



Teen Talk

High School

For grades 9 – 12

2022 Edition

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Preface

Acknowledgements

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We would also like to thank the Adolescent Sexual Health Work Group (ASHWG) and the California Healthy Kids Resource Center for their thorough legal compliance reviews of this curriculum in 2010, 2016, 2017, and 2021.

Finally, we would be remiss if we did not acknowledge the more than 500,000 students who have participated in Health Connected's courses over the past 27 years.

Land Acknowledgement

This curriculum is written on and disseminated throughout land that was stolen from Indigenous communities and remains occupied and unceded. Specifically, Health Connected's office is located on Ramaytush Ohlone-speaking territory, ancestral land of Puichon people.

Not only is our physical presence in this place inextricable from the forced removal of Ohlone people, but sexual health promotion has been used to justify genocide and control of Indigenous peoples throughout the United States and beyond. Health Connected recognizes the historical atrocities including forced sterilization and birth control implementation, nonconsensual medical experimentation, violent assimilation through “boarding schools,” and more that have shaped the fields of sexual health and education today.^{1,2} We also want to acknowledge that American Indian and Alaskan Native people in the United States, particularly women and girls, face extraordinary rates of violence today, with rates of rape that are nearly double those for white women, and a murder rate nearly three times the rate for white women, as well as innumerable negative health impacts (including higher rates of maternal mortality and sexually transmitted infections) resulting from systemic racism and medical neglect.^{3,4,5,6,7,8} We believe that sexual health and relationship education, particularly when it comes from Native people themselves, can be one powerful tool to address violence and inequity.

¹ Federis, M. & Kim, M. (2021). Examining the painful legacy of Native American boarding schools in the US. www.kaed.org/news/11883520/examining-the-painful-legacy-of-native-american-boarding-schools-in-the-u-s

² Pacheco, C.M., Daley, S.M., Brown, T., Filippi, M., Greiner, K.A. & Daley, C.M. (2013). Moving forward: Breaking the cycle of mistrust between American Indians and researchers. *American Journal of Public Health*, 103(12), 2152–2159. DOI: [10.2105/AJPH.2013.301480](https://doi.org/10.2105/AJPH.2013.301480)

³ Native Hope. (2022). Murdered and missing Indigenous women. www.nativehope.org/missing-and-murdered-indigenous-women-mmhw

⁴ National Congress of American Indians. (2018). Research policy update: Violence against American Indian and Alaskan Native women. [www.ncai.org/policy-research-center/research-data/prc-publications/VAWA Data Brief FINAL 2 1 2018.pdf](https://www.ncai.org/policy-research-center/research-data/prc-publications/VAWA%20Data%20Brief%20FINAL%202018.pdf)

⁵ Indian Law Resource Center. (n.d.). Safe women, strong nations. www.indianlaw.org/safewomen

⁶ Smith, M. (n.d.). Native Americans: A crisis in health equity. *Civil Rights and Social Justice. Human Rights*, 43(3). www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/native-american-crisis-in-health-equity/

⁷ National Indian Health Board. (2020). *Safe motherhood: An informational webinar on maternal mortality in Indian country*. [video] www.nihb.org/public_health/maternal_mortality.php

⁸ National Center for HIV, Viral Hepatitis, STD, and TB Prevention. (2020). Health disparities in HIV, viral hepatitis, STDs, and TB: American Indians and Alaskan Natives. www.cdc.gov/nchhstp/healthdisparities/americanindians.html

Health Connected strives to actively uphold our values of justice, agency, and connection by building relationships with the Indigenous communities who continue to live on and steward the land in our communities, uplifting the knowledge and work of Native people in our field, and supporting calls for Indigenous sovereignty and land return. We encourage all recipients of this curriculum to research the Native peoples of the land you are on and learn about how you can support the Indigenous communities there today.

Statements of Intentionality

Mission Statement

Health Connected equips young people with information, skills, and support to make thoughtful choices about their relationships and sexual health throughout their lives.

Vision Statement

Health Connected envisions a world built on equity where all young people are celebrated for who they are and empowered to advocate for their own and others' well-being.

Core Values

- **Agency** – We empower young people to make the decisions that are right for them about their health, bodies, and relationships free of shame, judgment, or pressure.
- **Justice** – We have an obligation to work towards collective liberation by dismantling the institutional barriers that impede young people's agency, particularly for those who have been disproportionately impacted by systemic oppression.
- **Connection** – We promote the wellbeing of youth by strengthening their relationships with trusted adults, healthcare providers, peers, and partners; we build bridges in communities to foster connectedness.
- **Excellence** – We deliver ever-evolving, outcome-driven, research-informed education and personalized service to meet the needs of youth in the context of our constantly changing world.
- **Zest** – We spark meaningful learning about complicated sexual health topics through dynamic, inquisitive, and courageous student engagement.

Commitment to Racial Justice

As human are social beings by nature, we often seek connection and community with others based on perceived identity. While community formation can be a tool for growth and healing, it may also foster exclusion and oppression. In the United States, the social concept of “race” has become one such identity that serves as both connector and divider.

Health Connected recognizes that folks we serve are affected by racial oppression and that specifically Black and Indigenous communities have endured centuries of trauma due to racist systems and social norms. We recognize that each of us holds multiple identities which may afford differing levels of social privilege. We also recognize that sexuality – given its influence on our physical, mental, and social spheres and its capacity to augment pleasure, trauma, and everything in between – intersects with racial justice. Our placement within specific histories (e.g., California history, American history, human history) and systems (e.g., health, education, and corporate) requires us to interrogate our individual and organizational role in both perpetuating and healing race-based oppression.

As such, we seek to engage in transformative solidarity practices. These practices catalyze antiracist attitudes within our organization's members and its materials, both of which reach thousands of students, families (in all their forms), and educators. Our curriculum authors are dedicated to incorporating social justice approaches into sex

education that align with national sexuality standards, integrating information and activities about identity articulation and intersectionality, and creating opportunities for critical thinking about power, privilege, and how systems impact people in relation to their identities. Ultimately, **we commit to staying curious, reflecting new learning in our work, and contributing to racial equity in more deliberate ways.** We also recognize that there is no finish line in this impactful work towards collective liberation.

About the Curriculum

Teen Talk HS is designed to empower high school students with knowledge and resources to help them make informed decisions about their sexual health and relationships as they progress through adolescence and explore their independence. This requires honest, unbiased, factual information as well as a safe space for young people to articulate their values and ample opportunities to engage with trusted adults. Consistent with all of Health Connected's curricula, Teen Talk HS is age appropriate, medically accurate, and in full compliance with California's Education Code requirements. This curriculum is designed for youth with diverse racial and cultural backgrounds and is inclusive of all gender and sexual identities.

Importance of Comprehensive Sex Education

Young people are constantly bombarded with confusing and conflicting messages about sexuality and relationships, while adults are often unable or unwilling to discuss these important topics with them. This can leave youth vulnerable to interpersonal harm such as sexual coercion, exploitation, assault, and harassment, as well as physical health risks like sexually transmitted infections (STIs) and unintended pregnancy. Comprehensive sex education (CSE) seeks not only to reduce instances of sexual violence and negative health outcomes, but also to increase young peoples' agency and confidence in their decision-making. Without relying on shame, scare tactics, or the omission of relevant information, CSE empowers youth to evaluate health and relationship decisions based on their personal values and goals. This type of education provides a broad understanding of the landscape of decisions young people might face and the ecosystem of social determinants that affect these decisions, as well as how such decisions may impact personal and community health.

Research confirms that sexual pleasure, sexual self-esteem, and sexual satisfaction are positively associated with all aspects of physical and mental health.⁹ This means that a person's social-emotional and sexual functioning – their “interests, behaviors, understandings, and contentment with respect to sexual, romantic, and social aspects of life” – are central to their overall well-being and quality of life.¹⁰ CSE promotes safety and positive outcomes for youth by providing medically accurate, evidence-based, and age appropriate discussion of anatomy, gender identity, sexual orientation, consent, sexual behaviors, contraception, pregnancy options, STI prevention, sexual harm, and healthy relationships, as well as introductions to intersectionality, negotiation and refusal skills, and media literacy. Along with delivering information, CSE offers opportunities to practice critical decision-making and communication skills with peers in a positive, affirming, and inclusive environment, which can increase efficacy in setting boundaries. In this way, CSE empowers youth to develop bodily autonomy and sexual agency, both of which are important markers of sexual health.

CSE also provides space to reflect on and investigate the systems of privilege and oppression that affect access to health and safety. By addressing the experiences of various identities and communities, health information becomes more personally relevant and therefore more likely to be applied towards harm reduction. Although CSE normalizes curiosity about sexuality as a typical part of development and an integral part of holistic health, such programs often lead to a delayed onset of sexual activity and increased pro-health decisions during sexual activity (such as the use of

⁹ Anderson, R.M. (2013). Positive sexuality and its impacts on overall well-being. *Bundesgesundheitsbl*, 56(2), 208–214. DOI: [10.1007/s00103-012-1607-z](https://doi.org/10.1007/s00103-012-1607-z)

¹⁰ Hancock, G.I.P., Stokes, M.A. & Mesibov, G.B. (2017). Socio-sexual functioning in autism spectrum disorder: A systematic review and meta-analyses of existing literature. *Autism Research*, 10(11), 1823–1833. DOI: [10.1002/aur.1831](https://doi.org/10.1002/aur.1831)

STI prevention methods and contraception when indicated).¹¹ Additionally, inclusive CSE is suicide prevention and contributes to positive school climates. Students in states with a greater proportion of LGBTQ-inclusive sex education have lower odds of experiencing school-based victimization and adverse mental health.¹² Three decades of research demonstrate that CSE leads to increased empathy and respect for others; it supports bystander intervention, communication, and positive self-image; it creates an increased recognition of gender equity and an increased sense of self-control and safety; and it has also demonstrated decreased intimate partner violence perpetration and victimization.¹³ Education that focuses on how to develop agency and form healthy, satisfying relationships is protective and ultimately empowers youth to lead lives built on self-determination.

Target Population and Need

Teen Talk HS has been developed over the past 27 years by working directly with high school students in the San Francisco Bay Area. Health Connected primarily serves the racially and socioeconomically diverse San Mateo and Santa Clara Counties. However, this curriculum is appropriate for high school students of all identities, abilities, backgrounds, and beliefs.

Health Connected's work seeks to address several ongoing health and safety issues related to the sexual experiences of young people today. For example, the 2019 Youth Risk Behavior Surveillance finds that:^{14, 15}

- 38.4% of high school students in the U.S. have had sex, with a higher rate (44.9%) among gay, lesbian, and bisexual students;
- Among those sexually active (within the past three months), 54.3% reported using a condom the last time they had sex, with a lower rate (41.3%) among gay, lesbian, and bisexual students;
- Less than 1 in 10 students have ever been tested for HIV (9.4%) or other STIs (8.6%);
- Among those sexually active (with an opposite sex partner), 30.9% reported using a hormonal birth control method the last time they had sex and 9.1% used a condom in combination with a more effective birth control method, but 11.9% reported not using any method to prevent pregnancy the last time they had sex;
- More than 1 in 5 students (21.2%) reported using alcohol or drugs before their last sexual encounter;
- More than 1 in 10 students (10.8%) had been forced to do sexual things they did not want to do within the past year; gay, lesbian, and bisexual students experienced twice that rate (21.5%);
- And 18.8% of high school students in the U.S. have seriously considered attempting suicide, including nearly half (46.8%) of gay, lesbian, and bisexual students.

Education Code Requirements

In 2016, the **California Healthy Youth Act (CHYA)** was adopted into law, mandating sexual health and HIV prevention education in grades 7–12. This law now requires all public and charter schools around the state to provide students with comprehensive instruction at least once during middle school (grade 7 or 8) and at least once during high school (grades 9–12). Schools are also permitted to deliver sexual health and/or HIV prevention education in grades K–6 but must follow the instructional criteria requirements specified in California's Education Code (EC §§ 51931–51933).¹⁶

¹¹ Future of Sex Education Initiative. (2020). National sex education standards: Core content and skills, K-12 (Second Edition). www.siecus.org/wp-content/uploads/2020/03/NSES-2020-2.pdf

¹² Proulx, C.N., Coulter, R.W.S., Egan, J.E., Matthews, D.D., & Mair, C. (2019). Associations of lesbian, gay, bisexual, transgender, and questioning-inclusive sex education with mental health outcomes and school-based victimization in U.S. high school students. *Journal of Adolescent Health*, 64(5), 608-614. DOI: [10.1016/j.jadohealth.2018.11.012](https://doi.org/10.1016/j.jadohealth.2018.11.012)

¹³ Goldfarb, E.S., & Lieberman, L.D. (2021). Three decades of research: The case for comprehensive sex education. *Journal of Adolescent Health*, 68(1), 13-27. DOI: [10.1016/j.jadohealth.2020.07.036](https://doi.org/10.1016/j.jadohealth.2020.07.036)

¹⁴ Zucs L.E., Lowry R., Fasula A.M., et al. (2020). Condom and contraceptive use among sexually active high school students — youth risk behavior survey, United States, 2019. *MMWR Supplements*, 69(1), 11-18. DOI: [10.15585/mmwr.su6901a2](https://doi.org/10.15585/mmwr.su6901a2)

¹⁵ Johns, M.M., Lowry, R., Haderxhanaj, L.T., et al. (2020). Trends in violence victimization and suicide risk by sexual identity among high school students — youth risk behavior survey, United States, 2015–2019. *MMWR Supplements*, 69(1), 19-27. DOI: [10.15585/mmwr.su6901a3](https://doi.org/10.15585/mmwr.su6901a3)

¹⁶ California Department of Education. (2019). FAQ for sexual education, HIV/AIDS, and STDs. www.cde.ca.gov/ls/he/se/faq.asp

According to CHYA, instruction and materials in all grades (K–12) **must**:

- Be age appropriate (relative to cognitive development);
- Be medically accurate and objective;
- Be appropriate for use with pupils of all races, genders, sexual orientation, ethnic and cultural backgrounds;
- Be appropriate for and equally available to English language learners;
- Be appropriate for and accessible to pupils with disabilities;
- Encourage students to communicate with their parents/guardians and other trusted adults about human sexuality and provide skills for doing so;
- Affirmatively recognize different sexual orientations and be inclusive of same-sex relationships in discussions and examples;
- Teach about gender, gender expression, gender identity, and the harm of negative stereotypes;
- Teach the value of and prepare students to have and maintain committed relationships, such as marriage;
- Provide knowledge and skill-building strategies to form healthy relationships that are free from violence; and
- Provide knowledge and skill-building strategies to make and implement healthy decisions about sexuality, such as negotiation and refusal skills to assist students in overcoming peer pressure and using effective decision-making skills to avoid high-risk activities.

Additionally, instruction and materials in all grades (K–12) **must not**:

- Teach or promote religious doctrine; or
- Reflect or promote bias against any person on the basis of actual or perceived disability, gender, gender identity, gender expression, race or ethnicity, nationality, religion, or sexual orientation.

The CHYA content requirements for grades 7–12, along with the activities from Teen Talk HS that satisfy each content area, are listed in the Appendix. Teen Talk HS has been thoroughly reviewed by the California Healthy Kids Resource Center (CHKRC) and Adolescent Sexual Health Work Group (ASHWG) to ensure **full compliance with California’s Education Code** (EC §§ 51931–51934). *For detailed information about Teen Talk HS alignment with CHYA requirements, see **Appendix A**.*

The purpose of CHYA is to provide pupils with the knowledge and skills necessary to:¹⁷

- Protect their sexual and reproductive health from HIV and other sexually transmitted infections and from unintended pregnancy;
- Develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family;
- Have healthy, positive, and safe relationships and behaviors;
- Promote understanding of sexuality as a normal part of human development; and
- Ensure pupils receive integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction and provide educators with clear tools and guidance to accomplish that end.

In addition to CHYA, all school districts that include health education as a graduation requirement **must** provide instruction on sexual harassment and violence, including information about California’s affirmative consent standard (EC § 51225.36).

Beyond these requirements for educational content and instruction, California’s **Gender Equity in Education Act** (EC § 221.5–231.6) expands upon the federal requirements of **Title IX** (“Title 9”) to protect students and staff against gender-based violence and harassment. These laws require schools to adopt and publish a grievance procedure outlining the complaint, investigation, and disciplinary process for addressing acts of sexual violence, harassment, and discrimination. This includes disseminating notice of nondiscrimination policies and hosting the

contact information of the designated Title IX Coordinator prominently on the school or district's official website.¹⁸ It also requires a prompt and equitable response to remedy hostile educational environments. To support these administrative efforts, Teen Talk HS empowers students to identify discrimination and harm, stand up for themselves and others, and access support from trusted adults.

