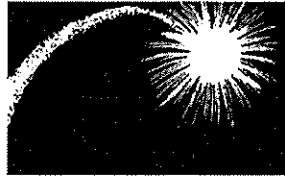


# Middle School FLASH



**Grades 6-8**

**2<sup>nd</sup> Edition**

## **Authors**

Andrea Gerber, Lead Author

Kari Kesler, Lead Author

Mo Lewis

Rebecca Milliman

Becky Reitzes

**Public Health**  
Seattle & King County



***Middle School FLASH, 2<sup>nd</sup> edition***

**The following individuals provided consultation on this 2<sup>nd</sup> edition:**

Pascale Alcindor, MS  
Lauren Barineau, MPH  
Erin Casey, PhD, MSW  
Charissa Fotinos, MD  
Matt Golden, MD, MPH  
Heather Maisen, MSW, MPH  
Suzanne Schrag

**Authors of previous Middle School FLASH editions**

Beth Reis, MS, Lead Author  
Robyn Achilles, MPH  
Stephanie Ballasiotes, MC  
Andrea Gerber, MEd  
Kari Kesler, MA  
Heather Maisen, MSW, MPH  
Susie McIntyre, MLS  
Anya Nartker, MPH  
Brett Niessen, MPH  
Becky Reitzes, MA  
Amy Shumann, MSW  
Kathy Silverman  
Beverly Sims  
Celia Thomas

## 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.

***Middle School FLASH, 2<sup>nd</sup> edition***

**Middle School FLASH, 2<sup>nd</sup> Edition**

Copyright © April 2016

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

---

**High School FLASH, 3<sup>rd</sup> Edition**

Copyright © March 2015, 2011, 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

**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 2<sup>nd</sup> edition of Middle 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  
Caren Adams  
Sara Ainsworth  
Py Bateman  
Stephanie Ballasiotes  
June Belefond  
Gene Bellan  
Jeryn Beringsmith  
Robert Bidwell, MD  
Sherry Bloomer  
Jean Borth  
Jeff Boudreau  
Peter Browning  
Sylvia Bryant  
Nancy Bush  
Gladys Button  
Nadine Byers  
Anke Capelle  
Frank Chaffee  
John Cheh  
Sandy Ciske  
Linda Coleman  
Bob Collins  
Carla Collison  
Maureen Considine, ARNP  
Elaine Cummins  
Doug Danner  
Cindy Davis  
Anne Dennis  
Gordon Dickman  
Mike Dowd  
Ann Downer  
Deeney Dudley  
Carol Dunphy  
Curt Firestone  
Denise Fitch  
Rev. Bob "Fitz" Fitzgerald  
Tony Fore  
Mary Lila Gary  
Heidi Geise  
Helen Glad  
Jim Glick  
Connie Gold  
Matthew Golden, MD  
Clover Gowing  
Miriam Gray  
Janine Green  
Sandy Griego  
Dærick Gross  
Terry Hahn  
Vonnis Hamel

Rae Hanashiro  
Margaret Hansen  
H. Hunter Handsfield, MD  
Vivien Hanson, MD  
Bonnie Harding  
Karen Hartfield  
Judy Hill  
Pamela Hillard  
Sally Hooper  
Kelly Riggie Hower  
Alice Houston, PhD  
Alice Hurley  
Jeff Ing  
Ellen Jeffcott  
Pat Jewell  
Nova Jones  
Nancy Kain  
Karli Kaiser  
Margo Kearney  
William Kendrick, PhD  
Celia Keroff  
Jan Kubota, ARNP  
Elizabeth "Rae" Larson  
Deanne Larsell  
Nicole Lassiter, ARNP, CNM  
John Leonard  
Kirk Lerwick  
Shari Levine  
Cindy Linstad  
Carolyn "Libbey" Livingston  
Jan Loreen-Martin  
Linda Lou  
David Lurie  
Roxanne Hood Lyons  
Molly MacGregor  
Heather Maisen  
Robert Marks  
Ronnie Martin  
Susie Martin  
Mike Maryanski  
Cam McIntyre, MD  
Susie McIntyre  
Judith McKoy, PhD  
Tara Melinkovich  
Carole Miller  
Lynne Miller  
Karen Monastersky  
Geoff Morgan  
Lenore Morrey  
Sara Moser  
Milly Mullarky  
Anya Narkter

Bill Neal  
Dorle Nelson  
Ray M. "Bud" Nicola, MD  
Laura Pagel Olin  
Corine Olson  
Norman Ose  
Deborah Oyer, MD  
Lindsay Palmer  
Mary Paradise  
Karen Paulson  
Mary Pavek  
Michelle Pennylegion  
Rebecca Perbix  
Bruce Perham  
Irene Peters, PhD  
Ellen Phillips-Angeles  
Maia Piccagli  
Frank Plouf  
Alonzo Plough, PhD  
Ed Putnam  
Janet Ralston  
Bill Rasplica  
Maureen Reid  
Karlsta Rickerson, ARNP  
Robbie Rigby  
Debbie Robertson  
Barbara Roundy  
Pastor Phil Rue  
Elaine Ruppert  
Ann Ryder  
Julie Sarkissian  
Sara Savage  
Lois Schipper  
Nancy Schub  
Amy Shumann  
Taraneh Shafii, MD, MPH  
Kathy Silverman  
Tony Silvestrin  
Nancy Skinner  
Kathleen Smith  
Loren Smith  
Ben Snowden  
Donna Spriggs  
Kathleen Stine, ARNP  
Laurel Stitzhal  
James Stout, MD, MPH  
Sally Silver Stratton  
Kaden Sullivan  
Tess Sweeney  
Sharon Tambellini  
Dorothy Teeter

Becky Thibodeaux  
Sarah Thomas  
Jack Thompson  
Pam Tollefsen  
Dani Wong Tomiyasu  
Bud Turner  
Jan Waggoner  
Billie Wallace  
Helen Walsh  
Rev. Bob Ward  
Toni Weschler  
Nancy Welton  
Lois Werelus  
Jeri White  
Kathi Whittaker  
Destiny Williams  
Ed Williams  
Kathy Williams  
Paul Witt  
Bob Wood, MD  
Maria Wood  
Melinda Yorita  
Meredith Zeltner

Students and staff in these school districts: Bellevue, Federal Way, Highline, Kent, Montesano, Seattle, Tahoma, Vashon Island (Washington), Portland, Vernonia (Oregon) and at Bellarmine Preparatory School of Tacoma

# Medical Review

---

The following physicians provided medical review for the 2<sup>nd</sup> edition of Middle School FLASH. Medical reviewers for previous editions of FLASH can be found under Acknowledgements.

**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

---

FLASH is available in both an online and hard copy format.

To use the Lesson Selection Tool or to purchase an online license:

[www.etr.org/flash/](http://www.etr.org/flash/)

To order professionally-printed hard copies of FLASH:

[www.etr.org/flash/order-now/](http://www.etr.org/flash/order-now/)

For questions about the curriculum and ordering:

[FLASH@kingcounty.gov](mailto:FLASH@kingcounty.gov)

For questions about training:

[FLASH@kingcounty.gov](mailto:FLASH@kingcounty.gov)

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

[www.kingcounty.gov/health/health](http://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](http://www.kingcounty.gov/health/flash) and click on the link that says, "Subscribe to free email updates about FLASH lesson plans."

## Funding

---

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

Funding for translation of the Middle 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 2nd Edition?

---

Middle 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 2<sup>nd</sup> edition of Middle 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. A curriculum alignment grid is provided for both sets of standards.

## Lesson Selection Tool

Schools who opt not to teach Middle School FLASH in its entirety, or who would like to create a scope and sequence across middle and high school, can utilize the Lesson Selection Tool. This tool will sort lessons by the standards that are covered or by the behavioral goal schools are trying to impact, such as lowering teen pregnancy rates or decreasing sexual violence. Visit [www.etr.org/flash/curriculum/lesson-planning-tool/](http://www.etr.org/flash/curriculum/lesson-planning-tool/) to use the Lesson Selection 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 hid completely for teachers who are experienced users of the lesson.

## Number of Lessons

This new curriculum is designed to be more easily implemented in middle schools in its entirety. The 2<sup>nd</sup> edition contains seven lessons, so that it can easily be implemented in less than two weeks in a classroom setting. For those who are able to dedicate more instructional time to this important topic area, additional lessons will be released in the future.



# Curriculum Contents

---

## Introduction and Credits

## Lesson Plans

1. Reproductive System and Pregnancy
2. Sexual Orientation and Gender Identity
3. Rules of Dating
4. Saying No
5. Preventing STDs
6. Condoms to Prevent HIV and Other STDs
7. Birth Control Methods

## Appendices

1. Letters to Families Introducing Middle 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 and birth control
- There are activities that focus on building positive peer norms about abstinence, condoms, birth control and respecting other's decisions no 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 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."<sup>1</sup>

### **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. 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.

### **PROMOTE A SUPPORTIVE CLASSROOM ENVIRONMENT**

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 & 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.

# **Getting Prepared**

---

## **TRAINING**

The FLASH curriculum is written to be as user-friendly as possible, and training is not required. Nevertheless, teachers consistently report that they find FLASH training extremely useful. Professional training enables participants to practice and refine skills under the guidance of professional sexual health educators, increasing their skill and confidence delivering the curriculum and answering student question. For questions about training, please contact [FLASH@kingcounty.gov](mailto:FLASH@kingcounty.gov).

## **SEXUAL HEALTH EDUCATION LAWS**

It is important to follow all policy governing sexual health education, including state laws, State Department of Education guidelines, and local School Board policy. Be aware that current practices are sometimes based on "the way things are done" rather than policy or law, and may require further discussion among staff and administration. For more information about relevant laws, see Appendix 2.

# **Partnering with Your Administrator**

---

It is best practice to involve building administrators prior to teaching the FLASH unit. The principal must be informed about the unit in order to respond to parents' questions and concerns. Discuss the course content, materials, activities, parent communication, outside speakers (if used), and question answering protocols with your building principal.

# **Partnering with Families**

---

## **Helping Families Decide If Their Child Should Participate**

Every family wants the best for their child. It is important to understand their questions and concerns to help address them.

- Are they worried that their child will be embarrassed or that there will be a lot of teasing and harassment as a result of these lessons?
- Is their primary concern that their family's conservative or progressive values might be disrespected? Are they from a culture or a religious tradition with values very different from those they see in mainstream media?

- Do they fear that participating might encourage their child to have sex sooner than she or he otherwise would have?
- Are they afraid that their child's sexual assault experience or her having had an abortion will make the class difficult for him or her? Is their child gay and they worry he'll feel invisible in this unit? Is she adopted and they want her not to feel disrespected for that? Does their child have a medical condition or surgery that they worry classmates will learn about?

Families need to feel heard and understood. Reflect back what you hear and ask clarifying questions. But, most important: the clearer you can be about what they're worrying about, the easier it will be to offer a helpful response.

If part of their concern is the content or tone of the lessons, offer them a chance to look at the lesson plans. Make copies of the lessons for them or make the curriculum available in the office for them to read.

If part of their concern is how you will handle values, explain the use of the FLASH Values Question Protocol. The wide range of beliefs about non-universal values will be respected and acknowledged. Students will always be encouraged to find out what their families believe about these issues. The teacher will never share their own values about these topics with the class. Universal values will be reinforced (e.g. forcing someone to have sex is wrong, etc.)

If part of their concern is their child's emotional safety, you might describe how you go about establishing ground rules. Explain that you revisit them as often as necessary and that your top priority is that your students feel recognized and unafraid.

If part of their concern is whether their child is ready, it may help them to realize that many students already have acquired a lot of misinformation and disrespectful modeling from peers and from the media. Explain that your class will work to replace misinformation with accurate content and disrespectful attitudes with respect. Make sure they know that researchers have found that programs similar to FLASH can actually help teens abstain longer and use better protection later on. But also be clear that you'll respect their decision if they choose to waive their child's participation.

If one topic in particular is of concern to them, you can invite them to waive their child from that lesson instead of the whole unit.

The bottom line is that students and their families are the best judges of what is best for them.

## **SUPPORTING FAMILY COMMUNICATION**

FLASH will be far more effective in reducing teen pregnancy, STDs, and sexual assault among your students if their families communicate about these issues at home while you teach about them in school.

### **FAMILY HOMEWORK**

FLASH provides ten-minute homework assignments that encourage communication, particularly regarding the adult's and the child's personal feelings and beliefs, and those of their cultures and religions. When you use these Family Homework assignments, please follow these guidelines:

- a. Explain that the student can do the assignment with an adult family member, or someone who is like family (e.g. guardian, foster parent, etc.)
- b. Always offer an alternative Individual Homework assignment for students who may not be able to talk with an adult in the family or whose family prefers not to do Family Homework. The same credit should be available for either kind of assignment, so that nobody gets punished for not completing Family Homework.
- c. Never ask students to report on the content of these conversations - only that they did talk. To ask about a student's or family's beliefs or feelings would violate their privacy. The child gets credit just for having talked with a trusted adult.

### **REFER HOME**

When issues arise in the classroom where there's diversity of opinion, always use the FLASH Values Question Protocol (explained in detail in this introduction). On occasions when you don't have time to use the whole protocol, such as when the bell is about to ring, remember to refer students to their families.

## **Teaching the Unit**

---

FLASH is designed to be teacher friendly. It does not require many outside materials or much advance preparation. Ample teacher scripting is provided to support delivery of new lessons and activities. The first page of each lesson plan includes a timed agenda. Most lessons offer italicized scripts, not to lock you into our language, but as a tool to translate into your own words as needed. If you access Middle School or High School FLASH online, this italicized script can be hidden once you are familiar with the lesson, if you prefer.

The following best practice guidelines in the teaching of sexual health education will provide additional support for teachers:

- Use medical terminology, except when reading a student question that contains slang. Follow the guidance provided later in the introduction for answering student questions that contain slang. Model comfort and ease with medical words for body parts.
- Promote positive attitudes and beliefs about abstinence, condoms, and all birth control methods. Don't let your personal beliefs and values influence your positive portrayal of these important topics.
- Teach inclusively. Make sure your language and examples represent the diversity of young people in your school, including gay, lesbian, bisexual and transgender young people, teens who are and who are not yet sexually active, students with disabilities, students who have experienced trauma, etc.
- Teach with a kind and matter of fact tone. It's important not to joke about or trivialize sexual health education. However, it is also not helpful to be stern or overly serious. A matter of fact tone, coupled with kind and supportive words, will put students at ease and help them learn.
- Teach as if an administrator or parent were in the room. In other words, there are no secrets – never say or do anything you wouldn't be proud to find on the internet.

# Making Referrals

---

There are times you will need to refer students for services that aren't within your scope of practice. It's important to know ahead of time if minor's can consent for their own care in your state, or what the age restrictions are. School nurses are often great resources for learning about youth-friendly, non-biased services that exist in your community. There are several lessons in both Middle School and High School FLASH that offer additional guidance on offering appropriate referrals, as well as a template for creating your own local sexual health resource sheet, or a generic national resource sheet that can be used instead.

## PREGNANCY

You may need to refer a student for a pregnancy test or for services related to an existent pregnancy. The most appropriate referral is usually to a family planning clinic. They can perform a pregnancy test and can make additional referrals if a student is pregnant. Remember that when referring a student to any community-based provider, not just those that are pregnancy-related, only offer resources that give complete, unambiguous answers over the phone regarding their missions, services, funding and what they will or will not refer for. Most legitimate family planning clinics in the U.S. receive Title X ("Title Ten") federal funding. These clinics provide the full range of FDA-approved contraceptives. They also provide unbiased pregnancy options counseling and referral for all legal options.

To find a Family Planning clinic in your area, call the National Women's Health Information Center (1-800-994-9662 or go to <http://www.hhs.gov/opa/title-x-family-planning/initiatives-and-resources/title-x-grantees-list/>), a service of the U.S. Department of Health and Human Services.

## SEXUAL ORIENTATION & GENDER IDENTITY

There is no reason to believe that a student needs a mental health referral simply because they are lesbian, gay, bisexual or transgender (LGBT). Being LGBT is not a pathology and does not require treatment. However, if a student is struggling with their sexual orientation or gender identity, or if an LGBT student needs mental health counseling about a different issue, it is important that they receive a referral to a professional who is qualified to work with them.

The American Psychological Association "advises that parents, guardians, young people and their families avoid sexual orientation treatments that portray homosexuality as a mental illness or developmental disorder and instead seek psychotherapy, social support and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support and reduce rejection of sexual minority youth."<sup>2</sup> For solid advice on this subject, see *Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators and School Personnel* at: [www.apa.org/pi/lgbt/resources/just-the-facts.pdf](http://www.apa.org/pi/lgbt/resources/just-the-facts.pdf). To find a reputable provider in your area, check with a local LGBT agency, PFLAG chapter, or university mental health clinic.

# Answering Students' Questions

---

The surest way to meet students where they are developmentally is to make time for them to ask questions and to honor them with answers.



In this section, we will discuss the place of values in the classroom and offer a model for addressing value-laden questions, called the FLASH Values Question Protocol. We will also discuss strategies for addressing other questions students ask, including questions containing slang, personal questions, and questions about sexual technique.

## The Place of Values in the Classroom

It's neither possible nor desirable to provide value-free education. Every moment someone spends in the classroom they are communicating some of what they believe about sexuality. When a teacher talks about their students' families, when they talk about their own family, when they intervene in sexual bullying, all of these things communicate values.

FLASH is not value-free. But those who work in public schools need to distinguish between two different *types* of values. They need to be handled differently.

There are some values that are relatively universal. These are values shared by 95% of families in public schools. They are values teachers aren't only *permitted* to express; they are obligated to reinforce them.

There are other values that are not universal. These need to be answered with care to avoid hurting or offending a child and their family.

Relatively universal values include such things as:

- Forcing someone to have sex with you is wrong.
- Knowingly spreading disease is wrong.
- Taking care of your reproductive health is important.
- Sex between children and adults is wrong.
- Elementary school-aged children should not have sex.

Values that are not universal - those without consensus in the United States – are ones where a teacher should NEVER teach or express a particular belief. But that doesn't mean these topics should be avoided altogether. The teacher's role is to provide information on these matters and to facilitate respectful discussion about them.

Examples of non-universal issues where there is a wide range of values in the community include:

- Abortion
- Birth control
- Masturbation
- Sex outside of marriage
- Cohabitation
- At what age & under what circumstances it's ok to start having sex

Parents and guardians, unlike teachers, should feel free to ask their children about their feelings and beliefs and to share their own with their children. In fact, this sort of dialogue within families is very important. Children need a chance at home to explore feelings and beliefs with adults they love, just as they need a chance to learn factual information and to have universal, community values reinforced at school. Employees of public schools and other public agencies,

unlike family members, have an ethical obligation not to share their personal beliefs in these non-universal arenas; and not to side with one family or one religious perspective.

Just because it's inappropriate in a public school setting to teach *particular* non-universal values doesn't mean one can't teach *about* the issues. It just means that it must be done with respect for the diversity of opinion within the community. For example, a teacher may discuss abortion - what it is, where abortions are performed, the fact that it is legal in the United States - but it is not appropriate for that teacher to share their beliefs about the rightness or wrongness of abortion.

When answering a question about an issue where there is diversity of opinion, utilize the FLASH Values Question Protocol that follows.

### **FLASH Values Question Protocol**

- 1. Listen to the question or read it aloud verbatim.**
- 2. Validate the question.**
- 3. Identify it as a belief question.**
- 4. Answer the factual part, if there is one.**
- 5. Help the class describe the community's range of beliefs.**
- 6. Refer to family, clergy and other trusted adults.**

#### **Example:**

**Q:** *"What do you believe about masturbation?"*

**A:** *"That's an interesting question; a lot of kids wonder about masturbation. This is not a fact question like most of the ones you've been asking me. It's one where families might believe different things. I can tell you what masturbation is. It's when a person touches their genitals for pleasure. What kinds of beliefs have you heard about masturbation? Some people believe ... [pause] Uh, huh, and some people believe ... [pause, listen, nod] Some people believe ... [pause]. So the point is: there are lots of different perspectives about masturbation. Only your family can tell you what they believe about it. It would be a good idea for you to talk with someone in your family, and ask them what their beliefs are."*

You will eventually tailor your use of the protocol, only using every step the first time a topic comes up. It's important to practice the protocol step by step until it becomes a natural part of teaching.

#### **Read the question:**

Read it verbatim, if you can. Use your judgment, of course, but even reading aloud relatively crude language - as long as you do it with a matter of fact tone and facial expression - conveys your respect for the child who asked the question. It is likely to promote respect in return. Sometimes students need, for social status' sake or out of embarrassment, to ask in ways that seem intended to challenge teachers even though the underlying question is completely legitimate and they have a serious need for an answer. Even when they don't, someone else in the class may. And if not, taking the question seriously will still set a vitally important tone. More information about questions containing slang can be found in the section titled "Other Types of Questions."

**Validate the question:**

*"I am glad someone asked this one." Or "That's an interesting question." Or "People ask this every year." Or "This one is really compassionate/respectful/thoughtful."*

This will encourage your students to keep asking while also discouraging snide remarks about whoever asked that particular question.

**Identify it as a belief question:**

*"Most of the questions you've been asking have been 'fact questions' where I could look up an answer that all the experts agree upon. This one is more of a 'value question' where different families may have different beliefs."*

Teaching your students to distinguish facts from opinions is at least as important as any content you will convey.

**Answer the factual part, if there is one:**

*"Before we get to differing beliefs about masturbation, let me just make sure you know it doesn't cause people to go blind or mentally ill or to grow hair on their palms or anything like that."*

Even if the question is about the rightness or wrongness of masturbation, you need to make sure that your class understands what it is and that - values notwithstanding - no physical harm results from masturbating.

Some questions that are apparently fact questions may need a discussion of the underlying values, but always start by answering them:

*"Can girls masturbate?" "This is a common question. Masturbation is when someone touches their own genitals for pleasure. Both boys and girls are able to masturbate. People do have different ideas, though, about whether or not masturbation is OK..."*

**Help the class describe the community's range of beliefs:**

*"Tell me some of the things you've heard that people believe about that."*

*"Some people believe \_\_\_\_?"*

*"Um, hmm, and some people believe \_\_\_\_?"*

On sensitive issues such as sex and religion, it is unfair and potentially illegal to ask individual students their own beliefs. But it is very appropriate to ask them to think about what they have heard.

In a class that is used to thinking about the range of community values, you will be able to draw a full assortment of answers from the students. In other groups, especially younger ones, you may draw only a dichotomy (*"Some people believe masturbation is wrong."* and *"Some people believe it is right."*) In any case, your role is two-fold:

1. to make sure that every belief gets expressed - or paraphrased - respectfully, hopefully just the way the person who believed it might express it, and
2. to make sure that a complete a range of beliefs gets expressed, even if you have to supplement the few values the group can think of:

*"That's right, some people believe that masturbation is wrong under any circumstances and that people should never do it. And some believe masturbation is a good and healthy thing, as long as it's done in private. Some people believe it's OK for little kids to masturbate but that after a certain age, children should be taught not to. Others believe there's no age limit. Some people think masturbating is fine for people who are single but that once you are in a relationship it's*

*better to stop. Other people think masturbation is a fine thing to do regardless of whether you are single or in a relationship."*

**Refer to family, clergy and other trusted adults:**

*"Because people have such different beliefs about masturbation, I really want to encourage you to talk with someone in your family, or an adult who is like family to you about this topic. Only they can tell you what they believe."*

Notice that this encouragement didn't assume that every child has a parent they can talk with. Young people may be living in foster care or group homes, with extended family, or even on their own. It's important they be encouraged to talk with family members or adults who are like family to them, while also being very sensitive to the range of living situations students may be residing in.

## **Other Types of Questions**

Most questions students ask will not be value-laden. New teachers are often relieved to discover that *most* questions asked in a sexual health unit, like most in other units, are straightforward fact questions: ones for which there is a factual answer.

Some types of questions can be more challenging. Rather than a formal protocol, like the one offered for value-laden questions, the following pages contain tips and strategies for use with different types of questions.

### **Questions Using Slang**

Student questions often contain slang. Most often, students use slang because it is the terminology they are most familiar with, or because they have a question about the meaning of the term.

Slang terms range from widely used, common terms to words that some may find inappropriate or off-putting. When students use slang it is an opportunity to teach the class the medical or standard term. It is also an opportunity to maintain a respectful environment and diffuse the need to test or shock the teacher.

#### Strategies:

- Validate questions with slang, just as you would all other types of student questions.
- When reading a written question aloud, read the question verbatim. Identify the slang as such, in a non-judgmental way, and translate it into medical/standard language. Let the class know we'll all be using the medical/standard term in class.
- Assume good intent on the part of your students. Students typically use the language they have been exposed to, including by family members. Don't denigrate students for using slang; simply instruct the class to use the medical/standard term in health class.
- Handle slang as a learning opportunity, in your regular calm and respectful manner. This greatly reduces students need to test or shock you.
- Your answer might include the FLASH Values Question Protocol.

- Let your administrator know, in advance, how you handle slang in your classroom.
- Slurs fall into a different category than slang. If students use a slur in sexual health class (e.g. for women, people who are gay, etc.), use the following steps: (1) validate question by saying you're glad this important topic came up; (2) identify the term as an offensive word; (3) let the class know we won't be using this word in school, ever, because it is hurtful. It is helpful to proceed as though the speaker didn't mean harm because it will help them save face and more readily adopt more respectful language.

### **The Personal Question**

Students sometimes ask questions that contain a personal element. The question could be about you, such as, "How old were you the first time you had sex?" It could be about the student himself or herself, such as, "I have a rash that I am worried about, what should I do?" Or, it could be a personal question about someone else, such as, "Is Mr. Smith gay?"

Students ask these questions for a variety of reasons. They are curious about the trusted adults in their life, they are newly learning about boundaries, and they are seeking to normalize their own experiences. They are also applying the things they are learning in sexual health class to themselves and the people in their lives. Finally, they find teachers to be a credible and accurate source of information about things that are important to them.

There are many useful strategies for answering these questions in a helpful way, while also teaching about privacy and appropriate boundaries.

#### Strategies:

- Validate personal questions, just like other student questions. Be cautious about inadvertently embarrassing or shaming students for asking personal questions.
- Use personal questions as an opportunity to model and teach about healthy boundaries.
- Do not share information about your sexual experiences or history. Sometimes teachers want to share this information to set a positive example or to share a cautionary story. Even though the intent is good, it is still inappropriate to share with students. It is also less helpful to students than one might hope.
- When you decline to answer a question about yourself, follow these steps: (1) affirm that students are often curious about the adults in their life; (2) reframe the question, so that it is general, not personal; and (3) answer with factual information and/or the FLASH Values Question Protocol.
- When students ask a written questions about themselves or someone else, paraphrase the question to the third person. Answer the question about people in general, not this specific person.
- When students ask questions out loud about themselves or someone else, remind the class about respecting people's privacy, and answer the question about people in general, not this specific person.

### **The Sexual Technique Question**

Technique questions are about how to perform a sexual act. They are often worded as “How do you...”, “How does a person...” or “What’s the best way to...”

Clearly, giving guidance about sexual performance is inappropriate. Yet there are helpful, age appropriate ways to respond to these questions. Most questions that appear to be about technique (to adults) are just a student’s way of getting more information about a topic. The intent of the question is usually “What is...”

Even during those times when an actual sexual technique question is being asked, there is usually a general factual question embedded in it that can be answered instead.

#### Strategies:

- Validate questions worded in this way, just as you would all other types of question.
- Reframe technique questions as factual questions. Answer the factual aspect of the question.
- If you think the question is really asking for information on how to perform sexual acts, let the class know that teachers, school nurses, etc. don’t give sex advice. Instead, use the student’s question as an opportunity to give accurate information about the topic in general.
- Your answer might include the FLASH Values Question Protocol.

## **Final Considerations**

---

Sexual health education is an important part of young people’s school experience. In addition to giving them factual information they need about their bodies and feelings, it teaches important skills that students will use to keep themselves healthy well into their adulthood. Young people who become pregnant while still in school are at high risk of dropping out of school. STDs acquired while an adolescent may stay with that person for the rest of their lives. Risk of sexual assault is at its highest during high school and college years. The information taught in FLASH has a real impact on the health, happiness, and futures of young people.

If you have any further questions that were not covered in this introduction, please contact the developers of this curriculum. You can also find additional information on the FLASH website, in the appendices of the FLASH curriculum, and in the Rationale sections of the lessons.

## References

---

- <sup>1</sup> Committee on Public Education, American Academy of Pediatrics. (2001) Sexuality, Education and the Media. *Pediatrics*, 107(1), 192.
- <sup>2</sup> American Psychological Association. (2009, August 5). *Insufficient Evidence that Sexual Orientation Change Efforts Work, Says APA*. Retrieved from [www.apa.org/news/press/releases/2009/08/therapeutic.aspx](http://www.apa.org/news/press/releases/2009/08/therapeutic.aspx).





# Reproductive System and Pregnancy

Grades 6–8, Lesson 1

## Summary

---

An overview of basic reproductive organs and their functions is provided in a lecture format, while students follow along on a worksheet. Small groups compete for points by answering questions related to pregnancy and the reproductive system. The lesson concludes with an explanation of FLASH Family Homework.

## Student Learning Objectives

---

The student will be able to ...

1. Describe basic reproductive organs and their functions.
2. Describe conception and its relation to the menstrual cycle.
3. Describe the signs and symptoms of pregnancy.

## Lesson Timing

---

Warm up	Bell work + 3 minutes
Purpose of lesson	2 minutes
Review reproductive system and conception	15 minutes
Reproductive system and pregnancy game	22 minutes
Explain homework	5 minutes
Exit ticket	3 minutes
Total	50 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**

---

### **National Health Education Standards (SHECAT)**

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.28	Describe conception and its relationship to the menstrual cycle.
SH1.8.27	Summarize basic male and female reproductive body parts and their functions.

### **National Sexuality Education Standards**

AP.8.CC.1	Describe male and female sexual and reproductive systems including body parts and their functions.
AP.8.AI.1	Identify accurate and credible sources of information about sexual health.
PR.8.CC.1	Define sexual intercourse and its relationship to human reproduction.
PR.8.CC.5	Describe the signs and symptoms of a pregnancy.
PR.8.CC.6	Identify prenatal practices that can contribute to a healthy pregnancy.
PR.8.AI.3	Identify medically accurate sources of pregnancy-related information and support including pregnancy options, safe surrender policies and prenatal care.

## **Rationale**

---

This lesson provides basic information about reproductive organs and their functions, fertilization, sexual intercourse, conception, signs and symptoms of pregnancy, and basic prenatal practices, pregnancy options and safe surrender laws, following the guidance of the National Sexuality Education Standards and National Health Education Standards (SHECAT). Knowledge of the reproductive system and pregnancy helps students better understand later lessons on abstinence, birth control, STDs and HIV.

