using imagery that is more culturally appropriate. At still other points, it may mean approaching basic HIV/AIDS information to be presented in a different way.

## Approaching HIV/AIDS Information

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There are three primary approaches that may prove especially helpful in providing effective AIDS awareness and prevention education for members of your congregation.

The first has to do with the family. We live in a world where there are many types of families. Encouraged to do so, people in your church may be able to identify several different types of families who are part of the congregation or who live in the community. A “family” may be two parents with children, a single parent with at least one child or a childless couple. A “family” may extend to grandparents, aunts, uncles, and cousins. For some people, “family” may mean friends, unrelated by blood, who respect and care for one another and are committed to one another’s well-being. For still others, “family” will mean partners of the same sex who share their lives, a home, and mutual concern for each other.

Encourage people to talk about their concepts of “family.” Challenge them to think of “family” as a social unit where one experiences genuine love and acceptance, nurture, and support. Asking people to focus on their understanding of “family” may help even people who feel they have minimal or no relationship to a family come to a whole new understanding of what constitutes a family. When teaching, **continually emphasize the importance of nurturing the various kinds of families** that exist within your racial/ethnic culture. Affirm the role families play in preserving your racial/ethnic heritage. Make a list of reasons for keeping families strong and intact. Acknowledge that part of valuing cultural heritage is the acceptance of one’s personal responsibility for helping to maintain and strengthen the family.

In racial/ethnic communities, as in the society at large, many people associate HIV and AIDS with homosexuality, which is vigorously devalued

in the culture. Because of this, many people of color with HIV or AIDS have been shunned in their own communities or have felt they had to lie about their health status, their sexuality, or both. Because of this, many people who are not gay wrongly believe they cannot get HIV. So strong is the resistance to talking about AIDS because of this association with homosexuality that another approach to the topic of HIV needs to be used.

The approach that has worked best for many AIDS educators in racial/ethnic communities is to **approach the topic of HIV through a general presentation and discussion of sexually transmitted diseases (STDs)**. Acknowledge the threat that STDs pose to individual health and to the community. Then identify HIV as one of the most serious STDs and present awareness and prevention information.

## Creating Additional Introductory Sessions

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The first challenge of doing AIDS education in any setting is to gain the trust of those who will participate in the learning experience. As you prepare to present the *Affirming Persons—Saving Lives* Learning Series, it will probably be helpful for you to design one or two additional introductory sessions that can begin the Learning Series. These age-appropriate sessions should enable children, youth, and adults opportunities to focus on their cultural heritage. Such sessions will be different with regard to cultural specifics in each racial/ethnic congregation, but all may have certain things in common.

Certainly an important part of focusing on one’s cultural heritage is to identify what one values in that culture. A simple brainstorming activity on the question “What do you like most about being [racial or ethnic identity]?” can provide the basis for much discussion. Helping people bring to mind what they value most about their racial/ethnic identity is a

foundation upon which to build awareness that the culture they love may be threatened by HIV.

A second focus of these additional, age-appropriate sessions may be identifying ways that people see their cultural heritage being threatened, which can lead to discussion of reasons why it is desirable or necessary to protect and preserve the culture and its time-honored, meaningful traditions and values. Affirmation that such protection and preservation are every person's responsibility can lead to a discussion of the importance of sustaining life and protecting oneself and one's loved from illness and death.

In multicultural congregations, dialogue about cultural differences and the value people place upon their cultural experience will help nurture mutual respect among members. It is important in such settings to respect that individual assumptions, attitudes, or feelings about a variety of AIDS-related concerns grow out of a person's cultural experience. Strive to open dialogue through which the rich variety of cultural experience may be explored.

HIV and AIDS should not be the focus of these additional sessions. Reference to HIV as threatening to racial/ethnic culture may be appropriately made, but the primary focus needs to be on affirming the pride that individuals have in their cultural heritage and the caring they have for its preservation.

## **Suggestions for Effective AIDS Education**

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The following are some other suggestions you may find helpful when planning one or more additional introductory sessions or teaching age-specific Learning Series that you have adapted for the cultural sensibilities of your students.

- Identify reasons why individuals hope that cultural traditions and values of

your racial/ethnic community are preserved for future generations.