Theoretical Frameworks

Teen Talk HS was originally developed using the research of Douglas Kirby, who identified 17 key characteristics consistent among curriculum-based interventions that are effective at preventing STIs and unintended pregnancy among teenagers.¹⁹ With these traits in mind, the activities in Teen Talk HS are built upon the **Health Belief Model** and **Social Learning Theory**, encouraging students to examine the benefits and barriers to a given behavior, as well as ways to overcome those barriers.²⁰ Participants receive information to help expect positive outcomes for a given behavior, such as using contraception or waiting to engage in partnered sex that could lead to pregnancy. Students also consider ways to make responsible choices and learn ways to increase their feelings of self-efficacy, recognizing that certain decisions may leave them vulnerable and have serious consequences.

Health Connected believes that learning skills to deal with emotions and social situations is also critical to a young person's healthy development. All of our curricula incorporate **Social and Emotional Learning (SEL)**, a pedagogical approach which aims to develop students' ability to understand and manage their emotions and social lives.²¹ Young people who are socially and emotionally mature can form and maintain healthy relationships, solve everyday problems, work cooperatively, and communicate effectively with others. They also have a keen awareness of their own feelings, needs, attitudes, opinions, and values.²² Health Connected recognizes that learning and practicing these skills is a lifelong process. Therefore, our curricula offer opportunities for students to build SEL skills by emphasizing respect for all identities and abilities and discussing healthy relationships and effective communication throughout the entire course.

Teen Talk HS also operates within the frameworks of trauma-informed, healing centered, and culturally responsive teaching. We acknowledge that SEL is not meant to control young peoples' bodies, feelings, or reactions, especially when a young person has experienced marginalization and oppression by the systems with which they must engage. SEL activities included in this curriculum are developed using a **Healing Centered Engagement (HCE)** approach that centers SEL around "identity restoration" in order to rebuild a healthy identity rooted in community and a "sense of meaning, self-perception, and purpose."²³ HCE was coined by Dr. Shawn Ginwright, "one of the nation's leading innovators, provocateurs, and thought leaders on African American youth, youth activism, and youth development."²⁴ Dr. Ginwright founded Flourish Agenda, a national nonprofit consulting firm that partners with youth-serving organizations, schools, and youth of color to encourage community healing through a non-clinical, strengths-based approach focused on culture and identity restoration.²⁵ Dr. Ginwright has also outlined a strategy for achieving sustainable systemic change through four simple shifts in how we think, act, work, and connect:²⁶

¹⁸ U.S. Department of Education, Office for Civil Rights. (2020). Schools must post important information regarding title ix on school websites under the new title ix rule. www2.ed.gov/about/offices/list/ocr/blog/20200518.html

¹⁹ Kirby, D. (2007). Emerging answers 2007: Research findings on programs to reduce teen pregnancy and sexually transmitted diseases. The National Campaign to Prevent Teen and Unplanned Pregnancy. www.powertodecide.org/sites/default/files/resources/primary-download/emerging-answers.pdf

²⁰ Rosenstock, L.M., Strecher, V.J., & Becker, M.H. (1988). Social learning theory and the health belief model. *Health Education Quarterly*, 15(2), 175-183. DOI: [10.1177/109019818801500203](https://doi.org/10.1177/109019818801500203)

²¹ Elias, J.M., et al. (1997). *Promoting social and emotional learning: Guidelines for educators*. Association for Supervision and Curriculum Development.

²² CASEL. (2019) Core SEL competencies. www.casel.org/core-competencies

²³ Oto-Aponte, M. (2021). Youth Thrive & Healing Centered Engagement Crosswalk: A Focus on Building Young People's Strengths and Healing. Center for the Study of Social Policy. <https://CSSP.org/resource/crosswalk-youth-thrive-healing-centered-engagement>

²⁴ Ginwright, S. (n.d.). Shawn Ginwright, PhD, president and CEO. Flourish Agenda. www.flourishagenda.com/team/shawn-ginwright-ph-d

²⁵ REX TV by YouthREX. (2021). From trauma-informed to healing-centered engagement: A youth work teach-in with Dr. Shawn Ginwright [video]. <https://youtu.be/NxTSIIWUeq8>

²⁶ Ginwright, S.A. (2022). *The four pivots: Reimagining justice, reimagining ourselves*. North Atlantic Books.

- **Awareness** – from lens to mirror
- **Connection** – from transactional to transformative relationships
- **Vision** – from problem-fixing to possibility-creating
- **Presence** – from hustle to flow

Teen Talk HS is guided by the principles of community-based healing and long-term social justice impact through these four pivots. *To learn more, see the section on **Healing Centered Engagement** (pg. xviii).*

Goals and Objectives

Teen Talk HS allows students to integrate medically accurate information with their own personal, family, community, or religious values about sexuality and relationships. This curriculum utilizes participatory teaching methods that actively involve students and allow for critical discussion and reflection.

The immediate goals of the Teen Talk HS course are to help participants:

- Clarify personal values;
- Increase knowledge about accessing clinic services;
- Increase knowledge and decision-making capacity about preventing STIs and unintended pregnancy;
- Increase knowledge and communication skills around sexual safety, personal boundaries, and consent;
- Increase confidence and communication skills to refuse or negotiate in sexual situations;
- Increase comfort communicating about sexual health with peers, partners, and trusted adults; and
- Increase self-efficacy to engage in protective sexual health behaviors.

Long-term goals of the Teen Talk HS course include:

- Building skills to help navigate complex personal decision-making;
- Building a foundation for safe, healthy, and satisfying relationships; and
- Building empathy, tolerance, and respect for diversity.

Information for Instructors

This manuscript is designed to best support individuals who provide direct instruction to young people. Each lesson of the curriculum begins with information to prepare for the activities, as well as background information and resources for the topic. The curriculum also provides access to download the **accompanying ZIP file**, which includes PDF copies of each handout, PowerPoint presentations to guide activities, pre-formatted scenario cards, as well as an extensive **Glossary for Instructors**. Please contact curriculum@health-connected.org to report any issues with the curriculum manuscript or ZIP file.

Appropriate Group Demographics (group size, age, gender)

Teen Talk HS is designed to be implemented in a **classroom setting** at a school or community-based organization. The curriculum is not written for small group settings or one-on-one teaching, although many of the activities can be modified for smaller groups if necessary. Teen Talk HS is most often delivered to 9th grade students to prepare them for sexual health decision-making early in their high school careers. However, the curriculum content is appropriate for all young people **ages 14-18**, including students up to 12th grade.

Health Connected strongly recommends that all of our courses be taught in **mixed-gender groups**. One advantage is that it models and allows students to practice effective communication among different genders. Most people will need to be able to discuss these sensitive topics with peers, partners, parents/guardians, and medical professionals of different genders at some point in their life. Mixed classrooms also foster mutual respect and understanding among all genders. Single-gender groups can sometimes create a feeling of secretiveness and mystery, leaving one

group to feel left out, confused, or curious about what another gender is learning. Additionally, single-gender classes can create significant challenges for students who do not identify with a binary gender (e.g., boy or girl), or who are transitioning from one gender to another. California Education Code requires that school-based sexual health courses be accessible to students of all sexual orientations and gender identities.²⁷ Also, the Health Education Framework adopted by California's State Board of Education in 2019 clearly notes that "students should not be separated or segregated by any gender or other demographic characteristics."²⁸ Implementing the course in mixed-gender groups helps ensure that young people of all gender identities feel included.

Parent/Guardian Notification

Per the CA Healthy Youth Act (CHYA), parents/guardians must be notified if their child is going to receive sexual health education at the beginning of the school year or **at least 14 days before instruction begins**.²⁹ This allows parents/guardians time to review the curriculum and decide if their child will participate in all or part of the course.³⁰ If a parent/guardian does not want their child to participate, **it is the responsibility of the parent/guardian to notify the school**, and the school must provide a meaningful alternate assignment for the student. California law states that schools/districts may **not** utilize a permission slip or "opt-in" letter.³¹ *A sample notification letter is provided in Appendix D and in the accompanying ZIP file.*

As previously mentioned, the California Healthy Youth Act (CHYA) requires that any instruction provided in grades K-12 is inclusive of diverse gender and sexual identities. While parents/guardians have the right to opt their pupil out of **all or part** of comprehensive sexual health instruction or HIV prevention education, schools/districts may **not** facilitate the selective opt-out of lessons that are focused on LGBTQ+ content.³² In this curriculum, Lesson 3 provides an overview and opportunity to discuss gender and sexual identities, but every lesson within Teen Talk HS is designed to be inclusive and represent diverse identities and relationships.

Implementation and Duration

Teen Talk HS consists of **12 lessons** and **35 core activities**, plus several **extra** activities which can be added if time allows (but should not replace core activities). The course provides at least one comprehensive and engaging activity for each of the required content standards. The curriculum is designed to give instructors some flexibility to facilitate activities based on classroom personality (e.g., quiet vs. more vocal), classroom structure (e.g., small vs. large groups), instructor comfort level or expertise, student maturity, or other factors. Certain activities and worksheets can also be assigned as homework to prepare for a topic or reinforce messages given in class. Although the course is broken into separate topics, most lessons are interdisciplinary and span multiple topic areas. For example, sexual abstinence (not having sex) is introduced in Lesson 4 and reiterated in many other lessons, even if the activities have a different primary topic.

Lessons are structured in a logical sequence to scaffold the information and build trust within the group before getting to more sensitive topics. Depending upon how instructors choose to structure the lessons, Teen Talk HS should be implemented over a **minimum of 10-12 hours**. The course is most effective over a span of at least 10 days (1 hour per day), rather than several hours a day for a shorter period of time. The times given can be used as a guide, since instruction time may differ based on teaching speed and classroom environment. *A sample 10-day lesson plan is provided in Appendix E and in the accompanying ZIP file.*

²⁷ California Healthy Youth Act. (2016). California Education Code § 51933(d). www.cde.ca.gov/ls/he/se/faq.asp

California Department of Education. (2020). Health education framework. www.cde.ca.gov/ci/he/cf

California Healthy Youth Act. (2016). California Education Code § 51938(b). www.cde.ca.gov/ls/he/se/faq.asp

³⁰ California Healthy Youth Act. (2016). California Education Code § 51932(b). www.cde.ca.gov/ls/he/se/faq.asp

³¹ California Healthy Youth Act. (2016). California Education Code § 51938(a). www.cde.ca.gov/ls/he/se/faq.asp

³² ACLU. (n.d.). LGBTQ-inclusivity requirements and how they interact with parental opt-out. California Healthy Youth Act Sexual Health Education Toolkit. www.aclunc.org/docs/lgbtq_inclusivity_requirements_and_how_they_interact_with_parental_opt_out.pdf

Teaching Students in Spanish

California Education Code requires that instruction and materials be made available on an equal basis to English learners. Health Connected directly serves communities where both English and Spanish languages are commonly spoken. **The entire curriculum can be taught in Spanish** as long as the instructor can read and translate the background information in English. All student-facing and parent-facing handouts and presentations in Teen Talk HS have been translated into Spanish. *Find materials in Spanish located in **Appendix G** and in the accompanying ZIP file.*

Teaching Students with Disabilities

California Education Code also requires that instruction and materials be made appropriate for students with learning differences and disabilities. This includes, but is not limited to, “the provision of a modified curriculum, materials and instruction in alternative formats, and auxiliary aids.”³³ “Disability” refers to the inability to perform an activity because of some mental or physical disorder. Individuals with disabilities have the same needs, desires, and sexual feelings as people without disabilities, and it is critical that instructors acknowledge them as sexual beings. Please modify Teen Talk HS as necessary to meet the needs of all your students. Alternatively, Health Connected offers Teen Talk Adapted for All Abilities (Teen Talk AAA), designed for students with moderate to severe learning differences. Contact us at info@health-connected.org for more information about bringing Teen Talk AAA to your school or community-based organization.

Culturally Responsive Teaching

Successful instructors of comprehensive sexual health education look to culturally informed and inclusive frameworks to structure their classrooms and lesson plans. **Culturally responsive teaching** (CRT) is the process of using familiar cultural information and processes to scaffold learning.³⁴ This approach emphasizes mutual trust and respect between teachers and students, recognizing the importance of relationship-building for creating socially and intellectually safe environments.

CRT is a mindset, a framework, as well as a daily practice that requires educators to look within and understand their own culture, triggers, and biases to more deeply understand how culture impacts the brain and, subsequently, teaching practices. This pedagogy requires instructors to practice **cultural humility** – the understanding that all people have unique backgrounds, and we are constantly learning and challenging our own cultural biases. Practicing cultural humility requires an awareness of intersectionality and pursuing opportunities to genuinely understand other people’s experiences related to their race, ethnicity, gender, sexual orientation, socioeconomic status, education, and other identities, including the impacts of historical and ongoing oppression based on these identities. Zaretta Hammond, educator and author of the book “Culturally Responsive Teaching and The Brain,” describes all instruction as culturally responsive – the importance lies in understanding whose culture the instruction is centering.

Intersectionality, a theory conceptualized in 1989 by Dr. Kimberlé Crenshaw, offers a valuable lens to understand how our overlapping social identities affect our experiences with systems of oppression and discrimination. Comprehensive sexual health education should bolster young people’s capacity to challenge harmful stereotypes while being inclusive and responsive to a wide range of identities, values, and viewpoints. We recognize that we are all affected by injustice, but that oppression is most acutely felt by Black and Indigenous communities who have endured centuries of structural and interpersonal trauma due to systems and social norms designed to explicitly and implicitly provide advantages or disadvantages based on racialized identities.

³³ California Healthy Youth Act. (2016). California Education Code § 51933(d)(3). www.cde.ca.gov/ls/he/se/faq.asp

³⁴ Hammond, Z., & Jackson, Y. (2015). *Culturally responsive teaching and the brain: Promoting authentic engagement and rigor among culturally and linguistically diverse students*. Corwin, a SAGE Company, Teen Talk High School, 2022

- Successful instructors must model self-reflection and cultural humility while teaching Teen Talk HS, interrogating and dismantling stereotypes related to racialized and marginalized identities. Students are introduced to the theory of intersectionality in Lesson 3 and invited to think deeply about their own identities and privilege. Intersectionality is woven throughout the curriculum with scenarios that call attention to systemic oppression of marginalized identities, encouraging students to think critically about systems and access.

Health Connected believes that every person is valuable in society. Teen Talk HS emphasizes empathy for those who are often judged, harassed, or discriminated against, such as those who experience systemic racism, as well as those who experience marginalization related to their gender, sexuality, or sexual health. This includes people living with HIV, teen parents, transgender individuals, and those who identify as gay, lesbian, or bisexual.

All of our curricula follow the guidelines of the American Psychological Association (APA), which state that **people do not choose their sexual orientation or gender identity**.^{35,36} Some students may have strong opinions or values about gender and sexual identity, but even opposing views can be expressed in respectful ways. Instructors must teach that making fun of, discriminating against, and bullying others is harmful and will not be tolerated. One way this curriculum reinforces inclusivity and respect for diversity is by deliberately referencing examples of LGBTQ+ individuals and couples. For example, some scenarios purposefully reference same-sex couples, while others are intentionally left gender-neutral. We also use the pronoun “they” throughout the curriculum instead of “he or she.” This singular pronoun is now generally accepted in the English language to ensure people of all gender identities feel included and respected.³⁷ Health Connected is committed to the ongoing evolution of our materials to remain inclusive and culturally responsive.

