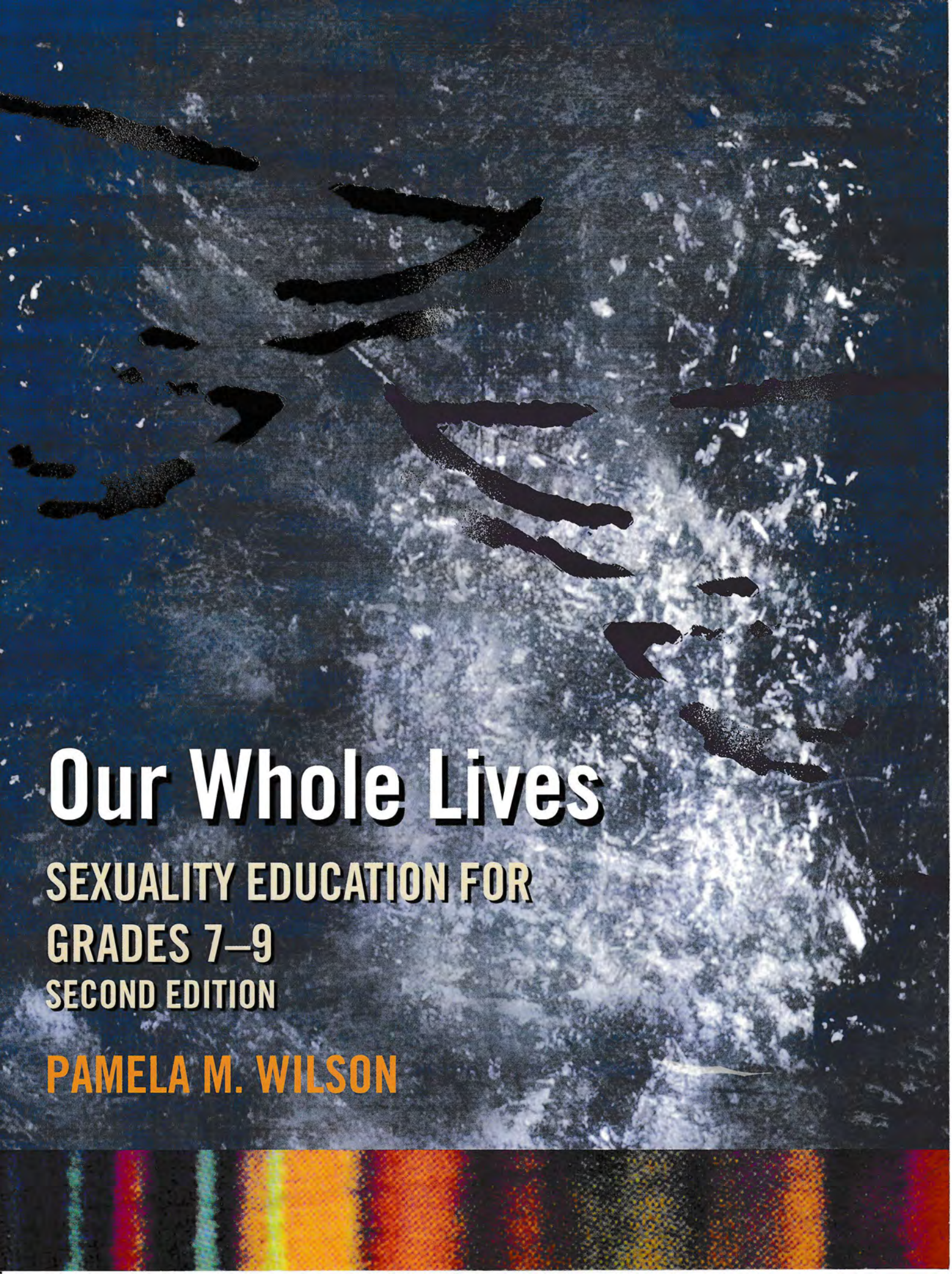


Our Whole Lives

SEXUALITY EDUCATION FOR GRADES 7–9

SECOND EDITION

PAMELA M. WILSON

Our Whole Lives

Sexuality Education for Grades 7–9

2nd edition

Pamela M. Wilson, MSW

Judith A. Frediani; Melanie Davis, PhD; and Jessica York
Developmental Editors

Unitarian Universalist Association
United Church of Christ
Boston

ISBN 978-1-55896-740-3

Printed in the United States of America

10 9 8 7 6 5 4
21 20 19 18

Acknowledgments

We gratefully acknowledge the following individuals and groups who contributed to the development of this second edition of *Our Whole Lives: Sexuality Education for Grades 7–9.*

- The original Sexuality Education Task Force (1991–1993) assessed the need for sexuality education materials in the two denominations, researched the possibilities, articulated the project's ambitious philosophy and goals, and proposed a budget for it: Reverend Roberta M. Nelson (UUA), chair; Reverend Jory Agate (UUA); Debra Anderson (UUA); Kathleen Carlin (UCC); Dr. Duane Dowell (UUA); Faith Adams Johnson (UCC); Vaughn Keller (UUA); Reverend Makanah Elizabeth Morriss (UUA); Dr. William Stackhouse (UCC); Reverend Gordon J. Svoboda II (UCC); and Cynthia W. Young (UCC).
- The North Shore Unitarian Universalist Veatch Program funded the work of the original Sexuality Education Task Force.
- Judith Frediani was a driving force behind the Our Whole Lives Lifespan Sexuality Education program, including the first and second editions of the grades 7–9 curriculum. Her expertise as an educator and curriculum developer, her commitment to the program's values and assumptions, and her developmental editing helped ensure the continued quality of the program.
- Melanie Davis helped conceptualize the scope and sequence of the revised curriculum, recruited and worked with authors who contributed their specific expertise to various workshops, and helped write and revise many of the workshops. She also reviewed the final revised draft.
- Jessica York's passion for education and skills as an editor and project manager helped pull together all the pieces that brought this edition to completion.
- The following United Church of Christ staff and members who are enthusiastic partners with us in this jointly published manuscript:
  - Ann Hanson, for her deep commitment to and continued advocacy for Sexuality Education as a ministry of the United Church of Christ. Her spirit, energy, and persistence have been key to this process.
  - Mike Schuenemeyer, for shepherding the revision process on behalf of the United Church of Christ and for his continued dedication to this ministry and partnership with the UUA. His strength, gentle manner, leadership, and clarity have been steadfast and invaluable.
  - Kelly Burd, for her guidance, direction, positive outlook, and attention to detail during the development of this revision process.
  - T. Michael Rock, Melissa Lopez, and Amy Johnson, for their team spirit, critical reading skills, and knowledge shared about developmental stages, differently abled persons, and social justice. Their faith and dedication to walking this walk in the Christian church is unwavering.

- Alicia LeBlanc's eye for detail and accuracy and skill at obtaining permissions provided crucial editorial support.
- Susan Lawrence for her feedback, editing, and assistance in gaining permissions.
- The following authors contributed important content and/or activities to individual workshops as listed below:

  Workshop 1, What Is Sexuality? – Melanie Davis
  Workshop 6, Body Image – Allyson Sendak
  Workshop 7, Gender Identity – Eli Green
  Workshop 8, Gender Expression, Roles, and Stereotypes – Eli Green
  Workshop 10, Guest Panel – Eli Green
  Workshop 11, Sexuality and Disability – Maria Clark-Andragna and Melanie Davis
  Workshop 12, Healthy Relationships – Al Vernacchio
  Workshop 13, Relationship Skills – Al Vernacchio
  Workshop 14, Sexuality, Social Media, and the Internet – Yolanda Turner
  Workshop 15, Bullying and Bystander Responsibilities – David M. Hall
  Workshop 18, Consent Education – Roxy Trudeau and Eva Ball
  Workshop 19, Sexually Transmitted Infections – Amelia Hamarman
  Workshop 20, Pregnancy, Parenting, and Teenage Parenthood – Kimberly Chestnut and Allyson Sendak
  Workshop 21, Unintended Pregnancy Options – Allyson Sendak
  Workshop 22, Contraception and Safer Sex – Kimberly Chesnut
  Workshop 23, Sexual Decision Making – Al Vernacchio
  Workshop 25, Self-Care, Celebration, and Closure – Melanie Davis

- Barb Greve and Alex Kapitan carefully reviewed workshops 7, 8, and 9, and suggested important revisions that made those workshops (and the entire curriculum) more relevant to and inclusive of queer youth specifically, and participants of all gender identities and sexual orientations more generally.
- Field-test facilitators, parents/guardians, and youth from the following sites made valuable contributions to this edition of the curriculum. Facilitators provided detailed critical feedback and youth participants provided both verbal and written feedback, all of which made the curriculum more relevant and user friendly:

  Oberlin UU Fellowship (OH); First Church UCC (Oberlin, OH); First Unitarian Society of Minneapolis (MN); First UU Church of Winnipeg (Winnipeg, Manitoba, Canada); Fox Valley UU Fellowship (Appleton, WI); Olympia Brown UU Church (Racine, WI); University UU Society (Orlando, FL); Riverside Community Church UCC (Hood River, OR); Mid-Columbia UU Fellowship (Hood River, OR); First UU Society of San Francisco (CA); Olympia UU Congregation (Olympia, WA); Thomas Jefferson Memorial Church, UU (Charlottesville, VA); UU Church of Berkeley (Kensington, CA); UU Congregation of Somerset Hills (Somerville, NJ); Harbor UU Congregation (Muskegon, MI); First UU Church of Rochester (MN); First United Church of Oak Park (IL); The Unitarian Society of Ridgewood (NJ); UU Church of Annapolis (MD); First UU Congregation of Ann Arbor (MI); Emerson UU Church (Canoga Park, CA); Cedar Lane UU (MD); UU

Church of Asheville (NC); Channing Memorial Church (Newport, RI); First UU Church of San Diego (CA); UU Congregation at Shelter Rock (Manhasset, NY); UU Fellowship of Redwood City (CA); UU Congregation of Monmouth County (Lincroft, NJ); Saltwater UU Church (Des Moines, WA); UU Church of Eugene (OR); First Universalist Unitarian Church of Wausau (WI); UU Church of Urbana-Champaign (IL); UU Congregation at Montclair (NJ); First Unitarian Society of Westchester (Hudson, NY); First Unitarian Church of Providence (RI); UU Fellowship of Corvallis (OR); BuxMont UU Fellowship (Warrington, PA); UU Community Church of Washington County (Hillsboro, OR); First Unitarian Church of Victoria (BC, Canada); First Universalist Church of Minneapolis (MN); First Unitarian Congregation of Toronto (Ontario, Canada); UU Church of Ogden (UT); The Unitarian Church in Summit (NJ); UU Church of Medford (MA); People's Church of Kalamazoo (MI); Community Church of Chapel Hill, UU (NC); UU Church of Canton (NY); Unitarian Universalist Church (West Lafayette, IN); First UU Church of Richmond (VA); Tennessee Valley UU Church (Knoxville, TN); UU Church of Spokane (WA); First Congregational UCC (Indianapolis, IN); Unitarian Church of Harrisburg (PA); UU Congregation of Durham (Oshawa, Ontario, Canada); Neighborhood UU Church of Pasadena (CA); First Parish Framingham UU (MA); First Unitarian Society of Milwaukee (WI); Birmingham Unitarian Church (Bloomfield Hills, MI); UU Church of Worcester (MA); First Unitarian Church of Worcester (MA); Eno River UU Fellowship (Durham, NC); The First Religious Society in Carlisle (MA); Boise UU Fellowship (ID); UU Church of Charlotte (NC); First Church and Parish in Dedham, UU (MA); First Parish in Needham, UU (MA); UU Church of Davis (CA); UU Congregation of Glens Falls (Queensbury, NY); Unitarian Universalists of San Mateo (CA); Miami Valley UU Fellowship (Dayton, OH); West Shore UU Church (Rocky River, OH); University Unitarian Church (Seattle, WA); Live Oak UU Church (Cedar Park, TX); UU Church of Palo Alto (CA); The Universalist Church of West Hartford (CT); UU Congregation of the New River Valley (Blacksburg, VA); Pathways Church (Southlake, TX); UU Congregation of Columbia (MD); UU Fellowship of Wilmington (NC).

- The following funders helped support the development of *Our Whole Lives: Sexuality Education for Grades 7–9*, first edition:
  The Brush Foundation Cleveland (OH); The Carpenter Foundation, Holden (MA); Ford Foundation, New York (NY); The Martin Foundation, Inc., Elkhart (IN); The Moriah Fund, Chevy Chase (MD); Planned Parenthood of New York (NY).

We gratefully acknowledge use of the following material:

- "Circles of Sexuality," adapted from *Life Planning Education*, 1995, Advocates for Youth, Washington, DC, www.advocatesforyouth.org. Based on the original work of Dennis M. Dailey, Professor Emeritus, University of Kansas.
- "Ofelia's Story," published as "Declaration of Independence" in *Heartbreak and Roses: Real Life Stories of Troubled Love,* by Janet Bode and Stan Mack. Delacorte Press, 1994. Copyright © 1994. Reprinted by permission of Janet Bode and Stan Mack.

- excerpt reprinted with permission from *Go Ask Alice!*, Columbia University's Health Q&A Internet Resource at www.goaskalice.columbia.edu, copyright © 2014 by The Trustees of Columbia University.
- excerpt from "About Tony," Tony Briffa's website, www.briffa.org/about, reprinted with permission of the author.
- excerpts from Kathy McCoy and Charles Wibbelsman, *The Teenage Body Book* (New York: Hatherleigh Press, 2008), reprinted with permission of the authors.
- "I Am Beautiful" by Mary Moskovitz from *No Body's Perfect* by Kimberly Kirberger. Copyright © 2003 by Kimberly Kirberger. Reprinted by permission of Scholastic Inc.
- "Wearing Tights" by Roland, from William Pollack with Todd Shuster, *Real Boys' Voices* (Random House, 2000), reprinted with permission of Todd Shuster.
- excerpts from Rachel Cohen Rottenburg, "Where Are All the Disabled People in the Body Positivity Campaigns?" from *The Body Is Not an Apology*, May 21, 2013, http://thebodyisnotanapology.tumblr.com/post/50993039362/where-are-all-the-disabled-people-in-the-body, reprinted with permission of Rachel Cohen Rottenburg, content manager.
- Jacob Tobia, "Gay Men and Body Image: It's Time for a Revolution," *Huffington Post* blog, October 14, 2012, www.huffingtonpost.com/Jacob-tobia/gay-men-and-body-image-its-time-for-a-revolution_b_1929946.html, reprinted with permission of author.
- "Connecting Body Image and Sexual Health," adapted from Maureen Kelly, "Making Connections: Identifying the Lines Between Body Image and Sexual Health," Resource Center for Adolescent Pregnancy Prevention, www.recapp.org
- excerpts from Kye Allums, "Women's NCAA Division 1 Basketball Student-Athlete, George Washington University," from *NCAA Inclusion of Transgender Student-Athletes* (NCAA 2011), www.ncaa.org/sites/default/files/Transgender_Handbook_2011_Final.pdf, reprinted with permission of NCAA and Kye Allums.
- excerpt from Nathalie Rothschild, "Sweden's New Gender-Neutral Pronoun: Hen. A Country Tries to Banish Gender," *Slate.com*, April 11, 2012, www.slate.com/articles/doube_x/doublex/2012/04/hen_sweden_s_new_gender_neutral_pronoun_causes_controversy_.html, reprinted with permission of author.
- "Language Matters" adapted from National Youth Leadership Network (NYLN) and Kids as Self Advocates (KASA), "Respectful Disability Language: Here's What's Up!" © 2006 NYLN and KASA, reprinted with permission of NYLN.
- excerpts from interview with Cara Liebowitz, *Love on Wheels: Sex, Love, Disability*, March 16, 2014, http://loveonwheels-ekiwah.blogspot.com, reprinted with permission of author.
- Madeleine Jewell, "The Contortionist," from *Real Moments, Real Relationships: 2013 High School "Love What's Real Contest Winners* (Center for Healthy Teen Relationships), www.lovewhatsreal.com, reprinted with permission of author.
- "Bullied Student Tickled Pink by Schoolmates' T-Shirt Campaign," CBC News, September 18, 2007, www.cbc.ca/news/Canada, reprinted with permission of CBC Licensing.

- excerpt ("Not the Only Girl") from Anne Bacic, *Masturbation: Girls Let's Admit It*, published March 17, 2005, and revised May 9, 2013; Holly, *Herpes: My Story*, November 2010; Cassandra Fetchik, "Draw the Line: Setting Healthy Relationship Boundaries," published October 25, 2012, and revised November 21, 2013; Acacia Stevens, "Abstinence is Foolproof: Think Again," published March 18, 2004, and revised September 11, 2012; excerpt ("Big Benefits") from Lex Wolf, "Masturbation: Guys, It's Expected," published March 24, 2005, and revised May 9, 2013; Anonymous, "Teen Mom Tells Her Story," published April 27, 2007, and revised November 3, 2010; Kehinde Togun, "Keeping the Faith: A Teen Dad's Story," published April 13, 2004, revised June 13, 2008; excerpts ("Erin's Choice" and "Jen's Choice") from Arlene Brens, "Pregnancy Presents Chilling Choice," published February 24, 2004, and revised November 17, 2010--all reprinted with permission from *Sex, Etc.*, a teen sexual health magazine and website, written by teens, for teens, published by Answer.
- excerpts from *Changing Bodies, Changing Lives: Expanded Third Edition: A Book for Teens on Sex and Relationships* by Ruth Bell, copyright © 1981, 1987, 1998 by Ruth Bell. Used by permission of Three Rivers Press, an imprint of The Crown Publishing Group, a division of Random House LLC. All rights reserved.
- "Trolley Car" by Jibreel Powell, reprinted with permission of the author.
- Heather Corinna, "Driver's Ed for the Sexual Superhighway: Navigating Consent," *Scarleteen.com*, 2010, www.scarleteen.com/article/abuse_assault/drivers_ed_for_the_sexual_superhighway_navigating_consent
- excerpt from foxnthehunt, "Date Rape: This Is What Happened to Me," *MDJunction*, April 7, 2012, www.mdjunction.com/forums/rape-discussions/introductions-personal-stories/3630285-date-rape-this-is-what-happened-to-me
- excerpts from *ReachOut.com* (http://us.reachout.com/real-stories/story/not-a-victim-im-a-survivor, http://us.reachout.com/real-stories/story/i-was-sexually-assaulted, and http://us.reachout.com/real-stories/story/rape). *ReachOut.com* (http://us.reachout.com) is a web-based service that provides mental health information, peer support, and interactive features to help young people get through tough times.
- excerpt from Anonymous, "I Have Been Gang Raped," *Experience Project*, www.experienceproject.com/stories/Have-Been-Gang-Raped/3275429?e=3275429&n=&aok=Confirm, reprinted with permission of Experience Project
- Ani DiFranco, "Gratitude" (Righteous Babe Records), www.righteousbabe.com/blogs/ani-difranco-news, reprinted with permission of Righteous Babe Records.
- Nicholas Petricca, "Jenny," reprinted with permission of Mick Management.
- adaptation with permission from Brick, P. and Taverner, B., "Unplanned Pregnancy: Making a Decision," *Education About Abortion*, 2nd ed. (Morristown, NJ: The Center for Family Life Education, 2003), © copyright 2003 by The Center for Family Life Education. For more information, please visit www.sexedstore.com

Contents

Introduction

Parents/guardians, educators, and religious communities all face the challenge of creating environments that support and nurture sexual health. Young people need sexuality education programs that model and teach caring, compassion, respect, and justice. Such programs should be holistic, moving beyond the intellect to address the attitudes, values, and feelings that youth have about themselves and the world.

Our Whole Lives: Sexuality Education for Grades 7–9 was developed by the Unitarian Universalist Association and the United Church of Christ. As the original and most comprehensive volume, it is the foundational component of the Our Whole Lives Lifespan Sexuality Education Series, which includes the following additional curricula:

Our Whole Lives: Sexuality Education for Grades K–1
Our Whole Lives: Sexuality Education for Grades 4–6
Our Whole Lives: Sexuality Education for Grades 10–12
Our Whole Lives: Sexuality Education for Young Adults (Ages 18–35)
Our Whole Lives: Sexuality Education for Adults

Although the *Our Whole Lives* series was developed by two progressive religious denominations, this volume is completely secular and free of specific religious doctrine or reference. However, the underlying values of the program reflect the justice-oriented traditions of both denominations.

Unlike many other sexuality curricula currently available, *Our Whole Lives: Sexuality Education for Grades 7–9* is not focused solely on preventing or reducing problems such as high rates of sexually transmitted infections and unintended teen pregnancies. While the program certainly equips youth with the knowledge, attitudes, and skills to avoid these consequences, it has the more proactive goal of helping youth to become sexually healthy people who feel good about themselves and their bodies, remain healthy, and build positive, equitable loving relationships.

In an inclusive and developmentally appropriate manner, the Our Whole Lives program addresses sensitive topics that are excluded from many sexuality curricula. The program recognizes and respects the diversity of participants with respect to sex, gender identity, gender expression, sexual orientation, and disability status. The activities and language used throughout the program have been carefully chosen to be as inclusive as possible of this human diversity.

While the material in this curriculum is intended for students in seventh, eighth, and/or ninth grades, there is much of it that is appropriate for older youth and much more that can be easily adapted for them.

GOALS OF THE CURRICULUM

The overall goal of Our Whole Lives lifespan sexuality education is to create a positive and comprehensive program that helps participants of all ages to gain the knowledge, values, and skills to lead sexually healthy, responsible lives. More specifically, *Our Whole Lives: Sexuality Education for Grades 7–9* is designed to help young adolescents

- affirm and respect themselves as sexual persons (including their bodies, sexual orientation, feelings, etc.) and respect the sexuality of others
- increase comfort and skills for discussing and negotiating sexuality issues with peers, romantic partners, and people of other generations
- explore, develop, and articulate values, attitudes, and feelings about their own sexuality and the sexuality of others
- identify and live according to their values
- increase motivation and skills for developing a just sexual morality that rejects double standards, stereotypes, biases, exploitation, dishonesty, and harassment
- acquire knowledge and skills for developing and maintaining romantic and/or sexual relationships that are consensual, mutually pleasurable, nonexploitative, safe, and based on respect, mutual expectations, and caring
- increase knowledge and skills for avoiding unintended pregnancy and sexually transmitted infections
- express and enjoy sexuality in healthy and responsible ways at each stage of their development
- assess the impact of messages from family, culture, religion, media, and society on sexual thoughts, feelings, values, and behaviors

BILL OF RIGHTS

Our Whole Lives is based on the belief that youth have the right to

- ask any questions they have about sexuality
- receive complete (and medically accurate) information about sexuality
- explore any issues of sexuality that interest them
- have support in making their own decisions about sexual matters
- express their sexuality in ways that are healthy and life affirming

PROGRAM ASSUMPTIONS

Our Whole Lives is also based on the following assumptions about human sexuality:

- All persons are sexual.
- Sexuality is a good part of the human experience.
- Sexuality includes much more than sexual behavior.
- Human beings are sexual from the time they are born until they die.
- It is natural to express sexual feelings in a variety of ways.
- People engage in healthy sexual behavior for a variety of reasons, including to express caring and love, to experience intimacy and connection with another, to share pleasure, to bring new life into the world, and to have fun and relax.

- Sexuality in our society is damaged by violence, exploitation, alienation, dishonesty, abuse of power, and the treatment of persons as objects.
- It is healthier for young teens to postpone sexual intercourse.

PROGRAM VALUES

While *Our Whole Lives: Sexuality Education for Grades 7–9* is designed to be relevant to young people from a wide range of family backgrounds and religious traditions, it's not values-free. The program gives clear messages about key sexuality issues. These issues are organized into four broad topic areas: self-worth, sexual health, responsibility, and justice and inclusivity.

Self-Worth

Every person is entitled to dignity and self-worth and to their own attitudes and beliefs about sexuality.

Sexual Health

Knowledge about human sexuality is helpful, not harmful. Every person has the right to accurate information about sexuality and to have their questions answered.

Healthy sexual relationships are

- consensual (partners agree about what they will do together sexually)
- nonexploitative (partners have equal power, and neither pressures or forces the other into activities or behaviors)
- mutually pleasurable
- safe (sexual activity brings no or low risk of unintended pregnancy, sexually transmitted infections, or emotional pain)
- developmentally appropriate (sexual activity is appropriate to the age and maturity of the persons involved)
- based on mutual expectations and caring
- respectful (partners value honesty and keeping commitments made to others)

Sexual intercourse is only one of the many valid ways of expressing sexual feelings with a partner. It is healthier for young adolescents to postpone sexual intercourse.

Responsibility

We are called to enrich our lives by expressing sexuality in ways that enhance human wholeness and fulfillment and that express love, commitment, delight, and pleasure.

All persons have the right and obligation to make responsible sexual choices.

Justice and Inclusivity

We need to avoid double standards. People of all ages, sexual identities, races, ethnicities, genders, backgrounds, income levels, physical and mental abilities, and sexual orientations must be equally valued and have equal rights.

Sexual relationships should never be coercive or exploitative.

All of the following are natural in the range of human experience: being romantically and sexually attracted to more than one gender (bisexual), the same gender (homosexual), another gender (heterosexual), and/or to those with a more fluid understanding of their own and others' gender (pansexual), and not experiencing sexual attraction (asexual).

THEORETICAL BASIS

Activities and content for *Our Whole Lives: Sexuality Education for Grades 7–9* were chosen in accordance with the following theories:

- **Social learning theory** acknowledges that learning takes place within a certain social context and focuses on the following key concepts:
  - **personalization:** Content is presented in an inclusive manner that is relevant to diverse youth and allows all types of youth to see themselves in the materials. Relevant contemporary issues such as social media and bullying have been included in the second edition.
  - **susceptibility:** The curriculum helps participants understand that STIs, unintended pregnancy, bullying, and other situations ***could*** happen to them. There are specific activities that demonstrate concretely how easily unprotected penis-vagina sex can lead to pregnancy or how easily an STI can be transmitted if people engage in unprotected sexual behavior.
  - **self-efficacy:** Multiple activities help dispel misinformation and give participants skill practice to increase their confidence in their ability to avoid risky behaviors, to practice safer sex practices, to advocate for just treatment of all people, and to build positive, equitable loving relationships.
  - **social norms:** Because there is a clear values perspective in the program, participants become a cohesive peer support group, over time, with norms that recognize the normalcy of adolescent sexual behavior and expect any partnered sexual behavior to be consensual, nonexploitative, mutually pleasurable, safe, developmentally appropriate, based on mutual expectations and caring, and respectful.
  - **skills:** In many different workshops, beginning with the Relationships unit, participants learn and practice skills such as active listening, assertiveness, and refusing to engage in risky behaviors. They practice these skills throughout the program, especially when learning to be an ally, to intervene in bullying, to give a sexual partner a bottom-line message regarding sexual boundaries, to negotiate the use of protection, and to say "no" to unsafe sexual behavior.
- **Social cognitive theory** stresses the importance of self-efficacy and also focuses on the motivation of learners and the importance of the affective/emotional learning domain. Through readings and stories from youth, guest panels, videos, and case studies, youth gain empathy for the experiences of diverse peers and the different life circumstances they have faced. There is a major focus on affective/emotional learning in *Our Whole Lives: Sexuality Education for Grades 7–9*.

- **The social ecological model of prevention** focuses on individual, interpersonal, community, and societal influences and the impact these influences have on learners over time. The core content and skills presented in *Our Whole Lives: Sexuality Education for Grades 7–9* focus on the expanding world of young adolescents, including peer and romantic relationships, the media (including social media and the Internet), and societal and cultural influences.

Alignment with National Sex Education Standards

In 2011, *The National Sexuality Education Standards: Core Content and Skills, K–12* was published by the Future of Sex Education Initiative (FoSE), which is a collaboration of Advocates for Youth, Answer, and the Sexuality Information and Education Council of the United States. The standards provide clear, consistent guidance on the essential minimum core content for developmentally appropriate, comprehensive sexuality education in K–12 settings. *Our Whole Lives: Sexuality Education for Grades 7–9* fits clearly within these recommended standards:

- It shares a set of core guiding values and principles.
- It includes all thirteen characteristics of effective sexuality education. For example, it includes a plan for professional development and training. Ongoing education and support for facilitators are provided through the OWL-L email list and by the UUA OWL Program Associate (**owl@uua.org**) and the UCC Our Whole Lives Coordinator (**owl@ucc.org**). Facilitator trainings are readily available and can be scheduled as needed.
- It addresses all seven essential content topics (anatomy and physiology, puberty and adolescent development, identity, pregnancy and reproduction, sexually transmitted infections and HIV, healthy relationships, and personal safety) in ways appropriate for grades 7–9.

For more information, see *The National Sexuality Education Standards: Core Content and Skills, K–12*, **www.futureofsexed.org/documents/josh-fose-standards-web.pdf**.

Understanding the Target Population: Young Adolescents

Young adolescents are ages 12–14 and usually in grades 6–9. Developmentally, these early adolescents are

- experiencing massive changes as they begin (or continue) the physical transition from childhood to adulthood
- wondering if the physical changes they're experiencing are normal
- very egocentric or self-focused
- experiencing psychological and social changes that typically accompany puberty
- increasingly influenced by peer attitudes and norms
- searching for identity, including sexual identity and orientation
- recognizing their feelings of attraction to others and sometimes acting on those attractions
- beginning to transition from concrete thinking to abstract thinking
- likely to engage in risky behavior because the prefrontal cortex of the brain, which controls reasoning and judgment, is still developing

- aware that behavior has consequences but may not believe those consequences could happen to them.

Note that these are broad developmental benchmarks. There are wide variations in physical, social, and emotional development among youth. Age is merely one factor to consider when grouping teens for the program. Some eleven-year-olds might be especially mature, while some fourteen-year-olds might be closer to most eleven-year-olds in terms of maturity.

Females tend to develop one to two years earlier than males, so there is often a marked difference in their physical, psychological, and social development. On average, female-bodied youth begin puberty at age twelve, but some have their first period as early as age eight. Females also tend to be further along in their social and emotional development than males.

When it comes to romantic and sexual relationships, some young adolescents have little or no interest, while others are socially wise, have dated (although they would rarely use that term), and have experienced romantic and sexual attractions. Many adults who are attracted to their own sex say that they first became aware of the direction of their attractions during puberty, if not earlier.

Pressure to conform to gender-role stereotypes intensifies during early adolescence. Youth of all genders are influenced by societal messages that prescribe a narrow set of characteristics and behaviors for girls/women and for boys/men. These messages dictate that all boys/men behave the same way and that all girls/women behave a different way. Boys are supposed to be tough, unemotional, attracted to girls, and interested in getting as much sex as possible. Girls are supposed to be attractive, sexy (but not sexual), accommodating, and popular. Early adolescent girls, boys, and transgender youth face teasing, shaming, and other punishments when they don't behave in ways that line up with societal expectations.

Today's adolescents face decisions about relationships, sexual behavior, drugs, alcohol, gender expression, sexually explicit media, social media, and many other serious issues at younger and younger ages. The Our Whole Lives program provides them with comprehensive information and important skills to help them make these decisions responsibly now and in the future.

STRUCTURE OF THE CURRICULUM

Our Whole Lives: Sexuality Education for Grades 7–9 consists of twenty-five 90-minute workshops divided into the following seven units:

1. **Introduction:** This introductory unit contains three workshops designed to create a safe and comfortable learning environment, give an overview of the program, introduce the Circles of Sexuality and provide a broad definition of sexuality, explore values and opinions about a range of sexuality issues, and increase comfort with sexual language.
2. **You, as a Sexual Being:** This unit contains eight workshops that help participants explore many aspects of themselves as sexual beings: their bodies, puberty changes, gender identity, the impact of societal gender roles, gender expression, sexual orientation, and disability.

3. **Relationships:** This unit contains two workshops that identify the characteristics of healthy relationships and important skills, such as active listening and assertiveness, which help individuals develop and maintain healthy relationships. These workshops use role-playing to help participants practice skills and get feedback to improve those skills.
4. **Contemporary Issues:** This unit contains two workshops that explore two issues that present significant sexual dilemmas for today's teens: social media/the Internet and bullying.
5. **Responsible Sexual Behavior:** This unit contains three workshops. The first offers a broad definition of abstinence that excludes risky behavior—oral, anal, and vaginal sexual intercourse—but allows for no- or very low-risk sexual behaviors such as masturbation and outercourse. The second presents honest information about lovemaking within the context of healthy sexual relationships, negating popular media messages that portray sexual behaviors in casual, unsafe, and often exploitative contexts. The third defines what it means for sexual relationships to be consensual and gives participants practice in seeking consent from a partner.
6. **Sexually Transmitted Infections, Pregnancy, and Parenting:** This unit contains four workshops. The first presents facts about the transmission and prevention of sexually transmitted infections (STIs). The second provides information about conception, pregnancy, and birth, as well as the realities of teen parenting. The third explores options for resolving an unintended pregnancy, and the fourth covers contraception and safer sex practices.
7. **Communicating about Sexuality:** This unit contains three workshops. The first focuses on making decisions about sexual behavior, helping youth figure out their bottom-line values when it comes to sexual behavior at this point in their lives. The second helps them develop the skills to communicate those values to a partner and to resist pressures to reverse their decisions. The final workshop asks participants to make connections between general health and sexual health and to celebrate and close the program.

Organization

Each unit of this curriculum contains between two and eight 90-minute workshops. Each workshop is structured in the following manner:

A Word to the Facilitators: an introduction to and rationale for the workshop

Workshop Goals: an overall summary of what participants should learn

Learning Objectives: measurable objectives that can help facilitators evaluate the learning that has occurred

Workshop-at-a-Glance: a list of all workshop activities, including optional activities, with the approximate time required for each

Materials Checklist: the equipment and materials needed for each activity in the workshop

Preparation: a description of all tasks that must be done before the workshop begins

Workshop Plan: clear, detailed instructions for each activity, including step-by-step procedures for conducting it, a recommendation of the time to allow for it, discussion questions, and special notes for the facilitator

Facilitator Resources: material for the facilitators, including background information for presentations, case studies, role-play situations, etc.

Handouts: information and exercises to be copied and distributed to participants

Program Rituals

Each workshop has the following rituals.

- **Reentry and Reading (R&R)**: a short period at the beginning of each workshop that offers participants an opportunity to get reacclimated to the group and to discuss their experiences since they were last together. Next, there's a brief time for facilitators to answer anonymous questions from the question box. R&R ends with a reading related to the day's topic. In most cases, the readings will feature the voices of young people or adults recalling their teenage experiences.
- **Reflection and Planning**: a period of reflection (5-10 minutes) during which youth are asked to think about what they have learned and how they might use the information or skills in their lives outside of the program. Sometimes youth will be given an optional task or homework to do before the next workshop. For example, in Workshop 3, The Language of Sexuality, participants are asked to go home and talk with family and friends about sexual language and to make note of the language they choose to use for that discussion. Facilitators also give participants a preview of the next workshop.
- **Facilitator Reflection and Planning:** time at the end of every workshop for co-facilitators to reflect on the workshop just completed and make plans for the next one. A set of questions to help guide that discussion is provided.

IMPLEMENTING THE CURRICULUM

Introducing Our Whole Lives in Your Organization

Before conducting this program, secure the endorsement and support of your organizational leadership and of the parents or guardians of the participants. While procedures will vary from one organization to another, the following suggestions may be helpful in enlisting such support:

- Communicate clearly the philosophy and goals of the Our Whole Lives program, especially to the parents/guardians, educators, and decision-makers in your organization. Hold an informational meeting and/or meet with specific groups as appropriate.

- Make the materials and resources available for all interested parties to see.
- Describe your plans for providing qualified, trained facilitators. If you already have qualified facilitators, introduce them to parents/guardians and others in your organization.
- Be available to answer questions from any interested people.

Recruiting Participants

This curriculum is designed for groups ranging from ten to fourteen participants, but it has been implemented successfully with groups as small as six and as large as twenty. It has also been used successfully in a variety of community settings, including schools, youth-serving agencies, and religious communities. Depending on your situation, you might recruit youth to the program in one or more of the following ways:

- Implement the program with pre-existing classes or groupings of youth.
- Invite youth to sign up for the program.
- Work with parents/guardians to recruit their children for the program.
- Partner with organizations that serve youth and can provide participants.

Regardless of how you identify youth, the following strategies can help with recruitment and retention:

- Let youth and parents/guardians know the length of the program and try to provide some kind of reward for youth who complete all of the workshops. Recruit youth who can make the full-time commitment.
- When setting up a group, make every effort to keep the ages and developmental levels of participants as similar as possible. Recruiting youth when they are in 8th grade is ideal. Try to avoid having 7th graders in a group with 9th graders, although keep in mind that maturity level is often more important than grade level when recruiting participants. Aim for a mix of genders. It can be challenging to have a group of girls with only one boy or vice versa. However, it's better to offer the program with a gender imbalance than to not offer it at all. You can ask participants who are in the minority if they have friends of the same identity or gender who would like to attend. Or consider partnering with another organization to increase your numbers.
- Provide incentives, such as nice refreshments and weekend retreats, to help motivate youth to attend and keep coming.
- Ask the organizations providing access to youth to give you key background information about each young person: name, age, gender, grade level, contact information. If you can't get this information in advance, ask participants to complete a very brief intake form when they come to the first workshop.
- Hold an orientation session to explain and promote the program to youth.

The Role of Parents

One goal of the program is to nurture communication between parent/guardian and child and to support parents/guardians in their role as the primary sexuality educators of their children. To obtain parental/guardian approval and support and to establish a trusting relationship between the sponsoring organization and the home, the following procedures are highly recommended:

- **Parent/Guardian Orientation Workshop**: All parents/guardians who wish to enroll their children in Our Whole Lives are invited to participate in an orientation session in which they will have the opportunity to gain an overview of the program, view the curricular materials, ask any questions they may have, and express their hopes and concerns for their children's sexuality education.
- **Parental Permission**: The policies of the sponsoring organization will determine whether parents or guardians must provide written permission in order for their child to participate or merely sign a form if they wish to have their child opt out of participation in their group's program.

A detailed plan for the Parent/Guardian Orientation Workshop, including a sample parental/guardian permission form, can be found at the end of the introductory material.

Many Our Whole Lives facilitators find it helpful to connect with parents/guardians throughout the program to support their role as their child's primary sexuality educator. Consider the following:

- Provide parents/guardians with weekly updates on topics addressed, any homework assignments youth have been given, and sample questions to encourage parent/guardian-child communication. This can be done with handouts, texts, or emails.
- Run a concurrent program for parents and guardians; some groups offer this as a dinner discussion group while the youth meet for their workshops in another area of the facility.
- Offer a mid-program gathering for parents, guardians, and facilitators.
- Create a support group for parents/guardians of young adolescents, offering opportunities to discuss issues including sexuality.

The Group Covenant you'll create in the first Our Whole Lives workshop assures participants that what they say in the group will be kept confidential. This is especially important in program contexts such as congregations where parents/guardians are key members of the organization. Never share with parents/guardians any conversations or questions that arise during workshops. Never address issues in a parent/guardian group in ways that might give clues to a young participant's identity. If a safety issue arises with a specific participant, consider speaking to that person's parent(s)/guardian(s) privately, and follow your organization's and your state's guidelines for reporting such concerns. In most states, facilitators are considered mandated reporters and obligated to report any knowledge of adolescents who are in danger or who may be dangerous to others. Talk to the leaders of your organization before starting the program to understand what is required of you.

FACILITATING

The individuals who facilitate the program are often the most important determinants of program success. Therefore it's important for facilitators to be knowledgeable, comfortable with sexuality content and language, highly skilled in managing the learning process so activities can accomplish their objectives, and able to use a variety of teaching techniques, such as role-play. Facilitators must have the ability to create an atmosphere that engages young adolescents and to use inclusive language and communication styles that are effective with diverse

youth. It's important that facilitators be caring, positive, and enthusiastic. Finally, group facilitators must have the patience, stamina, and creativity necessary to manage the vast differences in maturity, experience, dialogue ability, and attention spans among young adolescents.

Co-facilitation Model

Our Whole Lives is intended to be led by co-facilitators who represent at least some dimensions of diversity, such as gender, race, ethnicity, sexual orientation, and age. This is an ideal that provides a group with at least two adult voices that bring different perspectives. It gives the youth an opportunity to see two people share leadership with mutual respect.

This model also gives each facilitator an additional pair of eyes and ears and a helping hand with preparation, problem solving, and the ongoing challenges and joys associated with program implementation. Unfortunately, not every organization will have the capacity to dedicate two facilitators to this program. In that case, one caring and creative facilitator will be able to lead the program effectively. However, if at all possible, enlist a compatible and diverse team of two or more to lead your group.

Training

This program requires trained facilitators. Unless the proposed facilitators are experienced sexuality educators, it's essential that they attend a workshop to prepare for this experience. Training is critical for the following reasons:

- It offers the opportunity to see many of the activities modeled by trainers as they were intended to be conducted.
- It gives facilitators a supportive environment in which to practice skills and get constructive feedback from trainers and other curriculum implementers.
- It allows facilitators to network with others in the same position and to share ideas about what will and won't work with their groups.
- It provides an opportunity for facilitators to get in touch with their own feelings, opinions, and experiences regarding sexuality.

New facilitators often flounder when they are given a curriculum to implement without training. After training, most facilitators are genuinely excited about the materials. As a result of their own training experiences, Our Whole Lives facilitators typically feel more equipped to deliver the curriculum as intended, while at the same time recognizing the need to make the materials as relevant as possible to their particular group.

For information about facilitator training opportunities, contact the Our Whole Lives offices at the Unitarian Universalist Association, **owl@uua.org**, or the United Church of Christ, **owl@ucc.org**. These offices have information about training workshops for facilitators in both secular and religious communities.

IMPLEMENTATION FORMATS

Twenty-five 90-minute workshops provide a comprehensive and ambitious program. Fortunately, this program can be adapted to fit a number of different schedules. Possible formats include

- weekly 90-minute workshops
- biweekly 90-minute workshops (every two weeks)
- more frequent 45- or 60-minute workshops

Some weekend retreats may be included. For example, an overnight retreat allows the group to do several workshops in one day. This is a good way to begin and end a program for an ongoing youth group.

If necessary, omit or merge some workshops if participants have already had good education on a certain topic, such as anatomy and physiology or sexually transmitted infections. However, avoid completely eliminating a topic because you believe it's not important for participants. For example, living in a community rich with people of diverse sexual identities does not ensure that young adolescents are at ease with their own sexual identities or those of their peers, parents, or neighbors. It would be a disservice to omit the workshops on gender identity or sexual orientation on the assumption that participants have no questions or concerns about these issues. The same principle holds true for the workshop on sexuality and disability. You might see participants who appear to be nondisabled and assume there's no need to discuss the topic. However, participants may have hidden disabilities; they may become temporarily or permanently disabled in the future; and they may have people with disabilities in their lives. It benefits youth to understand that people with disabilities have the same sexual natures, interests, and needs as people without disabilities.

FACILITATING EFFECTIVELY

Organized Chaos

Some facilitators who are new to sexuality education may be thrown off guard by the format of Our Whole Lives activities. The workshops are supposed to be lively. The goal is to have young people participate as actively as possible in the discussions. The best learning happens when youth discover new information and insights for themselves, with the adults serving as facilitators rather than directors. Keep the workshops as interactive as possible. Share ownership of the program with participants and encourage their creative expression as long as the program values and group covenant are upheld.

If all happens as it should, Our Whole Lives workshops are bound to be noisy. The room often buzzes with side conversations, not because participants are bored but because they're fully engaged in the topic and can't wait to make their comments heard. Try to adjust to a higher noise and activity level than you may be accustomed to.

Expect giggling and laughter sometimes. Discussions of sexuality don't always have to be serious. Laughter is healing and fun, especially for this age group. Sometimes, however, giggling may seem a bit inappropriate to you. Remember that giggling is often a vehicle for releasing nervousness or discomfort. If something very poignant or intensely emotional happens, the youth may giggle to

release some anxiety. Use those situations as teachable moments to interpret the behavior and encourage discussion of the particular incident. Be alert for giggles or laughter that may indicate jokes made at others' expense. This type of behavior would break the group covenant and make it unsafe for participants to express their ideas, opinions, and identities.

Managing Attendance

In an ideal world, all participants would arrive at the first workshop and attend each of the remaining twenty-four. In reality, that almost never happens. While it would be ideal to prohibit new participants from joining the program after the second or third workshop, that is often not realistic. There are no firm rules about attendance. These decisions must lie with you and the group. If a young adolescent wants to enter the group when the program is under way, facilitators may talk it over and put the question to the group.

At the beginning of the program, let youth and their parents know that you expect them to make a full commitment to the program. At the same time, it's unrealistic to say that youth can miss no more than two workshops or they will be dropped from the program. It's not incompatible to have both standards and flexibility when it comes to attendance. It's ideal for participants to attend consistently. Let them know their presence in the group is critical—that they leave a hole in the group when they're absent and that affects the group dynamic.

However, there are valid reasons for individuals to miss workshops. Ask participants to let you know in advance if they have to miss a workshop. If participants miss a workshop without alerting you, call and find out what happened. Let them know they were missed and seek their commitment to return.

Differences in Maturity Levels

Each group of young adolescents has a different cast of characters and, therefore, a different group "personality." While some groups are quite mature and sophisticated in their approach to the subject of sexuality, others may seem less ready for or interested in particular topics. For example, less mature groups typically have little or no experience with dating or romance and, therefore, minimal interest in the topic. With less mature groups, you may need to create your own case studies and role-play situations that match the issues of concern to your group. Always take your cues from the group.

Dealing with Gender Differences

Our Whole Lives is designed as a mixed-gender program to convey the message that youth of all genders can and should be able to discuss sexuality openly with each other. Such discussions give youth practice for a lifetime of healthy communication among people of all genders.

On the other hand, it's true that, by the time they reach adolescence, youth have had a different set of experiences based on gender. In childhood, children spend most of their leisure time in same-gender groups whose topics of conversation and styles of interaction differ considerably. Girls mature one to two years earlier than boys. Thus, when young adolescents are together in a group, boys are typically more likely to laugh, tease, interrupt, and avoid talking about their

feelings, while girls are more likely to ask questions, listen, and support each other's feelings. Boys may have difficulty attending to some tasks with maturity, and this is quite normal. Some boys will need your assistance in making certain connections. They will also need your patience and flexibility as they build skills in communication. Male-identified facilitators who model the ability to be introspective and talk about their feelings can make a big difference for the boys.

In an effort to make the program relevant and comfortable to participants who might be intersex, transgender, or gender nonconforming, this edition of *Our Whole Lives* has removed separate gender discussions and activities. There is one activity in Workshop 5, Personal Concerns about Puberty, that asks participants to group themselves by their biological sex (not gender identity) to speak with a facilitator and other participants of that sex about the physical changes of puberty. Even in that situation, participants are free to choose the group they want to be with, and if the facilitator determines that this division would not work for a particular group, the activity should be conducted in the large group.

It's very important to create an atmosphere that is comfortable for and welcoming of all youth of every sex, gender identity, gender expression, and sexual orientation. Always assume that there's diversity in your group when it comes to these issues. You may not be aware of every child's biological sex, sexual orientation, or gender identity. While there's always room for improvement, we've strived to use language and terminology that are respectful of that diversity in *Our Whole Lives*. Be vigilant about using inclusive and gender-neutral language when facilitating the program.

Adapting the Curriculum for Special-Needs Participants

Please see "Taking a Special Education Approach," by Melissa Keyes DiGioia, which follows this introduction. This section is new for this edition. It provides detailed information on facilitating the program with youth with special needs.

Experiential Learning

People of all ages learn best when they're in a comfortable environment, treated with respect, actively involved in their learning, given the opportunity to share their experiences and knowledge, and given adequate time to discuss and integrate what they have learned into their lives outside the program. Educational programs that actively involve participants in the learning experience are referred to as *experiential*.

Activities in Our Whole Lives have been designed to recognize the knowledge and experience that young adolescents bring to the program. Rather than lecturing them or telling them how to live their lives, the curriculum engages participants in experiences that enable them to draw their own conclusions, examine their own attitudes and values, get excited about new ideas, try out new skills, and practice new ways of relating to others.

Group Facilitation Techniques

Group facilitation refers to the ability to manage the group and interact with participants in a manner that furthers their ability to achieve the objectives of the

group. The following guidelines will help facilitators manage the group process more effectively:

- **Be prepared**. Receive the training you need to facilitate this program. Then read the curriculum thoroughly. Prepare for each workshop by obtaining materials and organizing your notes in advance. If you have a co-facilitator, do some joint planning and decide in advance who will take the lead in each segment of the workshop. Arrive at your room early, preferably 30 minutes before the workshop begins. Know the youth in your group.
- **Use participants' preferred names and pronouns when you address or refer to them**. Ask participants to use each other's preferred names, too. This helps all members feel that they're an important part of the group. If necessary, wear nametags for the first few workshops. If the participants are also new to each other, schedule a little extra time for "getting to know you" activities, such as a name game to help participants learn each other's names. Repeat the game at the second workshop to reinforce name recollection.
- **Encourage group discussion and interaction**. Ask open-ended and/or provocative questions, ones that cannot be answered with yes or no but lead instead to energized discussion. Most facilitators know this in principle but may not always put it into practice. Sometimes the problem is in the questions rather than the content. Participants are less likely to respond to poorly worded or complicated questions.
- **Encourage all group members to participate in their own ways**. Listen and respond to both content and feelings. Youth who seem shy or withdrawn may be actively listening and willing to participate in hands-on activities that do not require speaking in front of the group.
- **Help participants understand what occurs within the group**. Point out similarities and differences in their contributions. Call attention to comments or perspectives that have been overlooked. Encourage participants to communicate with each other rather than directing their comments to the facilitators. Elicit or contribute summarizing comments that capture the important concepts addressed during an activity or workshop.
- **Attend to the group**. Maintain eye contact with all group members. Be aware of their body language, facial expressions, involvement in the program, etc.
- **Pace the program appropriately**. Move things along quickly enough to keep participants from being bored but slowly enough to make sure they absorb what is being discussed. Participants are likely to get distracted, begin side conversations, and tune out when the pace is either too slow or too fast, when the directions are unclear, or when too many concepts are introduced in a short time. The last problem is more likely to occur when multiple workshops are combined in an effort to save time.
- **Use effective language**. Speak in a clear voice, using interesting inflections and avoiding monotones. Use language youth can understand and relate to, without slipping into inappropriate slang.
- **Try to be familiar enough with the material that you needn't rely on having the curriculum manual in your hand when you conduct activities**. However, there will be times when you need to read quotes, a story, or answers to myth/fact questions. You might make copies of those pages or read directly from the manual occasionally.

- **Be approachable and unshockable**. Often in the earliest workshops youth will hold back or test you. They are checking you out to see how you will react to attitudes or opinions that most adults object to. Let it be known that when you ask a question, you want their real answers and not the answers they perceive as right. Youth are typically very perceptive. They can figure out what adults want to hear and feed them those answers. Unfortunately, this dynamic does not further honest dialogue about critical issues.
- **Use humor**. A sense of humor can go a long way in maintaining the youths' interest in the group. It's great to laugh at yourself or at situations or just to have some fun in whatever way is natural for you. But don't force humor, and never make a joke at a group member's expense.
- **Be yourself**. Allow your own personality to emerge as you lead the group. The more you come across as an authentic human being with real emotions, a sense of humor, and strengths and weaknesses, the more participants will relate to you.
- **Know your own limitations**. Be aware of what you do and don't know. However, it's also important to relax and get comfortable answering questions. Many first-time facilitators fear answering questions from the Anonymous Question Box. Relax. No one has all the answers. When factual information is requested, never guess. If you're not completely sure of an answer, say, "I want to do some research, and I'll answer your question at the next workshop." Read Question Box cards after each workshop so you have time to do necessary research before your next meeting.
- **Be patient and flexible**. Working with young adolescents requires a lot of energy because the needs within a group may vary greatly. Be prepared for youth to throw a monkey wrench into your well-organized plans from time to time. Sometimes you'll need to stay with a topic longer than planned or abandon an activity that you thought would be extremely relevant. At other times, you may need to take an unscheduled break or have everyone participate in a quick energizer.
- **Treat each incoming group as if it were your first**. Cast away assumptions about what does or doesn't work based on experiences with a previous group. One year's group may love handouts while the next makes paper airplanes of them. One group may love values voting activities while another hates moving around.
- **Respond to challenging group behaviors**. Most groups include members whose behavior is potentially problematic, such as monopolizers, silent or withdrawn members, clowns, and disrupters. The following section presents general guidelines for preventing and/or responding to these group challenges.

Managing Group Dynamics

Regardless of the extent of the facilitators' experience working with groups, there will be times when the group is distracted by individuals. This section presents general guidelines for avoiding problems, and the subsections that follow list specific challenges and suggestions for handling them.

- Listen carefully to what group members are saying; behavior problems are often problems of communication.

- Define your role and expectations early. Maintain a professional, but friendly, attitude initially. As participants show they respect the program and their peers, you can relax, introduce more humor, and turn increased ownership of the program over to the participants. Participants will take behavioral cues from you. If you begin the program with an extremely casual attitude, it can be challenging to get them to take you seriously when occasions warrant it.
- Involve participants in the development of rules and consequences for breaking them. (Workshop 1 contains instructions for establishing a Group Contract or Covenant for behavior in this program.)
- Apply consequences consistently and fairly.
- Develop a personal relationship with each participant. If possible, meet with each participant before beginning the program. Take time to connect individually with participants, casually or more formally, as the program continues. Always follow the safety guidelines of your organization concerning adults meeting with adolescents.
- Give participants compliments and words of support.

Groups frequently end up with members playing certain types of roles. There's often a clown, for instance, or someone who always starts the conversation, or someone who makes trouble. Some roles (*task roles*) can help or hinder the group in accomplishing its goals, while others (*social roles*) can help or hinder the group in its work as a unit. These roles can be either positive or negative influences. In all groups, however, certain kinds of challenges almost always emerge. Here are some of the most common types.

monopolizers: Monopolizers talk too much. Sometimes they are knowledgeable, and it's tempting to let them take over, but it's not a good idea. Monopolizers may say inappropriate things to other group members and take the group away from its task. Resentment may build among other members. Strategies for managing monopolizers include

- acknowledging their contributions and reminding them to make space for others to contribute
- talking privately with them on the same points
- asking the group to help address the issue
- asking to hear from people who have not yet spoken during the workshop
- avoiding eye contact with the monopolizers

silent members: A silent member may be shy, afraid of being wrong in front of the group, or simply a quiet learner. If silent members are not making eye contact, it's difficult to know whether they are paying attention. Sometimes members are quiet because of their cultural backgrounds. Strategies for involving silent members include

- making frequent eye contact to pick up on nonverbal cues that they would like to comment
- reinforcing even the smallest contributions they make
- calling on them by name but allowing them to pass if they seem uncomfortable
- chatting with them informally after the group or during breaks to see how things are going

- switching to small-group activities to allow for greater participation
- pairing them with more talkative people during small-group and dyad activities

entertainers: Some group members always have to be on stage; they're the class clowns who can disrupt the work of the group. Ways of managing entertainers include

- standing or sitting close to them
- giving them some extra responsibility so that their energy can be used in a positive rather than negative way
- acknowledging that humor can serve a useful function for the group (as a healthy release of pent-up energy if it's not disruptive)

side conversations: Side conversations are very frustrating for facilitators. They occur because close friends sit together, something interesting but not related to the program has happened, some group members are not interested in the topic, or the topic is so interesting that group members cannot wait their turn to speak. Strategies for handling side conversations include

- making a statement (like "I'm hearing a lot of different conversations going on at one time. That makes it hard for us to communicate. Please talk to the whole group when you have something to say")
- pausing during the side conversation, allowing other group members to hear the conversation
- creating a signal requesting quiet, such as raising your hand and then waiting until participants notice and stop talking
- drawing the side talkers into your discussion by asking their opinions or giving them other tasks to perform
- giving group members a short break, openly acknowledging their need to complete their business
- talking to group members during a break to find out why they are carrying on side conversations and to seek their future cooperation
- changing the activity or group format to make the workshop more engaging of participants' attention and energy

subgroups: Subgroups of two or more individuals often develop within a group. Subgroups tend to form around common roles, beliefs, attitudes, emotional responses, or likes and dislikes; they also tend to form on the basis of such characteristics as race, ethnicity, gender, and age. Subgroups can provide support and protection for individuals within the larger group. This is particularly true for group members who hold less prominent positions in the group. Members often communicate differently within subgroups, whether they're discussing a specific topic or information about other group members. For example, young people in subgroups may be more honest with one another, expressing opinions or feelings that they don't feel comfortable stating in the larger group. Reach out to subgroups and try to get to know each member. It is unrealistic to discourage such natural groupings; however, it is possible to help subgroup members participate in the larger group.

polarization: Polarization is the pulling away of individuals or subgroups from one another and from the group's shared purpose. Sometimes people pull away when they perceive that what they believe in has been discounted or

denounced. Other times, two or more individuals or subgroups actively disagree, become angry with each other, and fail to resolve their conflict. In most cases, you'll easily notice polarization dynamics; members may move away from the group, sit outside of the group arrangement, or refuse to participate constructively in the work of the group. If polarization occurs, you might

- do nothing except acknowledge the possible polarization to yourself and monitor it (which is especially appropriate if you're dealing with someone who's seeking attention), or try to find a different, more positive way to give them attention
- handle put-downs and disagreements appropriately when they occur to help prevent polarization
- encourage polarized members to rejoin the group

If polarization is disrupting the group process, stop and provide an opportunity for group members to talk about how they're feeling. Additionally, before or after the workshop, speak individually with members who may be feeling polarized.

Using Resources

This curriculum includes many facilitator resources for use with specific workshops. These resources provide facilitators with background information and materials to conduct various program activities. You'll find a list of facilitator resources (page xlviii), a list of handouts (page li), and a list of activities (page liii) following this section.

We've also prepared a list of the videos used in the program (page lxviii), including the videos recommended for optional activities in each workshop.

Additional supplemental materials, including recommended books, videos, periodicals, and organizations, are listed in the Resources section (page 475). These resources address many aspects of adolescence and sexuality and may be helpful to parents and guardians and youth as well as to facilitators.

You may also find news stories, YouTube videos, song lyrics, and other resources that are not included in the curriculum that you think would interest your participants. Before using them, review them to ensure that they comply with Our Whole Lives values and assumptions as well as your covenant with parents/guardians about the material their children will be exposed to. We strongly recommend that you show *all* videos and clips to parents/guardians before sharing them with their children.

The Use of Language in Our Whole Lives

Pamela M. Wilson

One of the most challenging aspects of revising and updating Our Whole Lives: Grades 7-9 has been making choices about language. Language is personal, cultural, regional, and political. The words that we use to describe ourselves and that others use to describe us are so very powerful. They can affirm and celebrate who we are and how we see ourselves or they can be diminishing, restricting, hurtful, or abusive. Clearly, my goal is to affirm and celebrate the wonderful rainbow and diversity of identities discussed and explored in Our Whole Lives. And, yet, there is no one clear cut way to do that. Language choices, especially related to identity labels, shift constantly. Terms that resonate and seem cutting edge today will be replaced by other terms in the future. Our perspectives change . . . we gain new insights . . . and then we find words that represent those new ideas and perspectives.

For example, with respect to gay, lesbian, bisexual, transgender, queer, and intersex individuals, the organization Boston Pride made the decision to completely stop using the acronym LGBTQI because it left some people out, including those who see their gender or sexual orientation as fluid. Some groups and individuals believe that the terms of choice are queer and genderqueer, terms formerly used to oppress and abuse, that have since been reclaimed as symbols of pride and identity. For others, especially many middle-aged and older facilitators who have witnessed the negative power of the words, these terms can still generate discomfort. In addition, people who don't personally identify as LGBTQI sometimes feel unsure if it's okay for them to freely use the words queer and genderqueer or if it's only okay for LGBTQ individuals.

There are similar controversies when it comes to language about disabilities. There are many advocates who have encouraged society to use "people first" language (e.g., people with disabilities vs. disabled people). Yet in his blog "Why I Dislike 'People First' Language," Jim Sinclair makes a poignant argument against using that language. He begins by saying, "I am not a person with autism. I am an autistic person." He goes on to explain that "people first" language does three negative things:

- Presumes that his autism can be separated from him as a person;
- Presumes that his autism is not a very important part of him; and
- Conveys the idea that his autism is something bad. (For example, we say that people are left-handed not that they are people with left-handedness.)

In a wonderful blog on the Language of Disability (**http://bit.ly/1m8pmUp**), the author, who refers to himself as Goldfish, lays out a multitude of challenges when it comes to using language. Bottom line: There is no one rule that applies to all people and all situations. In fact, when organizing "Blogging against Disablism Days," the author called for "language amnesty" to allow for open non-

judgmental discussions of language that recognize that words and labels mean different things to different people.

In Our Whole Lives, I have chosen language that resonates for me as an educator and that I think many new and experienced facilitators will be able to access. There will be people who agree and disagree with my choices about language. I will borrow from Goldfish and ask for "language amnesty." Let's remember that there is no one absolute rule about language. The overarching guideline for facilitators is to talk openly with youth about the power of language and the different viewpoints and sensibilities when it comes to language. Be a learner. Get youth to educate you about their perceptions regarding language. Always, ask them to tell you and their peers what language is affirming for them.

Taking a Special Education Approach

Melissa Keyes DiGioia

An individual's sexual development begins at birth and continues until death. As our sexuality emerges, we are sure to have questions, experiences, and concerns related to anatomy, intimacy, relationships, gender, pregnancy, sexual orientation, sexual health, sexual pleasure, or sexual exploitation. People with disabilities are no exception, and that is why youth with autism spectrum disorders or attention-related, intellectual, or learning disabilities need comprehensive sexuality education as much as their peers do. Indeed, aspects of these disabilities create particular sexual health challenges.

This chapter describes sexual health issues and risks particular to youth with these disorders or disabilities. It explains how the Our Whole Lives program can provide information and skills to help them navigate the physical changes of puberty and the dynamics of interpersonal relationships and communication, while reducing their vulnerability to unwanted pregnancy, sexually transmitted infection, and sexual abuse. The chapter prepares facilitators to anticipate and address the learning needs a youth with an autism spectrum disorder or an attention-related, intellectual, or learning disability may bring to an Our Whole Lives program. Information and suggestions offered here will help facilitators create an inclusive learning environment that supports youth with these disabilities in learning, participating, and remaining engaged with their peers.

Our Whole Lives immerses participants in a setting where sexuality is viewed as a positive, life-affirming aspect of being human. Yet in society, youth with disabilities are often viewed by others as asexual. When facilitators work to fully include youth with disabilities in the program, they affirm for the youth, and their peers, that sexuality is an integrated aspect of human experience for everyone, regardless of their abilities.

The Our Whole Lives program is designed to reach participants with a broad range of learning styles. This chapter guides facilitators to adapt and fine-tune the structure, presentation, and materials to particularly address the learning needs of youth with disabilities. Following the guidelines offered here, facilitators can honor the diverse ways in which participants may learn while assuring that youth with disabilities, in particular, receive the full benefit possible from the program.

It should be noted that some of these disabilities can be associated with behaviors that can be disruptive in a group setting. If a youth enrolled in an Our Whole Lives program has a known autism spectrum disorder or attention-related or intellectual disability and has been known, at times, to exhibit behavior that can be considered disruptive or inappropriate, facilitators and the religious educator need to reach out well in advance to meet with the parent(s)/guardian(s) and, if appropriate, the youth. Talk together to anticipate challenges the youth may face in the Our Whole Lives program. Plan how you will help the youth to learn

information and skills as well as to behave in such a way as to keep the group safe and productive for all participants. Ask the youth's parent(s)/guardian(s) to share techniques they or teachers have used successfully to help the youth with particular challenges to learning, such as inattention, physical restlessness, or difficulty managing emotions. Ask if they have suggestions to help you normalize any involuntary behaviors, such as tics or noises, the youth may exhibit in a group setting. Brainstorm ways the youth's peers can support them. Plan how you will communicate these approaches and model them for the group.

Facilitators should plan to begin the program with clearly stated expectations for behavior in the workshops. Offer clear consequences as well; for example, a youth may need to take a time out (leave the room) if they curse at another participant. Be ready to explain in simple terms what the rules are and why they are in place. As the program progresses, continue to praise youth when they demonstrate proper behaviors. Affirm youth when they demonstrate pro-social skills such as distinguishing feelings, deciphering verbal and nonverbal expressions, and observing and respecting another's bodily space. These strategies will help all the youth in the group build awareness of their own behavior and will especially support youth with disabilities.

Acknowledge that despite good intentions and thoughtful strategies, inclusion may not work. With the leader of the organization sponsoring the program, make a plan for what will happen if the youth is not able to succeed in the program. Communicate the plan to the parent(s)/guardian(s).

Remember, there are professionals who are trained and qualified to assess and diagnose a disability. A facilitator who suspects a youth may have a disability should speak with the leader of the sponsoring organization, who in turn may communicate or help the facilitator communicate with a parent or guardian about behaviors that have occurred in Our Whole Lives meetings. Neither the facilitator nor the sponsoring organization should label a youth's behavior with a diagnosis.

Developmental Readiness for Puberty

Youth with disabilities undergo physiological changes along with their peers. Yet physical events such as menstruation, wet dreams, or erections can be particularly challenging for youth with autism spectrum disorders or intellectual disabilities, especially youth who manifest negative feelings toward the sexual organs or bodily functions. Like their peers, youth with disabilities may desire to engage in masturbation or in sexual expression with others. However, youth with a disability or disorder that manifests as a lack of modesty, a cognitive delay, and/or inabililty to interpret the world from a view other than their own can experience social problems due to sexual expression. Undressing in public, genital stimulation in public, or using sexually explicit language at inappropriate times are just a few examples of sexual expression that can result in reactions from peers and others that can potentially contribute to social isolation and exclusion.

It is essential for their personal and social success that youth understand that some behaviors, such as taking care of personal hygiene, dressing and undressing, and touching or stimulating the genitals, are to occur in appropriately private places. The Our Whole Lives program provides an appropriate context for youth with disabilities to receive the concrete, explicit, repetitive instruction they need

about body parts' names and functions, changes associated with puberty, personal care, and the appropriate private locations for behaviors involving the sex organs.

Disabilities and Social/Relational Skills

Aspects of autism spectrum disorders, attention disorders, intellectual disabilities, and learning disabilities can cause a youth to struggle with social skills that are crucial for peer, romantic, and colleague relationships. Language deficits, poor ability to judge social cues, difficulty interpreting types of relationships, difficulty knowing when to terminate a conversation, difficulty forming questions or statements, and inattentiveness are just a few traits youth with special needs may display that can negatively influence social interactions. Comprehensive sexuality education can help these youth—and all youth—learn and practice the skills they will need to develop appropriate peer and intimate relationships.

Youth with disabilities undoubtedly benefit from opportunities to practice reciprocal communication. In the OWL setting, youth with disabilities learn and practice skills such as articulating and expressing their emotions in socially appropriate ways, developing and maintaining personal physical boundaries, negotiating conflict, and scheduling social events with peers. Facilitators can help by offering clear instructions for interpreting and responding to verbal and nonverbal social and emotional cues.

Sexual Health Risks

Aspects of a disability can make youth especially vulnerable to sexual health risks, including unintended pregnancy, sexually transmitted infections, and sexual exploitation. Comprehensive sexuality education geared toward their learning needs can greatly reduce these risks.

Youth with disabilities are disproportionately at risk for unintended pregnancy and exposure to sexually transmitted infections. A cognitive, attention-related, or autism spectrum disability can make youth prone to impulsivity, difficulty solving problems or predicting social consequences, or inability to use critical judgment about going along with what others want or tell them to do. Further, if a disability limits a youth's ability to understand abstract concepts, they may have difficulty grasping the cause-and-effect relationship between sexual activity and pregnancy or infection. Frequent, simple, and concrete instruction in sexual decision making and contraceptive use, in the context of the program, will prepare youth to take the sequential steps needed for risk reduction before and during sexual activity and increase the likelihood that they will use contraceptive and safer sex items consistently and properly. Finally, risk reduction for all youth rests on their factual knowledge of sexual anatomy, contraception, and safer sex. Youth with disabilities may need to have basic information repeated in order to learn it.

Youth with disabilities need particular protection from sexual exploitation and abuse. Research has identified a number of characteristics and behaviors associated with autism spectrum disorders and attention-related, intellectual, and learning disabilities as factors that can put youth at risk. These include misjudgment of others' motives, lack of sexual knowledge, a tendency to show compliance with and affection toward others, and limited communication abilities.

More often than not, a person with a disability who is sexually abused experiences the abuse from an authority figure or someone they know and trust, such as a family member, helper or caregiver, bus driver, or doctor. Reliance on family or professional caregivers for assistance with personal hygiene or social networking, combined with the isolation in which assistance often occurs, increases the risk for youth with autism spectrum disorders or intellectual disabilities. Dependence on others for assistance with personal care creates an opportunity for sexual abuse to occur while, according to research, decreasing the likelihood that such abuse will be reported. Youth with speech or other communication delays or disorders may be less able to tell parents/guardians and professionals that they are experiencing sexual abuse; as a result, it may take longer for the abuse to be discovered and the youth may experience it for a longer period of time.

An Our Whole Lives program builds skills youth need to protect themselves. Facilitators can help youth with disabilities learn to recognize an act of sexual exploitation or abuse, use assertiveness skills to deter sexual exploitation, and communicate to a parent/guardian or professional if sexual abuse or victimization occurs. The workshops teach youth to recognize healthy relationships, and a youth who has a disability will especially benefit from learning the skills to develop and maintain them. Further, full participation in the program works to reduce the social isolation experienced by many youth with disabilities, thereby reducing their risk.

BEHAVIORS, CHARACTERISTICS, AND PREVALENCES ASSOCIATED WITH DISABILITIES

Youth with Attention Deficit Hyperactivity Disorder

Attention deficit hyperactivity disorder (ADHD) is a brain-based condition characterized by inattention, hyperactivity, and impulsivity. According to a 2010 report from the Centers for Disease Control and Prevention, approximately 5.4 million youth ages 14–17 were reported by a parent to have had a diagnosis of ADHD. An ADHD diagnosis requires the symptoms to have persisted for at least six months in at least two settings, with greater frequency and severity than their peers evidently experience.

Youth with *predominantly inattentive ADHD* display six or more of the following traits. They may

- process information more slowly and less accurately
- be forgetful
- become easily distracted, having trouble focusing and maintaining attention during tasks and activities
- fail to pay close attention to details
- make careless mistakes
- give the impression that they are not listening when they are spoken to directly
- have trouble with organization
- lose items needed to complete a task
- avoid, dislike, or quickly lose interest in something, especially if it requires substantial mental effort or is not enjoyable
- not follow instructions or finish a task or activity
- exhibit symptoms of hyperactivity or impulsivity

Youth with *hyperactive-impulsive ADHD* display six or more of the following traits. They may

- fidget or wriggle around when seated
- get out of their seats when they are expected to remain seated
- become restless and need to move around
- have difficulty playing quietly
- move constantly
- blurt out responses, talk out of turn, or redirect the conversation
- have difficulty waiting for a turn
- show emotions without restraint or expectation of consequences
- handle and play with items around them
- exhibit symptoms of inattention

A youth who displays six or more traits associated with each type of ADHD is diagnosed as having a *combined type of ADHD.*

It is common for youth with ADHD to have other coexisting conditions. Mental health conditions such as depression, anxiety, and bipolar disorder typically accompany ADHD. A 2003 study found that about one-third of youth with ADHD have learning disabilities. Symptoms of ADHD can hamper social, academic, and occupational functioning.

Youth with Autism Spectrum Disorder

Autism spectrum disorders (ASDs) include a group of developmental disorders that typically manifest before age three and continue to affect a person throughout life. While individuals exhibit different behaviors and varying severity of symptoms, youth who have an ASD tend to share certain characteristics, including impairments in social interactions, challenges in reciprocal communication, and engagement in repetitive behaviors, interests, or activities. Youth with an ASD may also be hypersensitive to sensory stimuli.

At this writing, according to the Centers for Disease Control, approximately 1 in 68 children has an ASD, with a greater prevalence among boys (1 in 42) than in girls (1 in 189). About 40 percent of children with an ASD also have an intellectual disability, according to a 2009 report of the Autism and Developmental Disabilities Monitoring Network. Some youth with a high-functioning ASD tend to have a well-developed vocabulary and no cognitive impairments.

Youth with autism disorder may

- have significant delays in, or complete lack of, speech development
- have poor motor control
- react inconsistently to visual, auditory, or tactile stimulation
- avoid eye contact
- repeat what is said (*echolalia*)
- become overly preoccupied with or insist upon engaging in repetitive behaviors, interests, activities, or routines and become distressed when unable to do so
- start conversations unrelated to the established topic or setting
- phrase sentences and questions in ways that may be difficult for peers to interpret
- avoid engaging in activities with others

- be unable to understand another person's thoughts, feelings, or beliefs
- have difficulty initiating, maintaining, or ending conversations
- be unable to recognize, understand, or show nonverbal cues (facial expressions or bodily gestures) that can facilitate or inhibit communication
- use objects in the room, including their own bodies, for stimulation

Youth with a high-functioning ASD may

- exhibit characteristics listed above
- have a well-developed or technical vocabulary but appear to be socially immature
- speak in a monotone
- have difficulty understanding abstract concepts (concrete thinking and literal interpretations are common and sarcasm, jokes, and idioms can be misunderstood or taken literally)
- have difficulty remembering, organizing, and applying information that they just learned
- struggle with redirecting attention to something new
- have difficulty maintaining attention and often become distracted by irrelevant information
- insist on carrying out specific rituals or routines or become distressed when unable to do so
- have poor motor coordination
- enjoy being alone and tend to function better one-to-one than in group settings
- be perceived as egocentric
- dominate or ignore conversations according to their own interest level and not recognize another person's level of interest or lack of interest
- not understand the concept of friendships and romantic relationships
- require "friends" to meet certain criteria
- be overly honest and speak their minds regardless of another's feelings
- have difficulty starting, continuing, or ending conversations (poor impulse control can result in interrupting, making irrelevant comments, or talking over others)
- not exhibit signs (verbal or nonverbal) that confirm they are listening, and thus give the impression that they are not paying attention
- have difficulty identifying and interpreting someone's thoughts, feelings, knowledge, or beliefs, often because of difficulty recognizing and understanding verbal and nonverbal cues that reveal the other person's thoughts and feelings
- have unusual interests or priorities that they engage in for longer periods of time than their peers (becoming "experts" in their areas of interest, sometimes acquiring and cataloging facts and objects, and focusing their interactions and conversations with others on these areas of interest to the point that they may come across as monologues)

Youth who exhibit many but not all characteristics above or have mild areas of impairment might be diagnosed with *pervasive developmental disorder, not otherwise specified.*

Youth with Intellectual Disabilities

Intellectual disability can be the result of a genetic or hereditary condition such as Down syndrome, fragile X syndrome, or phenylketonuria (PKU). Fetal alcohol spectrum disorders caused by prenatal exposure to alcohol and disorders caused by environmental exposure to lead are other causes of intellectual disability. Intellectual disabilities vary in severity (mild, moderate, severe, or profound). Youth with an intellectual disability generally have impairments in cognitive abilities and limitations in conceptual, social, and practical skills. Youth with fragile X syndrome, fetal alcohol spectrum disorders, and Down syndrome may also present with condition-specific symptoms such as hearing problems, hyperactivity, impulsivity, inattention, learning disabilities, and poor coordination. A U.S. Department of Education report noted that 450,000 young people received special education services because of an intellectual disability in 2009.

An intellectual disability is diagnosed on the basis of significantly below-average performance in tests of cognitive skills such as learning, reasoning, and problem solving or standardized intelligence tests. Youth with an intellectual disability may have poor conceptual skills such as reading, writing, speech, and self-direction and difficulty understanding concepts of time, money, and number. They may show impaired social skills in the areas of interpersonal communication, ability to follow rules, or interpersonal problem solving; they may exhibit gullibility, naïveté, or a lack of self-esteem. They may be challenged in the areas of personal care, safety, self-help, health care, scheduling, transportation, and using communication devices.

Youth with intellectual disabilities may have impairments in cognition, short-term memory, or long-term memory. Therefore, they may

- take longer to learn tasks
- be unable to acquire or understand knowledge or skills by observation alone
- lack understanding of abstract concepts, instead thinking concretely and interpreting others' statements literally
- have trouble applying knowledge or skills in different settings or situations, or with different people
- have difficulty remembering knowledge, skills, events, or sequences of events
- recall events or information incorrectly, slowly, incompletely, or without sufficient detail
- struggle with interpersonal communication because they have trouble understanding the meaning intended by others or picking up on subtle social cues
- find it hard to initiate contact and develop relationships with others
- take longer than peers to learn and demonstrate modesty
- have difficulty understanding and deciphering social and sexual boundaries
- not know or remember the socially appropriate context (how, when, where, with whom) of behaviors or interpersonal communication
- become overly compliant, often believing other people know best
- lack opportunities to practice organizing or planning activities because of restrictions on their leisure time

Youth with Learning Disabilities

A learning disability may not be obvious to others yet may significantly affect the way a youth acquires, understands, and/or utilizes one or more of these skills:

- concentration
- information processing (receiving, storing, recognizing, or recalling information)
- interpersonal communication
- language (verbal or written)
- mathematical conceptualization
- motor skills

In 2009, more than 2.4 million people ages 6 to 21 received special education services for specific learning disabilities, according to the U.S. Department of Education's Office of Special Education Programs, making learning disabilities the most common reason for youth to receive such services. A 2003 study found that one-third of youth with ADHD had a learning disability as well. However, learning disabilities do not result from a coexisting disability. Instead, learning disabilities are believed to be a result of the way an individual's brain processes information.

Youth with learning disabilities tend to have typical or above-average intelligence. Depending on their abilities, they respond to various modes of learning. Common types of learning disability are dyslexia, dysgraphia, dyscalculia, auditory and visual processing disorders, and nonverbal learning disorders.

Youth with *dyslexia* have difficulty comprehending, recognizing, or using language, particularly when reading. Youth with this type of learning disability may

- read slowly and imprecisely
- have difficulty with reading comprehension
- pronounce words incorrectly
- mix words up
- misspell words
- misunderstand the meanings of words
- struggle with word rhyming

Youth with *dysgraphia* have difficulty writing or composing words, sometimes within a particular space. Youth with this type of learning disability may

- have poor handwriting
- struggle with writing thoughts down
- write incomplete sentences
- have trouble organizing words or sentences

Youth with *dyscalculia* have difficulty understanding and applying mathematical concepts. Youth with this type of learning disability may

- have difficulty sequencing information
- have trouble with visual-spatial relationships
- struggle with time-related concepts
- have difficulty reading and recalling numbers
- struggle with numerical estimation
- find it challenging to determine different responses to a problem

Youth with *auditory and visual processing disorders* have difficulty processing and understanding visual and auditory information. Youth with this type of learning disability may

- have difficulty storing and recalling visual and auditory information or instructions
- have trouble recalling the sequence of words or lists that they hear
- have difficulty identifying similar and differently sounding words
- struggle to differentiate objects according to characteristics like size, shape, or color
- have difficulty recognizing particular objects within a surrounding environment and/or
- find it difficult to glean information from pictures, charts, graphs, or other visual material

Youth with *nonverbal learning disorders* have difficulty processing what is seen and felt, reading nonverbal signs and cues, organizing the visual-spatial field, and maintaining proper psychomotor coordination. Youth with this type of learning disability may

- have difficulty processing what they see and feel
- have poor motor skills and/or bodily coordination
- have difficulty getting a sense of self and objects within a particular space
- struggle with adapting to new situations or changes in routine
- process information and interpersonal communication very concretely
- have difficulty organizing thoughts
- have difficulty applying knowledge to new situations
- have trouble interpreting nonverbal communication and tone of voice
- have difficulty determining the intent behind what is said

CREATING AN INCLUSIVE LEARNING ENVIRONMENT

Facilitators can create a welcoming environment for youth with autism spectrum disorders or attention-related, learning, or intellectual disabilities in which they can engage and learn with their peers in their OWL program. This section provides strategies and concrete suggestions grounded in Universal Design for Learning (UDL), an educational framework that aims to maximize learning for all. This section will help you intentionally employ diverse methods for teaching, engaging participants, and helping youth demonstrate knowledge and skills.

It is likely that youth with disabilities who enroll in an OWL program already go through their weekday schooling with a plan that helps their teachers address their learning needs. As early as possible, contact the parent(s)/guardian(s) of youth who are known to have a disability. Meet with them and with the youth as well. Try to get a sense of the youth's learning style, strengths, and challenges. Ask the parent(s)/guardian(s) and the youth to tell you about attention span, sensory sensitivities, socialization skills, and other relevant aspects of the youth's disability.

Ask about accommodations that have proven helpful to the youth in a school setting. Become familiar with any individualized supports and assistive technology the youth may use, and do this early enough so you will have time to prepare and implement any adaptations. For example, a youth with an autism spectrum disorder may already use an augmentative alternative communication (AAC)

device containing words and/or pictures to help the youth communicate. Facilitators will need to familiarize themselves with how the youth uses their AAC device; for example, a youth may need extra time to locate words or icons on the device in order to respond to a question or participate in a discussion. If possible, facilitators should plan to share workshop content with a parent/guardian in advance, so the youth's AAC device can be programmed with words and/or pictures to help the youth engage and learn. Both facilitators and leaders of the sponsoring organization may benefit from information a parent/guardian offers that will help you plan to address the disability. While the program may not have the capacity to incorporate every learning accommodation that can benefit each youth, the information you gain from parents and caregivers will help you adapt the program and workshops to maximize every participant's success.

Once you have determined the special needs that are known to be represented in the group and touched base with parents, focus on how you will incorporate the recommended accommodations into the structure, planning, and teaching of your program. Choose an approach that supports all participants' learning while addressing the special needs of youth in the group who have disabilities. As a general rule, plan to present information in a variety of ways to engage youth interest in a topic. For every topic you cover in Our Whole Lives, offer a variety of opportunities for youth to demonstrate their knowledge and skills.

You may well discover that an alternative learning modality appeals to youth for whom you had not originally incorporated it. Take advantage of the opportunity to deepen inclusion and intensify engagement. For example, if a youth has an item of assistive technology, others may be interested to learn how the device works. When you allow the program to be a place where youth with disabilities can teach their peers about how they learn and how their helpful devices work, you foster a social connection. Always check with the youth with the disability to learn how comfortable they are with sharing.

Structuring the Program

Select an easily accessible location. Choose a meeting space where you can arrange furniture to best suit the group. For example, you will want to allow enough space around tables and chairs for all participants to move freely, and you will want to be able to place youth who struggle to maintain concentration and attention, especially youth with learning disabilities or ADHD, away from potential distractions like windows. If you anticipate a youth will use an assistive technology device that requires an electrical outlet or extra tabletop space, plan accordingly. Consider placing participants who are likely to use alternative multisensory materials, especially youth with intellectual disabilities or autism spectrum disorders, in areas convenient to the materials and away from unnecessary distractions. Other considerations for set-up include sensitivities to sounds, lights, or odors and any participant's need to get up and move about with minimal distraction to others.

Select a consistent time, duration, and location for the workshops. Plan the calendar for the entire OWL program in as much detail as you can, and try to minimize changes. Youth with learning disabilities and intellectual disabilities often benefit from a structured learning environment. Changes to a routine can be particularly difficult for youth with autism spectrum disorders or nonverbal

learning disabilities, while youth with an attention-related or intellectual disability may struggle with remembering inconsistent times or locations for the OWL workshops.

Make sure each workshop includes scheduled breaks for participants to move around. For each workshop, create an agenda using words, pictures, and colors. Refer to it throughout the workshop to keep the youth on task, remind them of what they have already accomplished, and prepare them for what they will do next. Affirm participants' efforts to achieve an objective or stay on a task.

Youth must do some reading to fully benefit from the program. Yet reading can pose a variety of challenges for many youth, especially those with an intellectual disability or a learning disability such as dyslexia. Plan to read aloud or use other modalities, such as video or role-playing, to reinforce written material. As you plan each workshop, take the time to break down written material into shorter passages for multiple readers to read aloud. Create a print version of every written passage to give participants, so all can follow along as a facilitator or volunteer reads aloud. You may wish to enlarge font size and/or list content items on separate index cards to enable particular youth to participate in reading aloud. Be prepared to summarize the content and purpose of every reading selection. Never assign a youth to read aloud; always ask for volunteers to ensure no one is caught off guard and embarrassed.

Employ Multiple Modalities

Adjust the handouts. Enlarge handouts and add writing space to make it easier for individuals with reading or writing difficulties to read and respond. Plan to verbally describe the purpose of each handout and to read and review handout instructions aloud. You can affirm understanding by asking participants to explain what they are supposed to do. Provide examples of appropriate responses. Allow alternative ways to provide responses on handouts, such as verbalizing a response, typing it using a cell phone or tablet, drawing it, or role-playing it.

Use videos. Videos appeal to all sorts of learners and can help you teach and reinforce concepts and keep participant attention; many are suggested as part of the Our Whole Lives program. Preview a video to be sure that it explicitly demonstrates content in a way that will serve participant comprehension as well as engagement. Plan to pause and replay segments of the video to review or discuss specific content you wish participants to understand or remember. Since youth with special needs often struggle with social skills, consider using videos that allow youth to practice identifying feelings and practice responding to others. The Multisensory Teaching resources section (page xlvi) suggests sources that may offer useful videos.

Provide teaching tools that can be touched. Tactile items such as anatomy models, dolls, contraceptive products, and hygiene products make abstract concepts of anatomy, pregnancy prevention, and hygiene much more concrete. Use tactile items throughout the program to reinforce knowledge and skills. Invite participants to demonstrate their knowledge or ask their questions using the tactile items during group discussions and interactions and provide responses or complete tasks with them. See the section on Multisensory Teaching resources (page xlvi) for help finding OWL teaching aids.

Pacing, Prompts, and Props

Adjust the pace of instruction. Youth with disabilities may have challenges that affect their ability to receive instructions, understand concepts related to sexuality, and participate in an activity or complete a handout. Adjust the pace of your teaching and instructions, discussion times, and activities to meet participants' needs.

Prepare to give instructions in multiple ways. Provide directions for activities in oral, written, and picture formats and make sure they are clear and easy to understand. Plan to use positive feedback and frequent updates on time remaining to keep all participants on task and prevent inattention; restate the instructions or ask youth to restate them to be sure they are clear; and give examples of desired responses.

Contextualize the sexuality content. Youth with disabilities like autism spectrum disorders or intellectual disabilities often need explicit instruction on when, where, and with whom sexual expression might appropriately occur. Throughout the workshops, plan to emphasize the importance of being in private to dress, take care of (or receive assistance with) personal hygiene, touch or stimulate the genitals, have sexual intercourse, or engage in other behaviors involving the sexual organs. Discuss ways to manage situations in which privacy is not attainable.

Incorporate movement. Some youth with autism disorder and attention-related disabilities may focus and engage better if they can manually manipulate an object during group time. Provide items for youth to hold if they feel fidgety, like stress balls or pipe cleaners. When possible, incorporate tactile manipulation of objects into learning activities. Some youth may feel a need to move. Schedule stretch-and-move breaks and/or incorporate movement into learning so all participants get physical activity. Designate an area in the room where individuals can stand while content is being taught. Choose volunteers who need movement to help distribute or collect materials.

Use colors. Colored markers and index cards or paper can be useful tools to emphasize particular concepts, keep participants engaged, and provide a visual way for participants to demonstrate knowledge. Apply color to concepts; for example, assign red to represent unhealthy relationship behaviors and green to represent healthy relationship behaviors or use red, yellow, and green to signify high, low, and no risk. For activities in which participants are to move to different positions in the room to indicate different opinions or beliefs, place colored paper at each position to clearly designate its meaning; taking a position by a green paper could indicate agreement with a given proposition, for instance, while standing by the red paper would indicate disagreement. Give youth paper to hold or point to as a means to represent agreement or disagreement, respond with yes or no, or identify a statement as true or false. Print handouts on a variety of colors to help participants organize their materials.

Incorporate images, pictures, and diagrams. Images can be useful to emphasize and concretely display the sexuality content and keep the attention of youth with special needs. Examples may include pictures of the steps for correct condom application, enlarged diagrams of the sexual anatomy, and a pictorial glossary of a workshop's sexuality vocabulary. Avoid confusing diagrams and pictures. Enlarge visual aids to make them easier to see and understand. Referring to visual aids throughout a workshop as content is taught, reviewed, and discussed

will reinforce knowledge and skills. Suggest that participants use the visual aids when they provide responses during group discussions or interactions or when they complete tasks. Sources for obtaining and incorporating multi-modal materials are listed in the section on Multisensory Teaching Resources (page xlvi).

Model the content. Have participants role-play to reinforce knowledge and skills and to facilitate group discussions and interactions. Also invite participants to use role-playing to provide responses and complete tasks.

Strategies to Help Everyone Learn

Keep language simple. Processing difficulties, short attention spans, or impaired cognition can make it hard for youth with disabilities to understand, remember, or recall sexuality-related information. Communicate information in simple, explicit language. Avoid euphemisms and slang. Youth with intellectual disabilities or autism spectrum disorders may interpret what is said in the workshop literally. Check for understanding throughout the workshop.

Build on existing knowledge. Access participants' prior knowledge related to new topics, to give them a point of reference that will help them grasp and remember new information and stay motivated. Teach or review background information that is necessary to understand the workshop topic.

Repeat, review, reinforce. Youth with autism spectrum disorders or attention-related, intellectual, or learning disabilities have conditions that can hamper their comprehension, retention, and application of information. Repeat sexuality content using multisensory techniques and materials. Refer to content already taught that directly relates to the new workshop topic. Reintroduce relevant examples in different circumstances. Sexuality content can be repeated, reviewed, and reinforced in a variety of ways and at different times throughout a workshop and throughout the curriculum series.

Promote pro-social behaviors. Youth with autism spectrum disorders or attention-related, intellectual, or learning disabilities struggle with social skills, which can make it difficult for them to develop appropriate peer and intimate relationships. Review, model, and post group behavior rules. Find opportunities to explicitly explain, encourage, and model pro-social skills such as distinguishing feelings, deciphering verbal and nonverbal expressions, making eye contact, engaging in reciprocal communication, observing and respecting the personal space of others, recognizing others' feelings, not interrupting, and expressing socially appropriate behavior or statements. Provide positive feedback for youth as they demonstrate these skills. Encourage group participation and engagement among peers.

Use posters to emphasize important points. Youth with disabilities benefit when key points are reviewed or reinforced. Some struggle with sequencing or recalling information. Make visual aids using newsprint or posterboard. Post images, charts, or word maps for participants to reference throughout the workshop.

Keep it positive! Positive feedback can give youth with disabilities immediate and concrete confirmation of accomplishment, reinforce learning, and help guide behavior such as pro-social interactions. Give positive feedback frequently or to reinforce particular behavior. Clearly highlight the youth's specific achievement or improvement, such as applying a condom correctly or maintaining personal space with another group member.

Learning More about Disability

The organizations and agencies listed below have more information about autism spectrum disorders and attention-related, intellectual, and learning disabilities. Some offer strategies and materials that can help create an inclusive learning environment in which youth with these disabilities can succeed.

American Academy of Child and Adolescent Psychiatry, **www.aacap.org**

American Association on Intellectual and Developmental Disabilities, **www.aamr.org**

The Arc, **www.thearc.org**

Autism Society, **www.autism-society.org**

Autism Speaks, **www.autismspeaks.org**

Center for Applied Special Technology (CAST), **www.cast.org**

Centers for Disease Control and Prevention, **www.cdc.gov**

Children and Adults with Attention-Deficit/Hyperactivity Disorder, **www.chadd.org**

Eunice Kennedy Shriver National Institute of Child Health and Human Development, **www.nichd.nih.gov**

Interactive Autism Network, **www.iancommunity.org**

Learning Disabilities Association of America, **www.ldanatl.org**

LD OnLine, **www.ldonline.org**

National Center for Learning Disabilities, **www.ncld.org**

National Dissemination Center for Children with Disabilities, **www.nichcy.org**

National Institute of Mental Health, **www.nimh.nih.gov**

National Institutes of Neurological Disorders and Stroke, **www.ninds.nih.gov**

National Resource Center on Attention-Deficit/Hyperactivity Disorder, **www.help4adhd.org**

PubMed Health, **www.ncbi.nlm.nih.gov/pubmedhealth**

MULTISENSORY TEACHING RESOURCES

BrainPOP, **www.brainpop.com**
Interactive, easy-to-understand videos, stories, and handouts address sexuality topics such as puberty, sexual anatomy, and menstruation. The videos are short and visually appealing. Membership is required to access the plethora of resources.

Google Images, **www.images.google.com**
Quickly access millions of images by topic. Select images that clearly and realistically represent the content and are easily recognizable. Avoid images that are complex or cluttered.

Jim Jackson & Co., **www.jimjacksonanatomymodels.com**
This company provides life-sized, realistic models of sexual anatomy. Participants can touch them to develop or demonstrate knowledge or skills related to topics such as anatomy, pregnancy, safer sex, and contraception.

Planned Parenthood Interactive Anatomy Diagrams, **www.plannedparenthood.org/info-for-teens/our-bodies/diagrams-34352.htm**
These multicolored diagrams of the internal and external sexual anatomy allow online users to place a cursor over body parts to view the names of anatomical structures and descriptions of their function.

Planned Parenthood YouTube Channel, **www.youtube.comuser/plannedparenthood**
This collection of short videos allows participants to see a variety of contraceptives, watch and hear how each works to prevent pregnancy, and listen to simple directions for correct use. Videos contain very little to distract participants from the basic content.

Search-Cube, **www.search-cube.com**
Use this tool to search for multimedia resources to include in a workshop. Type the topic keywords. Results appear as a three-dimensional cube with ninety-six images, videos, or websites to preview. Select resources that directly relate to the workshop's content, are easy to understand, keep participant attention, and can be easily shown to the group.

Sex, Etc. YouTube Channel, **www.youtube.com/user/SexEtc**
These short videos address gender identity, unhealthy relationships, and sexually transmitted infections. The videos focus on specific sexuality content, which will help to hold participant attention.

Teach-a-Bodies, **www.teach-a-bodies.com**
Youth can develop or demonstrate knowledge or skills by pointing to or touching these fabric and paper dolls, which include the external sexual anatomy. Useful for topics such as anatomy, contraception, pregnancy, and sexual violence.

Facilitator Resource List

Workshop 22	Facilitator Resource 57	Contraceptive Methods
	Facilitator Resource 58	Birth Control Effectiveness Chart
	Facilitator Resource 59	A Research Study
	Facilitator Resource 60	Possible Risk Behaviors
	Facilitator Resource 61	Risk Behavior Chart
	Facilitator Resource 62	Contraception Myth/Fact Statements
Workshop 23	Facilitator Resource 63	Freeze-Frame Scenarios
	Facilitator Resource 64	Decisions
Workshop 24	Facilitator Resource 65	Scripted Role-Play 1: Communicating Your Bottom Line
	Facilitator Resource 66	Scripted Role-Play 2: Responding to an Objection
	Facilitator Resource 67	Unscripted Negotiation Scenarios
Workshop 25	Facilitator Resource 68	Guided Imagery: Reflections
	Facilitator Resource 69	Sexual Health Match Game

Handout List

Workshop 1	Handout 1	The Circles of Sexuality
	Handout 2	Our Whole Lives Bill of Rights and Program Assumptions
	Handout 3	Our Whole Lives Program Values
Workshop 2	No handouts	
Workshop 3	No handouts	
Workshop 4	Handout 4	Male Sexual System
	Handout 5	Female Sexual System
Workshop 5	No handouts	
Workshop 6	No handouts	
Workshop 7	Handout 6	Social Challenges Scenarios
Workshop 8	No handouts	
Workshop 9	No handouts	
Workshop 10	No handouts	
Workshop 11	Handout 7	Scenarios
Workshop 12	Handout 8	Characteristics of Healthy Romantic Relationships
	Handout 9	Warning Signs of Unhealthy Relationships
	Handout 10	Relationship Commitments
	Handout 11	Healthy Relationship Checklist
	Handout 12	Crumble Lines and Power Lines
Workshop 13	Handout 13	Active Listening Skills Checklist
	Handout 14	Assertiveness Skills Checklist
	Handout 15	Refusal Skills Checklist
	Handout 16	Healthy Communication in Relationships

Workshop Activity List

Workshop 7	Reentry and Reading (R&R) Introduction to Gender Identity: SIEO Model Video and Discussion Social Challenges Scenarios Reflection and Planning
Workshop 8	Reentry and Reading (R&R) Unpacking Gender Roles and Stereotypes OR Gender Roles Values Voting Understanding Gender Boxes Breaking Down Gender Boxes Reflection and Planning Optional: Documentaries on Gender Stereotypes
Workshop 9	Reentry and Reading (R&R) Sexual Orientation, Homophobia, Biphobia, and Heterosexism Myth Information Game OR Values Voting Being an Ally Preparation for Guest Speakers Reflection and Planning Optional: Coming Out Stories
Workshop 10	Reentry and Reading (R&R) Guest Speakers Reflection and Planning
Workshop 11	Reentry and Reading (R&R) Discussion: Disability and Sexuality Video: (Sex)Abled Video and Discussion OR Ofelia's Story Scenarios: What Would You Do? Reflection and Planning Optional: Cross the Line Optional: Sexuality Challenge Match Optional: Rethinking What's Possible
Workshop 12	Reentry and Reading (R&R) Deal Makers and Deal Breakers OR What's Important in a Relationship? Is It Healthy or Unhealthy? Power and Equality in Relationships Reflection and Planning Optional: Movie and Discussion
Workshop 13	Reentry and Reading (R&R) Active Listening Speaking Up for Yourself Developing Refusal Skills Reflection and Planning

Parent/Guardian Orientation Workshop

A WORD TO THE FACILITATORS

The goals of this orientation workshop are to inform parents/guardians about the *Our Whole Lives: Sexuality Education for Grades 7–9* program, to offer a rationale for this comprehensive approach, to gain input from parents/guardians, and most importantly, to gain their support for the effort. Their responses will vary depending on your organization and community. If you're offering the program in a religious setting and have the support of the leadership, then typically parents/guardians are supportive. In most cases, they want their children to be educated about sexuality and want help with what often seems like an overwhelming task. However, even the most supportive parents/guardians might have questions or concerns about the program.

Our Whole Lives is a progressive approach to sexuality education that deals with the totality of human sexuality in a developmentally appropriate manner. It is based firmly on the values of self-worth, sexual health, responsibility, justice, and inclusivity. As a result, the program takes a stand on gender equity and the inclusion of gay, lesbian, bisexual, and transgender issues, which are often excluded from traditional curricula. Criteria for sexually healthy relationships are clearly laid out as yardsticks for making decisions. Our Whole Lives helps young people adopt these very human values, and it provides them with information and skills they need for life.

Most parents/guardians want to do the best they can to influence their children in positive ways, but they may lack the skills, resources, or comfort to do the best job possible. When dealing with them, maintain an attitude of respect and understanding. Always present yourself as an ally, sharing the goal of helping children become healthy and responsible sexual beings.

Many parents/guardians are genuinely scared for their children. They worry about negative things that can happen: sexual abuse, harassment, rape, adolescent pregnancy, premature parenthood, sexually transmitted infection. They are also afraid of doing the wrong thing: starting sexuality education too early or too late, giving misinformation, or robbing their children of their innocence.

In addition, some well-intentioned parents/guardians continue to believe the following *myths*:

- Information about sexuality is harmful to children.
- Sexuality education leads to experimentation.
- Giving adolescents information about contraception and condoms in addition to information about abstinence sends a double message that will encourage teenagers to have sexual intercourse.
- Lesbian, gay, bisexual, transgender, and queer children are in other families, not their own.

Because of these beliefs, many parents/guardians and educators focus their energies on helping children avoid the negative consequences related to sexuality. Of course, no loving parent/guardian wants a child to be sexually abused, emotionally harmed, or infected with HIV or another sexually transmitted infection. However, when adults primarily focus on preventing problems, they may inadvertently communicate harmful or inaccurate messages such as these:

- Sexuality is more negative than positive.
- Sexual behavior is dangerous because it can kill people.
- Sexual feelings, especially when felt by females, are unnatural and must be controlled.
- One partner must control another in sexual encounters.
- All romantic encounters are heterosexual.

These messages may be offered with good intentions and by caring people, but they can have a chilling impact on a child's ability to become a healthy sexual adult. Many children are unable to shed these lessons once they enter adulthood. Most parents say they want their children to grow up to be loving, responsible, and responsive sexual partners in appropriate adult relationships. But how does a parent/guardian raise such a child? What are the facts, attitudes, and skills children need to develop into adults who are sexually healthy and responsible?

One of the best ways to provide these facts, attitudes, and skills is for parents/guardians to encourage their children's participation in this comprehensive program. It's normal for parents/guardians to worry about their children. Your role is to listen, to be completely open, and to provide any information they request. When they see that you know what you're talking about, that you care about their children, that you want to support them in their role as sexuality educators of their children, and that you are a well-trained, ethical person, their comfort will increase dramatically.

Most parents/guardians did not grow up in homes where sexuality was discussed openly. As a result, they may carry old scars and lack models for creating an environment that is affirming of their children's sexuality. Often, once parents/guardians begin to review their own sexuality education during this workshop, they begin to assess and heal their own wounds. Many acknowledge that they don't want their children to grow up with the ignorance, secrecy, and shame that they experienced around the topic of sexuality.

Before working with young adolescents, you must communicate with their parents or guardians. Send home letters and make public announcements about plans for the upcoming program. Invite parents to one or more orientation workshops. Some organizations may require written permission from parents/guardians for youth to participate in the program. Others may find it sufficient to inform parents/guardians of this program in writing and have them sign a form if they wish that their child not participate. When a child's parents/guardians are divorced and share custody, permission should be obtained from both in writing.

WORKSHOP GOALS

- to provide an overview of the program and its underlying values
- to identify a broad definition of human sexuality

- to identify ways that parents/guardians can support their children's participation in the program
- to support parents/guardians in their role as sexuality educators of their children.

WORKSHOP-AT-A-GLANCE

Welcome and Introductions	15 minutes
Warm-Up: How Many of You?	10 minutes
Remembering Your Own Sexuality Education	30 minutes
Circles of Sexuality	30 minutes
Overview of the Program	25 minutes
Closure	10 minutes
OPTIONAL ACTIVITY: Planned Parenthood Video(s)	35 minutes

TIME REQUIRED

This workshop is scheduled for two or two and one-half hours. You may choose to have two ninety-minute sessions if you have highly motivated parents/guardians.

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ copies of the program outline (page lxvi)
- ☐ copies of the parent/guardian permission form, as appropriate (see sample on page lxvii)
- ☐ copies of the video list (page lxviii)
- ☐ Facilitator Resource 3, The Components of Human Sexuality, from Workshop 1 (page 17)
- ☐ Handout 1, The Circles of Sexuality, from Workshop 1: What Is Sexuality? (page 21)
- ☐ Handout 2, Our Whole Lives Bill of Rights and Program Assumptions, from Workshop 1 (page 22)
- ☐ Handout 3, Our Whole Lives Program Values, from Workshop 1 (page 23)

For Optional Activity, Planned Parenthood Video(s)

- ☐ VCR and monitor or TV or computer with Internet access, projector and screen
- ☐ **Video(s)**: Choose between *Talking about Sex: A Guide for Families* (28 minutes), available from Amazon.com only on VHS, or show any of the newer, shorter videos on the Planned Parenthood website at **www.plannedparenthood.org/parents**

PREPARATION

1. Read this workshop plan, including handouts and the facilitator resource. Decide with your co-facilitator how to share leadership responsibilities.
2. Arrange for an appropriate meeting room where the group will not be interrupted.

3. If attendance at this orientation is required for the children's participation in the program, follow up with any parents or guardians who haven't made a commitment to come.
4. Make a chart of the workshop agenda by listing the activities from Workshop-at-a-Glance, with the estimated time for each.
5. Make a chart of the following suggested ground rules:
   - Listen with an open mind.
   - Be nonjudgmental.
   - Ask any questions. None is dumb.
   - Participate as much as possible, but share the time.
   - Keep what is said in the group confidential. Respect others' right to privacy.
   - Use "I" language.
   - Pass if you wish.
   - Avoid making assumptions about other people. If anything, assume diversity.
   - Have fun.
6. Photocopy the handouts listed in the materials checklist.
7. For Circles of Sexuality, create a colorful poster of the illustration, using the handout. Using Facilitator Resource 3, The Components of Human Sexuality, from Workshop 1, prepare a brief presentation on the five circles of sexuality, with examples to help illustrate the various circles.
8. For Overview of the Program, make charts of the Bill of Rights and Program Values.
9. Decide whether you wish to show videos. *Talking about Sex* is somewhat dated, only available on VHS, and in low stock, but if your organization already owns a copy and a VCR, this might be a good option. A better option is to show two or three of the shorter, newer animated videos produced by Planned Parenthood and available on their website. If you plan to show videos, preview them and prepare a few discussion questions.

Workshop Plan

WELCOME AND INTRODUCTIONS 15 Minutes

1. Welcome parents/guardians to this orientation workshop. Introduce yourself, briefly describing your background and training. Ask each person to share the following information:
   - their name
   - the names and ages of their children
   - their expectations for the workshop
2. Write expectations on newsprint as they are identified. At the end of the sharing, summarize these expectations and explain how they will be addressed during the workshop. Give a quick overview of today's workshop. If you wish, post the agenda you prepared.
3. Bring up the issue of ground rules for today's workshop. Explain that many

people feel nervous about attending a program where the subject is sexuality. Some people fear that they will be embarrassed, sound stupid, or be judged or gossiped about. Post the chart of suggested ground rules and review them. Ask for reactions to the idea of ground rules for conversations about sexuality. Ask for any additions to this list. Explain that it's important to establish a safe and comfortable environment and that you'll follow a similar process with the youth.

WARM-UP: HOW MANY OF YOU? 10 Minutes

1. This activity is a warm-up that helps participants get to know each other and loosens up the atmosphere a bit. Give the following instructions:
   - I'll read some descriptions and if the description fits you, stand up.
   - Look around to see who is standing with you.
   - After a few seconds, I'll ask you to sit down again and listen to the next description.

   If any participants cannot stand, have everyone remain seated and ask them to raise a hand if the description fits them.
2. Ask: How many of you
   - grew up in this area?
   - have grandchildren?
   - have Facebook pages?
   - text?
   - use Twitter or Instagram?
   - are the oldest child in your family?
   - are the youngest child in your family?
   - are the only child in your family?
   - are a middle child in your family?
   - have a parent living with you?
   - are a single parent or guardian?
   - have a friend of a different race or ethnic background?
   - have a friend who is gay, lesbian, or bisexual?
   - have a friend who is a transgender person?
   - got a good sexuality education at home?
   - got a good sexuality education in school?
   - can talk openly with your children about sexuality?
3. After the activity, ask the following questions:
   - What was that activity like for you? [Don't stop with one person's response; ask a few others to describe their experience. Was it fun, boring, interesting, uncomfortable?]
   - What did you notice about yourself or others during the activity? What surprised you? [Share your own observations, as appropriate.]
   - What was it like to be standing by yourself or with only a few people? [Comment on the fact that it can be uncomfortable to be the only one or to be in the minority in any situation.]

REMEMBERING YOUR OWN SEXUALITY EDUCATION

30 Minutes

1. Point out that few people in the room feel they received a good sexuality education at home. Note how common this is. Make the point that many parents/guardians feel they did not have role models for how to talk to their children about these issues.
2. Ask the group to consider the following questions silently, without raising their hands or indicating their answers in any way.
   - What messages did you get from your parent(s)/guardian(s) about
     - your own body, including the sexual parts?
     - touch and the human need for affection?
     - gender roles: how different genders should behave?
     - loving and intimate relationships?
     - dating and sexual attraction?
     - when it was okay to engage in sexual behavior?
     - sexual pleasure?
     - sexual responsibility: preventing unplanned pregnancy and avoiding sexually transmitted infection?
3. Ask, "If you could sum it up in one phrase or sentence, what message did you get about sexuality from your family?"
4. Take responses from five or six participants (seek gender, age, and ethnic diversity) and then share some of your own memories. If appropriate, explain how your upbringing had a negative or positive impact on your ability to be a sexually healthy adult.
5. End this segment by asking, "How do you want your children's experience to be similar to or different from your own?"

CIRCLES OF SEXUALITY

30 Minutes

1. Begin by reading the following description of someone's first sexual experience:

   It was dusk. The apartment was empty save for the two of them. As they lay entwined in a warm embrace, this room, this bed, was the universe. Aside from the faint sounds of their tranquil breathing, they were silent. She stroked the nape of his neck. He nuzzled her erect nipple first gently with his nose, then licked it, tasted, smelled, and absorbed her body odor. It was a hot and humid August day, and they had been perspiring. Slowly he caressed her one breast as he softly rolled his face over the contours of the other. He pressed his body close against her, sighed, and, fully spent, closed his eyes and soon fell into a deep, satisfying sleep. Ever so slowly, lest she disturb him, she slipped herself out from under him, cradled him in her arms, and moved him to his crib. Having completed his six o'clock feeding, the four-month-old had also experienced one more minute contribution to his further sexual development.
2. Invite reactions. Ask how many thought the male person was a teenager or adult at the beginning of the reading. Typically, we don't think of babies and children as sexual beings, and yet they are. Also, most people think of a first sexual experience as the first time someone has sexual intercourse. Point out

that because the term *sexual* is used often to refer to teenagers and adults, to certain behaviors such as intercourse, and to certain relationships, some people find it difficult to use the word in describing this experience shared by mother and baby. Encourage the group to broaden their thinking about sexuality and sexual experience. Ask what was sexual about the experience described in the reading (pleasure, touching, love and affection, and so on).

3. Display the Circles of Sexuality chart you prepared and distribute the corresponding handout. Explain that you will give a brief presentation on human sexuality to show how much is included in that concept. One circle at a time, explain what each includes, using information from Facilitator Resource 3, The Components of Human Sexuality. Be sure to make the following points:
   - All five circles of sexuality are part of what makes us sexual human beings.
   - Sexuality is not limited to genital sexual behavior; having sexual intercourse is only one behavior in one of the five circles.
   - Emotional intimacy—sharing love and caring in a relationship—can happen with or without sexual intimacy.
   - Sexual intimacy can happen with or without sexual intercourse.
   - In the Our Whole Lives program, we will use this broad definition of sexuality as a template for examining issues of sexuality. Your children will participate in workshops that explore each of these circles in greater detail.
   - This approach is unusual, because many sexuality education programs focus primarily on sexual health and reproduction, and possibly on sexualization (to teach about dating abuse and sexual abuse).
   - In Our Whole Lives, the focus is not just on preventing unintended consequences such as teen pregnancy or sexually transmitted infections (STIs); it's on helping your children gain the knowledge, values, and skills to lead sexually healthy, responsible lives.
   - All five aspects are affected by personal values, which is why *Values* is placed in the center, touching all components.
   - Distribute the program outline and discuss how each unit relates to one or more of the circles of sexuality. Ask participants to react to the proposed content. What is missing that they would like included? What is included that they would like omitted? Seek differing opinions from parents and discuss why some are uncomfortable with a topic and why it is included.

OVERVIEW OF THE PROGRAM — 25 Minutes

1. Post the charts you made of the Bill of Rights and Program Values. Distribute Handouts 2 and 3 (Bill of Rights and Program Values) and the video list. Review the following information informally. Look for nonverbal responses. From time to time, stop and encourage parents to ask questions and react to the ideas and program information you're presenting. Make this a two-way conversation.
   - **unique opportunity:** This is a unique opportunity for your children to get honest, helpful information about sexuality from adults and each other. Youth will be free to bring up any sincere questions, concerns, or opinions to the group, and their issues will always be respected and addressed in age-appropriate ways.

- **bill of rights:** This program is based on some assumptions about the rights of young people. We believe that teenagers have the right to
  - ask any questions they have about sexuality;
  - receive complete information about sexuality;
  - explore any issues of sexuality that interest them;
  - have support in making their own decisions about sexual matters; and
  - express their sexuality in ways that are healthy and life affirming.
- **program values:** The program also supports some basic values related to human sexuality. [Participants can take turns reading Handout 3 aloud.]
- **program rituals:** Each of the twenty-five workshops will begin and end the same way. There will be a reentry period, during which youth talk about what's been going on since they were last together. Then we'll answer questions from an anonymous question box. Then there will be a reading related to the day's topic. Each workshop will end with a period of reflection; we'll ask the youth what they learned and how they might use that information in their lives.
- **communication with parents/guardians:** From time to time the youth will be encouraged to go home and discuss something or do an activity with you. Some youth will want to do this, while others may not. The activities will never be mandatory, but it is wonderful when youth give their parents the opportunity to engage in conversation about these issues. A benefit of this program for some families will be increased communication about sexuality.
- **videos used in the program:** In several workshops we'll show videos and brief video clips to engage the youth around a particular topic. Many, but not all, of the videos are available online. You have a handout that lists the videos we'll be showing. Please note that most of the videos are optional, and not all of them will be shown during the program. In your leisure time, please go online and view the videos that you can access on your own. We will schedule some other meetings to arrange for you to see any videos that we are showing that are not available online. Our commitment is to make sure you can see *all* videos and clips before we show them to your children.

OPTIONAL ACTIVITY
PLANNED PARENTHOOD VIDEO(S) 35 Minutes

1. Introduce the video(s) by explaining that parents/guardians are truly the primary sexuality educators of their children and that you and this program can only supplement their important work. Explain that the video(s) offer(s) some information and some strategies for increasing family communication about sexuality.
2. After the viewing, use the questions you've prepared to lead the group discussion. Find out one thing the participants plan to do as a result of seeing the video(s).

CLOSURE 10 Minutes

1. Take some time to answer any remaining questions from participants.
2. Distribute permission forms, as appropriate.
3. Thank participants for coming and wish them luck in their roles as sexuality educators.

PROGRAM OUTLINE

Our Whole Lives: Sexuality Education for Grades 7–9

UNIT ONE	Introduction
Workshop 1	What Is Sexuality?
Workshop 2	Examining Values
Workshop 3	The Language of Sexuality
UNIT TWO	You, as a Sexual Being
Workshop 4	Anatomy and Physiology
Workshop 5	Personal Concerns about Puberty
Workshop 6	Body Image
Workshop 7	Gender Identity
Workshop 8	Gender Expression, Roles, and Stereotypes
Workshop 9	Sexual Orientation
Workshop 10	Guest Panel
Workshop 11	Sexuality and Disability
UNIT THREE	Relationships
Workshop 12	Healthy Relationships
Workshop 13	Relationship Skills
UNIT FOUR	Contemporary Issues
Workshop 14	Sexuality, Social Media, and the Internet
Workshop 15	Bullying and Bystander Responsibilities
UNIT FIVE	Responsible Sexual Behavior
Workshop 16	Redefining Abstinence
Workshop 17	Lovemaking
Workshop 18	Consent Education
UNIT SIX	Sexually Transmitted Infections, Pregnancy, and Parenting
Workshop 19	Sexually Transmitted Infections
Workshop 20	Pregnancy, Parenting, and Teenage Parenthood
Workshop 21	Unintended Pregnancy Options
Workshop 22	Contraception and Safer Sex
UNIT SEVEN	Communicating about Sexuality
Workshop 23	Sexual Decision Making
Workshop 24	Communicating with a Sexual Partner
Workshop 25	Self-Care, Celebration, and Closure

SAMPLE PARENT/GUARDIAN PERMISSION FORM

Our Whole Lives: Sexuality Education for Grades 7–9

I/We give _____

[child(ren)'s name(s)] permission to participate in Our Whole Lives: Sexuality Education for Grades 7–9, part of the education program at

_____ [name of organization].

I/We have been offered the opportunity to view program materials. Yes No

I/We have attended an orientation to this program. Yes No

Signed _____

(parent/guardian)

Please print information below:

Name _____

Address _____

Daytime Phone _____

Evening Phone _____

Cell Phone _____

Email _____

Date signed _____

Signed _____

(parent/guardian)

Please print information below:

Name _____

Address _____

Daytime Phone _____

Evening Phone _____

Cell Phone _____

Email _____

Date signed _____

VIDEO LIST

Our Whole Lives: Sexuality Education for Grades 7–9

Facilitators are likely to show a number of the following videos:

Workshop 6: Body Image

- "Dove Evolution" (1:16 minutes), **www.youtube.com**
- Dove Campaign for Real Beauty (male version) (4:13 minutes), **www.youtube.com**

Workshop 7: Gender Identity

- ABC's *20/20*, "Transgender at 11: Listening to Jazz," (7:54 minutes), **www.youtube.com**
- "Just a Boy—A FtM Transgender Documentary" (5:57 minutes), **www.youtube.com**
- "Living a Transgender Childhood" (21:48 minutes), **www.youtube.com** and (in three parts) **www.nbcnews.com/video/dateline/48121998**
- *Straightlaced: How Gender Has Got Us All Tied Up* (67 minutes), available in DVD format or as a streaming video rental from **www.groundspark.com** or stream the trailer (2:06 minutes) at **http://groundspark.org/trailers/straightlaced.html**

Workshop 8: Gender Expression, Roles, and Stereotypes

- "Tough Guise: Violence, Media & the Crisis of Masculinity" (7:03 minutes), **www.youtube.com**
- Trailer for *Killing Us Softly 4: Advertising's Image of Women* (4:57 minutes), **www.youtube.com**

Workshop 9: Sexual Orientation

- "Ash Beckham at Ignite Boulder 20" (5:30 minutes), **www.youtube.com**
- "Ellen DeGeneres: The Beginning, Part 1" (7:53 minutes), **www.youtube.com**
- Scenes from "First Openly Gay NBA Player Jason Collins and His Family," **www.oprah.com/own-oprahs-next-chapter/Oprahs-Next-Chapter-NBA-Player-Jason-Collins-and-His-Family**

Workshop 11: Sexuality and Disability

- *(Sex) Abled* (14:33 minutes), **www.youtube.com** or stream from **http://sexsmartfilms.com/premium/film/419/45/19/-sex-abled disability-uncensored#videoContainer**, or purchase DVD from Amanda Hoffman at **ama.hoff@gmail.com**

- Wheelchair basketball promo, (3:09 minutes), **www.youtube.com**
- *Murderball* trailer (1:58 minutes), **www.youtube.com**
- Wheelchair dance competition (5:43 minutes), **www.youtube.com**
- *Sound of Silence* trailer—"Deaf Can Dance" (3:22 minutes), **www.youtube.com**
- "Allison Becker—Deaf Contemporary Dancer" (4:37 minutes), **www.youtube.com**

Workshop 12: Healthy Relationships

- In this workshop, facilitators might show a feature film showcasing relationship issues at an optional session, perhaps at an evening or weekend retreat. They will share information about this session and the chosen film if they decide to do this.