- Identify the things individuals feel they have in common with one another in your racial/ethnic community.
- Identify issues that are of primary concern within your culture, and explore ideas about solutions that can be initiated from within the community itself.
- Identify feelings individuals have about the HIV/AIDS epidemic in general and discuss their concerns, clarifying rumors or misconceptions where necessary.
- Make sure that individuals feel they are being heard and listened to in order to counter the experience many have in the majority society of being ignored or devalued.
- Be sensitive to values and social attitudes attached to HIV/AIDS-related issues you identify in your racial/ethnic community. These may include pregnancy (including teen pregnancy), condom use, talking about sexuality, family honor, trust for the healthcare system, self-reliance, drug use and addiction, emotional expression, literacy, gender roles, sexual orientation, and premarital and extramarital relationships.
- Recognize the degree to which individuals in your culture need basic information about their bodies or about sexuality in general because of taboos about talking about sex.
- Identify conflicts individuals feel about differences between generations (attitudes, urban versus rural or traditional settings, peer influences versus honoring of elders, etc.).
- Be sensitive to the need that people may

have to discuss their personal experiences with people who are living with HIV or AIDS, as well as to remember those who have died from AIDS-related causes. If members of your church have experienced a lot of AIDS-related grief, it may be vitally important that they have an opportunity to talk about loved ones who have died.



## Children, AIDS, and Death

Children are not immune to the reality of AIDS or the thinking that often surrounds the epidemic. Most people with HIV are able to live productive lives for years after being infected with the virus. Due to improved treatments, many people with AIDS also live longer and have an improved quality of life. Still, in much of the public mind, AIDS and death are synonymous.

Hearing about AIDS and death deeply affects children. Some of their anxiety is related to concerns about death in general. Those who personally know someone who has AIDS, or someone who has died from AIDS, harbor even more anxiety.

While teaching children about AIDS, teachers may encounter feelings, concerns, or questions about death. These guidelines may help you to respond to these appropriately.

### **The Child Who Knows Someone with AIDS**

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There may be children in your church school who know someone—an adult or a child, a relative or friend—who has AIDS. Some children will have classmates who are HIV-positive, that is, who are living with HIV infection. Or they may have classmates who are living with Diagnosed AIDS. In some churches, HIV-positive children will be attending church school or a church-sponsored daycare program.

A child who has a relative or friend with HIV or AIDS may raise particular concerns about AIDS in class. In the class, the child may feel free to express feelings or talk about concerns unexpressed at home. Be sure to acknowledge the child's feelings or concerns in a supportive, nonjudgmental way. It is vitally important that the child feels that her or his concerns have been heard.

After acknowledging feelings and concerns, you will probably be able to proceed with the session. Be certain to spend some time after class with any child who brings up personal AIDS concerns in class. Offering another opportunity for the child to express his or her feelings or concerns will be reassuring to the child. Depending upon the specific feelings or concerns expressed, it may be helpful to share some of the following information with an anxious child.

- People with AIDS are living with a serious illness. Sometimes they may be very sick. They may take medicine or may be in a hospital.
- There are some very helpful treatments for AIDS. With medicine, many people are able to feel better. Sometimes the treatments do not work. It is true that people often die from AIDS.
- It is okay to feel sad or angry when someone you love is very sick or dies. It hurts.

- Doctors are working hard to find ways to help people with AIDS.

## **The Child Who Has Concerns about AIDS and Death**

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Some four- and five-year-olds will know from personal experience that people die of AIDS. They may be frightened that they will get AIDS and die. Reassure the children by telling them that they can't catch AIDS the way they get colds or flu. The concerned child also may need reassurance that adults care about children and do what they can to help children be as healthy as they can be.

Some children may know or suspect that a loved one has AIDS or has died of AIDS. They may be concerned that a parent or family member will get AIDS. They may know of another child who has AIDS and want to know if a friend is going to die.

The concept of death is vague but frightening to young children. They have little understanding of either the physical or spiritual meaning of death.