This lesson emphasizes similarities between male and female reproductive anatomy. 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 rigid gender stereotypes is a risk factor for perpetration of sexual violence.<sup>1</sup> 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 1, 2, 3, 4*
- *Individual Homework: Reproductive System and Pregnancy*
- *Family Homework: Talking About the Reproductive System and Pregnancy*, available in English, Spanish, Russian, Chinese, Vietnamese and Arabic
- *To Parents & Guardians: Introducing FLASH Family Homework*, available in multiple languages on the FLASH website
- *Lesson 1 Exit Ticket*

### Classroom Materials

- *Lesson 1 Warm Up*
- *Reproductive System Visuals 1, 2, 3, 4*
- *Sexual Health Resources - King County, U.S.*, or develop a local resource sheet

### Teacher Materials

- *Developing a Local Sexual Health Resources List: Teacher Guide* for those developing a local resource sheet

## Teacher Preparation

---

1. Prepare Visuals for document camera or projector.
2. Using the guidance in *Developing a Local Sexual Health Resources List* create a resource sheet specific to your community, or choose instead to use the *Sexual Health Resources in the U.S.* handout. Post the resource sheet in the classroom. You will hand out copies to the students in a later lesson.

## Activities

---

### 1. Warm Up

Display warm up as bell work.

**Prompt:**

Today is the first day of our sexual health education unit. We will be covering the following topics:

- Reproductive system
- Pregnancy
- Identity
- Dating and healthy relationships
- Saying no to sex
- Condoms
- STDs, including HIV
- Birth control

I hope this unit is helpful and interesting for everyone!

Write down one fact you already know about any one of these topics. You may have learned it from your family or guardian, doctor, television, books, friends, etc.

### 2. Explain the purpose of the lesson

Let students know they will be learning about the reproductive system and pregnancy today and list the other topics they will be covering during the FLASH unit. Point out the *Sexual Health Resource Sheet* you have posted in the room and let them know you will be handing out copies during a later lesson.

*Today we are going to learn about the human reproductive system, which includes all of the body parts involved in creating a pregnancy. For the rest of our FLASH lessons we will be talking about staying healthy, including having healthy relationships, how to avoid getting or giving STDs, and how to prevent pregnancy if someone is having sex but doesn't want to become pregnant. I want you to notice that I've posted a resource sheet here at the front of the room, with information about where you could go to get help with some of these topics. Learning this information today will be useful for later lessons.*

### 3. Review reproductive organs and process of conception

Show students *Reproductive System Visuals 1, 2, 3 and 4*. Fill in the names and describe the functions of the organs while students write the names of the body parts and take notes on the corresponding *Reproductive System Worksheets*. Explain that they can use these worksheets and their notes later when they play a game to review what they have learned.

**Visual 1 (front view)**

*This is a picture of the reproductive organs that are on the inside of someone's body. These are the parts that women usually have in their bodies. Let's start here with the **ovary (1)**. As you can see, there are two ovaries. Who knows what they do? That's right, egg cells are released from the ovaries about once a month after puberty. That's called **ovulation**. The ovaries also make the hormone estrogen. A person with ovaries is born with all the egg cells*

they will ever have.

After ovulation, the egg cell travels down the **fallopian tube (2)** toward the uterus. If the egg meets a sperm cell while it is in the fallopian tube and they join together, that is called **fertilization**. If the fertilized egg lives, it will begin dividing into many cells. The fertilized egg will try to attach to the wall of the uterus, which is called **implantation**. If the fertilized egg is able to implant, that is the beginning of a pregnancy. This process of fertilization and implantation is called **conception**.

Does anyone know what some symptoms are that might let someone know that they are pregnant? That's right, a common symptom is missing a period. Other symptoms include swollen breasts, feeling very tired, feeling sick to the stomach, and needing to urinate more often. Of course, anyone who had vaginal sex without using a condom or other birth control could be pregnant, even if they didn't have any symptoms. After a person is pregnant it is important they take steps to have a healthy pregnancy, whether they intend to continue the pregnancy or not. That includes visiting the doctor right away and not smoking, drinking alcohol or doing other drugs.

An egg cell might meet a sperm cell in the fallopian tube because a couple had vaginal sex without using a condom or other birth control. Other times, a person may have used donated sperm to create a pregnancy. Most months, the egg cell will not meet any sperm cells. In that case, the egg cell will simply disintegrate. If a couple was having vaginal sex, but did not want to become pregnant, they could use a condom or the woman could use a hormonal birth control method. Birth control stops ovulation, which means there would be no egg available to fertilize.

This is the **uterus (3)**. It is where a pregnancy would grow if a person was pregnant, and it is where period blood comes from. Each month the uterus prepares for pregnancy, just in case it happens. It prepares by building up a lining of blood along its walls. About 14 days after ovulation, if conception didn't happen, this lining of blood leaves the body, passing through the cervix and out through the vagina. That's called **menstruation**, or having a period.

The **cervix (4)** is the name for the bottom part of the uterus. You can also think of it as the back wall of the vagina. The vagina stops where the cervix begins. You will notice that the cervix has a small opening. This opening is just big enough for sperm to swim through and for period blood to come out of. When someone gives birth to a baby through the vagina, the cervix opens up much bigger to allow the baby out.

This is the **vagina (5)**. It is where period blood comes out. When we talk about vaginal sex, we are talking about a penis going in the vagina. When a person gives birth to a baby, the baby either comes out here through the vagina, or a doctor makes a cut through the abdomen and uterus to deliver the baby via an operation called a **cesarean section**.

### **Visual 2 (side view)**

Now, let's look at the same parts from the side. Number 1 is the ovary. Who remembers what it does? Exactly.

Continue to review the parts in this way for the following: (1) ovary, (2) fallopian tube, (3) uterus, (4) cervix, (5) vagina.

There are two parts listed here that are on the outside of the body. The **labia (6)** are folds of

skin that cover and protect the vagina and clitoris. The **clitoris (7)** is a small organ just above the opening of the urethra. It is made of the same kind of special tissue, called **erectile tissue**, that the penis is made of. The clitoris can become erect because it was touched, because a person is sexually aroused, or sometimes for no particular reason.

You can see several parts that are in this same area of the body, but that aren't part of the reproductive system. The **bladder (8)**, which stores urine, or pee, and the **urethra (9)**, which is the tube through which urine leaves the body. The **anus (10)** is where feces, or poop, comes out of the body. When we talk about anal sex, we are talking about putting a penis in another person's anus.

### Visual 3 (front view)

This is a picture of the reproductive organs that are on the inside of someone's body. These are the parts that men usually have in their bodies. Let's start here with the **testicles (1)**. As you can see there are two testicles. The testicles are where sperm are made, beginning in puberty. They also make the hormone testosterone. Does anyone remember the parts from the female reproductive system that are similar to the testicles? There are two of them, they make hormones, and they store the egg cells. That's right, the testicles are similar to the ovaries.

The testicles are inside of a muscular sac of skin called the **scrotum (2)**. The testicles need to be at a certain temperature to make sperm. The scrotum pulls the testicles up closer to the body to keep them warm, or moves the testicles away from the body to cool them off, in order to keep them the right temperature.

After sperm cells are made in the testicles they move into this part here, called the **epididymis (3)**. It is a really long, tightly coiled up tube where the sperm stay for 2 to 3 months while they finish maturing. Sperm stay in the testicles and epididymis until a person ejaculates. **Ejaculation** is when semen is released from the penis. This only happens when the penis has an **erection**. Remember, the penis is made of **erectile tissue**, like the clitoris. It can become erect when it is touched, or if the person is feeling sexually turned on, or sometimes for no particular reason.

When a person ejaculates, sperm travel from the epididymis up into these tubes called the **vas deferens (4)**. You may notice that the vas deferens connects up with the testicles much like the fallopian tubes connect with the ovaries. The fluid that is released when a person ejaculates is called **semen**. Semen has sperm in it, but it is also made up of other fluid that helps the sperm to live. The fluid is made by the **seminal vesicles (5)** and the **prostate gland (6)**.

The semen leaves the body through the **urethra (7)**. This is the same tube that carries urine from the **bladder (8)** out of the body, although only one of these fluids can leave the body at a time. The urethra is inside of the **penis (9)**. The penis is made of the same kind of special tissue, called **erectile tissue**, that the clitoris is made of. The penis can become erect because it was touched, because a person is sexually aroused, or sometimes for no particular reason. When we talk about vaginal and anal sex, we are usually talking about the penis going into the vagina or anus.

Just before semen is ejaculated, a fluid from the **Cowper's glands (10)** is released. This fluid, sometimes also known as pre-cum, protects the sperm from the acidic environment left

*in the urethra from the urine, so they can leave the body unharmed. If a couple did not want to get pregnant or transmit an STD, a person could wear a condom on the penis while having sex. The condom would keep the semen out of the other person's body.*

**Visual 4 (side view)**

*Now, let's look at the same parts from the side. Number 1 is the testicle. Who remembers what it does?*

*Continue to review the parts in this way for the following: (1) testicle, (2) scrotum, (3) epididymis, (4) vas deferens, (5) seminal vesicles, (6) prostate gland, (7) urethra, (8) bladder, (9) penis, (10) Cowper's glands.*

*There is one part listed here that wasn't shown in the front view of this body. You may remember it from the other side view picture, though. It isn't part of the reproductive system. Who remembers what this part here is called? That's right, it's the **anus (11)**, where feces, or poop, leaves the body.*

*Good work everyone! Are there any questions about the reproductive system before we move on?*

**4. Reproductive System and Pregnancy Game**

Divide the class into 6 teams. Ask the following questions, giving all groups 30 seconds to come up with an answer. Have the small groups take turns having the first chance to answer a question. If they answer correctly, they get a point. If they don't answer correctly, any group can raise their hands to try to answer the question correctly and steal the point.

*We just talked about how a pregnancy starts, including the body parts involved in starting a pregnancy and in giving birth. Now we're going to have a competition. I'm going to divide you into teams. When I ask a question, the teams will have 30 seconds to quietly consult with each other and come up with your best answer. Each team will have a turn to be the first to answer a question. If your team answers correctly, you get a point. If you answer incorrectly, other teams can raise their hands to try to answer the question correctly and take the point. Guessing is OK. Any questions?*

Play the game, using the following questions.

**Questions**

1. Name the two kinds of cells needed to start a pregnancy.

*Answer: Egg cell and sperm cell.*

2. True or False? The menstrual period lasts about a day each month.

*Answer: False. It usually takes between 2 and 10 days for the uterus to completely empty. There are about 4 to 6 tablespoons of blood and tissue in all.*

3. The different stages of pregnancy are called "trimesters." How many trimesters are in a pregnancy?



Answer: 3. How could a person guess 3, even if they never heard of a trimesters in pregnancy? Tri means 3.

4. The end of the uterus that opens into the vagina is called the \_\_\_\_\_.

Answer: Cervix. It's not a separate part; it's just the bottom part of the uterus. It has a small opening that sperm can swim through and that period blood can come out of. The opening gets much bigger when a person is giving birth to let the baby out.

5. True or False? The human sperm cell is about as big as an apple seed?

Answer: False. A sperm cell is so small you cannot see it without looking through a microscope.

6. Write down 3 reasons a person might think they were pregnant.

Possible Answers:

- Had vaginal sex without using a condom or other birth control
- Took a pregnancy test that turned out positive
- Missed period
- Swollen breasts
- Feeling very tired
- Nausea
- Urinating more often

7. What is the name of the sac that holds the testes?

Answer: The scrotum. The scrotum holds the testes and controls their temperature. Sperm can only grow at temperatures a little cooler than normal body temperature of 98.6 degrees. The testes have to be outside the body, in the scrotum, in order to be cool enough to make sperm.

8. True or false: Alcohol is harmful for a pregnancy.

Answer: True. Alcohol can cause dangerous health problems and learning problems for the baby.

Bonus question: What are three things someone can do to have a healthy pregnancy?

Possible Answers:

- Don't drink alcohol
- Don't do drugs
- Don't smoke
- Visit a doctor
- Take vitamins

9. True or False? Ovulation usually happens during a person's menstrual period.

Answer: False. Ovulation usually happens 2 weeks before the next period. If the person does not get pregnant, the extra lining in the uterus is not needed. So after 2 weeks, it comes out. That's called menstruating or "having a period."

10. True or False? All men's reproductive systems look exactly the same, as do all women's reproductive systems.

*Answer: False. People's genitals and their internal reproductive organs can look very different, but still be normal and healthy. A person's penis, clitoris or labia can be different sizes or a person might have only one testicle or ovary. Some people might have testes as well as vagina. The pictures we looked at in class today do not look like everyone's bodies.*

11. An abortion is when a person ends their pregnancy with the help of a doctor. Abortion is legal in all 50 states. True or False?

*Answer: True, abortion is legal in the United States. States have different laws about when a person can have an abortion and how old a person needs to be to get an abortion without a parent's permission. (You may need to remind the class that you are sharing factual information and not inviting students to debate the different beliefs about abortion.)*

12. The liquid that carries sperm is called \_\_\_\_\_.

*Answer: Semen. Semen is the fluid that helps sperm live. It is made up of fluids from the Cowper's glands, the prostate and the seminal vesicles. A teaspoonful or less of semen comes out each time a person ejaculates.*

13. True or False? A human egg cell is the size of a grain of sand.

*Answer: True. It is big enough to see without a microscope, but still very small.*

14. Adoption is when people become the legal parent of a child that is not their biological son or daughter. True or false? Adoption is very uncommon in the United States.

*Answer: False, there are nearly 2 million adopted kids in the United States.<sup>2</sup>*

15. When the penis or clitoris fills with blood and becomes larger, it's called an \_\_\_\_\_.

*Answer: Erection. People can get an erection if the clitoris or penis is touched, if they are feeling sexually aroused, or sometimes for no particular reason.*

16. True or False? If someone cannot care for their infant child, they can leave the child with an employee at a hospital without getting in trouble.

*Answer: True, this is called a Safe Haven Law. Even though it might sound uncaring, the purpose of these laws is to make sure that all babies are cared for and safe.*

17. Is a pregnancy most likely to start during a person's period, just before a period, or in between periods?

*Answer: In between periods. Of course, a pregnancy could start anytime because people do not always release eggs on schedule. But the most likely time for fertilization to be possible is about 2 weeks before a menstrual period.*

18. What is it called when sperm come out of the body?

*Answer: Ejaculation. A person might ejaculate during sex, while masturbating, or in their sleep, which is also called a wet dream.*

19. True or False? The male and female reproductive systems have many similarities.

*Answer: True. There are many similarities: the clitoris and penis are both made of erectile tissue and both get erections; the ovaries and testicles both produce sex cells (sperm and egg) and make hormones; the fallopian tubes and vas deferens are both two sets of tubes connecting the ovaries or testicles to the rest of the reproductive system. One reason there are so many similarities is because all embryos start out with the same parts. An embryo could go on to develop into either sex, depending on what chromosomes are present.*

20. Where can a person get a pregnancy test?

*Answer: Doctor's office or drug store. The advantage of a doctor's office or clinic is that they know how to do the test correctly and can give helpful information to the patient.*

## **5. Introduce FLASH homework expectations**

Hand out the *FLASH Family Homework Letter* for students to take home to their parents or guardians. The purpose of FLASH family homework is to encourage family discussion about the lesson content.

Explain that every FLASH lesson has family homework. The student and an adult family member or other adult who is like family complete the assignment together. The family member signs the homework in order for the student to get credit. Family homework is available in multiple languages, and can be printed from free PDFs online at [www.etr.org/flash/](http://www.etr.org/flash/) under the "Family Resources" tab. Students who choose not to do the family homework may complete the individual homework for the same credit.

*Every FLASH lesson has family homework. You can complete family homework with any adult family member or with a trusted adult who is like family. The purpose is to help adult family members and teens talk about these topics. Even though it might be uncomfortable at first for some people, a lot of students say they really like this part of the unit.*

*The homework has questions for the student and adult to ask each other about that day's lesson. The questions focus on people's beliefs and values. No particular knowledge or experience is required to do the homework, and no one is required to ask or answer any personal questions. It takes about 10 minutes. To get credit, the adult signs a slip saying that you did the assignment together. You won't be asked to report back on anything you talked about.*

*The family homework is available in a number of different languages. Let me know what language you need.*

*For students who can't complete the family homework, or who don't want to, each lesson has an individual homework assignment that can be completed instead for the same credit.*

*Tonight, you have two homework assignments. Your Family Homework letter needs to be signed, and you have a short family homework assignment. I will also hand out an individual homework assignment if you can't complete the family homework.*

*Good work today!*

## 6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed. Everyone should bring back a signed slip from the family homework letter.

*Introducing FLASH Family Homework*, available in English, Spanish, Russian, Chinese, Vietnamese and Arabic

*Individual Homework: Reproductive System and Pregnancy*

*Family Homework: Talking About the Reproductive System and Pregnancy*, available in multiple languages on the FLASH website

## 7. Exit ticket

Hand out the *Lesson 1 Exit Ticket*.

**Question:** Circle the organs that produce hormones. HINT – Two items on the list should be circled.

- Testicles
- Penis
- Scrotum
- Ovaries
- Clitoris
- Vagina

**Answer:** Testicles, Ovaries

# Warm Up

---

Visual

Today is the first day of our sexual health education unit. We will be covering the following topics:

- Reproductive system
- Pregnancy
- Identity
- Dating and healthy relationships
- Saying no to sex
- Condoms
- STDs, including HIV
- Birth control

I hope this unit is helpful and interesting for everyone!

Write one fact that you already know about any one of these topics. You may have learned it from your family or guardian, doctor, television, books, friends, etc.

# Sexual Health Resources In King County

---

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](http://www.teenclinic.com)

Planned Parenthood Great Northwest  
1-800-769-0045  
[www.plannedparenthood.org](http://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](mailto:chap@kingcounty.gov)

Teen Link  
1-866-833-6546  
[www.866teenlink.org](http://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](http://www.kingcounty.gov/healthservices/health/personal/MSS.aspx)

## Abortion Clinics

Cedar River Clinics  
(425) 255-0471  
[www.cedarriverclinics.org](http://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.

---

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](http://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](http://www.aids.gov)
- Enter your zip code to find the nearest place to get emergency contraception. [www.not-2-late.com](http://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](http://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](http://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/>

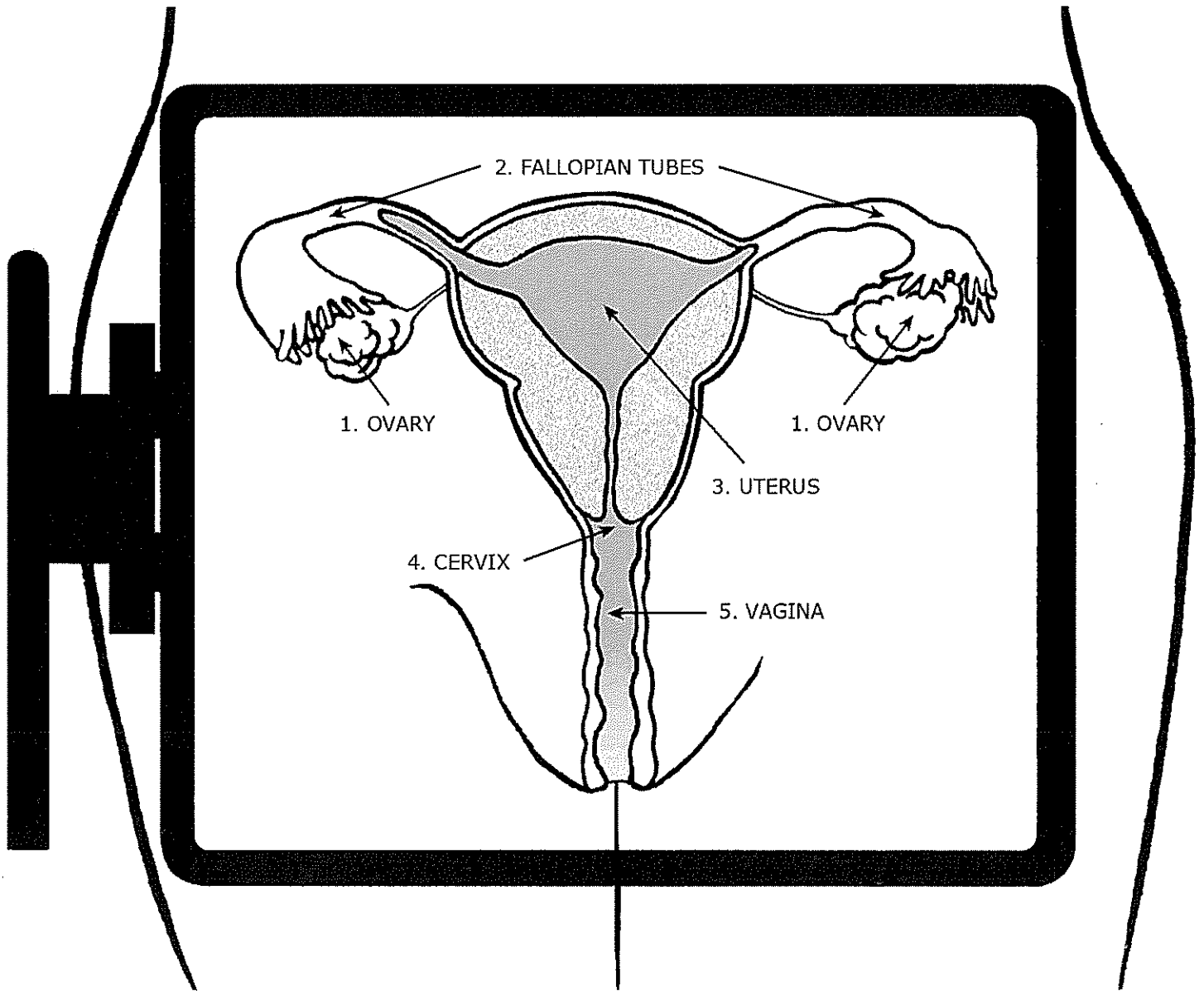
### Adoption Agencies

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.