- To learn more about culturally responsive teaching and how to implement CRT in your own classroom, check out <https://crtandthebrain.com/book>
- For instructors who want to learn more about implicit bias and interrogate their own, visit **Project Implicit** at <https://www.projectimplicit.net>

Trauma-Informed Approach

Some of the topics in this curriculum can be emotionally challenging to discuss, especially for those who have experienced trauma. This course also has the potential to retraumatize individuals, especially if the group discussion becomes disrespectful or facetious. Therefore, it is important for instructors to take a trauma-informed approach to health education. This involves learning how trauma affects the body and brain, how this may impact classroom experiences, and how to care for oneself and others when facilitating sensitive conversations.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as “an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life threatening, with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”³⁸ Some examples of trauma include:

- Physical, sexual, or emotional abuse
- Childhood neglect
- Violence in the community
- Natural or human-made disasters

³⁵ American Psychological Association. (2008). Answers to your questions: For a better understanding of sexual orientation and homosexuality. www.apa.org/topics/lgbt/orientation.pdf

American Psychological Association. (2011). Answers to your questions about transgender people, gender identity, and gender expression. www.apa.org/topics/lgbt/transgender.pdf

³⁷ Merriam-Webster. (2019). A note on the nonbinary ‘they’: It’s now in the dictionary. www.merriam-webster.com/words-at-play/nonbinary-they-is-in-the-dictionary

³⁸ Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). Trauma and violence. www.samhsa.gov/trauma-violence

- Forced displacement
- Poverty
- Sudden or unexplained loss of a loved one
- Having a family member with a mental health or substance use disorder

It is estimated that more than 46% of youth in the U.S. (34 million people under age 18) have experienced at least one adverse childhood experience (ACE), and at least 20% have experienced two or more.³⁹ Individuals from lower socioeconomic groups, identify as LGBTQ+, or have been incarcerated are at a higher risk of ACEs.^{40,41,42}

To understand trauma, it is crucial to understand how the brain reacts to traumatic stress. Think of the brain as divided into three core parts: the brainstem and cerebellum control a person's basic needs (e.g., heart rate, respiration, motor control); the cerebral cortex manages a person's executive functioning (e.g., thinking, problem solving, behavior regulation); and the limbic system (e.g., amygdala, hypothalamus, hippocampus) processes a person's emotions and stores their memories.⁴³ When a person experiences moderate or predictable stress, the brain activates a moderate stress response. However, enduring a traumatic experience can essentially rewire the brain, causing the stress response system to become hyperactive or chronic. Neuroimaging studies show that individuals with "trauma spectrum disorders" share common differences in certain brain structures, such as the amygdala, prefrontal cortex, and hippocampus.⁴⁴ When a person who endured trauma is triggered, their brain releases stress hormones that can cause adaptive or maladaptive changes in behavior, even when there is no real danger.⁴⁵ Stress responses can range from **hyperarousal** (e.g., "fight or flight") to **dissociative** (e.g., "freeze" or "tuning out"), and each individual's response to trauma may present in a unique combination of the two.⁴⁶

As a child, experiencing mild stress helps build neural connections to become capable and resilient. When a child experiences trauma, however, it can cause "intense feelings of fear, helplessness, loss of control, and threat of annihilation."⁴⁷ As a result, childhood trauma or ACEs may cause "neurobiological changes and disruptions in core stress response physiology" as well as "changes in the structure and function of brain regions associated with learning, reasoning, memory and fear."⁴⁸ These neurobiological changes leave the brain adapted for chaos, unpredictability, danger, and distress.⁴⁹ Depending on when a child experiences an ACE, they may have difficulty with identity development, cognitive processing, bodily autonomy and self-determination, behavior management, affect tolerance, and the ability to trust themselves or others.⁵⁰

³⁹ Bethell, C.D., Davis, M.B., Gombojav, N., Stumbo, S., & Powers, K. (2017). Issue Brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health. www.cahmi.org/projects/adverse-childhood-experiences-aces/

⁴⁰ McEwen, B.S. & Gianaros, P.J. (2010). Central role of the brain in stress and adaptation: Links to socioeconomic status, health, and disease. *Annals of the New York Academy of Sciences*, 1186(1), 190-222. DOI: [10.1111/j.1749-6632.2009.05331.x](https://doi.org/10.1111/j.1749-6632.2009.05331.x)

⁴¹ Andersen, J.P. & Blonich, J. (2013). Disparities in adverse childhood experiences among sexual minority and heterosexual adults: Results from a multistate probability-based sample. *PLOS One*. DOI: [10.1371/journal.pone.0054691](https://doi.org/10.1371/journal.pone.0054691)

⁴² Baglivio, M.T. & Epps, N. (2015). The interrelatedness of adverse childhood experiences among high-risk juvenile offenders. *Youth Violence and Juvenile Justice*, 14(3), 179-198. DOI: [10.1177/1541204014566286](https://doi.org/10.1177/1541204014566286)

⁴³ Ackerman S. (1992). Chapter 2: Major structures and functions of the brain. *Discovering the Brain*. Washington (DC): National Academies Press. www.ncbi.nlm.nih.gov/books/NBK234157

⁴⁴ Bremner, J.D. (2007). Neuroimaging in posttraumatic stress disorder and other stress-related disorders. *Neuroimaging Clinics of North America*, 17(4), 523-ix. DOI: [10.1016/j.nic.2007.07.003](https://doi.org/10.1016/j.nic.2007.07.003)

⁴⁵ McEwen, B.S. & Gianaros, P.J. (2010). Central role of the brain in stress and adaptation: Links to socioeconomic status, health, and disease. *Annals of the New York Academy of Sciences*, 1186(1), 190-222. DOI: [10.1111/j.1749-6632.2009.05331.x](https://doi.org/10.1111/j.1749-6632.2009.05331.x)

⁴⁶ Perry, B.D. (2005). *Maltreatment and the developing child: How early childhood experience shapes child and culture*. The Margaret McCain Lecture Series. www.lfcc.on.ca/mccain/perry.pdf

⁴⁷ Herman, J. (1992). *Trauma and recovery: The aftermath of violence*, (pp. 33). New York: BasicBooks.

⁴⁸ Andersen, J.P. & Blonich, J. (2013). Disparities in adverse childhood experiences among sexual minority and heterosexual adults: Results from a multistate probability-based sample. *PLOS One*. DOI: [10.1371/journal.pone.0054691](https://doi.org/10.1371/journal.pone.0054691)

⁴⁹ Perry, B.D. (2005). *Maltreatment and the developing child: How early childhood experience shapes child and culture*. The Margaret McCain Lecture Series. www.lfcc.on.ca/mccain/perry.pdf

⁵⁰ Jennings, P.A. (2018). *The trauma-sensitive classroom: Building resilience with compassionate teaching*. New York: W.W. Norton & Company. Teen Talk High School, 2022

In the classroom, especially when discussing sensitive topics, a student may perceive certain cues (e.g., subtle facial expressions, clenched fists) as rejection or threats. Even if there is no immediate danger, their brain is sensing fear, which can trigger a stress response. The student may feel shame and guilt associated with their trauma, and they may act out or disengage from the lesson entirely. This is often interpreted by school staff as consciously defiant behavior, and may be met with disciplinary action. However, it is crucial to recognize that some students' unwanted behaviors are caused by lasting changes to the way their brain deals with stress.

A trauma-informed approach involves ensuring physical and emotional safety, maximizing trustworthiness, prioritizing individual choice and control, empowering individuals, and encouraging peer support.⁵¹ It also requires **cultural humility**, or the understanding that all people have unique cultural backgrounds, and we are constantly learning and challenging our own cultural biases. Moreover, instructors should consider how “historical and ongoing oppression based on race, ethnicity, sexual orientation, ability, age, religion, gender identity, geography, nation of origin, immigration status, etc.” may affect a person’s stress response system.⁵²

A key factor in trauma-informed teaching is focusing on the individual rather than the behavior. Instead of asking “what’s wrong with you?” an instructor may ask “what happened to you?” or “what do you need?” The most important things to offer a young person who has experienced trauma is a safe, healthy environment and predictable, trustworthy relationships.⁵³ This includes, for example: clarifying your role, establishing yourself a safe adult, creating an environment of respect, providing opportunities for students to make their own choices, discussing what steps you can take to help the students feel safe.⁵⁴

Instructors implementing this course can take a trauma-informed approach by using specific strategies for working with students impacted by trauma. For example:

- **Regulate the environment**
 - Establish a predictable environment with clear expectations for behavior
 - Establish clear structure and a routine agenda
- **Create a comfortable space**
 - Decorate the room with calming images, scents, or colors for students who become dysregulated
 - Play calming, rhythmic music in the classroom
 - Provide sensory materials (e.g., stuffed animals, play doh, coloring pages) for students to distract or interrupt their stress response
 - Designate a calm, quiet space in the classroom or campus where students can go if they feel unsafe
- **Be gentle and positive**
 - Practice active listening
 - Show empathy and compassion
 - Incorporate laughter when appropriate
 - Practice a 10:1 ratio of positive and negative statements
 - Use specific phrases such as “good job today” or “thank you for sharing”
 - Actively ignore negative or disruptive behavior
 - Focus on a reward system rather than a punishment system
 - Provide choices when possible
- **Be calm and nonthreatening**
 - Use low, slow speech and avoid raising your volume or tone
 - Keep body movements to a minimum and avoid extreme facial expressions
 - Keep instructions simple and avoid complex sentences

Substance Abuse and Mental Health Services Administration. (2014). SAMHSA’s concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. <https://traumainformedia.files.wordpress.com/2019/09/sma14-4884.pdf>

⁵² Trauma Informed LA. (2019). What is trauma-informed care? www.traumainformedla.org/resources/what-is-trauma-informed-care

⁵³ Perry, B.D. (2005). *Maltreatment and the developing child: How early childhood experience shapes child and culture*. The Margaret McCain Lecture Series. www.ltcc.on.ca/mccain/perry.pdf

⁵⁴ Jennings, P.A. (2018). *The trauma-sensitive classroom: Building resilience with compassionate teaching*. New York: W.W. Norton & Company. Teen Talk High School, 2022

- **Teach skills**
 - Help students identify and label their emotions, as well as the intensity
 - Help students practice communicating about their feelings
 - Help students discover healthy and useful coping mechanisms for handling their emotions
 - Model stress management and relaxation skills
 - Emphasize positive self-talk (e.g., “I am safe” or “I can handle this”)
 - Practice breathing exercises as a group
- **Support positive connections**
 - Remind students of their support options (e.g., parent, school counselor, online resources)
 - Encourage students to connect with friends, peers, and other trusted adults

Finally, it is important for instructors to care for themselves in order to be better role models in the classroom. It is always best to limit exposure to trauma when possible, but an instructor may also use strategies to manage their own stress and emotional responses if a trauma reaction is triggered from facilitating this course. For example:

- Take breaks and drink water as needed to help to metabolize hormones
- Disrupt the psychological arousal of trauma
 - Substitute sensory information (e.g., walk outside, light a scented candle, brew a cup of tea)
 - Sit upright and repeat slow, deep breaths
 - Intentionally tense and relax muscles (e.g., tighten fists, clench jaw, bring shoulders to ears) – this will help the body realize there is no danger and slow the release of stress hormones
 - Practice grounding exercises (e.g., name five things in the room, focus on different tactile sensations)
- Afterwards, move to physically shake off the trauma, and connect with social support

Healing Centered Engagement

A trauma-informed approach is necessary to intellectually understand the impacts of ACEs and various forms of trauma, and to recognize how these may manifest when youth or instructors engage with a Teen Talk HS lesson. However, a trauma-informed approach on its own is insufficient because it ignores the trauma inflicted on communities, as well as the potential for collective healing from trauma. **Healing Centered Engagement (HCE)** acknowledges the trauma experienced on an individual and community level and understands the role of oppressive systems rooted in injustices – particularly those which uphold the ideals of wealth accumulation, patriarchy, and white supremacy – that are complicit in inflicting trauma.^{55,56,57}

HCE acknowledges that trauma is rooted in our environment and experienced collectively, rather than placing the focus at the individual level. Medical communities continue to pathologize and label individuals with diagnoses such as Generalized Anxiety Disorder (GAD) or Post Traumatic Stress Disorder (PTSD). Dr. Ginwright posits that this medical model of giving individuals the tools to reduce their anxiety, anger, or shame can be helpful, but fails to acknowledge the root cause of our collective trauma which damages the core of who we are – our identities. The principles of capitalism, sexism, and white supremacy are central to all of our institutions, including those with which youth interact such as schools, juvenile courts, and medical settings. Within these settings and the larger society that enables them, **many young people exist in a state of trauma response** – cycles of fight, flight, freeze, or fawn (or appease) – in order to survive.

⁵⁵ Ginwright, S. (2016). *Hope and healing in urban education: How urban activists and teachers are reclaiming matters of the heart*. New York: Routledge.

⁵⁶ Ginwright, S. (2018). The future of healing: Shifting from trauma informed care to healing centered engagement. www.ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c

⁵⁷ REX TV by YouthREX. (2021). *From trauma-informed to healing-centered engagement: A youth work teach-in with Dr. Shawn Ginwright* [video]. <https://youtu.be/NxTSIIWUeg8>

The CARMA framework, conceived by Dr. Shawn Ginwright, explains how HCE is operationalized through five key principles: Culture, Agency, Relationships, Meaning, and Aspiration.⁵⁸ These principles are expanded below to illustrate how HCE is incorporated into Teen Talk HS:

- **Culture** – Providing conversations where youth understand and express different aspects of their cultural, racial, and social background as well as their gender and sexual identities; emphasizing connection and celebration of those identities; recognizing and valuing identities in others.
- **Agency** – Providing scenarios and tools for youth to explore their personal voice and choices, and to see interpersonal challenges as possibilities; exploring how power imbalances affect youth and their community.
- **Relationships** – Modeling and scaffolding conversation starters youth can use in their lives; building community norms that create a safe space and empower youth to speak openly without fear of judgment.
- **Meaning-Making** – Facilitating activities where youth can hear from peers; providing resources for youth to cultivate self-compassion and imagine the world and the types of relationships they want in their lives.
- **Achievement & Aspirations** – Recognizing youth experience and knowledge; providing genuine intentional feedback about asking questions, being present, taking a break, or rescripting an unhealthy interaction; providing tools and resources for youth to create a future where they are flourishing.

HCE also supports adult providers to restore and sustain their own well-being in order to support young peoples'. One of the primary goals of Teen Talk HS is for instructors and youth to see beyond the trauma that individuals have experienced and provide an environment where youth and instructors can build community, share resources, and engage in a transformative healing experience.

⁵⁸ Ginwright, S. (2021). Our process: Our CARMA model. *Flourish Agenda*. www.flourishagenda.com/our-process
Teen Talk High School, 2022

Resources for Instructors

ACLU of Northern CA: Fast Facts About the California Healthy Youth Act

www.aclunc.org/docs/fast-facts-about-the-california-healthy-youth-act.pdf

A brief overview of the legal requirements for comprehensive sexual health education in California (as mandated in Education Code Sections 51930-51939).

Advocates for Youth: Issue Areas

www.advocatesforyouth.org/issues

Information and advocacy for young people's reproductive and sexual health rights, including resources on a range of issues from contraceptive access and HIV education to racial justice and intersectionality.

Amaze: Educator Toolkits

www.amaze.org/educators/toolkits

Animated video collections, lesson plans, and digital resources to support teaching about puberty, consent, LGBTQ+ topics, sexual violence, and technology, among other health topics.

American College of Obstetricians and Gynecologists (ACOG): FAQs

www.acog.org/patient-resources/faqs

Answers to Frequently Asked Questions (FAQs) about women's health, teen health, contraception and pregnancy, labor, delivery, and postpartum care, special procedures, and other gynecological issues.

Answer (Rutgers University): Resources for Professionals

www.answer.rutgers.edu/page/resources

A national sexual health resource that provides information, online workshops, webinars, lesson plans, and other resources to support instructors and youth-serving professionals.

Break the Cycle: Building Safe Schools, A Guide to Addressing Teen Dating Violence

www.breakthecycle.org/sites/default/files/pdf/Building-Safe-Schools-A-Resource-Guide-for-School-Employees.pdf

A resource manual for school employees to learn about the prevalence, consequences, and context of teen dating violence, including a Safety Planning Workbook for students engaged in potentially unsafe relationships.

California Department of Public Health: STD Control Branch

www.std.ca.gov

Statewide leadership, guidance, training, and support for delivering health services to prevent, treat, and interrupt the transmission of sexually transmitted diseases/infections (STDs/STIs).

Center for Relationship Abuse Awareness: Get Educated

www.stoprelationshipabuse.org/educated

Awareness and prevention of relationship abuse and sexual assault by educating communities, institutions, and young leaders to take collective action against gender violence.

Centers for Disease Control and Prevention (CDC): Division of STD Prevention

www.cdc.gov/std

National leadership, research, policy development, and scientific information to help people live safer, healthier lives through the prevention of sexually transmitted diseases/infections (STDs/STIs) and their complications.

GLSEN: Educator Resources

www.glsen.org/educate/resources/guides

Educator guides and tools for addressing bias and increasing LGBTQ+ visibility and affirmation in school settings.

Gender Spectrum: Principles of Gender-Inclusive Puberty & Health Education

www.genderspectrum.org/blog/gender-inclusive-puberty-and-health-education

A comprehensive guide designed to help instructors create gender-inclusive learning environments that affirm and reflect all students.

National Center for Youth Law: Teen Health Law

www.teenhealthlaw.org

A quick reference guide for instructors and medical providers with information about California laws on minor consent and confidentiality, child abuse reporting, insurance regulations, and other adolescent health concerns.

National Center on Safe Supportive Learning Environment: Safe Place to Learn

www.safesupportivelearning.ed.gov/safe-place-to-learn-k12

A resource package with materials supporting school efforts to prevent, intercede, and respond to peer-to-peer sexual harassment and sexual violence.

National Coalition for Sexual Health: Take Charge of Your Sexual Health

www.ncshguide.org/downloads/NCSH-Sexual-Health-Guide-National.pdf

A comprehensive guide to inform people of all ages about the preventive services (e.g., screenings, vaccines, counseling) that can help protect and improve sexual health.

National Human Trafficking Hotline: 1 (888) 373-7888

www.humantraffickinghotline.org

The national hotline to report known or suspected human trafficking, and comprehensive resource center to access critical information, support, and guidance for safety planning.

Planned Parenthood: Digital Tools

www.plannedparenthood.org/learn/for-educators/digital-tools

A collection of educational videos, lesson plans, and other digital tools to help provide comprehensive sex education in schools and youth programs.