In talking with young children about death, it can be helpful to use the name of the deceased person. If a friend or loved one dies, children need a simple explanation of death. You might say something like, "Grandpa's body doesn't work anymore"

or "Doreen was very sick—too sick to get well." Concrete examples of the effect of death may also help the child to understand this strange reality. Say, for example, "Josh doesn't eat anymore" or "Aunt Jenna can't talk with us anymore." If the child has had a close relationship with a loved one during the dying process, use more explicit examples, such as, "Remember how Mommy's stomach hurt so much of the time? It doesn't hurt anymore. Mommy doesn't have any more pain."

When children talk about death, they often wonder if their own parents will die and leave them. It may be reassuring for children to learn that most adults live a long time. Reassure them, too, by telling them that adults who love them are there to take care of them.

When responding to questions about death, try to respond out of your own faith. This can be comforting and nurturing for the anxious child. Use examples from the life cycles in nature when speaking of death. You could say, for example, that all growing and living things have a lifetime—a beginning (birth), a middle (living), and an end (death). As Christians, we know that God loves us when we are born, while we are living, and after we have died.



# Non-Consensual Sexual Experience & HIV Education—An Educator’s View

by Cathy Kidman

Coordinator, Education and Prevention,  
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“Feelings are 100% okay,” I tell a group of thirty high school students.

They stare back blankly.

“Whatever you feel about whatever we talk about today is 100% okay.” They shift in their seats, eyebrows raised.

I know what they are thinking:

Feelings? I thought this was a class about AIDS?

The connection is easy to make.

“Today we’re going to talk about AIDS and HIV disease, which means we’re going to talk about things than can bring up a lot of different feelings.”

This list is familiar: people who have sex with a same-gender partner, drug and alcohol use, fear of infection knowing someone who is HIV-positive, being HIV-positive, and past or present sexual experiences.

I watch the faces and movements of the students. They are listening intently, particularly to the part about sexual experiences.

“Some of us haven’t had any sexual experiences. Some of us have had sexual experiences that felt good and were uncomfortable, or that we didn’t choose, or

that we were forced to have. I need to talk with you about HIV prevention, and that means I need to talk explicitly about forms of sexual intercourse that present a risk of transmission when preventive measures aren’t used. I know that for some of us, the information may be difficult or uncomfortable to hear because of our past or current sexual experiences. It’s okay.”

I look around the room. Arms and bodies are relaxing. Everyone is listening and making eye contact, including the few male and female students who, at the start of the class, were studiously observing the floor tiling.

## Consensual Sex Assumption in HIV/AIDS Prevention

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I began using the above approach in HIV/AIDS prevention workshops when I realized that the information I taught—information about anal intercourse, vaginal intercourse, and oral intercourse—mirrored for some individuals their abusive or non-consensual sexual experiences. In this article, sexual abuse is defined as a violation perpetrated by someone with power over someone who is vulnerable.<sup>1</sup> This violation takes a sexual form and may include physical, verbal, and emotional components. This definition is inclusive of the common names we give to sexual violation, including rape, date rape,

domestic violence, sexual assault, sexual harassment, incest, and sexual molestation. Every day, every minute, in the United States, individuals of both genders, of all sexual orientations, identities, races, and of all ages, are being forced to have sexual intercourse. Others are exchanging sexual activities in ways that are generally considered “consensual,” but that may, in fact, feel non-consensual. These activities may include, for example, exchanging sex for money, exchanging sex for a place to sleep, exchanging sex to keep a job, or agreeing to have sex out of a sense of obligation. For the purposes of this article, non-consensual sexual activity is defined as any form of sexual activity that may be or feel unwanted. Additionally, the word “victim” herein refers to a person who is presently being sexually abused or experiencing non-consensual sex. “Survivor” refers to a person who is no longer being abused or experiencing non-consensual sex.

In a May 1992 testimony to the National Commission on AIDS, Sex Information and Education Council of the U.S. (SIECUS), Executive Director, Debra Haffner, wrote:

It is also important for us to remember that not all adolescent sexual behaviors are voluntary. One in four girls and one in six boys report that they have been sexually assaulted. Recent studies report much higher rates of sexual intercourse among teens who have been abused, including higher rates of pregnancy and multiple partners.

Select Committee on Children,  
Youth, and Families, 1992<sup>2</sup>

It is extremely important for us to incorporate this knowledge into current HIV education efforts.