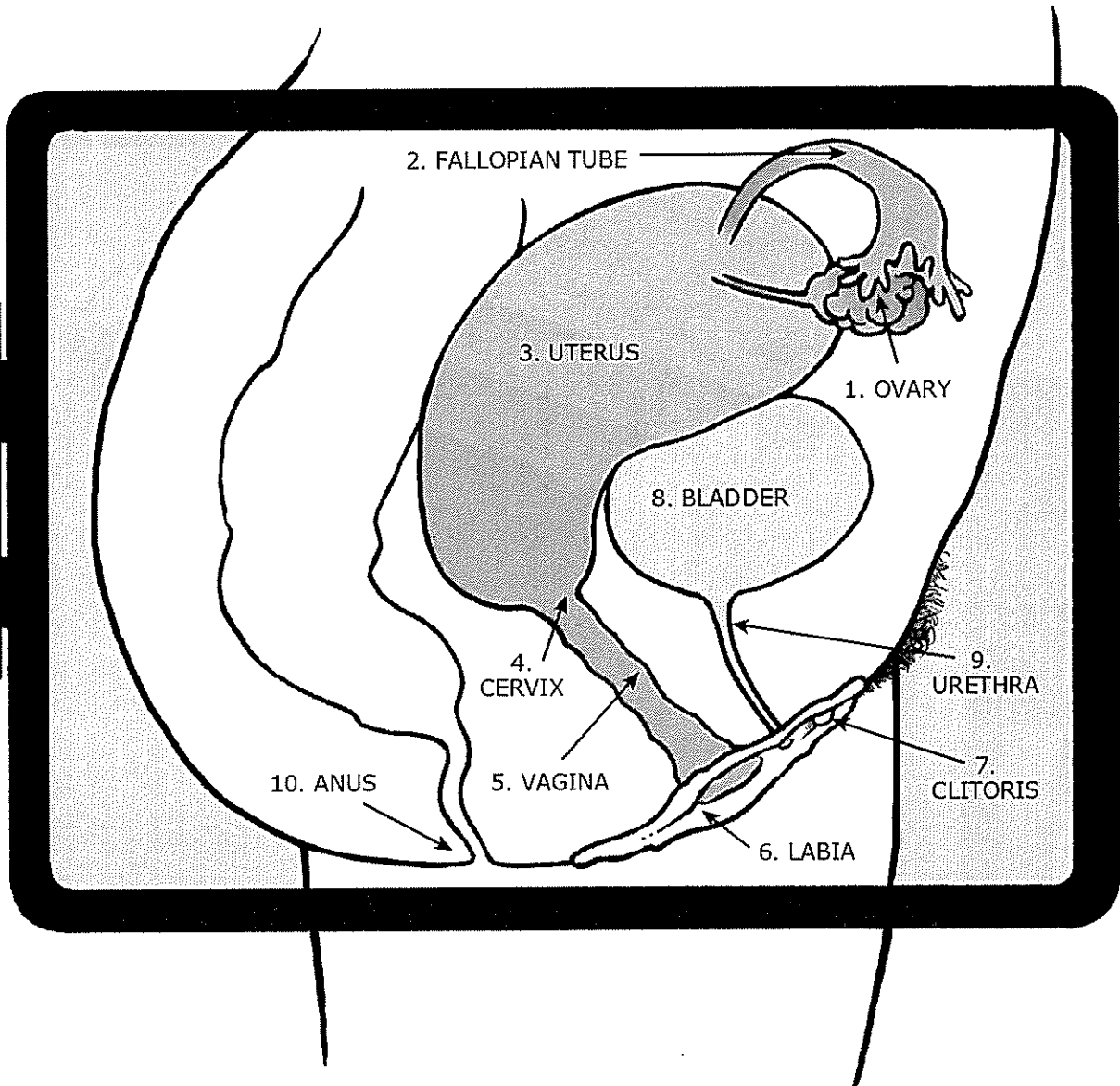
<http://www.openadopt.org/>



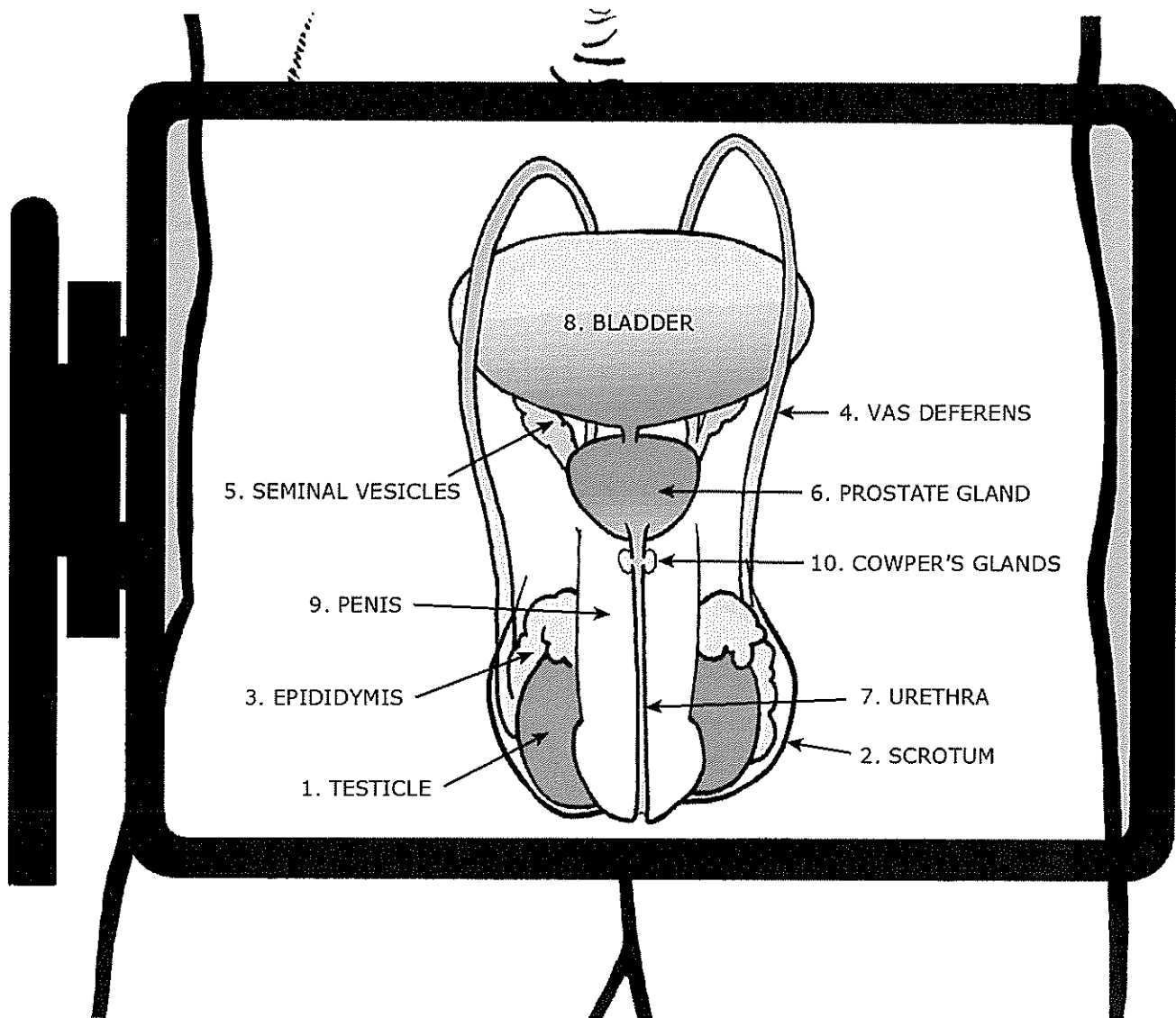
# Reproductive System Visual 1



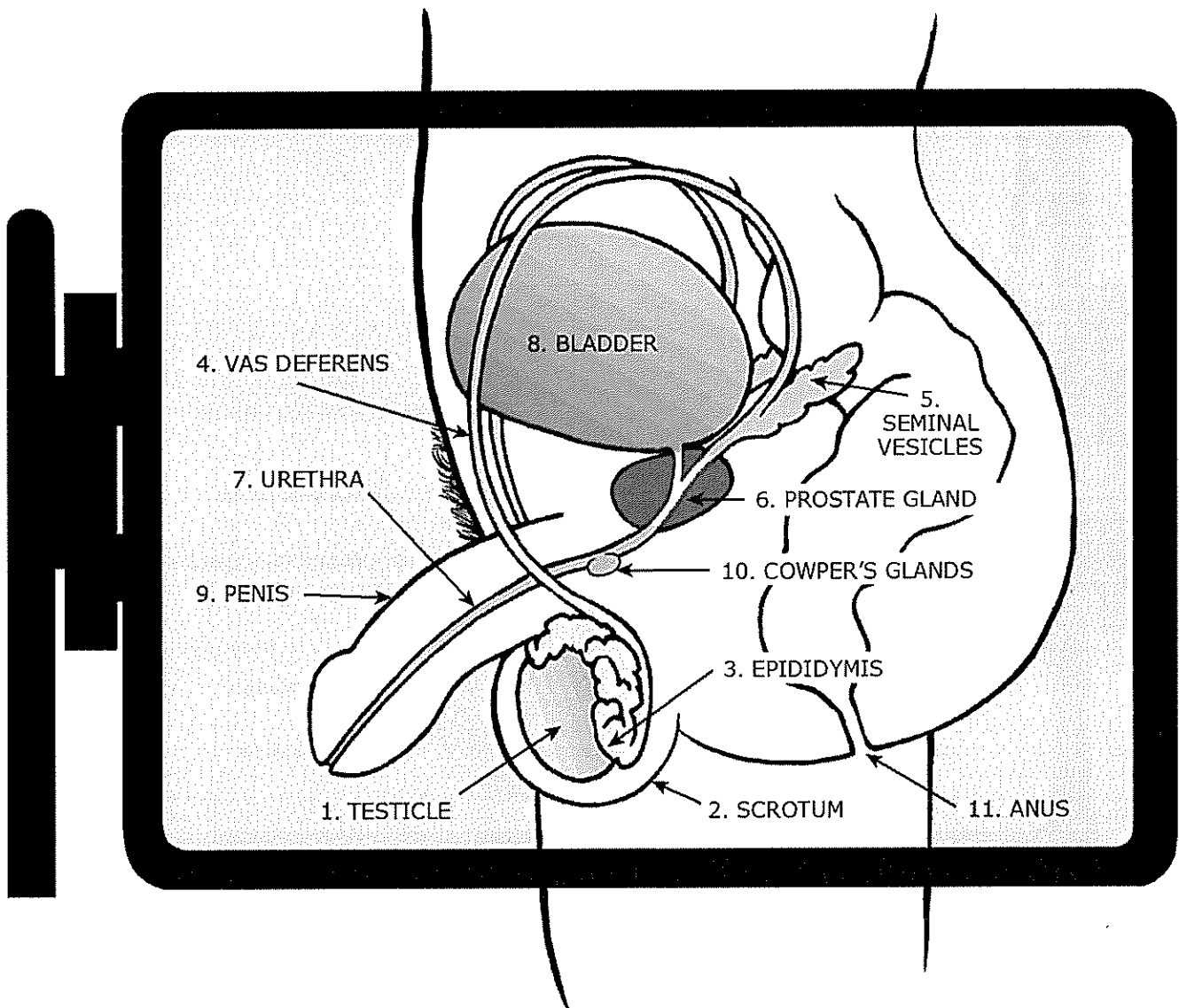
# Reproductive System Visual 2



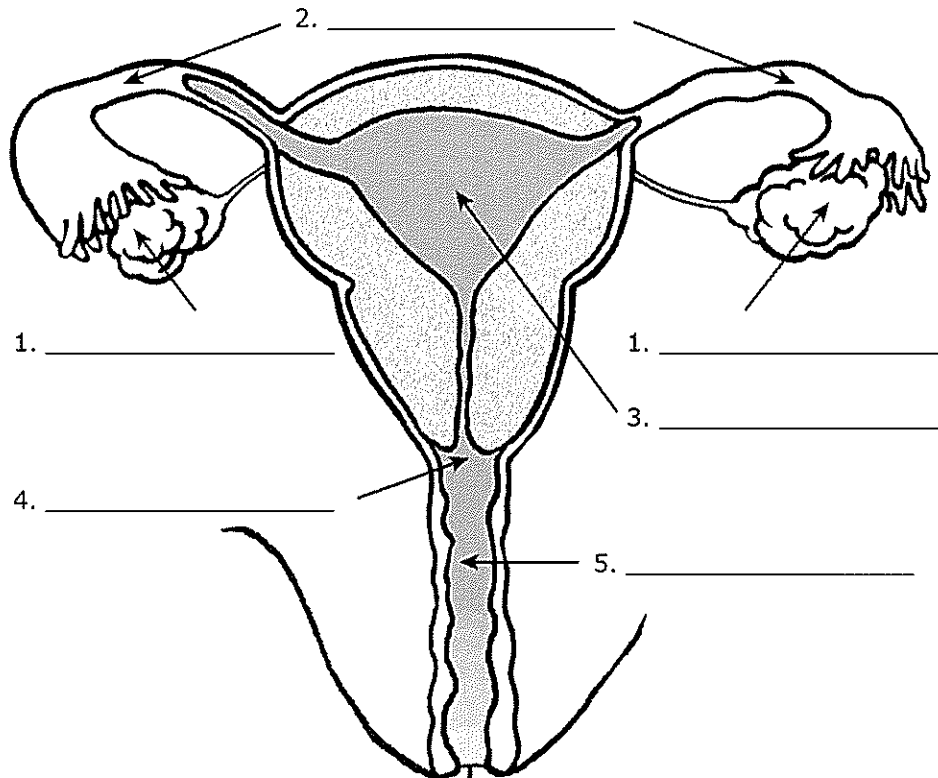
# Reproductive System Visual 3



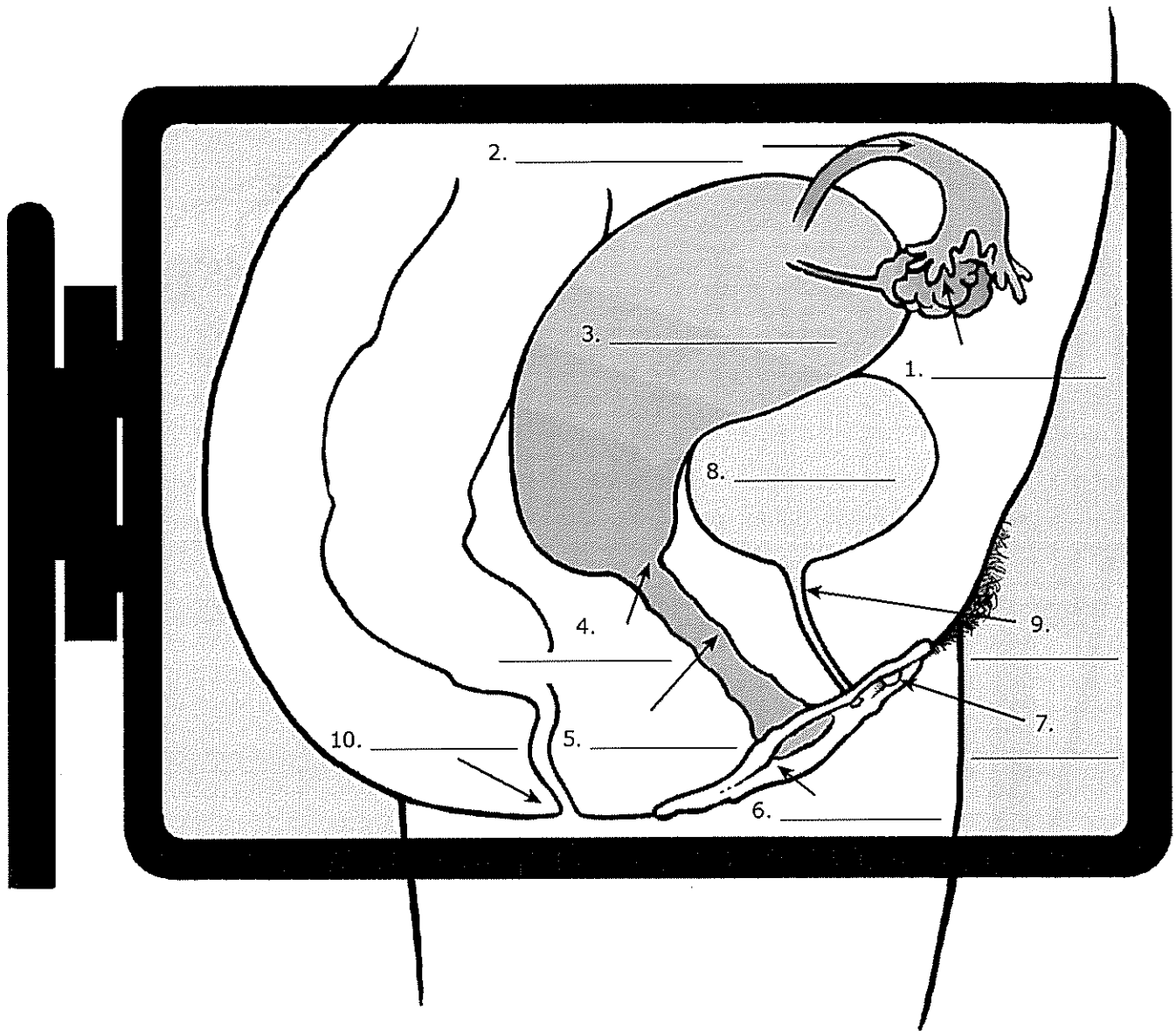
# Reproductive System Visual 4



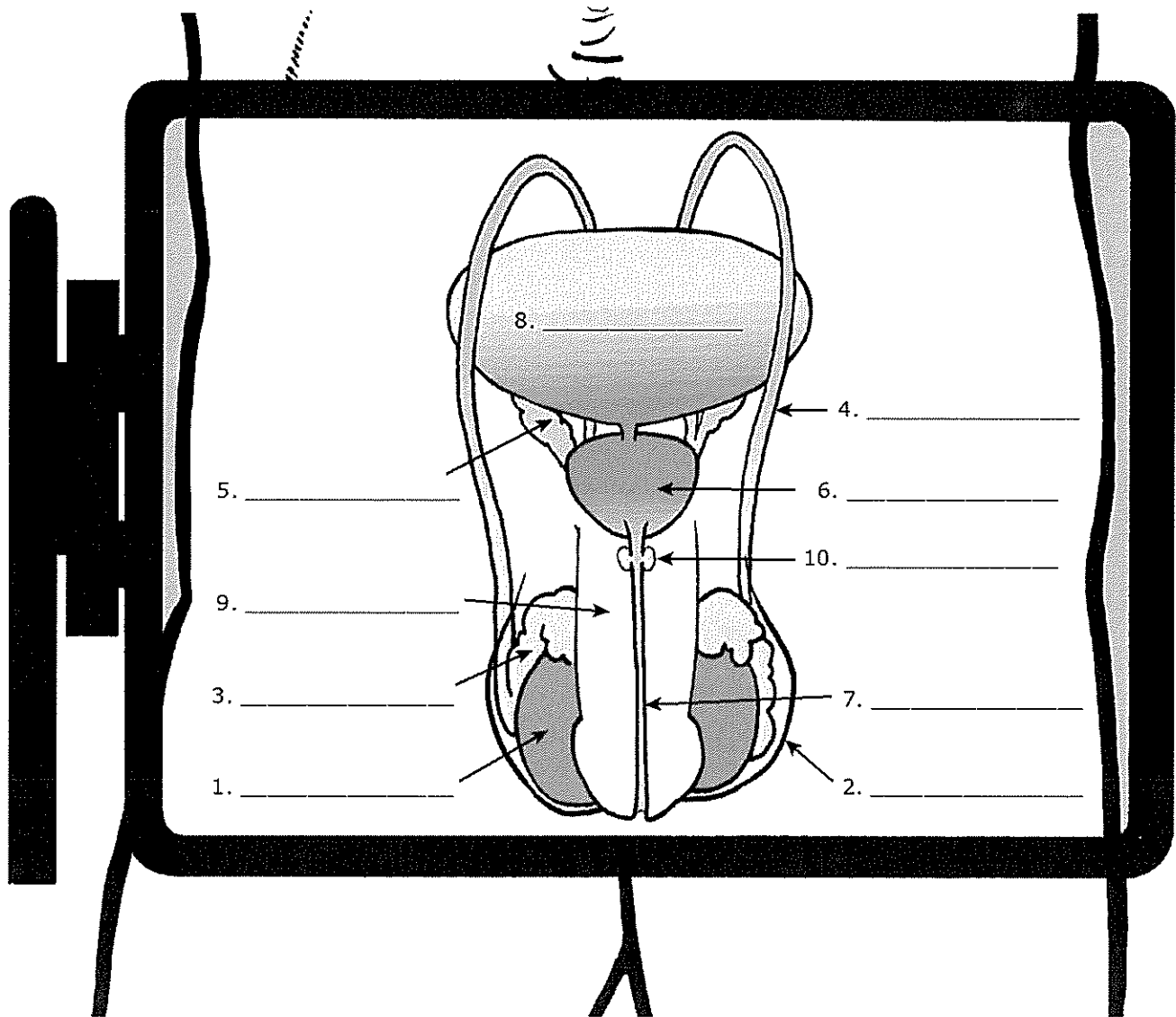
# Reproductive System Worksheet 1



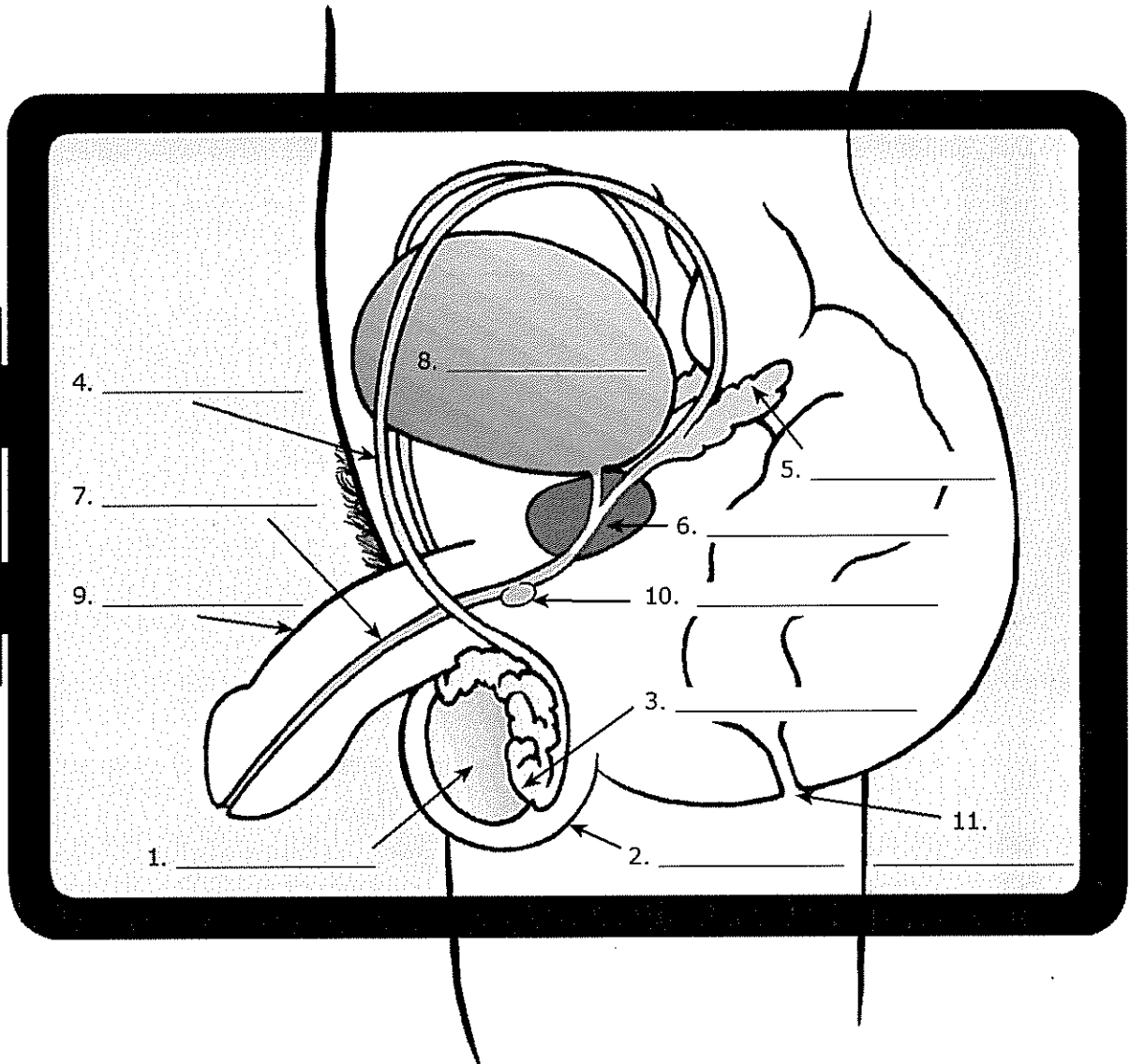
# Reproductive System Worksheet 2



# Reproductive System Worksheet 3



# Reproductive System Worksheet 4





# Individual Homework:

## Reproductive System and Pregnancy

---

Name: \_\_\_\_\_

Period: \_\_\_\_\_

Write a ½- to 1-page paper describing how pregnancy happens. Include how a couple could avoid pregnancy if they were having vaginal sex and did not want to become pregnant. Make sure to use the following words from today's lesson in your paper:

- Sperm
- Semen
- Ejaculation
- Penis
- Egg
- Ovary
- Fallopian tube
- Uterus
- Cervix
- Vagina
- Fertilization
- Implantation
- Conception

# To Parents & Guardians:

## Introducing FLASH Family Homework

---

An important part of the FLASH sexual health unit is Family Homework. Family Homework is completed by the student with a family member or trusted adult who is like family. This letter explains the purpose of FLASH Family Homework and what you can expect.

One of the goals of the FLASH unit is to increase communication about sexual health between children and the adults in their lives who care for them. Even though children don't always show it, surveys show that they would like to talk more about these issues with a parent or other trusted adult, and research shows that these conversations play a very important role in helping teens prevent pregnancy, STDs and HIV. The FLASH program includes Family Homework to make these discussions easier and more frequent.

The questions in the Family Homework ask about your thoughts and beliefs on a topic related to the classroom lesson. You don't need to have any information about sexual health to do the homework. No one is required to ask or answer any personal questions. Each Family Homework takes about 10 minutes. To get credit, the adult signs a slip saying that the homework was completed. Students will not be asked to share anything you talked about.

Young people are surrounded by messages in the media telling them how to behave sexually. Although the power of the media is huge, we know that family communication is also very powerful. Family Homework is intended to help adults talk clearly and directly with the young people in their life about their beliefs and hopes for them.

Family Homework is recommended but not required. If a family decides not to do Family Homework, students will be offered an individual homework assignment that can be completed for the same credit.

Thank you for taking the time to look at the Family Homework. We hope it helps you have these valuable discussions.



---

### Family Homework Letter Confirmation Slip

---

Due: \_\_\_\_\_

I received the Family Homework Letter.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of family member or trusted adult

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Signature of student

# Family Homework: Talking About the Reproductive System and 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 OK 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:** Today we started our unit on sexual health. What do you hope I learn this unit?

**Ask the student:** What happened in your first lesson today?

**Ask the adult:** Do you have any values about pregnancy or reproduction that you want to share with me?

**Ask the student:** Did you learn anything surprising?



---

## Family Homework Confirmation Slip: Talking About the Reproductive System and Pregnancy

---

Due: \_\_\_\_\_

We have completed the family homework.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of family member or trusted adult

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Signature of student

# Exit Ticket

---

Handout

Circle the organs that produce hormones.

HINT – Two items on the list should be circled.

Testicles

Penis

Scrotum

Ovaries

Clitoris

Vagina

## Lesson 1: Assessment Questions

---

1. The following steps to creating a pregnancy are not in the right order. Please place the letters in the correct order in the spaces provided below:
- a) Egg meets sperm in the fallopian tube.
  - b) Fertilized egg attaches to the wall of the uterus. Also called implantation.
  - c) Two weeks after blood leaves the uterus, an egg leaves the ovary. Also called ovulation.
  - d) Blood leaves the uterus. This is called "having a period" or menstruating.
  - e) Sperm and egg join. Also called fertilization.
  - f) Fertilized egg begins dividing into many cells while traveling down the fallopian tube.
  - g) Conception is complete.
  - h) Couple has vaginal sex without using a condom or other birth control.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Label Worksheets 1-4. Choose from the following terms (hint, terms may appear on more than one worksheet):

Fallopian Tubes  
Testicle  
Ovary  
Prostate Gland  
Uterus  
Epididymis  
Cervix  
Cowper's Glands  
Vagina

Urethra  
Scrotum  
Anus  
Labia  
Bladder  
Vas Deferens  
Seminal Vesicles  
Clitoris  
Penis

3. Name two reasons a person might think they were pregnant.
4. Name one thing a person can do to have a healthy pregnancy.

## Lesson 1: Assessment Key and Standards Alignment

Question	Answer	Standards
<p><b>Warm Up:</b> Today is the first day of our sexual health education unit. We will be covering the following topics:</p> <ul style="list-style-type: none"> <li>• Reproductive system</li> <li>• Pregnancy</li> <li>• Identity</li> <li>• Dating and healthy relationships</li> <li>• Saying no to sex</li> <li>• Condoms</li> <li>• STDs, including HIV</li> <li>• Birth control</li> </ul> <p>I hope this unit is helpful and interesting for everyone!</p> <p>Write down one fact you already know about any one of these topics. You may have learned it from your family or guardian, doctor, television, books, friends, etc.</p>	<p>Purpose is pre-assessment for teacher</p>	
<p>1. The following steps to creating a pregnancy are not in the right order. Please place them in the correct order:</p> <ol style="list-style-type: none"> <li>Egg meets sperm in the fallopian tube.</li> <li>Fertilized egg attaches to the wall of the uterus. Also called implantation.</li> <li>Two weeks after blood leaves the uterus, egg leaves the ovary. Also called ovulation.</li> <li>Blood leaves the uterus. This is called "having a period" or menstruating.</li> <li>Sperm and egg join. Also called fertilization.</li> <li>Fertilized egg begins dividing into many cells while traveling down the fallopian tube.</li> <li>Conception is complete.</li> <li>Couple has vaginal sex without using a condom or other birth control.</li> </ol>	<p>Two possible sequences are correct.</p> <p>D, C, H, A, E, F, B, G</p> <p>OR</p> <p>D, H, C, A, E, F, B, G</p>	<p>NHES: SH.1.8.28</p> <p>NSES: PR.8.CC.1</p>

**Middle School FLASH, 2<sup>nd</sup> edition**

<p>2. Label Worksheets 1-4. Choose from the following terms (hint, terms may appear on more than one worksheet):</p> <ul style="list-style-type: none"> <li>Fallopian Tubes</li> <li>Testicle</li> <li>Ovary</li> <li>Prostate Gland</li> <li>Uterus</li> <li>Epididymis</li> <li>Cervix</li> <li>Cowper's Glands</li> <li>Vagina</li> <li>Urethra</li> <li>Scrotum</li> <li>Anus</li> <li>Labia</li> <li>Bladder</li> <li>Vas Deferens</li> <li>Seminal Vesicles</li> <li>Clitoris</li> <li>Penis</li> </ul>	<p>See Visuals 1-4 for answers</p>	<p>NHES: SH1.8.27</p> <p>NSES: AP.8.CC.1</p>
<p>3. Name two reasons a person might think they were pregnant.</p>	<p>Possible Answers:</p> <ul style="list-style-type: none"> <li>• Vaginal sex without birth control or condom</li> <li>• Took pregnancy test that showed they were pregnant</li> <li>• Missed period</li> <li>• Swollen breasts</li> <li>• Feel very tired</li> <li>• Nausea</li> <li>• Urinate more often</li> </ul>	<p>NSES: PR.8.CC.5</p>
<p>4. Name one thing a person can do to have a healthy pregnancy.</p>	<p>Possible answers:</p> <ul style="list-style-type: none"> <li>• Don't drink alcohol</li> <li>• Don't do drugs</li> <li>• Don't smoke</li> <li>• Visit a doctor</li> <li>• Take vitamins</li> </ul>	<p>NSES: PR.8.CC.6</p>
<p><b>Exit Ticket:</b> Circle the organs that produce hormones. HINT – Two items on the list should be circled.</p> <ul style="list-style-type: none"> <li>Testicles</li> <li>Penis</li> <li>Scrotum</li> <li>Ovaries</li> <li>Clitoris</li> <li>Vagina</li> </ul>	<p>Testicles Ovaries</p>	<p>NHES: SH1.8.27</p>

# Integrated Learning Activities

---

## **SCIENCE: Prenatal Care Brochure**

Create a brochure that could be used in a doctor's office. What health advice should be given to someone who is in their first trimester of pregnancy to help them have a healthy pregnancy and healthy baby? If you use the Internet for information, look for websites that end in ".gov." For example, try searching: prenatal care.gov

## **LANGUAGE ARTS: Family Homework Dialogue**

Write a script imagining a middle school health student and their parent or guardian doing a FLASH Family Homework assignment. What would an ideal discussion sound like to you? How would the student and adult answer the following questions?

- Student asks the adult: "Today we started our unit on sexual health. What do you hope I learn this unit?"
- Adult asks the student: "What happened in your first lesson today?"
- Student asks the adult: "Do you have any values about pregnancy or reproduction that you want to share with me?"
- Adult asks the student: "Did you learn anything surprising?"



## **References**

---

<sup>1</sup> Centers for Disease Control and Prevention. Division of Violence Prevention.  
[www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html](http://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html). Accessed 5/4/2016.

<sup>2</sup> Vandivere, S., Malm, K., and Radcliff, L. (2009). Adoption USA: A chartbook based on the 2007 National Survey of Adoptive Parents. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Available at <http://aspe.hhs.gov/hsp/09/NSAP/chartbook>.



# Sexual Orientation and Gender Identity

Grade 6–8, Lesson 2

## Summary

---

Students learn the definition of identity and the importance of feeling positively about our identities. Sexual orientation and gender identity are introduced as two categories of identity held by everyone. Students learn common terms and foundational information related to these concepts through small- and large-group activities. They discuss strategies that help people develop pride in any of their identities and practice applying these strategies to a scenario about sexual orientation and gender identity.

## Student Learning Objectives

---

The student will be able to ...

1. Explain that everyone has a gender identity and a sexual orientation, and differentiate between them.
2. Communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations.
3. Explain why it's important for people to feel proud of their identities, including their sexual orientation and gender identity.

## Lesson Timing

---

Warm up	Bell work + 3 minutes
Introduction to identity	5 minutes
Definitions activity	10 minutes
Common questions activity	15 minutes
Developing pride in our identities	5 minutes
Scenario activity	10 minutes
Assign homework	
Exit ticket	2 minutes
Total	50 minutes

## **FLASH Key Concepts**

---

Everyone has a sexual orientation and a gender identity.

A person knows their sexual orientation because of who they feel attracted to, not because of who they have sex with.

A person knows their gender identity because they feel like a boy, a girl, both, neither or somewhere in between, not because of their body parts.

People of all sexual orientations and gender identities need to know how to prevent pregnancy and STDs, either for themselves or to help a friend.

**Standards**

**National Health Education Standards (SHECAT)**

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.33	Explain 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 or physical appearance.
SH1.8.34	Explain 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).
SH1.8.35	Describe 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.
SH1.8.36	Describe 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 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.8.6	Demonstrate how to effectively communicate support for peers when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
SH8.8.3	Persuade others to avoid teasing, bullying, or stigmatizing others based on their personal characteristics or aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity).

**National Sexuality Education Standards**

PD.8.INF.1	Analyze how friends, family, media, society and culture can influence self-concept and body image.
PD.8.AI.1	Identify medically accurate sources of information about puberty, adolescent development and sexuality.
ID.8.CC.1	Differentiate between gender identity, gender expression and sexual orientation.
ID.8.CC.2	Explain the range of gender roles.
ID.8.INF.1	Analyze external influences that have an impact on one's attitudes about gender, sexual orientation and gender identity.
ID.8.AI.1	Access accurate information about gender identity, gender expression and sexual orientation.
ID.8.IC.1	Communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations.
ID.8.ADV.1	Develop a plan to promote dignity and respect for all people in the school community.
PS.8.SM.1	Describe ways to treat others with dignity and respect.
PS.8.ADV.1	Advocate for safe environments that encourage dignified and respectful treatment of everyone.

## **Rationale**

---

The goals of the FLASH curriculum are to decrease pregnancy, STDs and sexual violence among teens, as well as to increase family communication about sexual health. FLASH uses many evidence informed strategies to achieve these goals, including ensuring that all FLASH content is appropriate for students regardless of their sexual orientation or gender identity, and including a lesson that directly addresses the concepts of sexual orientation and gender identity. Both strategies are supported by the National Health Education Standards (SHECAT) and the National Sexuality Education Standards. Because LGBT teens are at high risk for poor sexual health outcomes, including higher rates of pregnancy,<sup>1 2</sup> STDs and HIV,<sup>2 3 4</sup> and sexual violence,<sup>5</sup> sexual health curricula must be designed to meet the needs of all students.<sup>6</sup>

Middle school is a time when young people are developing their identities across many domains. This lesson uses identity development as the framework for teaching about sexual orientation and gender identity, and draws particularly from the research showing that pride in one's identity is a protective factor that supports resiliency. Protective and resiliency factors greatly assist youth in avoiding pregnancy and STDs, substance use and school dropout.<sup>7 8 9 10</sup> Middle school is an appropriate and important time to talk about sexual orientation and gender identity. On average, students realize they are same-sex attracted in early adolescence.<sup>11 6</sup> Many students will self-identify as LGBTQ around age 13.<sup>6 5</sup> By talking about LGBTQ topics prior to sexual activity onset, all youth can have greater protection against poor sexual health outcomes.<sup>11 6</sup>

Teaching about sexual orientation and gender identity not only provides a necessary protection for LGBTQ students, but can also create better understanding, respect and nondiscrimination among all students.<sup>6 1 12 13</sup> It is important as an educator to provide support to all students, as every classroom will likely have students who identify (or will later identify) as LGBTQ. By including LGBTQ topics, an example is set in the classroom of the importance of respectful communication, diversity awareness and critical thinking about social issues.

## **Materials Needed**

---

### **Student Materials**

- *Ways to Develop Pride in Our Identities Handout*
- *Developing Pride Scenario Handout*
- *Sexual Orientation and Gender Identity Resources Handout*
- *Individual Homework: Sexual Orientation and Gender Identity*
- *Family Homework: Sexual Orientation and Gender Identity*, available in multiple languages on the FLASH website
- *Lesson 2 Exit Ticket*

### **Small-Group Handouts (1 per small group)**

- *Sexual Orientation*
- *Gender Identity*
- *Identity Terms*
- *Identity Definitions*
- *Answer Cards*

### **Classroom Materials**

- *Lesson 2 Warm Up*
- *Sexual Orientation and Gender Identity Definitions Visual*
- *Common Questions Activity Visual*
- *Ways to Develop Pride in Our Identities (Categories) Visual*
- Envelopes
- Newsprint
- Tape

## **Teacher Preparation**

---

1. Cut apart the *Identity Definitions* and *Identity Terms*. Place them in an envelope labeled "Definitions." Make at least 6 sets (1 set per small group).
2. Cut apart the *Answer Cards*. Place them in an envelope labeled "Answer Cards." Make at least 6 sets (1 set per small group)
3. Write each Common Question on a different piece of newsprint to be posted around the room. Leave tape by each piece of newsprint.
4. Prepare Visuals for document camera or projector.

## Activities

---

### 1. Warm Up

Display warm up as bell work.

**Prompt:**

A person's identity refers to their sense of who they are as individuals and as members of social groups. People have many identities. Their identities might include their gender, their race, their nationality, their sexual orientation, their family identity (sister, uncle, etc.), their religious identity, if they have one, their work or an important interest.

- Name 3 of your most important identities. For example: male, Mexican American, gay, sister, Buddhist, soccer player, artist, environmentalist, gamer, etc.
- Would you pick the same identities now as when you were in Kindergarten? Why or why not?

### 2. Introduce the concept of identity

Debrief the warm up. Discuss the importance of people being proud of their identities.

*On your warm up we used this definition of identity: "A person's identity refers to their sense of who they are as individuals and as members of social groups. People have many identities." What are some of the identities you listed?*

*Excellent. Some identities are things you choose, and some aren't. I heard examples of both just now. For example, you don't choose whether or not you are a brother or sister, or what country you are born in. Other identities are things that people choose for themselves, such as identifying as a Republican or a Democrat, or identifying as a fan of a particular sports team (use students' own examples here if possible).*

*There are some parts of a person's identity they may have known for a long time, and there are other parts that develop later in life. No matter when a person's identity develops, or whether or not they choose it, it's important for people to feel proud of who they are. Why do you think that is?*

*Right. If a person feels bad about themselves, it can lead to unhappiness or depression, and it can be hard to make friends with other people with similar interests or identities. When someone feels proud of their identity they can hold their head high and do good things in the world.*

### 3. Conduct definitions activity

Introduce the concepts of sexual orientation and gender identity as two types of identity that every person has.