Workshop 14: Sexuality, Social Media, and the Internet

- An introductory article, "Social Media Messed-Up Teens Reveal All," and a selection of YouTube videos (various lengths up to 5 minutes) in which teens talk about their experiences with social media, **www.2020science.org/2011/08/24/social-media-messed-up-teens-reveal-all**
- Videos at A Thin Line (**www.athinline.org**), the website of MTV's anti-cyberbullying campaign; see the list for Workshop 15

Workshop 15: Bullying and Bystander Responsibilities

- "Bars and Melody—Simon Cowell's Golden Buzzer Act" (from 1:10 – 6:15 minutes, 5:05 minutes total), **www.youtube.com**
- "Fliers" (0:45 minutes), **www.athinline.org/videos/60-fliers**
- "Cafeteria" (0:30 minutes), **www.athinline.org/videos/59-cafeteria**
- "Tattoo" (0:30 minutes), **www.athinline.org/videos/1-tattoo**
- Other videos at A Thin Line, **www.athinline.org**
- *Let's Get Real* (35 minutes), available to rent or buy, on DVD or VHS, at **www.newday.com/films/LetsGetReal.html**; a trailer can be watched at the website (2:37 minutes)

Workshop 16: Redefining Abstinence

- "Sex Needs a New Metaphor" (8:21 minutes), **www.ted.com**

Workshop 19: Sexuality Transmitted Infections

- "Types of Sexually Transmitted Infections" (9:46 minutes), **www.youtube.com**
- Videos at Be Smart, Be Well, a website of the U.S. Centers for Disease Control and Prevention (CDC), **www.cdc.gov/std/Be-Smart-Be-Well**
- "How to Turn a Condom into a Dental Dam" (1:45 minutes), **www.youtube.com**
- "Female Condom Training" (2:57 minutes), **www.youtube.com**

Workshop 20: Pregnancy, Parenting, and Teenage Parenthood

- PBS's *NOVA*, *Life's Greatest Miracle* (53:56 minutes), **http://video.pbs.org**, also for sale on DVD
- "Fetal Growth and Development" (slideshow), **www.webmd.com/baby/ss/slideshow-fetal-development**
- "Vaginal Childbirth (Birth)" (0:48 minutes), **www.youtube.com/watch**
- "Labor and Birth BabyCenter" (2:47 minutes), **www.youtube.com**
- Cesarean section delivery animation (3:31 minutes), **childbirthvideo.biz/2008/08/3d-medical-animation-cesarean-birth-c-section/**
- *Journey of a Pregnant Man: Thomas Beatie*, part 4 of 5 (7:27 minutes), **www.youtube.com**
- In this workshop, facilitators might show a clip from a TV show or movie depicting youth parenting. Possible sources include *The Secret Life of the American Teenager*, MTV's *Teen Mom*, *Glee*, and the trailer for the movie *Juno* (2007, PG-13) (2:32 minutes), **www.imdb.com/video/imdb/vi340059**.

Workshop 21: Unintended Pregnancy Options

- "Abortion in the United States" (3:01 minutes), **www.youtube.com**
- "*Teen Mom* Stars Talk Pregnancy and Adoption" (3:11 minutes), **www.youtube.com**

Workshop 22: Contraception and Safer Sex

- "Condoms: Birth Control and Protection Against STDs—Planned Parenthood" (1:25 minutes), **www.youtube.com**
- "How to Put On a Condom—Planned Parenthood" (2:29 minutes), **www.youtube.com**
- "Female Condom as a Form of Birth Control—Planned Parenthood" (1:23 minutes), **www.youtube.com**
- "Selling Sex: World's Best Condom Ads" (6:02 minutes), **www.youtube.com**

Workshop 25: Self-Care, Celebration, and Closure

- "Manhood in the Mirror" (1:58 minutes), **www.kevinmd.com/blog/2010/11/testicular-exam-sung-michael-jackson.html**
- A message from Dr. David Bell, of the Young Men's Health Clinic, to his son, VTS_06_1.VOB (3:31 minutes), one of four Digital Stories at **www.youngmensclinic.org/video.php**
- "Sexual Health PSA: STI Testing" (1:39 minutes), **www.youtube.com**
- "Funny Condom Ad Latest 2013" (1:08 minutes), **www.youtube.com**
- "Make Sure Your Teen Gets a Better Checkup" (1:29 minutes), **www.youtube.com**

Introduction

1

WORKSHOP 1 What Is Sexuality?

This workshop benefitted from the contributions of Melanie Davis.

A WORD TO THE FACILITATORS

Sexuality is one of the most basic components of being human, and one of the most important for young adolescents to understand and feel comfortable discussing. The Our Whole Lives program offers a rare opportunity for young people to talk with each other and with trusted adults about a topic they often find fascinating, baffling, and forbidden. In this program, participants learn new information, examine their values, and build communication, decision-making, and negotiation skills.

For most young teens, learning about sexuality represents a wonderful opportunity. For some, however, it can feel a bit threatening. They may come to this first workshop having endured trauma related to their sexuality—they may have been (or be) teased or bullied about their body or sexual identity, or they may be survivors of (or experiencing) sexual abuse. It is imperative that all participants feel safe among their Our Whole Lives peers and with you and your co-facilitator. In this first workshop, you'll begin setting the stage and creating a learning environment that is safe and comfortable for all participants. If you're unfamiliar with your responsibilities as a mandatory reporter, please review your organization's guidelines and relevant state law.

Workshop 1 fosters a spirit of fun while reassuring youth that this will be a comfortable place to talk about even the toughest subjects. After a warm-up, participants craft rules to promote positive group interaction and mutual respect. Then they are introduced to the circles of sexuality, a broad definition of sexuality that will be further refined and clarified throughout the program.

Later in the workshop, participants learn more about the content, format, and underlying values of the Our Whole Lives program. They are introduced to a set of rituals they will practice in future workshops. They also have an opportunity to provide input on how the program can meet their needs and expectations.

By demonstrating your comfort and openness with sexuality content and by articulating how much you care about them and Our Whole Lives, you will assure participants that this program will be a positive experience. It's both your responsibility and your privilege to help participants enter a world of learning, loving, and living as sexually healthy human beings.

Note: Always assume that there are participants in your group who are lesbian, gay, bisexual, transgender, gender-nonconforming, gender-questioning, intersex, or asexual. Once you've created a safe environment, it's quite possible that one or more participants will come out to you. Some youth may be comfortably open about their identity and will disclose easily to you or to the whole group. Others might be questioning or struggling, and you could be one of only a few people they have told. If this happens, respond with acceptance and respect the individual's confidentiality. Ask what their needs are, what identity labels or pronouns they would like you to use for them in and outside of the group, and how you can help. Carefully respect their needs. Don't overtly or subtly encourage any youth to self-disclose, and don't out them yourself without their consent. If anyone does come out or discloses their biological sex, sexual orientation, or gender identity to the group, remind all participants that they need to respect confidentiality and never share that information with others or on social media without the person's express permission.

WORKSHOP GOALS

- to develop group cohesiveness
- to increase participants' comfort about participating in Our Whole Lives
- to provide an overview of the program and its underlying assumptions
- to create and agree to a group covenant
- to view sexuality broadly, as encompassing many dimensions of life, not narrowly limited to certain sexual acts

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- list the major components and rituals of the program
- articulate group rules that will facilitate respectful discussion of sexuality issues
- describe five components of sexuality that will be addressed in the program
- identify their expectations for the program

WORKSHOP-AT-A-GLANCE

Welcome and Introductions	10 minutes
Warm-Up Activity	15 minutes
Group Covenant	10 minutes
Circles of Sexuality	25 minutes
Program Orientation	5 minutes
Program Rituals	10 minutes
Expectations	10 minutes
Reflection and Planning	5 minutes
OPTIONAL ACTIVITIES:	
What Do You Wonder?	10–15 minutes
Sexuality Is Everywhere Collage	30–40 minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ a small cardboard box or other opaque container to use as the Question Box
- ☐ index cards and pencils

For Group Covenant

- ☐ Facilitator Resource 1, Sample Group Covenant

For Circles of Sexuality

- ☐ Handout 1, The Circles of Sexuality
- ☐ Facilitator Resource 2, Circles of Sexuality Examples
- ☐ Facilitator Resource 3, The Components of Human Sexuality

For Program Orientation

- ☐ Handout 2, Our Whole Lives Bill of Rights and Program Assumptions
- ☐ Handout 3, Our Whole Lives Program Values

For Optional Activity, What Do You Wonder?

- ☐ newsprint, markers, and tape
- ☐ index cards and pencils

For Optional Activity, Sexuality is Everywhere Collage

- ☐ scissors, including left-handed scissors
- ☐ glue sticks
- ☐ newsprint or posterboard, one piece for each small group
- ☐ an assortment of popular-culture magazines, including ones targeted to teens, adults, and older adults, and to people who are lesbian, gay, bisexual, transgender, or questioning their sexuality (LGBTQ). Review all magazines to avoid content that may be developmentally inappropriate for participants.

PREPARATION

1. Read the introduction to the Our Whole Lives program and this workshop plan, including handouts, facilitator resources, and optional activities. Decide together how to share leadership responsibilities.
2. Photocopy the following handouts for the group:
   - Handout 1, The Circles of Sexuality
   - Handout 2, Our Whole Lives Bill of Rights and Program Assumptions
   - Handout 3, Our Whole Lives Program Values.

For Circles of Sexuality

1. Review Facilitator Resources 2 and 3. Using newsprint or posterboard, make a chart of the circles of sexuality. Plan to keep this posted throughout the program. You'll refer to it at the beginning of each workshop and on other occasions.

2. Photocopy Facilitator Resource 2, Circles of Sexuality Examples, and cut the copy into strips. Put the strips of paper in a bag.

For Program Orientation

1. Make charts of the *Our Whole Lives Bill of Rights*, *Program Assumptions*, and *Program Values*.

For Program Rituals

1. For the Question Box, prepare a small cardboard box to receive index cards by cutting a generous slot in the lid. If you wish, decorate the box or have participants decorate it as they arrive.

For Optional Activity, What Do you Wonder?

1. Write the following on newsprint and post it:
   - I wonder what . . .
   - I wonder who . . .
   - I wonder when . . .
   - I wonder if . . .

Workshop Plan

WELCOME AND INTRODUCTIONS 10 Minutes

1. Welcome participants to the Our Whole Lives program. Explain that this is a comprehensive sexuality education program that will build on the knowledge they already have, clear up misinformation, provide new information, and help them think about sexuality in a positive and healthy way, in keeping with their personal values. Explain the logistics of the program, including when and where you'll meet and the program's complete schedule. Mention that the workshops build on each other and that regular attendance makes the program more fun and useful for them.
2. Introduce yourselves, explain your roles as facilitators, and give a brief description of your background relevant to this program.
3. Ask participants to introduce themselves by stating their names, ages, and schools. Also ask them to say which pronouns they use to refer to themselves. Share your preferred gender pronouns, as an example. Let the group know how excited you are to be able to spend time learning with them and exploring the topic of human sexuality.

WARM-UP ACTIVITY (CHOOSE ONE) 15 Minutes

The following activities help participants get to know each other and build a climate of trust and openness. They allow everyone to learn something about each other, to vent some of their initial anxiety, and to loosen up and have fun.

Explain that you want everyone to get to know each other before learning more about the Our Whole Lives program. If participants already know each other, explain that it is still important for them to warm up for this program.

Choose one of the following activities for the group:

Option 1: How Many of You?

Option 2: Spill the Basket, another form of which is sometimes known as I Have Never or Never Have I Ever

Option 3: Two Truths and a Lie.

The first and the third provide the best opportunity for group members to get to know each other. Spill the Basket is popular with youth but involves a lot of movement, so consider all of your participants' needs. Two Truths and a Lie may need more than 15 minutes to play and is a good choice if you have a very small group or more than 90 minutes for the workshop as a whole.

Option 1: How Many of You?

1. Have the group stand in a circle. Explain that you will read some descriptions and that, if the description fits them, they should move into the center of the circle and look around to see who is standing with them. If any participants cannot stand, have everyone remain seated and ask them to raise a hand if the description fits them.
2. Let participants know that they can pass if you read a description that fits them but makes them feel uncomfortable. Avoid any descriptions you believe are too risky for the group. Ask: How many of you
   - have been a member here for more than five years?
   - have siblings?
   - like to stay up late?
   - like to wake up early?
   - have a pet?
   - wish you were older?
   - prefer texting to talking on the phone?
   - spend time every day on the Internet?
   - like to dance?
   - made a recent decision that you feel good about?
   - have a grandparent living with you?
   - live with a single parent?
   - live with a stepparent?
   - come from a family in which there was an adoption?
   - have a good friend of another gender?
   - have a good friend of another race or ethnicity?
   - can talk openly with your parents or guardians about sexuality?
   - have had sexuality education at school?
3. Have participants return to their seats for a brief discussion. Ask the following questions, but don't expect lengthy responses:

- What was that activity like? Was it fun, boring, interesting, uncomfortable?
- What, if anything, surprised you about the group's responses? [Share your own observations, as appropriate.]
- If you had sexuality education at school, what did you think of it?
- If you stood by yourself or with only a few people, how did it feel? [Comment that it can be uncomfortable to be the only one or to be in the minority in any situation, but explain that you're creating a safe environment in which people can share ideas without being judged.]

4. Point out that this activity gave everyone the opportunity to learn about each other and to experience how it feels to be in the majority or minority in different situations.

Option 2: Spill the Basket

1. Position chairs in a circle, making sure that the number of chairs is one fewer than the number of players (as in the game Musical Chairs). Remove anything that can be knocked over or spilled during this energetic activity.
2. Explain the rules as follows:
   - The person standing in the middle of the circle must name one characteristic that is true of them and may also be true of others in the group. For example, "I am thirteen years old," or "My birthday is in August," or "I like to skateboard." [Emphasize that the characteristics should not be overly personal, such as emotions or body size or shape.]
   - Anyone who shares that characteristic must join the person in the middle of the circle.
   - When I say "move," everyone must change chairs. If you're in the middle of the circle, you must try to find a chair, but you can't sit back down in the chair you just left.
   - The person left standing must stay in the middle of the circle and name another characteristic that is true of them.
3. Start the game with yourself in the middle of the circle and continue, following the procedures you just outlined, for up to 10 minutes.
4. After the activity, ask the following questions:
   - What was that activity like? [Don't stop with one person's response; ask a few others to describe their experience. Was it fun, boring, interesting, uncomfortable?]
   - What did you have in common with someone else? [Comment on similarities and differences in the group, as appropriate.]

Option 3: Two Truths and a Lie

This game can be played with people who know each other well or who do not know each other at all. After one round, everyone will know each other a little better.

1. Distribute index cards and pencils and explain that this getting-acquainted game is called Two Truths and a Lie.

2. Ask everyone (including facilitators) to write three statements about themselves, two of which are true and one of which is not true. People should write only statements they would be comfortable sharing with the group. All three statements should sound true, because the goal is to fool the group about which one is a lie. For example:
   - I was born in another country.
   - When I was seven, I was in a school play.
   - I'm allergic to peanuts.
3. Ask for a volunteer to read their three statements. You or your co-facilitator should go first if participants are reluctant.
4. After the statements have been read, ask participants to raise their hands if they thought the first statement was a lie. Do the same for the second and third statements. After all the statements have been voted on, ask the participant to reveal which statement was not true. Allow time for brief questions and comments from the group. Invite a participant who guessed correctly to be the next person to read their statements; continue until all who wish to have had a turn.
5. After the activity, ask the following questions:
   - What was challenging about the activity?
   - What did you have in common with someone else? [Comment on similarities and differences in the group, as appropriate.]

GROUP COVENANT

10 Minutes

1. Ask the group the following questions:
   - What may keep some people from feeling comfortable discussing sexuality issues in a group like this? [Responses may include fear of being embarrassed, looking stupid, being judged, and being gossiped about.]
   - What ground rules can our group adopt so that each person feels comfortable bringing up issues, participating, and being honest? [List ideas on newsprint.]
2. Review the suggested ground rules. Help participants avoid language that is negative or harsh, and limit the number of suggestions so that the group covenant is manageable. Offer examples from Facilitator Resource 1, Sample Group Covenant, to help move the discussion along. If the group is quiet, or to save time, post the sample group covenant and have participants discuss the rules they would like to adopt or add.
3. When discussing confidentiality as a ground rule, be sure to acknowledge the limits you have as a mandated reporter. Say something like, "Anything you say to us as facilitators will stay with us. We are a team, so we will always share with each other. However, if you tell us about something that puts you or someone else in danger, we must report that and make sure you're safe. We would talk with you before talking with anyone else."
4. When the group has reached consensus on a list of ground rules, write them on a newsprint chart entitled Group Covenant. Explain that a *group covenant* is a statement that outlines the rules that group members agree to follow while they are together. You may want to have participants sign the covenant. Explain that it will be posted at each workshop.

5. End by discussing what should happen if anyone breaks these rules. Make it clear that the entire group shares responsibility for enforcing them. You may want to suggest that participants who feel that someone has broken a rule may point it out or simply say "Ouch." Similarly, participants who feel that they said or did something that breaks a rule can say "Oops."

CIRCLES OF SEXUALITY

25 Minutes

1. Tell the group that this program helps young teens gain the knowledge, attitudes, and skills they need to express their sexuality in life-enhancing ways. Ask participants what they think *sexuality* is. Acknowledge all ideas without correcting or commenting. When everyone has had a chance to speak, explain that in the Our Whole Lives program, *sexuality* refers to five important aspects of our experience as human beings, all of which will be addressed during the program.
2. Distribute Handout 1, The Circles of Sexuality, and hang the poster you made in advance. Read the main title on each circle and ask participants which circle(s) they've learned about in school or any other formal program. The answer is typically "sexual health and reproduction," so begin discussion with that circle. Make the following points about this component of sexuality:
   - This circle is what many people focus on when they think of sex.
   - It includes sexual and reproductive anatomy and physiology as well as sexual intercourse (oral, anal, and vaginal).
   - It also refers to the possible health consequences of sexual behaviors, such as conception, abortion, pregnancy and birth, and sexually transmitted infections (STIs), including HIV.
3. Move counterclockwise around the model, briefly discussing each circle as described in the following steps. Use an informal presentation style, asking questions and inviting questions and comments from the group. Facilitator Resource 3 provides additional information about each circle to help answer questions from the group.
4. Introduce the sexual identity circle. Ask participants what the term *sexual identity* means. Acknowledge all contributions. Make the following points:
   - **Sexual identity** refers to how we perceive ourselves as sexual beings, including all of the following:

     biological sex: the physical body, including genitals, internal reproductive organs, chromosomes, and hormones. A person's biological sex may be male, female, a mix of male and female, or something that is not strictly male or female. [Participants will learn about intersexuality in a later workshop.]

     gender identity: a person's internal sense of their gender. A person may identify as girl/woman, as a boy/man, as some combination of girl/woman and boy/man, as transgender, or as something altogether different.

     gender expression: the ways a person chooses to express their gender through clothing, voice, mannerisms, etc. A person's gender expression may be feminine, masculine, some of both, or perhaps neither.

gender roles: the way our culture or society expects a person to act because of their biological sex.

- Sexual identity also includes *sexual orientation*, a person's feelings of attraction toward other people.
  - This attraction can be emotional, romantic, and/or sexual.
  - Some people are attracted to a different gender than their own; others are attracted to the same gender; others are attracted to the same and a different gender.
  - Some people are attracted to only one gender; others are attracted to two or more genders. Some people aren't sexually attracted to anyone.
  - People use many different terms and labels to describe their sexual orientation. Such labels include *heterosexual* or *straight*; *queer*, *homosexual*, *gay*, *lesbian*, or *bisexual*; and *asexual*. These labels can mean different things to different people.
  - For some people, sexual orientation feels fixed and stays the same their whole life. For others, sexual orientation is fluid or may shift over the course of their life.

5. Move on to the intimacy circle. Make the following points:
   - **Intimacy** refers to the experience of feeling emotionally close to another person and having those feelings of closeness returned. It's all about relationships.
   - Close relationships have different levels of intimacy depending on whether the relationship is with a friend, a family member, or a romantic or sexual interest.
   - Intimacy includes liking, loving, trusting, taking emotional risks, and sharing confidences. It also includes *reciprocity*, which means that each person gives and receives affection and caring on an equal basis.
6. Move on to the sensuality circle and make the following points:
   - **Sensuality** refers to how we feel about the body and how it responds to stimulation through all of our senses: sight, hearing, smell, taste, and touch.
   - Sensuality includes **body image**, what we think and feel about our and other people's bodies. Do we accept and appreciate our bodies, or judge them and dislike something about them?
   - Sensuality includes **skin hunger**. Touch is important, and most people feel a need to be touched.
   - **Aural and visual stimuli** are the things that we hear (aural) or see that are arousing to us. A song may remind us of someone we care about; an image may spark a fantasy.
   - The human body is naturally sexually responsive. Infants (and even fetuses inside the womb) have penises that get erect and vaginas that lubricate.
7. Move on to the sexualization circle and make the following points:
   - **Sexualization** refers to the use of sex or sexuality to influence, manipulate, or control other people.
   - This includes viewing a person as a sexual object (defining their value by how "sexy" they look or behave), imposing sexual behavior on another person, sexual harassment, coercion, assault, abuse, and rape.

8. Conclude the discussion by explaining that all five aspects are affect by personal values, which are placed in the center of the diagram. A person's decisions about whether to become socially, romantically, or sexually involved are generally healthier when the person weighs decisions against values.
9. If time allows, bring out some tape and the bag containing the strips of paper with the examples from Facilitator Resource 2, Circles of Sexuality Examples. Give instructions for a brief activity that will help reinforce information about the Circles of Sexuality:
   - This bag contains slips of paper that describe different aspects of sexuality.
   - Volunteers will draw a slip of paper, read it aloud, then tape it on or near the circle where it fits. It may fit in more than one circle. For example, *kissing* could be placed with intimacy or sensuality. There is no absolute right or wrong answer.
10. Ask a volunteer to draw a slip of paper and tape it on the Circles of Sexuality poster. Ask the group
    - Does this placement make sense to you?
    - Would you place it in a different circle?

Have participants continue as time allows or energy lasts.

PROGRAM ORIENTATION 5 Minutes

This is a quick overview. Spend only a few minutes on each of the following segments. Either post the charts you have made or distribute Handout 2, Our Whole Lives Bill of Rights and Program Assumptions, and Handout 3, Our Whole Lives Program Values.

Program Bill of Rights

1. Explain that participants have some important rights. Refer the group to the chart or Handout 2, Our Whole Lives Bill of Rights and Program Assumptions, both of which contain the rights listed below.

   Our Whole Lives Bill Of Rights

   In this program you have the right to
   - ask any questions you have about sexuality
   - receive full and accurate information about sexuality
   - gain the knowledge and values you need to make decisions about sexual matters
   - be supported in sexual expression that is healthy and life affirming
   - be treated with respect by facilitators and other participants in this group
2. As you read each of the rights, define terms that may be unclear, such as *life-affirming* (promoting a positive view of life).

Program Assumptions and Values

1. Ask if anyone can define the word *assumption*. Explain that an assumption is something that people accept as a fact without proof. This program assumes

that the following statements are true. Read each statement, or have participants read each statement, aloud.

- All persons are sexual.
- Sexuality is a good part of the human experience.
- Sexuality includes much more than sexual behavior.
- Human beings are sexual from the time they are born until they die.
- It is natural to express sexual feelings in a variety of ways.
- People engage in healthy sexual behavior for many reasons, including to express caring and love, to experience intimacy and connection with another, to share pleasure, to bring new life into the world, and to have fun and relax.
- Sexuality in our society is damaged by violence, exploitation, alienation, dishonesty, abuse of power, and the treatment of persons as objects.
- It is healthier for young teens to postpone sexual intercourse.

Program Values

1. Refer the group to the chart you've posted or Handout 3, Our Whole Lives Program Values. Review the program values very briefly.
2. End the program orientation by asking
   - How do you feel about these rights, assumptions, and values about human sexuality?
   - Which ones do you agree with?
   - Which would you change, and how?

PROGRAM RITUALS 10 Minutes

1. Explain that every workshop will have three rituals: Reentry and Reading, the Question Box, and Reflection and Planning. Make the following points:
   - Each workshop will begin with a ritual called Reentry and Reading, or R&R—an opportunity for the group to reconnect and meditate on the workshop's topic.
   - *Reentry* simply means that it has been some time since we have been together, and we need to reenter the group experience. During reentry, we bring each other up to date on what's been happening in our lives.
   - After reentry, the group will move on to a reading: a quotation, a poem, a song, a short story, or something else that will promote reflection about the topic of the day.
   - Most of the stories and readings will feature the voices of young people or adults recalling their teenage experiences.
2. Offer the following reading as an example. It is from *Listen to Us: The Children's Express Report*, edited by Dorriet Kavanaugh (Workman Publishing, 1978):

   I learned all I know about sex off the street. The basic stuff is—boys and girls kissing, have sexual intercourse, there's the baby. In sixth grade, after I'd learned most of it, then we came to the real hard stuff: what's a period, what age you get into puberty—that's down to the hard stuff. My teacher

gave a full-day lesson on sex. She told us everything there was to know, and whatnot. So after that day in sixth grade I knew everything there was to tell about sex—unless they're breaking in some new health course—then I want to know.
—Tim

3. Introduce the ritual of the Question Box. Display the box you've prepared and explain how it will work:
   - We'll distribute index cards to everyone at the end of each workshop and ask you to write a question and place it in the box.
   - If you have no questions, you will still write something—such as a suggestion or the sentence "I don't have a question"—on your card to ensure that no one feels self-conscious about writing on a card.
   - We'll address all questions placed in the box at the beginning of the next workshop. [Don't distribute index cards now, as it will be disruptive. Do this at the end of the workshop.]
4. Introduce the final ritual, Reflection and Planning for the Next Workshop. Explain the following:
   - At the end of every workshop we'll ask you to think about what you've learned and how you might be able to use what you've learned in your lives outside of the program.
   - We'll also share highlights of the next workshop at that time.
   - From time to time, we'll encourage you to discuss something with your parents or caregivers. Some of you will want to do this, while others may not. It won't be mandatory, but it's helpful for young teens and parents to have an opportunity to talk about these issues. One benefit of this program for some families is increased communication about sexuality.

EXPECTATIONS

10 Minutes

1. Introduce this activity by explaining:
   - Workshop topics were identified with the help of sexuality educators, parents, and young people.
   - Group members' input is essential to help us make decisions about program content.
   - In this exercise, you'll tell us what you want or need to know.
2. Distribute index cards and pencils. Ask participants not to put their names on the cards but to write the following things, labeled A, B, and C:

   A. a sexuality topic you have already learned about
   B. a sexuality topic you want to know more about
   C. additional topics you want to discuss
3. When most people have finished, begin collecting the cards and let the group know you will take their responses into account as you plan future workshops.

REFLECTION AND PLANNING 5 Minutes

1. Remind the group that Reflection and Planning is one of the program rituals that will occur in each workshop. This ritual gives participants a chance to reflect on what they have learned in the workshop and a preview of what is coming in the next workshop.
2. Invite participants to respond to one or more of the following questions:
   - How do you feel now, at the end of our workshop, compared to when you first walked in the door?
   - Which things about the program are you looking forward to?
   - What will you tell your parents or friends who ask what the first workshop of the program was like?
3. After three or four participants have had a chance to share, give a brief overview of the next workshop, Examining Values. Distribute index cards and pencils and ask everyone to write a question or comment to put in the Question Box. Remind them to write something even if they have no specific question or comment.

FACILITATOR REFLECTION AND PLANNING

After the participants have left, discuss the following questions with your co-facilitator:

- What was good about this workshop? Why?
- Did everyone seem engaged, or might another approach be needed next time?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

OPTIONAL ACTIVITY
WHAT DO YOU WONDER? 10–15 Minutes

1. Explain that this activity gives participants the opportunity to voice their concerns and interests regarding topics related to the Our Whole Lives themes.
2. Distribute index cards and pencils. Ask participants to write the numbers 1 to 4 down the left-hand side of their cards. They don't need to put their names on the cards, but let them know the cards will be read aloud by another participant. They should share only what they are comfortable sharing.
3. Referring to the newsprint you've posted, invite participants to fill in the blanks for each of the four sentence fragments in response to the topic you name. Choose and name one or two of the following topics:
   - sexuality in general
   - the Our Whole Lives program
   - understanding my sexuality

   If you choose two topics, tell participants to use both sides of the card.
4. Collect, shuffle, and redistribute the cards. Ask participants to read the card they hold aloud. Say whether or not each topic will be formally addressed in the program. If it will not be, explain how you will try to incorporate it. Save the cards for later reference in planning and leading the program.

OPTIONAL ACTIVITY
SEXUALITY IS EVERYWHERE COLLAGE 30–40 Minutes

This is a good option if this first workshop is in a retreat format or you're meeting for more than 90 minutes. It should be used to supplement and reinforce the Circles of Sexuality activity and may be saved for use on another occasion.

1. Ask the group to name the five primary components of sexuality from the circles of sexuality they have already discussed.
2. Tell participants that they are going to create collages that reflect some of the attitudes our society has about sexuality. Let them know that they will share their collages with the whole group.
3. Form groups of three to five. If the whole group has fewer than six participants, they may stay together as a single group.
4. Give groups access to the materials and share the following directions:
   - Go through the magazines and cut out anything that has to do with sexuality in any way. Arrange pictures and words on your poster to express how society views sexuality.
   - As you create your collage, talk about what these images and words mean to you.
   - After 15 minutes, groups will display their collages, and we will discuss the activity.
5. When all groups have finished or time is up, have each group post its collage and talk about it briefly. Alternatively, have the entire group walk around to view all the collages before discussing them. Model positive feedback.
6. End with the following discussion questions:
   - How easy or difficult was it to create a sexuality collage?
   - What thoughts and feelings came up as you looked at the magazine images?
   - Was it easier to find pictures of women or men? Typically, it's easier to find pictures of women. Why do you think that is true? Did you find any pictures of people who don't fit into traditional gender roles or kinds of gender expression? Same-sex couples? Interracial couples? People with disabilities in romantic relationships?
   - Did you find images for all five components of sexuality we've discussed?
   - What did you learn about sexuality from this activity?

Facilitator Resource 1

WORKSHOP 1: WHAT IS SEXUALITY?

SAMPLE GROUP COVENANT

1. Be open-minded.
2. Don't use put-downs.
3. Put away personal electronics (phones, tablets, etc.) during workshops.
4. Start and end on time.
5. Step up, step back (if you have been quiet, try to participate more; if you have been participating a great deal, leave space for others to participate instead).
6. Keep what is said in the group confidential. Respect others' right to privacy.
7. Use "I" language (speak for yourself and avoid comments like "Everyone knows . . . .").
8. Pass if you don't want to share.
9. Avoid making assumptions about other people.
10. Be a team player. Share responsibility for making the program work. Bring your problems or concerns with the program to the group.
11. Have fun.

Facilitator Resource 2

WORKSHOP 1: WHAT IS SEXUALITY?

CIRCLES OF SEXUALITY EXAMPLES

Photocopy this list and cut it into strips, one issue per strip.
Put the strips in a bag.

models in magazines who look airbrushed and perfect

ads for tampons and sanitary napkins

having a crush on someone

having a wet dream

fantasizing or dreaming about sex

feeling attracted to someone of the same gender

asking a parent a question about sex and getting a thoughtful answer

a teenager obtains contraception at a clinic before engaging in sexual intercourse

a couple discusses whether they are ready to have sex

a girl is told she can't play football at school even though she has great skills

a student is being bullied at school because of their physical appearance

a teenager buys condoms from the local pharmacy

a person had unprotected sex and decides to go to the STI clinic

pornography on the Internet

students form an LGBTQ group at school

parents won't let their children date until they are sixteen

getting a massage

dating violence

Facilitator Resource 3

THE COMPONENTS OF HUMAN SEXUALITY

1. **sexual health and reproduction:** Facts about and attitudes toward the sexual and reproductive systems, including health and hygiene, health consequences of sexual behaviors, and the biology of producing children.

   This circle focuses on the most familiar aspects of sexuality—attitudes and behaviors related to reproduction, the consequences of sexual intercourse (oral, anal, and vaginal), and caring for sexual and reproductive organs.

   While sexuality is much more than sexual intercourse, it includes sexual intercourse and the human capacity to reproduce, even though many—the very young and very old; some gay men, bisexuals, and lesbians; people who don't desire children; and infertile couples—do not utilize that capacity.

   This component of sexuality includes

   - **facts about reproduction:** how the male and female reproductive systems work, how conception occurs, and how the fetus develops inside a female
   - **feelings and attitudes about sexual behavior:** our values and opinions regarding sexual behavior and reproduction, especially such topics as pregnancy, parenthood, STIs, HIV infection, and the use of contraception
   - **sexual intercourse:** oral, anal, and vaginal sexual intercourse and the health risks related to each
   - **contraception and abortion**: ways to plan when to become a parent and prevent unplanned pregnancy; options for dealing with an unintended pregnancy; and discussing protection and options with sexual partners
   - **sexually transmitted infections and risk reduction**: ways to prevent infection with HIV and other STIs, deciding on forms of protection and discussing the subject with sexual partners, seeking preventative care from health care providers and reproductive health centers as needed

2. **sexual identity:** Our understanding of who we are as sexual people, including our sense of our gender.

   Sexual identity can be thought of as having five different pieces. Although each is important in and of itself, the five components interact to affect how people see themselves:

   - **biological sex:** the physical package you are born with, including genitals, internal reproductive organs, chromosomes, and hormones.
     - Most people think there are only two biological sexes, male and female. However, there are people who do not fit neatly into either sex.
     - Females typically have a vulva, a vagina, a uterus, ovaries, two X chromosomes, and estrogen as their predominant sex hormone.
     - Males typically have a penis, testicles, an X and a Y chromosome, and testosterone as their predominant sex hormone.

- Males and females differ in secondary sex characteristics that become obvious at puberty.
- Intersex people have a balance of hormones and physical characteristics that do not fit typical definitions of male or female.

- **gender identity:** a person's internal, psychological sense of their gender. This could be boy/man, girl/woman, a mixture of boy/man and girl/woman, transgender, or somewhere else on the gender spectrum. Some people might identify as *genderqueer*.
  - This identity usually, but not always, matches a person's biological sex.
  - Some people whose biological sex and gender identity are not in alignment use the term *transgender*.
  - Some intersex individuals identify their gender as intersex, while others have a strong sense of being a boy/man or girl/woman.
- **gender expression:** the way a person expresses their gender to others through clothing, hairstyle, behavior, speech patterns, mannerisms, etc. This may be masculine, feminine, a combination of both, or neither.
- **gender role:** social and cultural expectations of appropriate behavior for men and women. Gender roles are what we tend to think of as typical feminine and masculine traits. Individuals often behave in certain ways because they've internalized societal and cultural messages about appropriate behaviors for men and women.
- **sexual orientation:** a person's feelings of attraction toward other people.
  - This attraction can be emotional, romantic, and/or sexual.
  - Some people are attracted to a different gender than their own; others are attracted to the same gender; others are attracted to the same and a different gender.
  - Some people are attracted to only one gender; others are attracted to two or more genders. Some people aren't sexually attracted to anyone.
  - People use many different terms and labels to describe their sexual orientation. Such labels include heterosexual or straight; queer, homosexual, gay, lesbian, or bisexual; and asexual. These labels can mean different things to different people.
  - For some people, sexual orientation feels fixed and stays the same their whole life. For others, sexual orientation is fluid or may shift over the course of their life.

Many people struggle with their sexual identity, and everyone needs to be accepted regardless of their gender or sexual orientation. In addition, all people need support and skills to resist the societal messages that seek to trap them in stereotypical roles and limit their future dreams and options.

3. **intimacy:** The experience of emotional closeness with another person.

   Intimacy focuses on our closeness to others in emotional terms, while *sensuality* suggests a physical closeness. Relationships, which provide the vehicle for creating intimacy, give us a sense of belonging, connection, and affection. They can take the form of friendships, family relationships, or romantic relationships. Romantic relationships may or may not include sexual contact, and sexual behavior can happen without an emotional connection but is not

nearly as fulfilling as sexual behavior with an emotional connection.

Aspects of intimacy include

- **liking or loving another person**: having a strong emotional attachment or connection to them
- **emotional risk-taking**: being open and honest, taking the risk to tell someone our true feelings, concerns, and attitudes in spite of the possibility of being laughed at or rejected
- **reciprocity**: giving back to a person who gives to us

As sexual human beings, we can have intimacy with or without engaging in sexual behavior. A mature expression of sexuality often includes both intimacy and sexual behavior, as two people express the fullness of their relationship with one another. Some people don't experience sexual attraction, but they may still desire to have emotional closeness and romantic intimacy.

4. **sensuality:** Accepting and enjoying one's own body and its ability to respond sexually, as well as enjoying the body and responsiveness of a sexual partner.

   Sensuality has to do with our bodies—how we feel about the body, how it looks and feels, and what it can do. Sensuality involves being aware of and in touch with the pleasure our bodies can give us as well as others. It includes

   - **body image**: our attitudes and feelings about our own bodies and our ideas, influenced by the media and other elements of our culture, of what is and is not attractive
   - **the sexual response cycle:** the sequence of physical attraction or desire, pleasure, and sometimes release from sexual tension. The human body has been created or programmed to respond in certain ways to touch and pleasurable feelings; this programming takes a person through a process that begins with feeling "turned on" and may end with orgasm, either alone or with a sexual partner
   - **skin hunger**: the human need to be touched, stroked, and held. Skin-to-skin contact can make people feel connected, comfortable, relaxed, or physically stimulated
   - **fantasy as a means of sexual expression**: thoughts, dreams, and stories with a sexual theme; a safe way of exploring feelings, and such thoughts do not necessarily turn into actions
   - **aural and visual stimuli**: things that we hear (aural) or see that are arousing to us. A song may remind us of someone we care about; an image may spark a fantasy.

5. **sexualization:** The use of sex or sexuality to influence, manipulate, or control other people.

   These forms of exploitation range from harmless manipulation to extreme violence and include

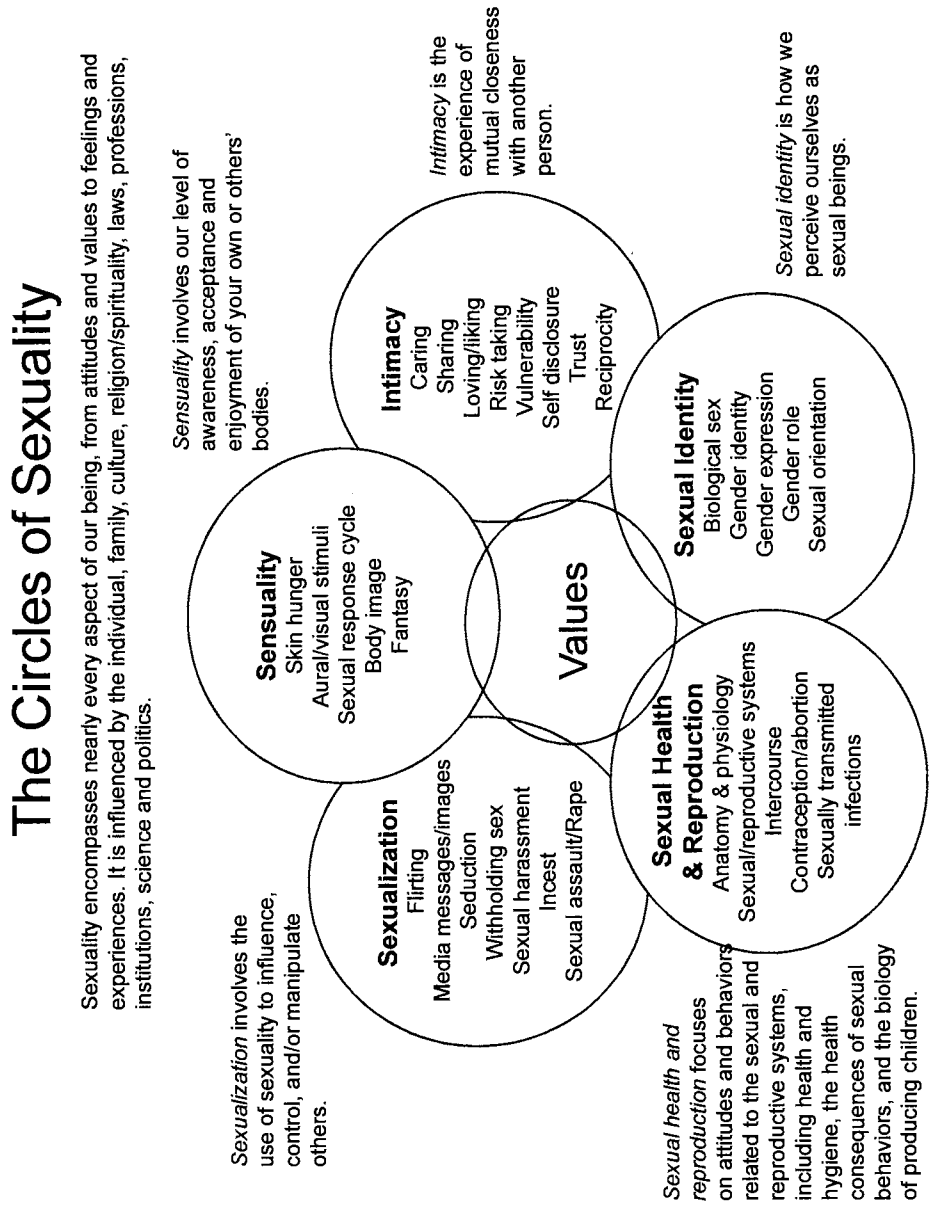
   - **Flirting** becomes sexualization when the intention is to manipulate or control, but can otherwise be a wonderful way to let someone know you're attracted to them.
   - **Seduction** is subtle (or unsubtle) pressure to engage in sexual activity. Seduction can also be an aspect of intimacy when it is mutual.

- **Withholding sex** is using the refusal of sexual activity as a negotiating or bargaining tool.
- **Sexual harassment** is any unwelcome verbal or physical sexual advance or conduct, including unwelcome requests for sexual favors.
- **Sexual assault** is any type of sexual contact or behavior that occurs without the explicit consent of the recipient. It can consist of physical and/or psychological threats and/or taking advantage of someone who is unable to give consent (for example, someone impaired by alcohol or other drugs). Rape is a form of sexual assault.
- **Incest** is sexual intercourse between persons too closely related to legally marry.

Sexualization can occur on a personal level, such as when one person sexually harasses or abuses another face to face, online, or by text. It can also occur on a societal level, such as when accused rapists are believed more readily than victims or when video games, contests, attractiveness rankings, the media, and "common knowledge" imply that only certain people are attractive or have a right to be sexually active (for example, the intimacy needs of older adults are often overlooked or joked about).

Handout 1

WORKSHOP 1: WHAT IS SEXUALITY?



—adapted from *Life Planning Education*, 1995, Advocates for Youth, Washington, DC, **www.advocatesforyouth.org**. Based on the original work of Dennis M. Dailey, Professor Emeritus, University of Kansas.

Handout 2

OUR WHOLE LIVES BILL OF RIGHTS AND PROGRAM ASSUMPTIONS

Bill of Rights

In this program, you have the right to

- ask any questions you have about sexuality
- receive full and accurate information about sexuality
- gain the knowledge and values you need to make decisions about sexual matters
- be supported in sexual expression that is healthy and life affirming
- be treated with respect by facilitators and other participants in this group

Program Assumptions

- All persons are sexual.
- Sexuality is a good part of the human experience.
- Sexuality includes much more than sexual behavior.
- Human beings are sexual from the time they are born until they die.
- It is natural to express sexual feelings in a variety of ways.
- People engage in healthy sexual behavior for many reasons, including to express caring and love, to experience intimacy and connection with another, to share pleasure, to bring new life into the world, and to have fun and relax.
- Sexuality in our society is damaged by violence, exploitation, alienation, dishonesty, abuse of power, and the treatment of persons as objects.
- It is healthier for young teens to postpone sexual intercourse.

Handout 3

WORKSHOP 1: WHAT IS SEXUALITY?

OUR WHOLE LIVES PROGRAM VALUES

Self-Worth

People are entitled to dignity and self-worth and to their own attitudes and beliefs about sexuality.

Sexual Health

- Knowledge about human sexuality is helpful, not harmful. Every person has the right to accurate information about sexuality and to have their questions answered.
- Healthy sexual relationships are
  - consensual (partners agree about what they will do together sexually)
  - nonexploitative (partners have equal power, and neither pressures or forces the other into activities or behaviors);
  - mutually pleasurable
  - safe (sexual activity brings no or low risk of unintended pregnancy, sexually transmitted infections, or emotional pain)
  - developmentally appropriate (sexual activity is appropriate to the age and maturity of partners)
  - based on mutual expectations and caring
  - respectful (partners value honesty and keeping commitments made to others)
- Sexual intercourse is only one of the many valid ways of expressing sexual feelings with a partner. It is healthier for young teens to postpone sexual intercourse.

Responsibility

- We are called to enrich our lives by expressing sexuality in ways that enhance human wholeness and fulfillment and that express love, commitment, delight, and pleasure.
- All persons have the right and obligation to make responsible sexual choices.

Justice and Inclusivity

- We need to avoid double standards. People of all ages, sexual identities, races, ethnicities, genders, backgrounds, income levels, physical and mental abilities, and sexual orientations must have equal value and rights.
- Sexual relationships should never be coercive or exploitative.
- All of the following are natural in the range of human sexual experience: being romantically and sexually attracted to more than one gender (*bisexual*), the same gender (*homosexual*), another gender (*heterosexual*), and/or to those with a more fluid understanding of their own and others' gender (*pansexual*), and not experiencing sexual attraction (*asexual*).

WORKSHOP 2 Examining Values

A WORD TO THE FACILITATORS

This workshop invites participants to clarify their own values and, through sharing differing points of view, to reflect on the strength of those values. It's important to support the expression of diverse viewpoints. If one or more participants express values that seem to differ from those of the majority, support those persons in the minority but be clear that you are supporting the person, not necessarily the value being expressed.

Never allow participants to try to change a person's position, make fun of it, or denigrate it in any way. Remind the group of the covenant they created at the last workshop. It's critical to create space early in the program that is safe enough for group members to express their genuine thoughts and feelings without fear of being judged or put down. Being able to hear and respect sexual values that differ from one's own is an important characteristic of sexually healthy people.

WORKSHOP GOALS

- to increase participants' awareness of their personal and family values
- to increase participants' awareness of the range of values held in their peer group and in society
- to encourage participants to accept and respect values that differ from their own

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- identify at least three values related to sexuality that they strongly hold
- voice increased respect for the values of others

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Introduction to Values	5 minutes
Values Auction OR Values Voting	45 minutes
Identifying Personal Values	15 minutes
Reflection and Planning for the Next Workshop	10 minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Circles of Sexuality chart from Workshop 1

- ☐ the Group Covenant chart you made in Workshop 1
- ☐ the Question Box, index cards, and pencils
- ☐ loose leaf paper

For Values Auction

- ☐ play money: $300 in $20 bills for each person
- ☐ Facilitator Resource 4, Values for Auction
- ☐ index cards

For Values Voting

- ☐ Facilitator Resource 5, Values Voting Statements
- ☐ **optional:** Signs representing five points on a continuum of agreement: Strongly Agree, Agree, Unsure, Disagree, and Strongly Disagree

PREPARATION

1. Read the workshop plan and facilitator resources, and decide together how to share leadership responsibilities.
2. Post the Group Covenant and Circles of Sexuality charts.
3. Decide whether to use the Values Voting or Values Auction activity. Both activities are fun, but the auction tends to become more boisterous.

For Values Auction

1. Bring in play money from a toy store or a game such as Monopoly so that each participant has $300 in $20 bills.
2. List on newsprint the values from Facilitator Resource 4, Values for Auction.
3. Copy each value onto an index card so you can give the highest bidders their values as they buy them.

For Values Voting

1. Read Facilitator Resource 5, Values Voting Statements, and choose six to eight values for which participants will vote by moving to a spot on an imaginary continuum that represents their level of agreement with each value.
2. If you'd like, make signs that represent five positions on the continuum: Strongly Agree, Agree, Unsure, Disagree, and Strongly Disagree.

For Identifying Personal Values

1. Make a chart of the following questions.
   - Why do I have this value or belief?
   - Did I consider other points of view before deciding on this value?
   - Do I act according to my value? (Do I walk my talk?)
   - Do I feel strongly enough about my value to be upfront with friends who have different values?

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants back. If you have any new participants, ask the entire group to introduce themselves. Help participants reenter the program by asking

   - What's new? What's happening that you'd like to share with the group?
   - How is your life better since the last workshop? [Explain that you'll ask this question at the beginning of each workshop. Encourage participants to come each time thinking about what's going well in their lives or how something is improving. It will probably take a few workshops before participants get into this, but persevere, because it will help them focus on their strengths and the positives in their lives.]

2. ***Question Box***

   Answer Question Box questions. (Sometimes participants are slow to begin placing questions in the box. Feel free to stock the box with questions from youth in previous programs or with questions commonly asked by this age group.)

3. ***Reading***

   Set up the reading with the following comments:

   - Today's topic is examining values.
   - You'll share your attitudes and values about a range of issues related to sexuality.
   - Let's remember the group covenant we created last time, which will help us maintain a safe and respectful atmosphere in our group. [Ask someone to review the covenant, especially if you have any new participants.]
   - What circles of sexuality do attitudes and values relate to? [Direct participants' attention to the Circles of Sexuality chart. Attitudes and values could relate to any and all of the circles.]
   - Our readings are a series of quotes related to the importance of values.

4. Read aloud, or have volunteers read aloud, the following brief quotations:

   The one thing that doesn't abide by majority rule is a person's conscience.

   —Harper Lee

   If you don't stand for something, you will fall for anything.

   —Ginger Rogers

   Is it really so difficult to tell a good action from a bad one? I think one usually knows right away or a moment afterward, in a horrid flash of regret.

   —Mary McCarthy

Your beliefs become your thoughts,
Your thoughts become your words,
Your words become your actions,
Your actions become your habits,
Your habits become your values,
Your values become your destiny.

—Mahatma Gandhi

INTRODUCTION TO VALUES 5 Minutes

1. Tell participants they will examine their values and learn about the values of others.
2. Ask, "What is a value?" (Responses may include something you believe in, what you think is right or wrong, something that really matters to you, and beliefs that guide your behavior.)

VALUES AUCTION 45 Minutes

This activity is an alternative to Values Voting. You should only conduct one of these two alternatives.

1. Explain that you have compiled a list of values that are important to some people. Read the values you've posted on newsprint and ask participants to add any others that are important to them. Make index cards for any values that are added.
2. Give each participant $300 in play money. Tell the group you are going to auction off the values on the list. Give the following instructions for the auction:
   - Use your money to purchase the values that are most important to you.
   - You must bid in multiples of $20: $20, $40, $60, and so on.
   - Once you have spent your $300, you are out of the auction.
3. Open the bidding. Award each value, represented by the labeled index card, to the highest bidder. Record the amount paid for each value on newsprint. After the auction, identify the values that received the highest bids.
4. Lead a discussion, using the following questions as a guide:
   - How did you decide which values to bid on?
   - What value did you really want that you were not able to buy? [Point out that, in the real world, people can have any values they want, because values are not for sale.]
   - What were the top five values?
   - Which values seemed less important?
   - Which of these values would you want to pass on to your children or the next generation? How would you teach these children your values? How have your parents communicated their values to you?

VALUES VOTING

45 Minutes

This activity is an alternative to Values Auction. You should only conduct one of these two alternatives

1. Choose six to eight of the statements in Facilitator Resource 5, Values Voting Statements.
2. Keep the following guidelines in mind as you conduct this activity:
   - Make sure to accommodate everyone's ability to move.
   - Offer extra support to those who stand alone or in a small minority in expressing a particular point of view by moving closer to that individual or smaller group.
   - Make sure all points of view are expressed for each statement.
   - Refrain from revealing your own values. If asked, say something like "I'm more interested in hearing what you believe." Tell participants that your opinion is not the "right" opinion, only the one that is right for you. Explain that you would prefer not to influence their decisions by sharing your personal values.
3. Explain that this exercise is designed to explore personal values, and give the following directions:
   - I'll read several statements to you, one at a time. Most of the statements are about relationships, dating, and sexual behavior.
   - Imagine a continuum along the floor that represents your response to the statement being read: strongly agree, agree, unsure, disagree, or strongly disagree. [Identify which points in the meeting room represent the different positions on the continuum. Or, if you made signs, post them.]
   - When everyone is in position, I'll ask volunteers to share their opinions.
4. Review these ground rules:
   - There are no right or wrong answers, only opinions.
   - Put-downs are not allowed.
   - No one should try to influence someone else's opinion.
   - Anyone can change their position at any point.
5. Read the first statement and ask everyone to take a position along the continuum. Beginning with the least popular viewpoint, ask participants to explain why they chose their position. Congratulate those willing to express a less popular opinion.
6. If participants all stand on one end of the continuum, explore the position that is not expressed. If necessary, offer some reasons why people might hold such a position. Tell participants that being exposed to different points of view will benefit them and prepare them to respond when someone challenges their values.
7. When the first statement has been discussed, go on to the next one. Pacing is important, so keep the pace brisk. Balance hearing a variety of views with keeping the energy up by moving somewhat quickly through the activity. End with these discussion questions:
   - How easy was it to vote on these values?
   - Which statement was the hardest for you to choose a position on? Why?

- If your parents voted on these statements, would their votes be similar to or different from those of this group?
- How many of you have ever talked to your parents about any of these issues?
- What happens when your family's values are different from your own or your friends' values? [Encourage participants to discuss some of these value statements with their parents.]
- What's one thing you learned about your own values from this activity? About the range of values in this group?

IDENTIFYING PERSONAL VALUES 15 Minutes

1. Invite participants to take a few minutes to think about some of the specific values they hold, things they feel strongly about or believe in deeply. Start them off by offering several examples of your own values, such as honesty in relationships or gender equity (equal treatment, regardless of gender), keeping in mind the standards for personal sharing by facilitators. Then distribute scrap paper and tell participants they have about 5 minutes to reflect on their personal and family values and to list at least one personal value on their paper.
2. After about 5 minutes, ask for volunteers to share one of their values with the group. List all responses on newsprint.
3. Then post the chart you made and ask participants to consider the questions.
4. Ask participants to comment on any one of their values in light of these questions, especially the last two. Try to elicit honest discussion. If necessary, share an example from your own experience in which you did or did not practice what you preached or stand up to your friends.

REFLECTION AND PLANNING 10 Minutes

1. Tell participants that it is time for reflection. Ask them to take a sheet of paper or their journal and finish one or two of the following sentence stems:
   - Today I learned that . . .
   - I was surprised to find out that . . .
   - When it comes to my values . . .
   - I know I need to work on . . .
   - I want to . . .
2. When participants have completed the sentences, whip around the room, asking each person in turn to share aloud their completion of one of the sentence stems. Allow people to pass. As an alternative, you can have participants complete several of the sentences on index cards, collect the cards, and read the comments aloud. Or eliminate writing altogether and have participants choose one of the sentences to complete verbally.
3. Ask participants to pay attention to their behavior in relation to the values they have discussed today. Ask them to note how often they walk their talk over the next few days.

4. Distribute index cards so participants can write anonymous questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."
5. Close by telling participants that, in this series of workshops, they will deal with issues related to bodies and sexuality—how bodies work, how we feel about our bodies, what language we use for talking about bodies, and so on. Explain that the next workshop will be a fun and engaging look at the way we use language to talk about sexuality, bodies, and behavior.

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss the following questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

Facilitator Resource 4

WORKSHOP 2: EXAMINING VALUES

VALUES FOR AUCTION

- being a good friend
- being well liked and popular
- being attractive
- being healthy and physically fit
- being honest
- having money and nice clothes
- being in a committed relationship with someone I love
- being a virgin until marriage or a similar lifetime commitment
- feeling safe in relationships
- treating others with respect
- feeling good about myself
- being comfortable with my sexual orientation (gay, lesbian, bisexual, heterosexual, asexual, queer, or something else)
- accepting people who are different from me
- having a close relationship with my family
- practicing my religion or spirituality
- having the freedom to make my own decisions
- giving back to the community and helping others
- fighting to right the wrongs in our society
- becoming a parent one day
- getting married or having a committed life partner one day

Facilitator Resource 5

WORKSHOP 2: EXAMINING VALUES

VALUES VOTING STATEMENTS

- Seventh- and eighth-graders should be allowed to have friends at home without adult supervision.
- Most thirteen-year-olds are too young to date except in a group or with adult supervision.
- A girl who wears sexy clothes to school should expect to be harassed.
- A boy who wears feminine clothes should expect to be harassed.
- It's okay to make comments about people's bodies unless they say they don't like it.
- Gay, lesbian, and bisexual teenagers should be allowed to take their same-sex partners to school dances and other social functions.
- When a girl is going out with a guy, it's really up to her to make sure that things don't go too far sexually.
- Couples should only use condoms when either or both of them have had many sexual partners.
- It's irresponsible to have sexual intercourse without using protection against pregnancy and STIs.
- Talking someone into having sex before they say they're ready is not okay.
- Having sex with someone you don't really care about is wrong.
- A teen who carries a condom in a purse, wallet, or pocket is probably promiscuous (has casual sex with many different people).
- Not engaging in sexual intercourse is the best choice for teenagers.
- A teen couple should get married in the event of an unplanned pregnancy.
- Teenagers are too young to be good parents.
- There should be more restrictions on sexual images, language, and hookups on the Internet.
- Teen fathers should be forced to legally claim their child (declare paternity) and pay child support.

WORKSHOP 3 The Language of Sexuality

A WORD TO THE FACILITATORS

This workshop explores the diversity of sexual language and its impact, usefulness, and appropriateness in different contexts. Participants weigh language they and others use against the values they explored in Workshop 2.

Talking about sexuality, asking questions, and using sexual terminology may be difficult at first for many young people. Subtle messages in our society suggest that even though sexuality is everywhere, talking about it openly is inappropriate. The primary goal of this workshop is to encourage positive, open discourse in this program and with parents/guardians, partners, health care providers, and others.

The Breaking the Language Barrier activity is designed to decrease some of the discomfort and acting-out behavior often associated with talking about sexuality. Four types of sexual language are described and defined, and participants are challenged to put street, slang, or otherwise "inappropriate" terminology out on the table. Young people (as well as adults) will typically giggle and laugh while brainstorming sexual terms. That behavior probably reflects some nervousness about or discomfort with, as well as surprise at, being allowed to say and write once-forbidden words in the presence of adults, and hearing adults say them. Words lose their power when said aloud without fear of reprisal. Some youth will know only street or slang terms for certain aspects of sexuality, so try to accept teens where they are. Facilitators and participants will then agree on the language to be used in future Our Whole Lives workshops.

Facilitators may feel a bit uneasy the first time they conduct this activity, because most adults have been conditioned to view certain sexual words as distasteful, taboo, intimidating, or even frightening. Remind yourself that these are only words and that you hold the power to give young people the language necessary to describe their most sensitive feelings and behaviors and to communicate with others about their developing sexuality.

WORKSHOP GOALS

- to increase participants' comfort with sexual terminology
- to determine sex-positive language to be used in the Our Whole Lives setting

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- identify a range of sexual terminology
- be more comfortable using sexual terminology

- describe the connection between their sexual values and the language they use to discuss sexuality.

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Breaking the Language Barrier	35 minutes
Sexual Language in Music	30 minutes
Reflection and Planning	10 minutes

MATERIALS CHECKLIST

- ☐ the Circles of Sexuality chart
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ newsprint, markers, and masking tape

For Sexual Language in Music

- ☐ four to six songs that contain messages about sexuality
- ☐ equipment to play the songs (a laptop or MP3 player, Internet access if you will play YouTube videos, etc.)
- ☐ lyrics to two of the songs you selected
- ☐ loose-leaf paper
- ☐ newsprint, markers, and masking tape

PREPARATION

1. Read the workshop plan and decide together how to divide leadership responsibilities.
2. Post the Circles of Sexuality and Group Covenant charts.

For Breaking the Language Barrier

1. Write the following headings on four sheets of newsprint:
   - language of science
   - childhood language
   - street language
   - common discourse

For Sexual Language in Music

1. Select five or six songs that contain messages about sexuality. At least one should be by a currently popular musician. If your familiarity with music is limited, ask participants for suggestions ahead of time or do an Internet search on phrases like "songs about being gay, lesbian, bisexual, or queer" or "songs about sex." Choose two of them to play to the group.
2. Locate lyrics to all the songs you chose. Create a complete packet of lyrics for each of the small groups you intend to form. Lyrics are available online

at many sources, including **www.songlyrics.com**, **www.azlyrics.com**, and **www.lyrics.com**.

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants back. If you have any new participants, ask everyone to introduce themselves. Help participants reenter the program by asking

   - How many of you had a conversation with your parents about any of the values we discussed during the last workshop?
   - What's one value that you have in common with your parents?
   - We asked you to "walk your talk" this week, to live your values. What examples can you share?
   - How is your life better since the last workshop? [Remind participants that you'll ask this question at the beginning of each workshop.]

2. ***Question Box***

   Answer Question Box questions.

3. ***Reading***

   Set up the reading by stating that today's topic is sexual language. Read aloud or invite a volunteer to read the following:

   Take a look at the cover of almost any popular women's magazine. You'll probably notice the bad sex tips, the list of ways to keep your man and even the awful dieting advice. Some of you also might notice a trend: using slang for sexual and reproductive body parts—like saying "va-jay-jay" instead of "vagina."

   For example, why can't the March issue of *Cosmo* just have the word "vagina" printed on it? Instead, *Cosmo* refers to the "va-jay-jay." Even the subtitle—"Fascinating New Facts about Your Lovely Lady Parts"—can't spell out what the story is about. Using words like "va-jay-jay" and "lovely lady parts" makes the relationship between a woman and her body seem like it's naughty—unspeakable.

   —Sex, Etc., **www.sexetc.org**

Elicit brief feedback by asking

- Can anyone relate to this?
- What sexual language do you notice in the media (online, in magazines, in music, etc.)?
- What sexual language do you typically use with friends or family members?

BREAKING THE LANGUAGE BARRIER 35 Minutes

1. Explain that for any discussion, one must learn the language of the subject matter. Post the newsprint charts and explain that sexuality can be discussed in at least four different languages:

- **the language of science**: words and phrases such as *Fallopian tubes* and *sexual intercourse*, designed for accuracy.
- **childhood language**: words and phrases such as *wee-wee* and *number two*, designed to hide embarrassment and avoid explicit conversation.
- **street language**: words and phrases such as *tits* and *dick*, designed to strongly emphasize or to demean body parts, sexual identity, or sexual activity.
- **common discourse**: words and phrases such as *oral sex* and *having sex*, designed to communicate information plainly.

2. Explain that the purpose of this exercise is to increase people's ease in talking about sexuality. If your group is larger than six, form groups of three to five and give the following directions:
   - I'll read a word related to sexuality. Work together to quickly brainstorm all the synonyms (alternate words) for that word, using any or all of the four languages of sex.
   - Choose a recorder to write the words down as you say them.
   - When I call time, you are to stop. Then we'll check to see which group has the longest list.
3. Give each group several sheets of newsprint and a marker. Call out the first word: *penis*. After two to three minutes, call time and ask each recorder to count the synonyms the group has listed. Determine which group has the most words. Then ask the recorder of that group to read the list of synonyms for *penis*. Ask the other groups to add words that have not yet been mentioned.
4. Continue with some or all of the following words:
   - *vagina* [or vulva]
   - *testicles*
   - *masturbation*
   - *sexual intercourse* [specify vaginal, oral, or anal]
   - *breasts*
   - *heterosexual* (straight, or a straight person)
   - *homosexual* (gay or lesbian, or a gay or lesbian person)
   - *bisexual* (attracted to more than one sex or gender, or a person who feels those attractions)
   - *queer*
   - *knee* [optional, to illustrate that we don't have euphemisms for body parts we do not have many feelings about]
5. Bring the groups back together and process the activity by asking
   - Which words were difficult to say (or hear)? What made it difficult?
   - How did you feel about saying or hearing the words?
   - Are there any patterns to the synonyms for any of the words? What differences did you notice in the words for female and male body parts?
   - Which words are put-downs?
   - Which words sound like weapons or threats? [Often the words describing male parts sound like they are powerful and capable of doing harm, while the words describing female parts sound like they are objects to be violated.]
   - Which word has the fewest synonyms, and why? [Aside from *knee*, the likely response is *heterosexual*, because it is the norm, or most common sexual orientation.]

- What kinds of words are you most comfortable with?

6. Briefly make the following points:
   - Words have different meanings for people.
   - Some feel that street language is totally negative, while others use street language in loving ways in the context of their relationships or social groups.
   - In Our Whole Lives, we hold some fundamental values—self-worth, sexual health, responsibility, and justice and inclusivity—and we want to use language that reflects those values.
7. Ask the group to identify some words on the newsprint lists that are not in keeping with those values. Circle those words and agree they will not be used during Our Whole Lives workshops.
8. To process the activity, ask
   - What language do you think we should use in this program to express Our Whole Lives values?
   - What kind of language is most appropriate for talking with parents? With a health care practitioner? With friends?
   - Why do you think we did this exercise?
   - How might this exercise affect the language you use in different situations?

SEXUAL LANGUAGE IN MUSIC 30 Minutes

1. Introduce this activity by making the following points:
   - The way people feel about their own and others' sexuality is often reflected in song lyrics.
   - Some messages are affirming, while others are demeaning to specific groups of people.
   - Some present positive messages about love or sexual expression, while others present unhealthy or negative messages.
2. Give the following instructions:
   - For the next activity, you will listen to songs and read lyrics to explore how sexuality is presented by various musical artists.
   - This activity is not intended to judge the quality of the songs, but rather to encourage you to think critically about the messages in the lyrics.
3. You will work in pairs (or triads) and one person will take notes on the responses to the reflection questions about the lyrics.
4. Divide participants into pairs or triads. Give a song lyric packet, paper, and a pencil to each group. As you are distributing materials, make sure each group has a note taker.
5. Announce the title of the first song. Ask participants to find the lyrics in their packet and read them while the song plays. When it ends, use the reflection questions below to invite discussion. Take notes on newsprint to provide an example of what the note taker might capture in the small group discussions.
   - Which aspects of sexuality (sensuality, intimacy, identity, health and reproduction, sexualization) are reflected in the song? [Refer participants to the Circles of Sexuality chart.]

- What sexual values are expressed in the lyrics?

6. Repeat the process with the second song.
7. Now that the group understands the process, ask them to select two more songs in their lyrics packets to analyze in their small groups. Give them ten minutes (or fifteen, if groups are engrossed in discussion) to discuss the songs and take notes on their observations.
8. Call time and invite the groups to take turns briefly sharing their thoughts about one song. Rotate through the groups a second time with another song if time allows.
9. Process the activity by asking
   - Prior to this activity, how much thought did you give to the sexual values reflected in song lyrics?
   - What songs do you enjoy that have sexual messages or values you disagree with?
   - How many of you have rules in your home about playing music with sexual messages or explicit language? What are the rules and how do you feel about them?
   - What effects do sexual messages and imagery in music have on listeners?

REFLECTION AND PLANNING 10 Minutes

1. Ask participants to say a word or phrase that describes what they thought or felt about today's workshop. You can whip around the room in order, or have participants speak in a more random order by having them toss a soft ball (a rolled pair of socks will do) from one person to another; each person who catches it speaks (or chooses to pass).
2. Encourage participants to go home and talk with family and friends about sexual language and today's workshop. Ask them to make note of the language they use with different people.
3. Explain that Workshop 4 will focus on sexual anatomy and physiology. Find out how much youth have already learned about this topic in other programs.
4. Distribute index cards and ask participants to write anonymous questions related to sexual anatomy and physiology, or any other topic of interest, for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss the following questions with your co-facilitator:

1. What was good about this workshop? Why?
2. What was not good? Why?
3. What can we learn from this workshop to strengthen future workshops?
4. What preparation do we need to do for the next workshop?

You, as a Sexual Being

2

WORKSHOP 4 Anatomy and Physiology

A WORD TO THE FACILITATORS

Although youth typically believe they have sufficient knowledge of anatomy and physiology, and many schools and parents teach this aspect of sexuality well, misinformation is still commonplace. The Constructing Sex Systems activity provides a lighthearted and enjoyable vehicle to reinforce accurate information and correct misunderstandings. By presenting this information with warmth, humor, and straightforward explicitness, you establish a new standard—that knowing and talking about our sexual organs and their functions is completely normal and appropriate.

When showing and discussing male and female anatomical diagrams, clarify that nobody looks exactly like the illustrations and that anatomical and biological diversity exists in both minor and significant ways. Sexual and reproductive anatomy drawings and models represent only one version of anatomy, and everyone looks at least slightly different. Genitals vary in size, shape, color, symmetry, and distribution of hair. Understanding the diversity of anatomy will help build participants' confidence in their own bodies and increase their acceptance of future partners' bodies.

For most youth, the illustrations will approximate their own bodies; most participants will probably be young teen males and young teen females. However, the sexual and reproductive anatomy of intersex persons may vary significantly. For example, a person might look typically female on the outside but have male internal reproductive organs. In addition, some transgender youth whose gender identity is not aligned with their anatomy in expected ways may not be able to relate if sexual anatomy is presented without any explanation of gender diversity. This workshop provides guidance and language to introduce these concepts clearly and simply.

If you're able to borrow or purchase them, visual aids such as cross-section anatomy diagrams, 3D medical images, and pelvic models will add realism and address multiple learning styles. Local health care practices and reproductive health clinics may be willing to loan their materials and models for a short time. Make sure any visual aids you use are educational and age-appropriate.

Do not share images found online, as they may not be developmentally appropriate, in keeping with Our Whole Lives values, or aligned with the images parents consented to allow their children to view.

WORKSHOP GOALS

- to increase knowledge of human sexual anatomy and physiology
- to increase comfort with the topic of human sexual anatomy and physiology

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- label the major organs of typical male and female sexual systems
- describe the basic physiology of sexual and reproductive organs
- express greater awareness of anatomical variation
- express greater comfort with the topic of sexual anatomy and physiology

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Anatomy and Physiology Cards OR Name That Body Part	25 minutes
Constructing Sex Systems	45 minutes
Reflection and Planning	5 minutes

MATERIALS CHECKLIST

- ☐ the Circles of Sexuality chart
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ newsprint, markers, and masking tape

For Anatomy and Physiology Cards

- ☐ posters or drawings of the male and female sexual systems
- ☐ questions related to anatomy and physiology from previous workshops
- ☐ Handout 4, Male Sexual System
- ☐ Handout 5, Female Sexual System
- ☐ Facilitator Resource 6, Anatomy and Physiology Terms
- ☐ **optional:** anatomy diagrams, 3D medical images, or pelvic models

For Constructing Sex Systems

- ☐ posterboard
- ☐ scissors (including left-handed ones)
- ☐ glue or double-sided tape
- ☐ art materials such as colored paper, small balls, cotton balls, pipe cleaners, straws, round and tubular balloons, egg cartons, yarn, chunks of foam rubber or Styrofoam, toilet paper cylinders, and different types of beads
- ☐ labels

PREPARATION

1. Read the workshop plan and decide together how to divide leadership responsibilities. Decide whether you will use the Anatomy and Physiology Cards or the Name That Body Part activity.

2. You will facilitate only two activities, both of which are fun and informative; however, Constructing Sex Systems takes a lot of time. Make sure that the group has reviewed the male and female systems before beginning the Constructing Sexual Systems activity, to make it more likely that participants will succeed in it.
3. Review Facilitator Resource 6, Anatomy and Physiology Terms, to become familiar with sexual anatomy and physiology.
4. Post the Circles of Sexuality and Group Covenant charts.

For Anatomy and Physiology Cards OR Name That Body Part

1. Borrow or make a set of large posters or drawings of the male and female sexual and reproductive systems. If possible, add a temporary label to these illustrations that says something like "No one's genitals look exactly like this," to emphasize the normalcy of differences from person to person. Plan to save these posters; you will use them in later workshops.
2. Photocopy Handout 4, Male Sexual System, and Handout 5, Female Sexual System, for all participants.
3. For Anatomy and Physiology Cards, prepare one index card per participant with one of the following body parts written on each card: brain, nose, fingers, eyes, penis, testicles, nipples, prostate gland, urethra, labia, anus, vagina, clitoris, uterus, ovaries, Fallopian tubes, vulva, scrotum, vas deferens, breasts, and seminal vesicles. Have an equal number of male and female body parts. Attach small pieces of masking tape to the cards, so you are ready to tape them onto participants' backs.

For Constructing Sex Systems

1. Prepare labels for parts of the female and male anatomy. The female labels should be vulva, labia majora, labia minora, clitoris, vagina, cervix, urethra, bladder, Fallopian tubes, ovary, uterus, and anus. The male labels should be penis, testicles, scrotum, urethra, vas deferens, bladder, prostate gland, seminal vesicles, and anus.
2. Organize your art materials, labels, and other supplies and divide them in half, since participants will be working in two groups. (If you have more than twelve participants in all, you will probably want to divide them into three or more groups, as appropriate; make sure each group will have a complete set of female or male labels and enough art materials.)

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants back and help them reenter the program by asking

   - How many of you had conversations with friends or family about sexuality or sexual language?

- What language did you and they seem comfortable with?
- What words did you choose to use or avoid with different people?
- How is your life better since the last workshop?

2. ***Question Box***

   Answer Question Box questions.

3. ***Reading***

   Set up the reading by making the following comments:

   - Today's topic is anatomy and physiology—identifying sexual body parts and understanding how they function.
   - Let's look at the Circles of Sexuality chart. Where does today's workshop fit on the chart? [The best answer is Sexual Health and Reproduction.]
   - We have two sets of readings. The first set includes two quotes, one from the author of a sexuality book and the other from a college student in a sexuality class.

   Read, or have volunteers read, the following passages:

   When we say that genitals come in a seriously diverse array of shapes, sizes, colors, and textures for all genders, it's not a bunch of malarkey meant to comfort and quiet you. It's a fact. We often confuse the word "normal" with the word "ideal." Normal doesn't mean this or that idea of what is perfect at a given time, it simply means what is most common. What's normal is diversity!

   —Heather Corinna, *S.E.X.: The All-You-Need-to-Know Progressive Sexuality Guide to Get You Through High School and College* (Marlowe, 2007)

   Who needs a lecture on male anatomy? Certainly not the men in this class. It's hanging out there all our lives. We handle it and look at it each time we pee or bathe. So what's the mystery? Now the female body—that's a different story. That's why I'm in the class. Let's learn something that isn't so obvious.

   —Robert Crooks and Karla Baur, *Our Sexuality* (Wadsworth, Cengage Learning, 2011)

4. Process the readings by asking

   - Do you agree that the male body is less of a mystery than the female body? Why or why not?

5. Explain that the next reading is from the website of Tony Briffa, who has been mayor, deputy mayor, and councillor of the city of Hobsons Bay in Victoria, Australia. Tell participants that Tony is openly intersex. Read the following passage:

   The first thing parents are told when a baby is born is whether their baby is a boy or a girl. In my case, doctors weren't sure because I was born with physical attributes of both sexes as well as missing attributes of both (i.e. a genetic intersex condition). This means I am biologically not exclusively male or female but parts of both . . . .

   I was named Antoinette and raised as a girl. I went to Mount Saint Joseph's Girls' College in Altona and lived as a woman until I learned the truth about my condition and sought to find out who I would have been had the medical profession not sought to "normalize" me. I didn't have a gender identity

issue; I just wanted to be the person nature had intended. Frankly, after learning about my condition I felt like I was living a lie as a woman given I did not have a complete female reproductive system and was also born with some internal male organs.

I subsequently took male hormones for a few years and after my voice deepened and I grew hair in places where I never had hair before, it started getting more difficult being "Antoinette" so I had my identity documentation changed to state I was male. I didn't particularly feel male because I didn't have all the basic male attributes and the male upbringing, but it made public life easier. I still don't feel male.

Years later I feel very comfortable having accepted my true nature. I am not male or female, but both. I am grateful for the years I lived as a woman and the insight and experiences it gave me. I am still "Antoinette" and have now also incorporated and accepted my male ("Anthony" or "Tony") side. I feel whole. I'll continue to live as "Tony" but I am now at a point in my life where I can celebrate being different. I no longer use male pronouns and prefer to be recognized the way nature made me—male and female.

—"About Tony," **www.briffa.org**

6. Process the second reading by asking
   - What do you think of Tony Briffa's experience?
   - How might teens in your school react to learning another student is intersex?

Note: If participants have a lot of questions about intersex and what it means, give the following information:

- Some people are born with bodies that don't match what we would consider to be the standard or typical male or female body.
- Like Tony, these individuals might have genitals that look a little different or internal reproductive organs that are different from those of the sex they were assigned at birth.
- Intersex people also may not have the typical chromosome pattern (XX for females and XY for males).
- What's important here is to understand that babies can be born male, female, or intersex. Not everyone fits neatly into a male or female box.

ANATOMY AND PHYSIOLOGY CARDS 25 Minutes

This activity is an alternative to Name That Body Part. You should only conduct one of these two alternatives.

1. Take a quick survey to find out how many participants believe they are well informed about sexual and reproductive anatomy and physiology. Tell them you want to test their knowledge with a fun activity.
2. Give the following directions:
   - Each of you will get a card that has the name of a part of the human body written on it.
   - Many are sexual or reproductive body parts, but other parts are included as well.

- We'll tape the cards on your backs. Your job is to guess which body part is written on your card by walking around and asking others yes-or-no questions such as
  - Am I usually found on a male? Am I usually found on a female? Am I sex-neutral (for example, buttocks)?
  - Am I above the waist? Below the waist?
  - Am I a sexual part?
- If you cannot guess the body part, we'll give clues.
- Once you have guessed the body part correctly, take the card off your back and tape it to the front of your body. Then go around and answer others' yes-or-no questions to help them guess the part they have.

3. Have participants walk in a line or circle in front of you so you can tape a card onto each person's back. When everyone has a card, instruct them to mingle and begin asking yes-or-no questions. Walk among the participants listening to conversations, correcting misinformation, and offering hints upon request.
4. When everyone has guessed their terms correctly or time runs out, gather the group. Ask participants to look at their own and others' cards to get a sense of all the body parts that are being discussed in this workshop. Conclude with the following questions:
   - How did you feel about that activity? [Some people may feel that it was fun, while others may have found it frustrating or embarrassing.]
   - How easy was it to guess the parts of the body?
   - Which of these parts of the body have nothing to do with sexuality? [If anyone suggests that the brain, nose, eyes, or fingers have nothing to do with sexuality, point out some of the connections. For example, in the realm of sensuality, the senses of hearing, sight, smell, taste, and touch enable people to send out, receive, and respond to signals of sexual interest and arousal.]
5. Display the drawings or posters of the male and female sexual and reproductive systems and distribute Handout 4, Male Sexual System, and Handout 5, Female Sexual System. Make the following points briefly:
   - These are illustrations of the typical male and female sexual and reproductive anatomy.
   - No one's anatomy looks just like these drawings.
   - Variations can be very minor or more significant.
   - Not all people are clearly male or female. Some people, like Tony from the reading, have significant variations in their sexual anatomy.
   - Some people who identify as boys/men or girls/women might not have bodies that match their gender identities. Gender identity will be discussed in Workshop 7.
   - All bodies have some variations: genitals (the penis, scrotum, and vulva), just like any other body part, vary in size, shape, color, symmetry, sensitivity, and distribution of hair.
   - Keep this wonderful diversity in mind as we review typical male and female sexual systems.

6. Choose one of the handouts and ask volunteers to match the numbers with the terms. Make corrections as necessary using the following answer key:

Typical Male System

1. penis
2. testicle
3. scrotum
4. urethra
5. vas deferens
6. bladder
7. prostate gland
8. seminal vesicle
9. foreskin
10. anus

Typical Female System

1. vulva
2. labia majora (outer lips)
3. labia minora (inner lips)
4. clitoris
5. vaginal opening
6. bladder
7. ovary
8. Fallopian tube
9. uterus
10. cervix
11. vagina
12. urethra
13. anus

As each part of the anatomy is identified, give a brief explanation of how that part functions. These explanations are provided in Facilitator Resource 6, Anatomy and Physiology Terms.

7. When you have finished with one handout, do the same with the other.
8. As you close the activity, mention that many adults who play this game find it difficult. Ask
   - Why might this activity be difficult for people of any age?
   - What are the benefits of being comfortable discussing sexual and reproductive anatomy? [Knowledge and comfort can make it easier to talk with a future sexual partner, ask questions or have conversations with a parent or caregiver, and discuss concerns with a health care provider.]

NAME THAT BODY PART

25 Minutes

This activity is an alternative to Anatomy and Physiology Cards. You should conduct one or the other.

1. Ask, "How many of you believe you are well informed about sexual and reproductive anatomy and physiology?" Tell participants that this activity will test their knowledge.
2. Distribute Handout 4, Male Sexual System, and Handout 5, Female Sexual System. Make the following points briefly:
   - These are illustrations of the typical male and female sexual and reproductive anatomy.
   - No one's anatomy looks just like these drawings.
   - Variations can be very minor or more significant.
   - Not all people are clearly male or female. Some people, like Tony from the reading, have significant variations in their sexual anatomy.

- Some people who identify as boys/men or as girls/women might not have bodies that match their gender identities.
- All bodies have some variations: genitals (the penis, scrotum, and vulva), just like any other body part, vary in size, shape, color, symmetry, sensitivity, and distribution of hair.
- Keep this wonderful diversity in mind as we review typical male and female sexual systems.

3. Instruct participants to match the numbers with the terms on the handouts.
4. After 10 minutes, or when most participants have completed the labeling to the best of their ability, call the group back together. Using a copy of the unlabeled handout, point to different anatomical parts and ask participants to call out the name of each part. Correct any misinformation. Explain the function of each part, using the information provided in Facilitator Resource 6.
5. Process the activity with the following questions:
   - How many people got every answer correct? [Both teens and adults usually have some difficulty naming every part.]
   - Why might people of any age struggle to fill in these answers?
   - What are the benefits of being knowledgeable and comfortable discussing sexual and reproductive anatomy? [Knowledge and comfort can make it easier to talk with a future sexual partner, ask questions or have conversations with a parent or caregiver, and discuss concerns with a health care provider.]

CONSTRUCTING SEX SYSTEMS

45 Minutes

1. Remove any anatomical posters or models and ask participants to put away their handouts. Explain that they will build a model of the sexual systems they just reviewed. They must use their memories and their combined knowledge. Give instructions for this activity:
   - You'll construct a three-dimensional model of the typical male or female reproductive and sexual system.
   - Remember that not everyone is clearly male or female, so your models will not address all the diversity that exists.
   - You'll use a lot of fun materials to help build your model: posterboard, balloons, straws, etc.
   - You'll need to have a basic understanding of the typical male or female anatomical parts and how they fit together to make your model.
   - You'll work in small groups. Decide if you want to help build a female-bodied model or a male-bodied model.
   - Today's models will be of the lower anatomy and should include both external and internal sexual organs.
2. Divide participants into two groups (or more, if there are more than twelve participants) to work on the two sexual systems, allowing participants to choose which they want to work on. Give each group a large piece of posterboard, the appropriate set of labels, and half of the materials you collected for this activity. Once the groups are formed and materials distributed, give these additional instructions:

- You might want to begin by drawing an illustration of the sexual system you plan to construct.
- Please label each anatomical part with the prepared labels.

We do not expect you to do this perfectly. Adults struggle with this, too.

Do your best and have fun. We will make any corrections later. Circulate and provide a little assistance, but do not take over the activity.

> **Note:** Expect giggling and laughter, along with confusion and frustration when participants feel lost, at least initially. This discomfort helps them realize they may not "know it all" when it comes to sexual anatomy. Some participants get more involved and take this activity more seriously than others, probably because they are more mature. Don't be disheartened if some participants are silly, loud, or rambunctious. Help them focus and give them additional support, if appropriate.

3. When the groups have completed their models to the best of their ability, either post your large illustrations or ask participants to take out their copies of Handout 4, Male Sexual System, and Handout 5, Female Sexual System. Ask them to compare their models with the diagrams. Answer any questions and ask participants to make any necessary adjustments to their models. If you didn't review the handouts after the Anatomy and Physiology Card activity, do so now by having participants match the terms to the numbers.
4. When the groups have finished, display the models side by side and have a reporter from each group present their creation. Briefly go back over each part of the anatomy and explain how each part functions (physiology). This may mean repeating information participants already know. Ask for volunteers to help with these explanations.
5. Process the activity by asking a few of the following questions:
   - How easy or difficult was it for your group to construct your model?
   - How many of you knew as much as you thought you did before starting this project?
   - How could knowledge of sexual anatomy and physiology help you in your development as a healthy sexual person?
6. Discuss how much sexual anatomy varies from person to person, even when people have similar biological makeup:
   - Penises vary in length, circumference, and shape. Some lean to the side, up, or down when erect. Some are straight, while others are curved.
   - One testicle usually hangs lower than the other.
   - Sometimes the labia minora (the inner lips of the vulva) are hidden within the labia majora (the outer lips); other times the inner lips extend outside.
   - Some labia appear ruffled, while others have smoother edges.
   - Hair has different colors and textures, and grows in different places.
   - There is no single ideal for sexual anatomy. Sexually healthy people accept their own and their loved ones' bodies throughout life, at different ages and stages and in sickness and health.
7. Close the activity by answering any anatomy or physiology questions from earlier workshops if you have not already answered them.

REFLECTION AND PLANNING 5 Minutes

1. Announce that it is time for reflection. Ask participants what they thought of today's workshop. Whip around the room, asking each person to state one new thing they learned today. Remember to always allow participants to pass rather than speak.
2. Tell participants that Workshop 5 will explore puberty.
3. Distribute index cards and have participants write questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss these questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

Facilitator Resource 6

ANATOMY AND PHYSIOLOGY TERMS

These are the names of significant elements of typical male and female sexual and reproductive anatomy and physiology. As explained and clarified throughout this workshop, there are many variations in anatomical structures and in physiology. Most are minor and commonplace, while some, such as those found in an intersex individual, are more significant and less common.

Typical Male Anatomy and Physiology

1. The **penis** is a tubular organ for sexual stimulation, reproduction, and urination. It remains soft and flaccid most of the time. During sexual excitement, the spongy tissue in the penis fills with blood, making it larger and harder and thus causing an erection.
2. The **testicles** are two egg-shaped glands housed in the scrotum. They produce and store sperm cells from puberty throughout life; they also produce the primary male hormone, testosterone.
3. The **scrotum** is a wrinkly pouch of skin that houses and protects the testicles. It retracts (in colder temperatures) and descends (in warmer temperatures) to help maintain the testicles at the 96.6-degree temperature required for sperm cell production.
4. The **urethra** is a narrow tube inside the penis through which urine flows from the bladder to the outside of the body. The urethra is also the passageway for semen during ejaculation, the height of sexual arousal, which typically coincides with orgasm. The **Cowper's glands** [not pictured in the handout] are two glands that produce a clear liquid, called **pre-ejaculate** or **pre-cum**, that cleans and lubricates the urethra before semen passes through.
5. **Vas deferens** are long, thin tubes that transport sperm cells from the testicles to the prostate, seminal vesicles, and urethra. One tube leads from each testicle.
6. The **bladder** is the organ in the body that holds urine after it passes through the kidneys and before it leaves the body.
7. The **prostate** is a walnut-sized gland surrounding the neck of the bladder and the urethra. It produces a milky white fluid that mixes with sperm cells to help form semen. Pre-ejaculate from the Cowper's glands and prostate fluid both increase the mobility and longevity of sperm cells.
8. The **seminal vesicles** are two sac-like pouches that secrete a thick, protein-rich fluid that forms part of the semen. This fluid gives sperm cells nutrients and energy to swim.

9. The **foreskin** is skin that partially or completely covers the sensitive **glans**, or head of the penis. The foreskin can be pulled back (retracted) and is sometimes removed in a procedure called **circumcision**. Some parents/guardians elect to have a baby circumcised for religious, cultural, or personal reasons. Circumcision does not affect sexual functioning.
10. The **anus** is the opening through which feces is expelled from the body. It is also an erogenous zone.

Typical Female Anatomy and Physiology

1. **Vulva** is the collective term for all of the external genitalia. It's what a typical female would see if she sat with her legs wide open and looked in a mirror.
2. **Labia majora** are the outer lips of the vulva. They have hair and protect the inner lips.
3. **Labia minora** are the sensitive inner lips of the vulva. They are composed of mucosal tissue, like the inside of the mouth. During sexual excitement, blood rushes to the pelvic area and engorges the tissues of both the labia minora and labia majora.
4. The **clitoris** is a highly sensitive organ composed of erectile tissue with many nerve endings. Its **glans** (the sensitive tip of the clitoris) is usually soft and hidden, or partially hidden, by a fold of skin called the **clitoral hood**. During sexual excitement, the clitoris fills with blood and becomes erect, and the **glans** is more visible because the hood retracts. Only a small portion of the clitoris is outside the body; the rest of the clitoris is internal and extends like a wishbone beneath both sides of the labia majora.
5. The **vaginal opening** is the opening to the vagina. It is one of the two openings in the vulva. Sometimes the vaginal opening is wholly or partially obscured by mucosal tissue called the **hymen**. Although an intact hymen is culturally associated with virginity, hymens usually stretch on their own as the body matures.
6. The **bladder** is the organ in the body that holds urine after it passes through the kidneys and before it leaves the body.
7. **Ovaries** are two almond-shaped glands located on either side of the uterus. At birth, each already contains about a million immature egg cells; many are absorbed by the body over the years until, at puberty, there are about 300,000. The ovaries begin to release ripe eggs at puberty. They also produce the primary female sex hormones, estrogen and progesterone.
8. **Fallopian tubes** are passageways for the egg from each of the two ovaries to the uterus. Fertilization or conception occurs in a Fallopian tube.
9. The **uterus** is a fist-sized, muscular organ located in the pelvic region, also called the **womb**. Beginning at puberty, the lining of the uterus thickens each month as it prepares for a potential pregnancy. If pregnancy does not happen, this lining is shed every month during menstruation; if pregnancy does happen, the fetus develops in the uterus. Muscles in the uterus contract during the peak of sexual excitement, orgasm.

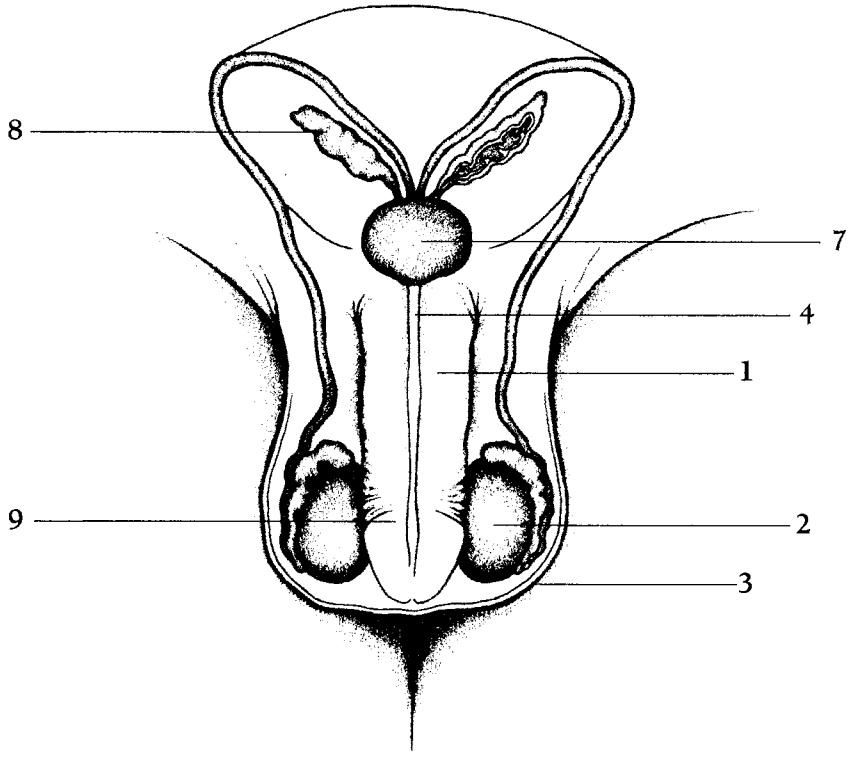
10. The **cervix** is the lower part, or neck, of the uterus, which extends into the vagina. It has a tiny opening, the **os**, through which the menstrual flow leaves the uterus and sperm cells enter the uterus. This small opening has to dilate, or open wider, when a female is about to deliver a baby.
11. The **vagina** is a canal that starts at the vulva and extends to the cervix. It is the passageway for the menstrual flow and for a baby during a vaginal delivery; it is also the place where the penis is inserted during penis-vagina intercourse. Although it is narrow when at rest, it can stretch to accommodate a penis during intercourse and a baby's head during childbirth. During sexual excitement, blood engorges the tissues of the vaginal walls, and the vagina lubricates (gets wet). Muscles in the vagina contract rhythmically during orgasm.
12. The **urethra** is a narrow tube through which urine flows from the bladder to the outside of the body. It forms one of two openings in the vulva.
13. The **anus** is the opening through which feces is expelled from the body. It is also an erogenous zone.

Handout 4

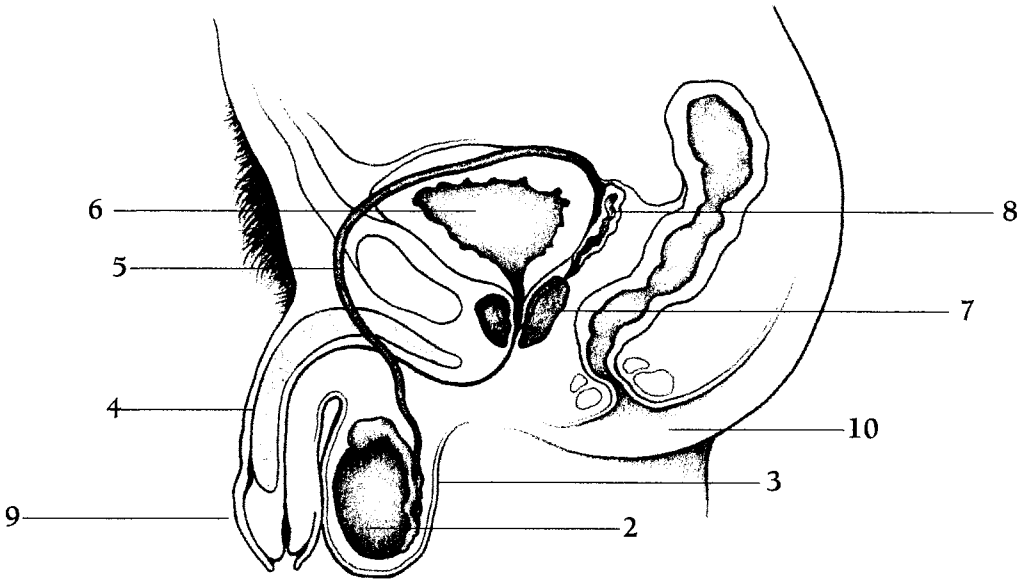
WORKSHOP 4: ANATOMY AND PHYSIOLOGY

MALE SEXUAL SYSTEM

These drawings represent typical male anatomy. An intersex person might have anatomy that differs from these drawings.



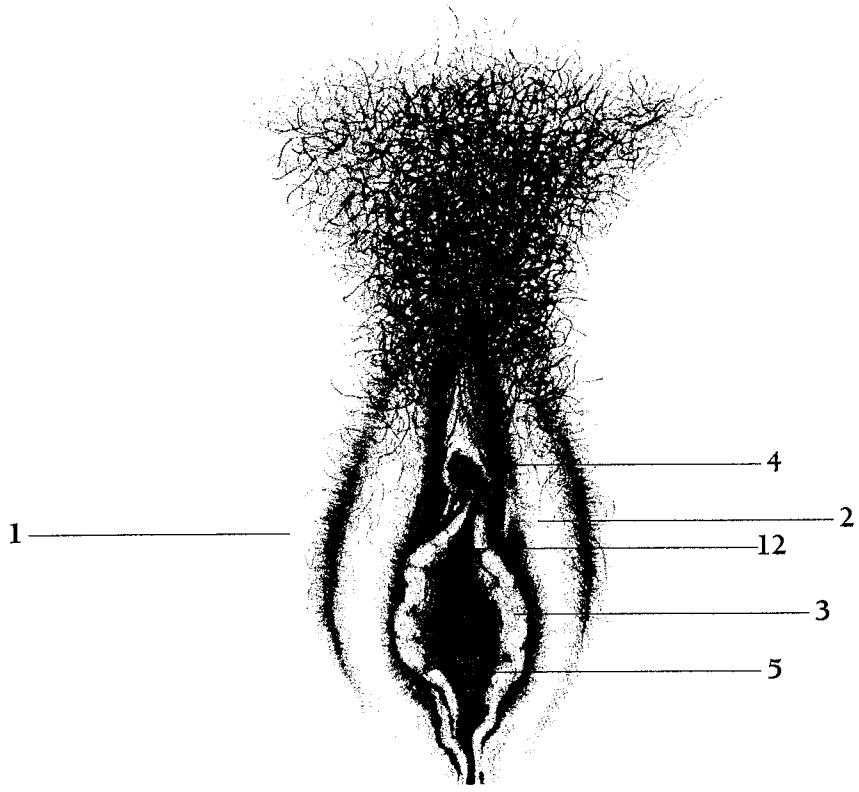
foreskin
bladder
penis
prostate gland
scrotum
seminal vesicle
testicle
urethra
vas deferens
anus



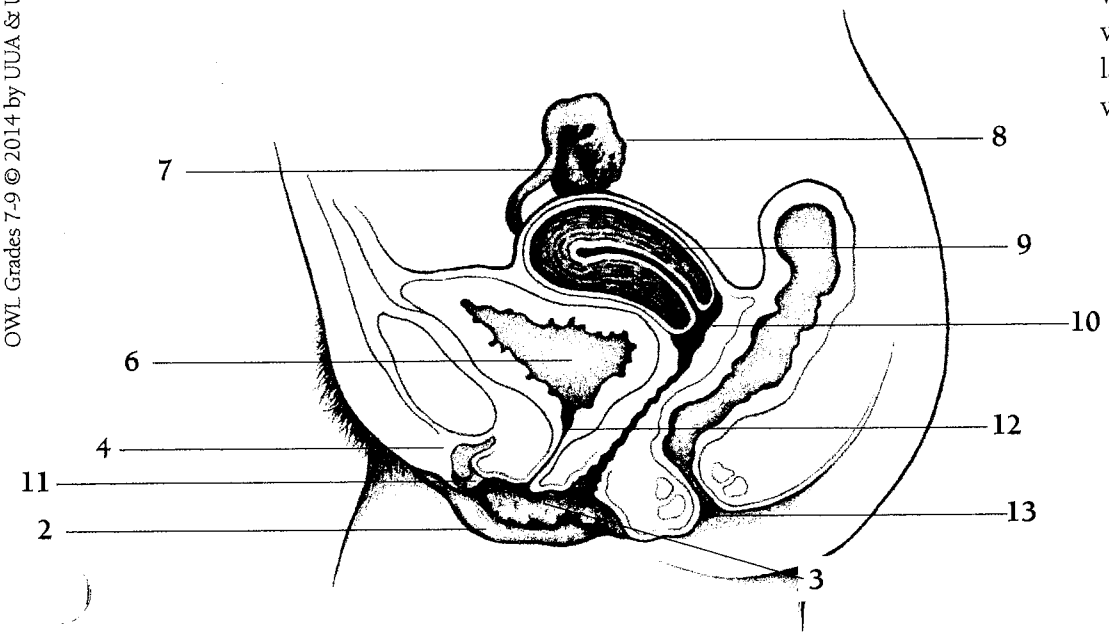
Handout 5

FEMALE SEXUAL SYSTEM

These drawings represent typical female anatomy. An intersex person might have anatomy that differs from these drawings.



anus
bladder
cervix
clitoris
Fallopian tube
labia majora
ovary
urethra
uterus
vagina
vulva
labia minora
vaginal opening



WORKSHOP 5 Personal Concerns about Puberty

A WORD TO THE FACILITATORS

This workshop gives participants an opportunity to talk about personal questions and concerns regarding their own growth and development. Some young people may be well into puberty and harboring ongoing concerns; others may be waiting anxiously for puberty to begin. Some may fear that some aspect of their body's size, shape, or function is abnormal or not developing as they expected or wanted. Reassurance is provided as both you and the youth explore accurate information, clear up myths, and answer questions.

Emphasize that "normal" encompasses a wide variety of body types, sizes, behaviors, and rates of physical, emotional, and social development. Encourage group members to reject common societal messages about what is attractive, especially when those messages are dismissive of or ignore people of color, people perceived as too heavy or too thin, transgender and intersex people, and people with disabilities.

Unique to this workshop are sex-specific discussion groups that allow youth to talk about personal aspects of sexual health and hygiene with adults who have gone through similar changes. These discussions are ideally conducted by same-sex facilitators to increase comfort and minimize embarrassment.

WORKSHOP GOALS

- to identify common concerns about puberty
- to increase knowledge of health and hygiene issues
- to provide a forum for participants to discuss personal concerns about their bodies and body image

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- list at least two concerns that youth commonly have about body development and appearance
- identify at least two habits that will help them keep their sexual and reproductive organs healthy
- describe normal variations in physical development during puberty

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Am I Normal?	30 minutes
Personal Concerns	40 minutes
Reflection and Planning	5 minutes

MATERIALS CHECKLIST

- ☐ the Circles of Sexuality chart
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ newsprint, markers, and masking tape
- ☐ the large anatomy drawings from Workshop 4

For Am I Normal?

- ☐ **optional:** Georgia O'Keeffe flower painting(s) reminiscent of the vulva, such as *Red Canna*

For Personal Concerns

- ☐ menstrual sanitary products (panty liners, pads, and tampons in several sizes). Include organic options, such as organic cotton tampons, and reusable options, such as a menstrual cup and washable cotton pads. (You may be able to get free samples from manufacturers.)
- ☐ an athletic cup and supporter
- ☐ Facilitator Resource 7, Facts about Female Bodies
- ☐ Facilitator Resource 8, Facts about Male Bodies

PREPARATION

1. Read the workshop and decide together how to divide leadership responsibilities. Decide which of you will work with each small group, according to your own sex and gender expression. To help address small-group discussion questions, you might invite a nurse or other health care provider to visit.
2. Post the Circles of Sexuality and Group Covenant charts.
3. As participants arrive, ask a few volunteers to prepare to read one of the letters provided in R&R. Give the volunteers the reading to review in advance and remind them they can pass.

For Personal Concerns

1. Gather materials for both small groups, including menstrual products and female and male anatomy drawings for both. If the group will divide into same-sex groups, you will need two of everything in the Materials Checklist.
2. If possible, choose one or two books on puberty to bring into the small groups. Options include
   - *Body Drama*, by Nancy Amanda Redd
   - *From Boys to Men: All About Adolescence and You*, by Michael Gurian

- *GLBTQ: The Survival Guide for Gay, Lesbian, Bisexual, Transgender, and Questioning Teens*, by Kelly Huegel
- *Growing Up: It's a Girl Thing*, by Mavis Jukes
- *It's Perfectly Normal*, by Robie Harris
- *The Teenage Body Book*, by Kathy McCoy and Charles Wibbelsman
- *Sex, Puberty and All That Stuff: A Guide to Growing Up*, by Jacqui Bailey
- *What's Happening to Me? The Answers to Some of the World's Most Embarrassing Questions*, by Peter Mayle
- *The "What's Happening to My Body?" Book for Boys* and *The "What's Happening to My Body?" Book for Girls*, by Lynda Madaras

3. Be ready with questions from previous Our Whole Lives participants in case you need to jump-start the small-group conversation.

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants back and help them reenter the program by asking

   - Who can give a summary of our last workshop?
   - Who discussed the workshop with friends or family? What sexual language did you use, and how did the conversation go?
   - How is your life better since the last workshop?

2. ***Question Box***

   Answer Question Box questions.

3. ***Reading***

   Set up the reading by making the following comments:

   - Today's workshop deals with puberty and the feelings adolescents may have about this period of sexual development, which marks a passage from childhood to young adulthood.
   - Let's look at the Circles of Sexuality chart. Where does puberty fit on the chart? [The best answer is Sexual Health and Reproduction.]
   - Our readings are letters written by teens.

   Read, or have volunteers read, three to five of the following letters, adapted from Kathy McCoy and Charles Wibbelsman, *The Teenage Body Book* (Hatherleigh Press, 2008), which effectively set the stage for this workshop:

   My school sex ed class is, in a word, lame. My parents are too embarrassed to talk to me about anything personal and there are some things I'm too embarrassed to ask. But I have lots of questions. Like is it normal to have a hard-on a lot of times, off and on, throughout the day? What about the fact that I'm 14 and look pretty much like a man while my friend Eric, who is my age exactly, still looks like a little kid? Is there something wrong with him? I wonder about all the stuff that's going on with my body. Can you help me figure this all out?

   —Michael S.

My breasts are a different size. My left breast is quite a bit smaller than my right one. I feel lopsided and really embarrassed. Will they ever be the same size?

—Lopsided

What causes "wet dreams"? I've had a few and it's fairly embarrassing.

—J. P.

What does it mean when you have swelling on your chest under the nipple area? It almost looks like I'm getting breasts. I'm too embarrassed to tell my parents or my doctor. Is something wrong with me?

—Travis T.

What should I be doing as far as feminine hygiene goes? I'm not even sure what it means. But I heard my mother and her friend talking about douching and I don't know what that is and if I should be doing it, too. How can I prevent odors? I haven't noticed any myself, but I keep hearing about it in commercials. Help?

—Andrea Y.

Help! I'm a 15-year-old girl who is HAIRY! I have hair on my chin and a few hairs around the nipples of my breasts. The hair on my chin really looks awful. What can I do about it? My mom says it runs in the family. Help!

—Maria G.

Hi! I'm 13 and have a question: what do you think about the new vaccine that girls as young as 9 are supposed to get to keep from getting cancer? Is this just a rumor or bogus or what? My mom says I don't need to get it because I'm not having sex yet. I'm confused and hate shots! But I also don't want to get cancer.

—Madison A.

I'm not circumcised and that's never been a problem for me until recently, when it has become harder to pull my foreskin back all the way when I wash. What can I do?

—Clive

I heard from a friend recently that people my age (16) can get testicular cancer, and that scared me. Is that true? How can I keep from getting it?

—Scared in Spokane

AM I NORMAL? 30 Minutes

1. Transition to this activity by asking participants to reflect on the letters in the readings:
   - What did you think about the questions the young teens asked?
   - Which of these questions have you also wondered about?
   - Who can you talk with when you have questions like these?

Take some time with this if participants are interested.

2. Explain that participants will now identify other things that young teens wonder or worry about. Distribute index cards and pencils and give the following instructions:
   - Don't put your name on this card. You're going to write some things on the cards that will be shared anonymously.
   - On one side of the card, write one worry that young people of your sex have about the way their bodies look. Label this side of the card A.
   - Label the other side of the card B, and write a worry or concern that you think someone of a different sex has.
3. Identify your sex by putting an M (male), an F (female), or an I (intersex) on side A of the card and circling it.When participants have finished, collect the cards, shuffle them, and redistribute them randomly. (If you have any concerns about group members' ability to read or write, or that handwriting might be recognizable, collect the cards and read them yourself.)
4. Go around the room and ask participants to read the author's sex and the comments written on side A of the card. List the concerns on newsprint.
5. Then have participants turn their cards over and read side B. Continue to list the concerns on the same newsprint. When all the cards have been read, ask the following questions, as appropriate:
   - How do you feel about this list of concerns?
   - How accurate were you in guessing other people's concerns?
   - If you had a friend who came to you with any of these concerns, what would you say?
6. As discussion proceeds, weave in reassuring information, such as
   - Many preteens and young teens entering puberty worry about whether they are normal, because their bodies are changing so rapidly. People usually feel better about their bodies as they get older.
   - There are many variations of normal when it comes to development. Each person is on their own timetable, depending on their genetic and ethnic heritage.
   - The typical female body is curvy with wide hips. Wide hips broaden the pelvis for possible childbearing later in life. Curves and rounded bellies are natural and normal.
   - Having oily skin is a normal part of puberty. Increased oil from glands on the face, shoulders, chest, and back can block pores and cause blackheads, which can develop into pimples. Washing, avoiding harsh or irritating products, removing makeup, and shampooing hair frequently can help reduce or manage breakouts. These issues typically fade as people get older. If breakouts become a serious concern, consult a dermatologist.
   - Media messages are often designed to damage our body image because advertisers want us to buy products that are supposed to make us look better. We must critique these messages and realize that many photos have been digitally altered to create unrealistic bodies. Erotic and pornographic videos (which teens may have seen) tend to feature actors who have shaved pubic areas, unusually large penises, and surgically enhanced large breasts. These images can create unrealistic expectations and insecurities.

- Media messages also often encourage negative attitudes about genitals, especially the way they look and smell. For example, there is a cultural trend to remove pubic hair, although there is no medical or hygienic reason for doing so. The human body is programmed to have pubic hair. Feminine hygiene commercials send the message that female genitals smell and need to be cleansed and freshened. This is not only untrue but harmful. The vagina is self-cleaning. Washing inside the vagina can remove helpful bacteria and disturb the perfect balance that keeps the vagina healthy. A natural vaginal discharge helps keep the vagina moist, protects against infections, and washes away old cells. Both female and male genitals have a normal and natural musky odor that varies from person to person.
- It's important to get to know your body and your genitals to learn what looks and smells are normal for you. Then if you notice something that seems unusual, you can consult with a health care practitioner. It's always best to go, ask questions, and find out, even if there is no real problem or issue.

Note: Respond to any negative or critical comments about physical appearance that seem related to race, ethnicity, or disability. Educate the group about biases in standards of beauty that promote certain features like fine hair texture, light skin color, and being able-bodied as ideal or more desirable. Such unfair ideals can make people who don't fit them insecure and unhappy. People do not have to look, act, or function in a certain way to be happy, attractive, sexual, and loved.

PERSONAL CONCERNS

40 Minutes

Note: You may have transgender or intersex participants (who may or may not have disclosed this to you) for whom same-sex groups may be uncomfortable. Explain that the groups are divided by sex rather than gender to address concerns and questions about biological (physical) issues. Encourage participants to attend the small group that feels right to them and addresses puberty as they will experience it. If you feel that same-sex divisions won't work for your group, keep the large-group format and present information about male and female puberty to everyone at the same time. The large-group approach may take significantly more time and does not afford private time for participants to speak with same-sex adults. Explain that you and your co-facilitator are available to answer questions privately after the workshop.

1. Give the following instructions:
   - This activity gives you time alone with an adult of the same sex to discuss issues that might be uncomfortable to discuss in the whole group.
   - You're not being separated to get any secret information.
   - Each group will get information about topics of special importance to them, such as menstruation for people with female body parts and nocturnal emissions (wet dreams) for people with male body parts. Both groups will be able to ask questions about any sex or any topic.

2. Instruct participants to break into two groups by sex: male and female. Remind them that sex is their biological makeup and encourage them to join the group that will address the changes of puberty they are experiencing or will experience. As they decide which group to join, remind them, if necessary, to respect the choices of others. This process accommodates participants who are or who identify as transgender, intersex, or gender nonconforming.
3. It can be helpful to share brief stories from your own youth about concerns or questions you had, embarrassments you suffered, or myths you believed. Such sharing will strengthen bridges you have built with participants and will allow them to see you as approachable when they need to discuss sensitive issues.

Note: Girls often enter into these discussions more easily and more quickly than boys. However, they are a good experience for all participants. Boys tend to need prompting and role modeling from a strong facilitator who can move things along by sharing some of the concerns the facilitator had at their age. Also, humor goes a long way with boys. Be ready to offer questions asked by boys in previous Our Whole Lives groups to help jump-start the conversation.

In the same-sex small groups, tell participants that this is their workshop, and they can bring up any issues they want. Distribute index cards and pencils and ask them to write any questions they have about any aspect of puberty or sexual development (menstruation, masturbation, development, crushes, etc.). If they have no questions, they should still write something like "I don't have a question" on the card to ensure that no one feels self-conscious about writing on a card.

4. Collect the cards. Answer the questions one by one, taking time to give additional information and to encourage sharing of feelings. This activity should be a youth-centered group discussion rather than a facilitator-directed lecture. Use the questions as vehicles to get discussion going.
5. Be sure to address specific issues of interest to the sex of the group you are working with. For example, with the females, discuss the external female genitals (vulva, vaginal lips, clitoris, urethral opening, vaginal opening, and anus) and feminine hygiene. Dispel myths and encourage positive images of the female genitalia. With the males, discuss erections, wet dreams, circumcision, and cultural pressure to always be "horny" and initiate sexual activity at an early age. It is very important that both male and female facilitators be careful to avoid reinforcing gender role stereotypes. Boys, in particular, benefit from interaction with adult males whom they see as cool, yet who are not bound by male stereotypes. Remember to use any illustrations or samples collected for this discussion.
6. Using the information in Facilitator Resource 7, Facts about Female Bodies, and Facilitator Resource 8, Facts about Male Bodies, weave the following messages into the small-group discussions, as appropriate:
   - When it comes to health and hygiene, the most important thing is to wash with mild soap and water and avoid harsh, overly scented products. Develop and maintain good health and hygiene habits, including eating a healthy diet and exercising regularly.

- Keep genitals dry and cool. Excessive sweating or chafing can lead to infections or discomfort. Wear clean underwear and workout clothes and avoid tight undergarments that don't breathe. Dry the genitals thoroughly after bathing.
- All teens, regardless of gender identity, gender expression, sexual orientation, and sexual experience, should get routine preventative health checkups.
- Weight variations among people are normal. Focus on fitness and health rather than idealized numbers on a scale or clothing label.
- There is a range of normal when it comes to romantic and sexual feelings. It's normal to have those feelings for a different sex or the same sex; it's normal to feel unready for romance or sex; and it's normal for some people not to have romantic or sexual feelings.

