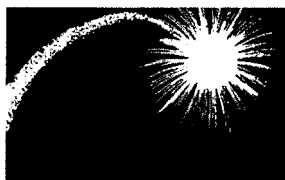


High School FLASH



Grades 9-12

3rd Edition

Authors

Andrea Gerber, Lead Author

Kari Kesler, Lead Author

Mo Lewis

Rebecca Milliman

Becky Reitzes

Public Health

Seattle & King County

Printed in July 2020

Advisory Team for High School FLASH, 3rd edition

Pascale Alcindor, MS
Sonia Blackiston
Debra Christopher, MS
Bonnie J. Edmondson, Ed.D
Nora Gelprin, MEd
Jason Halbert
April Pace, JD

The following individuals provided consultation on this 3rd edition

Tatum Bishop
Erin Casey, PhD, MSW
Debra Christopher, MS
Laurie Dils, MSW
Charissa Fotinos, MD
Nora Gelprin, MEd
Matt Golden, MD, MPH
Lindsey Hoskins
Jaq Kainz
Heather Maisen, MSW, MPH
Marissa Rathbone, MAT
Lori A. Roller, MSW, MPH
Suzanne Schrag
Annika Shore, MPH
Hadija Steen Mills
Shambricia Spencer
E. Cooper Stodden

Authors of previous High School FLASH editions

Beth Reis, MS, Lead Author
Cathy Aby, BS
Andrea Gerber, MEd
Kari Kesler, MA
Mo Lewis, BA
Rebecca Milliman, MSW
Brett Niessen, MPH
Becky Reitzes, MA
Beverly Sims, BA
Celia Thomas, BA

About the Authors

FLASH is created and owned by the Family Planning Program of Public Health - Seattle & King County. The Public Health Family Planning Health Education team partners with communities, schools and other Public Health programs to implement science- and evidence-based interventions that reduce unintended pregnancy, teen pregnancy, STD rates and sexual violence. In addition to publishing FLASH, they provide training for local and national audiences on best practices in the reproductive health field and ensure access to family planning clinical services in King County.

Andrea Gerber, MS Ed has been a Family Planning Health Educator with Public Health - Seattle & King County for over 20 years. Andrea's work has focused on improving reproductive and sexual health outcomes through direct education, training, and improving access to clinical services. She has delivered sexual health education lessons in elementary, middle and high school classrooms, and is a co-author of the most recent edition of Washington State's HIV prevention curriculum.

Kari Kesler, MA has been a Family Planning Health Educator with Public Health - Seattle & King County for over 10 years. Kari has also worked as a sexual violence prevention educator and as a college instructor. She has designed and led projects designed to lower teen pregnancy, STD and HIV rates in various communities. Kari has delivered sexual health education lessons in elementary, middle and high school classrooms and is a co-author of the redesigned KNOW curriculum, Washington State's HIV prevention curriculum.

Mo Lewis is the Prevention Specialist at the National Sexual Violence Resource Center, is the co-founder of the Violence Prevention Coalition in King County and is a co-author of the High School FLASH curriculum. Mo holds a degree from the University of Washington and has worked in the field of sexual assault prevention for 9 years. Before shifting to sexual violence prevention, Mo worked in the field of HIV prevention with a particular focus on youth empowerment within the LGBTQ community.

Rebecca Milliman, MSW is the Prevention and Education Coordinator at the Harborview Center for Sexual Assault and Traumatic Stress in Seattle, WA. She works with youth and adults to prevent sexual assault, promote healthy relationships, and create safer communities. Rebecca is a co-founder of the Violence Prevention Coalition and a co-author of the High School FLASH curriculum. Rebecca received a B.A. in Sociology from the University of Virginia and a Master of Social Work from the University of Washington.

Becky Reitzes, MA has been a Family Planning Health Educator with Public Health - Seattle & King County since 2001, where she has worked to institutionalize sexual health education and reduce teen pregnancy and STD rates across King County. Becky has over 15 years of experience in providing professional trainings, conducting community outreach and in developing culturally relevant materials and curricula. She has delivered sexual health education lessons in elementary, middle and high school classrooms and is a co-author of the redesigned KNOW curriculum, Washington State's HIV prevention curriculum.

High School FLASH, 3rd edition

3rd Edition, entitled High School FLASH

Copyright© March 2015
The County of King, by and for
Public Health - Seattle & King County, Family Planning Program
Revised December 2015

2nd Edition, entitled High School FLASH

Copyright© January 2011
The County of King, by and for
Public Health - Seattle & King County, Family Planning Program

9/10 & 11/12 FLASH

Copyright© 2010, 2006, 2005, 1989, 1988
The County of King, by and for
Public Health - Seattle & King County, Family Planning Program

4/5/6 FLASH

Copyright© 2005, 1988, 1985
The County of King, by and for
Public Health - Seattle & King County, Family Planning Program

7/8 FLASH

Copyright© 2006, 2005, 2002, 1988, 1986
The County of King, by and for
Public Health - Seattle & King County, Family Planning Program

Special Education: Secondary FLASH

Copyright© 2006, 2005, 1991
The County of King, by and for
Public Health - Seattle & King County, Family Planning Program

Acknowledgements

We are very grateful to the organizations that have loaned staff time to the development of the 3rd edition of High School FLASH: Harborview Center for Sexual Assault and Traumatic Stress, King County Sexual Assault Resource Center, and ETR Associates.

Critical support and consultation for various levels of FLASH has been provided for both this and previous editions by many talented individuals:

Robyn Achilles	Rae Hanashiro	Bill Neal	Becky Thibodeaux
Caren Adams	Margaret Hansen	Dorie Nelson	Sarah Thomas
Sara Ainsworth	H. Hunter Handsfield, MD	Ray M. "Bud" Nicola, MD	Jack Thompson
Py Bateman	Vivien Hanson, MD	Laura Pagel Olin	Pam Tollefsen
Stephanie Ballasiotes	Bonnie Harding	Corine Olson	Dani Wong Tomiyasu
June Beleford	Karen Hartfield	Norman Ose	Bud Turner
Gene Bellan	Judy Hill	Deborah Oyer, MD	Jan Waggoner
Jeryn Beringsmith	Pamela Hillard	Lindsay Palmer	Billie Wallace
Robert Bidwell, MD	Sally Hooper	Mary Paradise	Helen Walsh
Sherry Bloomer	Kelly Riggle Hower	Karen Paulson	Rev. Bob Ward
Jean Borth	Alice Houston, PhD	Mary Pavak	Toni Weschler
Jeff Boudreau	Alice Hurley	Michelle Pennylegion	Nancy Welton
Peter Browning	Jeff Ing	Rebecca Perbix	Lois Werelus
Sylvia Bryant	Ellen Jeffcott	Bruce Perham	Jeri White
Nancy Bush	Pat Jewell	Irene Peters, PhD	Kathi Whittaker
Gladys Button	Nova Jones	Ellen Phillips-Angeles	Ed Williams
Nadine Byers	Nancy Kain	Maia Piccagli	Kathy Williams
Anke Capelle	Karli Kaiser	Frank Plouf	Paul Witt
Frank Chaffee	Margo Kearney	Alonzo Plough, PhD	Bob Wood, MD
John Cheh	William Kendrick, PhD	Ed Putnam	Maria Wood
Sandy Ciske	Celia Keroff	Janet Ralston	Melinda Yorita
Linda Coleman	Jan Kubota, ARNP	Bill Rasplia	Meredith Zeltner
Bob Collins	Elizabeth "Rae" Larson	Maureen Reid	
Carla Collison	Deanne Larsen	Karlista Rickerson, ARNP	Students and staff in these
Maureen Considine, ARNP	Nicole Lassiter, ARNP, CNM	Robbie Rigby	school districts: Bellevue,
Elaine Cummins	John Leonard	Debbie Robertson	Federal Way, Highline, Kent,
Doug Danner	Shari Levine	Barbara Roundy	Montesano, Seattle,
Cindy Davis	Cindy Linstad	Pastor Phil Rue	Tahoma, Vashon Island
Anne Dennis	Carolyn "Libbey" Livingston	Elaine Ruppert	(Washington), Portland,
Gordon Dickman	Jan Loreen-Martin	Ann Ryder	Vernonia (Oregon) & at
Mike Dowd	Linda Lou	Julie Sarkissian	Bellarmine Preparatory
Ann Downer	David Lurie	Sara Savage	School of Tacoma
Deeney Dudley	Roxanne Hood Lyons	Lois Schipper	
Carol Dunphy	Molly MacGregor	Nancy Schub	
Curt Firestone	Heather Maisen	AmyShumann	
Denise Fitch	Robert Marks	Taraneh Shafii, MD, MPH	
Rev. Bob "Fitz" Fitzgerald	Ronnie Martin	Kathy Silverman	
Tony Fore	Susie Martin	Tony Silvestrin	
Mary Lila Gary	Mike Maryanski	Nancy Skinner	
Heidi Geise	Cam McIntyre, MD	Kathleen Smith	
Helen Glad	Susie McIntyre	Loren Smith	
Jim Glick	Judith McKoy, PhD	Ben Snowden	
Connie Gold	Tara Melinkovich	Donna Spriggs	
Matthew Golden, MD	Carole Miller	Kathleen Stine, ARNP	
Clover Gowing	Lynne Miller	Laurel Stitzhal	
Miriam Gray	Karen Monastersky	James Stout, MD, MPH	
Janine Green	Geoff Morgan	Sally Silver Stratton	
Sandy Griego	Lenore Morrey	Kaden Sullivan	
Da3rick Gross	Sara Moser	Tess Sweeney	
Terry Hahn	Milly Mullarky	Sharon Tambellini	
Vonnis Hamel	Anyia Nartker	Dorothy Teeter	

Medical Review

The following physicians provided medical review for the 3rd edition of High School FLASH. Medical reviewers for previous editions of FLASH can be found under Acknowledgements.

Julie Dombrowski, MD, MPH, Deputy Director for Clinical Services, Public Health - Seattle & King County, HIV/STD Program; Assistant Professor, Medicine and Allergy & Infectious Diseases, University of Washington; and Co-Director, UW Public Health Capacity Building Center

Charissa Fotinos, MD, Deputy Chief Medical Officer, Health Care Authority of Washington, Clinical Associate Professor Department of Family Medicine, University of Washington

Matthew Golden, MD, MPH, Medical Director, Sexually Transmitted Disease Clinic, Public Health - Seattle & King County, and Assistant Professor of Medicine, Center for AIDS and STD / Allergy and Infectious Diseases, University of Washington, Seattle

Contact Us

High School FLASH, 3rd Edition, and Middle School FLASH, 2nd edition, are also available in an online format. To use the Lesson Selection Tool or to purchase a license to use the online curriculum:

www.etr.org/flash/

To order professionally-printed hard copies of FLASH:

www.etr.org/flash/order-now/

For questions about the curriculum and ordering:

FLASH@kingcounty.gov

For questions about training:

FLASHTrain@etr.org

To download free FLASH lessons at the elementary and special education levels:

www.kingcounty.gov/health/health

Updates

Keep your FLASH binder current by subscribing to be notified of changes.

Go to www.kingcounty.gov/health/flash and click on the link that says, "Receive email updates about lessons edits and other important FLASH news."

Funding

Funding for various aspects of the curriculum has been provided over the years by Public Health - Seattle & King, by private foundations, and by County U.S. Department of Health and Human Services Grant# 2 FPHPA 100029.

Funding for translation of the High School FLASH Family Homework was previously provided by Center for Health Training with funding from Mathematica Policy Research, Inc. under contract to the U.S. Department of Health and Human Services (DHHS), Administration for Children and Families (ACF), Family and Youth Services Bureau, with the support of the DHHS ACF Office of Planning, Research, and Evaluation.

What's New in the 3rd Edition?

High School FLASH has been redesigned to make it more teacher friendly and to better achieve the goals of the curriculum:

- Preventing teen pregnancy
- Preventing STDs including HIV
- Preventing sexual violence
- Improving family communication
- Increasing knowledge about sexual and reproductive health

Standards

The 3rd edition of High School FLASH has been aligned to the CDC's National Health Education Standards for Sexual Health (HECAT) and the National Sexuality Education Standards. Each lesson lists the standards that are covered in that lesson, and a whole curriculum alignment grid is provided for both sets of standards.

Lesson Selection Tool

Schools who opt not to teach High School FLASH in its entirety can utilize the Lesson Selection Tool to sort lessons by the standards that are covered, or by the behavioral goal they are trying to impact, such as lowering teen pregnancy rates or decreasing sexual violence. Visit www.etr.org/flash/curriculum/lesson-planning-tool/ to use the tool.

Assessments

Each lesson now contains assessments based on the standards it is aligned to. Additionally, each lesson concludes with an exit ticket activity, for on the spot assessment of material covered that day.

Layout

The lessons now begin with a brief summary, so teachers can see at a glance what the lesson covers. Additionally, a timed table of activities is provided on the first page, to assist teachers in staying on track and help them easily see where the bulk of the time on each activity is dedicated. Teacher scripting has been clearly demarcated from lesson instructions, to make the lessons easier to follow. In the online version, scripting can be hidden completely for teachers who are experienced users of the lesson.

School Environment

The new culminating lesson focuses on improving health across the school community through the use of a social norms campaign. Influencing the entire school environment improves the efficacy of the curriculum, improving its ability to lower rates of pregnancy, STDs and sexual violence.

Curriculum Contents

Introduction and Credits

Lesson Plans

1. Reproductive System
2. Pregnancy
3. Undoing Gender Stereotypes
4. Healthy Relationships
5. Coercion and Consent
6. Online Safety: Sexual Violence Prevention
7. Abstinence
8. Birth Control Methods
9. Preventing HIV and other STDs
10. Condoms to Prevent Pregnancy, HIV and other STDs
11. Testing for HIV and other STDs
12. Communication and Decision Making

Appendices

1. Letters to Families Introducing High School FLASH
2. Laws Relevant to a Sexual Health Unit
3. Recognizing and Reporting Sexual Abuse and Assault
4. Guidance for Utilizing Guest Speakers

Goals & Philosophy of FLASH

The FLASH curriculum is designed to prevent teen pregnancy, STDs and sexual violence, increase family communication, and improve young people's knowledge about sexual and reproductive health. FLASH is a comprehensive curriculum, emphasizing abstinence, condoms and birth control to prevent pregnancy and STDs. FLASH lessons prepare students to:

- Successfully navigate puberty
- Abstain from sex
- Use condoms and birth control when they do have sex
- Confirm consent before engaging in sexual activity
- Report sexual abuse
- Communicate with their family about sexual health
- Make decisions that minimize risk to their sexual health
- Seek medical care in order to take care of their reproductive health

Theoretical Basis for FLASH

The FLASH curriculum is based on the Theory of Planned Behavior. It is designed to support young people in making healthy choices: abstain from sex, use protection when they do have sex, seek health care when they need it, communicate effectively with their families, and respect other's decisions not to have sex.

The Theory of Planned Behavior posits that the combination of attitudes toward behavior, subjective norms, and self-efficacy shape an individual's behaviors. As such, FLASH includes a variety of strategies designed to create positive attitudes, beliefs and norms and to build skills and self-efficacy in order to reduce rates of pregnancy, STDs and sexual violence.

- There are activities that focus on building positive attitudes about abstinence, condoms, birth control and puberty
- There are activities that focus on building positive peer norms about abstinence, condoms, birth control and respecting other's decisions not to have sex
- There are activities that focus on building self-efficacy, by teaching skills and offering ample and appropriately scaffolded practice, so that students can have the experience of successfully using the new skill

The sexual violence prevention lessons are further based on the Social-Ecological Model and the Confluence Model. The Social Ecological Model addresses factors at the (1) individual, (2) relationship, (3) community, and (4) society levels that put people at risk of experiencing violence as a victim or perpetrator. FLASH focuses primarily on the levels 2, 3 and 4. The use of scenarios, introspective work and social norm re-setting addresses these levels. Visit the [CDC's Violence Prevention](http://www.cdc.gov/violenceprevention) website for more information.

The Confluence Model of Sexual Aggression has long been used to explain sexual violence, but has only recently begun to be applied in the realm of prevention. This model posits that adverse developmental experiences during childhood have a detrimental impact on the ways in which individuals view themselves and others, and their ability to form meaningful and healthy

relationships. In particular, these experiences can lead to a rigid, violent and objectifying view of women, which is a significant risk factor for perpetrating sexual violence (CDC). FLASH addresses this risk factor by focusing heavily on increasing respect for all genders and breaking down harmful gender stereotypes.

Recommended Policy, Procedure & Practice

TEACH ACCURATE INFORMATION

Sexual health education instruction should be medically and scientifically accurate. Sources of reliable information include government agencies (e.g., the U.S. Centers for Disease Control and Prevention, your state or local health department), major universities, and the peer-reviewed journals and websites of major national professional associations. Materials should be reviewed for accuracy on a regular basis as science continually evolves.

TEACH AGE APPROPRIATE CONTENT

Sexual health education instruction should be age appropriate and should anticipate students' growth and development. Content and skills should be taught before students will need them in their own lives, when possible. There is no risk that introducing material before students are sexually active will hasten their sexual debut. The American Academy of Pediatrics reports that "There is no evidence that increased sexual knowledge ... affects the likelihood of adolescents having sexual intercourse at a younger age."¹

TEACH IN WAYS THAT INCLUDE EVERY CHILD

In sexual health education it's crucial to validate and affirm every student with conscious regard for the probable diversity in the room including aspects of diversity that may not be readily apparent. Students will be much more able to personalize health information and acquire new skills if they feel seen and respected for their genders and gender identities, races and ethnicities, abilities and disabilities, sexual orientations, and varying body types.

TEACH IN THE USUAL CO-ED SETTING

Teaching sexual health education in co-ed classrooms has many advantages. It ensures that all students are receiving the same information, in the same way, thus decreasing any sense of secrecy associated with these topics. The experience of respectful discussion in a co-ed classroom cuts down on disrespectful communication between genders when students have less supervision, such as in hallways, recess, cafeteria, and outside of school etc. It prepares all students to communicate about sexual health related topics with a future partner, regardless of their gender. It supports sexual violence prevention by not creating false distinctions between men and women. And finally, it does not place an undue burden on gender variant and transgender children to choose a classroom to affiliate themselves with.

PREVIEW VISUAL AIDS

It's important to preview any YouTube or other films before showing them in class, including those recommended within this curriculum. Previewing is important regardless of a film's subject matter, both to ensure teachers are familiar with the content and to address any technological difficulties.

TEACH COMPREHENSIVELY

The most effective sexual health education programs take a comprehensive approach, teaching about abstinence, birth control and condoms. The FLASH curriculum reinforces the national norm that the majority of teens do, in fact, abstain from intercourse. It teaches the refusal skills needed to effectively use abstinence. The FLASH curriculum also teaches the benefits of birth control, including condoms. It teaches skills needed to use birth control effectively, including condom use skills and skills in accessing health care. It promotes positive attitudes and positive peer norms about birth control, condoms and abstinence.

DISPLAY BIRTH CONTROL METHODS

Best practice in middle and high school is to show and handle the actual birth control methods, including condoms, in order to model your comfort with them. In middle school, people need to learn the steps for correct condom use. In high school, students should practice doing those steps in class. Students in both middle and high school should be allowed to handle other birth control methods.

MANAGE SEXUAL HARASSMENT, INTIMIDATION, AND BULLYING

Best practice is to establish in the beginning of a semester that the learning community will be harassment-free. Students can better learn this sensitive material in a safe and supportive environment. Every class has students who have experienced sexual abuse or rape, as well as students who have suffered other traumas related to their sexuality. The sexual health education classroom must not be a site of further trauma. It is important to treat bullying that is based on gender, sexual orientation, or gender identity with similar gravity and consequences as you would any other bullying.

PARTNER WITH FAMILIES

Families are children's first and most important sexuality educators. Research has shown that when parents value delaying sex and using contraception and when they communicate with their child about sexuality openly and comfortably, the child is less likely to take sexual risks. Hence, one of the goals of the FLASH curriculum is to foster increased communication between students and their families about dating, relationships and sexual health. Families should also receive adequate notice in advance of the sexual health unit so that they can preview materials, ask any questions they have, and choose whether or not their child will participate. Parents who have concerns should be invited to silently observe a class in which their child is not participating.

EXCUSE STUDENTS

In many states, families have the right to excuse their child from planned sexual health lessons. FLASH considers that best practice. Families who choose to have their student excused can be offered FLASH lessons and Family Homework activities to use at home if they wish. Best practice is for teachers to handle the student's leaving class in a discreet and respectful way and to give them meaningful alternative work to do elsewhere.

ANSWER ALL QUESTIONS

It's the philosophy of the FLASH curriculum that every student's question deserves an accurate, age-appropriate answer. Sometimes students ask questions in crude or shocking ways out of anxiety, peer pressure or to testing limits. Treating all questions seriously changes the climate quickly to a more mature one. Guidelines for handling questions follow in this Introduction.

PROTECT STUDENTS' PRIVACY AND SEEK HELP WHEN APPROPRIATE

It is important to keep student disclosures and personal information confidential within legal boundaries. Never reveal one student's private information to another student. Talk with another staff person only in private and only when necessary. If students disclose information that requires a report to Child Protective Services, afford the student as much control as possible. Invite the student to do the telling themselves, if they prefer, with the teacher present for support and to ensure that it happens. Disclose only what is necessary.

Reproductive System

Grades 9-12, Lesson 1

Summary

Using visuals, the teacher describes the external and internal reproductive organs, while students follow on their worksheets. The class concludes by identifying organs and structures with similar roles.

Student Learning Objectives

The student will be able to ...

1. Name the parts of the human reproductive system.
2. Describe the path of an egg during the menstrual cycle.
3. Describe the path of a sperm during ejaculation.
4. Recognize that there is a wide range of normal anatomy.

Lesson Timing

Warm up	Bell work + 3 minutes
Purpose of lesson	2 minutes
Describe reproductive organs	25 minutes
Wrap up lesson	7 minutes
Assign homework	
Exit ticket	5 minutes

FLASH Key Concepts

People's bodies can look very different from each other. These differences are normal and healthy.

The reproductive systems of males and females have many similarities.

Standards

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.37	Summarize the relationship between the menstrual cycle and conception.

Rationale

Knowledge of the reproductive system helps students better understand later lessons on pregnancy, birth control, STDs and HIV. This lesson is primarily intended to be a review of previously covered material.

The National Sexuality Education Standards cover the reproductive system only at younger grades, with one standard on sexual response at the secondary level. The National Health Education Standards (SHECAT) related to the reproductive system at the high school level have to do with understanding the relationship between the menstrual cycle and conception and respecting individual differences in growth and development.

This lesson revisits standards for lower grades, and covers the high school standards on the menstrual cycle, the human sexual response cycle, and respecting individual differences in sexuality, growth and development.

This lesson emphasizes similarities between the reproductive anatomy of most men and women. The purpose is twofold:

- First, it creates a schema for better comprehension (e.g., egg and sperm are both sex cells; the ovaries and testicles both produce sex hormones; the fallopian tube and vas deferens are both passageways for sex cells, etc.) The pairing of functions and processes, where they exist, makes the information about the reproductive system easier to understand and remember.
- Second, it supports sexual violence prevention concepts taught elsewhere in FLASH. According to the CDC, adherence to extreme gender stereotypes is a risk factor for perpetration of sexual violence.¹ Historically, these stereotypes are projected onto reproductive functions in health and science education (e.g. active sperm, passive egg). This lesson provides the framework and scripting to avoid unintentional gender stereotypes, to offer equitable and accurate information, and to discuss differences respectfully.

Materials Needed

Student Materials

- *Reproductive System Worksheets*
 - *Worksheet 1*
 - *Worksheet 2*
 - *Worksheet 3*
 - *Worksheet 4*
- *Individual Homework: Anatomy*
- *Family Homework: Talking About the Reproductive System*, available in multiple languages on the FLASH website
- *Lesson 1 Exit Ticket*

Classroom Materials

- *Lesson 1 Warm Up*
- *Reproductive System Visuals*
 - *Visual 1*
 - *Visual 2*
 - *Visual 3*
 - *Visual 4*
- *Sexual Response System Visual*
 - *Visual 5*

Teacher Materials

- *Reproductive System Answer Keys*
 - *Answer Key 1*
 - *Answer Key 2*
 - *Answer Key 3*
 - *Answer Key 4*

Teacher Preparation

Prepare Visuals for document camera or projector.

Activities

1. Warm up

Display warm up as bell work.

Question: Today we are reviewing the parts of the body involved in sexual reproduction. List all the parts of the human reproductive system that you can remember.

2. Explain purpose of lesson

The purpose of the lesson is to review the human reproductive system.

Today we're going to study the reproductive system.

The reproductive system includes the body parts involved in starting a pregnancy. The egg and sperm can join through vaginal sex, donation of sperm, or the help of medical technology.

Knowledge of these systems will be useful for later lessons. It can also help people communicate with doctors about their reproductive and sexual health, now or in the future.

3. Review the external reproductive organs

Show students *Reproductive System Visual 1 and Visual 2*. Fill in the names and describe the functions of the organs of the genitals (external views) while students take notes on the *Reproductive System Worksheet 1 and Worksheet 2*.

Explain that the drawings do not represent all people's bodies.

These drawings show pictures of what many people's bodies look like, but bodies actually look very different from each other. These differences are normal and healthy. There are many reasons someone's body might look different from these drawings, for example, if someone hasn't gone through puberty yet, or sometimes because of a disability. Surgery or medicine can change the way someone's body looks, and of course, the size and shape of everyone's body is different. The illustrations are meant only as a guide.

Show *Visual 1* and describe the parts.

This is a picture of the reproduction organs that are on the outside of a male's body. These parts are usually on a man's body.

1. Pubic hair

- *Pubic hair starts growing during puberty at the base of the penis*

2. *Penis*
 - *The penis is made of a special tissue called erectile tissue, which is why the penis is able to become erect*
3. *Shaft*
4. *Glans*
 - *The penis is made up of the shaft and the glans, and, at birth, the foreskin.*
 - *The penis has many nerve endings, which makes it very sensitive.*
 - *The part of the penis with the most nerve endings is the glans.*
5. *Foreskin*
 - *The foreskin protects the glans of the penis.*
 - *A person that has had a circumcision doesn't have foreskin on their penis.*
6. *Urethra*
 - *The urethra runs inside the penis and has an opening at the end of the penis.*
 - *The opening of the urethra at the end of the penis is where semen and urine leave the body.*
 - *Only one fluid at a time can leave the body.*
7. *Scrotum*
 - *The scrotum is a muscular sac that holds the testicles.*
 - *It keeps sperm at the right temperature by bringing the testicles closer to the body when cold, and further from the body when warm.*
 -

Show *Visual 2* and describe the parts.

This is a picture of the reproductive organs that are on the outside of a female's body. These parts are usually on a woman's body.

1. *Vulva*
 - *Vulva is the word for the parts of the reproductive system on the outside of most women's bodies. The outside parts of everyone's reproductive system are called genitals.*
2. *Pubic hair*
 - *Pubic hair starts growing during puberty on the vulva, but not near the opening of the vagina or on the clitoris.*
3. *Clitoris*
 - *The clitoris has many nerve endings, which makes it very sensitive.*
 - *The part of the clitoris that shows on the outside of the body is called the glans.*
4. *Urethra*
 - *The urethra is how urine leaves the body.*
 - *The opening of the urethra is between the clitoris and vagina.*

5. Vagina

- *The vagina is a muscular, stretchy organ on the inside of the body.*
- *It provides a passageway into the body for sperm, and out of the body for vaginal fluids, menstrual fluids and a baby during childbirth.*
- *There is often tissue called the hymen that partly covers the opening of the vagina during childhood and early adolescence. During puberty, estrogen makes the hymen very stretchy. It does not get in the way of tampons or vaginal sex. A person cannot tell if someone has used tampons or had intercourse by looking at the hymen.*

6. Labia

- *The labia are two folds of skin around the openings of the urethra and vagina. The top of the labia meet at the clitoris.*
- *The outer labia have pubic hair.*

4. Review the internal reproductive organs

Show students *Reproductive System Visual 3 and Visual 4*. Describe the names and functions of the organs in the reproductive systems (internal views) while students take notes on the *Reproductive System Worksheet 3 and Worksheet 4*.

Show *Visual 3* and describe the parts.

First describe the body parts that are not part of the reproductive system. They are already labeled.

This is a side view drawing of the reproductive system, showing the parts that men usually have in their body.

The anus and bladder are not part of the reproductive system, but they are located nearby. They are already labeled on the worksheet.

- *The anus is where bowel movements pass out of the body.*
- *The bladder is where urine is stored.*

Then describe the reproductive organs in the order that they are involved with ejaculation.

1. Testicles

2. Scrotum

- *There are two testicles located inside the scrotum.*
- *During puberty, the testicles start producing sperm, which are a/so called sperm cells.*
- *During puberty, the testicles a/so start producing the hormone testosterone. The process of sperm leaving the body is called ejaculation.*

3. Epididymis

- *The epididymis is located toward the back of each testicle.*
 - *Sperm mature here before leaving the body.*
4. *Vas deferens*
- *When sperm leave the epididymis, they travel through long tubes called the vas deferens.*
 - *In the vas deferens, the sperm pass by different glands that add liquids.*
 - *The combination of sperm and liquids is called semen.*
5. *Seminal vesicles (two)*
6. *Prostate gland (one)*
7. *Cowper's glands (two)*
- *Liquid from the seminal vesicles and prostate gland become part of the semen.*
 - *Liquid from the Cowper's glands is also called pre-ejaculate because it leaves the body before the other fluids. It protects sperm from the acid in urine.*
8. *Urethra*
9. *Penis*
- *During ejaculation, the urethra is the tube that carries semen out of the body through the penis.*
 - *The urethra also carries urine out of the body, but it cannot carry both urine and semen at the same time.*

Show *Visual 4* and describe the parts.

First describe the body parts that are not part of the reproductive system. They are already labeled.

This is a side view drawing of the reproductive system, showing the parts that women usually have in their body.

The anus, bladder and urethra are not part of the reproductive system, but they are located nearby. They are already labeled on the worksheet.

- *The anus is where bowel movements pass out of the body.*
- *The bladder is where urine is stored.*
- *The urethra is the tube that carries urine out of the body.*

Then describe the reproductive organs in the order that they are involved with ovulation and menstruation. Remind the class that ovulation is the process of the egg leaving the ovary, and menstruation is the process of blood and tissue leaving the body, usually about once a month.

1. *Ovary*
- *There are two ovaries in the reproductive system.*
 - *The ovaries are where eggs are produced and mature. The egg is also called the ovum or the egg cell. Egg cells are already in the ovaries when a person is first born.*
 - *During puberty, the ovaries begin producing the hormone estrogen.*

- *Ovulation is the process of a mature egg leaving the ovary.*
2. *Fimbria*
 3. *Fallopian tubes*
 - *The fimbria are the fringe-like ends of the fallopian tube.*
 - *When the mature egg leaves the ovary, the fimbria guide it into the fallopian tube.*
 - *The egg then travels through the fallopian tube to the uterus.*
 4. *Uterus*
 - *The uterus is made of muscular walls.*
 - *Fertilization is when the egg cell and sperm cell join. Pregnancy will begin when the joined cells attach to the lining of the uterus, which has built up a rich lining of tissue and blood. If the pregnancy continues, it will grow in the uterus for the next 9 months.*
 - *If an egg cell and sperm cell do not join, the lining of the uterus will dribble out of the body over the next few days. This is called menstruation or a period.*
 - *It happens about once a month, starting in puberty and ending during menopause.*
 5. *Cervix*
 - *The cervix is the bottom section of the uterus.*
 - *It produces fluid that has a different consistency and color at different times of the menstrual cycle. For example, cervical fluid is wetter and more stretchy during ovulation.*
 6. *Vagina*
 - *The small opening of the cervix is at the back of the vagina.*
 - *During menstruation, the menstrual fluid leaves the uterus by flowing through the cervix and vagina, and out of the body.*
 - *During childbirth, the baby also travels from the uterus, through the cervix and vagina, and out of the body.*
 7. *Glans of clitoris*
 8. *Shaft of clitoris*
 - *The clitoris has two parts: the shaft and glans.*
 - *The shaft is inside the body. The glans is outside, making it part of the genitals.*
 - *The glans of the clitoris is in front of the openings of the urethra and vagina.*

5. Conclude the lesson

Wrap up by asking questions about the common body parts between most male and female reproductive systems and sexual responses:

- What do the ovaries and testicles have in common?.
- What do the sperm and egg have in common?
- What do the fallopian tubes and vas deferens have in common?
- What do the penis and clitoris have in common?