Much of HIV education, in fact, is derived from a “consensual sex assumption.” As an underlying

philosophy, it assumes that the majority of sexual activity is consensual and drives such prevention slogans as “Talk to your partner,” and “Using a condom is as easy as putting on a sock.” Safer sex education programs derived from a consensual sex assumption often have a “cheerleading” element, focusing on the pleasurable aspects of safer sexual behaviors. While positive aspects of sexuality are important to emphasize, the consensual sex assumption has shaped our current prevention efforts much to the exclusion of people who do not feel empowered in relationships, whose consensual sexual relationships are not pleasurable, and whose non-consensual relationships do not allow room for negotiation. The concept of negotiation itself is, in fact, based in a consensual sex assumption that individuals believe in their own power and rights and have a relationship in which those rights are respected.

## **HIV Education and the Survivor or Victim**

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According to the statistical reality of sexual abuse and non-consensual sex, every audience or group has individuals who have been sexually abused or have had relationships or encounters that involve non-consensual sex. For survivors and victims, HIV education—as well as sexuality education in general—can be an uncomfortable and threatening experience. It is my belief that the responses of individuals to HIV and sexuality education can sometimes be misinterpreted as erotophobic, sometimes even homophobic. Survivors and victims may not necessarily fear the erotic or fear homosexuality. They may, however, fear abuse and sometimes express it in educational forums. (See box entitled “Case In Point.”) Survivors and victims bring to prevention education workshops the experience of abusive or non-consensual sexual activity with opposite or with same-gender perpetrators.

For survivors and victims, the language and content in HIV education can trigger past or current experiences, and can lead to dissociating or even physical illness. For an individual who has been forced to engage in oral intercourse, a discussion about safer oral sex can be unsettling. In HIV and sexuality education trainings, survivors and victims may experience anything from vague feelings of discomfort, guilt, or shame to actual memories of abuse. It can be difficult to hear or absorb important HIV prevention information. Penis models or sexually explicit brochures, for instance, can be particularly troublesome for survivors and victims. A survivor in a safer sex workshop, conducted by another HIV educator, confided in me, “There were penises everywhere. I couldn’t think.”

## Understanding Behaviors

In addition to affirming feelings, HIV education needs to incorporate an acceptance of the behaviors of survivors and victims that is based on an understanding of the effects of sexual violation. Many of the effects of sexual abuse and non-consensual sex translate into behaviors that directly impact the survivor’s or victim’s ability to prevent HIV exposure. It is important to note that not all survivors or victims experience the same effects and behaviors. In fact, some behaviors can be supportive of HIV prevention. For example, survivors and victims may be sexually abstinent and may avoid alcohol and drug use. Others may strive for “perfection,” using safer sex to avoid “making a mistake.”

Behaviors inhibiting HIV prevention are many. Survivors and victims may experience a lack of boundaries around their bodies, and believe that what a partner wants is more important than what they want. Many feel shame or guilt about sexual activities, especially when sexual activities are pleasurable. Survivors and victims may be or may have

been involved in relationships which are abusive or in which an imbalance of power is notable. Survivors and victims may struggle with addictive or troublesome use of alcohol, drugs, food, and sex. Some believe that their worth is primarily sexual, which can result in exchanging sex for money, housing, or food. Survivors and victims may be unable to stay present during sexual activities, and may have the experience of not being in their bodies during sexual relations. Survivors and victims may be unwilling to touch their own bodies or a partner’s body. Many disregard their own health and minimize the danger and risks to their bodies. In general, survivors and victims find it difficult to ask for help, to state their own needs, or to accept help and support.

Rather than ask why an individual has multiple partners, or injects drugs, or cannot say “no” to a partner, or does not take care of his or her health, HIV education programs need to start with the accepting statement, “of course.” Of course survivors and victims engage in behaviors that are learned responses to past and current abuse. Acceptance means understanding that many of these behaviors in the lives of survivors and victims ensure their survival. For example, alcohol and drugs may be used to numb the reality of what happened or is currently happening, and can be a protective behavior against suicide or self-mutilation. One HIV-positive survivor told me that exchanging sex for money gave her the feeling of control over her body, and at that time in her life, she remembers feeling that her self-esteem increased. In her words, “It was better than either giving it away or having it taken. I felt like my body was worth something.”