*Today we're going to focus on two particular types of identity. Every person has a sexual orientation and a gender identity. We're going to start by learning some common and respectful words having to do with sexual orientation and gender identity that are important*



for everyone to know.

Place students in groups of 3 or 4. Give each group the *Sexual Orientation Handout*, *Gender Identity Handout*, and an envelope labeled "Definitions" with identity terms and definitions printed on slips of paper. Have students work in their groups for 3 minutes to match the definitions with the terms and place them on the correct paper, identifying the terms as either a sexual orientation or gender identity. Remind students that it is fine if there are terms they don't know, tell them to just do their best.

*In a minute, I'm going to separate you into small groups. Each small group will receive a Sexual Orientation handout, a Gender Identity handout, and an envelope of identity terms and definitions. Your job will be to match the terms with the correct definitions, and then place them on either the Sexual Orientation or the Gender Identity page, depending on whether the word refers to sexual orientation or gender identity. It's OK if you don't already know the terms or definitions. Just do your best.*

Debrief as a large group by projecting the *Sexual Orientation and Gender Identity Definitions Visual*, defining each term, addressing any confusion, and explaining why each term is either a sexual orientation (an identity based on a person's attraction to someone else) or a gender identity (a person's identity as a boy, a girl, both or neither).

*Let's take a look at the sexual orientation and gender identity definitions together. If your small group has any incorrect definitions, you can fix your strips as we go.*

**Sexual orientation** describes who a person is romantically attracted to. What were some of the terms you had listed under sexual orientation? Great. I'm going to go over these definitions with you.

Usually, we say that a man who is attracted to women or a woman who is attracted to men is **straight**. The word **lesbian** describes a woman who is attracted to women, and **gay** describes a man who is attracted to men. **Bisexual** is a word to describe a person who is attracted to men and women. Someone might also identify as **queer**, which is a broad term that can include gay, lesbian and bisexual people, as well as other people who don't identify as straight.

**Gender identity** refers to whether a person identifies as a boy, a girl, both, neither or somewhere in between. So, a person's gender identity is **female** if they identify as a girl and **male** if they identify as a boy. A person's gender identity doesn't always match the way other people see them. For example, a doctor may have said that a person was male or female when they were born, but that person knows in their heart that really isn't their gender. When a person's gender identity is different from what the doctor said when they were born that is called being **transgender**, or just **trans**. When a person's gender identity **does** match what the doctor said when they were born that's called being **cisgender**.

People might also use other words to identify their gender, like **gender fluid** or **gender queer**. These terms mean different things to different people, but generally they mean people don't feel exactly like a boy or a girl, at least not all the time.

*Every person has a sexual orientation and a gender identity, but the terms that people use*

*to describe their identities sometimes change, and not everyone uses the same words or agrees on exactly the same definitions. Nice work on the definitions.*

#### **4. Students answer common questions**

Introduce the common questions that are already posted around the room. Hand out an envelope of *Answer Cards* to each group, and project the *Common Questions Visual* in the front of the room. Groups will have 3 to 5 minutes to determine the best answer for each question. When you call time, each group has 15 seconds to tape their *Answer Cards* to the matching questions posted around the room and return to their small groups. Walk from sign to sign, reading the question and the correct answer, moving any incorrect answers, and clarifying confusion.

*We're all going to learn more about this topic by thinking about the most common questions students ask about sexual orientation and gender identity.*

*You can see seven different questions posted around the room. I'm going to hand each small group a packet that has all the answers to these questions on different slips of paper. Your task is to figure out the right answer to each question. When I call time, you'll have 15 seconds to tape each of your answers to the correct question. Then I'll check the answers and clarify any confusion.*

Answer Key:

1. How does someone know their sexual orientation or their gender identity?

*A person knows their sexual orientation based on who they feel attracted to. A person knows their gender identity based on whether they feel like a boy, a girl, both, neither or somewhere in between.*

2. Can lesbian, gay and trans people have kids?

*Yes. Any person with a uterus, ovaries and a vagina can become pregnant, regardless of their gender identity or sexual orientation. They could become pregnant from having vaginal sex or by placing donated sperm in their vagina. People can also arrange to have someone else, called a surrogate, carry a pregnancy for them. Finally, a person of any sexual orientation or gender identity can adopt children.*

3. If a boy acts like a girl or a girl acts like a boy, does that mean they are gay?

*There is no one way for boys or girls to act, although there are certain stereotypes about what behavior is masculine or feminine. A person's sexual orientation is based on who they are attracted to, not how they act or what sorts of things they are interested in.*

4. How do gay, lesbian and trans people have sex?

*People can have different kinds of sexual touch with a partner, including kissing, hugging and cuddling, no matter what their sexual orientation or gender identity is. Couples might also have oral, anal or vaginal sex, depending on what body parts the two people have and what activities they have consented to.*

5. How old are people when they know their sexual orientation or gender identity?

*People often know who they are attracted to by middle or high school. They often know if they feel like a boy, a girl, both, neither or somewhere in between by elementary school. However, every person is different and some people will know at younger or older ages.*

6. Can you change your sexual orientation or gender identity?

*A person cannot control who they are attracted to, and they cannot control if they feel like a boy, a girl, both, neither or somewhere in between. Even though people can't change their feelings, they can change the term they identify with if they need or want to.*

7. What if I don't know someone's sexual orientation or gender identity? What should I call them?

*Every person has the right to name their own identities. It is polite to ask someone how they identify their sexual orientation and gender identity, and what words they would like you to use when talking to them. It is important to respectfully use the terms and pronouns people have asked others to use.*

## **5. Discuss ways to developing pride in identities**

Introduce the idea that people can take steps to help them feel proud of their own identities, and to help others feel proud of their identities as well. Point out that pride in identity is not about seeing oneself as better than others, but about feeling good about oneself. Show the *Ways to Develop Pride in Our Identities (Categories) Visual*. Explain that the class is going to discuss strategies for feeling proud of our identities, whether they are related to sexual orientation, gender identity or any other aspect of identity. Invite students to come up with examples for each category. Then pass out the *Ways to Develop Pride in Our Identities Handout* and have volunteers take turns reading all the strategies out loud.

*When people feel proud of who they are and of their identities, it can help them be happy and deal with challenges as they get older. One of the ways we learn to be proud of our identities is through our interactions with others—with our families and friends, with teachers, in a religious community, at our jobs and at school.*

*Let's think of some of the specific things that people do to help them feel proud of their own identities, or to help others be proud of who they are. We can think of sexual orientation and gender identities as well as other identities that people have. I'm going to show you a few categories and ask you if you can think of some ideas in each category.*

Refer to the *Ways to Develop Pride in our Identities (Categories) Visual*, but don't begin accepting responses or filling it in until you have read the next script.

*I want to remind us all that it is easier for someone to feel proud of their identities when they see those identities reflected around them. For example, the first category here is "Connecting with community." If many of the people you go to school with are the same race or ethnicity as you, or the same religion or sexual orientation, you are connecting with members of your community every day. If your identities are not the same as many of the*

*people around you, you may have to work harder to connect with other members of your community. Remember, too, that being proud of your identities does not mean that you think your identities are better than someone else's. The focus is on feeling proud and good about yourself. Now, let's see if we can come up with some examples in each of these categories. What are some ways people could connect with other people who share an identity with them? You can think about any identity.*

Allow students to answer.

*You've come up with some great suggestions! Now I'm going to hand out a list of different ways for people to develop pride that we're going to take turns reading out loud.*

## **6. Analyze a scenario**

Hand out the *Developing Pride Scenario Handout*. Ask for four volunteers to read one paragraph each. After the first two paragraphs, read the discussion questions to the class. Give students a moment to think on their own about their answers to the questions, then have them pair up and share their answers with each other. Debrief as a large group as time allows, or simply move on to read the final two paragraphs and repeat the process. Suggested answers are provided below to assist in the debrief.

*Now we're going to think specifically about transgender, lesbian, gay and bisexual people, and what things they could do to help them feel proud of their identities. We're going to take a look at someone who is in middle school and is struggling to feel proud of his identity. When we get to the discussion questions I will have you think, pair and share with a neighbor. Let's begin with a volunteer reader.*

### **Scenario:**

James is in the eighth grade. Because he has always lived as a boy and feels attracted to other boys, he currently identifies as a gay male. But lately James has been thinking that he might be trans. He doesn't know any other trans or genderqueer kids, but he would like to meet some and be able to talk with them. He belongs to the GSA (Gay Straight Alliance) at his school and likes going. His dad helps him attend by picking him after meetings. He has friends at school and is close with his family but lately he has been feeling a little lonely.

It seems like he doesn't ever see anyone who is like him. All the gay people on TV are white and James is black, and he never sees a trans person on TV except on talk shows. Although everyone at school is pretty nice, he hears things that worry him. People say "that's so gay" about everything, and sometimes kids try to make a joke by pretending that they're gay, talking with a weird voice and walking funny. Teachers don't ever seem to notice. Recently he told his best friend Samuel how he was feeling. Samuel wants to help him, but isn't really sure what to do.

- *How is James feeling now? Is he feeling proud of who he is?*  
James is feeling lonely, he is wondering if there are other people like him. He may also be feeling sad or maybe confused.
- *What is helping James feel proud?*  
He has good support from his dad, he has the GSA and friends at school.

- *What is getting in the way of James feeling proud?*  
He doesn't see people like him, kids at his school seem to make fun of gay people.

Samuel asked James if it would be OK for him to talk to his family about James's situation. He thought his mom might have some good advice. James said it was OK, and he decided to talk to his dad too. James's dad told him he was proud of him, and that he was sorry to hear that he had been feeling lonely. He had heard that there was a meeting in town for parents with lesbian, gay, bisexual or transgender kids, and he told James that he would check it out to see if those parents had some ideas and to help James meet kids who might be more like him.

Samuel's mom had heard that there were some events going on for LGBT history month, including an LGBT history exhibit at the library. She suggested that James and Samuel go together to see the exhibit, and offer to volunteer. She reminded Samuel how important it was to be a good friend to James right now, to really listen to him, spend time with him, and speak up if he saw people making anti-gay comments. James and Samuel talked again, and James felt glad to have some good ideas and to have the support of friends and adults in his life.

- *Let's look again at the list of strategies. Do you see any on the list that people used in this scenario?*
  - Samuel's mom suggested they attend an event to help both Samuel and James learn more about community history.
  - Samuel's mom suggested they volunteer for the event.
  - Samuel's mom suggested Samuel attend the even with James so that he could show his support for James.
  - Samuels's mom suggested he speak up when he sees discrimination.
  - James's dad plans to attend a meeting for parents of LGBT kids, so he can connect with that community, and to help his son connect with other kids.
- *If you were James's friend, what strategy would you have used to help him?*
- *What if James didn't know any supportive adults or if his town had not had these resources? How would things have been different for him? Do you have any ideas about what he could have done in that situation?*
  - Things would have been much harder for him. He would probably have continued feeling lonely and might have started to feel worse.
  - He could talk with other safe adults who might be supportive, like a school counselor a member of his extended family.
  - He could read books or watch movies with characters who are more like him. If he didn't know any books or movies, he could ask a librarian for help.
  - He could learn more by reading information from safe websites designed for kids his age.

*If James didn't have supportive friends, or if he had not known how to connect with community or learn more about his community's history, I am sure he would have continued to feel lonely, and might even have become depressed. I think this scenario shows us how important it is for people to feel proud of themselves, and gives us some good ideas about how people can develop their own pride and how to help friends.*

**7. Provide resource sheet and conclude lesson**

Hand out the *Sexual Orientation and Gender Identity Resources Handout*.

*LGBTQ stands for lesbian, gay, bisexual, trans, queer and questioning. Here are a list of organizations that help support LGBTQ youth and their friends and family. If someone were in a situation like James, these are places that could help.*

*Good work, everyone. I'm glad we had an opportunity to discuss how to have pride in all of our identities today.*

**8. Assign homework**

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

*Individual Homework: Sexual Orientation and Gender Identity*

*Family Homework: Sexual Orientation and Gender Identity, available in multiple languages on the FLASH website*

**9. Exit ticket**

Hand out the *Lesson 2 Exit Ticket*.

**Question:** What is the difference between gender identity and sexual orientation?

**Answer:** Gender identity is whether you identify as male, female, both, neither or somewhere in between; sexual orientation is based on the gender of the people you're attracted to.

# Warm Up

---

Visual

A person's identity refers to their sense of who they are as individuals and as members of social groups. People have many identities.

Their identities might include their gender, their race, their nationality, their sexual orientation, their family identity (sister, uncle, etc.), their religious identity, if they have one, their work or an important interest.

- Name 3 of your most important identities. For example: male, Mexican American, gay, sister, Buddhist, soccer player, artist, environmentalist, gamer, etc.

- Would you pick the same identities now as when you were in Kindergarten? Why or why not?

# Sexual Orientation and Gender Identity Definitions

---

Visual

## Sexual Orientation: Who a person is attracted to

Lesbian	A woman who is attracted to women
Gay	A man who is attracted to men
Bisexual	A person who is attracted to men and women
Straight	A man who is attracted to women, or a woman who is attracted to men
Queer	A broad term that can include gay, lesbian and bisexual people, as well as others who don't identify as straight

## Gender Identity: How a person identifies their gender

Female	a person who identifies as a woman
Male	a person who identifies as a man
Transgender Trans	When a person's gender identity doesn't match the sex (male or female) the doctor said they were when they were born
Cisgender	When a person's gender identity matches the sex (male or female) the doctor said they were when they were born
Gender Queer Gender Fluid	Usually means a person doesn't feel exactly like a boy or a girl, at least not all the time



# Sexual Orientation

---

Small Group Handout

**Who a person is attracted to**

# Gender Identity

---

Small Group Handout

**If a person identifies as a boy, a girl, both,  
neither or somewhere in between**

# Identity Terms

For “Definitions” Envelope

Female	Queer
Cisgender	Gay
Transgender Trans	Gender Queer Gender Fluid
Bisexual	Straight
Male	Lesbian

# Identity Definitions

For “Definitions” Envelope

A woman who is attracted to women

---

A man who is attracted to men

---

A person who is attracted to men and women

---

A man who is attracted to women, or a woman who is attracted to men

---

A broad term that can include gay, lesbian and bisexual people, as well as others who don’t identify as straight

---

A person who identifies as a woman

---

A person who identifies as a man

---

When a person’s gender identity doesn’t match the sex (male or female) the doctor said they were when they were born

---

When a person’s gender identity matches the sex (male or female) the doctor said they were when they were born

---

Usually means a person doesn’t feel exactly like a boy or a girl, at least not all the time

---

# Common Questions Activity

---

Visual

1. How does someone know their sexual orientation or their gender identity?
2. Can lesbian, gay and trans people have kids?
3. If a boy acts like a girl or a girl acts like a boy, does that mean they are gay?
4. How do gay, lesbian and trans people have sex?
5. How old are people when they know their sexual orientation or gender identity?
6. Can you change your sexual orientation or gender identity?
7. What if I don't know someone's sexual orientation or gender identity? What should I call them?

# Answer Cards

For “Answers” Envelope

A person knows their sexual orientation based on who they feel attracted to. A person knows their gender identity based on if they feel like a boy, a girl, both, neither or somewhere in between.

Yes. Any person with a uterus, ovaries and a vagina can become pregnant, regardless of their gender identity or sexual orientation. They could become pregnant from having vaginal sex or by placing donated sperm in their vagina. People can also arrange to have someone else, called a surrogate, to carry a pregnancy for them. Finally, a person of any sexual orientation or gender identity can adopt children.

# Answer Cards

For “Answers” Envelope

There is no one way for boys or girls to act, although there are certain stereotypes about what behavior is masculine and what behavior is feminine. A person’s sexual orientation is based on who they are attracted to, not how they act or what sorts of things they are interested in.

People can have different kinds of sexual touch with a partner, including kissing, hugging and cuddling, no matter what their sexual orientation or gender identity is. Couples might also have oral, anal or vaginal sex, depending on what body parts the two people have and what activities they have consented to.

# Answer Cards

For “Answers” Envelope

People often know who they are attracted to by middle or high school. They often know if they feel like a boy, a girl, both, neither or somewhere in between by elementary school. However, every person is different and some people will know at younger or older ages.

A person cannot control who they are attracted to and they cannot control if they feel like a boy, a girl, both, neither or somewhere in between. Even though people can't change their feelings, they can change the term they identify with if they need or want to.



# Answer Cards

---

For “Answers” Envelope

Every person has the right to name their own identities. It is polite to ask someone how they identify their sexual orientation and gender identity, and what words they would like you to use when talking to them. It is important to respectfully use the words and pronouns people have asked others to use.

# **Ways to Develop Pride in Our Identities (Categories)**

---

Visual

**Connecting with community**

**Standing up for others who face discrimination based on their identities**

**Learning about community history**

# Ways to Develop Pride in Our Identities

---

Handout

## Connecting with community

- Volunteer with organizations that work with specific communities.
- Attend events put on by that community.
- Join school clubs or community organizations that are for specific communities.

## Standing up for others who face discrimination based on their identities

- Speak up when you see or hear discrimination based on people's identities.
- Volunteer with organizations that fight discrimination.
- Organize projects or events within your own community that fight against discrimination.
- Support individuals who have faced discrimination by publicly showing your friendship.
- Support individuals who have faced discrimination by asking them what they need, instead of trying to solve their problems.

## Learning about community history

- Educate yourself about your community's history by reading books, watching films, and talking to older community members.
- Educate yourself about the history of other communities that you are not already learning about at school.
- Every community has parts of its history to be proud of and parts that people do not feel proud of. Decide for yourself what you can feel proud of, and what parts were not so good.

# Developing Pride Scenario

Handout

James is in the eighth grade. Because he has always lived as a boy and feels attracted to other boys, he currently identifies as a gay male. But lately James has been thinking that he might be trans. He doesn't know any other trans or genderqueer kids, but he would like to meet some and be able to talk with them. He belongs to the GSA (Gay Straight Alliance) at his school and likes going. His dad helps him attend by picking him after meetings. He has friends at school and is close with his family but lately he has been feeling a little lonely.

It seems like he doesn't ever see anyone who is like him. All the gay people on TV are white and James is black, and he never sees a trans person on TV except on talk shows. Although everyone at school is pretty nice, he hears things that worry him. People say "that's so gay" about everything, and sometimes kids try to make a joke by pretending that they're gay, talking with a weird voice and walking funny. Teachers don't ever seem to notice. Recently he told his best friend Samuel how he was feeling. Samuel wants to help him, but isn't really sure what to do.

- *How is James feeling now? Is he feeling proud of who he is?*
- *What is helping James feel proud?*
- *What is getting in the way of James feeling proud?*

Samuel asked James if it would be OK for him to talk to his family about James's situation. He thought his mom might have some good advice. James said it was OK, and he decided to talk to his dad too. James's dad told him he was proud of him, and that he was sorry to hear that he had been feeling lonely. He had heard that there was a meeting in town for parents with lesbian, gay, bisexual or transgender kids, and he told James that he would check it out to see if those parents had some ideas and to help James meet kids who might be more like him.

Samuel's mom had heard that there were some events going on for LGBT history month, including an LGBT history exhibit at the library. She suggested that James and Samuel go together to see the exhibit, and offer to volunteer. She reminded Samuel how important it was to be a good friend to James right now, to really listen to him, spend time with him, and speak up if he saw people making anti-gay comments. James and Samuel talked again, and James felt glad to have some good ideas and to have the support of friends and adults in his life.

- *Do you see any strategies on the list that people used in this scenario?*
- *If you were James's friend, what strategy would you have used to help him?*
- *What if James didn't know any supportive adults or if his town had not had these resources? How would things have been different for him? Do you have any ideas about what he could have done in that situation?*

# Sexual Orientation and Gender Identity Resources

---

Handout

## **GLBT National Help Center**

1-888-843-4564

[www.glnh.org](http://www.glnh.org)

Peer support through the GLBT National Hotline and the GLBT National Youth Talkline. Provides online peer counseling, runs a moderated trans teen online talk group, and maintains a collection of resources across the U.S., searchable by zip code and by topic.

## **The Trevor Project**

1-866-488-7386

[www.thetrevorproject.org](http://www.thetrevorproject.org)

A national 24-hour, toll-free suicide prevention hot line designed to serve gay and questioning youth.

## **Youth Resource**

[www.youthresource.com](http://www.youthresource.com)

Information and support for GLBT youth. This site is also a good resource on issues relating to young women, youth of color, depression, safer sex, relationships, and many other topics.

## **Parents, Families and Friends of Lesbians and Gays (PFLAG)**

[www.pflag.org](http://www.pflag.org)

The nation's largest family and ally organization. PFLAG has chapters and members in major urban centers, small cities, and rural areas in all 50 states. The website provides educational materials and maintains a listing of PFLAG chapters, searchable by zip code.

## **Family Acceptance Project**

<http://familyproject.sfsu.edu/>

Works to prevent health and mental health risks for LGBT children and youth in the context of their families, cultures and faith communities. The website includes materials designed to assist families in supporting their LGBT children.

## **Gay-Straight Alliance Network**

<https://gsanetwork.org/sexualhealth>

Provides information about starting a Gay-Straight Alliance in middle and high schools, including educational resources and information about training. They maintain a directory of state-level GSA networks from across the U.S.

## **American Library Association Rainbow Book list**

<http://glbtrt.ala.org/rainbowbooks/>

The Rainbow List is a bibliography of books with significant gay, lesbian, bisexual, transgender or queer/questioning content, and which are aimed at youth from birth through age 18.

# Individual Homework: Sexual Orientation and Gender Identity

---

Name: \_\_\_\_\_

Period: \_\_\_\_\_

Use the *Sexual Orientation and Gender Identity Resources* handout or other resources supplied by your school, family, clinic or library to answer the following questions.

1. Write down the name and phone number of a talk line that LGBTQ teens can call for free and confidential support, factual information and resources.
  
2. Find out if there is a local resource for LGBTQ youth within 25 miles. If so, write down the name and email address. You may use the website below, if needed.
  - Go to the website for the Gay and Lesbian National Hotline: [www.glnh.org](http://www.glnh.org).
  - Click on "Resources."
  - Put in your own zip code or your school's zip code, select "25 miles," and select "youth."
  
3. PFLAG stands for Parents, Families and Friends of Lesbians and Gays. PFLAG has information, resources and support for straight and cisgender people who have LGBTQ people in their lives. Write down the closest PFLAG group to your community.
  - Go to the website for PFLAG: [www.pflag.org](http://www.pflag.org).
  - Click on "Find a Chapter."
  - Select your state or enter a zip code.

# Family Homework: Talking About Sexual Orientation and Gender Identity

---

**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 OK 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:** Do we have any identities in this family you especially want me to be proud of? (for example, race, religion, nationality, heritage, etc.)

**Ask the student:** What identity of yours do you feel especially proud of?

**Ask the adult:** What are good ways to show respect to people who are gay, lesbian, bisexual and transgender?

**Ask the student:** Do you ever see kids your age show disrespect to gay, lesbian, bisexual or transgender people? What do you think should be done to stop it?



---

## Family Homework Confirmation Slip: Talking About Sexual Orientation and Gender Identity

---

Due: \_\_\_\_\_

We have completed the family homework.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of family member or trusted adult

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Signature of student

# Exit Ticket

---

Handout

What is the difference between gender identity and sexual orientation?



## Lesson 2: Assessment Questions

---

1. Which of the following are ways to show respect to a person whose gender identity or sexual orientation is different from yours? Choose all that apply
  - A. Ask them how they identify their sexual orientation or gender identity.
  - B. Respectfully use the words and pronouns they ask you to use.
  - C. Take your best guess about their identity and call them what you think is the right word or pronoun.
  - D. Assume everyone's sexual orientation and gender identity is the same as yours.
  
2. Thinking about the scenario we read in class today about James and his friend Samuel, answer the following questions:
  - A. When James heard anti-gay comments at his school, how did it affect him?
  
  
  
  
  
  
  
  
  
  
  - B. Samuel was straight and cisgender, and was good friends with James, who is gay and possibly transgender. In the scenario, what things did Samuel learn or get to do as a result of his friendship with James?

## Lesson 2: Assessment Key and Standards Alignment

Question	Answer	Standards
<p>1. Which of the following are ways to show respect to a person whose gender identity or sexual orientation is different from yours? Choose all that apply.</p> <p>A. Ask them how they identify their sexual orientation or gender identity.</p> <p>B. Respectfully use the words and pronouns they ask you to use.</p> <p>C. Take your best guess about their identity and call them what you think is the right word or pronoun.</p> <p>D. Assume everyone's sexual orientation and gender identity is the same as yours.</p>	A & B	<p>NHES: SH1.8.36 SH4.8.6</p> <p>NSES: ID.8.IC.1 PS.8.SM.1</p>
<p>2. Thinking about the scenario we read in class today about James and his friend Samuel, answer the following questions:</p> <p>A. When James heard anti-gay comments at his school, how did it affect him?</p> <p>B. Samuel was straight and cisgender, and was good friends with James, who is gay and possibly transgender. In the scenario, what things did Samuel learn or get to do as a result of his friendship with James?</p>	<p>Any of the following answers are acceptable:</p> <p>A. He felt lonely, concerned, alone, different.</p> <p>B. Samuel learned about resources in his community; he learned about LGBT history; he was able to go to an event that he might not have thought to go to otherwise; he learned about how to be a good friend.</p>	<p>NHES: SH1.8.33 SH1.8.34 SH1.8.35</p> <p>NSES: PD.8.INF.1</p>
<p><b>Exit Ticket:</b> What is the difference between gender identity and sexual orientation?</p>	<p>Gender identity is whether you identify as male, female, both, neither or somewhere in between; sexual orientation is based on the gender of the people you're attracted to.</p>	<p>NSES: ID.8.CC.1</p>
<p><b>Individual Homework:</b></p> <p>1. Write down the name and phone number of a talk line that LGBTQ teens can call for free and confidential support, factual information and resources.</p> <p>2. Find out if there is a local resource for LGBTQ youth within 25 miles.</p> <p>3. Write down the closest PFLAG group to your community.</p>	<p>Answers will vary by community.</p>	<p>NSES: ID.8.AI.1</p>

# Integrated Learning Activities

---

## **STUDENT GOVERNMENT: Respect for All**

Develop a plan to promote dignity and respect for all people in the school community. Include steps that can be taken to promote the dignity and respect of LGBTQ students, families and school staff. Use information from the Tolerance.org website listed below when creating your plan. Be sure to include items that you can do as a student. If there is a school policy you believe needs to be changed, explain what steps you would take to advocate for its change.  
<http://www.tolerance.org/lgbt-best-practices>

## **HISTORY: Famous LGBT People in History Poster**

Use the website provided below or work with a librarian to find a list of famous LGBTQ people from history. Make a poster about one of those people, using the template provided below as a guide. Make sure to include the following information in your poster: a picture of the person, a few sentences summarizing who they are and why they are important, three significant events from their life, one important fact you learned about them, and at least two resources (such as books or websites) for learning more about them.

To learn more about famous LGBT people in history: <http://gsaday.org/featured/lgbt-straight-allied-history/>

History poster template: <http://printables.scholastic.com/shop/prcontent/Biography-Report-Fill-in-Poster/9780439323239-001>

## **LANGUAGE ARTS: Book Report**

Choose a book featuring an LGBTQ character from the website provided below and write a report. Provide a one paragraph summary of the plot, one or two paragraphs describing the main character and main supporting character(s), and include at least one paragraph explaining how the main character's sexual orientation or gender identity influenced the story.

Young Adult Library Services Association: Guide to YA Novels with LGBTQ Characters:  
<http://www.yalsa.ala.org/thehub/2013/08/06/a-guide-to-ya-novels-with-lgbtq-characters/>

## References

- <sup>1</sup> Snapp, S. D., McGuire, J. K., Sinclair, K. O., Gabrion, K., & Russell, S.T. (2015). LGBTQ-inclusive curricula: Why supportive curricula matter. *Sex Education*, 15, 6, 580–596. DOI: 10.1080/14681811.2015.1042573.
- <sup>2</sup> Robinson, J. P., & Espelage, D. L. (2013). Peer victimization and sexual risk differences between lesbian, gay, bisexual, transgender, or questioning and nontransgender heterosexual youths in grades 7–12. *American Journal of Public Health*, 103, 10, 1810–1819. DOI:10.2105/AJPH.2013.301387.
- <sup>3</sup> Pingel, E., Thomas, L., Harmell, C., & Bauermeister, J. (2013). Creating comprehensive, youth centered, culturally appropriate sex education: What do young gay, bisexual, and questioning men want? *Sexuality Research and Social Policy*, 10, 4, 293–301. DOI:10.1007/s13178-013-0134-5.
- <sup>4</sup> Hillier, L., & Mitchell, A. (2008). “It was as useful as a chocolate kettle”: Sex education in the lives of same-sex-attracted young people in Australia. *Sex Education*, 8, 2, 211–224. DOI:10.1080/14681810801981258.
- <sup>5</sup> Floyd, F., & Bakeman, R. (2006). Coming-out across the life course: Implications of age and historical context. *Archives of Sexual Behavior*, 35, 3, 287–296. DOI:10.1007/s10508-006-9022-x.
- <sup>6</sup> Schalet, A., Santelli, J., Russell, S., et al. (2014). Invited commentary: Broadening the evidence for adolescent sexual and reproductive health and education in the United States. *Journal of Youth and Adolescence*, 43, 10, 1595–1610. DOI:10.1007/s10964-014-0178-8.
- <sup>7</sup> Romero, A. J., Edwards, L. M., Fryberg, S. A., & Orduña, M. (2014). Resilience to discrimination stress across ethnic identity stages of development. *Journal of Applied Social Psychology*, 44, 1–11. DOI: 10.1111/jasp.12192.
- <sup>8</sup> Singh, A. A., Hays, D. H., & Watson, L. S. (2011). Strength in the face of adversity: Resilience strategies of transgender individuals. *Journal of Counseling and Development*, 89, 1, 20–27.
- <sup>9</sup> Toro-Alfonso, J., Diaz, N. V., et al. (2006). Strengths and vulnerabilities of a sample of gay and bisexual male adolescents in Puerto Rico. *Interamerican Journal of Psychology*, 40, 59–68.
- <sup>10</sup> Harper, G. W., Brodsky, A., & Bruce, D. (2012). What's good about being gay?: Perspectives from youth. *Journal of LGBT Youth*, 9, 1, 22–41. DOI:10.1080/19361653.2012.628230.
- <sup>11</sup> Goldman, J. (2011). An exploration in Health Education of an integrated theoretical basis for Sexuality Education pedagogies for young people. *Health Education Research*, 26, 3, 526–541. DOI:10.1093/her/cyq084.
- <sup>12</sup> Young, A. (2011). LGBT students want educators to speak up for them. *Phi Delta Kappan*, 93, 2, 35–37. DOI:10.1177/0031721711109300208.
- <sup>13</sup> Snapp, S., Burdge, H., Licona, A., Moody, R., & Russell, S. (2015). Students' perspectives on LGBTQ-inclusive curriculum. *Equity & Excellence in Education*, 48, 2, 249–265. DOI:10.1080/10665684.2015.1025614.