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Anatomy

Family Homework: Talking about the Reproductive System, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 1 Exit Ticket*.

Warm Up

Today we are reviewing the parts of the body involved in sexual reproduction. List all the parts of the human reproductive system that you can remember.

Reproductive System Worksheet 1

Genital Variation



1. _____

2. _____

3. _____

4. _____

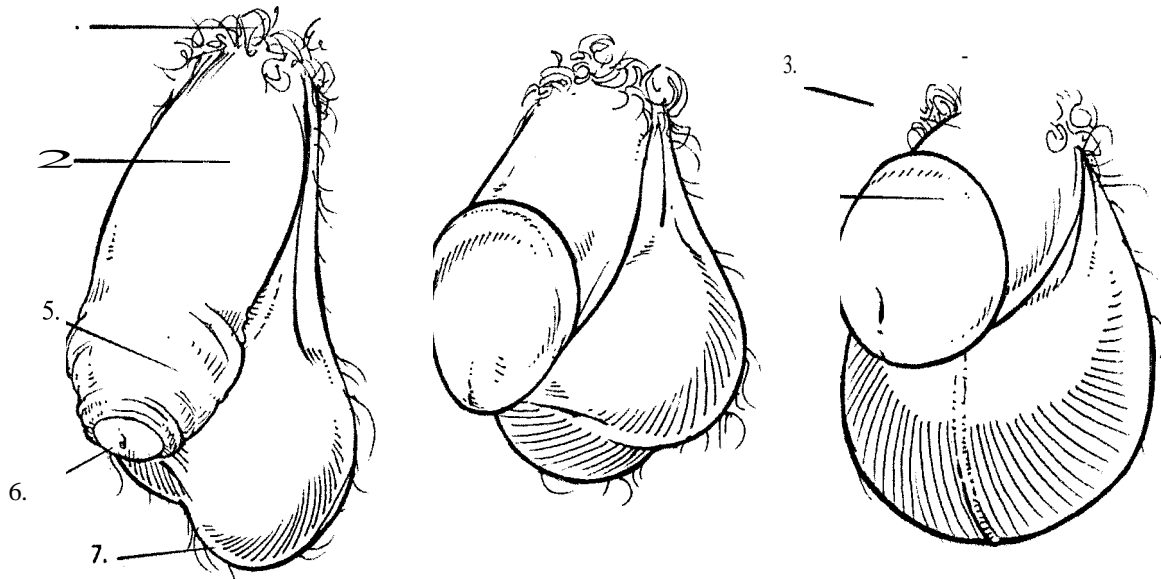
5. _____

6. _____

7. _____

Reproductive System Visual 1

Genital Variation

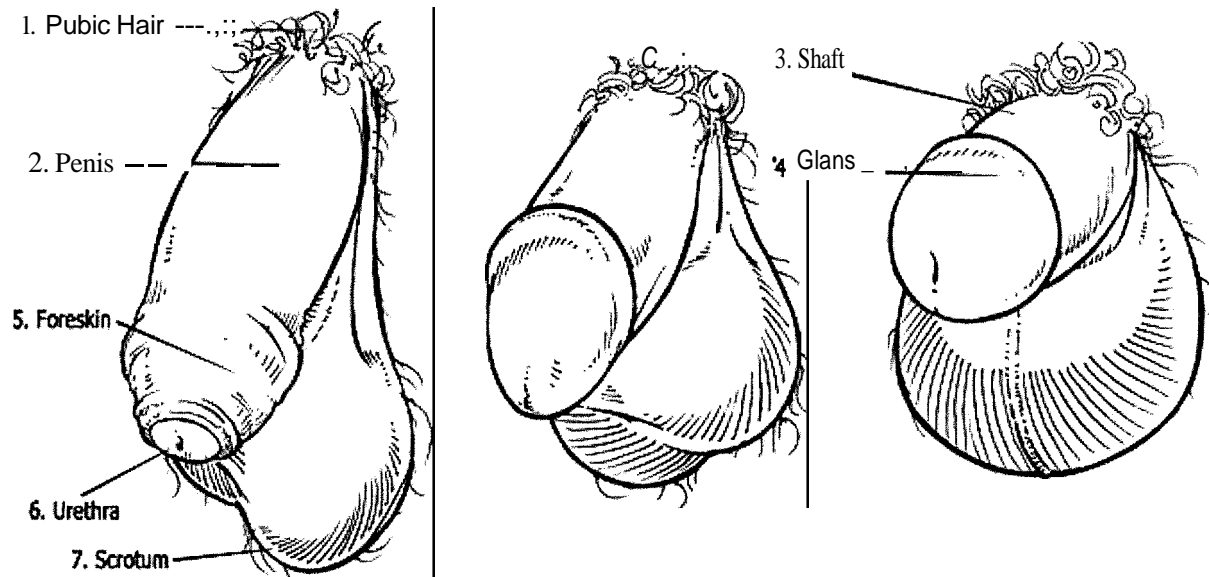


1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____

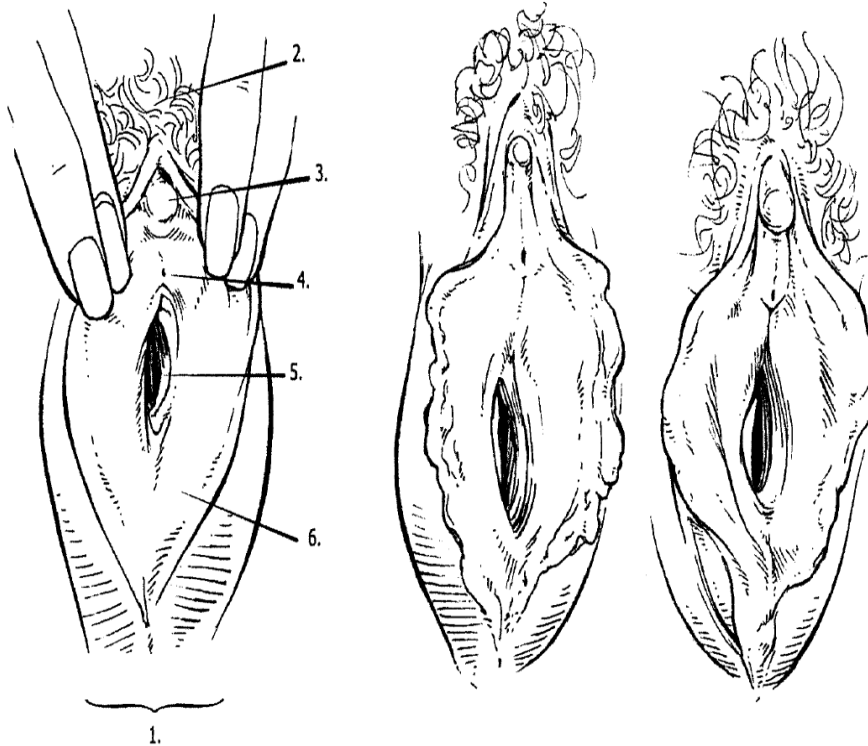
Reproductive System Answer Key 1

Genital Variation



Reproductive System Worksheet 2

Genital Variation



1. _____

2. _____

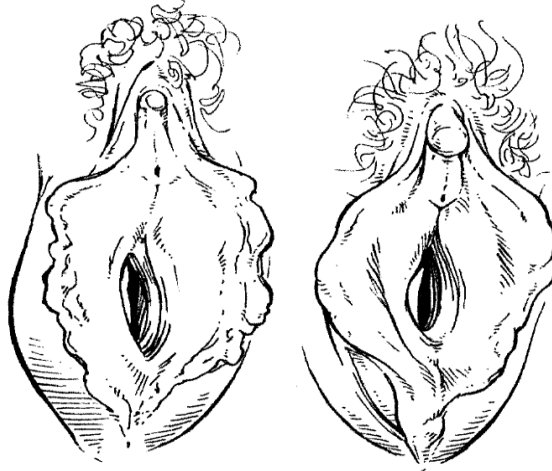
3. _____

4. _____

5. _____

6. _____

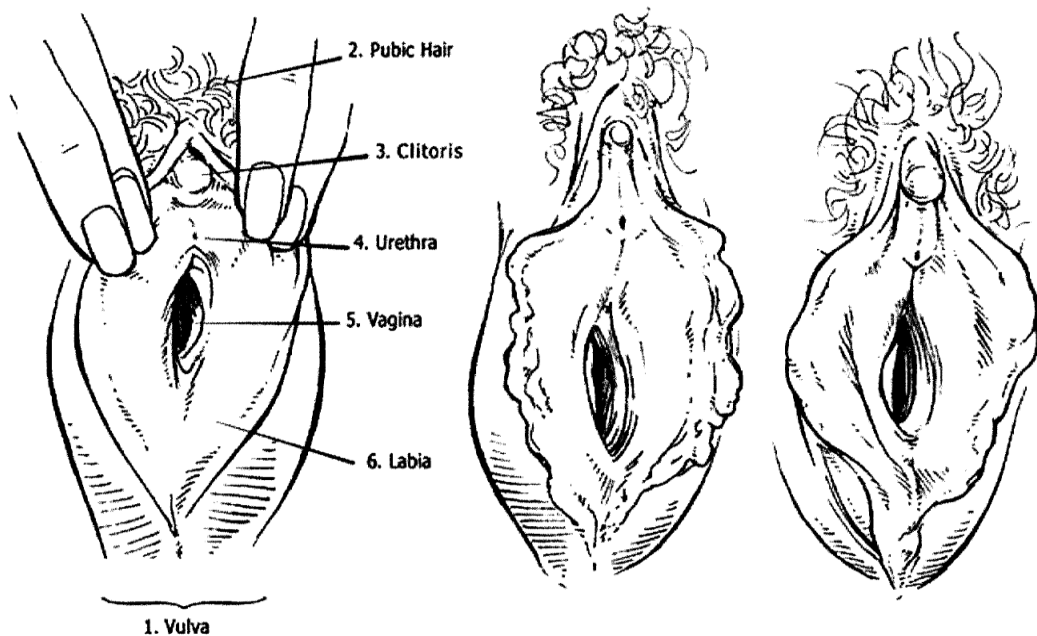
1.



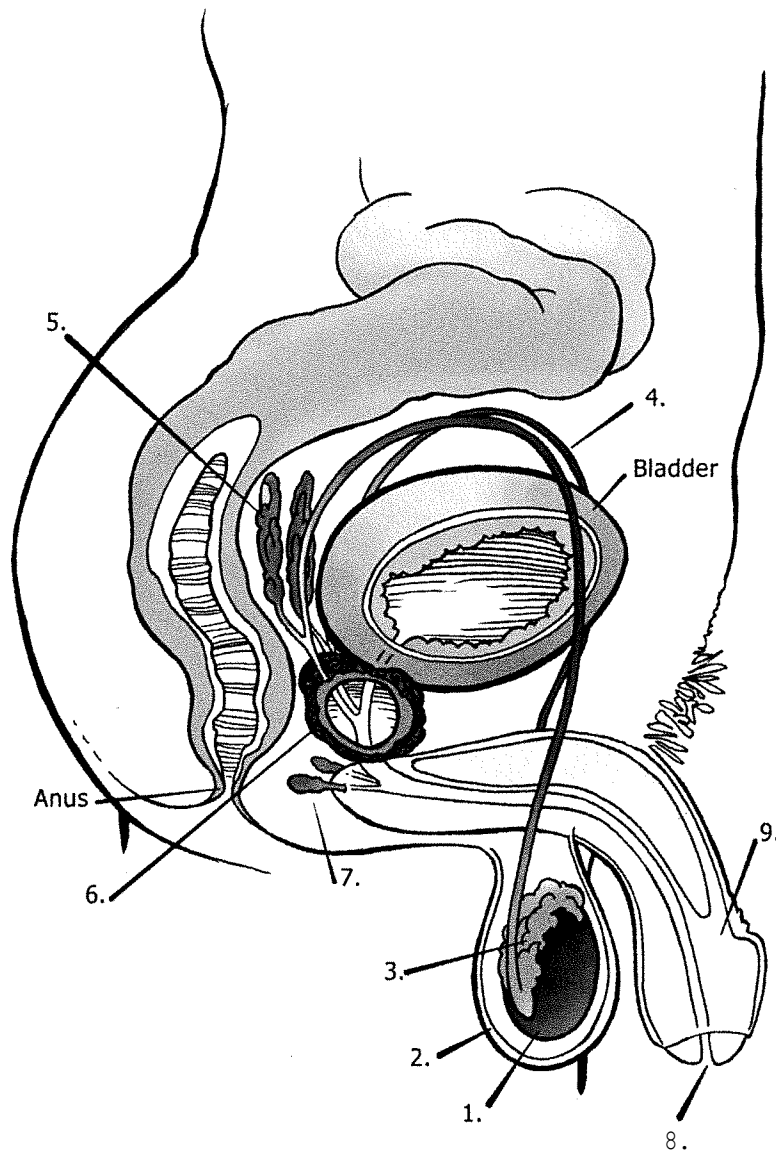
6.

Reproductive System Answer Key 2

Genital Variation



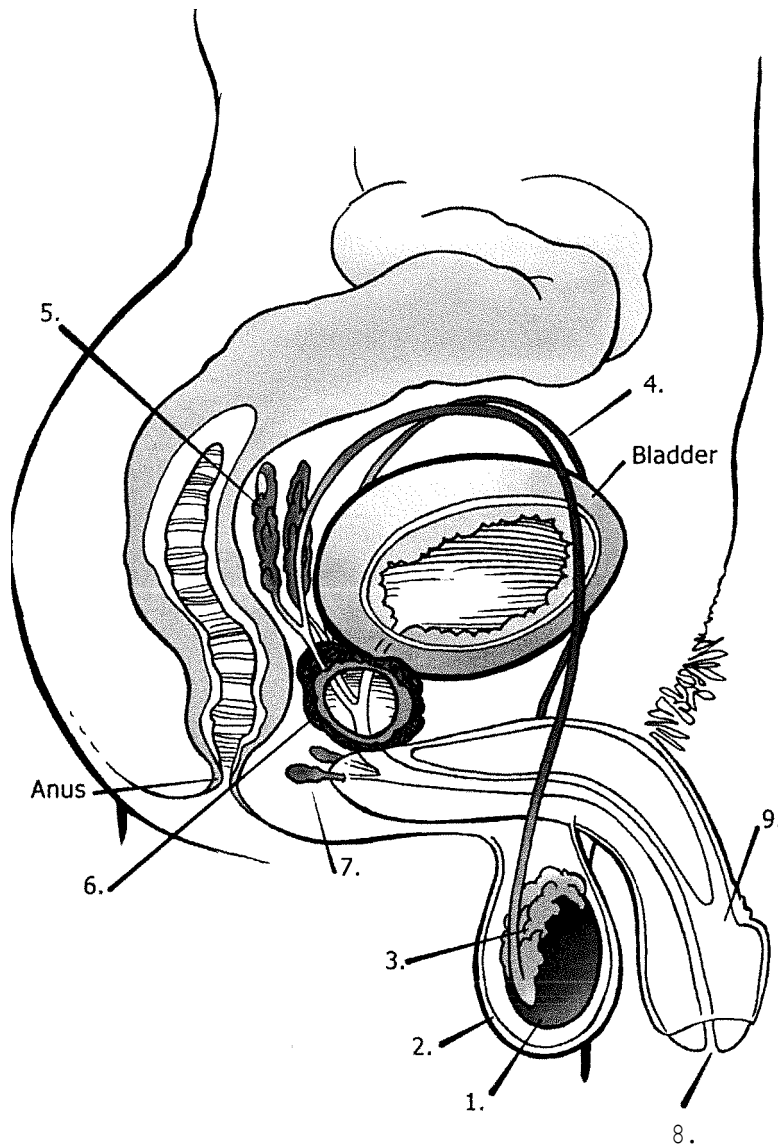
Reproductive System Worksheet 3



1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____
9. _____

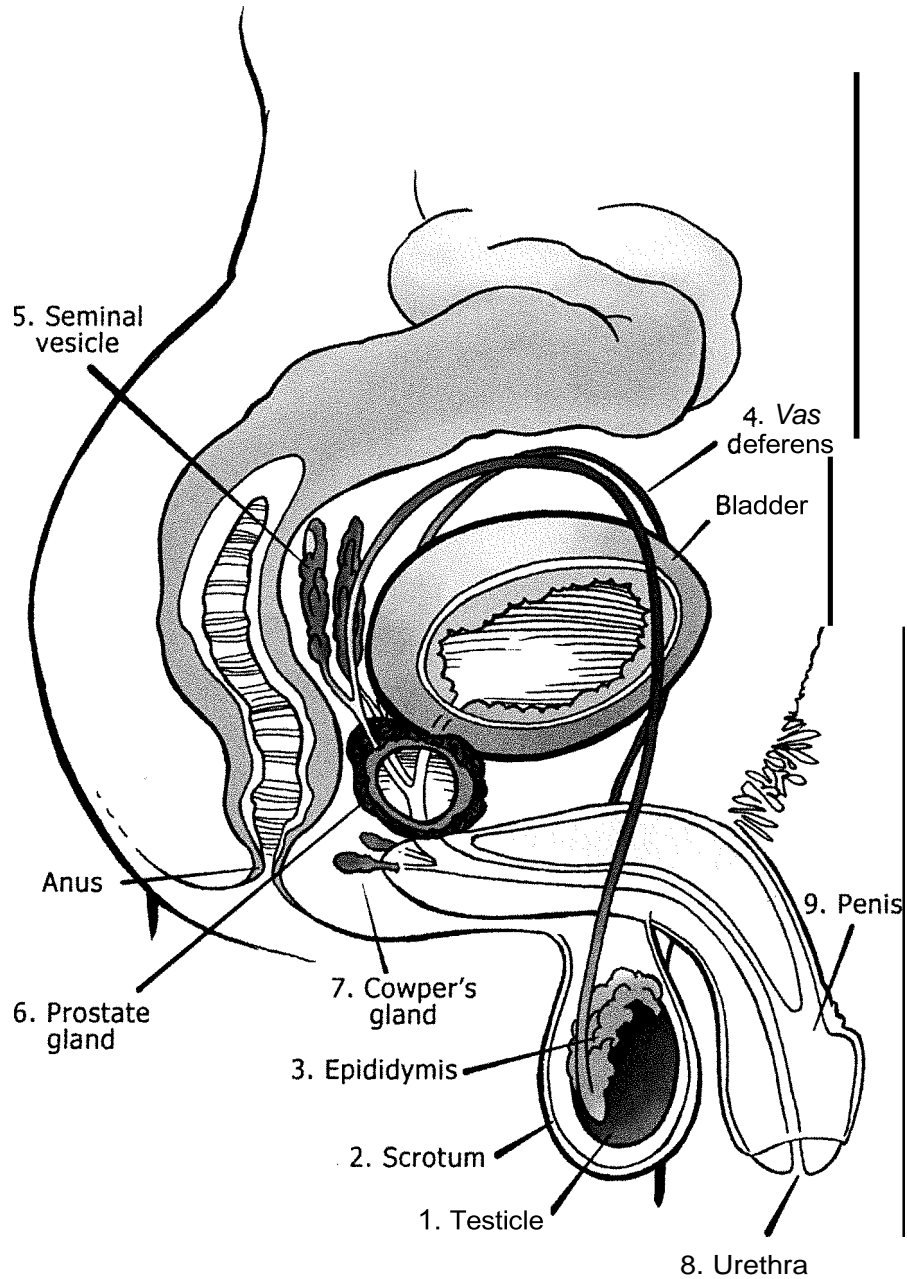
Reproductive System Visual 3



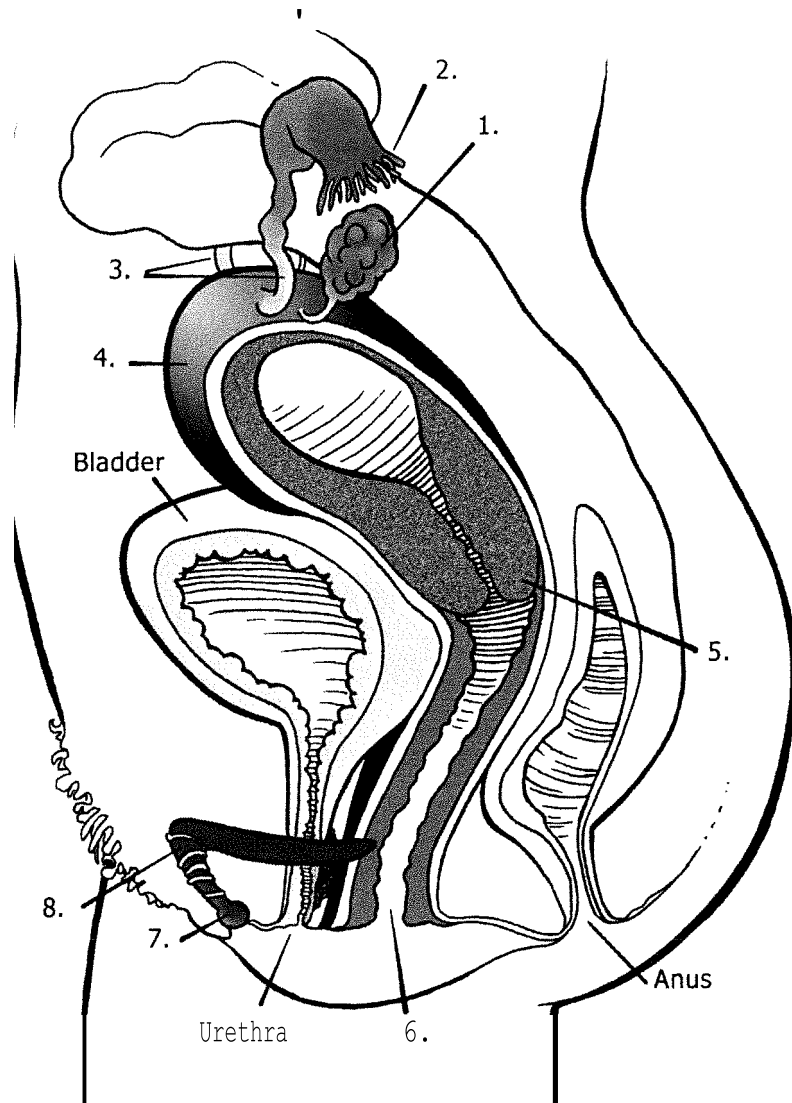
1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____
9. _____

Reproductive System Answer Key 3



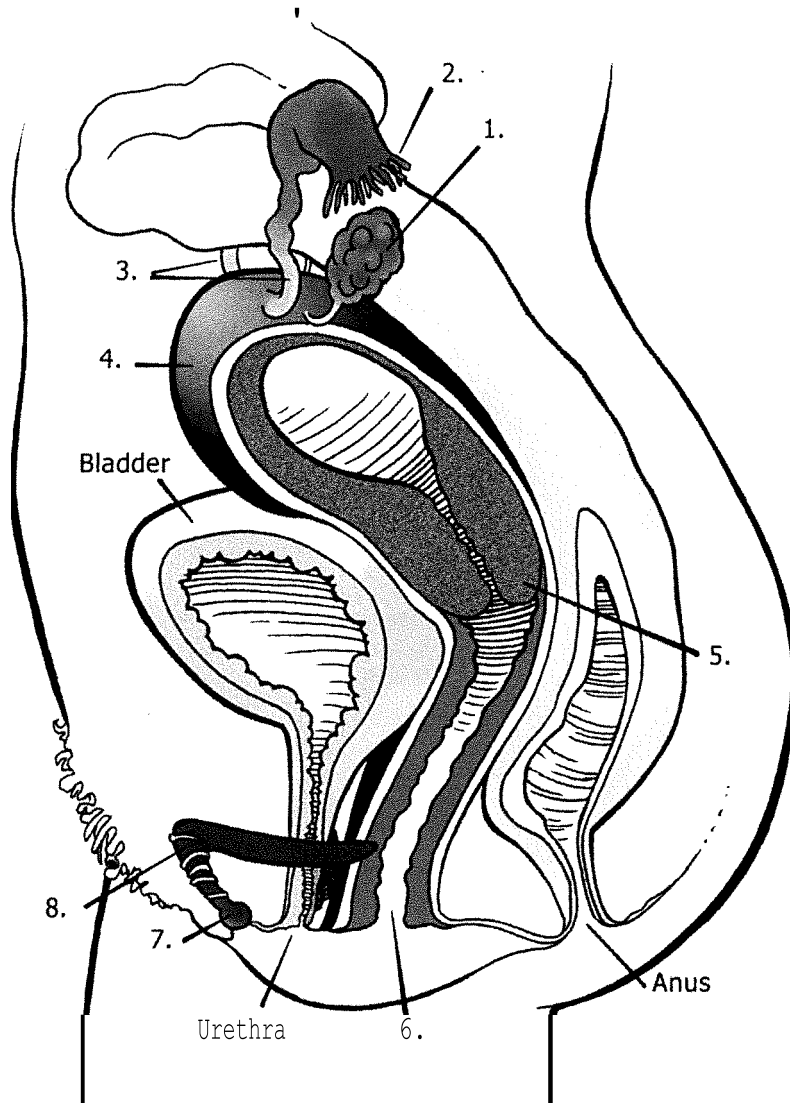
Reproductive System Worksheet 4



1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____

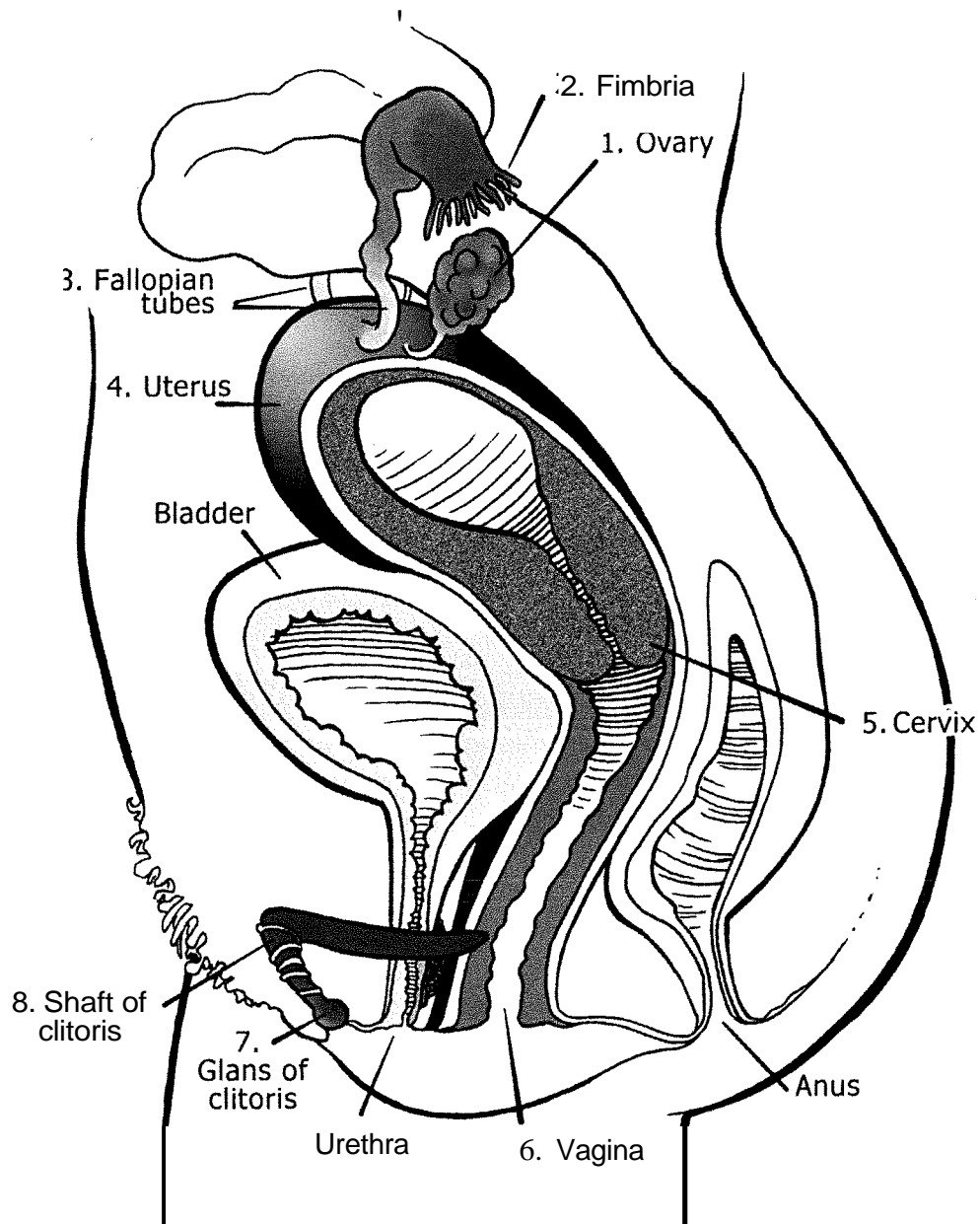
Reproductive System Visual 4



1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____

Reproductive System Answer Key 4



Individual Homework: Anatomy

Name: _____

Period: _____

1. Do most people's bodies have 1 or 2 of each body part listed below? The first one is done for you as an example.

Cervix	1	2	Scrotum	1	2
Clitoris	1	2	Testicle	1	2
Epididymis	1	2	Urethra	1	2
Fallopian tube	1	2	Uterus	1	2
Labia	1	2	Vagina	1	2
Ovary	1	2	Vas deferens	1	2
Penis	1	2	Vulva	1	2

2. Write the word that describes each body process listed below.

A. The process of sperm leaving the body

B. The process of the egg leaving the ovary

C. The process of blood and tissue leaving the uterus about once a month.

Family Homework: Talking about the Reproductive System

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Are there words or names for the reproductive system body parts that are unique to our culture or family? Are there any names we give to body parts that have special meaning to you?

Ask the student: What body part names and functions did you learn about in class?

Ask each other: Do you have any funny stories about names for body parts? (For example, not being able to pronounce the word *penis* as a child and calling it a "peepee" instead.)

Family Homework Confirmation Slip: Talking about the Reproductive System

Due: _____

We have completed the family homework.

Date

Signature of family member or trusted adult

Student's name

Signature of student

Exit Ticket

Draw a line connecting the body parts and processes that have similar roles in most male and female bodies.

Egg

Ejaculation

Testicle

Sperm

Ovulation

Shaft of Clitoris

Shaft of Penis

Fallopian Tube

Vas Deferens

Ovary

Glans of Penis

Glans of Clitoris

References

¹ Centers for Disease Control and Prevention. Division of Violence Prevention.
www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html. Accessed 12/31/2014.

Pregnancy

Grades 9-12, Lesson 2

Summary

The teacher uses visuals to describe the main processes related to pregnancy. The class brainstorms the early signs of pregnancy and discusses local pregnancy testing resources. The lesson concludes with a game to review content.

Student Learning Objectives

The student will be able to ...

1. Identify the laws related to reproductive and sexual health care services.
2. Describe the signs of pregnancy.
3. Describe prenatal practices that can contribute to or threaten a healthy pregnancy.
4. Access medically accurate information about pregnancy, pregnancy options and prenatal care services.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson	3 minutes
Process of conception	5 minutes
Early signs of pregnancy and testing	8 minutes
9 Months of pregnancy	7 minutes
Review game	22 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

None

Standards

Standard 3	Students will demonstrate the ability to access valid information and products and services to enhance health.
SH3.12.1	Evaluate the validity and reliability of sexual health information.
SH3.12.3	Evaluate the validity and reliability of sexual healthcare services.
SH3.12.5	Determine when professional sexual healthcare services may be required.
SH3.12.6	Determine the accessibility of valid and reliable sexual healthcare services.

National Sexuality Education Standards

PR.12.CC.3	Identify the laws related to reproductive and sexual health care services (i.e., contraception, pregnancy options, safe surrender policies, prenatal care.)
PR.12.CC.4	Describe the signs of pregnancy
PR.12.CC.5	Describe prenatal practices that can contribute to or threaten a healthy pregnancy.
PR.12.AI.3	Access medically accurate information about pregnancy and pregnancy options
PR.12.AI.3	Access medically accurate information about prenatal care services

Rationale

This lesson provides basic information about conception, fertilization, chromosomes, and fetal development. Following the guidance of the National Sexuality Education Standards and National Health Education Standards (SHECAT), it includes information related to pregnancy testing, pregnancy options, safe surrender laws, prenatal care, and related laws and services.