HIV prevention education needs to avoid easy slogans. For example, “Using a condom is easy”; “If your partner won’t use a condom, than s/he’s not worth it”; “If you are not old enough to talk to your partner, you’re not old enough to have sex.” Survivors and victims carry a tremendous amount

of guilt and shame that is intensified by messages that contradict their reality. Using a condom is not easy if you fear touching your own body or someone else's. It may not be "worth it" to fight over a condom with a partner in a relationship that is non-consensual. A teenager who is forced to have sex may not be able to "talk to his partner." In most cases the adult perpetrator convinces the victim that the sexual abuse is consensual and the victim's fault. Victims and survivors who have not identified the abuse, or are currently being abused, may hear simple safer-sex slogans as indictments of their behavior.

## **Adapting HIV and Prevention Education**

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We need to acknowledge and affirm the feelings and behaviors of survivors and victims of sexual abuse and non-consensual sex within our education programs. We need also to review the current ways we teach HIV disease and ask, "What is this process like for the survivors and victims in this group?"

"Simple" skill building exercises like teaching people how to put a condom on a penis can be difficult for some survivors and victims. "Negotiation" role plays and activities exploring the names and type of sexual activity can also be difficult. Additionally, forced exercises—like matching individuals together for an activity—can be threatening for individuals who do not feel comfortable saying "no" or stating their needs. Finally, most exercises and activities contain an assumption that participants can both process and feel at the same time. One survivor told me, "It's later, after the fact, that I'm confronted with the feelings, and they can be full of self-doubt and self-abuse."

Incorporating sexual abuse and non-consensual sex into HIV education efforts requires modeling and accepting small, manageable steps that match the individual's feelings and behaviors. This kind of

work is similar to individual risk reduction counseling. Individuals in the groups I teach often say that they feel "safe" and "included." Some begin to make connections for themselves about how best to prevent HIV infection. One workshop participant "ran away" from a current relationship. Another requested a referral to start therapy. One 12-year-old girl wanted information about HIV antibody testing and counseling because she had been sexually assaulted by an adult male acquaintance. For some participants making the connections may mean taking home a condom or latex barrier and practicing with it. While many individuals disclose that they are survivors or victims after or during HIV prevention education classes, many do not. The goal of this work is to help individuals identify their own risk behaviors for HIV, and not to label individuals as survivors or victims.

Effective education and prevention approaches must be based in the survivor's and the victim's perceptions of personal feelings, sexual experiences, and behaviors. HIV education must begin by addressing the discrepancy between the goals of current prevention education (perfect communication, perfect safer sex practice, perfect comfort with sexuality) and the abilities of survivors and victims of sexual abuse and non-consensual sex. When the reality of feelings, sexual experiences, and behaviors is not affirmed or acknowledged, survivors and victims of abuse can leave an HIV education program feeling more powerless than before, feeling more isolated and different. They may leave less likely to utilize critical prevention information. The challenge is to acknowledge the protective value of behaviors in which survivors and victims engage, while gently assisting an understanding that those behaviors can lead to a risk for HIV infection. It is not hopeless. Survivors and victims are tremendously resourceful. It is simply recognizing where, as HIV prevention educators, we need to begin.

## Case In Point

Homophobic responses to HIV and sexuality education can sometimes be an indication of past or current abuse by a same-gender perpetrator, whether or not the abuse is remembered or identified. A male student in a class I worked with became extremely upset when he learned that an HIV-positive gay male speaker would be coming to talk. His language was clear, hostile, and unacceptable: “If that faggot comes near me, I’ll beat him up.” The teacher’s first approach was to address what she considered to be the underlying cause of the student’s response—fear of homosexuality. As the other students listened, she assured him, “Just because a man is gay, does not mean he will be attracted to you.” The student was not convinced and continued to be extremely fearful and vocal about it. The teacher then responded to the student’s fear of being touched. She let the student know that inappropriate touch was not okay, and that in her classroom he would be physically and emotionally safe. They had a mutual discussion about personal space and boundaries. The student became calmer and seemed satisfied.

What then followed was an open discussion, not about homosexuality, but about abuse. The student who was afraid of being touched inappropriately, as well as the other students, initiated a conversation about past sexual abuse.

The teacher gently discussed the difference between abuse by a same-gender perpetrator and homosexuality.