# Rules of Dating

Grade 6–8, Lesson 3

## Summary

---

Students brainstorm common behaviors, both positive and negative, for each step of dating. Acting as the Presidential Teen Dating Commission, they work in small groups to develop dating rules that would result in healthier relationships. Students vote for their favorite new rules, setting positive norms for healthy dating behaviors.

## Student Learning Objectives

---

The student will be able to ...

1. Explain the qualities of a healthy dating relationship.
2. Collaborate with others to advocate for safe, respectful and equitable relationships.

## Lesson Timing

---

Warm up	Bell work + 3 minutes
Introduce topic	2 minutes
Brainstorm and debrief dating behaviors	12 minutes
Review state laws on relationships and sex	5 minutes
Presidential Teen Dating Commission activity	20 minutes
Discuss Dating Commission activity	5 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 OK 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 to enhance health.
SH1.8.2	Explain the qualities of a healthy dating relationship.
SH1.8.4	Describe healthy ways to express affection, love, and friendship.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
SH2.8.6	Analyze how relevant influences of school and community affect sexual health practices, behaviors, and relationships.
SH2.8.8	Analyze how relevant influences of peers affect 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.
SH4.8.1	Demonstrate the effective use of verbal and nonverbal communication skills to promote sexual health and healthy relationships.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.8.1	State a health-enhancing position on a sexual health-related topic, supported with accurate information, to improve the health of others.
SH8.8.4	Collaborate with others to advocate for safe, respectful, and responsible relationships.

**National Sexuality Education Standards**

ID.8.IC.1	Communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations.
ID.8.ADV.1	Develop a plan to promote dignity and respect for all people in the school community.
HR.8.CC.1	Compare and contrast the characteristics of healthy and unhealthy relationships.
HR.8.CC.2	Describe the potential impacts of power differences such as age, status or position within relationships.
HR.8.CC.5	Describe the advantages and disadvantages of communicating using technology and social media.
HR.8.INF.1	Analyze the ways in which friends, family, media, society and culture can influence relationships.
HR.8.IC.1	Demonstrate communication skills that foster healthy relationships.
HR.8.IC.2	Demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others.
PS.8.CC.1	Describe situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence.
PS.8.CC.3	Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched
PS.8.CC.4	Explain why a person who has been raped or sexually assaulted is not at fault
PS.8.SM.1	Describe ways to treat others with dignity and respect.

## **Rationale**

---

### **Sexual Violence Prevention**

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.<sup>1</sup> 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.<sup>2 3 4 5</sup> Moreover, young teens with much older male partners have greatly increased risk of pregnancy.<sup>6 7</sup> 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.<sup>8</sup> FLASH’s sexual violence prevention lessons address the risk factors for perpetration identified by the CDC<sup>9</sup> 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.

Focusing prevention efforts in early adolescence is a strategic and necessary approach. Rates of reported rape and sexual assault peak in adolescence.<sup>10</sup> Middle school students are just beginning to have romantic relationships, and their dating behavior and norms are characterized by risk factors for sexual violence identified by the CDC.<sup>11</sup>

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.<sup>12</sup> 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).<sup>13</sup> 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.<sup>14</sup> 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.

### **Rules of Dating**

Qualitative research with middle school students demonstrates the connection between sexual violence, rigid gender expectations in dating, and early adolescents’ harmful responses to breaking up.<sup>15</sup> *Rules of Dating* focuses heavily on resetting these social norms. Students create rules of dating that are equal and fair for all youth and not based on gender, and these rules are posted in the classroom. The lesson also normalizes breaking up as an expected stage of dating for teens, with the intent of reducing the emotional and verbal abuse that commonly follows.



## **Materials Needed**

---

### **Student Materials**

- *Presidential Teen Dating Commission Worksheet*
- *Individual Homework: The Most Helpful Rule of Dating*
- *Family Homework: Talking About Dating*, available in multiple languages on the FLASH website
- *Lesson 3 Exit Ticket*

### **Classroom Materials**

- *Lesson 3 Warm Up*
- *Steps of Dating Visual*
- *United States Laws on Relationships and Sex Visual*, or use links to adapt the visual for your specific state. In Washington State, use *Washington State* version.
- *Creating Rules for Dating Visual*
- Easel paper
- Blank quarter sheets of paper or index cards
- Dot stickers
- Tape

### **Teacher Materials**

- Appendix 2: Laws Relevant to a Sexual Health Unit

## **Teacher Preparation**

---

1. Post 4 newsprints around the room with the following titles: Put small pieces of tape next to each piece of newsprint.
  1. Asking someone out
  2. Dating
  3. Breaking up
  4. General rules for dating
2. Prepare Visuals for document camera or projector.

## Activities

---

### 1. Warm Up

Display warm up as bell work.

**Prompt:** Describe one characteristic of a healthy dating relationship. Then explain why you think this quality would be important. (1 to 2 sentences)

### 2. Introduce topic

*Today we are going to look more closely at dating. I know that some of you are already dating, or are interested in dating, and some of you are not. Of course, even people who are not dating can still have ideas and opinions about it. Sometimes families have rules about dating, such as how old you have to be before you can date, if you have to date in groups or always have an adult with you. In this lesson, you are going to have a chance to make some rules of your own about how you think people should act with each other when they are dating.*

### 3. Brainstorm and discuss dating behaviors

Display and read the *Steps of Dating Visual*. Lead the class in a brainstorm of common behaviors, both positive and negative, for each step of dating, and write their ideas on newsprint. Focus on behaviors, not feelings. If students describe a behavior with the person's gender (e.g. "boys ask girls for their number"), write it down verbatim. After brainstorming all 3 steps, have students identify any brainstorm items that seem to be more common behaviors for boys or for girls.

*Let's start by talking about what dating really looks like. Dating usually has 3 main events: (1) asking someone out or getting together, (2) dating or going out, and (3) breaking up. At some point when they are older, probably after high school, a person may meet someone who they want to spend the rest of their life with, and they may never break up. However, for most relationships, these are the three main steps.*

*We are going to create a list of common behaviors for each step of dating. This is not a list of what people "should" do, but rather what you have seen or heard of people actually doing, both good and problematic.*

Step 1: Asking someone out or getting together

- *How do people ask each other out? How do they get together?*
- *What sorts of things do they do or say to each other?*

*If students say "flirting," prompt for concrete detail: How would you know someone was flirting? What would they say or do?*

Step 2: Dating or going out

- *What sorts of things do two people do together when they're dating?*
- *How do they treat each other?*
- *How do they talk to other people about their boyfriend or girlfriend?*

Step 3: Breaking up

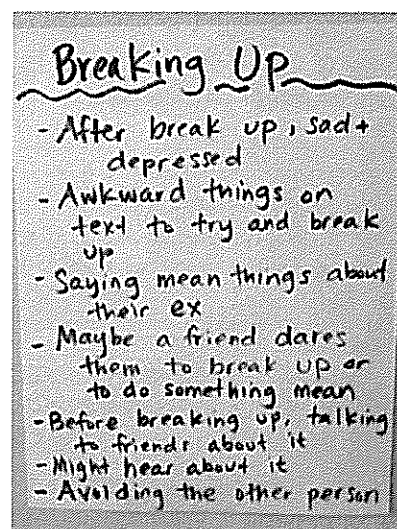
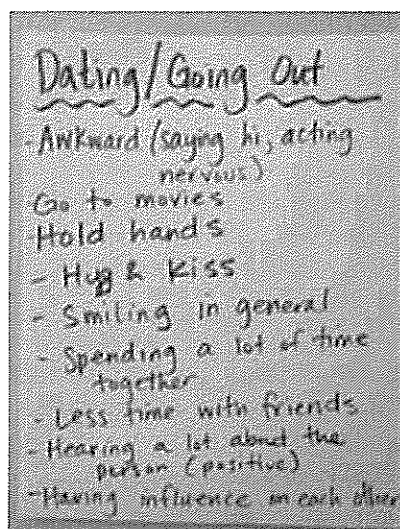
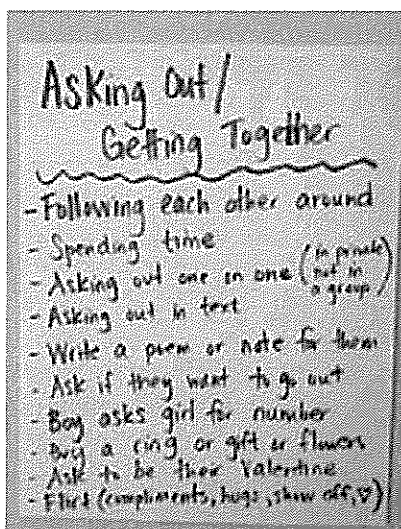
- How do people break up with each other?
- How do they talk about their ex to other people?
- What sorts of specific behaviors would you see?

Help students focus on the act of breaking up or the immediate aftermath.

Take a look at these lists. Do all people usually do these things, or are some of them more likely for only boys or only girls? Point out brainstorm items that already include gender, if any. Make a notation next to additional items that students identify.

This is not surprising because in our society there are often different expectations of people depending on their gender—whether they are a boy or a girl. When we write our own rules, we will have a chance to make rules that are more fair for everyone.

#### Examples of student brainstorms



#### 4. Review state laws on relationships and sex

Display and read the *United States or Washington State Laws on Relationships and Sex Visual*.

Now we are going to talk about some of the rules that people need to follow about relationships and sex. First we are going to see our state (or U.S.) laws.

Read the visual.

These laws are very important in keeping people safe from sexual assault and abuse, but they don't go very far in teaching people how to have happy, healthy relationships. That is going to be your job in the next activity!

#### 5. Conduct Presidential Teen Dating Commission activity

Ask the class to describe what it means for a rule to be fair.

*The idea of fairness is important to the rest of the lesson. Can someone tell me: what does it mean for a rule to be fair?*

*Right, it applies the same to everyone. It is not biased in favor of one person or group of people.*

Project and read the *Creating Rules for Dating Visual*.

*I want you all to imagine that you have been appointed by the President of the United States to the Presidential Teen Dating Commission. Your job on the commission is to create a set of dating rules for teens so that they can have happier, healthier dating relationships. There are a few things you should keep in mind as you are creating your rules.*

Distribute the *Presidential Teen Dating Commission Worksheet*. Divide students into groups of 4-6. Have each group work together to write at least one rule for each of the dating steps on their worksheet.

*I'm going to divide you into small groups. Each group should write at least 3 rules: one rule for each dating step. Try to make them complete, well-written rules that anyone could follow. The guidelines we just reviewed will help you. Write the rules that your whole group agrees upon on your handout. There's also a place for any other general dating rules you can think of.*

After 5 minutes, give each group 4 sheets of blank paper and markers. Tell the groups to legibly write one rule per sheet, and tape their sheets to the corresponding newsprint posted around the room. Keep the pace quick.

*I would like your group to write each rule you have come up with on an individual piece of paper. Please write big and clearly because others will be reading these. Then, tape your individual rules on the poster where they belong. For example, you will tape your rule for "Asking Someone Out" onto the poster titled "Asking Someone Out." You will see pieces of tape to use next to each poster. When you are done, please return to your seats.*

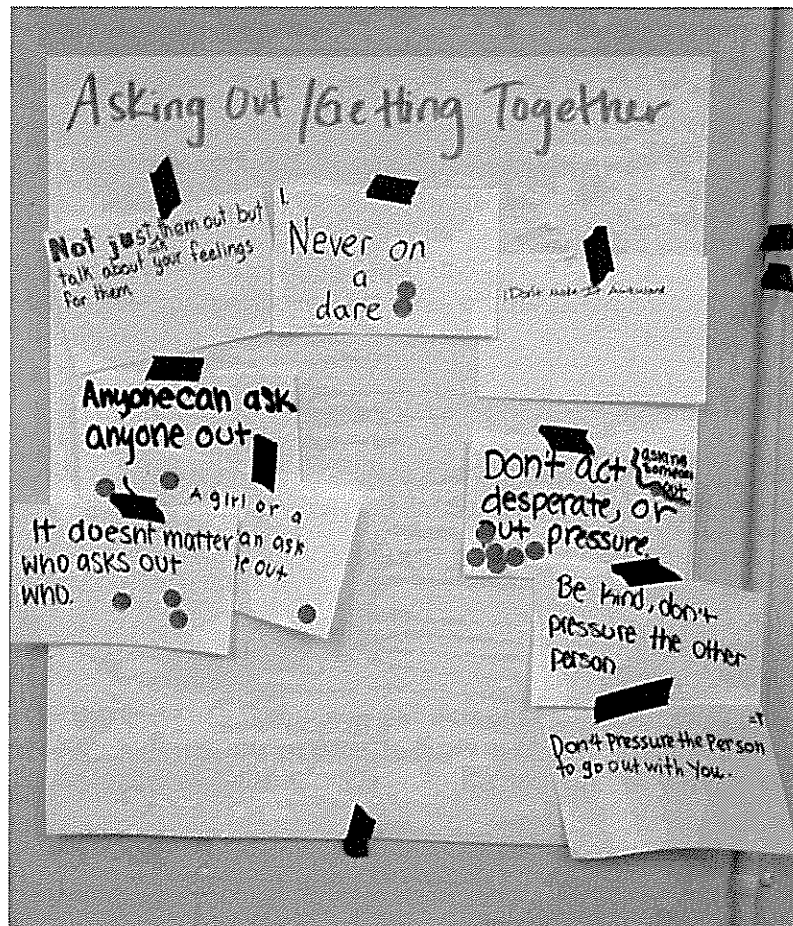
Review and cluster the rules, observing common themes.

*I'm going to read each of the rules and see if we have some similarities. Please pay attention because as soon as I'm done reading you will be voting on your favorite rules.*

Give each student two dot stickers to place on their favorite rules. Continue to keep the pace quick.

*Now it is time for the Presidential Teen Dating Commission to vote! You have two stickers and one minute to vote. You can vote for your two favorite rules by putting a sticker next to the rule on the paper. It is OK if you want to vote for your own rule. Ready, set go!*

Example of clustering similar rules and voting with stickers



## 6. Debrief top-scoring rules with focus on key concepts

Walk around the room and read the top scoring rule from each category, or have students read the top scoring rules. If two rules are tied or close in votes, read both. Praise students for their smart rules.

Ask students:

- *If these rules were followed by everyone, how would relationships be different than the ones you see now?*
- *How would people feel in their relationships?*
- *There is research that shows that abuse can happen even in middle school relationships, while dating and while breaking up. Would following these rules help that problem? Why?*

Summarize.

*It is very helpful for you to be thinking at this age about what a good relationship would look like, because we all have choices about how we treat others. Planning ahead, like you all have done here, increases the likelihood that you will make good choices about the way you treat others. It will also help you recognize if you have a friend who is not treating others well, or who is being abused. I appreciate all of your hard work today, and I appreciate the great rules that the Teen Dating Commission has voted on!*

After class, make a poster of the top scoring rules to display for the rest of the unit or session. This can also be an enrichment activity for students to create.

## **7. Assign homework**

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

*Individual Homework: The Most Helpful Rule of Dating*

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

## **8. Exit Ticket**

Hand out the *Lesson 3 Exit Ticket*.

**Question:** Write one rule for how to behave toward an ex-boyfriend or ex-girlfriend after a break-up. The rule must be fair (it is the same for everyone) and must help ensure that the other person is treated with respect. It can be a rule that was discussed in class today or a new one.

**Answer:** Any rule that satisfies the criteria of fair and respectful.

# Warm Up

---

Visual

Describe one characteristic of a healthy dating relationship. Then write 1 or 2 sentences to explain why you think this quality is important.

# Steps of Dating

---

Visual

1

**Asking Someone Out or  
Getting Together**

2

**Dating or  
Going Out**

3

**Breaking Up**



# Washington State Laws on Relationships and Sex

---

Visual

1. A person has to be at least 18 years old to get married.
2. A person can get married to someone of any gender.
3. If two people have sex or engage in sexual touch, they have to both give consent to each other, which means permission.

If a person who is drunk or high gives consent to have sex, it does not legally count as consent. The person they have sex with will get in trouble.

It is never allowed to have sex with a person who is passed out, asleep or unconscious, even if the person consented to sex in the past. Consent needs to be freely given each time.

4. At age 16, a person can legally give their permission to have sex.
5. If someone under the age of 16 chooses to have sex or engage in sexual touch, they can only legally consent to someone who is close in age.

The only way a person can make sure they are following the law is to never sexually touch or get in a relationship with someone who is more than 2 years younger than them.

If an older and a younger person have sex, the older person is the one breaking the law, and will be in trouble.

6. Anyone who is in a position of power, such as a teacher, coach or boss, cannot have sexual contact with a youth or student they supervise, no matter how they met.

# United States Laws on Relationships and Sex

---

Visual

1. A person has to be at least 18 years old to get married in most states.
2. A person can get married to someone of any gender.
3. If two people have sex or engage in sexual touch, they have to both give consent to each other, which means permission.

If a person who is drunk or high gives consent to have sex, it does not legally count as consent in most states. The person they have sex with will get in trouble.

It is never allowed to have sex with a person who is passed out, asleep or unconscious, even if the person gave consent in the past. Consent needs to be freely given each time.

4. A person can legally give their permission to have sex at age 16, 17 or 18, depending on their state. The laws for people who are younger than this and who choose to have sex or engage in sexual touch are different depending on the state they live in.
5. Anyone who is in a position of power, like a teacher, coach or boss, cannot have sexual contact with a youth or student they supervise, no matter how they met.
6. Information about individual state laws:

Sexual assault and abuse

[www.rainn.org/public-policy/laws-in-your-state](http://www.rainn.org/public-policy/laws-in-your-state)

Age of marriage

[www.law.cornell.edu.wex.table\\_marriage](http://www.law.cornell.edu/wex/table_marriage)

# Creating Rules for Dating

---

Visual

You have been appointed by the President of the United States to the Presidential Teen Dating Commission. Your job is to create dating rules for teens.

The rules you create must meet the following criteria:

- The rules must be completely fair.
- Every rule must work for everyone, including people of all sexual orientations, gender identities, cultures, races, religions, economic levels, etc.
- The rules should promote respect and fairness between the people who are dating.
- The rules can't cause harm to anyone.
- There must be at least one rule for each step of dating.

These rules should cover many topics and situations, such as:

- How people talk to each other
- How people talk to others about their boyfriend or girlfriend
- How people show physical affection to their boyfriend or girlfriend
- How people make decisions on what they are going to do
- How people handle disagreements
- How people handle someone telling them No

# Presidential Teen Dating Commission

## Worksheet

**Instructions:** You have been appointed by the President of the United States to the Presidential Teen Dating Commission. Your job is to create a set of dating rules for teens, so that they can have happier, healthier dating relationships. The rules you create must meet the following guidelines:

- ☐ The rules must be completely fair.
- ☐ Every rule must work for everyone, including people of all sexual orientations, gender identities, cultures, races, religions, economic levels, etc.
- ☐ The rules should promote respect and fairness between the people who are dating.
- ☐ The rules can't cause harm to anyone.
- ☐ There must be at least one rule for each step of dating.

### 1. Asking Someone Out or Getting Together

### 2. Dating or Going Out

### 3. Breaking Up

### 4. General Rules for Dating (*optional*)

# Individual Homework: The Most Helpful Rule of Dating

---

Name: \_\_\_\_\_

Period: \_\_\_\_\_

1. In class we discussed many new rules for dating to help people have happier and healthier relationships. If you could choose only one rule, which one do you think would help the most teens? The rule can cover any dating situation.
2. Give at least two reasons you think this rule would be helpful.

# Family Homework: Talking About Dating

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

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

**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 OK 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:** Families have different ideas about dating. What do you think are the advantages and disadvantages of teens dating?

**Ask the student:** Are there any other advantages or disadvantages of teens dating that I didn't think of?

**Ask the adult:** Today in class we made up new rules for dating that would result in healthier relationships and people treating each other with more respect. If you could make up one rule for all teens and young adults to follow about dating, what would it be?

**Ask the student:** If *you* could make up one rule for all teens and young adults to follow about dating, what would it be?



## Family Homework Confirmation Slip: Talking About Dating

Due: \_\_\_\_\_

We have completed the family homework.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of family member or trusted adult

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Signature of student

# Exit Ticket

---

Handout

Write one rule for how to behave toward an ex-boyfriend or ex-girlfriend after a break-up.

The rule must be fair (it is the same for everyone) and must help ensure that the other person is treated with respect.

It can be a rule that was discussed in class today or a new one.

## Lesson 3: Assessment Questions

---

1. There are situations when it is illegal to have sex, even if both people want to have sex with each other. Circle the examples below in which sex would be against the law.
  - A. 10<sup>th</sup> grade student and teacher
  - B. Two 12<sup>th</sup> grade students
  - C. 8<sup>th</sup> grade student and 12<sup>th</sup> grade student
  
2. Kyle and Sasha have been going out for a month, but Kyle doesn't want to date Sasha any more. Describe how Kyle can break up with Sasha in a way that treats Sasha with respect?
  
  
  
  
  
  
  
  
  
  
3. Which of the following ways to ask someone out are signs of healthy dating relationship?
  - A. Be persistent. Refuse to take no for an answer.
  - B. Ask someone out one on one.
  - C. Follow the person around during school and after school.
  - D. Have a friend ask the person for you if you're shy.



## Lesson 3: Assessment Key and Standards Alignment

Question	Answer	Standards
1. There are situations when it is illegal to have sex, even if both people want to have sex with each other. Circle the examples below in which sex would be against the law.  A. 10 <sup>th</sup> grade student and teacher B. Two 12 <sup>th</sup> grade students C. 8 <sup>th</sup> grade student and 12 <sup>th</sup> grade student	A and C	NSES: HR.8.CC.2 PS.8.CC.1
2. Kyle and Sasha have been going out for a month, but Kyle doesn't want to date Sasha any more. Describe how Kyle can break up with Sasha in a way that treats Sasha with respect?	Any example that demonstrates respectful behavior is acceptable	NHES: SH4.8.1  NSES: HR.8.IC.1 HR.8.IC.2 PS.8.SM.1
3. Which of the following ways to ask someone out are signs of a healthy dating relationship?  A. Be persistent. Refuse to take no for an answer. B. Ask someone out one on one. C. Follow the person around during school and after school. D. Ask a friend to ask the person for you.	B	NHES: SH1.8.4 SH4.8.1  NSES: HR.8.CC.1 HR.8.IC.1 PS.8.SM.1
<b>Exit Ticket:</b> <ul style="list-style-type: none"> <li>Write one rule for how to behave toward an ex-boyfriend or ex-girlfriend after a break-up.</li> <li>The rule must be fair (it is the same for everyone) and must help ensure that the other person is treated with respect.</li> <li>It can be a rule that was discussed in class today or a new one.</li> </ul>	Any rule that promotes respectful behavior or discourages negative behavior is acceptable	NHES: SH1.8.2 SH8.8.1  NSES: ID.8.ADV.1 PS.8.SM.1
<b>Individual Homework:</b> 1. In class we discussed many new rules for dating to help people have happier and healthier relationships. If you could choose only one rule, which one do you think would help the most teens? The rule can cover any dating situation. 2. Give it at least two reasons you think this rule would be helpful.	Any rule and supporting reasoning that promotes respectful behavior or discourages negative behavior is acceptable	NHES: SH1.8.2 SH8.8.1  NSES: ID.8.ADV.1 PS.8.SM.1

<b>Family Homework</b>		NHES: SH1.8.2 SH8.8.1  NSES: ID.8.ADV.1 PS.8.SM.1
------------------------	--	---

# Integrated Learning Activities

---

## **SOCIAL STUDIES: Dating Interview**

Interview someone at least 50 years older than you about how they think dating has changed since they were a teen or young adult. Ask them about their observations. Have they noticed changes in dating in the world around them—family, TV, movies, etc.? It doesn't matter whether or not they ever dated; the purpose is not to ask about their personal dating experiences. Write a paragraph about the ways dating has changed and/or remained the same. Be sure to include where the person lived (state or country) when they were a teen.

## References

- <sup>1</sup> 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.
- <sup>2</sup> Landry, D.J., & Forrest, J.D. (1995). How old are U.S. fathers? *Family Planning Perspectives*, 27, 159-161 & 165.
- <sup>3</sup> 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.
- <sup>4</sup> 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.
- <sup>5</sup> 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.
- <sup>6</sup> Saul, R. (1999). Using—and misusing—data on age differences between minors and their sexual partners. *Guttmacher Report on Public Policy*, 2, 4.
- <sup>7</sup> 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.
- <sup>8</sup> 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.
- <sup>9</sup> Centers for Disease Control and Prevention. Division of Violence Prevention. [www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html](http://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html). Accessed 5/4/2016.
- <sup>10</sup> Planty, M., Langton, L., et al. (2013). Female victims of sexual violence, 1994-2010. U.S. Department of Justice, Bureau of Justice Statistics.
- <sup>11</sup> Noonan, R., & Charles, D. (2009). Developing teen dating violence prevention strategies: Formative research with middle school youth. *Violence Against Women*, 15, 1087-1105.
- <sup>12</sup> 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.
- <sup>13</sup> 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.
- <sup>14</sup> 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.
- <sup>15</sup> Noonan, R., & Charles, D. (2009). Developing teen dating violence prevention strategies: Formative research with middle school youth. *Violence Against Women*, 15, 1087-1105.

# Saying No

Grade 6–8, Lesson 4

## 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 sexual abstinence as it relates to pregnancy and STD prevention.
2. Demonstrate effective peer refusal skills to avoid sexual risk behaviors.

## Lesson Timing

---

Warm up	Bell work + 2 minutes
Definition of abstinence	5 minutes
Refusal skills	10 minutes
Refusal skill scenario – large group	10 minutes
Refusal skill 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 or vaginal sex.

Most high school students are abstinent.

Choosing abstinence 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 lives, whether or not they have had sex before.

## **Standards**

---

### **National Health Education Standards (SHECAT)**

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.7	Determine the benefits of being sexually abstinent.
SH1.8.9	Describe why sexual abstinence is the safest, most effective risk avoidance method of protection from HIV, other STDs, and pregnancy.
SH1.8.10	Describe the factors that contribute to engaging in sexual risk behaviors.
SH1.8.12	Explain the importance of setting personal limits to avoid sexual risk behaviors.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
SH2.8.1	Explain how perceptions of norms influence healthy and unhealthy sexual 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.
SH4.8.1	Demonstrate the effective use of verbal and nonverbal communication skills to promote sexual health and healthy relationships.
SH4.8.3	Demonstrate effective peer resistance skills to avoid or reduce sexual risk behaviors.
SH4.8.4	Demonstrate effective negotiation skills to avoid or reduce sexual risk behaviors.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.8.2	Determine when potentially risky sexual health-related situations require a decision.
SH5.8.7	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.
SH7.8.1	Explain the importance of being responsible for practicing sexual abstinence.

### **National Sexuality Education Standards**

PR.8.CC.2	Define sexual abstinence as it relates to pregnancy prevention.
PR.8.IC.1	Demonstrate the use of effective communication skills to support one's decision to abstain from sexual behaviors.
PR.8.IC.2	Demonstrate the use of effective communication and negotiation skills about the use of contraception including abstinence and condoms.
SH.8.IC.1	Demonstrate the use of effective communication skills to reduce or eliminate risk for STDs, including HIV.
PS.8.CC.3	Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched.
PS.8.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, and is especially important in middle school, when most young people are not yet sexually active. 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, based on recommendations from recent research on effective abstinence education.<sup>1 2 3</sup>

This lesson is a part of the abstinence series in FLASH, which teaches refusal skills at all grade levels. Students apply and practice these skills with age appropriate scenarios, beginning in elementary school with friendship scenarios and progressing toward scenarios involving sexual content and dating situations. The lesson format and the specific refusal skills taught are purposefully the same in all FLASH lessons.

Research has shown that many existing 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.<sup>4</sup> Some actually decrease contraception and condom use when teens do have sex, and decrease the likelihood of STD testing and treatment.<sup>5 6 7</sup> 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.<sup>1</sup>

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*
- *Scenario B: Levi and Gabrielle (partially scripted)*
- *Scenario C: Rebecca and Jackson*
- *Scenario D: Maria and Stephanie*
- *Scenario E: Marquis and Andre*
- *Individual Homework: Saying No*
- *Family Homework: Saying No*, available in multiple languages on the FLASH website
- *Lesson 4 Exit Ticket*

### **Classroom Materials**

- *Lesson 4 Warm Up*
- *Refusal Skills Visual*
- *Scenario A: Levi and Gabrielle (fully scripted)*, 2 copies for demonstration

## **Teacher Preparation**

---

1. Prepare Visual for document camera or projector.

## Activities

---

### 1. Warm Up

Display warm up as bell work.

**Prompt:** Research shows that only a little more than 10% of middle school students in the U.S. have ever had sex.

Below are some of the benefits of choosing abstinence. Please choose the one benefit that you think is best, or most important, and explain why you chose it.

### 2. Define abstinence and discuss how common it is among teens

*Today we are going to discuss abstinence. Can someone define abstinence? (Allow students time to give their own definitions of abstinence and validate them.)*

*There are lots of ways to think about abstinence. The definition we are going to use at school is that abstinence means not having vaginal, anal or oral sex. Just to remind you, vaginal sex is when a penis goes in someone's vagina, anal sex is when a penis goes in someone's anus (their butt), and oral sex is when one person's mouth goes on another person's penis or vagina.*

*Why do you think it's important that we talk about abstinence? (Any answers that support positive attitudes and peer norms are good.) Exactly. When people don't have vaginal, anal or oral sex, they don't have to worry about pregnancy or STDs.*

*Lots of people don't know how common it really is for teens to choose abstinence. Did you know that most middle school students and even most high school students are abstinent? Sometimes it seems like everyone is having sex, when really that isn't true.*

*People of every sexual orientation and gender identity choose abstinence, including gay, lesbian, bisexual and straight people, and people who are transgender and cisgender. And, adults and teens both choose abstinence at different points in their life, even after they've already had sex.*

### 3. Teach refusal skills

Tell students they will be learning about how to say no in a variety of situations. Brainstorm ways to be clear when saying no. Show students the *Refusal Skills Visual* and read through it as a class, giving a brief explanation of each step. Discuss that forcing or pressuring someone to have sex is always wrong.

*It's important to start learning now about how to communicate with boyfriends or girlfriends, whether you are already dating or not. Today we are going to practice, because it's something that everyone will need to do at some point.*

*I want to be really clear that people always have to listen when another person says no, no matter how they say it. It is never OK to force or pressure someone into having sex or into any kind of sexual touch. It is always the fault of the person who forced or*

*pressured them, and it is always wrong.*

*In this lesson, we are going to assume that you like the person you are saying no to, and you want to continue hanging out with them, but you don't want to have sex with them. We are going to practice it this way because those are the times when it will feel harder to say no.*

*These are the steps you are going to use today when you practice saying no. In real life you might not always use all these steps, but practicing them today will help you so you can use any of them when you need to.*

**1. Say no.**

*Clearly say that you do not want to have sex.*

**2. Explain why.**

*For example, "I don't want to get pregnant," or "I'm not ready to have sex."*

**3. Suggest an alternative.**

*Suggest something else that you two can do instead. For example, "I think that we should go outside now."*

**4. Leave if you need or want to.**

*Sometimes one person may not respect the other person's no. At that point, it's important to get out of the situation or get help from someone else.*

**4. Refusal skills scenarios – large group**

Introduce scenarios and do a large group demonstration of refusal skills by having two volunteers read Scenario A.