7. Near the end of the small-group discussion, distribute more index cards and ask participants to write down questions they have about another sex.
8. Bring the groups back together. Have the groups take turns sharing questions they wrote about another sex. Answer some of these questions and invite input from participants of that sex, but do not put any individual on the spot.
9. Process the activity by asking
   - How helpful was it to be in small groups to discuss personal concerns?
   - What is one fact you learned that you might share with friends who do not attend this program?

REFLECTION AND PLANNING 5 Minutes

1. Tell participants that, as usual, you want to end the workshop with a time for reflection. Whip around the room or use the ball-toss technique to have participants respond to the following incomplete sentence: "I feel more comfortable and confident now that I know . . . . "
2. Explain that the next workshop will focus on body image.
3. For the Question Box, distribute index cards so participants can write anonymous questions they may have about body image or any other topic. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss these questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

Facilitator Resource 7

WORKSHOP 5: PERSONAL CONCERNS ABOUT PUBERTY

FACTS ABOUT FEMALE BODIES

The Genitals

Refer to the diagram of typical external female genitals from Workshop 4 or to a diagram in a book, such as *Body Drama*, by Nancy Amanda Redd.

1. The *vulva*, or external genitals, consists of the *labia majora* (outer lips), *labia minora* (inner lips), *clitoris*, *urethra*, and *vaginal opening*.
2. Some people may have negative attitudes about their genitals, which make it challenging to feel like a sexually healthy person.
   - Ask participants to react to the diagram of the vulva. How do they feel? (Some may say the diagram is ugly or embarrassing to look at. Acknowledge any feelings.)
   - Explore any negative messages participants may have heard about the vulva or vagina (e.g., it smells bad, things can get lost in the vagina, blood passing through the vagina makes it dirty, it requires a lot of washing, etc.).
   - Encourage positive messages and images. If you have a copy of *Body Drama*, look together at some of the images of the vulva on pages 118 and 119. If you've brought flower paintings by Georgia O'Keeffe, display them and encourage participants to visualize images such as this when they think of the vulva.
   - Stress that the vulva is an amazing part of the body, filled with pleasure receptors, as are the first few inches of the vagina.
3. The vagina is self-cleansing.
   - A normal, moist discharge cleanses inside the vagina, so douches and hygiene sprays are unnecessary and can cause infections.
   - Water alone, or mild soap and water, are sufficient.
   - The vulva normally has a musky odor.
   - Visit a health care provider if vaginal discharge is yellowish or greenish, or if it has a curd-like texture or an unpleasant odor.

Menstruation

1. The menstrual cycle is a normal and healthy function of the ovaries and uterus.
   - At puberty, the pituitary gland at the base of the brain releases a hormone that signals the ovaries to start producing hormones (estrogen and progesterone) that regulate the menstrual cycle.
   - Once a month, an egg ripens and is released from an ovary. This process is called *ovulation*.
   - In preparation for a fertilized egg, the uterus builds up a thickened lining made up of blood and body tissue to nourish the egg. If the egg is not

fertilized by a sperm cell, this lining is not needed and is shed through the vagina during menstruation (also called "having a period").

- If the egg is fertilized and implants in the wall of the uterus, pregnancy has begun.
- In most cases, menstruation ceases during pregnancy. The tissue and blood that usually form the menstrual flow provide nourishment to the developing fetus.
- Menstrual periods typically begin at puberty (usually between the ages of 9 and 16) and end at menopause (usually between the ages of 45 and 55).
- Periods generally last from three to seven days.
- People may have irregular or no periods if they have very little body fat because of a very high level of activity or an eating disorder. They can still get pregnant if they have penis-vagina intercourse.
- People may also have irregular or no periods if they have some form of intersexuality, have certain medical problems, or use certain hormonal contraceptives designed to temporarily stop menstruation. (Contraceptives will be discussed in Workshop 22.)
- Menstrual cycles are approximately twenty-eight days long and are counted from the start of one period to the start of the next. However, cycles vary greatly, especially during puberty and at times of stress. Some cycles are as short as twenty-one days or as long as thirty-four days; other cycles are irregular. It is not unusual for cycles to be irregular for the first year or two, usually because the ovaries are not yet releasing an egg every month.
- The average total amount of menstrual fluid, or discharge, released during a period is approximately one-half cup, consisting of four to six tablespoons of blood together with other fluids and mucus. At different times during the period, the discharge may be brownish, deep red, or bright red, and clots smaller than a quarter (less than an inch across) may be present.
- See a health care practitioner if a period lasts for more than ten days, if bleeding is extremely heavy with large clots (requiring more than one pad or tampon every two hours), or if more than three months pass without a period. Hormones or birth control pills may be prescribed to make the periods more regular.

2. Menstrual hygiene is an important part of self-care. There are several ways to manage the menstrual flow.

- Disposable sanitary napkins or pads are absorbent pads worn in the underwear to absorb the flow.
  - They come in many sizes and shapes (in particular, with and without wings) to accommodate the lightness or heaviness of the menstrual flow and the size of the wearer.
  - They should be changed several times a day and at bedtime.
  - Most are made with an adhesive strip on the underside, which sticks to underwear. A plastic layer on the underside keeps the menstrual flow from coming through and staining clothes.
  - Since pads stay close to the body, no one can tell they are being worn, even under pants or shorts. However, they cannot be worn while swimming, since they absorb water.

- Tampons are thin rolls of absorbent material that are inserted into the vagina to absorb the menstrual flow before it exits the body.
  - Unlike pads, they can be worn during swimming.
  - They are available with and without applicators, and in different levels of absorbency.
  - They must be changed regularly, like pads.
  - Depending on the tampon and the plumbing, used tampons can sometimes be flushed down the toilet, unlike pads. Applicators, however, cannot.
  - Deodorant tampons may irritate the vagina and should be avoided.
  - Inserting a tampon may be awkward or uncomfortable at first, but with practice and understanding of female anatomy, it usually becomes easier.
  - People have individual preferences and different reasons for choosing pads or tampons, especially during the first years of menstruation. Females can talk with their mothers or other caregivers about this decision.
  - Some religions disapprove of tampon use prior to sexual intercourse within marriage, because inserting a tampon can stretch or tear the hymen, and some consider an intact hymen to be equivalent to virginity. However, most see no connection between a hygienic practice and a sexual experience.
  - Using tampons incorrectly can increase the risk of toxic shock syndrome (TSS), a rare but serious disease. To reduce the risk of TSS, use the minimum absorbency needed to control the flow, and alternate between tampons and sanitary pads during a period. Know the symptoms of TSS—sudden fever, vomiting, diarrhea, fainting, dizziness, or a rash that looks like a sunburn—and get medical help immediately if you develop them.
  - Many commercial tampons contain a small amount of a chemical called dioxin. Although dioxin can be dangerous, the Centers for Disease Control and Prevention states the trace amounts of dioxin in tampons are too slight to cause damage. However, tampons made of organic cotton, containing no dioxin, are available online and in many health food stores and supermarkets.
  - To insert a tampon that comes in an applicator:
    1. Relax and take your time. Stand with your legs apart and knees slightly bent; sit with your knees apart; or stand and place one foot on the toilet or a chair.
    2. Hold the outer tube of the applicator with your thumb and middle finger at the top end of the outer tube (the middle of the whole applicator).
    3. You can put a little petroleum jelly on the insertable end of the tampon or applicator (the end without a string connected to it) so it will slide in more easily.
    4. Insert the tip of the tampon into your vagina and slant it toward your lower back; slide it in until the outer tube is fully inserted and your fingers touch the entrance to your vagina.

5. Use your forefinger, or a finger on your other hand, to gently push the inner tube until it is even with the outer tube (like a syringe).
6. Withdraw the applicator, being sure to draw out both tubes. The tampon will remain inside your vagina, while the string remains outside of your body.
7. Gently tug on the string until you feel a slight resistance, to make sure the tampon is properly positioned.
8. You may feel a little fullness at first; if it continues, you may not have placed the tampon deeply enough into your vagina. If it is uncomfortable, remove it and try again with another, being sure to insert the outer tube fully before pushing the inner tube in.
9. To remove a tampon, sit on the toilet, spread your knees open, and gently pull the string until the tampon comes out. If the string is tucked up inside your vagina, reach in with your thumb and index finger, grasp the string (or the tampon itself), and pull it out. If you cannot retrieve it, relax and try again later. If you cannot remove it, you may need your health care practitioner's assistance.

- Alternative or "green" reusable products can be cost-effective and protect the environment.
  - Reusable cloth pads can be worn instead of disposable pads.
    - They are made of cotton or flannel and are attached to underwear with snaps, bands, or Velcro; they are comfortable and soft, and mold well to the body.
    - They can be hand-washed, or rinsed by hand and then machine-washed. Used pads can be kept in a sealed plastic bag until they can be washed.
    - They are not widely available, but can be found online and in health food stores.
  - Menstrual cups are foldable latex or silicone cups that are inserted into the vagina to catch the menstrual flow.
    - When full, they can be removed, rinsed out, and reinserted.
    - It takes some practice to insert the cup correctly, and some brands may fit some people better than others.

3. Some people have cramps or other discomfort just before or during their period.
   - Cramps are caused by the tightening and relaxing of the muscle layer of the uterus.
   - Menstrual discomfort varies from person to person, ranging from nonexistent to severe. Besides cramps, some people experience headaches, nausea, dizziness, constipation, or diarrhea.
   - Cramps and other discomfort can be treated in a variety of ways:
     - Apply a hot-water bottle or heating pad to your abdomen.
     - Take a walk or a warm bath.
     - Drink a hot beverage. (Chamomile, comfrey, and raspberry leaf teas are recommended as relieving agents.)

- Medications such as ibuprofen or acetaminophen are effective for severe cramps, but make sure you have no reason, such as an allergy, to avoid them. Consult a health care provider before using any medication.
- Exercise, stretch, drink lots of water, and get plenty of sleep.
- If severe cramps persist, see a health care provider.

4. Some people have symptoms of premenstrual syndrome (PMS) before their period begins, such as bloating, pimples, tender breasts, food cravings, headaches, constipation, and feeling irritable, sensitive, or tired.
    - Methods of dealing with PMS include getting regular exercise, taking B vitamins, drinking lots of fluids, avoiding caffeine, and cutting down on salty foods to reduce bloating.
    - PMS symptoms usually end when menstruation begins.
    - If you have PMS symptoms, check with a health care provider for further advice.

Normal Vaginal Lubrication and Discharge

1. It is normal for vaginas to produce discharge at different times during the menstrual cycle.
2. The discharge is created when droplets of mucus are secreted by the cervix to clean and moisten the vagina and help protect the uterus from infection.
3. Normal discharge varies in color, texture, and amount.
    - It may be clear or whitish, and may be yellowish when dried.
    - It can be pasty, somewhat sticky, or clear and stretchy, depending on where people are in their cycle and whether they are sexually excited.
    - It has a mild scent or no smell.
    - Its amount can vary from very little, especially right after menstruation, to a lot, especially when people are ovulating, sexually aroused, taking antibiotics or hormonal birth control, or pregnant.
4. On days with heavier discharge, panty liners can help keep underwear dry. Change the liner periodically to avoid trapping moisture, which can increase the risk of yeast infections. Panty liners are usually not needed every day.

Sexual Arousal and Response

1. During sexual arousal, a number of physical changes occur:
    - Nipples become erect.
    - The clitoris and labia swell as they become engorged with blood
    - The vagina lubricates.
    - Breathing and heart rate increase.
2. If arousal and stimulation continue, sexual tension (an intense, pleasurable feeling that builds) may increase and lead to orgasm.
    - When excitement reaches its highest point, a reflex causes the sudden release of sexual tension.
    - It's a very pleasurable sensation that varies from person to person.

- Many females experience a series of rhythmic muscle contractions near the opening of the vagina.
- A feeling of warmth may spread from the genitals to the thighs and torso.
- Involuntary muscle contractions and spasms may occur in other parts of the body at the same time.

3. Individuals experience sexual tension and orgasm in a variety of ways.
   - Each orgasm may feel different, depending upon the amount of stimulation and the person's level of relaxation, health, etc.
   - Some females enjoy one orgasm after another (multiple orgasms) if sexual stimulation continues, but not everyone is interested in or has this experience.
   - Some individuals ejaculate a small amount of fluid (like semen, but without sperm cells) from the urethra during orgasm, but not all females do so or even notice whether they do so. This fluid comes from the tissues and is not urine.
4. Other facts:
   - After orgasm, the genitals and entire body return to an unstimulated state. Breathing and heart rate slow down, nipples and genitals decrease in size, and the body relaxes.
   - It's perfectly safe to get very turned on or excited and not release that sexual tension through orgasm. Without stimulation, sexual tension will lessen and everything will go back to its unstimulated state.
   - Individuals can learn what feels good by touching their vulva and exploring the areas and sensations that feel pleasurable.

Vaginal Infections

1. A health care practitioner can properly diagnose a vaginal infection. An infection may be indicated by one or more of the following:
   - discharge that is constant and heavier than usual, or has a foul odor
   - discharge that is greenish or grayish, or bloody outside of menstruation
   - discharge that is clumpy or curdy, like cottage cheese
   - an itching or burning sensation near the vaginal opening
   - chills or fever
   - abdominal pain or cramping
   - blisters, sores, or warts near the vaginal opening
   - a burning sensation during urination
   - unusual bleeding
2. pain when the vagina is penetrated (such as by a tampon, finger, or penis)
3. Individuals experiencing any of these symptoms should visit a health care practitioner. If an infection is diagnosed, oral medication or a vaginal cream will usually be prescribed.
4. Some vaginal infections, like yeast infections, are common but can often be prevented or limited in the following ways:
   - Enhance your overall health. Eat nutritious food, get enough rest, and exercise regularly.
   - Since germs thrive in warm, moist places, keep the vulva clean and dry.

Bathe or shower daily and wear cotton underpants. Don't use panty liners every day.

- Don't wear panty hose or tights, nylon underwear, or tight-fitting pants or leggings every day. (Panty hose, tights, or nylon panties that have a cotton crotch are less likely to promote infection.)
- Fecal bacteria are a common source of vaginal infection. Always wipe from front to back after using the toilet. If you're sexually active, you and your partner should avoid touching the anal area before touching the vulva.
- Avoid bringing the vulva into contact with irritating chemicals such as douche solutions, bubble bath, hygiene sprays, scented toilet paper, and deodorant tampons. (Regular tampons are fine.)

5. Vaginal discharges that are caused by sexually transmitted infections cannot be prevented by these measures. STI prevention is discussed in Workshop 19.

Urinary Tract Infections (UTIs)

1. The urinary tract consists of the bladder, kidneys, urethra, and ureters (the tubes through which urine passes from the kidneys to the bladder). Sometimes bacteria from the vagina or rectum move into the urethra and up into the bladder and cause an infection.
2. A urinary tract infection may have one or more of these symptoms:
   - pain, spasms, or burning during or right after urination
   - frequently feeling a need to urinate, but passing little urine
   - tenderness or heaviness in the belly
   - cloudy or foul-smelling urine
   - pain on one side of the back, under the ribs (where the kidneys are located)
   - fever and chills
   - nausea and vomiting
3. UTIs must be diagnosed and treated by a health care professional.
   - Avoid over-the-counter products and see a health care provider right away.
   - UTIs are treated with antibiotics, and it's important to take the full dose as prescribed.
   - It helps to drink a lot of water, urinate frequently, and empty the bladder fully when urinating.
4. Maintaining good hygiene can help prevent UTIs.
   - After using the bathroom, always wipe from front to back.
   - Drink plenty of water daily.
   - Urinate often; never try to hold it.
   - Empty your bladder fully when urinating.
   - Always urinate after penis-vagina intercourse.

Gynecological (GYN) Exams

1. A gynecological exam is a routine examination of the female breasts and reproductive organs and genitals to determine if they are healthy and normal.
2. Individuals should begin having GYN exams aroung age 21, or earlier if they're having sexual intercourse.
3. GYN exams provide individuals with information about reproductive health,

information and guidance to prevent unplanned pregnancies and sexually transmitted infections, and treatment of any symptoms or other problems.

4. What happens during a GYN exam?
   - The health care provider takes a medical history. This means that the provider will ask questions to find out about your periods, your sexual behavior, and your use of birth control or ways of preventing sexually transmitted infections, and ask about any symptoms, concerns, or questions you may have.
   - The provider will give you a general physical exam, which will include checking your weight and blood pressure. The provider may also check your heart, lungs, or neck, and may ask for a urine sample.
   - The provider will examine your breasts, to check for any lumps, cysts, or other problems.
   - The provider will offer to test you for sexually transmitted infections. Individuals who are sexually active should get tested. It's important to tell clinicians about specific sexual behaviors (oral-genital, penis-vagina, penis-anus) so they know what tests to provide. Tests may involve a physical exam of the genitals and anus, urine or blood tests, or tests of saliva, tissue, discharge, or cells (gathered by swab).
   - If you have not been vaccinated against human papillomavirus (HPV), the provider may offer you the vaccine. Certain types of HPV cause genital warts and cancer of the cervix, vulva, vagina, penis, anus, and throat. The CDC and most pediatricians recommend that young people be vaccinated before they begin having sexual intercourse, as early as age 9.
   - The provider may perform a pelvic exam, a physical exam of the internal and external sexual and reproductive organs. In most cases, young teens won't need a pelvic exam.
     - The patient will lie on an examination table with knees bent and spread apart and feet placed in stirrups. Usually, a paper or cloth gown or sheet is provided for privacy.
     - The provider will first do an external exam, checking the external genitalia to make sure there are no sores, swellings, or other problems.
     - Next, the provider will do a manual exam, feeling the size and position of the ovaries and uterus by pressing on the belly with their hands.
     - Then the provider will do an internal exam. After inserting a metal or plastic instrument called a speculum to hold the sides of the vagina apart, the provider will examine the vaginal lining, the cervix, and the lower portion of the uterus.
     - Patients who are twenty-one or older will usually have a Pap smear done. Using a tiny brush, the provider gently takes a sample of tissue cells from the cervix. The cells are sent to a laboratory to determine if there are early signs of cancer of the cervix. This simple test has helped save many lives.
     - During and after the GYN exam, the clinician will discuss any issues or concerns that come up during the visit, answer questions, and offer advice or treatment as needed.

Facilitator Resource 8

WORKSHOP 5: PERSONAL CONCERNS ABOUT PUBERTY

FACTS ABOUT MALE BODIES

The Genitals

Refer to the diagram of the male genitals from Workshop 4 or to a diagram in a book, such as *It's Perfectly Normal*.

1. The basic parts of typical external male genitals are the *testicles* and the *penis*. The testicles are housed inside the scrotum. Display the diagram of the genitals. Ask group members for their gut reactions to the diagram. How do they feel, looking at it? (Individuals typically will not have strong reactions to the image if they see and touch similar genitals every day during urination.)
2. Ask group members what messages they have heard about the penis. Explore media and societal messages related to penis size, penis enlargement products, and circumcision compared to having a foreskin. Get reactions to these messages. Explain that though there is some variation in the length of flaccid (soft, not erect) penises, there is less variation in the size of erect penises. Also, and perhaps more importantly, penis size need not affect sexual functioning or pleasure. Penis enlargement products are bogus and should be avoided.
3. Say that genitals vary in size, shape, and stage of development during adolescence.

Circumcision

1. Unless it has been removed, the penis has a foreskin covering the glans (the head of the penis) to protect and moisturize the sensitive tissue. The foreskin is dense with nerves that respond positively to stimulation. Foreskins are typically retractable, because the skin stretches when the penis is stimulated. There is no reason to forcibly retract the foreskin. If it can be done comfortably, the foreskin should be retracted during normal bathing so the exposed area can be washed. Sometimes the foreskin remains unretracted throughout the person's life with no problems.
2. *Circumcision* is a surgical procedure to remove the foreskin, typically performed soon after birth for religious, cultural, or personal reasons. Most male Jewish infants are circumcised during a ceremony called a *brit-milah* (or *brith* or *bris*) eight days after birth. Circumcision is a common practice among Islamic males also. In some tribal cultures, circumcision is delayed until puberty or later and is a religious ritual marking the passage into manhood. Often it is a personal decision by parents who want their child's penis to look like the child's father's or the child's peers'. They may also choose circumcision because they believe it is more hygienic.

3. In 2010, just under a third of U.S. male infants were circumcised, which is a significant decrease from earlier years, according to the Centers for Disease Control and Prevention. (This figure does not include circumcisions performed for religious reasons.)
4. From World War I until the 1970s, it was generally accepted in the United States that circumcision was an important preventative health practice. The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists have both changed their minds over the years about whether there is any medical indication for circumcision. Opponents of circumcision cite the risk of damage to the penis during the procedure, the pain it causes infants, and the loss of a sexually sensitive part of the penis. Circumcision is an individual decision that each parent will make, preferably after gaining information on the pros and cons.

Genital Hygiene

1. Take baths or showers daily, especially after sports or exercise, to keep bacteria in check. Wash the penis and testicles, and if your foreskin is intact and retracts naturally, pull back the skin to wash away odor-causing smegma (accumulated dirt, lint, and oily substances under the foreskin).
2. Keep the groin area as dry as possible. Moisture creates the perfect environment for a common fungal infection called jock itch. Dry the penis and testicles completely after baths and showers and avoid wearing wet or damp clothes for extended periods. Don't put dirty underwear back on or share swimming trunks or underwear. Sprinkle talcum powder inside clean underwear. Jock itch can be treated by applying cornstarch (available at the grocery store) or over-the-counter medications.
3. Keep the groin area cool as well as dry. Avoid wearing heavy clothing in warm, humid weather. Avoid ill-fitting or tight athletic supporters, underwear, sports uniforms, and anything else that might cause rubbing or chafing. Consider wearing boxers rather than briefs.

Support and Protection

1. Testicles are dense with nerves that run up into the abdominal cavity. When the testicles are hit or kicked, the pain travels into the abdomen, causing muscle contractions and temporary loss of breath. Damage to the testicles can affect the ability to produce sperm cells, which may affect the ability to father biological children in the future. TV shows and movies often make jokes about testicular injuries, perhaps because such injuries show males at their most physically vulnerable. In reality, purposely causing an injury like this is a form of assault that should be reported to an adult authority.
2. An athletic supporter, also called a jockstrap, supports the penis and testicles during recreational activities. Certain sports require a plastic or fiberglass cup to be inserted into the athletic supporter for additional protection. Without the cup insert, you have support but no protection against injury. Compression shorts can also be used for support and protection. Coaches or store clerks can help you make the right choice.

Sexual Arousal and Response

1. When the male body is sexually aroused, a number of physical changes occur:
   - The penis becomes erect.
   - Nipples become erect.
   - The scrotum and testicles contract and move up closer to the body.
   - Muscle tension increases.
   - Breathing and heart rate increase.
2. Erections are natural responses to many stimuli, not just arousal.
   - During an erection, erectile tissue inside the penis fills with blood, making the penis larger and stiffer.
   - Erections begin happening before birth, inside the mother's womb, and continue through old age.
   - Erections can
     - be caused by any sexual stimulation (a sight, a touch, thoughts, fantasies, etc.)
     - be caused by other common events (such as lifting heavy loads, straining to move the bowels, dreaming, being cold, wearing tight clothing, being frightened, being excited, taking a shower, or waking up)
     - have no apparent cause, especially during puberty
   - Muscles at the base of the bladder prevent urination while the penis is erect.
   - Erections will go away by themselves; it is not necessary to have an orgasm or to ejaculate to make the erection go away. No harm will result from having an erection without ejaculating. Contrary to popular myth, testicles will not turn blue if an aroused male does not ejaculate or have an orgasm.
3. Continued stimulation and excitement typically increase sexual tension (an intense, pleasurable feeling that builds) and lead to orgasm and ejaculation.
   - When excitement reaches its highest point, a reflex causes the sudden release of sexual tension.
   - It's a very pleasurable sensation that varies from person to person.
   - At the beginning of ejaculation, contractions in glands containing seminal fluids send a signal saying, "I'm about to come."
   - Next, strong rhythmic contractions propel semen out through the urethra.
   - Involuntary muscle contractions and spasms may occur in other parts of the body at the same time.
   - The pleasurable sensations of orgasm usually accompany ejaculation, but sometimes males experience orgasm without ejaculation, or vice versa.
   - An ejaculation typically consists of 150 million to 600 million sperm cells in one teaspoon of fluid.
   - Ejaculation releases the muscular tension that has been building and allows blood to flow from the penis back into the rest of the bloodstream, so that the penis softens from erection.

4. Other facts:
    - A full erection is not necessary for ejaculation.
    - After ejaculation, the genitals and entire body return to an unstimulated state. Breathing and heart rate slow down, the penis gets soft, and the body relaxes.
    - A period of rest, called the refractory period, is necessary before the person is able to have another erection and another ejaculation. This rest period is very short for teens and young adults and gets longer with age.

Nocturnal Emissions, or Wet Dreams

1. Puberty-aged (and older) male bodies regularly get erections while sleeping, often during periods of dreaming (REM sleep). Sometimes individuals will also ejaculate and wake up in the morning with wet clothes and bedding, which is why this process is called a wet dream. If semen is regularly released in other ways, such as masturbation, wet dreams won't happen. This is normal.
2. Individuals may have a variety of feelings about wet dreams.
    - Young people may be embarrassed, or worried they are wetting the bed and their parents or caregivers will be upset.
    - However, wet dreams are completely normal experiences that can be discussed with parents or other trusted adults.
    - If you are embarrassed about semen on bed sheets, you can change the sheets and wash them or take a wet cloth, clean the spot on the sheet, and allow it to dry before making the bed.

Preventative Health Care

1. A testicular self-exam is the best hope for early detection of testicular cancer, which occurs most often among young adult males.
    - A testicular self-exam takes only 5 minutes and should be done every month.
    - It is best done during or after a warm bath or shower, when the scrotum is most relaxed.
    - Examine each testicle with both hands. Place your index and middle fingers under the testicle and your thumbs on top. Gently but firmly roll the testicle to check for any irregularities on the surface or in the texture of the gland.
    - You may feel a rope-like ridge along the top and back portion of each testicle; this is the edge of the epididymis, an organ where sperm are stored and mature, not a lump or irregularity.
    - If you find a lump or nodule, bring it to your health care provider's attention promptly.
2. During routine physical exams, a health care practitioner will take a medical history, address questions and concerns, check weight and blood pressure, discuss STIs and unplanned pregnancy and ways to prevent them, explain how to do testicular self-exams, examine external genitalia to check for lumps and pain, and sometimes do a rectal examination to check for lumps or swelling. The clinician may ask questions about genital development, ejaculation, or wet dreams.

- Unless you are actively involved in sports, you are unlikely to get routine annual exams. However, all male-bodied adolescents should get a physical exam at least every two years.
- See a health care provider who works with adolescents or visit a reproductive health clinic like Planned Parenthood that provides health care for young men.
- If you have not been vaccinated against human papillomavirus (HPV), the provider may offer you the vaccine. Certain types of HPV cause genital warts and cancer of the cervix, vulva, vagina, penis, anus, and throat. The CDC and most pediatricians recommend that young people be vaccinated before they begin having sexual intercourse, as early as age 9.
- The provider will offer to test you for sexually transmitted infections. Individuals who are sexually active should get tested. It's important to tell clinicians about specific sexual behaviors (oral-genital, penis-vagina, penis-anus) so they know what tests to provide. Tests may involve a physical exam of the genitals and anus, urine or blood tests, or tests of saliva, tissue, discharge, or cells (gathered by swab).
- Any problems or concerns discovered during the exam will be discussed. If treatment is required, it will be given or a referral will be made.
- Routine exams are a great way to get information about sexual and reproductive health and to learn about methods of preventing STIs and unplanned pregnancies.
- All young males, regardless of gender identity, gender expression, or sexual orientation, will benefit from routine health care.

3. Some symptoms are signs that a person should see a health care provider or go to a clinic right away:
   - any discharge from the penis (other than pre-ejaculate or semen)
   - blisters or sores on the genitals
   - painful urination
4. Sexually transmitted infections often have no symptoms, which is why anyone who is sexually active with a partner should get regular STI tests. STIs will be discussed more fully in Workshop 19.

WORKSHOP 6 Body Image

This workshop is adapted from material created by Allyson Sandak.

A WORD TO THE FACILITATORS

Body image is a person's perception of, attitudes toward, and feelings about their body. An individual's body image is shaped by how their physical features compare with their understanding of ideal images of beauty and attractiveness prevalent in their culture and community. This workshop explores societal influences on body image and demonstrates ways body image can affect a person's sexual attitudes, decision making, and behaviors.

Many people believe *negative body image* means an eating disorder or a preoccupation with one's weight, and that only women are prone to negative body image. These notions are both wrong. People of all genders can have positive or negative feelings about all aspects of their bodies, not only their weight. Negative body image can extend to dissatisfaction with body parts and their functions; this can be particularly true for adolescents experiencing pubertal changes. Negative body image is prevalent in American culture, with more than 50 percent of women and approximately 40 percent of men ages 13–29 reporting dissatisfaction with their bodies. Negative body image has been linked with self-harming behaviors such as tobacco smoking and alcohol use, as well as suicidal thoughts or behaviors.

Body image has also been shown to influence sexual attitudes and behavior. For example, adolescent females with a negative body image are less likely to negotiate condom use with a male sexual partner, for fear of losing the partner. Those who believe their sexual opportunities are limited by their appearance are more likely to engage in risky behaviors to secure sexual activity. Similarly, adolescent males with high body satisfaction report having clarity about sexual choices and good communication with sexual partners. Those with low body satisfaction, however, lack clear sexual values and communicate poorly with sexual partners.

College-aged females with positive attitudes about menstruation report more sexual assertiveness and more frequent condom use, while females with negative attitudes about menstruation experience more body self-consciousness, which correlates with increased sexual risk-taking. In general, positive body image is associated with higher sexual efficacy, satisfaction, assertiveness, and self-esteem.

In this workshop, youth learn that everyone is entitled to a positive body image and the benefits it brings, including a sense of sexual agency and, if and when they choose to be sexually active, higher opportunity for sexual pleasure and satisfaction, with lower risk of unwanted pregnancy and STIs.

WORKSHOP GOALS

- to define the concept of body image
- to identify factors that influence someone to have a positive or negative body image
- to examine some ways a negative or positive body image can influence someone's sexual health and general health behavior
- to demonstrate connections between body image and other aspects of sexuality

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- describe the distinction between positive and negative body image
- describe two factors that can influence body image
- explain four connections between body image and other aspects of sexuality

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Body Image Overview OR Exploring Media Messages	35 minutes
Connecting Body Image and Sexual Health	35 minutes
Reflection and Planning	5 minutes
OPTIONAL ACTIVITY: Seeking Advice	30 Minutes

MATERIALS CHECKLIST

- ☐ the Circles of Sexuality chart
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ newsprint, markers, and masking tape

For Body Image Overview

- ☐ **optional:** a computer with Internet access or downloaded videos, and a large monitor or digital projector

For Exploring Media Messages

- ☐ Facilitator Resource 9, Examples of Connections between Body Image and Sexual Health
- ☐ popular magazines familiar to youth, such as *Seventeen*, *Sports Illustrated*, or *Teen Vogue*
- ☐ writing paper and pens or pencils

For Connecting Body Image and Sexual Health

- ☐ **optional:** a computer with Internet access or downloaded video clips, and a large monitor or digital projector

PREPARATION

1. Read the workshop plan, including facilitator resources. Choose whether to facilitate Body Image Overview or Exploring Media Messages. Decide together which activities to conduct and how to share leadership responsibilities.
2. Post the Circles of Sexuality and Group Covenant charts.

For Body Image Overview

1. Prepare two sheets of newsprint as follows:
   - Title the first sheet Body Image and Culture. Divide this sheet into two columns, the first entitled Norm or Ideal and the second From Where?
   - Title the second sheet Body Image—Positive or Negative. Divide this sheet into two columns, entitled Positive Body Image and Negative Body Image.
   - Under Positive Body Image, write these lines:
     - A clear, true sense of your actual body shape and size
     - Appreciation of your body's form and function
     - Feeling comfortable and confident in your body
   - Under Negative Body Image, write these lines:
     - A distorted sense of your actual body shape and size
     - Feeling ashamed, self-conscious, and anxious about your body
     - Feeling uncomfortable and awkward in your body
2. Preview these video clips, decide whether you will show one or both, then cue up the one(s) you have chosen for viewing:
   - "Dove Evolution" (1:16 minutes), **www.youtube.com**
   - "Dove Campaign for Real Beauty" (male version) (4:13 minutes), **www.youtube.com**. (Due to the length of this video, you may want to stop at 1:40 and skip ahead to resume at 2:30).

For Exploring Media Messages

1. Title a sheet of newsprint Exploring Media Messages—Small-Group Task. Under the title, write the following instructions:
   - Look for images or messages in your magazine about beauty, attractiveness, and body image.
   - Decide if each message is positive or negative.
   - Keep track of how many messages you find so you can report at the end of the 15 minutes.

For Connecting Body Image and Sexual Health

1. Title a sheet of newsprint Sexual Decision Making and Safer Sex.
2. Choose two of the following four other topics offered for this activity, depending on the group's interests and needs:
   - Drug or Alcohol Use
   - Dating and Romantic Relationships
   - Clothing
   - Social Media and Sexting

Write the two topics you chose as the titles on two more sheets of newsprint.

3. Number the sheets 1, 2, and 3. On each sheet, draw two columns under the title, one entitled Influence of Positive Body Image and the other Influence of Negative Body Image. Post the three sheets of newsprint around the room.
4. Read Facilitator Resource 9, Examples of Connections between Body Image and Sexual Health, so you'll be able to contribute its content to group discussion.

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants and help them reenter the program by asking

   - What's new?
   - How is your life better since our last workshop?
   - What do you think makes a person beautiful or attractive?

2. ***Question Box***

   Take a few minutes to answer any questions from the Question Box.

3. ***Reading***

   Refer participants to the Circles of Sexuality chart. Explain that today's workshop focuses on body image, which is addressed in the Sensuality circle. Choose two or more of the four readings below and read them, or ask volunteers to read them.

   I Am Beautiful

   I am beautiful.

   I don't have a perfect complexion. I don't have an incredible smile or eyes that draw people in. I am 5'3", average by most standards, and I bite my nails. My makeup never looks quite right, and I get tiny nicks all over my legs when I shave. No one has ever accused me of being gorgeous.

   But I am beautiful.

   I see beauty everywhere. I see beauty on my mother, even though she never wears makeup, has glasses dating from the early '80s, and can't be bothered reading magazines with the word "beauty" anywhere on the cover. She is gorgeous. I am able to see through to the soul of everyone.

   I will never be a model, win a beauty pageant, or have my hands used in print ads. My feet are covered with scars left over from my eleven years of ballet, eleven years of trying to find beauty through flashy costumes, stage makeup, and hundreds of opening night roses. As it turns out, beauty wasn't to be found up on stage or in the applause of an audience.

   But I am beautiful.

   I see beauty in the world. I see beauty in my grandmother's eyes, even though they don't always recognize me since she developed Alzheimer's. I see beauty in my best friend's smile, even though he seeks truth through isolation.

I am beautiful.

I know that on the outside I wouldn't stop traffic, but I also know that if you dig a little deeper you will strike gold. I feel beautiful because I see beauty everywhere. By seeing beauty even in unlikely places, I am able to see the beauty in me. By seeing the beauty in me, I can't help but smile. And when I smile:

I am beautiful.

—Mary Moskovitz, in Kimberly Kirberger, *No Body's Perfect: Stories by Teens about Body Image, Self-Acceptance, and the Search for Identity.* (Scholastic, 2003)

Wearing Tights, by Roland (age 17) from a city in the Northeast

I'm not ashamed of my body. I think my body is fine. But I feel embarrassed, especially in front of guys, to dance in tights. I don't like the negative energy that I'm gonna get back....

I am worried about my upper body and arms. I want to look nice with my muscles and things like that. Most of the guys do. A young person like me, I'm really not that toned. I don't feel insecure but I feel like I'm kind of skinny. I want to be more bulked up, not to impress anybody, but just for me. Just to feel good about myself. But I think for a lot of guys it's mostly for the look, so they can impress girls and other guys. . . .

Maybe they're insecure about their body, maybe they're insecure that they can't dance. It could be a lot of things. Their bodies, their personality. Do people like them? How well are they liked? Things like that can make you act stupid, really. If you don't know where you stand among your peers, you can act stupid. I think it's mostly boys, because girls . . . have this freedom to be like, "Yeah, I can do whatever I want." I'm not saying that all girls are secure. But most guys have a problem with being insecure, that's what I'm saying.

—from William S. Pollack, with Todd Shuster, *Real Boys' Voices* (Random House, 2000)

Gay Men and Body Image

Growing up, I have distinct memories of my brother's friends . . . making fun of me, calling me "pot-bellied" and saying that I "looked pregnant." . . . As I entered high school, I lost some of my initial baby fat and became what most people would refer to as "a skinny guy." I felt OK about my body. I mean, I wasn't Brad Pitt, but I was happy.

And then I came out of the closet.

Suddenly, the rules were different. Everywhere I went, from TV shows to posters for nightclubs, I was inundated with images of gay men who were trim, fit, and tan. . . . If I wanted to fit in . . . I had to have that classic gay physique: rippled abs, bulging pecs, tanned, trimmed, and waxed . . . .

Isn't it ironic that in the course of my life, the most traumatic factors affecting my self-esteem have been the standards imposed on my body by the gay community? . . .

Gay men of the world, I think it's time...that we stop hurting each other and our community by enforcing impossible standards of beauty and start creating a community that loves people of all shapes, colors, heights, and sizes. I think it's time to start our own body revolution.

And I'll start with myself:

Hello, my name is Jacob. I'm gay, and my body is great just the way that it is. I don't have a six-pack, I don't have a tan, and I haven't been to the gym in a while, but I love the way that I look, and I want you to love the way that you look, too. Will you join the revolution?

—Jacob Tobia, "The Blog," October 4, 2012, **www.huffingtonpost.com**

Where Are All the Disabled People in the Body Positivity Campaigns?

We tend to think about the body in binaries. You're either beautiful or you're ugly. You either love your body or you hate it. You either have a positive body image or a negative one. You're either whole or you're broken. It's as though there is no territory between these poles—or outside of them. What if the terms we use to define bodies are too limiting? And what if those limits hurt us—not just people with disabilities, but everyone—by keeping us trapped inside the same narrow constructs?

What if we simply said that we love our bodies because they allow us to experience earthly life for the short time that we sojourn on this planet? What if we said that they are beautiful because they enable us to act with love for other people?

What if that were enough? What if *we* were enough, just as we are?

—Rachel Cohen Rottenberg, "The Body Is Not an Apology," May 21, 2013, **www.thebodyisnotanapology.tumblr.com**

4. Elicit participants' responses to the readings, using the following questions:
   - What are your reactions? Do you think it's time for a body revolution?
   - What reasons did you hear for people having negative feelings about themselves and their bodies?
   - What could you relate to in the readings?

BODY IMAGE OVERVIEW 35 Minutes

This activity is an alternative to Exploring Media Messages. You should only conduct one of these two alternatives.

1. Ask group members to offer a definition of *body image*. After hearing a few responses, add any of the following points that have not been made:
   - *Body image* refers to attitudes and feelings about our bodies. It means how we feel about different aspects of our body: its appearance and its functions—what it can or cannot do.
   - Our perceptions of what is and is not attractive are influenced by the media and by the culture we grow up in and live in.
2. Ask participants, "What aspects of someone's body might influence their body image?" Record their responses on a newsprint chart entitled Body Image Issues. If necessary, supplement their list with the following:

- weight, height, overall size and shape
- a skin condition (acne, oily skin)
- skin color, hair texture, eye color
- needing to wear braces or glasses
- teeth, scars, tattoos, piercings
- changes that are occurring during or as a result of puberty
- size or type of genitals
- physical disabilities

3. To begin exploring the cultural context of body image, offer the following ideas:
   - The local culture you grow up in—family, community, and society—influences your body image in ways that might be positive, neutral, mixed, or negative.
   - Often without even realizing it, people can develop attitudes toward their own body that are based on how it fits the ideals of beauty and attractiveness they've learned from people and cultural messages around them.
4. Post the newsprint chart entitled Body Image and Culture. Ask participants to brainstorm norms and ideals of beauty and attractiveness in their peer group, family, community, or society. As you begin, make these points:
   - Many ideals of attractiveness are particular to men or to women, while some apply to all genders—for example, our culture's preoccupation with thinness.
   - Other norms are racially or ethnically specific—for example, attitudes about hair texture and skin color.

   As norms and ideals are described (like, "Men should be tall" or "Girls should have long, painted nails"), occasionally ask where a norm or ideal comes from (such as television, magazines, family members, friends, or cultural or identity group). Write answers in the appropriate column of the chart. If you have a diverse group, invite members of different racial, ethnic, or other identity groups to comment on any norms or ideals they've learned that are related to their race, ethnicity, sexual orientation, gender, etc. Don't worry about recording responses in both columns if participants begin offering generic responses.
5. Once most participants have contributed, make these key points:
   - The media depict limited types of attractiveness when, in reality, people come in all shapes, sizes, colors, and abilities. Much about people's shapes, sizes, colors, and abilities is determined by genetics and cannot be changed.
   - The cosmetics industry encourages consumers to buy products to "enhance" their beauty or attractiveness—that is, to look more like the few types of beauty portrayed in the media. (Ask youth for examples of advertisements that do this.)
   - People are inundated with media messages about attractiveness, with the average U.S. resident being exposed to approximately five thousand advertising messages a day.

- More than a quarter of all commercials send an "attractiveness message" that aims to shape viewers' beliefs about what is attractive.
- The average youth sees more than 5,260 "attractiveness messages" per year.

6. Get reactions from group members. Ask, "What's the take-away message from this?" Add a few of the following points if they don't come up:
   - Although our society has some definite ideals of attractiveness, these are not absolute, objective truth, and they can often be biased by white standards of beauty.
   - Norms and ideals of beauty vary from culture to culture, from community to community—even from person to person.
   - We each have our own sense of what we find beautiful and attractive.
7. If you are showing the videos, introduce them by saying something like
   - Images of "ideal human beauty" in the media often don't portray real people.
   - Professional models often have their images altered to demonstrate an "ideal."
   - The "Dove Campaign for Real Beauty" was launched in 2004 to provoke discussion and encourage debate about the definition of beauty.
   - Let's take a look at one of its public service announcements, and another, similar video.
8. Show "Dove Evolution" first and then Dove campaign for real beauty (male version). Process the two videos with these questions:
   - What's your reaction to these videos?
   - What surprised you? Why?
   - How prevalent do you think this manipulation is?
   - How do you feel about being exposed to digitally enhanced images without being notified?
   - How will this affect the way you view advertisements in the future?
9. Post the newsprint chart entitled Body Image—Positive or Negative. Define *positive body image*. Get reactions using these questions:
   - Can someone who does not meet society's standard of beauty still have a positive body image?
   - Who in pop culture (TV and movie actors, musical performers, etc.) seems to have a positive body image even though they don't fit society's norms or ideals for attractiveness?

   Affirm that people of all shapes, sizes, colors, facial features, hair textures, ages, genders, and abilities can have a positive body image if they accept and appreciate their bodies as they are.
10. Define *negative body image*. Make the following additional points in your own words:
    - People of all types may experience negative body image, even those who seem to fit ideal standards of attractiveness.
    - Research shows that body perceptions are often more important than actual body shape and size when it comes to forming a positive or negative body image.

- Some individuals don't have a realistic view of their bodies. Having a badly unrealistic view of one's body is sometimes called *body dysmorphic disorder.*

11. Process by asking
    - How do you think positive body image affects a person's behavior (health and hygiene, sexual behavior, etc.)?
    - How might negative body image affect behavior?
12. Add any of the following information if it doesn't come up from the group:
    - Positive body image often motivates people to respect and take good care of their bodies.
    - Negative body image reduces self-esteem, which can lead to self-harming behavior such as cigarette smoking, substance abuse, self-mutilation, suicidal thoughts and behaviors, and eating disorders.
    - Negative body image can also influence sexual decision making, sexual behavior, and sexual attitudes in harmful ways (which will be explored further in the next activity).

Note: Some people have a neutral body image that is not negative or positive. This might be especially true of people who are dealing with chronic illness or constant pain or perhaps have challenges with mobility or other disabilities. It's important to make space for people who have different kinds of relationships with their bodies and not to force "body positivity" on everyone.

EXPLORING MEDIA MESSAGES 35 Minutes

This activity is an alternative to Body Image Overview. You should only conduct one of these two alternatives.

1. Ask group members to define *body image*. Add any of the following points that have not been made by the group:
    - *Body image* refers to how we feel about different aspects of our body—its appearance and its functions, what it can or cannot do.
    - Our perceptions of what is and is not attractive are influenced by the media and by the culture we grow up in and live in.
2. Post the chart entitled Small-Group Task, and give the following instructions:
    - You're going to work in pairs (or small groups) to investigate media messages about beauty, attractiveness, and body image.
    - You'll get a magazine and a sheet of newsprint.
    - Your task is to find as many messages in the magazine as you can in 15 minutes that relate to beauty, attractiveness, and body image.
    - As you find images and messages, decide if they are positive, negative, or neutral.
    - Be prepared to share what you found at the end of the 15 minutes.
    - We'll give you a 5-minute warning.
3. Divide participants into pairs (or small groups) and have them start. Circulate to provide assistance only if needed. After 15 minutes, re-gather the group. Use the following procedure to process the activity:

- Have each pair (or group) report the number of messages they found.
- Reward the pair with the highest number (with applause or a small prize).
- Have the pairs discuss whether most messages were positive, negative, or neutral and ask them to give examples.

4. Ask these questions:
   - What's your reaction to all of these messages?
   - What kinds of people seemed to be missing from these images and messages? [Often people with visible disabilities are completely invisible in advertising.]
   - What does this tell us about the media's influence on body image?
   - If you were able to find this many messages about beauty, attractiveness, and body image in only 15 minutes, how many do you think people see and hear over the course of a day, week, month, or year?
5. Make these points:
   - More than a quarter of all commercials send an "attractiveness message," trying to influence what viewers consider to be attractive.
   - The average youth sees more than 5,260 "attractiveness messages" per year.
   - These constant messages affect body image, often in negative ways.
   - Negative body image causes people to be ashamed, self-conscious, and anxious about their body and to feel uncomfortable and awkward in their body.
   - These attitudes and feelings can lead to self-harming behaviors (smoking, eating disorders, etc.) and can influence sexual decision making in unhealthy ways.

CONNECTING BODY IMAGE AND SEXUAL HEALTH

35 Minutes

1. Post the three charts you made for this activity. Explain that this activity explores the connections between body image and other aspects of sexuality. Ask participants to count off by threes to form three small groups. Give each group a marker and ask them to choose a recorder.
2. Instruct the groups to move to the sheet that matches their group number. Give the following instructions:
   - Each group will talk about body image and the health topic on your chart.
   - You have 3 minutes to record ways a positive or negative body image can influence this aspect of sexual health.
   - We'll call time in 3 minutes and ask you to rotate to a new chart.
3. Ask the groups to begin. After 3 minutes, have them rotate: group 1 will move to chart 2, group 2 will move to chart 3, and group 3 will move to chart 1. Give these instructions:
   - Read what the other group wrote and put checks next to the things you agree with.
   - You have 3 minutes to add new ideas to each column.

4. Repeat the process one last time, so each group will have visited all three charts. Then re-gather the group.
5. Beginning with chart 1, ask a volunteer to read the two lists on each chart: how positive and negative body image can influence each aspect of sexual health. Use Facilitator Resource 9, Examples of Connections between Body Image and Sexual Health, to supplement the groups' lists.
6. Ask the following discussion questions:
   - How easy was it to come up with connections between body image and sexual health?
   - What examples of these connections have you seen or experienced?
7. Discuss some ways to fight a negative body image and build a positive image. Explain that building a positive body image is a lifelong process. Our bodies change as we grow and develop. To change our body image, we must change the way we think about, feel about, and react to our body. Ask the group to brainstorm some concrete ways to fight a negative body image. Possible responses include the following:
   - Critique and reject manipulative media "attractiveness messages."
   - Don't compare yourself to other people.
   - Avoid negative "self-talk" about your body. Replace negative thoughts with positive affirmations.
   - Keep your body healthy: eat healthy, exercise, get enough sleep, manage stress, don't use unhealthy substances.
   - Accept your body and learn to appreciate it. Human beings have imperfect bodies that don't fit some societal ideal. People who accept their bodies and carry themselves with self-confidence are often perceived as attractive and sexy.
   - Sometimes you have to make peace with some aspect of your body that doesn't function the way you would like. Sometimes the choice is to find peace or face a lifetime of unhappiness.
   - Have positive experiences with your body, using all your senses (take a warm bath, get a foot massage, enjoy a sport or other physical skill, wear a favorite comfortable outfit, smell pleasurable scents, eat healthy delicious food slowly, etc.).

REFLECTION AND PLANNING 5 Minutes

1. Engage participants in discussion with the following questions:
   - How are you feeling at the end of this workshop?
   - What are the major take-away messages from this workshop?
2. Ask the group to pay attention to media messages they see and hear related to body image this week. Encourage them to look for opportunities to share what they're learning and to educate friends about media manipulation and its impact on body image.
3. Tell participants that the next workshop will focus on a different circle of sexuality, sexual identity. Point to that circle on the Circles of Sexuality poster. The workshop will focus specifically on gender identity, which is a person's

internal sense of their gender. Gender identity can be boy/man, girl/woman, something in between, transgender, or something different (such as gender-queer).

4. Distribute index cards so participants can write anonymous questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss the following questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

OPTIONAL ACTIVITY
SEEKING ADVICE

30 Minutes

Materials Checklist

☐ Facilitator Resource 10, Letters Seeking Advice

Preparation

1. Read the letters in the Facilitator Resource and decide which would be most appropriate for your group. Feel free to write some additional letters that speak to issues that have come up in your group.
2. Either cut the letters apart or rewrite them on index cards.

Procedure

1. Explain that the group will be using the information they've gained about body image to give advice to youth who've posted a question about their bodies on a sexual health website.
2. To model what participants will be doing in small groups, choose a letter from Facilitator Resource 10, Letters Seeking Advice, read it aloud, and ask the group to work through it together by discussing the following questions (you might post these questions on a chart):
   - What are your reactions? What can you relate to in the letter?
   - How do you think the person is feeling?
   - What could you say to help them become more comfortable with their body?
   - What could you say to be supportive?
3. Divide participants into small groups and give each group a letter. Ask them to choose a recorder to take notes and present their ideas to the large group. Allow 10 minutes. Circulate and provide assistance as needed.
4. Re-gather the large group. Have each group's reporter read their letter and their response. Ask members of the other groups for reactions or additional advice.

5. End with the following discussion questions:
   - How was this activity for you?
   - How did you like being in the role of helper or advisor?
   - What did you think about the advice you offered? If someone gave you the same advice, how would you respond?
   - Of all the advice and support you heard today, what will you be able to use in your own life?

Facilitator Resource 9

EXAMPLES OF CONNECTIONS BETWEEN BODY IMAGE AND SEXUAL HEALTH

Topic	Influence of Positive Body Image	Influence of Negative Body Image
Sexual Decision Making and Safer Sex	People avoid risky sexual behaviors because they • feel confident communicating their sexual boundaries. • feel good about themselves and don't need affirmation. • have confidence in their relationships and don't fear losing a partner. People engage in risky sexual behavior to enjoy sharing their body. People enjoy sex more because they are not worrying about what their body looks like. People use safer sex practices because they • want to protect the body they value. • feel confident telling a partner their desire to be safe sexually without fear of rejection.	People engage in risky sexual behaviors because they • don't feel confident communicating sexual boundaries. • want to gain approval or acceptance. People avoid all sexual behaviors, risky or safer, because they lack the confidence to be naked or partially naked with a partner. People enjoy sex less because they are worrying about what their body looks like to a partner. People avoid practicing safer sex because they • fear gaining weight (which is sometimes associated with hormonal methods of contraception). • don't feel confident communicating with a partner because they are afraid of rejection. • feel embarrassed being naked or partially naked in front of a medical professional.

Social Media and Sexting (sending sexual words or images via technology)	People avoid posting "sexy" pictures of themselves online because they don't need to gain attention or approval. People post "sexy" pictures of themselves online because they want to show off their body or arouse a partner.	People post "sexy" pictures of themselves online because they • want to gain attention, such as approval from rating sites. • are pressured by a partner they fear losing because of lack of confidence.
Dating and Romantic Relationships	People avoid dating partners who do not treat them well because they feel confident they can find another partner. People have a lot of romantic interests because they are comfortable and proud of their body.	People date partners who may not treat them well because they feel no one else will date them. People avoid dating because they feel insecure about the way they look.
Clothing	People wear clothing that fits them well. People wear revealing clothing to show off their body.	People wear baggy clothing to hide their body. People wear clothing that disguises something they don't like or feel is imperfect about their body. People wear revealing clothing to try to gain approval.
Drug or Alcohol Use	People avoid alcohol or drugs • because they do not need to forget body-related problems. • during sexual activity, because they already feel confident about their body.	People drink or use drugs to • forget their body-related problems and try to feel better. • feel more confident during sexual activity, because they are embarrassed about their body.

Facilitator Resource 10

WORKSHOP 6: BODY IMAGE

LETTERS SEEKING ADVICE

- I'm a 15-year-old Black girl with dark brown skin and short natural hair. My parents have always told me that I'm beautiful and taught me to be proud of my looks. But it seems like the guys I like always like the light-skinned girls with long straight or curly hair. Sometimes guys will say, "You're really cute to be so black." It's hurtful.
- I'm a 14-year-old and kind of small for my age. It sucks. I'm pretty much the shortest kid in my class and I'm kind of skinny. Like most guys, I want muscles and things like that. And I really want to be taller.
- I'm 16 years old and bisexual. I've had boyfriends in the past, but right now I'm with a girl I really like. She's cute and has a great toned body because she's an athlete. I'm constantly trying to lose ten or fifteen pounds and feel ugly and flabby when we're together.
- I consider myself to be transgender and I'm dealing with a lot of different feelings about my body. I'm not very masculine looking and can easily pass as a girl. I'm starting to get facial hair and I don't like that. Sometimes I wish I had breasts, but when I look in the mirror at my face, I see a girl and that makes me happy.
- I'm a 13-year-old boy and I have a problem. I've always been a little chubby and have been teased a lot about my weight. But now it seems like I've started developing breasts. It's summer, but I refuse to go swimming because I don't want people to see my body.
- I'm in high school and get around in a wheelchair. I have a lot of scars on my upper body. My legs are tiny and my toes are oddly shaped. Sometimes I feel really alone because I don't see people who look like me. I love to dress up and would like to show myself off but I feel like no one would appreciate my body because it works differently than other people's bodies.
- Help. I'm a 15-year-old girl and I have something called alopecia that makes me lose my hair. At this point I'm completely bald and it's very depressing. I wear wigs sometimes but I don't like them...so sometimes I wear a baseball cap or a scarf. I'm always looking at girls with thick hair and I'm so jealous. It seems like hair is a big part of what makes a girl attractive.

WORKSHOP 7 Gender Identity

This workshop is adapted from material created by Eli R. Green, with contributions from the reviewer.

A WORD TO THE FACILITATORS

The circles of sexuality presented in Workshop 1 offer a broad definition of sexuality. One of the circles, sexual identity, is particularly complex and tends to be confusing for people of all ages. Sexual identity includes the concepts of *biological sex* (which may be female, male, or intersex), *gender identity* (which may be girl/woman, boy/man, both, neither, transgender, or something else), *gender expression* (which may be feminine, masculine, both, neither, or something else), and *sexual orientation* (attraction to one gender, multiple genders, or no genders). This workshop will further define these concepts and clarify the differences between them.

Most people expect that these four facets of sexual identity will align and be "normative"—that, for example, a biological male will identify as a man, will express himself in a masculine way, and will be attracted to women. However, it doesn't always line up like this for everyone. In fact, individuals can have any combination of biological sex, gender identity, gender expression, and sexual orientation. And all four of these concepts are spectrums, not binaries, with far more than two options.

The term *transgender* is often used as a broad term for individuals whose biological sex and gender identity are not in alignment. For example, some biological males identify as women; some biological females identify as men; and some biological males, biological females, and intersex people identify as a gender other than woman or man, or as a mix of the two. Although other identity labels, such as *genderqueer*, are also used by people who may not identify entirely as women or men, we will use the terms *transgender* and *trans* in this curriculum. If the teens in your group are more comfortable using the term "genderqueer," then follow their lead and use this term or a combination "transgender and or genderqueer."

The term *gender nonconforming* is often used to refer to individuals whose gender expression is perceived as not "matching" society's expectations for them. For example, some men have a feminine gender expression and some women have a masculine gender expression; some peoples' gender expression reflects their fluid transgender identity.

Although most of us haven't been formally educated about gender diversity, today there's greater cultural awareness than before as a result of TV, the Internet, and social media. Participants may have friends, relatives, or acquaintances who don't fit cultural norms for gender or who identify somewhere within the transgender spectrum, and participants themselves may be transgender, genderqueer, and/or gender nonconforming. This workshop separates assumptions and stereotypes from facts in a safe environment where participants can freely ask questions and get honest answers.

Our Whole Lives views gender diversity as a social justice issue. While attitudes toward lesbian, gay, bisexual, and queer people have become dramatically more accepting in recent decades, understanding and acceptance of transgender people have lagged behind. Even people who desire to be open and inclusive sometimes feel off balance with individuals who are transgender and often struggle to use inclusive language.

Note: Always assume that there are participants in your group who are transgender, gender nonconforming, or gender questioning. Once you've created a safe environment, it's quite possible that one or more participants will come out to you before, during, or after this workshop. Some youth may be comfortably open about their gender identity and expression and will disclose easily to you or to the whole group. Others might be questioning or struggling, and you could be one of only a few people they have told. If this happens, respond with acceptance and respect the individual's confidentiality. Ask what their needs are, what pronouns they would like you to use for them within and outside of Our Whole Lives workshops, and how you can help. Carefully respect their needs. Do not overtly or subtly encourage any youth to self-disclose, and don't out them yourself without their consent. If anyone comes out or discloses an unexpected biological sex, gender identity, or sexual orientation to the group during this or other workshops, remind all participants that they need to respect confidentiality and never share that information with others or on social media without the person's express permission.

WORKSHOP GOALS

- to increase awareness of gender diversity in the world
- to identify social challenges that are often faced by individuals who are (or are perceived to be) transgender
- to identify strategies for supporting people who are transgender and gender nonconforming

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- define *biological sex*, *gender identity*, *gender expression*, and *sexual orientation* and explain the differences between them
- demonstrate understanding of the different ways that biological sex, gender identity, and gender expression can align or not align for different people
- name three social challenges that can accompany being transgender or gender nonconforming
- describe at least two ways to be an ally to transgender people

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Introduction to Gender Identity: SIEO Model	25 minutes
Video and Discussion	15–35 minutes

Social Challenges Scenarios	30 minutes
Reflection and Planning	5 minutes

MATERIALS CHECKLIST

- ☐ the Circles of Sexuality chart
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ newsprint, markers, and masking tape
- ☐ Facilitator Resource 14, Gender Identity Resources

For Introduction to Gender Identity: SIEO Model

- ☐ Facilitator Resource 11, Terms for Index Cards
- ☐ Facilitator Resource 12, Terminology
- ☐ index cards, 5x7-inch or larger (one or two cards per participant), and pencils

For Video and Discussion

- ☐ a computer with Internet access or downloaded videos and a large monitor or digital projector

For Social Challenges Scenarios

- ☐ Facilitator Resource 13, Discussion Points for Social Challenges Scenarios
- ☐ Handout 6, Social Challenges Scenarios
- ☐ pencils or pens

PREPARATION

1. Read the workshop plan, including the facilitator resources and the handout. Decide together which activities you'll conduct and how to share leadership responsibilities.
2. Review Facilitator Resource 12, Terminology, prior to the workshop to enhance your awareness of vocabulary and inclusive terminology. Keep in mind that terminology will likely change over time.
3. Post the Circles of Sexuality and Group Covenant charts.
4. The reading, excerpts from an essay by Kye (rhymes with *tie*) Allums, is longer than usual. Plan to read it yourself or, in advance, ask several strong readers to read sections.

For Introduction to Gender Identity: SIEO Model (Sex / Identity / Expression / Orientation)

1. Make four charts by writing each of the following definitions at the top of a separate sheet of newsprint:
   - **biological sex**: a person's physical body, including genitals, reproductive organs, chromosomes, and hormones. People are born biologically male, female, or intersex.

- **gender identity**: a person's internal sense of their own gender. People may identify as a girl/woman, a boy/man, some of each, transgender, or something else entirely. People may or may not see themselves as (or feel like) the biological sex they were assigned at birth.
- **gender expression**: the way a person chooses to express their gender identity through clothing, voice, mannerisms, behaviors, likes and dislikes, etc. Gender expression may be perceived as masculine, feminine, neither, or a mix of the two.
- **sexual orientation**: a person's feelings of emotional, romantic, and/or sexual attraction toward other people. A person's sexual orientation may be heterosexual, bisexual, homosexual, asexual, pansexual, or something else.

2. Write the words and phrases in Facilitator Resource 11, Terms for Index Cards, on index cards, one word or phrase per card. Make one or two cards per participant.
3. Prepare strips of masking tape to affix the index cards to the newsprint.

For Video and Discussion

1. Because young teens typically have a clear understanding of the experiences of boys and girls whose biological sex and gender identity are in alignment, the video options have been chosen to educate viewers about transgender or gender-nonconforming individuals. Preview the following videos and select one:
   - **"Transgender at 11: Listening to Jazz" (ABC's 20/20, January 2013).** This 7:54-minute video is available online at **www.youtube.com**. Barbara Walters interviews Jazz, an eleven-year-old who is transitioning from male to female.
   - **"Just a Boy—A FtM Transgender Documentary."** This poignant 5:57-minute film is available online at **www.youtube.com**. It features British teen Preston James (PJ) Taylor, who gives details of his day-to-day life as a trans man. His British accent might be hard for some people to understand, but it is well worth the effort to try. There is a brief depiction of PJ smoking a joint, which could be problematic in some settings.
   - **"Living a Transgender Childhood" (NBC's Dateline, July 9, 2012).** This 21:48-minute video features nine-year-old Josie Romero, who was born Joey, and is hosted by Hoda Kotb. It is available at **www.youtube.com** and (in three parts) at **www.nbcnews.com/video/dateline/48121998**.
   - **Straightlaced: How Gender Has Got Us All Tied Up (Groundspark Films, 2009).** This 67-minute documentary features diverse teens discussing their daily lives and decisions related to gender and sexual orientation. The video shows the complexities of coming of age today for all youth, especially those who don't fit a norm. It is available in DVD format or as a streaming video rental from **www.groundspark.com**. Because of time constraints, you might show just the 2:06-minute trailer available at **http://groundspark.org/trailers/straightlaced.html** or select only one of the stories featured in the DVD.

2. Test your video-playing equipment immediately before the workshop. Either cue up the video or pull up the link for the YouTube video. If you are using the Internet, make sure you have a reliable connection.

For Social Challenges Scenarios

1. Choose the number of scenarios that will fit in the time you have available.
2. Choose one of the following ways of conducting this activity:
   - Put participants in small groups and give each group a different scenario. Have each group choose a reporter and then discuss what advice they would give their scenario's key character and ways friends, family, or peers could be supportive. When time is up, have each group's reporter read their scenario and the group's advice.
   - Read a scenario to the whole group and ask participants to individually write down one piece of advice for the key character and one thing that friends, family, or peers could do to be supportive. Then whip around the room to get responses. Alternatively, have participants simply brainstorm suggestions in the large group.
   - Use a contest format. Divide participants into three groups and have each group choose a reporter. Read the first scenario. Give each group 90 seconds to list pieces of advice for the key character. Have the reporter for each group read their list. The group with the longest list of reasonable advice wins. Then give each group ninety seconds to list things friends, family, or peers could do to be supportive. Again, the group with the longest list wins.
3. Write the following directions on a sheet of newsprint and post it:
   - List some advice to help this person manage the situation.
   - List some things that friends, family, or peers could do to be supportive.

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants and help them reenter the program by asking
   - How many of you paid extra attention to media messages related to body image this past week? What did you observe?
   - Who talked with friends or family about body image?
   - How is your life better since the last workshop?
2. ***Question Box***

   Take a few minutes to answer any questions from the Question Box.
3. ***Reading***

   Reference the Circles of Sexuality chart and explain that today's workshop focuses on the Sexual Identity circle: how we perceive ourselves as sexual beings. Briefly review the following facts:

- *Biological sex* refers to a person's physical body, including genitals, reproductive organs, chromosomes, and hormones.
- *Gender identity* refers to a person's internal sense of being a girl/woman, a boy/man, some of each, transgender, or something else entirely.
- Typically, people's biological sex and gender identity "match" or align: a biological male identifies as a boy or man, and a biological female identifies as a girl or woman.
- However, some people have a different experience of gender identity, such as the person in today's reading.

4. The reading consists of excerpts from an essay written by Kye Allums that appeared in *NCAA Inclusion of Transgender Student-Athletes*, a 2011 publication of the NCAA Office of Inclusion. When it was published, Allums was a member of the women's basketball team at George Washington University, an NCAA Division I school.

   When I first had the feeling of being uncomfortable when someone would call me a "lady," I did some research to try to figure out what that feeling could possibly mean. The first thing that I came across was the term "transsexual," which is when a person's sex doesn't match their gender identity and they have taken the steps possible, like surgery and hormones, so that their sex and gender will match. I read about many different terms and definitions and the one that I could relate to the most was "transgender," which just means that your gender and your body don't match.

   After I had a word to describe what I was feeling, I started getting extremely distressed when other people would refer to me as "she," or hearing people refer to me and a group of women as "ladies," or seeing the label "women's" outside my locker room. The feeling of having someone call you something that you know you are not is the most frustrating, uncomfortable feeling ever....

   Even though I was feeling so bad, it was very hard for me to build up enough courage to say anything, because I was afraid that other people wouldn't accept me. After freshman year I told my closest teammates that I identify as a guy. At first they laughed and thought it was a joke, and I couldn't bring myself to correct them. But over time, it got to the point where it was unbearable to keep living like this.... So I finally began correcting my friends and teammates every time they would refer to me as "she" or "her."

   When my friends and close teammates saw the pain and sadness it caused me when people referred to me using female pronouns, they began to use male pronouns and to correct others for me. Their respect for what I wanted to be called meant the world to me and still does. Without their support I would not be playing basketball right now.

   —Kye Allums, "Women's NCAA Division 1 Basketball Student Athlete," in *NCAA Inclusion of Transgender Student-Athletes* (NCAA, 2011)

5. Invite reactions by asking the following questions:
   - What do you think of Kye's story?
   - Put yourself in Kye's shoes. What do you think it is like to grow up with those feelings and experiences? [Find out what experiences youth have had with trans and gender-nonconforming people: peers, characters in

TV shows or movies, people they have met online, their own feelings and experiences if they are transgender, etc.]

6. Make the following points:
   - For some of you, this workshop will be a new way of thinking about gender. It's okay if you are feeling a little confused.
   - This will be an opportunity to learn, correct misinformation, and get strategies for being a support to transgender people like Kye who face a lot of societal discrimination.

INTRODUCTION TO GENDER IDENTITY: SIEO MODEL

25 Minutes

1. Invite the group to participate in an activity to help clarify the concepts that make up our sexual identity. Post the four charts; read the definitions written on them aloud; then add the following explanations:
   - Every person has a biological sex, a gender identity, a gender expression, and a sexual orientation.
   - All four aspects of sexual identity vary from person to person. There is amazing diversity among human beings.
   - Most people are biologically female or male, but some people's biology is not strictly female or male, or it's a mix of the two. As you already learned, the term for this is *intersex*.
   - For some people, biological sex, gender identity, and gender expression do not line up as expected. These people are often referred to as *transgender* or as *gender nonconforming*. There are many other words and labels that different people use to define and describe themselves, like *genderqueer*.
   - Some people are born female but identify as men. Some people are born male but identify as women. Some people don't identify as women or men.
   - Some people express themselves in ways that go against society's norms and expectations. For example, some people born female have a masculine gender expression, and some people born male have a feminine gender expression.
   - People of any combination of biological sex, gender identity, and gender expression can have any sexual orientation.
2. Ask participants if they have any questions about these definitions. If you aren't completely sure of an answer, don't try to guess; write down the question for the Question Box and research it after the workshop.
3. Carefully shuffle the index cards you labeled using Facilitator Resource 11 and distribute one or two cards to each participant. Give the following instructions:
   - You have to decide which chart your card fits on. In a few cases, the card may fit on more than one chart.
   - You'll come up one at a time, take a piece of tape, and tape your card on the appropriate chart.
   - We might ask you to explain why your card fits on the chart you've chosen.

   If you think your group is unclear about these concepts, have them pair off or form small groups to decide where to place the cards.

4. Have each person come up and place their card. As each card is placed, ask group members to weigh in to say whether they think the card has been placed correctly. If necessary, correct any misplaced cards and explain why they belong in a different category.
5. After all the cards have been placed, process the activity with the following questions:
   - How easy was it to place your cards? What, if any, aspects of this are confusing?
   - Who can explain the difference between being gay and being transgender?
   - What questions do you have?

VIDEO AND DISCUSSION 15–35 Minutes

1. Introduce and show the video you've chosen. When the video ends, ask participants to share their feelings and reactions using the questions below:
   - What are your reactions? What could you relate to or connect with in the video?
   - Why do you think some transgender people want to change their appearance or their bodies?
   - Why do you think prejudice and discrimination are so intense against transgender people? How do you feel about that kind of discrimination?
   - How do you think your peers would react to a friend coming out as transgender?
   - What are some ways friends or peers might be supportive of the young person(s) in the video?

SOCIAL CHALLENGES SCENARIOS 30 Minutes

1. Explain that in the next activity participants will read scenarios featuring people who are facing challenges because of their gender identity or gender expression. Explain that they will be asked to think of advice they would give their scenario's key character and ways that person's friends, family, or peers could be supportive.
2. Conduct the activity using the format you've chosen. After each scenario, supplement participants' responses with those in Facilitator Resource 13, Discussion Points for Social Challenges Scenarios.
3. Process the activity with the following questions:
   - How realistic were these scenarios?
   - What advice or support would you be comfortable giving a friend or family member in this kind of situation?
   - How would you want someone to be supportive of you, if you were in a situation like this?

REFLECTION AND PLANNING 5 Minutes

1. In a whip-around, ask participants to quickly complete one or more of the following sentence stems:

- Today I learned . . .
- I never knew that . . .
- I'd like more information about . . .
- I plan to be supportive of transgender persons by . . .

2. Pass out index cards and pencils and invite participants to write their questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."
3. Explain that the next workshop will be about Gender Expression, Roles, and Stereotypes.

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss the following questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

Facilitator Resource 11

WORKSHOP 7: GENDER IDENTITY

TERMS FOR INDEX CARDS

Write each of the following terms on a separate index card. The correct answers are in parentheses; don't include them on the cards.

- penis (biological sex)
- vulva (biological sex)
- ovaries (biological sex)
- testicles (biological sex)
- XY chromosomes (biological sex)
- XXY chromosomes (biological sex)
- XYY chromosomes (biological sex)
- testosterone (biological sex)
- estrogen (biological sex)
- feels like a man (gender identity)
- feels like a woman (gender identity)
- feels like neither a man nor a woman (gender identity)
- beard and moustache (gender expression)
- bra and dress (gender expression)
- clothing choices (gender expression)
- likes to sew and knit (gender expression)
- long, painted fingernails (gender expression)
- drives a motorcycle (gender expression)
- attracted to men (sexual orientation)
- attracted to women (sexual orientation)
- attracted to men and women (sexual orientation)
- attracted to people of all genders (sexual orientation)
- not sexually attracted to others (sexual orientation)
- emotional, able to cry easily (gender expression)
- likes the color pink (gender expression)
- choice of hairstyle (gender expression)
- aggressive and competitive (gender expression)
- has external female genitals and internal male organs (biological sex)
- hormonal balance (biological sex)
- biological male identifies as a girl/woman (gender identity or biological sex)
- biological female identifies as a girl/woman (gender identity or biological sex)
- butch (gender expression)
- androgynous (gender expression)
- does not identify as any gender (gender identity)

Facilitator Resource 12

WORKSHOP 7: GENDER IDENTITY

TERMINOLOGY

Most of these definitions come from "Sexual Orientation & Gender Identity 101," a page on the UUA website at **www.uua.org/lgbtq/identity**. As these definitions continue to evolve, please check that website for ongoing updates.

androgyny: the mixing of masculine and feminine gender expression, or the lack of gender identification.

asexual: a person who is not sexually attracted to others. Someone might be asexual for a short time (such as after the end of a relationship) or for their whole life. People who identify as asexual may engage in loving relationships with other people, but sexual activity is not a central part of the relationship.

bisexual: attracted both to people of their own gender and to people of another gender. Two common misconceptions are that bisexual people are attracted to everyone and anyone and that they just haven't decided what gender they are really attracted to.

cisgender: identifying as the gender and sex one was assigned at birth.

gay: Generally, this word is used to describe a man who is attracted to men. Sometimes it refers to all people attracted to people of one's own sex. Sometimes *homosexual* is used to describe these people, but today this term is often seen as a medicalized term that should be retired from common use.

gender binary: a system of classifying sex and gender into two distinct and disconnected forms, so that bodies, identities, roles, and attributes are seen as all entirely male/masculine or female/feminine.

genderqueer, gender fluid, gender variant: identifying as being between or other than *man* and *woman*. People who identify as one of these may feel they are neither or that they are a little bit of both, or they may simply feel restricted by gender labels.

homophobia: negative attitudes toward and feelings about people with non-heterosexual sexualities, or dislike of or discomfort with expressions of sexuality that do not conform to heterosexual norms. Homophobia can incline people to avoid, discriminate against, and use violence against people they know or perceive to be non-heterosexual, transgender, or gender nonconforming.

intersex: born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. This is a general term used to describe a variety of genetic, hormonal, or anatomical conditions. Some intersex individuals identify as transgender or gender variant; others do not. (The term *hermaphrodite* is obsolete and not currently considered appropriate.) *DSD* (differences of sexual development) is a diagnostic term for the intersex condition.

lesbian: a woman who is attracted to other women. The term *lesbian* is derived from the Greek island of Lesbos and can be considered a Eurocentric word that

does not necessarily represent the identities of African Americans and other non-European ethnic groups; however, individual women of any ethnicity may embrace the term.

man: a person who identifies as a man.

pansexual: attracted to people regardless of gender. Other words for *pansexual* include *polysexual* and *omnisexual.*

queer: a self-identity label for people who feel they do not fit cultural norms for sexual orientation and/or gender identity. This word can also mean transgressive and challenging of the status quo. It is sometimes used as an umbrella term for all people with non-heterosexual sexual orientations. The word *queer* is historically a pejorative term; today some people dislike it, while others proudly use it for themselves.

straight: attracted to people of a different gender. This term is also sometimes generally used to refer to people whose sexualities are societally normative, alternately referred to as *heterosexual.*

transgender: in popular usage, all people who transgress dominant conceptions of gender, or at least all who identify themselves as doing so. The definition continues to evolve.

transition: the complex process of authentically living into one's gender identity. It may include changing the physical appearance to be more congruent with the gender or sex a person feels themself to be, or to be in harmony with their preferred gender expression. Some people who have transitioned no longer consider themselves to be transsexual or transgender and rather identify only as a man or a woman. Others identify as a trans man or a trans woman.

transsexual: in historical usage, having medically and legally changed one's sex, or wishing to do so. Most transsexual people feel a conflict between their gender identity and the sex they were assigned at birth. Other labels used by this group are *MtF* (male-to-female) or *trans woman*, and *FtM* (female-to-male) or *trans man.*

transphobia: negative attitudes toward, and feelings about, transgender individuals or gender variance more broadly; dislike of, or discomfort with, people whose gender identity or gender expression does not conform to traditional or stereotypic gender roles. Transphobia can incline people to avoid, discriminate against, and use violence against people they know or perceive to be transgender or gender nonconforming. Many transgender people also experience homophobia from people who associate their gender expression with homosexuality.

woman: a person who identifies as a woman.

Facilitator Resource 13

WORKSHOP 7: GENDER IDENTITY

DISCUSSION POINTS FOR SOCIAL CHALLENGES SCENARIOS

Brian's Story

Possible Advice to Offer Brian

- See if Fallsville has a Gay/Straight alliance (GSA) he could join.
- See if there are any teachers, counselors, or staff who can intervene on his behalf.
- Approach a teacher about including LGBTQ-affirming content in lessons and lead a related discussion.
- Try joining activity clubs or other afterschool activities to make friends.
- Try to find odd jobs or other ways to earn money to buy new clothes.

Possible Ways to Be Supportive

- Speak up to people who are spreading rumors.
- Befriend Brian and offer encouraging words.
- Ask Brian if there is anything that you can do to be supportive of him.
- Help Brian meet new friends.
- Ask teachers, counselors, or staff to run a program or start a GSA to address these issues.

Sam's Story

Possible Advice to Offer Sam

- Find out if there is a Gay/Straight Alliance (GSA) at school that might be supportive.
- Look for transgender youth websites and support groups online.
- Ask her parents to help find a therapist who specializes in gender.
- Approach a teacher or other adult she trusts to help find additional support.
- Talk to a close friend.
- Find documentaries about transgender youth to show her parents and explain that she feels that way too.
- Keep the phone number of a teen suicide hotline on her at all times.

Possible Ways to Be Supportive

- Be a person Sam can talk to in confidence.
- Ask Sam if there is anything that you can do to be supportive of her.
- Work to raise transgender awareness at school, independently of Sam.
- Research transgender issues for a class assignment and share information.
- Help Sam find local resources and people who will be supportive.

Shana's Story

Possible Advice to Offer Shana

- Ask her father what would be okay to share with peers.
- Ask a counselor or other trusted adult for support in discussing this with friends.
- Ask other family members what they've been telling other people.
- Look online or in person for support groups and resources for children and families of transgender parents.

Possible Ways to Be Supportive

- Learn about transgender and transsexual people and be able to share helpful information when the topic comes up.
- Ask Shana if there is anything that you can do to be supportive of her.
- Offer to listen to Shana if she needs to talk, but otherwise leave the topic alone unless she brings it up.
- If she's interested, help Shana find resources that might support her and her family.

Facilitator Resource 14

GENDER IDENTITY RESOURCES

Documentaries

Just Call Me Kade,
http://cart.frameline.org/ProductDetails.asp?ProductCode=T526

TransGeneration,
www.amazon.com/TransGeneration-Katherine-A-Baker/dp/B000CRR3I8

"Transgender Lives," *Our America with Lisa Ling*, **www.oprah.com/oprahshow/Lisa-Ling-Talks-with-a-Transgendered-7-Year-Old-Girl-Video**

The Aggressives, **www.imdb.com**

Two Spirits, **www.imdb.com**

Switch: A Community in Transition, **www.boxxo.org/id2.html**

Books and Essay Collections

Ames, J. *Sexual Metamorphosis: An Anthology of Transsexual Memoirs.* New York: Vintage, 2005.

Bornstein, K. *My New Gender Workbook: A Step-by-Step Guide to Achieving World Peace through Gender Anarchy and Sex Positivity.* New York: Routledge, 2013.

Bornstein, K., and Bergman, S. B. *Gender Outlaws: The Next Generation.* Berkeley: Seal Press, 2010.

Boylan, J. F. *She's Not There: A Life in Two Genders.* New York: Broadway Books, 2003.

Bream, C. *TransParent: Love, Family and Living the T with Transgender Teenagers.* Orlando, FL: Harcourt, 2007.

Diamond, M. *From the Inside Out: Radical Gender Transformation, FTM and Beyond.* San Francisco: Manic D Press, 2004.

Green, J. *Becoming a Visible Man.* Nashville, TN: Vanderbilt University Press, 2004.

Hubbard, E. A., and Whitley, C. T. *Trans-Kin: A Guide for Family and Friends of Transgender People.* Boulder, CO: Bolder Press, 2012.

O'Keefe, T., and Fox, K. *Finding the Real Me: True Tales of Sex and Gender Diversity.* San Francisco: Jossey-Bass, 2003.

Scholinski, D. *The Last Time I Wore a Dress.* New York: Riverhead Books, 1997.

Serano, J. *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity.* Emeryville, CA: Seal Press, 2007.

Sycamore, M. B. *Nobody Passes: Rejecting the Rules of Gender and Conformity.* Emeryville, CA: Seal Press, 2006.

Valerio, M. W. *The Testosterone Files: My Hormonal and Social Transformation from Female to Male.* Emeryville, CA: Seal Press, 2006.

Websites

Lesbian, Gay, Bisexual, Transgender, and Queer Welcome & Equality, **www.uua.org/lgbtq,** is part of the website of the Unitarian Universalist Association. The site includes resources on transgender identity. It focuses on faith and spirituality and suggests how faith communities can be more welcoming to and inclusive of people of all gender identities and expressions.

UCC Coalition for LGBT Concerns, **www.ucc.org/lgbt/resources.html**, is a site that is part of the United Church of Christ website. The site includes information for faith communities about becoming an Open and Affirming Congregation, and also has resources and study guides regarding gender identity, sexual orientation, faith, and more.

The Intersex Society of North America, **www.isna.org,** was founded in 1993. It is no longer active, but there is still useful information on their website, including Tips for Parents. Their website refers readers to a newer organization, The Accord Alliance, **www.accordalliance.org**, whose mission is to promote comprehensive and integrated approaches to care that enhance the health and well-being of people and families affected by "disorders of sex development" by fostering collaboration among all stakeholders.

YouthResource, **www.youthresource.org**, is a website by and for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth that takes a holistic approach to sexual health. It is hosted by Advocates for Youth, **www.advocatesforyouth.org**.

Gender Spectrum, **www.genderspectrum.org**, provides education, training, and support to help create a gender-sensitive and inclusive environment for all children and teens.

Trans Youth Family Allies, **www.imatyfa.org**, empowers children and families by partnering with educators, service providers, and communities to develop supportive environments in which gender may be expressed and respected. The organization envisions a society free of suicide and violence, in which *all* children are respected and celebrated.

The Trevor Project (**www.thetrevorproject.org**) is determined to end suicide among LGBTQ youth by providing life-saving and life-affirming resources, including a nationwide, 24/7 crisis intervention lifeline, digital community, and advocacy and educational programs that create a safe, supportive, and positive environment for everyone.

Trans Lifeline (**www.translifeline.org**) is a hotline staffed by transgender people for transgender people in crisis, including those struggling with their gender identity who are not sure they are transgender. The Lifeline's goal is to prevent self harm and make appropriate referrals. U.S. (877) 565-8860, Canada (877) 330-6366.

Handout 6

WORKSHOP 7: GENDER IDENTITY

SOCIAL CHALLENGES SCENARIOS

Scenario 1: Brian's Story

Brian, an 8th grader, just moved from a large city to the small community of Fallsville. He transferred into Fallsville Middle School mid-year and was nervous but excited to make new friends. Brian immediately got picked on for wearing bright, colorful clothes that had been "in" at his old school. Some people whispered behind his back, saying he was gay; a couple of guys called him "fag" in the hallway and pushed him around. Although Brian isn't gay, he has gay friends and feels uncomfortable trying to prove he's "straight" to get the bullying to stop. With the recent move, his family doesn't have money for him to buy new clothes, so Brian feels stuck and unsure of what to do.

Scenario 2: Sam's Story

Sam is fifteen, was born biologically male, and was raised as a boy but has always felt like a girl. After seeing a little of a news show about transgender children, Sam told her parents she might be transgender. They just assumed Sam was going through a phase. Sam is often moody because of having to sit through the school day being called *he* and *him*, when Sam would feel more comfortable with *she* and *her*. Now Sam's body is changing in ways that make her feel very uncomfortable. Sam has let her hair grow, paints her toenails, and wears feminine clothing at home when her parents are out. But she's becoming increasingly depressed and has considered taking her life.

Scenario 3: Shana's Story

Last summer, Shana's father told the family that, for most of his life, he's felt uncomfortable with his body, and he was going to transition to becoming a woman with a female body. Although Shana was shocked, she could see her father was struggling and needed her support. It's now a year later and her father has started taking hormones to have a more female-appearing body and is wearing women's clothing all of the time. Shana can tell that her father is so much happier, and her family is working to adjust. Recently, Shana was with her father at the mall and ran into some friends. The next time she saw those friends, they asked why her dad was wearing women's clothing. She nervously avoided their questions but knows she'll have to answer at some point. She doesn't know what to say and is scared they'll be mean.

WORKSHOP 8 Gender Expression, Roles, and Stereotypes

This workshop is adapted from material created by Eli R. Green.

A WORD TO THE FACILITATORS

In the last workshop, you focused on four key components of sexual identity—biological sex, gender identity, gender expression, and sexual orientation. In this workshop, you will focus on gender roles. Gender roles are social and cultural ideas of appropriate and expected behavior for men and women. Gender roles are a function of gender expression; they are what we tend to think of as typical feminine and masculine traits.

Biological sex is defined by our biology, but gender roles are defined by society and culture. Although some biological differences between men and women do affect behavior (for example, higher levels of testosterone typically lead to higher levels of aggression), gender roles take these differences to stereotyped extremes, dictating that all boys/men behave one way and that all girls/women behave another way. Furthermore, our culture rewards people for adhering to gender roles and punishes those who don't.

Gender-role messages exert a powerful influence on us as sexual beings. They influence how we see ourselves, feel value, experience our bodies and our sexual feelings, our capacity for giving and receiving pleasure, and our capacity for relationships with others. Gender-role messages extend even further, to affect personal goals and expectations; academic, recreational, and career choices; and the level of success we can achieve in many aspects of our lives.

In this workshop, participants explore their beliefs about gender-role expectations and critically evaluate gender-role messages they have received. They will be encouraged to identify the ways that stereotyped gender-role messages hurt people of all gender identities and to take steps to overcome gender-role restrictions.

These are not easy tasks. Society has created strong sanctions against defying social expectations. Compared to girls, young boys encounter harsher pressure and more coercive shaming (like being called "sissies" or "fags") when they defy traditional gender roles and expressions. However, in adolescence, gender-role stereotyping and shaming increase for teen women, such as sexual/cold and bad girl/nice girl dichotomies; use of labels like slut and ho to shame and discourage sexual desire; and calling girls bitch to mischaracterize assertive behavior as dominating behavior.

All persons in this society are pressured to fit into the rigid roles of heterosexual, gender-conforming men and women. This pressure to conform is a type of social oppression. We are all better off when we are free to be who we really are and express ourselves authentically. This workshop supports every person's right to live an authentic life and to express their gender identity in their own style.

Throughout this workshop, keep in mind that there might be participants in the group who are transgender or gender nonconforming. You probably have a clearer sense of who's in the group by this time. However, never assume that all participants have disclosed their gender identity.

WORKSHOP GOALS

- to define gender roles and expression and examine their cultural biases
- to understand that gender roles can be limiting and oppressive, with negative effects for everyone

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- explain the difference between *gender cues*, *gender expression*, and *gender stereotypes*
- describe how gender-role stereotypes can be psychologically, socially, economically, and physically harmful
- identify the messages they have received about appropriate behavior for various genders
- identify nonstereotyped and gender-equitable role possibilities

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Unpacking Gender Roles and Stereotypes OR	
Gender Roles Values Voting	20 minutes
Understanding Gender Boxes	25 minutes
Breaking Down Gender Boxes	25 minutes
Reflection and Planning	5 minutes
OPTIONAL ACTIVITY: Documentaries on Gender Stereotypes	25–30 Minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Group Covenant chart
- ☐ the Circles of Sexuality chart
- ☐ the Question Box, index cards, and pencils

For Unpacking Gender Roles and Stereotypes

- ☐ paper and a pen or pencil for each participant

For Gender Roles Values Voting

- ☐ two signs, labeled Agree and Disagree

For Breaking Down Gender Boxes

☐ Facilitator Resource 15, Gender Box Scenarios

For Optional Activity, Documentaries on Gender Stereotypes

☐ a computer with Internet access or downloaded videos and a large monitor or digital projector

PREPARATION

1. Read the workshop plan, including the facilitator resource. There are some options for this workshop. For the first activity, you can choose between Unpacking Gender Roles and Stereotypes and Values Voting. If you have extra time for this workshop, you might show one of the optional documentaries. There is also optional homework. Decide together which activities you will conduct and how to share leadership responsibilities.
2. Post the Circles of Sexuality and Group Covenant charts.

For Values Voting

1. Create two signs, labeled Agree and Disagree, and post them far apart on a wall to indicate a continuum between agreement and disagreement.
2. Review the sample statements and choose five or six to use with your group.
3. As with all movement-based activities, make sure everyone can participate. Arrange the room so all participants will be able to maneuver as needed, or adapt the activity so everyone votes while seated.

For Breaking Down Gender Boxes

1. Make one copy of Facilitator Resource 15, Gender Box Scenarios, and cut the page into strips.

For Optional Activity, Documentaries on Gender Stereotypes

1. Find the short video "Tough Guise: Violence, Media & the Crisis of Masculinity" (7:03 minutes) and the trailer for *Killing Us Softly 4: Advertising's Image of Women* (4:57 minutes), both on **www.youtube.com**.
2. Preview the videos.
3. Test your video-playing equipment immediately before the workshop. Pull up the link. If using the Internet, make sure you have a good connection.

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants and help them reenter the program by asking

- Who can give a summary of our last workshop? [This is especially helpful if any participants missed the last workshop.]
- How is your life better since the last workshop?

2. ***Question Box***

   Answer questions from the Question Box.

3. ***Reading***

   Direct participants' attention to the Circles of Sexuality chart. State that today's workshop focuses on gender roles—societal expectations about the ways girls/women and boys/men should think and act. Gender roles fall within the sexual identity circle. Give the following information about today's reading:

   - It comes from an article about gender roles in Sweden that was published in *Slate*, an online magazine.
   - According to the article, Sweden is one of the countries with the greatest level of gender equality in the world, and many in Sweden are pushing for changes to promote even more gender equality.
   - Listen to the following excerpts from the article and be prepared to give your reactions.

   Sweden's New Gender-Neutral Pronoun: Hen; A Country Tries to Banish Gender

   Activists are lobbying for parents to be able to choose any name for their children (there are currently just 170 legally recognized unisex names in Sweden). The idea is that names should not be at all tied to gender, so it would be acceptable for parents to, say, name a girl Jack or a boy Lisa. A Swedish children's clothes company has removed the "boys" and "girls" sections in its stores, and the idea of dressing children in a gender-neutral manner has been widely discussed on parenting blogs. [A] Swedish toy catalog recently decided to switch things around, showing a boy in a Spider-Man costume pushing a pink pram, while a girl in denim rides a yellow tractor . . . .

   Several preschools have banished references to pupils' genders, instead referring to children by their first names or as "buddies." So a teacher would say "good morning, buddies" or "good morning, Lisa, Tom, and Jack" rather than "good morning, boys and girls." They believe this fulfills the national curriculum's guideline that preschools should "counteract traditional gender patterns and gender roles" and give girls and boys "the same opportunities to test and develop abilities and interests without being limited by stereotypical gender roles."

   —Nathalie Rothschild, April 11, 2012, **www.slate.com**

   Invite reactions to the excerpts with the following questions:

   - What's your reaction to Sweden's approach to gender roles?
   - What do you think it would be like to grow up in that kind of society?
   - How do you think gender expression might vary in a society like Sweden's?

UNPACKING GENDER ROLES AND STEREOTYPES

20 Minutes

This activity is an alternative to Gender Roles Values Voting. You will conduct only one of these alternatives.

1. Set up the activity by making these points briefly:
   - **Gender cues** are things we observe about someone that our culture labels as a sign of a certain gender; for example, a dress is a gender cue for "woman" and a beard is a gender cue for "man."
   - **Gender expression** is how we express our gender. It's made up of various gender cues we give, some of which are intentional, such as dress and presentation, and some of which are less intentional, such as body shape and gait. No gender expression is inherently right or wrong, but people whose gender expression challenges gender norms or stereotypes often face negative reactions from others.
   - Culture and context affect how gender cues are interpreted. For example, some rock stars who are men wear black eyeliner when performing, which in other settings would likely be interpreted as feminine. Women in Western cultures often wear pants, which in some other cultures would be considered masculine dress.
   - **Gender roles** are the expectations a culture holds for people on the basis of their gender. These expectations cover behaviors, interests, abilities, and responsibilities, including everything from the toys children are expected to play with when they're young, to whom they should date as adolescents, to the jobs they should have as adults.
2. Explain that the group will now explore gender-role stereotypes. Ask group members to define *stereotypes* in general, and *gender-role stereotypes* specifically. Probable answers include the following:
   - A **stereotype** is a widely held and oversimplified image of a type of person or group of people. It's the belief that all people of a particular group are, or should be, the same in certain ways, or all have certain characteristics.
   - A **gender-role stereotype** is the belief that only a fixed and very narrow range of gender cues, expressions, and roles are appropriate for boys/men, and that a different narrow range is appropriate for girls/women. It's the belief that girls/women all have the same characteristics and behavior, that boys/men all have the same characteristics and behavior, and that there is no overlap between the two. It can also include the belief that there is no gender identity other than male/female.
3. Distribute a sheet of paper and a pencil to all participants. Give these instructions:
   - On the front of your paper, write the words Boys/Men in the upper right-hand corner.
   - On the back of the paper, write the words Girls/Women in the upper right-hand corner.
   - Take 2–3 minutes to write at least two of the stereotypes you've heard about boys/men on the front of your paper and two stereotypes about girls/women on the back of your paper.

- Use a pencil, and do *not* put your name on your paper. The papers will be collected and read, but your responses will be anonymous.

4. When the 3 minutes have passed, give more instructions:
   - Ball up your paper and toss it into the center of the room.
   - Get up, find a different ball of paper, and bring it back to your seat.
   - Toss it into the center of the room again.
   - Now get up again, pick up a ball of paper, and open it up. You should have someone else's paper. If you don't, pretend that you do.
5. Whip around the room and have participants take turns reading the stereotypes on their sheet of paper for girls/women. List them on newsprint.
6. Use the same process to get the stereotypes for boys/men.
7. Lead the group in discussion, using a few of the following prompts:
   - Have we listed any stereotypes that you don't understand or that are surprising?
   - How do people learn these stereotypes?
   - Which of these stereotypes have you bought into (consciously or unconsciously)? [Comment that it can be hard to grow up in a culture without absorbing at least some of its stereotypes.]
   - What impact do these stereotypes have on girls/women? On boys/men? On trans girls/women and trans boys/men? On people who identify as queer or not on the gender binary?

GENDER ROLES VALUES VOTING 20 Minutes

This activity is an alternative to Unpacking Gender Roles and Stereotypes. You will conduct only one of these alternatives.

1. Invite participants to do some values voting. Explain that you'll read some statements related to gender roles, and that they will choose a spot along an imaginary continuum that represents their response to the statement: strongly agree, agree, unsure, disagree, strongly disagree. Post the signs you made and identify the points along the imaginary continuum. Emphasize these ground rules:
   - Avoid pressuring each other or getting into debates.
   - Have an open mind.
   - Listen to and respect each other.
   - Use "I" language.
   - Stay away from put-downs, including negative labels.
   - Feel free to change your position.
2. Choose five or six of the following statements, or create your own to reflect your group's dynamics or concerns:

   Sample Values Voting Statements
   - Girls are more emotional than boys.
   - Boys are better at math than girls.
   - Girls are better at reading and writing than boys.
   - Athletic ability comes more easily to boys than to girls.
   - Some chores are better suited to girls; others are better suited to boys.

- Sexual pleasure is more important to men than women.
- Women having sex with men should take more responsibility for using birth control than their partners.
- Women are naturally better parents than men.
- Men need higher salaries than women.
- Men are better drivers than women.
- Men never ask for directions.
- Boys who cry easily are weak.
- Girls cannot trust each other.

3. Read a statement and invite everyone to move to a position that represents their opinion. Beginning with the minority viewpoint, ask a few volunteers to explain their positions. Commend those willing to express a less popular opinion, and if such an opinion is not expressed, offer one yourself to allow for that opinion to be heard. You might say, "What if someone said _____" to avoid oversharing personal values with participants.
4. Don't let discussion drag. Move on to the next statement once a few points of view have been heard, and end the activity before energy runs out.
5. To process the activity, ask
   - Which statements did people disagree about most?
   - Which of the statements were stereotypes? [Actually, all of them are; they are oversimplified generalizations.]
   - Which of these stereotypes do you buy into? [Comment that it can be hard to grow up in a culture without absorbing at least some of its stereotypes.]
   - What might be some consequences of buying into these stereotypes for girls/women? For boys/men? For transgender people?

   If some participants argue that one or more of the stereotypes are true, or are actually biologically based, ask if participants think that the stereotype is true for *all* boys/men, or for *all* girls/women.

UNDERSTANDING GENDER BOXES 25 Minutes

1. Tell participants they're going to work in small groups to explore the different expectations and pressures around gender expression in this society.

> **Note**: This activity is designed around small, mixed-gender discussion groups. As a shorter alternative, you might keep all youth in the large group and ask them to individually think of a time when they were not able to do something they wanted to because of gender restrictions, or when they witnessed it happening to someone else of their gender. Allow a few minutes of silence for them to think, and then whip around the room to have everyone share. Begin with volunteers, and give people the right to pass. You may want to begin by sharing examples from your own life.

2. Divide participants into small, mixed-gender groups. Give each group a sheet of newsprint and a marker, and post two more pieces of newsprint. Present these instructions:

- Choose a recorder. The recorder will write two headings on the paper, Feminine and Masculine.
- Go around the circle twice. The first time, share a time you felt pressured or judged for not being feminine enough, or a time you saw someone else be pressured or judged for not being feminine enough. The second time around, share a time you felt pressured or judged for not being masculine enough, or a time you saw someone else be pressured or judged for not being masculine enough.
- As people are talking, the recorder should make a note of what they say under the appropriate heading (for example, "discouraged from joining drama club" or "told not to play rough with boys.")

3. Let participants know they can offer a personal story or observation from their own life or they can share a general reflection. Explain that all people are affected by feminine and masculine gender roles, regardless of whether they identify as women, men, a mix of both, transgender, or something else entirely.
4. To model, share two quick examples from your own life, one for "feminine" and one for "masculine." Discuss what notes the recorder might write for your examples. Once participants understand the task, have them begin.
5. Allow 10 minutes for creating the lists. As the small groups work, circulate and provide assistance as necessary.
6. Re-gather the whole group. Beginning with the feminine list, have each recorder briefly share the messages of pressure or judgment their group reported. Record the messages on one of the posted pieces of newsprint. Repeat the process for the masculine list.
7. When all the messages about feminine and masculine gender roles have been recorded, explain that these messages put us into gender boxes that are rigid and limiting.
8. Post a fresh sheet of newsprint and write on it the heading How Stereotypes Hurt Us All. Ask participants for examples of specific ways that gender-role stereotypes hurt girls/women and boys/men. During the discussion, remember to explore how these gender-role stereotypes affect transgender girls/women and boys/men, as well as people who don't identify as girls/women or boys/men. Be prepared to add some of the following examples:

   Stereotypes hurt girls/women by

   - putting them at risk for nutritionally based diseases, such as obesity, anorexia nervosa, and bulimia
   - discouraging them from pursuing advanced courses in math, the physical sciences, and similar fields
   - making them less likely than boys/men to enter a potentially lucrative field of study
   - encouraging them to be unassertive and accommodating
   - making them more likely than boys/men to be physically and sexually abused
   - discouraging them from recognizing feelings of sexual desire and taking charge of when they really do and don't want to act on sexual feelings

Stereotypes hurt boys/men by

- encouraging them to take physical risks that can lead to accidents, injuries, and health problems
- making them more likely than girls/women to use alcohol and illicit drugs heavily
- making them more likely than girls/women to die young
- making them less willing to seek help (including health care and medical treatment)
- encouraging them to take sexual risks, such as early sexual intercourse, unprotected intercourse with many partners, etc.
- discouraging them from being nurturing parents

9. Make the following points:
   - We are all better off when we are free to be who we really are and express ourselves authentically.
   - Every person has the right to live an authentic life and to express their gender identity in their own style.
10. Close the activity by discussing the following questions:
    - What makes it so hard for people to break out of rigid gender roles?
    - What's one thing you could do, starting today, to live your life as if these rigid gender-role boxes did not exist? What's appealing about that? What feels scary or dangerous? Is it even possible?

BREAKING DOWN GENDER BOXES 25 Minutes

1. Set up the next activity with these messages:
   - In the last activity, we focused on gender-role messages that are narrow and restrictive and keep us in small boxes. These boxes can limit our choices about all kinds of things, including hobbies and careers.
   - We saw that gender-role stereotypes hurt everyone. [Share some examples from the list of ideas that participants generated.]
   - Gender-role stereotypes also hurt our relationships. They tell us to expect certain things from other people because of their gender. This can make it hard for us to welcome all the different aspects of someone. They also set up expectations for how we will act in a relationship with another person because of our gender. This can make it hard for us to be fully ourselves, to ask for what we need, and to get our needs met in relationships.
2. The next activity provides a chance for participants to explore some roles that are outside of their traditional gender boxes and try out some ways to respond when they or people they care about are put in gender boxes. Give the following instructions:
   - You'll work in small groups to create role-plays to present to the whole group.
   - Read your scenario and choose actors to play the roles.
   - The goal is to create a role-play where the actors successfully break out of gender boxes and succeed in overcoming any barriers.

- Members of the group who are not actors will act as coaches. The role of a coach is to make suggestions and give tips from the sidelines, just as an athletic or drama coach would do. Coaches can help the actors be successful by suggesting lines of dialogue and ways of behaving.
- Actors should get into their roles and try to express the feelings of the characters they are playing.
- You'll have about 5 minutes to plan. Keep the role-plays brief.

3. Divide participants into two or three mixed-gender groups and give a scenario from Facilitator Resource 15, Gender Box Scenarios, to each group. Circulate while the groups are planning and make sure everything is on track.
4. After 5–7 minutes, call participants back together and ask a group to volunteer to read their scenario and perform their role-play.
5. After each role-play, ask the actors the following questions:
   - How did it feel to be in a nontraditional gender role?
   - In real life, can you imagine yourself trying this? Why or why not?
6. Ask the coaches and members of other groups for feedback:
   - What qualities or characteristics does a person need to take on a nontraditional role or to confront a stereotype?
   - What can you do to support someone who is trying to break out of their box?
7. Repeat the procedure with each group, and conclude the activity by asking the following questions:
   - How often do situations like these happen in real life? What real-life situations make you want to step outside of your box?
   - What have you learned in this activity that you can put to use?

REFLECTION AND PLANNING 5 Minutes

1. Invite reactions to this workshop. How did it go? What did the participants find helpful? What would they change? What will they use in a real situation?
2. If it's in your plan, give one of the optional homework assignments:
   - Interview a parent, guardian, or grandparent about how gender roles, stereotypes, and inequities have changed since they were young teens
   - Choose one thing that is nontraditional for your gender—a sport, volunteer work, or school activity—and try it. Step outside of your box and see what happens.
3. Tell participants that the next workshop will address sexual orientation.
4. Distribute index cards so participants can write anonymous questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss the following questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

OPTIONAL ACTIVITY
DOCUMENTARIES ON GENDER STEREOTYPES 25–30 Minutes

1. Introduce and show the videos.
2. Afterward, ask the following questions:
   - What are your reactions overall?
   - What are some ways the media enforces gender-role stereotypes?
   - What advertisers or media outlets do you find particularly offensive?
   - What actions can you take to minimize the impact of these messages in your life? Probable answers include the following:
     - Become a media critic and learn to recognize and filter these stereotypes.
     - Write letters to the various companies to share our views.

Facilitator Resource 15

GENDER BOX SCENARIOS

Scenario 1: Sharlene

Sharlene has been on a summer job at the city renovation center for three weeks. Sharlene has been assigned to a construction crew but has found many of the men on the crew unaccepting. They make cracks about Sharlene being physically weak and say things about Sharlene's body or sexuality. It's really tough, but Sharlene is determined to hang in there.

Create a role-play in which Sharlene is trying to work and has to deal with a male co-worker who is making comments about Sharlene's body.

Scenario 2: Renjie

Renjie is at the Y, about to join a pickup basketball game with a few friends. Trish walks by and says that it is time for the yoga class Trish teaches downstairs in the gym. Renjie prepares to leave the game to attend the yoga class, but the friends start hassling Renjie immediately, imitating the way they imagine Trish teaching and walking around the gym with their hips swaying, implying that Renjie is acting feminine since Renjie likes yoga.

Create a role-play in which Renjie responds to the friends, overcomes the teasing, and follows through with Renjie's desire to take the yoga class.

Scenario 3: Josie

Josie wants to ask Travis to go to the concert with her, but all her friends tell her she can't because she'll look too pushy and will scare him off. They say she has to wait for him to make the first move. Josie knows that's what usually happens, but she likes Travis and wants to go with him, and the concert is only two weeks away.

Create a role-play in which Josie calls and asks Travis to the concert.

Scenario 4: Charles

Charles is feeling really bad. His partner Max has just broken off their relationship, and Charles is very hurt. He doesn't know what happened; he thought things were okay until today. He wants to talk to his best friend Michael about it, but he's not sure Michael will understand. Charles and Michael don't usually talk about feelings. They just talk about school and sports and movies.

Create a role-play in which Charles decides to go to Michael's house, tells Michael how he's hurting, and asks for help.

WORKSHOP 9 Sexual Orientation

This workshop benefitted from the contributions of Eli R. Green.

A WORD TO THE FACILITATORS

This workshop continues the focus on sexual identity, one of the circles of sexuality. The final component to explore in detail is sexual orientation—our feelings of emotional, romantic, and/or sexual attraction toward other people. Same-gender attraction, different-gender attraction, and attraction to people of more than one gender are all natural in the range of human sexual experience. It is also natural to have no sexual attraction to others. The need and desire for emotional relationships is separate from the desire for sexual relationships, even though these desires go hand in hand for many people.

Some people experience their sexual orientation as consistent, staying the same throughout their entire lives; other people experience their attractions or even their very orientation as fluid, shifting over the course of their lifetime. Some people come to an early awareness of their sexual orientation, others come to a much more gradual awareness of it. Although many people believe that sexual orientation is not a choice, the topic is very complex. Young people often experience a lot of pressure to "decide" or "figure out" their sexual orientation, and this pressure can be lessened when adults and peers create space for ambiguity and exploration. We can choose how authentically we live out our identities and which attractions we pursue. Mindful and sensitive facilitation of this workshop can go a long way toward empowering participants to make healthy choices and explore their own authenticity.

Although this workshop explores all sexual orientations, there is a much greater focus on lesbian, gay, bisexual, and queer (LGBQ) orientations. In spite of a more LGBQ-positive political and social climate, *heterosexism* (the assumption that everyone is or should be heterosexual), *homophobia* (bias against LGBQ people), and *biphobia* (aversion to bisexuality and bisexual people) still exist. Today, many LGBQ youth are growing up healthy and thriving, with access to role models of diverse sexual orientations in their families, friend and peer circles, and communities and in the media. They will benefit from legal gains in areas such as marriage equality and antidiscrimination protection and a changing social climate in which LGBQ individuals are coming out earlier and more safely than in previous generations. However, many LGBQ youth continue to live in isolation, are afraid or unable to disclose who they are, live in families that don't accept them, or suffer harassment at school, and LGBQ youth are disproportionately at risk for running away, homelessness, and suicide.

Although we typically use the acronym LGBTQ in Our Whole Lives, the "T" is left out for this workshop because we are only discussing sexual orientation and not gender identity. Gender identity is a completely different issue, although transgender people are often grouped with gay, lesbian, and bisexual people because all face

discrimination and oppression due to homophobia and gender-role pressures. However, *transgender* is not a sexual orientation, which is the focus of this workshop.

The Q in the acronym LGBQ stands for *queer* in Our Whole Lives. However, in other settings or publications, the Q might stand for *questioning*. Some people don't use the Q at all. Terminology can be challenging and sometimes political. The word *queer* has been reclaimed—especially among younger generations—and is now frequently used as an identity label that affirms the diversity and complexity of gender and sexual orientation. However, many people, especially those in older generations, still find the word pejorative or hurtful, and it is still being used to wound in many situations. As facilitator, you'll be in the best position to assess your agency and your group to determine which terminology and language will be most respectful and affirming. Words can be empowering for some people and hurtful to others, and individuals have the right to claim the language that is most authentic for them. Facilitators are expected to model acceptance and affirmation of each person's unique experience and right to claim the language most authentic for them. Be prepared to affirm *queer* as a valid sexual orientation label.

If you're in a setting that has offered Our Whole Lives for many years, you might question the need for this workshop because your environment appears to be LGBQ-inclusive. While youth with Our Whole Lives values are more likely to accept and affirm LGBQ people, they may

- witness homophobic and biphobic attitudes, harassment, and discrimination at school and in their communities
- be less accepting of LGBQ people than they are assumed to be
- experience concerns, questions, fear, embarrassment, bullying, or self-hate related to their own orientation or the orientation of someone close to them
- belong to groups or cultures that intensely oppose homosexuality, such as a boys' sports team or certain ethnic or religious communities
- bring a whole host of new assumptions and stereotypes about LGBQ people as a result of influences from the media and elsewhere

Thus they will still benefit from the activities in this workshop. The overarching goal is to provide knowledge, attitudes, and skills to enable participants to affirm the dignity and worth of people of all sexual orientations and to promote full equality for all people. It is hoped that all participants will feel empowered to intentionally claim and affirm their own sexual orientations.

Note: Always assume that there are non-heterosexual participants in your group and participants who are questioning their sexual orientation. Never assume a youth is straight. It's quite likely that one or more participants will come out to you before, during, or after this workshop. Some youth may be comfortably out and open about their sexual orientation. Others might be questioning or struggling, and you could be one of only a few people they have told. If this happens, respond with acceptance and respect the individual's confidentiality. Do not overtly or subtly encourage any youth to come out to others; rather, help them carefully consider the pros and cons of disclosure before making a possibly impulsive decision. If anyone does come out or disclose a sexual orientation to the group during this or other workshops, remind all participants that they need to respect confidentiality and never share that information with others or on social media without the person's express permission.

WORKSHOP GOALS

- to define *homophobia*, *biphobia*, and *heterosexism*
- to describe the impact of homophobia, biphobia, and heterosexism on the mental health, safety, productivity, and quality of life of LGBQ people, their families, and their friends
- to identify and reject myths about LGBQ orientations
- to explore personal attitudes and values about LGBQ orientations
- to increase empathy for LGBQ individuals and those who are perceived as being non-heterosexual

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- describe their attitudes about LGBQ orientations
- define the terms *sexual orientation*, *homophobia*, *biphobia*, and *heterosexism*
- list three negative effects of homophobia, biphobia, and heterosexism
- list at least three myths about LGBQ people and issues
- identify at least two ways to be allies to LGBQ people

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Sexual Orientation, Homophobia, Biphobia, and Heterosexism	20 minutes
Myth Information Game OR Values Voting	20 minutes
Being an Ally	20 minutes
Preparation for Guest Speakers	10 minutes
Reflection and Planning	5 minutes
OPTIONAL ACTIVITY: Coming Out Stories	25–30 Minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ the Circles of Sexuality chart
- ☐ Facilitator Resource 16, Sexual Orientation Definitions
- ☐ Facilitator Resource 18, Organizations and Websites with Resources on LGBQ Youth

For Myth Information Game

- ☐ Facilitator Resource 17, Myth/Fact Statements and Answers

For Values Voting

- ☐ **optional:** two signs, labeled Agree and Disagree

For Being an Ally

- ☐ **optional video:** "Ash Beckham at Ignite Boulder 20" (5:30 minutes), **www.youtube.com**
- ☐ **optional:** a computer with Internet access or downloaded video and a large monitor or digital projector

For Optional Activity, Coming Out Stories

- ☐ a computer with Internet access or downloaded video and a large monitor or digital projector

PREPARATION

1. Read the workshop plan, including facilitator resources. Decide together which activities will work best with your group and discuss how to share leadership responsibilities. Choose whether you will conduct the Myth Information Game or Values Voting, and whether you will show the optional video as part of Being an Ally. Consider showing one of the optional coming out story videos if you have extra time for this workshop.
2. Do some background reading on LGBQ teens. Check out the websites and resources listed in Facilitator Resource 18, Organizations and Websites with Resources on LGBQ Youth, and review the Human Rights Campaign 2012 report *Growing Up LGBT in America* (**www.hrc.org/youth**).
3. Review Facilitator Resource 16, Sexual Orientation Definitions, prior to the workshop to get comfortable with the terms and their meanings.
4. Post the *Circles of Sexuality* and *Group Covenant* charts.

For Sexual Orientation, Homophobia, Biphobia, and Heterosexism

1. Make the following chart:

   Six Beliefs

   - All sexual orientations are valid and healthy.
   - Homophobia and biphobia exist.
   - Heterosexism also exists.
   - Homophobia, biphobia, and heterosexism hurt people of all sexual orientations, including heterosexuals.
   - Ignorance is a problem.
   - Individuals have the right to hold personal beliefs and values but not to discriminate.

For Myth Information Game

1. Familiarize yourself with the information in Facilitator Resource 17, Myth/Fact Statements and Answers, so you can give explanations in your own words. You should also feel free to read explanations from the resource during the activity.

For Values Voting

1. Review the sample statements and choose five or six to use with your group.
2. As with all movement-based activities, make sure all can participate. Arrange the room so all participants will be able to maneuver as needed, or adapt the activity so everyone votes while seated.

For Being an Ally

1. Preview the Ash Beckham video and decide whether you will show it.
2. If you plan to show the video, get your equipment ready and make sure you have a good Internet signal.

For Preparing for Guest Speakers

1. Decide whether to have a guest panel at the next workshop and what the composition of the panel will be. Depending on the needs of your group, decide whether to have an LGBQ panel, a transgender panel, or a combined LGBTQ panel. Since many youth may have more experience with LGBQ people, it is highly recommended that the panel include transgender people, either exclusively or along with LGBQ people. See Workshop 10 for guidance on inviting guest speakers and conducting the panel.
2. Read the activity Preparing for Guest Speakers to see if it would be helpful for your group. If you don't think you need to do any preparation, you have an extra 10 minutes for this workshop.

For Optional Activity, Coming Out Stories

1. Both Ellen DeGeneres, an actor, comedian, and talk show host, and Jason Collins, an NBA athlete, waited until they were in their thirties to come out publicly. It is highly recommended that you show some of both of the coming out stories. Preview the videos and choose one or two of the Jason Collins clips.
2. Make sure the video is ready to show and, if you have not downloaded the videos, that your Internet signal is strong.

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. *Reentry*

   Welcome participants back and help them reenter the program by asking

   - Which of you asked your parents or caregivers to tell you about gender roles back when they were teens?
   - Who tried out a nontraditional gender role since the last workshop?
   - How is your life better since the last workshop?

2. ***Question Box***

   Take a few minutes to answer any questions from the Question Box.

3. ***Reading***

   Refer participants to the Circles of Sexuality chart. Explain that today's workshop focuses on sexual orientation. Ask someone to define *sexual orientation*, or give a brief explanation yourself, such as "*Sexual orientation* refers to our feelings of emotional, romantic, and sexual attraction to other people." Introduce today's readings with these comments:

   - In 2012, the Human Rights Campaign surveyed 10,000 13–17-year-old LGBT youth and published a report called *Growing Up LGBT in America.*
   - We're going to read quotes from some of the teens who participated in the survey.

4. Read or have volunteers read the following:

   - It's nice that my school is very open. I have a lot of friends who are okay and are helpful with my being bisexual.
   - I live in such a narrow-minded community—it's really hard on me. I deal with so much ignorance on a daily basis.
   - I have been graciously accepted by my peers but the biggest issue I face is my parents.
   - I wish I could meet more gay people to talk to and get to know.
   - In school the people I am friends with are completely OK with my sexuality, at church I haven't brought it up.
   - It's very easy to look at me and tell that I'm gay and it makes me feel afraid to walk around knowing there are people here in my hometown who hate me and people like me enough to attack me.
   - A lot of kids at my school think it's sick and nasty and will give me looks when I hold hands with my friend, and call us fags and lesbos. I am proud of who I am and don't intend on changing, I just wish I wasn't viewed differently.
   - This is me. This is how I was born and I'm happy with it.

   —*Growing Up LGBT in America* (Human Rights Campaign, 2012)

5. Process the readings with the following prompts:

   - What are your reactions to these comments?
   - What are some of the different experiences you heard? [Make sure participants grasp both the positive and the challenging aspects of the comments.]
   - Drawing from your own experience or observations, what would you say it's like to be an LGBQ teen growing up in America?