Materials Needed

Student Materials

- *Sexual Health Resources - King County, National*, or develop a local resource sheet
- Local clinic brochures, if available
- *Two Truths and a Lie*
- Blank paper for Two Truths and a Lie game
- *Individual Homework: Pregnancy*
- *Family Homework: Pregnancy*, available in multiple languages on the FLASH website
- *Lesson 2 Exit Ticket*

Classroom Materials

- *Lesson 2 Warm Up*
- *Visuals 1, 2 and 3*

Activities

1. Warm up

Display warm up as bell work.

Question: There are many changes to the body that happen during a pregnancy. List as many as you can.

Possible answers:

- No period
- Tender, swollen breasts
- Feeling tired
- Nausea or vomiting
- Urinating more often
- Like or dislike certain foods
- More sensitive to smell
- Sometimes no symptoms at all

2. Explain purpose of lesson

3. Briefly cover the process of conception

Show students Reproductive System Visual 1, Sperm and Egg, and Visual 2, The First Week

Visual 1: Sperm and Egg

- The human body is made of billions of cells: brain cells, blood cells, bone cells and many more. This includes egg cells and sperm cells. It takes an egg cell and a sperm cell to start a pregnancy.
- The egg cell and sperm cell are different from all the other cells in the human body. They have half as many chromosomes. Chromosomes are the parts inside a cell that determine which characteristics are passed from generation to generation.
- When sperm and egg join, their chromosomes form into pairs, making them like all the other body cells, with 2 pairs of 23 chromosomes, for a total of 46.

Visual 2: The First Week

- The egg cell and sperm cell can join in a few different ways: through vaginal sex, donation of sperm, or the help of medical technology.
- When ejaculation happens during vaginal sex without a condom, a teaspoon of semen goes in the vagina. The semen contains about 300 million sperm. Thousands enter the uterus, and travel toward the Fallopian tubes with help from the fluid in the cervix. It takes 2 days for sperm to begin reaching a Fallopian tube.
- If ovulation happened recently and an egg cell is present, one sperm cell may enter the egg. Fertilization is complete when the egg cell and sperm cell have joined.

- *About half of the time, the fertilized egg continues growing. It travels down the Fallopian tube toward the uterus. (If not, the fertilized egg leaves the body with the period blood 1,,2)*
- *By the fourth or fifth day, the fertilized egg is only the size of a grain of sand. It enters the uterus and attaches to the rich lining. This process is called implantation.*
- *Now conception is complete.*

Chromosomes

- *Every cell in the human body has a pair of chromosomes that help determine a person's assigned sex. Remember that egg and sperm cells only have half the chromosomes of other cells. Most egg cells have an X chromosome. Sperm cells usually have either an X or Y chromosome.*
- *When an egg joins a sperm with a Y chromosome, the newly formed cell usually has **XY** chromosomes and will have a male assigned sex.*
- *When an egg joins a sperm with an X chromosome, the newly formed cell usually has **XX** chromosomes and will have a female assigned sex.*
- *Though extremely rare, sometimes an egg joins a sperm the newly formed cell has XO, XXY, XYY or XXX chromosomes. The doctor may assign the baby male or female sex, depending on the appearance of their genitals.*

4. Brainstorm early signs of pregnancy

Have students brainstorm the early signs of pregnancy. Write the signs of pregnancy on the board as students suggest them, providing additional information as needed.

Provide local resources for pregnancy testing by distributing the *Sexual Health Resources* (King County, National, or the local one you developed), or clinic brochures, and review state laws for confidential pregnancy testing.

What are some common signs of pregnancy? Let's brainstorm them as a class. (Write students suggestions on the board and add information as needed.)

No period:

Most of the time, periods stop from the beginning of pregnancy, but not always.

Tender, swollen breasts:

As early as 2 weeks after conception, hormone changes may make the breasts feel tender, sore, fuller or heavier.

Feeling tired:

Hormone changes during pregnancy can make a person feel sleepy and less energetic.

Nausea:

Sometimes called "morning sickness," nausea can happen any time of the day. It also comes from the hormone changes of pregnancy. It can include vomiting or not.

Urinate more often:

The feeling of having to go to the bathroom a lot can also be a symptom of pregnancy. This sensation sometimes stops and then comes back later in the pregnancy.

If a person thinks they might be pregnant, even without any of these symptoms, they should get a pregnancy test. A pregnancy test can be done at a clinic or purchased at a drug store to be used at home. It takes about 5 minutes to get the results. At a clinic, the person pees into a cup and a medical staff person runs the test. In a home test, the person pees on the plastic stick that comes with the test. The test can be done 7-10 days after pregnancy begins.

How can people know they are getting a pregnancy test at a reliable clinic?

Answer:

- Clinic has medical staff, such as doctors, nurse practitioners or physician assistants.
- Staff will provide information about places that will help them if they choose to become a parent, have an abortion, or make an adoption plan, without giving personal opinions, or trying to promote a particular choice.

5. Briefly describe each trimester of pregnancy

Project and discuss *Visual 3*. Summarize the main events of each trimester of pregnancy, including fetal development, prenatal care and pregnancy options.

Pregnancy trimesters

For the first 2 months, the set of developing cells is called an embryo. After that, it is called a fetus. People often use the word "baby" during pregnancy, but baby refers to the time after birth. Pregnancies are often described in 3-month periods of time or "trimesters." Each trimester is made up of about 12 weeks.

The first trimester of pregnancy is the first 3 months after conception.

- *During this time, all the organs begin to develop. This is when the embryo is most at risk for damage from infections and substances such as alcohol and nicotine.³*
- *The term "prenatal care" means taking care of the pregnant person's health, which is very important right from the start of the pregnancy. Trying to eat well, rest, take vitamins, exercise, and avoid alcohol, nicotine and other drugs are all important things to do. Seeing a prenatal doctor or midwife is also important at this time.*
- *Most miscarriages happen during the first trimester. A miscarriage is when a pregnancy ends before the fetus can survive on its own. The cause for most miscarriages is not known.*

- *By the end of the first trimester, the fetus weighs about a half ounce, about the weight of 3 nickels.*

The second trimester is the next 3 months of pregnancy.

- *During this time, the organs continue to grow and mature.*
- *In the middle of the second trimester, the fetus weighs just about 1 pound, about as much as 4 sticks of butter. By the end of the second trimester, it is still unable to survive outside the uterus without extraordinary medical attention.*
- *Prenatal care is still very important at this time.*

The third trimester is the last 3 months of pregnancy until birth.

- *During this last trimester, the fetus's brain and lungs continue to mature. The fetus begins to open and close its eyes, suck its thumb, and respond to light and sound.*
- *By the end of the third trimester, when the baby is born, the average weight is 6½ pounds, about as much as 3 quarts of milk, though many babies are smaller or larger.*
- *It's important to know about laws that protect newborns. These are often called "safe haven" laws. Every state allows people in crisis to hand over their newborns to the proper authorities, such as a hospital or fire station, anonymously and without getting in trouble. The purpose of these laws is to protect infants and make sure that there is someone to take care of them.*
- *Stillbirth is the death of a baby before or during delivery. Many of the causes of stillbirth are unknown. Under 1% of babies are stillborn in the United States⁵.*

At any time in a pregnancy, an adoption plan can be made.

- *Adoption is when people become the legal parent of a child that is not their biological child. Adoption is more common than many people think; over 2% of all U.S. children are adopted.⁶ If there is an adoption plan in place, the baby will go to live with the adoptive parents after it is born.*

6. Play "Two Truths and a Lie" game

Hand out the *Two Truths and a Lie* worksheet to each student. Divide the class into teams of three to four people. The teacher reads a statement, and all the teams huddle to decide which statement is untrue (the "lie"). Teams write their answer on a piece of blank paper (1, 2 or 3), and show their answers at the same time. Each team with a correct answer gets a point. Have students correct their worksheets, after each answer is given.

Conclude the lesson.

7. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Pregnancy

Family Homework: Pregnancy, available in multiple languages on the FLASH website

8. Exit ticket

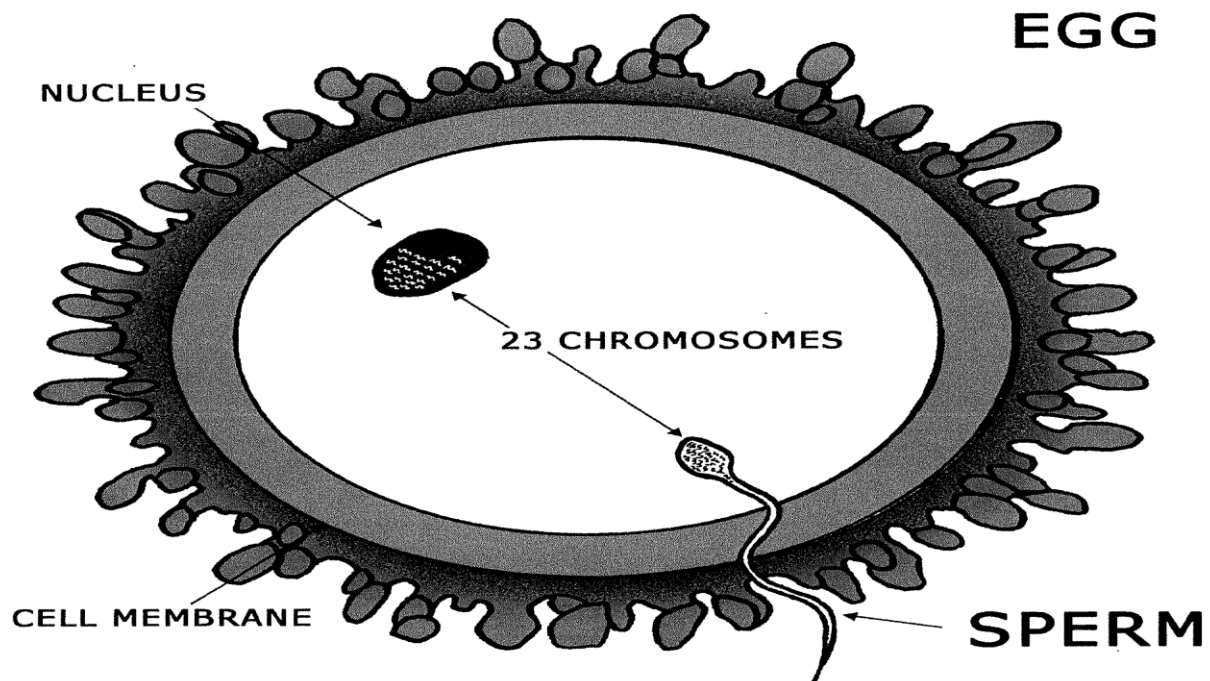
Hand out the *Lesson 2 Exit Ticket*.

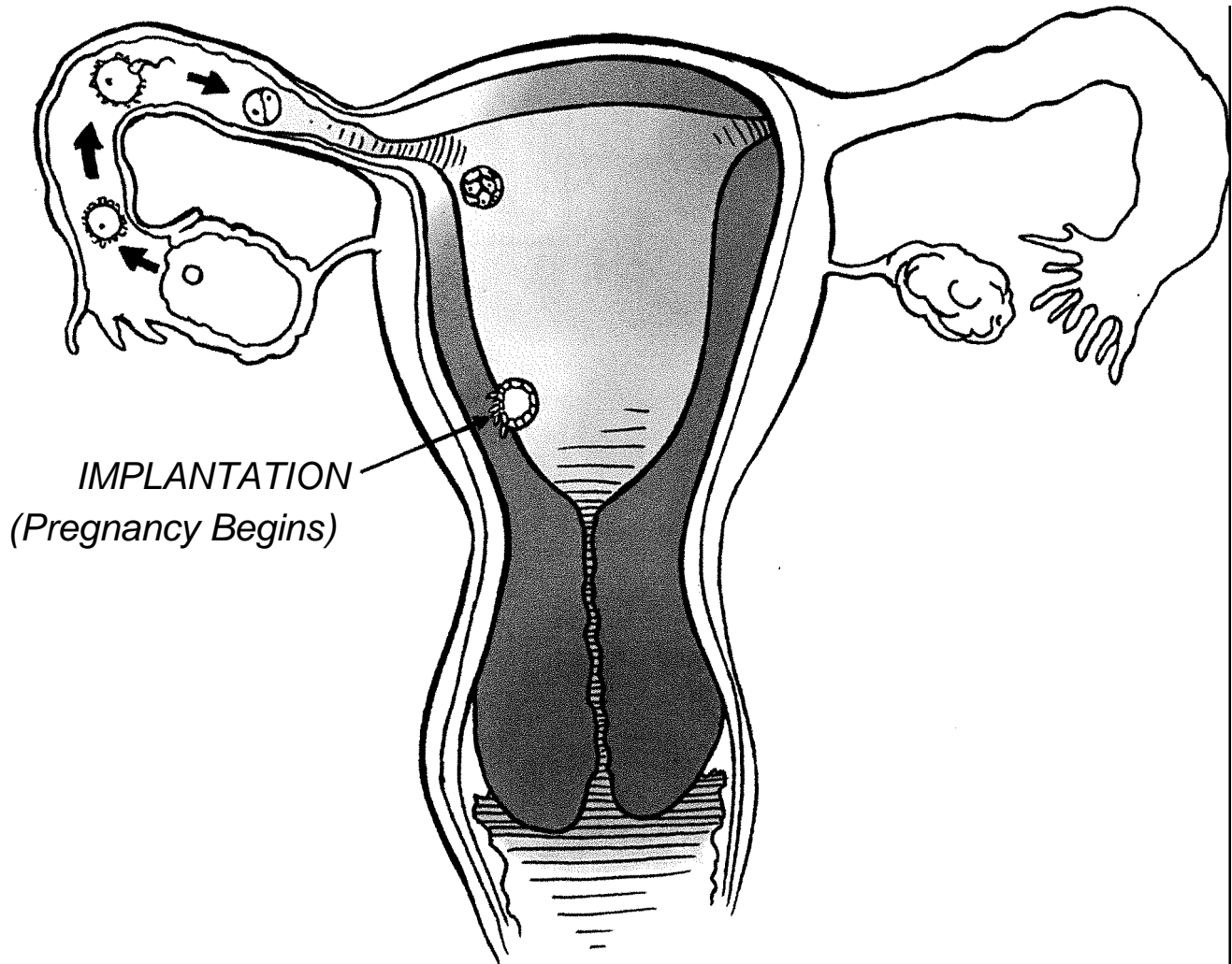
Warm Up

There are many changes to the body that happen during a pregnancy.
List as many as you can.

Visual 1

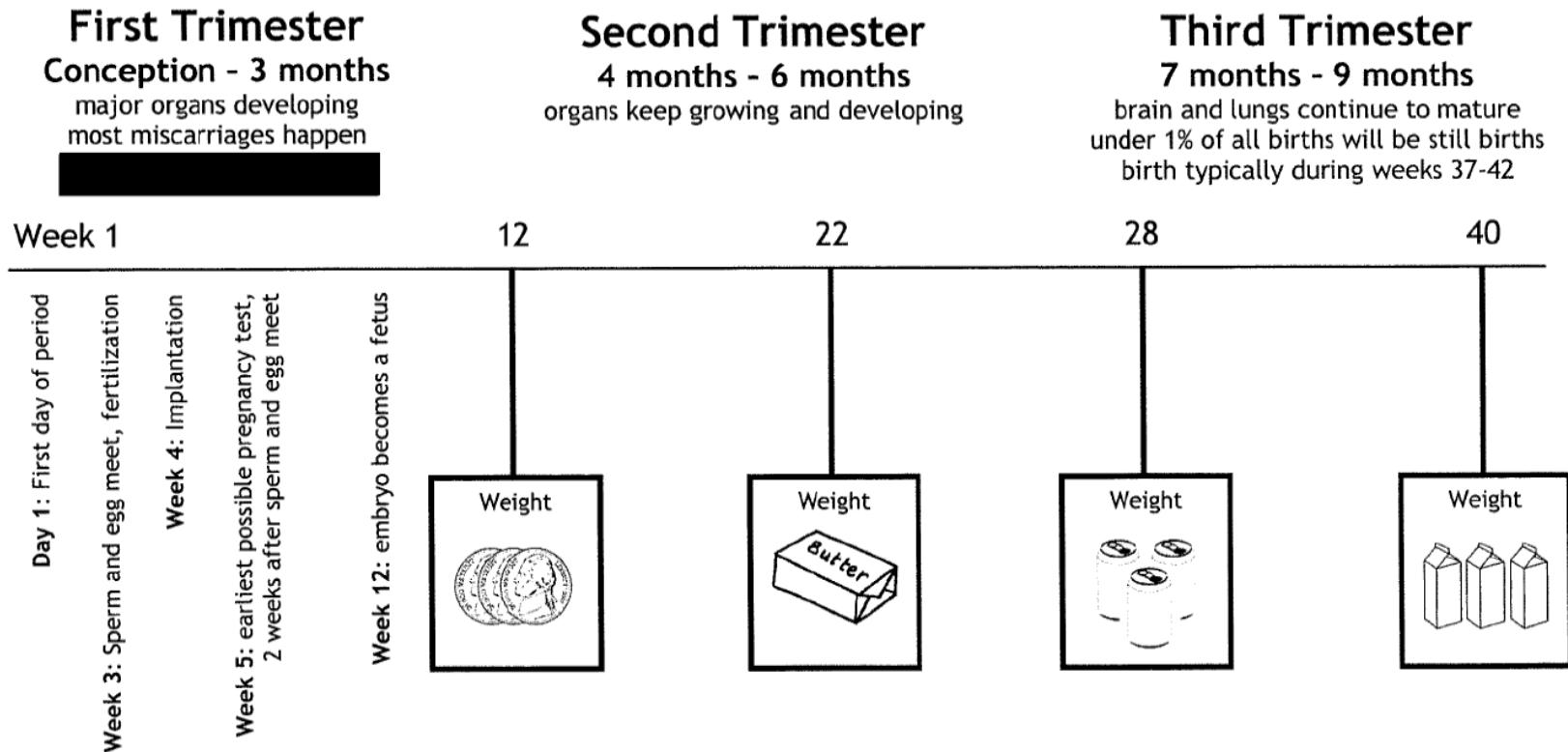
Sperm & Egg





Visual 3

Pregnancy Trimesters



- Prenatal care is important in every stage of a pregnancy
- An adoption plan can be made at any point in a pregnancy

Sources: Centers for Disease Control⁹, Mayo Clinic¹⁰

Sexual Health Resources In King County

Student Handout

Confidential

Teens of any age can get all the services listed on this handout confidentially in Washington State. Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.

Birth Control and STD Clinics

These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.

Public Health - Seattle & King County
Free or low cost teen clinics
206-263-1505
www.teenclinic.com

Planned Parenthood Great Northwest
1-800-769-0045
www.plannedparenthood.org

- Birth control method information (World Health Organization): Scroll down to see chart.
<http://www.who.int/mediacentre/factsheets/fs351/en/>
- STD information (Centers for Disease Control): <http://www.cdc.gov/std/>
- HPV vaccine information (Centers for Disease Control): <http://www.cdc.gov/vaccines/vpd-vac/hpv/>

Help Finding a Clinic and Other Services

Community Health Access Program
(CHAP Line)
206-284-0331 or 1-800-756-5437
Also helps people apply for health insurance
chap@kingcountyny.gov

Teen Link
1-866-833-6546
www.866teenlink.org

Prenatal Care

Public Health - Seattle & King County
Maternity Support Clinics and WIC
206-263-1505
www.kingcountyny.gov/healthservices/health/personal/MSS.aspx

Abortion Clinics

Cedar River Clinics
(425) 255-0471
www.cedarriverclinics.org

Planned Parenthood
1-800-769-0045
<http://www.plannedparenthood.org/planned-parenthood-great-northwest>

Adoption Agencies

Amara
(206) 260-1700
<http://amaraparenting.org>

Open Adoption & Family Services
1-800-772-1115
<http://www.openadopt.org/>

Sexual Health Resources In the U.S.

Student Handout

Confidential

Click on the map to find out if sexual health services are confidential in your state.

<http://sexetc.org/actiQn-center/sex-in-the-states/>

Birth Control and STD Clinics

There are many websites and phone numbers to help teens find birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests.

- Enter your zip code or call to find the nearest Planned Parenthood clinic.
www.plannedparenthood.org 1-800-230-PLAN
- Enter your zip code to find the nearest birth control clinic that is free or low cost.
<http://www.hhs.gov/opa/>
- Enter your zip code to find a clinic for HIV tests, birth control, counseling and other services.
www.aids.gov
- Enter your zip code to find the nearest place to get emergency contraception.
www.not-2-late.com
- Call your local public health department to get information about local birth control and STD clinics.
- Birth control method information (World Health Organization): Scroll down to see chart.
<http://www.who.int/mediacentre/factsheets/fs351/en/>
- STD Information (Centers for Disease Control): <http://www.cdc.gov/std/>
- HPV Vaccine Information (Centers for Disease Control): <http://www.cdc.gov/vaccines/vpd-vac/hpv/>

Help Finding a Clinic and Other Services

- Enter your address to find the nearest health clinics that are free or low cost. These clinics are for all health issues, not just sexual health.
<http://findahealthcenter.hrsa.gov/>

Prenatal Care

- Scroll to your state to find the phone number for the Women, Infants, Children (WIC) Program.
<http://www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies>
- WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition and stay healthy. They also give information about where to get prenatal care.

Abortion Clinics

- Click on the map to see a list of abortion clinics in your state.
<http://prochoice.org/think-youre-pregnant/find-a-provider/>
- Call 1-877-257-0012 to find the nearest abortion clinic.
- Call 1-800-772-9100 to get more information about abortion and where to get financial help.

Adoption Agencies

- Call 1-800-772-1115 to talk with an adoption counselor at Open Adoption and Family Services.
- The phone line is open 24 hours a day.

Developing a Local Sexual Health Resources List

Teacher Guide

In order to ensure that students have access to the health care services they need, it is important for teachers to develop a sexual health resource sheet specific to their geographic area. FLASH provides a resource sheet for King County, Washington, as an example that can be used as a template. If you are not familiar with the resources in your area, the following national resources will help you in compiling a local resource sheet. If, for some reason, you cannot develop a local resource sheet, a national resource sheet has been provided for you.

FLASH recommends referring young people to clinics and agencies that are teen and LGBT friendly, culturally competent, supportive of all pregnancy options, and that consider the teen to be their primary client. When creating your local resource sheet, keep these criteria in mind.

Confidential

Individual state policies on teens accessing reproductive health care are provided by Sex, etc., a project of Rutgers University. <http://sexetc.org/action-center/sex-in-the-states/>

Birth Control and STD Clinics

To find local birth control and STD clinics, call your local health department. If you need further assistance finding clinics that offer a full array of services, the following links may be of help.

- www.plannedparenthood.org to find a local Planned Parenthood clinic
- <http://www.hhs.gov/opa/> to find a local Title X clinic
- [www.not-2-late](http://www.not-2-late.org) to find locations for accessing emergency contraception
- <http://locator.aids.gov/> to find HIV testing locations

Help Finding a Clinic and Other Services

The U.S. Department of Health and Human Services, Health Resources and Services Administration maintains a list of sliding scale or free clinics across the United States.

<http://findahealthcenter.hrsa.gov/>

Prenatal Care

To find prenatal care providers who serve teens, call your local WIC provider. The link below provides a State number, that can direct you to a local provider.

www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies

Abortion Clinics

The National Abortion Federation maintains a list of abortion providers by state.

<http://prochoice.org/think-youre-pregnant/find-a-provider/>

Adoption Agencies

Open Adoption and Family Services works with clients from across the nation. Should a client prefer a local resource, they will work with her to identify a local provider.

<http://www.openadopt.org/>

Two Truths and a Lie Activity

Name: _ _ _ _ _

Period: _____

Directions: Each topic below has two correct statements and one false statement. With your team, circle the statements you think are false.

A. Pregnancy signs

1. Periods stop as soon as a person gets pregnant.
2. Common signs of pregnancy include breast tenderness, nausea and feeling tired.
3. Having to urinate more often than usual is common during pregnancy.

8. Pregnancy testing

1. A pregnancy test can be purchased at a drug store or done at a health clinic.
2. Pregnancy tests can show results as soon as 1 hour after conception.
3. A pregnancy test usually involves testing urine.

C. Clinics and laws (*Note: Teachers outside of Washington State will need to adapt this item.*)

1. In Washington State, a person can get a pregnancy test at any clinic or doctor's office, even if under age 18.
2. The results of a pregnancy test are kept confidential in Washington State.
3. All states have the same laws about minors (people under age 18) and reproductive health care.

D. Fertilization and conception

1. The ovum and the sperm meet in the fallopian tube.
2. Fertilization and conception usually take place within moments of vaginal sex.
3. Implantation is when the fertilized egg attaches to the lining of the uterus.

E. Prenatal care

1. Prenatal care includes avoiding nicotine, alcohol and other drugs during pregnancy.
2. Prenatal care includes seeing a doctor or midwife during pregnancy.
3. Prenatal care includes testing to find out why a person is having trouble getting pregnant.

Individual Homework:

Pregnancy

Name: _____

Period: _____

Directions: Imagine that a friend has just come to you and thinks they might be pregnant. What would you say to them? Think about things you learned in today's class about pregnancy and resources.

Write them an e-mail, text or note as a supportive friend. Include information about a reliable clinic they could go to for a pregnancy test, and whether or not the law says they can go on their own. Use this page or attach it to this page.

Due: _____

Family Homework: Talking about Pregnancy

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: What information did you receive about pregnancy when you were in school?

Ask the student: Tell me about some of the things you discussed in class today, including the following terms: trimester, conception and fertilization.

Adults who have been pregnant can share stories of the pregnancy with the student.

Family Homework Confirmation Slip: Talking about Pregnancy

Due: _____

We have completed the family homework.

Date

Signature of family member or trusted adult

Student's name

Signature of student

Exit Ticket

Can teens get a pregnancy test confidentially at a doctor's office or clinic in this state?

Where can teens and adults get a pregnancy test in our community?

References

- ¹ Macklon, N.S., Geraedts, J.P.M., & Fauser, B.C.J.M. (2002). Conception to ongoing pregnancy: The "black box" of early pregnancy loss. *Human Reproduction Update*, 8(4), 333-343.
- ² Wilcox, A.J., Weinberg, C.R., O'Connor, J.F., Baird, D.D., Schlatterer, J.P., Canfield, R.E., Armstrong, E.G. & Nisula, B.C. (1988). Incidence of early loss of pregnancy. *New England Journal of Medicine*, 363(18), 1740-1747.
- ³ Medline Plus, a service of the U.S. National Library of Medicine and the National Institutes of Health. (2010, August 19). First trimester of pregnancy. Retrieved from www.nlm.nih.gov/medlineplus/ency/imagepages/17178.htm.
- ⁴ Owings, M.F., & Kozak, L.J. (1996). Ambulatory and inpatient procedures in the United States. *Vital and Health Statistics*, 13, 139.
- ⁵ Centers for Disease Control and Prevention. Facts About Stillbirth. Accessed July 7, 2016. <http://www.cdc.gov/ncbddd/stillbirth/facts.html>
- ⁶ Evan B. Donaldson Adoption Institute. (2001). *Overview of adoption in the United States*. Retrieved from <http://www.adoptioninstitute.org/FactOverview.html>.
- ⁹ Centers for Disease Control. *An alcohol free pregnancy is the best choice for your baby*. Retrieved from http://www.cdc.gov/ncbddd/fasd/documents/fasdbrochure_final.pdf
- ¹⁰ Mayo Clinic. *Pregnancy Week-by-week in depth*. Retrieved from <http://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/hlv-20049471>

Undoing Gender Stereotypes

Grades 9-12, Lesson 3

Summary

Students begin by defining the word stereotype, and then complete a "gender box" activity in which they identify stereotypes and expectations placed on people because of their gender. Afterward, students analyze the pressures placed on people to conform to these expectations, including the role of harassment and homophobia. They conclude by challenging the stereotypes and identifying healthier options. After the lesson, the teacher administers a *Sexual Attitudes Survey*, the results of which will be shared during *Lesson 7: Coercion and Consent*.

Student Learning Objectives

The student will be able to ...

1. Analyze the influence of friends, family, media, society and culture on the expression of gender.
2. Analyze how peers and perceptions of norms influence healthy and unhealthy behaviors and relationships.
3. Name at least one way in which gender stereotypes may limit one's ability to make healthy decisions.

Lesson Timing

Warm up	Bellwork + 2 minutes
Introduce lesson	1 minute
Define stereotypes	3 minutes
Gender box brainstorm	12 minutes
Analyze Gender pressure	7 minutes
Assign homework	
Exit ticket	3 minutes

FLASH Key Concepts

Everyone has the right to say who touches their body and how.

It is never okay to touch someone else if they don't want you to, or to make them touch you.

There are laws about sex that everyone must follow.

Permission or agreement is required to engage in all sexual activity.

Rigid ideas about how men and women should act are harmful and limit how people can express themselves.

Standards

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.39	Summarize the benefits of respecting individual differences in aspects of sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity), growth and development, and physical appearance.
SH1.12.40	Summarize why it is wrong to tease or bully others based on aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity).
SH1.12.41	Summarize how intolerance can affect others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
SH1.12.42	Summarize ways to show courtesy and respect for others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
SH2.12.7	Analyze how school and community affect personal sexual health practices, behaviors, and relationships.
SH2.12.2	Analyze how culture supports and challenges sexual health beliefs, practices, behaviors, and relationships.
SH2.12.3	Analyze how peers and perceptions of norms influence healthy and unhealthy sexual health practices, behaviors, and relationships.
SH2.12.4	Analyze how personal attitudes, values, and beliefs influence healthy and unhealthy sexual health practices, behaviors, and relationships.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
SH4.12.3	Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in sexual risk behaviors.

SH4.12.6	Demonstrate how to effectively communicate support for peers whose aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SHS.12.4	Analyze how family, culture, media, peers, and personal beliefs affect a sexual health-related decision.

National Sexuality Education Standard

PD.12.INF.1	Analyze how friends, family, media, society and culture can influence self-concept and body image.
ID.12.INF.1	Analyze the influence of friends, family, media, society and culture on the expression of gender, sexual orientation and identity.
ID.12.SM.1	Explain how to promote safety, respect, awareness and acceptance.
HR.12.INF.1	Explain how media can influence one's beliefs about what constitutes a healthy sexual relationship.
PS.12.INF.2	Analyze the external influences and societal messages that impact attitudes about bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence.

Rationale

Theoretical Basis for Sexual Violence Prevention Lessons

The prevention of sexual violence is both a behavioral goal of FLASH in its own right, and an important strategy for preventing teen pregnancy and STDs. Sexual violence is correlated with a host of acute and chronic health problems - amplified by high rates of victimization in the United States.¹ Sexual violence is also strongly linked to teen pregnancy and STDs. Pregnant teens have higher rate of previous sexual assault, as do teens who begin having intercourse at a young age, increasing their risk of teen pregnancy and STDs.^{2 3 4 5} Moreover, young teens with much older male partners have greatly increased risk of pregnancy.^{6 7} Clearly, effective sexual violence prevention can reduce suffering and improve outcomes across many domains of health.

Sexual violence prevention programs have not been evaluated to the same extent as programs that reduce teen pregnancy and STDs. In the fields of public health and sexual violence prevention, the recommended approach to reduce sexual violence is to address "upstream" risk factors for perpetration.⁸ FLASH's sexual violence prevention lessons address the risk factors for perpetration identified by the CDC⁹ that are amenable to change through a school-based curriculum:

- Hostility towards women
- Hypermasculinity (exaggerated adherence to traits stereotypically attributed to men)
- General tolerance of sexual violence within the community
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness

Significantly, strategies to prevent victimization (e.g. how women can avoid risky situations for sexual assault) and to increase empathy for victims of sexual violence have had mixed results.⁸ These approaches were also shown to have the unintended consequence of strengthening participants' beliefs in rape myths (e.g. women are responsible for being raped).⁸ This further underscores the need to focus prevention efforts on reducing perpetration.