Then have all students practice refusal skills by writing new lines for Levi in Scenario B. Remind students that Levi likes Gabrielle and wants to continue going out with her, but doesn't want to have sex with her.

Have one volunteer read Gabrielle's lines and invite several students to share their lines for Levi with the whole class as you are reading through the scenario.

*Now let's practice the refusal skills through a series of scenarios. The first scenario we will do as a class. It is scripted and I will need two volunteers to read the script.*

*Thanks! Now we will all have a chance to make up some lines for Levi.*

**5. Refusal skills scenarios – small group**

Introduce the small-group scenario practice. Pass out and review the *Refusal Skills Checklist*.

Break the class into small groups with three people per group. Each small group will practice with all three scenarios (Scenarios C, D and E). For each scenario, one person will be the asker, one person will be the refuser, and one person will fill out the *Refusal Skills*

*Checklist* while they observe. Give students 10 minutes to fill in lines for all three scenarios. Every student fills in the lines for all three scenarios, even though they will only be reading one of them in their small group.

Remind the class that the person playing the refuser likes the asker and wants to continue hanging out with them, even though they want to say no to them.

In each group, each member takes a turn being the asker, the refuser and the observer. After reading each scenario out loud with the new lines written by the refuser, everyone will switch roles and do another scenario, so that each person gets the opportunity to be in each role. The purpose is for everyone to practice refusal skills and to hear good refusal skills.

Debrief as a large group after all groups have finished, debriefing each scenario one at a time. Ask volunteers from a few of the groups to give examples of the refusal skills that they came up with or observed. Validate all of the refusal language. Conclude the lesson by praising the students' effort and skill.

## **6. Assign homework**

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

*Individual Homework: Saying No*

*Family Homework: Saying No*, available in multiple languages on the FLASH website

## **7. Exit ticket**

Hand out the *Lesson 4 Exit Ticket*.

**Prompt:** You learned today that most middle and high school students are not having sex. How can that information make it easier for someone to choose not to have sex?

**Answer:** Any answer that provides a rationale for how this information makes it easier to abstain is acceptable.

# Warm Up

---

Visual

Research shows that only a little more than 10% of middle school students in the U.S. have ever had sex.

Below are some of the benefits of choosing abstinence. Please choose the one benefit that you think is best, or most important, and explain why you chose it.

- Choosing abstinence means a person does not have to worry about pregnancy or STDs.
- Choosing abstinence can help a person focus on other things that are important to them, like school, sports, friends or family.
- Choosing abstinence helps a person not have sex until the time is right for them.
- Choosing abstinence can help a person stick to values that are important to them.
- Choosing abstinence can help a couple get to know one another better before they decide to have sex.

# Refusal Skills

---

Visual

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

# Refusal Skills Checklist

Handout

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

	<b>Scenario B</b> Levi and Gabrielle	<b>Scenario C</b> Rebecca and Jackson	<b>Scenario D</b> Maria and Stephanie	<b>Scenario E</b> Marquis and Andre
Says NO (or states that he/she does not want to have sex).	_____	_____	_____	_____
Is clear.	_____	_____	_____	_____
Explains why.	_____	_____	_____	_____
Suggests an alternative.	_____	_____	_____	_____

# Refusal Skills Scenario A

---

Handout

## Fully Scripted (for Class Demonstration)

Levi and Gabrielle have been dating for 2 weeks. They have talked and decided they were not going to have sex. Levi is not ready to have sex and is really scared about getting someone pregnant.

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

**Gabrielle:** I really like you and I think you're so hot. I know that we already decided not 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.

**Levi:** I like you, too, and it's cool hanging out. And I want to kiss you, but I don't want to have sex.

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

**Levi:** Gabrielle, I don't want to have sex. I'm not ready to have sex and I don't want to get you pregnant.

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

**Levi:** 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.

**Gabriel:** OK. I'm sorry I pressured you.



# Refusal Skills Scenario B

Handout

## Partially Scripted (for Large-Group Practice)

Levi and Gabrielle have been dating for 2 weeks. They have talked and decided they were not going to have sex. Levi is not ready to have sex and is really scared about getting someone pregnant.

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

**Gabrielle:** I really like you and I think you're so hot. I know that we already decided not 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.

**Levi:** \_\_\_\_\_  
\_\_\_\_\_

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

**Levi:** \_\_\_\_\_  
\_\_\_\_\_

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

**Levi:** \_\_\_\_\_  
\_\_\_\_\_

**Gabrielle:** OK. I'm sorry I pressured you.

# Refusal Skills Scenario C

---

Handout

## Small-Group Practice

Rebecca and Jun are eighth grade girls who live on the same street. Jun invited Rebecca over to hang out on a Friday night and keep her company while her older brother has some friends over. Rebecca didn't know that the older teens would be there and that they would be drinking. Jackson, a boy from school is there. He offers Rebecca a beer. Rebecca does not want to drink. She doesn't like the taste of beer and doesn't want to get in trouble when she goes home.

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

**Rebecca:** \_\_\_\_\_  
\_\_\_\_\_

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

**Rebecca:** \_\_\_\_\_  
\_\_\_\_\_

**Jackson:** Really? It's just one beer!

**Rebecca:** \_\_\_\_\_  
\_\_\_\_\_

**Jackson:** OK, that's cool. Do you want a soda?

# Refusal Skills Scenario D

Handout

## Small-Group Practice

Maria, an 8th grade girl, is hanging out at the mall after school with some friends. Stephanie, a high school girl, just stopped by with some friends. Maria thinks that Stephanie is really cute and is very flattered when Stephanie starts talking to her and flirting with her. Maria is not allowed to date yet, and her parents would definitely not let her date someone in high school.

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

**Maria:** \_\_\_\_\_  
\_\_\_\_\_

**Stephanie:** 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.

**Maria:** \_\_\_\_\_  
\_\_\_\_\_

**Stephanie:** 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?

**Maria:** \_\_\_\_\_  
\_\_\_\_\_

**Stephanie:** OK. I understand. Maybe I'll see you at school next year.

# Refusal Skills Scenario E

---

Handout

## Small-Group Practice

Marquis and Andre have been good friends since the 3<sup>rd</sup> grade. Marquis does not want to have sex with his girlfriend, Jasmine. He feels like he is too young to have sex and doesn't want to risk a pregnancy. Even though Andre has never had sex, he is pressuring Marquis to have sex since Marquis has a girlfriend.

**Andre:** I can't believe that you haven't had sex with Jasmine. What are you waiting for?

**Marquis:** \_\_\_\_\_  
\_\_\_\_\_

**Andre:** You better get to it. She is going to wonder why you haven't even tried.

**Marquis:** \_\_\_\_\_  
\_\_\_\_\_

**Andre:** Oh come on. You can't stay a virgin forever!

**Marquis:** \_\_\_\_\_  
\_\_\_\_\_

**Andre:** OK, I get it. That makes sense.

# Individual Homework: Saying No

---

Name: \_\_\_\_\_

Period: \_\_\_\_\_

Write a 300 word paper (1/2 to 1 page) about a time you saw a person say no to someone they cared about in a movie or on a TV show. Did it go well, or not so well? Think about the four steps from our lesson:

- Say no
- Explain why
- Offer an alternative
- Leave if you need or want to

Write about how the person used each of the steps, and whether they did a good job using them. Make sure and mention if they left any of the steps out. Explain what they did that you think made them successful or unsuccessful in saying no. Finally, if they did a good job saying no but the other person did not do a good job of hearing their no, make sure to point that out.

Turn in your paper by \_\_\_\_\_. Include your name and class period at the top of the page.

# Family Homework: Saying No

---

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 OK 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:** What kinds of rules or expectations do you have for me about dating while I am in in middle and high school?

**Ask the adult:** How do you think someone would know it was the "right time" for them to have sex?

**Ask the student:** How do you think someone would know it was the "right time" for them to have sex?



---

## Family Homework Confirmation Slip: Saying No

---

Due: \_\_\_\_\_

We have completed the family homework.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of family member or trusted adult

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Signature of student

# Exit Ticket

---

Handout

You learned today that most middle and high school students are not having sex. How can that information make it easier for someone to choose not to have sex?

## Lesson 4: Assessment Questions

---

1. What are some of the benefits of choosing not to have sex?

2. Following the steps we learned in class, write your own response to the following scenario.

Juanita and David have been dating for 3 weeks. They are hanging out at David's house with his mom and little brother, Tommy. Unexpectedly, Tommy gets sick and starts throwing up, so David's mom takes him to the doctor. Juanita and David find themselves alone in the house. They move to the couch and start to kiss.

**David:** I really like you. I know we already decided not to have sex, but I just didn't think we would ever really get this chance. I think we should do it. You're so hot.

**Juanita:** \_\_\_\_\_  
\_\_\_\_\_

**David:** But this is our one chance. When are we going to get another chance to be alone again? Plus, aren't you having fun?

**Juanita:** \_\_\_\_\_  
\_\_\_\_\_

**David:** Aw, man, I thought you liked me. This would be a great way to express how much we love each other.

**Juanita:** \_\_\_\_\_  
\_\_\_\_\_

**David:** OK. You're right. I respect your decision.



## Lesson 4: Assessment Key and Standards Alignment

Question	Answer	Standards
1. What are some of the benefits of choosing not to have sex?	<ul style="list-style-type: none"> <li>When people don't have vaginal, anal or oral sex, they don't have to worry about pregnancy or STDs.</li> <li>Any other answer that supports positive attitudes about abstinence is acceptable.</li> </ul>	NHES: SH1.8.7 SH1.8.9
<p>2. Following the steps we learned in class, write your own response to the following scenario. Remember to (1) Say no, (2) Explain why, and (3) Offer an alternative. You can also choose to leave if you need or want to.</p> <p>Juanita and David have been dating for 3 weeks. They are hanging out at David's house with his mom and little brother, Tommy. Unexpectedly, Tommy gets sick and starts throwing up so David's mom takes him to the doctor. Juanita and David find themselves alone in the house. They move to the couch and start to kiss.</p> <p><b>David:</b> I really like you. I know we already decided not to have sex, but I just didn't think we would ever really get this chance. I think we should do it. You're so hot.</p> <p><b>Juanita:</b></p> <p><b>David:</b> But this is our one chance. When are we going to get another chance to be alone again? Plus, aren't you having fun?</p> <p><b>Juanita:</b></p> <p><b>David:</b> Aw, man, I thought you liked me. This would be a great way to express how much we love each other.</p> <p><b>Juanita:</b></p> <p><b>David:</b> OK. You're right. I respect your decision.</p>	Any answer in which the student declines and follows the steps is acceptable.	NHES: SH4.8.1 SH4.8.3 SH4.8.4
<p><b>Exit Ticket:</b></p> <p>You learned today that most middle and high school students are not having sex. How can that information make it easier for someone to choose not to have sex?</p>	Any answer that provides a rational for how this information makes it easier to abstain is acceptable.	NHES: SH2.8.1
<b>Individual Homework</b>		NSES: PR.8.IC.1 SH.8.IC.1

# Integrated Learning Activities

---

## **LANGUAGE ARTS: New Dialogue with Refusal Steps**

Working with a text you are already reading for Language Arts, write a short summary of a situation in which one character did not say no but should have, or did not say no effectively. Then script the dialogue between the characters using the refusal skills steps. For example, if Romeo had declined to marry Juliet after she proposed to him (Act 2, Scene 2), how would he say no, explain why and offer an alternative?

## References

---

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Alford, S. (2008). *Science and success, second edition: Programs that work to prevent teen pregnancy, HIV & sexually transmitted infections*. Washington, DC: Advocates for Youth.

<sup>4</sup> Kirby, D. (2007). *Emerging answers 2007: Research findings on programs to reduce teen pregnancy and sexually transmitted diseases*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.

<sup>5</sup> 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.

<sup>6</sup> Bearman, P., & Brückner, H. (2004). Promising the future: Virginity pledges and the transition to first intercourse. *American Journal of Sociology*, 106, 4, 859–912.

<sup>7</sup> Bearman, P., & Brückner, H. (2005). After the promise: The STD consequences of adolescent virginity pledges. *Journal of Adolescent Health* 36, 4, 271–272.



# Preventing STDs

Grade 6–8, Lesson 5

## Summary

---

Students review STD transmission by doing a True/False activity. Working in pairs or triads, they use a persuasion map to develop convincing argument about preventing STDs. Then pairs/triads create STD prevention Public Service Announcements for social media and share them with the class.

## Student Learning Objectives

---

The student will be able to ...

1. Describe the benefits of sexual abstinence as the safest, most effective risk avoidance method of protection from STDs.
2. Describe the benefits of condoms in reducing the risk of STDs.
3. Describe the benefits of testing in reducing the spread of STDs.
4. State a health-enhancing position on the prevention of STDs supported with medically accurate information.
5. Collaborate with others to advocate for behaviors that prevent STDs.

## Lesson Timing

---

Warm up	Bell work + 3 minutes
Introduce topic and warm-up answer key	5 minutes
Testing locations	5 minutes
STD review exercise	10 minutes
Persuasion maps	10 minutes
Public service announcements	14 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

### **Bottom Line Statements**

---

- Abstain from sex to protect yourself from HIV and other STDs.
- Use a condom for vaginal, anal and oral sex with a penis.
- Go to a clinic to get tested for HIV and other STDs if you ever have unprotected sex.

### **FLASH Key Concepts**

---

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

Condoms are easy to get and easy to use.

Many teens successfully use condoms.

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

In this community, teens can get tested for HIV and other STDs at *(insert clinic name)* in this community.

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

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

**Standards**

**National Health Education Standards (SHECAT)**

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.7	Determine the benefits of being sexually abstinent.
SH1.8.9	Describe why sexual abstinence is the safest, most effective risk avoidance method of protection from HIV, other STDs, and pregnancy.
SH1.8.16	Explain how the most common STDs are transmitted.
SH1.8.17	Explain how HIV is transmitted.
SH1.8.18	Describe usual signs and symptoms of common STDs.
SH1.8.19	Describe usual signs and symptoms of HIV.
SH1.8.20	Explain that some STDs and HIV are asymptomatic.
SH1.8.21	Explain the short- and long-term consequences of common STDs.
SH1.8.22	Explain the short- and long-term consequences of HIV.
SH1.8.24	Summarize ways to decrease the spread of STDs and HIV by not having sex, using condoms consistently and correctly when having sex, not touching blood, and not touching used hypodermic needles.
SH1.8.25	Describe how the effectiveness of condoms can reduce the risk of HIV, and other STDs including HPV (Human Papillomavirus).
SH1.8.26	Describe ways sexually active people can reduce the risk of HIV, and other STDs including HPV (Human Papillomavirus).
Standard 3	Students will demonstrate the ability to access valid information, products, and services to enhance health.
SH3.8.4	Describe situations that call for professional sexual healthcare services.
SH3.8.8	Locate 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.
SH4.8.1	Demonstrate the effective use of verbal and nonverbal communication skills to promote sexual health and healthy relationships.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.8.4	Explain how family, culture, media, peers, and personal beliefs affect a sexual health-related decision.
SH5.8.7	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.
SH7.8.1	Explain the importance of being responsible for practicing sexual abstinence.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.8.1	State a health-enhancing position on a sexual health-related topic, supported with accurate information, to improve the health of others.
SH8.8.2	Persuade others to avoid or reduce risky sexual behaviors.
SH8.8.5	Collaborate with others to advocate for opportunities to avoid or reduce risky sexual behaviors.

**National Sexuality Education Standards**

PR.8.IC.1	Demonstrate the use of effective communication skills to support one's decision to abstain from sexual behaviors.
SH.8.CC.1	Define STDs, including HIV, and how they are and are not transmitted.
SH.8.CC.2	Compare and contrast behaviors, including abstinence, to determine the potential risk of STD/HIV transmission from each.
SH.8.CC.3	Describe the signs, symptoms and potential impacts of STDs, including HIV.
SH.8.AI.1	Identify medically accurate information about STDs, including HIV.
SH.8.AI.2	Identify local STD and HIV testing and treatment resources.
SH.8.IC.1	Demonstrate the use of effective communication skills to reduce or eliminate risk for STDs, including HIV.
HR.8.SM.2	Describe strategies to use social media safely, legally and respectfully.



## **Rationale**

---

STD prevention is critical for young people. Ten million new cases of STDs each year in the United States are acquired by people between the ages of 15 and 24.<sup>1</sup> This lesson is geared toward middle school students who are currently at risk for acquiring an STD, as well as those who may not need to use prevention strategies for years to come.

The lesson aims to create health-enhancing social norms related to STD prevention by having students create and hear each other's public service announcements. It also incorporates gist-based decision making related to sexual behavior. Research on this new model demonstrates the importance of teaching young people to apply a "bottom line" rather than teaching a decision-making model that focuses on risks and benefits. In this lesson, the bottom lines are the three primary prevention strategies: abstain from sex, use a condom, and get tested for STDs, including HIV.<sup>2 3 4</sup>

Abstinence and condoms are taught side-by-side in this lesson, as most people use both strategies at different points in their lives. Research has demonstrated that teaching about condoms before a person is sexually active does not cause them to become sexually active any sooner, and in fact, increases the chances that they will use condoms in the future when needed.<sup>5</sup>

From a public health perspective, testing for HIV and other STDs is a key strategy in reducing transmission. 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.<sup>6</sup>

The lesson includes a general overview of HIV and other STDs, but 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.<sup>7</sup> Therefore, FLASH deemphasizes memorizing details related to specific STDs.

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.

## Materials Needed

---

### Student Materials

- Lesson 5 Warm Up
- Sexual Health Resources - King County, U.S., or develop a local resource sheet
- Persuasion Map Worksheet
- Facts about STDs Handout
- Individual Homework: Preventing STDs
- Family Homework: Talking About STDs, Including HIV, available in multiple languages on the FLASH website
- Lesson 5 Exit Ticket

### Classroom Materials

- Lesson 5 Warm Up Answer Key
- Using Social Media to Help Others Visual

### Teacher Materials

- Developing a Local Sexual Health Resources List: Teacher Guide, for those developing a local resource sheet

## Teacher Preparation

---

1. Prepare Visual for document camera or projector.
2. *Optional:* Create a local Sexual Health Resource Sheet for students, following the instructions in the *Developing a Local Sexual Health Resources List: Teacher Guide*. For teachers outside of Washington State: Visit <http://sexetc.org/action-center/sex-in-the-states/> to learn about laws for minors seeking testing for HIV and other STDs.

## Activities

### 1. Warm Up

Hand out the *Lesson 5 Warm Up* to students and have them complete the STD Crossword Puzzle. Encourage them to help each other.

### 2. Introduce topic and show puzzle answers

Define STDs and explain the topic's relevance. Show answers to the *Warm Up*, including where to get testing for STDs and HIV. Pass out *Sexual Health Resources in the U.S.*, in *King County, WA*, or create your own list.

*Today we're going to learn about preventing HIV and other sexually transmitted diseases. Sexually transmitted diseases, or STDs for short, are common illnesses that a person gets from having sex with someone who already has an STD.*

*Some students need to know how to prevent STDs because they're having sex now or will in the future. Some students won't need the information for many years, or maybe ever, but learning about it will help them act as health educators for their friends and families. It's an interesting topic, and I'm sure everyone will learn a lot.*

Display the answer key, and answer questions.

For answer 4 (Testing), distribute the *Sexual Health Resources* sheet. Point out if local STD testing services are free or low cost.

### 3. STD review

Read each statement aloud. Have students indicate their agreement after each item:

- Stand up = true
- Sit down = false
- Hold up both hands = unsure

Give students the correct answer and respond to any questions after each item. When debriefing answers, be cautious about giving away the answers to subsequent items.

*Let's start with a quick review. I'm going to read a statement aloud. If you think the statement is true, stand up, or false, sit down. If you're unsure, hold up both your hands. We'll answer any questions as we go. Ready?*

Statement	Answer	Teacher talking points
1. HIV is a virus.	True	
2. HIV is found in the blood, semen, vaginal fluids and breast milk of someone who has the virus.	True	
3. Bumps, sores, painful urination and unusual fluid from the penis or vagina are possible signs of an STD.	True	

**Middle School FLASH, 2<sup>nd</sup> edition**

4. People who have HIV and other STDs often have no symptoms at all.	True	
5. HIV can be spread through sweat, tears or urine.	False	
6. Some people can't get pregnant after having an STD.	True	<i>This usually happens when someone has had an STD a long time or many times without knowing and without getting treatment.</i>
7. HIV can be cured with medicine.	False	<i>There is still no cure for HIV, despite all of the advances in medicine.</i>
8. People can live a very long time with HIV with the help of a doctor.	True	<i>Medicine helps people live longer and healthier; helps make them less likely to pass HIV to others; and helps pregnant women not pass HIV to their babies.</i>
9. Anyone can get an STD: male, female, trans, straight, gay, lesbian, bisexual, poor, or rich.	True	
10. A person can get an STD by having unprotected oral, anal or vaginal sex with someone who already has an STD.	True	<i>STDs can spread by semen, vaginal fluid, blood, breast milk or skin-to-skin, depending on the specific type of STD. The most common ways are vaginal sex and anal sex.</i>
11. The most effective ways to protect against HIV and other STDs is to not have sex and not inject drugs.	True	
12. Vaginal, anal or oral sex with a penis is much safer when using a condom.	True	<i>Condoms are the best way for a person who has vaginal, anal or oral sex with a penis to protect themselves from HIV and other STDs.</i>
13. Some STDs can be cured with medicine.	True	<i>Many STDs can be cured, and all of them can be made better with treatment.</i>
14. A person usually can tell if they have an STD by their symptoms.	False	<i>Most of the time people have no symptoms.</i>
15. There is a vaccine to help people prevent getting Human Papillomavirus, a cancer-causing STD.	True	
16. It is risky to receive donated blood.	False	<i>The blood supply is very safe. It is tested for HIV.</i>
17. A person can choose abstinence at any point in their life.	True	

#### 4. Persuasion maps

Distribute the *Persuasion Map Worksheet* and *Facts About STDs Handout*. Working in pairs or triads, have students fill in the *Persuasion Map* to create a convincing argument about preventing STDs. The *Persuasion Map* has three options for main messages that students can choose from.

*I'm handing everyone a Persuasion Map worksheet and Facts About STDs handout. The purpose of a persuasion map is to help you create a convincing argument about something. Today, we're going to create convincing arguments about how to prevent STDs.*

*Your first task will be to pick one main message out of the three choices in the first box, and circle it. It's up to you. All are good messages. Then fill in the box with the reasons you think the main message is important, and the facts that support your opinion. The Facts About STDs handout can help you.*

*You can be creative, as long as you support your opinion with facts, and don't put down any of the other messages: abstinence, condoms or testing.*

*We'll be doing this activity in small groups. (Break the class into pairs or triads.)*

#### 5. STD prevention messages

Display the *Using Social Media to Help Others Visual*.

*Now we're going to create Public Service Announcements about preventing STDs. Does anyone know what a Public Service Announcement is? They're short ads put out by TV, radio, or social media to help change people's behavior or attitude about important topics.*

Read aloud the *Using Social Media to Help Others Visual*, which includes the activity instructions. Let students know how the PSA's will be shared, if permitted.

Allow time for each pair/triad to create an STD prevention Public Service Announcement for social media, using their completed *Persuasion Map* worksheet. Leave 5 minutes for each small group to take turns reading their Public Service Announcement at the end of class.

*I'm excited to hear what everyone came up with. Let's take turns hearing each group's Public Service Announcement.*

Work with your school administrator to determine opportunities for posting the Public Service Announcements online. If this isn't an option, look at options for sharing the messages within the school building: reader board, school announcements, hallways, classroom, etc.

#### 6. Assign homework

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

*Individual Homework: Preventing STDs*

*Family Homework: Talking About STDs including HIV*, available in multiple languages on the FLASH website

**7. Exit ticket**

Hand out the *Lesson 5 Exit Ticket*.

**Question:** List at least 2 ways to prevent getting an STD, including HIV.

**Possible Answers:**

- Not having sex
- Not using injection drugs
- Using condoms
- Getting tested and treated for STDs, including HIV
- Getting the vaccine for Human Papillomavirus

# Warm Up

Handout

## STD Crossword Puzzle – OK to get help from a neighbor

				3					
						4			
1			2						

### Across

1. Not having oral, anal or vaginal sex. An excellent way to prevent pregnancy, HIV and other STDs. Chosen by most high school students.

### Down

2. This age group is more responsible about STD protection during sex than any other age group.
3. A thin, stretchy piece of rubber or latex worn over the penis during sex. An excellent way to prevent pregnancy, HIV and other STDs.
4. The only way for someone to know if they have HIV or any other STDs.

# Warm Up

Answer Key

## STD Crossword Puzzle

					<sup>3</sup> C					
					O					
<sup>1</sup> A	B	S	<sup>2</sup> T	I	N	E	N	C	E	
			E		D				S	
			E		O				T	
			N		M				I	
			S						N	
									G	

### Across

1. Not having oral, anal or vaginal sex. An excellent way to prevent pregnancy, HIV and other STDs. Chosen by most high school students.

### Down

2. This age group is more responsible about STD protection during sex than any other age group.
3. A thin, stretchy piece of rubber or latex worn over the penis during sex. An excellent way to prevent pregnancy, HIV and other STDs.
4. The only way for someone to know if they have HIV or any other STDs.



# Sexual Health Resources In King County

---

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](http://www.teenclinic.com)

Planned Parenthood Great Northwest  
1-800-769-0045  
[www.plannedparenthood.org](http://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](mailto:chap@kingcounty.gov)

Teen Link  
1-866-833-6546  
[www.866teenlink.org](http://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](http://www.kingcounty.gov/healthservices/health/personal/MSS.aspx)

## Abortion Clinics

Cedar River Clinics  
(425) 255-0471  
[www.cedarriverclinics.org](http://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.

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](http://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](http://www.aids.gov)
- Enter your zip code to find the nearest place to get emergency contraception. [www.not-2-late.com](http://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](http://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](http://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/>

# Persuasion Map

## Worksheet

For this exercise, the class will act as peer educators, encouraging others to take action against the spread of HIV and other STDs. The purpose of this persuasion map is to help you map out a convincing argument.

Select one main message out of the three choices below. Then fill in the boxes with the reasons you think the main message is important, and the facts that support your opinion. The *Facts About STDs* handout can help you. You may not create an argument for your main message by writing negatively about the other messages (abstinence, condoms or testing).

### Main message (circle one)

Abstain from sex to protect yourself from HIV and other STDs.

Use a condom for vaginal, oral or anal sex with a penis.

Go to a clinic to get tested for HIV and other STDs if you ever have unprotected sex.

### Why we think it's important

### Supporting fact

### Supporting fact

### Supporting fact

# Facts About STDs

---

Handout

## HIV:

- HIV is a very serious illness that eventually causes death.
- People who have HIV can live for a long time with the help of a doctor.
- HIV is a type of STD.

## STDs:

- An STD is an illness that people catch from having sex with someone who already has it.
- The most common way to get an STD is by having vaginal or anal sex with someone who already has an STD.
- Some STDs, including HIV, are spread by sharing needles.
- Some STDs, including HIV, are spread from mother to baby, through pregnancy, childbirth or breastfeeding.
- Lots of teens and young adults have STDs—10 million new cases of STDs each year in the United States are acquired by people between the ages of 15 and 24.

## Prevention:

- People can prevent getting HIV and other STDs by not having sex.
- People can prevent getting HIV and other STDs by using a condom if they do have vaginal, anal or oral sex with a penis.
- People can prevent getting HIV and other STDs by not sharing needles.
- People can prevent getting the STD called Human Papillomavirus by getting the vaccine.

## Abstinence:

- Most high school students are abstinent.
- Abstinence is choosing not to have oral, anal and vaginal sex.
- Abstinence is a 100% effective way to not get pregnant or catch an STD.

## Condoms:

- Almost all teens who have vaginal sex have used a condom at some point.
- Condoms are easy to get and easy to use.
- Condoms are the only method of birth control that protects against pregnancy, HIV and other STDs.

## Testing:

- The only way to know if you have HIV or other STDs is to get tested.
- Most people who have an STD, including HIV, do not have any symptoms.
- You can't tell if someone has HIV or other STDs by looking at them.

## Clinics:

- See the websites listed on the *Sexual Health Resources* handout.

# Using Social Media to Help Others

Visual

Public Service Announcements are short messages put out by TV, radio or social media to help change people's behaviors or attitudes about important topics.

Many organizations use social media to get important information out to the public. Only use social media with the permission of your family or guardian.

Public Service Announcements should be short and easy to read. They can be serious, funny, memorable, etc.

## Instructions

On a separate piece of paper, write a Public Service Announcement for social media that encourages people to protect themselves from HIV and other STDs. Your announcement must encourage abstinence, condoms or testing. It should be 3 to 5 sentences long.

- Use your Persuasion Map to get ideas.
- The announcement must be rated G or PG.
- Avoid scare tactics and negative judgments.
- Be sure it is medically accurate.

# Individual Homework: Preventing STDs

---

Name: \_\_\_\_\_

Period: \_\_\_\_\_

In the space below, write a Public Service Announcement encouraging people to protect themselves from HIV and other STDs, using a different main message than the one you selected in the classroom activity. You may use any of the handouts from today's class to help you.

Your Public Service Announcement must encourage abstinence, condoms, or testing. It should be 3 to 5 sentences long. It must be rated G or PG. Avoid scare tactics and negative judgments, and be sure it is medically accurate.

Begin by circling the main message of your Public Service Announcement.

## Main message (circle one)

Abstain from sex to protect yourself from HIV and other STDs.

Use a condom for vaginal, oral or anal sex with a penis.

Go to a clinic to get tested for HIV and other STDs if you ever have unprotected sex.

# Family Homework: Talking About HIV and Other STDs

---

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

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

**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 OK 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:** When you were teen, how did people learn about sexually transmitted diseases?

**Ask the student:** What was the most interesting or surprising thing you learned about STDs today?

**Ask the adult:** In class we focused on abstinence (not having sex), condoms and testing as ways to prevent getting or giving STDs. In your opinion, what is the best way for middle school students to protect themselves against STDs and why?

**Ask the student:** What do you think would help people be more aware about how to prevent STDs, including HIV?



---

## 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

---

Handout

List at least 2 ways to prevent getting an STD, including HIV.

## Lesson 5: Assessment Questions

---

1. If a person has HIV, the virus can be spread through which of the following body fluids?
  - A. Blood
  - B. Sweat
  - C. Tears
  - D. Urine
2. People who have HIV and other STDs often have no symptoms at all.
  - A. True
  - B. False
3. Vaginal, anal or oral sex with a penis is much safer when using a condom.
  - A. True
  - B. False
4. A person can choose abstinence at any point in their life, whether or not they've had vaginal, oral or anal sex before.
  - A. True
  - B. False
5. Circle the true statement.
  - A. Some STDs can be cured.
  - B. No STDs can be cured.
  - C. HIV can be cured.