SEXUAL ORIENTATION, HOMOPHOBIA, BIPHOBIA, AND HETEROSEXISM — 20 Minutes

1. Post the chart of beliefs you prepared and explain that this workshop is based on the six beliefs listed on the chart. Clarify that you won't be dealing with the T of LGBTQ because the T stands for *transgender*, which is an issue of gender identity, and today's focus is on sexual orientation only. Make the

following points about the first belief, "All sexual orientations are valid and healthy."

- Everyone has a sexual orientation.
- *Sexual orientation* refers to a person's feelings of attraction toward other people. This attraction can be emotional, romantic, and/or sexual.
- Some people are attracted to a different gender; others are attracted to the same gender; others are attracted to the same and a different gender.
- Some people are attracted to only one gender; others are attracted to two or more genders. Some people aren't sexually attracted to anyone.
- People use many different terms and labels to describe their sexual orientation, such as *heterosexual* or *straight*, *homosexual* or *gay* or *lesbian*, *bisexual*, or *asexual*. These labels can mean different things to different people.
- For some people, their sexual orientation feels fixed and stays the same their whole lives. For others, their sexual orientation is fluid or may shift over the course of their life.

2. Explore belief 2, "Homophobia and biphobia exist," using the following process:
   - Ask volunteers to define the terms *homophobia* and *biphobia*.
   - Explain that
     - **Homophobia** is discomfort, dislike, fear, or hatred of non-heterosexual people and/or of expressions of sexuality that do not conform to heterosexual norms.
     - **Biphobia** is discomfort, dislike, fear, or hatred specifically of bisexual people, often based on negative stereotypes or the belief that bisexuality doesn't really exist. Both gay and straight people can be biphobic.
     - Both of these phobias are often accompanied by discrimination against LGBQ people, whether by belief, word, or action.

   Discriminatory actions can range from very violent acts, such as beating or murdering someone, to bullying and harassing, to telling anti-LGBQ jokes, to treating bisexuals like they don't exist or are just pretending that they aren't really gay or lesbian.
3. Explore belief 3, "Heterosexism exists," using the following process:
   - Ask someone to define the term *heterosexism*.
   - Explain that
     - **Heterosexism** is the assumption that everyone is heterosexual and/or should be.
     - Most people assume, for example, that young women have, or wish to have, boyfriends and that young men have, or wish to have, girlfriends.
     - Heterosexism is also the belief that heterosexuality is the normal and better way to be.
     - Because of heterosexism, people who are heterosexual have greater privileges in society than those who are not, such as the ability to show affection in public without fear of harassment.
   - Ask participants for examples of heterosexism from their own lives or the media.
4. Explore belief 4, "Homophobia, biphobia, and heterosexism hurt people of all sexual orientations, including heterosexuals," using the following process:

- Ask for examples of ways that homophobia, biphobia, and heterosexism hurt LGBQ teens and people of all ages. Possible responses include
  - making people feel isolated, unhappy, and lonely
  - making people feel excluded (maybe even in communities they thought would embrace them)
  - making people more likely to use alcohol and drugs
  - inducing them to lie about and hide who they are
  - putting them at risk for verbal, physical, and sexual abuse
  - putting them at risk for being bullied in person or online
  - making them feel unsafe in school, at home, and in other settings
  - making them more likely to skip classes, cut school, or drop out to avoid harassment, which can lead to lower grades and inability to attend college
  - putting them at risk for family rejection, running away, homelessness, or placement in foster care
- Ask for examples of ways that homophobia, biphobia, and heterosexism hurt heterosexual people. Possible responses include
  - making them more likely to limit their interests, hobbies, and expressions to avoid being perceived as LGBQ
  - putting them at risk of being shamed or bullied because they are *perceived* as LGBQ if they don't conform to rigid gender roles
  - putting them at risk of being offended or hurt by homophobic comments or behaviors because they have friends or family who are LGBQ
  - making them uncomfortable in the face of obvious inequality and discrimination
  - making them uncomfortable because they know they have rights, privileges, and comforts that their LGBQ peers, unfairly, do not have
  - cutting them off from LGBQ friends and family who think they can't be themselves around heterosexual people and therefore choose to form new families and communities

5. Make a few brief points about belief 5, "Ignorance is a problem":
   - Most of us don't have a formal way to learn about LGBQ orientations. It's not covered in most schools or discussed openly or positively in many families or religious communities.
   - Happily, there are more and more positive LGBQ role models in society.
   - When individuals have no exposure to LGBQ people and issues, they are left to rely on misinformation and urban legends.
   - When people are ignorant and misinformed, they are more likely to avoid and/or be afraid of/nervous around LGBQ individuals.
   - When people have exposure to LGBQ people and get to know them as human beings, they are more likely to become comfortable with them.
   - Education and exposure do not cure all homophobia, biphobia, and heterosexism. Changing the hearts and minds of individuals is only one step; institutional oppression must be dismantled before homophobia, biphobia, and heterosexism can be eradicated.
   - Ignorance is not an excuse for stereotyping, bias, or hatred.
6. Make a few brief points about belief 6, "Individuals have the right to hold personal beliefs and values but not to discriminate":

- While there is much difference of opinion and belief among people of different religions and walks of life, more and more religious voices from many faith traditions and leaders from many different communities are speaking up and affirming LGBQ people.
- Keep in mind that values and beliefs are different from facts. It's important for everyone to be fully informed and have factual information about sexuality and sexual orientation.
- People often have negative views that are based on misinformation.
- Individuals who don't accept LGBQ persons because of personal or religious values do not have the right to oppress or discriminate against them because of their sexual orientation.
- In school and work situations, individuals with diverse perspectives and beliefs must learn and work together respectfully.

MYTH INFORMATION GAME

20 Minutes

This activity is an alternative to Values Voting. You should only conduct one of these two alternatives.

1. Remind the group that points of view are often formed from a lack of information. Tell participants they will play a fun myth information game to separate facts from myths regarding LGBQ issues.

> **Note**: Feel free to adapt the format of the game. You might have each team choose a permanent spokesperson, who will give all the answers for that team. Or you might eliminate the teams if you want to avoid competition. The competition does add some energy, however. Just make sure your format is fun and interactive, and that learning takes place.

2. Divide the group into two or more teams. Post a sheet of newsprint and make columns for scorekeeping. Ask each team to choose a name. Write the team names at the top of the columns.
3. Explain the rules:
   - You'll hear a series of statements.
   - You'll take turns being the spokesperson for your group. When it is your turn, you must decide whether the statement is a fact or a myth.
   - Team members may talk among themselves briefly, but the spokesperson must give the answer.
   - A correct answer earns a point.
4. Read a statement to the first player on one team. Once an answer has been given, state whether it is correct, and if so, record a point on the newsprint. Then have the team explain their response.
5. Allow a few minutes for discussion of the statement and provide additional information as appropriate from Facilitator Resource 18, Myth/Fact Statements and Answers. Sometimes it is helpful to read the answer from the Facilitator Resource, to make sure all the facts have been clarified.

6. Continue by reading the next statement to the first player on the next team. Move from team to team, and from player to player on each team, until all statements have been discussed.

VALUES VOTING 20 Minutes

This activity is an alternative to Myth Information Game. You should only conduct one of these two alternatives.

1. If you made Agree and Disagree signs, post them at a distance from each other.
2. Invite the group to vote on some values about sexual orientation. Review the process of values voting and the ground rules; explain them in detail if you haven't done a values voting activity before.

Process

- I will read several statements to you, one at a time.
- We have an imaginary line or continuum to indicate positions that range from strongly agree to strongly disagree.
- After you hear each statement, you'll move to a position on the continuum to indicate how much you agree or disagree.
- There are no wrong or right answers, so please be honest.

Ground Rules

- Avoid pressuring each other or getting into debates.
- Have an open mind.
- Listen to and respect each other.
- Use "I" language.
- Stay away from put-downs, including negative labels.
- Feel free to change your position.

3. Begin reading one of the five or six statements you've chosen from the list below:

Values Voting Statements

- I would feel comfortable having an openly LGBQ teacher.
- I would feel comfortable having an openly straight (heterosexual) teacher.
- I would feel comfortable having an openly asexual teacher.
- I would feel as comfortable seeing a guy and a girl kissing as I would seeing two guys or two girls kissing.
- I would feel uncomfortable undressing in a locker room with someone of a different sexual orientation.
- I would feel comfortable standing up for a friend who I saw being harassed because of their sexual orientation.
- I would want my friends to stand up for me if I were being harassed because of my sexual orientation.
- If a friend of a different sexual orientation told me that they had a crush on me, I would feel uncomfortable about our friendship.
- Our school [or church, organization, etc., as appropriate] should take steps to be more welcoming of LGBQ people.

- If one of my close relatives came out to me, I would feel uncomfortable keeping that to myself.
- If I came out to my relatives, I could trust them to respect my confidentiality.
- Young teens are too immature to know whether they are straight, lesbian, gay, bisexual, queer, or another sexual orientation.
- It's better for people to tell very few people about their sexual orientation until they are out of high school. [You might see if participants feel differently about this statement if it specifies a heterosexual orientation rather than an LGBQ orientation.]
- LGBQ people should never stay in the closet.

4. As you read each statement, have participants move to positions along the line that reflect their feelings or opinions. Once participants have voted, ask a few volunteers in each position to explain why they chose that position. Keep the pace lively.
5. Process the activity with the following discussion questions:
   - How much did people agree or disagree on the statements?
   - Reflect on the attitudes and values you expressed in this activity. Which do you feel comfortable with and which, if any, would you like to shift or change?
   - If we agree that our school, church, or community is not welcoming enough of LGBQ persons, what could we do about that?

BEING AN ALLY

20 Minutes

Note: Consider showing the video "Ash Beckham at Ignite Boulder 20" (5:30 minutes), **www.youtube.com**, which explains why the phrase "that's so gay" is pejorative and homophobic, and how the words that we choose matter. Ash Beckham uses appropriate language throughout the video; however, in one brief shot, there is a protest sign containing the f-word, which might make the video problematic for some groups.

1. Explain that the next activity will look at some specific examples of homophobia, biphobia, and heterosexism in action in young teen environments. Ask group members to turn to the person next to them and brainstorm ways they hear or see people express the idea that anything other than heterosexuality is bad or wrong, such as put-downs, teasing, or insults directed at people who are (or are perceived to be) LGBQ.
2. After a minute or two, ask volunteers to share some of the things they brainstormed. List these on newsprint. Use the following questions to process the list:
   - How do you react to the things on this list?
   - What does it feel like, or what would it feel like, to be the recipient of any of these comments or actions?
   - How do you think these kinds of put-downs and insults affect people?

3. Briefly give the following information:
   - These are examples of everyday, brief, commonplace verbal and behavioral insults and indignities that send a negative message about LGBQ identities. Often these are called *microagressions*.
   - Often these put-downs and insults are nonphysical, and sometimes they're unintentional, but they are insulting and they hurt.
   - They build on each other and contribute to high rates of depression and suicide among LGBQ youth.
4. If you decided to use the Ash Beckham video, show it now and briefly discuss reactions.
5. Invite participants to discuss ways to react or speak up when people say or do hurtful and discriminatory things. Explain that you will identify two sets of strategies:
   - what LGBQ people could say or do
   - what heterosexual allies could say or do
6. Ask group members to define what it means to be an *ally*. After hearing some of their definitions, offer the following as an additional definition. It was developed by the Gay, Lesbian, and Straight Education Network (GLSEN) as part of its Ally Week Campaign (**glsen.org/sites/default/files/Ally_Week_101.pdf**).

   > An ally is a member of a privileged group who takes a stand against oppression. An ally works to be part of social change rather than being part of the oppression.
   >
   > —"Ally Workshop" (GLSEN)
7. Post a sheet of blank newsprint. Ask the group to brainstorm ways that LGBQ people can respond to hurtful or discriminatory comments or actions. Clarify that can be tricky because some LGBQ people may not be open about their identity and may not feel safe responding as they would like to. Possible responses include
   - Talk about it with someone you trust.
   - Seek support from a caring adult.
   - Report the incident to someone in a position of power.
   - If you're sure it's safe, tell the person how their behavior affects you.
   - Ask questions: What do you know about being bisexual? Why is this so important to you?
   - Proactively, work to educate people about LGBQ issues.
   - Form a gay-straight alliance at your school. Consult GLSEN resources.
8. Next, ask the group to first identify ways that heterosexual or straight youth can be allies to LGBQ peers. (You might have participants brainstorm in pairs or small groups.) List their responses on the chart. Possible responses include
   - Say something like
     - I don't like to hear the word *gay* used like that.
     - My cousin is gay, and I wish that you wouldn't say that around me.

    - I think you're just trying to be funny, but what you're doing bothers me. It feels like a put-down.
    - That's not funny.
  - If someone tells an offensive joke about LGBQ people, don't laugh.
  - Take the person aside and tell them privately how you feel.
  - Report the incident to someone in a position of power.
  - Be a role model; be respectful, inclusive, and supportive.
  - Assume that people around you might be LGBQ. For example, ask a new friend, "Are you going out with anybody?" instead of asking a girl if she has a boyfriend or a boy if he has a girlfriend.
  - Attend or be supportive of any LGBQ events in your community, school, or church.
  - Join a gay-straight alliance or a similar group, if one exists.
9. Thank participants for their great ideas. Remind them of the Our Whole Lives values of justice and inclusivity. Stress the importance of being safe when attempting to intervene after a negative comment or action. Because homophobia can be violent, sometimes it's safest to ignore the behavior at the time and report it later to someone who can safely take action.

PREPARATION FOR GUEST SPEAKERS 10 Minutes

1. Announce that you've invited some guests to come to the next workshop to discuss their lives and share their perspectives with the group. In keeping with your decision about the panel, define who the guests will be—LGBQ only, transgender or gender nonconforming only, or a combined LGBTQ panel. Explore expectations by asking
   - What do you think the speakers will be like?
   - What kinds of things will they say?
   - How will they look and act?
   - How do you think this group will respond to them?
2. Engage the group in establishing ground rules for appropriate behavior. For example, if a participant feels upset, uncomfortable, or unwilling to engage, how should they handle those feelings? Explain that youth will be free to ask any questions they like, but that the speakers will have the right to not answer any questions they feel are inappropriate or too personal.
3. Participants with limited exposure to LGBTQ people may have some stereotypical thoughts or beliefs. Emphasize that the speakers are individuals who will not represent all LGBTQ people.
4. Ask participants to brainstorm a list of topics they would like the speakers to address or questions they would like the speakers to answer. Record the topics and questions on newsprint. Share them (or a condensed or revised list), as well as any relevant anonymous questions from the Question Box, with the guest speakers before the next workshop or when they arrive.

REFLECTION AND PLANNING 5 Minutes

1. Write one or more of the sentence stems below on a piece of newsprint and post it. Whip around the room, asking participants to complete one or more of the sentences.
   - Today I learned . . .
   - I never knew that . . .
   - I'd like more information about . . .
   - One thing I'm going to do differently is . . .
2. Pass out index cards and pencils and invite participants to write their anonymous questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss the following questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

OPTIONAL ACTIVITY
COMING OUT STORIES 25–30 minutes

Ellen DeGeneres, "The Beginning-Part 1" (7:53 minutes), **www.youtube.com**

1. In this video, Ellen uses dance to illustrate her experience of coming out as a lesbian. Preview the video so you can be prepared to stop it right after Ellen completes her dance (the dance segment is the middle 5 minutes).
2. Introduce the video by explaining that Ellen DeGeneres, an actor, comedian, and talk show host, disclosed her sexual orientation publicly in 1997, when she was thirty-nine, during an appearance on *The Oprah Winfrey Show*. At that time, she was starring in a TV sitcom, *Ellen*, and the character she played on the show also came out as a lesbian.
3. Show the video. Stop it as soon as Ellen completes her dance, just under 6 minutes in. Then ask the following questions:
   - What kinds of feelings did Ellen express in her dance?
   - How typical do you think those feelings are for someone coming out? [Point out that Ellen was older and not dependent on her parents' approval; she had countless fans and admirers to support her emotionally; she seems to be an extrovert; and she is white and financially well-off.]
   - How did the dance make you feel about Ellen? About her coming out experience?

Jason Collins, "First Openly Gay NBA Player Jason Collins and His Family," **www.oprah.com/own-oprahs-next-chapter/Oprahs-Next-Chapter-NBA-Player-Jason-Collins-and-His-Family**

1. In these video clips, Jason tells Oprah Winfrey about his decision to come out, what it's been like to be black and gay, how his twin brother and family have reacted, and how his coming out might affect the team. Preview the clips and choose several to show to your group. If you prefer, you can read excerpts from Jason's first-person article in *Sports Illustrated*, "Why NBA Center Jason Collins Is Coming Out Now" (**www.si.com/more-sports/2013/04/29/jason-collins-gay-nba-player**)
2. Introduce the video clips by asking the following questions:
   - How many of you have heard of Jason Collins? [He is one of the first professional male athletes actively playing in a major North American team sport to come out publicly as gay.]
   - Why do you think so few male professional athletes come out?
3. Explain that, in April 2013, Jason published an article in *Sports Illustrated* and then appeared on Oprah Winfrey's OWN network. Introduce and show the clips you've selected (or read excerpts from the article).
4. Process the clips or reading with questions such as
   - What are your reactions to Jason?
   - How would you feel or react if you were one of Jason's teammates?
   - How do you think being black affects the experience of being LGBQ in America and the decision to come out? How about other ethnicities?
   - How did Jason's coming out experience compare with Ellen's? [Ask this only if you also showed Ellen's video.]

Facilitator Resource 16

WORKSHOP 9: SEXUAL ORIENTATION

SEXUAL ORIENTATION DEFINITIONS

Most of these definitions come from "Sexual Orientation & Gender Identity 101," a page on the UUA website at **www.uua.org/lgbtq/identity/**. As these definitions continue to evolve, please check that website for ongoing updates.

sexual orientation: the direction of a person's sexual attractions. Some people are attracted to people of their own gender; some are attracted to people of a different gender; some are attracted to only one gender; some are attracted to more than one gender; others are not attracted to anyone. Sexual orientations include *heterosexual* or *straight*, *gay*, *lesbian*, *bisexual*, *queer*, *pansexual*, and *asexual*.

asexual: a person who is not sexually attracted to others. Someone might be asexual for a short time (like after the end of a relationship) or for their whole life. People who identify as asexual may engage in loving relationships with other people, but sexual activity is not a central part of the relationship.

bisexual: a person who is attracted both to people of their own gender and to people of another gender. Two common misconceptions are that bisexual people are attracted to everyone and anyone, and that they just haven't decided what gender they are really attracted to.

gay: word generally used to describe a man who is attracted to men. Sometimes it refers to all people attracted to people of their own gender. Sometimes *homosexual* is used to describe these people, but today this term is often seen as a medicalized term that should be retired from common use.

heterosexual: attracted to people of a different gender. Another word for *heterosexual* is *straight*, which is also sometimes generally used to describe people whose sexualities are societally normative.

lesbian: a woman who is attracted to women. The term *lesbian* is derived from the Greek island of Lesbos and can be considered a Eurocentric word that does not necessarily represent the identities of African Americans and other non-European ethnic groups; however, individual women of any ethnicity may embrace the term.

pansexual: a person who is attracted to other people regardless of their gender. Other words for *pansexual* include *polysexual* and *omnisexual*.

queer: a self-identity label for people who feel they do not fit cultural norms for sexual orientation or gender identity. This word can also mean transgressive and challenging of the status quo. It is sometimes used as an umbrella term for all people with non-heterosexual sexual orientations. The word *queer* is historically a pejorative term; its use today is met with disfavor by some and worn proudly by others.

questioning: unsure of or exploring one's sexual orientation or gender identity.

same gender loving (SGL): a term coined in the African-American/Black community to describe gay, lesbian, or bisexual orientations in a way that resonates with the uniqueness of Black culture. It has since been embraced more broadly in a variety of ethnic communities.

ally: a member of a privileged group who supports LGBTQ individuals, usually by advocating for equal rights, taking conscious steps to be inclusive, and confronting prejudice and discrimination.

biphobia: negative attitudes toward and feelings about bisexual people and the idea that people can be attracted to more than one gender, often based on negative stereotypes and/or the invisibility of bisexuals. People of any sexual orientation can exhibit or experience biphobia.

coming out: the experience of self-discovery, self-acceptance, openness, and honesty about one's sexual orientation or gender identity, and the decision to share this with others. For example, someone may come out to one friend, or a group of friends, then maybe later to their family, and later still or not at all at school or work. Coming out can be a life-long process.

discrimination: the unjust or prejudicial treatment of different categories of people on the basis of factors such as their background, identity, ethnicity, or ability. It occurs when people use individual or institutional power to act on their prejudices against a less powerful group, such as by denying members of that group certain rights or privileges. Discrimination is the combination of prejudice and power.

heterosexism: the assumption that all people are or should be straight/heterosexual; prejudice against LGBQ individuals and groups based on heterosexuality as the norm or superior/correct/appropriate orientation.

homophobia: negative attitudes toward and feelings about people with non-heterosexual sexualities, or dislike of or discomfort with expressions of sexuality that do not conform to heterosexual norms. Homophobia can incline people to avoid, discriminate against, and use violence against people they know or perceive to be LGBQ.

in the closet: unable or unwilling to disclose one's sex, sexuality, sexual orientation, or gender identity to friends, family, co-workers, or society. There are varying degrees of being in the closet; for example, a person might be out in their social life, but in the closet at school, at work, or with their family.

Facilitator Resource 17

WORKSHOP 9: SEXUAL ORIENTATION

MYTH/FACT STATEMENTS AND ANSWERS

1. Same-sex sexual behavior is unnatural.

   MYTH. The anthropologists Clellan Ford and Frank Beach found that same-sex sexual behavior is present in every species of mammal that has been carefully studied. Since human beings in all cultures, animals, and insects engage in sexual behavior with the same sex frequently and in significant numbers, it cannot be considered unnatural.

2. LGBQ people can be easily identified by the way they look and act.

   MYTH. Sexual orientation means a person's feelings of emotional, romantic, and/or sexual attraction to other people, not the way they look or act. There is no way to know for sure how someone identifies unless they tell you. For example, two women in a relationship are not necessarily lesbian; one or both of them could easily identify as bisexual, queer, same gender loving, or another identity.

3. All gay men are effeminate and all lesbian women are masculine.

   MYTH. As we learned in previous workshops, gender expression is different from sexual orientation. Men with a feminine gender expression may be gay, bisexual, straight, or any other sexual orientation. Women with a masculine gender expression may be lesbian, bisexual, straight, or any other sexual orientation. Masculine men can be gay. Feminine women can be lesbian. Gender expression is not tied to sexual orientation.

4. Parents are the major influence on whether their child is straight or gay.

   MYTH. Straight and gay children are raised in all kinds of families. Studies have been unable to show that any particular style of parenting leads a child to have a particular sexual orientation or that the sexual orientation of the parent is a factor. Remember that most non-heterosexual people have been raised by heterosexual parents who may have expected their children to be heterosexual. The fact is that children seem to develop their sexual orientation independently of their parents.

5. LGBQ people can become heterosexual if they really want to and work hard at it.

   MYTH. Although many attempts have been made, efforts to change the orientation of LGBQ people have overwhelmingly failed. People who view homosexuality as an illness have sought so-called cures, but there is no cure because being gay is not an illness. LGBQ people have been able to change their sexual behavior but not their sexual orientation. This means that gay men and lesbians who try to be straight are acting in deep contradiction to their innermost feelings, a practice that usually leads to psychological turmoil and pain.

6. If you've had a pleasurable sexual experience with someone of the same sex, that means you're gay or bisexual.

   MYTH. Identity and behavior are very different things; behavior does not dictate identity, and identity is not dependent on behavior. Regardless of behavior, we each get to choose the language or label that feels most authentic to describe our sexual orientation, according to our own internal understanding of our attractions and how we want to communicate them. A person does not need to have had certain sexual experiences before they can claim a sexual orientation, nor do certain sexual experiences have to mean anything about a person's identity.

7. Some people do not experience sexual attraction at all.

   FACT. Asexuality is real. An asexual person does not experience sexual attraction. Unlike celibacy, which is an intentional choice, asexuality is a sexual orientation like any other. Many asexual people form intimate romantic relationships and will seek long-term partnerships that are emotionally fulfilling. The need and desire for emotional relationships is separate from the desire for sexual relationships, even though these desires go hand in hand for many other people.

8. There is no such thing as a true bisexual; being bisexual is a phase. Bisexual people are generally confused about their sexuality or they are exploring.

   MYTH. Bisexual people are emotionally, romantically, and/or sexually attracted to more than one gender. This attraction does not have to be equally split between genders; a bisexual person may prefer one over others. Bisexuality is a lifelong orientation, although some individuals may never act on their attraction to a particular gender or may only do so during a particular period in their life. Some people are attracted to more than one gender but do not identify as bisexual. Bisexual people may feel that they are not accepted in either gay or straight communities.

9. Bisexual people are promiscuous and are incapable of long-term committed relationships.

   MYTH. People don't need to be partnered or sexually active with people of more than one gender to be bisexual; they only need to feel capable of being romantically or sexually attracted to people of more than one gender. Many bisexual people have happy, long-term, committed relationships.

10. The United States Constitution protects LGBQ people from being fired or denied housing on the basis of their sexual orientation.

    MYTH. The United States Constitution provides no civil rights protection on the basis of sexual orientation. In other words, there is no national law that prevents employers, landlords, or service providers from discriminating against someone because they are (or are perceived to be) LGBQ. However, some states and localities do provide such protections.

11. Gay and bisexual men are no more likely then straight men to molest children.

    FACT. Research has shown that gay and bisexual men are not any more likely to molest children than straight men. In fact, some research has indicated

that many child molesters feel attractions primarily on the basis of age, rather than gender, and thus their orientation is toward children, not men or women.

12. In LGBQ relationships, one partner plays the "man" role and the other plays the "woman" role.

    MYTH. As we learned in the last workshop, the idea that all people fit into strict gender roles is flawed and untrue. Similarly, the idea that all relationships involve two people playing male and female gender roles is flawed and untrue. Not only can people in same-gender relationships break out of these roles, so can people in different-gender relationships.

13. LGBQ relationships seldom last.

    MYTH. LGBQ people, like straight people, have many different kinds of relationships. Some last and some don't. The myth is that it is rare to see long-term same-sex relationships. Some such relationships have lasted for twenty, thirty, forty years and longer. Also, remember that nearly 50 percent of heterosexual marriages in the United States and Canada end in divorce. Relationships don't always last, regardless of the genders of the people involved.

14. People who are not fully out about their sexual orientation in every part of their lives are unhealthy, ashamed, or deceptive.

    MYTH. How open a person is about their sexual orientation is completely up to that person and depends on many different factors. One can be out only to oneself and be perfectly healthy and self-assured. For some people, coming out to family, employers, health care providers, or others can mean being denied basic needs, being kicked out of their home, losing their job, or worse. There are many important reasons people choose not to disclose their sexual orientation.

15. There is an LGBQ community.

    MYTH. Popular media promotes the idea that there is a singular community of LGBQ people that shares goals, views, and characteristics. For example, "the LGBQ community" is presented by the media as predominantly white, well educated, middle class, liberal, and urban. In fact, LGBQ people are incredibly diverse. LGBQ people have formed many communities, around such things as race and ethnicity, geography, gender, gender expression, and many other identities and characteristics. Furthermore, many LGBQ people don't consider themselves part of any of these communities.

16. Society now accepts LGBQ people, so there is no need to talk about LGBQ issues.

    MYTH. While acceptance of and legal equality for LGBQ people have grown over the past decades, there is still a very long way to go before LGBQ people can enjoy equity with their heterosexual counterparts. LGBQ people still face regular discrimination. For example, they may be verbally or physically harassed or rejected by their families. LGBQ people have higher rates of depression and suicide, related to the personal and social challenges they face because of their sexual orientation.

Facilitator Resource 18

ORGANIZATIONS AND WEBSITES WITH RESOURCES ON LGBQ YOUTH

The Gay, Lesbian, and Straight Education Network (GLSEN), **www.glsen.org,** strives to assure that each member of every school community is valued and respected regardless of sexual orientation or gender identity/expression. GLSEN believes that such an atmosphere engenders a positive sense of self, which is the basis of educational achievement and personal growth. The organization seeks to develop school climates where difference is valued for the positive contribution it makes in creating a more vibrant and diverse community. GLSEN welcomes as members any and all individuals, regardless of sexual orientation, gender identity/expression, or occupation, who are committed to seeing this philosophy realized in K–12 schools.

Parents, Families, and Friends of Lesbians and Gays (PFLAG), **www.pflag.org**, promotes the health and well-being of lesbian, gay, bisexual, and transgender persons, their families, and their friends by offering support to help LGBT people cope with an adverse society; education to enlighten an ill-informed public; and advocacy to end discrimination and to secure equal civil rights. PFLAG provides an opportunity for dialogue about sexual orientation and gender identity, and acts to create a society that is healthy and respectful of human diversity.

The Gay-Straight Alliance Network, **www.gsanetwork.org**, is a national youth leadership organization that connects gay-straight alliances to each other and to community resources through peer support, leadership development, and training. GSA Network supports young people in starting, strengthening, sustaining, and building the capacity of GSAs.

The Safe Schools Coalition, **www.safeschoolscoalition.org**, is an international public-private partnership in support of gay, lesbian, bisexual, and transgender youth. It works to help schools all over the world become safe places where every family can belong, where every educator can teach, and where every child can learn, regardless of gender identity or sexual orientation.

Teaching Tolerance, **www.tolerance.org**, was founded in 1991 by the Southern Poverty Law Center and is dedicated to reducing prejudice, improving intergroup relations, and supporting equitable school experiences for children. It publishes a magazine entitled *Teaching Tolerance* and provides free educational materials and curricular kits to teachers and other school practitioners in the U.S. and abroad.

The Trevor Project, **www.thetrevorproject.org**, is determined to end suicide among LGBTQ youth by providing life-saving and life-affirming resources, including a nationwide, 24/7 crisis intervention lifeline, digital community, and advocacy and educational programs that create a safe, supportive, and positive environment for everyone.

YouthResource, **www.youthresource.com,** is a website for and by lesbian, gay, bisexual, transgender, and questioning young people that takes a holistic approach to sexual health. It is hosted by Advocates for Youth, **www.advocatesforyouth.org**.

The Family Acceptance Project, **www.familyproject.sfsu.edu**, is a community research, intervention, education, and policy initiative that works to decrease major health risks and related risks for LGBTQ youth, such as suicide, substance abuse, HIV, and homelessness, in the context of their families. The organization uses a research-based, culturally grounded approach to help ethnically, socially, and religiously diverse families decrease rejection and increase support for their LGBTQ children.

WORKSHOP 10 Guest Panel

This workshop benefitted from the contributions of Eli R. Green.

A WORD TO THE FACILITATORS

A guest panel is an opportunity to deepen participants' understanding of, and empathy with, people who face homophobia, heterosexism, biphobia, and/or transphobia. This workshop is one of the most healing activities educators can facilitate for youth. Interacting with individuals who happen to be LGBTQ provides an opportunity to put real faces on the issue and to move beyond stereotypes. Typically, participants relate to the humanity of the speakers, whose moving stories often lead to the conclusion that no one should be isolated or persecuted for being who they are. It is hoped that participants will be motivated to actively promote acceptance of people of all sexual orientations and gender identities.

Co-facilitators should decide on the most optimal composition for the guest panel. Depending on your organization and your specific group, and on your access to potential speakers, decide whether to have a panel of LGBQ people, transgender or gender-nonconforming people, or a combined LGBTQ panel.

The guest panel can have a strong impact on participants who are questioning their sexual orientation or gender identity. Meaningful interactions with people from outside their own community who are openly LGBTQ give youth a point of reference as they explore their own sexual orientation or gender identity. For participants who currently or may later identify as LGBTQ, a guest panelist may be the first positive role model or provide an important signpost toward support in their likely difficult journey. These youth, who may feel alone or confused, benefit from seeing LGBTQ adults who are respected and affirmed for who they are.

WORKSHOP GOALS

- to demonstrate the range of non-heterosexual orientations and gender-nonconforming identities
- to provide a personal connection to people who are LGBTQ and/or allies, and offer youth a variety of first-hand insights
- to identify the costs of homophobia, heterosexism, biphobia, and transphobia
- to nurture empathy for individuals who face prejudice and discrimination because they do not fit cultural norms for sexual orientation, gender identity, or gender expression

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- explain two negative impacts of homophobia, heterosexism, and biphobia on LGBTQ people and/or two negative effects of transphobia on transgender and gender-nonconforming people
- demonstrate understanding and empathy for people who have been marginalized as a result of their sexual orientation, gender identity, or gender expression

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	10 minutes
Guest Speakers	70 minutes
Reflection and Planning	10 minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ participants' questions for the guest panel (both those brainstormed at the end of the previous workshop and any from the Question Box)
- ☐ the Group Covenant chart
- ☐ water for the guest speakers
- ☐ index cards and pencils or pens
- ☐ thank you cards for the guest speakers
- ☐ Facilitator Resource 19, Tips for Creating a Successful Panel
- ☐ **optional:** a 1-minute-warning card to help speakers keep track of their time
- ☐ **optional:** refreshments

PREPARATION

1. Use Facilitator Resource 19, Tips for Creating a Successful Panel, to plan and facilitate the best possible experience for all involved.
2. Confirm arrangements you have made with the guest speakers. Attend to the logistics of transportation, parking, refreshments, etc.
3. If you are planning to serve refreshments, make sure participants and guests are not allergic to any items being served.
4. Post the Group Covenant chart. Have newsprint, markers, and tape ready in case guests want to use them.

Workshop Plan

REENTRY AND READING (R&R) 10 Minutes

1. ***Reentry***

   Welcome participants and guests. Introduce the guests briefly and ask all participants to say their name. Point out the Group Covenant and remind the group that these guidelines, including confidentiality, apply to this workshop. Ask

- Who can describe for our guests what happened at the last workshop?
- How is your life better since the last workshop?

2. ***Question Box***

   Explain that the guests will answer relevant questions from the Question Box during the panel discussion. Questions that are not relevant to the guest panel will be answered in the next workshop.

3. ***Reading***

   Read, or have a volunteer read, the following quote:

   > Beloved community is formed not by the eradication of difference but by its affirmation, by each of us claiming the identities and cultural legacies that shape who we are and how we live in the world.
   > —bell hooks

   After the reading, get a few reactions, or it might be appropriate to simply allow a moment of silent reflection and then transition to the guest speakers.

GUEST SPEAKERS 70 Minutes

1. Introduce the guest speakers more formally. Explain that each will take about 5 minutes to tell their individual story and then all the panelists will be open to questions. Make clear that the speakers will address the questions that participants brainstormed at the end of the previous workshop, as well as anonymous questions from the Question Box and verbal questions from participants.
2. It can be challenging for a group of youth to sit still and listen for an extended period of time, even when the speakers are fascinating. When all the speakers have told their initial stories, announce a brief stretch break and provide index cards and pencils to participants who wish to write new questions. **Optional:** Invite participants and guests to partake of any refreshments provided.
3. After the stretch break, facilitate a question and answer period. Invite the youth to begin asking questions they feel comfortable asking aloud. You can alternate their questions with questions from the index cards and questions brainstormed in the previous workshop.
4. If participants run out of questions, consider asking the following:

   For Transgender and Gender-Nonconforming Speakers

   - What terms or labels do you use to describe yourself? What are your preferred pronouns?
   - When did you realize that your feelings, experiences, or identity didn't line up with people's expectations of you?
   - What did you do? How did other people respond? What has it been like for you? Help us understand your experience as a transgender or gender-nonconforming person.
   - What is your sexual orientation?

For All Speakers

- When did you first come out to yourself; that is, when did you understand and accept your identity?
- How did you know you were lesbian/gay/bisexual/transgender/queer?
- Who was the first person that you told about your identity?
- Have you come out to your parents? If so, how did they react?
- What were junior high and high school like for you? Were you out in junior high or high school?
- What do you think is different for youth today who are LGBTQ compared to when you were our age?
- What is the best part of being LGBTQ?
- What is the hardest part?
- How do you meet other people who are LGBTQ?
- What's the best way to support someone who's questioning their sexual identity?
- What advice would you give a young person who is thinking about coming out?
- What specific things can people do to be inclusive or supportive of you?

5. Thank your guests for sharing their time and their stories with the group. If you have time, end the panel by reading the following piece:

Different Drums and Different Drummers

If I do not want what you want, please try not to tell me that my want is wrong.

Or if I believe other than you, at least pause before you correct my view.

Or if my emotion is less than yours, or more, given the same circumstances, try not to ask me to feel more strongly or weakly.

Or yet if I act, or fail to act, in the manner of your design for action, let me be.

I do not, for the moment at least, ask you to understand me. That will come only when you are willing to give up changing me into a copy of you.

I may be your spouse, your parent, your offspring, your friend, or your colleague. If you will allow me any of my own wants, or emotions, or beliefs, or actions, then you open yourself, so that someday these ways of mine might not seem so wrong, and might finally appear to you as right—for me. To put up with me is the first step to understanding me. Not that you embrace my ways as right for you, but that you are no longer irritated or disappointed with me for my seeming waywardness. And in understanding me you might come to prize my differences from you, and, far from seeking to change me, preserve and even nurture those differences.

—David Keirsey, *Please Understand Me* (Prometheus Nemesis Book Co., 1984)

6. Invite the youth to say goodbye to the guests, and have a co-facilitator or a youth escort the guests from the meeting room. Then re-gather to close the workshop.

REFLECTION AND PLANNING 10 Minutes

1. Help participants process the panel discussion with the following questions:
   - What is your overall reaction to the panel?
   - What surprised you? What new information or insight did you get?
   - What feelings came up for you? [Find out if participants ever felt discomfort, and if so, what evoked that feeling.]
   - What questions do you still have?
2. Tell the group that the next workshop deals with sexuality and disability.
3. Distribute index cards and ask participants to write their questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."
4. Invite everyone to sign the thank you cards for the guests.

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss these questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

Remember to send the thank you cards to the guests.

Facilitator Resource 19

WORKSHOP 10: GUEST PANEL

TIPS FOR CREATING A SUCCESSFUL PANEL

A guest panel invites participants to learn first-hand about the experiences of people who are LGBTQ. A face-to-face experience often has a greater impact than other, less interactive teaching methods. However, research has shown that when speakers are not carefully selected, guest panels can strengthen preexisting stereotypes and disseminate inaccurate information.

1. Try to have diverse identities on the panel. Invite guests who vary in age, ethnicity/race, class, religious backgrounds, abilities, physical appearances, and other identities. Diversity will broaden participants' understanding of LGBTQ identities.
2. For an LGBQ panel, be sure to include people who identify specifically as bisexual and queer. Bisexuals are frequently not included in panels, and yet they often have very different experiences than lesbians and gay males. Similarly, people who identify as queer will likely also have different viewpoints and experiences than those who identify as lesbian, gay, or bisexual. Some Our Whole Lives facilitators choose to include heterosexual panelists. This is an option, but remember that this panel presents an opportunity for youth to focus on non-heterosexual perspectives, and that the amount of heterosexism in society means that such an opportunity is rare.
3. For a transgender and gender-nonconforming panel, try to find panelists who represent a diversity of gender identities and expressions, and sexual orientations. If you can find some panelists who are transgender or gender nonconforming and who also have a non-heterosexual orientation, you might be able to address both gender identity and sexual orientation quite well.
4. If you're doing a combined panel, with some speakers who are LGBQ and some who are transgender or gender nonconforming, include more than one speaker who is a transgender or gender nonconfirming person. A lone individual may feel vulnerable, tokenized, or as if they are being asked to speak for all people holding the same identity. Be careful to clarify the differences between gender identity and sexual orientation while conducting the panel.
5. Invite three to five guest speakers well in advance. Communicate with them carefully, telling them about your group (age, maturity level, etc.). Let the speakers know group members will be invited to ask any questions they like, but speakers can always pass if they don't want to answer. Share some of the questions you and your group plan to ask. Make sure the guests are comfortable talking with young adolescents and that their story and personality would be a good fit for the panel. Consider asking the following questions:
   - What experience have you had with junior high school–aged youth? How comfortable are you communicating with that age group?

- Can you share a bit of your personal story with me?
- How comfortable are you with answering very personal questions?

6. Explore friend and collegial networks to identify potential panelists. Ask them to refer you to people they know and have seen speak. You might also contact a local PFLAG chapter or LGBTQ advocacy group, or an LGBTQ resource center at a local college or university. If possible, avoid using staff from your agency, organization, school, or church. However, it's a great idea to recruit panelists from similar organizations in a nearby city. It works especially well when those organizations are also facilitating Our Whole Lives and support the goals and values of the program.
7. It may be useful to include speakers who vary in their connection to LGBTQ experiences and issues such as a child of an LGBTQ parent, a sibling of an LGBTQ person, a parent who is LGBTQ, and an active ally in your local community. The relatives and allies of LGBTQ people can be powerful role models.
8. If you're having a hard time finding people who can be physically present at a guest panel, consider alternatives such as Skype or video conferencing. If you have the necessary technology, this is an excellent way to expand your panel.
9. Ask speakers to be prepared to tell their story within a 5-minute time frame:
   - They should begin with a brief introduction that includes their name, age, current family situation, occupation, etc. The goal is to give the group a sense of them as a person—a human being, not just as someone who is LGBTQ.
   - They should go on to describe feelings they had growing up, how they became aware of their identity, what it has been like living as a person of their identity, and where they are in the process of coming out.
   - Participants who are allies can spend the 5 minutes explaining their relationship to LGBTQ individuals and the experience of being an ally.
10. Let the speakers know that timing will be critical. It's important for them to limit their formal remarks to no more than 5 minutes each so there will be plenty of time to respond to participants' questions. If you decided to use one, tell them you'll use a "1-minute warning" card to help them manage their timing. Remind them they are welcome to pass if they're asked a question they don't feel comfortable answering.
11. Make sure the speakers know all the logistical information. Call them or send reminder emails the week before and again the day before the workshop.

WORKSHOP 11 Sexuality and Disability

This workshop is adapted from material created by Maria Clark Adragna and Melanie Davis.

A WORD TO THE FACILITATORS

It's important for all participants to have an understanding of disability, whether they experience a disability at this time or not. Just as participants may be anywhere along the spectrum of sexual orientation, gender identity, physical and emotional maturity, and sexual and relationship experience, they may also represent a spectrum of physical, emotional, cognitive, neurological, and learning abilities. They may have permanent disabilities now, or may become temporarily or permanently disabled through accident or illness in the future. In fact, using the single term *disability* is deceptive, because it describes a wide range of conditions including, but not limited to, learning disabilities, attention deficit hyperactivity disorder (ADHD), autism spectrum disorders, sensory loss (deafness, blindness, etc.), disfigurement, chronic pain, motor disabilities, long-term illness, developmental delays, intellectual and cognitive disabilities, schizophrenia, and mood and anxiety disorders. Like sexuality, disability is a diversity issue. It is part of the human experience, and we are called to accept and appreciate ourselves and others in all our wonderful variety.

In a sexuality education program like Our Whole Lives, it's important to recognize that persons with disabilities are sexual beings with sexual needs, feelings, and identities. Yet they are often viewed by the broader society as asexual and are not given access to relevant sexuality education. Myths, misinformation, and discomfort are widespread. Participants may have never had the opportunity to talk openly about disability issues. Most of us learn while growing up that it is not polite to notice or discuss differing abilities and that such differences are bad or taboo. This workshop is designed to get people to open up, be honest, ask questions, and share points of view.

All participants will be able to gain important insights. Participants without disabilities will gain understanding of and empathy for people with disabilities and recognize that, as sexual human beings, they share many commonalities. Participants with disabilities will benefit from their peers' empathy for and acceptance of them as sexual beings. The workshop communicates the message that friendship and attraction are normal among and between people with and without disabilities. It presents sexuality and disability as a social justice issue by reinforcing the principle of the inherent worth, dignity, and sexuality of all people.

Facilitator Resource 20 demonstrates that language matters. If you prefer, you can use the phrase *people with differing abilities* instead of *people with disabilities* during the workshop.

WORKSHOP GOALS

- to introduce the sexual nature and rights of people with disabilities as a social justice issue
- to identify emotional and sexual commonalities among people with differing abilities and disabilities
- to increase participants' capacity to respect and empathize with human differences

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- describe historically sex-negative attitudes toward individuals with atypical physical, emotional, or cognitive abilities
- identify at least three ways in which sexual attitudes, needs, and expression may be similar for persons with and without disabilities
- demonstrate a willingness or desire to interact comfortably with diverse others
- identify at least two ways to be welcoming of peers with disabilities or elicit support from peers without disabilities

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	20 minutes
Discussion: Disability and Sexuality	10 minutes
(Sex)Abled Video and Discussion OR Ofelia's Story	30 minutes
Scenarios: What Would You Do?	25 minutes
Reflection and Planning	5 minutes
OPTIONAL ACTIVITIES	
Cross the Line	20–30 minutes
Sexuality Challenge Match	20 minutes
Rethinking What's Possible	10–30 minutes

MATERIALS CHECKLIST

- ☐ the Circles of Sexuality chart
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ Facilitator Resource 20, Language Matters

For (Sex)abled Video

- ☐ a computer with Internet access or a copy of the DVD *(Sex)Abled* and a large monitor or digital projector

For Ofelia's Story

- ☐ Facilitator Resource 21, Ofelia's Story

For Scenarios: What Would You Do?

- ☐ Handout 7, Scenarios
- ☐ Facilitator Resource 22, Scenarios Discussion Tips

For Optional Activity, Cross the Line

- ☐ Facilitator Resource 23, Cross the Line Statements

For Optional Activity, Sexuality Challenge Match

- ☐ newsprint, markers, and tape
- ☐ four signs, labeled With Disability, Without Disability, Both, and Neither

For Optional Activity, Rethinking What's Possible

- ☐ a computer with Internet access or downloaded videos and a large monitor or digital projector

PREPARATION

1. Read the workshop plan, including the handout and facilitator resources. Decide together which activities you will conduct and how to share leadership responsibilities. There are many options for this workshop. First, there are two options for the opening reading. For the second activity, you can choose between the *(Sex)Abled* video and "Ofelia's Story." If you have extra time for this workshop, you might conduct one of the optional activities. Two of the optional activities involve movement, which could be a nice addition to the workshop.
2. Make a list of disabilities you've encountered in your organization or community. Be prepared to provide examples of specific disabilities during this workshop.
3. Review Facilitator Resource 20, Language Matters, to enhance your awareness of the vocabulary that is currently used to describe different disabilities. Keep in mind that people vary in their preference for and comfort with different terms, so no language will be perfect in all situations.
4. Post the Group Covenant and Circles of Sexuality charts.

For (Sex)Abled Video and Discussion

Preview the documentary *(Sex)Abled* (14:33 minutes). You can access this video in different ways: stream it for $.99 at **http://sexsmartfilms.com/premium/film/419/45/19/-sex-abled--disability-uncensored#videoContainer,** order a copy of the DVD from Amanda Hoffman at **ama.hoff@gmail.com**, or view it on YouTube at **www.youtube.com**.

For Ofelia's Story

1. This is a lengthy but powerful story. Decide together on the best way to have it read aloud in the group. You might decide to take turns reading it as a co-facilitation team, or to ask several strong readers to do so. If you ask par-

ticipants to do the reading, give them the story at least a week in advance so they can read it over and get comfortable.

For Scenarios: What Would You Do?

1. Review the handout in advance. Feel free to create additional scenarios that reflect issues that have come up in your program or that are of interest to your group. Make copies.
2. There are many ways to conduct this activity. You might select three scenarios and discuss them one after another with your group. Or you might divide participants into small groups and assign each group one to three scenarios to discuss. Or you might distribute the handout to everyone, have them pair off or form small groups, and come up with responses to at least two scenarios of their choice.
3. If your group prefers more active learning, you might invite them to act out their scenarios and solutions, either after planning and scripting their responses or as improv skits.

For Optional Activity, Cross the Line

1. This activity would work well early in the workshop, just after the discussion that frames the topic of disabilities. Its purpose is to increase empathy for the experience of being stereotyped or discriminated against because of who you are. It's a movement activity that can have an emotional impact.
2. Review Facilitator Resource 23, Cross the Line Statements, and select those that you think are appropriate for your group. Add others that might be particularly relevant.
3. This activity requires a large enough space so that participants may position themselves together in a large group and move around a bit. If the group contains individuals with mobility issues, adapt the activity by asking participants to raise their hand or otherwise indicate if the statement applies to them. You can rename the activity Raise Your Hand.
4. This is intentionally a sensitive or emotional activity. Expect to get some emotional reactions, and prepare participants to see and feel strong emotions.

For Optional Activity, Sexuality Challenge Match

1. This activity is intended to build common ground among participants with and without disabilities. Post the signs along a wall or on the floor, in this order: Disability, Without Disability, Both, Neither.
2. Make sure all participants can move freely around and among the four positions. If this isn't possible, adapt the activity so all youth can participate while seated, such as by giving each participant a set of four large index cards with the same labels as the signs.

For Optional Activity, Rethinking What's Possible

1. It's quite common to think of people with disabilities in terms of what they cannot do, instead of what they can do. These videos show people doing things one might not expect. They defy the stereotypes and make it easier for Our Whole Lives participants to see the commonalities among able-bodied people and people with disabilities.
2. Preview the following video clips. Cue up the clips you wish to show the group:
   - wheelchair basketball promo (3:09 minutes), **www.youtube.com**
   - *Murderball* trailer (1:58 minutes), **www.youtube.com**
   - wheelchair dance competition (5:43 minutes), **www.youtube.com**
   - *Sound of Silence* trailer—"Deaf Can Dance" (3:22 minutes), **www.youtube.com**
   - "Allison Becker—Deaf Contemporary Dancer" (4:37 minutes), **www.youtube.com**

Workshop Plan

REENTRY AND READING (R&R) 20 Minutes

1. ***Reentry***

   Welcome participants back and help them reenter the program by asking
   - What leftover feelings or reactions do you have from the last workshop?
   - Who talked to a friend or family member about the guest panel? What was that conversation like?
   - How is your life better since the last workshop?
2. ***Question Box***

   Answer any questions from the Question Box, including any questions not answered in Workshop 10, Guest Panel.
3. ***Reading***

   Explain that today's workshop will focus on another dimension of human diversity: abilities and disabilities. Refer to the Circles of Sexuality chart and briefly discuss how the topic fits in the circles.
4. There are two options for the reading. Read either option 1 or option 2 and process it afterward with the appropriate questions.

   Option 1: Outside the Circle (based on an actual event)

   At a national religious conference, a group of twelve youth bounded into the elevator lobby, talking, laughing, and having a great time. The group included Lani, a 14-year-old girl permanently disabled as a result of a spinal cord injury. Lani was being pushed in a wheelchair by her mother.

   Excited about a workshop they had just attended, the teens took over the space, talking over each other, laughing, and joking around. As they talked, they formed an impromptu circle, facing inward. Everyone but Lani, that is. She sat by herself, outside the circle, her eyes downcast. None of her peers seemed to notice.

After a few minutes, an elevator door opened, and the group of youth surged into it, laughing as they squeezed into the small space. Lani smiled as her mom pushed her chair forward to get on the elevator. The youth inside shifted a bit, but there wasn't enough room for all of them and Lani in her wheelchair. As Lani's mom backed the chair away from the elevator, someone called out, "Sorry! We'll send it back down!" The doors closed and the sound of laughter faded along with Lani's smile. Seeing her daughter's shoulders slumped and her head dipped low on her chest, Lani's mother smiled and shrugged as if to say, "That's just the way it goes."

- Give participants a moment to reflect before asking the following questions:
  - What are your reactions to this story?
  - Put yourself in Lani's shoes. How would you have felt in that situation?
  - What's it like to feel on the outside of any group?
  - Why do you think the group of youth excluded Lani from their circle?
- Read, or ask a volunteer to read the following poem:

Outwitted

He drew a circle that shut me out—
Heretic, a rebel, a thing to flout.
But Love and I had the wit to win:
We drew a circle that took him in!

—Edwin Markham

- Process the poem with the following questions:
  - In this poem, who is responsible for being more loving and drawing a wider circle of acceptance?
  - How does this poem relate to Lani's story?
  - In our reading, how might things have changed—for the group and for Lani—if the group had redrawn the circle to take Lani in?

Option 2: Interview with Cara Liebowitz (a teen disability rights activist and writer who has cerebral palsy)

I'm very insecure about my sexuality around ABs (able-bodied people), especially. I just don't feel sexy in the "normal" world. When I'm at a dance with a majority of ABs, I dance and I feel awkward and spastic (ha, ironic double meaning there . . . .), and I don't feel like people acknowledge me as a sexual being. But at a crip dance, like at camp or a similarly crip-dominated event, we're all crippled, so it's like that part of the equation is removed and the playing field is leveled. At a crip dance I do feel sexy, and I feel I can assert the sensual side of myself comfortably . . . .

Society wants to demean us, so they paint a picture of disabled people being either perpetual children (and therefore sexless beings) or pitiful, tragic objects that only serve as scare tactics (you could end up like THIS!). So neither of those stereotypes fits well with sex.

Also, they (able-bodied people) are afraid of being labeled as some kind of pervert for thinking a crippled guy/girl is sexy or attractive, because society dictates that in order to be sexy/attractive, you need to be able-bodied, as well as a whole host of other unrealistic characteristics. Therefore, . . .

when the topic comes up they're awkward and embarrassed because they're uncomfortable with the subject.

—Cara Liebowitz, March 16, 2014, *Love on Wheels: Sex, Love, Disability*, **loveonwheels-ekiwah.blogspot.ca**

Use the following questions to process the reading:

- What do you think of Cara's experiences and point of view?
- How do you react to her opinion that society views people with disabilities as perpetual children or pitiful, tragic (and thus sexless) objects?
- What was your sense of Cara's sexuality? Did she seem like a sexless being?

DISCUSSION: DISABILITY AND SEXUALITY 10 Minutes

1. Tell group members that you want to have a brief discussion about disabilities before doing an activity with them. Ask
   - When you think of disability, what comes to mind? [Explain that disability is a physical, cognitive, mental, or sensory difference that affects the way a person functions. It's often defined as a lack or a limitation, with nondisabled as the norm. Those negative definitions lead to the belief that people with disabilities are lacking, wrong, bad, and inferior, and they cause individuals to be stigmatized. We will define disabilities as "differing abilities" rather than limitations. It's a bit like being left-handed in a right-handed world. If you prefer, you can use the phrase *people with differing abilities* instead of *people with disabilities* for the rest of the workshop.]
   - What kind of disabilities do you know about? Do any of you have a disability of any type, or have friends or family members with disabilities? [Explain that disabilities vary quite a bit. They can be temporary or permanent, visible or invisible, minor or significant. They can be physical, developmental, intellectual, sensory, or mental. Ask participants for examples of disabilities in these categories. Offer additional examples of disabilities to give participants a sense of their range and diversity.]
2. Give the following information briefly:
   - Throughout history, people with disabilities have been stigmatized and discriminated against. In the early 1900s, the eugenics movement was a worldwide effort to prohibit sexual reproduction by anyone who did not fit cultural ideals of health, appearance, behavior, and genetics. People with physical and intellectual disabilities were particularly targeted and were often institutionalized, overmedicated, forced to have abortions, forcibly sterilized, and prevented from having romantic or sexual relationships. The eugenics movement was largely discredited by the mid-twentieth century.
   - Today, while people with disabilities have more freedom and legal rights, they still face challenges in enjoying their sexuality:
     - Many sexuality education resources and classes are not accessible to people who have visual, hearing, or intellectual disabilities.
     - Many health care practitioners don't feel equipped to provide sexual health care to patients with disabilities, or comfortable doing so.
     - People with disabilities are more likely to be sexually abused than their peers without disabilities, regardless of gender.

- Parents are often overprotective of teens with disabilities and allow them fewer social freedoms than other teens enjoy.
- Many in society continue to assume that people with disabilities are less curious about, interested in, or available for romantic and sexual relationships than people without disabilities.

3. Process this information by asking
   - Where do you think this prejudice and oversight come from? [Responses may include fear, ignorance, and personal attitudes. These attitudes have meant that people with disabilities are marginalized and routinely denied acceptance in many areas of social life, including their sexual lives.]
   - Have you been treated differently than your peers because of a disability, or observed people with disabilities being treated differently? What did that treatment look like? Why do you think someone acted that way? Was the person deliberately rude or cruel, or were they acting out of ignorance, fear, or discomfort?
4. If you read Option 1, "Outside the Circle," remind participants of the story. Did the youth mean to exclude Lani, or did they simply intend to have fun, without realizing how their actions affected her? Which matter more, intentions or consequences?
5. End by making the following points:
   - All people, regardless of ability, race, ethnic background, age, sexual orientation, gender identity, or income level, are sexual.
   - We all have feelings, a need for education, a need for relationships, and the right to feel desire and pleasure.
   - Being viewed as nonsexual is extremely painful and unjust. [If you read Option 2, the interview with Cara Liebowitz, remind participants of her comments.]

(SEX)ABLED VIDEO AND DISCUSSION 30 Minutes

This activity is an alternative to Ofelia's Story. You should only conduct one of these two activities.

1. Introduce the video by explaining that it was produced by and features college students with disabilities who give presentations about sexuality to their peers. Ask participants to be prepared to share something they learned from the video.
2. Show the video. If you are watching it online, be sure to allow time for it to buffer, to avoid skips or pauses in the playback.
3. Lead a discussion with the following questions:
   - What are your reactions to this video?
   - What is one thing you learned from it? (Call on three or four people.)
   - How did you feel when the comedians joked about their disabilities? How would you feel if comedians without disabilities made those kinds of jokes?
   - How did people in the video adapt to the challenges of meeting people and dating? Which of their strategies would you consider trying (or have you already tried)?

OFELIA'S STORY 30 Minutes

This activity is an alternative to the *(Sex)abled* video and discussion. You should only conduct one of these two activities.

1. Tell the group they'll get to explore how one teen with a disability deals with relationships and sexuality. Make the following points to set up the activity:
   - We're going to hear a story about Ofelia, a teen woman with a physical disability.
   - We'll read and discuss the story in two parts.
2. Read part 1 of Ofelia's story from Facilitator Resource 21. Lead a discussion using the following questions:
   - If Ofelia joined our group today, how comfortable would you be?
   - How is she like any other teenager?
   - What do you think will happen between Antoine and Ofelia?
3. Read part 2 of the story. Process it with the questions below:
   - How close did you come to predicting the ending of the story?
   - What, if anything, surprised you about Ofelia's sexual feelings and experiences?
   - Ofelia told us about her first experience of vaginal intercourse with Antoine. How do you think that compares with other girls' first experience? [It is not unusual for a girl to feel pain or discomfort the first time she has vaginal intercourse, especially if she's nervous.]
   - How do you think Ofelia's sexual experiences with Antoine might have changed over the two years they've been together? [They have probably improved. Once Ofelia's hymen stretched or tore, she would no longer feel that kind of pain.]
   - How do you feel about the way Ofelia and Antoine planned for their first experience with vaginal intercourse?
   - How did you feel about the way Antoine related to Ofelia?
   - How easy or difficult would it be for you to get romantically involved with someone in a wheelchair? How do you think Antoine got to be as comfortable as he is? [Antoine had a lot of exposure to people in wheelchairs. His knowledge and experience made him less anxious and more comfortable. He was able to see beyond the wheelchair to see the person Ofelia. How wonderful!]

SCENARIOS: WHAT WOULD YOU DO? 25 Minutes

1. Invite the group to do to some problem solving related to their own or others' challenges with a range of disabilities. Distribute the handout or individual scenarios in the format you've chosen.
2. As you discuss each chosen scenario in the large group, use the following questions to process it:
   - How comfortable would you feel in this situation?
   - What would make it hard or easy for you to relate to (or connect with) this person?
   - What would you do in this situation?

3. Invite positive feedback and alternative solutions. As the scenarios are reviewed, weave in some of the following points as appropriate:
   - It's understandable if you think you'd feel uncomfortable with individuals who have some type of significant disability. This discomfort results from a lack of exposure and a lack of confidence about how to act with the person. Also, it is common to believe myths and stereotypes when you don't have any personal experience.
   - When people without disabilities feel anxious or uncomfortable with a person who has a disability, they will often look away or avoid the person. Similarly, many persons with disabilities will choose to socialize primarily with disabled peers.
   - This segregation does not give people without disabilities exposure to differences and causes people with disabilities (like Cara and Ofelia) to be excluded, isolated, and viewed as perpetual children and as sexless, as well as in other negative ways.
   - We can all overcome feelings of discomfort by educating ourselves, learning about the experiences of other groups, and increasing our interaction with diverse others.
   - All people, regardless of race, ethnic background, age, ability, sexual orientation, gender identification, or income level, are sexual. We all have feelings, a need for education, a need for relationships, the right to feel desire and pleasure, and so on.
   - Being viewed as nonsexual is extremely painful and unjust.
4. Close by asking, "What could you do to help eliminate some of the barriers individuals faced in these scenarios?" Offer the following if they aren't mentioned:
   - Encourage peers with disabilities to participate in social, school, and community events and activities that are held in accessible places.
   - Advocate for such events and activities to be held in accessible, barrier-free environments. (Is your school or park accessible?)
   - Speak up when negative words or phrases are used about differing abilities.
   - Write TV, film, and video game producers a note of support when they portray someone with a disability positively.
   - Accept people with differing abilities as individuals with the same needs and feelings as anyone else.

REFLECTION AND PLANNING 5 Minutes

1. Ask participants what they thought of today's workshop. Whip around the room to have everyone state one new thing they learned today.
2. Tell participants that the next workshop will focus on relationships.
3. Distribute index cards and have participants write questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss these questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

OPTIONAL ACTIVITY
CROSS THE LINE

20–30 Minutes

1. Give the following information to introduce the activity:
   - The next activity, called Cross the Line, will help you become more aware of the impact of stereotypes and discrimination.
   - The playing field is not level for everyone in our society, and sometimes we're unaware of the different factors that affect our experiences of privilege or equality.
2. Draw an imaginary line on the floor, dividing the space in half. Position all of the participants on one side of the line. Explain that this side will be the "home" area. Give the following directions:
   - I'll read some statements to describe experiences that some of you may have had.
   - When I read a statement that you feel applies to you, or that you identify with, you will cross over the line to the other side. Stay there until I tell you to move back to the home area.
   - This activity is completely voluntary. Even if a statement applies to you, you can choose not to cross the line if you don't want to reveal that it applies. You're in charge of what you share.
   - Those who cross the line will turn around and make eye contact with the group in the home area. The people in the home area will meet their eyes, so that each group is looking into the eyes of the other. Each group should pay attention to how they're feeling and try to imagine what it would feel like to be on the other side of the line.
   - We won't have any discussion until all the statements have been read.
3. Begin the activity by reading the first statement. Once people have moved, encourage both groups to make eye contact for at least a few seconds. Explain that those who have crossed the line have been discriminated against or abused just because of who they are. (Do not say this for the statement "Have a disability, visible or invisible." Instead, say that those who have crossed the line may or may not have been discriminated against or abused because of who they are, but they are always at risk of having it happen.) How does that feel? Those in the home area have been more privileged and have not suffered because of this particular characteristic. How does that feel? How do people in the home area imagine it feels to have crossed the line for this statement? Give both groups a few moments to reflect on their feelings. Then ask those who crossed the line to return to the home area.
4. Continue in this manner until you've read all the statements. End the activity with the following discussion questions:

- What did you observe during the activity?
- What were you feeling when you crossed the line? What did it feel like to stay in the home area?
- Why might someone choose not to cross the line even if a statement that I read applied to them? [They might not want to be labeled or stereotyped.]
- Do you feel that this activity could help someone understand what it might be like to be discriminated against because of a disability? How so?
- What are you taking away from this activity?

OPTIONAL ACTIVITY
SEXUALITY CHALLENGE MATCH

20 Minutes

1. Introduce this activity by giving the following information:
   - I'll read a phrase that describes an activity.
   - You should think about whether that activity is something typical for a person with a disability, without a disability, both, or neither.
   - Move to the sign that represents what you think about the activity.
2. Read the first activity below and have participants move to their positions. Continue reading activities, giving participants time to move to their chosen positions for each, until you get to one that has a lot of different responses. If that happens, stop and discuss the divergent points of view.
   - Laugh at a joke about a disability
   - Tell a joke about having a disability
   - Be sexually assaulted
   - Feel happy or content with their looks
   - Pass a school physical fitness test
   - Be the lead in a school play
   - Be sexually harassed
   - Have a romantic partner
   - Feel happy with their body
   - Attend a party at a friend's apartment or house
   - Wish their body were different
   - Make it onto the school coed cheerleading squad
   - Participate in sports
   - Be a disability rights advocate
3. If participants are very actively engaged, add more statements or invite them to make suggestions. Don't let the activity continue once interest begins to flag.
4. Process the exercise by inviting participants to share some of their thoughts and insights from the experience. Ask
   - What are your reactions?
   - How often did you think both people with and without disabilities could do an activity?
   - What types of disabilities were you imagining as you considered the various activities (for example, physically disabled rather than hard of hearing)?

5. Reinforce comments that indicate that everyone, regardless of their level of physical, emotional, or intellectual ability, could experience some of the same challenges and enjoy some of the same activities, even if in different ways.
6. Ask, "How can you be more welcoming to peers with various disabilities?" Offer the following suggestions if they don't get voiced:
   - Hold social, school, and community activities in accessible meeting and event sites.
   - Offer to gather with friends in the home of the person with a disability, since that home is likely to be barrier-free.
   - Advocate for a barrier-free environment. Is your local park or playground accessible to people with diverse physical abilities?
   - Speak up when people use hurtful words or phrases referring to disability (such as *retard*, *moron*, "What are you, blind?").
   - Write a note of support to TV, film, and video game producers when they present a positive character with a disability.
   - Accept people with disabilities as individuals who may have the same needs and feelings as you.

OPTIONAL ACTIVITY
RETHINKING WHAT'S POSSIBLE

10–30 Minutes

1. Post blank newsprint and ask participants to help you build a list of things that would be difficult for people in a wheelchair or who are deaf.
2. Show two to four (or more, if you have time) videos in succession, without discussion. After the last one, return to the list and ask participants the following questions:
   - Do you want to change any answers? Why or why not?
   - How do you think people with disabilities feel about activities they believe they cannot perform?
3. Close by making the following points:
   - Everyone with a disability has a unique perspective on this, just as all people, whether or not they have a disability, have feelings that go up and down about their ability to do whatever they wish to do.
   - Similarly, each of us, with or without a disability, has a unique set of inner and outer resources—spirit, commitment, other people's help, money—we can use to take on the challenges that matter most to us.

Facilitator Resource 20

LANGUAGE MATTERS

Disability	Out-Dated Language	Respectful Language
blindness or visual impairment	dumb	blind, visually impaired
deafness or hearing impairment	deaf and dumb, deaf mute	deaf, hard of hearing
speech/communication disability	dumb, talks bad	speech/communication disability
learning disability	retarded, slow, brain-damaged, special ed	learning disability, cognitive disability
mental health disability	hypersensitive, psycho, crazy, insane, wacko, nuts	mental health disability, psychiatric disability
mobility/physical disability	handicapped, physically challenged, special, deformed, crippled, gimp, spastic, spaz, wheelchair-bound, lame	mobility/physical disability, wheelchair user, physically disabled
emotional disability	emotionally disturbed	emotionally disabled
cognitive disability	retard, mentally retarded	cognitively/developmentally disabled, cognitive/developmental disability
short stature, little person	dwarf, midget	short stature, little person
health conditions	victim, stricken with [disease]	survivor, living with [disease]

—adapted from National Youth Leadership Network (NYLN) and Kids as Self Advocates (KASA), "Respectful Disability Language: Here's What's Up!"

Facilitator Resource 21

WORKSHOP 11: SEXUALITY AND DISABILITY

OFELIA'S STORY

Part One

When I was a kid, I thought one day Prince Charming would come into my life. We'd fall madly in love. All my problems would go away. We'd live happily ever after. Sure. I woke up. I stopped looking. Prince who? I didn't think about Antoine that way. He just happened. I had known him a long time. We talked together. I don't remember why, but we began calling each other, too. Finally he said, "Enough of this playing around. Do you like me?" I said, "I'd like to get to know you better." That was the start. I wanted to make sure I had strong feelings for him; it wasn't just my physical emotions taking over.

After a while, I decided I did have feelings. I wasn't in love with the idea of love. I knew it was a big responsibility to have a relationship that included sex. Still, I was seventeen. I was ready to be with Antoine. Once I made that decision, it was hard to keep it to myself. I thought, "How am I going to go about actually having sex with him? Do I sneak away? Do I tell my mom?" My mom barely tolerated him. She kept hoping he'd disappear from the picture. Antoine comes from a poor family. He's used to being out in the street. I've always had a sheltered life. My family's very protective. Whatever I need, I get. I don't know what it's like to be out at all hours of the morning. That's exciting to me.

What my mom sees is that Antoine's black. What I see is an outgoing, good-looking guy. You want to be around him. He's not the kind to fall into the locker room trap. You know, the boys who talk about how they scored. On the other side, Antoine's family is prejudiced against white people. He admits they're not happy about my skin color, and that's just part of the problem.

Antoine is able-bodied. I think of myself as differently abled. For ten years I've been partially paralyzed and had nerve problems because of an automobile accident. I use a wheelchair. Antoine's family is always asking him, "Why would you want to take the responsibility? For a girl like that?" He tells them, "It doesn't bother me." He grew up around people in wheelchairs. It's not a mystery for him.

Until this year I feared rejection. I was self-conscious about my body to begin with. I worried, "Well, maybe the chair will be such a turn-off, he'll never see past it." But Antoine saw me, the person, and not the chair. Anyway, I have a pretty great personality.

Part Two

Privacy is a problem for us. Antoine's family lives in an apartment building on the tenth floor. The elevator is usually broken. I live in a two-story house with my mom, my two sisters, my aunt, my uncle, and three cousins. My father died when I was an infant. I can't do a lot of intimate things for myself. I need home attendants to help me. None of them stays too long. There are always different people doing different things for me.

My mom has power over me, more than most teenagers have to cope with. She can be intimidating. When I was little, I idolized her. Now I know she's human.

Antoine and I started planning how we could be together. We decided, first things first: What are the different kinds of contraception, and which ones are best for us? With my disability, what are my limitations on how my hands work?

I went to Planned Parenthood. I told the counselor, "My boyfriend and I are thinking about using condoms and the foam." "Will you be able to manipulate the spermicide applicator?" the counselor asked. "No," I said. "I can't use my hands enough to put in a diaphragm or push the foam applicator. It's okay, though. My boyfriend says he'll do it." She said, "Good for you two. Some young women would never dream of asking their partner to put in the diaphragm." I couldn't believe it. I said, "You mean girls are going to do something so personal, intimate, with a guy, but they can't talk about contraception with him?" "Surprising, huh?" the counselor said.

Of course, Planned Parenthood was easy compared to telling my mother. I remember that conversation like it was yesterday. What came out was, "Mom, Antoine wants to be with me." Her eyes became slits. She's thinking, "Here this black guy is coming. He's going to take my baby away." I'm embarrassed to even be talking to my mom about this stuff. I'm thinking, "I could have phrased it better."

"I knew this was going to come up," she says. "Ofelia, at least wait 'til school's over." I agree. I want to wait, anyway.

I always thought the first time I make love, it will be so romantic. For us, it's more like a schoolbook comedy. We're now ready to figure out where we can do it: a hotel. We look through the Yellow Pages to call places to compare the price. After we pick a hotel, Antoine says, "It's not close to public transportation. How should we get there?" "We could rent a van," I say. We call an ambulette service to see how much that would cost. We can afford it, so we say, "Okay."

I'm packing a bag when the phone rings and the ambulette people say, "The van is broke down. Can we send a car?" We don't know what to do. Because of my paralysis, I can't sit up well without support. Antoine says, "I have to learn to put you in and out of a car. I'll start with this." I don't know how much I weigh, but I'm no lightweight.

I'm falling for Antoine more each day. The driver gets here, and he only speaks Spanish. I speak some Spanish, but I don't know how to get to the hotel. Just as we're calling another car, my mom comes home! She knows where we're going. And she doesn't want to be here to see us actually drive away. She leaves. I feel awful.

I'm not nervous—until we get there. I look back at it now and realize the hotel was a dump. But that day Antoine puts me at ease. We get in the room, and all I can see is the bed. My heart starts beating. Antoine turns on the TV. We're completely alone. That has never happened before. Someone is always in and out of my house.

The instant he starts putting me in the bed, it flashes through my mind. "I don't want to be here." I don't say anything. Antoine is good. He doesn't push me. Still, sex is not wonderful. Since I can't walk, the hymen never stretches. His penis inside me really hurts. Afterward I'm like, that's it? I try to hide from

Antoine that it takes so long before the hurt goes away. He asks, "How was it? Tell the truth." "Well, it was not what I expected," I say.

We leave on a Friday afternoon and come back Sunday. We walk in the door, and there's my mother. I keep thinking that she's thinking about Antoine and me together. I can't look at her. This is the woman who gave birth to me and raised me, and she doesn't approve.

Antoine and I have been together two years now.... Before Antoine, I would never have dreamed about having my own apartment. I was terrified of being alone. I was so dependent on my mother. Now I form my own opinions. I'm getting anxious to move out. I've applied to a place, only I haven't told my mom yet.

I'd like Antoine to be in my future. It's shaky right now. He comes to see me practically every day. He says, "It bothers me that you won't tell your mother you're not happy with the way things are."

When he says that, I get angry with myself. Now, though, it's a healthier anger. I direct my anger in positive ways. I went by a store that was being remodeled. It's three floors and has no elevator. Who's going to carry me up the stairs?

I ask the manager, and he says, "Oh, we're going to put in an elevator soon." I went back, and there still wasn't one. I think, "Should I make a case about it?" I'd like to be an activist, and partly I have Antoine to thank for that.

Maybe he's a 1990s Prince Charming. Antoine has helped me figure out who I am and what my beliefs are. He's helped me explore my feelings and begin to be independent. And he's helped me be just like any other teenager.

—"Declaration of Independence," in Janet Bode and Stan Mack, *Heartbreak and Roses: Real Life Stories of Troubled Love* (Delacorte Press, 1994)

Facilitator Resource 22

SCENARIOS DISCUSSION TIPS

Use these discussion tips to supplement participants' responses to the scenarios.

Scenario 1

You have a friend with a disability who will have trouble attending your party because your home is not accessible. What can you do to include your friend in your social circle?

Considerations

- If your friend uses a walker, cane, or crutches, tell them how many steps there will be to navigate and offer to provide assistance if they want to attend.
- If your friend uses a wheelchair, consider whether your backyard is accessible and whether the party can be held there. Or plan a social event in an accessible location that everyone can enjoy.
- If your friend is blind or partially sighted, they will most likely be able to attend but may ask you to extend your elbow to them and guide them, describing where steps are and how many there are. Tell your friend who is in each room and introduce them. Describe the room layout (for example, "There is a chair to your left and a coffee table to your right"). If you need to walk away, tell your friend so another person can act as a guide.
- If your friend is deaf or hard of hearing and can read lips, look directly at them and keep your hands away from your face while talking. Don't chew gum while talking and don't overexaggerate your mouth movements. If music is on, tell your friend, so they will understand the vibrations they are feeling. Include your friend in the conversation, repeating things that may have been said by someone out of lip-reading distance. Remember that lip reading is not always accurate, and not all people who are deaf or hard of hearing learn to lip-read.
- Consider asking your friend if they would like to host the party in their home. This will allow everyone to be together and will give nondisabled youth a chance to learn more about how their friend's environment has been adapted to make it easier for them to move around and do things.

Scenario 2

You have a disability and are in a new school, so you don't know anyone yet. You aren't sure how to initiate a conversation with your new classmates, especially when you don't know how they will react to you. What are your options?

Considerations

- Many people feel at least a little uncomfortable in new situations, among people they have not yet met. Breaking the ice is the same for people with disabilities as it is for people without disabilities.

- Try to find common ground with someone in a class or in the lunchroom. You could ask, "What kind of music do you like? What are your favorite groups?" Or say, "I like your shirt (or purse, backpack, etc.). Where did you find it?"
- Another approach is to offer to help someone with homework, if there's a subject you are strong in, or ask for help if you know a classmate is more comfortable with a subject than you are.

Scenario 3

You're at a youth conference where a small group of deaf students have participated actively, and you've learned a few signs. Now you see one of the deaf students you think is attractive sitting alone during the lunch break. As you pass by, the student looks at you and smiles. What could you do?

Considerations

- For many deaf people, deafness is not just a sensory difference; it is a culture and an identity. *Deaf* and *hard of hearing* are the preferred terms, not *hearing impaired*, and never *deaf and dumb*. (The word *dumb* in *deaf and dumb* means "mute, unable to speak," not "unintelligent," but many people don't know this. In any case, many deaf people are perfectly capable of speaking, and deafness does not affect a person's intelligence.) Many deaf people are completely comfortable with their difference and are proud to be deaf.
- Consider responding the way you would if this attractive person were not deaf. Deaf people have the same interests and need for human contact as anyone else. It is nice to be noticed and flirted with, and it can be disappointing to be overlooked, brushed off, or ignored.
- Deaf people communicate informally with hearing people on a regular basis without interpreters and have figured out ways to make it work, such as with gestures, pointing, facial expressions, body language, and sometimes writing.
- As visual cues will be very important for your deaf friend, make eye contact and pay attention to your facial expressions, body language, and other nonverbal communication.
- You don't need to speak any louder than usual. Your friend might be able to read your lips. If they ask you to repeat yourself, do it; don't say, "Never mind."
- Go ahead and try using some of the signs you learned. It's okay if you don't make the sign correctly. Just trying is appreciated. And you'll get better with practice.

Scenario 4

Your best friend's married sister has cerebral palsy and uses a wheelchair. Your friend calls you very excitedly to say that her sister is expecting a baby. You know this sister and had never considered that she might have a child. What do you think and how do you respond?

Considerations

- It is a common misconception that women with disabilities are unable to conceive, or would endanger their health if they did. Very few disabilities cause problems with pregnancy and childbirth, and the same disability may affect different people very differently.

- Another misconception is that the baby will have a disability too. Most women with disabilities do not give birth to babies with disabilities; most people with disabilities have parents without disabilities.

Scenario 5

Your school is having a dance, and one of your friends is partially sighted. You'd like to dance with your friend, but you are worried your other friends will make fun of you. What should you do?

Considerations

- There will always be people who judge you by the people you associate with, so the question is, do you care? If you really like to dance, and if your friend likes to dance, does it matter what other people think?
- Your friend may have picked up dance styles by practicing at home with a sibling, taking dance classes, or listening to instructions. Or your friend may dance in a unique, untrendy manner.
- There is no guarantee that you're a better dancer than your friend, even if you have perfect vision.

Scenario 6

You're at a party and see a very attractive person sitting alone. After a while, you join the person, and although they seem shy, you are very interested. After a bit, your new friend gets up to use the bathroom. While they're gone, a classmate comes over to talk and mentions that your new friend has a high-functioning form of Autism Spectrum Disorder (ASD). How do you feel and what do you do?

Considerations

- You might think of people with autism as being closed off socially and unable to connect. However, people with a high-functioning form of ASD are not so closed off and have typical language skills and pretty typical development.
- Many people with ASD find it hard to strike up a conversation when first meeting someone one-on-one. So what you're seeing as shyness may just be this person's way of interacting. Don't think that you just need to "bring them out of their shell."
- Ask questions about your friend's interests, and share your own without being asked; people with ASD might not think to ask.
- You might notice that your new friend says or does something that is socially inappropriate, like saying something aloud that most people would consider impolite. This is because people with ASD don't always see the larger social picture and don't always pick up on what other people are thinking or feeling.
- Remember, your new friend is just that, a new friend with all the same possibilities for a fun relationship as anyone else. Don't treat this person as different, impaired, or defective in any way. That would be hurtful and rude, and your friend would notice.
- In normal conversation, you'll get a sense of what kinds of social interaction your friend can tolerate. Because social interaction requires more effort for people with ASD, they can tire easily and may not know how to express that tactfully.

Scenario 7

You and your friends play an online game that can get very complicated and that requires a high degree of skill. A classmate with a learning disability has heard about the game and has asked to join you. You're not sure they will be able to keep up. What should you do?

Considerations

- Ask what your classmate knows about how the game is played. They may already know how to play.
- If not, offer to give them a few lessons, and then you can decide together whether it makes sense for them to join the group game.
- Another option is to ask for advice from your teacher, who may have some suggestions for helping your classmate participate. For example, you may be able to invite them to be your teammate, even if the game isn't typically played in teams.

Scenario 8

You have a disability, and someone has commented, yet again, about how brave and courageous you are for dealing successfully with it. Although this person thinks they're giving you a compliment, it's annoying to you because it feels like an insult. What can you do?

Considerations

- You don't have to accept comments like this without saying anything, although sometimes it may be easier to do so.
- If you want to educate the person, consider saying something like "It makes me feel uncomfortable when people treat me like I'm special just because I have a disability. I'm just a normal person who happens to be different from you."

Scenario 9

You have a disability, and your parents limit your social activities to groups of other youth with disabilities. They say, "You'll be more comfortable with your own kind." How can you make it clear that you don't want to be socially limited like this?

Considerations

- In the past, people with disabilities were often grouped together in separate schools and institutions. That reinforced the idea that they should only socialize with other people with disabilities.
- Explain to your parents that you're interested in spending time with many kinds of people your age, because you may have more in common with them. Tell them you're not afraid of people saying something awkward or even hurtful because everyone, with or without a disability, runs that risk.
- It may help to ask a teacher or other adult to talk to your parents with you.

Scenario 10

You and your younger brother are at the shopping mall, and your brother's assistance dog, Cody, is with him. A child, around age 7, tries to pet the dog and gets upset when you explain that Cody is working with your brother right now and can't play. The child asks you whether your brother is blind and when he lost his sight. What should you do?

Considerations

- Many children have a natural, uninhibited curiosity and may ask questions that some people consider embarrassing or impolite.
- Most people with disabilities won't mind answering a child's question, unless it is asked in a rude way. In this case, you can redirect the child's questions to your brother, who is capable of deciding whether to answer questions about his disability.
- Also, Cody is his dog, and your brother is responsible for reinforcing his training.

Scenario 11

One of your classmates has difficulty walking and is having a really difficult time going up a hill on a snowy day. Should you grab your friend's elbow to offer some extra stability?

Considerations

- People with disabilities typically want to be as independent as anyone else. It's thoughtful to offer to help; however, don't be offended if they say, "No, thank you."
- Never touch someone without asking permission.
- In some cases, a person with a disability might seem to be struggling but would still prefer to complete the task solo. Follow the person's cues, and ask if you're not sure what to do.

Facilitator Resource 23

CROSS THE LINE STATEMENTS

Cross the line if you . . .

- were ever teased or harassed because you weren't good at a sport or activity.
- have felt uncomfortable when someone told a joke about a group you identify with.
- were ever teased because of your physical appearance.
- were ever left out or excluded from an activity because of the way you learn or communicate.
- were ever made fun of because of the way you interact with others.
- have a disability, visible or invisible.
- were ever made uncomfortable by someone staring at you or commenting on your looks.
- have been treated unfairly or judged because of your race, gender, disability, or sexual orientation.
- were ever pitied because of a physical, emotional, or mental characteristic.
- have been judged or treated unfairly because of your moods or behavior.
- have been treated like a child because of the way people perceive you.

Handout 7

WORKSHOP 11: SEXUALITY AND DISABILITY

SCENARIOS

Scenario 1: You have a friend with a disability who will have trouble attending your party because your home is not accessible. What can you do to include your friend in your social circle?

Scenario 2: You have a disability and are in a new school, so you don't know anyone yet. You aren't sure how to initiate a conversation with your new classmates, especially when you don't know how they will react to you. What are your options?

Scenario 3: You're at a youth conference where a small group of deaf students have participated actively, and you've learned a few signs. Now you see one of the deaf students you think is attractive sitting alone during the lunch break. As you pass by, the student looks at you and smiles. What could you do?

Scenario 4: Your best friend's married sister has cerebral palsy and uses a wheelchair. Your friend calls you very excitedly to say that her sister is expecting a baby. You know this sister and had never considered that she might have a child. What do you think and how do you respond?

Scenario 5: Your school is having a dance, and one of your friends is partially sighted. You'd like to dance with your friend, but you're worried your other friends will make fun of you. What would you do?

Scenario 6: You're at a party and see a very attractive person sitting alone. After a while, you join the person, and although they seem shy, you are very interested. After a bit, your new friend gets up to use the bathroom. While they're gone, a classmate comes over to talk and mentions that your new friend has a high-functioning form of Autism Spectrum Disorder (ASD). How do you feel and what do you do?

Scenario 7: You and your friends play an online game that can get very complicated and that requires a high degree of skill. A classmate with a learning disability has heard about the game and has asked to join you. You're not sure your classmate will be able to keep up. What should you do?

Scenario 8: You have a disability, and someone has commented, yet again, about how brave and courageous you are for dealing successfully with it. Although this person thinks they're giving you a compliment, it's annoying to you because it feels like an insult. What can you do?

Scenario 9: You have a disability, and your parents limit your social activities to groups of other youth with disabilities. They say, "You'll be more comfortable with your own kind." How can you make it clear that you don't want to be socially limited like this?

Scenario 10: You and your younger brother are at the shopping mall, and your brother's assistance dog, Cody, is with him. A child, around age seven, tries to pet the dog and gets upset when you explain that Cody is working with your brother right now and can't play. The child asks you whether your brother is blind and when he lost his sight. What should you do?

Scenario 11: One of your classmates has difficulty walking and is having a really difficult time going up a hill on a snowy day. Should you grab your friend's elbow to offer some extra stability? Why or why not?

Relationships

3

WORKSHOP 12 Healthy Relationships

This workshop is adapted from material created by Al Vernacchio.

A WORD TO THE FACILITATORS

Intimacy, the experience of mutual emotional closeness with others, is one of the circles of sexuality that young people are least likely to learn about in school or from parents and caregivers. Yet intimacy is the stuff of human relationships and the foundation of all positive, loving, and sustaining human interaction.

One of the developmental tasks of adolescence is to gain experience and competence in building peer relationships, friendships, and eventually romantic relationships. While this workshop discusses relationships in general, it emphasizes romantic relationships. Young people spend a lot of time thinking about, discussing, observing, and pursuing romantic relationships. A vast majority of teens begin some sort of dating by 7th or 8th grade. Romantic relationships can have significant and lasting impacts on teens. When they are healthy, romantic relationships can help teens explore and define their identities and develop interpersonal skills, and they are a source of emotional support. When relationships are unhealthy or abusive, they can disrupt normal developmental tasks and propel teens into an ongoing cycle of abusive relationships. More than half of high school seniors report seeing dating violence among their peers. It's important for young teens to have a clear understanding of what makes a relationship healthy or unhealthy, so they will be more likely to develop positive, life-enhancing relationship habits.

This workshop invites participants to brainstorm the characteristics of healthy friendships and romantic relationships. They will identify their own "deal makers" and "deal breakers"—what's important or critical for a healthy relationship and what would be unacceptable in one. They also explore the importance of power in relationships and what can happen when power is imbalanced. Understanding the dynamics of a healthy relationship and the forces that can challenge it will help participants engage in relationships with compassion and wisdom.

WORKSHOP GOALS

- to increase knowledge of the characteristics of healthy relationships
- to increase participants' motivation to establish and maintain healthy relationships

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- identify two "deal breakers" and "deal makers" specific to friendships, to romantic relationships, and to lifetime commitments

- distinguish between healthy and unhealthy relationship qualities
- identify potential negative consequences that result from unequal power in relationships

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Deal Makers and Deal Breakers OR What's Important in a Relationship?	25 minutes
Is It Healthy or Unhealthy?	20 minutes
Power and Equality in Relationships	25 minutes
Reflection and Planning	5 minutes
OPTIONAL ACTIVITY: Movie and Discussion	varies

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ the Circles of Sexuality chart

For Deal Makers and Deal Breakers

- ☐ writing paper and pencils or pens
- ☐ an envelope for each participant
- ☐ Handout 8, Characteristics of Healthy Romantic Relationships
- ☐ Handout 9, Warning Signs of Unhealthy Relationships
- ☐ Handout 10, Relationship Commitments

For What's Important in a Relationship?

- ☐ Handout 8, Characteristics of Healthy Romantic Relationships
- ☐ Handout 9, Warning Signs of Unhealthy Relationships

For Is it Healthy or Unhealthy?

- ☐ Handout 11, Healthy Relationship Checklist
- ☐ Facilitator Resource 24, Discussion Points for Is It Healthy or Unhealthy?

For Power and Equality in Relationships

- ☐ eight index cards
- ☐ paper and pencils or pens
- ☐ Handout 12, Crumble Lines and Power Lines

PREPARATION

1. Read the workshop plan, including handouts and the facilitator resource. Decide whether to facilitate Deal Makers and Deal Breakers or What's Important in a Relationship? The optional activity involves showing a feature film, so it is only feasible on a weekend retreat or if you schedule a special session.

Decide together which activities to conduct and how to share leadership responsibilities.

2. Make copies of the following handouts:
   - Handout 8, Characteristics of Healthy Romantic Relationships
   - Handout 9, Warning Signs of Unhealthy Relationships
   - Handout 10, Relationship Commitments
   - Handout 11, Healthy Relationship Checklist
   - Handout 12, Crumble Lines and Power Lines
3. Post the Circles of Sexuality and Group Covenant charts.

For Deal Makers and Deal Breakers

1. Decide whether you will mail participants the lists they generate of their deal makers and deal breakers at the end of the year, or at some other time in the future.
2. Write the following definitions on a sheet of newsprint and post it:
   - deal maker: something you absolutely want in a healthy relationship
   - deal breaker: something you absolutely will *not* accept in a healthy relationship
3. Write these relationship categories on another sheet and post it:
   - Good Friend
   - Romantic Interest
   - Life Partner

   Leave space under each category to write at least one deal maker and one deal breaker offered by participants.

For Is It Healthy or Unhealthy?

1. Select four or five statements from the list in step 2 of the activity's procedure to use with your group.
2. Prepare two signs saying Healthy and Unhealthy.
3. As with any mobility-based activity, arrange the room so all participants can easily navigate the space.
4. If this is not possible, adapt the activity so all youth vote while seated, perhaps by crossing their arms to vote unhealthy and raising their hands to vote healthy.

For Power and Equality in Relationships

1. Label eight index cards as follows, one label per card:
   - younger one in the relationship
   - older one in the relationship
   - has no sexual experience
   - has previous sexual experience
   - physically smaller and weaker than partner
   - physically bigger and stronger than partner

- very popular in school
- not very popular in school

2. If the group includes more than eight youth, make duplicates of some cards so all participants can have one. Shuffle the cards.
3. Make a chart listing the following characteristics:
   - age
   - access to money
   - sexual experience
   - physical size and power
4. Make two signs saying High Power and Low Power and post them on opposite walls.

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants back and help them reenter the program by asking
   - Who talked to a friend or family member about disability and sexuality? What was that conversation like?
   - How is your life better since the last workshop?
2. ***Question Box***

   Answer any relevant questions from the Question Box.
3. ***Reading***

   Set up the reading by making the following points:
   - Today's workshop will focus on a different circle of sexuality, *intimacy*, which is the experience of sharing emotional closeness with another person.
   - Since intimacy can occur within different types of relationships, we'll be discussing relationships for the next two workshops.
   - Today, we'll explore healthy relationships and what makes a relationship healthy or unhealthy.
   - Our reading is an award-winning poem by a high school student named Madeleine Jewell.

   Read the poem below:

   The Contortionist

   My left arm
   encircles you,
   My right
   grasps my drifting self.
   One hand
   grips our future,
   The other
   shakes off worry.

My right leg
sticks out, protecting,
My left,
wobbles, supporting us.
One foot
in quaking ground,
The other
brushes uncertainty.
My legs
wrench forward,
My torso
arches back.
I'm bizarrely contorted,
fitting us.
I bend out of shape,
hoping things will straighten out.
But I won't hold forever.
You've gotta give a little too.

—Madeleine Jewell, in *Real Moments, Real Relationships: 2013 High School "Love What's Real" Contest Winners* (Center for Healthy Teen Relationships), **www.lovewhatsreal.com**

4. Process the reading with the following questions:
   - What are your reactions to this poem?
   - What big points was Madeleine trying to make?
   - Have you ever felt like a contortionist in any kind of relationship, romantic or friendly? Give us a few highlights.

> **Note**: Clarify that it's normal for group members to be at different places and to have different experiences when it comes to romantic relationships. Some will be thinking about them but have little or no experience. Others will have had some experiences and may even be in a relationship now. Others won't really be interested at all. Regardless of where participants are on this, information in this workshop will benefit them now or in the future.

DEAL MAKERS AND DEAL BREAKERS 25 Minutes

This activity is an alternative to What's Important in a Relationship? You should conduct only one of these two alternatives.

1. Introduce the activity by giving the following information:
   - This activity will explore what's necessary in a healthy relationship and what's unacceptable.
   - The activity is called Deal Makers and Deal Breakers.
   - A *deal maker* is something you absolutely want in a healthy relationship.
   - A *deal breaker* is something you absolutely will *not* accept in a healthy relationship.

2. Divide participants into pairs. Distribute paper and pencils or pens, and assign each pair one of the following three relationships: good friends, romantic interests, or life partners. Give each pair 5 minutes to list three potential deal makers and deal breakers for that kind of relationship.
3. After 5 minutes, bring the group together. Beginning with good friends, invite each pair who worked on that relationship to report one or two of their deal makers and deal breakers. Record their responses on newsprint.
4. Use the same process to discuss romantic interests and life partners. When all three relationships have been discussed, process with the following questions:
   - What do you think of our lists? What should be added or taken away?
   - How similar are the three lists?
   - What specific relationship qualities would have to be in place for you to make a lifetime commitment to someone? [Make the point that having a child with someone is one kind of lifetime commitment.]
5. Distribute Handout 8, Characteristics of Healthy Romantic Relationships, and Handout 9, Warning Signs of Unhealthy Relationships. Review them briefly, noting any characteristics that haven't been discussed.
6. Distribute Handout 10, Relationship Commitments. Review it briefly and give the following instructions:
   - Now you'll identify your personal deal makers and deal breakers. You'll make a commitment to yourself about what you want and don't want in relationships.
   - You won't have all three of these relationships in your life right now. For example, some of you don't currently have a romantic interest and none of you has a life partner yet. Identify your deal makers and deal breakers for a potential or future romantic interest and for a potential or future life partner.
   - We'll collect the handouts and mail them back to you at the end of the year [or at whatever point in the future you decided on].
7. After participants have completed their handouts, invite two or three volunteers to share one personal deal maker and deal breaker for any of the three relationships. Ask the group not to criticize or disagree, as these are individual opinions based on personal values. Explain that participants' lists might change as they grow and change. For example, something they absolutely want in a good friend now might not seem as important in a few years. On the other hand, certain qualities may be deal makers or deal breakers now and always.
8. Ask, "How might knowing your personal deal makers and deal breakers help you establish healthy relationships?"
9. Distribute the envelopes and ask participants to address them to themselves. Collect the handouts and addressed envelopes. Tell participants when you'll mail them. Remind them that they've made written commitments to themselves, so they should take stock when they receive their letters. Encourage them to ask themselves
   - Am I forming relationships according to my deal makers?
   - Am I avoiding relationships according to my deal breakers?

Suggest that participants keep and periodically review their relationship commitments.

WHAT'S IMPORTANT IN A RELATIONSHIP? 25 Minutes

This activity is an alternative to Deal Makers and Deal Breakers. You should conduct only one of these two alternatives.

1. Explain that there are many different types of relationships in most people's lives, for example, family, friends, classmates, and, especially as teens get older, work and romantic relationships. This activity focuses on the important qualities that make for good relationships, starting with friendships.
2. Title a sheet of newsprint What's Important in a Friendship? and post it.
3. Ask, "If you were trying to form a good friendship, what characteristics would you absolutely want that friendship to include?"
4. As participants offer responses, ask them to clarify their comments. For example, if someone says that there should be trust, ask them to explain or give examples. List responses on the newsprint. Likely responses include the following:
   - trust
   - open communication
   - safety
   - respect
   - shared interests
   - equality
   - sense of humor
   - responsibility (following through on commitments)
   - understanding
   - support during good and bad times
5. When participants have completed their list, briefly add the following additional ingredients for friendship if they have not been mentioned:
   - **self-esteem**: People have to be friends to themselves before they can be good friends to others.
   - **availability**: Both people make themselves available and are reliable and consistent.
   - **reciprocity**: Give and take is not necessarily 50–50, but it is balanced and there is a strong sense of equality.
   - **growth**: A healthy friendship changes and grows and encourages each individual's personal growth.
6. Spend a few minutes on the topic of self-esteem, which is critical. How do we feel about ourselves? How do we treat ourselves? Others tend to treat us the way we treat ourselves. Ask the following rhetorical questions to emphasize the point:
   - If a friend is someone who believes in you, do you believe in yourself?
   - Are you honest with yourself?
   - Can you still accept yourself after you've made mistakes?

7. Title another sheet of newsprint What's Bad in a Friendship? and post it. Return to the brainstorming exercise by asking

   - What is unacceptable in a friendship?
   - What could break up a friendship?

   List all responses on the new chart. Responses may include the following:

   - lack of time
   - violence and fighting
   - disrespect
   - misunderstanding
   - breaking of trust

8. Have participants use the same brainstorming process to explore romantic relationships. Ask, "What is absolutely necessary in a healthy romantic relationship? What's unacceptable in a romantic relationship? What could break it up?" You can use new sheets of newsprint, titling them accordingly, or you can begin with your lists of good and bad qualities for a friendship and have participants add new ones and delete ones that they don't think fit. Discuss what would have to be in place to make a lifetime commitment to a romantic partner, or to make the commitment to have a child with someone.
9. Distribute Handout 8, Characteristics of Healthy Romantic Relationships. Review it briefly, noting any characteristics that haven't been discussed.
10. End with a discussion of the following questions:

    - Can you think of any famous romantic couples that exhibit the qualities of a healthy relationship?
    - What about people in your own life?
    - What are the big signs that a relationship is unhealthy or possibly dangerous? [Expected responses include excessive conflict, violence of any type, excessive jealousy, controlling behavior, differences in power or maturity, mistrust, and alcohol or drug misuse or abuse. Distribute Handout 9, Warning Signs of Unhealthy Relationships.]
    - Do the media seem to portray healthy or unhealthy relationships more frequently? Why is that? [Guide youth to explore why the media likes to publicize unhealthy relationships. Healthy relationships don't make for good TV because they often lack drama, intrigue, and overt comedy. Therefore, the media is not a reliable guide to healthy relationships.]

IS IT HEALTHY OR UNHEALTHY? 20 Minutes

Note: Although this activity is similar in format to values voting, it deals with more than just values and opinions. There's a lot of factual information about what makes a relationship healthy or unhealthy. So at the end of each statement, use the information in Facilitator Resource 24, Discussion Points for Is It Healthy or Unhealthy?, to help participants understand factors that might be red flags or warning signs of unhealthy relationships.

1. Make sure your Healthy and Unhealthy signs are posted and visible to all participants. Give the following instructions:

- The next activity will help you distinguish between healthy and unhealthy relationships.
- I'm going to read a statement that describes something going on in a relationship.
- You must decide if you think this is a healthy or unhealthy aspect of the relationship. Move to a position in front of the sign that represents your opinion. [Point to the signs.]
- There are only two choices, so you have to decide if the statement describes something that is mainly healthy or mainly unhealthy.
- I'll ask one or two volunteers to share why made their choice. [You might ask the participants in each position to talk to each other about why they chose this position. They should pick a spokesperson who will state their reasons to the large group. Allow no more than 2 minutes for these discussions.]

2. Follow the process you've chosen using four or five of the statements below:

   - I insist on knowing where my romantic partner is when we aren't together.
   - I expect to share with my good friends about everything that's going on in our lives.
   - I believe in breaking up via text message.
   - I like to be in charge and make most of the decisions in my romantic relationship.
   - My friend made me mad, so I sent an angry text message to our friends.
   - It's sweet that my new partner gets jealous if I even look at someone else.
   - I allow my friends to look through the text messages on my phone.
   - I expect to be able to look through the text messages on my romantic partner's phone.
   - I enjoy flirting and don't understand why my romantic partner would have a problem with it.
   - Now that I'm in a relationship, I never find time to spend with my friends.
   - I just found out that a good friend posted some pictures of me online without my permission.
   - My romantic partner doesn't really acknowledge me when other friends are around.
   - When my partner is stressed, I get put down and called names. It hurts, but I understand.

   After each statement, invite feedback from people in each position. Hear all points of view. If participants don't identify red flags or warning signs of unhealthy relationships, use the information in Facilitator Resource 24, Discussion Points for Is It Healthy or Unhealthy?, to help them understand why such things are signs of danger. When energy begins to flag or time runs out, invite participants to return to their original places in the room.

3. At this point, decide if you have time to do the second half of the activity. If you do, distribute and review Handout 11, Healthy Relationship Checklist, and give the following instructions:

   - Think of two people you're in some kind of a relationship with, like two friends, a friend and a romantic interest, a sibling and a friend, even two teachers.

- Use the handout to assess how many healthy qualities are in your relationships with these two people.
- Complete a checklist for each relationship.
- You won't need to share the results with anyone unless you choose to.

4. Process with these general questions:
   - How many healthy traits did you find in these two relationships?
   - What healthy traits would you like to add to either of these relationships?

   Encourage participants to seek out a trusted adult to talk about the feelings that came up in this activity if they experienced discomfort or if the activity raised questions.
5. You can give the handout as a homework assignment if you don't have time to go over it during the workshop.

POWER AND EQUALITY IN RELATIONSHIPS 25 Minutes

1. Explain that the next activity is about power in relationships. Power can be defined as the ability to exert influence or control over another person. Point out the High Power and Low Power signs you've posted and explain that there is an invisible line marking a continuum, or scale, of power between them.
2. Give the following instructions:
   - You'll get an index card on which is written a personal characteristic or attribute that someone might have.
   - Read your card and decide how much power the attribute on your card offers a person within a relationship.
   - Then you'll move to a position on the power scale to indicate the amount of power you think this person would have in a relationship.
3. Distribute the cards, one to each participant. Ask participants to read their cards and move to a position on the power scale. Ask them not to share what's on their cards until you ask them to.
4. Once everyone is in place, ask the person standing lowest on the power scale to read their card and say why they thought it was a low-power attribute. If anyone else has the same card, have them share why they chose their position.
5. Next, find the participant who has the complementary card about this attribute. For example, if the first person who spoke had "younger person in the relationship," ask the participant with "older person in the relationship" to speak up and say why they chose their position.
6. Continue engaging participants, one at a time, working from the Low Power end and also seeking input from youth holding complementary cards, until all the cards have been read aloud and all the youth's positions explained.

> **Note:** Make sure each participant knows who is holding the card that complements theirs. Let them know that you might call on the pairs to do some role-playing later.

7. Ask the participants standing on the high end of the scale what kinds of things they might say to influence their low-power friends or partners or get them to give in on something. If your group likes improvisation, ask one or two of the pairs to role-play a conversation where the high-power partner pressures the low-power partner.
8. Ask participants to return to their original places in the room. Post the newsprint sheet you prepared and explain that all the characteristics listed on it are places where power imbalances may exist in relationships. Invite participants to add other characteristics in which power imbalances may exist. Say that some relationships inherently have power imbalances, such as parent/child, teacher/student, or worker/supervisor. For the rest of the activity, say you will focus on relationships with peers, such as friendships and romantic relationships. Suggest that when serious power imbalances exist in these reationships, relationships are typically unequal and thus unhealthy.
9. Ask
   - How can these kinds of power differences create unhealthy relationships?
   - What's it like to be the low-power person in the relationship?
   - How do you typically respond when someone more powerful than you puts pressure on you or tries to influence you?
10. Tell the group you want to demonstrate how power differences can affect communication in a relationship. Choose one of the attributes you just discussed: age, physical size, popularity, or sexual experience. Ask the group to brainstorm some specific lines the high-power person might use to influence or pressure the low-power person in a friendship or romantic relationship. Record these on a sheet of newsprint entitled Pressure Lines.
11. Distribute a sheet of paper and a pencil to each participant. Their task this time is to write down words, phrases, or actions that someone might use to resist this kind of influence or pressure. They should write legibly because their sheets will be read by someone else in the group. Allow a minute, and then ask participants to ball up their papers and toss them into the center of the room. Have them pick up one of the balls and then toss it again into the center of the room, each time creating a snowball flurry. Finally, ask them to pick up a ball and uncrumple it. Whip around the room and ask people to read what's on their paper.
12. Distribute Handout 12, Crumble Lines and Power Lines, and review the following information:
   - A **crumble line** is something someone says that weakens your will and can influence you to act in ways you don't want to act.
   - Crumble lines trigger feelings of insecurity about parts of your life where you feel uncertain, ashamed, or weak. For example, some people are afraid they're not pretty, or aren't sure if their friends really like them, or feel young and inexperienced, or feel dumb, or don't think anyone really cares about them.
   - A **power line** is something you can say to yourself that reinforces your resolve and confidence, and that can help you stick to a decision, trust your instincts, or resist pressure being put on you.

- Saying your power line gives you a minute to stop and think, enjoy a boost of self-confidence, and look at the situation from a position of strength.
- To find your power line, think of something you really like about yourself or a part of your life where you feel strong and confident. For example, you might know that you're smart, or that you're a good athlete; you might be pleased with your goals for your life, or proud that you're your own person, or confident that you have style.
- Use that thing you like about yourself to create a simple statement, like a motto, you can say to yourself for strength in a time of need. For example, if you know that you're smart, your power line might be "I don't waste these brains on just anybody!" If you like your sense of style, your power line might be "I look too good to be that foolish."

13. Encourage all members of the group to use the handout to identify their own personal crumble lines and power lines.
14. Close the activity by making these final points:
    - Be cautious about developing relationships with big power imbalances.
    - Relationships that are not completely equal in power can be healthy and equitable if they have the other qualities of a healthy relationship identified in this workshop.
    - Be prepared with your own personal power line to give you confidence in the face of pressure or undue influence in a relationship.

REFLECTION AND PLANNING 5 Minutes

1. Engage participants in discussion with the following questions:
    - How are you feeling at the end of this workshop?
    - What are the major take-away messages from this workshop?
2. Tell participants that the next workshop is about developing skills that help make a healthy relationship.
3. Distribute index cards so participants can write questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss these questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

OPTIONAL ACTIVITY MOVIE AND DISCUSSION Varies

If you offer this workshop in a retreat setting with more time than usual, consider showing a feature film and discussing it. As always, make sure parents know

ahead of time what movie you plan to show and when. Movies that lend themselves to discussion of the health of the characters' relationships include

Rated PG or PG-13

- *Dirty Dancing*
- *While You Were Sleeping*
- *Brown Sugar* (African American)
- *The Syrian Bride* (Syrian)
- *Parenthood*
- *A Walk to Remember*
- *10 Things I Hate about You*
- *A Cool, Dry Place* (single dad, absentee mom)
- *Love and Basketball* (African American)
- *Real Women Have Curves* (Latina)
- *Bend It Like Beckham* (British girl from Indian immigrant family)
- *He's Just Not That into You*
- *Hitch* (African American/Latina American romance)
- *Snow Falling on Cedars* (caucasian American/Japanese American romance)
- *The Truth about Jane* (lesbian teens)

Rated R

Most films involving LGBTQ issues are rated R, often simply because they portray non-heterosexual relationships, not necessarily because of an inappropriate level of sexuality, language, or violence. Preview these movies for appropriateness before deciding to show them and get permission from parents/guardians.

- *Love, Actually*
- *Mississippi Masala* (African American/Indian American romance)
- *Get Real* (gay teens)
- *The Incredibly True Adventure of Two Girls in Love* (lesbian teens)
- *Beautiful Thing* (gay coming of age)

Facilitator Resource 24

DISCUSSION POINTS FOR IS IT HEALTHY OR UNHEALTHY?

I insist on knowing where my romantic partner is when we aren't together. The word *insist* is a serious red flag or warning sign. Individuals in a relationship must retain their individuality and control of their own lives. Being in a romantic relationship doesn't mean you have to account for every moment you are not with your partner. Insisting on knowing your partner's every move suggests a lack of trust or a desire to control them.

I expect to share with my good friends everything that's going on in our lives. A healthy level of intimacy includes a desire to share what's going on in each other's lives. However, no one should be expected to share everything. Keeping one's individuality in a friendship means there will be some things the other person does not know.

I believe in breaking up via text message. Although opinions about this will vary, it can be very helpful to have important conversations with a romantic partner face to face. Tone of voice, facial expressions, and other important parts of communication cannot be conveyed by texting. In addition, many people are very hurt when a partner ends a relationship, so doing it by text can add to the other person's pain.

I like to be in charge and make most of the decisions in my romantic relationship. Power and decision making should be shared in any relationship. While one person may be more naturally suited to lead some activities in the relationship, no one in a romantic relationship or friendship should be in charge of everything. This is a red flag that a partner should pay attention to.

My friend made me mad, so I sent an angry text message to our friends. Anger can be a healthy emotion and can be expressed between friends in ways that can benefit the relationship. Uncontrolled anger, or anger that is expressed through emotional or physical violence, is unhealthy. This was an unhealthy act.

It's sweet that my new partner gets jealous if I even look at someone else. This type of jealousy is a sign of fear and possessiveness more than of love. People become jealous when they think they will never have, or will lose, something or someone they desire. Extreme jealousy can be a warning sign of an abusive relationship.

I allow my friends to look through the text messages on my phone. Sharing is an important part of healthy relationships, but so are boundaries. It is perfectly appropriate in a friendship to set boundaries that protect you and your privacy. It's your decision to make, and you should have the space to make that decision thoughtfully.

I expect to be able to look through the text messages on my romantic partner's phone. Romantic partners have the right to privacy. It is unhealthy to expect to be able to look through a partner's phone unless your partner freely agrees to that. This is typically an attempt to control a partner and is a serious red flag.

I enjoy flirting and don't understand why my romantic partner would have a problem with it. It depends on what the couple has agreed on for their relationship. They must discuss and agree on what is meant by *flirting*, what's acceptable behavior, and what's outside the boundaries.

Now that I'm in a relationship, I never find time to spend with my friends. It's unhealthy to make a romantic relationship your total focus. This does often happen at the beginning of a new relationship, but it's important for partners have their own individual interests and to maintain their friendships.

I just found out that a good friend posted some pictures of me online without my permission. It is crossing a boundary for a friend to do this without your permission. Friends should talk about personal boundaries. Some people might be okay with this, while others would object.

My romantic partner doesn't really acknowledge me when other friends are around. Caring about and being interested in someone are important parts of a romantic relationship, and that interest and caring should be professed openly. It's a red flag when a romantic partner doesn't acknowledge you in front of others.

When my partner is stressed, I get put down and called names. It hurts, but I understand. Putting someone down and calling them hurtful names is a form of emotional abuse. It's not okay even if you're stressed. And if this is a pattern, it is a definite warning sign of an abusive relationship.

Handout 8

WORKSHOP 12: HEALTHY RELATIONSHIPS

CHARACTERISTICS OF HEALTHY ROMANTIC RELATIONSHIPS

caring: Partners care for or love each other and profess that caring openly.

friendship: Partners are friends first and have fun together.

acceptance: Partners accept each other as they are.

open communication: Partners listen to each other and say what's on their mind.

trust: Partners trust each other and are trustworthy.

equality: Partners are equal in maturity and share decision making.

safety: Partners respect each other's boundaries and resolve conflicts without violence.

mutual support: Partners support each other's goals and values.

Handout 9

WORKSHOP 12: HEALTHY RELATIONSHIPS

WARNING SIGNS OF UNHEALTHY RELATIONSHIPS

- Your partner lies, cheats, or gets jealous a lot.
- Your partner is four or more years older and more experienced than you.
- Your partner abuses alcohol or drugs and pressures you to, as well.
- You would feel incomplete without a partner.
- What you like best about the relationship is what your partner does for you, such as giving you money or gifts.
- Your partner is mean, rude, disrespectful, etc.
- Your partner hits, slaps, shoves, punches, or otherwise physically abuses you.
- You always feel drained, nervous, anxious, or unsure of yourself around your partner.
- You feel controlled, threatened, isolated, or put down by your partner.
- Your partner doesn't acknowledge you or your relationship openly.
- You're so wrapped up in the relationship that you have no energy for your schoolwork, hobbies, friends, or family.
- When you and your partner are alone together, you spend most of your time having sex and rarely go out together.
- You argue a lot, and even when you talk about how to deal with a conflict, it keeps happening again and again.
- A little voice inside you says, "Uh oh—things aren't right here."

Handout 10

WORKSHOP 12: HEALTHY RELATIONSHIPS

RELATIONSHIP COMMITMENTS

Remember: A *deal maker* is something you absolutely want in a healthy relationship, and a *deal breaker* is something you absolutely do not want in a healthy relationship.

Your deal makers and deal breakers are up to you, and they depend on your values, beliefs, and needs. The following lists are suggestions that might help you think, but you must decide for yourself what makes sense to you in your relationships.

- sense of humor
- good looking
- uses drugs or alcohol regularly
- smokes cigarettes
- good student
- affectionate
- good athlete
- trustworthy
- egalitarian
- controlling
- politically conservative (or liberal)
- sexually experienced (or not experienced)
- good relationships with parents
- kind
- fun to be with
- honest
- good listener
- saves money well
- spends money freely
- very messy (or very neat)
- wants children (or doesn't want children)
- shares your religious beliefs
- wants to be married or romantically committed someday
- uses social media (Facebook, Tumblr, Twitter, etc.)
- shares your hobbies

MY RELATIONSHIP COMMITMENTS

I know the difference between healthy and unhealthy relationships. I commit to developing and maintaining relationships that are healthy for me and my friends or partners.

Good Friends

These are my three deal makers for a good friend:

1.
2.
3.

These are my three deal breakers for a good friend:

1.
2.
3.

Romantic Interests or Partners

These are my three deal makers for a romantic interest or partner:

1.
2.
3.

These are my three deal breakers for a romantic interest or partner:

1.
2.
3.

Life Partner

These are my three deal makers for a life partner:

1.
2.
3.

These are my three deal breakers for a life partner:

1.
2.
3.

By signing below, I make a commitment to choose relationships based on my deal makers and to avoid relationships based on my deal breakers.

Signature: _____

Date: _____

Handout 11

HEALTHY RELATIONSHIP CHECKLIST

Directions: Think of two people with whom you have relationships. They can be friends, family members, or a romantic partner. Write a person's name at the top of each checklist. Then, for each relationship quality, circle the word that shows how often that quality is present in your relationship with that person.

Relationship #1: _____

Quality	How often is this quality present in the relationship?			
mutual respect and acceptance	always	often	sometimes	rarely
open communication	always	often	sometimes	rarely
trust	always	often	sometimes	rarely
reliability (you can count on each other)	always	often	sometimes	rarely
safety (there is no pressure or abuse)	always	often	sometimes	rarely
shared interests (you have fun together)	always	often	sometimes	rarely
caring and affection	always	often	sometimes	rarely
equality, equal power	always	often	sometimes	rarely

Relationship #2: _____

Quality	How often is this quality present in the relationship?			
mutual respect and acceptance	always	often	sometimes	rarely
open communication	always	often	sometimes	rarely
trust	always	often	sometimes	rarely
reliability (you can count on each other)	always	often	sometimes	rarely
safety (there is no pressure or abuse)	always	often	sometimes	rarely
shared interests (you have fun together)	always	often	sometimes	rarely
caring and affection	always	often	sometimes	rarely
equality, equal power	always	often	sometimes	rarely

Handout 12

WORKSHOP 12: HEALTHY RELATIONSHIPS

CRUMBLE LINES AND POWER LINES

A crumble line is something someone says to you that weakens your will and can make you act in ways you don't want to act.

To find your crumble line:

- Think about parts of your life where you feel uncertain, ashamed, or weak. Maybe you think you're not pretty or you're not sure if your friends really like you; maybe you're afraid no one really cares about you or you think that people wouldn't like you if they really knew you.
- Think of things that someone might say to you that would trigger these feelings and make you do something you don't want to do. These are your crumble lines.
- A possible crumble line for me is _____

_____

When confronted with a crumble line, it helps to have a power line! A power line is something you can say to yourself (even aloud) that reinforces your confidence, that can help you stick to a decision or resist pressure being put on you.