The CDC risk factors are specific to male-on-female violence. Importantly, research links these same risk factors to same-sex sexual harassment and sexual violence targeted at LGBT young people.¹⁰ While the majority of sexual violence is perpetrated by men against women, there is much more to be learned about the risk factors for sexual violence perpetrated by women against men, and sexual violence perpetrated against someone of the same gender.

Lesson 3, Undoing Gender Stereotypes

Undoing Gender Stereotypes is the foundation for FLASH's sexual violence prevention lessons. This lesson strives to prevent perpetration of sexual assault by addressing the risk factors for perpetration identified by the CDC: hypermasculinity; societal norms that support male superiority and sexual entitlement; and societal norms that maintain women's inferiority and sexual submissiveness.¹ The lesson allows students to uncover the unhealthy consequences of rigid gender norms,¹ and to develop health-enhancing alternatives. This is the first of a four-part series of lessons which includes *Undoing Gender Stereotypes*, *Healthy Relationships*, *Coercion and Consent* and *Online Safety*. All of the lessons are designed to prevent the perpetration of sexual violence.

Materials Needed

Student Materials

- *Gender Boxes Worksheet*
- *Traditional Gender Expectations*
- *Gender Expectations Scenarios*
- *Sexual Attitudes Survey*
- *Individual Homework: Thinking About Gender Stereotypes*
- *Family Homework: Talking About Gender Stereotypes*, available in multiple languages on the FLASH website
- *Lesson 3 Exit Ticket*

Activities

1. Warm up

Display warm up as bell work.

Prompt: Define the word *stereotype*, in your own words. Please give a definition, not an example.

2. Introduce lesson

3. Define stereotypes

Have the students define the term *stereotype*. Summarize their comments by providing the following definition: a stereotype is an assumption or widely held belief about an entire group of people.

To help students understand the concept of stereotypes, ask them for examples of stereotypes of teens. Conclude by stating that stereotypes are often hurtful and are never true for all members of a group.

4. Facilitate gender box brainstorm

Draw two large squares next to each other on the board. Make sure there is plenty of room to write both inside and outside of the boxes. Write "Act Like a Man" directly above the top of the left square (see *Gender Boxes Worksheet*) and "Act Like a Lady" directly above the top of the right square.

Hand out the *Gender Boxes Worksheet*. Ask students for stereotypes or expectations of men, prompting them to think about media messages as well as messages from friends and family. Write student responses inside the "Act Like a Man" box. If students are stuck, ask clarifying questions. Have students fill out the worksheet as the class completes the activity.

Make sure the "Act Like a Man" box includes the following words or ideas (even if you have to add them yourself): tough, in charge, sexually in control and/or initiators of dating and sex.

After 10-15 responses, transition to the "Act Like a Lady" box. Ask students for stereotypes or expectations of women, again prompting them to think about media messages as well as messages from friends and family. Write student responses inside the "Act Like a Lady" box. If students are stuck, ask clarifying questions. Have students fill out the worksheet as the class completes the activity.

Make sure the "Act Like a Lady" box includes the following words or ideas (even if you have to add them yourself): submissive and/or weak, emotionally unstable and/or irrational, and some mention of the sexual double standard women are held to (e.g., needing to be sexually attractive or sexy while also being virgins or not too sexy).

5. Analyze gender pressures

Explain that now students will be looking at the pressures that are placed on people to conform to these expectations. Tell students to stop taking notes on their worksheets because you don't want them to write hurtful words on their sheets. Explain that now the class is going to think about the words guys and girls are sometimes called when they step outside of their gender boxes.

Discuss how the hurtful words that men and women are called when they step outside the boxes are limiting and harmful. Point out that other people's judgments, and these mean words, put a lot of pressure on both guys and girls to stay in their gender boxes and act the way society thinks they should.

Debrief the final portion of the activity by naming the themes in the words.

6. Administer *Sexual Attitudes Survey*

Explain that students will be taking an anonymous short survey about sexual attitudes that will be used in a future lesson. Distribute the *Sexual Attitudes Survey*.

7. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Thinking About Gender Stereotypes

Family Homework: Talking About Gender Stereotypes, available in multiple languages on the FLASH website

8. Exit ticket

Hand out the *Lesson 5 Exit Ticket*.

Warm Up

Define the word *stereotype*, in your own words.

Please give a definition, not an example.

Gender Boxes Worksheet

"Act Like a Man"

A large, empty square box with a black border, intended for a drawing or response related to the 'Act Like a Man' prompt.

"Act Like a Lady"

A large, empty square box with a black border, intended for a drawing or response related to the 'Act Like a Lady' prompt.

Individual Homework: Thinking About Gender Stereotypes

Name: _____

Period: _____

The gender stereotypes:

- Men are expected to be tough, in charge, sexually in control.
- Women are expected to be submissive or weak, emotionally unstable or irrational, sexually available/sexually pure.

Write one paragraph about **ONE** of the following. Be sure to discuss the stereotypes on the handout in your response.

1. Describe a movie, show or video game that you think really highlights gender stereotypes and explain how this example uses these stereotypes. Discuss what ways, if any, people can challenge gender stereotypes they see in this form of media.
2. Describe a time when you felt pressure to act in a certain way because of your gender. Review the *Traditional Gender Expectations* handout to help you think of an example. In your paragraph, please explain whether you were able to challenge the gender stereotype and how.

Family Homework: Talking about Gender Stereotypes

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Student: Show and explain the completed *Gender Boxes Worksheet* with your trusted adult.

Ask each other:

- What surprised you about these gender boxes?
- What did not surprise you?
- Did you learn anything about me from having this discussion? If so, what?

Family Homework Confirmation Slip: Talking about Gender Stereotypes

Due: _____

We have completed the family homework.

Date

Signature of family member or trusted adult

Student's name

Signature of student

Exit Ticket

Think about one stereotype we talked about today that comes from the media.

Write 1 or 2 sentences explaining how the media creates or reinforces that stereotype.

References

- ¹ Teten Tharp, A., DeGue, S., Valle, L., Brookmeyer, K., Massetti, G., & Matjasko, J. (2013). A systematic qualitative review of risk and protective factors for sexual violence perpetration. *Trauma Violence Abuse, 14*, 2, 133-167.
- ² Landry, D.J., & Forrest, J.D. (1995). How old are U.S. fathers?" *Family Planning Perspectives, 27*, 159-161 & 165.
- ³ Ryan, S., Franzetta, K., Manlove, J.S., & Schelar, E. (2008). Older sexual partners during adolescence: Links to reproductive health outcomes in young adulthood. *Perspectives on Sexual and Reproductive Health, 40*, 1, 17-26.
- ⁴ Kirby, D., Lepore, G., & Ryan, J. (2005). *Sexual risk and protective factors: Factors affecting teen sexual behavior, pregnancy, childbearing, and sexually transmitted disease: Which are important? which can you change?* Washington, DC: The National Campaign to Prevent Teen Pregnancy.
- ⁵ Ford, K., & Lepkowski, J. (2004). Characteristics of sexual partners and STD infection among American adolescents. *International Journal of STD and AIDS, 15*, 4, 260-265.
- ⁶ Saul, R. (1999). Using-and misusing-data on age differences between minors and their sexual partners. *Guttmacher Report on Public Policy, 2*, 4.
- ⁷ Duberstein Lindberg, L., Sonenstein, F.L., Leighton, K., & Martinez, G. (1997). Age differences between minors who give birth and their adult partners. *Family Planning Perspectives, 29*, 2.
- ⁸ World Health Organization/London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence*. Geneva: World Health Organization.
- ⁹ Centers for Disease Control and Prevention, Division of Violence Prevention. www.cdc.gov1violenceprevention/sexualviolence/riskprotectivefactors.html. Accessed 12/31/2014.
- ¹⁰ **S**hakeshaft, C., Barber, E., Hergenrother, **M.**, Johnson, Y., Mandel, L., & Sawyer, J. (1995). Peer harassment in schools. *Journal for a Just and Caring Education, 1*, 30-44.

Healthy Relationships

Grades 9-12, Lesson 4

Summary

The lesson begins with students identifying how they want to be treated by a girlfriend or boyfriend. They then review the signs of healthy, unhealthy and abusive relationships, and practice identifying these signs in two relationship vignettes. The lesson concludes with student volunteers acting out a communication skills demonstration, while the rest of the class offers advice to the actors, applying the skills learned in the lesson.

Student Learning Objectives

The student will be able to ...

1. Summarize the qualities of a healthy dating relationship.
2. Demonstrate effective strategies to avoid or end an unhealthy relationship.
3. Demonstrate effective communication strategies to prevent, manage or resolve interpersonal conflicts.

Lesson Timing

Warm up	Bell work+ 2 minutes
Introduce lesson	2 minutes
Lead aroup activity	12 minutes
Analyze scenarios	12 minutes
Communication skills demonstration	20 minutes
Assign homework	
Exit ticket	2 minutes
Total	50 minutes

FLASH Key Concepts

Everyone has the right to say who touches their body and how.

It is never okay to touch someone else if they don't want you to, or to make them touch you.

There are laws about sex that everyone must follow.

Permission or agreement is required to engage in all sexual activity.

Rigid ideas about how men and women should act are harmful and limit how people can express themselves.

Standards

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.1	Explain how to build and maintain healthy family and peer relationships.
SH1.12.2	Analyze characteristics of healthy relationships.
SH1.12.3	Summarize the qualities of a healthy dating relationship.
SH1.12.4	Evaluate effective strategies for dealing with difficult relationships with family members, peers, and boyfriends or girlfriends.
SH1.12.8	Analyze the factors that contribute to engaging in sexual risk behaviors.
SH1.12.12	Describe the importance of shared responsibilities for avoiding sexual activity and preventing sexual risk behaviors.
SH1.12.29	Analyze techniques that are used to coerce or pressure someone to have sex.
SH1.12.31	Summarize why individuals have the right to refuse sexual contact.
SH1.12.32	Explain why it is wrong to trick, threaten, or coerce another person into having sex.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
SH4.12.3	Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in sexual risk behaviors.
SH4.12.4	Demonstrate effective communication strategies to prevent, manage, or resolve interpersonal conflicts.
SH4.12.5	Demonstrate how to effectively ask for assistance to improve and/or maintain sexual health .
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.

National Sexuality Education Standards

HR.12.CC.1	Describe characteristics of healthy and unhealthy romantic and/or sexual relationships.
HR.12.CC.2	Describe a range of ways to express affection within healthy relationships.
HR.12.AI.1	Demonstrate how to access valid information and resources to help deal with relationships.
HR.12.IC.1	Demonstrate effective strategies to avoid or end an unhealthy relationship.
HR.12.IC.2	Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior.
HR.12.SM.1	Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior.
PS.12.CC.1	Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence.
PS.12.CC.3	Explain why using tricks, threats or coercion in relationships is wrong.
PS.12.CC.4	Explain why a person who has been raped or sexually assaulted is not at fault.
PS.12.AI.1	Access valid resources for help if they or someone they know are being bullied or harassed, or have been sexually abused or assaulted.
PS.12.AI.2	Demonstrate ways to access accurate information and resources for survivors of sexual abuse, incest, rape, sexual harassment, sexual assault and dating violence.
PS.12.IC.2	Identify ways in which they could respond when someone else is being bullied or harassed.

Rationale

Theoretical Basis for Sexual Violence Prevention Lessons

The prevention of sexual violence is both a behavioral goal of FLASH in its own right, and an important strategy for preventing teen pregnancy and STDs. Sexual violence is correlated with a host of acute and chronic health problems - amplified by high rates of victimization in the United States.¹ Sexual violence is also strongly linked to teen pregnancy and STDs. Pregnant teens have higher rate of previous sexual assault, as do teens who begin having intercourse at a young age, increasing their risk of teen pregnancy and STDs.^{2 3 4 5} Moreover, young teens with much older male partners have greatly increased risk of pregnancy.^{6 7} Clearly, effective sexual violence prevention can reduce suffering and improve outcomes across many domains of health.

Sexual violence prevention programs have not been evaluated to the same extent as programs that reduce teen pregnancy and STDs. In the fields of public health and sexual violence prevention, the recommended approach to reduce sexual violence is to address "upstream" risk factors for perpetration.⁸ FLASH's sexual violence prevention lessons address the risk factors for perpetration identified by the CDC⁹ that are amenable to change through a school-based curriculum:

- Hostility towards women
- Hypermasculinity (exaggerated adherence to traits stereotypically attributed to men)
- General tolerance of sexual violence within the community
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness

Significantly, strategies to prevent victimization (e.g. how women can avoid risky situations for sexual assault) and to increase empathy for victims of sexual violence have had mixed results.⁸ These approaches were also shown to have the unintended consequence of strengthening participants' beliefs in rape myths (e.g. women are responsible for being raped).⁸ This further underscores the need to focus prevention efforts on reducing perpetration.

The CDC risk factors are specific to male-on-female violence. Importantly, research links these same risk factors to same-sex sexual harassment and sexual violence targeted at LGBT young people.¹⁰ While the majority of sexual violence is perpetrated by men against women, there is much more to be learned about the risk factors for sexual violence perpetrated by women against men, and sexual violence perpetrated against someone of the same gender.

Healthy Relationships

The goal of the *Healthy Relationships* lesson is to reduce abusive communication and behavior and replace them with healthy alternatives. Students identify healthy, unhealthy and abusive behaviors within relationships, and practice using healthy communication skills. Students also receive tips and resources for helping a friend who is experiencing dating abuse. The lesson builds social norms in favor of healthy relationships, and rejects general tolerance of abuse of violence.¹

This is the second of a four-part series of lessons which includes *Undoing Gender Stereotypes*, *Healthy Relationships*, *Coercion and Consent* and *Online Safety*. All of the lessons are designed to prevent the perpetration of sexual violence.

Materials Needed

Student Materials

- *How I Want to Be Treated by My Boyfriend or Girlfriend* (2 copies per student)
- *Real-Life Couples*
- *Healthy, Unhealthy and Warning Signs of Abuse*
(Note: Do NOT copy the *Real-Life Couples* and *Healthy, Unhealthy and Warning Signs of Abuse* handouts back to back.)
- *Effective Communication Tips*
- *Individual Homework: Thinking About Healthy Relationships*
- *Family Homework: Talking About Healthy Relationships*, available in multiple languages on the FLASH website
- *Lesson 4 Exit Ticket*

Activities

1. Warm up

Display warm up as bell work.

Prompt: List 3 characteristics of a healthy relationship.

2. Introduce the lesson

Remind students of the previous lesson and introduce today's topic.

3. Conduct group activity

Have students complete the *How I Want To Be Treated by my Boyfriend or Girlfriend* worksheet by circling the 5 most important words that represent how they would like to be treated by a partner.

4. Students analyze scenarios

Students read *Healthy, Unhealthy and Warning Signs of Abuse* to themselves.

Cover these points for the Marcus and Lillian debrief:

- The class should identify this scenario as having several qualities of an unhealthy or abusive relationship, including:
 - o trying to limit or control what the other person does
 - o often being jealous
 - o throwing or breaking things during a fight
- They may also see some qualities from the healthy relationship list, such as Marcus stating that he trusts Lillian and that he loves her. However, it's important to emphasize that, while Marcus may love and trust Lillian, his actions are unacceptable and are warning signs of abuse. Lillian does not deserve to be treated in this way and it may be unsafe for her to stay in the relationship at this point.

Cover these points for the Taylor and Alex debrief:

- The class should identify this scenario as having several qualities from the healthy relationship list, including:
 - o being supported and encouraged
 - o being treated as an equal
 - o being honest
- Taylor and Alex have different interests, but still support one another in the things that are important to them. Neither of them feels the need to give up their individual interests or feels forced to join the interest of the other person. They are honest with each other and were able to negotiate a compromise they were both happy with.

5. Conduct communication skills demonstration

Distribute *How to Help a Friend* and *Effective Communication Tips* handouts.

Review *How to Help a Friend*, and inform them of resources available to teens who are in a relationship that feels bad. Point out the hotline and website as a resource they can use for themselves or to help a friend.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed. Hand out homework and a clean copy of the *How I Want to Be Treated by my Boyfriend or Girlfriend*.

Individual Homework: Thinking About Healthy Relationships

Family Homework: Talking About Healthy Relationships, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 4 Exit Ticket*.

Warm Up

List 3 characteristics of a healthy relationship.

How I Want to Be Treated by My Boyfriend or Girlfriend

Instructions: Review the following list and circle the 5 ways you want to be treated in a relationship that are most important to you. You may see many qualities here that you like, but try to pick your top 5. Follow the directions at the bottom of the page after you have picked your top 5.

I want my Partner to...

Treat me with respect

Communicate well

Need me

Not pressure me

Support me

Be honest with me

Treat me as an equal

Make me laugh

Encourage me

Protect me

Trust me

Love me

Looking at the 5 qualities you chose, list the number 1 (most important) way you would like to be treated by a boyfriend or girlfriend. Briefly explain why that quality is so important to you.

Number 1 Quality: _____

Explanation:

Real-Life Couples

1. Marcus and Lillian

Marcus and Lillian have been going out for about 6 months. Marcus feels like he is really in love with Lillian. She is the prettiest girl he has ever dated and she seems so smart. Marcus often feels nervous that he might lose her to another guy, since she is so pretty and smart. He doesn't think she would ever cheat on him, but he does see her talking with other guys sometimes. It makes him feel so jealous he doesn't know what to do. He told her that she needed to stop talking with those other guys, especially right in front of him! Lillian got upset with him, and they had a huge fight. As they were arguing, Marcus felt so mad that he grabbed her by the arms to get her to listen to him and then threw his cell phone across the room, smashing it to pieces. Marcus promised Lillian it would never happen again. He says it was an accident, and he didn't mean to hurt anyone. He just couldn't control himself when he was feeling so angry.

2. Taylor and Alex

Taylor and Alex have also been dating for about 6 months. Taylor just made the varsity soccer team, after putting in many hours of practice throughout the entire summer. Taylor excitedly calls Alex to share the news. Alex has no interest in soccer at all, but still talks and listens throughout the entire conversation, showing Taylor excitement for the news. Alex knows how much the team means to Taylor, and wants to be supportive of Taylor. Taylor invites Alex to the first game, but Alex can't come due to a student leadership meeting that night. Taylor is disappointed, and wishes that Alex would just forget about the meeting and come to the game anyway, but knows that the meeting is important to Alex as soccer is for Taylor. Taylor tells Alex that it would really mean a lot if Alex came to the game, and Alex agrees to come to the second half, after the leadership meeting is over.

Healthy, Unhealthy and Warning Signs of Abuse

In a healthy relationship, people ...

- Treat their partners with respect and fairness
- Support and encourage each other
- Treat each other as equals
- Are honest
- Earn their partners' trust
- Have shared interests
- Also have separate interests and identities
- Try hard to have honest and clear communication
- Enjoy being with each other
- Never hurt their partners physically or sexually
- Don't pressure each other to do things they aren't comfortable with

In an unhealthy relationship, people ...

- Treat their partners disrespectfully and unfairly
- Frequently argue or fight
- Have no shared interests OR do things ONLY with each other-they have no separate friends or interests
- Pressure their partners into doing things they aren't comfortable with
- Cheat on their partners
- Don't care about their partners' feelings
- Don't enjoy spending time together

Warning signs of an abusive relationship include ...

- One person throws or breaks things during an argument
- One person tries to control the other (what they do, whom they see, what they wear)
- One person is often jealous or is overly jealous
- One person hurts the other person physically or sexually
- One person humiliates, calls names or puts the other person down
- "Crazy-making" behavior-when one person lies or changes the facts, or denies or minimizes the other person's experience. This behavior often makes abused partners feel like they are "going crazy."

How to Help a Friend

What if your friend is abusing someone?

If someone you know is the person hurting someone else, there are ways for you to help. It's your friend's responsibility to stop the abuse, but you can help too, if you feel safe.

- ▶ **Express your own emotion or reaction.**
You can say, "I don't like it when you talk to people like that" or "You're my friend. I'm surprised you'd do that."
- ▶ **Increase empathy.**
Help your friend see the impact of the actions: "What if that was your sister/ brother/ mom?" or "I hope no one ever treats you like that."
- ▶ **Make a short statement right away.**
This can be helpful to say in the moment: "Leave them alone!" or "You're being a jerk!"
- ▶ **Distract and/or separate the person.**
You can say: "Come help me real quick!" or "Let's get to class," or "Let's get out of here!"
- ▶ **Recruit someone else to help.** Get another friend or a trusted adult to help.

What if your friend is the one who's been hurt, assaulted or abused?

Here are some tips in case a friend ever comes to you.

- ▶ **Listen.**
You may not know what to say. That's OK. What's most important is to listen to your friend, and let him or her know that you are glad to listen.
- ▶ **Believe your friend.**
People rarely make up these kinds of stories. Your friend is probably telling you the truth.
- ▶ **Show that you care.**
Support your friend in whatever way is comfortable. You might say you are sorry this happened, hold hands, or offer a tissue if your friend cries. Show with your body language and your facial expression that you care.
- ▶ **Reassure your friend that it's not their fault.**
The person who committed the assault is the one responsible. It is never the victim's fault.
- ▶ **Respect your friend's privacy.**
Although lots of tough decisions need to be made, such as who to tell, when to tell, and what to do, let your friend be in control of those decisions. You can decide together on a trusted adult you can both talk to.

Where to Get Help: Love Is Respect is a national, 24-hour resource for youth. Teens can talk on the phone with someone, chat with a peer advocate online, or play games and read information on the website. Call **1-866-331-9474** or visit loveisrespect.org

Effective Communication Tips

Voice

Make sure the tone of your voice and the volume of your voice are right for what you are saying.

Intent

Know what you want if you're asking for something. What outcomes would be OK with you?

Body Language

Think about what you're saying with your body. Are your arms folded? Are you looking somewhere else? Are you turned toward the person or away? It's best when your body language is saying the same thing your words are saying.

Timing

Think about when you are going to ask for something or bring up a difficult topic. Does the other person have the time and energy to devote at that moment?

Approach

Think about how you bring something up. Are you defensive, attacking or angry?

Being Clear

Know what it is you want to say or bring up. Pay attention to word choice, tone of voice and body language

Effective communication often includes:

- I-statements ("I think ... , "I want ... ")
- Expressing opinions ("I believe ... ")
- Saying "No" firmly but respectfully
- Asking for what you want
- Initiating conversations
- Expressing positive feelings
- Expressing appreciation
- Stating your strengths and abilities ("I can ... ")

Volunteer Instructions: Communication Skills Demonstration

This handout is only given to the 3 students volunteering for the demonstration.

Person A: The person who asks out Person B.

Person B: The person who decides whether to go out with Person A. Likes Person A and has wanted to go out with them. But will only agree to a date if Person A asks in a clear and respectful way.

Person C: The friend of Person B. Tries to be helpful.

The Scene: All 3 scenarios begin with Person B and Person C talking.
Person A approaches them to ask out Person B.

The First Attempt

- **Person A** (the asker) is very shy. They look at the ground, speak very softly, and don't ever get to the question.
- **Person B** wants to go out on a date with Person A, but since there is never a clear or direct question, can't ever say yes. Person B leaves wondering what just happened.
- **Person C** (the friend) also seems confused and helps the friend exit gracefully.

The Second Attempt

- **Person A** (the asker) is pushy. Person A interrupts Person C (the friend) and gets in Person B's space. Person A is intent on getting what they want, is over confident, and doesn't seem concerned with what Person B wants.
- **Person B** has been wanting to go out with Person A, but is no longer interested because of the way Person A asked.
- **Person C** is offended by Person A's behavior and tries to help get the friend away.

The Third Attempt

- **Person A** (the asker) is a little nervous, but still manages to ask Person B out on a date. Person A acknowledges Person C, is polite, and respectfully joins the conversation. Person A is clear when asking the question, makes good eye contact, smiles, isn't too loud or too quiet, and clearly hopes that Person B will go out. Person A asks genuinely, and waits respectfully for the answer.
- **Person B** has been wanting to go out with Person A and gladly accepts.
- **Person C** is excited for them.

Individual Homework: Thinking About Healthy Relationships

Name: _____

Period: _ _ _ _ _

List 3 things you might say or do if a friend was feeling scared of a boyfriend or girlfriend.

a.

b.

c.

Family Homework: Talking about Healthy Relationships

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Student: Show and explain the handout titled *How I Want to Be Treated by My Boyfriend or Girlfriend*.

Ask each other:

- Which qualities listed on the worksheet are most important to you in your dating relationships or in your marriage?
- Which qualities listed do you hope that I will have in my dating relationships or marriage?
- Are there other qualities you think are important that are not listed here? What are they?
- What is one piece of advice you would give someone about how to have a happy and healthy relationship?

Family Homework Confirmation Slip: Talking about Healthy Relationships

Due: _____

We have completed the family homework.

Date

Signature of family member or trusted adult

Student's name

Signature of student

Exit Ticket

Using one or more of these tips from your *Effective Communication Tips* handout, write 1 or 2 sentences telling someone you don't want to go on a date with them. Imagine this person is someone you like as a friend, but don't want to date.

- I-statements ("I think ...", "I want ...")
- Expressing opinions ("I believe ...")
- Saying "No" firmly but respectfully
- Asking for what you want
- Initiating conversations
- Expressing positive feelings
- Expressing appreciation
- Stating your strengths and abilities ("I can ...")

References

- ¹ Teten Tharp, A., DeGue, S., Valle, L., Brookmeyer, K., Massetti, G., & Matjasko, J. (2013). A systematic qualitative review of risk and protective factors for sexual violence perpetration. *Trauma Violence Abuse*, 14, 2, 133-167.
- ² Landry, D.J., & Forrest, J.D. (1995). How old are U.S. fathers?" *Family Planning Perspectives*, 27, 159-161 & 165
- ³ Ryan, S., Franzetta, K., Manlove, J.S., & Schelar, E. (2008). Older sexual partners during adolescence: Links to reproductive health outcomes in young adulthood. *Perspectives on Sexual and Reproductive Health*, 40, 1, 17-26.
- ⁴ Kirby, D., Lepore, G., & Ryan, J. (2005). *Sexual risk and protective factors: Factors affecting teen sexual behavior, pregnancy, childbearing, and sexually transmitted disease: Which are important? which can you change?* Washington, DC: The National Campaign to Prevent Teen Pregnancy.
- ⁵ Ford, K., & Lepkowski, J. (2004). Characteristics of sexual partners and STD infection among American adolescents. *International Journal of STD and AIDS*, 15, 4, 260-265.
- ⁶ Saul, R. (1999). Using-and misusing-data on age differences between minors and their sexual partners. *Guttmacher Report on Public Policy*, 2, 4.
- ⁷ Duberstein Lindberg, L., Sonenstein, F.L., Leighton, K., & Martinez, G. (1997). Age differences between minors who give birth and their adult partners. *Family Planning Perspectives*, 29, 2.
- ⁸ World Health Organization/London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence*. Geneva: World Health Organization.
- ⁹ Centers for Disease Control and Prevention, Division of Violence Prevention. www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html. Accessed 12/31/2014.
- ¹⁰ Shakeshaft, C., Barber, E., Hergenrother, M., Johnson, Y., Mandel, L., & Sawyer, J. (1995). Peer harassment in schools. *Journal for a Just and Caring Education*, 1, 30-44.

Coercion and Consent

Grades 9-12, Lesson 5

Summary

Students review the results of the *Sexual Attitudes Survey* from Lesson 4 in order to set social norms that do not support sexual violence. The teacher then leads a class discussion to generate definitions of sexual assault, coercion and consent, followed by a discussion about the potential problems caused by power imbalances and age differences. Students conclude by working on scenarios in small groups, determining if consent is or is not present.

Student Learning Objectives

The student will be able to ...

1. Define sexual consent and explain its implications for sexual decision making.
2. Analyze techniques that are used to coerce or pressure someone to have sex.
3. Describe potential impacts of power differences within sexual relationships.
4. Explain why it is an individual's responsibility to verify that all sexual contact is consensual.
5. Summarize why individuals have the right to refuse sexual contact.
6. Explain why it is wrong to trick, threaten, or coerce another person into having sex.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson	1 minute
Share survey results	4 minutes
Define terms	10 minutes
Review laws	5 minutes
Discuss power and age differences	5 minutes
Facilitate scenarios activity	20 minutes
Summarize	1 minute
Assign homework	
Exit ticket	2 minutes
Total	50 minutes

FLASH Key Concepts

Everyone has the right to say who touches their body and how.

It is never okay to touch someone else if they don't want you to, or to make them touch you.

There are laws about sex that everyone must follow.

Permission or agreement is required to engage in all sexual activity.

Rigid ideas about how men and women should act are harmful and limit how people can express themselves.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.1	Explain how to build and maintain healthy family and peer relationships.
SH1.12.9	Analyze the factors that protect one against engaging in sexual risk behaviors.
SH1.12.12	Describe the importance of shared responsibilities for avoiding sexual activity and preventing sexual risk behaviors.
SH1.12.13	Analyze the relationship between using alcohol and other drugs and sexual risk behaviors.
SH1.12.29	Analyze techniques that are used to coerce or pressure someone to have sex.
SH1.12.30	Explain why it is an individual's responsibility to verify that all sexual contact is consensual.
SH1.12.31	Summarize why individuals have the right to refuse sexual contact.
SH1.12.32	Explain why it is wrong to trick, threaten, or coerce another person into having sex.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
SH2.12.3	Analyze how peers and perceptions of norms influence healthy and unhealthy sexual health practices, behaviors, and relationships.
SH2.12.4	Analyze how personal attitudes, values, and beliefs influence healthy and unhealthy sexual health practices, behaviors, and relationships.
SH2.12.5	Analyze how some health risk behaviors influence the likelihood of engaging in risky sexual behaviors (e.g., alcohol and other drug use).
SH2.12.6	Analyze how laws, rules and regulations influence behaviors related to sexual health.
SH2.12.7	Analyze how school and community affect personal sexual health practices, behaviors, and relationships.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
SH4.12.3	Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in sexual risk behaviors.
SH4.12.4	Demonstrate effective communication strategies to prevent, manage, or resolve interpersonal conflicts.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.12.7	Choose a healthy alternative when making a sexual health-related decision.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.1	Analyze the role of individual responsibility for sexual health.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.12.1	Use peer and societal norms, based on accurate health information, to formulate a health enhancing message about avoiding or reducing risky sexual behaviors.

High School FLASH, 3rd edition

SH8.12.2	Persuade and support others to avoid or reduce risky sexual behaviors.
----------	--

National Sexuality Education Standards

ID.12.SM.1	Explain how to promote safety, respect, awareness and acceptance
HR.12.CC.3	Define sexual consent and explain its implications for sexual decision making
HR.12.INF.2	Analyze factors, including alcohol and other substances, that can affect the ability to give or perceive the provision of consent to sexual activity
HR.12.AI.1	Demonstrate how to access valid information and resources to help deal with relationships
HR.12.SM.1	Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior
PS.12.CC.1	Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence
PS.12.CC.2	Analyze the laws related to bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence
PS.12.CC.3	Explain why using tricks, threats or coercion in relationships is wrong
PS.12.CC.4	Explain why a person who has been raped or sexually assaulted is not at fault
PS.12.AI.1	Access valid resources for help if they or someone they know are being bullied or harassed, or have been sexually abused or assaulted
PS.12.AI.2	Demonstrate ways to access accurate information and resources for survivors of sexual abuse, incest, rape, sexual harassment, sexual assault and dating violence
PS.12.IC.1	Demonstrate effective ways to communicate with trusted adults about bullying, harassment, abuse or assault (<i>homework</i>)
PS.12.IC.2	Identify ways in which they could respond when someone else is being bullied or harassed.
PS.12.INF.1	Describe potential impacts of power differences (e.g., age, status or position) within sexual relationships
PS.12.INF.2	Analyze the external influences and societal messages that impact attitudes about bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence

Rationale

Theoretical Basis for Sexual Violence Prevention Lessons

The prevention of sexual violence is both a behavioral goal of FLASH in its own right, and an important strategy for preventing teen pregnancy and STDs. Sexual violence is correlated with a host of acute and chronic health problems - amplified by high rates of victimization in the United States.¹ Sexual violence is also strongly linked to teen pregnancy and STDs. Pregnant teens have higher rate of previous sexual assault, as do teens who begin having intercourse at a young age, increasing their risk of teen pregnancy and STDs.^{2 3 4 5} Moreover, young teens with much older male partners have greatly increased risk of pregnancy.^{6 7} Clearly, effective sexual violence prevention can reduce suffering and improve outcomes across many domains of health.