Power to Decide: National & State Data

www.powertodecide.org/what-we-do/information/national-state-data

A national campaign to prevent unintended pregnancy, including comprehensive state and national data on adolescent pregnancy and birth rates.

SIECUS: Sex Ed for Social Change

www.siecus.org

A national nonprofit that develops and shares sexual health information; and advocates for the rights of all people to accurate information, comprehensive sex education, and access to sexual and reproductive health services.

Trauma Informed LA: Resources

www.traumainformedla.org/resources

Information about trauma-informed care and resources, including podcasts, books, articles, research reports, music, artwork, mindfulness, support services, and community-based organizations.

Resources for Parents & Families

Amaze: Having the Talks

www.amaze.org/having-the-talks

Videos and resources to help parents appropriately and effectively start conversations about sexual health with their young people. Also provides animated videos for youth to help “take the awkward out of sex ed.”

Bay Area Communities for Health Education (BACHE): Step Up for Sex Education

www.bacheinfo.org/parents

A complete guide for parents, guardians, and community members to advocate for comprehensive sexual health education in California public schools.

Center for Parent Information and Resources: Sexuality Education for Students with Disabilities

www.parentcenterhub.org/sexed

Sexuality education resources for students with disabilities, including information, special products, and helpful articles about teaching children and teens with various developmental disabilities.

Common Sense Media

www.commonsensemedia.org

A library of age-based ratings and reviews of movies, TV shows, books, and more. Also offers parenting advice and programs to support families as they “navigate the challenges and possibilities of raising kids in the digital age.”

Connect Safely

www.connectsafely.org

Research-based safety tips, parents’ guidebook, advice, news and commentary on the most popular websites, apps, and games used by young people, as well as general information for online safety and privacy.

Essential Access Health: Talk With Your Kids

www.talkwithyourkids.org

Resources, including an interactive timeline and talking tips, developed to help parents build a foundation of trust and mutual respect with their kids, and support ongoing family conversations as young people develop and grow.

Family Acceptance Project: Supportive Families, Healthy Children

<https://familyproject.sfsu.edu/publications>

Family education booklets (available in English, Spanish, and Chinese) designed to help families support their LGBTQ+ children. Designated a “Best Practices” resource for suicide prevention by the Best Practices Registry.

Gender Spectrum: Parenting and Family

www.genderspectrum.org/explore-topics/parenting-and-family

A comprehensive guide to supporting families with LGBTQ+ children, including resources and information on communication, privacy, safety, mental health, and transitioning, as well as legal, medical, and school considerations.

Health Connected: Let’s Talk

www.lets-talk.how

An online resource for parents/guardians to gain the knowledge and confidence they need to communicate openly and honestly with their children about all aspects of sexuality, at every age, so adolescents can make informed and empowered decisions about sexual health and relationships throughout their lifetime.

Planned Parenthood: For Parents

www.plannedparenthood.org/learn/parents

Information and guidance for parents to talk with the young people in their lives about sex, puberty, bodies, identities, and relationships; explore by topic or by age group.

Power to Decide: Talking is Power

www.powertodecide.org/sexual-health/resources-for-parents-champions-mentors/talkingispower

A national effort to spark meaningful conversations between young people and the champions who care about them most. #TalkingIsPower includes resources, articles, videos, and shareable graphics to help trusted adults communicate with young people about important sexual health topics.

Lesson 1: Values and Resources

Goals

The purpose of this lesson is to:

- Create a safe space to discuss sexual health topics and the legal requirements of adults to protect youth.
- Establish a way for students to ask questions, seek advice, and communicate privately with the instructor.
- Determine baseline knowledge of sexual health topics.
- Explore how different internal and external influences impact personal values and decision-making.
- Practice identifying and articulating personal beliefs and values within a peer environment.
- Discuss minors' legal rights to access sexual health services.
- Identify credible resources that are medically accurate, youth-friendly, confidential, and locally accessible.
- Recognize the importance of communication with trusted adults about relationships and sexual health topics.

Objectives

At the end of this lesson, students will be able to:

- Articulate two values that shape personal decision-making about sexual health and relationships.
- Name two local health clinics to access confidential sexual health services.
- Identify two trusted adults and two credible online resources for sexual health information and support.

Why Is This Important?

Adolescence is a time of rapid physical and neurocognitive development. It is also a common time for young people to experience romantic and/or sexual attraction, explore relationships, develop their personal identities, clarify their values, and take risks. This lesson establishes the foundation of safety and openness for the entire course. The Teen Talk HS course works best when students are able to express themselves without fear of being put down, judged, or laughed at. It is critical to establish or reinforce discrimination policies, including anti-homophobic and anti-gender discrimination policies, when reviewing group norms and setting the primary expectation of respect.

One of the central tasks of adolescence is establishing a set of personal values. Providing space to consider various viewpoints helps young people identify the values and beliefs that are most important to them, which is particularly relevant as they make important decisions about sex and relationships. Behavior and decisions that align with one's personal values allow for a more integrated and harmonious relationship with oneself and others. Individuals are more courageous, focused, secure, and able to realize their potential when functioning within their values framework. The first day of Teen Talk includes a values clarification activity to help young people practice the critical skills of identifying and articulating their personal beliefs among peers, as well as listening and showing respect to those who may have a different perspectives than their own. This lesson validates diverse viewpoints and helps students build confidence standing up for their personal beliefs in front of their peers, which is a necessary foundation for communicating about values in much more complex and nuanced ways as they mature.

Additionally, young people should understand that, although they are minors, they still have legal rights to access a variety of confidential health services. Some teens may worry about maintaining privacy around their sexual health information. Teaching young people about their rights to access sexual health services (e.g., birth control, STI testing) without the requirement of parental permission (in California) may help them feel more comfortable accessing medical care and advocating for their personal health needs. Once a person knows where they can go within their community for confidential services, they may be more likely to utilize local clinics now or in the future.

Finally, this lesson provides an opportunity for youth to increase communication with a parent/guardian or trusted adult. High quality school-based sexual health education provides all students with unbiased, medically accurate information about their bodies and how to interact respectfully with their peers. Parents/guardians and trusted adults provide a necessary sounding board for young people to understand and articulate their personal values and feelings about sexuality and relationships. These adults also provide a support system for young people to process and reflect on the experiences they have throughout adolescence and beyond. The trusted adult interview assignment *Let's Talk* opens the lines of communication with a parent/guardian or trusted adult and establishes a foundation for future conversations about sexual health and relationships.

Activity	Time in class (min.)	Can be done as HW?	Materials	Preparation
1.1 Group Norms	10-15		<ul style="list-style-type: none"> Lesson 1 PowerPoint Poster and markers 	<ul style="list-style-type: none"> Create a poster or write the group norms on the board to refer to throughout the entire Teen Talk course Print Teen Talk Cover Sheet for student handout packets
1.2 Anonymous Question Box	5		<ul style="list-style-type: none"> Question Box Scratch paper 	<ul style="list-style-type: none"> Cut paper into 3" x 4" pieces
1.3 Intro Survey	10-15		<ul style="list-style-type: none"> Answer Key Internet-enabled devices (e.g., tablets, computers) for online survey (one per student) 	<ul style="list-style-type: none"> Print Intro Survey worksheets (one per student) Create an anonymous online survey for easier data collection
1.4 Think About It: Clarifying Values	15-30		<ul style="list-style-type: none"> Lesson 1 PowerPoint Agree/Disagree signs (laminated if possible) Tape or magnets 	<ul style="list-style-type: none"> Review the list of Think About It values statements Select 3-5 statements that are relevant and appropriate for the class to discuss based on group dynamics, maturity level, and knowledge base Add selected statements into Lesson 1 PowerPoint
1.5 Clinics and Resources	10-15		<ul style="list-style-type: none"> Lesson 1 PowerPoint 	<ul style="list-style-type: none"> Review background info on minor's legal rights Print Clinic List and Teen Talk Resources, back-to-back (one per student) Create a local Clinic List using the blank template provided
1.6 Let's Talk	5-15	Yes		<ul style="list-style-type: none"> Print Let's Talk interview worksheets (one per student)
Lesson 1 Wrap-Up	5		<ul style="list-style-type: none"> Lesson 1 PowerPoint 	<ul style="list-style-type: none"> Update the Looking Forward slide in Lesson 1 PowerPoint
Total Minutes for Lesson 1:	60-100			

Background Information

Key Messages of Lesson 1

- Everyone has a unique set of **personal values** that guides our behavior and decision-making. This includes our expectations and boundaries when it comes to sex and relationships.
 - We may be influenced by the people around us (e.g., family, peers, media), but part of growing up is clarifying our personal values and reflecting on why those values are important to us. Another part of growing up is learning how to interact respectfully with people when our values are different, a life skill we will practice throughout Teen Talk.
- While the legal age to consent to sex is 18, all teens in California have the right to stay safe and healthy by accessing **confidential sexual health services**, such as condoms, prescription birth control, and STI testing.
 - Many young people also qualify for Family PACT, a state-funded insurance program that can cover the cost of most sexual health services.
 - Schools in CA are required to protect students' privacy through a confidential medical release system for students who may need to visit a clinic during school hours.
- **Trusted adults** are a valuable resource for information, advice, and support. It can take time to build trust and comfort, but it's helpful to have a safe and caring adult to turn to with questions or personal issues that may arise now or in the future.

Minor's Legal Rights

In California, minors of **any age** have the right to access **confidential** sexual health services including:⁵⁹

- Birth control and condoms
- Pregnancy testing and options counseling
- Prenatal care
- Abortion services
- STI testing and treatment (**must be age 12 or older**)
- Sexual assault and rape services

Minors in CA are **not** required to obtain parental/guardian consent before accessing these services, and medical providers are **not** allowed to notify parents/guardians without consent of the minor. Parental/guardian notification is **only** required if a minor age 12 or younger is seeking medical services for sexual assault or rape.⁶⁰ Minors also have the right to be released from school to attend a confidential medical appointment.⁶¹ All public and charter schools in CA are required to protect students' privacy and implement a system to release students for confidential medical services **without** requiring parental notification.⁶²

Instructors are required to inform students of their rights as listed above, as well as how and where to access sexual health services locally. Activity 1.5 includes two curated clinic lists for the San Francisco Peninsula and South Bay Area, as well as a blank template to create clinic lists in other geographic areas. Most young people in CA qualify for

⁵⁹ National Center for Youth Law. (2019). California minor consent and confidentiality laws. www.teenhealthlaw.org/wp-content/uploads/2019/08/2019CaMinorConsentConfChartFull.pdf

⁶⁰ California Family Code § 6928. www.teenhealthlaw.org/wp-content/uploads/2019/08/2019CaMinorConsentConfChartFull.pdf

⁶¹ California Education Code § 48205; 87 Ops. Cal. Atty. Gen. 168 (2004).

⁶² National Center for Youth Law. (2015). Confidential medical release: Frequently asked questions from schools and districts. www.teenhealthlaw.org/wp-content/uploads/2016/01/FAQ-ConfidentialMedicalRelease-11-2015.pdf

the state-funded program Family PACT (Family Planning, Access, Care and Treatment), which provides **free** family planning services to anyone with low income. Minors may also access free, confidential services from their own doctor or pediatrician by submitting a Confidential Communications Request form to their insurance provider.⁶³

Mandated Reporting Guidelines⁶⁴

Adults working with minors are required to report to Child Protective Services or law enforcement if they learn about or suspect abuse. Sexual activity involving minors is required to be reported in three circumstances:

- When it is coerced or in any way not voluntary
- When it involves sexual exploitation (e.g., sex trafficking, child sexual abuse material)
- Based on the age difference between the minor and their partner
 - If someone ages 13 or younger has any sexual contact with someone ages 14 or older
 - If someone ages 14 or 15 has sexual intercourse with someone ages 21 or older

In all other situations, mandated reporters should use their judgement to determine if a situation requires reporting. Be especially mindful of sexual situations in which partners may not have equal power. For example, it is important to report if a minor has sexual contact with a family member, someone who lives in their home, or someone who has authority over them (e.g., a teacher, coach, or employer).

Common Questions & Helpful Answers

Why can teens access sexual health services and free condoms even though the legal age of consent in California is 18? – California uses a “harm reduction” approach to public health, which prioritizes keeping people safe and healthy whether they choose to follow the law or not. Another example of this strategy is needle exchange programs to ensure that people who inject drugs have clean needles and do not reuse them (which can lead to the spread of infections like HIV and hepatitis C). While the majority of high school students are not having sex, all young people have the right to protect their health with services like condoms, birth control, and STI testing.

How can a teen get sexual health services confidentially? – Communication with trusted adults is always encouraged, however it may not be safe or feasible to discuss personal health needs with others. For this reason, parental/guardian notification is **not** required for a young person to access sexual health services. A teen may visit any local clinic or medical provider and may utilize the Family PACT program to cover certain costs. California law also requires schools to establish a policy for confidential medical release in the case that a student (in grades 7-12) needs to access confidential services during school hours.⁶⁵

Additional Resources

Family PACT – www.familypact.org

- California’s innovative approach to provide comprehensive family planning services to eligible low-income residents. Young people may enroll in this program to receive free sexual health services at designated Family PACT clinics.
 - Use the “Provider Search” function to find local clinics and providers that accept Family PACT.
- Available in over 100 languages.

⁶³ Keep It Confidential. (2016). How to submit a confidential communications request. www.myhealthmyinfo.org/sites/default/files/Confidential-Communications-Request.pdf

⁶⁴ National Center for Youth Law. (2017). When sexual intercourse* with a minor must be reported as child abuse by mandated reporters: California law. www.teenhealthlaw.org/wp-content/uploads/2017/07/Cal-sexual-abuse-reporting-allrpts-6-17.pdf

⁶⁵ National Center for Youth Law. (2015). Confidential medical release: Frequently asked questions from schools and districts. <https://youthlaw.org/wp-content/uploads/2016/01/FAQ-ConfidentialMedicalRelease-11-2015.pdf>

Keep It Confidential – www.myhealthmyinfo.org

- A helpful guide for minors to keep their sexual health information confidential from their parent/guardian or spouse, provided by ACLU of California, Essential Access Health, and the National Center for Youth Law.
- Also available in Spanish.

Teen Health Law – www.teenhealthlaw.org

- Information for instructors about laws impacting adolescent health care access in California, provided by the National Center for Youth Law.

Teen Health Rights – www.teenhealthrights.org

- Information for teens about their legal rights and responsibilities related to sex, pregnancy, and being a young parent in California, provided by the National Center for Youth Law.

Your Health, Your Rights – www.yourhealthyourrights.org

- Information for teens and adults about legal rights to access sexual health and reproductive care services in California, provided by ACLU of California and ACCESS Women's Health Justice.
 - Call the ACCESS healthline: 1 (800) 376-4636
- Also available in Spanish.

Activity 1.1: Group Norms

Objectives: Establish ground rules and create a safe space for students to speak openly throughout the course.

Note to Instructor: If choosing to create packets of worksheets for each student participating in Teen Talk HS, an **optional cover sheet is provided**. This is designed to provide organization, privacy, and a space for students to doodle, as well as a convenient way to review the Teen Talk Group Norms as needed.

1. **Introduce Teen Talk HS:** High school students are at the intersection of some critical physiological and social changes during adolescence, which makes sex education incredibly important. This course will allow us to explore a variety of sexual health topics, ranging from unintended pregnancy and STI prevention to relationships and gender identity. Some of this information may be new or uncomfortable for some of us to discuss, while it may be a review for others. We will do our best to make this course fun and interesting for everyone in the group!
2. **Review the Group Norms.** Establishing these allows students to know what they can expect and what is expected of them throughout the course. Teen Talk HS works best when everyone is able to express themselves without fear of being put down, humiliated, or laughed at. Display the list of norms and explain:
 - **Respect** – This means not just treating other people how **we** want to be treated, but also being mindful of our differences and treating other people how **they** want to be treated.
 - **Listen actively** – Listening is just as important as speaking, and we can learn a lot from one another through active listening. Some of us may find it helpful to use focus tools (e.g., fidget toys) or other strategies to engage our body and mind while we listen. We can demonstrate active listening through body language, like turning towards whomever is speaking or tracking the speaker with our eyes. We can also imagine that the speaker has the only “microphone” in the room and show respect by waiting to speak until they “pass the mic” our way.
 - **Take space, make space** – We all deserve a safe space to learn and interact without feeling judged or excluded. Be aware of the group dynamics, especially how our personality and identities affect the space we occupy in the classroom. If we notice that we are someone who talks a lot, we can try to step back and make space for quieter classmates to contribute. Also be mindful of how our reactions may impact others. For example, comments like “ew” or “gross” can be hurtful and affect others’ learning experience. Emotions are welcome but disrespecting others is not.
 - **Practice inclusive language** – This means using language that makes everyone feel included and respected. Try using “**some-many-most**” language to make space for people with different views and experiences instead of making assumptions or definitive statements about everyone. It’s also respectful to refer to people using the same language they use for themselves, which is called **mirroring**. For example, if someone refers to the person they are dating as their “partner,” we can mirror that language back and avoid gendered labels like “boyfriend” or “girlfriend.”
 - **Communication** – Teen Talk is a place to talk openly about sex and to practice having conversations with trusted people in our lives.
 - **Identify your trusted adults** – This may include family, parents/guardians, friends, teachers, mentors, and other community members. Adults have their own views and experiences with sexual health and relationships that may impact how they talk with young people. Our society also tends to regard sexuality as “taboo,” which can make these conversations uncomfortable for both young people and adults alike. However, having a safe

and trusted adult can be a very useful sounding board for processing thoughts, feelings, and information. We will also provide some resources and learn some strategies to help start and continue these important conversations.