Saying your power line gives you a minute to stop and think, enjoy a boost of self-confidence, and look at the situation from a position of strength.

To find your power line:

- Think about something you really like about yourself or a part of your life where you feel strong and confident. Maybe you know you're smart or that you have great style, or maybe you're proud of your goals and dreams for the future.
- Use that thing you like about yourself to create a simple statement or motto you can say to yourself to strengthen you in a time of need.
- For example, if you know you're smart, your power line might be "I don't waste these brains on just anybody!" If you have great style, your power line might be "I look too good to be that foolish." If you're proud of your goals and dreams for the future, your power line might be "I have too many plans for my life to do something that stupid."

Something I really like about myself: _____

_____

A possible power line for me is _____

_____

WORKSHOP 13 Relationship Skills

This workshop is adapted from material created by Al Vernacchio.

A WORD TO THE FACILITATORS

Relationships require attention, care, and skill in order to thrive. So often people of any age lack the knowledge and skills necessary to communicate the genuine caring or love they feel for another person. Friendships end, loving partners separate, and marriages become divorces because of the failure to communicate effectively. As we prepare young people to be best friends and loving partners in lifelong commitments or marital relationships, we need to equip them with important relationship skills.

This workshop focuses on listening, being assertive, and refusal skills. Each skill is presented clearly and modeled using scripted role-plays. It is very important for the youth to fully grasp how to use these skills. They have some opportunities to practice the skills in this workshop and will have more opportunities in future workshops. This is an evidence-informed approach for teaching skills effectively.

As the youth in your program grow older and begin forming committed relationships, these skills will help them speak up for what they want and need and respect their partners' boundaries. Although our focus is on friendships and romantic relationships, these interpersonal skills are useful in all types of relationships. Throughout the Our Whole Lives program, participants will have numerous opportunities to practice these skills and apply them in a variety of situations.

WORKSHOP GOALS

- to increase participants' listening skills
- to increase participants' ability to speak up for themselves assertively
- to increase participants' refusal skills

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- demonstrate active listening skills
- distinguish assertive from aggressive and passive communication styles and behaviors
- demonstrate assertiveness skills
- demonstrate effective refusal skills

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Active Listening	25 minutes
Speaking Up for Yourself	20 minutes
Developing Refusal Skills	25 minutes
Reflection and Planning	5 minutes
OPTIONAL ACTIVITIES	
Communication Energizer	10–15 minutes
Effective Communication as a Relationship Skill	35 minutes
Tech Communication Challenge	25 minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Group Covenant chart
- ☐ the Circles of Sexuality chart
- ☐ the Question Box, index cards, and pencils

For Active Listening

- ☐ index cards (half as many cards as participants)
- ☐ Handout 13, Active Listening Skills Checklist
- ☐ Facilitator Resource 25, Scripted Role-Play: Active Listening

For Speaking Up for Yourself

- ☐ Handout 14, Assertiveness Skills Checklist
- ☐ Facilitator Resource 26, Scripted Role-Play: Being Assertive

For Refusal Skills

- ☐ Handout 15, Refusal Skills Checklist
- ☐ Facilitator Resource 27, Scripted Role-Play: Saying No

For Optional Activity, Effective Communication as a Relationship Skill

- ☐ Handout 16, Healthy Communication in Relationships
- ☐ Facilitator Resource 28, Communication Challenge Scenarios

PREPARATION

1. Read the workshop plan, including handouts and facilitator resources. With your co-facilitator, decide how to share leadership responsibilities and whether you will conduct any of the optional activities.
2. Post the Group Covenant and Circles of Sexuality charts.
3. Photocopy the following handouts:
   - Handout 13, Active Listening Skills Checklist
   - Handout 14, Assertiveness Skills Checklist
   - Handout 15, Refusal Skills Checklist

For Active Listening

1. Prepare a listener instruction card for each pair of participants. Write one of the following instructions on one side of each index card and the corresponding number 1, 2, or 3 on the other side of the card.
    1. Listen attentively to your partner for about a minute. Then begin to get distracted. Look at your cell phone or watch, glance around, drop your pen, but don't be too obvious.
    2. Pay attention to your partner, but be disagreeable. Interrupt while your partner is talking, and give advice whether it's asked for or not.
    3. Listen to your partner carefully. Try to show that you understand without talking. Look the person in the eye and pay careful attention. Do not speak.

For Optional Activity, Effective Communication as a Relationship Skill

1. This activity would work best with a very mature group, as the handouts are quite sophisticated.
2. Decide how many small groups to form for role-plays. Each scenario calls for two actors, but the entire small group will be involved in scripting their role-play. To engage more of the youth as performers, consider offering each scenario to multiple small groups. It can be interesting to see how different role-plays of the same situation can be similar or different.
3. Make one or more copies of Facilitator Resource 28, Communication Challenge Scenarios, and cut the scenarios apart so one scenario can be handed to each small group.

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

    Welcome participants back and help them reenter the program by asking

    - Does anyone have any thoughts from the last workshop they would like to share?
    - How is your life better since the last workshop?

2. ***Question Box***

    Take a few minutes to answer any questions from the Question Box.

3. ***Reading***

    Set up the reading with these statements:

    - This workshop is a continuation of the focus on relationships, which are part of the intimacy circle of the Circles of Sexuality.
    - Today we will work specifically on relationship skills.
    - Our readings will be a series of quotes, and we'll discuss them one or two at a time.

4. Read the first two quotes:

   The most important thing in communication is to hear what isn't being said.

   —Peter Drucker

   When you don't talk, there's a lot of stuff that ends up not getting said.

   —Catherine Gilbert Murdock

5. Get participants' reactions with these questions:
   - What relationship skills are dealt with in these quotes? [Expected responses include communication, listening, keeping things bottled up.]
   - How do you hear what someone isn't saying? [Expected responses include looking at facial expressions and body language and tuning into the person's tone of voice.]
   - What can happen when you don't say things that are important to you in a relationship? What happens if something's bothering you and you never say how you feel?
6. Read the next quote:

   Assumptions are the termites of relationships.

   —Henry Winkler

   Ask
   - First, what are assumptions? What assumptions might a partner make in a relationship?
   - How can assumptions be like termites?
7. Read the final quote:

   What's not so great is that all this technology is destroying our social skills. Not only have we given up on writing letters to each other, we barely even talk to each other. People have become so accustomed to texting that they're actually startled when the phone rings. It's like we suddenly all have Batphones. If it rings, there must be danger.

   —Ellen DeGeneres
8. Process by asking:
   - What do you think about Ellen's comments?
   - Do you know what a Batphone is? [It is a telephone where Batman received emergency calls.]
   - Do you agree or disagree, and why?

ACTIVE LISTENING 25 Minutes

This activity is adapted from Public/Private Ventures, National Center for Strategic Nonprofit Planning and Community Leadership, Fatherhood Development Curriculum (Washington, D.C.: National Center for Strategic Nonprofit Planning and Community Leadership).

1. Set up the activity with the following fact and related question:
   - Relationship counselors tell us that relationships can go bad very quickly if couples don't have certain skills to help their relationships work.
   - What skills do two people in a relationship need?

2. Record responses on newsprint. [Expected responses include communication, listening, conflict resolution, and others. If listening doesn't come up, add it yourself.]
3. Tell participants that, in this activity, they will learn about listening skills. Explain the following process:
   - Everyone will pair off. One person in the pair will be the speaker, and the other will be the listener.
   - The speaker will talk about some problem they recently experienced, like a conflict with a sibling, parent, teacher, or friend.
   - The listener will receive an index card with special instructions to follow.
4. Divide participants into pairs and have them choose roles (or you can assign roles). If you have an odd number of participants, have two people be listeners to one speaker, using the same instruction card. Tell the speakers to think of a problem they feel comfortable discussing, nothing too personal or intimate.
5. Distribute the instruction cards to the listeners, asking them not to show the cards to the speakers until you say so. Explain that you will stop them after 3 minutes. Ask the pairs to begin.
6. After 3 minutes, bring the group together and ask the following questions:
   - Speakers, how well did your partner listen? Did you feel you were being understood? Why or why not?
   - Listeners, what was it like for you in your role?
7. Now ask some of the listeners to read aloud the instructions they were given. Assure the speakers that the listeners' behavior was determined by their instructions and not by what they heard from the speakers.
8. Brainstorm and list on newsprint some of the things a listener can do to hurt the communication process.
9. After that list is complete, brainstorm and list listening behaviors that can help the process.

> **Note**: Make sure the help list includes nonverbal skills such as using listener body language (for example, making eye contact, leaning forward toward the speaker) and paying attention to the speaker's body language (for example, facial expression) and tone of voice.

10. Give the following information in your own words:
    - This list describes *active listening*, which is more than just hearing the words someone is saying.
    - Active listening requires you to try to identify the feelings underneath the words and show the speaker that you're interested.
    - Paraphrasing (restating what you heard the speaker say in slightly different words) is a technique that helps the listener feel heard and lets you find out if you heard correctly.
    - If you misunderstood, the speaker can correct you and explain things more clearly.

- If you understood, the speaker knows that you're really paying attention.

11. Distribute Handout 13, Active Listening Skills Checklist. Ask participants to add any key points from the newsprint list to the checklist.
12. Recruit two volunteers to role-play a brief conversation for the whole group, one as the speaker and the other as a good listener, using Facilitator Resource 25, Scripted Role-Play: Active Listening. Read the background section to set up the role-play. Ask observers to pay attention to the listener and be prepared to report any skills they used from the checklist. (You might want to preassign the scripted role-play to two outgoing participants at the beginning of the workshop.)
13. When the role-play is finished, get feedback by asking the following questions:
    - Actors, what was the experience like for you? Speaker, did you feel like the listener was really hearing you?
    - Observers, what specific skills did you see the listener use?
    - What could the listener have done to be even more effective?
14. Now ask for a volunteer speaker-listener pair from the original activity to repeat their conversation in front of the whole group. This time the listener should use active listening skills.
15. Use the same processing questions as before to get feedback. But this time, be sure to ask the listener how easy or hard it was to listen actively. If the listener receives a lot of suggestions for improvement, ask the pair to have their conversation again, using the group's recommendations.
16. End by asking
    - What do you really think about active listening?
    - Do you plan to ever use it? If so, when and how?

SPEAKING UP FOR YOURSELF 20 Minutes

1. Explain that the next relationship skill the group will work on is being assertive. Do the following quick experiment to clarify the difference between being assertive, aggressive, and passive:
    - Tell the group that you're going to conduct an experiment.
    - Ask three participants, one after another, if you can borrow a pen or pencil, changing the style of your request each time as described below. Pay attention to your tone of voice and body language and use them to emphasize the three different styles.
        - **aggressive request:** In a gruff tone of voice, say something like "[Participant's name], give me your pen. I don't have a pen, and I need to borrow one," while snatching the pen out of their hand.
        - **passive request:** Look nervous and softly mumble something like "[Participant's name], could you, uh, could I please, uh, would you mind if I borrowed your pen, please," while looking down at the floor.
        - **assertive request:** Look the person in the eyes, smile in a nonthreatening way, and say calmly something like "[Participant's name], I need to borrow a pen. I'd like to borrow yours, if that is okay with you."
    - Ask the three participants from whom you requested pens to tell the rest of the group how they each felt about your request.

- Explain that these three requests represent three different ways people can communicate when they want to ask for something.

2. Present the three types of communication as described below:

Aggressive

You ask for what you want in a manner that hurts or offends the other person. Aggressive communication can be openly nasty (putting someone down, threatening, or pressuring) or it can be indirect (sarcasm, gossip, or saying something ugly behind someone's back).

Ask the group:

- Which of my requests was the aggressive one?
- What kind of result do you usually get with this type of request or behavior? [Expected answers include the following: You may get what you want at the time, but you end up hurting or angering the other person; you eventually stop getting what you want because people stop liking you; you may even get something you don't want, such as a violent response.]

Passive

You don't express your wishes or needs, or you do so in a very timid or indirect manner that has no effect.

Ask the group:

- Which of my requests was the passive one?
- What kind of result do you usually get with this type of behavior? [Expected answer: You usually don't get what you want, and you wind up feeling bad because you did not take care of your own needs.]

Assertive

When you're asking for something, you express yourself clearly and directly, without intentionally hurting or disrespecting the other person.

Point out that your last request was the assertive one. Ask the group, "What kind of result would someone get with assertive behavior?" [Expected answer: You're much more likely to get what you want or need. Even if you don't, you will feel good about expressing your needs and feelings directly.]

3. Give the following information:
   - There are two different ways of being assertive. One is by speaking up for yourself, saying directly how you feel or asking for what you want. The other is by refusing something that you don't want.
   - We'll work on speaking up for yourself and asking for what you want now, and on refusal skills in the next activity.
4. Distribute Handout 14, Assertiveness Skills Checklist. Review the skills. Recruit three volunteers to model the skills by acting out the scripted role-play from Facilitator Resource 26, Scripted Role-Play: Being Assertive. Read the background section. Ask participants to observe the role-play and make note of all the assertiveness skills they see Chris use in it.
5. Ask actors to begin the role-play. Afterward, get feedback using the following questions:

- Actors, what was the experience like for you?
- Observers, what specific assertiveness skills did you see Chris use?
- What could Chris have said or done to be even more effective?

6. Conclude with a discussion of the following questions:
   - How assertive are you?
   - Give an example of a time when you spoke up and asked for what you wanted, or gave your opinion, in an assertive way.
   - What are some situations where teens your age need to speak up and be assertive?

DEVELOPING REFUSAL SKILLS 25 Minutes

1. Tell participants that it's time to work on the final skill, refusal skills (being assertive in saying no to something you're being pressured to do). Ask, "How do you say no to something assertively?"
2. Distribute Handout 15, Refusal Skills Checklist. Review and model each of the skills.
3. As with the other two skills, recruit two volunteers to act out the scripted role-play from Facilitator Resource 27, Scripted Role-Play: Saying No. Ask the observers to take note of how well Jaheim is able to say no to his friend.
4. Ask actors to begin the role-play. Get feedback using the following questions:
   - Actors, what was the experience like for you?
   - Observers, what specific assertiveness skills did you see Jaheim use?
   - What could Jaheim have said or done to be even more effective?
5. Now recruit two volunteers to role-play a situation in which someone wants to borrow $5 from a friend (or use a different situation of your choice). Remind the person saying no to use the five steps for saying no assertively. Have the role-play begin, and stop it after a minute or so. Have the actors say how they thought things went. Ask the observers for feedback. Begin with what the actor saying no did well, and then offer suggestions for improvement.

REFLECTION AND PLANNING 5 Minutes

1. Invite reactions: How did this workshop go? What did the youth find helpful? What would they change? What skills will they use in a real situation?
2. Tell the participants that the next workshop will focus on social media and the Internet.
3. Distribute index cards and pencils for participants to write questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss these questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

OPTIONAL ACTIVITY
COMMUNICATION ENERGIZER

10–15 Minutes

Lead a brief activity that highlights the general challenges of effective communication. Options may include

- **Whisper down the Lane (or Telephone)**: Give one participant a message in the form of a short sentence. Then ask them to whisper that message to someone, who whispers it to someone else, until it has been passed through the whole group. The last person to hear the message says aloud what they heard. Compare the final form of the message with the original.
- **Back-to-Back Drawing**: Have participants pair off and sit back to back. Give one partner a geometric diagram and the other a sheet of paper and a pencil or pen. The partner with the diagram has to verbally describe it to the other person so they can accurately draw it.
- **Taboo:** Divide participants into two groups and have them play a couple of rounds of the commercial game Taboo.

OPTIONAL ACTIVITY
EFFECTIVE COMMUNICATION AS A RELATIONSHIP SKILL

35 Minutes

1. Distribute Handout 16, Healthy Communication in Relationships. Read aloud the attributes of healthy communication listed in the first section of the handout, or ask volunteers to take turns reading them aloud. Ask participants if they need clarification or have questions about any items on the list. Allow 3 minutes for questions and discussion.
2. Divide the participants into small groups. Give each group one of the communication challenge scenarios from Facilitator Resource 28, Communication Challenge Scenarios, and provide these instructions:
   - Read your scenario and prepare a short (2- or 3-minute) role-play that will bring the scenario to life for the rest of the group.
   - The whole group should work to formulate the script, choose the actors, and advise the actors how to portray the scenario.
   - Don't deviate from the scenario you're given, as each is designed to illustrate a specific communication challenge that can arise in a relationship.
   - The scenarios use gender-neutral names, so you can decide what gender each of the characters is.
3. Allow the groups 5 minutes to prepare their role-plays. Then re-gather the large group and ask each group to perform. Use the following process:

- Ask the groups not to read their scenario aloud, but to explain what kind of relationship they are portraying (parent-child, romantic partners, friends), and who is playing which role.
- Tell participants to refer to Handout 16, Healthy Communication in Relationships. Explain that the scenarios portray either effective or ineffective ways to exhibit these skills.
- At the conclusion of each role-play, ask the observers to identify which skill from the handout they believe it was trying to illustrate, and whether it aimed to illustrate an effective or ineffective example of it.
- After the group has had a chance to offer opinions, ask one of the role-players to read their scenario aloud to reinforce what it was trying to show.
- After all the scenarios have been enacted and discussed, direct the youth to the second section of Handout 16, Healthy Communication in Relationships. Read the tips aloud, or have volunteers take turns reading them. Then ask participants if they need clarification or have questions about any of the items on the list. Allow 3 minutes for questions and discussion.

4. End the activity by asking the following process questions:
   - Which of the qualities of healthy communication listed on Handout 16 would you find the easiest to create, and which of the tips would you find it easiest to follow? Why?
   - Which would you find the most difficult? Why?

OPTIONAL ACTIVITY
TECH COMMUNICATION CHALLENGE 25 Minutes

1. Guide the participants through a brief activity that compares the effectiveness of communicating via text and face to face. Ask participants to imagine that a partner is breaking up with them. Ask
   - Which mode of communication would you prefer, text or face to face? Why?
   - How would your opinions change if you were the partner breaking off the relationship?
   - What, if any, are the challenges in receiving tough news via text?
   - How does technology affect relationships? What is one positive impact and one challenging impact?
2. If most or all participants have cell phones, you might actually have them compare communicating an emotion-laden message via text and face to face. Use these processing questions:
   - Which method did the listener/receiver prefer?
   - How clear was the message? Was there any confusion or misunderstanding?

Facilitator Resource 25

SCRIPTED ROLE-PLAY: ACTIVE LISTENING

Background

It's Friday morning and Giam is upset because his mother won't let him go over to his friend Stacy's house after school today. Stacy is having a birthday cookout. Giam didn't turn in his homework at all this week and got an F on his last test. So his mother is making him stay home and study all weekend. Giam sits beside Stacy at lunch to explain what's happening.

Giam (in a sarcastic, frustrated tone): Hi, Stacy. I wanted to come to your cookout but I'm on lockdown all weekend.

Stacy (making eye contact and leaning toward Giam): You're on lockdown all weekend?

Giam: Yeah, I am. I kinda messed up with some homework and got an F on a test.

Stacy (paying close attention and looking concerned): Wow, that's rough.

Giam: Yeah. It is. I'm really angry. I don't know why my mother can't give me a break just for tonight. After all, it's your birthday and I'm not going to be able to concentrate on any homework tonight.

Stacy: You think your mother should give you a break just for today.

Giam: Yeah. I do. But I guess I brought it on myself. She kept telling me she wasn't going to let me go anywhere this weekend if I didn't get my work done.

Stacy: So you're kinda mad at yourself.

Giam: Yeah, I guess so.

Stacy: It's cool, Giam. We'll miss you, but I understand.

Facilitator Resource 26

SCRIPTED ROLE-PLAY: BEING ASSERTIVE

Background

Chris is talking with two of her friends about a new student in their class. The student, Darcy, has been teased a lot. Darcy was born a boy and identifies as a girl. A bunch of students think it's weird and they've been saying very negative things about Darcy. Chris feels strongly that Darcy should be treated with respect.

Brenda: What do you all think about Darcy? He looks like a dude to me. I'm not going to call him a her. It doesn't make any sense.

Latoria: I totally agree. And he better not try to come into the girl's bathroom when I'm in there.

Chris (in a strong, confident tone): I feel very uncomfortable with this conversation. How would you feel if you thought you had been born in the wrong body?

Latoria: You don't think that guy is weird?

Chris: No, I don't think that *girl* is weird. Darcy feels like a girl and identifies as a girl. That's how it is. So I'm going to respect her and treat her like any other girl.

Brenda: But it's obvious that Darcy is a boy.

Chris: I learned all about this stuff in a workshop I took. Sometimes a person's body doesn't fit the way they see themselves. It's called being *transgender*. I think it's really wrong to judge somebody because of who they are. I know you two aren't mean like that.

Latoria: No, we aren't mean—but I just don't understand all this.

Chris: It's okay. We can go online later and I'll show you some stuff you can read so you understand all this better.

Facilitator Resource 27

SCRIPTED ROLE-PLAY: SAYING NO

Background

Jaheim is about to take an important test in math class today. His friend, Henrick, wants him to skip that class and go hang out with another friend whose parents aren't home.

Henrick: Hey, what's up, Jaheim? You should come go with me to Emilio's house. His parents aren't home and we're going over there to chill for a few hours.

Jaheim: No, I've got a test in math next period.

Henrick: What? When did you start caring about a test? You can make it up later.

Jaheim (firmly): No. I'm going to go on and take it today. Why don't we hook up when school lets out?

Henrick: Come on, Jaheim. You know you want to go.

Jaheim: No, I'm not going, but I'll text you around three. (He walks away.)

Facilitator Resource 28

COMMUNICATION CHALLENGE SCENARIOS

Parent and teen: While in the car on the way home from school, the parent is interested in hearing how the day went and especially how the math test was. The teen thought the test was really hard, even after spending a lot of time studying and really trying hard to do well. The teen tries many different ways to avoid answering the parent's question, including texting friends and putting in earbuds. Finally the teen tells the parent what happened with the math test, how they feel really stupid and is worried it will ruin chances for college and life. The parent tries to be calming and reassuring and help the teen see that one bad test isn't the end of the world.

Two friends (Pat and Chris): During lunch on Monday, Pat and Chris are talking about their weekends. Pat is really interested in sharing their experiences and wanting to hear about Chris's weekend. Chris is more interested in topping whatever Pat says and is always interrupting to start a new story that will be bigger and better, even if it's a lie. When Pat challenges Chris on some of the stories, Chris feels defensive and criticizes Pat. Pat gets mad and brings up times in the past when Chris has lied about things. This leads to both friends criticizing each other until they both get mad and stop talking.

Romantic partners (Tracy and Sam): Tracy and Sam have been going out for about a month. They usually spend their time together hanging out with other friends. Sam wants the two of them to spend more time alone together. Tracy really likes Sam and wants to do this, but is nervous about what it means and is afraid to say so, for fear of losing Sam. Tracy starts to assume a lot of things about what Sam means by "spend time alone together," but doesn't check any of them out with Sam. Sam is confused and fears Tracy doesn't want to go out anymore.

Handout 13

WORKSHOP 13: RELATIONSHIP SKILLS

ACTIVE LISTENING SKILLS CHECKLIST

Pay attention and show concern.

_____ Give the speaker your full attention.
_____ Make direct eye contact if you feel comfortable with it.
_____ Lean forward toward the speaker.
_____ Be supportive; don't interrupt, judge, or criticize the speaker.

Use nonverbal skills and brief verbal responses to acknowledge the speaker.

_____ Nod or shake your head as appropriate.
_____ Change your facial expression as appropriate (for example, show concern or excitement).
_____ Say things like "yes," "I see," "uh huh," "mmm," or "go on."

Ask clarifying questions such as

_____ "So, what happened that got you so upset?" (or "got you so excited," "made you so sad," etc., as appropriate)
_____ "What do you think is going on?"
_____ "What did you think about that?"
_____ Other _____

Try to figure out the feelings indicated by the speaker's words and body language.

_____ Ask how the speaker is feeling. ("How do you feel about that?")
_____ Take a guess at how the speaker is feeling, based on your observations. ("You seem frustrated.")

Get feedback to check out your understanding.

_____ Restate or paraphrase what you've heard the speaker say.
_____ Restate or paraphrase several times during the speaker's comments.
_____ Ask, "Did I get that right?" "Did I hear you correctly?"

Handout 14

ASSERTIVENESS SKILLS CHECKLIST

This is a list of assertiveness skills. Assertiveness is saying what you want or need in a clear and direct manner without being disrespectful or aggressive. You have the right to

- ask for what you want or need
- change your mind
- say how you really feel even if others disagree

Make an "I" statement about what you want or need.

_____ Begin the sentence with "*I*." For example, "I need to get back home by 10."
_____ Be clear and direct; don't beat around the bush.

Use assertive body language.

_____ Look the person in the eye.
_____ Use a firm, but not aggressive, tone of voice.
_____ Look and sound confident.

Give a simple explanation.

_____ If appropriate, explain why something is important to you.

Examples:

"I need to be home by 10 because that's my curfew and I don't want to get punished."

"I want to eat where I can have a salad because I've been eating too much fried food."

"I want to practice every day so I can make the team."

Keep repeating yourself.

_____ Keep saying what you want or need over and over, maybe using slightly different language.

Examples:

"I need to be home by 10 because that's my curfew."

"I know it's going to be a great party but I can't get home after 10."

"I can't go to the party unless I can be home by 10."

Handout 15

REFUSAL SKILLS CHECKLIST

This is a list of refusal skills. You have the right to say no, even to a friend or partner. You can say no even if you've said yes in the past. You can refuse to do anything that you don't feel comfortable doing or don't think is in your best interest.

Say no clearly and directly. Refuse to engage in risky behavior.

_____ Say the word *no*. For example, "No, I won't ride home with you."
_____ Say "I won't," or use some other clear language to refuse.

Use assertive body language.

_____ Look the person in the eye.
_____ Use a firm, but not aggressive, tone of voice.
_____ Use body language and facial expressions that say no.

Give a simple explanation.

_____ If appropriate, explain why you refuse to do this.

Examples:

"No, I won't ride home with you because you've been drinking and shouldn't be driving."

"I don't want to go to Sean's house because his other friends are so much older than us."

"I don't want to have sex without a condom because I don't want to take the chance of getting an STI."

Provide alternatives.

Examples:

"I won't ride home with you but I'll call my sister to come pick us up."

"Let's invite Sean over to my house and we'll hang out."

"I need some air. Let's go out for a walk and we can talk more about whether we're ready to have sex."

Keep repeating your refusal.

_____ Keep saying no over and over, maybe using slightly different language.

Handout 16

HEALTHY COMMUNICATION IN RELATIONSHIPS

Healthy communication is

- **a two-way street**: Healthy communication means caring about what the other person has to say and being open to it as much as we care about what we have to say.
- **patient**: Healthy communication means waiting for a complete message to be offered before interpreting it or responding to it. Every time we start planning our response while another person is still talking, we are not being patient.
- **in the present**: Healthy communication is focused on what's happening here and now. It's not about rehashing the past or predicting the future. Being in the present also means staying focused on the conversation and not being distracted by things around us.
- **positive**: Healthy communication seeks areas of agreement rather than areas of disagreement and tries to build on those areas of agreement.
- **unbiased**: Healthy communication is not influenced by prejudice, past events, or assumptions about the person we are communicating with.
- **open**: Healthy communication does not have hidden agendas. It relies on saying what you mean and meaning what you say.
- **ongoing**: Healthy communication is a process. One conversation sets the stage for the next. Everything doesn't have to happen in one conversation.
- **collaborative**: Healthy communication has as its goal understanding rather than victory. A conversation is not a competition.

Tips for Successful Communication

Pay attention to nonverbal cues and body language. When your body is saying something different than your words, it can lead to confusion and misunderstanding. Nonverbal communication such as tone of voice, stance and body position, gestures, and facial expression often communicate more than words. Sometimes it's not what you say but how you say it that matters more.

Understand how emotional states can affect communication. What we are feeling in the moment will affect how we communicate. Happy and relaxed feelings often enhance communication, while worry, fear, and insecurity can make communication more difficult.

Use natural triggers for starting a conversation. It can be difficult to start a conversation, especially a serious one. Try saying something about a news story or current event, a song, a television show, or a movie as a way of connecting to what you want to talk more seriously about.

Minimize distractions. Focus on communicating clearly by turning off the television, taking your earbuds out, and not texting while talking.

Assume good will. Every conversation is a new opportunity for success. Focusing on past hurts or assuming that nothing good can happen will often shut down the communication.

Take your time. Pause if you need a break or time to consider what's been said. If you think the conversation is failing or if a conflict is escalating, it's okay to stop talking for now and plan to start again later.

Use *I* statements. An *I* statement begins with the word *I* and is clear and direct. It often has three parts. In a three-part *I* statement, you describe the situation from your perspective, say how you feel, and say what you need. For example, "Trying to make a decision like this in a crowded party is hard. I feel pressured. I need some space," or "You keep saying you love me. I feel like that's just a line. I need to hear more than that if we're going to move the relationship forward."

Contemporary Issues 4

WORKSHOP 14 Sexuality, Social Media, and the Internet

This workshop is adapted from material created by Yolanda Turner.

A WORD TO THE FACILITATORS

Technology has changed the way youth communicate, relate to others, and see the world. It's likely that the vast majority, if not all, of the participants will have had exposure to and experience with the Internet through computers or cell phones. These devices keep youth constantly connected to each other and the world. Take note of these statistics from the Pew Internet and American Life Project, **www.pewinternet.org/fact-sheets/teens-fact-sheet**, which is updated annually:

- As of September 2012, more than three-quarters (78 percent) of teens ages 12–17 had cell phones, and nearly half of those were smartphones.
- Three-quarters (74 percent) of teens had accessed the Internet through a mobile device such as a cell phone or tablet.
- A quarter (25 percent) of teens accessed the Internet mostly on a cell phone.
- Nearly all teens (93 percent) had a computer or access to one.
- Four-fifths (81 percent) of online teens used some kind of social media.

Youth today rarely use their cell phones to make calls; rather, they use their phones to text, get online, share photos, play games and entertain themselves, and coordinate their schedules with others. Internet access is ubiquitous, and the number of youth with cell phones is increasing. In addition, most electronic devices have a camera that can take both video and still pictures.

This prevalence of electronically mediated communication has generated much controversy. Some of the research concerning Internet and cell phone use focuses on danger and harm, while other research highlights the potential for interpersonal growth and connection. This workshop increases participants' awareness of how to use technology to enrich their knowledge and social relationships in safe, life-affirming ways. It uses as its working model a comparison of the Internet to a large city, full of interesting and fun things to do and explore. Like a city, the Internet is not inherently dangerous if approached with care, information about available options, and an awareness of what to do and what not to do.

This workshop addresses both computer and cell phone use; however, the activities will not require that participants have either a cell phone or access to a computer. The activities will help participants think critically about what they might experience online or through social media, and how to behave in an informed, intentional way that will allow them to have fun and stay safe. The sending of sexually explicit pictures and text is sometimes referred to as *sexting* by adults and the media, but the term is rarely used by youth. When exploring this important issue with participants, you might ask them if it is a term their peers use and what it means to them.

Keep in mind that some young people have been emotionally hurt by their own or others' misuse of these technologies. This workshop may bring up participants' feelings of discomfort about information they have shared or that has been used against them. Remind participants that they can seek out and talk to a trusted adult if they need to process feelings that arise during the workshop. The upsetting situation may actually be recognizable as cyberbullying, which is explored further in Workshop 15, Bullying and Bystander Responsibilities.

WORKSHOP GOALS

- to address how youth communicate via technology, focusing on Internet access, texting, and sexting (the sending of sexually explicit words or images)
- to help participants understand some ramifications of using social media and the Internet for social and sexual purposes

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- evaluate online and social media activities for safety, helpfulness, and harmfulness
- recognize how they can better protect their digital privacy
- identify how to better respect the digital privacy of others
- understand the long-term implications of a digital footprint
- identify some legal, personal, and relationship implications of sharing texts and images

WORKSHOP-AT-A-GLANCE:

Reentry and Reading (R&R)	15 minutes
Assessing Technology Use	20 minutes
What Would You Do? OR OK or Not OK?	30 minutes
Bigger Issues	20 minutes
Reflection and Planning	5 minutes
OPTIONAL ACTIVITIES	
Videos about Online Behavior	5–20 minutes
Youth Talk about Social Media	20 minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Group Covenant chart
- ☐ the Question box, index cards, and pencils
- ☐ the Circles of Sexuality chart
- ☐ Handout 18, Resources for Youth and Parents
- ☐ Facilitator Resource 29, Resources for Further Information

For Assessing Technology Use

- ☐ index cards and pencils

For What Would You Do?

☐ Facilitator Resource 30, What Would You Do? Scenarios

For OK or Not OK?

☐ Facilitator Resource 31, OK or Not OK Discussion Points
☐ **optional:** three signs, saying OK, Unsure, and Not OK.

For Bigger Issues

☐ Handout 17, Bigger Issues and Consequences

PREPARATION

1. Read the workshop plan, including handouts and facilitator resources. Review the resources and update the statistics as appropriate. Choose whether to facilitate What Would You Do? or OK or Not OK? Decide together which activities to conduct and how to share leadership responsibilities.
2. Make copies of the following handouts:
   - Handout 17, Bigger Issues and Consequences
   - Handout 18, Resources for Youth and Parents
3. Post the Group Covenant and Circles of Sexuality charts.

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants back and help them reenter the program by asking
   - What's new?
   - How is your life better since the last workshop?
   - How do you think social networking and the Internet make life better for young people?
2. ***Question Box***

   Answer Question Box questions.
3. ***Reading***

   Introduce today's topic and set up the reading with the following comments:
   - Today's workshop will focus on sexuality, social media, and the Internet.
   - We'll look at the Internet as a tool for interpersonal growth and connection, and also as something that has the potential for danger.
   - This workshop will help you think critically about your Internet and cell phone use, and will help you stay safe while using different types of digital media.

   Read, or ask volunteers to read, the following quotes from a panel of teenagers speaking at a Computers, Freedom, and Privacy Conference, in Robert Lemos, "Teenagers Want Computer Security Lessons," April 19, 2005, **www.theregister.co.uk**

Teenagers Want Computer Security Lessons

Every kid, when they reach a certain age, has The Talk with their parents. We need to have the same sort of discussion in terms of privacy. The majority of teenagers know about the sexual diseases out there because of this conversation they have with their parents or because they have the talk at school in sex ed. I think (online security) needs to be addressed the same as well.

—Steven, age 16

I think it is hard for the parents and educators because we are moving at a different pace than they are... no offense. It feels like we are done and on to the next thing by the time other people are aware of it.

My mom has blocked the TV, the computer, and I'm not allowed to listen to a lot of radio stations right now. It is a very bizarre experience for me. I really feel like she doesn't trust me anymore. She hasn't demanded my password, but I know that she knows it, and I'm pretty sure she has gone onto my computer.

—Elizabeth, age 16

My parents wanted to check my computer, so I stopped using that computer. I use the computers at school. There are things that they don't need to know.

The most important thing is, don't talk down to us. For the most part, we are not dumb.

—Morgan, age 17

Process reactions to the readings with the following questions:

- What are your reactions to these comments?
- Which comments did you relate to most?
- If you'd been on that panel, what would you have said about computers, freedom, and privacy?

ASSESSING TECHNOLOGY USE 20 Minutes

1. Invite the group to share their own experiences with digital technology. Participants may assume that everyone does things in the same way or for a similar amount of time as they do, especially if they know each other well. This activity will not only help you get a sense of participants' engagement in cyberspace, it will give group members an understanding of the range of activities and behaviors among their peers.
2. Do a quick How Many of You activity to give the group a visual sense of how they are using digital media. Ask participants to stand in a circle. Read the following list and ask participants to step into the circle if the statement is true for them. (Or you might ask them to simply stand up or to raise their hands.)

   How many of you

   - use the Internet to do homework or to look up information?
   - text?
   - have a Facebook, Tumblr, or other social media page?

- play interactive games online?
- shop online?
- tweet?
- share pictures on Instagram or some other online service?
- watch YouTube videos?
- use the computer to chat?
- connect with communities of peers online?
- use the Internet to talk with people you haven't met in person?
- have ever met a romantic interest online?
- have viewed sexual images online?

3. Then ask
   - What other ways do you use the Internet?
   - What devices do you use and how do you use them?
   - How have social media and the Internet helped you grow and develop as a teenager?
4. Give an index card to each participant. Ask them to write down what they or their friends have seen or done online that they would not tell a parent. Collect the cards, shuffle them, and read them aloud to the group.
5. Process by asking
   - What do you think about these activities?
   - What's the appeal?
   - Which are safe and which are risky?
   - What are some positive and negative experiences you've had online?
6. Begin a discussion of online safety by asking
   - How would you define online safety? [Expected answers include doing what you can to decrease the chances you'll be put in a dangerous or uncomfortable situation and taking steps so people you don't know can't identify or find you.]
   - What have you been taught about online safety by friends, parents, teachers, or other adults?
   - What do you think about what you've been told or taught?
   - How many risks do your peers and friends take when using technology?

WHAT WOULD YOU DO? 30 Minutes

This activity is an alternative to OK or Not OK? You should only conduct one of these two alternatives.

1. Share the following quote with participants:

   Cyberspace is like a big city. There are libraries, universities, museums, places to have fun, and plenty of opportunities to meet friends and other wonderful people from all walks of life. But, like any community, there are also some people and areas that you ought to avoid and others you should approach only with caution. By knowing the dangers and how to avoid them, you can take advantage of all the positive aspects of the Internet while avoiding most of its pitfalls.

   —adapted from "Teen Safety on Info Highway," **www.SafeKids.com**

Say that the next activity is about Internet safety.

2. Choose two or three of the scenarios from Facilitator Resource 30, What Would You Do? Scenarios. Read the first scenario to the group and discuss it with these questions:
   - What are your reactions to this scenario?
   - What would you do and why?
   - What are the possible consequences of doing this? What's the worst thing that could happen?
3. Continue in the same manner for the remaining scenarios you've chosen. As an alternative, you might divide participants into small groups to discuss each scenario after it's been read. Or you might assign small groups different scenarios and have them discuss them, and then describe the scenarios and their responses to the group.
4. Be sure to weave in these potential consequences of sending nude or partially nude images of minors online:
   - The picture can be forwarded to others and can go viral.
   - The person in the picture can get hurt, embarrassed, and humiliated.
   - Parents, teachers, and other adults can find out about the picture.
   - College admission personnel, future employers, and future partners might see the picture.
   - Senders can get charged with distributing sexually explicit pictures of a minor (even if it is a picture of themselves), which is a criminal sexual offense and can have serious legal consequences.
5. During or after the discussion, ask what safety rules could prevent some of the consequences this activity raised. Many youth already know these rules. Supplement their ideas with the tips below:

   Internet Safety Tips

   - Take your values, your good instincts, and your integrity with you online. Don't embarrass or harass others online or make nasty comments.
   - Remember that digital is forever. You can't take back or erase anything once it's posted.
   - Don't say or send anything you wouldn't like to see repeated or seen by others. Instant messages and photos can be copied into email, forwarded, posted on blogs, and sent to other people. If you or a friend posts something about you (pictures or words) online, anyone may view it, even if you think you've locked or protected it.
   - Anything posted online can affect your reputation offline. All the status updates, tweets, and location identifiers can be reviewed by prospective employers, insurance companies, colleges, teachers, parents, enemies, and future romantic partners.
   - People aren't necessarily who they say they are online. Anyone can build an identity online. Finding a new friend online can be risky; don't volunteer personal information (such as your phone number, credit card information, location, etc.) to someone you haven't met in person.
   - Trust your feelings. Some things might not hurt you physically but might make you uncomfortable. Talk with a trusted adult if you experience or

view something online that you don't understand or is upsetting.
- Never agree to meet in person with someone you've met online unless you discuss it first with a parent or other trusted adult. Then bring that adult along for the meeting.

Note: If you hear of behavior that would put a participant in danger, report it to the director of your sponsoring organization or check the guidelines of your organization for how to respond. Youth may mention being contacted by strangers, receiving images that made them uncomfortable, being asked for personal information, etc. Every U.S. state has mandatory reporting laws. Facilitators should report suspicious behavior to the appropriate person(s).

OK OR NOT OK? 30 Minutes

This activity is an alternative to What Would You Do? You should only conduct one of these two alternatives.

1. Set up the room for this activity by posting signs that read *OK*, *Unsure*, and *Not OK* along a wall or on the floor. Alternatively, you might simply designate three spaces in the room verbally. If you do this, you can switch the positions for OK and Not OK, which will force the group to move around more than they otherwise might.
2. Give instructions for the activity:
   - We're going to read a list of things that some people have done online.
   - You're going to say whether you think each of these actions is OK or Not OK.
   - You can choose Unsure only if you have no idea of where you stand on this issue. Otherwise, choose OK or Not OK even if you're not completely certain.
   - We expect to hear different ideas and opinions and know there won't be agreement on all of these issues.
   - As always, be respectful of other people's opinions.
   - Very important: If you know people who have experienced any of the situations we're going to discuss, please don't reveal anyone's identity. Always protect other people's privacy.
3. Ask group members to go to the middle of the room. Read the first statement and ask participants to move to their positions. Ask one or two people in each position to say why they think the behavior is OK or not OK. Then if anyone is unsure, ask them to explain their uncertainty. Continue in this same manner for the remaining statements. Be sure to stop in time to do the final activity in this workshop, which is very important.

OK or Not OK Actions

- A 12-year-old lies about being old enough to join a social network.
- A friend of your best friend sends you a friend request on a social networking site like Facebook.
- Your friend makes you angry, so you send a group text message to your mutual friends telling them what happened.

- Your parents or caregivers insist that you attend a workshop on online safety.
- Your parents or caregivers ask for your password to monitor what you're doing online.
- You forward a rumor or a piece of gossip about a mutual friend to other friends.
- An 8th-grader participates in an online poll posted by another student that asks people to rank the best and worst bodies in the class.
- A 13-year-old sends an online gaming friend their home address in order to get a free copy of an expensive video game.
- A 7th-grader texts a picture of his penis with smiley faces drawn on it to a group of friends.
- A 12-year-old texts a partially nude selfie (a picture of themself) to a romantic interest.
- A 15-year-old texts a partially nude selfie to a romantic partner.
- A 13-year-old views pornography on free websites or lies about being 18 to access a pornographic video.
- A 16-year-old views pornography on free websites or lies about being 18 to access a pornographic video.
- Someone you've never met but have been talking to online begins to talk with you about sex (telling you what they like, asking you what you like, asking "have you ever..." questions).

4. Use Facilitator Resource 31, OK or Not OK Discussion Points, to provide additional information.
5. Process the activity by asking, "What can help you determine whether something is OK to do online or with a cell phone?" Expected responses include the following:

   - considering whether you would be OK doing this offline
   - considering whether your actions could come back to haunt you
   - protecting your own identity and privacy
   - respecting other people's privacy
   - respecting people's differences
   - considering the potential impact on others' feelings, safety, etc.
   - not putting yourself or someone else in danger

   Refer to the Internet safety tips in the What Would You Do? activity for additional ideas.
6. Discuss ways that group members could draw a line and stop themselves if they ever feel like they are at risk of crossing boundaries, being disrespectful, or endangering themselves or their futures online.

BIGGER ISSUES

20 Minutes

1. Set up this activity by giving the following information:

   - Doing some things online can have long-term legal and personal consequences.
   - These consequences can be life-changing or simply embarrassing.

- In the next activity, you'll explore some of these potential long-term consequences.

2. Distribute Handout 17, Bigger Issues and Consequences, and pencils. Give instructions:
   - Individually rate each scenario on a scale from 1 to 5 according to how much of a problem you think it would be (1 = no problem and 5 = big problem).
   - Rate each scenario separately. It's OK to give the same rating to more than one scenario.
3. When people are finished, ask them to share their responses either in the large group or in small groups. Read one situation aloud at a time and facilitate discussion using the following questions:
   - What number did you give this scenario and why?
   - What are the possible long-term consequences of this action or situation?
4. At the end, process the entire activity with the following questions:
   - How different did people feel about these scenarios?
   - Did anyone change their mind after hearing another person's reasons or learning about some consequences they hadn't considered?

REFLECTION AND PLANNING 5 Minutes

1. Invite reactions to this workshop by asking
   - What did you think of this workshop?
   - What was helpful?
   - What would you change?
   - What did you take away that you can use in a real situation?
2. Distribute Handout 18, Resources for Youth and Parents, as a resource to take home.
3. Tell the participants the next workshop is about bullying. Distribute index cards and pencils for participants to write questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss these questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

OPTIONAL ACTIVITY
VIDEOS ABOUT ONLINE BEHAVIOR

5–20 Minutes

1. Go to A Thin Line (**www.athinline.org**), the website of MTV's anti-cyberbullying campaign, and review the information, stories, videos, and quizzes available there related to sexting, constant messaging, spying, and digital disrespect. You might decide to show one of their brief videos to introduce the What Would You Do? or OK or Not OK? activity. Or you might show several videos as an optional activity.
2. Also, the NetSmartz Workshop website (**www.netsmartz.org**), a program of the National Center for Missing and Exploited Children, has short videos featuring real-life stories about creating and respecting boundaries online.

OPTIONAL ACTIVITY
YOUTH TALK ABOUT SOCIAL MEDIA

20 Minutes

1. Videos posted by youth about their use of social media can foster useful dialogue among your participants. Select clips that you feel will most interest your group, since some of the youth in the videos ramble a bit. Find an introductory article and the videos online at **www.//2020science.org/2011/08/24/social-media-messed-up-teens-reveal-all**.

Facilitator Resource 29

WORKSHOP 14: SEXUALITY, SOCIAL MEDIA, AND THE INTERNET

RESOURCES FOR FURTHER INFORMATION

A Thin Line, **www.athinline.org**
This MTV website contains factual information, stories, videos, and quizzes related to sexting, constant messaging, spying, and digital disrespect.

GetNetWise, **www.getnetwise.org**
This website is sponsored by Internet industry corporations and public interest organizations to help ensure that Internet users have safe, constructive, and educational or entertaining online experiences. The GetNetWise coalition wants Internet users to be just "one click away" from the resources they need to make informed decisions about their and their family's use of the Internet.

NetSmartz Workshop, **www.netsmartz.org**
The NetSmartz Workshop is an interactive educational safety resource from the National Center for Missing and Exploited Children for children ages 5 to 17, parents, guardians, educators, and law enforcement personnel. It uses age-appropriate activities to teach children how to stay safer on the Internet.

NSteens, **www.nsteens.org**
Designed for younger teenagers, this website uses animated characters to model safer online practices. There are also resources for educators, parents, and guardians.

National Center for Missing and Exploited Children, **www.missingkids.com**
The National Center for Missing and Exploited Children is a private, nonprofit organization that helps prevent child abduction and sexual exploitation, helps find missing children, and assists victims of child abduction and sexual exploitation, their families, and the professionals who serve them.

The Internet Keep Safe Coalition, **www.ikeepsafe.org**
The Internet Keep Safe Coalition is a nonprofit international alliance of more than a hundred policy leaders, educators, law enforcement personnel, technology experts, and public health experts and advocates. It works to give parents, educators, and policymakers information and tools to teach children the safe and healthy use of technology and the Internet.

www.onguardonline.gov
This site, run by the Federal Trade Commission, includes a section on keeping kids and youth safe online, as well as online safety guidelines for everyone.

Facilitator Resource 30

WORKSHOP 14: SEXUALITY, SOCIAL MEDIA, AND THE INTERNET

WHAT WOULD YOU DO? SCENARIOS

Best Friends: Morgan and Kelly
Fifteen-year-old best friends Morgan and Kelly are talking after class. Kelly has met someone online who claims to be a student from another school who saw Kelly at a track meet. After learning Kelly's name, this person asked for Kelly's cell phone number, texted her, and started a conversation. Kelly seems to be developing feelings for this person. Morgan is listening but has concerns about who Kelly is actually talking to. What would you do if you were Morgan?

Teammates: Stacey and Angel
Stacey and Angel are good friends who live in the same apartment building. They used to be friends with Alex, another teen in the building, but after a big drama, they are no longer speaking to Alex. Angel just received a partially naked picture of Alex and sent it immediately to Stacey. What would you do if you were Stacey?

Romantic Interests: Avery and Blair
Blair has just texted Avery for the fifth time asking for a nude pic. In spite of feeling nervous and self-conscious, Avery is considering sending the picture because Blair is very cute and popular. What would you do if you were Avery?

Things Fall Apart: Tony
Out of the blue, a bunch of people start trashing Tony on a social media network. People are saying all kinds of things that aren't true and Tony is feeling overwhelmed. What would you do if you were Tony?

Jealousy or Love? Enu and Huan
Enu and Huan, two high school students, have been going out for a few months. They spend almost all of their free time together. Huan didn't have a cell phone, so Enu bought a prepaid cell for Huan so they could always be in touch. Now that Huan has a phone, Enu expects a response to all texts, even when they come in the middle of the night. What would you do if you were Huan?

Cheating: Dakota and Lupe
Dakota and Lupe have been a couple for over a year. They're very public about their relationship and trust has never been an issue until recently. Dakota has canceled several dates, and sometimes when the cell phone rings, Dakota will leave the room to take the call. This has never happened before. Lupe has a strong feeling that Dakota is cheating but is nervous about confronting Dakota. Today, Lupe sees an opportunity to take a peek at Dakota's cell phone. What would you do if you were Lupe?

Facilitator Resource 31

OK OR NOT OK DISCUSSION POINTS

A 12-year-old lies about being old enough to join a social network.
This will allow the 12-year-old to have conversations with, and access the pages of, older youth and adults, putting them at risk of ending up in uncomfortable, difficult, or dangerous situations.

A friend of your best friend sends you a friend request on a social networking site like Facebook.
Anyone online can claim to be someone they're not. When you receive this request, it is important to find out if your friend actually knows this person and how they know each other. If your friend doesn't know this person in real life, then you may want to reconsider friending them.

Your friend makes you angry, so you send a group text message to your mutual friends telling them what happened.
Any text can be forwarded to anyone else, which means that this one could be sent to your friend, their parents, your parents, school officials, etc. It could also be altered to sound threatening or violent before being sent on.

Your parents or caregivers insist that you attend a workshop on online safety.
Parents are naturally concerned about their children's safety, and this is a reasonable request that most youth would agree to.

Your parents or caregivers ask for your password to monitor what you're doing online.
Most youth would feel that this was a violation of their privacy.

You forward a rumor or a piece of gossip about a mutual friend to other friends.
This is a form of digital disrespect that can lead to emotional pain for your friend and can fuel an online war of words.

An 8th-grader participates in an online poll posted by another student that asks people to rank the best and worst bodies in the class.
This is mean and can be very hurtful for people being ranked in this poll. It could contribute to negative body image for classmates whose bodies are voted worst.

A 13-year-old sends an online gaming friend their home address in order to get a free copy of an expensive video game.
Giving your home address to anyone you don't know is risky. It means not only that you can be located but that someone could access your personal information, depending on what other information you have provided online (knowingly or unknowingly).

A 7th-grader texts a picture of his penis with smiley faces drawn on it to a group of friends.
Even though this person has not shown his face or other identifying information, information encoded in the picture can identify where it was taken and the device that it was taken with.

A 12-year-old texts a partially nude selfie to a romantic interest.
Any picture sent to one person can be forwarded to any number of people or posted online. Once it is sent, the picture is out of the sender's control. Youth are creating digital records that shape their reputations offline and can be reviewed by prospective employers, colleges, etc.

A 15-year-old texts a partially nude selfie to a romantic partner.
See the discussion point for the previous statement. Age doesn't really make a difference when it comes to risk and possible consequences.

A 13-year-old views pornography on free websites (such as free porn sites and chatroulette) or lies about being 18 years old to access a pornographic video.
When people see sexual behavior in photos or videos, it can be interesting, arousing, and intriguing. But it can also be uncomfortable, confusing, and scary because the images are often seen outside the context of loving or even caring relationships. The images and videos often focus on body parts and the rawest kinds of sexual activity rather than on relationships between people, or even on people loving and taking joy in their own bodies.

A 16-year-old views pornography on free websites (such as free porn sites and chatroulette) or lies about being eighteen years old to access a pornographic video.
See the discussion point for the previous statement. Although 16-year-olds are more mature than 13-year-olds, they can still be confused, frightened, or misled by sexual images online.

Someone you've never met but have been talking to online begins to talk with you about sex (telling you what they like, asking you what you like, asking "have you ever . . ." questions).
Once you've begun to talk sexually with someone, you may begin to feel more obligated to them, which may lead you to discuss or commit to things you're uncomfortable with. It may also lead you to feel closer to them or trust them more, which can be risky.

Handout 17

WORKSHOP 14: SEXUALITY, SOCIAL MEDIA, AND THE INTERNET

BIGGER ISSUES AND CONSEQUENCES

Directions: Rate each scenario on a scale from 1 to 5 according to how much of a problem you think it would be (1 = no problem and 5 = big problem).

1. After a positive job interview, the employer calls to say that a Google search turned up a lot of sexualized images of you. _____

2. You say yes to a video game request to share your location so you and other players can see how your scores compare. _____

3. You find out that someone you've fallen in love with online is actually a classmate playing a trick on you. _____

4. A staff person in a summer youth employment program finds a sexy picture of an underage person on your cell phone and reports you to the police. _____

5. You get arrested and convicted on child pornography charges after forwarding nude photos of a partner to others. As a convicted felon, you have to register as a sex offender until you are 43 years old. _____

6. After starting false rumors about a former romantic partner on a social network site, you've been unfriended by many people, and now rumors and lies are being spread about you. _____

7. Your younger sibling uses your computer and accidently sees pornographic pictures. _____

8. A 20-year-old who learned about sex and sexual relationships primarily from watching porn struggles to have a healthy sexual relationship with a real partner. _____

Handout 18

WORKSHOP 14: SEXUALITY, SOCIAL MEDIA, AND THE INTERNET

RESOURCES FOR YOUTH AND PARENTS

Safe and reliable sex education websites

www.sexetc.org
www.scarleteen.com

Websites with information and resources on Internet safety

www.wiredsafety.org
www.SafeTeens.com
www.Netsmartz.org
www.OnGuardOnline.gov
www.Safekids.com
www.cybertipline.com

Video

The Safe Side, *Internet Safety* (2006). Available as a DVD and downloadable from iTunes.

Books

Aftab, Parry. *The Parent's Guide to Protecting Your Children in Cyberspace.* New York: McGraw-Hill, 2000.

Appleman, Dan. *Always Use Protection: A Teen's Guide to Safe Computing.* Berkeley: Apress, 2004.

Bocij, Paul. *Cyberstalking: Harassment in the Internet Age and How to Protect Your Family.* Westport, CT: Praeger, 2004.

Criddle, Linda, and Nancy Muir., *Look Both Ways: Help Protect Your Family on the Internet.* Redmond, WA: Microsoft Press, 2006.

Khoo, Angeline, Albert Liau, and Esther Tan. *What Do I Say to My Net-Savvy Kids? Internet Safety Issues for Parents.* Singapore: McGraw-Hill, 2006.

Rothman, Kevin F. *Coping with Dangers on the Internet: Staying Safe Online.* New York: Rosen Publishing, 2001.

Schwartau, Winn, and D. L. Busch. *Internet and Computer Ethics for Kids (and Parents and Teachers Who Haven't Got a Clue).* Seminole, FL: Interpact Press, 2001.

Sullivan, Mike. *Safety Monitor: How to Protect Your Kids Online.* Chicago: Bonus Books, 2002.

WORKSHOP 15 Bullying and Bystander Responsibilities

This workshop is adapted from material created by David M. Hall.

A WORD TO THE FACILITATORS

Bullying often becomes a headline story after tragic incidents such as suicide or lethal assault. Such grave events are horrible and rare, but incidents of bullying occur in schools each day. Students stay home out of fear of being bullied, and longitudinal research demonstrates that there are negative consequences for both the bullied and the bully.

Sexuality plays a significant and often central role in bullying. Examples of sexuality-related issues that are often involved in bullying include body size and type, perceived sexual orientation, gender expression, female sexualization, non-traditional family structure, teenage pregnancy, sexually transmitted infections, and sexual harassment.

While we cannot eliminate it, we can significantly reduce bullying and aggressive behavior if we work to change the culture of a school, neighborhood, or other community. Empowering bystanders is critical. Because bullying and victimization are social justice issues, this workshop addresses bystander responsibilities. Participants learn that it's insufficient to avoid being a bully; people with integrity and concern for others will also attempt to intervene or report bullying and support victims.

WORKSHOP GOALS

- to increase participants' understanding that bullying occurs in a wide variety of ways related to sexuality
- to help participants understand that bystanders can have a significant impact on bullying

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- define bullying
- identify different types of bullying
- identify different ways that human sexuality is linked to bullying
- demonstrate intervention techniques.

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	20 minutes
What Is Bullying?	30 minutes
Bystander Intervention	35 minutes

Reflection and Planning	5 minutes
OPTIONAL ACTIVITY: Video: *Let's Get Real*	20–60 minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ the Circles of Sexuality chart
- ☐ a computer with Internet access or downloaded video and a large monitor or digital projector
- ☐ **video:** "Bars and Melody—Simon Cowell's Golden Buzzer Act," **www.youtube.com**
- ☐ Facilitator Resource 32, Background Information about Bullying

For What Is Bullying?

- ☐ two copies of Facilitator Resource 33, Types of Bullying: Scenarios
- ☐ Handout 19, Types of Bullying
- ☐ **optional:** a computer with Internet access or downloaded videos and a large monitor or digital projector

For Bystander Intervention

- ☐ Handout 20, Bullying Stories
- ☐ Handout 21, What One Bystander Can Do

PREPARATION

1. Read the workshop plan, including handouts and facilitator resources. Decide together which activities to conduct and how to share leadership responsibilities.
2. Make copies of the following handouts:
   - Handout 19, Types of Bullying
   - Handout 20, Bullying Stories
   - Handout 21, What One Bystander Can Do
3. Post the Circles of Sexuality and Group Covenant charts
4. Preview the video "Bars and Melody—Simon Cowell's Golden Buzzer Act" at **www.youtube.com**. Cue the video to start at 1:10. Set up the computer and monitor and check the strength of your Internet signal.

For What Is Bullying?

Cut a copy of Facilitator Resource 33, Types of Bullying: Scenarios, into squares to distribute to participants.

For Bystander Intervention

1. Review the two bullying stories and decide which to use. There may not be time to use both.

2. Decide whether to facilitate the activity in the large group or to divide participants into small groups.
3. Write the following questions on a sheet of newsprint labeled What Can Bystanders Do?
   - What could you say to the bully? What could you do?
   - What could you say to the supporters? What could you do?
   - What could you say to the bystanders? What could you do?
   - What could you say to the victim? What could you do?

Workshop Plan

REENTRY AND READING (R&R) 20 Minutes

1. ***Reentry***

   Welcome participants back and help them reenter the program by asking
   - How is your life better since the last workshop?
   - Our topic today is bullying. Why do you think we would discuss bullying in Our Whole Lives?
2. ***Question Box***

   Answer Question Box questions.
3. ***Reading***

   Set up the reading with the following comments:
   - In today's workshop we'll define bullying, identify different types of bullying, and look at the many different ways that human sexuality is linked to bullying.
   - We'll also look at ways that bystanders can intervene to interrupt bullying. Our openings today include a video about bullying and a news story about bystanders standing up to bullies.
4. Watch the video "Bars and Melody—Simon Cowell's Golden Buzzer Act," from Britain's Got Talent, at **www.youtube.com,** from 1:10–6:15

   Then read, or ask volunteers to read the following story:

   Two Nova Scotia students are being praised across North America for the way they turned the tide against the bullies who picked on a fellow student for wearing pink.

   The victim—a Grade 9 boy at Central Kings Rural High School in the small community of Cambridge—wore a pink polo shirt on his first day of school.

   Bullies harassed the boy, called him a homosexual for wearing pink and threatened to beat him up, students said.

   Two Grade 12 students—David Shepherd and Travis Price—heard the news and decided to take action.

   "I just figured enough was enough," said Shepherd.

   They went to a nearby discount store and bought 50 pink shirts, including tank tops, to wear to school the next day.

   Then the two went online to e-mail classmates to get them on board with their anti-bullying cause that they dubbed a "sea of pink."

But a tsunami of support poured in the next day.

Not only were dozens of students outfitted with the discount tees, but hundreds of students showed up wearing their own pink clothes, some head-to-toe.

When the bullied student, who has never been identified, walked into school to see his fellow students decked out in pink, some of his classmates said it was a powerful moment. He may have even blushed a little.

"Definitely it looked like there was a big weight lifted off his shoulders. He went from looking right depressed to being as happy as can be," said Shepherd.

And there's been nary a peep from the bullies since, which Shepherd says just goes to show what a little activism will do.

—"Bullied Student Tickled Pink by Schoolmates' T-Shirt Campaign," September 18, 2007, **www.cbc.ca/news/canada**

5. Lead a discussion with the following questions:
   - How do you feel about the rap? Have you ever experienced or witnessed anything like this singer's experiences?
   - What is your reaction to the story about the pink shirts?
   - What other types of bullying have you witnessed?

WHAT IS BULLYING? 30 Minutes

Note: Bullying can be defined much more broadly than many realize. Participants will easily brainstorm things about direct bullying (name-calling, shoving, etc.). Encourage them to also consider indirect bullying (spreading rumors behind someone's back, social isolation, etc.).

If you have Internet access, consider showing one or two of the following brief videos to show what cyberbullying looks like:

"Fliers" (45 seconds), **www.athinline.org/videos/60-fliers**

"Cafeteria" (30 seconds), **www.athinline.org/videos/59-cafeteria**

"Tattoo" (30 seconds), **www.athinline.org/videos/1-tattoo**

These are only a few examples of the videos at A Thin Line, **www.athinline.org**, the website of MTV's anti-cyberbullying campaign.

1. Explain that it's important for everyone to understand what bullying is, so they know it when they see it. Ask participants to brainstorm definitions of bullying.
2. Once the answers stop flowing freely, offer the following definition:

   Bullying

   - involves an imbalance of power—a more powerful person (bigger, stronger, more popular, with more resources, or with higher social standing) victimizes a less powerful person
   - is typically repeated over time
   - intends to inflict physical harm, emotional distress, and/or social embarrassment or humiliation
3. Distribute copies of Handout 19, Types of Bullying. Explain that bullying tends to fall into two major categories, direct and indirect. Ask a volunteer

to read the first two definitions. Go on to explain that cyberbullying can be either direct or indirect. Get reactions to this information. This discussion is designed to help participants recognize that they may be inadvertently bullying others or may have accepted mistreatment by others as "normal kids' stuff" when, in reality, they have been bullied.

4. When reviewing indirect bullying, weave in the following points if they don't come up:
   - Victims are at a particular disadvantage because they may never discover the identity of the person or group responsible for the bullying.
   - It can be harder to identify, since there is no physical damage done, but should not be taken less seriously than direct bullying.
5. Post two sheets of newsprint on the wall, and title one Direct Bullying and the other Indirect Bullying. Distribute the scenarios you've cut into squares to participants. You might give each person one or two scenarios. Tear off some pieces of tape and place some strips near each chart.
6. Give these instructions:
   - Pair off with someone.
   - Read each of your scenarios and decide whether it's an example of direct bullying or indirect bullying.
   - As soon as you've decided, go tape your scenarios to the appropriate charts.
7. Ask group members to quietly read the scenarios taped to each of the charts and discuss if any scenarios should be moved. Keep this brief. Use the first page of the Facilitator Resource as an answer key. Explain that all of these scenarios happened in real life.
8. Lead a discussion using the following questions:
   - How would being targeted in this way make a person feel? How do you think you would feel?
   - What are some feelings that bystanders might have when they watch these things occur?
   - In what ways are these scenarios linked to human sexuality? Which circles of sexuality might some of them fit into? Ask youth to choose a few bullying scenarios and say which circle(s) of sexuality they think each one belongs in.
   - What instances of direct or indirect bullying have you witnessed? How did you respond?
   - What are some ways that bullying affects the victim? [Discuss effects that bullying can have on LGBTQ youth in particular.]
   - What could have been done to prevent these incidents or to get the bullying to stop?

BYSTANDER INTERVENTION 35 Minutes

1. Explain that bullying behaviors are too often encouraged by other people, either through vocal support or through silence. Supporters laugh along or egg the bully on. Bystanders watch quietly. One of the most effective ways to stop bullies is for bystanders to actively intervene when they see bullying

occur. That requires addressing everyone, not just the bully and the target but also the people supporting the bully's actions.

2. Post the What Can Bystanders Do? chart. Distribute Handout 20, Bullying Stories, and give these instructions:
   - We're going to read a story about bullying that's based on actual events.
   - After hearing the story, you'll discuss your reactions and feelings.
   - Then we'll consider the questions listed on newsprint:
     - What could you say to the bully? What could you do?
     - What could you say to the supporters (of the bully)? What could you do?
     - What could you say to the bystanders? What could you do?
     - What could you say to the victim? What could you do?
3. Have a volunteer read the story you've chosen. Before beginning to discuss ways bystanders can intervene, ask
   - What's your reaction to the story?
   - What are some feelings the victim (Mercedes or Amir) is experiencing at this moment?
   - How might this experience affect them?
4. Brainstorm responses to each question in turn. Remind participants of the assertiveness skills they learned in an earlier workshop. Ask them to assess whether the responses being offered are assertive, aggressive, or passive. As appropriate, weave in some of the intervention strategies below as well as suggestions from Handout 21, What One Bystander Can Do. Encourage participants to put themselves in the shoes of the victims in the stories. What would they want or need someone to do for them?
   - Use humor to diffuse the situation.
   - Change the subject or change the focus.
   - Distract the bully.
   - If it's safe to do so, confront the bully directly. Be assertive, not aggressive.
   - Reach out to the victim during or after the incident. Be comforting. Show empathy.
   - Say something like, "Come on. Let's stop messing with [victim's name]. We've messed with them enough." [When someone speaks up to stop bullying, it makes it easier for others who disapprove to speak up as well.]
   - Don't laugh or go along with the bullying.
   - Let bystanders know you disagree with what is going on. Ask them to join you in standing up to the bully and supporting the victim.
   - Enlist the help of an adult.
5. If your group enjoys role-playing, invite participants to role-play the situation using some of these strategies. Encourage the bystanders to use assertiveness skills but to always put safety first.
6. Distribute Handout 21, What One Bystander Can Do. Review it briefly, noting any techniques or strategies that haven't been discussed. Be sure to review ways to intervene in cyberbullying.

7. Process the activity by asking
   - How does this relate to being an ally? [Being an ally was discussed in Workshop 9: Sexual Orientation.]
   - What types of responses are you most comfortable with or capable of? Why?
   - What might be challenging about taking some of these actions? [Make the point that it can be very difficult to actually speak up in the moment. Empathize with caring participants who have struggled to find their voice in speaking out against bullying.]
   - What might be rewarding about taking some of these actions?

REFLECTION AND PLANNING 5 Minutes

1. Invite reactions to this workshop. How did it go? What did the participants find helpful? What would they change? What will they use in a real situation?
2. Tell the participants that the next workshop is about redefining abstinence.
3. Distribute index cards and pencils for participants to write questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."
4. Ask participants to pay attention to their behavior in relation to the bullying prevention strategies discussed today. Ask them to note how often they walk their talk over the next few days.

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss these questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

OPTIONAL ACTIVITY
VIDEO: LET'S GET REAL 20–60 Minutes

1. For an additional program on bullying prevention, the video *Let's Get Real* is a powerful depiction of bullying at the middle school level. It includes interviews with targets, bystanders, and bullies. The DVD can be ordered or streamed for a fee from New Day Films, **www.newday.com/films/LetsGetReal.html**. You might be able to borrow the DVD from a local high school, college, or public library.
2. The video is 35 minutes long, so if you plan to show it all, you will need to allow an hour, including discussion. You can alternatively choose a clip and lead a discussion of that clip.
3. The *Let's Get Real* Curriculum Guide that accompanies the film is available at **http://groundspark.org/download/LGR_guide.pdf**.

Facilitator Resource 32

WORKSHOP 15: BULLYING AND BYSTANDER RESPONSIBILITIES

BACKGROUND INFORMATION ABOUT BULLYING

Definition

- Bullying is defined by an imbalance of power, the repetition of victimization over time, and the intention to inflict physical harm, emotional distress, and/or social embarrassment or humiliation.

Types of Bullying

- Direct bullying is done in the presence of the victim. It can include
  - verbal harassment, threats, forcing the victim to do something
  - taking money or other possessions from the victim
  - humiliation, taunts, and teasing
  - negative body language, like menacing and contemptuous looks
  - physical attacks such as hitting, shoving, using weapons, and unwelcome touching
- Indirect bullying usually happens behind the victim's back, not in their presence. It can include
  - attacks on the victim's social standing or reputation
  - name-calling and spreading gossip, rumors, and lies
  - social exclusion or isolation
  - unkind mimicking or mocking behind the victim's back
  - organizing a peer group to ostracize the victim
- Cyberbullying uses digital technology and can be direct or indirect. It can be quite vicious, as the bully does not have to confront the victim. It can include
  - sending the victim mean or harassing text messages
  - texting or emailing rumors, or posting them on social networking sites
  - sharing embarrassing or inappropriate pictures or videos
  - setting up fake profiles to spread rumors or lies

Characteristics of Victims and Impacts of Bullying

- Many youth are bullied because of their weight, appearance, gender identity or expression, perceived sexual orientation, disability, ethnicity, or health issues.
- Youth may be passive victims—cautious and withdrawn, anxious and insecure, physically weaker, and with few friends. However, youth might be provocative victims, behaving in ways that attract negative attention, such as being irritating or creating tension. Though some youth may be more likely to be bullied than others, victims are not "asking for it" or responsible for being bullied.
- Youth who are bullied are more likely to have health problems such as headaches, sleep problems, abdominal pain, anxiety, unhappiness, and depression.
- Many youth skip school out of fear of being bullied.

- LGBTQ youth who are bullied are more likely than straight and gender-conforming youth to
  - report feeling unsafe at school
  - be physically assaulted
  - skip school to be safer
  - drop out of school
  - experience extreme anxiety and depression, relationship problems, low self-esteem, substance abuse, and thoughts of suicide
  - not get the support they need when being bullied, because of adult intolerance of their sexuality
  - commit suicide

Warning Signs a Youth Is Being Bullied

- Victims of bullying may change their patterns of sleeping or eating.
- They may find excuses not to go to school, take a different route to school, or be nervous about getting there safely.
- They often become moody, anxious, depressed, or withdrawn, and may lose interest in friends, hobbies, and other activities.
- They may have unexplained bruises, cuts, or scratches, and may come home from school hungry or with missing or damaged clothing, belongings, etc.
- If a youth continually "loses" money or starts stealing, a bully may be demanding money from them.
- Victims of bullying may refuse to talk about what is wrong.
- Their grades may begin to fall.
- Victims may begin to target their siblings, repeating the abuse they are suffering.

Characteristics of Bullies

- Children who bully often have high self-esteem, though many people believe they have low self-esteem. They are often popular with their peers and liked by teachers and other adults.
- They want power and will work hard to protect their power.
- Bullies choose victims who have a limited social safety net in school.
- They like the attention and get satisfaction from hurting others.
- Anyone can bully another person, regardless of gender. However, research shows that boys will bully both boys and girls, while girls will mostly bully other girls.
- Boys are more likely to engage in direct bullying, while girls are more likely to engage in indirect bullying.
- Bullies typically have positive attitudes toward violence; they have short tempers and little empathy and can be involved in antisocial activities. They are thus at increased risk of dropping out of school, psychological distress, substance abuse, and criminal behavior.

Facilitator Resource 33

WORKSHOP 15: BULLYING AND BYSTANDER RESPONSIBILITIES

TYPES OF BULLYING: SCENARIOS

The scenarios are listed in large text on the following pages. Cut the scenarios into separate squares so you can distribute them to participants. Every scenario is true.

Keep an intact copy of this page as your answer key.

Indirect Bullying

- A boy starts an online rumor about a girl, calling her a "pregnant slut."
- An 8th-grade girl looks at a classmate and tells her how pretty she looks, then turns away shaking her head "no."
- Kids start a rumor that a classmate masturbates at night if anyone has him sleep over.
- Teens start a fake page on a social networking site claiming that a classmate is gay.
- A group of "friends" are told to RSVP "yes" to a student's birthday party; then no one shows up.
- After a first date between a boy and a girl, the boy sends a tweet about her that starts with "#ho alert."
- A rumor spreads that a student is a slut and has crabs and gonorrhea.
- Students start a rumor on a social networking site that a Muslim student has five moms.

Direct Bullying

- A petite, feminine boy is punched hard in the arm every day by a larger and stronger kid walking by.
- On the Day of Silence (when students across the country are silent to call attention to the silencing effect of anti-LGBT bullying and harassment in schools), a student throws a milk carton filled with urine at a lesbian in the cafeteria.
- A large and strong student uses a shoulder to shove mentally challenged kids into their lockers.
- An openly gay kid is shown a knife and told, "Your life is in my hands."
- An overweight girl sits in the same seat every day in class. Each day, a student looks under her seat and says, "Just seeing if the chair is okay."
- A girl with small breasts is nicknamed "Pirate's Treasure" for her "sunken chest."
- At the school dance, a group of boys decide to grab a quiet girl and grind into her whenever she walks by.
- A transgender student is cornered and harassed when using the bathroom.
- When the teacher steps out of the room, a gay student is forced onto his hands and knees while boys simulate sex with him, saying, "You know you love it."
- Transgender teens in a focus group report "being pushed around," "getting the crap beaten out of them," and "getting their asses kicked" by peers.

DIRECT BULLYING	INDIRECT BULLYING
A petite, feminine boy is punched hard in the arm every day by a larger and stronger kid walking by.	A boy starts an online rumor about a girl, calling her a "pregnant slut."
On the Day of Silence (when students across the country are silent to call attention to the silencing effect of anti-LGBT bullying and harassment in schools), a student throws a milk carton filled with urine at a lesbian in the cafeteria.	An 8th-grade girl looks at a classmate and tells her how pretty she looks, then turns away shaking her head "no."
A large and strong student uses a shoulder to shove mentally challenged kids into their lockers.	Kids start a rumor that a classmate masturbates at night if anyone has him sleep over.
An openly gay kid is shown a knife and told, "Your life is in my hands."	Teens start a fake page on a social networking site claiming that a classmate is gay.

An overweight girl sits in the same seat every day in class. Each day, a student looks under her seat and says, "Just seeing if the chair is okay."	A group of "friends" are told to RSVP "yes" to a student's birthday party; then no one shows up.
A girl with small breasts is nicknamed "Pirate's Treasure" for her "sunken chest."	After a first date between a boy and a girl, the boy sends a tweet about her that starts with "#ho alert."
At a school dance, a group of boys decide to grab a quiet girl and grind into her whenever she walks by.	A rumor spreads that a student is a slut and has crabs and gonorrhea.
A transgender student is cornered and harassed when using the bathroom.	Students start a rumor on a social networking site that a Muslim student has five moms.
When the teacher steps out of the room, a gay student is forced onto his hands and knees while boys simulate sex with him, saying, "You know you love it."	
Transgender teens in a focus group report "being pushed around," "getting the crap beaten out of them," and "getting their asses kicked" by peers.	

Handout 19

WORKSHOP 15: BULLYING AND BYSTANDER RESPONSIBILITIES

TYPES OF BULLYING

Direct bullying in the presence of the victim. It can include

- verbal harassment, threats, forcing the victim to do something
- taking money or other possessions from the victim
- humiliation, taunts, and teasing
- negative body language, such as menacing and contemptuous looks
- physical attacks, such as hitting, shoving, using weapons, and unwelcome touching

Indirect bullying usually happens behind the victim's back, not in their presence. It can include

- attacks on the victim's social standing or reputation
- name-calling and spreading gossip, rumors, and lies
- unkind mimicking and mocking behind the victim's back
- social exclusion or isolation
- organizing a peer group to ostracize the victim

Cyberbullying uses digital technology and can be direct or indirect. It can include

- sending the victim mean or harassing text messages
- texting or emailing rumors or posting them on social networking sites
- sharing embarrassing or inappropriate pictures or videos
- setting up fake profiles to spread rumors or lies

Handout 20

WORKSHOP 15: BULLYING AND BYSTANDER RESPONSIBILITIES

BULLYING STORIES

The Locker Room

Mercedes is an athletic 8th-grade girl who has been called a lesbian for years. Now she decides she's ready to come out. Although she's scared, she's also smart and confident and has some good friends who will support her no matter what.

One weekend she tells a few friends she's a lesbian, and word spreads quickly. On Monday, Mercedes walks down the hall and some students snicker and call her names. Despite this, she holds her head high and is proud of who she is. At lunch, people continue to stare and call her names. Mercedes sits with her friends and they support her.

After lunch, Mercedes heads to the gym alone. Four girls are blocking the locker room doors, including Jen and Neshat, two very popular girls. Jen says, "Sorry, no lesbians in the locker room. We're not taking off our clothes in front of a lesbian." Neshat adds, "Got that, dyke?" The other two girls are smiling and a crowd gathers to watch things unfold.

"Just leave me alone," Mercedes says as she tries to walk around the girls and into the locker room, but Jen moves to block her.

Jen yells, "Stop trying to touch us. Help, we're being groped by a lesbian!" Students laugh.

You notice different reactions in the crowd: Some encourage the bullying; some laugh at Mercedes; some don't like what they see. No one tries to stop it. What can a bystander do?

Cafeteria Abuse

Amir is a small, gentle, feminine-looking 14-year-old boy. He's a smart kid enrolled in AP classes, and his best friends are girls. The boys, especially a popular football player named Diego, make fun of him relentlessly.

Today in the cafeteria, Amir is sitting with two of his friends, Aisha and Sherry. Diego walks by with two other football players, Brian and Jeff. When Diego gets to Amir's table, he stops and says, "What's up, girls? You sure look pretty today, especially you, Amir." Amir looks down, embarrassed. Brian strikes an exaggerated pose with his hand on his hip and says, "Stop it, Diego," in a high-pitched voice. The guys laugh and keep walking.

When Amir gets up to discard his lunch tray, Diego walks by and "accidentally" bumps into him, almost knocking him down. Stunned, Amir lets out a yelp. Students sitting close by laugh nervously. A boy from Amir's AP English class makes eye contact with him briefly and then looks away. Another guy just laughs. No one tries to intervene.

When Amir checks his phone later that day, he sees several mean and humiliating texts, including a video of the cafeteria incident with Diego. Sherry tells Amir that she received the video too. What could any of these bystanders do?

Handout 21

WORKSHOP 15: BULLYING AND BYSTANDER RESPONSIBILITIES

WHAT ONE BYSTANDER CAN DO

Intervene

It is important to say something. People bully because they think their peers approve. There are two main ways to intervene:

- Say something to the bully, like "That's not cool."
- Say something to the people watching. Ask someone who's watching quietly but seems to disapprove to speak up. Get people to join you in standing up to intervene.

If the bully feels pressure from peers not to bully, schools will likely see far less bullying.

Practice What to Say

It can be difficult to challenge people who may be our friends and to interrupt something when others appear to be laughing along. Practice with your friends what you would say or do in such a situation. Here are some possibilities:

- Make a joke (not at the target's expense) to defuse the bullying.
- Threaten to tell a teacher, school administrator, or parent.
- Talk to the bully and their supporters. Let them know you and other peers are not okay with what they're doing.
- Possible intervention statements include "All right, leave her alone," "If you keep this up, I'm going to tell a teacher," "What you're doing isn't funny, and the rest of you shouldn't be laughing."

Enlist Help from Peers

Students bully in large part because they think their peers support them. If the target was supported instead, we would see a lot less bullying. Tell your friends to stand with you and the person being targeted. Remind them they have a responsibility not to sit on the sidelines while another student's day is made miserable.

Enlist Help from Adults

Keep in mind that teachers and administrators often don't see the bullying; most of it occurs out of sight of adults. Tell them what happened. Write down what you saw, give them a copy, and keep a copy for yourself. Most of the time, they will respond appropriately. However, sometimes they will not. If they don't take the bullying seriously, go to another adult until it is taken seriously.

Intervening with Cyberbullying

This type of bullying uses digital technology to humiliate, isolate, harass, and taunt people and cause them emotional distress. Here are some ways victims and bystanders can respond to cyberbullies:

- Don't respond to, and don't forward, cyberbullying messages.
- Keep evidence of cyberbullying. Record the dates, times, and descriptions of instances when it has occurred. Save and print screenshots, emails, and text messages. Use this evidence to report cyberbullying to Internet and cell phone service providers and to adults who can help.
- Block the person who is cyberbullying.
- Visit social media safety centers to learn how to block users and change settings to control who can contact you.
- Report cyberbullies to the social media site they're bullying on, so site authorities can take action against users violating the terms of service.
- Report the cyberbullying to school staff and parents, and possibly to law enforcement if the bullying involves any criminal activity.

Responsible Sexual Behavior 5

WORKSHOP 16 Redefining Abstinence

A WORD TO THE FACILITATORS

Battles over comprehensive versus abstinence-only sexuality education programs have led many people to respond viscerally to the word *abstinence*. Although some respond positively, others are intolerant of abstinence messages that don't recognize the normality of adolescent sexuality. Abstinence-only sexuality education programs tend to contain errors, factual distortions, and lies, as well as shame- and fear-based messages that promote gender-role stereotypes. Many teens, especially those who have experienced or read about such educational tactics, interpret abstinence messages as an attempt to negate their natural sexual feelings and desires.

Obviously, the word *abstinence* means different things to different people. In this workshop, the concept of abstinence is explored and redefined. Our Whole Lives defines abstinence as refraining from sexual intercourse (oral, anal, and vaginal), as well as from skin-to-skin genital contact. This definition of abstinence excludes higher-risk sexual behaviors but allows for the possibility of healthy and safe nonintercourse sexual behaviors, such as masturbation and outercourse.

Avoiding sexual intercourse is a healthy and responsible choice for all young teens, regardless of whether they've had intercourse in the past. While teens can engage in sexual intercourse responsibly, it requires maturity to communicate with a partner, negotiate consent, and use protection correctly and consistently. This workshop promotes abstinence as a very mature choice to make at this age.

Masturbation is often excluded from discussions of sexual behavior, even though self-pleasuring is both a common practice and a common concern for youth. Masturbation is a safe, normal, and pleasurable nonintercourse sexual behavior, and it's a way for individuals of all ages to enjoy their body's capacity for sexual pleasure. Initially, some participants may shy away from discussing masturbation, or they may joke about it or feign disinterest. This is because they've picked up the societal message that masturbation is a taboo topic. Assure them they're free to ask questions and receive honest, developmentally appropriate responses in this workshop.

Many in society and the larger culture tend to view *sex* as equivalent to sexual intercourse. In fact, the words are often interchangeable. "Have you had sex yet?" really means "Have you had sexual intercourse?" and specifically penis-vagina intercourse. Our Whole Lives makes a concerted effort to clarify that sex is more than sexual intercourse. *Outercourse*—sexual behaviors, which do not include penetration or oral sex–can be both intimate and pleasurable, with little or no risk of sexually transmitted infection or pregnancy. This is a critical message, not just for youth but for adults as well. People tend to think that sexual behavior is incomplete or "not real sex" if it doesn't include intercourse. Having such a lim-

ited view of sexual behavior affects sexual health at every life stage, especially in later life when the aging process begins to affect erections and vaginal lubrication.

Youth who get educated about the legitimacy of nonintercourse sexual options can make informed decisions about their sexual boundaries, health, and emotional well-being. Throughout the entire Our Whole Lives program, stress that choosing outercourse rather than intercourse is the healthiest option for young teens because it significantly reduces their chances of pregnancy and sexually transmitted infections (STIs).

WORKSHOP GOALS

- to broaden participants' definition of abstinence
- to dispel myths about masturbation
- to reinforce the message that abstinence is the healthiest option for young teens
- to reinforce the message that sexual behavior is more than sexual intercourse
- to introduce masturbation and nonintercourse sexual behaviors as healthy sexual options for youth at this age and for people of every age

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- define abstinence as a healthy sexual option that encompasses sexual behavior but specifically excludes intercourse (oral, anal, and vaginal) and skin-to-skin genital contact
- demonstrate increased comfort during discussions of masturbation and nonintercourse sexual behaviors
- list at least two facts about masturbation
- identify at least five safe nonintercourse sexual behaviors
- state at least two reasons why abstinence is a healthy option for young teens

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Defining/Redefining Abstinence	25 minutes
Masturbation	20 minutes
Outercourse	25 minutes
Reflection and Planning	5 minutes
OPTIONAL ACTIVITY: Video: "Sex Needs a New Metaphor"	20 minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Circles of Sexuality chart
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ Facilitator Resource 34, Redefining Abstinence Readings

For Defining/Redefining Abstinence

☐ **optional:** index cards in two colors, one of each for each participant

For Masturbation

☐ Facilitator Resource 35, Masturbation Myths, Facts, and Key Messages

For Outercourse

☐ two sheets of newsprint titled Intercourse and Outercourse
☐ one or two large index cards for each participant
☐ strips of masking tape
☐ Facilitator Resource 36, Key Messages for Teaching about Outercourse
☐ Facilitator Resource 37, Sexual Behaviors

For Optional Video, Sex Needs a New Metaphor

☐ a computer with Internet access or downloaded video and a large monitor or digital projector

PREPARATION

1. Read the workshop plan, including facilitator resources. If you have extra time for this workshop, consider showing the optional TED Talk video, Al Vernacchio's "Sex Needs a New Metaphor" (8:21 minutes). With your co-facilitator, decide how to share leadership responsibilities.
2. Decide if you want to use all three readings or if you want the reading to focus only on abstinence or only on masturbation. You might simply discuss the reading on abstinence and then move on to the two readings on masturbation.
3. Post the Circles of Sexuality and Group Covenant charts.

For Defining/Redefining Abstinence

Create the following scoreboard on newsprint:

	agree	**disagree**
hugging		
French kissing		
getting sexually aroused		
rubbing together with clothes on		
masturbating		
having oral sex		
having penis-vagina sex		
having anal sex		
experiencing sexual pleasure, including orgasm		
touching sexually without intercourse		
practicing abstinence after having had sex		

For Masturbation

Decide how you will conduct this activity. If your group is not very knowledgeable, you might want to conduct a myth/fact activity using myth statements from the facilitator resource.

For Outercourse

1. Read Facilitator Resource 36, Key Messages for Teaching about Outercourse, and be prepared to weave some of those messages into the discussion.
2. Prepare one or two large index cards for each participant by writing one of the sexual behaviors listed in Facilitator Resource 37, Sexual Behaviors, on each.
3. Title one sheet of newsprint Intercourse and another one Outercourse. Tear off as many strips of masking tape as you have cards and place them near the wall where you will hang these sheets.

For Optional Video, Sex Needs a New Metaphor

1. Preview sexuality educator Al Vernacchio's TED Talk video at **www.ted.com/**. Decide if you feel it would be appropriate for your group of teens.
2. This video would work best just before the Outercourse activity.
3. Set up the computer and monitor and check the strength of your Internet signal.

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants back and help them reenter the program by asking

   - We asked you to pay attention to your reactions and responses in the presence of bullying. How many of you have witnessed any bullying since the last workshop? How did you respond?
   - How is your life better since the last workshop?

2. ***Question Box***

   Take a few minutes to answer any questions from the Question Box.

3. ***Reading***

   Refer participants to the Circles of Sexuality chart. Explain that this workshop is the beginning of a focus on responsible sexual behavior. Ask, "Where does this topic fall in the circles of sexuality?" [Expected responses are sensuality, reproduction, and sexual health.] Set up the reading with the following statements:

   - Today we will discuss abstinence, masturbation, and other sexual behaviors that do not include intercourse of any type (oral, anal, or vaginal).

- Our readings come from a helpful website called Sex, Etc. (**www.sexetc.org**). The articles are written for teens by teens and are featured in the site's online magazine.

4. Read the excerpts you chose from Facilitator Resource 34, Redefining Abstinence Readings.
5. Process the readings with these questions:
   - In the first reading, how do you think Sabrina defined abstinence?
   - Why did abstinence fail in Sabrina's situation?
   - What's your reaction to the readings on masturbation?
   - What were the differences between the messages written for girls and the ones for boys?
   - What do you think about those differences?

DEFINING/REDEFINING ABSTINENCE 25 Minutes

1. Begin by asking the group, "Why do some young teens (7th–9th graders) have sexual intercourse?" Expected responses include
   - to show love in a relationship
   - to feel loved or cared for
   - to keep from being lonely
   - to give or get affection
   - for pleasure or for sexual release
   - for fun
   - because of pressure from peers
   - to rebel against adults and authority figures
   - to strengthen a relationship
   - to seem more grown-up
   - to become a parent
   - to satisfy curiosity
2. Record these responses on a sheet of newsprint titled Reasons Why Teens Have Sexual Intercourse. Hold on to the chart to use later in the workshop. Now ask the group, "What are some consequences that can happen when young teens have sexual intercourse?" Make sure their responses include pregnancy, teen parenthood, and sexually transmitted infections.
3. Make the following points:
   - Sexual intercourse can be fun and pleasurable for young teenagers. It can be a way to show affection or caring in a relationship.
   - It can also lead to pregnancy, teen parenthood, and sexually transmitted infections.
   - Becoming a teen parent can make it harder (not impossible) to accomplish life goals. Teen parents often interrupt or stop their education and their preparation for a career. Parenthood is an expensive and demanding job, especially at a young age.
   - Sexually transmitted infections (STIs) may be, at the very least, embarrassing. They require a visit to the doctor or clinic and some, like HPV and HIV, are not curable. They can have a lifelong impact on one's health.

- Therefore, young teens should avoid the following high-risk sexual behaviors:
  - penis-vagina intercourse, which can lead to pregnancy and STIs
  - anal intercourse and oral sex, which can lead to STIs
  - skin-to-skin genital contact, which can lead to STIs

4. Write the word *abstinence* at the top of a sheet of newsprint. Ask participants to call out words or phrases that describe what this word means to them.
5. List their responses on the newsprint. When you have a considerable number of responses, ask
   - How much agreement is there in this group?
   - Do the words on our list seem mostly positive or mostly negative?
   - Does this view of abstinence sound desirable or undesirable? Why?
6. Invite the group to vote on a series of statements about abstinence. Explain that they'll vote using hand signals: thumbs up means yes, thumbs down means no. (Or you can distribute index cards in two colors, which participants can hold up to indicate yes or no.)
7. Post the scoreboard you've prepared on newsprint. Ask the following questions and record the numbers of yes and no votes for each behavior.

   If you've decided to be abstinent,
   - can you hug?
   - can you French kiss? (also called *deep kissing* or *tongue kissing*)
   - can you get very sexually aroused?
   - can you rub against your partner's body with clothes on?
   - can you masturbate by yourself? In the presence of a partner?
   - can you put your fingers inside a partner's vagina or anus?
   - can you give or receive oral sex (i.e., participate in oral intercourse) while practicing abstinence?
   - can you participate in vaginal intercourse while practicing abstinence?
   - can you participate in anal intercourse while practicing abstinence?
   - can you experience sexual pleasure and perhaps reach orgasm?
   - can you do all kinds of sexual touching that partners agree on as long as it excludes sexual intercourse of any kind (oral, anal, or vaginal)?
   - can you begin practicing abstinence if you've had sex in the past?
8. Comment on the participants' responses to the various behaviors, saying something like "It seems most of you agreed that . . . " or "You were evenly divided on . . . "
9. Explain that in Our Whole Lives, you will use the following definition of abstinence:

   Abstinence is refraining from sexual intercourse of any type (vaginal, anal, or oral), as well as from skin-to-skin genital contact. Individuals can do all kinds of sexual touching that partners agree on as long as it excludes these risky behaviors.

10. Get reactions to this definition using the following questions:
    - What do you think about this definition of abstinence?
    - Do you think practicing abstinence is different for gay or lesbian couples than for heterosexual couples? If so, how?
    - How would you define virginity? How is virginity different from abstinence?

MASTURBATION — 20 Minutes

1. Tell the group that you want to talk about some sexual behaviors that don't include sexual intercourse. The first is masturbation. Ask if anyone can define the word *masturbation*.
2. Share the following definitions as needed:
    - *Masturbation* is the stimulation of one's own sex organs for sexual pleasure.
    - This is usually enjoyed in private but can also be explored with a partner. Some youth experiment with masturbation in groups.
3. Explain that the literal translation of the Latin word *mastubari*, from which the English word *masturbation* is derived, is "to rape or defile by the hand." Ask, "What message does that translation send to you?"
4. Offer the following cross-cultural perspective: In Japanese, the word for male masturbation is *sensawari*, which means "one thousand strokes." The Japanese word for female masturbation is *monsawari*, which means "ten thousand strokes." Elicit reactions to the words for masturbation in English and Japanese and the different images the words evoke.
5. Depending on your group, you might decide to do a myth/fact activity or to respond to questions from the group. If you are doing the myth/fact activity, use the myths listed in Facilitator Resource 35.
6. If you're responding to questions, distribute index cards and ask participants to write any questions or concerns they have about masturbation. The questions will be shared anonymously. Make sure everyone writes something, even if it's "no question."
7. Collect the cards. Read and address each question, leading discussion as appropriate. Explain that many individuals experience their first orgasm while masturbating. Read descriptions of teens' experiences with orgasm from Facilitator Resource 35, Masturbation Myths, Facts, and Key Messages.
8. End with these questions:
    - How comfortable is it to discuss masturbation?
    - What are some reasons why people do or don't masturbate? [Supplement their responses with information from the facilitator resource.]

OUTERCOURSE — 25 Minutes

1. Begin by asking, "What's your definition of *making love*?"
2. Most likely, many participants will say that it means having sex or having sexual intercourse. Challenge that definition with these messages:
    - Making love is more than sexual intercourse.

- Lovemaking is sexual play or intercourse between two people that emphasizes caring, mutual respect, and mutual pleasure.
- In society, most people learn that any touching or sexual contact prior to sexual intercourse is *foreplay*.
- That is problematic for many reasons:
  - It isn't inclusive, because not everyone who makes love engages in intercourse.
  - It is a goal-oriented definition that assumes that the ultimate sexual behavior is intercourse.
  - It minimizes the significance of, and the pleasure that can come from, nonintercourse sexual behaviors.

3. Get reactions from the group. Then ask
   - Who has ever heard the term *outercourse*?
   - What does it mean?
4. After hearing a few responses, offer the following definition that comes from the helpful website and online advice column Go Ask Alice. A reader asked Alice, "What exactly is outercourse?" This was Alice's response:

   Dear Reader,
   Outercourse is lovemaking without penetration into a vagina or an anus [or a mouth]. It allows a couple to be sexual, more intimate, and even orgasmic with one another without having sexual intercourse. With outercourse, no semen, vaginal fluids, or blood is shared between partners. As a result, outercourse protects against pregnancy and some sexually transmitted infections (STIs).

   Some outercourse pleasuring possibilities include hot talk, sexy stares, erotic fantasy, spicy role-plays, sensual massage, showering or bathing together, strip-tease, mutual masturbation, phone or email sex, and dry sex (a.k.a., dry humping, or frottage).

   Outercourse is useful
   - when people choose to abstain from sex or are not ready for intercourse yet
   - if one partner doesn't feel like having intercourse
   - as another sexual option for partners who have already had intercourse
   - if a partner doesn't want to be penetrated (or do something that's penetrating)
   - if a partner is sore or has an infection
   - if people don't have condoms or any other birth control
   - if a woman partner has her period
   - just for a change

   Hope this answers your question.
   —"Go Ask Alice," **http://goaskalice.columbia.edu**
5. Get reactions to Alice's definition using these questions:
   - What do you think of this definition of outercourse?
   - What's your reaction to the idea of outercourse?
   - What are the advantages and disadvantages of outercourse?
6. Refer back to the Reasons Why Teens Have Sex chart. Make the following points:

- Many of the reasons for having sex—affection, intimacy, love, pleasure, fun, relationship—can be satisfied by outercourse.
- Some of the strongest reasons for not having sex—risk of pregnancy, disease—can be avoided with outercourse. People wishing to respect certain values their family may hold or moral or religious teachings may feel free to choose to engage in outercourse.

7. Post the Intercourse and Outercourse signs some distance apart on a wall. Then give instructions for a brief activity:
   - We're going to find out how well you understand which behaviors are outercourse and which are intercourse.
   - Remember, outercourse is nonintercourse, or nonpenetrative, sexual behavior.
   - Each of you will get one or two cards that list sexual behaviors.
   - Decide where you think your cards belong and go tape them under the appropriate sign.
8. Distribute one or two of the cards, created from Facilitator Resource 37, to each participant. Have them go up to the signs and tape the cards where they think they belong.
9. After all the cards have been taped, process the activity with the following questions:
   - What's your reaction to the two lists? Which list is longer?
   - What other activities could we add to the outercourse list?
   - What role can outercourse play in your future life as a sexually healthy person?
10. Close by making these points:
    - All of the skin is an erogenous zone that can be explored during masturbation or with a sexual partner. It's limiting to focus only on genitals.
    - Learning to please oneself and/or a partner with outercourse behaviors can be wonderful preparation for a healthy, lifetime adult sexual relationship.
    - Outercourse is safer and much less likely to expose partners to STIs than intercourse.
    - Therefore, it is healthiest for young teens to choose outercourse rather than intercourse as a way to share physical intimacy with a partner.
    - Oral sex (mouth-to-genital contact) is not considered to be outercourse because it carries a risk of exposure to STIs.
    - Certain STIs, such as HPV (human papillomavirus, or genital warts), can be infectious on the skin surrounding the genitals. Skin-to-skin contact in the genital area can lead to infection and should be avoided to be safe.

REFLECTION AND PLANNING 5 Minutes

1. Whip around the room, asking each participant to offer a word to describe what they thought of today's workshop.
2. Tell participants that the next workshop will continue the focus on lovemaking.

3. Distribute index cards and have participants write questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."
4. Give the following optional homework assignment:
   - Initiate a conversation about masturbation or outercourse with a parent or family member, partner, or friend.
   - We will ask volunteers to tell us about their conversations at our next meeting.

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss these questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

OPTIONAL ACTIVITY
VIDEO: SEX NEEDS A NEW METAPHOR — 20 Minutes

1. Introduce the video with these statements:
   - We will see a video of a talk by Al Vernacchio, a high school sexuality educator.
   - Mr. Vernacchio is speaking to a group of adults in a short speech called a TED Talk.
   - Mr. Vernacchio has a problem with the way people compare sex to baseball, talking about getting to first base, second base, or third base, or hitting a home run.
   - He proposes a new, less limiting way to think about sexual behavior.
2. After showing the video, process it with these questions:
   - What do you think about the pizza metaphor for sexual activity?
   - What would it be like to decide together with a partner what feels good, what is enjoyable, and what is healthy, and not worry about or feel pressure to "score" (have sexual intercourse)?

Facilitator Resource 34

WORKSHOP 16: REDEFINING ABSTINENCE

REDEFINING ABSTINENCE READINGS

Abstinence Is Foolproof? Think Again, by Acacia Stevens (age 16)

Sixteen-year-old Sabrina, of Edison, NJ, grew up believing that she'd be abstinent until marriage.

"My parents always spoke openly about sex, but it was under the assumption that I wouldn't do it until I'm married. They've always made it clear that they want me to wait," she says.

But last spring, Sabrina found her first love.

"My boyfriend and I were just so compatible, on so many levels. We got to be so close, so fast," she says.

Eventually, things started moving fast in a physical direction.

"After a while, sex became a reality. It's a lot harder to abstain when you're actually in the moment, faced with that decision," she says.

Sabrina's story illustrates one rarely publicized fact—abstinence can fail. Even though teens are taught that abstinence is a "100-percent effective" method of preventing unplanned pregnancy and sexually transmitted diseases (STD), abstinence can fail when teens try to practice it every day.

—www.sexetc.org

Big Benefits, by Lex Wolfe (age 17)

There are meaningful benefits from masturbating. Top on the list would be it makes you extremely comfortable with your sexuality! Whether you are gay, straight, or, well, if you like the best of both worlds, masturbation will make you comfortable with who you are and who you want to be as a sexual person.

It will make you fully aware of what feels good sexually, and what you might want to do with a future partner. So, when having sex with a partner, you could let them know what's more pleasurable for intense stimulation.

It is perfectly fine if a guy does not masturbate, too. It's as simple as that. If you feel uncomfortable doing it, if your religion or your parent says you cannot pleasure yourself, or if you just don't find pleasure in doing it, then why waste your time? But the benefits from it are top notch. More so, an orgasm is amazing and taking 10 minutes out of your day to get one is a complete bargain.

—"Masturbation: Guys, It's Expected," **www.sexetc.org**

Not the Only Girl, by Ana Bacic (age 16)

When I first started masturbating, I felt like I was doing something wrong, something "unnatural." It was as if I was ashamed of what I was doing, even though I enjoyed it tremendously in the moment. None of my girlfriends talked about it,

and everyone made it seem like girls didn't masturbate. I thought I was the only girl doing it.

Boy, was I wrong. A lot of us masturbate. We all know what's down there, and I'm sure a majority of us know what a clitoris looks like. (If you don't, play some good tunes, grab a mirror, and check yourself out. It won't hurt and it's not dirty. We all do this sometime or another.) A lot of us also know that touching ourselves near the clitoris will provoke some great sensations. Some of us have been doing this since our preteen years, while others take longer to get the hang of it.

Masturbation is a great way to relieve stress and sexual buildup. Plus, it's a private, intimate way to achieve orgasm without risking pregnancy or sexually transmitted disease. When you are ready for sex, masturbation can help you learn what parts of your body are the most responsive, and what moves feel the best.

—"Masturbation: Girls, Let's Admit It," Sex, Etc., **www.sexetc.org**

Facilitator Resource 35

WORKSHOP 16: REDEFINING ABSTINENCE

MASTURBATION MYTHS, FACTS, AND KEY MESSAGES

Myth or Fact

1. If you masturbate too much, you can use up sperm and have a low sperm count.

   MYTH. This is a big myth. You may also have heard that you can go blind or get pimples if you masturbate. None of this is true.

2. Masturbation can enhance your health.

   FACT. Masturbation has some health benefits, such as relieving stress. It's also a way for someone to relax, feel pleasure, and learn about their sexual responses.

3. Something's wrong with you if you don't masturbate.

   MYTH. Some people don't masturbate because it goes against their personal or religious values. Other people either aren't interested in it or don't find it pleasurable. Most people do masturbate at some point in their lives, as children, teens, or adults—or at all ages. However, masturbation is something you can choose to do or not do.

4. It's OK to masturbate in public if you feel like it.

   MYTH. Absolutely not; masturbation is a private act. It's not OK to masturbate in public places at home, at school, or in any other setting. However, it's fine in private or in front of a consenting partner. It's important to be able to understand and manage your sexual urges and to abide by societal rules and expectations.

5. You can get an STI from masturbating.

   MYTH. Masturbation is a safe way to feel pleasure and release sexual tension without fear of STIs or pregnancy.

Reasons for Masturbating

- It feels good and releases sexual tension.
- It can relax you and help you sleep better.
- It's a special, usually private, way people can give themselves pleasure.
- It's a way to have sexual pleasure in a safe manner, because there's no risk of pregnancy or STIs.
- It lets you learn about your responses to sexual stimulation.

- Males can learn to recognize impending ejaculation and delay it to prolong their own and their partner's pleasure if or when they eventually engage in sexual intercourse.
- Partners might include masturbation as a part of their sexual relationship. It's a way to share pleasure without sexual penetration.
- It can be a lifelong form of sexual expression, enjoyable at any age, and appropriate whether one has a regular sex partner or not.
- It's a healthy option when one partner wants to have sex and the other doesn't.

Reasons for Not Masturbating

- Some people aren't interested in masturbating.
- Some youth may worry that their parents, peers, or significant others would disapprove.
- It may conflict with some people's religious convictions or personal values.
- Some people may want to save all sexual experience for a committed relationship.
- Some people may feel guilty about masturbating or worry that it will have bad consequences.
- Some people may not enjoy it.
- Some people may be unsure of how to do it.

Masturbation Is an Option for Reaching Orgasm

The following teenagers' descriptions of orgasm come from Ruth Bell et al., *Changing Bodies, Changing Lives*, 3rd ed. (Three Rivers Press, 1998):

> As I feel the orgasm coming I forget about everything else and get lost in this feeling that starts in the tip of my penis and spreads all over my body. It's like my body begins swimming all by itself, like there's something in me reaching out, welcoming the pleasure. As it becomes really intense my body begins shaking with excitement. The sensations take me over, and just at the peak of it I can feel this pulsing at the base of my penis and I feel the sperm shooting out of me like I'm sending it off, far away. It's amazing.

> How does it feel to have an orgasm? Well, for me it's like this buildup of excitement—you know, everything starts feeling better and better and with me, my fantasies get really vivid. Then as I get closer and closer to coming, it's like all my muscles tighten up, especially around my butt, and I feel tingly all over. All my concentration is on my clitoris because that's the place that is responding to every movement. I kind of cheer myself on in my head, Come on, come on, you're getting closer. Then I get to the point where I know it's going to happen and my whole body relaxes, and with that I feel this flood of sensation—don't know how to describe it—it's like these waves of pleasure that just take me over. When you're having an orgasm, you're just focused on that. Total involvement in that; nothing else exists. It's the most wonderful feeling of just being alive in your body without your head getting in the way telling you things. For me it's very peaceful.

Facilitator Resource 36

WORKSHOP 16: REDEFINING ABSTINENCE

KEY MESSAGES FOR TEACHING ABOUT OUTERCOURSE

Definition

- *Outercourse* refers to sexual activities that exclude vaginal, anal, and oral intercourse, and also exclude nonpenetrative oral sex.
- There are many ways that two people can express their sexual feelings outside of these behaviors. They include kissing, hugging, giving each other massages, rubbing bodies together, mutual masturbation, sharing fantasies, and more.
- Some of these behaviors can lead to orgasm or a release of sexual tension.

Assumptions and Misconceptions

- Outercourse is often considered to be sexual activity that will likely lead to intercourse.
- This type of thinking assumes that a sexual relationship cannot be satisfying or valid without intercourse.
- Males, in particular, have been taught to focus most of their sexual energies on their penis, which does not allow them to become aware of the sensuousness of the entire body.

Shifting the Paradigm about Outercourse

- All of the skin is an erogenous zone that may be explored by individuals and their sexual partners.
- Learning to please oneself and a partner with outercourse behaviors can be wonderful preparation for a healthy, lifetime adult sexual relationship.
- Partners considering outercourse rather than intercourse must make a decision about which behaviors are acceptable and which are off limits.
- This requires both people to talk intimately, to understand and respect their partner's attitudes, and to keep their commitments to avoid certain behaviors.

Facilitator Resource 37

WORKSHOP 16: REDEFINING ABSTINENCE

SEXUAL BEHAVIORS

- French kissing
- anal sex
- fingering a partner's genitals
- mutual masturbation
- dry humping
- sharing fantasies
- penis-vagina intercourse
- phone sex
- foot massage
- grinding
- sex with clothes on
- rubbing bodies with clothes on
- masturbating a partner
- hand job
- mouth-vulva contact
- mouth-penis contact
- touching a partner's nipples
- cuddling
- kissing passionately for hours
- caressing a partner's breasts
- lightly touching a partner's body
- kissing a partner's nipples
- sexy conversation
- body massage
- hugging
- kissing a partner's neck
- kissing a partner's ears
- kissing behind a partner's knees
- mouth-anus contact
- romantic conversation
- sweet talk
- complimenting a partner's body
- strip tease
- caressing a partner's scrotum and testicles

WORKSHOP 17 Lovemaking

A WORD TO THE FACILITATORS

Explicit images of sexual behavior are readily available to most young people on TV, in video games, in movies, in books and magazines, on smartphones, and on the Internet. The images, whether sought out or stumbled upon, often depict partnered sexual behavior, including intercourse (oral, anal, and vaginal), as impersonal, goal-oriented, uncaring, unprotected, crude, sometimes violent, and focused on one partner's pleasure (typically a heterosexual man's). These images perpetuate unrealistic ideas, expectations, and misinformation, such as that men should always be ready for intercourse; male genitals and female breasts must be large; hairless is sexy; toned and thin is ideal; people, especially women, enjoy being treated as sex objects; a good sexual partner is always aroused and tireless; latex protection diminishes sexual pleasure; consent is unnecessary; and so on.

This workshop attempts to combat those negative and erroneous messages with honest discussions of sexual behavior that place lovemaking in a moral context. A major goal is to give the message that lovemaking is a positive and life-enhancing experience when it is

- consensual
- nonexploitative
- mutually pleasurable
- safe
- developmentally appropriate
- based on mutual expectations and caring
- respectful (shared by partners who value honesty and keep their commitments)

WORKSHOP GOALS

- to challenge the societal and media portrayal of sexual behavior as violent, sleazy, dirty, manipulative, solely recreational, and devoid of caring and responsibility
- to help youth differentiate between healthy and unhealthy sexual relationships
- to reinforce the message that healthy sexual relationships are consensual, nonexploitative, mutually pleasurable, safe, developmentally appropriate, and based on respect, mutual expectations, and caring

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- list two myths about sexual behaviors
- list two facts they have learned about sexual behaviors
- name at least two qualities of a healthy sexual relationship

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Positives and Negatives	15 minutes
Lovemaking: Myth vs. Fact	25 minutes
Is This a Healthy Sexual Relationship?	30 minutes
Reflection and Planning	5 minutes
OPTIONAL ACTIVITIES	
Lovemaking: Questions and Answers	25 minutes
Lovemaking in Music	30 minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ the Circles of Sexuality chart
- ☐ Facilitator Resource 38, Facts about Sexual Behavior

For Lovemaking: Myth vs. Fact

- ☐ Facilitator Resource 39, Common Sexuality Myths

For Is This a Healthy Sexual Relationship?

- ☐ Facilitator Resource 40, Healthy or Unhealthy Sexual Relationships

For Optional Activity, Lovemaking in Music

- ☐ a music player and speakers
- ☐ handouts with the lyrics of any songs you've chosen

PREPARATION

1. Read the workshop plan, including facilitator resources, and decide how to divide leadership responsibilities. Review Facilitator Resource 38, Facts about Sexual Behavior, to make sure you feel comfortable giving factual information and answering questions about specific sexual behaviors.
2. Review the optional activities and consider whether you want to facilitate one of them. If you've gotten a lot of questions about sexual behavior in the Question Box, you might want to do Lovemaking: Questions and Answers instead of the myth/fact activity.
3. post the Circles of Sexuality and Group Covenant charts.

For Lovemaking: Myth vs. Fact

1. Read Facilitator Resource 39, Common Sexuality Myths, to acquaint yourself with the information in it. Your goal is to have a lively exchange, find out what participants believe, and dispel myths.
2. Plan how you will conduct this activity. You might play a competitive myth/fact game or just read each statement and get group reactions.

For Is This a Healthy Sexual Relationship?

1. Make the following chart:

   Healthy sexual relationships are
   - consensual
   - nonexploitative
   - mutually pleasurable
   - safe
   - developmentally appropriate
   - based on respect, mutual expectations, and caring
2. Prepare two signs saying Healthy and Unhealthy.
3. Review Facilitator Resource 40, Healthy or Unhealthy Sexual Relationships, and choose five to seven scenarios that seem most appropriate for your group.

For Optional Activity, Lovemaking in Music

At least one week prior to this workshop, ask participants to send you (by text or email) the names of songs they like listening or dancing to. Choose several of them, trying to get a mix of music that includes songs that openly express feelings about non-heterosexual love and lovemaking.

Download the songs you have chosen onto a computer or phone with a speaker, or locate them on YouTube for screening during the workshop if you have Internet access.

You might also want to obtain the lyrics of the songs you've chosen. Lyrics are available online at many sources, including **www.songlyrics.com**, **www.azlyrics.com**, and **www.lyrics.com.**

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants back and help them reenter the program by asking
   - We asked you to have a conversation with parents or caregivers about masturbation or outercourse. How many of you did that and how did the conversation go?
   - How is your life better since the last workshop?
2. ***Question Box***

   Answer Question Box questions.

3. ***Reading***

Set up the reading with the following comments:

- Today's topic is lovemaking. We'll look at some myths and facts, and then we'll ask you to evaluate some scenarios to determine if they reflect a healthy sexual relationship.
- Where does this topic fit on the circles of sexuality?
- Our readings will consist of three poems that speak about lovemaking.

Read the following:

The Song of All Songs, Which Is Solomon's

Oh for a kiss from your lips!
your caresses are dearer than wine,
rare is the fragrance of your perfumes,
the sound of your name is wafted like scent.
The girls are all in love with you;
but draw me to you—let us haste—
bring me to your chamber, O my king,
and there let us thrill with delight;
caresses from you will be dearer than wine—
no wonder girls adore you!

—Song of Solomon 1:1–4, *The Bible: James Moffat Translation*

Georgia O'Keeffe to Alfred Stieglitz

Dearest—my body is simply crazy with wanting you—If you don't come tomorrow—I don't see how I can wait for you—I wonder if your body wants mine the way mine wants yours—the kisses—the hotness—the wetness—all melting together—the being held so tight that it hurts—the strangle and the struggle."

—in Sarah Greenough, ed., *My Faraway One: Selected Letters of Georgia O'Keeffe and Alfred Stieglitz: Volume One, 1915-1933* (Yale University Press, 2011)

Trolley Car

We walked back from the playground,
Past the diner
"Trolley Car"
and up to the beer distributor to wait for my bus

He waited with me
just for a few minutes until the bus came "Goodbye"
"See you later"
a kiss
a hand
on my hip my hand
on his back oh, right
the bus

onto the bus swipe my pass past the driver stares
I could hear them silent but loud
"did he just..." "was that..." "homo"
"fag"

They kept looking first at me
then at him crossing the street then back at me exchanging glances
and back to me

But I was too happy he was too cute
and we were together

—Jibreel Powell

POSITIVES AND NEGATIVES 15 Minutes

1. On a sheet of newsprint, create two columns headed *Positives* and *Negatives.* Set up the activity by giving the following information:
   - Our society puts a lot of energy into teaching youth the negatives or dangers associated with sexual behavior.
   - Rarely do you get to learn about the positives from adults.
   - Sexual behavior does have consequences, some positive and some negative.
   - This workshop is going to focus heavily on the positives. In future workshops, we'll focus on more of the possible negative consequences.
   - Let's do some brainstorming. First tell us all the potential positive aspects of sexual behavior, and then the possible negatives or dangers that are connected with sexual behavior.
2. Record their responses on the chart. If the following items don't come up, feel free to add them:

Positives

- fun
- orgasms
- excitement and pleasure
- love and connection to a partner
- deeper connection with a partner
- reduced stress
- good exercise
- pregnancy when you're ready

Negatives

- unintended or unplanned pregnancy
- disapproval by parents
- STIs (including HIV/AIDS)
- date rape, abuse, violence
- emotional hurt
- guilt, feeling bad about yourself, regret
- feeling pressured
- difficulty achieving goals because of these negative consequences

3. End with the following questions:
   - Which side, positives or negatives, do teens learn about in the movies, on TV, and online? What examples can you give? How much do these media talk about negative consequences?
   - Which side do teens hear more about from parents and schools? How much do parents and teachers talk about the positives?
   - Why do you think adults are so reluctant to talk with teens about sexual pleasure? What are some things you want to know about sexual behavior and sexual pleasure?

LOVEMAKING: MYTH VS. FACT 25 Minutes

1. Use this activity to promote the following beliefs:
   - Sexual behavior is much more than sexual intercourse.
   - Sexual relationships are enhanced when both partners share responsibility for giving and receiving pleasure.
   - Gender-role stereotypes related to sexual behavior are harmful to people of all genders.
2. Let this discussion be informal, playful, and fun. However, it's very important for you as facilitator to model appropriate attitudes toward sexuality. Listen to what participants believe and confront myths.
3. Explain that you'll read statements that some people believe about sexuality and invite participants' reactions to each statement.
4. Read and discuss reactions to each of the statements from Facilitator Resource 39, Common Sexuality Myths, and provide information as needed. (You can keep this activity to 25 minutes by limiting the number of statements you discuss. Choose the statements that will be most enlightening to your group.)
5. After all the statements have been discussed, ask the following questions:
   - How do we learn these attitudes about sexual behavior?
   - What harm can come from believing these myths? [They can make people insecure and anxious about their sexual skills, lead them to engage in sexual behavior when they don't want to, make their sexual experiences less well rounded and rewarding, and make them more likely to take sexual risks.]
   - What is one thing you can do the next time you hear one of these or another myth about sex or lovemaking?