## Lesson 5: Assessment Key and Standards Alignment

Question	Answer	Standards
1. If a person has HIV, the virus can be spread through which of the following body fluids?  A. Blood B. Sweat C. Tears D. Urine	A. Blood	NHES: SH1.8.17  NSES: SH.8.CC.1 SH.8.AI.1
2. People who have HIV and other STDs often have no symptoms at all.  A. True B. False	A. True	NHES: SH1.8.18 SH1.8.19 SH1.8.20  NSES: SH.8.CC.3
3. Vaginal, anal or oral sex with a penis is much safer when using a condom.  A. True B. False	A. True	NHES: SH1.8.24 SH1.8.25
4. A person can choose abstinence at any point in their life, whether or not they've had vaginal, oral or anal sex before.  A. True B. False	A. True	NHES: SH1.8.7
5. Circle the true statement.  A. Some STDs can be cured. B. No STDs can be cured. C. HIV can be cured.	A. Some STDs can be cured.	NSES: SH.8.AI.1
<b>Exit Ticket:</b> List at least 2 ways to prevent getting an STD including HIV.	Any of the following answers are correct: <ul style="list-style-type: none"> <li>• Not having sex</li> <li>• Not using injection drugs</li> <li>• Using condoms</li> <li>• Getting tested and treated for STDs including HIV</li> <li>• Getting the vaccine for Human Papillomavirus</li> </ul>	NHES: SH1.8.16 SH1.8.24 SH1.8.25 SH1.8.26  NSES: SH.8.CC.1
<b>Individual Homework</b>	Correct answers support the main message using any information from <i>Facts about STDs</i> or from the review exercise at the beginning of the lesson.	

# Integrated Learning Activities

---

## **TECHNOLOGY: STD Clinic Brochure**

Enter a zip code to find a clinic that offers HIV testing at [www.aids.gov](http://www.aids.gov). Develop a flyer or wallet card for the clinic using Microsoft Word, Publisher, PowerPoint or other program. The flyer or wallet card should include the name, clinic hours, address, and statements that encourage testing, without negative judgments or scare tactics.

## **SOCIAL STUDIES: Racism in STD Research**

People of all ethnic and racial backgrounds get STDs. One particular study of an STD called syphilis is well-known in the history of medicine for its injustice. Write a research report on the Tuskegee Syphilis Experiment, in which life-saving medicine was withheld from African-American men from 1932 to 1972. Be sure to include how the public became aware of the study, and what laws were put in place to prevent it from happening in the future.

## References

---

<sup>1</sup> Centers for Disease Control and Prevention. (2015). *Sexually Transmitted Disease Surveillance 2014*. Atlanta: U.S. Department of Health and Human Services.

<sup>2</sup> Reyna, V. F., & Adam, M. B. (2003). Fuzzy-trace theory, risk communication, and product labeling in sexually transmitted diseases. *Risk Analysis*, 23, 325–342.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Kirby, D. (2007). *Emerging answers 2007: Research findings on programs to reduce teen pregnancy and sexually transmitted diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.

<sup>6</sup> 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.

<sup>7</sup> Schaalma, H. P., Abraham, C., Gilmore, M. R., & Kok, G. (2004). Sex education as health promotion: What does it take? *Archives for Sexual Behaviour*, 33, 3, 259–269.



# Condoms to Prevent HIV and Other STDs

Grade 6–8, Lesson 6

## Summary

---

The lesson focuses on encouraging the correct use of condoms for students who may need condoms now or in the future. The lesson opens with a brainstorm about the benefits of condoms, and sets positive norms for condom use. Students learn correct condom use by assembling condom instructions in the correct order and by observing a teacher demonstration. In small groups, students come up with solutions to common problems related to correct and consistent condom use by responding to scenarios. The lesson concludes with students setting their own goals with regard to condoms.

## Student Learning Objectives

---

The student will be able to ...

1. Describe how condoms can reduce the risk of HIV and other STDs.
2. Describe how condoms can reduce the risk of pregnancy.
3. Describe the steps to using a condom correctly.

## Lesson Timing

---

Warm up	Bell work + 2 minutes
Brainstorm benefits and set norm	5 minutes
Condom card line-up	15 minutes
Condom demonstration	5 minutes
Condom solutions	15 minutes
Goal setting	5 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

**FLASH Bottom Line Statement**

---

Use a condom for vaginal, anal and oral sex with a penis.

**FLASH Key Concepts**

---

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

Many teens successfully use condoms.

Condoms are easy to get and easy to use.



## **Standards**

### **National Health Education Standards (SHECAT)**

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.25	Describe how the effectiveness of condoms can reduce the risk of HIV, and other STDs including HPV (Human Papillomavirus).
SH1.8.31	Describe how the effectiveness of condoms can reduce the risk of pregnancy.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
SH2.8.1	Explain how perceptions of norms influence healthy and unhealthy sexual practices, behaviors, and relationships.
SH2.8.2	Explain how social expectations influence healthy and unhealthy sexual practices, behaviors, and relationships.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.8.2	Determine when potentially risky sexual health-related situations require a decision.
SH5.8.5	Distinguish between healthy and unhealthy alternatives of a sexual health-related decision.
SH5.8.7	Choose a healthy alternative when making a sexual health-related decision.
Standard 6	Students will demonstrate the ability to use goal-setting skills to enhance health.
SH6.8.1	Assess sexual health practices.
SH6.8.2	Set a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.8.3	Assess the barriers to achieving a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.8.4	Apply strategies to overcome barriers to achieving a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.8.5	Use strategies and skills to achieve a personal 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.
SH7.8.2	Analyze personal practices and behaviors that reduce or prevent sexual risk behaviors.
SH7.8.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.
SH7.8.4	Make a commitment to practice healthy sexual behaviors.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.8.2	Persuade others to avoid or reduce risky sexual behaviors.

### **National Sexuality Education Standards**

PD.8.DM.1	Demonstrate the use of a decision making model and evaluate possible outcomes of decisions adolescents might make.
PR.8.CC.3	Explain the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence and condoms.
PR.8.DM.1	Apply a decision making model to various sexual health decisions.
PR.8.SM.1	Describe the steps to using a condom correctly.
SH.8.SM.1	
SH.8.GS.1	Develop a plan to eliminate or reduce risk for STDs, including HIV.

## **Rationale**

---

Approximately half of all teens are sexually active,<sup>1</sup> although most middle school students are not yet having sex.<sup>2</sup> This makes middle school an important time to both support abstinence and to teach students condom skills they will need in the future. Teaching these skills before students are sexually active helps increase the likelihood that they will use condoms, and use them correctly, when they need them. It is for this reason that both the National Health Education Standards, published by the CDC, and the National Sexuality Education Standards recommend that condom teaching begin in middle school.<sup>3 4</sup> Furthermore, 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 condoms correctly, they are more likely to use condoms consistently.<sup>5 6 7</sup>

Condoms are the most effective technology to reduce the transmission of HIV and other STDs;<sup>8</sup> they are also effective barriers against unplanned pregnancy.<sup>9</sup> Students who have had a chance to observe a demonstration of correct condom use, especially before they are sexually active, are far more likely to use condoms correctly.<sup>10 11</sup> This is especially important since condoms are one of the birth control methods most commonly used by teens.<sup>12</sup>

## **Materials Needed**

---

### **Student Materials**

- *Condom Goal Setting Worksheet*
- *Individual Homework: Condoms in the Community*
- *Family Homework: Talking with Family About Condoms*, available in multiple languages on the FLASH website
- *Lesson 6 Exit Ticket*

### **Small Group Handouts**

- *Steps to Using a Condom Cards*
- *Condom Scenarios Handout*

### **Classroom Materials**

- *Lesson 6 Warm Up*
- *Condom Solutions Visual*
- *Example Goal Statements Visual*
- Envelopes

## **Teacher Preparation**

---

1. Make 10 sets of *Steps to Using a Condom Cards*. Each set should consist of the 9 cards in an envelope labeled "Condom Cards."
2. Prepare Visuals for document camera or projector.

## Activities

---

### 1. Warm Up

Display warm up as bell work.

**Prompt:** Most teens who have vaginal sex use condoms. Pick the reason you think is most important and write 2 to 3 sentences about why you chose it.

- Using condoms helps prevent pregnancy.
- Using condoms helps a person not get or give an STD.
- Using a condom helps show care and concern for your partner.
- Using a condom shows that you are mature.
- Condoms are birth control that men can use.

### 2. Brainstorm condom benefits and set norm for condom use

Describe condoms and their purpose. Brainstorm the benefits of condoms. Explain that over 95% of teen couples who have vaginal sex have used condoms, reinforcing the information by writing it on the board.

*Today we are going to learn about condoms. A condom is a thin, stretchy piece of rubber made to fit over a penis to prevent pregnancy and STDs. They are used for vaginal, anal or oral sex with a penis. They work by catching the semen inside the condom, so neither person gets the other person's fluids in their body.*

*It's important for everyone to learn how to use condoms whether they need the information now or won't need it until the future. It's important even if people think they will never need condoms. Why would someone need to learn about condoms even if they think they will never need them? Right, so they can help educate their friends and family about them.*

*Could I get a few volunteers to share some of the benefits of condoms? Why would people choose to use condoms?*

- *Using condoms helps prevent pregnancy*
- *Using condoms helps a person not get or give an STD*
- *Using a condom helps show care and concern for your partner*
- *Using a condom shows that you are mature*
- *Condoms are birth control that men can use*
- *Because condoms are easy to get*
- *Because condoms are free or cheap*

*That's right—there are a lot of reasons condoms are a good choice for teens. That's probably why so many teens use them. Can you guess what percent of sexually active teen couples have used condoms? (accept a few guesses.) Actually, over 95% of sexually active teen couples have used condoms for vaginal sex. (Write this fact on the board.) In fact, more teens use condoms than adults!*

### 3. Condom card line-up

Divide the class into small groups of 3 or 4 students, giving each group a 9-card set of *Steps to Using a Condom* in random order. Allow 5 minutes for the groups to place their cards in the correct order. Ask the class to name each step, one at a time. Follow the script below to further explain each step. Have groups correct the order of their cards, if needed.

*Condoms are really easy to use. There are just a few simple steps to learn. It's important to learn the steps because there are a few common mistakes that people make that sometimes cause condoms to break or come off. When people know how to use condoms correctly, they almost never break or come off. Let's go over the steps, so you can all learn them. First you will all work in small groups to put the steps in order, then I will go over the steps with the whole class.*

Order	Cards	Teaching Points
Step 1	Check expiration date.	<i>The expiration date is important to make sure the condom is not old and more likely to be weak.</i>
Step 2	Carefully open package.	<i>This means being careful not to rip the condom with anything sharp like fingernails, teeth or scissors. Condoms are usually slippery and wet. This is to keep the condom from breaking.</i>
Step 3	Pinch tip of condom.	<i>Ask the class: Can you guess what might happen if there wasn't room at the tip? Answer: If there's no place to catch the semen, there's a chance it might leak out the bottom of the condom into the partner's body or even possibly break the condom. Condoms work well and don't break very often, so this is an important step.</i>
Step 4	Roll condom down erect penis.	<i>The penis gets harder before sex. The condom doesn't get rolled on until the penis is hard.</i>
Step 5	Sex – with condom.	<i>The couple has sex with a condom on, every time. This is true for vaginal sex, anal sex and oral sex with a penis.</i>
Step 6	Ejaculation – with condom.	<i>During ejaculation, the semen is caught inside the condom. With a condom, neither person gets the other's fluids in their body.</i>
Step 7	Hold condom onto penis while pulling out.	<i>After ejaculation, the penis gets soft again. The person holds the condom onto the base of the penis while pulling out, so that none of the semen leaks out and so the condom doesn't slip off.</i>
Step 8	Take condom off penis.	
Step 9	Throw condom in the garbage.	<i>Condoms can only be used once.</i>

#### **4. Condom demonstration**

Demonstrate the steps for correct condom use, briefly explaining each step again as you model them. Do not demonstrate with fruits or vegetables, as some people find this offensive or trivializing. A penis model is ideal for demonstrating condoms, if you can obtain one. If that is not an option, demonstrate by rolling a condom onto your fingers.

- *Most condoms are made of latex. If someone is allergic to this material, there are condoms made of other kinds of materials such as a special kind of plastic called polyurethane.*
- *First the person looks at the package to check the expiration date and make sure there aren't any holes in it.*
- *Then they carefully open the package.*
- *Before having sex, the condom goes on the tip of the erect penis. It should look like a little hat, with the rolled side facing out.*
- *Then, the person pinches the tip of the condom and unrolls the rest of the condom all the way to the base of the penis. Pinching the tip makes a space to catch the semen when the man ejaculates.*
- *Once the condom is on, the couple has sex.*
- *After sex, before the penis gets soft, the condom is held onto the base of the penis while pulling out.*
- *The condom is taken off and thrown away. Condoms can only be used once.*
- *To sum it up, the main steps are to pinch the tip of the condom and roll it down the penis before having sex. With practice, people find condoms easy to use.*

#### **5. Condom solutions**

Keep students in their small groups. Distribute a *Condom Scenarios Worksheet* to each small group and give them 5 minutes to begin answering the scenario questions.

*You have had a chance to learn why condoms are important and how to use them. I have also told you that most teens use them for vaginal sex. But, sometimes people's plans don't work out and they end up not using condoms, or they only use them some of the time. We are going to work together on coming up with solutions to this problem.*

*I'm going to hand each small group a Condom Scenarios worksheet. Small groups will work together to come up with at least 1 solution for each scenario. You may have never thought about these issues before, so just do your best. You have 5 minutes.*

After small groups come up with their initial answers, project the *Condom Solutions Visual* to provide additional ideas for solving the scenarios. Allow small groups 3 more minutes to add new information to their answers.

*I can see you've been doing good work on the scenarios. I'm going to show you all some common solutions to different types of condom problems. You can use information on the Condom Solutions visual to add more ideas to any of your scenario answers. You only have 3 minutes!*

Discuss each scenario as a class. Be sure to affirm the bottom line statement: *Always use a condom for vaginal, anal or oral sex with a penis.* The purpose of this activity is to help students think ahead about overcoming any problems they might face using condoms in the future.

*Now let's discuss each scenario as a group. I'm interested to hear what you all came up with.*

Use the *Condom Solutions Visual* to help debrief the scenarios.

**Scenario answer key based on *Condom Solutions Visual*:**

1. Aiden: All solutions related to embarrassment (2 and 3)
2. Savannah: All solutions related to partners (4 and 5)
3. CJ: All solutions related to having condoms available (1)
4. James: All solutions related to the physical feeling of using condoms (6)

**6. Goal setting**

Have students return to their seats. Distribute the *Condom Goal Setting Worksheet* and review the content. Students will have an opportunity to set their own goals about condoms, whether they need condoms now, in the future, or will be in the role of helping friends and family. Stress that these worksheets are private and will not be collected, although you will be watching to ensure that everyone is completing the activity. Display the *Example Goal Statements Visual* and read the statements out loud to assist students in completing the *Condom Goal Setting Worksheet*.

*The best way to help stick to a decision is to put in a little work ahead of time by setting goals and making plans to deal with any problems. We are going to take a little time to do that right now.*

*You will have 5 minutes to complete this Condom Goal Setting worksheet. You may use any information we learned in class today, or come up with new ideas. Let's take a look at the Example Goal Statements to give you an idea of some possible condom goals.*

*The information on this worksheet is private. Please don't write your name on it or turn it in. I won't be reading the worksheets, but I will check to see who is completing them. I hope this exercise is helpful to you, whether you need to use condoms now, or will be using them in future, or if your main role with condoms will be to support your friends and family.*

**7. Assign homework**

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

*Individual Homework: Condoms in the Community*

*Family Homework: Talking With Family About Condoms* available in multiple languages on the FLASH website

**8. Exit ticket**

Hand out the *Lesson 6 Exit Ticket*.

**Prompt:** Place the following steps to using a condom in the correct order.

**Answer:**

1. Check expiration date.
2. Carefully open package.
3. Pinch tip of condom.
4. Roll condom down erect penis.
5. Sex – with condom.
6. Ejaculation – with condom.
7. Hold condom onto penis while pulling out.
8. Take condom off penis.
9. Throw condom in the garbage.



# Warm Up

---

Visual

There are many important reasons most teens use condoms. Pick the reason you think is most important and write 2 or 3 sentences about why you chose it.

- Using condoms helps prevent pregnancy.
- Using condoms helps a person not get or give an STD.
- Using a condom helps show care and concern for your partner.
- Using a condom shows that you are mature.
- Condoms are birth control that men can use.

# Steps to Using a Condom

For “Condom Cards” Envelopes

Check expiration date	Carefully open package	Pinch tip of condom
Roll condom down erect penis	Sex – with condom	Ejaculation – with condom
Hold condom onto penis while pulling out	Take condom off penis	Throw condom in the garbage

# Condom Scenarios

---

## Worksheet

1. Aiden wants to use condoms, but he feels embarrassed to go to the store to buy them, and embarrassed about what his friends will think if he has condoms. Do you have any ideas about how Aiden can overcome these problems so that he can use condoms?
2. Savannah wants to use condoms, but she doesn't know how to bring up the subject with her boyfriend. Give Savannah two pieces of advice: How can she tell her boyfriend she wants to use condoms? What should she do if he doesn't want to use condoms?
3. CJ believes in using a condom every time. But, CJ has not always had a condom available when needed. What ideas do you have that would help CJ always have a condom available?
4. James isn't planning to have sex until he is much older, but it doesn't seem to him like sex with a condom would feel very good. Once James starts having sex, what solutions can you think of to help him with this concern?

# Condom Solutions

Visual

It's important to always use a condom for vaginal, anal or oral sex with a penis.

## Problem 1 - People don't have condoms with them when they need one.

- Think of a few places you could easily keep condoms with you all the time.
- Find out where you can buy or get condoms in your community.

## Problem 2 - People feel embarrassed to get condoms.

- Have a friend or family member get condoms for you.
- Buy condoms at self-checkout.
- Get condoms from bathroom at clinic (more private).

## Problem 3 - People feel embarrassed about what friends and family will think.

- Keep condoms somewhere private when you carry them.
- Have friends carry condoms too.
- Tell yourself it is really important to be prepared by having condoms with you.
- Tell your parents if they don't already know, so you don't have to worry about the surprise or embarrassment of parents finding them.

## Problem 4 - Partner doesn't want to use condoms.

- Explain to your partner why it's important to you to use condoms.
- Talk about using condoms with your partner when you are not making out.
- Make sure you bring condoms, instead of relying on your partner to bring them.
- Choose not to have sex until your partner agrees to use condoms.

## Problem 5 - People are nervous to talk with partner about using a condom.

- Write a note or send a text instead of talking in person.
- Practice what you would say to your partner with a friend first.
- Bring up the subject of condoms by talking about a couple from TV.

## Problem 6 - People are concerned that condoms might not feel as good.

- Try different brands of condoms to find the one that feels best.
- Use lubricant.
- Remind yourself that most people use condoms and don't mind the way they feel.

# Example Goal Statements

---

Visual

- I will use a condom the next time I have sex.
- I will use a condom the first time I have sex.
- I will buy or get condoms and make sure I have them with me when I go out.
- I will tell my partner ahead of time that I want to use condoms when/if we have sex.
- I will help my friends who need condoms get them.

# Condom Goal Setting

---

## Worksheet

**Instructions:** The purpose of this worksheet is to help everyone become better condom users, whether that involves using condoms now, using them in the future, or helping friends and family. For each question below, you may use any of the information we discussed in class together, or come up with new ideas. Please do not write your name on this worksheet or turn it in. The teacher will make sure that everyone is completing the activity.

1. What do you think is the most important reason to use condoms?

2. Write one goal for yourself about using condoms in the future.

# Individual Homework: Condoms in the Community

---

Name: \_\_\_\_\_

Period: \_\_\_\_\_

Find at least one place in the community where a teen can get condoms. It can be a store where someone can buy condoms or a clinic or other location where they can get condoms for free. Take a picture of the condoms at that location and attach it here or email it to your teacher. Also answer the following questions.

1. What is the name and address of the place where you found condoms? (For example, Walgreens at 16<sup>th</sup> and Roxbury or Planned Parenthood at 9942 8<sup>th</sup> Ave SW)
2. Were the condoms free or for sale? If they were for sale, how much did they cost?
3. Is this a location where teens would feel comfortable getting condoms? Why or why not?
4. If this was not a location where teens would feel comfortable, where would you suggest they go instead to get condoms?

# Family Homework: Talking with Family 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 OK 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:** Today in class we learned that now over 95% of sexually active teens have used condoms, which is more than ever. Why do you think that more teens are using condoms now than when you were a teenager?

**Ask the student:** Why do you think some teens don't use condoms?

**Ask the adult:** What is one piece of advice you would like to give to a sexually active teenager or young adult about condoms?

**Ask the student:** What is one piece of advice you would like to give to a sexually active teenager or young adult about condoms?



---

## Family Homework Confirmation Slip: Talking with Family About Condoms

---

Due: \_\_\_\_\_

We have completed this family homework.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of family member or trusted adult

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Signature of student



# Exit Ticket

---

Handout

Place the following steps to using a condom in the correct order.

Throw condom in  
the garbage

Roll condom down  
erect penis

Hold condom onto  
penis while pulling  
out

Carefully open  
package

Sex – with condom

Pinch tip of condom

Ejaculation – with  
condom

Check expiration  
date

Take condom off  
penis

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

- 

## Lesson 6: Assessment Key and Standards Alignment

Question	Answer	Standards
1. True or False? Using condoms reduces a person's risk of pregnancy and of catching an STD because people's body fluids don't get inside each other.	True	NHES: SH1.8.25 SH1.8.31
2. You learned that 95% of teens who have vaginal sex have used condoms. How can that information make it easier for someone to choose to use a condom when they have sex?	Any answer that supports the idea that knowing this information does make it easier is acceptable	NHES: SH2.8.1 SH2.8.2
<b>Exit Ticket:</b> Place the following steps to using a condom in the correct order:  Throw condom in the garbage Carefully open package Ejaculation - with condom Roll condom down erect penis Sex - with condom Check expiration date Take condom off penis Hold condom onto penis while pulling out. Pinch tip of condom	1. Check expiration date 2. Carefully open package 3. Pinch tip of condom 4. Roll condom down erect penis 5. Sex - with condom 6. Ejaculation - with condom 7. Hold condom onto penis while pulling out 8. Take condom off penis 9. Throw condom in the garbage	NSES: PR.8.SM.1 SH.8.SM.1
<b>Condom Goal Setting Worksheet</b>		NHES: SH6.8.1 SH6.8.2 SH6.8.3 SH6.8.4 SH6.8.5 SH7.8.2 SH7.8.4 SH7.8.3  NSES: SH.8.GS.1

# Integrated Learning Activities

---

## SCIENCE: What Is Latex?

Most male condoms are made of latex, but what is latex? What else is it used for? Write a 300-word paper about latex, including why it is a good material to make condoms out of.

Visit [www.explainthatstuff.com/rubber.html](http://www.explainthatstuff.com/rubber.html) to find the information you will use for your paper.

## References

- <sup>1</sup> 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.
- <sup>2</sup> Centers for Disease Control and Prevention (CDC). 1995-2013 Middle School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed 1/25/2016.
- <sup>3</sup> Centers for Disease Control and Prevention (CDC). Health Education Curriculum Analysis Tool, Sexual Health Module. Available at <http://www.cdc.gov/healthyyouth/hecat/index.htm>. Accessed on 1/25/2016.
- <sup>4</sup> Future of Sex Education Initiative. (2012). National Sexuality Education Standards: Core Content and Skills, K-12 [a special publication of the Journal of School Health]. <http://www.futureofsexeducation.org/documents/josh-fose-standards-web.pdf>. Accessed on 1/25/2016.
- <sup>5</sup> 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.
- <sup>6</sup> 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.
- <sup>7</sup> Hanna, K. M. (1999). An adolescent and young adult condom self-efficacy scale. *Journal of Pediatric Nursing* 14, 1, 59–66.
- <sup>8</sup> Centers for Disease Control and Prevention. (2010). *Condoms and STDs: Fact sheet for public health personnel*. From [www.cdc.gov/condomeffectiveness/latex.html](http://www.cdc.gov/condomeffectiveness/latex.html). Accessed 5/11/16.
- <sup>9</sup> Hatcher, R. A., et al. (2011). *Contraceptive technology: 20th revised edition*. New York, NY: Ardent Media.
- <sup>10</sup> Demonstrating how to use condoms improves youths' knowledge about them. (2008). *International Family Planning Perspectives*, 34, 1.
- <sup>11</sup> Calsyn, D. A, et al. (2010). Teaching condom use skills: Practice is superior to observation. *Substance Abuse*, 31, 4, 231–239.
- <sup>12</sup> Alan Guttmacher Institute. (2014). Fact sheet: Contraceptive use in the United States. From <https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states>. Accessed 5/16/16.



# Birth Control Methods

Grade 6–8, Lesson 7

## Summary

---

The overall purpose of the lesson is for students to learn about birth control methods while developing positive attitudes and positive peer norms about birth control. Students first work in small groups to study their assigned method of birth control. In a full-class activity, the teacher reads aloud a statement about birth control and each small group must determine if the statement is true for their method. There is brief class discussion between statements. The class concludes with students making observations about the positive aspects of the different methods of birth control.

## Student Learning Objectives

---

The student will be able to ...

1. Describe how birth control methods can reduce the risk of pregnancy.
2. Define emergency contraception and its use.
3. Describe the benefits of birth control methods.
4. Identify resources for reproductive and sexual healthcare services.

## Lesson Timing

---

Warm up	Bell work + 2 minutes
Introduce the lesson	2 minutes
Birth control study groups	5 minutes
"The truth about birth control" activity	30 minutes
Complete the sentence	8 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

## **FLASH Key Concepts**

---

Birth control is excellent at preventing pregnancy.

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

Birth control is very safe.

Many teens successfully use birth control.

In this community, teens can get 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**

---

### **National Health Education Standards (SHECAT)**

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.30	Summarize ways to prevent pregnancy, including not having sex and effective use of contraceptives.
SH1.8.31	Describe how the effectiveness of condoms can reduce the risk of pregnancy.
SH1.8.32	Describe ways sexually active people can reduce the risk of pregnancy.
Standard 3	Students will demonstrate the ability to access valid information, products, and services to enhance health.
SH3.8.4	Describe situations that call for professional sexual healthcare services.
SH3.8.6	Access valid and reliable sexual health information from home, school or community.
SH3.8.7	Locate valid and reliable sexual healthcare products.
SH3.8.8	Locate valid and reliable sexual healthcare services.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.8.7	Choose a healthy alternative when making a sexual health-related decision.
SH5.8.8	Analyze the effectiveness of a sexual health-related decision.

### **National Sexuality Education Standards**

PR.8.CC.3	Explain the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence and condoms.
PR.8.CC.4	Define emergency contraception and its use.
PR.8.AI.1	Identify medically accurate resources about pregnancy prevention and reproductive health care.
PR.8.AI.2	Identify medically accurate information about emergency contraception.
PR.8.AI.3	Identify medically accurate sources of pregnancy-related information and support including pregnancy options, safe surrender policies and prenatal care.
PR.8.SM.1	Describe the steps to using a condom correctly.

## **Rationale**

---

The FLASH curriculum includes birth control methods and abstinence in full lessons of their own, based on the effectiveness of both approaches.<sup>1</sup> Research has repeatedly shown that sexual health education, including teaching about birth control, does not cause teens to have sex sooner or more often.<sup>1 2 3 4 5 6</sup> Its only impact is preventative. Based on national data, it is likely that most students receiving the lesson are not currently at risk of pregnancy, but a significant minority is currently at risk, and many more will be within the next few years.<sup>7</sup>

In this lesson, birth control is framed positively. Multiple 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.<sup>8</sup> 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 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 are based on King County and national data on teen contraceptive use.<sup>9 10</sup> A student handout on sexual health resources includes medically accurate links to all FDA-approved methods of birth control, if students or families are interested in learning more.

### **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 women 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 (Mirena) are more effective than sterilization. They do not impair future fertility, and they do not increase the risk of HIV or other STDs.<sup>11 12 13</sup>

### **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, 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.<sup>14</sup>

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,<sup>15</sup> which is better than most other methods of birth control, excluding condoms.

In contrast to previous assumptions, research shows that most men's pre-ejaculate fluid contains no sperm. Some men have a small amount of sperm in their pre-ejaculate fluid,<sup>15</sup> which may account for the 4% pregnancy rate in perfect use.

## **Materials Needed**

---

### **Student Materials**

- *Sexual Health Resources – King County, U.S.*, or develop a local resource sheet
- *Individual Homework: Birth Control Laws*
- *Family Homework: Talking About Birth Control*, available in multiple languages on the FLASH website
- *Lesson 7 Exit Ticket*

### **Classroom Materials**

- *Lesson 7 Warm Up*
- *Birth Control Signs*
- *Birth Control Fact Sheets*
- *The Best Thing... Visual*
- Nine folders or 9 x 12 manila envelopes
- (Optional) Samples of the birth control pill, Depo shot, emergency contraception, implant, male condom, IUD, patch and vaginal ring.
- (Optional) Samples of the birth control methods not covered in class, in case questions arise: diaphragm, female condom, Cycle Beads and spermicide (gel, foam, film, sponge). Methods that do not need samples include tubal ligation, vasectomy and withdrawal.

### **Teacher Materials**

- *Developing a Local Sexual Health Resources List: Teacher Guide* for those developing a local resource sheet

## **Teacher Preparation**

---

1. Print *Birth Control Signs* on card stock so that you have one classroom set.
2. Assemble 9 folders or 9 x 12 manila envelopes for birth control study groups:
  - Label each of the 9 folders or envelopes with the name of a birth control method: pill, patch, shot, male condom, emergency contraception, IUD, ring, implant and withdrawal.
  - Put one *Birth Control Sign* into each folder or envelope.
  - Put 5 copies of the corresponding *Birth Control Fact Sheet* into folder or envelope.
  - For example, the folder or envelope labeled “condom” would have 5 copies of the *Condom Fact Sheet* and a *Condom Birth Control Sign* on card stock.
3. Visit <http://sexetc.org/action-center/sex-in-the-states/> to learn about laws for birth control confidentiality in your state.
4. (Optional) Create a local *Sexual Health Resource* handout for students, following the instructions in *Developing a Local Sexual Health Resources List: Teacher Guide*.
5. (Optional) Obtain a birth control kit.
  - If you teach in King County, WA, contact your local Public Health educator for a loaner kit. Go to: [www.kingcounty.gov/health/FLASH](http://www.kingcounty.gov/health/FLASH) (click on “find out about training here”)

**Middle School FLASH, 2<sup>nd</sup> edition**

- Contact your local public health family planning clinic or Planned Parenthood ([www.plannedparenthood.org](http://www.plannedparenthood.org)) to see if they have kits for loan or for sale.
  - If you borrow or purchase a birth control teaching kit, use the written materials in this lesson plan, not those in the kit.
6. Review the *Birth Control Fact Sheets* used in this lesson. For background information, see these medically accurate sources.
- Public Health – Seattle & King County. They are downloadable at <http://www.kingcounty.gov/healthservices/health/personal/famplan/birthcontrol/brochures.aspx>
  - Association of Reproductive Health Professionals: <http://www.arhp.org/MethodMatch/>
  - Medline Plus, a service of the U.S. National Library of Medicine: <http://www.nlm.nih.gov/medlineplus/birthcontrol.html>
7. Prepare Visual for document camera or projector.

## 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.

True or False? Most people use some kind of birth control to prevent pregnancy the first time they have vaginal intercourse.

### 2. Introduce the lesson

Explain that the purpose of the lesson is to learn about birth control, whether people need the information to prevent pregnancy now or in the future, or to act as health educators for others. Provide the answer to the warm up (true) and reinforce the idea that most people, including most teens, use birth control to prevent pregnancy.