- **Build connections** – Learning how to communicate is a lifelong process. Some of us may feel more or less comfortable communicating about sexual health and relationships, but talking through these topics helps people to process information, gain new insights, and build trust and connection with our community. Remember that not everyone communicates in the same ways. For example, some people may prefer to reflect and write their thoughts, rather than talking through them aloud. Culture, age, abilities, and environment all impact our communication style and choice of language. In Teen Talk, we will be using medical or scientific terms, not because these words are “correct,” but so we have common vocabulary to communicate with each other and with medical professionals when accessing healthcare.
- **Curiosity** – This means being nonjudgmental in our interactions and willing to explore new ideas and perspectives.
 - **Keep an open mind** – Everyone has the right to their own values and opinions, and we are all entitled to have questions and feelings. We are not here to change your values, force certain beliefs, or invalidate anyone’s lived experiences. If someone shares something we disagree with or think differently about, we can frame our thoughts with curiosity rather than judgment. Assume that other people have positive intentions and are coming from a place of genuine curiosity.
 - **Ask questions openly or anonymously** – We are here to share information and explore these topics together, which will inevitably inspire questions. Feel free to express your thoughts and curiosities openly by raising your hand to ask questions during class or privately by submitting questions into the **Anonymous Question Box** – this is a communication tool we have available throughout Teen Talk and will talk more about shortly.
- **Privacy** – We want Teen Talk to be a positive and useful experience, which requires clarifying and respecting the boundaries of this space.
 - **Create a safe space together** – Everyone is encouraged to participate in discussions and activities to the extent they feel comfortable. Some of us may decide to ask questions aloud, contribute knowledge and perspectives, or even disclose personal information during class. You are encouraged to share and process information from Teen Talk with people outside of this group, but be mindful of how and with whom we share details. For example, it may not be appropriate to discuss some of these topics with much younger siblings or peers. We also ask that everyone in the group – teachers and students alike – respects each other’s privacy by not any sharing personal information disclosed here outside of this space.
 - **Expect transparency** – We aim to be transparent with our lessons so you can know what to expect. This includes providing daily agendas to summarize what we are doing that day, and a look forward to preview the next topics coming up. In the spirit of transparency, we also want to acknowledge the **limitations of privacy in this space**. Throughout Teen Talk, our communication will be kept private unless we are concerned about your safety.
 - Adults have a responsibility to help keep young people safe. All school employees are **mandated reporters**, meaning legally required to report any known or suspected harm to the police or Child Protective Services (CPS). This includes **child abuse, neglect, suicidal intent, and sexual violence**. It also requires reporting two specific sexual situations:
 - a person **14 or 15 years old** having sex with someone **age 21 or older**

- a person **13 years old or younger** having any sexual contact with **anyone older** than them

We are not here to get anyone in trouble but rather to protect our students from harm. We want everyone to be safe and have the support that they need.

- **Well-being** – This means prioritizing health, happiness, and comfort by supporting one another so that we can all thrive.
 - **Feel your feelings** – Some of the content in this course can be quite heavy and might bring up some intense feelings. There are no “bad” emotions. Whatever you are feeling is valid – it’s perfectly OK to feel upset, confused, inspired, overwhelmed, or any other feeling. We can navigate our emotions by practicing self-care and self-regulating to help us stay grounded. The most important thing during our time together is that everyone is supported in and outside class.
 - **Find what works for you** – If things start to feel overwhelming during class, we can practice grounding or regulating our emotions to bring ourselves back to a calm state of mind. After class, take some time to sort out your thoughts and feelings on your own or with someone you trust. This might involve talking through what we covered in class, journaling, making art, or doing your own research to learn more. It’s also important to make time for doing things we enjoy to relax and recharge. Some people might play sports, practice their hobbies, go for a walk, listen to music, meditate, take a nap, or spend time with family and friends as a form of community care. Be mindful that everyone has different ways of taking care of themselves and one another; allow each other the space to process and self-regulate as needed and do what works best for you.

3. **Explain the concept of our “window of tolerance” – an emotional zone of calmness that allows for optimal functioning.** This framework can help us to better understand the brain-body response to stress.

- When we are within this window, we feel grounded and calm, we are able to make decisions and communicate clearly, and we can self-regulate our actions and emotions effectively.
- When a person moves outside of their window of tolerance because of emotional triggers or heightened stress, they may be in a state of “**fight or flight**” (**hyperarousal** can cause heightened agitation, anxiety, anger, fear, or panic) or a state of “**freeze**” (**hypoarousal** can cause numbness, depression, disassociation, low energy, or exhaustion).
- Each person has a unique window of tolerance and perception of stress due to factors like traumatic experiences, mental health conditions, and support from family and friends.
 - The window can shrink from repeated or long-term stress, such as ongoing discrimination or exposure to violence in the home or community. Things like lack of sleep, illness, or substance use can also narrow this window.
 - We can expand our window of tolerance by engaging in self-care, being mindful of our emotions, and prioritizing our needs. Calming strategies and grounding techniques can also help us to stay within or return to window of tolerance.

4. **Introduce the calming strategies and self-care ideas that will be offered throughout Teen Talk.**

These are things we can do to help self-regulate our bodies and our emotions. Some are tools we can practice on our own and some involve connecting with and supporting other people in our communities. Figuring out our limits and finding tools to help us maintain our window of tolerance is a personal journey that takes time. The following is a list of options that some of us may find helpful if we notice ourselves becoming overwhelmed or activated at any time throughout Teen Talk.

- During class, take **physical breaks** as needed. This may include:
 - **Taking care of your basic needs** – drink water, stand and stretch, put your head down, ask to move seats, add or remove layers of clothing, etc.
 - **Changing your environment** – leave the space if needed, take a walk to the bathroom or water fountain, visit the counselor’s office to talk, etc.
- During class, take **mental breaks** as needed. This may include:
 - **Utilizing focus tools** – fidget toys, coloring pages, tapping your fingers or toes, doodling on Question Box paper, etc.
 - **Practicing grounding techniques** – count backwards from 100; focus on a single point in the room; pick a color and see how many things of that color you can spot within the room; try using the **5-4-3-2-1 method** (i.e., listing 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell, and 1 thing you can taste); try various **breathing exercises**, such as “**box breathing**” (e.g., inhale 4 counts, hold 4 counts, exhale 4 counts, hold 4 counts, and repeat), “**starfish breathing**” (i.e., breathe in and out while slowly tracing up and down each finger), “**2:1 breathing**” (i.e., exhale for twice as long as the inhale), etc.
 - We will do some deep breaths together before showing any diagrams or talking about heavy content, but this is also a simple and discreet way to self-regulate as needed.
- After class, decompress and recharge with **self-care** practices. This may include:
 - **Moving your body** – walk or run around the block, go for a nature hike, climb a tree, take a bike ride, go swimming, see how many push-ups you can do in 1 minute, work out to your favorite playlist, choreograph a dance to your favorite song, practice some yoga poses, etc.
 - **Getting creative** – build, draw, paint, or organize something; bake some cookies or try out a new recipe; make up a new game or sport; create a comic strip, collage, or self-portrait; color in a coloring book; write a poem or a letter to your future self; etc.
 - **Resting** – take a nap or go to bed early; read for pleasure; make a list of your favorite places; listen to music, a new podcast, or a guided meditation; watch your favorite show or movie; take a break from social media; cuddle with a pet; take a hot or cold shower or a bubble bath; have a spa night; go on a picnic at a park; gaze at the clouds or stars; get some fresh air; pick some flowers; practice positive affirmations; etc.
 - **Connecting with others** – write a letter to a friend or relative; video chat or visit with someone you haven’t seen in a while; send someone you love a card or care package; host a game night or sleepover; play cards or a board game with a friend or sibling; give someone a hug; do a random act of kindness; help a family member or neighbor with a chore; volunteer in your community; etc.
 - At the end of each lesson, we will provide 3-4 examples from the list above to remind us of all the different ways we can incorporate self-care into our lives.

Teen Talk

Group Norms



1) Respect

- ★ Listen actively
- ★ Take space, make space
- ★ Practice inclusive language

2) Communication

- ★ Identify your trusted adults
- ★ Build connections

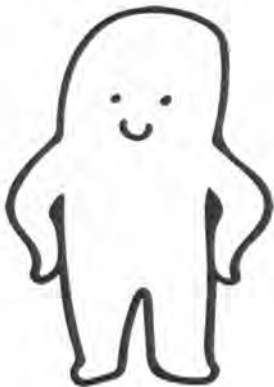
3) Curiosity

- ★ Keep an open mind
- ★ Ask questions openly or anonymously



4) Privacy

- ★ Create a safe space together
- ★ Expect transparency



5) Well-being

- ★ Feel your feelings
- ★ Find what works for you

Student Name: _____ Period: _____

Activity 1.2: Anonymous Question Box

Objectives: Provide students with a private outlet to communicate with the instructor and ask questions about relevant topics, as well as a way to stay grounded during the lesson.

1. **Introduce the Anonymous Question Box.** This is a great way for students to ask questions that they may not feel comfortable asking in front of their peers. It can also be used to communicate privately with the instructor or ask for help.
2. **Describe the Question Box guidelines.** Every student will get a small piece of scratch paper at the beginning of each lesson with the following instructions:
 - **Everyone** must put their paper into the Question Box at the end of the lesson. This prevents singling out students with questions. The paper can contain multiple questions, topics of interest, or something learned during the lesson. It can also be used as a “fidget” to doodle, fold, or write things to help stay grounded.
 - Do **not** take anything out of the Question Box or read other people’s question papers.
 - Do **not** write any names. Questions are anonymous and will be answered in a general way. Questions with names will be rephrased or skipped to avoid targeting or embarrassing anyone. Only write your name if you want to check in privately with the instructor at a later time.
 - Do **not** submit personal questions about peers or instructors.
 - Be mindful of others and avoid hurtful language. The Question Box is a privilege that can be revoked if used inappropriately to harass people or waste class time.
3. **Hand out a piece of scratch paper to each student.** The paper should remain with them throughout the lesson until it is turned in at the end of class.
4. **Set aside a few minutes for students to write questions at the end of each lesson.**
5. **Collect the questions.** Walk around the room to collect question papers, or have students submit their papers into the Question Box on their way out of the classroom.
6. **Before the next lesson, read through the questions and prepare answers.** It can be helpful to group the questions by topic and organize them so the information flows smoothly. Also feel free to save questions for a later date in the course. Remove any questions that are deliberately inappropriate or personal and be sure to remind students of the guidelines for using good judgment.

Note to Instructor: It is recommended to maintain the rule of anonymity for the Anonymous Question Box by not comparing handwriting or watching what students write. Punishing students individually for writing rude or inappropriate questions should be avoided, as it loses students’ trust in the Question Box and takes away from the safe environment. Instead, remind the entire class that it is a privilege to use this communication tool, and they may lose the privilege if they continue to submit disrespectful questions, comments, or drawings. If a student writes something concerning, stress the importance of talking with a trusted adult to get help, and remind them about available resources. **Unless a student writes a direct threat or something that suggests they may not be safe,** please honor the rules and purpose of the Question Box.

7. **At the beginning of each lesson, distribute a new piece of scratch paper and select 5-10 anonymous questions from the previous lesson to answer during the first five minutes of class.** If time allows, answer remaining questions at the end of the lesson. The goal is to answer all questions submitted to the Question Box by the end of the course. Use the following guidelines when answering questions:

- **Pre-screen:** Avoid answering anonymous questions on the spot by reading and sorting through them before class. This allows you to remove personal, irrelevant, or inappropriate questions so you are not caught off guard. Pre-screening also gives you an opportunity to do any research required in order to answer the question completely. Pre-select questions each day to introduce or supplement a topic and to control when topics get covered during the course.
- **Re-phrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, provide a more medically accurate term to use going forward. If a question gives enough details to breach anonymity, omit those details.
- **Re-direct:** Try to address *every* question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students of important health messages (e.g., there are many ways to prevent STIs and unintended pregnancy, all bodies are unique, identities and experiences are diverse, sexual consent is mandatory).
- **Be Inclusive:** Use nonjudgmental and healing-centered language. Answer questions as if you know there is at least one student who is LGBTQ+, is sexually active, has an STI, has been pregnant, has experienced sexual trauma, never plans to have kids, never plans to get married, doesn't know their birth parent(s), etc. Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question, thank you for bringing it up."
- **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it is like to be a teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face. If a question requires a values-based answer, you may offer students several different perspectives or simply direct them to discuss it with their trusted adults for more information. If a question is about a situation that would require reporting to CPS (e.g., sexual abuse, intent to harm oneself or others), emphasize that the person who wrote the question deserves support and should talk privately to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with a situation like that alone.

Activity 1.3: Intro Survey

Objectives: Assess knowledge about sexual health information and comfort discussing the information with others.

Note to Instructor: The Intro and Exit Surveys can be transposed into an anonymous online survey using a free platform (e.g., SurveyMonkey, Google Forms). This will allow you to enter and analyze the data to see what students know before and after taking the course. If a class set of computers is available or students are allowed to use a personal internet-enabled device (e.g., cellphone), students can take the anonymous survey directly online during class to eliminate the need for data entry.

1. **Explain to students that they will be taking a survey to assess their current knowledge about sexual health topics.** The survey is anonymous and will not be graded, so there is no need to worry about getting a “good score.” If they do not know an answer, they can guess or select “Not Sure.” Students will take the Exit Survey with these same questions on the last day of Teen Talk to assess how much the class learned.
2. **Establish a quiet testing environment, then give each student a paper copy of the Intro Survey or display the survey link.** Allow students 5-10 minutes to complete the survey on their own.
3. **If time permits, review the answers together.** All of the information on the Intro Survey will be discussed throughout Teen Talk before students take the Exit Survey.

Teen Talk High School Intro Survey

School _____ Date _____ Grade _____

Gender _____ Ethnicity _____ City where you live _____

Did you have Health Connected's **Teen Talk** course in 7th or 8th grade? ☐ Yes ☐ No ☐ Not sure

- What is it called when a person's sex assigned at birth does not align with their gender identity?
 - Heterosexual
 - Asexual
 - Gay or lesbian
 - Transgender
 - Not sure
- What is emergency contraception?
 - A pill taken after sex to prevent STIs
 - A pill taken after sex to prevent cancer
 - A pill taken after sex to prevent pregnancy
 - All of the above
 - Not sure
- Besides sexual fluids, which of the following body fluids can pass HIV?
 - Saliva
 - Urine
 - Blood
 - Sweat
 - Not sure
- Which type of birth control also helps lower a person's risk of getting an STI?
 - Depo shot
 - Condom
 - Vaginal ring
 - Birth control pill
 - Not sure
- Name two local clinics where a teen can get **FREE** and **CONFIDENTIAL** birth control, STI testing and treatment, as well as pregnancy testing and counseling.
 - _____
 - _____
- A hormonal birth control method can be combined with a condom for more effective protection against pregnancy and STIs.
 - True
 - False
 - Not sure
- If not treated correctly, some STIs can lead to infertility (not being able to reproduce).
 - True
 - False
 - Not sure
- Gonorrhea and chlamydia are curable with medication (meaning the infection is completely removed from one's body).
 - True
 - False
 - Not sure
- Most high school students in the United States have had sex.
 - True
 - False
 - Not sure
- Isolation in a relationship can involve making someone question their own judgment about their friends and family.
 - True
 - False
 - Not sure
- Taking responsibility means owning our actions and words and being able to admit when we make a mistake.
 - True
 - False
 - Not sure

Continued 

There are no correct answers to the following questions. Circle one answer for each question.

12. How comfortable would you feel talking about sexual health with your friends?

Very comfortable

Comfortable

Uncomfortable

Very uncomfortable

13. How comfortable would you feel talking about sexual health with a parent or trusted adult?

Very comfortable

Comfortable

Uncomfortable

Very uncomfortable

14. How comfortable would you feel starting a conversation with a friend or intimate partner about your personal boundaries?

Very comfortable

Comfortable

Uncomfortable

Very uncomfortable

15. How comfortable would you feel starting a conversation with a current or future sexual partner about a plan to prevent STIs or pregnancy?