IS THIS A HEALTHY SEXUAL RELATIONSHIP? 30 Minutes

1. In this activity, participants identify the qualities of healthy and unhealthy sexual relationships. Review Facilitator Resource 40, Healthy or Unhealthy Sexual Relationships, and choose five to seven scenarios that seem most appropriate for your group.
2. Set the activity up by asking, "What characteristics would have to be present in a sexual relationship for it to be healthy?"

3. After a brief discussion, post the Healthy Sexual Relationships chart and review the items on it. Remind participants that these principles are core values of the Our Whole Lives program.
4. Post the Healthy and Unhealthy signs far apart on a wall. (Alternatively, and especially if it is difficult for participants to move around the room, you might have them stay in their seats and choose healthy or unhealthy by showing thumbs up or thumbs down.)
5. Give the following instructions:
   - We'll read a series of brief relationship scenarios.
   - The two signs we've posted on the wall represent a continuum from healthy to unhealthy.
   - If you think the scenario indicates a healthy sexual relationship, stand by the Healthy sign.
   - If you think the scenario indicates an unhealthy sexual relationship, stand by the Unhealthy sign.
   - If you think the scenario indicates something in between, stand in the appropriate place on the continuum between *Healthy* and *Unhealthy*.
   - We'll ask a few volunteers to say why they chose a particular position on the continuum.
6. Read the first scenario you've chosen. Have participants position themselves along the continuum. There are several options for facilitating this activity:
   - You might ask participants to talk briefly with others in the same position about their reasons for being there. Have them choose a spokesperson to explain their group's point of view. Then ask each spokesperson to speak in turn.
   - You might ask a few volunteers in each position to give their reasons for judging the scenario to be healthy or unhealthy.
7. When all points of view have been discussed, add any insights of your own. Then move on to the next scenario.
8. Continue in the same manner until you've discussed all the scenarios you've chosen or until time runs out. From time to time, encourage participants to reflect on the characteristics of healthy sexual relationships listed on the chart.
9. Process the activity with the following questions:
   - How easy is it to figure out if a sexual relationship is healthy or unhealthy?
   - What other kinds of scenarios are typical in your age group (or among high school students)?
   - What do you think it would be like to be in a healthy sexual relationship?
   - Are most teens you know in healthy or unhealthy relationships?
   - What advice would you give to a friend who was thinking about having sex for the first time?

REFLECTION AND PLANNING 5 Minutes

1. Ask "What impact will this workshop have on your future behavior?" Have participants toss a ball and respond when they catch it, or just whip around the room asking each person to respond to the question.
2. Explain that the next workshop focuses on consent. One of the Our Whole Lives principles states that healthy sexual relationships are consensual. The next workshop will help participants unpack what that means and grasp what it takes to make sure a sexual relationship is consensual.
3. Distribute index cards and ask participants to write any questions they have for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss the following questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

OPTIONAL ACTIVITY
LOVEMAKING QUESTIONS AND ANSWERS 25 Minutes

1. Give instructions for the activity:
   - You've had a lot of experience hearing us answer questions from the Question Box.
   - Today, you'll have the opportunity to answer some questions.
   - We've collected questions about sexual behavior that were asked by youth in other sexuality programs.
   - We'll answer a few of the questions first. Then we'll ask you to take turns drawing and answering a question.
2. Begin by answering three or four questions to model what you want the youth to do. Answer the toughest, most explicit questions yourself.
3. Distribute the questions to participants and ask them to take turns reading and answering their questions. Ask them to remember all that they've learned so far about sexuality and healthy relationships. Once a question has been answered, encourage other group members to offer their perspectives. Add your own comments when appropriate. The goal is to make sure the questions have been answered accurately and to promote program values related to responsible sexual behavior.
4. To close this activity, invite responses to the following questions:
   - Which questions, if any, made you feel embarrassed or uncomfortable?
   - How comfortable do you think you would be discussing these questions with a parent/guardian? Friend? Partner? Doctor? Religious or spiritual advisor? Your future children?

OPTIONAL ACTIVITY
LOVEMAKING IN MUSIC

30 Minutes

1. Begin the activity by asking, "What are the essential characteristics of a healthy lovemaking experience?" Add the following if they are not mentioned:
   - consensual,
   - nonexploitative,
   - mutually pleasurable,
   - safe,
   - developmentally appropriate,
   - and based on respect, mutual expectations, and caring.
2. Post blank sheets of newsprint and give each participant a marker. Give the following instructions:
   - We will play several songs.
   - Listen carefully to the lyrics to identify any messages related to lovemaking.
   - After each song, you will go up to the newsprint and write down at least one message you heard about lovemaking.
3. Play the songs you or the participants have selected. After each one, have participants write down the messages they heard, and discuss the song using the following questions:
   - How did the song make you feel?
   - What messages about lovemaking did you hear?
   - What attitudes or feelings did the singer express?
   - What kind of relationship is the song describing?
4. When several songs have been played and discussed, have participants read and react to the lists of messages on the newsprint.
5. End with these discussion questions:
   - What general messages come through in these songs?
   - How many of these songs are about lovemaking or healthy sexual relationships, as we defined them earlier?

Facilitator Resource 38

WORKSHOP 17: LOVEMAKING

FACTS ABOUT SEXUAL BEHAVIOR

Male and Female Sexual Response

Find information in Facilitator Resource 7, Facts about Female Bodies (page 62), and Facilitator Resource 8, Facts about Male Bodies (page 70).

Lovemaking

Lovemaking refers to sexual play or intercourse between two people that emphasizes caring, mutual respect, and mutual pleasure.

Intercourse

Intercourse refers to oral, anal, or vaginal intercourse. Anal and vaginal intercourse may involve penetration, and all involve an exchange of fluids that can transmit sexually transmitted infections. Therefore, individuals engaging in any form of intercourse should use latex or polyurethane protection to avoid the exchange of fluids. If monogamous sexual partners have tested negative for STIs, including HIV, they can participate in any sexual activity with less fear of getting an STI. Of course, believing that a partner is monogamous carries some risk, because partners are not always truthful.

It's healthiest for young teens to delay intercourse of any type until they and their partner are mature and fully committed to their relationship. Partnered sexual behaviors other than intercourse can be mutually pleasurable and safe.

Penis-Vagina Intercourse

Penis-vagina intercourse typically begins with mutually pleasurable kissing and touching that builds arousal. The penis becomes erect and the vagina lubricates, which will allow the penis to move inside the vagina more comfortably. This type of intercourse involves moving the penis in and partially out of the vagina, and both partners can move their bodies to increase their pleasure. Without sufficient arousal and lubrication, intercourse can cause friction and be painful. Individuals can use over-the-counter personal lubricants to increase comfort and pleasure. Same gender loving women who enjoy penetrative intercourse have the option of using fingers or a dildo.

Because penis-vagina intercourse can transmit infection and may result in pregnancy, partners should correctly and consistently use contraception unless they have planned a pregnancy together, and condoms unless they are in a committed monogamous relationship and have both tested negative for any STIs, including HIV.

Oral Sex, Oral Intercourse

Oral sex, also called *oral intercourse* and *oral-genital sex*, refers to two behaviors: mouth contact with the vulva, which is called *cunnilingus*, and mouth contact with the penis, which is called *fellatio*.

Oral sex given simultaneously by partners to each other is commonly called *sixty-nine* or *69*. This is because the body positions of a couple having mutual oral sex can resemble the number 69. Cunnilingus and fellatio are common sexual behaviors for same-sex couples and for couples of different sexes. While there are various body positions for oral sex, it is the mouth that provides the stimulation in all cases.

Since oral sex can transmit some infections, partners should avoid ingesting any fluid from the penis, including semen. A condom should be placed on the penis before engaging in fellatio. Likewise, because HIV (the virus that causes AIDS) can be transmitted in vaginal secretions, a partner should use an oral barrier (called a dental dam, or just a dam) when engaging in oral stimulation of the vulva or vagina. More information will be given about condoms and dams in Workshop 19, Sexually Transmitted Infections.

Anal Sex, Anal Intercourse

Anal intercourse typically refers to the insertion of a penis into the anus, while *anal sex* includes anal penetration by a penis, finger, dildo, or other object. Individuals of any sex or gender might engage in and enjoy anal sex. The anus is an erogenous zone, meaning that it contains sensory nerve endings. Some people of different sexes and orientations enjoy having the anus caressed, licked, or penetrated. Because the anus is tight and dry, it must be lubricated with a silicone- or water-based lubricant before being entered. (Oil-based lubricants will damage condoms.) The sphincter muscles should be relaxed with finger massage before penetration.

There are many myths and assumptions about anal sex, including the myth that only gay men enjoy it. In fact, many women enjoy anal sex, and many gay men do not. Anal sex is a high-risk sexual behavior because it is easy for tissue to tear, creating an entry point for viruses and bacteria. Because anal intercourse is such a risky behavior, it should be avoided altogether unless both partners know for sure they don't have any STIs, they are monogamous, and they are able to communicate about their concerns and comfort. People who've decided to take the risk of engaging in anal sex should use a condom with additional lubrication, and a male penetrating a partner should withdraw the penis prior to ejaculation.

Outercourse

Outercourse is jargon for sexual activities that exclude vaginal, anal, and oral intercourse and also exclude nonpenetrative oral sex.

There are many ways that two people can express their sexual feelings outside of intercourse and oral sex. Possible behaviors include kissing, hugging, giving each other massages, rubbing bodies together, mutual masturbation, sharing fantasies, and so on. Some of these behaviors can lead to orgasm or a release of sexual tension.

Many people believe that outercourse behaviors will lead to intercourse. This type of thinking assumes that a sexual relationship cannot be satisfying or valid without intercourse. Gender-role messages send the expectation that boys/men should focus most of their sexual energies on their penis. This discourages them from recognizing the sensuousness of the entire body. All of the skin is an erogenous zone to be explored by both partners. Learning to please oneself and a partner with outercourse behaviors can be wonderful preparation for a healthy, lifetime adult sexual relationship.

Couples considering outercourse rather than intercourse must decide which behaviors are acceptable and which are off limits. This requires them to talk intimately, to understand and respect each other's attitudes, and to keep their commitments to avoid certain behaviors.

Facilitator Resource 39

WORKSHOP 17: LOVEMAKING

COMMON SEXUALITY MYTHS

1. A good lover will be able to make their partner reach orgasm.

   MYTH. No one will naturally have the expertise to make any partner reach orgasm. Stereotypical gender-role messages promote the idea that boys and men should know everything about sex, including pleasing a partner. Yet nobody really teaches men how to do this. It's impossible for a man (or a person of any gender) to know how to please every partner. Each person is different and finds different things arousing. Everyone, regardless of gender, must take responsibility for their own sexual pleasure, learning what feels good and what doesn't. Masturbation is a good way to learn this information. An individual may know how to please one partner, but those techniques may leave another partner cold. Partners should strive to please each other by observing and asking questions, not by making assumptions about what feels good.

2. A young woman who really likes sex and goes after it is acting like a slut.

   MYTH. This is a double standard reinforced by traditional gender-role messages. Typically, men who really like sex get a lot of positive feedback, whereas women tend to be looked down on for being interested in or enjoying sex. Shaming or mocking women for being sexual ("slut shaming") is unfair and discriminatory. It also causes some girls and women to deny their sexual feelings and to avoid planning for sexual behavior, such as by having protection on hand, which can lead to taking sexual risks.

3. Intercourse is the only real sex. Everything else is just foreplay.

   MYTH. For many people, sex equals intercourse. When people say they "have sex," they often mean they have intercourse. This belief limits a lot of people's sex lives. Sex can be much more interesting when it can be creative, when it doesn't have to follow a particular pattern. The skin is one big erogenous zone, and yet people get the idea that the primary focus in sexual behavior must be the genitals. Paying attention to one's own and a partner's entire body can enhance the lovemaking experience. Many sexual behaviors, including kissing, massaging, and fondling, are pleasurable and express love and intimacy without intercourse.

4. Most females need stimulation of the clitoris to reach orgasm.

   FACT. The clitoris has the highest concentration of nerve endings in the female genitalia. Indeed, most females don't experience orgasm without direct stimulation of the clitoris. Most females who engage in vaginal intercourse will not reach orgasm without clitoral stimulation.

5. Viewing sexual behavior online is an effective way for youth to learn about lovemaking.

   MYTH. Many online videos and images don't reflect authentic human sexual relationships and can therefore be misleading, confusing, or disturbing. Watching sexual behaviors online can be interesting, arousing, and intriguing for young people, but it can also be destructive, because the behaviors usually take place outside the context of loving or even caring relationships. The videos and images often focus on body parts and the rawest kinds of sexual activity rather than on caring relationships or even on individuals taking joy in their own bodies. The actors typically have hairless, "perfect" bodies and don't concern themselves with issues of consent or protection. Since these online portrayals don't typically reflect healthy sexual relationships, they can negatively influence the viewers' attitudes toward and expectations of sexual behavior. For example, some young people (especially boys) conclude that they have to have muscles, big genitals, huge sexual appetites, and amazing staying power.

6. Same gender loving people will be attracted to anybody of the same gender.

   MYTH. People attracted to the same gender will only be attracted to certain others of the same gender, just as anyone might be attracted to people with specific looks or personality characteristics. This myth causes some straight people to fear that a gay, lesbian, or bisexual person might try to seduce them. If anyone, regardless of orientation, tries to seduce you when you are uninterested, just matter-of-factly and politely turn them down.

7. Good sex is spontaneous and not planned.

   MYTH. Sexual behavior shown on TV shows and in movies is often spontaneous. Spontaneity has become a cultural belief or expectation that challenges our ability to have healthy sexual relationships. Sexual behavior doesn't just happen. It's a decision, whether we think about it consciously or not. It's important to plan and to take steps to make sure any sexual behavior with a partner is mutual, consensual, nonexploitative, and protected. Also, in longer-term loving relationships, sexual desire can sometimes fade a bit, so it's important for couples to plan and make time for sex.

8. A man always wants and is always ready to have sex.

   MYTH. This stereotypical gender-role message has caused many a man to have sex when he didn't really feel like it or want to. Real men are not sex machines who can push a button and perform on command. The truth is that men are not always in the mood, and they are not turned on to every person who offers to have sex.

9. Women who have sex with men must take charge of how far things go sexually.

   MYTH. You may have heard that men cannot control their sexual urges, so in heterosexual relationships, women should be the ones to slow things down. This stereotypical belief encourages men to avoid responsibility for their sex-

ual behavior. It's inequitable and unfair for women to carry all of the responsibility for slowing down, stopping, using protection, and so on. Regardless of gender or orientation, partners should always share responsibility for their sexual decisions and behavior, and for the consequences of them.

10. Women with big breasts and men with large penises are better lovers.

    MYTH. Breast and penis size can be a source of tremendous anxiety for young people, and that fear can be compounded by watching media images that focus on models and actors with uncommonly large breasts and penises. What makes someone a good lover is not the size or shape of their bodies but their ability to be comfortable with their own body, to express their feelings, and to show concern for and a desire to please their partner.

11. Once a man gets turned on to a certain point with a partner, he just can't stop.

    MYTH. They may not want to stop, but humans—whether male, female, or intersex—can stop at any point in a sexual experience. It just takes willpower. There is a myth about "blue balls," that if male-bodied people get really turned on they have to ejaculate or sperm will back up and turn their testicles blue. This is not true. They may feel uncomfortable, but the pressure will subside. Female bodies can experience a similar sexual tension and discomfort; it's just that an aroused clitoris is less obvious than an erect penis. When either partner wants to stop, one or both partners can relieve sexual tension by masturbating alone or engaging in outercourse.

Facilitator Resource 40

WORKSHOP 17: LOVEMAKING

HEALTHY OR UNHEALTHY SEXUAL RELATIONSHIPS

- After building a foundation of open communication and trust, both partners are equally interested in having sexual intercourse with protection.
- One partner can't relax because of fear of getting pregnant or getting an STI.
- Both partners are excited but nervous about their first sexual experience together.
- Both partners feel uncomfortable talking about sex and neither will bring up the subject.
- This couple has hooked up a few times. One partner wants sex and the other wants a relationship.
- One partner thought *no* meant *yes* and forced the sexual experience.
- In spite of feeling awkward about it, this couple has talked about whether they're ready for sex, how they feel about each other, and how they would protect themselves.
- One partner usually decides when, where, and how to have sex.
- These two people have nothing in common except a mutual sexual attraction.
- Both partners really like each other's bodies even though they aren't perfect.
- Both partners feel closer and closer to each other as their sexual relationship continues.
- After each sexual experience, one partner feels guilty and used.
- One partner wants to have sex in many kinds of ways but doesn't want to have intercourse.
- This couple has sexual intercourse without using any protection.
- One partner has committed to a one-on-one relationship but is having sex with other people.
- Both partners are very attracted to each other and are satisfied with just a sexual relationship.
- After hooking up for sex, one partner doesn't say hello to the other the next time they meet.
- One partner will not have intercourse unless the couple uses condoms *and* another form of contraception.

Facilitator Resource 41

WORKSHOP 17: LOVEMAKING

QUESTIONS ABOUT SEXUAL BEHAVIOR

Directions: Select questions you believe to be aligned with your participants' interest and gaps in their knowledge. Print the questions on index cards. These questions come from youth in other sexuality programs.

- Does sex hurt girls the first time?
- How old should you be to have sex? When is it acceptable to have sex?
- What is the average age of people having sex for the first time?
- How do two women (or two men) have sex?
- I'm gay and the thought of anal sex disgusts me. Will this be a problem when I have a boyfriend?
- Is sex better with a big penis?
- Why is it called a blow job?
- My girlfriend said she'll never get oral sex done on her because she might smell bad and be embarrassed. What are vaginas supposed to smell like?
- What is 69?
- Can having sex too much make your vagina loose?
- What is foreplay?
- Can other people tell if you've had sex?
- Do women get erections?
- When is the right time to wax or shave down there?
- Do girls think about sex as much as boys do?
- How do girls masturbate?
- How do boys masturbate?
- What is *squirting*?
- Is porn a good way to learn about sex?
- Is it more OK to have a lot of partners if you're a guy or if you're a girl?
- Are women with bigger breasts sexier?
- Is it perverted to get turned on watching porn?
- Is it harmful to jack off every day, or more than once a day?
- What do girls (or guys) like you to do when you have sex?
- Are dental dams really necessary during oral sex?
- My significant other wants to have sex and I do too. Is this wrong?
- Is it OK to be uncircumcised?
- How does a girl orgasm?
- How do you know when you have an orgasm?
- Is it possible for a condom to get stuck in the anus?
- Do I have to kiss a girl to know for sure I'm bisexual?

WORKSHOP 18 Consent Education

This workshop is adapted from material created by Eva Ball and Roxy Trudeau.

A WORD TO THE FACILITATORS

This workshop explores different forms of sexual violation that can occur between relationship partners, peers, and acquaintances, and gives youth strategies to prevent and handle them. The workshop is based on the premise that any sexual encounter that lacks mutual consent is a sexual violation. The youth learn to recognize and express consent. The workshop emphasizes that we each have the right to consent or not consent, and the responsibility to stand up for ourselves and for others in situations of harassment, coercion, or assault.

The incidence of sexual violence in the United States is high. Here are some statistics from nationally representative surveys reported in "Sexual Violence Facts at a Glance," a 2012 publication by the CDC (**www.cdc.gov/ViolencePrevention/pdf/SV-DataSheet-a.pdf**):

- 1 in 5 women and 1 in 71 men reported being raped at some point in their lives.
- 13 percent of women and 6 percent of men reported experiencing sexual coercion at some point in their lives.
- 11.8 percent of girls and 4.5 percent of boys in grades 9–12 reported that they were forced to have sexual intercourse at some point in their lives.

Given these statistics, it is likely that you'll have youth in the group who have experienced sexual violence or coercion. Make sure you know your organization's guidelines and protocols for reporting sexual abuse. Be prepared for personal disclosures in group and one-to-one conversations. Usually when a youth discloses an experience of abuse in the group, the abuse has already been reported and resolved, and enough time has passed to allow for some healing. Acknowledge the disclosure and relate it to the workshop if possible. In an affirming manner, say something like, "I'm really sorry that happened to you. I've heard stories like yours in the past, so you aren't alone. Let's check in for a few minutes at the end of the workshop." Then move forward with your workshop activity. Be sure to follow up privately with that young person after the workshop. Here are some guidelines to help you with the conversation:

- Clarify with the youth if the abuse or violence is current or ongoing. If it is current or ongoing, it must be reported to your local child protective services agency or to the police so that the case can be investigated by one of those agencies. Facilitators do not need proof of the abuse or violence. Disclosure of current or ongoing abuse or violence to you is enough to require reporting. Contact your supervisor if you need support in handling the matter.
- Demonstrate that you believe what the youth shared. It's vital for survivors to feel supported and validated.

- If the violence is ongoing, say that you will assist in getting help and that you'll only tell the people you're required to tell and no one else.
- Emphasize that it's not the youth's fault. No matter what survivors do or don't do, sexual violence is never their fault. Despite this, they sometimes blame themselves or have been blamed by others.
- Provide options. At the time of an assault, survivors' choices are taken away. The healing process hinges on survivors recognizing their choices and reclaiming their power. Give as many options as possible, including considerations as minor as whether to sit or stand during your conversation and as consequential as whether to seek counseling. However, you *cannot* give the option of not reporting the abuse if it's ongoing.

Throughout this workshop, be aware of your own biases and beliefs about sexual assault and personal safety. Avoid using, or allowing youth to use, language that holds a survivor partially or entirely responsible for any violation perpetrated against them. Victim-blaming can be obvious, as in "What did you expect, drinking [or dressing, or acting] the way you do?" or more insidious, such as "That wouldn't happen to me" or "My friends would never do that," which implies that people can prevent or cause assaults on themselves by their choices of who to spend time with.

As in other Our Whole Lives workshops, there is important terminology and language to use and clarify. See Facilitator Resource 42, Terminology, to review key terms used in this workshop.

WORKSHOP GOALS

- to define the components of consent and identify verbal signals of consent and nonconsent
- to introduce, and have participants practice, skills for seeking consent and receiving a partner's positive or negative response
- to encourage participants to take responsibility as bystanders to intervene and prevent or interrupt sexual harassment or coercion

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- list the components of sexual consent
- list at least two examples of verbal signals of consent
- list at least two examples of verbal signals of nonconsent
- differentiate between consensual sex and different forms of sexual violation and violence
- state at least two strategies a bystander can use to prevent or interrupt an incident of sexual harassment or sexual coercion

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Consensual Sex or Sexual Assault?	25 minutes
Consent Activities	20 minutes

Bystanders' Responsibilities	25 minutes
Reflection and Planning	5 minutes
OPTIONAL ACTIVITIES	
Consent Themes in Song	20 minutes
The Words We Use	25 minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ the Circles of Sexuality chart
- ☐ Facilitator Resource 42, Terminology

For Consensual Sex or Sexual Assault?

- ☐ Handout 22, This Is What Happened to Me
- ☐ Handout 23, Verbal Signals of Consent
- ☐ Handout 24, Pleasure, Consent, and Sexual Violence

For Consent Activities

- ☐ an onion and a knife (optional)
- ☐ a plate or chopping board (optional)

For Bystanders' Responsibilities

- ☐ Facilitator Resource 43, Sexual Violation Scenarios
- ☐ Handout 25, Intervention Strategies for Bystanders

For Optional Activity, Consent Themes in Song

- ☐ Handout 26, Song Lyrics
- ☐ a recording of either "Gratitude," performed by Ani DiFranco, or "Jenny," performed by Walk the Moon
- ☐ a music player and speakers

PREPARATION

1. Read the workshop plan, including facilitator resources and handouts, and decide how to divide leadership responsibilities. Review the optional activities and consider whether to facilitate one of them.
2. Review Facilitator Resource 42, Terminology, to get familiar with terminology and definitions used in this workshop.
3. Identify any local resources related to sexual violence. Check the website of the Rape, Abuse, and Incest National Network, **www.rainn.org/get-help/local-counseling-centers/state-sexual-assault-resources**, for resources in your state.
4. Make copies of the following handouts:
   - Handout 22, This Is What Happened to Me
   - Handout 23, Verbal Signals of Consent

- Handout 24, Pleasure, Consent, and Sexual Violence
- Handout 25, Intervention Strategies for Bystanders

5. Post the Group Covenant and Circles of Sexuality charts.

For Consent Activities

1. Decide in advance if you want to use an actual onion to concretely make the point about the difference between arousal and consent. If you want to do the demonstration, make sure no participants have onion allergies.
2. If you decide to do the demonstration, set up materials to demonstrate chopping the onion, or set up enough onion-chopping stations for everyone to experiment.

For Bystanders' Responsibilities

1. On the basis of your knowledge of the participants' experience, pick one of the three scenarios listed in Facilitator Resource 43, Sexual Violation Scenarios.
2. Make the following chart:
   - As a bystander, what is your responsibility in this situation?
   - What do you think might happen if you speak up or take some action?
   - What can you do or say to interrupt this situation?

For Optional Activity, Consent Themes in Song

1. Go online and listen to the two song options for this activity: "Gratitude," by Ani DiFranco, and "Jenny," by Walk the Moon. Choose one that you think will appeal to your group.
2. Make copies of the lyrics of the song you've chosen.
3. If time allows, you might play both songs. If you decide to play both, start with "Gratitude."

For Optional Activity, The Words We Use

1. Label three sheets of newsprint Women and Girls, Men and Boys, and Having Sex and post them around the meeting space, where participants will be able to write on them.

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants back and help them reenter the program by asking

   - What's new?
   - How is your life better since the last workshop?
   - Did any of you talk with someone about our last workshop, on lovemaking? Who did you talk to, and what was the conversation like?

2. ***Question Box***

   Answer Question Box questions.

3. ***Reading***

   Set up the reading with the following comments:

   - Today's workshop deals with sexual consent. Any sexual activity with another person that happens without mutual consent is sexual assault. This includes acquaintance rape.
   - Our readings come from a couple of different websites that feature real stories from young people about different life issues.

   Read two or three of the following excerpts from real stories:

   My high school history class was mixed with juniors and seniors. I was a junior, and a really cute senior asked me to study with him at his house after school . . . .

   We ended up making out, and I was so excited to go brag to my friends at school the next day, until he took it way further than I was okay with....

   I kept it a secret; I was a virgin and did not want to believe I had lost my virginity that way. I started skipping and getting bad grades in school. My rapist wanted to keep hanging out with me, and I kept going because I wanted to pretend like I was okay with it.

   After seeing all the cuts I inflicted on myself, my parents found out. I was hospitalized in the behavioral health unit; I was very angry for being put in there, but now I know it was worth it.

   —http://us.reachout.com/real-stories/story/rape

   We were alone for a while which was good because I wanted to talk to him and wish him a happy birthday. Then we went to his room, he asked me to get into the bed with him. We lay there for a while and it was a pleasant experience; we were chatting and having a good time just talking.

   He then got on top of me and started to pull down my pants. I told him to stop and kept pushing his hands away. He grabbed my wrist and it hurt, he didn't let go of me. That's when I got scared. He was touching me all over and every time I told him to stop, that I didn't want to do this, he just told me to relax.

   My body was tense and my heart was racing incredibly fast. I told him to get off me and pushed him away. It took all my strength. I got my bag, pulled my pants up and pulled my shirt down and walked out, caught a cab and went home, I was numb.

   —http://us.reachout.com/real-stories/story/i-was-sexually-assaulted

   Let me start out by saying that I'm a bi crossdressing male. When I was 20 I met a guy online. After chatting for awhile, and then exchanging a few emails, we decided to meet in person. The meeting went well, and ended with some kissing and touching. We met a few more times, and went a bit further. I was in heaven thinking I'd found a really great guy.

   Eventually, he invited me to come over to his place the following evening. I eagerly accepted, and started getting ready by going out and buying

some new lingerie, heels, the whole nine yards. I showed up at his place, after a bit of kissing, told him I wanted to change into something sexy for him and needed about a half hour. I went into his bathroom, changed, did my makeup, put on perfume and tried making myself as sexy as possible for him.

I left the bathroom to join my lover, and found out there were seven or eight other guys with him. They said that they were going to use me for fun. I tried saying no, and struggled, but there were too many of them . . . .

—www.experienceproject.com

My toughest time was the next year after that. It was one and a half years before I told a single person what had happened. I thought I was the only one. I went to an alternative high school where they brought in others who went through somewhat the same thing. I found out I wasn't alone, so I spoke out.

Don't be embarrassed. Don't blame yourself. It was the guy's and/or girl's fault. Whether you were under the influence, the guy or girl was the one who should have listened to your "nos" and "stops" or looked at your facial expressions. It's really not your fault. It's the assaulter's fault. I also tell myself something that makes me realize what I truly am and always will be, that makes me happy and makes myself know it wasn't my fault. I'M NOT A VICTIM, I'M A SURVIVOR. Thank you. I hope I helped.

—http://us.reachout.com/real-stories

4. Process the readings with the following questions:
   - What are your reactions?
   - What themes did you hear in these stories?
   - How did these sexual violations affect the survivors?
   - What would it be like to have something like this happen to someone you loved, a younger sibling, for example?
5. Close by telling participants:
   - The emotional and physical consequences of being sexually violated can last a lifetime.
   - Likewise, the emotional and legal consequences of violating someone else (intentionally or unintentionally) can be life-long.

CONSENSUAL SEX OR SEXUAL ASSAULT? 25 Minutes

1. Begin by making the following points:
   - Sexual abuse and assault are violations or crimes that occur when
     - someone engages in sexual behavior with someone else without their consent
     - one person pressures or coerces another to do things they don't want to do sexually or that they feel uncomfortable with
   - Sexual abuse and assault
     - can be perpetrated by a person of any sex, gender, or sexual orientation

    - can be perpetrated against a person of any sex, gender, or sexual orientation
  - We're going to focus on sexual violations that occur between acquaintances and intimate partners. However, sexual violence can also occur between any persons: relatives, co-workers, classmates, online friends, or strangers.
  - It's important for survivors of sexual abuse and their friends and relatives to know that survivors are never at fault for any abuse they've experienced.
  - Sexual abuse happens far too often. Many people have been affected by it. If this workshop brings up issues of concern for you or someone in your life, you may speak with us during a break or after the workshop. If, during the activity, you feel the need to leave immediately, please ask a facilitator to leave the room with you.
  - Help is available and healing is possible. We can connect you with resources.
2. Give instructions for the activity:
  - We're going to hear another story about a sexual experience.
  - This time you'll analyze the situation to determine if consent was given.
  - You'll consider the following questions:
    - Is this consensual sex?
    - Why or why not?
    - What happened specifically to indicate that consent was or was not given?
3. Distribute Handout 22, This Is What Happened to Me. Read the story aloud and ask participants to follow along.
4. Have participants discuss the story in light of the questions above. You may choose to have this discussion in the large group or to divide participants into smaller groups.
5. After some discussion, distribute Handout 24, Pleasure, Consent, and Sexual Violence. Direct participants' attention to the list of basic components of consent on the first page and explain that consent must be
  - freely given
  - given through mutually understandable words or actions
  - in the present
  - given for each specific act
6. Finally, distribute and review Handout 23, Verbal Signals of Consent. Get reactions from the group. Close the activity by asking
  - Did the author of the story freely give consent to engage in sexual intercourse? [The author was intoxicated and incapable of giving consent. Also the author was ten years younger than the other person, so there was a big power difference.]
  - What verbal signals did the author give to indicate consent or nonconsent? ["I told him I couldn't have sex with him." "I managed to squeak out a 'no.'"]
  - What actions did the author take to indicate consent or nonconsent? ["I pulled away a few times, feeling vulnerable."]
  - Which specific acts did the author consent to? Which did the author not consent to?

CONSENT ACTIVITIES 20 Minutes

1. Invite participants to participate in a couple of activities related to consent. The first activity illustrates the difference between sexual arousal and sexual consent with an analogy to chopping onions.
2. If you're doing the demonstration, start chopping the onion now, or invite one or more participants to chop onions. Otherwise, just ask participants
   - What happens to your eyes when you chop an onion? [Expected answer: You may cry, if you chop enough.]
   - Does this mean you're sad? [No, it's a physiological response to a stimulus.]
   - How does this relate to sexual arousal and sexual consent? [It's similar because someone might get sexually aroused when they are physically stimulated, even if they aren't interested in having sex or are unwilling to have sex.]
3. Make the following points briefly:
   - Arousal is an automatic physical response. It's possible for someone to become aroused (for example, to get an erection or lubricate vaginally) during sexual activity even if they feel ambivalent (aren't sure they want to continue).
   - It's possible to become sexually aroused and still make the conscious choice not to consent to a given activity. Just because a partner appears to be excited doesn't mean they want the sexual encounter to progress. It's vital to ask for consent at every step of a sexual interaction.
   - Sometimes a person who is being touched sexually against their will might get aroused. Becoming aroused during a nonconsensual encounter doesn't mean the survivor "wanted it" or "asked for it." The person simply experienced a normal physiological response to the stimulation of their sexual organs.
   - As discussed in an earlier workshop, the myth of males getting "blue balls" has been used to coerce partners to do things they aren't comfortable doing. People of all genders can experience physical discomfort from becoming aroused without reaching orgasm, but the feeling of sexual tension and engorgement is temporary and causes no long-term harm. No one has an obligation to help a partner reach orgasm, even if both people are excited.
4. Introduce the next activity, practicing skills for negotiating consent. Make the following points:
   - Sometimes it's clear that a partner is consenting to a given sexual activity; other times, it may be less clear.
   - The best way to avoid violating someone is to ask for consent and permission. For example, you could ask
     - May I kiss you?
     - Is this okay?
     - Does this feel okay?
     - Would it be okay if I . . . ?
5. Invite participants to suggest some other ways today's teens and young adults might seek permission to engage in a sexual behavior. What might they ask? What might they do?

6. Give instructions for a brief activity called May I Give You a Fist Bump?
   - In this activity you'll practice asking for consent and receiving a partner's response.
   - It can be awkward to ask permission to do something with someone, and uncomfortable to get rejected.
   - However, we all must learn these important skills in order to have healthy relationships.
7. Divide participants into pairs and ask them to assign roles; one person will be participant A and the other will be participant B. Conduct the activity using this process:
   - Participant A asks Participant B, "May I give you a fist bump?"
   - Participant B gives consent for the fist bump. They can choose their own words or actions to give consent. (Encourage participants to use some of the language from Handout 23, Verbal Signals of Consent.)
   - A and B switch roles and repeat the request and response.
   - A and B switch roles again, and this time Participant A asks for a fist bump and Participant B declines consent. Again, they can choose their own words or actions to decline consent.
   - A and B switch roles for the last time and repeat the request and response.

   Process with the following questions:
   - How did it feel to ask for consent?
   - What were some of the ways you communicated that you consented (or did not consent)?
   - How easy was it to turn someone down?
   - How did it feel to be rejected? [Even though this is a made-up activity, it can still feel uncomfortable to be rejected.]
   - How easy or difficult do you think it would be to use these skills in a sexual situation?

Note: There are variations for this activity. You and your facilitator might model the process by role-playing what consent sounds like. One repeatedly asks, "May I give you a fist bump?" The other consents in different ways, using some of the responses from Handout 23, Verbal Signals of Consent. Then you repeat the process with rejection after rejection, again using responses from the handout. Also, if you have a smaller group, you might have the pairs do their role-playing one at a time while the rest of the group watches. Finally, you might choose an alternative to "May I give you a fist bump?" For example, "May I hold your hand?" or "May I kiss you?"

8. Ask participants what they are taking away from the activity. Weave in some of the following points:
   - It can be difficult to say no, because most people have been taught not to hurt another person's feelings.
   - People may also fear the consequences of saying no to a partner. They may worry that their partner might end the relationship, get sex from someone else, etc.

- It can also be painful to feel that someone doesn't want to be with you.
- However, having open communication and being able to hear and respect a partner's boundaries are key components of a healthy relationship.
- Hearing and accepting "no" from a partner makes their "yes" all the more powerful and wonderful.
- Lovemaking is a meaningful sharing that requires partners to respect each other's wishes without hesitation, pressure, or judgment.
- It's healthy to know your own needs, values, and beliefs and be self-empowered enough to express them even if they disappoint a partner.
- In a relationship, it's OK to say yes at one time and no at another. [Some youth believe that there's no going back, but it's OK for feelings to change.]
- It's also OK to consent to some kinds of sexual activity and to reject other activities.

BYSTANDERS' RESPONSIBILITIES 25 Minutes

Note: There are three scenarios described in Facilitator Resource 43, Sexual Violation Scenarios. Unless you have a lot of time left in the workshop, choose only one for this activity. You might decide to do this activity in small groups or in the large group. If your group enjoys role-playing, you can have them act out the chosen scenario.

1. Post the chart of discussion questions you made.
2. Divide participants into small groups of three to five. Read the scenario you chose from Facilitator Resource 43, Sexual Violation Scenarios, and invite participants to respond in their small groups to the discussion questions on the chart. Ask each group to choose a recorder and a spokesperson who will share their responses in the large group.
3. After about 5 minutes, reconvene the large group. Discuss the questions in turn, inviting each of the spokespersons to share one or two of their small group's responses without repeating any points.
4. When these questions have been discussed, invite the large group to discuss additional questions, such as those in the facilitator resource, as applicable.
5. Distribute Handout 25, Intervention Strategies for Bystanders, and review any strategies that haven't been mentioned.
6. Review the following rights and responsibilities:
   - Everyone has the right to not be coerced or talked into doing something they don't want to do or feel uncomfortable doing.
   - Everyone has the responsibility
     - not to coerce or talk someone else into something they don't want to do or seem uncomfortable with
     - to look out for their own safety, including sexual safety
     - to look out for the safety of others, particularly if their judgment seems impaired, they're less capable of making their wishes known, or they are a member of a group that faces societal discrimination (for instance, if they fear being bullied, identify as LGBTQ and fear being targeted

or outed, or are developmentally or physically incapable of giving or declining consent)

7. Close by reminding participants that the emotional and physical consequences of being sexually violated can last a lifetime. Similarly, the emotional and legal consequences of unintentionally violating someone can be life-long. Ongoing and enthusiastic consent matters in all sexual interactions.

REFLECTION AND PLANNING 5 Minutes

1. Invite reactions to this workshop. How did it go? What did the participants find helpful? What would they change? What will they use in a real situation?
2. Ask participants to look for opportunities to try out some of the bystander strategies they learned today.
3. Tell the participants the next workshop is about sexually transmitted infections (STIs). Distribute index cards and pencils for them to write questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss these questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

OPTIONAL ACTIVITY
CONSENT THEMES IN SONG 20 Minutes

1. Set up the activity by making the following points:
2. Any sexual behavior with another person that happens without their consent is sexual assault or sexual violence.
3. Pressuring or coercing a person to engage in any sexual activity against their will or when they feel uncomfortable is a type of sexual violence.
4. Regardless of whether you intend to hurt or violate another person, if you don't get enthusiastic consent, you could be perpetrating an act of sexual violence.
5. Let's listen to a song that addresses these issues.
6. Give the name of the song you've chosen and ask if participants have heard of it. Distribute Handout 26, Song Lyrics. Play the song and ask participants to read along.
7. Process by asking

For "Gratitude"

- What are your reactions to this song and the lyrics?

- What are the messages about pressuring or coercing a person to have sex?
- Do you think anyone ever owes sex to another person? If so, under what circumstances?
- Is there ever a time when "no" means "yes" to a sexual interaction?
- Is there ever a time when silence means "yes" to a sexual interaction?

For "Jenny"

- What are your reactions to this song and the lyrics?
- What message does the song give about the importance of consent?

OPTIONAL ACTIVITY
THE WORDS WE USE

25 Minutes

1. This activity illustrates how the ways many people conceptualize sex and gender tend to normalize sexual violence. While individuals' values may be more fluid, cultural messages often convey that men are supposed to have sex; that women are devalued if they have, or even want to have, sex; that sex is something one person does to another; and that sex is a violent act.
2. Direct participants to move around the room, writing their responses to the statements you will read on the appropriate sheet of newsprint. Emphasize that they may use both formal and slang terms. (A time-saving alternative is to ask participants to call out answers, with the co-facilitator writing responses on the posters.)
3. Ask participants what words they hear used to describe
   - having sex or being sexually active? [Responses may include *gettin' it in*, *screwing*, *smushing*, *banging*; slang changes quickly and varies from place to place.]
   - women and girls who have sex or are sexually active? [Some answers may be affirming, like *empowered*, *in love*, *independent*, but participants will likely also offer *slut*, *whore*, *skank*, and *bitch*.]
   - men and boys who have sex or are sexually active? [Answers will likely include *lucky*, *horny*, *pimp*, and *player*.]
4. Allow time for each participant to visit each sheet of newsprint. Then ask the youth to return to their seats. Read the responses aloud. Then ask
   - What do words on the Having Sex chart have in common? [Expected answers include the following: They are violent; they describe something one person does to another; they don't describe acts caring partners would do together.]
   - What do words on the Women and Girls chart have in common? [An expected answer is that most are put-downs.]
   - What do words on the Men and Boys chart have in common? [An expected answer is that most are compliments or suggest power and respect.]
5. Offer these definitions:
   - **sexual assault:** any type of sexual contact or behavior that takes place without the consent of the recipient.
   - **sexual violence:** any sexual violation, including sexual harassment, sexual

exploitation, and sexual assault. Sexual violence can include unwanted attention, such as verbal or electronic sexual harassment; unwanted touching, rubbing, or kissing; or taking photographs or movies without permission. Penetration does not need to occur for an act to be invasive or harmful.

- **penetration:** any intrusion, however slight, into any orifice of the body, especially the vagina, mouth, or anus.
- **perpetrator:** a person who commits an act of sexual violence.
- **survivor:** a person who has been the target of an act of sexual violence. The term *survivor* connotes strength and is more empowering than *victim*.

6. Ask participants
   - How well does the language we use to describe sex and sexually active men and women fit with these definitions of sexual violence?
   - What are some ways this kind of language makes it seem OK to sexually violate girls and women?
   - How might you change the way you talk and use your own power to make sure you aren't reinforcing gender-based sexual violence?

Facilitator Resource 42

TERMINOLOGY

consent: agreement freely and thoughtfully given, through mutually understandable words or actions, to participate in specific sexual activity. If *no* is not an option, *yes* is meaningless.

enthusiastic consent: active, ongoing consent by words or actions throughout a sexual encounter.

penetration: any intrusion, however slight, into any orifice of the body, especially the vagina, mouth, or anus.

perpetrator: a person who commits an act of sexual violence. While most perpetrators are men, most men are not perpetrators.

sexual assault: any type of sexual contact or behavior that takes place without the consent of the recipient.

sexual violence: any sexual violation, including sexual harassment, sexual exploitation, and sexual assault or rape. Sexual violence is behavior that happens without the consent of the other person. It can be physical, emotional, verbal, digital, or a combination. It can include verbal or electronic sexual harassment; unwanted touching, rubbing, or kissing; or taking photographs or movies without permission.

survivor: A person who has been the target of an act of sexual violence. The term *survivor* connotes strength and is more empowering than *victim*.

Facilitator Resource 43

SEXUAL VIOLATION SCENARIOS

Scenario 1

You're at a party at a friend's home with no adults present, and everyone starts playing Truth or Dare. The dares get increasingly sexual, and you notice that some of your friends look uncomfortable.

Additional Questions for Scenario 1

- What if there is also drinking and it's clear that some people are taking advantage of players who have impaired judgment? What can you say or do? What's your responsibility?
- What if one of the people pushing hard for the game to be more sexual is your good friend? How would that affect your response?
- What difference would it make if the people pushing for the game to be more sexual are boys or girls? Or if the people looking uncomfortable are boys or girls?
- What difference would it make if you're actually comfortable with the game, but you notice that others look uncomfortable?
- How would you react if the people looking uncomfortable were not your friends?

Scenario 2

You and your best friend Sean are at a party with no adult supervision. Chris, your best friend's crush, has brought some alcohol and the two of them are drinking. You notice that Sean is getting pretty drunk. Chris starts kissing Sean and touching Sean's thighs and butt. You feel uncomfortable and don't think Sean would be doing this if sober. You see Chris whisper in Sean's ear and they get up and start walking toward an empty bedroom.

Additional Questions for Scenario 2

- What are the possible consequences for Sean if you don't intervene?
- What would you want Sean to do if you were in Sean's place and Sean was the bystander?
- What difference would it make if you were high or drunk too?
- What difference would it make if you and Chris were good friends? Or if you didn't know Chris very well?
- How would it affect your response if Chris were a lot older than you and Sean?

Scenario 3

A good friend is in a relationship, and the partners enjoy sending each other flirtatious text messages. They send each other sweet messages and funny pictures. After a few months, your friend tells you their partner requested a naked picture. Your friend doesn't want to send the picture but does want to make their partner happy. Your friend says the requests for the picture are coming more often and feel awkward.

Additional Questions for Scenario 3

- What are some potential consequences for your friend if you don't speak up?
- What are some potential consequences for your friend's partner if you don't speak up and your friend sends the picture?
- How does this scenario relate to consent?

Handout 22

WORKSHOP 18: CONSENT EDUCATION

THIS IS WHAT HAPPENED TO ME

when i was 17, a few weeks before graduating from high school...a few friends had gathered at our friend "Alex"'s house and it was there that i met "Max". i remember little of the hours i spent there, having spent most of the time drinking and smoking pot while talking to the others and getting to know "Max" . . . . "Max" asked if i wanted to walk out to the botanical gardens across town. i was hesitant, he was older, almost 27, and i didn't know anything about him . . . but "Max" somehow convinced me . . . eventually, "Max" and i made it to the gardens. we were alone . . . .

i continued to drink and smoke... then we were kissing. i pulled away a few times, feeling vulnerable, like it was a bad idea. he took my clothes off and i told him i couldn't have sex with him. he was sweet. he told me he understood, that he wanted to know me better. feeling more comfortable i let him go on kissing me. a minute later he was inside me. i didn't know what was happening. i froze. i felt paralyzed, completely unable to move, even think.

i tried to speak. but nothing came out. then i managed to squeak out a "no". it didn't matter. it kept on. all i felt was shock and fear. it went on for a while. i don't know how long. all i can remember is his beer breath on my face, the smell of his damp, dirty hair, the sound of the frogs . . . .

—foxnthehunt, April 7, 2012, **www.mdjunction.com**

Handout 23

WORKSHOP 18: CONSENT EDUCATION

VERBAL SIGNALS OF CONSENT

What can consent sound like?	What can nonconsent sound like?
Yes	No
I'm sure	I'm not sure
I know	I don't know
I'm excited	I'm scared
Don't stop	Stop
Whoohoo! Yippee! Hot damn!!	[silence]
More!	No more
I want to . . .	I want to, but . . .
I'm not worried	I feel worried about . . .
I want you/it/that	I don't want you/it/that
Can you please do [whatever]	Can you please not do [whatever]
I still want to . . .	I thought I wanted to, but . . .
That feels good	That hurts
Mmmmmmm!	[silence]
Yes	Maybe
I love you/this	I love you/this, but . . .
I want to do this right now	I want to do this, but not right now
I feel good about this	I don't know how I feel about this
I'm ready	I'm not ready or not sure if I'm ready
I want to keep doing this	I don't want to do this anymore
[insert praise to your deity of choice here]	*[insert plea for help to your deity of choice here]*
This feels right	This feels wrong
Yes	[silence]

—Heather Corinna, "Driver's Ed for the Sexual Superhighway: Navigating Consent," 2010, **www.Scarleteen.com**

Handout 24

WORKSHOP 18: CONSENT EDUCATION

PLEASURE, CONSENT, AND SEXUAL VIOLENCE

100-Percent Consensual, 100 Percent of the Time

It is consent, not intent, that matters. Regardless of whether you intend to hurt or violate another person, you could be perpetrating an act of sexual violence if you don't get enthusiastic consent. It's easy not to be a perpetrator: all you have to do is ask your partner what they want to do and respect their response. Pay attention to nonverbal cues. If a partner pulls back, hesitates, pushes you away, removes your hand, stiffens, or does anything to indicate reluctance or discomfort, it's best to stop.

The great thing about being with a sexual partner isn't doing things *to* them, it's doing things *with* them. When both people want to be together and want to engage in the same behaviors, it increases their pleasure and self-confidence and fosters healthy relationships.

Here are some basic components of consent:

- **It must be freely given.** If *no* is not an option, *yes* is meaningless. If your partner is unable to say no for any reason (such as because they are intoxicated, asleep, or unable to understand what they're being asked to do; they feel that it's unsafe to say no; or they are being pressured by friends—or by you), then their saying yes does not mean they consent.
- **It must be given through mutually understandable words or actions.** This means the person says something like "Yes, I want to have sex with you." Or they respond and touch you the same way you touch them.
- **It must be in the present.** A partner who has consented to sexual behavior in the past may not give consent today. People can change their mind at any time.
- **It must be given for each specific act.** A partner might consent to outercourse but not to penetration of any type. Or a partner might agree to oral sex but not to penis-vagina or penis-anal intercourse.

Drugs and alcohol impair ability to get or give consent. In some states, you cannot legally give sexual consent while under the influence of alcohol. This is because being drunk or high hinders your decision-making abilities. Regardless of your state's laws, the honorable thing to do is to pass on sexual activity with someone who is drunk or high. If they really want to be with you, they'll want to be with you sober too.

It's never okay to sexually violate another person. Some rape happens in the context of a hook-up or dating scenario, often because the perpetrator assumes consent. Here are some behaviors that people might assume indicate consent but don't:

- being nude with a partner
- dressing or dancing provocatively
- meeting someone very late at night in a private place, like their bedroom
- sending or receiving a nude picture
- talking online about sexual behavior
- being someone's boyfriend, girlfriend, committed partner, husband, wife, or spouse

Asking for consent at every step of a sexual interaction is the only way to know you are causing no harm to your partner.

Online Resources

That's Not Cool (www.thatsnotcool.com)
This website contains forums, games, and other resources to promote conversations about respecting boundaries and healthy relationships.

A Thin Line (www.athinline.org)
MTV's anti-cyberbullying website addresses *digital abuse*: sexual harassment and violence on Facebook and Twitter, by sexting, by tweeting, and in other online contexts.

Loveisrespect (www.loveisrespect.org)
This website is designed to be a safe and confidential space for young people to get help and information. It contains information about healthy relationships, resources, quizzes, and links to support services.

Sex, Etc. (www.sexetc.org)
Sex, Etc. offers sex education by teens, for teens, including forums, videos, and FAQs. It addresses sexual violence in addition to other sexuality issues.

Scarleteen (www.scarleteen.com)
This website offers a wide variety of sexuality information. It addresses issues of consent; normalizes and validates different kinds of bodies, sexual orientations, gender identities, and personal boundaries; and provides forums and FAQs.

Telephone Resources

From anywhere in the United States, call the National Sexual Assault Hotline at 1-800-656-HOPE.

Or call the National Teen Dating Abuse Helpline at 1-866-331-9474/1-866-331-8453 TTY.

Handout 25

INTERVENTION STRATEGIES FOR BYSTANDERS

Take note of potentially abusive behaviors. Such behaviors might include unwanted comments or touching or verbal or online harassment. If a friend or acquaintance is in a sexualized situation and seems to be uncomfortable, take a closer look. Remember that someone taking advantage of a person who is drunk or high, or who otherwise cannot give consent, is being abusive.

Evaluate the situation and assume responsibility. Determine whether someone needs help. They are more likely to need help if their judgment seems impaired, if they appear to be less capable of making their wishes known, or if they are already likely to be targeted or bullied because of their identity. If you're the only bystander, assume responsibility. If there are others around and no one else is intervening, take the lead and recruit others to assist.

Attempt to help. Take action to interrupt the situation. Here are some options:

- Cause a distraction. Suggest an alternative activity.
- Stay close to the person who needs help, to make sure nothing abusive happens.
- Help them to leave. Make up an excuse to leave together.
- Step in and directly confront the two people. Tell them your concerns.
- Recruit friends of each person to help.
- If you see that a friend is drinking or getting high, say or do something to encourage them to stop. Work on preventing problems before they happen.
- If necessary, seek adult help: Call security, parents, or someone else you trust.

General Tips for Intervening

- Approach everyone as a friend; don't be antagonistic.
- Be honest and direct whenever possible.
- Recruit help if necessary.
- Keep yourself safe.
- Make sure the person who needed help gets home safely.

Handout 26

WORKSHOP 18: CONSENT EDUCATION

SONG LYRICS

Gratitude

thank you
for letting me stay here
thank you for taking me in
thank you
for the beer and the food
thank you
for loaning me bus fare
thank you for showing me around
that was a very kind thing to do
thank you
for the use of the clean towel
thank you for half of your bed
we can sleep here like brother and sister,
you said

but you changed the rules
in an hour or two
and I don't know what you
and your sisters do
but please don't
please stop
this is not my obligation
what does my body have to do
with my gratitude?

look at you
little white lying
for the purpose of justifying
what you're trying to do
I know that you feel my resistance
I know that you heard what I said
otherwise you wouldn't need the excuse

thank you
for letting me stay here
thank you for taking me in
I don't know where else
I would have turned
but I don't come and go
like a pop song

that you can play incessantly
and then forget when it's gone
you can't write me off
and you don't turn me on

so don't change the rules
in an hour or two
I don't know what you and your
sisters do
but please don't
please stop
this is not my obligation
what does my body have to do
with my gratitude?

—Ani DiFranco

Jenny

You got curves like the ocean, gonna take it in slow motion
Got emotions that'll make it last
You got freckles on your shoulder, ammunition like a soldier
And visions, ambitions to be the best

Oh and Jenny why don't we, Jenny why don't we be getting together
I said Jenny shouldn't we, Jenny shouldn't we be getting together

J-J-J-Jenny's got a body just like an hourglass
But I'm taking my time, I'm taking my time
I wanna be the sand inside that hourglass
Take it slow, oh, oh, gonna make it last

Jenny, got your number and I've got you for the summer
It's a bummer that things go so fast
It's been a ride like Days of Thunder but these days have been a-running
Like sand through the hourglass

I've been dreaming that we could, dreaming that we could be sticking together
I got evidence 'cause every time I turn a corner, it's up against the wall
And as the rest of the world fades out
As the rest of the world fades out

I'm thinking Jenny's got a body just like an hourglass
But I'm taking my time, I'm taking my time
I wanna be the sand inside that hourglass
Take it slow, oh, oh
Jenny's got a body just like an hourglass
But I'm taking my time, I'm taking my time
I wanna be the sand inside that hourglass
Take it slow, oh, oh
But I'm not gonna take it from you, I'll let you give it to me

I said I'm not gonna take it from you, I'll let you give it to me

J-J-J-Jenny's got a body just like an hourglass

But I'm taking my time, taking my time
I wanna be the sand inside that hourglass
Take it slow, oh, oh
Jenny's got a body, yeah
Jenny's got a body, yeah
I wanna be the sand inside that hourglass
Take it slow, oh, oh, gonna make it last.

—Nicholas Petricca

Sexually Transmitted Infections, Pregnancy, and Parenting

6

WORKSHOP 19 Sexually Transmitted Infections

This workshop is adapted from material created by Amelia Hamarman.

A WORD TO THE FACILITATORS

This workshop is a fundamental part of the Our Whole Lives curriculum for several reasons. First, although school health programs commonly provide information about sexually transmitted infections (STIs), they sometimes spend only one class period or less on the topic. Second, early adolescents learn from repeated exposure to information and experiences, so they benefit from multiple opportunities to learn about STIs. Third, the Our Whole Lives curriculum takes a social justice approach to this topic that provides an important experience for participants. This workshop reinforces the following values:

- Healthy sexual relationships are safe (present no or low risk of unintended pregnancy, sexually transmitted infections, and emotional pain).
- All persons have the right and obligation to make responsible sexual choices.
- Individuals are responsible for caring for their own sexual health and for promoting the well-being of their partners, friends, and loved ones.

STI rates are high among youth, so it is likely that some participants will have had experience with one. Some may have contracted an STI themselves, while others may have sexual partners, close friends, or family members who've had STIs. Many others will have experiences with STIs in the future. Be vigilant: Avoid language, discussions, and activities that make assumptions about participants' STI status or perpetuate stigmas about STI infection. Communicate the importance of regular checkups, including regular STI tests if partnered sexual activity has begun.

Statistics, prevention and treatment options, medical recommendations, and other data about STIs change and evolve over time. Obtain current information from the Centers for Disease Control and Prevention (**www.cdc.gov/std/healthcomm/fact_sheets.htm**) and the additional sources provided in Facilitator Resource 44, STI Resources for Facilitators.

WORKSHOP GOALS

- to increase participants' knowledge of the symptoms, transmission, prevention, and treatment of STIs
- to increase participants' perceived vulnerability to STIs
- to help participants develop skills for preventing STIs

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- acknowledge their perceived risk for STIs
- explain how STIs are transmitted and how they can be prevented
- differentiate between facts and myths related to STI symptoms, transmission, prevention, testing, and treatment
- demonstrate the correct usage of condoms and oral barriers (dams)

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Why STIs Matter to Me: M&Ms OR High Fives	20 minutes
STIs: A Quick Review	10 minutes
STI Myth or Fact Game OR STI Video	20 minutes
Condoms and Dams OR Condom Obstacle Course	20–30 minutes
Reflection and Planning	5 minutes
OPTIONAL ACTIVITY: STIs in Real Life	20 minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ the Circles of Sexuality chart
- ☐ Facilitator Resource 44, STI Resources for Facilitators

For Why STIs Matter to Me

Option 1: M&Ms

- ☐ a pound of multicolored M&Ms for each fifteen participants (or Skittles candy or multicolored beads if allergies are a concern)
- ☐ a brown paper bag and paper plate for each participant
- ☐ **optional:** spoons

Option 2: High Fives

- ☐ strips of paper, about 1x3 inches, one for each participant
- ☐ a container for the folded strips of paper

For STI Myth or Fact Game

- ☐ Facilitator Resource 46, STI Myth or Fact Statements
- ☐ Facilitator Resource 47, Myth or Fact Answer Sheet
- ☐ **optional:** STI pamphlets or fact sheets

For STI Video

- ☐ newsprint, markers, and tape
- ☐ a current video on STIs (15 minutes long or less)
- ☐ a DVD player or a computer with Internet access or downloaded video and a large monitor or digital projector

For Condoms and Dams or Condom Obstacle Course

- ☐ a penis model or condom demonstrator
- ☐ male condoms of different types (including Magnums, which are larger than most, and unlubricated condoms), two or three per participant
- ☐ water-based personal lubricant
- ☐ **optional:** a female pelvic model
- ☐ female or internal condoms, two or three for demonstration
- ☐ oral barriers or dams, one or two for demonstration
- ☐ Facilitator Resource 48, Condom Obstacle Course Station Set-Up
- ☐ **optional:** scissors

For Optional Activity, STIs in Real Life

- ☐ Handout 27, Character Descriptions
- ☐ newsprint, markers, and tape
- ☐ pens or pencils

PREPARATION

1. Read the workshop plan, including facilitator resources and the handout, and decide how to divide leadership responsibilities. Decide which of the alternative activities you will conduct. Review the optional activity and consider whether you will have the time to facilitate it.
2. Review Facilitator Resource 44, STI Resources for Facilitators, to get familiar with information about STIs. Go online and, if necessary, update any key information.
3. Post the Group Covenant and Circles of Sexuality charts.

For Why STIs Matter to Me

Read both options, M&Ms and High Fives, and choose one for your group.

For M&Ms

1. Assemble one brown bag per participant in the following manner:
   - If you have ten or fewer participants, place twenty orange M&Ms in one bag and twenty red M&Ms in another bag. If you have more than ten participants, assemble two bags of twenty orange M&Ms each and two more bags of twenty red M&Ms each (for a total of four bags).
   - In each of the remaining brown bags, place about twenty M&Ms divided about equally between brown and green.
2. Make the following chart:

   M&M Color Code Chart
   orange = HPV
   red = chlamydia
   brown = outercourse (safe sexual behaviors)
   green = condoms, dams, or other latex, polyurethane, or nitrate barriers

For High Fives

1. Cut strips of paper about 1x3 inches, one for each participant.
2. Write HPV on one strip of paper and Chlamydia on another strip.
3. Write HIV on a third strip and place a small red dot in the corner of the strip.
4. Of the remaining strips of paper, place a small black dot on about one-third and a small red dot on another third.
5. Fold all the strips two or three times, and put them in the container.
6. If your group is very small (six or fewer participants), use HIV and either HPV or Chlamydia, but not both, and adjust the activity accordingly.

For STIs: A Quick Review

1. Review the facilitator resources and, if you have time, visit some of the websites listed in Facilitator Resource 44, STI Resources for Facilitators, to make sure your information is up to date.
2. Obtain STI informational brochures or fact sheets. You may gather materials from a local health department, Planned Parenthood office, or STI clinic, or order low-cost brochures and pamphlets from ETR Associates (**www.etr.org** or 1-800-321-4407). Fact sheets can be downloaded and printed from various websites, for example, **www.advocatesforyouth.org/storage/advfy/documents/std-brochure.pdf** and **www.cdc.gov/std/healthcomm/fact_sheets.htm.**

For STI Myth or Fact Game

1. Review Facilitator Resource 46, STI Myth or Fact Statements, and choose up to ten statements that seem especially relevant to your group.
2. Create the following chart:

   STI Categories
   - symptoms
   - transmission
   - prevention and risk reduction
   - testing, treatment, and management
3. Obtain small prizes for the winning team.

For STI Video

1. Well in advance of this workshop, locate an STI video to show to your group. Preview the video to make sure it presents information in a way that reflects Our Whole Lives values, and that it is
   - no longer than 15 minutes
   - appropriate for grades 7–9
   - medically accurate
   - free of scare tactics or other stigmatizing approaches

   "Types of Sexually Transmitted Infections" (9:46 minutes), **www.youtube.com**, is a good option. Although it was made for Canadian audiences, it is relevant in all of North America.

2. You can also preview and consider using one or two videos from the CDC's Be Smart Be Well website: **www.cdc.gov/std/Be-Smart-Be-Well**.
3. Test equipment and cue up the video to show the group.

For Condoms and Dams Activity

1. Obtain one or more latex dams to show the group. Practice cutting a condom into a square.
2. Make the following chart:

   Steps for Using a Condom Correctly

   - Check the expiration date and make sure the condom is latex or polyurethane.
   - Open the package carefully to avoid tearing the condom.
   - Make sure the condom is on the proper side so that it will roll down correctly.
   - Pinch the tip of the condom to save space for semen.
   - Squeeze a few drops of lubricant inside the tip.
   - Continuing to squeeze the tip, roll the condom down to the base of the penis.
   - Check during intercourse to make sure the condom isn't slipping.
   - Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out of the other person's body before it gets soft.
   - Wrap the condom in tissue and throw it away. Do not flush it down the toilet or reuse it.

For Condom Obstacle Course

1. Obtain one or more latex dams to show the group. Practice cutting a condom into a square.
2. Using Facilitator Resource 48, Condom Obstacle Course Station Set-Up, make copies of the second set of instructions and questions for each station. Facilitators may wish to keep the first set of instructions to use as they monitor the activities.You may want to laminate these for use in future Our Whole Lives programs.
3. In your meeting room, set up the three stations for small-group work. Be sure to leave enough space between stations for groups to move freely.
4. If possible, recruit a couple of peer educators or adult assistants and teach them the skills they need.
5. Obtain at least one penis model or condom demonstrator. You may be able to buy or borrow one from your local family planning clinic, or buy one from Total Access Group, **www.totalaccessgroup.com/wood_condom_demonstrator.html**, or Durex, **www.askdurex.com/professionals.asp?section=-professional_order_info.**

For Optional Activity, STIs in Real Life

Make enough copies of the handout to divide the two character descriptions between the small groups.

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants back and help them reenter the program by asking

   - How is your life better since the last workshop?
   - Did any of you see any examples of sexual harassment or coercion? If so, did you try using any of your bystander strategies? What happened and how did you respond?

2. ***Question Box***

   Answer Question Box questions.

3. ***Reading***

   Set up the reading with the following comments:

   - Today's workshop deals with sexually transmitted infections (STIs).
   - We've explored some of the positives associated with sexual behavior, and we've clarified how to make sure partnered sex is consensual.
   - Now we're going to look at some of the negatives that can result from unprotected sexual intercourse. [Ask participants where this topic falls in the circles of sexuality.]
   - Our reading comes from an article entitled "Herpes: My Story," which was posted on the Sex, Etc. website in November 2010 by someone named Holly.

4. Read, or ask volunteers to read, the following excerpt:

   "A sexually transmitted disease will never happen to me." I used to tell myself this—before I contracted the herpes virus . . . . He was 22 and I was 17 . . . . He made me feel like I was someone to be noticed . . . . About a month after we started hanging out, we had sex for the first time . . . . Derek and I continued to sleep together without a condom . . . .

   While working alone one day, I got very sick. I called my mother and asked her to come get me. I finally told her about my symptoms. We went to the gynecologist first thing the next morning . . . .

   Herpes has especially changed my life when it comes to relationships. You never know when you're supposed to tell someone and if they will freak out . . . .

   So, think about my story when you are having sex. Ask your future partners the hard questions, too. Ask them about their sexual past, when they were tested, for what, and, since then, what they've done to protect themselves . . . .

   And think about my story when you hear that someone has an STD. Most likely, if they have one, they are scared and lonely, and could use a friend.

5. Lead a brief discussion using some or all of the following questions:

   - How do you feel about Holly's situation?
   - How common is it for people to think they can't get an STD even though they are having unprotected sexual intercourse?

- What can Holly do to avoid passing herpes to future sexual partners?
- How would you react if a friend told you they had an STD?

6. Explain that Holly used the term *STD*, meaning *sexually transmitted disease*, but that you're going to use *sexually transmitted infection* or *STI*. The terms are often used interchangeably and mean the same thing.

WHY STIs MATTER TO ME: M&Ms 20 Minutes

This activity is an alternative to Why STIs Matter to Me: High Fives. You should only conduct one of these two alternatives.

Note: You can have participants use plastic spoons to pass the M&Ms around if you want everyone to be able to eat them later.

1. Without any explanation, give instructions for the next activity:
   - We're going to do an activity that involves moving around and mingling with people.
   - You'll each get a paper bag containing M&Ms
   - When I say "Go," walk up to one person at a time and ask them to sign your card. Then each of you drop one, two, or three M&Ms in the other's bag.
   - Don't look in your bag. Just randomly pick the number of M&Ms you want to give the other person.
   - Trade M&Ms with as many people as you can until I call time.
2. Distribute paper bags of M&Ms and start the game. Encourage participants to exchange M&Ms with as many people as possible.
3. After five minutes, call time and ask everyone to return to their seats. Distribute paper plates. Ask everyone to pour all their M&Ms onto a plate and sort them by color.
4. Display the M&M Color Code chart and give the following information:
   - For the purposes of this activity only, exchanging M&Ms represents engaging in sexual intercourse or other sexual behavior.
   - Here's what the different colors of M&Ms represent:
     - orange = HPV
     - red = chlamydia
     - brown = outercourse (safe sexual behaviors)
     - green = condoms, dams, or other latex or polyurethane barriers
   - HPV and chlamydia are two of the most common STIs among youth.
   - At the beginning of the activity, only two people had the colors representing having an STI. One person had a bag with twenty red M&Ms, and another had a bag with twenty orange M&Ms. It doesn't mean that someone really has an STI just because they have a red or orange M&M in their bag.
   - Let's see what happened after all of the exchanging of M&Ms that you did. Remember that exchanging M&Ms represented engaging in sexual intercourse or other sexual behavior.

5. Use the following process to debrief the activity:
   - Ask everyone who has a red or orange M&M on their plate to stand.
   - Explain that all of these people represent someone exposed to HPV or chlamydia.
   - Ask participants who are standing to raise their hands if they have any brown or green M&Ms.
   - Explain that brown M&Ms represent outercourse behaviors that do not transmit STIs (so this excludes any skin-to-skin genital contact). Green M&Ms represent a condom, dam, or other latex or polyurethane barrier, which significantly reduces the risk of STI transmission.
   - Individuals who have more brown and green than orange and red M&Ms can sit down, because they represent someone who did not engage in sexual intercourse or who used protection, and therefore did not get an STI.
   - Say that all participants who are still standing represented people who had unprotected intercourse and contracted at least one STI.
6. Have the group return to their seats and process the activity with these questions:
   - How did it feel to be left standing at the end of that activity?
   - It's only an activity, and those people were only pretending to have HPV or chlamydia. How do you think it would feel to find out you had an STI?
   - How did it feel to get to sit down because you took action to keep yourself safe from STIs?
   - Why did so many people get an STI in this activity? [They engaged in unprotected risky sexual behavior with multiple partners.]
   - How are STIs passed in real life? [STIs are almost always passed through vaginal, oral, or anal sex. Some STIs are spread through bodily fluids, and others are passed through skin-to-skin contact with genital or anal areas or possibly the mouth. Sharing intravenous needles can also transmit infections.]
   - How can you tell if you or someone else has an STI? [You can't, because most people who have an STI don't have symptoms. You have to assume that any potential partner might be infected unless both partners have tested negative for all STIs, including HIV, and do not engage in sexual behavior with anyone else. There is no regular screening for HPV. It is often diagnosed by symptoms.]
   - What's your take-away message from this activity?
     Correct responses include the following:
     - It's easy to get an STI if you engage in unprotected sexual intercourse.
     - You can take action to keep yourself safe: abstain from unprotected oral, anal, and vaginal intercourse. Protect yourself and your partner with a condom or dam.
     - You have to always protect yourself if you decide to have sexual intercourse, because any partner—including you—might have an STI and not know it.

Note: At the end of the discussion, clarify that the people who "had STIs" were role-playing, and the role-playing has now ended.

WHY STIs MATTER TO ME: HIGH FIVES 20 Minutes

This activity is an alternative to Why STIs Matter to Me: M&Ms. You should only conduct one of these two alternatives.

1. Invite participants to participate in a movement activity that will offer some insights about STIs. Distribute a folded slip of paper, a pencil, and an index card to each participant. Give these instructions:
   - Don't unfold or look at your slip of paper. Put it away in your pocket or some other safe place.
   - Write your name at the top of the index card in large letters.
   - Walk around the room and give three or four people high fives.
   - Each time you give a high five, you and the other person will write your names on each others' cards.
2. Start the game. When everyone has high-fived with at least three people, have participants return to their seats. Ask everyone to unfold their strips of paper. Ask people who have something written on their strips to stand and read what's there. Then ask them the following questions:
   - How does it feel to imagine having this STI, even if it's just a pretend activity?
   - What do you know about these specific STIs? [HPV, human papilloma-virus, is the virus that causes genital warts and certain cancers. HPV and HIV, the virus that causes AIDS, are both viruses. HPV and chlamydia are two of the most common STIs among youth in the United States.]
3. Make the following points:
   - For the purposes of this activity, these people are pretending that they have the infection indicated on their paper.
   - Also, just for this activity, the high fives you exchanged represent engaging in sexual behavior.
4. Continue processing the activity using the following process:
   - Ask the two people standing with HPV and chlamydia to read the names on their index cards.
   - Ask each of those people to stand. Explain that, because high fives represented sexual behavior, each of these particpants represents someone who might have been exposed to an STI.
   - Ask the new people standing if they have a dot on their slip of paper.
   - Anyone with a black dot gets to sit back down, because they represent someone who chose not to engage in sexual intercourse of any type. They chose outercourse instead, so they did not get an STI.
   - Anyone with a red dot also gets to sit back down, because they represent someone who chose to protect themselves by using a condom or dam. So they did not get an STI either.
   - Point out that the person with HIV written on their slip also had a red dot. They will continue to stand, but because they represent someone who used condoms and/or other barriers, no one who high-fived them got HIV.
   - Explain that the people who are still standing represent someone with an STI, because they engaged in unprotected sexual intercourse with someone who was infected. They might have gone on to infect someone else.

- Repeat the process by asking these people to read the names on their index cards. The people they name, whom they high-fived, should stand in turn, check for dots on their paper, etc.
- Continue in this manner until no new people stand up when names are read.
- Have all participants return to their seats.

5. Debrief the activity with these questions:
   - What happened here? How many represented someone who ended up with an STI? Why did that happen?
   - What was it like to realize you represented someone who had gotten an STI?
   - What was it like to realize you represented someone who had protected themself and did not get an STI?
   - What was it like to realize that someone with HIV had taken steps to keep their partners safe?
   - How are STIs passed in real life? [Explain that STIs are almost always passed through vaginal, oral, or anal sex. Some STIs are spread through bodily fluids, and others are passed through skin-to-skin contact with genital or anal areas or possibly the mouth. Sharing intravenous needles can also transmit infections.]
   - If we were going to repeat this activity, what would you do differently? [Some people might say they would avoid people they think are infected. This is not an effective strategy. You can't tell by looking if someone has an STI. Although some people have symptoms, such as itching or burning genitals, pain while urinating, sores, warts, or an unusual discharge, most people have no symptoms. So if you decide to engage in sexual intercourse, the only responsible way is to always use protection, because any partner might have an STI and not know it.]

Note: At the end of the discussion, clarify that the people who "had STIs" were role-playing, and the role-playing has now ended. It is important not to imply that anyone in the room does or doesn't have an STI.

STIs: A QUICK REVIEW 10 Minutes

1. Ask participants to raise their hands if they learned about STIs in school. Explain that you want to spend the next 10 minutes doing a quick review. Begin by asking participants to name as many STIs as they can. Through brainstorming and informal presentation, review the following topics using information from Facilitator Resource 45, What Youth Need to Know:

   Types

   - Viral: caused by viruses and cannot be cured (genital herpes, HIV/AIDS, HPV, and hepatitis B)
   - Bacterial: caused by bacteria, can be easily treated, and can lead to serious problems if left untreated (syphilis, gonorrhea, and chlamydia).
   - Parasitical: caused by parasites, can be easily treated, and can sometimes be spread in nonsexual ways (crabs, scabies, and trichomoniasis).

Transmission

- General signs and symptoms
- Prevention and risk reduction
- Testing and treatment

2. Keep this brief, because you'll have an opportunity to reinforce this information in the next activity.

STI MYTH OR FACT GAME 20 Minutes

This activity is an alternative to the STI video. You should only conduct one of these two alternatives.

> **Note:** You can do this activity as a team post-up. This requires a lot of preparation. Divide the group into four teams. Give each team an STI category, a sheet of newsprint with two headings, Fact and Myth, and cards or strips of paper listing each of the fact or myth statements for their STI category. Have each team divide the statements into facts and myths and tape them under the appropriate heading. You can then have the teams rotate around to each other's charts to review them and challenge any statements they think are misplaced.

1. Display the STI Categories chart you made and give instructions for the next activity:
   - We're going to play another myth/fact game.
   - This time you'll work in teams and the myths will fall into the four categories listed on the chart.
   - Members of each team will take turns being the spokesperson.
   - The spokesperson will pick a category and I'll read a statement from that category.
   - The spokesperson will confer with their team for no more than twenty seconds, and everyone has to agree on the answer.
   - As soon as the answer is given, another team can challenge if they think the answer is wrong.
   - If the team's answer is correct, they get one point.
   - If another team challenges correctly, they get one point. If they challenge incorrectly, they lose a point.
2. Divide participants into two teams. If you'd like, have them pick team names. Have the teams flip a coin to decide which will go first. Begin the game. Identify the first team's spokesperson and ask them to choose a category. Read the first statement. Keep time and follow the procedure as described. If the spokespersons don't clearly and correctly explain why they think the statement you read is a myth or a fact, read the response from Facilitator Resource 47, Myth or Fact Answer Sheet.
3. Be sure to stop when time runs out, so you'll have time to conduct the last activity.
4. Distribute any STI informational pamphlets or fact sheets you have brought. Close the activity by asking, "What's one fact you learned from this activity?"

STI VIDEO

20 Minutes

This activity is an alternative to the STI Myth or Fact Game. You should only conduct one of these two alternatives.

1. Introduce the video you've chosen.
2. Show it and process with the following questions:
   - What are your reactions?
   - What new information did you learn?
   - Which STIs can you get vaccinated against? [The correct answers are hepatitis B and HPV. The HPV vaccine is available for girls and boys ages 9–26.]

CONDOMS AND DAMS

20–30 Minutes

This activity is an alternative to the Condom Obstacle Course. You should only conduct one of these two alternatives.

1. Direct participants' attention to the Steps for Using a Condom Correctly chart. Using the penis model, demonstrate for the group how to use a condom correctly, being sure to demonstrate each of the steps. Answer any questions.
2. Invite participants to practice. (Allow anyone to pass if they feel uncomfortable or choose not to participate.) Some will use the penis model and others will use their fingers. Ask them to pair off with the person sitting next to them. Distribute two condoms to each of the pairs. Ask each person to go through the steps. Circulate and provide support and assistance as needed.
3. Display the dam and explain how it is used when having oral contact with the vulva or anal area. Also demonstrate how to cut a condom into a square in case a dam is not available. (You can use scissors to cut off the rim and tip of the condom and to cut one side to create a square, or you can use your teeth. Check out the following short video if you want more guidance, "How to Turn a Condom into a Dental Dam" [1:45 minutes], **www.youtube.com**.)
4. After the demonstration, pass around the dam for participants to see and touch.
5. Display one of the female condoms. Explain that these condoms are sometimes called internal condoms, because people of any gender can use them for protection during anal sex. Review how to use an internal condom in the vagina:
   - Check the expiration date.
   - Rub the outside of the package to spread the lubricant onto the condom.
   - Open the package carefully by tearing at the notch on the top right corner.
   - Note that the condom has two rings. The thinner outer ring covers the area around the opening of the vagina or anus. The thicker inner ring is used for insertion and to help hold the condom in place during intercourse. If using the condom in the rectum, remove the inner ring first.
   - You can insert the condom in a variety of positions: squatting, with one leg raised, sitting, or lying down. Choose a position that feels comfortable.
   - While holding the condom at the closed end, grasp the flexible inner ring and squeeze it with the thumb and second or middle finger so it becomes long and narrow.

- Insert the inner ring into the vagina and use your index finger to push it up into your vagina as far as it will go. It will fit into place right under your cervix. Be sure the sheath is not twisted. Leave the outer ring on the outside of the vagina; about a half inch of the sheath should remain on the outside of your vagina.
- A partner's penis can now be guided into the condom's opening with your hand to make sure that it enters properly. Be sure that the penis is not missing the opening and entering instead between the sheath and the vaginal wall.
- To remove the condom, place your finger under the outer ring. Twist it and pull it out. Wrap it in tissue and throw it away. Don't flush it down the toilet or reuse it.

6. Get reactions. Take care to present the female or internal condom in an open and nonjudgmental fashion, as it is a great option for individuals who don't want to depend on a partner to use a male condom. It can also be used by the receptive partner for protection during anal sex. Although this condom may not look as familiar as the male condom, it becomes easy to use after a little practice. Users can insert the condom well in advance of being with a partner. That way sexual intercourse can be spontaneous!

Note: As an alternative to reviewing the female condom usage yourself, you can show a YouTube video such as the following from the Female Health Company, "Female Condom Training" (2:57 minutes), **www.youtube.com**.

CONDOM OBSTACLE COURSE 20–30 Minutes

This activity is an alternative to Condoms and Dams. You should only conduct one of these two alternatives.

1. Ask participants to brainstorm all the reasons why young people don't use condoms every time they have intercourse. List the responses, which may include the following:
   - You can't feel anything; it doesn't feel as good.
   - No need; you can tell when your partner is "clean."
   - The condom won't fit; the penis is too big.
   - It's embarrassing or difficult to get condoms.
   - I can't get an STI; it won't happen to me.
   - They ruin the mood.
   - They are too hard or too much trouble to use.
2. After getting four or five responses, ask, "What protection can someone use if they want to perform oral sex on female genitals?"
3. Display a dam and give the following information:
   - It works a lot like a condom because it serves as a barrier between the mouth and the vulva and vaginal secretions.
   - It can also be used as a barrier when engaging in oral-anal contact.
4. Now ask, "What might keep people from using a dam?" Expected answers include the following:

- People don't know where to get them.
- They seem weird.
- They're too much trouble.
- They ruin the mood.
- Explain that it can be difficult to find dams, so you can cut an unlubricated condom into a square and use it as a barrier. Demonstrate how to cut a condom into a square using scissors or your teeth. Pass around the dam and the condom you cut into a square and address any questions participants have.

5. Divide participants into three small groups and give the following instructions:
   - We've set up an obstacle course to help you overcome three of the obstacles you listed.
   - You'll visit three stations to learn various things about condoms and dams.
   - When you arrive at a station, read the instructions and follow them. Work together as a group to complete your tasks.
   - When I call time, move to the next station.
6. Have participants begin the Condom Obstacle Course. At approximately 3-minute intervals, signal the groups to move to the next station. Direct this process so that each group moves to a new station at every interval. If you've recruited additional assistants, assign one person to each station. Otherwise, one co-facilitator should manage the activity and check in at stations one and two, and the other should remain at station three to make sure participants learn how to use male condoms effectively.
7. When all groups have visited all three stations, ask a volunteer to demonstrate the correct use of a condom using the penis model. Coach the volunteer, as appropriate.
8. Process the activity with the following questions:
   - What did you learn about condoms and dams today?
   - How could you respond to these complaints?
     - You can't feel anything with a condom or dam.
     - I'm too big for a condom.
     - Dams are too difficult to find.
     - Dams and condoms are too hard to use.
9. Make the following points:
   - It's important to be able to respond to a partner's objections to using protection. For example:
     - If they say: We don't need to use anything. I'm clean.
     - You say: Most STIs don't have symptoms, so you or I could have something and not know it.
     - If they say: I don't like them. They don't feel good.
     - You say: We can get a thin condom and use some extra lubricant to make it feel more natural.
     - You must be committed to keeping yourself and any partners safe. That means avoiding any risky sexual behaviors or using condoms and dams if you decide to engage in sexual intercourse (oral, anal, or vaginal).

REFLECTION AND PLANNING 5 Minutes

1. Tell participants it is time to close the workshop and reflect on all they learned today and how they will use it. Ask participants to complete one or more of the following sentences:
   - If I found out I had an STI, I would . . .
   - If someone told me that they had an STI, I would . . .
   - I can protect myself and my partners from STIs by . . .
2. Summarize themes from participants' responses.
3. For homework, ask participants to teach a friend or relative how to use a condom or dam.
4. Distribute index cards and pencils for participants to write any questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."
5. Say that the next workshop will discuss pregnancy, parenting, and teenage parenthood.

FACILITATOR REFLECTION AND PLANNING

After the workshop, take a few minutes to discuss with your co-facilitator:

- What was good about this workshop? Why?
- What was not so good? Why?
- What did we learn that we can use to make future workshops better?
- What do we need to do to prepare for the next workshop?

OPTIONAL ACTIVITY
STIs IN REAL LIFE 20 Minutes

1. Tell participants that, since STIs are a reality in the life of anyone who is or has been sexually active, it is important to learn ways of managing them.
2. Form small groups of about three or four. Distribute the handout, giving half of the groups the Corey character and the other half the Jordan character.
3. Give these instructions:
   - Read your character's description.
   - You have about 5 minutes to respond to the questions on your handout.
   - Focus on what your character can do to reduce the risk of getting or passing an STI.
   - Select a reporter who can share your responses in the large group.
4. Re-gather the large group. Begin with Corey and ask a reporter to share their group's responses about Corey. Have the other groups who worked on the Corey scenario add any new perspectives. Use the same process to discuss Jordan's situation.
5. Process the activity with the following questions:
   - At what point in a relationship should people talk about STIs? Whose responsibility is it to bring up the topic?

- How does that responsibility change if someone has a viral STI that can't be cured?
- What are some ways to bring up the topic of STIs?

Possible answers include the following:

- I just finished a sex ed class, and I want to make sure that I keep myself and my partner safe.
- I want to always be safe so I would never have sex without using protection.
- I want to be able to relax and enjoy sex, and I won't unless I know we're protected.

Facilitator Resource 44

STI RESOURCES FOR FACILITATORS

Websites

Advocates for Youth, **www.advocatesforyouth.org**

American Sexual Health Association, **www.ashastd.org**

Centers for Disease Control and Prevention, **www.cdc.gov/std; www.cdc.gov/hiv**

AIDS.gov, **www.aids.gov**

National Center for HIV/AIDS, Viral Hepatitis, STDs, and TB Prevention, **www.cdc.gov/nchhstp**

Planned Parenthood, **www.plannedparenthood.org**

American Sexual Health Association, Teen Website, **www.iwannaknow.org**

SIECUS—Sex Ed Library, **www.sexedlibrary.org**

Sex, Etc., **www.sexetc.org**

Scarleteen, **www.scarleteen.com**

Herpes Resource Center, **www.ashasexualhealth.org/std-sti/Herpes.html**

HPV Resource Center, **www.ashasexualhealth.org/std-sti/hpv.html**

Phone Numbers

National STD Hotline, 1-800-227-8922

AIDSinfo, 1-800-HIV-0440

Planned Parenthood Facts of Life Hotline, 1-800-967-PLAN

National Herpes/HPV Hotline, 1-919-361-8488

Facilitator Resource 45

WHAT YOUTH NEED TO KNOW

STIs are spread through sexual contact with someone who has an STI. Sexual contact includes oral, anal, and vaginal sex, as well as genital skin-to-skin contact.

Types of STIs

- Some infections are caused by viruses and cannot be cured (notice they all begin with H):
  - HPV (human papillomavirus), which causes genital warts and increases the risk of some kinds of cancer
  - herpes (oral and genital herpes), caused by herpes simplex I and II
  - HIV, which causes AIDS
- Some infections are caused by bacteria and can be easily cured but cause serious problems, including sterility, if left untreated:
  - syphilis
  - chlamydia
  - gonorrhea
- Some infections are caused by parasites and are sometimes spread without sexual contact:
  - crabs (pubic lice)
  - scabies
  - trichomoniasis

Methods of STI Transmission

- Some infections are spread through sexual fluids like semen and vaginal fluids:
  - HIV
  - chlamydia
  - gonorrhea
- Some infections are spread through both sexual fluids and blood:
  - HIV
  - hepatitis B
- Some infections are most often spread through genital skin-to-skin contact:
  - genital herpes
  - syphilis
  - HPV

Who Gets STIs?

- Anyone who engages in unprotected sexual intercourse or genital skin-to-skin contact with a partner can become infected with an STI.
- You can be any race or sexual orientation, rich or poor, clean or dirty; you can have one partner or many, or be from the city, the suburbs, or the country.

- One in four youth gets infected with an STI each year. Rates of chlamydia and gonorrhea are highest among young people ages 15 to 24.
- One in two sexually active people will contract an STI by age 25.
- Males who have sex with males have higher rates of syphilis than males who only have sex with females and make up more than half of new HIV infections.
- Some groups have higher rates of STIs than others. Poverty and marginalization, limited access to health care, substance abuse, and cultural secrecy about sexuality can all contribute to higher STI rates.
- Females suffer more frequent and serious complications from STIs than males, including pelvic inflammatory disease, ectopic pregnancy, infertility, and chronic pelvic pain.
- Females are biologically more susceptible to being infected when exposed to an STI, and STIs are often more easily transmitted from a male to a female than from a female to a male.

Signs and Symptoms

- It's not vital to know everything about every sexually transmitted infection. There are so many it's hard to keep them straight.
- Most STIs have no symptoms.
- When symptoms do occur, they can include
  - unusual discharge from the vagina or penis
  - pain during intercourse
  - burning during urination
  - a painless sore in or near the genital area, mouth, breast, or anus
  - painful blisters in or near the genital area
  - pain or swelling in the testicles
  - rectal pain or bleeding
  - fatigue, irritability, nausea, or loss of appetite
  - muscle ache, headache, and joint pain
  - swollen lymph nodes

Prevention/Risk Reduction

For the greatest protection,

- abstain from sexual intercourse of any kind (vaginal, anal, or oral)
- avoid skin-to-skin genital contact
- if you do have oral, anal, or vaginal intercourse, use latex or polyurethane barriers (male or female condoms or dams) correctly and consistently, every time

You should also

- get vaccinated against HPV and hepatitis B
- get regular checkups
- get STI tests at least annually if you are sexually active, and let health care providers know if you've engaged in oral or anal sex so they can test your throat and rectum
- know your HIV and STI status
- get to know someone before having sex with them, and talk honestly about STIs and getting tested before you have sex

- avoid mixing alcohol or recreational drugs with sex, which can reduce your ability to make good decisions and can lead to risky behavior, like having sex without protection
- limit your number of partners throughout your life
- know your body and what's normal for you, and pay attention to signs of an STI

What to Do if You Think You Have an STI

- Get medical treatment immediately.
- Take all medication as prescribed.
- Tell your sexual partner(s).
- Encourage your partner(s) to get treatment, and go with them if necessary.
- Abstain from sexual contact with others as long as you are infectious.

Facilitator Resource 46

STI MYTH OR FACT STATEMENTS

Transmission

1. STIs are easy to get if you engage in unprotected oral, anal, or vaginal intercourse.
2. HIV and hepatitis can be passed by sharing needles.
3. Two guys who have anal sex without a condom have a higher chance of transmitting HIV than a guy and a girl who have anal sex without a condom.
4. People who get STIs have had a lot of sexual partners.
5. Most sexually active people will never get an STI.
6. STIs cannot be passed unless a person has symptoms.
7. Having another STI can increase a person's risk of getting HIV, or passing HIV if they already have it.

Prevention/Risk Reduction

1. Only girls can get the vaccines to prevent HPV and hepatitis B.
2. Washing the genitals after sex prevents STIs.
3. The HPV vaccine protects against cancer and genital warts.
4. Medication can help prevent the spread of herpes.
5. Birth control pills reduce the risk of getting an STI.
6. Condoms and other latex or polyurethane barriers are effective ways to reduce the risk of passing STIs, including HIV.
7. Abstaining from oral, anal, and vaginal intercourse is the most effective way to keep from getting or passing an STI.

Symptoms

1. It's obvious when someone has an STI because of the symptoms.
2. Possible symptoms of chlamydia and gonorrhea include an unusual discharge from the genitals and pain during urination.
3. Possible symptoms of genital herpes include sores or blisters in the genital or anal area and flu-like symptoms.
4. HPV always causes genital warts.
5. When symptoms go away, it means you don't have an STI anymore.
6. Anyone can be infected with HIV for many years and not know they have it.

Testing, Treatment, and Management

1. Most STIs can be cured.
2. All STIs can be diagnosed with a urine test.
3. It's rare for people to have any serious health problems from herpes or HPV.
4. People living with HIV usually lead full, healthy lives.
5. Having an STI means a person can never have sex again.
6. Knowing their body and being aware of any changes can help a person manage living with an STI.
7. Only people who are at high risk for HIV should get tested.

Facilitator Resource 47

MYTH OR FACT ANSWER SHEET

Transmission

facts: 1, 2, 7; myths: 3, 4, 5, 6

1. STIs are easy to get if you engage in unprotected oral, anal, or vaginal intercourse.

   FACT. Anyone who has ever had unprotected oral, anal, or vaginal sex can get an STI. STIs are very common infections. The CDC estimates that there are more than 19 million new STI infections in the United States each year, and half of these are in young people. Using latex or polyurethane condoms or other barriers significantly reduces the risk of getting or passing an STI. Some STIs, such as herpes and HPV, are passed through skin-to-skin contact, so they might still be passed even when barriers are used. (New alternatives to latex condoms that are effective in preventing HIV are coming on the market all the time. Polyisoprene condoms and nitrile internal condoms are good choices for people who are allergic to latex.)

2. HIV and hepatitis can be passed by sharing needles.

   FACT. HIV and hepatitis can both be passed when blood from an infected person enters the body of an uninfected person, usually when people share drug needles. It can also happen when infected blood gets into an open cut, scrape, sore, or any type of tear in the skin. Sometimes sexual activity causes small tears in the skin, so it is important to use condoms and other latex or polyurethane barriers. Don't share razors, toothbrushes, or similar personal items with other people, since these may contain small particles of blood.

3. Two guys who have anal sex without a condom have a higher chance of transmitting HIV than a guy and a girl who have anal sex without a condom.

   MYTH. The risk is the same regardless of whether the partners are two guys or a girl and a guy. Anal sex is a particularly risky behavior because the lining of the anus is dry and delicate, and therefore tears easily. The best prevention is to not engage in anal sex. To reduce the risks, use a condom with a lot of lubrication, and be gentle.

4. People who get STIs have had a lot of sexual partners.

   MYTH. All it takes is one infected partner. Anyone who has ever had unprotected intercourse could get an STI.

5. Most sexually active people will never get an STI.

   MYTH. Probably more than 75 percent of sexually active people will have HPV at some point in their lives. About one in five people in the United

States have genital herpes, but as many as 90 percent of those who have it don't know it. Many more people will get HIV, chlamydia, gonorrhea, syphilis, or another STI at some point in their lives.

6. STIs cannot be passed unless a person has symptoms.

   MYTH. STIs can be passed even if someone doesn't have symptoms. In fact, most STIs are passed when no noticeable symptoms are present. For this reason, anyone who is sexually active should get tested regularly by a health care provider.

7. Having another STI can increase a person's risk of getting HIV, or passing HIV if they already have it.

   FACT. Individuals with an STI have a greater risk of getting infected with HIV if they come into contact with the virus. If they have HIV and another STI, they are more likely to pass HIV to a partner. However, properly treating and managing an STI can significantly lower both of these risks.

Prevention/Risk Reduction

facts: 3, 4, 6, 7; myths: 1, 2, 5

1. Only girls can get the vaccines to prevent HPV and hepatitis B.

   MYTH. Vaccines that protect against hepatitis B and HPV are available for both boys and girls and are recommended by the Centers for Disease Control and Prevention (CDC). Both vaccines are given as a series of three shots over a period of time. The HPV vaccine can be given as early as age 11 and as late as age 26. There are no age restrictions on the hepatitis B vaccine.

2. Washing the genitals after sex prevents STIs.

   MYTH. Washing will not protect against STIs or pregnancy. It is a fine health practice, but it does not prevent transmission of STIs if someone has been in contact with a virus, parasite, or bacterium that causes infection.

3. The HPV vaccine protects against cancer and genital warts.

   FACT. Two HPV vaccines are currently available: Gardasil and Cervarix. Both protect against the two types of HPV that cause the most cervical cancer. Gardasil also protects against most genital warts and anal cancer. The vaccine is effective for males and females ages 9 to 26, and it's recommended that girls get it around age 11 or 12. There are more than forty types of sexually transmitted HPV, so even if someone already has one strain of the virus, the vaccine can protect them from getting other high-risk types of HPV.

4. Medication can help prevent the spread of herpes.

   FACT. One medication, Valtrex (valacyclovir), has been shown to cut the risk of passing herpes in half. This medication reduces the amount of virus that is shed from the body even when symptoms are not present. Using latex or polyurethane condoms or other barriers consistently and correctly can further reduce the risk of passing herpes as well as other STIs.

5. Birth control pills reduce the risk of getting an STI.

   MYTH. Birth control pills are very effective in preventing pregnancy if taken correctly. However, they don't provide any protection against any STIs, including HIV.

6. Condoms and other latex or polyurethane barriers are effective ways to reduce the risk of passing STIs, including HIV.

   FACT. For people who are having oral, anal, or vaginal intercourse, latex or polyurethane condoms and dams provide the best protection against passing STIs. Some STIs (such as herpes and HPV) are passed through skin-to-skin contact, which means that condoms will not provide full protection, but they still lower the risk of getting an STI from a partner, or passing an STI if you have one.

7. Abstaining from oral, anal, and vaginal intercourse is the most effective way to keep from getting or passing an STI.

   FACT. The most effective way to prevent the transmission of STIs, including HIV, is to not have oral, anal, or vaginal intercourse. Still, HIV and hepatitis B can be passed through blood, so it's important not to share needles, razors, toothbrushes, etc.

Symptoms

facts: 2, 3, 6; myths: 1, 4, 5

1. It's obvious when someone has an STI because of the symptoms.

   MYTH. Most of the time, people with STIs don't have any symptoms.

2. Possible symptoms of chlamydia and gonorrhea include an unusual discharge from the genitals and pain during urination.

   FACT. Chlamydia and gonorrhea can cause an unusual discharge from the penis or vagina and/or pain during urination. Although males are more likely than females to have symptoms, most people don't have symptoms. Even if someone doesn't have symptoms, chlamydia or gonorrhea can cause permanent damage to the body, such as infertility. If these infections are found early, they can be treated easily. It's always important for sexual partners to get treated to prevent reinfection with the same partner or the spread of the infection to a new partner.

3. Possible symptoms of genital herpes include sores or blisters in the genital or anal area and flu-like symptoms.

   FACT. Although many people will have no symptoms, some people get painful blisters in their genital or anal areas or feel flu-like symptoms (fever, body aches, chills, sore throat). If a person does get an outbreak, usually the first one is the most severe. Over time, outbreaks usually become less frequent and less severe and often stop altogether. The lack of outbreaks does not mean the virus has left the body; it's possible to transmit herpes to a partner when no symptoms are present. This is called *asymptomatic transmission*.

4. HPV always causes genital warts.

   MYTH. More than forty different types of sexually transmitted HPV have been identified. Most types of HPV don't cause any symptoms and will go away on their own. Other types cause warts in the genital or anal area. Single warts or clusters of warts may appear. Sometimes warts appear inside the vagina, urethra, or anus, so a person may not notice them. Other types of HPV can increase the risk of cervical or other genital or anal cancers.

5. When symptoms go away, it means you don't have an STI anymore.

   MYTH. Sometimes symptoms of STIs go away on their own, but this does not mean the infection has left the body. STIs can still be passed even if symptoms go away, and some STIs can cause serious harm to the body even without symptoms. For these reasons, it's important to get regular checkups (at least once a year) that include STI testing. This way, someone who has an STI and doesn't know it can get treated. Since not every place tests for all STIs, it is important to talk to the medical provider about which STIs you want to be tested for.

6. People can be infected with HIV for many years without having any symptoms.

   FACT. HIV usually does not cause any symptoms for a long time. But even if it is not causing symptoms, HIV can still cause harm to a person's body and be passed to sexual partners. Anyone who has HIV should be under the care of a medical provider who can prescribe medications and treatments. There are very effective treatments for HIV that can help people to stay healthy for a very long time. Treatments that lower a person's viral load can also help reduce the risk of passing HIV to someone else. These can also reduce the risk of a pregnant woman passing HIV to her baby.

Testing, Treatment, and Management

facts: 1, 3, 4, 6; myths: 2, 5, 7

1. Most STIs can be cured.

   FACT. Antibiotics are very effective in curing bacterial STIs, including chlamydia, gonorrhea, and syphilis. However, a person can always get an STI again even after being treated, so it's important to make sure any sexual partners get treated as well. Even if a person doesn't have any symptoms, an untreated infection can cause damage to the body that cannot be reversed. Syphilis, if left untreated, can eventually lead to death. For this reason, anyone who is engaging in sexual intercourse should get tested for STIs at least once a year. This way, treatment can begin before the infection causes serious harm.

2. All STIs can be diagnosed with a urine test.

   MYTH. There are different types of STI tests: urine tests, cultures of infected areas taken with a swab, and blood tests. Chlamydia and gonorrhea may be diagnosed with either a urine sample or a swab test. A swab test is often used to help test for syphilis, in addition to a blood test. Diagnosing HIV and hepatitis requires a blood test. Herpes can be diagnosed by taking a swab

sample from sores if they are present, or through a blood test. HPV is usually diagnosed through a visual examination by a health care provider, though sometimes a lab test called a *biopsy* is used to confirm a diagnosis.

3. It's rare for people to have any serious health problems from herpes or HPV.

   FACT. There are about forty types of sexually transmitted HPV, and most of these do not cause any symptoms or health problems. In fact, most HPV infections will go away on their own. While an initial herpes infection can be very uncomfortable, often outbreaks lessen and eventually disappear over time. Antiviral medications can help reduce outbreaks as well as the chances of passing herpes to a partner. Most mothers with genital herpes or HPV have normal vaginal deliveries and don't need to worry about transmitting the virus as the baby passes through the vagina. Still, herpes can increase a person's risk for HIV and, in rare cases, HPV can lead to cancer. If a person has herpes or HPV, it's important to get treated and to see a health care provider regularly to prevent any serious complications.

4. People living with HIV usually lead full, healthy lives.

   FACT. Advances in medicine have led to effective treatments for HIV. In the United States and other countries where many people have access to state-of-the-art medical care, a person with HIV can lead a normal, healthy life. Antiviral treatments for HIV also help to lower the risk of passing HIV to someone else. While HIV is a very serious condition that can be life-threatening, it is not the death sentence that it once was. HIV cannot be passed through casual contact such as hugging, kissing, shaking hands, sharing a drink, etc.

5. Having an STI means a person can never have sex again.

   MYTH. Remember that STIs are very common infections and most people will have an STI at some point in their lives. Living with an STI does not mean that a person cannot have sex. In fact, a lot of people with lifelong STIs have active romantic and sexual lives. Some have partners who also have an STI, and some have partners who do not. Avoiding sex during possible outbreaks or when any subtle symptom is present, open and clear communication, choosing lower-risk forms of sexual activity, and using latex or polyurethane condoms or other barriers are important ways to protect partners from getting an STI.

6. Knowing their body and being aware of any changes can help a person manage living with an STI.

   FACT: Both herpes and HPV can be passed even when symptoms are not present. However, people who are aware of their bodies and notice changes (such as a tingling feeling or a small bump in the genital or anal area) can recognize subtle symptoms and avoid sexual contact while they are present. Most people who have herpes or HPV don't know it, so they cannot be aware of subtle changes in their body. When people know they have an STI, they can be more mindful of their bodies and take better care of themselves and their sexual partners.

7. Only people who are at high risk for HIV should get tested.

   MYTH: Almost 25 percent of people who are infected with HIV in the U.S. do not know they are infected, which means they cannot alert partners to their health status. Anyone who has been or is sexually active should be tested for HIV. Some health care practitioners routinely test patients age 15 and older.

Sources

American Sexual Health Association. *HPV and Cervical Cancer Prevention Resource Center*. **www.ashasexualhealth.org/std-sti/hpv.html**.

Centers for Disease Control and Prevention. "Genital Herpes—CDC Fact Sheet." **www.cdc.gov/std/herpes/STDFact-Herpes.htm**.

Forhan, S. et al. "Prevalence of Sexually Transmitted Infections among Female Adolescents Ages 14 to 19 in the United States." *Pediatrics* 124, no. 6 (2009): 1505–12.

Facilitator Resource 48

CONDOM OBSTACLE COURSE STATION SET-UP

Station One

Obstacle to overcome: You can't feel anything if you use a condom or dam.

Set-up: At this station, place a feather, a selection of male condoms, personal lubricant, and a condom cut into a square or a dam. (An unlubricated condom would work best for this station.) Post the following instructions and questions:

- With the help of a team member, place a condom on your fist. Beware of sharp fingernails!
- Close your eyes and ask a teammate to touch your fist with their finger. Can you feel the person's finger touching you?
- Close your eyes and ask a teammate to touch your fist with the feather. Can you feel it?
- Have your teammate blow air on your fist. Can you feel it?
- Switch roles and do the experiment again. This time, put a few drops of lubricant inside the condom before putting it on your fist.
- Try the same experiment with a dam.

Station Two

Obstacle to overcome: A condom is too small to fit a penis.

Set-up: Place a measuring tape and a selection of male condoms, including Magnums, at this station. Post the following instructions and questions:

- Stretch the condom as big as you can without breaking it. You can pull it with your hands or feet or blow it up like a balloon.
- Measure the condom when it is fully stretched.
- How big around did the condom get? How long did it get?
- What happened to the condom when it was stretched?
- Open a Magnum condom, which is designed for larger penises. Compare it with the other condoms.

Station Three

Obstacle to overcome: I don't know how to use a condom correctly. They are too hard to use.

Set-up: Place a selection of condoms, personal lubricant, and a penis model at this station. Post the following instructions:

- Practice using a condom correctly:
- Check the expiration date and make sure the condom is latex or polyurethane.
- Open the package carefully to avoid tearing the condom.

- Make sure the condom is on the proper side so that it will roll down correctly.
- Pinch the tip of the condom to create space for semen.
- Squeeze a few drops of lubricant inside the tip.
- Continuing to squeeze the tip, roll the condom down to the base of the penis.

During actual use:

1. Check during intercourse to make sure the condom isn't slipping.
2. Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out of the other person's body before it gets soft.
3. Wrap the condom in tissue and throw it away. Do not flush it down the toilet or reuse it.

STATION ONE

Obstacle to overcome: You can't feel anything if you use a condom or dam.

- With the help of a team member, place a condom on your fist. Beware of sharp fingernails!
- Close your eyes and ask a teammate to touch your fist with their finger. Can you feel the person's finger touching you?
- Close your eyes and ask a teammate to touch your fist with the feather. Can you feel it?
- Have your teammate blow air on your fist. Can you feel it?
- Switch roles and do the experiment again. This time, put a few drops of lubricant inside the condom before putting it on your fist.
- Try the same experiment with a dam.

STATION TWO

Obstacle to overcome: A condom is too small to fit a penis.

- Stretch the condom as big as you can without breaking it. You can pull it with your hands or feet or blow it up like a balloon.
- Measure the condom when it is fully stretched.
- How big around did the condom get? How long did it get?
- What happened to the condom when it was stretched?
- Open a Magnum condom, which is designed for larger penises. Compare it with the other condoms.

STATION THREE

Obstacle to overcome: I don't know how to use a condom correctly. They are too hard to use.

Practice using a condom correctly:

1. Check the expiration date and make sure the condom is latex or polyurethane.
2. Open the package carefully to avoid tearing the condom.
3. Make sure the condom is on the proper side so it will roll down correctly.
4. Pinch the tip of the condom to create space for semen.
5. Squeeze a few drops of lubricant inside the tip.
6. Continuing to squeeze the tip, roll the condom down to the base of the penis.

During actual use, the following steps should be taken:

1. Check during intercourse to make sure the condom isn't slipping.
2. Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out of the other person's body before it gets soft.
3. Wrap the condom in tissue and throw it away. Do not flush it down the toilet or reuse it.

Handout 27

WORKSHOP 19: SEXUALLY TRANSMITTED INFECTIONS

CHARACTER DESCRIPTIONS

Corey

Corey is in high school and has had unprotected sexual intercourse with three different partners. A few months ago, he went to the doctor after noticing a couple bumps on the head of his penis. It turned out they were warts and that he has human papillomavirus (HPV). The doctor removed the warts and now everything looks all right.

What is Corey's STI status?

What should Corey do about his previous sexual partners?

What should Corey do when beginning to go out with someone new?

What are at least two things Corey should do if he wants to have sex with a new partner?

Jordan

Jordan has had sexual intercourse with two people. After participating in Our Whole Lives last semester, Jordan made a commitment to always use protection for any kind of sexual intercourse. Jordan even got tested for HIV once at a local clinic just to be sure. The test came back negative. That was the only time Jordan has ever gotten any sort of test for STIs.

What is Jordan's STI status?

What are at least two things Jordan should do when beginning to date someone new?

What are at least two things Jordan should do before having sexual intercourse with someone new?

WORKSHOP 20 Pregnancy, Parenting, and Teenage Parenthood

This workshop is adapted from material created by Kimberly Chestnut and Allyson Sandak.

A WORD TO THE FACILITATORS

This workshop begins with a review of the process of conception. When a male and female engage in penis-vagina intercourse without using contraception, it's quite easy for a pregnancy to occur. Many people in our society want to become parents. Parenthood is fun and rewarding, but it's also hard and expensive. Children need a lot from their parents. This workshop is designed to highlight the responsibilities of parenthood and to help participants examine the impact that parenthood could have on their goals and their futures.

Teen pregnancy and birth rates in the United States have declined almost continuously since 1990. Still, these rates are much higher than in other developed countries, such as Canada and the United Kingdom. In addition, the subsequent teen birth rate is high. In 2012, about one in five births to young women ages 15–19 were to women who had already given birth at least once before. Childbearing during the teen years can have a negative impact on the parents (both mothers and fathers) and their children, and it can be costly for society.

The reasons behind youth pregnancy are complex. Recent research points to risk factors similar to those for youth drug abuse, delinquency, and dropping out. Youth who have grown up in poverty with absent fathers and poor education are more at risk for these negative outcomes than those who have not. Youth with a limited sense of life options—for example, those who cannot imagine having a promising career—will be much more open to becoming a parent in their teens. For some youth, parenthood can seem a noble way to make a contribution to society, or a way to increase self-esteem.

Education alone cannot prevent teen parenthood. However, we know that youth who believe parenthood now will limit their futures are much less likely to have babies. This workshop encourages participants to decide that parenthood should be postponed.

Adults may assume LGBTQ youth are at reduced risk for an unintended pregnancy; however, recent studies indicate that the pregnancy rate among lesbian and bisexual young women is higher than among heterosexual peers. These findings underscore the importance of teaching all youth about contraception, teenage pregnancy, and unintended pregnancy options.

If you have any pregnant or parenting youth in the group, talk to them in advance to determine their attitudes and recruit their assistance in sharing information about this topic. Avoid portraying parenthood as the worst thing that could happen to a youth. Parenthood certainly presents obstacles for adolescents, but many have been able to create successful lives for themselves and their children. Some participants may have been raised by teen parents. Try to support adolescent parents and the children of teen parents so they don't feel defensive,

while making it clear to the group that postponement of pregnancy and parenting is ideal for both parents and their children.

There are many optional activities for this workshop. Because most school health programs offer basic information about conception, pregnancy, and birth, we've chosen not to highlight those topics in this workshop. However, if your participants have missed that information or are particularly interested, consider doing the optional activities that emphasize the importance of early prenatal health care and the role of expectant fathers. There are also additional activities designed to explore the realities of adolescent parenthood.

WORKSHOP GOALS

- to explain the process of conception, pregnancy, and birth
- to motivate participants to postpone parenthood
- to explore the realities and responsibilities of youth parenthood

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- describe the process of conception, pregnancy, and birth
- identify two challenges faced by many youth who become mothers
- identify two challenges faced by many youth who become fathers
- describe two characteristics of an effective parent
- give at least two reasons to avoid youth parenthood

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Conception, Pregnancy, and Birth	25 minutes
Finding Good Parents	25 minutes
Goals and Personal Timeline	20 minutes
Reflection and Planning	5 minutes
OPTIONAL ACTIVITIES	
Healthy Pregnancy	25 minutes
Prenatal Development Myths	20 minutes
Interview with Expectant Parents	30 minutes
Parenting Simulation	varies
Teen Parenthood Role-Plays	30 minutes
Exploring Media Messages	30 minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ the Circles of Sexuality chart
- ☐ a computer with Internet access or downloaded videos and a large monitor or digital projector

For Conception, Pregnancy, and Birth

- ☐ a DVD of your choice (optional)
- ☐ books or flipcharts that depict conception and fetal development, like *The Facts of Life*, by Jonathan Miller and David Pelham

For Finding Good Parents

- ☐ Handout 28, Applicants' Profiles

For Goals and Personal Timeline

- ☐ Handout 29, Personal Timeline

For Optional Activity, Healthy Pregnancy

- ☐ Handout 30, Ten Tips for a Healthy Pregnancy
- ☐ **optional:** small prizes or certificates for the winning team

For Optional Activity, Prenatal Development Myths

- ☐ Facilitator Resource 49, Myths and Facts about Prenatal Development
- ☐ index cards and pencils
- ☐ **optional:** prizes for both teams

For Optional Activity, Interview with Expectant Parents

- ☐ Facilitator Resource 50, Sample Interview Questions
- ☐ **optional:** a stethoscope

For Optional Activity, Parenting Simulation

- ☐ RealCare Baby Think It Over Simulator(s)

For Optional Activity, Teen Parenthood Role Plays

- ☐ Facilitator Resource 51, Role-Playing Scenarios
- ☐ **optional:** simple props, e.g., a doll, a math book

For Optional Activity, Exploring Media Messages

- ☐ a computer with Internet access, or with a DVD of MTV's *Teen Mom*, season 1, episode 1, "Looking for Love," and a large monitor or digital projector

PREPARATION

1. Read the workshop plan, including facilitator resources and handouts, and decide how to divide leadership responsibilities.
2. Review the optional activities and consider whether you want to spend some additional time on healthy pregnancy and prenatal development. If there is time and interest, you might want to offer an additional workshop or spend time on this issue at a retreat.

3. Check online resources, such as the National Campaign to Prevent Teen and Unplanned Pregnancy, **thenationalcampaign.org,** and the Department of Health and Human Services Office of Adolescent Health, **www.hhs.gov/ash/oah**, to update teen pregnancy and birth statistics.
4. Make copies of the following handouts:
   - Handout 28, Applicants' Profiles
   - Handout 29, Personal Timeline
5. Post the Group Covenant and Circles of Sexuality charts.

For Conception, Pregnancy, and Birth

1. Select one or more videos from the following options:
   - eight chapters of PBS's *NOVA: Life's Greatest Miracle*, streamed free from **http://video.pbs.org**; the 53-minute DVD is also available for purchase
   - a WebMD slideshow of fetal growth and development, streamed free from **www.webmd.com/baby/ss/slideshow-fetal-development**
   - "Vaginal Childbirth (Birth)" (0:48 minutes), **www.youtube.com**
   - "Labor and Birth Baby Center" (2:47 minutes), **www.youtube.com**
   - a Cesarean section delivery animation (3:31 minutes), **www.childbirth-video.biz/2008/08/3d-medical-animation-cesarean-birth-c-section**
   - "*Journey of a Pregnant Man: Thomas Beatie*," a Barbara Walters special available in five parts on YouTube; part 4 (7:27 minutes) offers a broad perspective on trans men who carry and deliver their babies: **www.youtube.com**

For Finding Good Parents

1. Consider whether you'd like to show a video clip from a TV show or movie depicting youth parenting. Recommendations include MTV's *Teen Mom*, *The Secret Life of the American Teenager*, *Glee*, and the trailer for the movie *Juno* (2007, PG-13) (2:32 minutes), **www.imdb.com/video/imdb/vi340059**. Preview the clips to ensure appropriateness for the group. Cue up the clips.
2. Make the following chart:

SMALL GROUP RANKINGS						
Applicant	1	2	3	4	5	6
Bryan						
Tanya						
Chris and Judy						
Doreen and Pedro						
Tom and Joan						
May Li and Seul Ki						

For Optional Activity, Prenatal Development Myths

1. Read Facilitator Resource 49, Myths and Facts about Prenatal Development, and add any other background information that would be helpful to your group.
2. If you wish, bring prizes for all participants.

For Optional Activity, Interview with Expectant Parents

1. Recruit expectant parents who planned their pregnancy, to reinforce the health benefits of planning for parenthood. You may also recruit an obstetric health practitioner such as a midwife, nurse practitioner, or physician to join this panel. Be sure that guests are comfortable interacting with youth of this age.
   - Prepare expectant parents by explaining the purpose of the program, the goals of this workshop, and what you expect them to do during the workshop. If you plan to have a health practitioner present or to have a stethoscope so participants can listen to the fetal heartbeat, be sure expectant parents are comfortable with those plans. (You may be able to borrow a stethoscope from a local health care facility or a member of your organization who's in the medical profession.)
   - Prepare the health practitioner by explaining what information your group has already received about reproduction, pregnancy, and birth. Mention that youth this age are especially curious about anomalies associated with pregnancy and childbirth.
   - Make logistical arrangements for the guests and assign a person to greet them when they arrive.
2. Prepare interview questions. Use Facilitator Resource 50, Sample Interview Questions, and include any questions about conception and pregnancy participants have put in the Question Box. Send a copy of the interview questions to your guests in advance. Copy the questions for youth to use during the guests' visit.

For Optional Activity, Parenting Simulation

1. This activity is ideal for use in Our Whole Lives lock-ins and retreats, when "parents" will be responsible for babies for at least twenty-four hours.
2. Rent simulator(s) from **www.HomeSchoolBabies.com**, 540-414-2545. This updated simulator looks and feels more realistic than previous models. Youth experience infant care in realistic time increments; for example, a feeding takes twenty to thirty minutes and rocking it to sleep takes significant time on an unpredictable schedule. Five simulators of different skin tones and ethnicities can be rented for a nominal fee, with a small refundable deposit. The price per simulator depends on the number rented and the length of the rental.

For Optional Activity, Teen Parenthood Role Plays

1. Make enough copies of each role-play scenario so that each actor can have one.

For Optional Activity, Exploring Media Messages

1. Purchase the pilot episode of *Teen Mom* for streaming from **www.amazon.com** or obtain the DVD. Preview the first 10 ½ minutes of the episode.
2. Test equipment and cue up the clip.
3. Write the following questions on newsprint and set them aside:
   - How easy or difficult do you think it is for youth to maintain relationships (with friends, partners, and family) after becoming a parent?
   - How easy or difficult is it for them to balance other responsibilities and interests with parenting?
   - What kinds of sacrifices do young people need to make after becoming parents?