*Today we're learning about birth control, which is an important way to prevent pregnancy for people who are having vaginal sex, or penis into vagina sex.*

*Let's start with the warm up. True or false? Most people use some kind of birth control to prevent pregnancy the first time they have vaginal intercourse. What do you think? (Let students respond.) The answer is true. In fact, 99% of couples have used birth control at some point in their lives,<sup>16</sup> and teens themselves are very good at using birth control.<sup>17</sup>*

*I want to point out that this lesson is for everybody—people who are having vaginal sex now or who will in the future, and teens of all sexual orientations and genders. Even if someone won't ever need birth control, learning about it now will help them act as health educators for their friends and families on this important topic.*

### 3. Birth control study groups

Separate the class into 9 small groups. Assign each small group a method of birth control. Give each group a folder with one birth control method sign and copies of their birth control method fact sheet.

Instruct groups to study their assigned method of birth control in preparation for the activity. They should be prepared to say the name of their method and how it is used. While students are preparing, visit the groups to see if they need help understanding their method.

*We're going to be working in small groups today. After I break you into groups, each group will be assigned a method of birth control and will be given a folder with some information about that birth control method.*

*You will all need to learn about the method assigned to your group so that you can answer questions about it. You will especially need to learn the name and how it is used. We will be using this information for a class activity.*

#### 4. “The truth about birth control” activity

In this activity, students stay in their small groups. The teacher will read a statement. If the small group thinks the statement is true for their method, they raise their sign. Before moving to the next statement, the teacher makes sure students are holding up the correct method signs and covers talking points related to the statement.

If students ask why abstinence was not included as a birth control method, let them know that abstinence was important enough to need an entire lesson to itself. This lesson focuses on methods used during vaginal sex.

*Note:* Research indicates that it’s important to create a positive perception of birth control methods.<sup>18</sup> Information about contraindications or specific health risks will be covered by medical providers, in the event that a student seeks out a particular method of birth control. It is also covered on suggested links on the resource sheet, for students who want more medical information. The focus of this lesson is on the *advantages* of each method.

*I’m going to read a statement. If the statement is TRUE for your method, raise your birth control method sign and keep it up so everyone can see it. We will have a discussion before we move on to the next statement. Here’s the first one...*

a. *This method can only be used by a person who has a penis.*

Answer	Condom, Withdrawal
Instructions	<ul style="list-style-type: none"> <li>Have each small group say the name of their method and how it is used (students are teaching each other).</li> <li>Show the method to the class, if you have samples.</li> </ul>
Talking Points	Reinforce key concepts.

b. *This method can only be used by a person who has ovaries.*

Answer	IUD, Implant, EC, Depo Shot, Birth Control Pill, Patch, Vaginal Ring
Instructions	<ul style="list-style-type: none"> <li>Have each small group say the name of their method and how it is used (students are teaching each other).</li> <li>Show the method to the class, if you have samples.</li> </ul>
Talking Points	<ul style="list-style-type: none"> <li><i>Why can these methods only be used by a person who has ovaries? Because the hormones in these methods tell the ovaries not to release an egg. Without an egg, a pregnancy cannot begin.</i></li> <li>Reinforce key concepts.</li> </ul>

## Middle School FLASH, 2<sup>nd</sup> edition

c. *This method is very good at preventing pregnancy.*

Answer	All
Talking Points	<ul style="list-style-type: none"> <li>• <i>Every method of birth control is very good at preventing pregnancy.</i></li> <li>• <i>Does anyone have a method that is nearly perfect? (IUD and implant)</i></li> <li>• <i>Using any one of these methods is much more effective than using none.</i></li> </ul>

d. *A person can only get this method by going to a doctor's office or clinic.*

Answer	IUD, Implant, Depo Shot, Birth Control Pill, Patch, Vaginal Ring
Instructions	<ul style="list-style-type: none"> <li>• Distribute <i>Sexual Health Resources</i> (Local, U.S. or King County)</li> </ul>
Talking Points	<ul style="list-style-type: none"> <li>• Share state law about confidentiality. For example: <i>It's important to know that here in Washington State, the law says that birth control is completely confidential for all people, including teens. The clinic staff is not allowed to tell anyone, including parents, without the teen's permission. At many of the clinics, teens can sign up for free Washington State birth control insurance.</i></li> <li>• Give the names and locations of nearby clinics. Point out if services are free or low cost. For example: <i>In this community, teens can get birth control at [insert local clinic].</i></li> </ul>

e. *A person can get this method from a drugstore without a doctor's prescription.*

Answer	Condom, EC
Talking Points	<ul style="list-style-type: none"> <li>• <i>Ask: Why would it be important for people to get EC quickly, or have it on hand at home? Because it works best the sooner it's taken, right after unprotected sex.</i></li> <li>• <i>Most brands of EC can be purchased at the drugstore by people of any age, without ID, if the drugstore carries EC. EC costs \$35–50.</i></li> <li>• <i>People of any age can buy condoms at the drugstore or gas station without ID. They cost about \$1/condom and usually come in packs.</i></li> <li>• <i>People can often get EC and condoms for free or for much less money at a clinic.</i></li> </ul>

f. *This method is very safe. It is not harmful to a person's body.*

Answer	All
Talking Points	<ul style="list-style-type: none"> <li>• <i>All birth control methods are very safe.</i></li> <li>• <i>All methods of birth control are much less risky for a person's body than pregnancy and childbirth.</i></li> <li>• <i>If a certain method isn't a good match for someone, their doctor will help figure it out.</i></li> </ul>

g. *This birth control method cannot be used by teens.*

Answer	None. They can all be used by teens!
Talking Points	<ul style="list-style-type: none"> <li>Many teens successfully use birth control, including all of the methods we're studying today.</li> </ul>

h. *This method gives excellent protection against pregnancy and STDs, including HIV.*

Answer	Condom
Talking Points	<ul style="list-style-type: none"> <li>Fortunately, the one method of birth control that protects against pregnancy and STDs is easy to get and easy to use.</li> <li>Condom group, please remind the class how to use a condom correctly. You can find it on your fact sheet. (Roll it all the way down, pinch the tip, hold it onto the base of the penis when pulling out of partner's body)</li> </ul>

i. *This method can be used after sex to prevent pregnancy.*

Answer	EC
Talking Points	<ul style="list-style-type: none"> <li>Ask: <i>In what situations would a person need birth control after sex?</i> (Didn't use birth control; condom breaks; used another birth control method incorrectly; rape/did not consent to sex.)</li> <li>EC works best the sooner it's taken. It must be taken within 5 days of unprotected sex in order to work.</li> <li>Ask: <i>What do you think would happen if EC didn't work?</i> (The person would be pregnant. It would not harm the pregnancy.)</li> </ul>

j. *This method is easy to use.*

Answer	Opinions will vary. (Be sure to include IUD, implant and condom.)
Talking Points	<ul style="list-style-type: none"> <li>What makes your group's method easy or convenient to use?</li> </ul>

k. *This method can be used together with any other birth control method, giving the highest level of pregnancy, HIV and other STD protection.*

Answer	Condom
Talking Points	<ul style="list-style-type: none"> <li>Using two methods of birth control, with one of them being a condom, is the very best protection.</li> </ul>



I. *These are the top 3 methods used by teens in the United States.*

Answer	(1) Condoms, (2) Pill, (3) Withdrawal
Talking Points	<ul style="list-style-type: none"><li>• <i>What do you notice about these methods?</i> (Two of them are used by males; two can be used without going to a clinic; the number 1 method is good for both pregnancy and STD protection.)</li><li>• <i>Teens are very good at using birth control and condoms, and preventing pregnancy.</i></li></ul>

## 5. Complete the sentence

Show *The Best Thing... Visual*. Give the groups 3 minutes to work together on completing the sentence.

*I'd like each small group to work together to complete the sentence on the screen. "In our opinion, the best thing about (the name of your group's birth control method) is..." You should try to imagine what a person using the method might really like about it. When you're done we're going have each small group read their sentence.*

Allow 3 minutes to write, then have each group read their statement.

Thank the class for their good work in teaching each other about birth control methods.

*Good job teaching each other about birth control methods today. It was an interesting topic and I hope everyone learned a lot.*

## 6. Assign homework

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

*Individual Homework: Birth Control Laws*

*Family Homework: Talking About Birth Control*, available in multiple languages on the FLASH website

## 7. Exit ticket

Hand out the *Lesson 7 Exit Ticket*.

### Question:

When does a person take emergency contraception?

### Answer:

Any of the following answers are acceptable:

- Within 5 days of unprotected sex
- After having sex without birth control or a condom
- After a condom breaks
- If a person is raped

# Warm Up

---

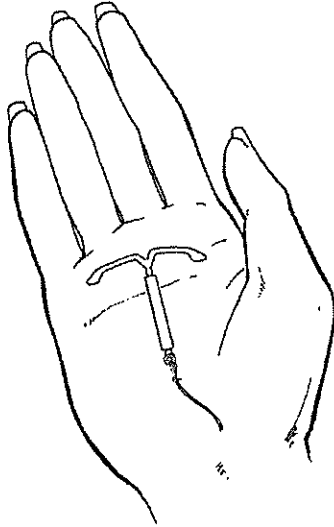
Visual

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.

**True or False?** Most people use some kind of birth control to prevent pregnancy the first time they have vaginal intercourse.

# IUD

## Fact Sheet

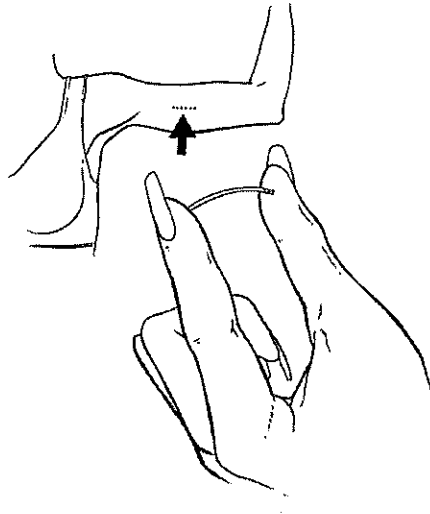


- ☒ The IUD is excellent at preventing pregnancy.
- ☒ The IUD prevents pregnancy for 5 to 10 years, depending on the type of IUD.
- ☒ It is very safe.
- ☒ The IUD is a small T-shaped object that stays inside the uterus. The IUD folds into a small tube that goes through the vagina and into the uterus. It is placed into the uterus by a doctor.
- ☒ IUDs work by slowing down sperm. Some IUDs also work with hormones.
- ☒ It does not protect against STDs or HIV.

Source: *Contraceptive Technology*, 20<sup>th</sup> revised edition, 2011.

# Implant

## Fact Sheet

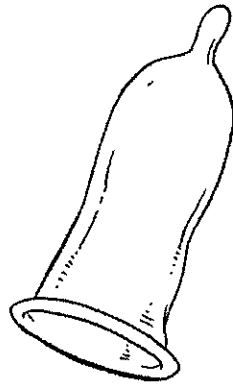


- ☒ The implant is the most effective method of birth control.
- ☒ The implant prevents pregnancy for up to 3 years.
- ☒ It is very safe.
- ☒ The implant is a soft tube that goes under the skin of a woman's upper arm. It only takes a few minutes for a doctor to insert or remove the implant. Stitches are not needed, just a band aid.
- ☒ The implant has a hormone in it, similar to a hormone that occurs naturally in the body. The hormone is slowly released out of the tube and into the body.
- ☒ The implant works by making it hard for sperm to get into the uterus and by stopping the ovaries from releasing an egg each month.
- ☒ The implant does not protect against STDs or HIV.

Source: *Contraceptive Technology*, 20<sup>th</sup> revised edition, 2011.

# Condom

## Fact Sheet



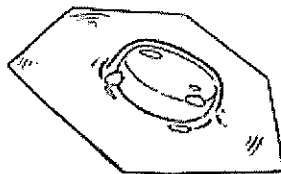
- ☒ Condoms are very good at preventing pregnancy, STDs, and HIV.
- ☒ Condoms are one of the easiest birth control methods to get. Condoms are sold at many drug stores, gas stations and clinics.
- ☒ A condom is like a very thin, very strong glove worn over the penis to catch semen.
- ☒ A condom is used by unrolling it over an erect penis, leaving the tip of the condom hanging off the end of the penis.
- ☒ A person should squeeze the tip of the condom to push out any air.
- ☒ When semen leaves the penis, it is caught in the condom.
- ☒ When the penis is pulled out of the partner's body, the condom must be held onto the base of the penis, so it won't slip off and spill semen into the other person.
- ☒ The condom is used only once and then thrown away.
- ☒ Using a condom together with another birth control method gives even more protection against pregnancy.
- ☒ Condoms come in vinyl or polyurethane if a person is allergic to latex.

Source: *Contraceptive Technology*, 20<sup>th</sup> revised edition, 2011.

# EC (Emergency Contraception)

---

## Fact Sheet



- ☒ EC is a pill women take to prevent pregnancy after sex.
- ☒ 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 intercourse.
- ☒ Most kinds of EC are made of a hormone similar to one that occurs naturally in the body.
- ☒ It prevents pregnancy by delaying or stopping the ovaries from releasing an egg.
- ☒ EC is very safe.
- ☒ EC will not harm a pregnancy (for example, if the person accidentally takes it when already pregnant).
- ☒ Some brands of EC can be bought by men or women at the drug store without a doctor’s prescription.
- ☒ For more information about getting EC, go to [www.not-2-late.com](http://www.not-2-late.com).
- ☒ It does not protect against STDs or HIV.

Source: *Contraceptive Technology*, 20<sup>th</sup> revised edition, 2011.

# Depo Shot

## Fact Sheet



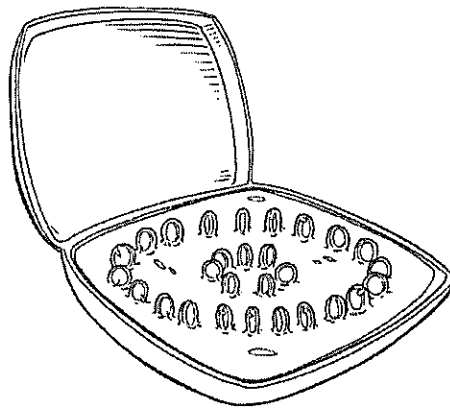
- ☒ Depo is very effective at preventing pregnancy.
- ☒ The Depo shot, also known as Depo-Provera, is given into a woman's arm or hip every 3 months.
- ☒ It is made of a hormone similar to one that occurs naturally in the body.
- ☒ The shot prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- ☒ The shot is very safe.
- ☒ The shot does not protect against STDs or HIV.
- ☒ A person needs to go to a doctor to get started on the shot.

Source: *Contraceptive Technology*, 20<sup>th</sup> revised edition, 2011.

# Birth Control Pill

---

## Fact Sheet



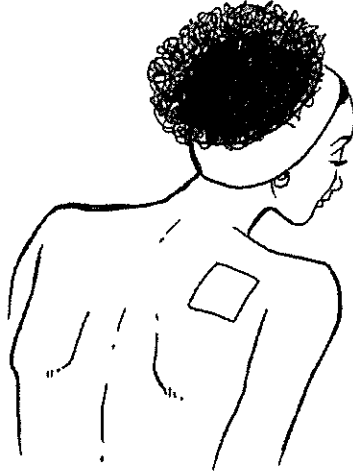
- ☒ Birth control pills are very effective at preventing pregnancy when used correctly.
- ☒ A woman takes the pill once a day to prevent pregnancy.
- ☒ It is made of hormones similar to the ones that occur naturally in a woman's body.
- ☒ The pill prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- ☒ Sometimes people take the pill to help with other health issues. For example, it helps prevent cancer of the ovaries and uterus, it makes bones stronger, it helps acne, and it makes period cramps better.
- ☒ The pill is very safe.
- ☒ The pill does not protect against STDs or HIV.
- ☒ A person needs to go to a doctor to get started on the pill.

Source: *Contraceptive Technology*, 20<sup>th</sup> revised edition, 2011.



# Patch

## Fact Sheet



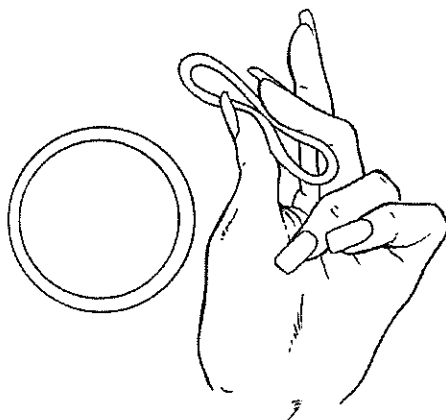
- ☒ The patch is very effective when used correctly.
- ☒ The patch is a small, thin, beige-colored patch that sticks to a woman's skin.
- ☒ A person puts on a new patch once a week, for 3 weeks in a row, and then has 1 week without a patch.
- ☒ The patch has hormones similar to the ones that occur naturally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

Source: *Contraceptive Technology*, 20<sup>th</sup> revised edition, 2011.

# Vaginal Ring

---

## Fact Sheet



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

Source: *Contraceptive Technology*, 20<sup>th</sup> revised edition, 2011.

# Withdrawal

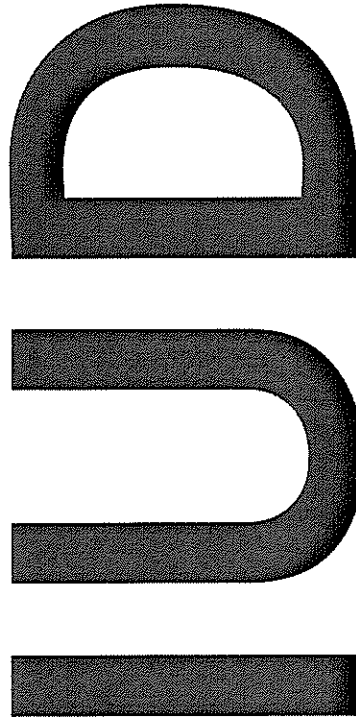
---

## Fact Sheet

- ☒ Withdrawal is another word for pulling out.
- ☒ A person pulls their penis out of their partner's body before ejaculating, making sure not to get semen near the vagina.
- ☒ Withdrawal is free and always available.
- ☒ It is much more effective than most people think, when used correctly.
- ☒ Withdrawal is very effective for people who can tell when the semen is about to leave their penis. It takes experience and a lot of self-control to be able to pull out completely in time.
- ☒ Pre-cum is a fluid that can be seen on the tip of the penis before ejaculation. It's also called pre-ejaculate. Studies show that only some people's pre-cum contains a small amount of sperm.
- ☒ Withdrawal lowers the chance of getting HIV and some other STDs, but it does not fully protect against these infections.

Source: *Contraceptive Technology*, 20<sup>th</sup> revised edition, 2011.

**Birth Control Sign**



implant

Condom

**EC**

**Emergency  
Contraception**

Depot  
shots



# Birth Control Pill

Patch

# Vaginal Rings

# Withdrawal

# Sexual Health Resources In King County

---

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](http://www.teenclinic.com)

Planned Parenthood Great Northwest  
1-800-769-0045  
[www.plannedparenthood.org](http://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](mailto:chap@kingcounty.gov)

Teen Link  
1-866-833-6546  
[www.866teenlink.org](http://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](http://www.kingcounty.gov/healthservices/health/personal/MSS.aspx)

## Abortion Clinics

Cedar River Clinics  
(425) 255-0471  
[www.cedarriverclinics.org](http://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.

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](http://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](http://www.aids.gov)
- Enter your zip code to find the nearest place to get emergency contraception. [www.not-2-late.com](http://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](http://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.org](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](http://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/>

# The Best Thing...

---

Visual

**Instructions:** Work with your small group to complete the sentence below about your group's method of birth control. Think about why a person using it might like it. For example, do you think they would find it convenient, easy to use, helpful for other health issues, etc.?

In our opinion, the best thing about

\_\_\_\_\_ (*name of method*) is

\_\_\_\_\_

\_\_\_\_\_



# Individual Homework: Birth Control Laws

---

Name: \_\_\_\_\_

Period: \_\_\_\_\_

Use the Internet to answer the following questions about state birth control laws. You may use the following tips for searching online.

- This website will bring you to a map of the United States. Click on the state you want to learn about and scroll down to read about birth control laws and condom laws for teens. <http://sexetc.org/action-center/sex-in-the-states/>
  - Try doing a general internet search with the phrase “birth control laws in (insert your state).”
1. Write the name of the state you want to research. It can be the state you live in or any other state that interests you.

2. Can teens get birth control without their parent's or guardian's permission? If there are any special rules about this, please write them down.

3. Can teens get condoms without their parent's or guardian's permission?

# Family Homework: Talking About Birth Control

---

**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 OK 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:** Today we learned about birth control methods. Did you learn about birth control in school when you were a student? If so, what do you remember about the class?

**Ask the student:** Tell me something you learned about birth control methods today.

**Ask each other:** Do you think teens should be required to get their parent's permission to use birth control? Why or why not?



---

## Family Homework Confirmation Slip: Talking About Birth Control

---

Due: \_\_\_\_\_

We have completed the family homework.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of family member or trusted adult

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Signature of student

# Exit Ticket

---

Handout

When does a person take emergency contraception?

## Lesson 7: Assessment Questions

---

1. Circle the birth control methods that a person can only get from a clinic or doctor's office.

IUD	Patch
Implant	Pill
Condom	Ring
Depo	Withdrawal

2. Which of the following birth control methods protects against pregnancy and STDs, including HIV?

A. Condom  
B. Pill  
C. IUD  
D. EC

3. Where could a person get medically accurate information about pregnancy prevention?

4. Describe 2 ways to prevent pregnancy for a couple who is having vaginal sex.

5. Describe 2 important things a person should know about condoms.

## Lesson 7: Assessment Key and Standards Alignment

Question	Answer	Standards
1. Circle the birth control methods that a person can only get from a clinic or doctor's office.	IUD, Implant, Depo, Patch, Pill, Ring	NHES: SH3.8.4
2. Which of the following birth control methods protects against pregnancy and STDs, including HIV?  A. Condom B. Pill C. IUD D. EC	A	NHES: SH1.8.31  NSES: PR.8.CC.3
3. Where could a person get medically accurate information about pregnancy prevention?	Possible correct answers: Any resource listed on the resource sheet, or whatever resource you shared with students (e.g. school-based health center, school nurse, etc.)	NHES: SH3.8.6 SH3.8.8  NSES: PR.8.AI.1 PR.8.AI.2 PR.8.AI.3
4. Describe 2 ways to prevent pregnancy for a couple who is having vaginal sex.	Correct answers include any methods of birth control or abstinence	NHES: SH1.8.30 SH1.8.32
5. Describe 2 important things a person should know about condoms	Possible correct answers: <ul style="list-style-type: none"> <li>• Prevent pregnancy</li> <li>• Prevent STDs including HIV</li> <li>• Easy to get</li> <li>• Easy to use</li> <li>• No age restriction</li> <li>• Any of the instructions for using condoms correctly</li> </ul>	NHES: SH1.8.31  NSES: PR.8.CC.3
<b>Exit Ticket:</b> When does a person take emergency contraception?	Any of the following answers are acceptable: <ul style="list-style-type: none"> <li>• Within 5 days of unprotected sex</li> <li>• After having sex without birth control or a condom</li> <li>• After a condom breaks</li> <li>• If a person is raped</li> </ul>	NSES: PR.8.CC.4 PR.8.AI.2
<b>Individual Homework:</b> Birth Control Laws		NHES: SH3.8.6  NSES: PR.8.AI.3

# Integrated Learning Activities

---

## CREATIVE WRITING: Birth Control Song Lyrics

Write down 5-10 lines of any song you like. Then they rewrite the lyrics to include birth control. You can write about a specific method of birth control or about birth control in general. It can have any tone—serious, funny, etc. The only requirement is that the new lyrics are PG and only use medically accurate information.

## MATH: Birth Control Effectiveness

1. Answer the following questions about the odds of getting pregnant with each of the following methods:

- No birth control

If couples have vaginal sex without birth control, they have an 85% chance of getting pregnant within the year. If 50 couples have vaginal sex without using birth control, how many pregnancies would be expected by the end of the year?

Answer: 42 or 43 pregnancies with no birth control

- Using the IUD

If couples use the IUD for pregnancy prevention, they have much less than a 1% chance of getting pregnant within the year. If 50 couples have vaginal sex using the IUD, how many pregnancies would be expected by the end of the year?

Answer: 0 pregnancies (at the very most, 1 pregnancy)

- Using the condom

If couples use the condom correctly for pregnancy prevention every time they have sex, they have a 2% chance of getting pregnant within the year. If 50 couples have vaginal sex using the condom, how many pregnancies would be expected by the end of the year?

Answer: 1 pregnancy

2. Based on these math problems, what conclusions can you draw about the effectiveness of the IUD and the condom, when used correctly and every time?

Answer: They are both very effective. The IUD is more effective.

3. What could a couple who wanted a higher level of protection against pregnancy do?

Answer: Use the IUD and condom at the same time, or not have sex.

## References

- <sup>1</sup> Kirby, D. (2001). *Emerging answers: Research findings on programs to reduce teen pregnancy*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.
- <sup>2</sup> 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.
- <sup>3</sup> 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.
- <sup>4</sup> Alford, S. (2008). *Science and success, second edition: Programs that work to prevent teen pregnancy, HIV & sexually transmitted infections*. Washington, DC: Advocates for Youth.
- <sup>5</sup> UNAIDS. (1997). *Impact of HIV and sexual health education on the sexual behaviour of young people: A review update*. Geneva, Switzerland: UNAIDS.
- <sup>6</sup> 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.
- <sup>7</sup> Finer, L. B., and Philbin, J. M. (2013). Sexual initiation, contraceptive use, and pregnancy among young adolescents. *Pediatrics*, 131, 5. DOI:10.1542/peds.2012-3495.
- <sup>8</sup> Kirby, D., & Lepore, G. (2007). *A matrix of risk and protective factors affecting teen sexual behavior, pregnancy, childbearing and sexually transmitted disease*. Scotts Valley, CA: ETR Associates.
- <sup>9</sup> Public Health – Seattle & King County, Client Encounter Data, 2009 and 2010.
- <sup>10</sup> 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 and Health Statistics*, 23, 30.
- <sup>11</sup> American College of Obstetricians and Gynecologists Committee. (2007). *Intrauterine device and adolescents*. Opinion No. 392.
- <sup>12</sup> Lys, R., et al. (2010). Use of the Mirena™ LNG-IUS and Paragard™ CuT380A intrauterine devices in nulliparous women. *Contraception*, 81, 367–371.
- <sup>13</sup> Prager, S., & Darney, P. D. (2007). The levonorgestrel intrauterine system in nulliparous women: Review Article. *Contraception*, 75, S12–S15.
- <sup>14</sup> Hatcher, R. A., et al. (2011). *Contraceptive technology, 20<sup>th</sup> revised edition*. New York: Ardent Media.
- <sup>15</sup> Killic, S. R., et al (2011). Sperm content of pre-ejaculatory fluid. *Human Fertility*, 14, 1, 48–52.
- <sup>16</sup> Daniels, K., Daugherty, J., & Jones, J. (2014). Current contraceptive status among women aged 15–44: United States, 2011–2013. *NCHS data brief, no 173*. Hyattsville, MD: National Center for Health Statistics.
- <sup>17</sup> Martinez, G., et al. (2011). Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2006–2010 National Survey of Family Growth. *Vital and Health Statistics*, 23, 31.
- <sup>18</sup> Kirby, D., & Lepore, G. (2007). *A matrix of risk and protective factors affecting teen sexual behavior, pregnancy, childbearing and sexually transmitted disease*. Scotts Valley, CA: ETR Associates.





# **To Parents & Guardians: Introducing FLASH**

---

Dear Families,

Your student will soon begin their sexual health unit in our class. We will be teaching the FLASH curriculum. FLASH is a medically accurate, age-appropriate comprehensive sexual health education curriculum. The goals of the curriculum are to prevent teen pregnancy, STDs and sexual violence, and to increase family communication about sexual health related topics such as dating, sex and abstinence.

FLASH builds skills to support young people in remaining abstinent, as well as teaching about other methods of disease and pregnancy prevention. It promotes respectful communication, and builds skills for healthy relationships. FLASH also contains family homework assignments in which students talk with a family member about the topics covered in class via a prescribed set of questions. Students receive credit for speaking with an adult, but are never required to discuss the content of their conversations.

FLASH provides a protocol for teachers when answering student questions about values that includes referring student back to families to learn their specific values. As a result, students may come home with questions about the values and expectations you have for them regarding these topics. We hope this will provide a meaningful opportunity for you to talk about these important topics together. A list of the Middle School FLASH lessons is provided below. If you have any questions or would like to preview a lesson, please don't hesitate to contact me.

- Lesson 1: Reproductive System and Pregnancy
- Lesson 2: Sexual Orientation and Gender Identity
- Lesson 3: Rules of Dating
- Lesson 4: Saying No
- Lesson 5: Preventing STDs
- Lesson 6: Condoms to Prevent HIV and Other STDs
- Lesson 7: Birth Control Methods



# 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](http://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](http://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](http://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](http://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/](http://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](http://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](http://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.<sup>1</sup> People ages 15 to 24 report rape and sexual assault at far higher rates than any other age group.<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup>

### **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.

---

<sup>1</sup> Finkelhor, D., & Dzuiba-Leatherman, J. (1994). Children as Victims of Violence: A National Survey. *Pediatrics*, 94, 413-420.

<sup>2</sup> 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>.

<sup>3</sup> Find state laws here: [www.childwelfare.gov/systemwide/laws\\_policies/statutes/mandall.pdf](http://www.childwelfare.gov/systemwide/laws_policies/statutes/mandall.pdf).

<sup>4</sup> To find your local sexual assault center, visit: [www.nsvrc.org/organizations](http://www.nsvrc.org/organizations).

# Guidance for Utilizing Guest Speakers

---

FLASH does not require the use of guest speakers, and the lessons are designed to be easy to use by a classroom teacher. However, some schools and teachers may choose to bring in guest speakers who are experts in sexual health education or who represent community resources. It is important to note that outside speakers are bound to the same laws and requirements as classroom teachers.

In order to ensure the best outcomes for students, guest speakers should utilize lessons and teaching methods aligned with current sexual health education research. Specifically, guest speakers should share medically accurate information and focus on building the same beliefs, attitudes and skills that are the focus of the FLASH curriculum.

FLASH strives to prevent STDs and teen pregnancy by teaching medically accurate information about birth control, condoms, pregnancy and STDs, including HIV; strengthening the belief that people can protect themselves from STDs and unintended pregnancy; promoting positive attitudes about abstinence, condoms and birth control; and developing refusal skills. FLASH works to prevent sexual violence by undoing gender stereotypes, particularly stereotypes about men that stress violence, control and sexual conquest; developing skills in recognizing consent or the lack thereof; and promoting peer norms that don't support acts of sexual violence.

Guest speakers should not present information, promote beliefs or attitudes, or teach skills that are in conflict with any of the above mentioned strategies. Doing so will weaken the effectiveness of FLASH and make it harder to prevent teen pregnancy, STDs and sexual violence. Finally, guest speakers should avoid outdated and non-evidence-based practices, such as using scare tactics, stressing gender differences, disparaging condoms and other contraceptives, perpetuating stereotypes, and shaming or belittling students.