Very comfortable

Comfortable

Uncomfortable

Very uncomfortable

16. How comfortable would you feel accessing sexual health services at a clinic now or in the future?

Very comfortable

Comfortable

Uncomfortable

Very uncomfortable

Teen Talk High School Survey Answer Key

School _____ Date _____ Grade _____

Gender _____ Ethnicity _____ City where you live _____

Did you have Health Connected's **Teen Talk** course in 7th or 8th grade? ☐ Yes ☐ No ☐ Not sure

- What is it called when a person's sex assigned at birth does not align with their gender identity?
 - Heterosexual
 - Asexual
 - Gay or lesbian
 - Transgender**
 - Not sure
- What is emergency contraception?
 - A pill taken after sex to prevent STIs
 - A pill taken after sex to prevent cancer
 - A pill taken after sex to prevent pregnancy**
 - All of the above
 - Not sure
- Besides sexual fluids, which of the following body fluids can pass HIV?
 - Saliva
 - Urine
 - Blood**
 - Sweat
 - Not sure
- Which type of birth control also helps lower a person's risk of getting an STI?
 - Depo shot
 - Condom**
 - Vaginal ring
 - Birth control pill
 - Not sure
- Name two local clinics where a teen can get **FREE** and **CONFIDENTIAL** birth control, STI testing and treatment, as well as pregnancy testing and counseling.
 - _____
 - _____
- A hormonal birth control method can be combined with a condom for more effective protection against pregnancy and STIs.
 ☒ True
 ☐ False
 ☐ Not sure
- If not treated correctly, some STIs can lead to infertility (not being able to reproduce).
 ☒ True
 ☐ False
 ☐ Not sure
- Gonorrhea and chlamydia are curable with medication (meaning the infection is completely removed from one's body).
 ☒ True
 ☐ False
 ☐ Not sure
- Most high school students in the United States have had sex.
 ☐ True
 ☒ False
 ☐ Not sure
- Isolation in a relationship can involve making someone question their own judgment about their friends and family.
 ☒ True
 ☐ False
 ☐ Not sure
- Taking responsibility means owning our actions and words and being able to admit when we make a mistake.
 ☒ True
 ☐ False
 ☐ Not sure

Activity 1.4: Think About It: Clarifying Values

Objectives: Reflect on personal values and clarify how these values influence opinions, behavior, and choices. Discuss how culture, media, and other people may affect personal values and beliefs about sexual health, bodies, identities, intimacy, and relationships.

Note to Instructor: This is a movement-based activity that creates a visual histogram of viewpoints and allows students to communicate directly with peers about their perspectives. If it is not feasible to have students move around the classroom space, the activity can also be facilitated while students remain seated. For example, they can hold their thumbs up or down to show agreement or disagreement with the statement, and then pair-share with those sitting nearby. Alternatively, a virtual platform (e.g., PearDeck, Mentimeter, Zoom) can be used to poll students and allow them to share their perspectives with more privacy.

1. **Display the word “Values” and ask the class what it means.** Invite students to “pair-share” (exchange ideas or brainstorm with a person nearby), then invite few volunteers to share aloud.
 - Answers may include: a belief, a principle, an ideal, something you care deeply about, or something that shapes your decision-making.
2. **Define “personal values” as the fundamental beliefs that guide and motivate our behavior and help us to prioritize what is important.** Explain that values provide purpose, meaning, and direction to individuals and communities. Each of us sees the world through the lens of our own values system.
3. **Clarify the difference between personal (or family) values, universal values, morals, and ethics:**
 - **Personal values** – an individual’s central beliefs that guide their decision-making
 - These principles influence our behavior, personality traits, aspirations, and relationships.
 - Examples include generosity, cleanliness, excellence, punctuality, creativity, faith, beauty, honesty, safety, responsibility, integrity, success, status, comfort, pleasure, etc.
 - **Universal values** – principles that apply to all humans, regardless of their social or cultural origin
 - These principles are both foundational and aspirational; they motivate us to improve the world we live in.
 - Examples include the preservation of life, health, safety, human dignity, freedom, justice, courage, etc.
 - **Morals** – personal or societal standards (based on values) that inform what is considered “right” and “wrong”
 - **Ethics** – morals in action, evident through our behavior
4. **Invite students to brainstorm examples of personal values that people hold.** Point out that these are abstract and foundational to the opinions and beliefs that we hold.
 - Emphasize that operating within our own values system increases well-being and enables us to develop healthier relationships with ourselves and others.
5. **Then ask the class: “Where do we get our values?”** Invite students to pair-share, then ask for a few volunteers to share aloud and add responses to the board as they are mentioned.
 - We often learn personal values from the people around us and/or develop them on our own as we mature. They are determined by the individual but often influenced by others (e.g., family, friends, culture, community, religion, education, media, experience), and values may change over time.
6. **Display the words AGREE and DISAGREE to label opposite sides of the room.**

7. Explain the activity and expectations:

- This exercise will help us consider our personal values and opinions about statements related to sex, relationships, and sexual health.
 - Whether a person agrees or disagrees with the statement as written can be influenced by their values system and unique lens.
- Once you have evaluated the statement yourself, move to either the AGREE or DISAGREE side of the room; there is **no** middle option. Pair-share with peers nearby to discuss your thoughts about the statement. Then a few volunteers from each side will be invited to share their thoughts with the class.
 - It is very important that we are respectful and quiet while a peer is sharing their views – keep in mind our Group Norms of listening actively and keeping an open mind. Also, feel free to quietly switch sides at any time if you hear something that changes your perspective.
- This is an individual activity that we will be doing as a group. Everyone should think independently and make their own decisions; do not try to persuade or judge peers who have opposing views. There are no “right” or “wrong” answers and no judgments, so be curious and have fun!

Note to Instructor: Remaining in the middle is **not** allowed for this activity because some students may choose this option to avoid critically thinking through the statement. Let the class know that, if they feel like they are “in the middle” on a given statement, pick a side to stand on and explain (in a pair-share or to the full class) why the decision was complex.

8. Read each statement aloud twice and allow students time to move to the side of the room that best represents their views and values.

- If there are only one or two students standing on one side of the room, the instructor should stand next to them. Explain to the class that “no one stands alone” and you want to recognize and appreciate that it can be hard to have a view that is different from your peers or friends. Remind students that, even if there is only one person in this class with a certain opinion, they are not the only person in the world who holds that viewpoint.

9. Invite volunteers from each side to explain their thoughts and why they chose that side.

- To help students feel comfortable speaking in front of their peers, invite volunteers to share what they discussed in their pair-share rather than their personal views.
- Do **not** force anyone to speak, even if no one volunteers.
- If no one volunteers, try re-phrasing the question in a more general or hypothetical way, such as: “Why *might* someone agree or disagree with this statement?”
- If the entire class is on the same side, ask in a hypothetical way “Why might *some people* (outside this class) have a different opinion?”
- If applicable, ask the students to **identify a value** that might motivate a person to agree or disagree with the statement. Examples of motivating values are listed below most of the statements.

10. After discussing the various viewpoints, invite everyone to move to the center of the room before reading the next statement. Repeat steps 8-10 as time permits.

11. After completing all selected statements, invite students to return to their seats to debrief the activity with the following questions:

- How did it feel to participate in this activity?
- How do we let others know what our values are?
 - How we live our life (e.g., behavior, choices)
 - Communication (verbal and nonverbal)

- What keeps people from expressing their values?
 - Embarrassed or shy
 - Fear of judgement or disagreement
 - Unsure of our own values
- How can we use our values in everyday life? In a sexual situation?
 - Clarify them ahead of time
 - Make decisions based on our priorities
 - Speak up if we feel something is wrong
 - Give yourself permission to advocate for yourself and your boundaries

12. Acknowledge that figuring out a personal set of values can be challenging. We might feel confused or experience opposition from others. However, it is one of the most important tasks of adolescence.

- Personal and moral values (deciding what is right and wrong) are particularly important when it comes to sex and relationships. Asserting our values and clearly articulating consent or refusal can help us to build confidence, agency, and safer, healthier relationships.

Think About It: Values Statements

Note to Instructor: Some of the statements are related to individual perception rather than any specific value. Examples of values that may motivate a person to agree or disagree with each statement are listed below most statements. The list of statements has been separated into three categories:

- **Core** – statements that are strongly recommended to facilitate during Lesson 1
- **Additional** – statements that can be used if time allows, if students have enough background knowledge already, or that can be added to extend discussion during another lesson
- **Requires Extra Sensitivity** – statements that may not be appropriate for every group and will require sensitive discussion to fully unpack

Core Statements

On a date, each person should pay for themselves.

Possible values for “agree” – independence, equality, power

Possible values for “disagree” – generosity, frugality, romance

Sexting is safer than having sex.

Possible values for “agree” – safety, curiosity, self-determination

Possible values for “disagree” – privacy, security, autonomy

It’s easy for teens to get sexual health services (e.g., condoms, STI testing, birth control).

**This is a perception-based question that is not necessarily informed by personal values.*

Additional Statements

Parents/guardians should talk with their kids about sex and relationships.

Possible values for “agree” – trust, unity, openness

Possible values for “disagree” – comfort, independence, education

The media offers good role models for young people.

Possible values for “agree” – success, passion, acceptance

Possible values for “disagree” – power, candor, gratitude

Social media has improved human communication.

Possible values for “agree” – pleasure, communication, influence

Possible values for “disagree” – personal connection, communication, humility

Watching pornography can negatively affect a person.

Possible values for “agree” – responsibility, sanctity, safety

Possible values for “disagree” – pleasure, comfort, sensuality

Dating/relationships distract teens from reaching their goals.

Possible values for “agree” – success, time, career

Possible values for “disagree” – personal relationships, experience, romance

Relationships are stronger when partners have more in common.

Possible values for “agree” – security, harmony, stability

Possible values for “disagree” – openness, growth, acceptance

Partners should share their account passwords with each other.

Possible values for “agree” – romance, trust, commitment

Possible values for “disagree” – privacy, independence, safety

People should not change their boundaries for others (e.g., friends, family, partners).

Possible values for “agree” – autonomy, independence, stability

Possible values for “disagree” – popularity, harmony, selflessness

It’s OK to stay friends with an ex-partner.

Possible values for “agree” – loyalty, friendship, autonomy

Possible values for “disagree” – loyalty, peace, empathy

It’s OK to have sex with someone outside of a committed relationship.

Possible values for “agree” – curiosity, pleasure, openness

Possible values for “disagree” – chastity, faith, reputation

It’s OK to be dating multiple people at the same time.

Possible values for “agree” – freedom, independence, fun

Possible values for “disagree” – monogamy, commitment, integrity

Flirting counts as cheating.

Possible values for “agree” – fidelity, chastity, loyalty

Possible values for “disagree” – adventure, popularity, curiosity

Oral sex counts as “having sex.”

Possible values for “agree” – chastity, pleasure, culture

Possible values for “disagree” – tradition, pleasure, culture

Asking for consent is easy.

**This is a perception-based question that is not necessarily informed by personal values.*

People should get tested for STIs before having sex with a new partner.

Possible values for “agree” – knowledge, health, competence

Possible values for “disagree” – privacy, time, status

All high schools should have condom vending machines.

Possible values for “agree” – agency, health, responsibility

Possible values for “disagree” – lawfulness, innocence, purity

Birth control should be accessible without a prescription (over-the-counter).

Possible values for “agree” – efficiency, autonomy, responsibility

Possible values for “disagree” – knowledge, competency, authority

There should be a hormonal birth control option for people assigned male at birth.

Possible values for “agree” – equality, freedom, inclusion

Possible values for “disagree” – pride, culture, success

Health insurance should cover the use of reproductive technology (e.g., IVF, IUI, surrogacy).

Possible values for “agree” – generosity, equality, altruism

Possible values for “disagree” – collectivism, prudence, natural order

Requires Extra Sensitivity

Note to Instructor: If choosing any statements from the list below, be especially mindful of the backgrounds, identities, and experiences of students in the group. Some of these discussions could be activating, even with sensitive facilitation. For example, if you know there are trans students in the group, omit statements related to gender as it could be extremely difficult to hear peers express disagreement.

Labeling people with a gender at birth is harmful and unnecessary.

Possible values for “agree” – openness, curiosity, autonomy

Possible values for “disagree” – security, recognition, acceptance

All high school sports should be gender-inclusive.

Possible values for “agree” – compassion, equality, openness

Possible values for “disagree” – compassion, competence, fairness

Personality is more important than looks.

Possible values for “agree” – generosity, kindness, humor

Possible values for “disagree” – beauty, fame, influence

Partners should be in love before they have sex.

Possible values for “agree” – commitment, intimacy, trust

Possible values for “disagree” – pleasure, freedom, autonomy

The legal age of consent should be changed.

Possible values for “agree” – determination, autonomy, individualism

Possible values for “disagree” – authority, safety, growth

Sex work should be legalized.

Possible values for “agree” – safety, security, autonomy

Possible values for “disagree” – sanctity, purity, authority

Clinics should have to inform parents/guardians before allowing a teen to access abortion.

Possible values for “agree” – responsibility, respect, safety

Possible values for “disagree” – privacy, efficiency, safety

Activity 1.5: Clinics and Resources

Objectives: Describe minors' legal rights to access reproductive and sexual health services. Identify credible resources, including local youth-friendly clinics and online sources of medically accurate information.

Note to Instructor: If teaching outside of the San Francisco Bay Area, curate a list of local teen-friendly clinics in your area before facilitating this activity. Visit www.familypact.org/provider-search to identify local clinics that accept Family PACT and add them to the blank Local Clinic List template provided. An additional free template with instructions is available at: www.ashwg.org/sites/ashwg/assets/File/Know-Your-Rights-Template.pdf. **Be sure to only list clinics that provide comprehensive sexual health services (or referrals thereto).** Some health centers (known as “crisis pregnancy centers”) may have an anti-abortion bias and therefore **cannot** be included on your Local Clinic List. Also, school-based health centers can be a great resource for students seeking information or support but may not offer on-site sexual health services. If your school has a clinic or wellness center on campus, research what services are offered and whether they accept Family PACT before including it on your Local Clinic List for students.

1. Give each student a copy of the Clinic List and Teen Talk HS Resources.
2. Ask if anyone knows the difference between a “clinic” and a “hospital.” Clarify that clinics are typically smaller, more specialized medical offices compared to hospitals, which are typically larger and provide more comprehensive health services (from x-rays to surgery). Some clinics specialize in helping a certain population, like young people (e.g., Kaiser Teen Clinic), and some specialize in a particular field, like sexual health (e.g., Planned Parenthood).
3. Invite the class to brainstorm in small groups before discussing the following questions as a class:
 - What are the “sexual health services” a teen can receive from these clinics?
 - Answers may include free condoms, STI tests, pregnancy tests, birth control prescriptions, emergency contraception (e.g., Plan B), HIV prevention (e.g., PrEP), advice and information
 - What are some qualities that are important to you in health clinic?
 - Answers may include location (e.g., close for convenience, further away for privacy), amenities (e.g., free snacks, Wi-Fi), clean facility, friendly and knowledgeable staff, etc.
 - How can someone know if they are getting credible or medically accurate information?
 - Answers may include asking an expert (e.g., professionals at clinics like medical doctors), or considering the purpose and quality of the source (e.g., refer to trusted health agencies like the CDC or ACOG, avoid resources with a clear bias)
 - A “crisis pregnancy center” (or CPC) may resemble a health center, but these organizations are misleading and biased. They can appear to offer helpful medical advice and free services for people who are pregnant, but they are **not** licensed medical facilities and their staff are **not** legitimate medical professionals.⁶⁶
 - What are some barriers that might prevent young people from accessing clinic services?
 - Answers may include lack of transportation, limited hours of operation, unprofessional or biased staff, fear of judgment or stigma, etc.
4. Acknowledge that the external conditions in which people live, learn, work, and play directly affect our health outcomes and quality of life. These are known as “social determinants of health” and include things like our neighborhood, education, income, social support networks, and access to healthcare.
 - **Health equity** is the idea that everyone should have the chance to be as healthy as possible. However, in the U.S., **healthcare is not equitable**; some people face more difficulty accessing the resources and support they need to be healthy.

⁶⁶ Bryant, A.G. & Swartz, J.J. (2018). Why crisis pregnancy centers are legal but unethical. *American Medical Association Journal of Ethics*, 20(3), 269-277, DOI: [10.1001/journalofethics.2018.20.3.pfor1-1803](https://doi.org/10.1001/journalofethics.2018.20.3.pfor1-1803)

- For example, language barriers (social access), poverty (resource access), geographic distance (physical access), and local laws (legal access) can pose real challenges or barriers to access.
- This is one reason why California is dedicated to protecting minors' legal rights to access the care they need for mental and sexual health.

5. **Explain to students that all young people living in California have the right to consent to their own sexual health services.** This includes:

- Birth control, including condoms and emergency contraception
- Pregnancy testing, options counseling, abortion, and prenatal care
- STI testing and treatment (**must be 12 years or older**)

Note to Instructor: California law requires schools to have a policy for **confidential medical release** during the school day, ensuring that parents/guardians are **not** notified of the excused absence. Be sure to research the specific procedure at your school site should a student need to leave school to access confidential sexual health services.