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants back and help them reenter the program by asking
   - How is your life better since the last workshop?
   - How many of you taught a friend how to use a condom or dam? How did that go?
2. ***Question Box***

   Answer Question Box questions.
3. *Reading*

   Set up the reading with the following comments:
   - Today's workshop deals with conception, pregnancy, and teen parenthood.
   - Where does this topic fall on the circles of sexuality?
4. Ask, "How many of you know a teenager who is a parent? How are things going for that person?" Participants should not use names or share other identifying information to respect the privacy of the person being discussed.
5. Acknowledge any parents or expectant parents in the group and explain how the group will be able to make use of their expertise.
6. Read, or have one or more volunteers with strong reading skills read, one or both of the following excerpts from stories. The stories are written by youth, about their experiences with pregnancy, motherhood, and fatherhood.

   Teen Mom Tells Her Story, by Anonymous (age 16)

   I had always been one of the "good" kids. One of the kids who wouldn't smoke, do drugs, drink alcohol, or have sex . . . . Then I fell in love with another "good" kid.

   We were going to graduate from high school, go to college, get married, and then have a child or two . . . . When we began to have sex, I was 16 and he was 17.

   Three months after we began having sex, we decided we could not handle a sexual relationship. We felt guilty, because premarital sex is against everything

we believed in. We agreed to stop having sex. Then four months later . . . . my mother realized I had not had a period lately . . . .

Three days later my mother, my boyfriend, his parents and I went to my family doctor. I was indeed pregnant . . . . I was approximately 21 weeks pregnant. I went for the ultrasound and we were given a picture of the baby.

The Not-So-Perfect Pregnancy

I was diagnosed with "placenta previa." This is when the placenta is underneath the baby in the uterus and covers the opening of the uterus completely or partially. A natural delivery would most likely kill the baby.

Then I woke up one night with horrendous back pains. We discovered I had kidney stones, caused by bacteria. After the birth, I would probably need surgery.

The next major problem was swelling. I had a sudden weight gain of 16 pounds in five weeks, severe swelling, headaches, high blood pressure, and protein in my urine. My obstetrician put me on a 1,200-calorie diet for the weight gain and told me the swelling was normal.

Then we discovered I had a lot of sugar in my urine, so I had to restrict my sugar intake. Around this time I had my second ultrasound, which revealed my placenta was safely out of the way now . . . .

Life Decisions

There were several decisions to make. The first was what to do with the baby. Abortion was not an option. My first instinct was to give the baby up for adoption. My parents told me I could never live with that and they are right.

So, we were keeping the baby . . . .

The next decision was what my boyfriend and I should do. We decided the best decision was for us to continue our education. This way, we will be able to fully support ourselves and our baby in five or six years. We decided to get married now. We're going to live with my parents until we graduate from college and can support ourselves.

The Costs

Being pregnant and having a baby is expensive. A normal pregnancy costs [a lot]. If there are any complications, the cost may rise . . . . Then there's the maternity clothes, baby furniture, baby clothes, baby toys, baby bottles, formula, diapers, and a mountain of other costs. I never realized diapers were so expensive.

Pregnancy is more than just financial problems. There's lost trust and respect between my parents and me, his parents and me, my parents and him, and with adults in our church, our friends, and our peers. I had never seen my father cry before. My boyfriend's father took it extremely hard . . . .

Reflections

In some ways, I'm lucky my parents are here to help so much. They did all of the night feedings. However, in some ways, it reinforces my feelings of incompetence. There are days I feel more like a sister than a mother. There are times I just want to hold him forever, but I have to do my homework.

Teenagers my age think, "Oh, it's so neat that they have a kid," or "They're married. That's so cool." It's really not. They don't know the emotions involved or the financial problems.

People ask me if we used contraceptives. They seem relieved when I answer, "No." It's almost as if it's OK then. It will never happen to them. I can understand that. I felt that way once, too.

—Sex, Etc. **www.sexetc.com**

Keeping the Faith: A Teen Dad's Story, by Kehinde Togun (age 17)

"In Swahili, the word *imani* means *faith*," explains 19-year-old teen dad Uniquek Haywood, sitting at home in downtown Orange, New Jersey. And he needed faith when he and his girlfriend, Sandra Sanchez, 17, found out that she was pregnant....

"I knew I wasn't ready," remembers Uniquek, "but neither of us wanted to have an abortion, and it was my responsibility. We were on our own. I was looking for a job, and the baby gave me faith and inspired me to keep looking." So . . . when their baby daughter was born, they named her Imani.

Uniquek, Sandra, and Imani live with his parents. He and Sandra sleep on a bed in the living room. Imani's crib is also there, along with a stereo and computer. "I'm thankful my parents accepted me and allowed us to stay in their home," says Uniquek. "They've been there when I needed them the most."

By the time I arrive at Uniquek's, at 10 AM, he's been up for several hours. His day usually begins at 6. He showers and helps Sandra get ready for her receptionist job at a law firm. Then he gets the house clean before the baby wakes up and needs a bath.

Minutes after I arrive, 10-month-old Imani wakes up. Even though Uniquek sprained his knee playing basketball the day before, he's very active, carrying Imani in his arms and sitting her on a chair next to him. He whispers in her ear, lifts her up and down, and they laugh with each other.

School Days

Uniquek was a junior in Orange High School and a drummer in the school band when he met the new flute player, a freshman named Sandra. After talking to each other for some time, the two started dating.

When Uniquek and Sandra started having sex, he always used a condom. But as time went on, "either I didn't have one, didn't have the money to buy one, or we got into the mood and didn't think about possible outcomes," he says.

During his high school days, says Uniquek, "I was always fighting, staying out late at night, playing basketball, hanging out on the streets, and not always going to school..." Yet things changed once Sandra got pregnant, a year after their relationship began. Uniquek talked with both of their families, asking for advice. Then he told Sandra that he'd support whatever decision she made. She chose to have the baby. They got married three months later. He was 18, and she was 15.

The Real World

Once they knew the baby was coming, Sandra and Uniquek left Orange High School, to work and prepare for their new family. "Sandra wanted us to be a financially independent family," he explains, even though they moved in with his parents.

Uniquek got a sales job at Toys 'R' Us. For the first five months of the baby's life, he worked while Sandra stayed home with Imani. They also got money from both of their parents. Today, their only income is from Sandra's job . . . .

They started attending night school from 3 to 8 PM . . . . Now that he's back in school, Uniquek says he feels good. These days, he stays at home with Imani until 2 PM. After 2 PM, he drops the baby off at his mother-in-law's, so he can go to school.

Looking to the Future

Uniquek believes that having Imani changed his life for the better. He's calmer than he was during his high school days of fighting and hanging out in the streets.

"I look back and know that wasn't what I should've been doing," he says. "I've learned that if I want respect, I have to give it first." He doesn't regret the decision to keep the baby, although he wishes he'd waited until he finished school and got a good job. "There are times when we've wanted stuff for Imani, but can't afford it," he says.

After high school, he hopes to attend college for a degree in business or computer technology. College will depend on their finances. Along with his hopes, he has fears. Uniquek's greatest one is "losing Imani at a very young age," he says. "With people in this area getting shot and killed, it makes me want to keep her with me." But, just as in the beginning, Uniquek has faith that things will be OK.

—Sex, Etc., **www.sexetc.com**

7. After the readings, ask the following discussion questions:
   - What are your reactions to these first-hand accounts of teen pregnancy and parenting?
   - What were the similarities and differences between the two stories, one from a mom and the other from a dad?
   - These young parents got married, but most don't. What other issues might have come up if they had not married? [The issue of paternity comes up for unmarried parents. The person who gives birth is legally the mother, but an unmarried dad has to be legally established as the father.]

CONCEPTION, PREGNANCY, AND BIRTH 25 Minutes

Note: If you don't have Internet access or the ability to show these videos, you can present the same information using books or flipcharts that have good pictures of conception and fetal development.

1. Set up this activity by giving the following information:
   - We're going to focus on teen parenthood, but we need to start at the beginning.
   - There are different ways that you can become a parent. One very common way is the joining of egg and sperm after penis-vagina sexual intercourse.
   - We're going to look at the biological process of conception, pregnancy, and childbirth.
2. Before launching into the presentation, ask, "What are some other ways that people might become parents?"

   Expected answers include the following:
   - Single women who want to be mothers might get inseminated, a process during which semen (or sperm alone) is deposited into the vagina or uterus.
   - Same-sex couples might get someone to help them conceive or carry a pregnancy.
   - Semen can be deposited near the vaginal opening during sexual contact that does not include vaginal penetration.
   - Individuals who have health conditions that make conception or pregnancy difficult or dangerous might seek reproductive technologies to help them have a child:
     - A female may take medicine to stimulate egg production, so she is more likely to become pregnant.
     - Eggs may be surgically removed from a female's ovaries and combined with sperm in a laboratory. The fertilized eggs may then be returned to her uterus or placed into another female's uterus.

> **Note:** Participants may have heard about men who have become pregnant and delivered children. Explain that while biological males cannot produce eggs or carry a pregnancy, a transgender man who retained his female sexual and reproductive anatomy could become pregnant with another male's sperm and deliver a child. Remind the group that sex is biological and gender is psychological. Pregnancy does not turn a trans man into a woman.

3. Show the video(s) you've selected. The following sequence is recommended:
   - Begin with *Life's Greatest Miracle*, **http://video.pbs.org**. Show chapter 2, "Egg's Journey" (6 minutes) and chapter 3, "Sperm's Journey" (5:41 minutes).
   - Invite reactions, questions, and comments.
   - Show the slideshow of fetal development from WebMD, **www.webmd.com/baby/ss/slideshow-fetal-development**.
   - Invite questions and comments.
   - Finally, show one of the childbirth videos, either "Labor and Birth Baby Center" (2:47 minutes) at **www.youtube.com** or chapter 8 of *Life's Greatest Miracle*, "Third Trimester" (7:07 minutes).The animated video may be more comfortable for participants who've never seen a live birth. "Third Trimester" follows the same couple seen in the earlier chapters and is extremely well done, but can evoke visceral reactions from some youth. Be sure to prepare participants for the live birth sequence if you choose to show it.

4. Process the videos with the following questions:
   - What's your reaction to the process of conception, pregnancy, and childbirth?
   - What do you think it's like to go through that experience as a teenager? [Be sure to focus on the roles of the expectant mother and father.]

FINDING GOOD PARENTS 25 Minutes

This activity is adapted with permission from *When I'm Grown: Life Planning Education for Grades 5 & 6* (Advocates for Youth, Center for Population Options, 1992).

1. Introduce the activity by asking
   - How many of you have ever seen a Help Wanted, Positions Available, or Hiring sign in the window of a store?
   - What are some of the basic qualifications to work in one of those stores? How about to work as a cashier at a fast food restaurant?
2. Record the basic qualifications on newsprint. Examples may include politeness, ability to use the cash register, punctuality, ability to read, ability to listen and remember things, ability to count money, willingness to follow orders, etc. Make the point that all jobs require certain skills. Now, ask
   - Have you ever seen a want ad for parents?
   - What skills and qualifications would be needed to be a good parent?
3. Record responses and supplement the list with the qualities below if they don't get mentioned:
   - maturity: A parent should preferably be an adult
   - financial stability: A parent must have enough money to take care of a child
   - a support system of family and friends who can help out
   - experience taking care of children
   - a lot of love
   - patience with children
   - a home/a place for the child to live
   - the desire to be a parent
   - time to spend with a child
4. Divide participants into small groups. Distribute a copy of Handout 28, Applicants' Profiles, to each small group and give the following instructions:
   - You're going to pretend to be counselors at a community agency trying to find parents for a 2-year-old child.
   - Read the profiles of the six applicants. (Read these aloud if reading is an issue for members of your group.)
   - Discuss how each person or couple would handle parenthood.
   - Rank the applicants from 1 to 6, with 1 as the most qualified and 6 as the least qualified, according to the characteristics just listed.
   - Choose a recorder and reporter.
5. Post the Small Group Rankings chart. Circulate from group to group to offer assistance, but do not intrude on the group process.

6. After 10 minutes or so, reconvene the group. Ask the reporter from the first group to give its ranking. Record the ranking on the chart prepared on newsprint, making hatch marks in the appropriate chart squares to indicate the rankings the group gave the applicants. Encourage participants to explain why they felt the individual or couple was or was not qualified.
7. Continue with each group, asking reporters to particularly discuss ways their group's rankings of the applicants may differ from other groups'. Record the rankings and facilitate discussion until all groups have reported.
8. Make sure the following points have been made:
   - The teenage applicants seem like great youth, but they still have to grow up, finish school, and prepare to earn a living. Ideally, children would have parents who are adults.
   - Single people can make very good parents. However, even more than couples, single parents need a support system: family members or friends who can help with child care.
   - Having a child is not a good way to make a relationship better. Children are very demanding and can put more strain on a relationship that already has challenges.
   - It's recommended to plan becoming a parent. Postponing parenthood until after a person has learned skills, found a job, and has a place to live gives both parent and child a better chance of a comfortable life.
   - Parenthood is a very important job, but most people never get training before becoming a parent. Many parents say that parenthood requires a lot more money, time, patience, and love than they thought it would. Many discover that the job of being a parent is harder than the work they get paid for.
9. Conclude this activity by asking the following discussion questions:
   - How easy was it to agree on ranking in your group?
   - Were any of the applicants perfect? [No; no one is perfect, and there is no such thing as a perfect parent.]
10. **Optional:** Show the video clip(s) that showcase youth parenting. Ask how these images relate to the case scenarios you just reviewed. Are these media images of youth parenting realistic or unrealistic?

GOALS AND PERSONAL TIMELINE 20 Minutes

1. Explain that you want to transition to the topic of goals and dreams for the future. Ask group members to take out a sheet of paper and write down one goal they've accomplished in the last year or so. Offer a goal you've accomplished recently as an example. Ask a few volunteers to share their responses.
2. Ask participants to imagine that five years have passed. Ask them what year it will be and how old they will be. Have everyone write down at least two goals and dreams that they have for the future. Ask, "What will you have accomplished in your life by this age, five years from now?"
3. Whip around the room and ask each person to state one of their goals or dreams.
4. After everyone has shared, ask

- What kinds of things could get in the way of you accomplishing these goals?
- How would becoming a teen parent (or having another child, if you're already a parent) affect your ability to accomplish your goals?

5. Distribute Handout 29, Personal Timeline, and make the following points:
   - You may not know exactly what you want for your future, but it's good to have some general plans.
   - It's also important to think about the sequence that you want key events to happen in, in your life.
   - This handout will ask you to do some thinking about what you want to happen in your future and in what order.
   - We'll ask you to share some of your thoughts and plans, but you won't have to turn in your timelines.
6. After 5 minutes, briefly process the activity with the following general questions:
   - How easy or hard was it to complete your personal timeline?
   - What other kinds of key events did you write into your personal timeline?
   - How many of you plan to get married or find a life partner? When, ideally, would you want to do that?
   - How many of you plan to become parents? When, ideally, would you want to do that?
   - Why is this sequence of events important to you?
7. Close by making the following points:
   - All of you have plans and dreams for your future. Relationships and family are a part of most people's dreams.
   - Many people want to have children and to be parents. It's a very rewarding and joyous experience, and it's also hard and takes a lot of financial resources.
   - If you become a parent before getting the education and training you need to earn a living wage or have a career, it can be a struggle to get by financially. However, many young parents have gone on to successful careers, especially if they have a lot of support from their parents/guardians.
   - Think about what kind of relationship you would want to have in place before having a child. When parents don't have a strong, healthy relationship and have a lot of conflict in their relationship, it can be harmful for children.
   - Timing and sequencing are the keys. So think about what the ideal sequence is for your life.
8. Encourage participants to take their Personal Timelines home and share them with their parents/guardians, relatives, partners, or friends.

REFLECTION AND PLANNING 5 Minutes

1. Conclude the workshop by asking the following discussion questions:
   - What do you see as the plusses and minuses of having a child as a teenager?
   - What is the major lesson you will take away from this workshop?

2. Encourage participants to spend some time with a friend or relative who is or was a teen parent. They should ask the parents about the plusses and minuses of teen parenthood and for any advice they have about pregnancy and parenthood.
3. Tell participants that the topic of the next workshop is unintended pregnancy options.
4. Distribute index cards so they can write anonymous questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss the following questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

OPTIONAL ACTIVITY
HEALTHY PREGNANCY

25 Minutes

1. This activity emphasizes the importance of early and ongoing attention to health once pregnancy is suspected or confirmed. Explain that seeing a health care provider as early as possible gives people more options regarding their pregnancy. And if they decide to carry the pregnancy to term, early prenatal care for the mother is critical because her health is the primary determinant of the health of the fetus.
2. Divide participants into small groups. Give each group a sheet of newsprint and several markers. Give the following instructions:
   - Create a list of steps expectant parents can take to support a healthy pregnancy.
   - Include as many ideas as possible.
   - Work quietly so other groups don't hear your ideas.
   - Choose a recorder and reporter.
3. After approximately 5 minutes, ask the reporters from each group to post their lists and to remain close to the posted chart. Invite one of the reporters to read three of their ideas to the large group. Ask the other reporters to cross off their list any ideas that are essentially the same as those being read.
4. Continue by having another reporter read three ideas and having the other reporters cross off duplicates. Keep going until all groups have reported. Ask the reporters to circle any of their ideas that no other group listed. While reporters are presenting, check off, on your own copy of Handout 30, any of the tips on it that participants identify. When all groups have reported, ask the reporters to read the unique ideas circled on their newsprint.
5. Distribute Handout 30, Ten Tips for a Healthy Pregnancy. Read aloud the tips that none of the groups mentioned (the ones you have not checked off), or ask group members to identify any new tips.

6. Ask the group, "Why might youth be more susceptible to health care challenges than adults during pregnancy?"

   Expected answers include

   - late prenatal care
   - lack of prenatal care
   - poor nutrition (especially eating high-fat, unhealthy foods)
   - cigarette, alcohol, or drug use

7. Note that any of these could be made more likely by not knowing one is pregnant, fear and anxiety about a possible pregnancy, not knowing how to care for oneself during pregnancy, lack of money or other resources, or the inability to ask for support during pregnancy.
8. Close by making the following points:

   - Although some youth don't have the financial means or independent decision-making ability to follow every recommendation, they can make their best effort to make healthier choices.
   - Expectant fathers can support expectant mothers by adopting a healthy lifestyle for themselves and encouraging their partners to do the same.

OPTIONAL ACTIVITY
PRENATAL DEVELOPMENT MYTHS 20 Minutes

1. Explain that there are certain things expectant parents need to know in order to have a healthy pregnancy, regardless of whether the pregnancy was intended or unintended. Divide the group into two (or more) teams and have them move to different sides of the room. Post a newsprint scoreboard, with a column for each team. Ask the teams to choose names and write those names on the scoreboard.
2. Give these instructions:

   - We'll read statements about prenatal development.
   - Confer as a team and decide if the statement is a myth or a fact.
   - Many people—teens and adults—lack knowledge about prenatal development, so it won't be surprising if you get some of these wrong.

3. Begin the game. If a team's answer is correct, record a point for the team on the scoreboard. If the response is incorrect, offer correct information and allow a few minutes for discussion.
4. Be sure the group understands clearly what is necessary for prenatal health before moving on to the next statement. Continue until all statements have been read or you are out of time. If possible, award prizes to each team for their participation and hard work.
5. Conclude with the following questions:

   - What's one new thing you learned from this activity?
   - What is one myth about prenatal development that can be especially dangerous if young people believe it?

OPTIONAL ACTIVITY
INTERVIEW WITH EXPECTANT PARENTS — 30 Minutes

1. Introduce your guests and explain the purpose of this activity. Ask the parents to introduce themselves briefly. Begin the interview. Encourage participants to ask additional questions.
2. If you have a stethoscope and the parents are comfortable with this, invite youth to come up and listen to the baby's heartbeat.
3. Thank the guests for their participation.

OPTIONAL ACTIVITY
PARENTING SIMULATION — Varies

Tell participants that they will have the opportunity to play the role of a teen parent for the next 24 hours. Provide each participant with a baby simulator. Review the user manual that comes with the simulator. Participants are to be solely responsible for the feeding, diapering, and other care of the simulated infant. If you are doing the activity over a two-day or longer retreat, half of the participants can role-play parents for one day and the other half can do so the next day.

After everyone has had a turn, discuss the experience. Ask,

- How was the experience like what you expected? How was it different?
- What were your favorite and least favorite aspects of your 24-hour parenting experience?
- How was this experience different from the real life of a teen parent?

OPTIONAL ACTIVITY
TEEN PARENTHOOD ROLE-PLAYS — 30 Minutes

This activity is adapted with permission from *When I'm Grown: Life Planning Education for Grades 5 & 6* (Washington, D.C.: Advocates for Youth, Center for Population Options, 1992).

1. Explain that this activity focuses on the many responsibilities parenthood brings and the special concerns of youth parents. Read the first situation from Facilitator Resource 51, Role-Playing Scenarios, aloud to the group.
2. Use the following process to facilitate the role-playing:
   - Discuss what is likely to happen in the situation.
   - Choose volunteers to role-play.
   - Ask participants to follow these guidelines:
     - Actors, please try to really get into your roles.
     - Audience, please remain silent during the performance.
     - After the role-play, the actors will discuss how it felt to be in their role.
     - The audience will then offer feedback about what they saw.
   - Give volunteers copies of role-playing scenario 1 and have them act out the first role-play, using the doll and math books as props.
   - After the role-play, ask the actors to discuss their roles, and then get feedback from observers.

- Process role-play scenario 1 with the following discussion questions:
  - What feelings does Darlene show about her responsibilities as a mother?
  - Why does Mrs. Brown take over caring for Tony?
  - Do you think Darlene has a bad temper? Why?
  - How do you think Darlene feels about being a mother?

3. Repeat the process with new volunteers for role-play scenarios 2 and 3. Process with the questions below:

For Scenario 2

- Who should get up and take care of Chris?
- How do you think Tasha and Miguel feel about being parents?
- What kind of expenses do they have?

For Scenario 3

- How did you feel about Marcia and her mother's reactions to Nicholas?
- What rights does Nicholas have in this situation?

4. Make the following points:
   - Nicholas did not sign the document establishing him as the legal father, so he has no rights.
   - He can go to the governmental office responsible for child support enforcement or back to the hospital and sign a paternity affidavit. Marcia has to sign the form also.
   - If Nicholas and Marcia sign this form, Nicholas becomes the legal father and assumes financial responsibility for that child for at least eighteen years.
   - Once Nicholas establishes paternity, it's likely that he'll receive an order requiring him to pay child support.
   - Getting visitation rights is a separate issue. Although signing the paternity affidavit would make it easier for him to obtain legal visitation rights, he doesn't currently have them. He has to take a separate legal action to have a judge grant him legal visitation with his son.
   - It's always in the a child's best interest for both parents to work cooperatively to do what is best for the child. Ideally, children are supported and raised by both of their parents together. Children who grow up in a single-parent household are statistically more likely to face problems such as poverty, dropping out of school, and youth pregnancy.
5. Conclude by asking
   - What are you taking away from this activity?
   - What two or three things can youth parents do to increase their chances of reaching their goals?

OPTIONAL ACTIVITY
EXPLORING MEDIA MESSAGES

30 Minutes

1. Explain that this activity will give participants an opportunity to view and reflect on the experiences of youth parents, as they are reflected on reality TV.

2. Show the first 10 ½ minutes of the first episode of MTV's *Teen Mom.* While youth are watching, post the discussion questions.
3. After the video, ask participants to form pairs. Review the questions on the chart. Ask the pairs to take about 5 minutes to respond one-on-one to each of the questions. Circulate from pair to pair to offer assistance, but don't intrude on the process. (You can have this discussion in the large group if participants would prefer.)
4. After about 10 minutes, reconvene the group. Begin with the first question and ask volunteers to share some of their thoughts. Ask other pairs to add perspectives that haven't been raised. Continue in this manner for the remaining questions.
5. Conclude the activity by asking
   - How realistic is this teen parenting show?
   - Some people think the media glamorizes teen parenting. Do you agree or disagree, and why? [Tell the group that *Teen Mom* is a spinoff of a show called *16 and Pregnant*, which may have contributed to a reduction in the teen birth rate during the year and a half after its premiere, though a direct cause and effect relationship has not been proven.]

Facilitator Resource 49

WORKSHOP 20: PREGNANCY, PARENTING, AND TEENAGE PARENTHOOD

MYTHS AND FACTS ABOUT PRENATAL DEVELOPMENT

1. Smoking during pregnancy may damage the health of an expectant mother, but it will not hurt her unborn child.

   MYTH. Infants of mothers who have smoked during pregnancy often weigh less and are in poorer general condition than infants of nonsmoking mothers. Placental abruption, in which the placenta partially or completely separates from the uterus during pregnancy, depriving the fetus of nutrients and oxygen, is more common in smoking mothers than in nonsmoking mothers.

2. Sexually transmitted infections (STIs) can lead to infertility and make it impossible for females to become pregnant when they are ready to do so.

   FACT. Pelvic inflammatory disease, PID, can result when an STI such as chlamydia or gonorrhea is not treated and cured. PID can affect a female's uterus, Fallopian tubes, and ovaries. The resultant scar tissue can block the tubes and prevent sperm from reaching an egg cell. PID causes sterility in one out of five women who develop the disease. Any female who contracts an STI needs to get good medical care immediately in order to prevent PID and possible infertility.

3. A tubal pregnancy, when the embryo implants and develops in the Fallopian tube rather than inside the uterus, can result from PID.

   FACT. If the Fallopian tubes are not so scarred that they are completely blocked, sperm may be able to enter a tube and fertilize an egg. However, scarring may prevent the developing embryo from traveling out of the Fallopian tube to the uterus. A tubal pregnancy is dangerous to both the woman and the fetus.

4. Most sexually transmitted infections (STIs) will not hurt an unborn baby.

   MYTH. Chlamydia is the most common cause of infant eye infections and infant pneumonia among newborn babies, and it can cause death soon after birth. An unborn child infected with syphilis can develop a heart defect, bone deformity, or other health problems in early childhood. Genital herpes is another serious threat to newborn infants; if the mother has active herpes lesions during delivery, they can infect her child. Females who are considering parenthood need to protect themselves from STIs in order to protect their future children.

5. It's safe for a pregnant female to drink as long as she never has more than two alcoholic beverages at one time.

   MYTH. Expectant mothers should stop drinking all alcohol during pregnancy. As few as two drinks per day have been linked to low birth weight in newborns. Heavier alcohol use during pregnancy can cause fetal alcohol syndrome, a condition that includes developmental delays.

6. If a pregnant female uses a drug like marijuana, cocaine, or speed, the placenta filters out harmful substances and protects the developing fetus from the drug.

   MYTH. Virtually everything that enters a pregnant female's bloodstream makes its way through the umbilical cord in some form to the developing fetus. While the placenta does help fight internal infections and filters waste products from the fetus, it is not able to prevent drugs from entering the fetal bloodstream. If a substance is harmful to the mother, it can also harm her fetus. Cocaine, for example, greatly increases the incidence of placental abruption, in which the placenta partially or completely separates from the uterus. Prescription drugs should also be used with care. A pregnant female should neither stop taking a prescribed medication nor start taking new medications without first checking with her medical provider.

7. The father determines the sex of a baby.

   FACT. The genetic material carried in the sperm cell of the father determines whether his child will be male or female, along with some of its other characteristics. The mother's genetic contribution has no influence on the sex of her child.

8. If a pregnant woman looks for a long time at the full moon, she will have twins.

   MYTH. Twins can form in only two ways: Either a fertilized embryo divides in half and becomes two separate but identical developing embryos (*identical twins*) or two egg cells are released at the same time, one from each ovary, and both are fertilized (*nonidentical*, or *fraternal*, twins). Twins are more likely if the mother is older, if she has been taking certain infertility treatments, if she is obese, if twins run in her maternal line (the tendency to release multiple eggs can be passed down from mother to daughter), and if she is of African ancestry. Multiple births are also more common when conception takes place within the first cycle after stopping the use of oral contraceptives.

9. Having sexual intercourse during pregnancy is not recommended, since it will probably cause problems for the developing fetus.

   MYTH. Sexual intercourse during pregnancy is no more likely to cause a problem than is any other normal activity. However, if intercourse becomes uncomfortable for the expectant mother, a couple will need to find a more comfortable position or abstain from having intercourse until after the birth. However, engaging in unprotected intercourse with a partner who might have a sexually transmitted infection risks the health of both the mother and the fetus. Cunnilingus (oral sex performed on a female) is not risky, provided no air is blown or forced into the vagina.

10. A father really has no control over the prenatal development of his child.

    MYTH. Fathers can influence prenatal development in a number of ways. They can protect their partners from STIs that could harm the fetus, encourage a pregnant female to eat a nutritious diet and avoid dangerous substances such as alcohol and tobacco, provide emotional and other kinds of support

to reduce her stress, and help her prepare for childbirth so she can reduce her need for anesthesia, which could harm the baby.

11. Medical treatment for pregnant women with HIV can greatly reduce the likelihood that HIV will be transmitted to the fetus.

    FACT. All pregnant females should be tested for HIV. Properly treating HIV-positive women during pregnancy, delivery, and breastfeeding significantly reduces the likelihood that the infant will become infected.

12. A mother's nutritional intake during her pregnancy has no impact on the development of the fetus.

    MYTH. Mothers who eat nutritious diets during pregnancy have fewer complications during pregnancy and childbirth than those who don't, and their babies are healthier at birth.

13. If you've had intercourse without birth control for six months and have not become pregnant, you're probably infertile and should seek medical attention.

    MYTH. Approximately nine out of ten females who have unprotected penis-vagina intercourse for one year will become pregnant. A female having unprotected intercourse may become pregnant any time genital contact or penetration occurs. Remind participants that male-female anal sex and genital rubbing also bring a risk of pregnancy, since sperm may be in pre-ejaculate [pre-cum] and semen may come into contact with the vaginal opening.

Facilitator Resource 50

WORKSHOP 20: PREGNANCY, PARENTING, AND TEENAGE PARENTHOOD

SAMPLE INTERVIEW QUESTIONS

- What was it like when you first found out about the pregnancy?
- What's the most exciting thing about this pregnancy?
- What's the most difficult thing?
- What has changed the most for you as a couple since this pregnancy began?
- What special things are you doing to make sure you have a healthy pregnancy and baby?
- What new things have you had to learn since the pregnancy began?
- How have your plans for the future changed since discovering you're going to become parents (or be parents again)?
- What preparations have you made or will you make for labor and delivery?
- [To the pregnant mother] Please describe what it has been like physically and emotionally to be pregnant.
- [To the partner] Please describe what it has been like emotionally for you.
- What financial decisions or considerations have you had to make to prepare for parenthood?
- What are the most important things an expectant parent can do for a child?
- What advice can you give to youth about preparing for parenthood?

Facilitator Resource 51

WORKSHOP 20: PREGNANCY, PARENTING, AND TEENAGE PARENTHOOD

ROLE-PLAYING SCENARIOS

Scenario 1

Characters: Darlene, Tony, and Darlene's mother, Mrs. Brown
Darlene is a 16-year-old girl. She is a teenage mother. Her baby Tony is 1 year old. Tony cries all the time and needs a lot of attention. Darlene has a very hard time taking care of Tony and keeping up with her schoolwork. Darlene's mother, Mrs. Brown, spoils Tony. Darlene gets annoyed because her mother always tries to take over caring for Tony. Mrs. Brown is always telling Darlene that she is not a good mother because she is still a child herself.

In this role-play, Darlene is studying for a big math test. Tony has just spilled milk all over the floor. Now Tony is crying and wants to get out of the playpen. Darlene starts to scream at Tony to be quiet. Mrs. Brown steps in, picks up Tony, and starts to yell at Darlene.

Scenario 2

Characters: Tasha, Chris, Miguel
Tasha is in 10th grade. Miguel is in 11th grade. They have a 2-month-old baby named Chris. Chris doesn't sleep very much and keeps his parents up almost all night. Both Miguel and Tasha go to school and have part-time jobs in order to pay for rent, food, and Chris's clothes, diapers, and doctor bills. Miguel and Tasha got married when they learned that Tasha was pregnant. Being married and having a baby at such a young age is very difficult. They're always tired and don't get to see their friends much anymore.

In this role-play, it's 3 AM. Chris has just awakened in the middle of the night and is crying. Both Tasha and Miguel are sound asleep. What happens?

Scenario 3

Characters: Nicholas, Marcia, and Marcia's mother, Mrs. Thomas
Nicholas is in 10th grade and Marcia is in 9th grade. When Marcia got pregnant last year, Nicholas got scared and withdrew from their relationship. He didn't have a job or any way of taking care of the baby. Marcia felt abandoned and very sad, so she leaned on her mother a lot. Her mother was there during her labor and delivery. Nicholas came to the hospital too. When he held his son, he decided he would find a way to be a good father.

In the hospital, a lady told him that, since he and Marcia were not married, he would have to sign a document called a paternity affidavit in order to become his son's legal father. Nicholas was nervous about a legal document that he didn't understand, so he didn't sign it. When Marcia and the baby went home, Nicholas visited almost daily. But Marcia was still angry about his behavior during her

pregnancy. She treated him coldly and sometimes wouldn't even answer the door. Marcia's mother, Mrs. Thomas, was even colder and always asked him for money, which he rarely had. Mrs. Thomas is stressed because she is trying to support both Marcia and the baby on a small salary. Nicholas is getting very frustrated. Yes, it's true that he doesn't have much money, but he wants to spend time with his son.

In this role-play, it's 7 PM on a Friday evening. Nicholas has come to have a talk with both Marcia and her mother about his right to see his son. What happens?

—adapted from *When I'm Grown: Life Planning Education for Grades 5 & 6* (Advocates for Youth, Center for Population Options, 1992)

Handout 28

APPLICANTS' PROFILES

A. Bryan is a 33-year-old who has his own business. Sometimes he makes a lot of money, and sometimes he has to live off his savings. Bryan lives alone in a condo that has one bedroom and a small office. He works hard but often has flexibility during the day. Bryan is bisexual and is in a same-sex relationship with Vic. They've only been seeing each other for a few months, but Bryan sees a future for them. His last relationship ended after six years. Bryan loves children and helps out coaching a soccer team in his community. He has a close relationship with his sister, who lives nearby, and he has two very good friends who are like brothers to him.

B. Tanya is twenty-five and recently divorced. She works as a sales clerk in a big department store. She lives alone in a small, one-room apartment and is very lonely. Every time she walks into the children's department and sees the cute clothes, she longs to have a daughter of her own. She would dress her up, take her to the zoo, and teach her to ride a bike. Tanya is also going to school part-time to become a computer programmer. Sometimes she misses her class because she has to work late.

C. Chris is 21 and Judy is 19. They fell in love and recently got married. Chris will graduate from college this June. They both love children and help out at the children's center near the college they attend. They love parties and movies and going to football games. Chris just got his driver's license and sometimes uses his mother's car. He and Judy plan to drive across the country during the summer after he graduates.

D. Doreen and Pedro are in high school. Doreen works part-time at Burger King and Pedro is on the basketball team at school. They've been dating for three months. They love to babysit Pedro's baby brother, who is 2 years old. They also like to hang out with their friends and go to the movies.

E. Tom and Joan are in their mid-30s. They own a very nice house and a food store called Food for the Soul. They would love to have children. They have many friends and socialize a lot. They have a lot of fun together, but they also fight a lot. They think a child would help them settle down and strengthen their marriage.

F. May Li and Seul Ki are both in their late twenties. May Li is a bus driver and Seul Ki is a plumber. Together they earn a good income. They have a 4-year-old son and would like another child before he gets much older. Both May Li and Seul Ki were only children and want their son to have a playmate. They don't have many friends or family close by.

—adapted from *When I'm Grown: Life Planning Education for Grades 5 & 6* (Advocates for Youth, Center for Population Options, 1992)

Handout 29

PERSONAL TIMELINE

Below, you will find a list of experiences that some people want or expect to have. Review the list and put a check beside those you want in your future. Write in any other experiences that are important to you.

Events You Want in Your Future

_____ graduating from high school
_____ graduating from college or getting post–secondary school training
_____ falling in love
_____ starting a career or getting a job
_____ getting your own place
_____ traveling to new places
_____ getting married or getting into a committed relationship
_____ having a child or children
_____
_____

Timeline

Now write each of the experiences that you checked off, and any you added, on the timeline below, to indicate when you want or expect each one to happen.

Age: 16 18 21 25 30 35 40

Handout 30

TEN TIPS FOR A HEALTHY PREGNANCY

- Eat healthy and safe foods. Increase your intake of fruits, vegetables, legumes, and fiber to help eliminate toxins. Limit processed and high-fat foods.
- Get extra folic acid before conceiving and while pregnant to decrease the risk of neurological defects, such as spina bifida, in a developing fetus. Sources of folic acid include dried beans and peas, citrus fruit, spinach, and broccoli, in addition to supplements.
- Avoid alcohol, caffeine, drugs (unless allowed by your health care provider), and cigarettes. Females who smoke during pregnancy, or are exposed to second-hand smoke, are more likely to give birth to small babies with low birth weight. Alcohol and caffeine lower overall health and can harm a fetus.
- Eat less animal fat and fish to reduce your exposure to PCBs and mercury. Trim the fat and skin off meat. Eat fatty and predatory fish, such as salmon and tuna, once a month at most; instead, eat flounder or sole. Choose low-fat dairy products.
- Drink plenty of water.
- Stay active; it's important for general health and can help reduce stress. Walk at least 15–20 minutes every day at a moderate pace. Exercise indoors or in cool, shaded areas to prevent overheating.
- Try to sleep at least 8 hours a night. If you're suffering from sleep disturbances, take naps during the day and ask your health care provider for advice.
- Wear comfortable, nonrestricting clothing and shoes and put your feet up several times a day to prevent fatigue and swelling of the feet, legs, and ankles.
- Attend scheduled appointments with your health care provider. Expectant fathers, partners, and possibly parents/guardians or other trusted adults should attend as well so they can be informed and provide support.
- Don't take over-the-counter medications or herbal remedies without first consulting your health care provider.

An unhealthy pregnancy increases the risk of many unhappy outcomes, including

- **miscarriage**, which is when a pregnancy ends on its own, within the first twenty weeks of gestation. Miscarriage can be a difficult experience even when the pregnancy was unplanned. Support and resources are available for those who experience a miscarriage.
- **birth defects**, including, but not limited to, conditions related to the nervous system, cardiovascular system, musculoskeletal system, and chromosomes
- **prematurity**, a birth that occurs before thirty-seven weeks of gestation
- **low birth weight**, less than 5.5 pounds, irrespective of gestational age

Miscarriages and birth defects can also be caused by

- chromosomal abnormality in the ovum or sperm
- the mother's or father's consumption of drugs
- the mother's illness, including some STIs
- radiation and environmental pollution
- the mother's age (the healthiest, safest time for pregnancy is in her 20s and early 30s)
- fetal illness
- unknown factors

WORKSHOP 21 Unintended Pregnancy Options

This workshop is adapted from material created by Allyson Sandak.

A WORD TO THE FACILITATORS

Most people agree that, ideally, unintended pregnancies should be prevented either by abstaining from intercourse or by using contraception consistently and correctly. But in spite of this agreement, large numbers of youth and adults experience unintended pregnancy. Even more than for adults, unintended pregnancy is a challenge for youth, who usually lack the emotional and financial capacity to raise a child without considerable support from parents or other adult caregivers.

There are three options for coping with an unintended pregnancy:

- having the baby and raising it with a partner and/or with the help of one or more other adults
- having the baby and placing it for adoption
- terminating the pregnancy with an abortion

Each option raises an array of issues and concerns for a pregnant youth, her sexual partner, and their families. This workshop prepares youth to make informed decisions about all of these options by providing accurate information in a safe and respectful environment.

One of the greatest concerns involving adolescent pregnancies carried to term is the health risk for both expectant mother and fetus. Young females are much more likely to experience problem pregnancies than older females, in part because they are more likely to delay reporting their pregnancy and seeking prenatal care. With good prenatal care and a supportive environment, a pregnant youth can have a healthy pregnancy and birth. In the absence of prenatal care, babies born to youth are at risk for prenatal complications that may result in premature birth and infants with low birth weight, which is a strong indicator for developmental disorders.

In the past, many white pregnant youth chose adoption, or their families chose this option for them. Today, very few pregnant youth of any racial or ethnic group choose adoption. Open adoption is now an option, which might make adoption more appealing to youth who have access to counseling and education about the positive outcomes of adoption for their baby and themselves.

Abortion is a medically safe procedure for young females, with fewer health risks than pregnancy. While abortion is legal in the United States, political pressure in many states has reduced access to safe, affordable abortion services, especially for low-income, uninsured females, and, in some states, particularly for minors. Restrictions may include the requirement that a parent or guardian be notified and mandatory counseling and waiting periods.

In addition to the issues an unintended pregnancy raises for the female partner, the needs and concerns of the prospective father must be considered. If legal paternity (fatherhood) has been established, young fathers have a legal responsi-

bility to provide financial support for their children, even if they are not married to the mother; in addition, most states require that the father be told about the pregnancy before the child is placed for adoption. The father's agreement may be necessary for the placement to occur. If legal paternity has not been established, the father has no legal rights or responsibilities. Unmarried fathers have no legal say in a young woman's decision to have an abortion. Before leading this workshop, find out about local and state laws regarding paternity rights and sexual health rights for youth, including access to sexual health care and abortion.

While facilitating this workshop, be aware that some participants may have a personal connection to an unintended pregnancy. Some may have faced or may be currently facing an unintended pregnancy. Someone may have already had an abortion, or have a sibling or friend who has had an abortion or who is pregnant or parenting. Some participants may have placed a baby for adoption or know someone close to them who has. Some youth may have been adopted themselves, some may have adoptive siblings, and some youth, adopted or not, may know they are the result of an unintended pregnancy. Any of these circumstances can make this an emotionally challenging workshop.

WORKSHOP GOALS

- to identify all options for resolving an unintended pregnancy
- to explore personal attitudes regarding unintended pregnancy options
- to identify a process for making decisions about unintended pregnancies

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- identify three possible options for resolving an unintended pregnancy
- explore their attitudes toward and feelings about being faced with an unintended pregnancy
- evaluate the pros and cons of each option for resolving an unintended pregnancy
- practice making decisions about an unintended pregnancy

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Facts about Adoption and Abortion	25 minutes
Options: Pros and Cons	25 minutes
Case Studies	20 minutes
Reflection and Planning	5 minutes
OPTIONAL ACTIVITY: Exploring Abortion	15 minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ the Circles of Sexuality chart

For Facts about Adoption and Abortion

- ☐ Facilitator Resource 53, Adoption Facts
- ☐ Facilitator Resource 54, Abortion Procedures
- ☐ Facilitator Resource 55, Abortion Fact Sheet
- ☐ a computer with Internet access or downloaded videos and a large monitor or digital projector

For Options: Pros and Cons

- ☐ Handout 31, Presenting the Options

For Case Studies

- ☐ Facilitator Resource 56, Case Studies of Unintended Pregnancies
- ☐ writing paper and pens or pencils

For Optional Activity, Exploring Abortion

- ☐ newsprint, markers, and tape
- ☐ a computer with Internet access or downloaded videos
- ☐ a large monitor or digital projector

PREPARATION

1. Read the workshop plan, including facilitator resources and the handout, and decide how to divide leadership responsibilities.
2. Obtain up-to-date information about abortion laws and access in your state by visiting **http://statelaws.findlaw.com/family-laws/abortion.html** or **www.guttmacher.org/statecenter/spibs/spib_OAL.pdf** (check for the most recent version of this document).
3. Also obtain up-to-date information about domestic adoption laws in your state, at **www.childwelfare.gov/systemwide/laws_policies/state/adoption**. This site also provides information about federal and state requirements for (and restrictions on) international adoptions (those finalized in another country by U.S. citizens).
4. Make copies of Handout 31, Presenting the Options.
5. Post the Group Covenant and Circles of Sexuality charts.
6. You're getting close to the end of the program, so begin thinking about and coordinating plans for closure and celebration.

For Facts about Abortion and Adoption

1. Preview the following two video clips:
   - "Abortion in the United States" (3:01 minutes), **www.youtube.com**
   - "*Teen Mom* Stars Talk Pregnancy and Adoption" (3:11 minutes), **www.youtube.com**
2. Test your computer equipment and cue up the clips.

For Case Studies

1. Make a copy of Facilitator Resource 56, Case Studies of Unintended Pregnancies, and cut the case studies apart. Choose three or four of the case studies to use with your group.
2. Make the following chart:

Questions for Case Studies

- What choice would you make if you were in this situation: parenting, adoption, or abortion?
- What are your reasons for this decision?
- Who would you talk to? Where could you go for support and assistance?
- What would be some of the first steps you would take in proceeding with your decision?

For Optional Activity, Exploring Abortion

1. Post sheets of blank newsprint around the meeting space.
2. Preview the Guttmacher Institute's video "Abortion in the United States" (3:01 minutes), **www.youtube.com**. Test your computer equipment and cue up the video.
3. This optional activity may be used to extend the Activity Facts About Adoption and Abortion by replacing the first and second bullets in Step 6.

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants back and help them reenter the program by asking

   - What's new?
   - How is your life better since the last workshop?
   - How many of you heard anything in the news recently about unintended pregnancies, abortion, or adoption?
   - What did you hear, and how did you feel about it?

2. ***Question Box***

   Answer Question Box questions.

3. ***Reading***

   Set up the reading with the following comments:

   - We're still focused on the circle of sexual health and reproduction, and today's workshop is about the options people have when they experience an unintended pregnancy.
   - When a young woman becomes pregnant, she has three options. She can have the baby and raise it—alone, with her partner, or with the help of other adults; she can have the baby and place it for adoption; or she can terminate the pregnancy with an abortion.

- Each option involves many issues and concerns for the young woman, her sexual partner, and their families.

Today's readings tell the stories of teens who faced unintended pregnancies. Two of the stories were published by Sex, Etc., **www.sexetc.com**, an online and print resource for sexual health information from Answer, a national organization dedicated to providing and promoting comprehensive sexuality education to young people and the adults who teach them. The third story is fictional but based the life of a young father at the Academy for Adolescent Health Teen Outreach in Washington, Pennsylvania.

Erin's Choice, by Arlene Brens (age 17)

It was the most difficult decision Erin ever made. When she first found out she was pregnant at the age of 18, she and her friend screamed with excitement at the idea of having a baby. It seemed so sweet.

Then reality hit.

"How am I going to tell my mom? How will I support the baby? Will my boyfriend support me if I keep it?" Erin wondered. The questions scared her.

"If I was going to keep the baby, I wanted my boyfriend to be there for me through every step of the pregnancy and after the baby was born, especially since I was just finishing high school. I didn't want to do this alone," she says now, three years later.

At first, Richard, then 19, wanted to keep the baby. He said he would support Erin's choice. They talked and decided they would become parents.

The plans were set. They were going to get an apartment and begin their life together. Then Richard changed his mind. He started seeing other girls. He told Erin, "The baby isn't mine."

Next, Erin found out that Richard had been sentenced to prison. So she decided to have an abortion.

"I just couldn't tell my mom," says Erin. "She's Catholic and doesn't believe in abortion. I was afraid she wouldn't accept me anymore as her daughter and that she'd say 'I told you so.'"

Even though Richard said he would go with her to get the abortion, he kept putting it off until finally she couldn't wait any longer. Two of her close friends went with her to the clinic. They held her hand on the way in. And they helped pay for the abortion. (Richard never gave Erin the money he had promised, either.)

Erin says the abortion hurt physically a little, like huge cramps. Emotionally, she felt knocked out. Afterward, her friends just held her as she cried for her baby.

Erin still feels she made the best choice for the situation she was in at the time. She still hasn't told her mom. But she has learned to be careful. She has had sex with one guy since the abortion. And she always uses birth control.

—Sex, Etc., **www.sexetc.com**

Jen's Choice, by Tannisha Brooks (age 17)

Jen is a teen girl who got pregnant at the age of 14. Unlike a lot of teen girls who find themselves pregnant, Jen chose to give her baby up for adoption.

"I made this decision purely because I didn't want to be selfish," says Jen, now 17. "I knew I was too young to raise my son and give him everything he needs and wants...so I found someone who could."

Jen's stepfather helped her find an adoption agency. At Golden Cradle Adoption Agency, in New Jersey, Jen met her counselor, Susan Backal, who helped her think through her decision. When Jen knew adoption was the right choice for her, she read about different couples and settled on one that "seemed the most like me."

"They looked really nice and they just seemed really friendly from everything I read," she says. "I met them and boom, that was done."

The hardest part, she says, was carrying the baby for nine months, knowing she would have to give him up.

"It was absolutely overwhelming to actually see the person that has been inside of me for the whole nine months," Jen remembers. "He was the most precious thing I ever set eyes on. I could not imagine leaving the hospital without him. But I couldn't let the couple down."

"The day came when I was discharged," she remembers. "I got dressed and Mom and I carried my son to the nursery where we were to leave him. I seriously thought I was dying. I cried for hours and hours. But I knew going back on my decision would be selfish and cruel."

Now, Jen regularly receives letters and pictures about her son. It helps to know he's growing up happy. But it also makes her sad....

"I get pictures and letters every six months. So I'm involved, even though I'm not struggling to raise him," she says. "I wanted both my son and me to have lives that we deserve and not be deprived. Placing him for adoption was the only way to do that."

—Sex, Etc., **www.sexetc.com**

The Story of H, Young Father

H was a 17-year-old when his 15-year-old girlfriend missed her period. He hid the pregnancy from his family for nearly six months. When he finally told his parents, his father said, "You've made your bed and you'll have to pay your dues." The two families got together and made a plan. They talked about how to pay for the pregnancy and the baby's needs without any government assistance. H's father insisted that his son would take care of all bills, but he discouraged the couple from getting married. He said, "The kids are too young to make a marriage work." He dropped out of high school and went to North Carolina, where his uncle owned a lumber yard. He worked for more than eighteen months before earning enough cash to pay the hospital bill. H then returned home and reentered high school, graduating just short of his twentieth birthday. When his daughter was five, he married her mother. They are still together today.

—Academy for Adolescent Health Teen Outreach

Elicit responses to these stories with these questions:

- What are your reactions to these stories?
- What do you think it would be like to face an unintended pregnancy at this point in your life?
- How do you feel about the different decisions that the teens made?
- What do you think of the roles that the biological fathers played?

FACTS ABOUT ADOPTION AND ABORTION 25 Minutes

1. Begin with a quick values voting activity. Designate one place in the room as representing Very Sure What I Would Do and another as representing Not at All Sure What I Would Do. (You may wish to post signs labeling these positions.) Explain the imaginary line marking a continuum between these positions.
2. Ask participants to think about the following questions but *not* to respond verbally:
   - Regardless of your sexual orientation, if you were faced with an unintended pregnancy at this point in your life, what do you think you would do?
   - Would you choose parenting, abortion for you or your partner, or adoption?
   - How sure are you about what you would do?
3. The youth should answer these questions in their own heads, not aloud. Instruct them to move to a position along the continuum that represents their level of certainty. Get three to five volunteers to discuss their feelings of certainty or uncertainty, but do *not* ask them to say what choice they would make. Keep this brief. Close by telling the group they will revisit this decision-making process later in the workshop.
4. Introduce this informal presentation by making these points:
   - When faced with an unintended pregnancy, it's important for teens to learn about all available options from trusted adults who can provide information and answer questions in a nonjudgmental manner.
   - Beware of organizations that call themselves "crisis pregnancy centers." Some are actually antiabortion organizations that don't provide accurate or objective information.
   - In our last workshop, we talked about the option of having the baby and raising it as a teen parent.
   - Now we'll explore the remaining two options, adoption and abortion.
5. Use the following process to educate participants about adoption:
   - Adoption is the legal transfer of all parental rights and responsibilities from the child's birth parents to the adoptive parents.
   - Ask questions to find out what the group already knows:
     - What do you already know about adoption?
     - How many of you know someone who has placed a child for adoption or who is adopted?
   - Review the following information:
     - Adoption is a good option for those who aren't ready to become parents

and don't want to terminate the pregnancy with an abortion.
- Expectant fathers whose legal paternity has been established usually have the right to be involved in decisions about adoption. Most states require that fathers be told about the pregnancy prior to adoption. Some will not allow an adoption unless the father agrees.
- There are two types of adoptions, *closed* (or *confidential*) and *open.*
  - In a closed adoption, there is no further contact between the birth parents and the child. This is the way most adoptions were done in the past; however, many adoptions today are open.
  - In an open adoption, the birth parents can communicate directly with the child and the adoptive parent or parents. Details vary but contact may include letters, emails, photos, and even visits.
- Most states have infant safe haven laws that allow mothers to leave their newborn infants at designated locations (such as fire stations and hospitals) without providing their name or other identifying information.
- Optional: Show the following video, in which stars of MTV's *Teen Mom* discuss pregnancy and adoption (3:11 minutes), **www.youtube.com**

6. Use the following process to educate about abortion:
   - Play "Abortion in the United States" (3:01 minutes), **www.youtube.com**, a video by the Guttmacher Institute, a leading sexual and reproductive health research and policy organization.
   - Get reactions to the video.
   - Briefly give the following information:
     - Abortion is a very safe procedure, for adults and youth. The chance of significant complications after a first-trimester abortion (during the first three months of pregnancy) is less than one-twentieth of 1 percent.
     - The likelihood of complications increases during the second trimester, so it's important to make a decision as soon as possible.
     - In all abortion procedures, the contents of the uterus, including the embryo or fetus, are removed surgically or are expelled. Abortions can be done medically (using medication) or surgically.
       - Medical abortions are performed up to the seventh week of pregnancy. The woman takes a prescription medication that causes the uterus to empty itself (much like a very heavy menstrual period).
       - Surgical abortions can be performed from the sixth week of pregnancy. There are several different procedures; the one performed depends on how far along the pregnancy is. [See Facilitator Resource 55, Abortion Procedures.]
   - Fathers have no legal say in a young woman's decision to have an abortion. Therefore, couples should discuss how they might handle an unintended pregnancy *before* having penis-vagina sexual intercourse.
   - No one can legally force a woman to have an abortion she does not want, but parents, caregivers, and sexual partners may exert pressure.
7. Explain that abortion is legal in the United States (at the time of this printing). However, many states have restricted abortion in ways that can prevent females from accessing it. For instance, states may require parental/guardian notification for minors, mandate counseling and waiting periods, and/or lack accessible or affordable abortion services. [Explain any abortion restrictions in your state.]

OPTIONS: PROS AND CONS

25 Minutes

Note: If you want this activity to be more interactive, consider having the participants debate the pros and cons of each option.

1. Divide participants into three teams. Distribute Handout 31, Presenting the Options, and pencils to each team. Give the following instructions:
   - We're going to do an activity to help evaluate the pros and cons of the options for resolving an unintended pregnancy.
   - Each small group will take one of the three options and identify its pros and cons for teens experiencing an unplanned pregnancy.
   - Your job is to teach the other two groups about the pros and cons of your option. [Assign an option to each group and have them write it in the blank on the first line of the handout.]
2. Give the teams 10 minutes to prepare. Ask them to choose a teammate to record the pros and cons and decide how they will educate the other two groups about their option. Encourage groups to feel free to present the information in a fun and engaging way, such as with short role-plays or as if they were filming a public service announcement for television. Circulate and provide support as needed.
3. Call the groups back together and have them take turns presenting their information. Each group will have 4 minutes.
4. Process the activity with the following questions:
   - What was it like to educate your peers about an unintended pregnancy option?
   - What did you learn from doing this activity?
   - What might be some additional pros and cons of each of the three options for prospective fathers?
   - With all of this information, how can teenagers decide what to do? [They have to weigh the pros and cons of each option and consider their own values and beliefs.]

CASE STUDIES

20 Minutes

This activity is adapted with permission from P. Brick and B. Taverner, "Unplanned Pregnancy: Making a Decision," *Educating about Abortion*, 2nd ed. (The Center for Family Life Education, 2003).

Note: This activity is conducted in small groups, but if you prefer, you can keep participants in the large group and deal with one case study at a time.

1. Explain that the next activity will give group members a chance to review some case studies and practice making decisions regarding an unintended pregnancy. Divide participants into groups of three to four. Give each group a case study from Facilitator Resource 56, Case Studies of Unintended Pregnancies, paper, and a pen or pencil.

2. Post the Questions for Case Studies chart and give the following instructions:
   - Choose a recorder and reporter.
   - Read your assigned case study.
   - Respond to the questions posted on the chart.
   - Be prepared to share your decision and your reasons for it in the large group.
3. After about 10 minutes, re-gather the group. Ask the reporter from the first group to read their case study aloud and explain their responses to the posted questions. Repeat this process, hearing from different groups until time for this segment is up.
4. Conclude this activity by asking the following questions:
   - What was it like to imagine you were in that particular situation?
   - How confident did you feel about being able to get the help and support you needed?
   - Putting yourself in the shoes of the prospective father, how do you feel about the final decisions that were made here?

REFLECTION AND PLANNING 5 Minutes

1. Ask participants to look again at (or think again about) the continuum from *Very sure what I would do* to *Not at all sure what I would do* that they placed themselves on earlier in the workshop. Ask how many people would now change their position on the continuum. Invite a few volunteers to explain the change (or consistency) in their level of certainty. Some people might be less sure about what they would do because they are now more aware of all the options and considerations. Others may be more certain because the workshop clarified their thoughts and feelings. Others will be unchanged.
2. Ask, "What is the major lesson you will take away from this workshop?"
3. Tell participants that the topic of the next workshop is contraception and safer sex. Distribute index cards so participants can write anonymous questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss the following questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

OPTIONAL ACTIVITY
EXPLORING ABORTION 15 Minutes

1. To explore participants' existing ideas about abortion, have them post on newsprint the facts they believe to be true and any questions they have about abortion. Prompt, if needed: How many females have abortions? How old

are females who have abortions? Why do they decide to have abortions? Do religious females have abortions? What are the social and economic circumstances of females who have abortions?

2. Play the video.
3. Ask participants what they found surprising about the video. Ask them to comment on things they previously thought were true but are not, and why they thought they were true in the first place.

Facilitator Resource 52

UNINTENDED PREGNANCY OPTIONS RESOURCES

These resources about the options of parenting, adoption, and abortion can help youth facing an unintended pregnancy to make an informed decision about their situation.

Youth Pregnancy

Dorrie Williams-Wheller, *The Unplanned Pregnancy Book for Teens and College Students* (Virginia Beach, VA: Sparkledoll Productions, 2004)

Pregnancy Options

Pregnancy Options, **www.pregnancyoptions.info**, provides accurate, unbiased information on pregnancy options, including medical and surgical abortion, adoption, childbirth, parenting, and more.

- Pregnancy Options Workbook, **www.pregnancyoptions.info/pregnant.htm**
- Abortion: Which Method Is Right for Me? **www.pregnancyoptions.info /whichmethod.htm**
- A Guide to Emotional and Spiritual Resolution after an Abortion, **www.pregnancyoptions.info/emotional&spiritual.htm**

Advocates for Youth, **www.advocatesforyouth.org**, champions efforts that help young people make informed and responsible decisions about their reproductive and sexual health. The organization focuses its work on youth ages 14 to 25 in the United States and around the globe.

The Religious Coalition for Reproductive Choice, **www.rcrc.org**, is a national community of religious organizations and faithful individuals dedicated to achieving reproductive justice. Through education, organizing, and advocacy, they seek to elevate religious voices wherever faith, policy, and our reproductive lives intersect.

Parenting

Teen Pregnancy and Parenting series by Jeanne Warren Lindsay

- *Your Pregnancy and Newborn Journey: A Guide for Pregnant Teens* (Buena Park, CA: Morning Glory Press, 2004)
- *Nurturing Your Newborn: Young Parents' Guide to Baby's First Month* (Buena Park, CA: Morning Glory Press, 2004)
- *Your Baby's First Year: A Guide for Teenage Parents* (Buena Park, CA: Morning Glory Press, 2004)
- *The Challenge of Toddlers: For Teen Parents; Parenting Your Child from One to Three* (Buena Park, CA: Morning Glory Press, 2004)
- *Discipline from Birth to Three: How Teen Parents Can Prevent and Deal with Discipline Problems with Babies and Toddlers* (Buena Park, CA: Morning Glory Press, 2004)

- *Teen Dads: Rights, Responsibilities, and Joys* (Buena Park, CA: Morning Glory Press, 2008)

The Push Back, **www.thepushback.org**, is a blog project of the Massachusetts Alliance on Teen Pregnancy. It enables young parents, and those who work with and for them, to tell the real stories of what their lives look like, including success stories.

Adoption

Jeanne Warren Lindsay, *Pregnant? Adoption Is an Option: Making an Adoption Plan for Your Child* (Buena Park, CA: Morning Glory Press, 1996)

BirthMom Buds, **www.birthmombuds.com**, is an organization and website that provides peer counseling, support, encouragement, and friendship to pregnant women considering adoption as well as women who have already placed children for adoption.

The Child Welfare Information Gateway of the U.S. Department of Health and Human Services, Administration for Children and Families, **www.childwelfare.gov**, promotes the safety, permanency, and well-being of children, youth, and families by connecting child welfare, adoption, and related professionals as well as the general public to information, resources, and tools related to child welfare, child abuse and neglect, out-of-home care, adoption, and more.

- "Introduction to Adoption," **www.childwelfare.gov/adoption/intro.cfm**
- "Are You Pregnant and Thinking about Adoption?" **www.childwelfare.gov/pubs/f_pregna/f_pregna.pdf**

Abortion

Faith Aloud, **www.faithaloud.org**, is a national spiritual counseling agency for women considering or choosing abortion. It also provides religious resources to abortion clinics.

Exhale, **www.exhaleprovoice.org**, creates a social climate where each person's unique experience with abortion is supported, respected, and free from stigma. Exhale provides services, training, and education to empower individuals, families, and communities to achieve post-abortion health and well-being.

The Abortion Care Network, **www.abortioncarenetwork.org**, is a network of independent abortion providers, allies, and individuals who provide quality care for women. It also offers "Mom, Dad, I'm Pregnant," **www.abortioncarenetwork.org/resources/mom-dad-im-pregnant-for-young-people**, with resources to help young people and their parents communicate effectively.

The National Abortion Federation, **www.prochoice.org**, provides information on abortion procedures and laws, as well as a toll-free hotline that offers funding assistance and referrals to abortion providers that are NAF members.

Men and Abortion, **www.menandabortion.com**, is an open, honest, and caring online environment for men and women who seek information on dealing with abortion. It encourages men and women to talk together about their experiences with abortion.

Facilitator Resource 53

WORKSHOP 21: UNINTENDED PREGNANCY OPTIONS

ADOPTION FACTS

What is open adoption?

In an open adoption, the birth parents may choose their baby's adoptive family, giving them the opportunity to know their child as it grows, even though they no longer have legal and parenting rights. Birth and adoptive families decide on the type and amount of contact they will have. They may decide to stay in touch through letters, pictures, phone calls, emails, or periodic visits. Regardless of the arrangement, children generally enjoy knowing where they came from. Both birth and adoptive families may feel more comfortable about the adoption when they have information about each other and the child.

Who places their children for adoption?

- Between 1952 and 1972, 8.7 percent of all unmarried mothers placed their children for adoption. This percentage dropped to 2 percent between 1982 and 1988.
- Few youth decide to place their children for adoption. According to a 1995 study, 51 percent of pregnant teenaged women give birth, 35 percent terminate the pregnancy with abortion, and 14 percent miscarry. Less than 1 percent place their children for adoption.

How involved are the birth fathers?

- Most states require that the father be told about the pregnancy prior to adoption. The father may be required to agree for the adoption to proceed.
- According to some adoption agencies, birth fathers are actively involved in more than a quarter of the decisions to place a child for adoption.

Additional Adoption Facts

- The 2007 National Survey of Children's Health reported that 2 percent of all children in the U.S. live with an adoptive parent. (There is no single source for the total number of children adopted in the United States, and no straightforward way to determine the total number of adoptions, even when multiple data sources are used.)
- The Evan B. Donaldson Adoption Institute's 1997 public opinion benchmark survey found that 58 percent of Americans know someone who has been adopted, has adopted a child, or has relinquished a child for adoption.
- From 1999 to 2013, Americans adopted 249,694 children from other countries.
- While inter-country adoption may be the most visible category, the majority of American adoptions actually involve children adopted out of foster care. About 135,000 children are adopted in the United States each year. Of non-stepparent adoptions, about 37 percent are from the child welfare (or

foster) system, 25 percent are from other countries, and 38 percent are private, domestic adoptions.

- Domestically, the percentage of infants given up for adoption has declined from nine percent of those born before 1973 to one percent of those born between 1996 and 2002.
- Although never-married persons aged 18 to 44 years are less likely to have adopted children compared with those who have been married, about 100,000 never-married women and 73,000 never-married men adopted children in 2002.
- Some states have restrictions on adoption by lesbian, gay, bisexual, and transgender people. This is changing as more states recognize the civil rights of LGBTQ people.
- Same-sex couples raising adopted children are older, more educated, and have more economic resources than other adoptive parents. The Williams Institute at the University of California reported that, in 2011, an estimated 22,000 adopted American children were living with a lesbian or gay parent.

Facilitator Resource 54

WORKSHOP 21: UNINTENDED PREGNANCY OPTIONS

ABORTION PROCEDURES

medical abortion: the ending of a pregnancy with a prescription medication rather than a surgical procedure. Most medical abortions can be performed up to seven weeks after the last menstrual period.

early vacuum aspiration or suction curettage: The cervix is gradually dilated (stretched open), and a small tube is passed through it into the uterus. The other end of the tube is attached to a manual syringe or suction machine, which is used to remove the contents of the uterus. Afterward, a curette (narrow metal loop) may be used to gently scrape the inside of the uterus, to make sure it is empty. This procedure can be performed between six and fourteen weeks after the last menstrual period.

dilation and evacuation (D&E): The cervix is gradually dilated over several hours, using a dilator, which slowly absorbs fluid, and expands. A woman might receive an IV for pain and to prevent infection. The dilators are removed, and the contents of the uterus are removed with instruments and suction curettage. This procedure can be performed between thirteen and twenty-six weeks after the last menstrual period.

induction method: A salt, prostaglandin, or urea solution is injected into the uterus and causes the muscular contractions of labor resulting in a stillbirth. This procedure is rare and can be performed after sixteen weeks following the last menstrual period.

intact dilation and extraction (D&X): Dilators are placed in the cervix and remain there for several hours (often overnight). Next, IV medications are given to ease any pain the woman might be experiencing and also to prevent infection from occurring. Finally, a local anesthetic is injected into the cervix, and the fetus and placenta tissues are removed. This procedure is rare and can be performed after nineteen weeks following the last menstrual period.

—adapted with permission from P. Brick and B. Taverner, "Pregnancy: A Timeline," *Educating about Abortion*, 2nd ed., © 2003 by The Center for Family Life Education, **www.SexEdStore.com**.

Facilitator Resource 55

ABORTION FACT SHEET

Incidence Of Abortion

- Half of pregnancies among American women are unintended, and 40 percent of these are terminated by abortion. Twenty-one percent of all pregnancies (excluding miscarriages) end in abortion.
- In 2011, 40 percent of pregnancies among white women, 69 percent among blacks, and 54 percent among Hispanics were unintended. In that year, 1.06 million abortions were performed, down from 1.21 million in 2008. Between 1973 and 2011, nearly 53 million legal abortions were performed.
- Each year, 1.7 percent of women ages 15 to 44 have an abortion; half of them have had at least one previous abortion.
- At least half of American women will experience an unintended pregnancy by age 45, and at 2008 abortion rates, nearly one-third of all women will have had an abortion by that age.

Who Has Abortions?

- Eighteen percent of U.S. women obtaining abortions are teenagers; those ages 15 to 17 obtain 6 percent of all abortions, youth ages 18 to 19 obtain 11 percent, and youth under age 15 obtain 0.4 percent.
- Women in their twenties account for more than half of all abortions; women ages 20 to 24 obtain 33 percent of all abortions, and women ages 25 to 29 obtain 24 percent.
- Non-Hispanic black women account for 30 percent of abortions, non-Hispanic white women for 36 percent, Hispanic women for 25 percent, and women of other races for 9 percent.
- Thirty-seven percent of women obtaining abortions identify as Protestant and 28 percent identify as Catholic.
- Women who have never married and are not cohabiting account for 45 percent of all abortions.
- About 61 percent of abortions are obtained by women who have one or more children.
- Forty-two percent of women obtaining abortions have incomes below the federal poverty level ($10,830 for a single woman with no children).
- Twenty-seven percent of women obtaining abortions have incomes between 100% and 199% of the federal poverty level.
- The reasons women give for having an abortion underscore their understanding of the responsibilities of parenthood and family life. Three-fourths of women cite concern for or responsibility to other individuals; three-fourths say they cannot afford a child; three-fourths say that having a baby would interfere with work, school, or the ability to care for dependents; and half say they do

not want to be a single parent or are having problems with their husband or partner.

When Women Have Abortions

- 63.1 percent of abortions occur earlier than 9 weeks following the last menstrual period.
- 25.7 percent of abortions occur between weeks 9 and 12 following the last menstrual period.
- 6.2 percent of abortions occur between weeks 13 and 15 following the last menstrual period.
- 3.6 percent of abortions occur between weeks 16 and 20 following the last menstrual period.
- 1.2 percent of abortions occur during or after 21 weeks following the last menstrual period.

Contraceptive Use

- Fifty-one percent of women who have abortions have used a contraceptive method (usually condoms or the pill) during the month they became pregnant. Earlier data indicated that, among those women, 76 percent of pill users and 49 percent of condom users reported having used their method inconsistently, while 13 percent of pill users and 14 percent of condom users reported using it correctly.
- Data as of March 2011 indicated that 46 percent of women who have abortions have not used a contraceptive method during the month they became pregnant. Of these women, 33 percent perceived themselves to be at low risk for pregnancy, 32 percent had concerns about contraceptive methods, 26 percent had unexpected sex, and 1 percent were forced to have sex.
- Also according to 2011 data, 8 percent of women who have abortions have never used a method of birth control; nonuse is greatest among those who are young, poor, black, Hispanic, or less educated.
- According to the 2011 data, about half of unintended pregnancies occur among the 11 percent of women who are at risk for unintended pregnancy but are not using contraceptives. Most of these women have practiced contraception in the past.

Providers and Services

- The number of U.S. abortion providers declined 4 percent between 2008 (1,793) and 2011 (1,720). Eighty-nine percent of all U.S. counties lacked an abortion clinic in 2011; 35 percent of women live in those counties.
- Forty-two percent of abortion providers offer very early abortions (even before the first missed period) and 95 percent offer abortion at eight weeks from the last menstrual period. Sixty-four percent of providers offer at least some second-trimester abortion services (thirteen weeks or later), and 23 percent offer abortion after twenty weeks. Only 11 percent of all abortion providers offer abortions at twenty-four weeks.
- In 2009, the average amount paid for a nonhospital abortion with local anesthesia at ten weeks' gestation was $451.

Early Medical Abortion

- In September 2000, the U.S. Food and Drug Administration approved mifepristone to be marketed in the United States as a medical alternative to surgical abortion.
- In 2011, 59 percent of abortion providers, or 1,023 facilities, provided one or more early medical abortions. At least 17 percent of abortion providers offered only early medical abortion services.
- In 2011, medical abortions accounted for 23 percent of all nonhospital abortions and 36 percent of abortions before nine weeks' gestation.

Safety of Abortion

- A first-trimester abortion is one of the safest medical procedures, with minimal risk—less than 0.05 percent—of major complications that might need hospital care.
- Abortions performed in the first trimester pose virtually no long-term risk of such problems as infertility, ectopic pregnancy, spontaneous abortion (miscarriage), or birth defect, and little or no risk of preterm or low-birth-weight deliveries.
- Exhaustive reviews by panels convened by the U.S. and British governments have concluded that there is no association between abortion and breast cancer. There is also no indication that abortion is a risk factor for other cancers.
- Leading experts have concluded that, among women who have an unplanned pregnancy, the risk of mental health problems is no greater if they have a single first-trimester abortion than if they carry the pregnancy to term.
- The risk of death associated with abortion increases with the length of pregnancy, from one death for every one million abortions at or before eight weeks to one per 29,000 at sixteen to twenty weeks, and one per 11,000 at twenty-one or more weeks.
- Fifty-eight percent of abortion patients say they would have liked to have had their abortion earlier. Nearly 60 percent of women who experienced a delay in obtaining an abortion cite the time it took to make arrangements and raise money.
- Youth are more likely than older women to delay having an abortion until after fifteen weeks of pregnancy, when the medical risks associated with abortion are significantly higher.

Law and Policy

- In the 1973 *Roe v. Wade* decision, the U.S. Supreme Court ruled that women, in consultation with their physicians, have a constitutionally protected right to have an abortion in the early stages of pregnancy—that is, before viability—free from government interference.
- In 1992, the Court reaffirmed the right to abortion in *Planned Parenthood v. Casey*. However, the ruling significantly weakened the legal protections previously afforded women and physicians by giving states the right to enact restrictions that do not create an "undue burden" for women seeking abortion.
- As of January 1, 2014, at least half of the states had imposed regulations on abortion clinics, such as requiring counseling, a waiting period, and/or paren-

tal involvement, or prohibited the use of state Medicaid funds to pay for medically necessary abortions.

- Even without specific parental involvement laws, earlier data has indicated that six in ten minors who have an abortion report that at least one parent knew about it.
- Congress has barred the use of federal Medicaid funds to pay for abortions, except when the woman's life would be endangered by a full-term pregnancy or in cases of rape or incest.
- In 2006, publicly funded family planning services helped women avoid 1.94 million unintended pregnancies, which would likely have resulted in about 860,000 unintended births and 810,000 abortions.

—adapted from Guttmacher Institute, "In Brief Fact Sheet: Facts on Induced Abortion in the United States" (May 2011), **www.guttmacher.org**

Facilitator Resource 56

WORKSHOP 21: UNINTENDED PREGNANCY OPTIONS

CASE STUDIES OF UNINTENDED PREGNANCIES

- Ellen is 16 and has just discovered she's seven weeks pregnant with her boyfriend of eight months. She hasn't told him or anyone else that she's pregnant. She has had a strong religious upbringing and doesn't believe in abortion, but she feels she cannot have a baby because her parents are strict and would be devastated to know she'd had premarital sex. Ellen would like to wait to become a parent, because she cannot provide a good life for a child at this time.
- Monique is 15 and is eleven weeks pregnant by a guy she had sex with once at a party. She loves babies and has helped raise her two younger brothers. Monique's best friend has a baby, and she knows it's hard to be a young mom, but not impossible. Monique lives with her grandmother, who wants her to finish school and doesn't want her to have a child at this time. Monique has been frustrated with school, but she thinks having a child now would make her want to work harder to succeed.
- Maria is 18 and is a very good student. She and her boyfriend Juan are planning to go away to college in the fall. They usually use birth control, but sometimes they forget, and she is now four weeks pregnant. She and her boyfriend plan to get married some day and raise a family, but they both want to finish school and pursue their careers first. She is afraid to disappoint her parents by telling them she's pregnant.
- Danielle is 16 and is three months pregnant. She was raped while on a date with a guy she barely knows. She didn't tell anyone about the rape because she was ashamed and assumed no one would believe her. Now she doesn't want anyone to know about the pregnancy because she's afraid people will think it's her fault. She can't even imagine how she could have the child of someone who hurt her so badly, but she's worried it may be too late to do anything about it.
- Lilliana is 17 and is four months pregnant. She's in love with Robert, who is 23. He told Lilliana many times that he loved her and would take care of her if anything ever happened. When she first found out she was pregnant, she told him she thought she should get an abortion. He got very upset and pleaded with her to have his baby. She loved him so much she agreed. Now Robert has stopped calling her, and Lilliana worries he may be seeing another girl. Lilliana doesn't want to lose Robert and she's prepared to have his child, but only if they can be a family.

—adapted from P. Brick and B. Taverner, "Unplanned Pregnancy: Making a Decision," *Educating about Abortion*, 2nd ed. © 2003 by The Center for Family Life Education. **www.SexEdStore.com**

Handout 31

WORKSHOP 21: UNINTENDED PREGNANCY OPTIONS

PRESENTING THE OPTIONS

Unintended pregnancy option: _____

Team Members:

1.
2.
3.
4.
5.

Pros of this option for teens facing an unplanned pregnancy:

1.
2.
3.
4.
5.

Cons of this option for teens facing an unplanned pregnancy:

1.
2.
3.
4.
5.

WORKSHOP 22 Contraception and Safer Sex

This workshop benefitted from the contributions of Kimberly Chestnut.

A WORD TO THE FACILITATORS

While it is healthier for youth to express their sexuality without intercourse (vaginal, oral, or anal), those who are having or plan to have intercourse need to address many important issues, including how to protect themselves and their partners from pregnancy and STIs. This workshop illustrates that pregnancy is something that *can happen to them* if they engage in unprotected penis-vagina intercourse. It teaches that careful, consistent use of protection against pregnancy and STIs can make participants' sexual behavior more caring and responsible. It also provides practice in evaluating behaviors that put them at risk of unintended pregnancies and STIs. This information is critical for youth of all orientations.

Some participants may use this information immediately, while others may not need it until later in adolescence or adulthood. Contraceptive knowledge is a lifelong need, not just a youth concern. Nor is it just a women's issue. Unintended pregnancy affects male sexual partners, who bear an ethical and a financial responsibility for the pregnancies they help create.

Not every contraceptive option available to youth appears in this workshop. For example, it does not discuss sterilization, the diaphragm, the cervical cap, or natural family planning. You may mention that additional options exist, but this workshop will focus on methods of contraception most likely to be used by youth.

This workshop creates an atmosphere of affirmation and acceptance while promoting personal responsibility and planning for the consequences of sexual behavior. Facilitating it does not require in-depth knowledge of contraceptives or reproduction. However, if you feel more comfortable bringing in a guest speaker, invite an educator from a Planned Parenthood affiliate or a local reproductive health clinic, or a private health care provider such as a gynecologist or an adolescent medicine specialist. This topic also affords an excellent opportunity for a field trip to a reproductive health center.

WORKSHOP GOALS

- to increase participants' perceived vulnerability to an unplanned pregnancy
- to reinforce the attitude that using protection correctly and consistently is a responsibility that comes with the decision to engage in sexual intercourse (vaginal, oral, or anal)
- to increase knowledge of contraceptive options, with an emphasis on very effective and long-acting methods

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- affirm that planning for contraception and STI protection is a responsibility that comes with the decision to engage in sexual intercourse (vaginal, oral, or anal)
- rank birth control methods by their effectiveness
- rank birth control methods by the level of effort required to use them correctly
- identify birth control methods that also protect against STIs
- identify behaviors that present no risk, low risk, and high risk of unintended pregnancy or STIs

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
The Pregnancy Game	10 minutes
Birth Control Options	40 minutes
Evaluating Pregnancy and STI Risks	20 minutes
Reflection and Planning	5 minutes
OPTIONAL ACTIVITIES	
Contraception Myths and Facts	20 minutes
Choosing a Contraceptive	20 minutes
Public Service Announcement	30 minutes
Field Trip to a Clinic	60 minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ the Circles of Sexuality chart

For The Pregnancy Game

- ☐ two brown paper bags
- ☐ one hundred pieces of individually wrapped hard candy (fifty red and fifty yellow)

For Birth Control Options

- ☐ a chart of methods of contraception
- ☐ a chart of the female reproductive organs, a pelvic model, or both
- ☐ samples of IUDs, condoms, and contraceptive implants, patches, and pills
- ☐ Facilitator Resource 57, Contraceptive Methods
- ☐ Facilitator Resource 58, Birth Control Effectiveness Chart
- ☐ Facilitator Resource 59, A Research Study
- ☐ Handout 32, Contraceptive Methods
- ☐ Handout 33, What It Takes to Use Birth Control Correctly

For Evaluating Risks

- ☐ Facilitator Resource 60, Possible Risk Behaviors
- ☐ Facilitator Resource 61, Risk Behavior Chart

For Optional Activity, Contraception Myths and Facts

- ☐ Facilitator Resource 62, Contraception Myth/Fact Statements

For Optional Activity, Public Service Announcements

- ☐ a computer with Internet access or downloaded video and a large monitor or digital projector
- ☐ writing paper and pens or pencils
- ☐ **optional:** video recording equipment (a smartphone will suffice)

PREPARATION

1. Read the workshop plan, including facilitator resources and handouts, and decide how to divide leadership responsibilities.
2. Review online information to be sure that your information about contraceptives is up to date. Technology evolves continually, so new methods may come on the market. You can get current information on Planned Parenthood's website, especially at **www.plannedparenthood.org/health-topics/birth-control-4211.htm**, which offers links to descriptions of all methods, and **www.plannedparenthood.org/health-topics/birth-control/birth-control-effectiveness-chart-22710.htm**, a chart clearly comparing the effectiveness of different methods, again with links to descriptions. Bedsider, an online birth control support network operated by the National Campaign to Prevent Teen and Unplanned Pregnancy, offers a chart comparing not just the effectiveness of different birth control methods but nearly a dozen other features, including their cost, whether they help prevent STIs, and how "party ready" they are at **http://bedsider.org/methods/matrix**. (Hover your mouse over the icons to see more information.)
3. Find out about local laws regarding teens' access to birth control information and services. Sex, Etc. provides state-by-state information at "Sex in the States," **www.sexetc.org/action-center/sex-in-the-states**.
4. Post the Group Covenant and Circles of Sexuality charts.
5. Make copies of the following handouts:
   - Handout 32, Contraceptive Methods
   - Handout 33, What It Takes to Use Birth Control Correctly

For the Pregnancy Game

1. Put forty-three pieces of red candy and seven pieces of yellow candy into a paper bag. Label this bag Intercourse without Contraception. Next put forty-three yellow candies and seven red candies in a different bag. Label this bag Intercourse with Contraception. (If you have fewer than twelve participants, you can cut these numbers in half: twenty-one red and three yellow in the first bag and twenty-one yellow and three red in the second bag.)

For Birth Control Options

1. Gather materials to help teach this activity effectively: contraceptive charts, charts of the female reproductive organs, female pelvic models, and a birth control kit. Many local health departments and Planned Parenthood affiliates will loan or sell demonstration kits. A local health care provider may also be able to provide samples of the implant, patch, IUD, and oral contraceptives. Free or low-cost condoms may be available from your local Department of Public Health or health clinic.
2. Read the facilitator resources to make sure you have basic knowledge about the methods. The *USA Today* article is included as background to offer some insight on teens' use of long-acting birth control methods.
3. Preview the following brief videos and decide if you want to show one or two as a part of your presentation on over-the-counter methods:
   - "The Contraceptinator" (3:42 minutes), **www.amaze.org**
   - "Birth Control Basics: Condoms, The Pill and Patch" (2:09 minutes), **www.amaze.org**
4. There are three options for doing this activity: You can present the information yourself, bring in a speaker, or show a video. Choose to show a video only if you have verified that it is age-appropriate, medically accurate, and has been made available to parents/guardians for review.
5. If you opt to bring in a speaker:
   - Confirm that the speaker is comfortable with this age group and will be able to engage and interact with participants.
   - Tell the speaker what information your group has already received about conception, pregnancy, and birth. Ask for an informal and interactive presentation on the different contraceptive options. Find out if the speaker can bring samples of contraceptive products for participants to see and touch; if not, bring some yourself.
   - Make logistical arrangements and call the speaker a few days before the workshop as a reminder.

For Evaluating Pregnancy and STI Risks

1. Using Facilitator Resource 60, Possible Risk Behaviors, choose enough behaviors so each participant will get two.
2. Write each of the chosen behaviors on a large index card.
3. Make signs for the continuum:
   - No Risk
   - Low Risk
   - High Risk
   - For Pregnancy (make three of these signs)
   - For STIs (make three of these signs)
   - For Both (make three of these signs)

For Optional Activity, Contraception Myths and Facts

1. Review the myth/fact statements and choose about ten that are most relevant for your group.
2. Decide what format to use for the myth/fact activity.

For Optional Activity, Choosing a Contraceptive

1. Title one sheet of newsprint Pregnancy Prevention, and title another one Pregnancy Prevention and STI Protection.
2. Post the sheets side by side on a wall.

For Optional Activity, Public Service Announcements

- **optional:** Preview the video clip "Selling Sex: World's Best Condom Ads" (6:02 minutes), **www.youtube.com**, and set up equipment to show it to the group.
- **optional:** Set up computer(s) with Internet access for youth to research contraceptive advertisements online. Or participants can do the research on their cell phones.

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants back and help them reenter the program by asking

   - How is your life better since the last workshop?
   - What have you heard in the news about birth control or contraception?
   - How many of you learned about contraception in school? How helpful were those classes?

2. ***Question Box***

   Answer Question Box questions.

3. ***Reading***

   Set up the reading with the following comments:

   - We're still focused on circle of sexual health and reproduction, and today's workshop is about contraception (which is also called *birth control*) and safer sex.
   - Pregnancy and STIs are both possible consequences of penis-vagina intercourse.
   - There are a range of methods to prevent pregnancy. They each have different advantages and disadvantages.
   - Today we'll be reading a series of comments about what it's like to use different methods of birth control. The readings are adapted from comments by teens and young adults on websites like **Bedsider.org** and **About.com**.

4. Read, or have a volunteer read, the following comments:

My girlfriend and I started using the female condom because she had an allergic reaction to male condoms. As it turns out, I really like the female condom. It was a little challenging to use at first, but after a little practice, it's easy enough. We both find that the sensations are better with the female condom... I guess because it's wider, I feel more. And my girlfriend is enjoying sex more, which is great for me!

The condom actually slipped off when my boyfriend and I were having sex. I was so upset that we went right to the drugstore to get Plan B One-Step. It was expensive, but we figured it was cheaper than having a baby. It was only one pill and I took it immediately. Luckily, I didn't get pregnant. But after that scare, we learned how to use a condom correctly and it's never slipped off again.

I used Depo-Provera (the shot) for a year and really liked it, but I read you could lose bone density if you take Depo for a long period of time. So I decided to get a Mirena IUD about a month after my eighteenth birthday, and I was able to have it inserted for free. I had a lot of spotting for a few months after it was inserted but now I don't have any periods or bleeding at all. It's wonderful! And I don't have to remember to take a pill or get a shot or anything for five years.

I got pregnant while taking the pill. I took it correctly every day at the same time, but my depression medication caused problems with the pill's effectiveness. I forgot to tell the folks at the clinic that I was on any medication. So learn from my mistake. Please read the instructions that come with your birth control method and tell your health care provider about any medicines that you're taking.

I love my Nuva ring. It's like putting in a tampon, very easy. You just push it as far up in your vagina as possible and leave it in for three weeks. After three weeks, you take it out for a week, and you get your period. At the end of that week, you put it back in and go through the whole cycle again. It doesn't move around during sex, but my partner says he can feel it. Mine has fallen out, but you can just wash it off and put it back in—it can be out for around four hours. I haven't had any weight gain, moodiness, or breakouts, and my period is very light. The ring has worked well for me.

My girlfriend and I are using the implant for birth control. I went with her to Planned Parenthood, and after learning about all the methods, she chose the implant. It's a tiny matchstick-size rod that was inserted under the skin on her upper arm. You can't really see it. You have to feel it to know it's there. The implant releases hormones that keep eggs from being released from her ovaries every month. It's more than 99 percent effective so we don't have to worry about a pregnancy for three years! I still wear a condom to keep us safe from STIs. The only problem with the implant is that her period is kind of wacky. It's been heavier than usual, and sometimes she spots in between periods. The folks at Planned Parenthood said that could happen for the first six to twelve months, so my girlfriend knew what to expect.

5. Process the readings with the following questions:
   - What did you think about these experiences with different birth control methods? [Explain that different people can have different experiences with each of the methods they heard about. Prompt participants to comment on the roles of the male partners.]
   - Were any of the methods that got mentioned new to you? If so, which ones?

THE PREGNANCY GAME 10 Minutes

This activity helps teens understand the risk of pregnancy with penis-vagina intercourse. Explain that many teens get pregnant unintentionally because they weren't planning to have sex, so they weren't using contraception, or because they didn't believe pregnancy could happen to them.

1. Ask the group, "If one hundred couples were having penis-vagina intercourse regularly for one year without using contraception, how many would probably be pregnant by the end of the year?" Record their guesses on newsprint.
2. Explain that you're going to lead a quick activity to demonstrate the chances of getting pregnant with and without contraception. Display the bag marked Intercourse without Contraception and tell the group that there are two colors of candy in the bag in a proportion that reflects the risk of becoming pregnant when having unprotected penis-vagina intercourse. Display the two different-colored candies.
3. Ask participants to imagine being one of the hundred couples and to draw a candy from the bag to see if they "experience a pregnancy." As participants are reaching into the bag, ask a few how they feel. Does anyone feel anxious? Explain that this parallels the feeling that many people have when they engage in unprotected penis-vagina intercourse.
4. When everyone has drawn a candy, ask the following questions:
   - What happened here?
   - What percentage of you experienced a pregnancy?
   - What are the lessons to be learned from this?
5. Give the following information:
   - The vast majority of couples having penis-vagina intercourse without birth control for a year—eighty-five out of a hundred—would get pregnant. [Compare that probability with the guesses the group made earlier.]
   - This is just a statistic. It doesn't mean that it would take a year for those eighty-five couples to get pregnant. Many would get pregnant much more quickly, some the first time they have intercourse.
6. Repeat the process with the bag of candies labeled Intercourse with Contraception. Now all the couples are using some form of contraception. Remind participants again which candy represents pregnancy, and have them draw one each. Ask how people are feeling as they reach into the bag this time, knowing that they are protecting themselves.

7. Ask the following questions:
   - What happened this time?
   - What's the take-away message?
8. Point out the big difference contraception makes, that very few couples—only fifteen out of a hundred, compared to eighty-five—experience pregnancy if they have penis-vagina intercourse for a year but always use some method of contraception.

BIRTH CONTROL OPTIONS

40 Minutes

If you are showing a video:

1. Begin by asking participants to name all the methods of birth control or contraception they know. List these on newsprint.
2. Introduce the video. After the video, answer any questions.
3. Distribute the handouts (or you can distribute booklets or pamphlets that cover the same information).
4. Pass around samples of birth control methods for participants to see and touch.

If you are bringing in a guest speaker:

1. Introduce the guest speaker and give an overview of their presentation. Make sure you leave some time for questions and answers and for the youth to see and touch the birth control methods. Stress the point that these methods, with the exception of the condom, don't prevent STIs. Condoms must always be used along with effective birth control.
2. Distribute the handouts (or you can distribute booklets or pamphlets that cover the same information).
3. Thank the speaker and transition to the next activity.

If you are giving your own presentation:

1. Begin by asking participants to name all the methods of birth control or contraception they know. List these on newsprint.
2. Explain that you're going to spend the next 40 minutes reviewing methods of contraception. Ask why it might be important for people of all sexual orientations to learn about contraceptives.

   Expected answers include
   - Even though people who only have sex with members of the same sex don't have to worry about preventing pregnancy, they can use this information to educate friends and family members.
   - Some will need the information for themselves. Some same-sex-attracted people have penis-vagina intercourse, for a variety of reasons.
   - Anyone of any sexual orientation who has penis-vagina intercourse needs to protect against unintended pregnancy.
3. Give the following information:
   - There are two main types of contraceptive methods—prescription and over-the-counter.

- Prescription methods require you to go to a health care provider, who will educate you fully about the method and write the prescription.
- Over-the-counter methods can be obtained easily from a drugstore, supermarket, or convenience store, or they can be purchased online.

4. Distribute Handout 32, Contraceptive Methods, and Handout 33, What It Takes to Use Birth Control Correctly. Begin reviewing the methods in the order listed in Facilitator Resource 57, Contraceptive Methods. Keep this discussion as engaging as possible.
5. For each method, display the device (if you have a sample available) and briefly explain what it is, how it works, and the effectiveness rate (how many people out of a hundred will get pregnant in a year of using the method). Mention the difference between effectiveness with perfect use and effectiveness with typical use.
6. Much of the information about over-the-counter methods will be a review. Consider showing one or two of the following videos to reinforce knowledge about male condoms:
   - "Condoms: Birth Control and Protection Against STDs—Planned Parenthood" (1:25 minutes), **www.youtube.com**
   - "How to Put On a Condom—Planned Parenthood" (2:29 minutes), **www.youtube.com**
   - "Female Condom as a Form of Birth Control—Planned Parenthood" (1:23 minutes), **www.youtube.com**
7. You don't need to present information on sterilization, withdrawal, or natural family planning unless you get questions about them.You can find information on Planned Parenthood's website at **www.plannedparenthood.org**.
8. When you've completed your presentation, pass around samples of the methods for participants to see and touch. Don't pass around methods during your presentation because the group will get distracted.
9. Finally, ask participants to look at Handout 33, What It Takes to Use Birth Control Correctly. Either read the information yourself or ask a volunteer to read it. This handout is important because it shows the level of effort required for each method.
10. Be sure to explain that abstinence from intercourse (vaginal, anal, and oral) is the healthiest option for youth this age, for both their emotional and physical health. Remind them that there are ways to be intimate and sexual with a partner without engaging in behaviors that risk unintended pregnancy or STIs. The next activity will help them evaluate behaviors for risks.

EVALUATING PREGNANCY AND STI RISKS 20 Minutes

1. Explain that this activity identifies the level of risk of pregnancy and of STIs associated with a range of behaviors. Give the following instructions:
   - You'll each receive two cards, each with a behavior written on it.
   - You'll decide how risky the behaviors are for pregnancy and for STIs.
   - A behavior that risks pregnancy is one in which sperm can possibly make contact with an egg.

- A behavior that risks STI exposure is one in which a person is exposed to blood, semen, vaginal secretions, or breast milk that might contain viruses, bacteria, or parasites that can cause STIs.

2. Post the three newsprint signs labeled No Risk, Low Risk, and High Risk on the wall to create a continuum. Place three smaller signs labeled For Pregnancy, For STIs, and For Both under each of the risk signs. The continuum should look like the Risk Behavior Chart in Facilitator Resource 61. Explain each category on the continuum.
3. Distribute two cards to each participant and review these instructions.
   - Decide how risky each behavior is. It might be
     - no risk: will not expose partners to STIs or cause pregnancy
     - low risk: unlikely to expose partners to STIs or cause pregnancy, but it might
     - high risk: very likely to expose partners to STIs or cause pregnancy
   - If it's higher risk for one thing than another, then its overall risk level is the higher one. For example, if a behavior has no risk of pregnancy but a high risk of STI exposure, it should go under High Risk for STI Exposure.
4. Have participants take turns reading their cards and saying aloud where they think the cards should be placed and why. They should say what the behavior's risk level is for pregnancy and for STIs. If everyone agrees, they should tape the card under the appropriate sign to indicate its risk rating.
5. Encourage dialogue and clarify any misconceptions. Continue until all the behaviors have been rated.
6. Lead a discussion of the following questions:
   - Which behaviors were high risk for both pregnancy and STIs?
   - Were any behaviors rated as high risk for pregnancy only?
   - Which category had the largest number of behaviors?
7. Conclude by making a few final points:
   - Any behavior that risks pregnancy also risks exposure to STIs.
   - Using birth control only some (or even most) of the time is high risk for pregnancy.
   - There are many behaviors that risk exposure to STIs even though they don't risk pregnancy.
   - There are many no-risk behaviors that can be pleasurable and increase the intimacy between romantic partners.
   - If teens decide to have sexual intercourse (vaginal, oral, or anal), they have a responsibility to use protection against unintended pregnancy and STIs.
   - Using protection during sexual intercourse is low-risk behavior. We call protected intercourse *safer sex*.

REFLECTION AND PLANNING 5 Minutes

1. Ask participants to share one thing they're taking away from today's workshop.
2. For homework, ask them to teach someone about a method of contraception or safer sex.

3. Explain that the topic for the next workshop is sexual decision making. Distribute index cards for participants to complete anonymous questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

OPTIONAL ACTIVITY
CONTRACEPTION MYTHS AND FACTS 20 Minutes

1. Tell participants you want to do a myth/fact activity, something they've done in previous workshops. Explain that you'll read a statement and they should tell you if the statement is a fact or a myth.
2. Select statements from Facilitator Resource 62. You might have participants volunteer to answer, or go around the room and ask each person to answer in turn. You could also use a game format for the activity. Choose the process that is best for your group. The goal is to correct common myths about contraception.

OPTIONAL ACTIVITY
CHOOSING A CONTRACEPTIVE 20 Minutes

Note: This activity reinforces information about different types of protection and the decisions that must be made prior to sexual intercourse. It's presented in a discussion format, but you could turn it into an interactive matching game. Make two sets of cards, one set with a brief description of birth control methods and another set with names or pictures of the methods. Distribute the cards and have participants find their match. Then ask the matched pairs to categorize their method as described below.

1. Introduce the activity by making the following points:
   - Some of you may need information about contraception and safer sex now or in the near future.
   - Others of you don't have a real need now, but you probably will in the future.
   - Responsible planning before choosing sexual intercourse is a skill you need for your whole life, not just while you're a teenager. It's important to have the knowledge and skill to be able to plan for and space the children you have throughout your life. That way you can avoid unintended pregnancies now and later in your life.

Note: In 2006, nearly half (49 percent) of all pregnancies in the United States were unintended. More than a quarter (28 percent) of pregnancies among married women, and more than half (61 percent) among cohabiting women, were unintended. (L. B. Finer and M. R. Zolna, "Unintended Pregnancy in the United States: Incidence and Disparities, 2006," *Contraception*, Vol. 4, no. 5 (2011), table 1, **www.ncbi.nlm.nih.gov/pmc/articles/PMC3338192**.)

2. Direct participants' attention to the newsprint sheets you posted.

3. Either display the birth control devices or name the methods, one at a time, and ask participants to say which heading each one belongs under. Write each method on the appropriate sheet, or have volunteers do so. Explain as you go, using information provided below. [The methods are categorized below, for your convenience; mix them up when you present them to the group, so that similar ones are not grouped together.]

Pregnancy Prevention and STI Protection

- **male condom**: Mention the caveat that, since the male condom does not prevent all skin-to-skin genital contact, it does not fully protect against STIs that can be transferred skin to skin, such as herpes. Infectious lesions may be at the base of the penis or elsewhere on the mouth and body.
- **female or internal condom**: Because this method covers the vulva (or skin surrounding the anus, if the insertable portion of the condom is placed in the rectum without the inner ring), it affords more protection against herpes during vaginal or anal sex with a male partner with the virus, since the lesions tend to reside at the base of the penis.
- **abstinence/postponement of sexual intercourse (oral, anal, and vaginal) and skin-to-skin genital contact**: Reiterate that, when abstinence is used consistently (emphasize consistency), it affords 100-percent protection from STIs and pregnancy. It is the only method of contraception that is 100-percent effective.
- **outercourse:** Remind participants that outercourse excludes genital-to-genital, oral-to-genital, oral-to-anal, and genital-to-anal contact. By the Our Whole Lives definition, it is a form of abstinence.

Pregnancy Prevention Only

- oral contraceptives (the pill)
- ring
- patch
- Depo-Provera (the shot)
- IUD
- withdrawal
- spermicides
- emergency contraception, such as Plan B One-Step

4. Once all methods are categorized, answer any questions. Stress the importance of using dual protection (condoms plus another form of birth control) when engaging in penis-vagina intercourse.

OPTIONAL ACTIVITY
PUBLIC SERVICE ANNOUNCEMENT 30 Minutes

1. Tell the youth they will work in small groups to plan (and create, if you have video recording equipment) a public service announcement (PSA) about contraception that would draw the attention of their friends and peers.
2. Show participants the video of international condom ads. Then explain that they will create their own PSA directed to youth their age.

3. Form small groups. Provide writing paper and direct the groups to identify a specific topic they want to address. Give them a few minutes to come up with ideas before you contribute the following suggestions:
   - How to practice safer sex
   - The advantages of highly effective birth control methods for teens
   - The importance of getting tested and treated for STIs
   - How to talk to a partner about preventing unintended pregnancy and STIs
   - How to get birth control information and services as a teenager
   - What it's like to buy condoms
4. Once the groups have chosen their topics, invite participants to explore the various ways their topic is addressed from multiple perspectives (those of youth, parents/guardians, merchants, health care providers, partners, and friends).
5. Encourage them to state, in one sentence, the message they want to convey in their PSA. What is the primary take-away message they want viewers to receive?
6. Then invite teams to plan how they would convey their message. If time permits, they can share with the larger group. If the participants have access to video equipment (or a cell phone with video capacity), arrange for one or more small groups to write and record their PSA and show it to the whole group. Or they can create a lower-tech PSA on a poster.

OPTIONAL ACTIVITY
FIELD TRIP TO A CLINIC

60 Minutes

Take the group on a field trip to a local reproductive health clinic that provides specialized services for teens. Make arrangements in advance with an educator or practitioner who can explain the clinic's services and speak about topics such as pelvic, breast, and testicular exams; STI testing and treatment; and local parental notification policies. This kind of field trip can make the reproductive health clinic a less threatening place in case any participant ever needs these services.

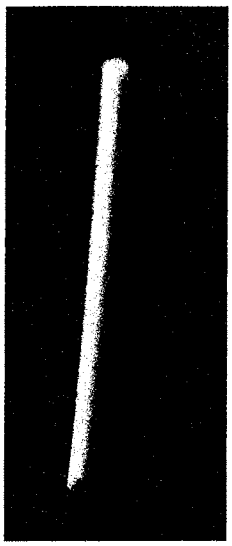
Be sure to make arrangements several weeks in advance, and follow your organization's policy on transporting participants.

Facilitator Resource 57

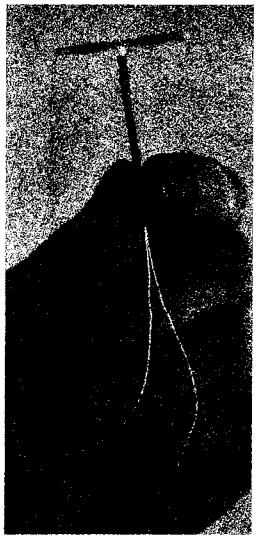
CONTRACEPTIVE METHODS

Long-Acting Prescription Methods

These are extremely effective and easy to use.



implant



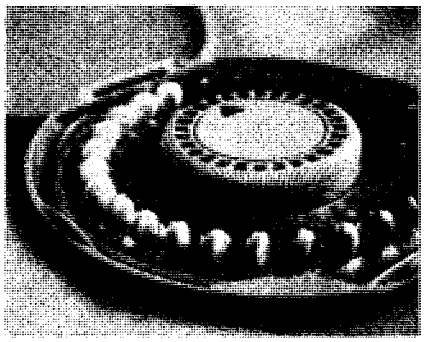
IUD

Basic Facts

- Both the implant and the IUD are designed to interrupt a woman's reproductive cycle in some way so she can have penis-vagina intercourse without becoming pregnant. The implant releases hormones that prevent the ovaries from releasing eggs. The IUD creates an environment in the uterus that makes it hard for sperm to survive and for fertilized eggs to attach to the wall of the uterus.
- Both methods are *extremely effective* at preventing pregnancy but offer no protection against STI/HIV infection. Therefore, when using these birth control methods, it is very important to also use condoms to prevent STIs.
- IUDs are inserted into the uterus by a health care practitioner; no additional effort is needed to prevent pregnancy. They are effective for three to ten years, depending on the type.
- The implant is a matchstick-sized rod that is inserted in the arm by a health care practitioner. It remains effective for three years.
- These longer-acting methods are good options because they are very effective in preventing pregnancy and there isn't much to remember or do to use them.
- These methods have some minor side effects, which are generally outweighed by their effectiveness and convenience.

Shorter-Acting Prescription Methods

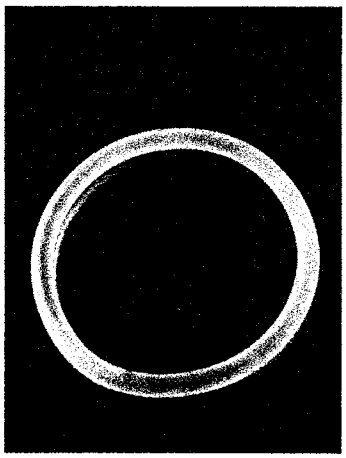
These are very effective, but there are more things to remember.



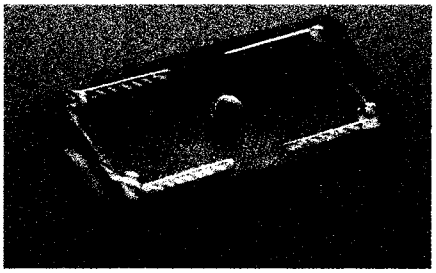
birth control pill

hormonal injections

the patch



the ring



emergency contraception

Basic Facts

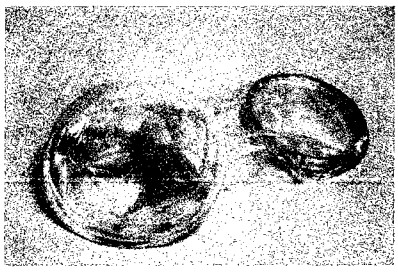
- These shorter-acting methods are all hormonal. They all release hormones that prevent the ovaries from releasing eggs, so fertilization cannot happen. The only difference in the methods is the way hormones get absorbed into the body.
- The pill is very effective if it is taken correctly, but it must be taken every day at about the same time for it to work effectively. (You must do something once a day.)
- You put on a new patch once a week for three weeks, on the same day of the week, and then leave it off for one week. After one week without the patch,

you put on a new patch on your usual day of the following week. (You must do something once a week.)

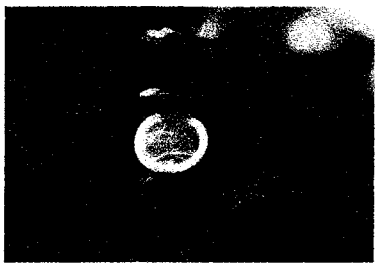
- Once you insert the vaginal ring, you leave it in for three weeks and then take it out for one week. After one week with no ring, you insert a new ring the next week on your usual day. (You must do something twice a month.)
- Each of these methods requires that you visit a health care provider to get a prescription and learn more about using the method. In most states, teens can get contraception without their parents' permission or consent. (See Sex, Etc.'s web page "Sex in the States" to find out about specific laws in your state: **http://sexetc.org/action-center/sex-in-the-states**.)
- These methods are *very effective* at preventing pregnancy but offer no protection against STI/HIV infection. Therefore, it's important to also use condoms to prevent STIs.
- The hormonal birth control methods (the pill, patch, ring, and implant) are safe and very effective. Most people who use them have no side effects. Smoking cigarettes can increase the likelihood of certain side effects. Side effects include
  - irregular menstrual bleeding
  - nausea, headaches, dizziness, and breast tenderness
  - mood changes
  - blood clots (these are rare in women under thirty-five who do not smoke)
- With the birth control shot (also a hormonal method), some people stop menstruating, gain weight, or become depressed. Studies have linked the use of the long-acting progesterone shot to a loss of bone density. So individuals who are considering getting the shot as a method should talk to their doctors about it.
- Emergency contraception (EC) is a specific dosage of birth control pills to use in an emergency—such as when a condom breaks during sex. You may have heard EC referred to as the *morning-after pill*. It should not be used as a regular method of contraception, only as a backup method. It's important to get EC as soon as possible, within five days of having unprotected penis-vagina intercourse. Teens 15 and older don't need a prescription to get Plan B One-Step, one kind of EC.

Over-The-Counter Methods

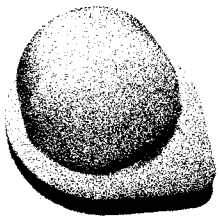
These are effective and must be used before intercourse.



female condom



male condom



birth control sponge

Basic Facts

- Each of these methods is designed to keep sperm cells from fertilizing an egg during or after penis-vagina intercourse. Two of them, the external and internal condoms, prevent pregnancy by keeping the sperm and the egg separated. The remaining ones are various forms of spermicide that prevent pregnancy by killing the sperm cells before they can reach the egg cell. The sponge is actually a dual method; it works as a barrier and a spermicide.
- Spermicides come in many forms: foam, film, cream, jelly, and vaginal suppositories.
- Condoms and spermicides are easy to get. They can be bought in clinics, pharmacies, groceries, and convenience stores without a prescription.
- These methods are somewhat less effective than the others. However, they are still quite effective if they are used correctly every time you have sex.
- These methods must be used every time during penis-vagina intercourse.
- You have to put on the condom just before having sex. If you are using spermicides, you must apply them just before having sex. So using these methods can interrupt the flow of sex. However, there are ways of making condom and spermicide use sexy, and they can become a part of lovemaking.
- Internal condoms are a great option for preventing both pregnancy and STIs. The condom is not difficult to use, but most people need to practice inserting it about three times before they feel confident and comfortable with it.
- The sperm-killing substance in most vaginal spermicides is called nonoxynol-9. Nonoxynol-9 can sometimes cause urinary tract infections and yeast infections in females and, less frequently, in males. Spermicides help prevent pregnancy, but they provide no protection against STI/HIV infection. In some cases, they may irritate tissue and increase the risk of HIV and other STIs. Vaginal spermicides and condoms treated with nonoxynol-9 are not recommended for rectal use or for vaginal use more than once a day.
- Condoms that are effective against disease as well as pregnancy are made of either latex or polyurethane, polyisoprene, or nitrile. Most external condoms are made of latex. The internal condom is made of nitrile with a polyurethane inner ring. People who are allergic to latex can use non-latex condoms.

Other Methods

- **abstinence from penis-vagina intercourse:** The most effective method of preventing conception is by not engaging in penis-vagina intercourse (practicing abstinence). It is 100-percent effective only if it is used consistently. Anytime a teenager or adult chooses not to have sexual intercourse with a partner, they will need communication and assertiveness skills to follow through with that decision. If a person does not acquire and use these skills, the method will fail.
- **sterilization:** Sterilization is permanent, so it is used by individuals or couples who are sure they don't want any, or any more, children.
- **natural family planning:** This method (also called *rhythm*) tracks the menstrual cycle to predict when pregnancy risk is lowest. Couples using natural family planning to prevent pregnancy can only have penis-vagina intercourse during those low-risk times of the month. This method relies on the cycle being very regular and on the couple meticulously tracking it and avoiding

penis-vagina intercourse for almost half of each month; it is not a method that works well for teens.

- **withdrawal:** This means removing the penis from the vagina before ejaculation occurs. This is a fairly popular method with teens, but it often fails because many young males have a hard time recognizing exactly when they are about to ejaculate. Even if they do realize in time, they may lack the willpower to withdraw. And in any case, pre-ejaculate can have sperm cells in it, so even if withdrawal is practiced perfectly, pregnancy is still possible. Although withdrawal is far better than using no method at all, couples of all ages should use a more effective method. And it's important to always use a condom with any method of contraception, to prevent STIs.

Facilitator Resource 58

BIRTH CONTROL EFFECTIVENESS CHART

If a hundred women use each method for a year, how many of them get pregnant?

This table shows the range from perfect use (lower chance of pregnancy) to typical use (higher chance of pregnancy).

implant	less than 1
IUD	less than 1
shot (Depo-Provera)	less than 1–6
birth control ring, pill, or patch	1–9
male condom	2–18
female condom	5–21
birth control sponge	9–12 (among females who have never given birth) 20–24 (among females who have given birth)
spermicides	18–28
withdrawal	4–27
no method	85

—Guttmacher Institute, "Contraceptive Use in the United States," **www.guttmacher.org**, August 2013

Facilitator Resource 59

WORKSHOP 22: CONTRACEPTION AND SAFER SEX

A RESEARCH STUDY

An experimental project that gave free birth control to more than 9,000 teen girls and women in one metropolitan area resulted in a dramatic decrease in abortions and teen pregnancies, a new study shows.

It wasn't just the "free" part that led to rates far below national averages, researchers say. They also credit the long-acting, highly effective methods of contraception chosen by 75% of the participants—namely intrauterine devices (IUDs) and hormonal implants.

The findings come as cost-free birth control is becoming available to more women under a much-debated provision of the federal health care law.... The study also comes weeks after the American College of Obstetricians and Gynecologists declared IUDs and implants front-line contraceptive choices for sexually active teen girls.

The study, published online in *Obstetrics & Gynecology*, was carried out in the St. Louis area from 2007 to 2011 and included participants ages 14 to 45 who said they wanted to avoid pregnancy for at least a year.

All were told about various methods of birth control and allowed to choose among them, but they did get counseling that stressed that IUDs and implants are much more effective than birth control pills and other methods, says lead researcher Jeffrey Peipert, professor of obstetrics and gynecology at Washington University School of Medicine.

Data suggest IUDs and implants fail up to 20 times less often than pills, which failed at a rate of about 4.5% in this study. Yet just 8.5% of U.S. women used IUDs and implants in 2009, says Megan Kavanaugh, senior research associate at the Guttmacher Institute in New York.

So the St. Louis researchers were stunned when 58% of the participants chose IUDs and 17% chose implants. Peipert says: "We found that when cost is not an issue, what is really important to women is that a method work really well."

Among the results: A teen birth rate of 6.3 per 1,000 in the study, compared with 34.3 per 1,000 nationwide.

—"Free Birth Control Project Cuts Teen Births, Abortions," by Kim Painter, from *USA Today*—(Academic Permission), October 5, 2012.

Facilitator Resource 60

WORKSHOP 22: CONTRACEPTION AND SAFER SEX

POSSIBLE RISK BEHAVIORS

Write the following behaviors on large index cards, one behavior per card. *Do not* put the codes on the cards. Codes: NR = No Risk; LR = Low Risk; HR = High Risk.

- tongue kissing (NR for pregnancy and STIs)
- holding hands (NR for pregnancy and STIs)
- body massage (NR for pregnancy and STIs)
- masturbation alone (NR for pregnancy and STIs)
- oral stimulation of the vulva with a dam (NR for pregnancy; LR for STIs)
- vaginal intercourse without a condom (HR for pregnancy and STIs)
- anal intercourse without a condom (NR for pregnancy; HR for STIs)
- rubbing genitals together with no latex barrier (NR for pregnancy; HR for STIs, e.g., HPV)
- vaginal intercourse without a condom but with an IUD (NR or LR for pregnancy; HR for STIs)
- sharing a needle to shoot drugs (NR for pregnancy; HR for bloodborne STIs)
- vaginal intercourse with a condom most of the time (HR for pregnancy and STIs)
- anal intercourse using a condom some of the time (NR for pregnancy; HR for STIs)
- mutual masturbation (NR for pregnancy and STIs)
- oral stimulation of the testicles (NR for pregnancy; HR for STIs)
- vaginal intercourse with a condom and birth control pills, but the pills are often forgotten (HR for pregnancy; LR for STIs)
- undressing a partner (NR for pregnancy and STIs)
- taking a bubble bath with a partner (NR for pregnancy and STIs)
- hot tubbing with someone who ejaculates in the tub (NR for pregnancy and STIs)
- vaginal intercourse with a condom and a contraceptive implant (NR or LR for pregnancy; LR for STIs)
- receiving a foot massage from a partner (NR for pregnancy and STIs)
- oral sex on the penis with a condom (NR for pregnancy; LR for STIs)
- nibbling a partner's earlobe (NR for pregnancy and STIs)
- sharing a favorite fantasy with a partner (NR for pregnancy and STIs)
- watching a romantic film with a partner (NR for pregnancy and STIs)
- vaginal intercourse with a condom (LR for pregnancy and STIs)
- vaginal intercourse without a condom with someone who tested negative for HIV a month ago (HR for pregnancy and STIs)
- drinking or smoking marijuana with a new partner who wants to have vaginal sex with you (HR for pregnancy and STIs; drinking and getting high don't themselves transmit infections or cause pregnancy, but they often lead to high-risk sexual behaviors)

Facilitator Resource 61

WORKSHOP 22: CONTRACEPTION AND SAFER SEX

RISK BEHAVIOR CHART

NO RISK			LOW RISK			HIGH RISK		
for pregnancy	for both	for STI exposure	for pregnancy	for both	for STI exposure	for pregnancy	for both	for STI exposure

Facilitator Resource 62

WORKSHOP 22: CONTRACEPTION AND SAFER SEX

CONTRACEPTION MYTH/FACT STATEMENTS

1. Using an effective method of contraception makes it possible to choose the times in your life when you want to have a baby.