Sexual abuse has to do with power and inappropriate sexual attention on the part of the perpetrator. It has to do with violation and assault. Sexual abuse perpetrators can be male or female, homosexual or heterosexual [or bisexual]. Most sexual abuse perpetrators, however, identify as heterosexual, regardless of the gender of their victims. The choice of a victim by a perpetrator is often determined by the availability of the victim, not by gender. In contrast, SIECUS defines sexual orientation as one’s erotic, romantic, and affectional attraction to persons of the same gender, the opposite gender, or both. Sexual abuse perpetrators, victims, and survivors can identify as either heterosexual, homosexual, or bisexual, which are believed to be formed independent of the abuse.

It is important to note that fear of abuse and fear of homosexuality are not the same thing, although the manifestations of fear can be similar. Survivors and victims of same-gender perpetrators (as well as others) may have difficulty sorting through the distinctions in a culture that offers no positive, healthy images of homosexuality and that does not promote precise definitions and clear explanations about sexual abuse or sexual orientation.

## Tips for Incorporating Awareness of Sexual Abuse and Non-Consensual Sex into HIV Education and Prevention Programs

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- Assume that every group has participants who are survivors or victims of sexual abuse and non-consensual sex. Understand and accept that some participants may currently be engaging in behaviors that put them at risk for HIV infection due to past or current abuses.
- Establish ground rules or boundaries of safety. Acknowledge that the content of the program can bring up feelings for participants. Let participants know that there are no good or bad feelings. All feelings are 100% okay. Let participants know that feelings “just are,” and it is the behaviors that are negotiable. Affirm for participants that feelings can come up before, during, and after the workshop. Urge participants to take care of themselves and make a list of referrals available.
- Have a policy of no surprises. At the beginning of the program let participants know the sexual terminology you use in the workshop (i.e., penis, rectum, anal intercourse, vaginal intercourse, oral intercourse, etc.). Also disclose the specific content of the program (i.e., condom demonstration using fingers, penis model, etc.). Understand that realistic models, as well as explicit discussion of sexual activity, can trigger intense discomfort, feelings, memories, or dissociation for survivors and victims. Reaffirm and acknowledge feelings throughout the discussion of sexual transmission and prevention.
- Avoid focusing on terms such as sexual abuse, incest, rape, date rape, etc. For many people these labels are threatening. Often survivors and victims do not identify what has happened, or what is currently happening, as abuse. Use less-threatening terminology, such as “forced sex,” “sex we didn’t choose,” “sex because you feel obligated.” This language allows participants to identify with their own behaviors and experiences without judgment or threat.
- Avoid language that labels sexual behavior. Do not use words like “promiscuous,” “slut,” “prostitute,” “easy,” “stud,” “hustler,” etc. These labels only trigger shame, especially for survivors who have been verbally abused.
- Focus on feelings and behaviors. Avoid replicating what sometimes occurs in substance abuse/alcohol awareness programs in which the focus sometimes remains with the substance rather than the underlying behaviors. Give the issues a context (i.e., “Some of us have been out on a date and been forced to have sex that can put us at risk for HIV infection. What might I do to keep myself safe in that situation?”).
- Avoid easy prevention slogans (prevention by bumper sticker) and statements that convey blame, shame, or guilt.
- Be patient in explaining the differences between sexual abuse and sexual orientation. Homophobia is everywhere, and many people confuse same-gender perpetrators with homosexuality.
- Understand that some survivors and victims have been or are currently forced to engage in sexual activity with animals.

Respond seriously and gently to all questions regarding the transmission of HIV between animals and humans.

- Examine the process of each workshop. Incorporate without judgment the behaviors of survivors and victims that assist and inhibit HIV prevention into teaching exercises and role plays.

### Author's References

1 Davis, L. *Allies in Healing* (New York: Harper Collins), 1991.

2 Haffner, D. "Youth Still at Risk, Yet Barriers to Education Remain." *SIECUS Report*, Vol. 21, No. 6, October/November 1992.