6. **Explain ways young people can access free and confidential sexual health services:**

- Confidential sexual health services can be provided for **free** through Family PACT at any of the *starred* clinics named on the Clinic List.
 - Family PACT is a California state-funded program that uses tax dollars to provide sexual health services to individuals with low income. Visit www.familypact.org/provider-search to find a local Family PACT clinic and to register for the free program.
- When visiting a clinic that does **not** accept Family PACT, it is important to bring money or an insurance card to pay for services as needed.
 - **Note:** Kaiser Teen Clinic does not accept Family PACT but does provide free, confidential sexual health services to Kaiser members (age 12 and older).
- To receive services **confidentially** (i.e., privately, without parents/guardians knowing) from a clinic that is not a Family PACT provider, such as a personal doctor or pediatrician, a person can download the privacy form from www.myhealthmyinfo.org and submit the completed form to their provider.
 - Some medical foundations (e.g., Kaiser Permanente) automatically adjust a person's medical record to become confidential at age 12 or 13.
- California law requires schools to protect students' privacy if they need to get confidential sexual health services during school hours. Each school has their own policy and procedure for **confidential medical release**. *If possible, provide specific details about how students may utilize this process at your school site.*
 - This is **not** a "free pass" to leave campus for any reason; it is a protection for young people who may not otherwise have a way to privately access necessary services. If a student misuses this policy, their absence will be unexcused and may be reported to parents/guardians.
- Additionally, many clinics now offer phone and/or video **telehealth** appointments. This can be a more convenient and private way to connect with a medical provider and receive prescriptions, advice, or referrals for in-person services. Call a clinic directly or check out their website to learn more.

7. **Invite students to explore the list of Teen Talk HS Resources.** Explain that there are many great resources designed for young people to find credible information or speak with a professional for support.

- These websites can provide medically accurate information and helpful answers to common questions. Mobile apps may be useful for finding or tracking health information. The phone numbers are hotlines that connect people with experts to speak confidentially for help or advice.
- Use the camera function on any smartphone to scan the QR code and find even more sexual health resources at www.health-connected.org/resources-for-youth.

San Francisco Peninsula Clinic List

Parent/Guardian permission is **NOT** required (but we encourage you to talk with them!)

Sexual health services are **confidential** and can be **FREE** (via Family PACT ★)

Many of these clinics may also offer **telehealth** appointments (call to ask)

Daly City

- ★ **Daly City Youth Health Center**
www.dcyouth.org
 (650) 877-5700
 350 90th St. (3rd Floor)
- **Kaiser Teen Clinic** (members only)
www.kaiserpermanente.org
 (650) 301-4475
 395 Hickey Blvd. (2nd Floor)

South San Francisco

- ★ **Planned Parenthood – South SF**
www.ppmarmonte.org
 (877) 855-7526
 435 Grand Ave.

San Mateo

- ★ **Planned Parenthood – San Mateo**
www.ppmarmonte.org
 (650) 235-7940
 29 Baywood Ave.

Redwood City

- ★ **Fair Oaks Health Center**
www.smchealth.org/location/fair-oaks-health-center
 (650) 578-7141
 2710 Middlefield Rd.
- **Kaiser Teen Clinic** (members only)
www.kaiserpermanente.org
 (650) 299-2015
 905 Maple St. (4th Floor, Dept. 400)
- ★ **Planned Parenthood – Redwood City**
www.ppmarmonte.org
 (650) 503-7810
 2907 El Camino Real
- ★ **Sequoia Teen Wellness Center**
www.smchealth.org/locations/sequoia-teen-wellness-center
 (650) 366-2927
 200 James Ave. (at Sequoia HS)

East Palo Alto

- ★ **Ravenswood Family Health Center**
www.ravenswoodfhc.org
 (650) 330-7400
 1885 Bay Rd. (Suite A)

Palo Alto

- ★ **MayView Clinic – Palo Alto**
www.ravenswoodfhc.org
 (650) 327-8717
 270 Grant Ave.

Mountain View

- ★ **MayView Clinic – Mountain View**
www.ravenswoodfhc.org
 (650) 965-3323
 900 Miramonte Ave. (2nd Floor)
- ★ **Planned Parenthood – Mountain View**
www.ppmarmonte.org
 (650) 948-0807
 2500 California St.

Mobile Health Clinic (Location Varies)

- ★ **Stanford Teen Health Van**
www.stanfordchildrens.org/en/service/teen-van/schedule
 (650) 736-7172
Sites commonly visited: Alta Vista HS, Mountain View HS, Los Altos HS, East Palo Alto Academy, San Mateo HS, Peninsula HS, Skyline College

- ★ **www.familyPACT.org** – Find local clinics and sign up for the state-funded Family PACT program
- ★ **www.myhealthmyinfo.org** – Utilize confidential services at your pediatrician or doctor's office

South Bay Area Clinic List

Parent/Guardian permission is **NOT** required (*but we encourage you to talk with them!*)

Sexual health services are **confidential** and can be **FREE** (via Family PACT ★)

Many of these clinics may also offer **telehealth** appointments (*call to ask*)

Mountain View

- ★ **MayView Clinic – Mountain View**
www.ravenswoodfhc.org
 (650) 327-8717
 900 Miramonte Ave. (2nd Floor)
- ★ **Planned Parenthood – Mountain View**
www.ppmarmonte.org
 (650) 948-0807
 2500 California St.

Sunnyvale

- ★ **Lucile Packard Teen Clinic (Stanford)**
www.stanfordchildrens.org/en/service/teens-and-young-adults
 (650) 497-2701
 1195 W. Fremont Ave
- ★ **MayView Clinic – Sunnyvale**
www.ravenswoodfhc.org
 (650) 327-8717
 785 Morse Ave. (at Columbia MS)

Mobile Health Clinics (Location Varies)

- ★ **Stanford Health Teen Van**
www.stanfordchildrens.org/en/service/teen-van/schedule
 (650) 736-7172
Sites commonly visited: Alta Vista HS, Mountain View HS, Los Altos HS, Evergreen College, San Jose Conservation Corps
- ★ **Valley Health Teen Van**
www.scvmc.org/hospitals-clinics/valley-homeless-health-care-program-vhhp/valley-teen-van
 (408) 472-4676
Sites commonly visited: Escuela Popular, Boynton HS, Broadway HS, Foothill HS, Mount Madonna HS, New Valley HS, Fremont Union High School Educational Options, County Office of Ed. schools

San Jose

- ★ **Franklin-McKinley Neighborhood Health Clinic**
www.schoolhealthclinics.org
 (408) 283-6051
 645 Wool Creek Dr. (at FMSD Office)
- **Kaiser Teen Clinic (members only)**
www.kaiserpermanente.org
 (408) 362-4740
 276 International Cir. (Bldg. 1, 1st Floor, Unit C)
- ★ **Overfelt Neighborhood Health Clinic**
www.schoolhealthclinics.org
 (408) 347-5988
 1835 Cunningham Ave. (at Overfelt HS)
- ★ **Planned Parenthood – SJ Blossom Hill**
www.ppmarmonte.org
 (408) 281-9777
 5440 Thornwood Dr. (Suite G)
- ★ **Planned Parenthood – SJ Eastside**
www.ppmarmonte.org
 (408) 729-7600
 3131 Alum Rock Ave.
- ★ **Planned Parenthood – SJ East Valley**
www.ppmarmonte.org
 (408) 274-7100
 2470 Alvin Ave. (Suite 80)
- ★ **Planned Parenthood – SJ Central**
www.ppmarmonte.org
 (408) 287-7526
 1691 The Alameda
- ★ **San Jose Neighborhood Health Clinic**
www.schoolhealthclinics.org
 (408) 535-6001
 1149 E. Julian St. (Bldg. H at Sunrise MS)

Gilroy

- ★ **Gilroy Neighborhood Health Clinic**
www.schoolhealthclinics.org
 (408) 842-1017
 9300 Wren Ave. (at South Valley MS)
- ★ **Planned Parenthood – Gilroy**
www.ppmarmonte.org
 (408) 847-1739
 760 Renz Lane

- ★ **www.familyPACT.org** – Find local clinics and sign up for the state-funded Family PACT program
- ★ **www.myhealthmyinfo.org** – Utilize confidential services at your pediatrician or doctor's office

Local Clinic List

Parent/Guardian permission is **NOT** required (*but we encourage you to talk with them!*)

Sexual health services are **confidential** and can be **FREE** (*via Family PACT ★*)

Many of these clinics may also offer **telehealth** appointments (*call to ask*)

• _____
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★ **www.familyPACT.org** – Find local clinics and sign up for the state-funded Family PACT program
www.myhealthmyinfo.org – Utilize confidential services at your pediatrician or doctor's office

Scan for more!



Mental Health is Health

mentalhealthishealth.us

Your Life Your Voice

yourlifeyourvoice.org
call (800) 448-3000
text VOICE to 20121

Crisis Text Line

text HOME to 741-741

988 Suicide & Crisis Lifeline

988lifeline.org/chat
call or text 988

National Eating Disorder Association

nationaleatingdisorders.org/chat
call or text (800) 931-2237

TONE: Self-Care Audio

beseen.org

One Love Foundation

joinonelove.org/relationships-101

Love is Respect

loveisrespect.org
call (866) 331-9474
text LOVEIS to 22522

National Sexual Assault Hotline

online.rainn.org
call (800) 656-4673
text START to 88788

myPlan Safety app

guide to safety planning

Sex Trafficking Stories & Support

iamjasminestrong.com

Human Trafficking Hotline

humantraffickinghotline.org
call (888) 373-7888
text BEFREE to 233-733

All-Options Talkline

all-options.org
call (888) 493-0092

Legal Guide for Teens

teenhealthrights.org

After-Abortion Support

exhaleprovoice.org
text (617) 749-2948

General Info

teensource.org
sexetc.org
scarleteen.com

plannedparenthood.org/learn/teens

selfsea app

resources & real stories
from young people

Euki app

trusted sexual health
info & resources

Find PrEP Near You!

pleaseprepme.org

Nurx app

birth control, PrEP &
STI testing at home!

Clue app

track periods, ovulation & PMS

LGBTQ+ Youth Stories

wearetheyouth.org

It Gets Better Project

itgetsbetter.org

Send the Right Message

sendtherightmessage.ca

Safe Restrooms for All

refugerestrooms.org

Find Community Near You!

lgbtcenters.org/LGBTcenters

Find PrEP Near You!

pleaseprepme.org

Nurx app

birth control, PrEP &
STI testing at home!

Clue app

track periods, ovulation & PMS

Gender
& Sexual
Identities

Teen Talk
High School
Resources

Mental Health
&
Body Image

Relationships
&
Sexual Safety

Bodies,
Birth Control
& STIs

Pregnancy
&
Parenting



Activity 1.6: Let's Talk

Objectives: Explain the value of having a trusted adult to talk with throughout adolescence. Develop skills for communicating openly with parents/guardians and trusted adults about sexual health and relationships.

1. **Explain to the class:** As a person grows up, they will likely have questions about health, sex, and relationships. Teen Talk can help answer some questions, but time in this course is limited. It is very important to identify trusted adults who know you and are on your side, and to establish an open line of communication to get answers, advice, and support throughout adolescence.
2. **Post the following questions for pair-share or full group discussion:**
 - ***Who are some trusted adults in your lives?***
 - Parents/guardians
 - Older siblings
 - Aunts/uncles
 - Older cousins
 - Grandparents
 - Teachers
 - Coaches
 - Mentors
 - Community leaders
 - ***What are some ways to start the conversation?***
 - Approach them when they are not busy or distracted.
 - Tell them ahead of time that you have some important questions or something important you want to discuss with them and ask them to set aside time to talk later.
 - Bring up something you saw in the media and ask their thoughts about it.
 - Ask simple questions first and work up to the harder ones.
 - Know that it is OK to feel nervous. They probably feel nervous too!
 - ***What are some benefits to discussing health, sex, and relationships with your parents/guardians or other trusted adults?***
 - It is a good way to develop a strong, trusting relationship with them. If you can talk with them about sex, you can talk with them about most things.
 - They can share their knowledge and values about sex and dating.
 - They can give advice about things you are facing, and help you make good decisions.
 - They may share personal experiences and what they learned or would do differently.
 - If you or they are not comfortable sharing personal information, no one has to. The conversation can focus on sharing ideas about staying protected, making decisions about sex, dealing with pressure, etc.
 - ***What are some challenges that might make it difficult to discuss health, sex, and relationships with your parents/guardians or other trusted adults?***
 - It might feel awkward or embarrassing, especially the first time.
 - They might make assumptions based on your questions.
 - They might start to lecture instead of listening and discussing with you.
 - They might have incorrect information.
 - You might not agree with the values and opinions they share.

- ***What if you do not agree with their values or views?***
 - It is important to listen and let them finish speaking. Respect and maturity are important when discussing serious topics.
 - Try repeating back some of what you heard before saying something new.
 - Sometimes you must agree to disagree. You can say, “I understand what you are saying, but I don’t agree. I think that...”
 - If they start to lecture or yell, gently remind them that you would like their help to figure out these important things, and perhaps suggest continuing the conversation when everyone is calm.

3. Explain the homework assignment:

- To supplement the information we are learning in Teen Talk, engage in a conversation with a trusted adult and interview them about their thoughts.
- Using the worksheet as a guide, ask questions and allow them to share their experiences and views. You do not need to write down exactly what they say, since it may be private. The focus should be on the conversation; writing notes is less important.
- After completing each Talk, ask your trusted adult to sign the worksheet. Then complete the reflection question below to reflect on your thoughts after the interview.
- The worksheet will be checked periodically (at the instructor’s discretion) to ensure the interview is being completed. The four Talks should be done on four different days throughout the course. After Talk #4, be sure to have your trusted adult fill out the gray box at the bottom of the page.
- At the end of the course, detach and submit the gray box as a receipt of completion.

4. Give each student a copy of the Let’s Talk interview. Offer copies in Spanish as needed. Encourage students to fill in the four due dates, and check for completion throughout the Teen Talk course.

Let's Talk

Student's Name _____ Trusted Adult's Name _____

Instructions: Interview your parent, guardian, or an adult you trust over the age of 21. Separate the four Talks onto four different days throughout Teen Talk. After each Talk, get a signature from your trusted adult and complete the reflection question.

Talk #1 **Date:** _____ **Adult signature:** _____

1. What was a typical "date" like when you were in high school?
2. What were your family's rules about dating and relationships? Did you agree?
3. Did you feel comfortable talking with your parent(s)/guardian(s) about relationships and sex? Why or why not?

Reflection: How has technology made dating/romance different for teens today?

Talk #2 **Date:** _____ **Adult signature:** _____

4. When you were in high school, what was it like for peers that were questioning their sexuality or gender?
5. How did different parts of your identity affect your experience as a teen, such as your access to resources or opportunities?
6. How did gender roles influence giving and asking for sexual consent when you were in high school?

Reflection: How do you think society has changed since your trusted adult was in high school, regarding sexuality, identities, and gender roles?

Check out these great parent resources to help continue this important conversation:

Health Connected	www.health-connected.org/parents and www.lets-talk.how
Palo Alto Medical Foundation	www.sutterhealth.org/pamf/health/teens
Essential Access Health	www.talkwithyourkids.org
Advocates for Youth	www.tinyurl.com/advocatesforyouth-parents
American Sexual Health Association	www.ashasexualhealth.org/parents

If you would like more information, resources, and updates from Health Connected, please provide your email address. *This information will not be shared with other organizations.

Adult's email (optional) _____

Talk #3 **Date:** _____ **Adult signature:** _____

7. How does someone know if they are ready to have sex? What does it mean for a sexual relationship to be "healthy"?
8. What do you think I should know about sexually transmitted infections (STIs) and birth control?
9. Do you think it's OK for a person my age to be in a relationship with someone a lot older or younger than them? Why or why not?

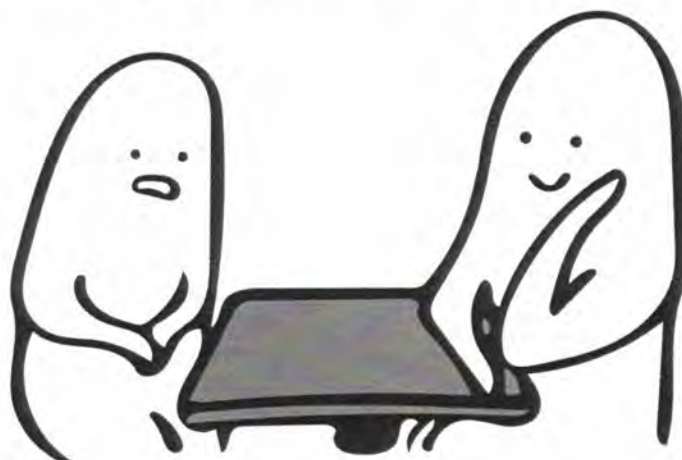
Reflection: What are some of your trusted adult's values that were evident from this discussion?