Sexual violence prevention programs have not been evaluated to the same extent as programs that reduce teen pregnancy and STDs. In the fields of public health and sexual violence prevention, the recommended approach to reduce sexual violence is to address “upstream” risk factors for perpetration.⁸ FLASH's sexual violence prevention lessons address the risk factors for perpetration identified by the CDC⁹ that are amenable to change through a school-based curriculum:

- Hostility towards women
- Hypermasculinity (exaggerated adherence to traits stereotypically attributed to men)
- General tolerance of sexual violence within the community
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness

Significantly, strategies to prevent victimization (e.g. how women can avoid risky situations for sexual assault) and to increase empathy for victims of sexual violence have had mixed results.⁸ These approaches were also shown to have the unintended consequence of strengthening participants' beliefs in rape myths (e.g. women are responsible for being raped).⁸ This further underscores the need to focus prevention efforts on reducing perpetration.

The CDC risk factors are specific to male-on-female violence. Importantly, research links these same risk factors to same-sex sexual harassment and sexual violence targeted at LGBT young people.¹⁰ While the majority of sexual violence is perpetrated by men against women, there is much more to be learned about the risk factors for sexual violence perpetrated by women against men, and sexual violence perpetrated against someone of the same gender.

Coercion and Consent

Coercion and Consent focuses on resetting societal norms that lead to perpetration of sexual violence, and on identifying and recognizing sexual assault and consent. Students gain skills in recognizing when consent is given or not given in sexual situations, and increase their understanding of the laws about consent. This lesson focuses on the following CDC risk factors for perpetration: (1) general tolerance of sexual violence within the community, and (2) societal norms that support male superiority and sexual entitlement.

This is the third of a four-part series of lessons which includes *Undoing Gender Stereotypes*, *Healthy Relationships*, *Coercion and Consent* and *Online Safety*. All of the lessons are designed to prevent the perpetration of sexual violence.

Materials Needed

Student Materials

- *Washington Laws and Resources Handout*
- *Individual Homework: Being a Resource and Finding Resources*
- *Family Homework: Talking About Sexual Violence Prevention*, available in multiple languages on the FLASH website
- *Lesson 5 Exit Ticket*

Classroom Materials

- *Lesson 5 Warm Up*
- *Coercion and Consent Scenarios*

Activities

1. Warm up

Display warm up as bell work

Question: Why is it important for young men to work to end sexual violence? (2–3 sentences)

2. Explain purpose of lesson and set the tone

3. Share survey results

Display the results from the *Sexual Attitudes Survey* administered at the close of Lesson 4. Review several items from the survey, noting students' responses as well as the responses they thought their peers would give. Point out any discrepancies between what students expected of their peers versus what the survey results actually show. The script provided assumes that students answered at least a few statements favorably, and that they showed a bias that was less favorable of their peers. This is likely what your results will show as well. Display only the results that follow this pattern, since the purpose of this section is to re-establish social norms that are not supportive of sexual violence.

4. Define sexual assault, coercion and consent

Begin with an open ended question about why people always have the right to refuse sexual contact. Then, lead a class discussion to generate definitions of sexual assault, coercion and consent. Summarize students' comments to create the following final definitions/statements, and be sure to address the questions listed under each one.

Why people have the right to refuse sexual contact: People have the right to refuse sexual contact because no one, under any circumstances, is required to have any type of sex if they don't want to.

Sexual assault: Coercing or forcing another person into sexual contact.

Coercion: The use of manipulation to persuade people to do something they may not want to do, such as being sexual or performing certain sexual acts.

Consent: Permission or agreement to engage in sexual activity.

5. Review sexual assault laws

Review your state laws, especially noting how consent and coercion are handled, and whether forced oral, anal and vaginal sex as well as other types of sexual activity can all be considered sexual assault. Also specifically note at what ages it is illegal for two people to have sex. In some states, there is simply an age of consent. In other states, specific age differences are spelled out. Hand out the *State Laws & Resources* handout.

Washington State law says: “consent” means that at the time of the act of sexual intercourse or sexual contact, there are actual words or conduct indicating freely given agreement to have sexual intercourse or sexual contact.”

What does this mean? If someone forces someone else to have any type of sex, that is rape. If someone has any type of sex with a person who says no or shows they don’t want to have sex, that is also rape. The law says “actual words or conduct,” so consent can be verbal or nonverbal.

Consent is important. Washington State law also specifies that certain people cannot give consent. Who do you think is not legally able to consent?

Anyone who is mentally incapacitated due to alcohol or other drugs cannot give consent. Anyone who is physically helpless, unconscious or asleep cannot give consent. So, if someone has any type of sex with a person in these situations, it is also rape.

6. Discuss power imbalance and age differences

7. Facilitate scenarios activity

Scenario 1:

- *Naomi is highly intoxicated and therefore cannot consent. Even if her words (“uh-huh”) indicate yes, the fact that she is drunk means that she cannot consent.*

If they were both intoxicated, neither person can legally consent to sex. Technically, it is possible that either could be charged with rape. However, the one who initiates the sexual contact or who gives the other person alcohol may be more likely to be held responsible for rape. Also, people who are intoxicated are less likely to protect themselves against STDs, including HIV, and pregnancy.

Ideally a friend would step in and help intervene. This would look like distracting them, staying by Naomi’s side, pretending they need to come help someone who is sick and telling the person it is not a good idea to hook up because she is drunk,

Scenario 2:

- *Jamal really wants to have sex (he asks twice), but he is respectful when Leila communicates her boundaries (with words and later with body language).*
- *Note: Students may indicate that this appears to be a healthy relationship because Jamal and Leila have honest and clear communication.*

Scenario 3:

- *There are several cues that indicate that Elena is not consenting, including: she shrugs her shoulders when he first touches her, she “hisses” and tells him to cut it out, she tries to push him away.*

Scenario 4:

- *This scenario is similar to Scenario 3, but important details are different. In this scenario, it appears that both people are consenting. We know this due to several factors: he touches her shoulders, she grins when he first touches her, she indicates that they could be doing something else, he pulls her close, she laughs, they both giggle, they kiss.*
- *She does say “cut it out,” which means no. So, it is not entirely clear what she wants because in this moment, her body language says yes, and her words say no. It would be clearer if they were to ask each other directly, “Can I kiss you?”*
- *He assumes consent in this case because her “yes” cues far outweigh her “no” cues*

Scenario 5:

- *There is consent for the kiss.*
- *There are several cues: Tyra gave a hug, Monica gave a quick kiss, Tyra asked if they could kiss again, Monica laughed and they kissed again.*
- *There is no consent to do anything further at this point, therefore Tyra should ask. She could say, “Do you want to go further?” or “What do you want to do next?” or “Can I take your shirt off)”*

Scenario 6

- *Consent is not possible in this scenario because of the age difference and because of Ciera's position of power (she is in a supervisory position as a coach).*
- *Even if the boy wanted to have sex and consented, Washington State law says that technically he cannot consent if she is in a position of power and he is more than 5 years younger. (Note: State laws may vary. Tailor the discussion to reflect the laws in your state.)*
- *Even if the law isn't broken, Ciera is still breaking ethical rules for coaches and is risking her job.*
- *Ideally, Taylor or other students who heard these rumors would report to a trusted adult or to police. It may be very difficult to report because there may be a lot of peer pressure to stay quiet about it*

8. Summarize

Summarize the lesson and answer any questions students still have about sexual violence.

9. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Being a Resource and Finding Resources

Family Homework: Talking about Sexual Violence Prevention, available in multiple languages on the FLASH website

10. Exit ticket

Hand out the Lesson 5 *Exit Ticket*.

Warm Up

Answer the following question in 2 or 3 sentences:

Why is it important for young men to work to end sexual violence?

Washington Laws and Resources Handout

What is sexual assault?

Sexual assault is a crime. Sexual contact is always illegal when force is used or when a person cannot give consent. It is always illegal if there is any type of sex with a close relative. "Sexual assault" refers to many different crimes. A good definition is "coercing or forcing another person into sexual contact."

Different kinds of sexual assault

Rape: This is any kind of sexual penetration by force or when the person can't consent. Sometimes physical force is used or threatened. Other times the victim is helpless or under the influence of alcohol or other drugs and can't consent. Sometimes the offender is a stranger. More often the offender is someone the victim knows.

Child sexual abuse: This is when an adult sexually touches or has any type of sex with a child or teen. The offender might use force, manipulation, bribery, pressure, or take advantage of a situation.

Incest: This is when a close relative such as a parent or step-parent sexually touches or has any type of sex with a child. It is always illegal, no matter how old the victim is.

Rape of a Child (also called statutory rape): In Washington State, any type of sex is illegal even when there is no force if:

- The younger person is under age 12, and the older person is more than 2 years older.
- The younger person is age 12 or 13, and the older person is more than 3 years older.
- The younger person is age 14 or 15, and the older person is more than 4 years older.

Sexual Misconduct: In Washington State, it is also illegal for a person in a position of power or authority to have a sexual relationship with any youth they supervise. This would apply to two situations:

- The younger person is age 16 or 17, and the older person is more than 5 years older and is in a position of authority over the younger person.
- Any school employee has a sexual relationship with any enrolled student under age 21.

Where to Get Help

Find a local sexual assault center in Washington State: www.wcsap.org/help.htm

Find help outside of Washington State: www.nsvrc.org/organizations

Coercion and Consent Scenarios

1. Desiree and Naomi are best friends and are at a party together. Desiree notices that Naomi is drinking a lot and starting to slur her words. Jackson, a cute guy at the party, approaches Naomi, who is totally drunk. Jackson asks Naomi if she wants to hook up. Naomi nods her head and is led upstairs by Jackson. Desiree can see that Naomi is stumbling up the stairs.

- What do you think about this situation?
 - Is consent possible in this situation? Why or why not?
 - Would it be different if both Jackson and Naomi were intoxicated?
 - What could Desiree do to help her friend? What could one of Jackson's friends do?
-

2. Jamal and Leila have been dating for 6 months. Jamal feels he is ready to have sex. Jamal invites Leila over to his house one weekend night when his parents are out of town. Alone in the house, Jamal talks with Leila about wanting to have sex and Leila tells him she's not ready. A little later while making out in Jamal's room, he asks her again about having sex. Leila shakes her head no and looks away. Jamal is disappointed but goes no further.

- Was there consent in this scenario? What did the person say or do to let you know?
 - What do you think about Leila and Jamal's relationship?
-

3. Rob and Elena are in the library, working on a school report. At the computer station, Rob begins to give Elena a backrub. "This research is boring," he says. Elena shrugs her shoulders under his hands. Rob puts his arms around her from behind and pulls her close to him. Elena leans forward and hisses, "Cut it out, you're going to get us in trouble." Rob pulls her into the corner. As Elena puts her hands on his chest and tries to push him away, he pulls her to him and kisses her.

- Was there consent in this scenario? What did the person say or do to let you know?
 - If you have time, read and discuss Scenario 4.
-

4. Rob and Elena are in the library, working on a school report. At the computer station, Rob begins to give Elena a backrub. "This research is boring," he says. Elena turns around and grins at him. "Yeah, it is, compared to what we could be doing," she says. Rob puts his arms around her and pulls her close to him. Elena puts her arms around his neck and laughs, "Cut it out, you're going to get us in trouble." Rob pulls her into the corner. Giggling, they kiss.

- Was there consent in this scenario? What did the person say or do to let you know?
 - If you have time, read and discuss Scenario 3.
-

5. Tyra walked Monica home after they saw a movie together Friday night. When they got to Monica's house, they stood talking for a while. When Tyra gave Monica a hug goodnight, Monica responded with a quick kiss on the lips. Tyra smiled and said, "Can we do that again?" Monica laughed, and they kissed for a long time. They went inside and kept kissing. Tyra wanted to go further but couldn't really tell what Monica wanted by her body language.

- Was there consent for the kiss? What did the person say or do to let you know?
 - Was there consent to do anything further sexually?
 - What should Tyra do in this situation?
-

6. Ciera is 23 years old. She is a teacher and the girls' basketball coach at Lake High School. She has been coaching the boys' basketball team lately because the boys' coach has been out sick. Some of the girls notice that Ciera is kind of flirtatious with some of the guys on the boys' team. She has also been offering a few of the boys private coaching sessions, but tells them to keep it a secret, so the girls don't get jealous. A member of the boys' team tells his friend Taylor that he and Ciera hooked up last weekend.

- What do you think about this situation?
 - Is consent possible in this situation? Why or why not?
 - What would you do if you were Taylor?
-

Individual Homework:

Being a Resource and Finding Resources

Name _____

Period _____

Describe 3 ways that you could talk to or intervene with a friend who you have seen touch someone in an inappropriately sexual way in the hall at school.

- 1.
- 2.
- 3.

Family Homework: Talking about Coercion and Consent

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

For each scenario ask the adult: (1) What would you like me to do in this situation? (2) How could I ask for your help?

Ask each other: Are there certain rules or agreements that we both should follow?

I'm hanging out with friends and they start doing things that make me feel unsafe. This could include things such as drinking, going to a party I don't want to go to, acting sexually in a way that makes me feel uncomfortable, etc.

I'm hanging out at a friend's house and my friend's parents or guardians go out for the evening. I start to feel uncomfortable.

My boss at work is 23. This boss is cute and has been pretty friendly with me. I've enjoyed the attention until now. Recently, I've started feeling uncomfortable with the sexual innuendos that have been made. I'm often alone with my boss at work and am feeling more uncomfortable.



Family Homework Confirmation Slip: Talking about Coercion and Consent

Due: _____

We have completed the family homework.

Date

Signature of family member or trusted adult

Student's name

Signature of student

Exit Ticket

List 1 or 2 things someone can do to ensure there is consent for a kiss.

References

- ¹ Teten Tharp, A., DeGue, S., Valle, L., Brookmeyer, K., Massetti, G., & Matjasko, J. (2013). A systematic qualitative review of risk and protective factors for sexual violence perpetration. *Trauma Violence Abuse*, 14, 2, 133-167.
- ² Landry, D.J., & Forrest, J.D. (1995). How old are U.S. fathers?" *Family Planning Perspectives*, 27, 159-161 & 165.
- ³ Ryan, S., Franzetta, K., Manlove, J.S., & Schelar, E. (2008). Older sexual partners during adolescence: Links to reproductive health outcomes in young adulthood. *Perspectives on Sexual and Reproductive Health*, 40, 1, 17-26.
- ⁴ Kirby, D., Lepore, G., & Ryan, J. (2005). *Sexual risk and protective factors: Factors affecting teen sexual behavior, pregnancy, childbearing, and sexually transmitted disease: Which are important? which can you change?* Washington, DC: The National Campaign to Prevent Teen Pregnancy.
- ⁵ Ford, K., & Lepkowski, J. (2004). Characteristics of sexual partners and STD infection among American adolescents. *International Journal of STD and AIDS*, 15, 4, 260-265.
- ⁶ Saul, R. (1999). Using—and misusing—data on age differences between minors and their sexual partners. *Guttmacher Report on Public Policy*, 2, 4.
- ⁷ Duberstein Lindberg, L., Sonenstein, F.L., Leighton, K., & Martinez, G. (1997). Age differences between minors who give birth and their adult partners. *Family Planning Perspectives*, 29, 2.
- ⁸ World Health Organization/London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence*. Geneva: World Health Organization.
- ⁹ Centers for Disease Control and Prevention, Division of Violence Prevention. www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html. Accessed 12/31/2014.
- ¹⁰ Shakeshaft, C., Barber, E., Hergenrother, M., Johnson, Y., Mandel, L., & Sawyer, J. (1995). Peer harassment in schools. *Journal for a Just and Caring Education*, 1, 30-44.
- ¹¹ Ryan, S., Franzetta, K., Manlove, J.S., & Schelar, E. (March 2008). Older sexual partners during adolescence: Links to reproductive health outcomes in young adulthood. *Perspectives on Sexual and Reproductive Health*, 40, 1, 17-26.
- ¹² Manlove, J., Terry-Humen, E., & Ikramullah, E. (2006). Young teens and older sexual partners: Correlates and consequences for males and females. *Perspectives on Sexual and Reproductive Health*, 38, 4, 197-207.

Online Safety: Sexual Violence Prevention

Grades 9-12, Lesson 6

Summary

Students brainstorm online and digital technology resources used by teens, and what those resources are used for. They evaluate their brainstorm to determine the potentially positive and negative roles of technology and social media. The teacher leads a discussion about sexual violence, specifically as it relates to technology, and then students use a research-based list of "online behaviors to avoid" to identify risky behaviors in a series of scenarios involving online communication.

Student Learning Objectives

The student will be able to ...

1. Evaluate the potentially positive and negative roles of technology and social media in relationships.
2. Describe strategies to use social media safely, legally and respectfully.
3. Analyze the effect of technology on personal and community sexual health practices and behaviors.

Lesson Timing

Warm up	Bell work + 2 minutes
Introduce lesson/ technology brainstorm	5 minutes
Evaluate brainstorm	7 minutes
Discuss sexual violence	8 minutes
Scenario activity	25 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Everyone has the right to say who touches their body and how.

It is never okay to touch someone else if they don't want you to, or to make them touch you.

There are laws about sex that everyone must follow.

Permission or agreement is required to engage in all sexual activity.

Rigid ideas about how men and women should act are harmful and limit how people can express themselves.

Standards

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.6	Evaluate the negative consequences of sending sexually explicit pictures or messages by e-mail or cell phone or posting sexually explicit pictures on social media sites (e.g., chat groups, e-mail, texting, websites, phone and tablet applications).
Standard 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
SH2.12.8	Analyze the effect of media and technology on personal, family, and community sexual health practices, behaviors, and relationships.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.2	Demonstrate how to manage personal information in electronic communications and when using social media (e.g., chat groups, e-mail, texting, websites, phone and tablet applications) to protect the personal sexual health of oneself and others
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH?.12.2	Evaluate personal practices and behaviors that reduce or prevent sexual risk behaviors.
SH?.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.

National Sexuality Education Standards

ID.12.SM.1	Explain how to promote safety, respect, awareness and acceptance.
PR .12.INF.1	Analyze influences that may have an impact on deciding whether or when to engage in sexual behaviors.
HR.12.CC.4	Evaluate the potentially positive and negative roles of technology and social media in relationships.
HR.12.SM.2	Describe strategies to use social media safely, legally and respectfully.
PS.12.CC.1	Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence.
PS.12.IC.1	Demonstrate effective ways to communicate with trusted adults about bullying, harassment, abuse or assault.
PS.12.INF.1	Describe potential impacts of power differences (e.g., age, status or position) within sexual relationships.

Rationale

Theoretical Basis for Sexual Violence Prevention Lessons

The prevention of sexual violence is both a behavioral goal of FLASH in its own right, and an important strategy for preventing teen pregnancy and STDs. Sexual violence is correlated with a host of acute and chronic health problems - amplified by high rates of victimization in the U.S.¹ Sexual violence is also strongly linked to teen pregnancy and STDs. Pregnant teens have higher rate of previous sexual assault, as do teens who begin having intercourse at a young age, increasing their risk of teen pregnancy and STDs.^{2 3 4 5} Moreover, young teens with much older male partners have greatly increased risk of pregnancy.^{6 7} Clearly, effective sexual violence prevention can reduce suffering and improve outcomes across many domains of health.

Sexual violence prevention programs have not been evaluated to the same extent as programs that reduce teen pregnancy and STDs. In the fields of public health and sexual violence prevention, the recommended approach to reduce sexual violence is to address "upstream" risk factors for perpetration.⁸ FLASH's sexual violence prevention lessons address the risk factors for perpetration identified by the CDC⁹ that are amenable to change through a school-based curriculum:

- Hostility towards women
- Hypermasculinity (exaggerated adherence to traits stereotypically attributed to men)
- General tolerance of sexual violence within the community
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness.

Significantly, strategies to prevent victimization (e.g. how women can avoid risky situations for sexual assault) and to increase empathy for victims of sexual violence have had mixed results.⁸ These approaches were also shown to have the unintended consequence of strengthening participants' beliefs in rape myths (e.g. women are responsible for being raped).⁸ This further underscores the need to focus prevention efforts on reducing perpetration.

The CDC risk factors are specific to male-on-female violence. Importantly, research links these same risk factors to same-sex sexual harassment and sexual violence targeted at LGBT young people.¹⁰ While the majority of sexual violence is perpetrated by men against women, there is much more to be learned about the risk factors for sexual violence perpetrated by women against men, and sexual violence perpetrated against someone of the same gender.

Online Safety

The *Online Safety* lesson reinforces the anti-perpetration messages and norm resetting that takes place in the previous three lessons. It focuses on preventing perpetration of sexual assault and online bullying, and educating students about behaviors that may put them at greater risk for perpetration and victimization.

This lesson centers students as experts in the realm of online communication, and allows them to come up with strategies to prevent perpetration of online and in-person violence. Teens today are digital natives,¹¹ people who have grown up with digital communication and media, and who are highly knowledgeable about these forms of media. Additionally, research shows that not all youth are equally at risk for sexual violence committed or initiated online.¹² This lesson focuses on helping youth avoid specific online behaviors that are most amenable to change and have been identified by research as increasing the risk for perpetration or victimization (e.g.

requesting or posting nude pictures, visiting porn sites, using sexy sounding screen names, etc.)¹²

This is the fourth of a four-part series of lessons which includes *Undoing Gender Stereotypes*, *Healthy Relationships*, *Coercion and Consent* and *Online Safety*. All of the lessons are designed to prevent the perpetration of sexual violence.

Materials Needed

Student Materials

- *Online Behaviors to Avoid*
- *Communication Scenarios*
- *Handout for Parents and Guardians: Online Safety*
- *Individual Homework: Online Communication and Safety*
- *Family Homework: Talking About Online Safety*, available in multiple languages on the FLASH website
- *Lesson 6 Exit Ticket*

Classroom Materials

- *Lesson 6 Warm Up*

Activities

1. Warm up

Display warm up as bell work.

Prompt: The following tips are about risky behaviors that should be avoided when talking with others online or over text. Choose the one you think is most important and write 1 or 2 sentences about why you agree with it.

1. Avoid using the Internet to make rude or nasty comments to other people.
2. Avoid communicating online with people who are older or younger (more than a couple years) about sex.
3. Do not ask anyone to send you nude pictures or videos.
4. Meeting people in real life who you met online can be risky, especially if the person is older.
5. Looking at pornography online can be a bad idea, especially for teens. There are sometimes extreme and disturbing things that can't be "unseen."

2. Introduce lesson and lead technology brainstorm

Explain that this lesson will cover how teens can keep themselves safe online, especially from sexual assault. Let them know that the information shared in this lesson has been shown through research to be effective.

Lead the brainstorm by asking students to list the online spaces or digital tools they use to communicate, and what they use them for. Record answers on the board. A sample list is provided in the script.

3. Evaluate brainstorm

Students evaluate their brainstorm to determine the potentially positive and negative roles of technology and social media in relationships.

Once the list has been created, ask students how online or text interactions are similar or dissimilar to in person interactions. Then ask students what are the positive things that online or text interactions can offer, and what are the negative things. Record their answers in two columns on the board labeled "Good" and "Not So Good"

4. Discuss sexual violence

Facilitate a discussion about the risks of sexual violence and their connections to technology.

5. Small groups identify online risky behaviors

Distribute the *Online Behaviors to Avoid* handout and the *Communication Scenarios* worksheet and divide students into pairs or small groups. Students will read the scenario that corresponds with their number, discuss the scenario together, and fill in the questions at the end of their scenario, using the *Online Behaviors to Avoid* handout to assist them.

Use the *Communication Scenarios Key* to debrief the activity, asking each group to state their responses to the questions from their scenario. Write groups' suggestions for "safer choices" on the board, to create a list of safer options for the entire class.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed. In order to complete the *Family Homework* students will take home 2 pages.

Individual Homework: Digital Communication & Safety

Family Homework: Online Safety AND Handout for Parents and Guardians: Online Safety, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 6 Exit Ticket*.

Warm Up

The following tips are about risky behaviors that should be avoided when talking with others online or over text. Choose the one you think is most important and write 1 or 2 sentences about why you agree with it.

1. Avoid using the Internet to make rude or nasty comments to other people.
2. Avoid communicating online with people who are older or younger (more than a couple years) about sex.
3. Do not ask anyone to send you nude pictures or videos.
4. Meeting people in real life who you met online can be risky, especially if the person is older.
5. Looking at pornography online a bad idea, especially for teens. There are sometimes extreme and disturbing things that can't be "unseen."

Online Behaviors to Avoid

The truth is that sexual assault and sexual harassment are never the victim's fault. Research does show, however, that certain online behaviors put young people at a greater risk of being approached by people who want to hurt them. These behaviors can also make it easier to hurt others sexually.

1. Avoid using the Internet to make rude or nasty comments to other people, or joining in against your better judgment when friends are harassing others online. Even if it feels harmless at the time, it can spread quickly and endanger other people. Think before you post.
2. Avoid communicating about sex online with people who are more than a couple years older or younger than you. Also avoid visiting porn sites and creating sexy-sounding screen names for yourself. All of these behaviors can put you at risk. It is illegal for older people to talk with young people about sex online, even if it seems fun, harmless or romantic.
3. Do not ask for anyone to send you nude pictures or videos, and, if you are sent these kinds of pictures, delete them right away and never share them with anyone. Nude pictures can get you in trouble with the law, and photos of people under age 18 may be considered child pornography. It is a good idea to tell your parent if you receive a nude picture or video.
4. Meeting people in real life who you met online can be risky, especially if the person is older. You may think you know them well, but they may fool you. If you do choose to meet, it is safer to meet in a public place, and go with a friend. Make sure you have your cell phone and an exit plan. It is also a good idea to tell your parent or a trusted adult about the meeting.
5. Free downloads and file-sharing can put unwanted pornography on your computer or phone that can be hard to get rid of. Any pornography that shows children or teens under age 18 is illegal and can get you in big trouble. It is also important to be careful what you look at online, even for a laugh. There are extreme and disturbing things that can't be "unseen."

Adapted from Crimes Against Children Research Center's "Internet Tips for Teens"
http://www.unh.edu/ccrc/internet-crimes/safety_ed.html.

Communication Scenarios

1. Jaz and Joey are both 15 and have been dating for 2 months. They like being flirty with each other over text. The other night while they were texting things got heated and they sent some very sexy messages to each other. Joey asked for a picture, and Jaz sent a picture of herself without a shirt on. A few weeks later Jaz broke up with Joey because she met a new guy that she liked. Joey was angry and sent some of Jaz's texts and the picture to his friends with some rude comments about her. He also decided to send them to Jaz's new boyfriend.

What did Joey do that hurt Jaz?

What are two things Joey could have done (or not done) to prevent hurting Jaz?

2. Sashi is worried about her best friend Jenna's relationship. So far Jenna and her boyfriend Trevor have only met online and their communication includes sexting and sending sexy photos. However, they are planning on meeting on Friday for dinner and then staying over at a motel. Jenna says that Trevor is so romantic and really understands her, and he's even sent flowers to her at school. But Sashi thinks it's weird that Trevor is 22 and is interested in a high school sophomore. Plus, Jenna is keeping her relationship secret from her parents and wants Sashi to lie and say that Jenna is spending the night at Sashi's house.

What could Sashi do to help her friend?

What is Trevor doing that is wrong?

Even if Jenna knows it's not a good idea, what should she do to help remain safe in this situation?

3. Louisa's friend Veronica sent her a link a few weeks ago to a porn site. Louisa opened the link when she was at her dad's house, because she knew he wouldn't keep track of what sites she visits. She hadn't ever been to a porn site before, and looked at it for only a few minutes until she closed the screen in embarrassment. A few weeks later, Louisa was thinking about the site again, and opened the link. She explored the site, looking at pictures and videos, and noticed that there was an option to chat within the site. She signed up for a screen name, "SexxyChick17" and started chatting with people about a video she thought was really hot. A few people saw her profile picture and said she should post a video of herself on the site.

What are some of the unsafe online behaviors that are happening?

What could Louisa do to decrease risk in this situation?

4. Manuel is still friends with a few people from his old middle school, even though he goes to a different high school than they do. One of his friends, Bob, isn't very popular. Manuel is online and sees that his other friends from his old school have posted comments on Bob's page saying that he has a girl's chest and taunting him. They also posted a video they made of Bob changing in the locker room. Manuel thinks it's kind of funny, and before thinking about it, shares the video on his page and types a mean comment about Bob.

What did Manuel do that could be hurtful to Bob?

Afterward, Manuel thinks about what he did and regrets it. What could Manuel do then?

Communication Scenarios Key

1. Jaz and Joey are both 15 and have been dating for 2 months. They like being flirty with each other over text. The other night while they were texting things got heated and they sent some very sexy messages to each other. Joey asked for a picture, and Jaz sent a picture of herself without a shirt on. A few weeks later Jaz broke up with Joey because she met a new guy that she liked. Joey was angry and sent some of Jaz's texts and the picture to his friends with some rude comments about her. He also decided to send them to Jaz's new boyfriend.

What did Joey do that hurt Jaz?

- Shared texts and picture
- Made rude comments about her
- Sent the texts and picture to Jaz's new boyfriend (If students blame Jaz for sending a photo, reframe that Joey is the only one to blame for sharing Jaz's photo.)

What are two things Joey could have done (or not done) to prevent hurting Jaz?

- Not asked for a photo
- Deleted the photo
- Not shared their communication

2. Sashi is worried about her best friend Jenna's relationship. So far Jenna and her boyfriend Trevor have only met online and their communication includes sexting and sending sexy photos. However, they are planning on meeting on Friday for dinner and then staying over at a motel. Jenna says that Trevor is so romantic and really understands her, and he's even sent flowers to her at school. But Sashi thinks it's weird that Trevor is 22 and is interested in a high school sophomore. Plus, Jenna is keeping her relationship secret from her parents and wants Sashi to lie and say that Jenna is spending the night at Sashi's house.

What could Sashi do to help her friend?

- Encourage Sashi to tell her parents about the relationship;
- Refuse to lie for Sashi
- Tell a trusted adult about her concerns
- Ask an adult for help

What is Trevor doing that is wrong?

- Being in a relationship with someone so much younger
- Communicating about sex with Jenna
- Asking Jenna to go to a motel

Even if Jenna knows it's not a good idea, what should she do to help remain safe in this situation?

- Tell her parents about the relationship
- Meet in a public place and bring a friend
- Make a plan with friends to get out of the situation in case things don't go well with Trevor
- Make a plan to keep in touch with friends in case things don't go well with Trevor

3. Louisa's friend Veronica sent her a link a few weeks ago to a porn site. Louisa opened the link when she was at her dad's house, because she knew he wouldn't keep track of what sites she visits. She hadn't ever been to a porn site before, and looked at it for only a few minutes until she closed the screen in embarrassment. A few weeks later, Louisa was thinking about the site again, and opened the link. She explored the site, looking at pictures and videos, and noticed that there was an option to chat within the site. She signed up for a screen name, "SexyChick17" and started chatting with people about a video she thought was really hot. A few people saw her profile picture and said she should post a video of herself on the site.

What are some of the unsafe online behaviors that are happening?

- Louisa is talking about sex online and using a sexy-sounding screen name
- Other people are asking her to post a video

What could Louisa do to decrease risk in this situation?

- Not use the chat option on the site
 - Not post a video
 - Not download any videos
 - Change her screen name
4. Manuel is still friends with a few people from his old middle school, even though he goes to a different high school than they do. One of his friends, Bob, isn't very popular. Manuel is online and sees that his other friends from his old school have posted comments on Bob's page saying that he has a girl's chest and taunting him. They also posted a video they made of Bob changing in the locker room. Manuel thinks it's kind of funny, and before thinking about it, shares the video on his page and types a mean comment about Bob.

What did Manuel do that could be hurtful to Bob?

- Making mean comments about Bob
- Sharing the video on his page

Afterward, Manuel thinks about what he did and regrets it. What could Manuel do then?

- Apologize to Bob
- Take the video and comments off his page
- Encourage his friends to take the video down
- Apologize to Bob on the site (publicly)

Period: _____

1. List 2 new things that you've learned from this lesson that you can do to keep yourself from sexually hurting others.
2. List 2 examples of when you should get help from a parent/guardian or trusted adult for things that could happen online.

Family Homework: Talking about Online Safety

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- When it is your turn to listen, try to understand the other person's response.