*Cathy Kidman, a survivor herself, worked in domestic violence and rape prevention before joining the staff of The AIDS Project in Maine.*

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## Sample Letter to Parents

Dear Parent,

As a generation, we have to face the fact that Acquired Immune Deficiency Syndrome (AIDS) threatens the survival of our children and youth. Confronting this health threat is not easy. It requires dealing with issues of personal behavior that we may not be accustomed to discussing or that we may feel ill prepared to discuss. It requires that those of us who are adults become knowledgeable about AIDS so that we can be truly helpful to our children and youth.

As much as we might prefer to gradually nurture our children's understandings of sexual relationships and drug use, including alcohol, we are confronted with the possibility that ignorance about sexual matters and the dangers of drug use can lead to behavior that can threaten their lives. **The stakes are too high to permit us to be silent or to pretend this global epidemic does not affect our lives and the lives of those we love.** The potential loss of life requires that we give our children and youth the information they need to protect themselves from Human Immunodeficiency Virus (HIV), the virus that causes AIDS.

As Christians we have a commitment to enhancing human life. This means teaching and learning about AIDS within a context shaped by our love of God and one another. We need to affirm the goodness of all creation, God's gift of human sexuality, the value of each individual person, and the holy nature of responsible, mutual relationships. Our commitment to Christian values, including compassion and ethical decision making, must inform our educational efforts. We also have a responsibility to create an environment in which honest, respectful dialogue about difficult issues related to AIDS can take place.

The Office for Health and Wholeness Advocacy, Wider Church Ministries (WCM) has offered assistance to our congregation and our families by creating a curriculum for comprehensive AIDS Awareness and Prevention Education for people of all ages in the local church. **This age-appropriate curriculum has one primary purpose—to save human lives.** These materials were developed by trained AIDS educators and incorporate educational approaches that have been demonstrated to be effective in HIV/AIDS education.

Having reviewed this new educational resource, the Committee of our congregation has recommended that these materials be used as the basis of an AIDS Awareness and Prevention Education program at Church during the coming months.

We want to create a supportive environment in which all of us—adults, youth, and children—can learn about AIDS. **As a parent, your commitment to being a partner in this learning process is vital.** Not only is it important for you to have factual information, but all of our children and youth need to know that

parents, and other adults in the congregation, are knowledgeable and willing to nonjudgmentally talk with them about their AIDS-related questions and concerns.

The curriculum, which is designed for use in two-year cycles, begins with an Adults Learning Series (for people 18 years of age and older). Parents and church school teachers are encouraged to participate in the Adults Learning Series. Following the Adults Learning Series, parents will be asked to attend an additional Parents Learning Series. In that series, materials to be used with children and youth will be introduced and ways that parents can enhance their children's AIDS learning experience will be explored. After the Adult and Parents Learning Series have been completed, the Learning Series for children (preschool–6th grade) and youth will be offered.

**Enclosed with this letter is a complete schedule for implementation of the AIDS Awareness and Prevention Education program.**

It is important for teachers and parents to be partners in this life-saving educational venture. We urge you to join us in attending the Adults Learning Series and to participate in the Parents Learning Series.

If you would like to review the materials designed for use with your child and to discuss the educational opportunity this curriculum presents for your child, please contact [name of Christian education director or teacher of specific Learning Series] for an appointment.

Through this educational program and our mutual efforts, we can save lives. If we do the difficult work now of confronting the sensitive issues surrounding HIV/AIDS awareness and prevention, we may be the first and last generation to have to do so.

We all want our children to have a future. We must give them the information and skills they need to protect and sustain their lives so that a healthy and hopeful future is a real possibility for them.

Sincerely,

*NOTE: A version of this letter should be signed by the teacher(s), pastor(s), and the chair of the Christian Education committee. It may be adapted for use as a general informational letter to the entire congregation.*



## How to Gather Statistics on HIV and AIDS

Before deciding how to use *Affirming Persons—Saving Lives* in your local church, find out the extent of the AIDS pandemic in your state, county, and municipality as well as in the nation. The AIDS Coordinator of your local or state health department can provide you with reported and estimated statistics on AIDS.

Make copies of the “Current Statistics on AIDS” worksheet. Be sure to return the original copy to the Curriculum Binder for future use. Use the photocopies to record the statistical data being gathered.

Update this information quarterly or every six months. Provide these statistics to Learning Series teachers and to others in the congregation by publishing them on a church bulletin board. You may wish to ask one or two persons—perhaps an adult and a youth working together—to gather and share updated statistics regularly.