   FACT. Using contraception gives you more control over your future. It lets you not only postpone pregnancy until you've finished your education and started a career but also decide how many children you want to have and how close together you want to have them. You can time and space pregnancies.

2. If you've had unprotected penis-vagina sex for a few months and haven't gotten pregnant, you're probably infertile (unable to have children).

   MYTH. A lot of babies have come into the world because people assumed their sexual activity would not result in pregnancy. I'm sure some of you know situations like this. Unless your doctor has told you that you definitely cannot get pregnant, you should use birth control during penis-vagina sex if you don't want to have a baby right now.

3. Overall, it is riskier health-wise to have a baby than to use any method of birth control.

   FACT. The risk of serious health problems or death from pregnancy and delivery is much higher than the risk from any method of birth control. When thinking about the possible side effects of birth control methods, it's important to also think about the risks that go along with pregnancy and birth.

4. When using a condom, it's important to withdraw the penis from the vagina right after ejaculation.

   FACT. Once someone ejaculates, they'll begin to lose their erection, and there's a chance the condom might slip off, allowing semen to enter the vagina. As soon as ejaculation occurs, grab hold of the condom at the base of the penis to make sure it stays in place as the penis is withdrawn from the vagina.

5. It's OK to use a condom more than once.

   MYTH. Condoms can only be used one time.

6. In order to get birth control pills, you must get a pelvic exam.

   MYTH. It's recommended that females begin having pelvic exams a few years after they begin having sexual intercourse, or at least by age 21. Reproductive health clinics used to require pelvic exams before they would give patients the pill, but most no longer do.

7. Birth control pills reduce the chances of getting certain types of cancer.

   FACT. Birth control pills help prevent two types of cancer, cancer of the ovaries and cancer of the lining of the uterus (endometrial cancer).

8. If a condom breaks, it's too late to worry about preventing pregnancy.

   MYTH. You can use emergency contraception (EC) in this kind of situation. You may have heard EC referred to as the *morning-after pill* or as Plan B One-Step, which is a brand of EC available without a prescription to teens fifteen and older. EC must be taken as soon as possible after the unprotected sexual intercourse; it can be effective up to five days later, but the earlier the better. Teens can go to their neighborhood Planned Parenthood or other reproductive health clinic for assistance.

9. The two methods that require the least to remember are the IUD and the implant.

   FACT. With both the IUD and the implant, once you have them inserted by a health care provider, you don't have to remember to do anything for three to ten years. The implant is effective for three years. One brand of IUD, Skyla, is effective for three years; the Mirena IUD is effective for five years; and the ParaGard IUD is effective for ten years. The only thing you have to do is go back to the doctor at the right time (after three, five, or ten years). However, if you change your mind and want to have a baby sooner, you can have the implant or IUD removed and get pregnant right away. As with any method, you should weigh the risks and benefits before deciding what would be best for you.

10. The IUD is not recommended for teens.

    MYTH. This used to be the case, but IUDs have now been found to be safe for teens regardless of whether they've given birth.

11. The IUD can travel around and get lost in the female body.

    MYTH. Many people mistakenly believe that the IUD can leave the uterus and travel to other parts of the body, such as the stomach or the chest. It cannot.

12. The IUD can be felt by a partner during vaginal intercourse.

    MYTH. During penis-vagina intercourse, the penis goes inside the vagina. At the end of the vagina is the cervix, so there's no way for the penis to enter the uterus, where the IUD is. There is a string from the IUD that comes through the os, the tiny opening in the cervix, and into the vagina; if this string is long enough to poke the end of the penis during vaginal intercourse, it can be trimmed by the health care provider who inserted the IUD.

13. Teenagers can get birth control information and services without their parents' permission in most states.

    FACT. This is true as of 2013 in most states. Laws do vary from state to state. Currently, two federal programs require confidentiality for teens—Title X and Medicaid. Any state or local service providers funded by these programs *must* provide confidential information and services to teens. This means youth can go to such a provider and get contraception, or get tested and treated for STIs, without their parents' or guardians' knowledge or permission. It's a great idea to talk with parents or caregivers about sexuality and sexual decisions. Many parents will be supportive of their teens' desire to be responsible. However, if a teenager doesn't feel comfortable informing parents about their

decision to use birth control, they don't have to, according to the law. [Provide information about local sexual and reproductive health clinics that are funded by these programs or otherwise guarantee confidentiality to young clients.]

14. Once you begin using a birth control method like the pill, patch, or IUD, it's safe to stop using condoms.

    MYTH. It's unsafe to stop using condoms even if you're also using a very effective method of birth control, because you are still at risk for STIs. Very effective birth control methods, like the pill, patch, and IUD, don't protect against STIs. And methods like the pill or IUD are even more effective in preventing pregnancy than the condom. So it's important to always use both.

15. Long-acting methods, like the implant and IUD, can't be removed early even if you change your mind about getting pregnant.

    MYTH. This is a big myth that makes some people fearful of long-acting methods. You can definitely choose to have the implant or IUD removed earlier if you decide you're ready to have a baby.

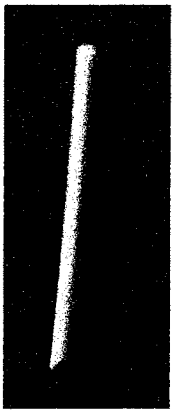
—adapted *The Fog Zone: How Misperceptions, Magical Thinking, and Ambivalence Put Young Adults at Risk for Unplanned Pregnancy* (National Campaign to Prevent Teen and Unplanned Pregnancy, 2009), **www.thenationalcampaign.org/resource/fog-zone**

Handout 32

CONTRACEPTIVE METHODS

Prescription Methods

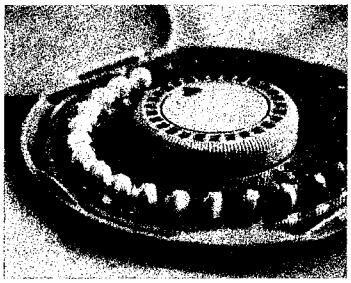
long acting: extremely effective, easy to use



the implant

IUD

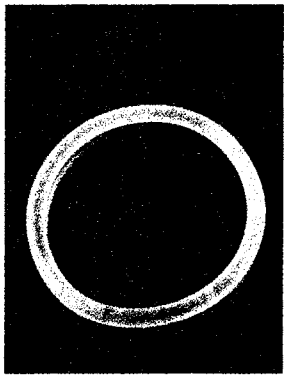
shorter-acting: very effective, more things to remember



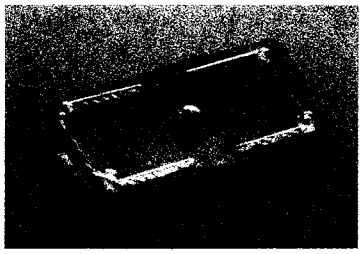
birth control pill

hormonal injections

the patch



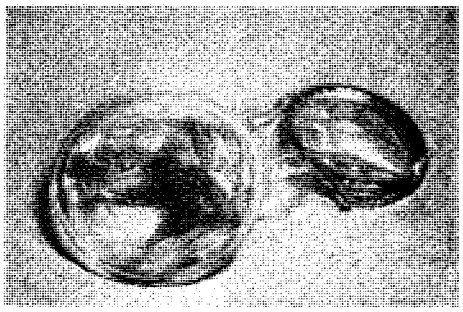
the ring



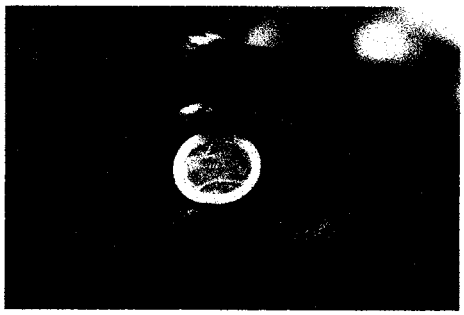
emergency contrception

Over-the-Counter Methods

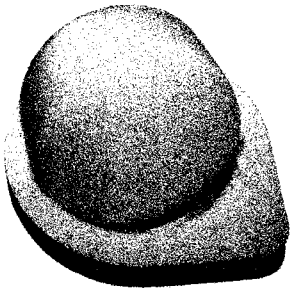
effective, must be used before intercourse



female condom



male condom



birth control sponge

Abstinence

The most effective way to prevent conception is by not engaging in penis-vagina intercourse (practicing abstinence). It is 100-percent effective only if it is used consistently. You need communication and assertiveness skills to communicate your wishes to a partner and follow through on them. If you don't have and use these skills, abstinence will fail.

Handout 33

WORKSHOP 22: CONTRACEPTION AND SAFER SEX

WHAT IT TAKES TO USE BIRTH CONTROL CORRECTLY

In order to use the following methods of birth control effectively, you must

- Use a male or female condom correctly *every time* you have sex.
- Take the birth control pill *once a day* at approximately the same time.
- Put on a new birth control patch (Evra) *once a week for three weeks and then leave it off for one week.*
- Insert a new birth control ring (NuvaRing) *once a month; leave it in for three weeks and then take it out for the fourth week.*
- Go to your health care provider and get the shot (Depo-Provera) *once every three months.*
- Go to your health care provider and get a progestin implant *once every three years.*
- Go to your health care provider and get a progestin IUD (Skyla) *once every three years.*
- Go to your health care provider and get a progestin IUD (Mirena) *once every five years.*
- Go to your health care provider and get a copper IUD (ParaGard) *once every ten years.*
- And if you forget to do something or a condom breaks, you can use emergency contraception *up to five days after unprotected intercourse.*

To be protected against both STIs and unplanned pregnancy, you must use condoms *and* another effective method of birth control. This is a responsibility that goes along with the decision to have sexual intercourse.

Communicating about Sexuality 7

WORKSHOP 23 Sexual Decision Making

This workshop benefitted from the contributions of Al Vernacchio.

A WORD TO THE FACILITATORS

In previous workshops, participants have been encouraged to postpone sexual intercourse (oral, vaginal, and anal), to see abstinence in a broad context that includes the possibility of safe and developmentally appropriate sexual expression, and to acquire the knowledge and expertise needed to use contraceptive and safer sex methods correctly and consistently during sexual intercourse. This workshop gives participants an opportunity to apply all of their knowledge to consider how they will make future decisions about sexual behavior.

Decisions about sexual behavior are challenging for youth, and also for many adults. They take a lot of hard thought, honest discussion with trusted adults and peers, understanding of the decision-making process, and skills practiced in realistic situations. Knowledge is important, but knowledge by itself cannot entirely guide behavior. A key goal of this workshop is to increase participants' confidence in their ability to make healthy and wise decisions.

WORKSHOP GOALS

- to increase participants' awareness of their sexual boundaries
- to increase participants' knowledge of questions that can guide sexual decision making
- to increase participants' confidence that they can make healthy and wise decisions about sexuality

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- identify various reasons why teens choose to engage or not engage in sexual behaviors
- identify at least three questions whose answers can help determine if they are ready to engage in sexual behavior with a partner
- articulate a message that clearly identifies where they stand on having sex at this time in their lives

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
How Do I Decide about Sexual Experience?	20 minutes
Bottom-Line Messages for Sexual Decision Making	25 minutes
Freeze-Frame Role-Playing	25 minutes

Reflection and Planning	5 Minutes
OPTIONAL ACTIVITY: The Card Game	25 Minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ the Circles of Sexuality chart

For How Do I Decide about Sexual Experience?

- ☐ Handout 34, How Do I Decide about Sexual Experience?
- ☐ pencils

For Bottom-Line Messages for Sexual Decision Making

- ☐ Handout 35, Sexual Readiness
- ☐ Handout 36, Creating Your Bottom-Line Message

For Freeze-Frame Role-Playing

- ☐ Facilitator Resource 63, Freeze-Frame Scenarios
- ☐ Handout 37, Advice from High School Seniors

For Optional Activity, The Card Game

- ☐ a deck of cards
- ☐ Facilitator Resource 64, Decisions
- ☐ Handout 35, Sexual Readiness

PREPARATION

1. Read the workshop plan, including facilitator resources and handouts, and decide how to divide leadership responsibilities.
2. Make copies of the following handouts:
   - Handout 34, How Do I Decide about Sexual Experience? (plus two extra copies)
   - Handout 35, Sexual Readiness
   - Handout 36, Creating Your Bottom-Line Message
   - Handout 37, Advice from High School Seniors
3. Post the *Group Covenant* and *Circles of Sexuality* charts.

For Bottom-Line Messages for Sexual Decision Making

1. Make the following chart:

   Create Your Bottom-Line Message

   To a Partner: I'd like to talk about how we both feel about sex, so you can know where I stand and I can find out where you stand.

To a Friend: I've thought a lot about it, and this is where I stand on having sex.

- For me, sex is . . .
- I've made the decision to . . .
- It's important to me that . . .
- I want you to . . .

2. Create a message to model the process for participants.

For Freeze-Frame Role-Playing

1. Review the scenarios in Facilitator Resource 63, Freeze-Frame Scenarios, and choose two to use with your group.

For Optional Activity, The Card Game

1. Read Facilitator Resource 64, Decisions, and choose a situation to use with your group.
2. If more relevant situations have been mentioned in your group, feel free to use one of them instead. Compose a brief summary of it, and also identify two or three decisions that could be made in that situation. Decide what the possible consequences of each decision will be, and which card will represent each consequence. Try to ensure that the likelihood of a given card being drawn reflects the likelihood of the consequence it represents.

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants back and help them reenter the program by asking

   - Who taught someone about a method of contraception or safer sex? How did it go?
   - How is your life better since the last workshop?

2. ***Question Box***

   Answer Question Box questions.

3. ***Reading***

   Set up the reading with the following comments:

   - Our topic today is sexual decision making. Where do you think it falls on the circles of sexuality? [It could relate to several of the circles: intimacy, sexual health and reproduction, sensuality.]
   - Today's reading is an excerpt from a story published by Sex, Etc., an online and print resource for sexual health information. We've read some of their stories in previous workshops.

   Read, or have one or more volunteers with strong reading skills read, the following excerpt:

Draw the Line: Setting Healthy Relationship Boundaries, by Cassandra Fetchik (age 18)

The most basic boundary that I can think of in a relationship is deciding whether or not to have sex [i.e., intercourse] with a partner. Boundaries are set because every single person has a different desire for closeness. If one person in the situation doesn't want to have sex and the other does, the one who isn't ready to have sex should make it clear . . . . Likewise, the person who is ready should respect the other's decision. In this situation, the person who is ready can either stay in the relationship without sex, move on . . . or decide that there are other ways both partners are comfortable expressing affection without having sex.

. . . The only way you can let your partner know what you are or aren't ready for is by openly sharing your feelings and communicating in an honest manner. This will lower the chance of hurting a partner because you've crossed a boundary that you weren't even aware of.

While communicating clearly with your partners sounds really nice, having these conversations with your partner about boundaries and what you are or aren't ready for isn't easy. I know I would never have been heard talking about sex or sexuality until I realized that it's something completely normal and healthy, and it has to be discussed to make sure you and your partner know where you each draw the line when it comes to sex and being physically close. Talking about boundaries can be so awkward, because you may find that this person you've got a huge crush on isn't on the same page as you about sex. The excitement of a new relationship is so much fun, but finding out that you don't agree about some basic boundaries isn't fun. While these conversations about boundaries can feel uncomfortable and like a real downer, it's even more uncomfortable not to have the conversations and to stumble through crossing boundaries, which can make things even more awkward or frustrating.

—Sex, Etc., **www.sexetc.org**

4. Process the reading by asking
   - What are your reactions?
   - How many of you have ever discussed your sexual boundaries with a friend or a partner?
   - What other kinds of decisions do young people make about sex and sexuality? [Examples may include whether to participate in specific behaviors, disclosing sexual orientation or identity, whether to be in relationships, etc.]
5. Explain that this workshop will focus primarily on making decisions about sexual behavior. The next workshop will assist you in communicating those decisions and negotiating them with a partner.

HOW DO I DECIDE ABOUT SEXUAL EXPERIENCE? 20 Minutes

1. Tell participants that you want them to analyze their past and current decision-making patterns regarding sexual behaviors. Remind them that *sexual behavior* refers to more than just sexual intercourse. It can include a range

of behaviors, including masturbation, hugging, kissing, and holding hands with someone.

2. Distribute pencils and Handout 34, How Do I Decide about Sexual Experience? Ask participants to arrange their chairs so that each person has complete privacy while filling out the form.
3. Give the following instructions for completing the handout:
   - You're going to complete this checklist, and your responses will be anonymously shared with the group. Use a pencil to complete it and don't put your name on it.
   - Think of one specific sexual behavior you've engaged in. Remember that this might be anything in a range of behaviors. Pick one behavior and recall the first time it happened.
   - With that experience in mind, answer question A on your handout. Put a check beside any reasons you had for doing that. You can have more than one reason.
   - If you can't think of such an experience, skip to question B.
   - Think of one specific sexual behavior you had an opportunity to engage in but chose not to. With that experience in mind, respond to question B.
4. Collect and shuffle the handouts. Divide the group in half and give each small group half of the completed handouts. Give these instructions:
   - Now you're going to be researchers.
   - Your research will involve identifying reasons why young people do and don't engage in sexual behavior.
   - Each small group will take half of the completed handouts and tabulate the responses.
   - You'll have 5 minutes to analyze your data.
5. Provide each group with a blank handout and ask them to tabulate the number of times each of the reasons under each question was checked.
6. After 5 minutes, ask the two groups to share the results of the survey.
7. Discuss the results by asking
   - What were the top two reasons why people chose to engage in sexual behavior?
   - What were the top two reasons why they chose not to engage in sexual behavior?
   - What do you think about "I didn't really decide . . . it just happened" as a reason to have any kind of sex?
   - Which of the reasons for engaging in a behavior seemed better or healthier to you?

BOTTOM-LINE MESSAGES FOR SEXUAL DECISION MAKING

25 Minutes

1. Set up the activity by asking
   - When do you think someone is ready to have sexual intercourse (oral, anal, or vaginal)?
   - What would have to be in place in their relationship with a partner?

- What kinds of questions should young people ask themselves before taking that step?

2. Distribute Handout 35, Sexual Readiness. Review part A by asking volunteers to read the questions to answer before deciding to have intercourse. Get reactions.
3. Review Part B of the handout, on planning ahead. Then give the following instructions:
   - It's time to do some skill-building. You're going to create your own individual bottom-line messages.
   - This way you'll be able to tell others where you stand on having sexual intercourse (oral, vaginal, or anal) at this point in your life.
   - It's important to talk with a partner about sex before doing it, and timing is everything. Don't ever wait until you're in the heat of the moment.
   - Have a game plan all set in your head so you know what you want to say when the right time presents itself.
4. Post the Create Your Bottom-Line Message chart and distribute Handout 36, Creating Your Bottom-Line Message. Review the opening statements (one to a partner, the other to a friend) and the incomplete sentences. Model the process of creating a message by completing the sentences yourself.

   to a partner: I'd like to talk about how we both feel about sex, so you can know where I stand and I can find out where you stand.

   to a friend: I've thought a lot about it, and this is where I stand on having sex.

   - For me, sex is . . .
   - I've made the decision to . . .
   - It's important to me that . . .
   - I want you to . . .
5. Ask participants to take some time to create their own messages, which they will share with the group. Let them know that they can design a message to deliver to a friend if they don't feel comfortable sharing one for a partner. Of course, they can always pass rather than share, no matter what message they have created. Circulate and spend a little time with each person. Provide support as needed.
6. When participants have finished, use the following process to hear and discuss their messages:
   - Each person will read their message.
   - We'll listen carefully and give feedback.
   - Be prepared to say one specific thing you thought was helpful about the message, and one thing that could make it stronger.
7. Have the first participant read their message. Model giving constructive feedback by being very specific and suggesting a change that can be made easily. Ask the other group members to offer additional feedback.
8. When everyone has had a turn, discuss the activity with these questions:
   - How easy or challenging was it to create your bottom-line message?
   - How comfortable would you be saying these things to someone in real life?

9. Have participants write their names on their handouts, collect them now, and plan to hand them back at the next workshop.

FREEZE-FRAME ROLE-PLAYING 25 Minutes

1. Explain that, in the next activity, participants will do some role-playing to practice making healthy decisions about sexual behavior. Remind participants that the values of the Our Whole Lives program hold that healthy sexual relationships are
   - consensual (partners agree about what they will do together sexually)
   - nonexploitative (partners have equal power, and neither pressures or forces the other into activities or behaviors)
   - mutually pleasurable
   - safe (sexual activity brings no or low risk of unintended pregnancy, sexually transmitted infections, or emotional pain)
   - developmentally appropriate (sexual activity is appropriate to the age and maturity of the persons involved)
   - based on mutual expectations and caring
   - respectful (partners value honesty and keeping commitments made to others)
2. Give the following directions for the role-play:
   - You'll divide into two teams. Each team will get a role-play involving a couple who are making a decision about sexual behavior.
   - Read and discuss the situation and decide who will role-play the couple. The other members of your group will be coaches.
   - Your goal is to have the role-play worked out so the couple reaches a decision fairly quickly.
   - You'll have 5 minutes to prepare your role-play, and then you'll act it out in the large group.
3. Divide participants into their groups. Give each group a different scenario from Facilitator Resource 63, Freeze-Frame Scenarios, and have them get started. Circulate and provide support as needed.
4. When the groups have their role-plays prepared, explain that they will be presented and discussed in the following way:
   - Team 1 will act out its role-play just to the point at which the couple have made a decision. At that point, I'll say "freeze frame," and the role-play will stop.
   - Members of Team 2 will respond to Team 1 by answering these questions:
     - What are the possible consequences for this couple if they follow through with their decision?
     - Do you think they made a healthy decision? Why or why not? [Explore whether the decision fit with the Our Whole Lives values.]
   - We'll all discuss Team 1's role-play together.
   - Then it will be Team 2's turn to present their role-play.
5. Follow the process described. During the discussion after the role-play, weave in the following discussion questions, as appropriate:

- Actors, how did it feel to play these roles?
- How realistic were the consequences that the other team predicted?
- If you could go back and make the decision again, what would you do differently?

6. Distribute Handout 37, Advice from High School Seniors. Have participants read the advice silently. Ask a few volunteers to select one piece of advice that's meaningful to them and share it with the group, including why they find it meaningful.

REFLECTION AND PLANNING 5 Minutes

1. Invite reactions to this workshop. How did it go? What did the participants find helpful? What would they change? What are they taking away to use in a real situation?
2. Tell the participants that the next workshop is about talking with a partner about sexual decisions.
3. Note that the program will be ending after two more workshops. Ask what participants would like to do to celebrate their completion of the program. Share ideas from Workshop 25, Self-Care, Celebration, and Closure, most of which require advance planning.
4. Distribute index cards and pencils for participants to write questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss these questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

OPTIONAL ACTIVITY
THE CARD GAME 25 Minutes

This activity is adapted from *Fatherhood Development Curriculum* (National Center for Srategic Nonprofit Planning and Community Leadership, 1994).

1. Explain that, in this activity, participants identify the consequences that can result from a decision. Ask someone to define the word *consequence*.
2. Make the following points:
   - Consequences are the results of an action.
   - These consequences can come immediately after an action or much later.
   - Often people don't really consider the consequences before acting.
   - We're going to play a game where you get to experience some of the consequences of taking a particular action.

3. Give the following instructions:
   - I'm going to use a deck of cards to demonstrate that decisions have consequences.
   - I'll read a situation in which a teenager must make a decision.
   - Pretend to be this teenager and make a decision in your mind. Then pick a card.
   - Each card will mean something different, depending on its color and number.
4. Read a situation from Facilitator Resource 64, Decisions, or a situation of your own choosing. Each situation is followed by possible decisions participants can make. Read these decisions and invite participants to choose what they would do. Designate a place or section of the room for each option, and have participants move to the place that represents their decision.
5. Shuffle the cards and hold them in your hand, face down. Have each person select a card. When everyone has a card, focus on those who chose Decision 1. Read the possible consequences for Decision 1 by color and number of card ("Those who have a red face card, your consequence is . . . . ").
6. Once everyone who chose Decision 1 understands the consequence of their decision, go on to Decision 2. Continue this process for all possible decisions.
7. When all participants have learned the consequence of the decision they made, discuss the following questions:
   - How do you feel about the decision you made?
   - When you made your decision, what did you really think would happen? Did you think this consequence would happen to you?
   - What, if anything, would you do differently next time?
8. Distribute Handout 35, Sexual Readiness, and discuss the questions briefly. Ask participants how useful they think it would be to review these kinds of issues before entering into a sexual relationship.
9. Conclude the activity by asking the following questions:
   - How often do you make decisions without thinking about possible consequences?
   - What usually goes through your mind when you make an important decision?
   - How will this exercise affect the way you make decisions in the future?

Facilitator Resource 63

FREEZE-FRAME SCENARIOS

Hannah and Jonathan

Hannah, fifteen, and Jonathan, sixteen, have been going together for about six months. They have a good relationship but only get to see each other about once a month, because Jonathan just moved to a town about an hour away from Hannah. Since his move, Hannah has begun to hint that she's ready to have intercourse (oral, vaginal, or anal). Plan a role-play in which Jonathan talks to Hannah about having sex and they make a decision.

Hannah: You like Jonathan a lot and you're glad that he doesn't pressure you about sex. Still, you've decided to go ahead and have intercourse with him because it might make the relationship stronger, now that he's moved to a new town.

Jonathan: You're crazy about Hannah but don't think things will work out now that you live in two different towns. You want to be honest with Hannah and don't want to mislead or hurt her. Recently, Hannah has hinted that she's ready to have intercourse, but you're wondering if she's just trying to hold on to the relationship. Talk to Hannah about what you're sensing.

Lee and Pete

Lee and Pete met several months ago at a party. Lee identifies as queer and is very active in the LGBTQ group at his school. Pete isn't sure whether he's straight or bisexual and has only dated girls. But both Lee and Pete know they are attracted to each other. Plan a role-play in which Lee talks to Pete about what's going on and they make a decision about whether to have sex.

Lee: You and Pete live in the same apartment building and are in the same homeroom. Pete has dated girls and seems straight, but he also seems attracted to you. Last week, you bumped into him in the laundry room in your building and, after a lot of "accidental touches," you ended up kissing. But then he stopped and left. Now he just sent a text asking if you'd meet him in the laundry room. You decide to go because you want to have an honest conversation. You don't want to begin anything with someone who is so confused.

Pete: You date girls you like, but haven't done much sexual with them; you've kissed a couple of them, but didn't find it very exciting. Now you feel very attracted to Lee. When you kissed him last week, it felt wonderful, but also confusing. You just can't stop thinking about Lee and imagining his touch. You think you want to have sex with him, but you don't want your family or friends to find out, because they would disapprove.

Graham and Marina

Marina and Graham have been going out for four months. Marina's family immigrated from Russia five years ago. Marina speaks English well, thinks of herself as American, and argues constantly with her parents about many of their beliefs, which she finds old-fashioned. Graham and Marina are crazy about each other. Plan a role-play in which Graham talks to Marina about having sex and they make a decision.

Graham: You feel lucky to have Marina as your girlfriend. She's beautiful and so nice to you. You like the fact that you come from different cultural backgrounds. You love touching Marina and want to have penis-vagina intercourse with her. You want to do it right, though. You want to go with her to get birth control, and you'll use a condom too.

Marina: You're in heaven because Graham is such a nice, caring, and sensitive guy. He's the first American you've ever dated, and your parents don't like him. They don't want you settling down with one guy. When you and Graham kiss and touch each other, it feels great. You want to have sex, but you've always told yourself and your parents that you would wait until you were married to have intercourse.

Chris and Sandy

Chris and Sandy are two girls who just met last weekend at a party. They had fun together, and now they've hooked up again this weekend. They're alone in Sandy's basement. Plan a role-play in which Chris asks Sandy about having sex and they make a decision.

Chris: You think Sandy is a lot of fun and very cute. You're not interested in a relationship. You know that you're both really turned on. You decided some time ago that you weren't ready for oral sex, so you know that's off-limits for you. But you can think of a lot of other wonderful, pleasurable things that you and Sandy can do to express your feelings for each other. Talk it over with Sandy.

Sandy: You think Chris is great and feel that this could be the relationship you've always wanted. You've never felt like this before and don't want to do anything to turn Chris off. You feel open to all kinds of things with Chris, including commitment and sex. You plan to use a dam (an oral barrier) if you and Chris decide to have oral sex.

Max and Zee

Max is a trans girl who has a big crush on Zee. Both are free thinkers who don't like labels. Max and Zee have been hanging out together for a few weeks and enjoy a lot of the same things. It's clear that they're attracted to each other, but they've never kissed or touched. Plan a role-play in which Max talks to Zee about having sex and they make a decision.

Max: You were born biologically male but have never identified as a boy or a man. You see yourself as a girl, but not a "girly" girl. You really like the fact that Zee is kind of androgynous; it's a turn-on for you. You want to kiss Zee and do more, but aren't sure how to get things started. You decide that the two of you should talk about your feelings.

Zee: Biologically, you were born female. You hate all of the boxes that society puts people in and work hard to have a gender-nonconforming appearance and style. You buy most of your clothes in the young men's department and enjoy bending gender rules. You feel like Max is a true soulmate who really "gets you."

Facilitator Resource 64

WORKSHOP 23: SEXUAL DECISION MAKING

DECISIONS

Situation 1

Roy is with a girl he likes a lot. She tells him she wants to have sex and that he doesn't have to worry about birth control because she is on the pill. He knows STIs, including HIV, are a big risk today and that pills don't prevent STIs or HIV. What would you do if you were Roy?

Decision A: Go ahead and have penis-vagina intercourse with no condom.

- If the card is a black number card, the girl didn't get pregnant, and Roy didn't get an STI.
- If the card is a red number card, the girl had forgotten to take her pill for two days and became pregnant.
- If the card is a red face card (ace, king, queen, or jack), the girl didn't get pregnant, but she gave Roy gonorrhea.
- If the card is a black face card, the girl gave Roy HIV and we don't know if she is pregnant yet.

Decision B: Have sexual contact that excludes sexual intercourse of any kind (oral, anal, or vaginal).

- If the card is a black number card, everything works out okay. They're both a little nervous, but they enjoy the touching.
- If the card is a red number card, Roy starts a conversation about what he's comfortable doing. They have a really good, honest talk and feel closer to each other. They decide not to do anything yet but to keep talking.
- If the card is a red face card (ace, king, queen, or jack), they agree to be sexual without having intercourse, but then get carried away and have intercourse without a condom. Roy ends up with a sexually transmitted infection.
- If the card is a black face card, Roy and the girl end up talking and being very sensual together, but they do not have intercourse. She enjoys the contact very much and has her first orgasm.

Decision C: Enjoy being together, but don't have sexual contact.

- If the card is a black number card, the girl is very understanding and does not take his decision personally. She ends up getting together with another guy that night.
- If the card is a red number card, the girl is very upset, keeps on pressuring Roy, and questions his manhood. Later she sends some negative texts about him to their friends.
- If the card is a red face card, Roy suggests they make each other feel good without having sex. The two of them give each other a sensual massage. It's

very playful and feels great. They both enjoy the experience and don't have to worry about pregnancy or disease.
- If the card is a black face card, she doesn't get upset but wants to know why he won't have intercourse with her. When Roy tells her his reasons for wanting to wait, she's really impressed. The two of them make a date for the next night.

Situation 2

Chris and Max have talked about having intercourse of some kind and decided to wait until they're older. Neither of them have had intercourse before. They've kissed and hugged, but that's as far as it has gone. They both want to be able to express their sexual feelings even more. One night after a movie, they're alone at Chris's house and start to kiss. When they both get aroused, Chris asks Max if they could stimulate each other until they both have orgasms and stick to their decision about waiting to have intercourse. What would you do if you were Max?

Decision A: Bring each other to orgasm without having intercourse.
- If the card is a black number card, everything was wonderful. Both experienced their sexuality at a new and more satisfying level.
- If the card is a red number card, it felt good physically, but it was awkward. Both Chris and Max were unsure if they wanted to go that far again.
- If the card is a red face card, they got so aroused that they went ahead and had intercourse without protection. We don't know yet if there has been a pregnancy or an infection.
- If the card is a black face card, they both feel so much closer and so sexually fulfilled that they decide that having intercourse is something they can wait for.

Decision B: Don't bring each other to orgasm.
- If the card is a black number card, everything was fine. They continued as they always had and looked forward to their times together.
- If the card is a red number card, Chris ended up feeling very disappointed with their decision. Chris was moody for several weeks, but felt better with time.
- If the card is a red face card, they continued as they always had, but this time both got more aroused than in the past and went home feeling frustrated.
- If the card is a black face card, they ended up feeling even closer as a couple because they realized that they could talk about the tough issues and reach agreements that they both felt good about.

Handout 34

WORKSHOP 23: SEXUAL DECISION MAKING

HOW DO I DECIDE ABOUT SEXUAL EXPERIENCE?

Put a check next to any reasons you had for participating in a specific sexual behavior.

_____I wanted to find out what it felt like.

_____I was really turned on.

_____I wanted to be as experienced as my friends are.

_____I was talked into it.

_____I was completely in love.

_____I didn't really decide—it just sort of happened.

_____I thought it would make me feel more mature or adult.

_____My partner and I decided we were ready for it.

_____I felt it was about time I tried it.

_____My parents said it would be okay.

_____I have not participated in any sexual behavior.

_____Other:

_____

Put a check next to any reasons you had for not participating in a specific sexual behavior.

_____I was scared.

_____I didn't feel comfortable with it.

_____My parents would disapprove.

_____I wasn't sure how to do it.

_____I don't believe people my age should be doing that.

_____I wanted to wait until I was in love.

_____I wanted to wait until I was in a committed long-term relationship.

_____My partner wouldn't agree to it.

_____I wanted to avoid any risk of STIs or pregnancy.

_____Other:

_____

Handout 35

WORKSHOP 23: SEXUAL DECISION MAKING

SEXUAL READINESS

Here are some questions to answer before deciding to have sexual intercourse (oral, vaginal, or anal):

- How do I feel about sexual intercourse ? When do I think it would be right for me? Under what conditions and with what kind of person?
- How does the other person feel? How do their feelings fit with my own?
- What makes me feel I want to have intercourse right now? Is there any chance that I'm pressuring or exploiting the other person? Could they be pressuring or exploiting me?
- What do I expect sexual intercourse to be like? What if it's bad and I don't enjoy it? How would I feel about myself and my partner?
- How would my partner and I feel if others found out about our sexual relationship?
- Do I trust my partner? Completely?
- What if this turns into a strictly sexual relationship and that's all we ever do? How would I feel then?
- What extra pressures might I (or we) feel once we have intercourse?
- How will I feel if we break up?
- What will I do to prevent sexually transmitted infections?
- What would I do if I got an STI?
- If we have penis-vagina intercourse, what will I do to prevent pregnancy?
- What would I do if a pregnancy resulted from having penis-vagina intercourse? How would my partner and I feel?
- How would my family feel if they found out about my sexual relationship? How would I feel about their knowing?

If you cannot answer all of these questions with confidence, you aren't ready for sexual intercourse. You're the only one who can make the decision; *make it wisely!*

Plan Ahead

Before you head into a situation where you might have to make a decision about sexual behavior (a party, a lock-in, a class trip, being at someone's house without adult supervision), do the following:

1. Know in advance where you stand on having sex at this point in your life. Be clear about this and be prepared to tell others (friends and prospective partners) where you stand.
2. Have a plan before you go out. Are you open to having sex with someone? If so, what do you need to do, bring, plan, etc. in order to ensure that it's a mutually pleasurable, safe, and mature experience?

3. If you're not open to having sex with anyone, what bottom-line statements can you use to communicate that decision to others?
4. Create a back-up plan to help get you out of a sticky situation. Set up a secret code that tells key people (parents, other trusted adults, or friends) you need help when you talk to, call, or text them. Be sure your back-up person knows the code. Here are some examples of possible codes:
   - For parents: "This is so unfair! I can't believe you're making me leave!"
   - For friends: "They did what? Come get me and I'll help you out."

Handout 36

CREATING YOUR BOTTOM-LINE MESSAGE

Directions: Think about where you stand on having sexual intercourse (oral, vaginal, or anal) at this point in your life. Fill in the blanks with your own thoughts and feelings. You can either write in your responses or just think about them in your head. But be prepared to share your message in the group.

I'd like to talk about how we both feel about sex, so you can know where I stand and I can find out where you stand.

For me, sex is _____

_____

I've made the decision to _____

_____

It's important to me that _____

_____

I want you to _____

_____

Handout 37

WORKSHOP 23: SEXUAL DECISION MAKING

ADVICE FROM HIGH SCHOOL SENIORS

These unedited comments are from seniors at Friends Central School in Wynnewood, Pennsylvania who, over the years, have written anonymous advice to their younger peers. They are quoted with permission.

- "Know what you want and don't let people steer you in a path that you don't want to go."
- "Establish your own beliefs and stay true to them. Don't let others mess with your values."
- "Just because your friends are doing it doesn't mean you need to."
- "Not everyone is having sex."
- "Figure out who you are as an individual before sharing yourself with someone else."
- "Be aware of all the different sexualities and be understanding. Wrap it up!"
- "Condoms are your best pal."
- "Keep things in perspective and keep it light. Remember that the first time you really like someone, you might feel like you've found 'the one,' but chances are that you have a lot more 'ones' to go through. Don't take things so seriously."
- "Don't believe that everyone is doing it."
- "Safer sex is great sex. Better wear a latex because you don't want a late text, saying, 'I think I'm late.'"
- "If you start a relationship make sure you actively work to maintain your friendships too. It sounds obvious but it's an important thing to keep in mind, even though it can be hard when you're in a new relationship."
- "Communication is the key to any relationship."
- "Don't let the upperclassmen intimidate you."
- "Don't feel pressured to rush into sexual experiences. Things will happen when you feel ready."
- "You don't need to be in a relationship to be cool. You don't need to do anything sexual to be cool. If you can't talk about what you want to do, don't do it."
- "Don't use sex to try to climb the social ladder."
- "Never ever have sexual relations with someone if you don't want to. It's your body. Especially as you get older in high school you will start to feel pressure to have sex, but never do it just to do it. You want to do it for pure reasons."
- "If there is a second guess about being in a sexual activity, you probably shouldn't be doing it, or want to be doing it."

WORKSHOP 24 Communicating with a Sexual Partner

A WORD TO THE FACILITATORS

In the last workshop, participants applied all that they have been learning in Our Whole Lives to making decisions about sexual behavior. Now they will apply that knowledge to the process of communicating with a partner. This workshop is all about communication skills—initiating conversations, communicating your bottom lines, and responding to arguments against using protection.

In order to have healthy sexual relationships, partners must be able to communicate their wants, needs, values, and boundaries. Communicating about such intimate matters can be challenging for adults as well as teens. Too many people engage in sexual behavior without ever discussing their feelings, expectations, or plans for safety. In the previous workshop, participants created bottom-line messages that articulate where they stand on having sexual intercourse at this point in their lives. They will now practice communicating those messages to a partner.

The youth will also learn strategies for negotiating with a partner when there is disagreement about a key issue, such as using protection. Partners might object to using protection for a variety of reasons. Participants will identify these reasons or excuses and learn to counter or respond to them.

The key learning strategy in this workshop is role-playing. We first teach and model the skill, then have the youth practice with a scripted role-play, and, finally, ask them to use their skills in unscripted role-plays. This is considered a best practice and is used in many evidence-based curricula. Even if you don't love role-playing, facilitate these activities with enthusiasm. Most, but not all, youth enjoy role-playing. It's critical for all participants to have the opportunity to hone their communication skills, so please urge, encourage, and support them as appropriate.

As this is the next-to-last workshop, firm up your plans for celebrating the end of the Our Whole Lives program. If possible, select participant coordinators to plan and lead part of the closing celebration. In advance of this workshop, approach your program directors or supervisors about options the youth can consider. For example, is it possible for the group to meet at another location, such as a local pizza parlor? Would a program involving participants' parents be possible? See Workshop 25 for more closing celebration ideas, and plan to suggest some of these to the youth.

WORKSHOP GOALS

- to increase participants' ability to communicate about sexual behavior with a partner
- to identify reasons why partners might object to using protection

- to identify ways of responding to reasons and excuses for not using protection
- to increase participants' confidence that they can communicate their bottom lines about sexual behavior to a partner

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- list at least three reasons why people might not want to use condoms or dams
- assertively respond to an objection to using condoms or dams
- demonstrate initiating a conversation about sexual behavior
- demonstrate saying no to pressure to engage in sexual intercourse

WORKSHOP-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Communication Skills Review	10 minutes
Initiating Conversations about Sexual Behavior	25 minutes
Responding to Objections	35 minutes
Reflection and Planning	5 minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ the Circles of Sexuality chart

For Communication Skill Review

- ☐ Handout 38, Active Listening Skills Checklist (duplicates Handout 13 from Workshop 13, Relationship Skills)
- ☐ Handout 39, Assertiveness Skills Checklist (duplicates Handout 14 from Workshop 13, Relationship Skills)

For Initiating Conversations about Sexual Behavior

- ☐ participants' completed copies of Handout 36, Creating Your Bottom-Line Message, from Workshop 23, Sexual Decision Making
- ☐ Facilitator Resource 66, Scripted Role-Play 1: Communicating Your Bottom Line

For Responding to Objections

- ☐ Facilitator Resource 67, Scripted Role-Play 2: Responding to an Objection
- ☐ Facilitator Resource 68, Unscripted Negotiation Scenarios

PREPARATION

1. Read the workshop plan, including facilitator resources and handouts, and decide how to divide leadership responsibilities. Do some thinking about the

final closure and celebration of Our Whole Lives. Decide if you will select participant coordinators to help plan the events.

2. Make copies of the following handouts:
   - Handout 38, Active Listening Skills Checklist
   - Handout 39, Assertiveness Skills Checklist
   - Facilitator Resource 65, Scripted Role-Play 1: Communicating Your Bottom Line
   - Facilitator Resource 66, Scripted Role-Play 2: Responding to an Objection
3. Post the Group Covenant and Circles of Sexuality charts.

For Initiating Conversations about Sexual Behavior

1. Make the following chart:

   Observer Checklist 1
   - Did Partner A communicate their bottom-line message effectively?
   - What assertiveness skills did you see them use?
     - Make an *I* Statement
     - Use assertive body language
     - Give a simple explanation
     - Repeat their message, if necessary
   - Did Partner B listen effectively?
   - What active listening skills did you see?
     - Pay attention and show concern
     - Use nonverbal skills and brief verbal responses to acknowledge the speaker
     - Ask clarifying questions
     - Give feedback to check understanding

For Responding to Objections

1. Make the following chart:

   Observer Checklist 2
   - Did Partner A stick to their bottom line on having sexual intercourse?
   - What assertiveness skills did you see them use?
     - Make an "I" Statement
     - Use assertive body language
     - Give a simple explanation
     - Repeat their message, if necessary
   - Did Partner A refuse to engage in unsafe sexual behavior?
   - Was Partner A willing to walk away from the situation?
2. Review the scenarios in Facilitator Resource 67, Unscripted Negotiation Scenarios, and choose the ones you will use with your group. You should have a different scenario for each pair of participants; create some additional scenarios if necessary. The goal is to have every participant play Partner A in a role-play.

Workshop Plan

REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants back and help them reenter the program by asking

   - How is your life better since the last workshop?
   - We'll be ending the program after our next workshop. What would you like to do to celebrate our time together?

2. ***Question Box***

   Answer Question Box questions.

3. ***Reading***

   Set up the reading with the following comments:

   - Our topic today is communicating with a sexual partner. Where do you think it falls in the circles of sexuality? [It could relate to several of the circles: intimacy, sexual health and reproduction, and sensuality.]
   - Read, or have one or more volunteers with strong reading skills read, the following excerpt:

   Why I Always Use a Condom

   It was raining outside and our plans were squashed. My girlfriend Kimberly and I had nothing to do. "Let's watch some TV," she said to me, but I had other plans. Little did I know they would lead to my biggest mistake.

   We were alone in her house on that fall day five years ago. Her parents were at work. Sex wasn't anything new to us—we'd been steady lovers for almost a year. My plan was working to perfection when Kimberly stopped me.

   "Do you have a condom?"

   I told her I didn't.

   "I don't want to have sex if you're not protected. You never know what could happen."

   I told her not to worry, that it was no big deal if we didn't use a condom this one time. So we had sex. It was fun and made us both feel great.

   But the pleasure we had that one afternoon couldn't compare with the pain that followed in the months to come. Kimberly didn't get her period. After a visit to the doctor, she found out she was pregnant.

   —Anonymous, reprinted with permission from *YCteen*, © 1992 by Youth Communication/New York Center, Inc., **www.youthcomm.org**.

4. Process the reading by asking

   - What did you think about the conversation this guy had with his partner Kimberly?
   - How typical was their conversation? What kind of conversations do you think most teens have when the subject of sex comes up between partners?

5. Explain that this workshop will focus on how to communicate effectively with a sexual partner, especially when there is a disagreement about using protection. This conversation is important for couples of all sexual orientations.

COMMUNICATION SKILLS REVIEW 10 Minutes

1. Introduce the activity by making the following points:
   - In an earlier workshop on relationship skills, you learned about active listening and assertiveness skills.
   - You'll be using both of those skills today.
   - Let's review them, and then we'll do a series of role-plays.
2. Ask if participants remember the components of active listening and if they can explain how to listen actively. Distribute the following handouts:
   - Handout 38, Active Listening Skills Checklist
   - Handout 39, Assertiveness Skills Checklist
3. Review the active listening skills first and then the assertiveness skills.
4. Process with the following questions:
   - How many of you have been using these skills from time to time? [Ask for some examples.]
   - How do you think these skills can help you discuss the decision to have sex with a partner?

INITIATING CONVERSATIONS ABOUT SEXUAL BEHAVIOR 25 Minutes

1. Set up the activity by asking
   - If you were in a relationship and wanted to talk to your partner about the possibility of having sex, how would you start the conversation?
2. Write their responses on a chart. Add some of the following opening statements as appropriate:
   - It seems like we both want to do more than just kiss. Can we talk about it?
   - I want to talk with you about whether we're ready for sex. When are you available?
   - I love you and want to have sex with you. Can we talk to see if we're on the same page?
   - I'd like to talk about how we both feel about sex so you can know where I stand and I can find out where you stand.
3. Make sure all participants have their completed Handout 36, Creating Your Bottom-Line Message, that you collected during Workshop 23. Tell participants they're going to practice having this conversation with a partner. Some participants may use this skill right away. Others will tuck it away to have when they need it.
4. As a model for what you want participants to do, act out the scripted role-play in Facilitator Resource 65, Scripted Role-Play 1: Communicating Your Bottom Line. You can either perform it with your co-facilitator or recruit a couple of outgoing participants.
5. After the role-play, post the Observer Checklist 1 chart and get participants' feedback for Partner A and Partner B. Ask if anyone has suggestions for either partner.

6. Give instructions for the unscripted role-plays:
   - You'll pair off with someone in the group to practice communicating your bottom-line messages.
   - Each of you will take a turn being Partner A and Partner B.
   - Partner A is supposed to communicate their bottom-line message about sexual behavior assertively.
   - Partner B is supposed to listen carefully and try to comprehend Partner A's message.
   - Each pair will perform their role-plays in the large group. The role-plays must be brief—no more than 2 minutes.
7. Either have participants pair off with someone sitting close by or use another technique to pair them up. If the group is uneven, you'll need to pair with one of the participants. Allow 2–3 minutes for the pairs to get organized and to talk through their role-plays, decide who will be Partner A first, etc.
8. Use this process to facilitate the role-playing:
   - Ask a pair to volunteer.
   - Have them indicate who is playing Partner A.
   - Remind them that Partner A is communicating their bottom-line message and Partner B is using active listening skills to comprehend that message.
   - Let the actors know you'll signal when they need to wrap up. Have them begin the role-play.
   - After it ends, ask the actors what it was like to play those roles.
   - Ask observers to give feedback first to Partner A and then to Partner B, using the questions from the observer checklist.
   - Have the pair switch roles and perform again. Process the second role-play in the same way as the first.
   - Continue with the next pair of participants until everyone has had a turn playing both roles.
9. Compliment participants on their skills. Urge them to be good listeners and to be assertive when they are communicating with a sexual partner. Close the activity by asking
   - How easy or challenging was it to have these conversations?
   - What do you think it will be like in real life?

RESPONDING TO OBJECTIONS 35 Minutes

1. Introduce the next activity by making the following points:
   - Sometimes when you tell your partner your bottom line, they might disagree.
   - They might see things differently.
   - Sometimes they might pressure you to go against your bottom line.
2. Ask
   - What kinds of objections might a partner have to your bottom line?
   - For example, if you want to wait to have sexual intercourse, how might a partner object? [They might try to convince you that you're ready, or should be ready.]

- If you insist on using protection (condoms and/or dams, and another form of birth control for penis-vagina intercourse), how might they respond?

3. Invite participants to brainstorm reasons or excuses that partners might have for not wanting to use protection. List these on a chart.

   Responses might include the following:

   - Condoms don't feel natural.
   - I don't have any condoms/dams/birth control on me.
   - I'm embarrassed to buy condoms/dams.
   - We don't need to use anything. I'm clean.
   - You can't get pregnant. I'll pull out.
   - I'm allergic to latex.
   - I don't like the way condoms/dams feel.

4. Now ask participants to brainstorm good responses to these excuses. Provide some of the examples listed below if needed:

   - Condoms don't feel natural.
     - Having an STI won't feel natural either.
   - I don't have any condoms/dams/birth control on me.
     - We can go to the store together and get some.
     - I know how to use a condom to make a dam.
   - I'm embarrassed to buy condoms/dams.
     - You'd be more embarrassed to go into the STI clinic.
     - I'll buy them.
   - We don't need to use anything. I'm clean.
     - Either one of us could have an STI and not know it.
   - You can't get pregnant. I'll pull out.
     - That doesn't work.
     - I'm not willing to take that risk. We have to use birth control and condoms.
   - I'm allergic to latex.
     - No problem. We can get a non-latex condom, such as Lifestyles SKYN or Trojan Supra.
   - I don't like the way condoms/dams feel.
     - We can experiment to find one that feels natural to you.
     - I know some tricks to make them feel better.

5. Explain that when you're being pressured to do something, you really have to use assertiveness skills. In particular, you have to be able to

   - say no like you really mean it
   - use strong body language
   - explain why you're unwilling to engage in unsafe behavior
   - keep repeating yourself
   - be ready to walk away from the situation if necessary

6. Tell participants they're going to practice responding to a partner who objects to their bottom line regarding sexual behavior. As a model for what you want participants to do, recruit two outgoing volunteers to act out the scripted role-play in Facilitator Resource 66, Scripted Role-Play 2: Responding to an Objection.

7. After the role-play, post the Observer Checklist 2 chart and get participants' feedback for Partner A, who is responding to an objection. Ask if anyone can suggest specific ways that Partner A could have been even more assertive.
8. Give instructions for the unscripted role-plays:
   - You'll pair off with someone in the group to practice responding to a partner's objections. [Participants can remain in their original pairs or change partners.]
   - Partner A is supposed to respond assertively to objections from Partner B.
   - Partner B is supposed to pressure Partner A.
   - You'll take turns being Partner A, so you can practice your assertiveness skills.
   - Each pair will perform their brief role-plays for the whole group.
9. Once the pairs have been formed, ask a pair to volunteer to go first. Use the procedure outlined below:
   - Choose one of the role-plays from Facilitator Resource 67, Unscripted Negotiation Scenarios. Read it aloud.
   - Let the actors know you'll signal when they need to wrap up. Have them begin the role-play.
   - After it ends, ask the actors what it was like to play those roles.
   - Using the questions from the Observer Checklist 2 chart, ask observers to give feedback to Partner A.
   - Have the pair switch roles and perform again, role-playing the same scenario in reverse.
   - Thank the actors and "de-role" them, making clear that they were only playing parts, not speaking about their own feelings or any actual relationship between them.
   - Recruit a new pair of volunteers and use the same procedure.
   - Continue in this manner until everyone has had a chance to play the role of Partner A.
10. Process the activity by asking
    - How easy or challenging was it to respond to your partner's objections to your bottom line?
    - How prepared do you feel to do this in a real situation at some point in the future?
11. Close by telling participants how impressed you are with the skills they demonstrated in this workshop. If they continue to practice and refine these skills, they'll be in a good position to form healthy sexual relationships if and when they feel the time is right. As a review, get participants to tell you the components of a healthy sexual relationship.

    Healthy sexual relationships are

    - consensual (partners agree about what they will do together sexually)
    - nonexploitative (partners have equal power, and neither pressures or forces the other into activities or behaviors)
    - mutually pleasurable
    - safe (sexual activity brings no or low risk of unintended pregnancy, sexually transmitted infections, or emotional pain)

- developmentally appropriate (sexual activity is appropriate to the age and maturity of the persons involved)
- based on mutual expectations and caring
- respectful (partners value honesty and keeping commitments made to others)

REFLECTION AND PLANNING 5 Minutes

1. Invite reactions to this workshop. How did it go? What did the participants find helpful? What would they change? What are they taking away to use in a real situation?
2. Tell participants that the next workshop is the last one! They'll explore some ways to care for themselves as sexual beings after Our Whole Lives. They'll also review key take-away messages and celebrate what they've learned from the program and each other.
3. If it fits with your plans, select participant coordinators now for the final workshop's Celebration and Closure activity. Give the participant coordinators the guidance they need to plan their part of the final workshop. Help them set up a planning process, including how they will communicate with each other between now and the final workshop. Give them your contact information so they can ask for any logistical support they may need.
4. Distribute index cards and pencils for participants to write a final set of questions for the Question Box. Remind the group that everyone should write something on a card, even if it is only "I have no questions."

FACILITATOR REFLECTION AND PLANNING

Take a few minutes to discuss these questions with your co-facilitator:

- What was good about this workshop? Why?
- What was not good? Why?
- What can we learn from this workshop to strengthen future workshops?
- What preparation do we need to do for the next workshop?

Facilitator Resource 65

WORKSHOP 24: COMMUNICATING WITH A SEXUAL PARTNER

SCRIPTED ROLE-PLAY 1: COMMUNICATING YOUR BOTTOM LINE

Scene: Two 16-year-olds standing alone at the bus stop after school

Partner A: I'd like to talk about how we both feel about sex, so you can know where I stand and I can find out where you stand.

Partner B: Okay.

Partner A: For me, sex is something special. I wouldn't just do that without thinking or talking about it.

Partner B: Okay. Sex is special to you, so let's talk about it.

Partner A: Well, I definitely don't feel ready to have any kind of risky sex. I've made the decision to wait until I'm older and more mature. I want to be with someone I know I'll be with for a long, long time. And I don't want to have to worry about getting pregnant or getting an STI.

Partner B: So you've decided to wait until you're older and more mature. How old do you plan to be? And how long do you want to be with someone before having sex with them?

Partner A: I don't know if it's an exact age, but I want to be finished with high school and in a serious relationship. I'd like to know that I'll be with this person for a long, long, time. I'm thinking that I'd like to be engaged or married.

Partner B: Wow, you really have thought about this. It sounds like you want to wait to have sex with the person you're going to spend the rest of your life with.

Partner A: Yeah. I'm definitely not ready for intercourse now...but there are some other things we can do that are safe and will feel good for both of us. I do get turned on when we're together, but I need you to respect my boundaries.

Partner B: Okay. You want to wait until you're engaged or married to have intercourse, but you're willing to do some other stuff that can make us both feel good. I'm okay with that, but I need you to let me know if I ever do something that's not okay with you. I would love to do more, but I'll never pressure you.

Partner A: Thanks for understanding.

Facilitator Resource 66

SCRIPTED ROLE-PLAY 2: RESPONDING TO AN OBJECTION

Scene: Two 16-year-olds on the phone

Partner B: My parents are gone for the day. Why don't you come over?

Partner A: I don't think that's a good idea. I'm not ready to be alone like that. I don't want to feel pressure to have sex with you.

Partner B: What do you mean? It seems like neither one of us wants to stop when we're kissing and stuff.

Partner A: That's true, but I want to talk and make sure we're on the same page about something as serious as sex. I would never consider having sex without using protection. How do you feel about using condoms?

Partner B: Actually, I hate them. You can't feel anything. Besides, I don't have anything. I just went to the clinic a few months ago and I was clean.

Partner A: Well, I feel strongly about using condoms. I'm not going to have intercourse or anal or oral sex with you if we don't use them. Did you get tested for every possible STI, including HIV? Either one of us could have an STI and not know it. I'm not willing to take any chances.

Partner B: I just hate those things. They don't feel natural. I want to feel you, not a condom.

Partner A: There are a lot of different condoms out there. Why don't we go buy some different types and you can see how they feel? Also, I learned some tricks at this workshop I took. If you put a few drops of lubricant in the tip of the condom, it feels better. And I can put it on for you. We can make it fun.

Partner B: That sounds pretty good. I guess I'm willing to try it.

Partner A: Well, I'm not willing to have intercourse without a condom.

Partner B: Okay, I hear you. Why don't you come over and we'll go online and do some research on condoms. We can find out which ones people like the best. I won't make any moves until we have condoms on hand.

Partner A: And we need to make sure we use them correctly. I learned how to do that, so I can put it on for you.

Partner B: That sounds good to me.

Facilitator Resource 67

WORKSHOP 24: COMMUNICATING WITH A SEXUAL PARTNER

UNSCRIPTED NEGOTIATION SCENARIOS

1. Friends with Benefits?

   - Two 15-year-olds have been friends since elementary school.
   - Partner B has a crush on Partner A.
   - Partner A thinks Partner B is cute but wants to just be friends.
   - Partner B suggests having sex.

   Partner A's bottom line:

   - Thinks sexual intercourse should happen only in a loving, romantic relationship
   - Plans to use protection (birth control/condoms/dams) when the time is right

   Role-play: Partner B pressures Partner A to become "friends with benefits."

2. Different Expectations

   - Two 16-year-olds have been going out for a month.
   - Partner A wants to find out where the relationship is going and wants a long-term committed relationship.
   - Partner B wants to have fun and isn't interested in a serious relationship.

   Partner A's bottom line:

   - I think sexual intercourse should happen only in a loving, romantic relationship.
   - I'd be upset if my partner did not continue the relationship after we had sex.
   - I plan to use protection when the time is right.

   Role-play: Partner B pressures Partner A to have sex in a casual relationship with no expectations.

3. Having Fun Together

   - Two same-sex teens met at a party a month ago.
   - They both really like each other and feel a strong physical attraction.
   - Partner A wants to have oral sex using protection.
   - Partner B wants to have oral sex without protection.

   Partner A's bottom line:

   - I think sexual intercourse (oral, anal, or vaginal) should always be protected.
   - I know how to use condoms/dams correctly.
   - I will not have oral or anal sex without protection.

   Role-play: Partner B pressures Partner A to have oral sex without a condom or dam.

4. Peer Pressure 1

   - Two guys are talking about having sex.
   - Partner B is talking about how much sex he's had and with how many different people. He says he only uses condoms if he thinks the other Partner "has something."

   Partner A's bottom line:

   - I think sex is special and serious.
   - You're likely to get an STI if you have unprotected sexual intercourse.
   - You should always use condoms and make sure you have your partner's consent.
   - Sex should be pleasurable for both partners.

   Role-play: Partner A tries to convince Partner B to always use protection.

5. Peer Pressure 2

   - Two girls are talking about having sex.
   - Partner B has had unprotected intercourse with two partners.

   Partner A's bottom line:

   - I think sex is special and serious.
   - You're likely to get pregnant and/or an STI if you have unprotected sexual intercourse.
   - You should always use condoms or dams, plus a very effective method of birth control if pregnancy is a possibility.
   - Sex should be safe and pleasurable for both partners.

   Role-play: Partner A tries to convince Partner B to get an effective method of birth control and insist on using condoms before having intercourse again.

6. You Can Change Your Mind 1

   - A couple in a serious relationship have been having sex without using condoms/dams.
   - Now Partner A wants to begin using condoms/dams.
   - Partner A knows how to use them correctly and how to make them more pleasurable.

   Partner A's bottom line:

   - I realize now that STIs are a risk I have to worry about.
   - I'm no longer willing to have intercourse without protection.
   - Sex should be safe and pleasurable for both partners.

   Role-play: Partner B tries to convince Partner A to keep having intercourse without a condom or dam.

7. A Serious Relationship

   - A young couple are very much in love.
   - They're attracted to each other and plan to stay together for a long, long time.
   - Partner B thinks it's important to use birth control but doesn't think condoms are necessary if partners trust each other.

Partner A's bottom line:

- Sexual intercourse should happen only in a long-term committed relationship.
- You're likely to get pregnant and/or an STI if you have unprotected sexual intercourse.
- You should always use condoms, *plus* a very effective method of birth control if pregnancy is a possibility.
- Sex should be safe and pleasurable for both partners.

Role-play: Partner B tries to convince Partner A to have intercourse without condoms.

8. You Can Change Your Mind 2

- Partner A is bisexual and has had unprotected penis-vagina intercourse in the past.
- Partner B is a lesbian and has had sex with one other female partner.
- This couple had oral sex for the first time last week and didn't use a dam.
- Now Partner A wants to begin using dams.
- Partner A knows how to make a dam out of a condom.

Partner A's bottom line:

- STIs are a risk I have to worry about.
- Either of us could have an STI and not know it.
- It was a mistake to have oral sex without protection, and I'm no longer willing to do that.
- Sex should be safe and pleasurable for both partners.

Role-play: Partner B tries to convince Partner A to keep having oral sex without a dam.

9. A Possible Hook-Up

- Two 16-year-olds meet at a party.
- Partner B has been drinking and is a little drunk.
- Partner A is very attracted to Partner B.
- Partner B suggests having sex.

Partner A's bottom line:

- Sexual intercourse should be consensual and based on mutual expectations.
- I'm unwilling to have sex with someone who is drunk and cannot give consent.
- I'm unwilling to have intercourse without using protection (birth control/condoms/dams).

Role-play: Partner B, who is a little drunk, pressures Partner A to have sex.

Handout 38

WORKSHOP 24: COMMUNICATING WITH A SEXUAL PARTNER

ACTIVE LISTENING SKILLS CHECKLIST

1. Pay attention and show concern.
   - _____ Give the speaker your full attention.
   - _____ Make direct eye contact if you feel comfortable with it.
   - _____ Lean forward toward the speaker.
   - _____ Be supportive; don't interrupt, judge, or criticize the speaker.

2. Use nonverbal skills and brief verbal responses to acknowledge the speaker.
   - _____ Nod or shake your head as appropriate.
   - _____ Change your facial expression as appropriate (for example, show concern, excitement).
   - _____ Say things like "yes," "I see," "uh huh," "mmm," or "go on."

3. Ask clarifying questions such as
   - _____ "So, what happened that got you so upset?" (or "got you so excited," "made you so sad," etc., as appropriate)
   - _____ "What do you think is going on?"
   - _____ "What did you think about that?"
   - _____ Other _____

4. Try to figure out the feelings indicated by the speaker's words and body language.
   - _____ Ask how the speaker is feeling. ("How do you feel about that?")
   - _____ Take a guess at how the speaker is feeling, on the basis of your observations. ("You seem frustrated.")

5. Get feedback to check out your understanding.
   - _____ Restate or paraphrase what you've heard the speaker say.
   - _____ Restate or paraphrase several times during the speaker's comments.
   - _____ Ask, "Did I get that right?" "Did I hear you correctly?"

Handout 39

WORKSHOP 24: COMMUNICATING WITH A SEXUAL PARTNER

ASSERTIVENESS SKILLS CHECKLIST

This is a list of assertiveness skills. Assertiveness is saying what you want or need in a clear and direct manner without being disrespectful or aggressive. You have the right to

- ask for what you want or need
- change your mind
- say how you really feel even if others disagree

1. Make an I statement about what you want or need.

   _____ Begin the sentence with "I." For example, "I need to get back home by 10."

   _____ Be clear and direct; don't beat around the bush.

2. Use assertive body language.

   _____ Look the person in the eye.

   _____ Use a firm, but not aggressive, tone of voice.

   _____ Look and sound confident.

3. Give a simple explanation.

   _____ If appropriate, explain why something is important to you.

   Examples:

   "I need to be home by 10 because that is my curfew and I don't want to get punished."

   "I want to eat where I can have a salad because I've been eating too much fried food."

   "I want to practice every day so I can make the team."

4. Keep repeating yourself.

   _____ Keep saying what you want or need over and over, maybe using slightly different language.

   Examples:

   "I need to be home by 10 because that is my curfew."

   "I know it's going to be a great party but I can't get home after 10."

   "I can't go to the party unless I can be home by 10."

WORKSHOP 25 Self-Care, Celebration, and Closure

This workshop is adapted from material created by Melanie Davis.

A WORD TO THE FACILITATORS

This culminating workshop of Our Whole Lives provides the opportunity for facilitators and participants to reflect on their shared experience and to evaluate what they've learned and how they've grown through their participation. The workshop should provide a sense of closure, so that participants leave the program knowing they have completed an important developmental process.

The workshop begins with an activity designed to help participants see connections between their sexual health and their general health and wellness. Emphasizing that each of us is a guardian of our own health and wellness, the activity asks youth to monitor their sexual health and to seek support or professional help when they have questions and concerns. Young people will be making day-to-day choices regarding sexual activity; drug, tobacco, or alcohol use; nutrition; sleep; and fitness. The Our Whole Lives program encourages them to take personal responsibility for their sexual health and general wellness.

While it isn't essential to give culmination presents, many facilitators choose to give small gifts intended to remind participants of the concepts they've learned and the growth they've made. Examples of possible gifts include

- books, such as *The Misfits* by James Howe (a story about middle school bullying that was the inspiration for No Name-Calling Week)
- certificates or diplomas designed by facilitators
- stuffed toy owls
- T-shirts with the Our Whole Lives logo or a saying like "Stay Strong, Stay Safe," "I survived Our Whole Lives," etc. (ask participants for suggestions)
- key rings or pins (Our Whole Lives logo items are available through **www.uniuniques.com**; search for *OWL*)
- wallet cards with Our Whole Lives values on one side and local resource numbers and hotlines on the reverse

Some groups have enjoyed the following activities prior to, or in conjunction with, this workshop:

- a high-ropes course
- social activities or weekend retreats (lock-ins) with discussions, movies, and games
- a presentation to parents/guardians
- a potluck party with parents/guardians or families, with Our Whole Lives program games and activities

WORKSHOP GOALS

- to connect concepts of sexual health learned over the course of the Our Whole Lives program with the concept of overall wellness
- to encourage participants to take responsibility for their own sexual and general health
- to identify gains participants have made during the program
- to help participants recognize and appreciate the contributions they've made to their own and others' learning
- to obtain written and verbal feedback on the program from participants

LEARNING OBJECTIVES

After completing this workshop, participants will be able to

- identify at least three connections between sexual health and general health and wellness
- list at least three gains they've made during the program
- describe the impact of Our Whole Lives on their knowledge, feelings, and behavior

WORKSHOP-AT-A-GLANCE

Final Reentry and Reading (R&R)	15 minutes
Sexuality and General Health: Making Connections	20 minutes
Final Reflections	20 minutes
Evaluation	20 minutes
Celebrations and Closure	variable
OPTIONAL ACTIVITIES	
Health Resources Match Game	25 minutes
Sexual Health Goal Setting	25 minutes

MATERIALS CHECKLIST

- ☐ newsprint, markers, and tape
- ☐ the Group Covenant chart
- ☐ the Question Box, index cards, and pencils
- ☐ the Circles of Sexuality chart

For Sexuality and General Health: Making Connections

- ☐ unlined paper
- ☐ painter's tape
- ☐ a ball of yarn

For Final Reflections

- ☐ Facilitator Resource 68, Guided Imagery: Reflections

For Evaluation

- ☐ Handout 40, Participant Feedback Form

For Celebration and Closure

- ☐ certificates for participants (optional)
- ☐ gifts for participants (optional)
- ☐ food and beverages (optional)

For Optional Activity, Health Resources Match Game

- ☐ Facilitator Resource 69, Sexual Health Match Game

For Optional Activity, Sexual Health Goal Setting

- ☐ Handout 41, Selected Resources
- ☐ index cards and pens or pencils
- ☐ **optional:** a computer with Internet access or downloaded videos and a large monitor or digital projector

PREPARATION

1. Read the workshop plan, including facilitator resources and handouts, and decide how to divide leadership responsibilities. If you have extra time, consider doing one of the optional activities on accessing health resources or identifying sexual health goals.
2. If you plan to say or do anything special for participants as part of their celebration experience, prepare accordingly. Decide whether you'll give small commemorative gifts, such as pins or Our Whole Lives–themed wallet cards.
3. Make copies of Handout 40, Participant Feedback Form.
4. Post the Group Covenant and Circles of Sexuality charts.

For Sexuality and General Health: Making Connections

1. List the following terms in large lettering on large index cards (one card for each participant):

STIs
Assertiveness
Nutrition
Physical Fitness
Pregnancy
Emotional Health
Healthy Relationships
Self-Esteem
Respect for Others
Sexual Orientation
School Success
Disability
Safer Sex
Romantic Attractiveness
Physical Attractiveness
Masturbation
Internet Use
Gender Identity
Body Image
Contraception
Abstinence/Postponement
Sexual Boundaries

If you have more than twenty-two participants, duplicate a few cards or add terms. If you have a very small group, make two cards per participant and plan to do two rounds of the activity using different cards. Include a balance of sexual health and general health terms that have been introduced in Our Whole Lives workshops.

Have some blank cards and markers available for participants to make up their own connections.

For Evaluation

Prepare a chart listing major workshop topics. This will help participants recall program highlights as they complete Handout 40, Participant Feedback Form.

For Optional Activity, Health Resources Match Game

1. Make a copy of Facilitator Resource 69, Sexual Health Match Game. Cut the concerns and questions and the resources apart, or write each on an index card.
2. Give each participant a concern or question If you have a large group, pair participants and give one to each pair, or create additional ones so there is one for each participant. Pair participants if this will help a participant who has difficulty reading. If you have more than fourteen participants, group them in triads.
3. Post the descriptions of resources on walls or tabletops around the room. As with any mobility-based activity, post the descriptions where they will be accessible to everyone, or adapt the activity so all the youth can meaningfully participate.

For Optional Activity, Sexual Health Goal Setting

1. Review Handout 41, Selected Resources. Consider expanding it with topic-specific resources offered in previous workshops.
2. Copy the handout for all participants.
3. Preview the following videos, which offer helpful sexual health information and can be accessed free online:
   - "Manhood in the Mirror" (1:58 minutes), a humorous lesson for young males in how to conduct a testicular self-exam, **www.kevinmd.com/blog/2010/11/testicular-exam-sung-michael-jackson.html**
   - A message from Dr. David Bell, of the Young Men's Health Clinic, to his son, about the importance of wellness, loving relationships, and lifelong health care. It is **VTS_06_1.VOB** (3:31 minutes), one of four Digital Stories at **www.youngmensclinic.org/video.php**
   - "Sexual Health PSA: STI Testing" (1:39 minutes), a public service announcement created by college students, **www.youtube.com**
   - "Funny Condom Ad Latest 2013" (1:08 minutes), **www.youtube.com**
   - "Make Sure Your Teen Gets a Better Checkup" (1:29 minutes), an explanation (aimed at parents) of why teenagers should have a chance to speak privately with their health care providers, **www.youtube.com**

4. Choose one or two videos, set up equipment, and cue up the videos you want to show.

Workshop Plan

FINAL REENTRY AND READING (R&R) 15 Minutes

1. ***Reentry***

   Welcome participants back and help them reenter the program by asking

   How is your life better since the last workshop? Since beginning Our Whole Lives?

   What's it like to walk in knowing this is our last workshop?

2. ***Question Box***

   Answer Question Box questions.

3. ***Reading***

   Set up the reading with the following comments:

   The title of this workshop is "Self-Care, Celebration, and Closure."

   We'll be reflecting on all of the circles of sexuality.

   We'll also do some activities to help you reflect on your experiences and bring closure to our time together.

   And we'll have fun and celebrate!

   Explain that today's readings are from a book called *Sexuality Now: Embracing Diversity*, 3rd edition, by Janell L. Carroll (© 2010 South-Western, a part of Cengage Learning, Inc. Reproduced by permission, www.Cengage.com/permissions). The readings will focus on the connection between sexual health and general health (physical and emotional). Read, or have one or more volunteers read, the following excerpts:

   Reading 1, Female

   From the time I started puberty I knew something wasn't right. I could have counted on my fingers and toes the number of times I'd had a period between the first one and the age of 22. I knew that I should get it checked out, but because I wasn't sexually active I didn't get my first Pap smear until I was 19. It wasn't until I was 22 that I went to find out what was going on with my periods. It had been 3 years since my last Pap, and I told myself I needed to know what was going on with my body. I was diagnosed with polycystic ovarian syndrome (PCOS).

   I'm glad I didn't wait any longer. With my diagnosis, things made more sense. I'd always been overweight, and it was mostly in my middle. No one had ever said anything, but I always felt I had more facial hair than a girl "should." After some accompanying blood work, I found out I was also nearly diabetic. I had never thought that not having periods would be related to developing diabetes.

Reading 2, Male

Growing up as a male in society is more difficult than some would think. Starting from the day we are born, boys have separate everything—toys, colors, clothes, haircuts, and even separate ways to deal with emotions . . . . We are taught to be emotionally anorexic and never cry. We are taught to play rough sports and be macho.

Growing up, I never wanted anything more than to be accepted; but other males aren't accepting of anyone who presents themselves differently. I can remember being in the second grade, I was the only Black boy to have long curly hair, so kids started calling me "Curly Sue." I don't know why, because I didn't think I looked like a girl named Sue. Soon after this, all the boys on the soccer team started to call me this, too....

Talking to my family about how hard my peers were on me growing up has resulted in a number of conversations that revolve around one cliché: "What doesn't kill you makes you stronger." This may be true, but this way of thinking is used with males way too much.

Process the readings with the following questions:

- How did you relate to those readings?
- How many of you have seen a health care provider for a general check-up in the past year? [Explain that it's ideal for youth to get a routine physical annually. If appropriate, discuss resources for free or low-cost health care in your community.]
- Has a health care provider ever raised the issue of sexuality or sexual behavior with you? If so, how was the conversation? If not, how might you bring up the issue with a provider?
- Who could you turn to if you had concerns about your physical health (general or sexual)?
- Who could you turn to if you were being bullied or had concerns about your emotional health?

SEXUALITY AND GENERAL HEALTH: MAKING CONNECTIONS

20 Minutes

1. This activity helps participants visualize connections between their sexual health, general physical health, and emotional health.

> **Note:** Urge participants to think quickly and keep things moving. They don't have to worry about having a perfect connection. There are many connections. If you think the yarn will be too messy, you can do the activity without it, but you will miss creating and seeing the visual web, which is really fun and meaningful.

2. Direct participants to stand in a circle or in two lines facing each other. Give one of the cards you made to each person and ask them to place the cards at their feet or to tape them to the front of their shoulder, whichever will be more visible.
3. Hand the yarn ball to one participant, and ask that person to hold the loose end of the yarn and gently toss or hand the yarn ball to someone whose label

indicates a logical connection with theirs, while explaining the connection, so that the yarn unreels between them. That person holds the strand of yarn and tosses the ball to another person, naming the connection between them as before, so that the strand traces the path the ball has taken.

4. Provide the following examples: "Physical Fitness" could toss to "Nutrition" and say, "I'm Physical Fitness, and I'm tossing to Nutrition because if you don't eat nutritious food, you don't have the energy to exercise." Nutrition could then toss to Pregnancy and say, "I'm Nutrition, and I'm tossing to Pregnancy because it's important to eat right if you're going to carry a baby to term."
5. Emphasize that everyone needs to hold on to the strand of yarn as they toss or hand the ball on, to create a web.
6. Continue until everyone has had a chance to make at least one connection. Correct misinformation and add clarifying comments as needed.
7. When the tossing is completed, have youth lift their hands high (or lower them to their knees) in order to appreciate the interconnections among sexual and general health. Invite feedback from participants. Close by making the following points:
   - Each of us is a guardian of our own health and wellness. Every day, you'll make choices about what to eat, how much sleep you get, how much you exercise, whether to drink alcohol or take drugs, and how to behave sexually. Take responsibility for making healthy choices.
   - Your sexual health influences your general health, and your general health influences your sexual health.
   - Always seek support or professional help when you have questions and concerns.

FINAL REFLECTIONS 20 Minutes

1. Explain that it's time to begin the process of formally ending the group. Give as many details as you can about any plans for follow-up activities.
2. Make the following points:
   - After any meaningful experience, it's important to sit back and think about what the experience has meant for you and about how you've grown and changed.
   - At the end of each of our workshops, we've had time for reflection. Today, we'll reflect on the total program experience.
   - The skill of reflection is something you can take away from this program and use in your life after any experience—a thought-provoking class, some surprising feedback, an intense argument, a community service project, or time spent with a special person.
   - Taking time for reflection can help you figure out what you can learn from that situation and how you can use those lessons in the future. It's also an opportunity to remind yourself of your accomplishments and to feel good about yourself.

3. Invite everyone to participate in a guided imagery activity. Ask if anyone has ever heard of, or practiced, meditation. If so, have them briefly describe what the experience has been like. If not, explain that meditation puts the body in a deeply relaxed state so the mind can be completely focused on one thing.
4. Give these instructions:
   - I'm going to lead you in a brief relaxation exercise.
   - After the exercise, I'll ask some questions to get your thoughts about your total experience in Our Whole Lives.
   - Make sure you don't have anything in your hands or on your laps.
   - Get into a comfortable and relaxed position.
5. Slowly read the guided imagery passage from Facilitator Resource 68, Guided Imagery: Reflections, with appropriate pauses and in a soothing voice (that is, without sounding dramatic).
6. Discuss the activity using the questions below as a guide:
   - What did you think of the relaxation exercise? How many of you really got into it? What was happening with your body?
   - What memories came up for you during the exercise?
   - How do you think you've changed during this program?
   - What will it be like to no longer be involved in Our Whole Lives?

EVALUATION 20 Minutes

1. Set this activity up with the following comments:
   - We want to learn what you thought about Our Whole Lives (the exercises, group discussions, videos, guest speakers, role-playing, etc.).
   - We'll ask you to identify what was valuable and what wasn't.
   - Your feedback is important and will help us make changes for the next group.
2. Post the chart you've prepared and take a minute to review the major topics that were covered in your program. Ask the group to remind each other of the most important things they learned along the way.
3. Distribute Handout 40, Participant Feedback Form, and review it briefly. Distribute pencils. Allow about 5-8 minutes for writing; then collect the forms.
4. Use the following questions to encourage honest feedback:
   - What were the best workshops? What did you like about those workshops?
   - What were the worst, or least helpful, workshops and why?
   - What changes to the program would you recommend?
     - What feedback do you have for me (us) as facilitator(s)? How can we improve as facilitators?
     - Would you recommend this program to a friend? Why or why not?

CELEBRATIONS AND CLOSURE Variable

1. In your own words, say a little about what facilitating this group has meant to you. Thank participants for their participation and contributions, and for just being who they are. If you've planned a "graduation" and will present certificates, do that now.

2. If you've identified youth coordinators for the final celebration, ask them to come forward and turn the program over to them. Tell the group that you want to participate in any activities they've planned, but that your tenure as facilitator is over.
3. As the celebration proceeds, offer any behind-the-scenes support and assistance that is needed, such as playing the role of timekeeper, as appropriate.
4. When the workshop is almost over, assess whether or not the group has truly experienced closure through the activities they have conducted. If not, find an appropriate way to have everyone say goodbye as a group. You could end the celebration with a group hug, a quick go-round of affirmations, a poem, or a reading.

FINAL FACILITATOR REFLECTION

Take about 30 minutes to discuss these questions with your co-facilitator:

- What was good about this final workshop? Why?
- What was not good? Why?
- What have we learned about the total program?
- What worked well for us? How successful was our co-facilitation? What needs strengthening?
- What would we do differently next time?
- What have I learned about myself as a result of facilitating this program?

If possible, find time to exchange feedback with your supervisor or program director. If you do this at a later date, you could also share participants' feedback about you as a facilitator.

OPTIONAL ACTIVITY
HEALTH RESOURCES MATCH GAME 25 Minutes

1. This activity explores people and places youth might turn to for help, if they don't have transportation, a parent or other adult to help locate the right professional(s), or insurance coverage or cash to pay for services. Give the following instructions:
   - Each of you (or each group) will get a card (or slip of paper) with a youth's concern or question written on it.
   - Move around and look at the different resource options. Choose a resource person or agency that would help answer the question or address the concern.
   - There may be more than one good match for your concern or question.
2. Present the following example of a concern:

   "I'm not sure my genitals are normal. They aren't shaped like the ones I've seen in pictures. How can I know whether something's wrong?"

   Ask, "What resource person or agency would be good to address this issue?" (Possible answers include a private physician, a community health center, or a reproductive health center such as Planned Parenthood.)

3. Distribute the concerns and questions, one per person or pair.
4. Have participants walk around reading the resource cards and choose the resource person or agency they would recommend for their concern or question. Even after they've made a choice, they should continue reading the resource cards to become familiar with all of the options.
5. Mingle, ask and answer clarifying questions, and offer reading assistance as needed. Once everyone has visited all the resource cards and matched one with their concern or question, have the youth return to their seats.
6. Ask volunteers to read their concern or question and say which resource they matched to it. Ask the group for feedback using the following questions:
   - Could another type of resource also be helpful in this situation?
   - Which resource would you be most comfortable going to? Why?
   - What can you do if you have a negative experience with a resource? [This can happen. Not all health information services or providers are as sensitive or caring as one might like. It's important to be persistent and to keep trying other resources until you get a satisfactory answer or the issue is resolved. A trusted adult in your life can help you navigate the health care system.]
7. Add information as it occurs to you. For example, when discussing the role of a physician, you might say, "General physicians address general health care needs. When someone needs specialized reproductive or sexual health care, females can visit a gynecologist, while males can visit a urologist. Youth and adults of all genders can get affordable sexual health care without insurance at clinics like Planned Parenthood."

Variations

- Instead of doing this as a matching game, you can distribute the questions and concerns and have participants brainstorm possible resources that might be able to address each. Provide information as needed.
- You might give half of the group resource cards and the other half question or concern cards. Ask participants to find a partner whose card is a good match for theirs.

OPTIONAL ACTIVITY
SEXUAL HEALTH GOAL SETTING 25 Minutes

1. This activity is designed to build a sense of responsibility for sexual and general health. Introduce the activity by saying something like this:
   - In spite of being minors, you have control over many of your health care choices.
   - For example, it's probably up to you how often you exercise, whether you snack on healthy or unhealthy foods, how much sleep you get, and whether and how you are sexually active with partners.
2. Show any videos you've chosen. If time allows, encourage discussion after each.

3. Distribute Handout 41, Selected Resources, index cards, and pencils. Explain the following:
   - Setting a goal and naming actions to reach that goal is one way to commit to something.
   - If the goal is to improve your grades, an action could be to study harder.
   - If the goal is to make more friends, an action could be to join a new club at school.
4. Ask each participant to think of one sexual health goal they might have, and to write it on their index card. Explain that they will not be asked to share their goal with anyone else. You might prompt with an example: "My goal is to remain STI-free."

> **Note:** If you or your participants have any concerns about writing things down (for example, fears that other participants or parents/guardians might see their goals), ask them to simply think of a goal. They can identify a goal in their heads without writing anything down.

5. When they're done writing, ask the youth to write two actions they can take to move closer to that goal. Remind them it's okay to take action in small increments, which can be less intimidating than big steps. For example, if their goal is to remain STI-free, a small step would be to find out where they can buy condoms or where they can get STI tests in their community. Actually buying condoms or getting tested could be another step.
6. When participants are done writing, invite them to put away their card for privacy and to review it periodically, updating the goal or adding new actions to keep moving forward.
7. Process the activity by asking the following questions:
   - How does it feel to have sexual health goals?
   - What challenges might you or others face in trying to reach these goals?
   - How might you help each other, or get help, to reach your goals?

Facilitator Resource 68

GUIDED IMAGERY: REFLECTIONS

Close your eyes and try to relax your whole body. Notice any part that is tense and try to relax it. Take a deep breath in through your nose, hold it, and then exhale slowly. Let's do it together. Deep breath in, hold it...now exhale s-l-o-w-l-y. Again, deep breath in, hold it...exhale s-l-o-w-l-y. Keep breathing deeply as I talk.

Now, as you exhale, focus on relaxing your body from head to toe. Imagine each part of your body relaxing as you breathe out. It's like someone is moving a magic wand in front of you, starting at your head and going down toward your toes. As the wand goes down, your body becomes relaxed when the wand passes. Let's try it. Take a deep breath in, hold it...exhale. The magic wand is relaxing you from head to toe. Keep breathing slowly.

As you exhale this time, say the word *relax* to yourself slowly. Say *reeelaaaax*, so that as you reach the x, the magic wand is down to your toes. We'll do three of those. Breathe in, hold it...exhale... *reeelaaaax* from your head to your toes. Breathe in, hold it...exhale... *reeelaaaax*. Breathe in, hold it...exhale...*reeelaaaax*.

Now that you're relaxed and peaceful, I'll ask some questions to get you to think about your time spent here in the program.

Think about what you were like when you first came into the program. Get a mental picture of yourself at that time. How did you spend most of your time then? What were your thoughts and feelings about sexuality then? Was it confusing, exciting, scary, or no big deal?

What was your definition of *sexuality*? Did it just mean sexual behavior or did it include more about being a person? How informed were you back then? What questions did you have? How comfortable were you talking about sexual topics?

Remember back to your first day in this group. What were your first impressions of other participants? What were their impressions of you? How have those impressions shifted over time?

Think about the work you've done in Our Whole Lives over these last months. What are the most important things that have happened for you? How has the program affected your thoughts and feelings about

- the definition of human sexuality?
- normal variations among people when it comes to sexuality?
- being an advocate for people who face discrimination because of their sexual identity?
- developing and maintaining healthy relationships?
- responsibilities that go along with the decision to have sexual intercourse?

When you think back to different activities and discussions you've shared,

- what memories stick out in your mind?
- what new information have you gained?
- what have you learned about yourself as a sexual person?
- how have your attitudes and values gotten stronger or shifted?

What commitments can you make to move forward on your path to becoming a sexually healthy and responsible person?

When you're ready, return your attention to this room, and open your eyes.

Facilitator Resource 69

SEXUAL HEALTH MATCH GAME

Concerns and Questions

1. "I'm a 14-year-old girl and I haven't had my first period. I'm worried that it'll happen during school or when I'm at track practice. Suppose I get blood on my pants? What am I supposed to do?"
2. "They keep running up behind my chair and shoving me into the lockers 'for fun.' They're jerks. One guy pushed me to the edge of the stairs and I almost fell. I'm afraid that if I tell any of the teachers, the harassment will get worse."
3. "All my friends have grown a lot taller and bigger since last year, but I haven't. And they're talking about wet dreams and feeling horny, and I don't feel any different than I did in 7th grade. How do I know when I'll start going through puberty?"
4. "I had oral sex with someone at a party. I knew Pat from school and figured it would be okay. But then I heard a rumor that Pat gave someone chlamydia and I'm like, seriously? So that means I might have it. I need to get tested, but if I go to my family doctor, my parents will find out from the insurance statements. I need to go someplace that won't tell my parents and isn't expensive."
5. "I'm so sick of being overweight—obese, actually. But everyone in my family is heavy. It's not like I can buy and cook all the food myself, so I eat what they eat, and it's pretty fattening stuff. We don't have the money to put five people on the meal plans they advertise on TV, and we don't have a personal fitness trainer. So where can we turn for help?"
6. "My sister Blair died in a car accident last year. She was texting her friend and ran off the road into a tree. My parents still have her clothes in the closet that we shared, and they talk about her all the time and kind of ignore me. It's like she's still around; only she's not. It helps me to know that other people feel like this—sad, but also kind of upset about being ignored."
7. "I think I might be gay. I'm not really sure because I'm not really that interested in having a relationship. Is that normal? Everyone around here seems to want to partner up. Suppose I am gay? How would I know for sure? My parents have gay friends, but they also say things like 'We look forward to having you bring a girl home to meet us,' so I don't know how they'd react to me saying I'm gay. But then, I don't really know if I am."
8. "I am a trans guy and I plan to have a gender confirmation surgery when I'm older. For now, I have to deal with female genitals. I've read online about people who take drugs to keep puberty from happening. I don't know how I would deal with having breasts and periods. My parents are pretty supportive. Who can help us?"

Possible Resource Persons

school nurse or school health clinic (not available in all schools)

- maintains student immunization (vaccination) and school physical exam records
- connects student, family, school, health care providers, and community services
- helps students who get sick during school hours
- may provide condoms and referrals for contraception and pregnancy tests
- may provide certain health screenings, such as sports physicals

school counselor

- helps students in the areas of academic achievement, personal and social development, and career planning and development
- counsels students on a variety of issues (bullying, harassment, abuse, pregnancy, conflicts with parents, chronic illness, homelessness, etc.)

school social worker (not available in all schools)

- supports students and their families to help students succeed in school
- connects families to resources and services in the larger community
- helps students who have difficulty in school due to attendance, economic, health, emotional, or family problems
- counsels students on a variety of issues (bullying, harassment, abuse, pregnancy, conflicts with parents, chronic illness, homelessness, etc.)

private physician or health care provider

Depending on their specific area of expertise, this resource person

- assesses, diagnoses, and treats diseases, injuries, and other physical and mental problems
- diagnoses and treats both acute health issues (ear infections, severe flu, etc.) and chronic issues (problems with nutrition and weight, allergies, disabilities, genetic problems)
- tests for and treats STIs
- provides contraception, pregnancy testing, prenatal care, and pregnancy termination (or refers patients to an abortion provider)
- may work in a private office, a health clinic, a large health care organization, a mobile health service, a hospital-based clinic, or in some larger schools
- charges fees and probably requires health insurance

HIV/STI counselor

Usually located in a health care clinic or medical setting, the counselor

- provides confidential HIV/STD counseling, testing, treatment, and follow-up
- reaches out to people whom someone with an STI has identified as sexual contacts
- usually offers free or low-cost services for teens

reproductive health center (such as Planned Parenthood)

- provides reproductive health care to all sexes

- provides contraceptive information and services
- offers STI testing and treatment
- offers counseling regarding unintended pregnancy
- usually offers free or low-cost services for teens
- usually keeps its services confidential; parents don't need to be informed or to give consent

county or city health department

- offers immunizations and general health screenings, including annual physicals
- offers contraceptive information and services
- offers STI testing and treatment
- provides prenatal care
- offers mental health screening and services
- provides health information and resources related to health, including brochures, websites, and fact sheets
- usually offers free or low-cost services

support group

- offers help with specific concerns, like nicotine addiction, substance abuse, weight loss, eating disorders, mental illness, sexual assault, cancer, grief, etc.
- supports individuals going through challenges as well as family and friends of those doing so
- allows and encourages participants to tell their stories as much, and as often, as they need to in order to understand them or feel better
- provides a safe, caring atmosphere in which to share and learn

telephone/online hotline

- provides anonymous, confidential support by phone or online chat
- offers national or local resources for specific concerns
- listens to callers' feelings, helps them verbalize their concerns, outlines options, and helps them make a healthy decision
- addresses any issue of concern, including sexual decision making, dating violence, sexual assault, bullying, and suicidal thoughts

teen reproductive health websites/forums (like http://sexetc.org/forum)

- offer answers from adult and teen educators to questions about sex, reproduction, pregnancy, contraception, and more
- provide lists of frequently asked questions and their answers
- provide anonymous and confidential answers to questions submitted by users
- include comments and insights from other youth readers
- may provide forums where all readers can discuss topics and offer ideas

Handout 40

WORKSHOP 25: SELF-CARE, CELEBRATION, AND CLOSURE

PARTICIPANT FEEDBACK FORM

1. What is your overall rating of Our Whole Lives? Please circle one.

   excellent good okay fair poor

2. What did you like best about the workshops you participated in?

3. What did you like least about the workshops you participated in?

4. What did you think of the length of the workshops? Please circle one.

   too long about right too short

   How long would you like the workshops to be? _____

5. What did you think of the number of workshops? Please circle one.

   too many the right number too few

   If you thought there were too many workshops, which ones would you leave out?

6. Are there any workshops that you would prefer not to have participated in?

   If yes, which ones:

7. What topics or issues do you wish you could have talked about in Our Whole Lives?

8. Rate how you feel about the amount of time spent on the following areas.

1 = too much time 2 = enough time 3 = too little time

_____ feelings and values
_____ body image
_____ sexual anatomy and physiology
_____ puberty
_____ bullying
_____ gender identity and gender roles (including transgender issues)
_____ relationships
_____ communication and negotiation skills
_____ sexual orientation (gay, lesbian, and bisexual issues)
_____ sexual behaviors, lovemaking, and pleasure
_____ reproduction
_____ sexual abuse, coercion, sexual pressure, and rape
_____ sexual consent
_____ social media and the Internet
_____ teen pregnancy
_____ STIs and HIV infection
_____ defining/redefining abstinence
_____ contraception
_____ unintended pregnancy
_____ sexual diversity and dealing with difference

9. Please rate your facilitators' skills in leading the workshops. Circle one.

Name of facilitator

excellent good okay fair poor

Name of facilitator

excellent good okay fair poor

Name of facilitator

excellent good okay fair poor

Name of facilitator

excellent good okay fair poor

10. What general suggestions would you offer to the facilitators to improve Our Whole Lives?

Handout 41

SELECTED RESOURCES

Alcohol and Drugs
www.thecoolspot.gov
www.teenzeen.org

Body Image
blogs.psychcentral.com/weightless/2011/06/your-positive-body-image-starter-kit

Crisis Hotline
www.teenlineonline.org

General and Sexual Health
www.teenhealthissues.org

Nutrition
www.nutrition.gov/life-stages/adolescents/tweens-and-teens
www.kidshealth.org/teen/food_fitness/dieting/obesity.html

Sexual Orientation
www.plannedparenthood.org/info-for-teens/lgbtq-33812.htm
www.pflag.org

Nicotine Addiction
www.iquitathitops.com

Transgender
www.youthresource.org

Resources

Primary Organizations

Contact these organizations for up-to-date resources such as newsletters, websites, books, reviews, videos, periodicals, etc.

Advocates for Youth
2000 M Street, NW, Suite 750
Washington, DC 20036
201-419-3420
Fax: 202-419-1448
www.advocatesforyouth.org

Produces resources for sexuality educators, parents, and adult and youth advocates. The growing list of offerings includes sexual health resources, curricula, advocacy materials, and blogs.

Answer
Center for Applied Psychology
Rutgers University
41 Gordon Road, Suite C
Piscataway, NJ 08854
732-445-7929
Fax: 732-445-5333
http://answer.rutgers.edu

A national organization that provides and promotes unfettered access to comprehensive sexuality education for young people and the adults who teach them. The Sex, Etc. magazine and website (**http://sexetc.org/**) allow teens to hear directly from other teens about the sexual health issues they face every day. Backed by adult health professionals at Answer, the teen-written stories provide honest, accurate, comprehensive information related to sexual health, body image, relationships, and more (formerly known as the Network for Family Life Education).

Faith Trust Institute
2400 N. 45th Street, Suite 10
Seattle, WA 98103
www.faithtrustinstitute.org

A national, multifaith, multicultural training and education organization working to end sexual and domestic violence. Fact sheets can be downloaded on domestic violence, sexual violence, and healthy teen relationships (see the 3:04-minute video on teen relationships).

Centers for Disease Control and Prevention (CDC)
National Prevention Information Network (NPIN)
PO Box 6003
Rockville, MD 20849-6003
www.cdcnpin.org

A national reference, referral, and distribution service for information on sexually transmitted infections and HIV/AIDS. Run by the United States Centers for Disease Control.

The Gay, Lesbian, and Straight Education Network (GLSEN)
121 West 27th Street, Suite 804
New York, NY 10001
212-727-0135
http://www/glsen.org

Brings together teachers, parents, students, and concerned citizens on the U.S. national and local levels to work together to end homophobia in our schools. Focuses on in-school programming, advocacy, and community organizing.

Health Canada
A.L. 0900C2
Ottawa, Ontario
Canada, K1A 0K9
613-957-2991
www.hc-sc.gc.ca/hl-vs/sex/index-eng.php

Health Canada is the federal department responsible for helping the people of Canada maintain and improve their health. The link above leads to the webpages related to sexuality; however, the general site addresses myriad aspects of health and wellness.

National Domestic Violence Hotline
800/799-SAFE (7233)

Hotline advocates are available for victims and anyone calling on their behalf to provide crisis intervention, safety planning, information, and referrals to agencies in all fifty states, Puerto Rico, and the U.S. Virgin Islands. Assistance is available in English and Spanish with access to more than 170 languages through interpreter services.

Parents, Families, and Friends of Lesbians and Gays (PFLAG)
National Office 1726 M Street, NW, Suite 400
Washington, DC 20036
202-467-8180
www.pflag.org

Supports local chapters throughout the United States, Canada, and the world. Publishes resources for families and allies of gay, lesbian, bisexual, and transgender people as well as resources for those who are coming out.

Planned Parenthood Federation of America
434 West 33rd Street
New York, NY 10001
215-541-7800
www.plannedparenthood.org

The Planned Parenthood Federation of America provides comprehensive reproductive and complementary health care services, advocates public policies that guarantee these rights and ensure access to such services, and provides educational programs that enhance understanding of individual and societal implications of human sexuality.

Sex Information and Education Council of Canada (SIECCAN)
850 Coxwell Avenue
Toronto, Ontario
Canada M4C5R1
416-466-5304

Publishes the *Canadian Journal of Human Sexuality*, a peer-reviewed, academic journal, and the SIECCAN Newsletter, which contains articles and resource reviews for sexuality educators and advocates. NOTE: SIECCAN is not affiliated with SIECUS.

Sexuality Information and Education Council of the United States (SIECUS)
90 John Street, Suite 402
New York, NY 10038
212-819-9770
also,
1012 14th Street, NW, Suite 107
Washington, DC 20005
202-265-2405

Develops, collects, and disseminates information; promotes comprehensive sexuality education; and advocates for the right of individuals to make responsible sexual choices. Provides program consultation and assistance to communities. Publications include *Guidelines for Comprehensive Sexuality Education*, *Community Action Kit*, the *SIECUS Report*, the *SIECUS Advocates Report*, and the *SexEd Library*. NOTE: SIECUS is not affiliated with SIECCAN.

Center for Sex Education
196 Speedwell Ave.
Morristown, NJ 07960
973-539-9580, ext. 120

The Center for Sex Education (CSE) publishes lifespan sexuality education manuals for use in schools and organizational settings, with each manual devoted to addressing a single topic in depth. The CFLE is the national education division of Planned Parenthood of Central and Greater Northern New Jersey in Morristown.

Print

Alberta Health Services. *Sexuality and Disability: A Guide for Parents.* Available at **http://teachers.teachingsexualhealth.ca/wp-content/uploads/Sexual-and-Development-Disability-Guide-2013.pdf** (2013).

This 21-page parent guide can be read online or printed out for easy reference. Includes an outline of what teens with developmental disabilities need to know, how to communicate effectively, and a host of resources in the U.S. and Canada.

Bornstein, Kate, and S. Bear Bergman. *Gender Outlaws, The Next Generation.* Seal Press, 2010.

Collects and contextualizes the work of teen and young adult trans and genderqueer forward thinkers. Includes essays, commentary, comic art, and conversations.

Bryan, Jennifer. *From the Dress Up Corner to the Senior Prom: Navigating Gender and Sexuality Diversity in PreK-12 Schools.* Rowman & Littlefield Education, 2012.

Takes readers into classrooms, administrative meetings, recess, parent conferences, and the annual pep rally to witness the daily manifestations of gender and sexuality diversity at school. Features thoughtful questions, models of dialogue, accessible lesson plans, pedagogical strategies, and stories from teachers, students, and parents.

Corinna, Heather. *S.E.X. (The all-you-need-to-know progressive sexuality guide to get you through high school and college).* Marlow & Company, 2007.

An empowering book by the founder and editor of **www.scarleteen.com**, a highly popular online teen sexuality resource welcoming teens of all sexual identities.

Couwenhoven, Terri. *Teaching Children with Down Syndrome about Their Bodies, Boundaries, and Sexuality: A Guide for Parents and Professionals.* Woodbine House, 2007.

Diaz, Angela. *Body Drama (Real Girls, Real Bodies, Real Issues, Real Answers).* Gotham Books, 2007.

A reassuring book for female-bodied teens who seek reassurance about their body's shape, size, smells, changes, and more.

Dunn Buron, Kari. *A 5 Is Against the Law: Social Boundaries Straight Up!* Autism Asperger Publishing Company, 2007.

Using Kari Dunn Buron's "Incredible 5-Point Scale," this book addresses situations that are particularly challenging for adolescents and young adults who have difficulty understanding and maintaining social boundaries. Includes tips for coping with anxiety before it begins to escalate. Readers are encouraged to map their behavior on a personal anxiety scale that applies to their own emotions and situations.

Garner, Abigail. *Families Like Mine (Children of Gay Parents Tell It Like It Is)*. Perennial Currents, 2005.

Drawing on personal experience, a decade of advocacy work, and interviews with the children of LGBT parents, Garner offers practical advice and personal perspectives for parents, their families, and their allies.

Gore, Susan, and Keith Kron, eds. *Coming Out in Faith: Voices of LGBTQ Unitarian Universalists*. Skinner House Books, 2011.

This collection of poignant testimonials illuminates the lived experience of lesbian, gay, bisexual, and transgender Unitarian Universalists. It is not written for young teens but may be inspiring for them.

Haffner, Debra. *What Every 21st Century Parent Needs to Know (Facing Today's Challenges with Wisdom and Heart)*. William Morrow, 2008.

Written by a Unitarian Universalist minister and sexuality educator, this book addresses drinking, drugs, and teen sex with research and statistics that may calm many parents' fears. Haffner illustrates how parenting style can offer viable solutions to common problems.

Hall, David M. *Protecting Our Kids*. Available at **http://davidmhall.com/books/protecting-our-kids**

Written to help parents, guardians, and loved ones protect children from sexual predators. This ten-page manual explains how predators think and act, and it provides research-based suggestions to reduce a child's risk of being abused. The information should also help parents avoid unnecessary over-sheltering so their children have both freedom and safety.

Henault, Isabelle. *Asperger's Syndrome and Sexuality from Adolescence through Adulthood*. Jessica Kingsley Publishers, 2006.

Offers information and advice on issues such as puberty and sexual development, gender identity disorders, couples' therapy, and guidelines for sexuality education programs and maintaining sexual boundaries.

Huegel, Kelly. *GLBTQ: The Survival Guide for Gay, Lesbian, Bisexual, Queer and Questioning Teens*. Free Spirit Publishing, 2011.

Describes the challenges faced by gay, lesbian, bisexual, and transgender teens and offers advice, personal experience stories, and resources.

Joannides, Paul. *The Guide to Getting It On*. Goofy Foot Press, 2012.

A scientifically accurate, comprehensive resource for facilitators and parents seeking answers to questions youth ask. Includes explicit language and line drawings; this is an excellent resource for parents. This book is regularly updated.

Kaufman, Miriam, Cory Silverberg, and Fran Odette. *The Ultimate Guide to Sex and Disability*. Cleis Press, 2007.

A helpful resource for parents and mature teens, this guide addresses disabilities ranging from chronic fatigue and back pain to spinal cord injury, multiple sclerosis, cystic fibrosis, cerebral palsy, and many others. It focuses on positive self-image and practical solutions parents can discuss with their teens.

Kroll, Ken, and Erica Levy Klein. *Enabling Romance: A Guide to Love, Sex, and Relationships for People with Disabilities, and the People Who Care About Them*. No Limits Communications, 2001.

Written for adults, this could be a useful guide for parents seeking to answer questions asked by young teens and teens with disabilities. Topics include building self-esteem; how-tos of sexual activity; and reproduction and contraception for people with disabilities. Addresses a range of physical and sensory disabilities.

McCoy, Kathy, and Charles Wibbelsman. *The Teenage Body Book*. Hatherleigh, 2008.

Includes general and sexual health issues as well as sexual orientation and healthy relationships. This book does not include discussion of gender identity.

Montfort, Sue, and Peggy Brick. *Unequal Partners*. Center for Family Life Education, 2007.

Lessons that help teachers, counselors, nurses, and other professionals educate young people to make healthy decisions about relationships, especially those involving the power imbalances that can accompany significant age differences.

Patton, Sally. *Welcoming Children with Special Needs: A Guidebook for Faith Communities*. Unitarian Universalist Association, 2004.

Advocates for, and offers specific ideas for, congregations to welcome and meaningfully engage with children with special needs and support their families.

Planned Parenthood of the Heartland. *A Healthy Relationship Guide: An Interactive Tool for Persons with Developmental Disabilities and the People Who Care About Them* and *Sexuality & Persons with Developmental Disabilities: Guidelines & Recommended Resources for Parents & Professionals* (brochures). Call 1-800-874-2025 to order.

Roffman, Deborah. *Talk to Me First: Everything You Need to Know to Become Your Kids' "Go-To" Person about Sex*. Da Capo Press, 2012.

Increases parents' comfort discussing common adolescent concerns and the information they need.

Stillman, William. *Demystifying the Autistic Experience: A Humanistic Introduction for Parents, Caregivers and Educators*. Routledge, 2002.

Presents autism from a non-clinical, humanistic perspective, making the case that people have fewer differences than we may think. Includes group brainstorming exercises.

Walker-Hirsch, Leslie. *The Facts of Life... and More: Sexuality and Intimacy for People With Intellectual Disabilities*. Paul H. Brookes Publishing Company, 2007.

Gives social workers, teachers, and direct support professionals comprehensive information needed to educate people with disabilities about sexuality.

Wrobel, Mary. *Taking Care of Myself: A Healthy Hygiene, Puberty and Personal Curriculum for Young People with Autism*. Future Horizons, 2003.

Through simple stories, teaches caregivers exactly what to say and what not to say.

Videos

Many filmmakers who create videos with themes compatible with the Our Whole Lives program values rely on fees from public performance licenses for funding. Legally, if you are showing a film in a space that is open to the general public, you are hosting a public performance and need to purchase a license or pay a fee for the video that grants you unlimited rights to the use of the film. Consider contacting the distributor or filmmaker to request a discounted fee that fits your budget. The educational exception to the public license, which permits the screening of a limited amount of video for educational purposes, does not apply to screenings in religious settings. Films shown in a non-public space, i.e., a private home, do not require a public performance license.

"A Day in the Life of LGBTQ Teens—Answer, Sex Ed Honestly." Answer, 2001. 8:39 minutes. Stream free from **www.youtube.com**

A video that illustrates the many ways a school-full of teens are affected by silence around issues of gender and sexual oritentation diversity. Creative and powerful.

Fetal Development: A Nine-Month Journey. Milner-Fenwick, Inc., 2004. 15 minutes. $129.
Order at **www.milner-fenwick.com/products/ob172/index.asp**

This award-winning video uses fiber optic cameras to take viewers inside the womb as an embryo develops. In utero fetoscopy is skillfully blended with ultrasound images, schematic drawings, and animation sequences. Viewers learn how pregnancy affects the mother's body and the importance of keeping the fetus drug free.

Let's Get Real. New Day Films, 2004. 35 minutes. $99
Call 888-367-9154 or go to **www.newday.com/films/LetsGetReal.html** to order.

The students featured in *Let's Get Real* discuss racial differences, perceived sexual orientation, disabilities, religious differences, sexual harassment, and more. From the youth who are targeted to the students who pick on them to those who find the courage to intervene, *Let's Get Real* examines bullying from the full range of perspectives. This poignant film educates audiences of all ages about why we can no longer accept name-calling and bullying as just a normal rite of passage.

Life's Greatest Miracle. NOVA, 2001. 54 minutes. Stream free from **http://video.pbs.org**

Updates *Miracle of Life* (1983) by filmmaker Lennart Nilsson. This video is limited to male-female reproduction; there is no description of assisted reproductive technologies. 54 minutes.

No Dumb Questions. New Day Films, 2001. 24 minutes. $60 for 21-day streaming
Call 888-367-9154 or go to **www.nodumbquestions.com** to order.

This lighthearted and poignant documentary profiles three sisters, ages 6, 9, and 11, struggling to understand why and how their Uncle Bill is becoming a woman. With just weeks until Bill's first visit as Barbara, the sisters navigate the complex territories of anatomy, sexuality, personality, gender, and fashion. Their reactions are funny, touching, and distinctly different.

Put This on the Map. Revelry Media & Methods, 2010. 34 minutes. Call 206-395-9738 or go to **www.putthisonthemap.org/** to order.

Fed up with a lack of queer visibility, twenty-six young people in Seattle's eastside suburbs weave together a narrative of shifting identities and a quest for social change. These queer youth provide a candid evaluation of their schools, families, and communities. This documentary would be an excellent video supplement to the Gender Identity or Sexual Orientation workshops and appropriate for screening at an Our Whole Lives retreat.

Raising Healthy Kids: Families Talk about Sexual Health for Parents of Preadolescent and Adolescent Children. Family Life Productions, 2003. 30 minutes, with discussion guide. Order from **www.wordscanwork.com/products/product.html?prod=006**

Includes interviews with young people, parents, and experts. Features discussions about values, listening, avoiding absolutes, mixed messages, and relationships.

(Sex)Abled: Disability Uncensored, Amanda Hoffman, 2009, 14 minutes, order for $14 from **sexabled.movie@gmail.com** or stream free from **https://vimeo.com/6842318**

Recommended in the Sex and Disability workshop, this documentary celebrates young adults with disabilities as sexual beings. It features San Francisco State University students who participated on discussion panels called "Are Cripples Screwed?"

Teenage Sexual Harassment at Work, PBS, 2009, stream free from **www.youtube.com**

This short documentary describes one female teen's experience being sexually harassed at work and the legal steps she took to put an end to it and save her job.

Websites

Advocates for Youth: Parents' Sex Ed Corner, **http://advocatesforyouth.org/helping-parents-and-children-talk-psec**

Free, downloadable tips and exercises help parents and their children communicate clearly about sexuality issues and listen well.

Bedsider, **www.bedsider.org**

An online birth control support network for women ages 18–29 operated by The National Campaign to Prevent Teen and Unplanned Pregnancy, a private nonprofit organization.

BirdsandBees.org, **www.birdsandbees.org**

Online sexual health resource for youth and young adults, created in affiliation with Pro-Choice Resources. Supports the idea that sexual activity can be a positive experience if it is safe, informed, and consensual. Includes information on contraception, sexually transmitted infections, and unplanned pregnancy options.

Gender Spectrum, **www.genderspectrum.org**

An online community and resource center for parents and families of gender non-conforming children as well as the professionals working with them.

Go Ask Alice, **www.goaskalice.com**

Connects students to information and resources, cultivating healthy attitudes and behaviors. This site is produced by Alice! Health Promotion at Columbia University, a division of Columbia Health.

Guttmacher Institute, **www.guttmacher.org**

The Guttmacher Institute is a nonprofit organization focused on sexual and reproductive health research, policy analysis, and public education.

Info For Teens, **www.plannedparenthood.org/info-for-teens**

Up-to-date information for teens from the Planned Parenthood Federation of America. Formerly known as Teenwire.com

IWannaKnow, **www.Iwannaknow.org**

Designed for teenagers by the American Social Health Association, this site promotes informed sexual decision making. Once focused on sexually transmitted infections, the site has broader coverage today.

RAINN, **www.rainn.org**

The Rape, Abuse & Incest National Network (RAINN) is the nation's largest anti-sexual assault organization. RAINN operates the National Sexuality Assault Hotline and carries out programs to prevent sexual assault, help victims, and ensure that rapists are brought to justice.

Scarleteen, **www.scarleteen.com**

Scarleteen is an independent, grassroots sexuality education and support organization and website for teens and young adults. The site provides more than two hundred comprehensive articles on sexuality, health, and relationships as well as guides and factsheets, more than a thousand in-depth answers to requests for advice, and extensive external resource lists for each topical section of the site. Content is written by adult and teen/young adult educators and writers. The site also offers advice and health care/advocacy referrals. Site founder and manager Heather Corrina is the author of *S.E.X.: The All-You-Need-to-Know Progressive Sexuality Guide to Get You through High School and College.*

Sex Etc., **www.sexetc.org**

Sexuality education written by teens, for teens, under the supervision of Answer, a national organization dedicated to providing and promoting comprehensive sexuality education to young people and their educators.

Sexpressions, **www.sexpressions.ca**

Provides resources for comprehensive sexuality education for youth, including workshops for teens, parents, and First Nations communities.

Sexuality and U, **www.sexualityandu.ca**

Provides accurate and up-to-date information and education on sexual health. It is a service of the Society of Obstetricians and Gynaecologists of Canada.

TheBody.com, **www.thebody.com**

This AIDS Clearinghouse uses the Web to lower barriers between patients and clinicians, demystifies HIV/AIDS and its treatment, and fosters community through human connection. The Medical Library Association rates this as the most frequently visited AIDS-related website.

StayTeen.org, **www.stayteen.org**

Encourages teens to enjoy their teen years while avoiding too-early pregnancy and parenting.

Youth Resource, **www.youtheresource.com**

Sponsored by Advocates for Youth, this site is by and for gay, lesbian, bisexual, transgender, and questioning (GLBTQ) young people. It provides information and offers support on sexual and reproductive health issues through education and advocacy. Through monthly features, message boards, and online peer education, GLBTQ youth receive information on activism, culture, sexual health, and other issues.

Condom Demonstrators

Condom demonstrators can cost as little as $10. One model can be shared. Brochures and sample condoms are usually available from county health clinics. Sources for demonstrators:

www.shopppsne.org/condom-demonstrator.html
www.askdurex.com/content/professional_catalog.html
www.optionsforsexualhealth.org/shop/product/teaching-kit-refill-wooden-condom-demonstrator
www.totalaccessgroup.com/Condom-Demonstrators_c_61.html
somatco.com/AIDS-VIRUS_L40.pdf (offers an uncircumcised demonstrator and Styrofoam models in bulk)

Internet Safety

The following Internet safety sites each offer different types of online safety information:

www.wiredsafety.org
www.wiredkids.org
www.cyberlawenforcement.com
www.SafeTeens.com
www.BlogSafety.com
www.Netsmartz.org
www.OnGuardOnline.gov
www.StaySafe.org
www.Safekids.com
www.cybertipline.com

OUR WHOLE LIVES GRADES 7–9

A sexuality education program for youth that models and teaches caring, compassion, respect, and justice. A holistic program that moves beyond the intellect to address the attitudes, values, and feelings that youth have about themselves and the world.

Unlike many other sexuality curricula currently available, this program is comprehensive and progressive. In an inclusive and developmentally appropriate manner, it addresses sensitive topics that are typically excluded. Developed by the Unitarian Universalist Association and the United Church of Christ, the program is nevertheless free of specific religious doctrine or reference. The underlying values of the program reflect the justice-oriented traditions of both denominations while remaining suitable for use in secular contexts.

Maintaining the OWL values and assumptions established in the first edition, the second edition introduces new content, activities, perspectives, language, and resources for today's young teens. New topics include body image, social media/internet, bullying/bystander responsibilities, and consent education. Many of the popular activities and discussion topics from the first edition are preserved here, with additional alternate activities and multi-media resources to accommodate participants' specific needs and interests. A facilitation guide offers suggestions for including youth with special needs in OWL programs.

The second edition is comprised of twenty-five ninety-minute workshops in a new order that will make it easier to plan OWL programs that suit participants' increasing comfort and schedules.

A social worker by training, **PAMELA M. WILSON** has more than thirty years of experience in the fields of reproductive health and sexuality education. Since the late eighties, she has worked as an independent consultant and trainer on many different local, national, and international projects. She has taught human sexuality courses in several universities, staffed national sexuality training initiatives, and written or co-authored more than sixteen curricula for a variety of audiences, including teens, parents, couples, young fathers, and girls ages nine to eighteen. She has trained at the Annual Workshop on Sexuality at Thornfield, the American Association of Sexuality Educators and Therapists Summer Institute, and the New Jersey Teachers' Institute on Sexual Health Education. She served on the Board of Directors for the Sexuality Information and Education Council of the U.S., as well as Answer at Rutgers University.

Unitarian Universalist
Association
24 Farnsworth Street
Boston, MA 02210-1409
uua.org

United Church of Christ
700 Prospect Avenue
Cleveland, OH 44115
ucc.org

ISBN 978-1-55896-740-3

$75.00