1. Both read the *Handout for Parents and Guardians: Online Safety*.
2. Discuss the things you already do to keep yourself safe online.
3. Tell your parent/guardian what you've learned from this lesson about how to keep yourself safe online.
4. Discuss how the parent/guardian can help you stay safe online.

Family Homework Confirmation Slip: Talking about Online Safety

Due: _____

We have completed the family homework.

Date

Signature of family member or trusted adult

Student's name

Signature of student

Handout for Parents and Guardians: Online Safety

High School FLASH Lesson 6 discusses online technology in relation to safety.

For you to be familiar with what your child has learned, here is a list of behaviors that were covered in class. These are behaviors that could increase your child's risk for harassment or sexual exploitation:

- visiting x-rated sites on purpose
- interacting online with people they don't know in real life
- using cell phones or the Internet to harass or make rude/nasty comments to others
- using file-sharing programs to download files (videos, music, etc)

The way to decrease these risks isn't to stop using technology. Instead, we need to increase family awareness and communication. Developmentally, it's normal for teens to be interested in romance, adventure, sex and independence.¹ But teens need support from adults in their lives as they explore these interests. Without support and supervision from their parents and guardians, they may be at increased risk for exploitation online.

So how can adults help decrease risk? Here are some ideas:

- If you have access to a computer, use social networking sites *with* your teens. They can help teach you how to set up an account, and you can be their "friend" on the site. Social networking sites can be a fun way to communicate with each other!
- If you can, be open to talking about subjects such as sex and relationships, bullying and sexual orientation. If you are a safe person to talk to, your teen is less likely to seek out support from other potentially unsafe sources.
- Create a family Internet & technology use contract together. By working together, you will create opportunities for positive growth and communication for your teen.

Sample family contract: <https://www.connectsafely.org/contracts/>

¹ 2008. Wolak J, Finkelhor D, Mitchell K, et al. "Online 'predators' and their victims: Myths, realities and implications for prevention and treatment." *American Psychologist*. 63

Exit Ticket

What is one thing you can do when communicating online or by text to make sure you are keeping yourself and others safe?

References

- ¹ Teten Tharp, A., DeGue, S., Valle, L., Brookmeyer, K., Massetti, G., & Matjasko, J. (2013). A systematic qualitative review of risk and protective factors for sexual violence perpetration. *Trauma Violence Abuse*, 14, 2, 133-167.
- ² Landry, D.J., & Forrest, J.D. (1995). How old are U.S. fathers?" *Family Planning Perspectives*, 27, 159-161 & 165.
- ³ Ryan, S., Franzetta, K., Manlove, J.S., & Schelar, E. (2008). Older sexual partners during adolescence: Links to reproductive health outcomes in young adulthood. *Perspectives on Sexual and Reproductive Health*, 40, 1, 17-26.
- ⁴ Kirby, D., Lepore, G., & Ryan, J. (2005). *Sexual risk and protective factors: Factors affecting teen sexual behavior, pregnancy, childbearing, and sexually transmitted disease: Which are important? which can you change?* Washington, DC: The National Campaign to Prevent Teen Pregnancy.
- ⁵ Ford, K., & Lepkowski, J. (2004). Characteristics of sexual partners and STD infection among American adolescents. *International Journal of STD and AIDS*, 15, 4, 260-265.
- ⁶ Saul, R. (1999). Using-and misusing-data on age differences between minors and their sexual partners. *Guttmacher Report on Public Policy*, 2, 4. *Guttmacher Report on Public Policy*, 2(4)
- ⁷ Duberstein Lindberg, L., Sonenstein, F.L., Leighton, K., & Martinez, G. (1997). Age differences between minors who give birth and their adult partners. *Family Planning Perspectives*, 29, 2.
- ⁸ World Health Organization/London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence*. Geneva: World Health Organization.
- ⁹ Centers for Disease Control and Prevention, Division of Violence Prevention. www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html. Accessed 12/31/2014.
- ¹⁰ Shakeshaft, C., Barber, E., Hergenrother, M., Johnson, Y., Mandel, L., & Sawyer, J. (1995). Peer harassment in schools. *Journal for a Just and Caring Education*, 1, 30-44.
- ¹¹ Boyd, D. (2014). *It's complicated: The social lives of networked teens*. New Haven: Yale University Press.
- ¹² Wolak, J., Finkelhor, D., Mitchell, K., & Ybarra, M. (2008). Online "predators" and their victims: Myths, realities and implications for prevention and treatment. *American Psychologist*, 63, 2, 111-128.

Abstinence

Grades 9-12, Lesson 7

Summary

Students define abstinence and learn the steps to refusing effectively. In small groups, they practice using refusal skills and observe their peers modeling effective refusal skills.

Student Learning Objectives

The student will be able to ...

1. Define abstinence.
2. Demonstrate effective use of refusal skills.
3. Analyze influences that may have an impact on deciding to be abstinent.

Lesson Timing

Warm up	Bell work + 2 minutes
Definition of abstinence	3 minutes
Refusal skills	12 minutes
Refusal skills scenarios - large Group	10 minutes
Refusal skills scenarios - small group	20 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Abstinence is choosing not to have oral, anal and vaginal sex.

Most high school students are abstinent.

Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.

People of every sexual orientation and gender identity choose abstinence.

People can choose abstinence at any point in their life, whether or not they have had sex before.

Standards

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.7	Justify why abstinence from sex and drugs are the safest, most effective risk avoidance methods of protection from HIV, other STDs, and pregnancy.
SH1.12.8	Analyze the factors that contribute to engaging in sexual risk behaviors.
SH1.12.9	Analyze the factors that protect one against engaging in sexual risk behaviors.
SH1.12.10	Summarize ways to prevent pregnancy and the sexual transmission of HIV and other common STDs.
SH1.12.11	Summarize the importance of setting personal limits to avoid risky sexual behavior.
SH1.12.13	Analyze the relationship between using alcohol and other drugs and sexual risk behaviors.
SH1.12.28	Analyze situations that could lead to being pressured to having sex.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
SH4.12.3	Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in sexual risk behaviors.
SH4.12.4	Demonstrate effective communication strategies to prevent, manage, or resolve interpersonal conflicts.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH?.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.

National Sexuality Education Standard

PR.12.IC.1	Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors.
SH.12.CC.2	Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV.
HR.12.IC.2	Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior.
PS.12.CC.4	Explain why a person who has been raped or sexually assaulted is not at fault.

Rationale

Supporting young people to be abstinent is an important component of teen pregnancy and STD prevention. The FLASH curriculum's approach to abstinence has benefited greatly from recent research on abstinence education. The FLASH curriculum encourages positive attitudes and positive peer norms about abstinence, builds confidence to remain abstinent, teaches refusal skills, avoids denigrating condoms and birth control, and avoids putting down students who are sexually active.^{1 2}

Research has shown that most abstinence-only programs are ineffective and can have negative effects on teens' sexual health and behavior. These programs do not delay sexual initiation, reduce the number of sexual partners, or increase abstinence.⁴ Some actually decrease contraception and condom use when teens do have sex, and decrease the likelihood of STD testing and treatment.^{5 6 7} The FLASH curriculum seeks to avoid these unintended outcomes by employing a different approach, relying heavily on recent research about abstinence programs with positive outcomes.¹

Gender stereotypes are intentionally avoided throughout the abstinence lesson in an effort to support the sexual violence prevention goals of the curriculum.

Materials Needed

Student Materials

- *Refusal Skills Checklist*
- *Refusal Skills Scenarios*
 - *Scenario B: Jonathan and Amber (partially scripted)*
 - *Scenario C: Amara and Son*
 - *Scenario D: Rosibel and Anthony*
 - *Scenario E: Stacia and Grace*
- *Individual Homework: Beliefs About Abstinence in the U.S.*
- *Family Homework: Talking About Abstinence*, available in multiple languages on the FLASH website
- *Lesson 7 Exit Ticket*

Classroom Materials

- *Lesson 7 Warm Up*
- *Refusal Skills Visual*
- *Scenario A: Jonathon and Amber (fully scripted)*, 2 copies for demonstration

Activities

1. Warm up

Display warm up as bell work.

Question: The majority of high school students are abstinent. When people have sexual feelings, they can still make the choice not to have oral, anal or vaginal sex. If people have already had sex before, they can still make the choice not to have sex in the future.

List at least 2 benefits of not having oral, anal or vaginal sex.

Possible answers: Not getting pregnant, not getting an STD, not having to worry about being pregnant, not having to worry about getting an STD, not adding pressure to the relationship.

2. Define abstinence and explain purpose of lesson

Define abstinence, emphasizing the sexual behaviors that need to be avoided in order to prevent pregnancy and STDs - oral, anal and vaginal sex. Explain that abstinence is very common, and reinforce that it is a decision people make throughout their lives.

3. Teach refusal skills

4. Refusal skills scenarios - large group

5. Refusal skills scenarios - small group

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Beliefs About Abstinence in the U.S.

Family Homework: Talking About Abstinence, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 7 Exit Ticket*.

Warm Up

The majority of high school students are abstinent. When people have sexual feelings, they can still make the choice not to have oral, anal or vaginal sex. If people have already had sex before, they can still make the choice not to have sex in the future.

List at least 2 benefits of not having oral, anal or vaginal sex.

1. -----

2. -----

Refusal Skills Visual

- 1. Say NO**
- 2. Explain why**
- 3. Suggest an alternative**
- 4. Leave if you need or want to**

Refusal Skills Checklist

Directions: For each scenario, check off the refusal skills you see the actors using.

	Scenario B Jonathan and Amber	Scenario C Amara and Son	Scenario D Rosibel and Anthony	Scenario E Stacia and Grace
Says NO (or states that they don't want to have sexual activity).				
Is clear.				
Explains why.				
Suggests an alternative.				

Refusal Skills Scenario A

Fully Scripted (for Class Demonstration)

Jonathan and Amber have been dating for 2 weeks. They talked last week and decided they were not going to have sex. Jonathan is not ready to have sex and is really scared by the idea of getting someone pregnant.

Today they are going to Amber's house after school to study. Amber's mom is running late at work and won't be home for an hour. Jonathan and Amber have the house to themselves. They decide to skip studying and kiss on the couch.

Amber: I really like you and think you're so hot. I know we said we weren't going to have sex, but I didn't think we'd ever get the chance to be alone together. Now that we're alone, I really think we should have sex.

Jonathan: I like you, too. It's cool hanging out, and I want to kiss you. But I don't want to have sex.

Amber: But don't you like me? If you liked me, you'd want to have sex with me.

Jonathan: Amber, I don't want to have sex. I'm not ready to have sex and I don't want to get you pregnant.

Amber: But when are we going to get the chance to be alone like this again? I really want you.

Jonathan: The answer is NO. I like you too, and I'm not ready to have sex. I think we should go outside to hang out so we don't get more tempted.

Refusal Skills Scenario B

Partially Scripted (for Large-Group Practice)

Jonathan and Amber have been dating for 2 weeks. They talked last week and decided they were not going to have sex. Jonathan is not ready to have sex and is really scared by the idea of getting someone pregnant.

Today they are going to Amber's house after school to study. Amber's mom is running late at work and won't be home for an hour. Jonathan and Amber have the house to themselves. They decide to skip studying and kiss on the couch.

Amber: I really like you and think you're so hot. I know we said we weren't going to have sex, but I didn't think we'd ever get the chance to be alone together. Now that we're alone, I really think we should have sex.

Jonathan: _____

Amber: But don't you like me? If you liked me, you'd want to have sex with me.

Jonathan: _____

Amber: But when are we going to get the chance to be alone like this again? I really want you.

Jonathan: - - - - -

Amber: OK. You're right. I respect that.

Refusal Skills Scenario C

Small-Group Practice

Amara is at a party with a group of her friends. At the party, she runs into Son. She has a crush on Son, but has never had a chance to hang out with him. Son seems to be very interested in Amara. He's been talking to her for a while and tells her how pretty she looks tonight. Son has been drinking and offers Amara a beer. Amara really likes Son and wants to keep talking to him, but she doesn't want to drink.

Son: Hey Amara. It's nice to see you outside of school. Fun party, huh? Can I get you a beer?

Amara: _____

Son: Oh come on, don't tell me you don't drink. I'll get you a beer.

Amara: _____

Son: Really? It's just beer.

Amara: _____

Son: OK. You're right. I respect that.

Refusal Skills Scenario D

Small-Group Practice

Rosibel, a tenth grader is hanging out at the mall after school with her friends. Anthony, a 20 year old, just stopped by with some of his friends. Rosibel thinks that Anthony is really cute and is very flattered when Anthony starts talking to her. Rosibel's parents only let her hang out with friends around her own age. She knows her parents would definitely not be OK with her dating a 20 year old.

Anthony: It's been so fun hanging out with you. We should hang out again sometime. Want to hang out after school on Friday?

Rosibel: _____

Anthony: Oh come on, it's not like you have to tell your parents that we're hanging out. We could just meet up at the mall again.

Rosibel: _____

Anthony: That's really a shame. I like you and would like to get to know you better. What do you say? Meet me here on Friday?

Rosibel: _____

Anthony: OK. You're right. I respect that.

Refusal Skills Scenario E

Small-Group Practice

Stacia and Grace are juniors in high school and have been best friends since the fifth grade. Grace has been with her girlfriend, Brooklyn, for 3 months and is in love. Grace doesn't want to have sex with Brooklyn. She thinks that she's too young to have sex and doesn't feel ready. Stacia started having sex with her boyfriend 2 months ago and is pressuring Grace to also have sex.

(Be sure that in Grace's responses to Stacia, she does not put Stacia down or call her any names for having made the decision to have sex.)

Stacia: I can't believe that you haven't had sex with Brooklyn yet. I don't know why you're waiting. You should just do it.

Grace: _____

Stacia: You better rethink that before she finds someone else. You should have sex with her.

Grace: _____

Stacia: Oh come on. You keep saying that you're in love with her!

Grace: _____

Stacia: OK. I'm sorry. You're right. I respect your decision not to have sex.

Individual Homework:

Beliefs About Abstinence in the U.S.

Name: _____

Period: _ _ _ _ _

Research beliefs about abstinence that exist in the United States.

Some possible areas to research:

- What are some different beliefs about abstinence in the U.S.? For example, do beliefs about abstinence vary according to people's age, their relationship status, or if they are married?
- How do the beliefs about abstinence change across cultures and religions?

Try an Internet search using the term "abstinence beliefs in the U.S." A librarian can also help you find good sources of information, in books or online.

Write one paragraph about your research findings.

Family Homework: Talking about Abstinence

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the student: What do you think about teens dating or agreeing to be a couple? What are the advantages and disadvantages?

Ask the adult: Have you ever fallen in love? When? What was it like? How did you know it was love?

Ask the student: Do you think you'll ever be in a committed, life-long relationship? If so, what kind of person would you want it to be with? If not, why not?

Ask the adult: When do you think a person is ready to have sex?

Ask the student: When do you think a person is ready to have sex?

Family Homework Confirmation Slip: Talking about Abstinence

Due: _____

We have completed the family homework.

Date

Signature of family member or trusted adult

Student's name

Signature of student

Exit Ticket

What are three things people could do if they are being pressured by someone to do something sexually that they don't want?

1.

2.

3.

References

- ¹ Jemmott, J.B., Jemmott, L.S., & Fong, G.T. (2009). Efficacy of a theory-based abstinence-only intervention over 24 months: A randomized controlled trial with young adolescents. *Archives of Pediatrics and Adolescent Medicine*, 164, 2, 152-159.
- ² Alford, S. (2003). *Science and success: Sex education and other programs that work to prevent teen pregnancy, HIV & sexually transmitted infections*. Washington, DC: Advocates for Youth.
- ³ Alford, S. (2008). *Science and success, second edition: Programs that work to prevent teen pregnancy, HIV & sexually transmitted infections*. Washington, DC: Advocates for Youth.
- ⁴ Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. The National Campaign to Prevent Teen and Unplanned Pregnancy.
- ⁵ U.S. House of Representatives, Committee on Government Reform. (2004). *The Content of Federally Funded Abstinence-Only Education Programs, Prepared for Rep. Henry A. Waxman*. Washington, DC.
- ⁶ Bearman, P., & Bruckner, H. (2004). Promising the future: Virginity pledges and the transition to first intercourse. *American Journal of Sociology*, 106, 4, 859-912.
- ⁷ Bearman, P., & Bruckner, H. (2005). After the promise: The STD consequences of adolescent virginity pledges. *Journal of Adolescent Health* 36, 4, 271-2.

Birth Control Methods

Grade 9-12, Lesson 8

Summary

Small groups are each assigned to write a commercial for a different method of birth control, using *Birth Control Fact Sheets* for reference. The small groups take turns performing their 2-minute commercial for the class, while observers identify two important points about each method on the *Commercial Watchers Worksheet*. The class summarizes main points after each commercial. The lesson concludes by having students evaluate the "best method," justifying their conclusions with accurate medical information.

Student Learning Objectives

The student will be able to ...

1. Summarize how to prevent pregnancy and STDs.
2. Summarize the importance of using birth control and condoms correctly and consistently.
3. Explain the value of using condoms at the same time as another form of birth control.
4. Explain the importance of contraceptive counseling and services if having vaginal sex.
5. Define emergency contraception and how it works.
6. Identify the laws related to getting birth control and STD services.
7. Know how to access medically-accurate information about birth control and condoms.
8. Evaluate the effectiveness of using condoms and birth control in preventing pregnancy and the spread of STDs and HIV.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson	2 minutes
Birth control effectiveness exercise	3 minutes
Birth control commercials and wrap-up	40 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Birth control and condoms are excellent at preventing pregnancy.

Condoms are excellent at preventing pregnancy and STDs, including HIV.

Many teens successfully use birth control and condoms.

Birth control is very safe.

In this community, teens can get a pregnancy test, STD test or birth control at [insert local clinic].

Teens of every sexual orientation and gender identity need to learn about birth control and STD prevention, for themselves or to help a friend.

Standards

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.10	Summarize ways to prevent pregnancy and the sexual transmission of HIV and other common STDs.
SH1.12.22	Summarize the importance of proper adherence to contraceptive methods to reduce the risk of pregnancy.
SH1.12.23	Summarize the importance of using condoms consistently and correctly to reduce risk of pregnancy and infection of HIV and common STDs.
SH1.12.24	Explain the value of using a condom at the same time as using another form of contraceptive to reduce the risk of infection of HIV and common STDs and reduce the risk of pregnancy.
SH1.12.33	Explain the importance of contraceptive counseling and services if sexually active.
Standard 3	Students will demonstrate the ability to access valid information and products and services to enhance health.
SH3.12.2	Evaluate the validity and reliability of sexual healthcare products.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.12.2	Persuade and support others to avoid or reduce risky sexual behaviors.
SH8.12.4	Collaborate with others to advocate for improving personal, family, and community sexual health.
SH8.12.6	Adapt health messages and communication techniques to reach a specific target audience.

National Sexuality Education Standard

PR .12.CC.2	Define emergency contraception and describe its mechanism of action
PR .12.CC.3	Identify the laws related to reproductive and sexual health care services (i.e., contraception, pregnancy options, safe surrender policies, prenatal care)
PR .12. AI.1	Access medically-accurate information about contraceptive methods, including abstinence and condoms
PR .12. AI.2	Access medically-accurate information and resources about emergency contraception
SH.12.CC.2	Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV

Rationale

The FLASH curriculum includes birth control methods and abstinence in full lessons of their own, based on the effectiveness of both approaches¹. Research has repeatedly shown that sexual health education, including teaching about birth control, does not cause teens to have sex sooner or more often.¹²³⁴⁵⁶ Its only impact is preventative.

In this lesson, birth control is framed positively. Multiple teen pregnancy prevention studies demonstrate that having "more positive attitudes towards contraception, including condoms" and "perceiving more benefits of using contraception" are important protective factors against teen pregnancy.⁷ Hence, in this lesson, students develop commercials to emphasize the positive aspects of birth control using medically accurate information. Students are not expected to memorize effectiveness rates, how each method of birth control works, or contraindications. If students should be interested in a prescription method at some point in their life, their medical providers will cover this information.

Selection of methods in the lesson

This lesson focuses on a subset of birth control methods, rather than every method, in order to achieve sufficient depth in one class period and to achieve teen pregnancy prevention goals. The nine methods focused on in this lesson were based on King County and national data on teen contraceptive use.^{8 9} The type of condom that is worn in the vagina or anus (sometimes called a female condom) is addressed in STD and HIV prevention lessons.

Teachers are encouraged to have information, samples or reference material about all methods of birth control, including those that the lesson doesn't directly address, so they can answer questions that may arise. Medically updated websites are suggested in teacher preparation section of this lesson and in the Sexual Health Resources student handout and the, for teacher background and for students who wish to learn more in-depth information about all FDA approved methods.

Inclusion of IUD

IUDs are now known to be safe and appropriate birth control for teens. They have been redesigned from IUDs used in the past. They are safe and effective for people who have been pregnant and those who haven't, including teens. Not only are they extremely safe, IUDs are among the most effective methods of birth control available; the hormonal ones are more effective than sterilization. They do not impair future fertility, and they do not increase the risk of STDs or HIV.¹⁰¹¹¹²

Inclusion of withdrawal

Despite the physical challenges inherent in using withdrawal effectively, we include it because withdrawal is more effective than previously thought and withdrawal is common among teens, free, and always available. In fact, when withdrawal is used correctly for vaginal sex, experts calculate that only 4% of couples are likely to get pregnant in a year. Taking typical human error into account, 22% would get pregnant, which is comparable to the diaphragm, sponge and other spermicides.¹³

In contrast, over three times as many couples (85%) would get pregnant using no method for a year, making withdrawal *significantly* more effective than using nothing. It should also be noted that withdrawal reduces the risk of sexually transmitted diseases (STD) and the human

immunodeficiency virus (HIV) by about half,¹³ which is better than most other methods of birth control, excluding condoms.

In contrast to previous assumptions, research shows that most pre-ejaculate fluid contains no sperm. Some men have a small amount of sperm in their pre-ejaculate fluid,¹⁴ which may account for the 4% pregnancy rate in perfect use.

Materials Needed

Student Materials

- *Sexual Health Resources - King County, National*, or develop a local resource sheet
- *Commercial Watchers Worksheet*
- *Individual Homework: Cultural Perspectives on Birth Control*
- *Family Homework: Talking about Birth Control Methods*, available in multiple languages on the FLASH website
- *Lesson 8 Exit Ticket*

Classroom Materials

- *Lesson 8 Warm Up*
- Nine brown paper lunch bags
- Four copies of each *Birth Control Fact Sheet*
- Optional: Samples of the birth control pill, Depo shot, emergency contraception, implant, penis condom, hormonal or copper IUD, patch and vaginal ring.
- Optional: Samples of the birth control methods not covered in class, in case questions arise: diaphragm, vagina condom, Cycle Beads and spermicide (gel, foam, film, sponge). Methods that do not need samples include tubal ligation, vasectomy and withdrawal.

Activities

1. Warm up

Display warm up as bell work.

Prompt: Birth control is used by people who have vaginal sex in order to prevent getting pregnant or starting a pregnancy. There are many different types of birth control to choose from. Parents or other trusted adults are a great resource for you when you are making decisions about birth control. Select the top 3 things you think a person might want to think about when choosing a birth control method:

- Easy to use
- Very effective
- Safe
- Inexpensive
- Easy to get
- Good side effects
- Partner likes it
- Protects against STDs, including HIV
- Fits with personal beliefs
- Good for health
- Heard good things about it from family and friends

2. Explain purpose of lesson

The purpose of the lesson is for students to learn that birth control is excellent at preventing pregnancy, regardless of whether they need to prevent pregnancy right now.

3. Lead birth control effectiveness exercise

4. Small groups study a method of birth control and create a commercial for it

5. Small groups perform their commercials for the class

6. Conclude lesson

7. Assign homework.

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Cultural Perspectives on Birth Control

Family Homework: Talking about Birth Control Methods, available in multiple languages on the FLASH website

8. Exit ticket

Hand out the *Lesson 8 Exit Ticket*.

Warm Up

Birth control is used by people who have vaginal sex in order to prevent getting pregnant or starting a pregnancy. There are many different types of birth control to choose from. Parents or other trusted adults are a great resource for you when making decisions about birth control.

Select the top 3 things you think a person might want to think about when choosing a birth control method:

Easy to use

Very effective

Safe

Inexpensive

Easy to get

Good side effects

Partner likes it

Protects against STDs, including HIV

Fits with personal beliefs

Good for health

Heard good things about it from family and friends

Sexual Health Resources In King County

Student Handout

Confidential

Teens of any age can get all the services listed on this handout confidentially in Washington State. Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.

Birth Control and STD Clinics

These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.

Public Health - Seattle & King County
Free or low cost teen clinics
206-263-1505
www.teenclinic.com

Planned Parenthood Great Northwest
1-800-769-0045
www.plannedparenthood.org

- Birth control method information (World Health Organization): Scroll down to see chart.
<http://www.who.int/mediacentre/factsheets/fs351/en/>
- STD information (Centers for Disease Control): <http://www.cdc.gov/std/>
- HPV vaccine information (Centers for Disease Control): <http://www.cdc.gov/vaccines/vpd-vac/hpv/>

Help Finding a Clinic and Other Services

Community Health Access Program
(CHAP Line)
206-284-0331 or 1-800-756-5437
Also helps people apply for health insurance
chap@kingcounty.gov

Teen Link
1-866-833-6546
www.866teenlink.org

Prenatal Care

Public Health - Seattle & King County
Maternity Support Clinics and WIC
206-263-1505
www.kingcounty.gov/healthservices/health/personal/MSS.aspx

Abortion Clinics

Cedar River Clinics
(425) 255-0471
www.cedarriverclinics.org

Planned Parenthood
1-800-769-0045
<http://www.plannedparenthood.org/planned-parenthood-great-northwest>

Adoption Agencies

Amara
(206) 260-1700
<http://amaraparenting.org>

Open Adoption & Family Services
1-800-772-1115
<http://www.openadopt.org/>

Sexual Health Resources In the U.S.

Student Handout

Confidential

Click on the map to find out if sexual health services are confidential in your state.

<http://sexetc.org/action-center/sex-in-the-states/>

Birth Control and STD Clinics

There are many websites and phone numbers to help teens find birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests.

- Enter your zip code or call to find the nearest Planned Parenthood clinic.
www.plannedparenthood.org 1-800-230-PLAN
- Enter your zip code to find the nearest birth control clinic that is free or low cost.
<http://www.hhs.gov/opa/>
- Enter your zip code to find a clinic for HIV tests, birth control, counseling and other services.
www.aids.gov
- Enter your zip code to find the nearest place to get emergency contraception.
www.not-2-late.com
- Call your local public health department to get information about local birth control and STD clinics.
- Birth control method information (World Health Organization): Scroll down to see chart.
<http://www.who.int/mediacentre/factsheets/fs351/en/>
- STD Information (Centers for Disease Control): <http://www.cdc.gov/std/>
- HPV Vaccine Information (Centers for Disease Control): <http://www.cdc.gov/vaccines/vpd-vac/hpv/>

Help Finding a Clinic and Other Services

- Enter your address to find the nearest health clinics that are free or low cost. These clinics are for all health issues, not just sexual health.
<http://findahealthcenter.hrsa.gov/>

Prenatal Care

- Scroll to your state to find the phone number for the Women, Infants, Children (WIC) Program.
<http://www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies>
- WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition and stay healthy. They also give information about where to get prenatal care.

Abortion Clinics

- Click on the map to see a list of abortion clinics in your state.
<http://prochoice.org/think-youre-pregnant/find-a-provider/>
- Call 1-877-257-0012 to find the nearest abortion clinic.
- Call 1-800-772-9100 to get more information about abortion and where to get financial help.

Adoption Agencies

- Call 1-800-772-1115 to talk with an adoption counselor at Open Adoption and Family Services.
- The phone line is open 24 hours a day.

Developing a Local Sexual Health Resources List

Teacher Guide

In order to ensure that students have access to the health care services they need, it is important for teachers to develop a sexual health resource sheet specific to their geographic area. FLASH provides a resource sheet for King County, Washington, as an example that can be used as a template. If you are not familiar with the resources in your area, the following national resources will help you in compiling a local resource sheet. If, for some reason, you cannot develop a local resource sheet, a national resource sheet has been provided for you.

FLASH recommends referring young people to clinics and agencies that are teen and LGBT friendly, culturally competent, supportive of all pregnancy options, and that consider the teen to be their primary client. When creating your local resource sheet, keep these criteria in mind.

Confidential

Individual state policies on teens accessing reproductive health care are provided by Sex, etc., a project of Rutgers University. <http://sexetc.org/aQtiQri-ceoter/sex-in-the-statesJ>

Birth Control and STD Clinics

To find local birth control and STD clinics, call your local health department. If you need further assistance finding clinics that offer a full array of services, the following links may be of help.

- www.plannedparenthood.org to find a local Planned Parenthood clinic
- <http://www.hhs.gov/opa/> to find a local Title X clinic
- [www.not-2-late](http://www.not-2-late.org) to find locations for accessing emergency contraception
- <http://locator.aids.gov/> to find HIV testing locations

Help Finding a Clinic and Other Services

The U.S. Department of Health and Human Services, Health Resources and Services Administration maintains a list of sliding scale or free clinics across the United States.

<http://findahealthcenter.hrsa.gov/>

Prenatal Care

To find prenatal care providers who serve teens, call your local WIC provider. The link below provides a State number, that can direct you to a local provider.

www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies

Abortion Clinics

The National Abortion Federation maintains a list of abortion providers by state.

<http://prochoice.org/think-youre-pregnant/find-a-provider/>

Adoption Agencies

Open Adoption and Family Services works with clients from across the nation. Should a client prefer a local resource, they will work with her to identify a local provider.

<http://www.openadopt.org/>

Abstinence

Fact Sheet

Main points:

- Safest method of birth control
- 100% effective against STD's and pregnancy

More information:

- Always available
- Free

Pulling Out (Withdrawal)

Fact Sheet

Main points:

- Free and always available.
- More effective than most people think, when used correctly.

More information:

- To use the pull-out method, a person pulls their penis out of their partner's body before ejaculation, making sure not to get semen near the other person's genitals.
- Withdrawal is another word for pulling out.
- Pulling out is very effective for people who can tell when they're about to ejaculate. It takes experience and a lot of self-control to be able to pull out completely in time.
- Pre -ejaculate is the fluid on the tip of the penis before the ejaculation happens. Studies show that only some pre-ejaculate contains a small amount of sperm.
- Pulling out lowers the chance of getting HIV and some STDs, but it does not fully protect against these infections.

Source: *Contraceptive Technology*, 20th revised edition, 2011.

IUD

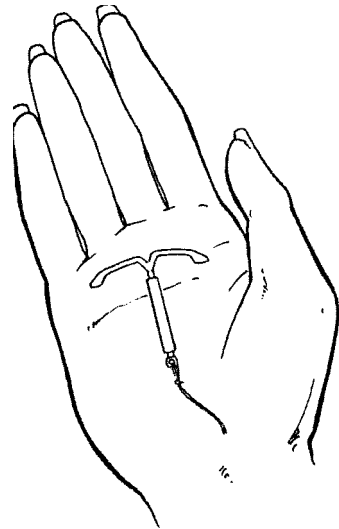
Fact Sheet

Main points:

- Effective.
- Convenient. Prevents pregnancy for 3 - 12 years, depending on the type of IUD.

More information:

- The IUD is a small T-shaped object that goes inside the uterus.
- There are 2 types of IUDs, made with either hormones or copper. The hormone is similar to one that occurs naturally in the body. The hormone is slowly released out of the IUD and into the body.
- The IUD is one of the most effective methods of birth control.
- A person can get pregnant as soon as they have the IUD taken out.
- It does not protect against STDs or HIV.
- The IUD prevents pregnancy mainly by slowing down the sperm (copper) or making it hard for sperm to get into the uterus (hormone)
- A doctor puts the IUD in the uterus and takes it out. It goes in through the vagina, through a small tube. The sides of the 'T' collapse into a skinny straight line when it goes into the body, so it doesn't poke the vagina or uterus.



Source: *Contraceptive Technology*, 20th revised edition, 2011.