Whenever a new statistics worksheet is completed, put a copy in the Curriculum Update Binder. Do not discard the old sheets. Keep them in one section of the Update Binder as evidence of the evolution of the epidemic in your community, county, and state as well as in the nation.

Remember that governmental statistics include only cases of Diagnosed AIDS reported to the local or state health department or to the U.S. Centers for Disease Control and Prevention (CDC). They do not

include unreported AIDS cases. Also, state, county, and municipal statistics reflect only the number of AIDS cases actually diagnosed within that state, county, or municipality. They do not include those individuals who were diagnosed with AIDS elsewhere and have returned to your state, county, or municipality for care and support. The statistics worksheet provides space for recording both the reported and the estimated numbers of Diagnosed AIDS cases in your geographical area.

The government does not keep statistics on how many people actually have HIV infection, but *estimates* are made. The statistics worksheet provides space for recording these estimate numbers.

Your local or state Health Department will consult the *HIV/AIDS Surveillance Report*, published quarterly by the U.S. Centers for Disease Control and Prevention, for national statistics regarding the AIDS epidemic. For a free single copy of this report, you may call the National AIDS Clearinghouse at 1-800-458-5231. Individuals or organizations may be added, without charge, to the mailing list for the *HIV/AIDS Surveillance Report* by writing to: U.S. Centers for Disease Control and Prevention.

WORKSHEET

*Current Statistics on AIDS*

Worksheet Completion Date: \_\_\_\_\_

Compiled by: \_\_\_\_\_  
\_\_\_\_\_

The following statistics are current as of: \_\_\_\_\_  
(Date)

**Diagnosed AIDS cases in:**

_____	_____	_____
(State)	(Reported Cases)	(Estimated Number)
_____	_____	_____
(County)	(Reported Cases)	(Estimated Number)
_____	_____	_____
(Municipality)	(Reported Cases)	(Estimated Number)

**Estimated number of persons living with HIV in:**

_____	_____
(State)	(HIV Estimate)
_____	_____
(County)	(HIV Estimate)
_____	_____
(Municipality)	(HIV Estimate)

**AIDS-related deaths, to date, in:**

_____	_____
(State)	(Number of Deaths)
_____	_____
(County)	(Number of Deaths)
_____	_____
(Municipality)	(Number of Deaths)

*National Statistics*

**Diagnosed AIDS cases reported nationwide as of:**

_____	_____
(Date)	(Number of Cases)

**AIDS-related deaths reported nationwide as of:**

_____	_____
(Date)	(Number of Cases)

Sources of this data: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes or additional information of interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Synopsis of the Curriculum DVD

The videos for *Affirming Persons—Saving Lives* are now available on DVD. The DVD contains two videos, “Learning about AIDS” and “. . . in the day of adversity.”

### **“Learning about AIDS”**

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*28 min., color, 1993.* This teaching video offers a comprehensive presentation of the basic information about HIV and AIDS. Topics covered include HIV infection, HIV antibody testing, living with HIV or AIDS, HIV transmission and prevention, safer sex practices, and how HIV is not transmitted.

This video was designed as an optional resource for use with Session II of the Adults Learning Series. It may also be used in Session II of the Youth Learning Series.

### **“. . . in the day of adversity”**

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*44 min., Color, 1993.* The human costs of AIDS are revealed in this video of interviews with David, Barbara, Ron, Jorge, and Pat, persons living with HIV or AIDS. By sharing their personal stories, these individuals—several of whom are members of the United Church of Christ—take the viewer on a journey through the multicultural realities of living with fear and hope, grief and determination, despair and faith.

This video was designed for use with Session V of the Adult Learning Series. A portion of the video, the interview with 21-year-old David Kearns, has been incorporated into Session IV of the Youth Learning Series.

### **A Resource for All Teachers**

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Both of these videos are a valuable resource for *Affirming Persons—Saving Lives* Learning Series teachers. As such, they should be considered part of the Teacher Support Resources. Viewing them as part of your preparation for teaching will deepen your understanding of factual information and some of the personal aspects of the AIDS pandemic. Your ability to respond to questions or concerns raised by your students may be enhanced in important ways.