Implant

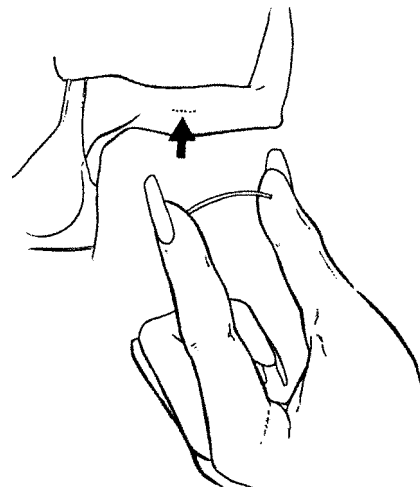
Fact Sheet

Main points:

- The most effective method of birth control, other than abstinence
- Convenient. Prevents pregnancy for up to 3 years.

More information:

- The implant is a soft tube that goes under the skin in the upper arm.
- It is used by people who have a uterus and ovaries.
- It is made of a hormone, similar to one that occurs naturally in the body. The hormone is slowly released out of the tube and into the body.
- The implant is the most effective method of birth control.
- A person can get pregnant as soon as they have the implant taken out.
- The implant does not protect against STDs or HIV.
- The implant prevents pregnancy mainly by making it hard for sperm to get into the uterus and by stopping the ovaries from releasing an egg each month.
- It only takes a few minutes for a doctor to insert or remove the implant, and there are no stitches.



Source: *Contraceptive Technology*, 20th revised edition, 2011.

Condom

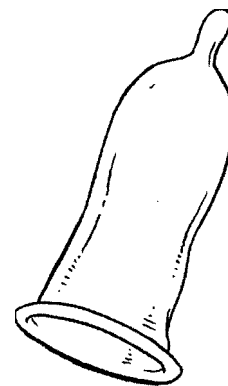
Fact Sheet

Main points:

- Very good at preventing pregnancy, STDs, and HIV!
- One of the easiest birth control methods to get.

More information:

- Condoms are like very thin, very strong gloves, worn over the penis to catch semen.
- The condom is used by unrolling it over an erect penis.
- The tip of the condom should be squeezed to push out any air, so there is room for semen when the ejaculation happens.
- When a person takes their penis out of their partner's body, they must hold the condom at the base of the penis, so it won't slip off and spill semen.
- The condom is used only once, and then thrown away.
- Condoms are very good at preventing pregnancy, STDs, and HIV when used correctly.
- Using a condom together with another birth control method gives even more protection against pregnancy, in case the condom breaks.
- Condoms come in vinyl or polyurethane if a person is allergic to latex.
- There is no age requirement to buy condoms.



Source: *Contraceptive Technology*, 20th revised edition, 2011.

EC (Emergency Contraception)

Fact Sheet

Main points:

- The only way to prevent pregnancy after unprotected vaginal sex.

More information:

- EC is a pill to prevent pregnancy after sex.
- It is used by people who have a uterus and ovaries.
- The most common brands of EC are Plan B and Ella. EC is also known as the "morning after pill" and "emergency contraception."
- EC is much more effective the sooner it is taken. It can prevent pregnancy if taken up to 5 days after vaginal sex.
- It prevents pregnancy by delaying or stopping the ovaries from releasing an egg.
- It does not cause an abortion. If EC doesn't work, it will not harm the pregnancy.
- All brands of EC, except Ella, can be bought by men or women of any age at the drug store without a doctor's prescription.
 - For more information about getting EC, go to www.not-2-late.com.
- It does not protect against STDs or HIV.



Source: *Contraceptive Technology*, 20th revised edition, 2011.

Depo Shot

Fact Sheet

Main points:

- Very effective when used correctly.
- Convenient - only need to get a shot four times per year.

More information:

- The Depo shot, also known as Depo-Provera, is given into the arm or hip every 3 months.
- It is used by people who have a uterus and ovaries.
- It is made of a hormone, similar to one that occurs naturally in the body.
- The shot is very effective when used correctly.
- The shot does not protect against STDs or HIV.
- The shot prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- A person needs to go to a doctor to get the shot.



Source: *Contraceptive Technology*, 2^{dh} revised edition, 2011.

Birth Control Pill

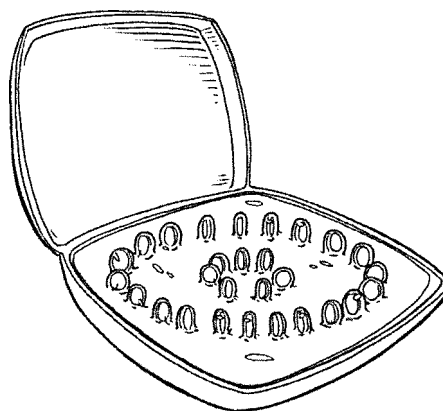
Fact Sheet

Main points:

- Effective when used correctly.
- Makes period cramps better.

More information:

- A person takes the pill once a day to prevent pregnancy.
- The pill is used by people who have a uterus and ovaries.
- It is made of hormones similar to the ones that occur naturally in a the body.
- Birth control pills are very effective when used correctly.
- They are best for people who can remember to take a pill every day.
- They do not protect against STDs or HIV.
- The pill prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- A person needs to go to a doctor to get started on the pill.



Source: *Contraceptive Technology*, 20th revised edition, 2011.

Patch

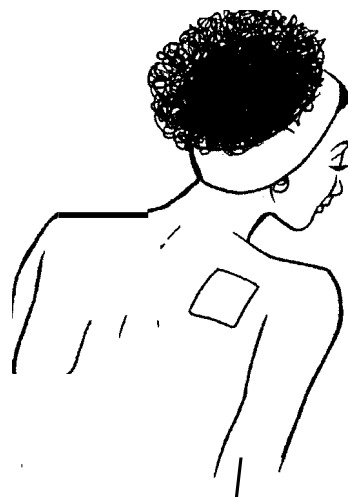
Fact Sheet

Main points:

- Very effective when used correctly.
- Convenient - only need to do something once per week.

More information:

- The patch is a small, thin, beige-colored patch that sticks to the skin.
- It is used by people who have a uterus and ovaries.
- It has hormones just like the ones that occur naturally in the body. The hormones are released into the body through the skin.
- A new patch is put on once a week, for 3 weeks in a row, and then the person goes 1 week without a patch.
- The patch is very effective when used correctly.
- A person wearing the patch can still take showers, swim, play sports, and go in hot tubs with the patch.
- The patch does not protect against STDs or HIV.
- The patch prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- A person needs to go to a doctor to get started on the patch.



Source: *Contraceptive Technology*, 20th revised edition, 2011.

Vaginal Ring

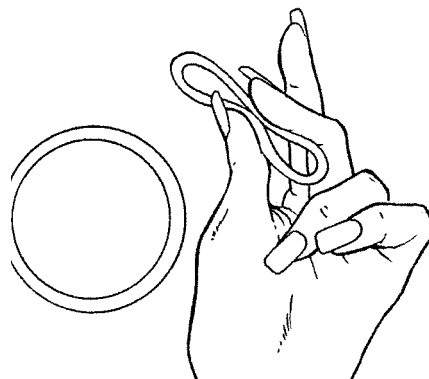
Fact Sheet

Main points:

- Effective when used correctly.
- Convenient- only need to do something once per month.
- Helpful for people with heavy or painful periods.

More information:

- The ring, also known as the NuvaRing, is a soft, plastic, flexible ring that's about 2 inches wide.
- The ring goes inside the vagina, and it stays there for 3 weeks. It does not hurt and the person using it should not be able to feel it.
- The ring has hormones inside similar to the ones that occur naturally in the body.
- The ring is effective when used correctly.
- It does not protect against STDs or HIV.
- The ring prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- A person needs to go to a doctor to get started on the ring.

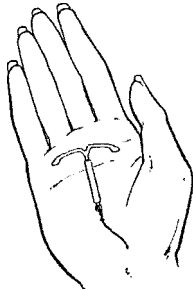


Source: *Contraceptive Technology*, 2nd revised edition, 2011.

Commercial Watchers Worksheet

Instructions: As you watch each commercial, write down two important points for each birth control method.

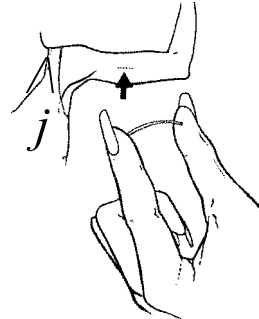
IUD



Important Points:

- 1.
- 2.

Implant



Important Points:

- 1.
- 2.

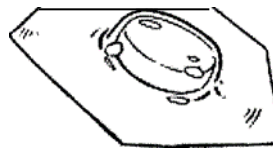
Condom



Important Points:

- 1.
- 2.

**EC
(Emergency Contraception)**



Important Points:

- 1.
- 2.

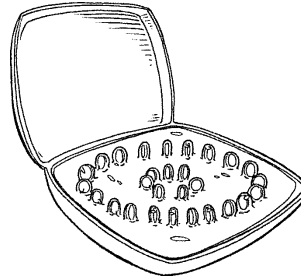
Depo Shot



Important Points:

- 1.
- 2.

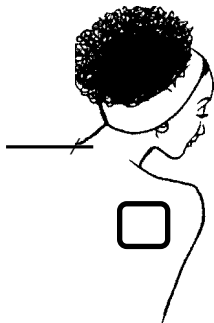
Birth Control Pill



Important Points:

- 1.
- 2.

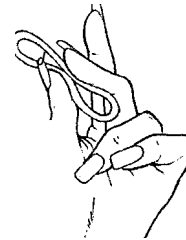
Patch



Important Points:

- 1.
- 2.

Vaginal Ring



Important Points:

- 1.
- 2.

Pulling Out (Withdrawl)

Important Points

- 1.
- 2.

Abstinence

Important Points

- 1.
- 2.

Individual Homework: Cultural Perspectives on Birth Control

Name: _____

Period: _____

Research birth control beliefs in the United States.

Here are possible questions you could research: What are some different beliefs about birth control in the U.S.? For example, do beliefs vary if people are married, if they are using birth control for health reasons, or according to age of the person using birth control? How do the beliefs about birth control change across cultures and religions?

Search the Internet. Use the term "birth control beliefs in the U.S." Write one paragraph about what you find during your research.

Family Homework: Talking about Birth Control Methods

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Tell me about our family's, culture's or religion's beliefs about birth control.

Ask each other: How do you personally feel about people using birth control to prevent pregnancy?

Family Homework Confirmation Slip: Talking about Birth Control Methods

Due: _____

We have completed the family homework.

Date

Signature of family member or trusted adult

Students' name

Signature of student

Exit Ticket

What is the benefit of using a condom at the same time as another method of birth control for a couple having vaginal sex?

References

- ¹ Kirby, D. (2001). *Emerging answers: Research findings on programs to reduce teen pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- ² Kirby, D, et al. (2005). *Impact of sex and HIV education programs on sexual behaviors of youth in developing and developed countries*. Research Triangle Park, NC: Family Health International.
- ³ Alford, S. (2003). *Science and success: Sex education and other programs that work to prevent teen pregnancy, HIV & sexually transmitted infections*. Washington, DC: Advocates for Youth.
- ⁴ Alford, S. (2008). *Science and success, second edition: Programs that work to prevent teen pregnancy, HIV & sexually transmitted infections*. Washington, DC: Advocates for Youth.
- ⁵ UNAIDS. (1997). *Impact of HIV and sexual health education on the sexual behaviour of young people: A review update*. Geneva, Switzerland: UNAIDS.
- ⁶ Baldo, M., et al. (1993). *Does sex education lead to earlier or increased sexual activity in youth?* Presented at the Ninth International Conference on AIDS. Geneva, Switzerland: World Health Organization.
- ⁷ Kirby, D. & Lepore, G. (2007). *A matrix of risk and protective factors affecting teen sexual behavior, pregnancy, childbearing and sexually transmitted disease*. ETR Associates.
- ⁸ Public Health - Seattle & King County, Client Encounter Data, 2009 and 2010.
- ⁹ Abma, J.C., Martinez, G.M., & Copen, C.E. (2010). Teenagers in the United States: Sexual activity, contraceptive use and childbearing, National Survey of Family Growth 2006-2008. *Vital & Health Statistics*, 23, 30).
- ¹⁰ American College of Obstetricians and Gynecologists Committee. (2007). *Intrauterine device and adolescents*. Opinion No. 392.
- ¹¹ Lyus, R., et al. (2010). Use of the Mirena™ LNG-IUS and Paragard™ CuT380A intrauterine devices in nulliparous women. *Contraception*, 81, 367-371
- ¹² Prager, S. & Darney, P.O. (2007). The levonorgestrel intrauterine system in nulliparous women: Review Article. *Contraception*, 75, S12-S15.
- ¹³ Hatcher, R.A., et al. (2001). *Contraceptive technology, 20th revised edition*. Ardent Media.
- ¹⁴ Killie, S.R. et al (2011). Sperm content of pre-ejaculatory fluid. *Human Fertility*, 14, 1, 48-52.
- ¹⁵ Kirby, D. & Lepore, G. (2007). *A matrix of risk and protective factors affecting teen sexual behavior, pregnancy, childbearing and sexually transmitted disease*. ETR Associates.

Preventing HIV and Other STDs

Grades 9-12, Lesson 9

Summary

Students complete sentence stems on graffiti sheets to learn key concepts about STDs, including transmission, consequences and prevention. The teacher leads a condom demonstration exercise so students can learn the steps to using a condom correctly. The lesson concludes with students setting personal goals that will help them avoid getting or giving an STD.

Student Learning Objectives

The student will be able to ...

1. Describe common symptoms of and treatments for STDs, including HIV.
2. Explain the importance of STD and HIV testing and counseling if sexually active.
3. Describe the steps to using a condom correctly.
4. Develop a plan to attain a personal goal to avoid or reduce the risk of contracting an STD.
5. Make a commitment to practice healthy sexual behaviors.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson	1 minute
Graffiti sheet activity	25 minutes
Journaling activity	10 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

People can prevent getting HIV and other STDs by not having sex, by using condoms if they do have vaginal or anal sex, and by not sharing needles.

Condoms are easy to get and easy to use.

Many teens successfully use condoms.

Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.

Most high school students are abstinent.

The only way to know if you have HIV or other STDs is to get tested.

In this community, teens can get a pregnancy test, STD test or birth control at [insert local clinic].

People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

Standards

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.12.10	Summarize ways to prevent pregnancy and the sexual transmission of HIV and other common STDs.
SH1.12.15	Summarize how common STDs are transmitted.
SH1.12.16	Summarize how HIV is transmitted.
SH1.12.17	Summarize the signs and symptoms of common STDs.
SH1.12.19	Summarize the problems associated with asymptomatic STDs and HIV.
SH1.12.20	Summarize the short- and long-term consequences of common STDs.
SH1.12.21	Summarize the short- and long-term consequences of HIV.
SH.1.12.27	Describe the increased risks associated with having multiple sexual partners including serial monogamy.
SH1.12.35	Explain the importance of STDs and HIV testing and counseling if sexually active.
Standard 6	Students will demonstrate the ability to use goal-setting skills to enhance health.
SH6.12.1	Assess personal practices and behaviors related to sexual health.
SH6.12.2	Set a realistic personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.12.3	Assess the barriers to achieving a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.12.4	Develop a plan to attain a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.12.5	Implement strategies, including self-monitoring, to achieve a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.12.6	Use strategies to overcome barriers to achieving a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.12.7	Formulate an effective long-term personal plan to achieve a goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.1	Analyze the role of individual responsibility for sexual health.
SH7.12.2	Evaluate personal practices and behaviors that reduce or prevent sexual risk behaviors.
SH7.12.4	Make a commitment to practice healthy sexual behaviors.

National Sexuality Education Standards

SH.12.CC.1	Describe common symptoms of and treatments for STDs, including HIV
SH.12.CC.2	Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV
SH.12.CC.3	Describe the laws related to sexual health care services, including STD and HIV testing and treatment
SH.12. AI.1	Explain how to access local STD and HIV testing and treatment services
SH.12.GS.1	Develop a plan to eliminate or reduce risk for STDs, including HIV
SH.12.SM.1	Analyze individual responsibility about testing for and informing partners about STDs and HIV status

Rationale

This lesson focuses on big-picture concepts related to STD prevention-transmission, testing and condom use. As such, it does not contain detailed information about individual STDs. Health behavior change research shows that focusing on skills, attitudes and behaviors is more effective at improving health outcomes than memorizing facts.¹ Therefore, FLASH deemphasizes memorizing details related to specific STDs.

FLASH does not use graphic images of genitals infected with STDs. These images produce visceral, negative reactions in students and falsely lead them to believe that end-stage or worst-case scenario symptoms are the sign of sexually transmitted infection.² End-stage pictures of STDs may also discourage young people from getting tested if they do not have these same symptoms. Given that the majority of STDs are asymptomatic, many students with STDs may falsely believe that they are not infected after viewing these kinds of pictures. It's very important for students to understand that they can get STDs, that a test at a clinic is the only sure way to know if they have an STD, and that completing treatment is imperative if a person is diagnosed with an STD.

Sexually transmitted diseases are referred to as STDs in this lesson, as opposed to the also acceptable term sexually transmitted infection (STI). Both terms can be used interchangeably and are medically accurate. This lesson follows the guidance of the CDC in choosing to use STD.

FLASH focuses on abstinence and the use of condoms for vaginal and anal sex to prevent STDs. This is because unprotected vaginal and anal sex are the most common way that STDs including HIV are transmitted. There is very little risk of getting or transmitting HIV from oral sex.³

STDs that are spread through oral sex mostly cause infections of the throat. Oral infections do not have the same negative consequences as infections in the reproductive system. Other modes of transmission include genital skin-to-skin contact (HPV and herpes) and cold sore on the mouth to genitals (herpes). Using condoms during anal or vaginal sex substantially decreases the risk of spreading STDs, although they do not completely eliminate the risk. Based on current information about STD transmission, FLASH stresses the importance of condom use for couples having vaginal or anal sex, and abstaining from oral, anal and vaginal sex.

Materials Needed

Student Materials

- *STD Graffiti Stations Worksheet*
- *Sexual Health Resources - King County, National, or develop a local resource sheet*
- *My Plan for Avoiding STDs*
- *Family Homework: Talking about HIV & Other STDs*, available in multiple languages on the FLASH website
- *Lesson 9 Exit Ticket*

Classroom Materials

- *Lesson 9 Warm Up*

Activities

1. Warm up

Display warm up as bell work.

Prompt: The best way to avoid getting or giving an STD is not to have sex. For people who are having vaginal or anal sex, the best way to avoid getting or giving an STD is to use a condom every time. Choose one of the following statements and write 1 or 2 sentences about why you agree with it.

- One great thing about condoms is that they prevent both pregnancy and STDs.
- If I have vaginal or anal sex, I will use condoms.
- Abstinence-not having sex-is a great choice for people who don't want to worry about pregnancy or STDs.
- I will choose not to have vaginal or anal sex unless I have a plan to protect myself from getting or giving an STD.
- People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

2. Explain purpose of lesson

The purpose of the lesson is to learn important basic information about STDs: how they are transmitted, the ways they can hurt people's bodies, and how to protect against getting or giving an STD.

3. Lead graffiti sheet exercise

This activity addresses STD facts, attitudes and myths.

4. Debrief graffiti sheets

Debrief the graffiti sheets by discussing them one at a time, correcting misinformation and pointing out correct information.

5. Students plan how they will avoid STD (journaling activity)

6. Assign family homework

Family Homework: Talking about HIV & Other STDs. Family homework is available in multiple languages on the FLASH website.

7. Exit ticket

Hand out the *Lesson 9 Exit Ticket*.

Warm Up

The best way to avoid getting or giving an STD is not to have sex. For people who are having vaginal or anal sex, the best way to avoid getting or giving an STD is to use a condom.

Chose one of the following statements and write 1 or 2 sentences about why you agree with it.

One great thing about condoms is that they prevent both pregnancy and STDs.

If I have sex, I will use condoms.

Abstinence-not having sex-is a great choice for people who don't want to worry about pregnancy or STDs.

I will choose not to have vaginal or anal sex unless I have a plan to protect myself from getting or giving an STD.

People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

STD Graffiti Stations Worksheet

1. Why would someone want to avoid getting an STD?

2. People can get an STD by...

3. People might think they have an STD if...

4. If people think they might have an STD, they should...

5. People can reduce their risk of giving or getting an STD by...

My Plan for Avoiding STDs

1. What's one thing I'm already doing that helps protect me from giving or getting an STD?
2. What's one more thing I will commit to do for the next 6 months to lower my chances of giving or getting an STD?
3. What things could make it hard to stick to this commitment? What will I do if any of these things happen to make sure I can stick to my goal?
4. Why is it important that I take steps to protect myself from STDs, instead of just letting my partner handle it?

Sexual Health Resources In King County

Student Handout

Confidential

Teens of any age can get all the services listed on this handout confidentially in Washington State. Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.

Birth Control and STD Clinics

These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.

Public Health - Seattle & King County
Free or low cost teen clinics
206-263-1505
www.teenclinic.com

Planned Parenthood Great Northwest
1-800-769-0045
www.plannedparenthood.org

- Birth control method information (World Health Organization): Scroll down to see chart.
<http://www.who.int/mediacentre/factsheets/fs351/en/>
- STD information (Centers for Disease Control): <http://www.cdc.gov/std/>
- HPV vaccine information (Centers for Disease Control): <http://www.cdc.gov/vaccines/vpd-vac/hpv/>

Help Finding a Clinic and Other Services

Community Health Access Program
(CHAP Line)
206-284-0331 or 1-800-756-5437
Also helps people apply for health insurance
chap@kingcounty.gov

Teen Link
1-866-833-6546
www.866teenlink.org

Prenatal Care

Public Health - Seattle & King County
Maternity Support Clinics and WIC
206-263-1505
www.kingcounty.gov/healthservices/health/personal/MSS.aspx

Abortion Clinics

Cedar River Clinics
(425) 255-0471
www.cedarriverclinics.org

Planned Parenthood
1-800-769-0045
<http://www.plannedparenthood.org/planned-parenthood-great-northwest>

Adoption Agencies

Amara
(206) 260-1700
<http://amaraparenting.org>

Open Adoption & Family Services
1-800-772-1115
<http://www.openadopt.org/>

Sexual Health Resources In the U.S.

Student Handout

Confidential

Click on the map to find out if sexual health services are confidential in your state.

<http://sexetc.org/action-center/sex-in-the-states/>

Birth Control and STD Clinics

There are many websites and phone numbers to help teens find birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests.

- Enter your zip code or call to find the nearest Planned Parenthood clinic.
www.plannedparenthood.org 1-800-230-PLAN
- Enter your zip code to find the nearest birth control clinic that is free or low cost.
<http://www.hhs.gov/opa/>
- Enter your zip code to find a clinic for HIV tests, birth control, counseling and other services.
www.aids.gov
- Enter your zip code to find the nearest place to get emergency contraception.
www.not-2-late.com
- Call your local public health department to get information about local birth control and STD clinics.
- Birth control method information (World Health Organization): Scroll down to see chart.
<http://www.who.int/mediacentre/factsheets/fs351/en/>
- STD Information (Centers for Disease Control): <http://www.cdc.gov/std/>
- HPV Vaccine Information (Centers for Disease Control): <http://www.cdc.gov/vaccines/vpd-vac/hpv/>

Help Finding a Clinic and Other Services

- Enter your address to find the nearest health clinics that are free or low cost. These clinics are for all health issues, not just sexual health.
<http://findahealthcenter.hrsa.gov/>

Prenatal Care

- Scroll to your state to find the phone number for the Women, Infants, Children (WIC) Program.
<http://www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies>
- WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition and stay healthy. They also give information about where to get prenatal care.

Abortion Clinics

- Click on the map to see a list of abortion clinics in your state.
<http://prochoice.org/think-youre-pregnant/find-a-provider/>
- Call 1-877-257-0012 to find the nearest abortion clinic.
- Call 1-800-772-9100 to get more information about abortion and where to get financial help.

Adoption Agencies

- Call 1-800-772-1115 to talk with an adoption counselor at Open Adoption and Family Services.
- The phone line is open 24 hours a day.

Developing a Local Sexual Health Resources List

Teacher Guide

In order to ensure that students have access to the health care services they need, it is important for teachers to develop a sexual health resource sheet specific to their geographic area. FLASH provides a resource sheet for King County, Washington, as an example that can be used as a template. If you are not familiar with the resources in your area, the following national resources will help you in compiling a local resource sheet. If, for some reason, you cannot develop a local resource sheet, a national resource sheet has been provided for you.

FLASH recommends referring young people to clinics and agencies that are teen and LGBT friendly, culturally competent, supportive of all pregnancy options, and that consider the teen to be their primary client. When creating your local resource sheet, keep these criteria in mind.

Confidential

Individual state policies on teens accessing reproductive health care are provided by Sex, etc., a project of Rutgers University. <http://sexetc.org/action-center/sex-in-the-states/>

Birth Control and STD Clinics

To find local birth control and STD clinics, call your local health department. If you need further assistance finding clinics that offer a full array of services, the following links may be of help.

- www.plannedparenthood.org to find a local Planned Parenthood clinic
- <http://www.hhs.gov/opa/> to find a local Title X clinic
- [www.not-2-late](http://www.not-2-late.org) to find locations for accessing emergency contraception
- <http://locator.aids.gov/> to find HIV testing locations

Help Finding a Clinic and Other Services

The U.S. Department of Health and Human Services, Health Resources and Services Administration maintains a list of sliding scale or free clinics across the United States.

<http://findahealthcenter.hrsa.gov/>

Prenatal Care

To find prenatal care providers who serve teens, call your local WIC provider. The link below provides a State number, that can direct you to a local provider.

www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies

Abortion Clinics

The National Abortion Federation maintains a list of abortion providers by state.

<http://prochoice.org/think-youre-pregnant/find-a-provider/>

Adoption Agencies

Open Adoption and Family Services works with clients from across the nation. Should a client prefer a local resource, they will work with her to identify a local provider.

<http://www.openadopt.org/>

Family Homework: Talking about HIV & Other STDs

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the student: What did you learn from today's class about sexually transmitted diseases (STDs) that seemed important?

Complete the cartoons: Choose *The Couple* or *The Clinic* cartoon. In the thought and speech bubbles, each of you will write what the people in the cartoon might be thinking or saying.

Ask each other:

- What were your characters thinking or saying?
- Would they think or say something different if they had better communication skills?
- Would they think or say something different if they understood how STDs are passed from person to person?
- In real life, what might you want to talk over with a partner (someone you dated, boyfriend, girlfriend, husband, wife) about STDs?
- In real life, what might you say to a doctor or other health care provider about STDs?

Family Homework Confirmation Slip: Talking about HIV and Other STDs

Due: _____

We have completed the family homework.

Date

Signature of family member or trusted adult

Student's name

Signature of student

Exit Ticket

What are the ways that someone can prevent getting or giving an STD?

References

¹ Schaalma, H.P., Abraham, C., Gilmore, M.R., and Kok, G. (2004). Sex education as health promotion: What does it take? *Archives for Sexual Behaviour*, 33, 3, 259-269.

² Making clear messages: What works best? *AIDS Action*, 40, 1-2.

³ CDC. Oral Sex and HIV Risk. <http://www.cdc.gov/hiv/risk/oralsex.html>

Condoms to Prevent Pregnancy, HIV and Other STDs

Grade 9-12, Lesson 10

Summary

This lesson begins with a brief overview of HIV and other STDs, focusing on prevention, transmission, symptoms and consequences. Students then brainstorm reasons someone might not use condoms, and solutions to those problems. They also brainstorm a list of the benefits of condoms. The teacher then demonstrates correct condom use to the class, and students have the opportunity to practice correct condom use skills.

Student Learning Objectives

The student will be able to ...

1. Summarize how HIV is transmitted.
2. Summarize the importance of using condoms consistently and correctly to reduce the risk of pregnancy and HIV/STD infection.
3. Describe the steps to using a condom correctly.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson and HIV/STD overview	10 minutes
Brainstorm condom barriers, solutions and benefits	15 minutes
Discuss effectiveness of condoms	3 minutes
Demonstration and practice of condoms	16 minutes
Summarize	1 minute
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

People can prevent getting HIV and other STDs by not having sex, by using condoms if they do have vaginal or anal sex, and by not sharing needles.

Condoms are easy to get and easy to use.

Many teens successfully use condoms.

Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.

Choosing abstinence means a person does not have to worry about pregnancy or STDs.

Most high school students are abstinent.

The only way to know if you have HIV or other STDs is to get tested.

In this community, teens can get a pregnancy test, STD test or birth control at [insert local clinic).

People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

Standards

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.12.10	Summarize ways to prevent pregnancy and the sexual transmission of HIV and other common STDs
SH1.12.16	Summarize how HIV is transmitted.
SH1.12.18	Summarize the signs and symptoms of HIV.
SH1.12.19	Summarize the problems associated with asymptomatic STDs and HIV.
SH1.12.21	Summarize the short- and long-term consequences of HIV.
SH1.12.23	Summarize the importance of using condoms consistently and correctly to reduce risk of pregnancy and infection of HIV and common STDs.
SH1.12.24	Explain the value of using a condom at the same time as using another form of contraceptive to reduce the risk of infection of HIV and common STDs and reduce the risk of pregnancy.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors
SH2.12.3	Analyze how peers and perceptions of norms influence healthy and unhealthy sexual health practices, behaviors, and relationships.
SH2.12.5	Analyze how some health risk behaviors influence the likelihood of engaging in risky sexual behaviors (e.g., alcohol and other drug use).
Standard 3	Students will demonstrate the ability to access valid information and products and services to enhance health.
SH3.12.4	Determine the accessibility of valid and reliable sexual healthcare products.

High School FLASH, 3rd edition

Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SHS.12.1	Examine barriers to making a decision related to relationships or sexual health.
SHS.12.5	Generate alternatives when making a decision related to relationships or sexual health.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.

National Sexuality Education Standards

PR.12.CC.1	Compare and contrast the advantages and disadvantages of abstinence and other contraceptive methods, including condoms.
PR .12. AI.1	Access medically-accurate information about contraceptive methods, including abstinence and condom.
PR.12.SM.1	Describe the steps to using a condom correctly.
SH.12.CC.2	Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV.
SH.12.INF.1	Analyze factors that may influence condom use and other safer sex decisions.
SH.12.SM.2	Describe the steps to using a condom correctly.

Rationale

Approximately half of all teens are sexually active,¹ making high school an important time to both support abstinence and to teach students condom skills. Condoms are the most effective technology to reduce the transmission of HIV and other STDs;² they are also effective barriers against unplanned pregnancy.³

Students who have had a chance to practice condom skills, especially before they are sexually active, are far more likely to use condoms correctly.^{4 5} This is especially important since condoms are one of the most commonly used methods of birth control by teens.⁶ A large body of research clearly shows that sexual health education, including condom skill practice, does not encourage earlier sexual activity among teens. Instead, these programs can actually help students to postpone sexual activity, decrease their number of sexual partners and increase their condom use. Studies also reveal that when youth have positive attitudes about condoms and the knowledge to use them correctly, they are more likely to use them consistently.^{7 8 9}

This lesson purposefully avoids labeling condoms as "male condoms" or "female condoms," in order to be more inclusive of transgender and intersex individuals. Instead, the lesson describes condoms that are worn on the penis, and condoms that are worn in the vagina or anus. For ease they are also simply called a "penis condom" or a "vagina condom." Teachers may have also heard condoms referred to elsewhere as external condoms or internal condoms. Although accurate, these terms are potentially confusing. For the sake of both clarity and inclusivity, FLASH instead relies on plain language and definitions that are specific to the body parts the condoms were designed for.

FLASH focuses on abstinence and the use of condoms for vaginal and anal sex to prevent STDs. This is because unprotected vaginal and anal sex are the most common way that STDs including HIV are transmitted. There is very little risk of getting or transmitting HIV from oral sex.¹⁰

STDs that are spread through oral sex mostly cause infections of the throat. Oral infections do not have the same negative consequences as infections in the reproductive system. Other modes of transmission include genital skin-to-skin contact (HPV and herpes) and cold sore on the mouth to genitals (herpes). Using condoms during anal or vaginal sex substantially decreases the risk of spreading STDs, although they do not completely eliminate the risk. Based on current information about STD transmission, FLASH stresses the importance of condom use for couples having vaginal or anal sex, and abstaining from oral, anal and vaginal sex.

Materials Needed

Student Materials

- *Individual Homework: Condoms*
- *Family Homework: Talking About Condoms*, available in multiple languages on the FLASH website
- *Lesson 10 Exit Ticket*

Classroom Materials

- *Lesson 10 Warm Up*
- *Visual 1: Condom Facts*
- Wooden or plastic penis model
- Penis condom (one per class period)
- Water or silicone-based lubricant

For districts that don't allow teachers to teach with condoms:

- *Condom Line-Up Cards*, 1 to 6 sets, depending on whether the activity is done as a class or in small groups.

Activities

1. Warm up

Display warm up as bell work.

Question: Over 95% of teen couples who have ever had vaginal sex have used condoms. Why do you think condoms are such a popular method among teens?

Abstinence is the most effective method for preventing HIV and STD's. It is the only form of protection that is 100% guaranteed.

2. Explain purpose of lesson and give brief HIV overview lecture

Explain that today's lesson will focus on condoms, and that condoms are highly effective at preventing pregnancy and STDs including HIV for people having vaginal and anal sex. Then transition to the HIV and STD overview lecture.

3. Discuss effectiveness of condoms

4. Demonstrate correct condom use and have students practice

5. Summarize

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed. If condoms are not allowed in the classroom, be sure to assign only Option 1 in the individual homework.

Individual Homework: Condoms

Family Homework: Talking about Condoms, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 10 Exit Ticket*.

Warm Up

Over 95% of teen couples who have ever had vaginal sex have used condoms. Why do you think condoms are such a popular method among teens?

Condom Line-Up Cards

**Check
expiration
date**

**Carefully Open
Package**

Condom Line-Up Cards

**Pinch tip
of condom**

**Roll condom
down erect
penis**

Condom Line-Up Cards

**Vaginal or
anal sex with
condom**

**Ejaculation
with
condom**

Condom Line-Up Cards

**Hold condom
on penis while
pulling out**

**Take condom
off penis**

Condom Line-Up Cards

**Throw
condom in
garbage**

Individual Homework: Condoms

Name: _____

Period: _____

DIRECTIONS: Please complete one of these two options.

Option 1: Being a Peer Educator

- Write an imaginary text message or email, encouraging a friend, brother or sister to use condoms.

- Describe what you think it would feel like to be a peer educator, educating others to keep themselves safe from HIV and other STDs.

Option 2: Obtaining condoms

- Obtain a condom and bring it to class to show that you obtained it.

In King County, Washington, condoms are available free at Public Health Centers. Go to www.teenclinic.com for clinic locations.

In most places in the United States, drug stores, supermarkets and clinics carry condoms.

In some schools, a clinic offers free condoms.

In some areas, HIV programs and needle exchange programs offer free condoms.

Family Homework: Talking about Condoms

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the student: Tell me two new things you learned about condoms today.

Ask the adult: What did you know about condoms when you were my age?

Ask each other: When do you think a person should use a condom?

Family Homework Confirmation Slip: Condoms

Due: _____

We have completed the family homework.

Date

Signature of family member or trusted adult

Student's name

Signature of student

Exit Ticket

Name at least 3 benefits or positive things about condoms.

References

- ¹ Abma, J.C., Martinez, G.M., Moster, W.D., & Dawson, B.S. (2004). Teenagers in the United States: Sexual activity, contraceptive use, and childbearing. *Vital and Health Statistics*, 23 ,24.
- ² Centers for Disease Control and Prevention. (2010). *Condoms and STDs: Fact sheet for public health personnel*. From www.cdc.gov/condomeffectiveness/latex.html. Accessed 3/9/15.
- ³ Hatcher, R.A., et al. (2011). *Contraceptive technology: 20th revised edition*. New York, NY: Ardent Media.
- ⁴ Demonstrating how to use condoms improves youths' knowledge about them. (2008). *International Family Planning Perspectives*, 34, 1.
- ⁵ Calsyn, D. A, et al. (2010). Teaching condom use skills: Practice is superior to observation. *Substance Abuse*. 31, 4, 231-239.
- ⁶ Alan Guttmacher Institute. (2014). Fact sheet: Contraceptive use in the United States. From http://www.guttmacher.org/pubs/fb_contr_use.html. Accessed 3/9/15.
- ⁷ Halpern-Felsher, B.L., et al. (2004). Adolescents' self-efficacy to communicate about sex: Its role in condom attitudes, commitment, and use. *Adolescence*, 39, 155, 443-456.
- ⁸ Farmer, M.A., & Meston, C.M. (2006). *Predictors of condom use self-efficacy in an ethnically diverse university sample*. Archives of Sexual Behavior, 35, 3, 313-326.
- ⁹ Hanna, K.M. (1999). An adolescent and young adult condom self-efficacy scale. *Journal of Pediatric Nursing* 14, 1, 59-66.
- ¹⁰ CDC. Oral Sex and HIV Risk. <http://www.cdc.gov/hiv/risk/oralsex.html>
- ¹¹ CDC. Oral Sex and HIV Risk. <http://www.cdc.gov/hiv/risk/oralsex.html>
- ¹² deVincenzi, I. (1994). A longitudinal study of human immunodeficiency virus transmission by heterosexual partners. *New England Journal of Medicine*, 331, 342-346.
- ¹³ Centers for Disease Control and Prevention. (2009). *Reproductive health: Contraception*. Retrieved from www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm. Accessed 3/9/15.
- ¹⁴ World Health Organization Reproductive Health Library. (2003). *Nonoxynol-9 for preventing vaginal acquisition of HIV infection by women from men*. From http://apps.who.int/rhl/hiv_aids/nscom1Len/indexJitml. Accessed 3/9/15.

Testing for HIV & Other STDs

Grades 9-12, Lesson 11

Summary

In this lesson, students do Internet research to learn about testing for HIV and other STDs in their community. Based on their findings, they write advice to fictional students to help build skill and comfort in getting an STD test.

Student Learning Objectives

The student will be able to ...

1. Access valid and reliable information about local STD and HIV testing and treatment services.
2. Explain the importance of testing for STDs, including HIV, if sexually active.
3. Advocate for sexually active youth to get testing and treatment for STDs including HIV.
4. Use strategies to overcome barriers to testing for STDs, including HIV.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson and HIV review quiz	10 minutes
Research local testing resources	25 minutes
Writing advice about STD testing	10 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

People can prevent getting HIV and other STDs by not having sex, by using condoms if they do have vaginal or anal sex, and by not sharing needles.

Condoms are easy to get and easy to use.

Many teens successfully use condoms.

Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.

Most high school students are abstinent.

The only way to know if you have HIV or other STDs is to get tested.

In this community, teens can get a pregnancy test, STD test or birth control at [insert local clinic].

People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.12.16	Summarize how HIV is transmitted.
SH1.12.17	Summarize the signs and symptoms of common STDs.
SH1.12.23	Summarize the importance of using condoms consistently and correctly to reduce risk of pregnancy and infection of HIV and common STDs.
SH1.12.34	Explain why it important to know the STD/HIV status of oneself and of a potential sexual partner.
SH1.12.35	Explain the importance of STDs and HIV testing and counseling if sexually active.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
SH2.12.1	Explain the influence of public health policies and state laws on sexual health practices, behaviors, and relationships.
SH2.12.6	Analyze how laws, rules and regulations influence behaviors related to sexual health
SH2.12.8	Analyze the effect of media and technology on personal, family, and community sexual health practices, behaviors, and relationships.
SH2.12.10	Analyze the factors that influence opportunities to obtain safe, accessible, equitable and affordable products and services that support sexual health for oneself and others.
Standard 3	Students will demonstrate the ability to access valid information and products and services to enhance health.
SH3.12.3	Evaluate the validity and reliability of sexual healthcare services.

SH3.12.5	Determine when professional sexual healthcare services may be required.
SH3.12.6	Determine the accessibility of valid and reliable sexual healthcare services.
SH3.12.7	Use resources that provide valid and reliable sexual health information.
SH3.12.9	Use valid and reliable sexual healthcare services.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks
SH4.12.5	Demonstrate how to effectively ask for assistance to improve and/or maintain sexual health.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.12.1	Examine barriers to making a decision related to relationships or sexual health.
SH5.12.7	Choose a healthy alternative when making a sexual health-related decision.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.1	Analyze the role of individual responsibility for sexual health.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.12.1	Use peer and societal norms, based on accurate health information, to formulate a health enhancing message about avoiding or reducing risky sexual behaviors.
SH8.12.2	Persuade and support others to avoid or reduce risky sexual behaviors.
SH8.12.4	Collaborate with others to advocate for improving personal, family, and community sexual health.

National Sexuality Education Standards

SH.12.CC.2	Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV.
SH.12. AI.1	Explain how to access local STD and HIV testing and treatment services.
SH.12.AI.2	Access medically accurate prevention information about STDs including HIV.
SH.12.SM.1	Analyze individual responsibility about testing for and informing partners about STDs and HIV status.
SH.12.ADV.1	Advocate for sexually active youth to get STD/HIV testing and treatment.

Rationale

The purpose of this lesson is the prevention of HIV and other STDs. From a public health perspective, testing for HIV and other STDs is a key strategy in reducing the spread of these infections. There is treatment for all STDs, including HIV; there is a cure for most STDs. In all cases, prompt identification and treatment for STDs, including HIV, not only improves the health and well-being of the person treated, but greatly reduces chances of transmission to others. Additionally, people who are tested for HIV and other STDs typically receive counseling in reducing their future risk of acquiring an infection and in preventing transmission.

From an educational perspective, increasing testing and treatment for STDs is a key behavioral goal toward STD reduction, along with increased condom use and abstinence. This lesson addresses the main protective factors that have been found to impact testing¹:

- Knowledge of the availability of confidential and low-cost STD testing and treatment services
- Positive attitudes toward and comfort with being tested and treated for STDs
- Self-efficacy to know when to visit a clinic to be tested and treated
- Self-efficacy to visit a clinic and be tested and treated

The CDC Health Education Curriculum Analysis Tool (SHECAT) and the National Sexuality Education Standards include many standards related to the importance of testing for HIV and other STDs, as well as accessing sexual healthcare services, which are met by this lesson.

Materials Needed

Student Materials

- *HIV Review Quiz*
- *Where to Get Tested*
- *STD Testing Scenario*
- *Individual Homework: Ads for HIV Testing and Treatment*
- *Family Homework: Talking About HIV & STD Testing*, available in multiple languages on the FLASH website
- *Lesson 11 Exit Ticket*

Activities

1. Warm up

Display warm up as bell work.

2. Introduce the lesson

Introduce the topic of testing for HIV and other STDs. Remind students to talk respectfully about this topic. The goal is to help people seek testing and treatment.

3. Complete HIV review quiz

4. Students research local clinics that offer testing

Conduct this exercise in a location with computer and Internet access.

5. Students offer advice on testing

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Ads for HIV Testing and Treatment

Family Homework: Talking About HIV & STD Testing, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 11 Exit Ticket*.

Warm Up

When people have an STD, including HIV, they usually have no symptoms. Testing is the only way to know for sure. There are many good reasons to get tested for HIV and other STDs, if a person has had anal or vaginal sex without a condom.

Check the box next to the description below that seems like an especially good reason to get tested. Explain why.

- ☐ **Protect current partner:** If people know they have an STD, they can tell their partner(s), so their partner(s) can get tested (and treated if needed,).
- ☐ **Prevent the spread of STDs:** If people know they have an STD, they can take action to prevent it from spreading: take medicine, tell their partner(s), use condoms for vaginal or anal sex, or be abstinent.
- ☐ **Protect one's own health:** If people know they have an STD, they can get medicine right away, which cures most STDs. Treatment can make other STDs, including HIV, less severe.
- ☐ **Reassurance:** If people learn they don't have HIV or other STDs, it can give them peace of mind. Then they can decide to use condoms for vaginal or anal sex, or be abstinent.

HIV Review Quiz

Names of people in your small group:

_____	_____
_____	_____

1. What do the letters in HIV stand for?

H	_____
I	_____
V	_____

2. What do the letters in AIDS stand for?

A	_____
I	_____
D	_____
S	_____

3. If a person has HIV, list the 4 body fluids that contain the virus.

1. _____	3. _____
2. _____	4. _____

4. List 3 ways people can get HIV.

1. _____
2. _____
3. _____

5. List 3 ways a person can prevent getting HIV.

1. _____
2. _____
3. _____

6. What is the only way people can know for sure if they have HIV?

HIV Review Quiz: Answer Key

1. **What do the letters in HIV stand for?**
Human
Immunodeficiency
Virus
2. **What do the letters in AIDS stand for?**
Acquired
Immune
Deficiency
Syndrome
3. **If a person has HIV, list the 4 body fluids that contain the virus.**
 1. Blood
 2. Semen
 3. Vaginal fluid
 4. Breast milk
4. **List 3 ways people can get HIV.**
 1. Unprotected vaginal or anal with someone who has HIV
 2. Sharing needles with someone who has HIV (for injecting them)
 3. Childbirth or breastfeeding from someone who has HIV
5. **List 3 ways that a person can prevent getting HIV.**
 1. Using a condom for vaginal or anal sex
 2. Not having vaginal or anal sex
 3. Not injecting drugs
6. **What is the only way people can know for sure if they have HIV?**
Get tested for HIV.

Where to Get Tested

Instructions: Complete the worksheet by doing research about 1 nearby clinic that offers tests for HIV, other STDs, or both. Use the worksheet to record your findings. Get specific information that you could share with a friend who needs to get tested. If there isn't a clinic nearby, you may have to find one further away. Keep track of your sources of information at the bottom of the worksheet. This section will also give you good tips on where to get information. Internet is required. Phone and text are optional.

1. **Clinic name, address, phone, website:**

2. **Does the clinic offer HIV tests?** ☐ Yes ☐ No

3. **Does the clinic offer tests for other STDs?** ☐ Yes ☐ No

4. **What other services does the clinic have?**
(For example, condoms, pregnancy test, birth control, etc.)

5. **Is the appointment confidential?** ☐ Yes ☐ No
(For example, does a teen need a parent's permission to get tested? If the results show that a teen has an STD, will the parent be called?)

6. **Is the visit free or low cost?** ☐ Yes ☐ No

7. **Are patients of all sexual orientations and gender identities welcome?** ☐ Yes ☐ No

8. **Can the patient bring a friend?** ☐ Yes ☐ No

9. **How does the clinic give test results to the patient?**
(For example, come back to the clinic, phone call, etc.)

10. Write driving directions from the high school to the clinic.

11. Is there a bus or train a person could take from school to the clinic?

☐ Yes ☐ No If "yes," write directions

Important: Check the box next to the sources of information you used.

☐ Enter zip code at aids.gov for map of clinics (U.S. Centers for Disease Control and Prevention)

☐ Text zip code to 566984 for clinic information (U.S. Centers for Disease Control and Prevention)

☐ <http://sexetc.org/action-center/sex-in-the-states/> (Rutgers University) - laws about HIV testing for teens in your state and other related topics

☐ Other websites

☐ Other phone numbers

☐ School staff (e.g. school nurse, librarian, health teacher, etc.)

☐ Written information (e.g. clinic brochures, resource pages, etc.)

STD Testing Scenario

Scenario:

Lena is 17 years old. The person Lena used to have sex with told her she needs to get tested for chlamydia. Lena feels fine and has no symptoms. She understands that the only way to know for sure is to get tested, and she wants to get it done. Lena has never gone to a clinic for sexual healthcare services. She isn't sure where to go or who to call. She could use a friend to help her.

Instructions:

Imagine that Lena is a friend of yours. Follow the outline below to write a script for what you could say to Lena. Write the lines as if you are talking directly to Lena. Your goal is to help Lena feel more comfortable and confident about going to the clinic for testing.

1. Start by saying something supportive to Lena. Be sure to avoid judgment or scare tactics.
2. Next, give Lena some helpful facts. Use information you learned in today's lesson.
3. Conclude by offering to help Lena in some way. (You could drive her to the clinic, go with her for support, help her look up other information, ask her what you can do to help, etc.)

Individual Homework:

Ads for HIV Testing and Treatment

Name: _____

Period: _____

A lot of work is being done in the United States and throughout the world to encourage people to get tested for HIV. There are two main reasons:

- If people learn they have HIV, they can get treatment to help them live a longer, healthier life.
- If people learn they don't have HIV, they can take steps to keep it that way.

In the space below, write an ad encouraging people to get tested for HIV. It can be a script (for example, a radio announcement or TV commercial), or it can be visual (for example, a bus poster, a billboard, or a website ad). Avoid using scare tactics or judgment.

Family Homework: Talking about HIV & STD Testing

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask each other:

- Should teens be able to get confidential HIV tests? Why or why not?
- Should teens be able to buy condoms? Should they be able to get them for free? Why or why not?
- What advice would you give teens who think they might have an STD? Who should they tell? Where should they go for help?



Family Homework Confirmation Slip – Talking about HIV & STD Testing

Due: _____

We have completed the family homework.

Date

Signature of family member or trusted adult

Student's name

Signature of student

Exit Ticket

Based on today's research and class discussion, name a local clinic you think would help teens who need to be tested for HIV and other STDs.

References

¹ Kirby, D., Coyle, K., Alton, F., Roller, L., & Robin, L. (2011). Reducing adolescent sexual risk: A theoretical guide for developing and adapting curriculum-based programs. Scotts Valley, CA: ETR Associates.

Communication and Decision Making

Grades 9-12, Lesson 12

Summary

Students review communication skills covered in previous lessons and read a list of gist-based statements about sexual health derived from material covered throughout the FLASH curriculum. Students then work individually, in small groups, and finally as a whole class to use their communication skills and gist-based statements to make and communicate sexual health-related decisions. They express support for their peers' effective use of communication skills, reinforcing healthy norms and increasing self-efficacy.

Student Learning Objectives

The student will be able to ...

1. Demonstrate effective communication skills to promote sexual health and healthy relationships.
2. Choose a healthy alternative when making a sexual health-related decision.
3. Apply a decision-making model to various situations relating to sexual health.

Lesson Timing

Warm up	Bell work+ 2 minutes
Introduce lesson	2 minutes
Introduce communication and refusal skills	7 minutes
Communication skills activity	35 minutes
Summarize	2 minutes
Assign homework	
Exit ticket	2 minutes
Total	50 minutes

FLASH Key Concepts

This lesson uses Bottom Line statements, which are derived from FLASH Key Concepts.

- You can't tell if someone has HIV or other STDs by looking.
- The only way to know if you have HIV or another STD is to get tested.
- It's important to always use a condom when you have vaginal or anal sex.
- It's important to have permission or agreement before having sex with someone
- It's important to only have sex with people who are sober and awake, so they can give consent to have sex
- In healthy relationships, people treat their partners with respect and fairness.
- It's important to respect someone else's decision to choose abstinence.
- It's important for both people in a relationship to use birth control if they are having vaginal sex but aren't ready for a pregnancy.
- Both partners need to be responsible for birth control and STD protection if they are having vaginal or anal sex.

Standards

Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
SH4.12.3	Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in sexual risk behaviors.
SH4.12.4	Demonstrate effective communication strategies to prevent, manage, or resolve interpersonal conflicts.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SHS.12.5	Generate alternatives when making a decision related to relationships or sexual health.
SHS.12.7	Choose a healthy alternative when making a sexual health-related decision.
SHS.12.8	Evaluate the effectiveness of sexual health-related decisions.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.12.2	Persuade and support others to avoid or reduce risky sexual behaviors
SH8.12.3	Persuade and support others to make positive and healthy choices about relationships.
SH8.12.6	Adapt sexual health messages and communication techniques for reach a specific target audience.

National Sexuality Education Standards

PD.12.DM.1	Apply a decision- making model to various situations relating to sexual health.
PR .12.IC.1	Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors.
PR .12.DM.1	Apply a decision-making model to choices about contraception, including abstinence and condoms.
SH.12.IC.1	Demonstrate skills to communicate with a partner about STD and HIV prevention and testing.
SH.12.DM.1	Apply a decision-making model to choices about safer sex practices, including abstinence and condoms.

Rationale

The communication and decision making lesson brings together the communication and refusal skills that have been covered in previous FLASH lessons and applies them to important sexual health-related situations, such as deciding to remain abstinent, using condoms and birth control, and preventing sexual violence. This lesson also incorporates new research on adolescent decision making, which shows that rather than teaching a decision-making model that stresses weighing risks and benefits, a more effective strategy is to build young people's ability to utilize "gist-based" decision making.

Gist-based decision making relies on understanding the bottom line of a situation and using that information to make decisions. It can be especially useful for teens in situations where the benefits, such as sexual pleasure or pleasing a partner, can seem high. This lesson provides students with "bottom-line" statements that they can apply to the hypothetical situations in this lesson, as well as to situations they may face in their own lives. Strong communication and refusal skills and a solid understanding of the bottom line are necessary if young people are to prevent pregnancy, STDs and sexual violence. This lesson powerfully combines these elements in order to shift peer norms and to improve individual student's self-efficacy with regard to healthy decision making.¹²³

Materials Needed

Student Materials

- *Communication and Refusal Skills*
- *The Bottom Line*
- *Individual Homework: Helping a Friend*
- *Family Homework: Talking About Communication and Decision Making*, available in multiple languages on the FLASH website
- *Lesson 12 Exit Ticket*

Classroom Materials

- *Lesson 12 Warm Up*
- *Real-Life Situations Example Visual*

Activities

1. Warm up

Display warm up as bell work

Question: Choose one of these statements and write 2 or 3 sentences about how you think teen dating relationships would be different if ALL teens believed the statement you chose.

- It's important to always use a condom when you have vaginal or anal sex.
- It's important to respect someone else's decision to choose abstinence.
- It's important for both people in a relationship to use birth control if they are having vaginal sex but aren't ready for a pregnancy.
- It is important to have permission or agreement before having sex with someone.

2. Introduce lesson

3. Introduce bottom lines, communication skills and refusal skills

4. Summarize activity and unit

5. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Helping a Friend

Family Homework: Talking About Communication and Decision Making, available in multiple languages on the FLASH website

6. Exit ticket

Warm Up

Choose one of these statements and write 2 or 3 sentences about how you think teen dating relationships would be different if ALL teens believed the statement you chose.

It's important to always use a condom when you have vaginal or anal sex.

It's important to respect someone else's decision to choose abstinence.

It's important for both people in a relationship to use birth control if they are having vaginal sex with each other but aren't ready for a pregnancy.

It's important to have permission or agreement before having sex with someone.

Communication and Refusal Skills

Communication Tips

Use I-statements ("I think ...", "I want ...")

- I only want to have sex with a condom.
- I won't have sex with someone who has been drinking.

Express opinions ("I believe ...")

- I believe people shouldn't have sex without protecting themselves.
- I believe people shouldn't have sex unless they are married.

State your strengths and abilities ("I can ...")

- I can buy condoms so we have them when we need them.
- I can wait to have sex until I am ready.

Say NO firmly but respectfully.

- No, I won't have sex without a condom.
- No, I don't want to go to your car.

Ask for what you want.

- I want to wait to have sex until we've been together longer.
- I want to have sex, but only if we use a condom.

Express positive feelings and/or appreciation.

- I love you and I'm glad we're together.
- I appreciate how you listen to me and take my feelings seriously.

Refusal Skills

Say NO and clearly state what you don't want to do.

- No, I don't want to have sex yet.
- No, I don't want to do that.

Explain why.

- I'm worried about getting you pregnant.
- I don't have sex with people I just met.

Suggest an alternative.

- We can go to the store up the street and buy some condoms.
- I don't want to go upstairs, but we can keep talking here with everyone else.

Leave if you need or want to.

- My mom is calling, I have to go home.
- We are done talking about this. I am leaving.

The Bottom Line

The "bottom line" is the most important thing to consider in a situation. It is also called "the heart of the matter," the essential point, or the core issue. The bottom line is the thing that helps people make good decisions quickly. Instead of debating the pros and cons of a situation, if you know the bottom line, you can quickly decide what you need to do.

Understanding the bottom line is especially helpful for making decisions when emotions are strong or the stakes are high, such as in sexual situations. The following are some "bottom lines" that come from information covered in FLASH.

- You can't tell if someone has HIV or other STDs by looking.
- The only way to know if you have HIV or another STD is to get tested.
- It's important to always use a condom when you have vaginal or anal sex.
- It's important to have permission or agreement before having sex with someone.
- It's important to only have sex with people who are sober and awake, so they can give consent to have sex.
- In healthy relationships, people treat their partners with respect and fairness.
- It's important to respect someone else's decision to choose abstinence.
- It's important for both people in a relationship to use birth control if they are having vaginal sex with each other but aren't ready for a pregnancy.
- Both partners need to be responsible for birth control and STD protection if they are having vaginal or anal sex.

Individual Homework: Helping a Friend

Name _____

Period _____

A friend needs some advice about their relationship; their note to you is provided below. Be sure to mention at least one bottom-line statement and use the communication tips or refusal skills from your handout in your response.

Hey! I think I need some advice. You know Sofia and I have been going out for a while. I was really hoping she would want to have sex by now, but I can't tell if she does or not. She hasn't said anything, and I don't really know what to do. Should I just make a move on her? I feel like I should talk to her, but I don't even know what I would say. I know you are good at this kind of thing. I really need some help!

Family Homework: Talking about Communication & Decision Making

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the student: What are your life goals at this time? Career? Family? Travel? What would a pregnancy or STD do to change those goals?

Ask the adult: How do you communicate with your boss at work when you want or need something? Can you think of an example? How would you communicate with your partner (past, present or future) when you wanted or needed something? Can you give an example?

Family Homework Confirmation Slip: Talking about Communication & Decision Making

Due: _____

We have completed the family homework.

Date

Signature of family member or trusted adult

Student's name

Signature of student

Exit Ticket

Which of the following communication skills would be easiest for you to use when communicating with a dating partner? Choose one and write 1 or 2 sentences explaining why.

1. Use I-statements ("I think ...", "I want ...")
2. Express opinions ("I believe ...")
3. State your strengths and abilities ("I can ...")
4. Say NO firmly but respectfully.
5. Ask for what you want.

References

¹ Reyna, V.F., & Adam, M.B. (2003). Fuzzy-trace theory, risk communication, and product labeling in sexually transmitted diseases. *Risk Analysis*, 23, 325-342.

² Reyna, V.F., Adam, M.B., Poirier, K., Lecroy, C. W., & Brainerd, C. J. (2005). Risky decision-making in childhood and adolescence: A fuzzy-trace theory approach. In J. Jacobs and P. Klaczynski (Eds.), *The development of judgment and decision-making in children and adolescents* (pp. 77-106). Mahwah, NJ: Erlbaum.

³ Reyna, V.F., & Brainerd, C.J. (1991). Fuzzy-trace theory and framing effects in choice: Gist extraction, truncation, and conversion. *Journal of Behavioral Decision Making*, 4, 249-262.

Laws Relevant to a Sexual Health Unit

Legal Requirements of Sexual Health Education

State laws regarding sexual health education vary. Some states require sexual health education while others do not. In some states, HIV and STD prevention education is required, but nothing more. Other states require that all sexual health education delivered must be comprehensive and medically accurate. State may also have specific requirements, such as that sexual health education must be taught at certain grades, or that certain topics are required or prohibited.

Look up sexual health education laws for your state

here: www.guttmacher.org/statecenter/spibs/spib_SE.pdf

Providing Health Care for Minors

Individual states have laws about what, if any, health care minors can consent to on their own.

Different ages may apply to different services, such as accessing contraceptive care, STD services, prenatal care, adoption, abortion, medical care for a child, and mental health care.

When discussing with a student any kind of health care for which the student can legally consent, it is very important to remember to protect that student's privacy. Disclosing a student's health information even to other teachers or school employees is a violation of privacy and possibly illegal. See what the minor consent laws are in your state:

www.guttmacher.org/statecenter/spibs/spib_OMCL.pdf

Sexual Exploitation & Assault Laws

Sexual assault and abuse laws

Sexual assault and abuse laws define sex crimes, including those committed against minors.

Look up your state laws here: www.rainn.org/public-policy/laws-in-your-state

Statutory rape and age of consent

Each state has laws criminalizing sex between individuals with certain age differences. The younger people in these situations may or may not have given verbal consent for the sexual activity that took place. They are incapable of legally giving consent because of their age. These age differences vary from state to state. If statutory laws were not covered on the page provided above for sexual assault and abuse laws, find additional information

here: <http://aspe.hhs.gov/hsp/08/SR/StateLaws/index.shtml>

Help, advice and information

State sexual violence coalitions can answer questions about state laws, and can provide help, support, advice or professional consultation. They can also connect you with local sexual assault centers. Find your state coalition here: www.nsvrc.org/organizations

Safe Surrender of Infants

Many states have enacted Safe Surrender laws in order to protect the health of infants who would otherwise be abandoned. Laws may specify who can leave an infant at a Safe Haven location, and which locations may serve as Safe Havens. Look up your state's law here: www.nationalsafehavenalliance.org/states/

Laws Affecting Lesbian, Gay, Bisexual & Transgender Students and Those with LGBT Parents

Laws affecting LGBT students and students with LGBT parents are changing rapidly in the United States. Relevant laws include those related to discrimination, health care coverage, marriage, adoption and hate crimes. See state laws that affect LGBT individuals: www.hrc.org/state_maps

Age of Marriage

Age of marriage varies from state to state, as do the ages at which young people need parents' permission to marry. See state laws regarding age of marriage here: www.law.cornell.edu/wex/table_marriage

Recognizing and Reporting Sexual Abuse and Assault

At least one in five girls and one in ten boys will be sexually abused at some point in their childhood.¹ People ages 15 to 24 report rape and sexual assault at far higher rates than any other age group.² If you suspect a student in your classroom has been or is being sexually abused, sexually exploited or injured (by anyone, not just a caregiver) you are required to report it. It is important to also remember that you likely always have students who are currently experiencing sexual abuse or assault, or who have in the past. Strive to create a classroom that is safe and inclusive, and in which good boundaries are modeled. You do not have to know for certain that a student has been abused to make a report and to offer the student support.

How to tell that a student may have been sexually abused

1. The student tells you (possibly following a lesson on sexual exploitation or sexual assault).
2. The student acts differently from usual, in troubled ways . . .
 - Regressing to younger behaviors
 - Clinging to you or another staff person
 - Cranky, hostile or depressed
 - Sleeping in class, or lacking energy
 - Development of minor ailments (headaches, stomach aches, no appetite)
 - Reluctant to leave school at end of day
 - Dressing provocatively or wearing many layers of clothing even during hot weather

These behaviors can signal other stresses, but it never hurts to ask if you can help with a problem.

3. One student confides that another student was exploited.

What to do if a student confides in you or if you have reasonable cause to believe a student has been assaulted

1. Believe that student and say, "I believe you."
2. Tell the student that it's not their fault and say, "I care about you and I'm glad you told me."
3. Speak privately with the student and maintain the student's confidentiality within the school, except if you feel the need to enlist the help of one other adult support person (your principal, school nurse, or whomever you trust the most).
4. Report the abuse. In all 50 states, the law requires professional school personnel to report the suspected abuse to either the police or to a child protection agency.³ It is not sufficient to turn the case over to your principal or anyone else, even if this is what your school protocol

advises. You are required by law to report it yourself or make certain it has been reported by another person (for example, by being in the room at the time). You do not need to know for certain that abuse has occurred to be obligated to report. All you need is *reasonable cause to believe* it has occurred; it is the job of the child protection agency to investigate, not yours.

5. Offer the student as much control as possible over the timing and manner of reporting. If he wishes, for example, he could make the report himself while you sat at his side for support.
6. If you need or want support or advice for yourself or the child in reporting the abuse, seek professional help.⁴

What to do if you get an anonymous question from a student that indicates possible abuse

1. If you recognize the handwriting, ask that student if you can talk privately. Do not pressure the student, but explain that you care and that if there is anything the student wants help with, you can help. If the student denies writing the question, say that you care and want to help if the student ever does need help in the future. Explain that, in the meantime, you do have to notify Child Protective Services that you received the question, even if you aren't sure who wrote it.
2. If you don't recognize the handwriting, call Child Protective Services for advice about whether to make a formal report.

¹ Finkelhor, D., & Dziuba-Leatherman, J. (1994). Children as Victims of Violence: A National Survey. *Pediatrics*, 94, 413-420.

² U.S. Department of Justice. (1997, July). *Age Patterns of Victims of Serious Violent Crime*. Retrieved from <http://bjs.ojp.usdoj.gov/content/pub/pdf/apvsvc.pdf>.

³ Find state laws here: www.childwelfare.gov/systemwide/laws_policies/statutes/mandall.pdf.

⁴ To find your local sexual assault center, visit: www.nsvrc.org/organizations.