Talk #4 **Date:** _____ **Adult signature:** _____

10. How do you feel about teens using technology and the internet (social media, dating apps, etc.)?
11. What do you want me to know about the messages that pornography can send to young people?
12. Were there any occasions when you or a friend gave in to peer pressure? What can I learn from your experience? What advice can you give to help me stand up for my personal values and beliefs?

Reflection: What was the most helpful piece of advice you just got from your trusted adult?

Thank you for having this important conversation! Almost done...



This section is for your trusted adult to fill out after you complete the interview.

I have talked through all of the questions on this interview guide with my student.

Adult signature: _____

Do you think this homework helped you and your student talk more openly about sexual health and relationships?

☐ YES

☐ NO

Lesson 1 Wrap-Up

Objectives: Summarize the information covered in this lesson. Preview the topics to be covered in the next lesson. Provide examples of self-care activities to help process and refocus for the next class.

Note to Instructor: Update the “Looking Forward” slide in the **Lesson 1 PowerPoint** to accurately reflect your lesson plan for the next day.

Part 1: Closing Routine

1. Review the content from this lesson using any of the following prompts:
 - What did you learn about California laws today?
 - What did you learn about your personal values?
 - How many local clinics can we name as a class?
2. Review the follow-up activities, assignments, or resources provided during this lesson. Clarify what (if anything) is due the following class and what is optional for students to explore if they would like more information or support.
3. Invite students to write something down and to submit their scratch paper to the **Anonymous Question Box**. Remind the class that everyone must turn in a paper with writing to the Question Box at the end of each class session. If they do not have a question, they can write something they learned, leave a note for the instructor, or simply draw a picture.

Part 2: Looking Forward

4. Introduce the topics that will be covered in the next lesson: **Human Bodies**.
 - Next class will involve an introduction to human body systems and a thorough exploration of sexual and reproductive anatomy.
 - This activity will include seeing some line drawings and diagrams that we will label together as we learn about these body parts and their functions.
 - We will also spend time exploring the processes involved in human reproduction – from conception (the start of a pregnancy) through birth.
5. Provide some examples of self-care to decompress after this lesson and recharge for the next topic. Refer to **Lesson 1** (pg. 9) for additional ideas.
 - It can be helpful to move your body, get creative, rest, or connect with others, for example:
 - Draw or build something
 - Take a walk or nap
 - Listen to music or a new podcast
 - Write a letter to a friend or relative

Lesson 2: Human Bodies

Goals

The purpose of this lesson is to:

- Provide a foundation of biological information about human body systems in relation to social-emotional and sexual functioning.
- Explore anatomical patterns of sexual and reproductive development.
- Understand the processes of human conception, fetal development, and childbirth.

Objectives

At the end of this lesson, students will be able to:

- Identify the names and functions of pelvic anatomy in bodies assigned male and bodies assigned female.
- Describe the processes involved in human reproduction, from conception to childbirth, including the natural variations that result in endosex and intersex patterns.
- Describe two physical and two psychological changes that occur as a person progresses from adolescence into adulthood.

Why Is This Important?

This lesson provides an opportunity to explore how many of our body systems are directly involved in the ways we function in social-emotional and sexual situations, both relational and intrapersonal. Making informed decisions about health, boundaries, sexual activity, and family planning requires basic knowledge of pelvic anatomy and biological processes related to reproduction and sexual response. This lesson provides a foundation for understanding the essential functions of the human body, with particular emphasis on the sexual and reproductive systems. This includes learning about pelvic anatomy commonly found in bodies assigned male and bodies assigned female, as well as exploring the natural variations in sexual development which may result in anatomy that falls outside of these binary categories. Since people may or may not use their pelvic anatomy for reproduction, this lesson also explains the functions of sexual response and pleasure, which are more universal to the human experience. By focusing on the similarities and differences of human bodies, including how hormones affect changes throughout various stages of the lifecycle, young people are given greater perspective on how and why our bodies develop as they do. Additionally, learning about the natural diversity within human biology helps young people to reduce judgment toward self and others, increase self-esteem, and develop positive body image.

In addition to normalizing anatomical diversity, this lesson serves to establish a common basis of anatomy terminology that will be used throughout the course. This language will be especially important when discussing consent and boundaries, sexual behaviors, conception, pregnancy prevention, and the transmission of infections. However, many people find medical language restrictive or harmful, even contributing to experiences of gender dysphoria. A person's body may or may not reflect how they feel or identify. Some transgender and gender-nonconforming individuals choose to undergo gender-affirming hormonal and/or surgical changes as part of their transition. This lesson attempts to acknowledge the limitations of scientific language and diagrams by providing multiple perspectives on how people interpret and relate to their bodies. Nevertheless, increasing familiarity and comfort with the medical terms used for sexual and reproductive anatomy ultimately makes medical care more accessible for young people throughout the rest of their lives.

Activity	Time (min.)	Can be done as HW?	Materials	Preparation
Lesson 2 Introduction	10-20		<ul style="list-style-type: none"> • Question Box • Scratch paper • Lesson 2 PowerPoint 	<ul style="list-style-type: none"> • Cut paper into 3" x 4" pieces • Review anonymous questions and prepare responses • Update the Agenda slide in Lesson 2 PowerPoint • Review background info on human bodies and biological processes
2.1 Sexual and Reproductive Systems	35-50		<ul style="list-style-type: none"> • Lesson 2 PowerPoint • <i>Instructor Guide</i> (sample script) 	<ul style="list-style-type: none"> • Print blank Pelvic Anatomy diagrams (one set per student)
2.2 Stages of Human Reproduction	20-40	Yes	<ul style="list-style-type: none"> • Lesson 2 PowerPoint • <i>Instructor Guide</i> (sample script) • Answer Key • Tape or glue sticks • "Pregnancy 101" video 	<ul style="list-style-type: none"> • Print Fetal Development & Birth fact sheet (one per student) • Print Stages of Human Reproduction worksheet, single-sided (one per small group) • Print Stages of Human Reproduction Fun Facts (one set per small group) • Cut Fun Facts into strips and store each set in an envelope (laminates for reuse if possible)
2.3 What's the Story?	10-15	Yes	<ul style="list-style-type: none"> • Answer Key 	<ul style="list-style-type: none"> • Print What's the Story? worksheets (one set per student)
Lesson 2 Wrap-Up	5		<ul style="list-style-type: none"> • Lesson 2 PowerPoint 	<ul style="list-style-type: none"> • Update the Looking Forward slide in Lesson 2 PowerPoint
Total Minutes for Lesson 2:	80-130			
Extra: Anatomy Coloring	10-30	Yes	<ul style="list-style-type: none"> • Colored pencils or markers 	<ul style="list-style-type: none"> • Print Anatomy Coloring Guide (one per student)
Extra: Anatomy Race	10-20		<ul style="list-style-type: none"> • Anatomy Race BODIES and PARTS cards (laminates if possible) 	<ul style="list-style-type: none"> • Identify an open space to facilitate the activity
Extra: Anatomy Head's Up	5-20		<ul style="list-style-type: none"> • Anatomy cards (laminates if possible) or whiteboard with dry-erase markers 	

Background Information

Key Messages of Lesson 2

- All human bodies are unique! We may tend to compare our bodies to other people and these diagrams, but it's important to keep in mind that **no two bodies are exactly the same**. What is “normal” for one person may not be for another person – and that's OK.
 - At the same time, all humans are more similar than they are different, no matter how we develop or are labeled at birth.
- There are three main phases that contribute to **sexual development**: chromosomes and genes are established at conception, internal and external genitals are observed at birth, and secondary sex characteristics emerge during puberty.
 - The process of **sex differentiation** occurs naturally during fetal development in response to the presence or absence of certain chromosomes and hormone activity in utero. This leads to the formation of pelvic anatomy commonly assigned “female” or “male” at birth.
 - Beyond physical growth, there is also a vast array of cognitive, social, and emotional changes that occur as a person transitions from childhood through adolescence and into early adulthood.
- Several specific components are needed for human reproduction: an **egg cell**, a **sperm cell**, a **uterus**, and many different hormones.
 - There are many ways to bring these “ingredients” together, sexually or nonsexually. For example, some people use medical assistance to facilitate conception via IVF (in vitro fertilization) or IUI (intrauterine insemination).

Human Bodies and Biological Processes

When a person is born, medical providers will typically assign them to a biological category based on their genitals, known as “**sex assigned at birth**.” Our society commonly uses the terms “female” and “male” as generic labels for bodies that follow one of the two most common patterns of sexual development. However, we know that not everyone assigned female at birth is a girl, and not everyone assigned male at birth is a boy. We also know that not every human body fits into one of these binary categories since some people are born with natural variations and intersex traits. A person's ability to menstruate, ejaculate, and reproduce is largely based on the body parts they are born with and how they function. When teaching and learning about bodies, keep in mind that humans are extremely diverse, and some people may use different language for their body parts depending on their values, culture, or other identities. *For more information about sexual and reproductive anatomy, as well as biological processes related to pregnancy and sexual development, see the **Glossary for Instructors** in the accompanying ZIP file.*

Common Questions & Helpful Answers

What if my body doesn't look like the diagrams? – That's normal. These drawings are kept generic for simplicity, but everyone's body looks somewhat different. Labia, pubic hair, and penis size can vary significantly from person to person. “Male” and “female” are terms given to describe two typical patterns of pelvic anatomy. However, some bodies have intersex traits resulting from natural variations in the process of sex differentiation. All bodies are unique and amazing!

How many people are born intersex? – The number of humans born with intersex traits is difficult to determine. As many as 1 in 1,500 babies are born with obvious intersex traits, many of which are subjected

to surgical intervention early in life.⁶⁷ Other researchers estimate that roughly 1.7% of all humans have intersex traits, including some conditions that may not be recognized until puberty or later in life (e.g., Klinefelter syndrome, Turner syndrome, congenital adrenal hyperplasia).⁶⁸

Why do erections happen randomly? – While some erections are triggered by physical stimulation (e.g., sexual touching, masturbation), or psychological stimulation (e.g., thinking about a crush, viewing pornography), they can also result from natural hormonal fluctuations. The body's testosterone levels are constantly changing, which can cause random erections any time of the day or night. In fact, an average person with a penis has between 3 and 5 erections per night, each lasting roughly 20-30 minutes.^{69, 70}

What is “female ejaculation” and how common is it? – During orgasm, some people assigned female at birth experience ejaculation or “squirting” when the Skene’s glands release a milky white fluid made of creatinine, urea, and PSA (prostate-specific antigen) through the urethra. Research is limited, but some studies estimate that anywhere from 10-50% of bodies with a vagina can experience this type of ejaculation.⁷¹

Why is the skin on the genitals darker than the rest of the body? – That’s normal. Sex hormones (e.g., androgen, estrogen, progesterone) can bind with cells in the body that produce melanin, or pigmentation of the skin.^{72, 73} This makes it common for the skin around the genitals (e.g., labia, scrotum) to darken slightly once puberty begins.

How are multiples (e.g., twins, triplets) formed? – Identical twins occur when a fertilized egg splits into two zygotes and continues developing into two genetically identical fetuses. Identical twins have the same DNA and typically develop the same body parts, but they have different fingerprints and freckle patterns. They can also have differences in their personalities and gender identities. Fraternal twins occur when two eggs are ovulated simultaneously, and each is fertilized by a separate sperm cell. Fraternal twins develop together in the uterus but have different DNA; they are as genetically similar as any biological siblings. Any number of multiples (e.g., triplets, quadruplets) can develop in the identical or fraternal pattern – or a combination!

Additional Resources

9 Months That Made You (2016) – www.pbs.org/show/9-months-made-you

- Across three 1-hour episodes, this breakthrough PBS series follows the gestation process “using state-of-the-art CGI to reveal the most exquisite biological choreography found in nature. From the moment of conception to the moment of birth 280 days later, [these videos] chart how 100 trillion cells come together to make each of us a unique individual.”

InterACT – www.interactadvocates.org

- Information, resources, and legal advocacy for the human rights of children born with intersex traits.

⁶⁷ Schneider, M., Bockting, W.O., Ehrbar, R.D., Lawrence, A.A., Rachlin, K.L. & Zucker, K.J.. (2006). Answers to your questions about individuals with intersex conditions. American Psychological Association. www.apa.org/topics/lgbt/intersex.pdf

⁶⁸ Blackless, M., Charuvastra, A., Derruck, A., Fausto-Sterling, A., Lauzanne, K. & Lee, E. (2000). How sexually dimorphic are we? Review and synthesis. *American Journal of Human Biology*, 12(2), 151-166. DOI: [10.1002/\(SICI\)1520-6300\(200003/04\)12:2<151::AID-AJHB1>3.0.CO;2-F](https://doi.org/10.1002/(SICI)1520-6300(200003/04)12:2<151::AID-AJHB1>3.0.CO;2-F)

⁶⁹ Reynolds, C.F., et al. (1989). Nocturnal penile tumescence in healthy 20- to 59-year-olds: A revisit. *Sleep*, 12(4), 368-373. <https://pubmed.ncbi.nlm.nih.gov/2762691>

⁷⁰ Youn, G. (2017). Why do healthy men experience morning erections? *The Open Psychology Journal*, 10(1), 49-54. DOI: [10.2174/1874350101710010049](https://doi.org/10.2174/1874350101710010049)

⁷¹ Whipple, B. (2014). Ejaculation, female. *The International Encyclopedia of Human Sexuality*, 1-4. DOI: [10.1002/9781118896877.wbiehs125](https://doi.org/10.1002/9781118896877.wbiehs125)

⁷² Natale, C., et al. (2016). Sex steroids regulate skin pigmentation through nonclassical membrane-bound receptors. *eLife*, 5(e15104). DOI: [10.7554/eLife.15104.001](https://doi.org/10.7554/eLife.15104.001)

⁷³ Tadokoro, T., Itami, S., Hosokawa, K., Terashi, H. & Takayasu, S. (1997). Human genital melanocytes as androgen target cells. *Journal of Investigative Dermatology*, 109(4), 513-517. DOI: [10.1111/1523-1747.ep12336630](https://doi.org/10.1111/1523-1747.ep12336630)

National Geographic: Pregnancy 101 – youtu.be/XEfnq4Q4bfk

- A 4-minute video by National Geographic provides a striking visual overview of human reproduction.
- “While customs and traditions involving pregnancy vary worldwide, the developmental process is essentially universal. Find out about the science of pregnancy from conception, through the three trimesters, and to labor and delivery.”

Planned Parenthood: Puberty and Bodies – www.plannedparenthood.org/learn/teens/puberty

- Clear, helpful information for teens about bodies and puberty, including specific information for trans and intersex youth.

United Nations for LGBT Equality: Intersex Fact Sheet – www.unfe.org/wp-content/uploads/2017/05/UNFE-Intersex.pdf

- A fact sheet about individuals born with intersex traits, including information about global violence and discrimination, health care and human rights, and action points to increase intersex visibility and protections in society.

Lesson 2 Introduction

Objectives: Introduce students to the topics covered in this lesson. Review group norms and calming strategies. Provide students with an outlet to privately communicate with the instructor and ask questions. Establish the link between various human body systems and individual social-emotional and sexual functioning.

Note to Instructor: Update the agenda slide in the **Lesson 2 PowerPoint** to reflect your lesson plan for the day. Be sure to pre-screen and prepare answers for the anonymous questions before addressing them with the class.

Part 1: Opening Routine

1. **Display the Welcome Question as students enter and prepare for class: “What are some things that all humans have in common?”** Invite students to quietly reflect, journal, or pair-share about their response to the question.
2. **Distribute a piece of Question Box scratch paper to each student.** Remind students that this scratch paper is for writing down any questions they think of during the lesson, but it can also be used to doodle, fidget, or communicate privately with the instructor. Everyone must turn in a scratch paper with writing to the Anonymous Question Box at the end of each class session.
3. **Review the agenda for this lesson to preview the activities that will be facilitated.** Be transparent about the information that will be covered and what students will be asked to do in each part of the lesson.
4. **Review the Group Norms, emphasizing student agency to participate and self-regulate.** Remind the class to be mindful of their needs and avoid making assumptions. Group Norms for Teen Talk HS are:
 - **Respect** – listen actively; take space, make space; and practice inclusive language
 - **Communication** – identify your trusted adults, and build connections
 - **Curiosity** – keep an open mind, and ask questions openly or anonymously
 - **Privacy** – create a safe space together, and expect transparency
 - **Well-being** – feel your feelings, and find what works for you
5. **Review the examples of calming strategies that can help when a person feels uncomfortable, overwhelmed, or activated.** Encourage students to be mindful of their “window of tolerance” and empower them to engage with the material to the extent they are comfortable. *Refer to Lesson 1 (pg. 9) for additional calming strategies and explanations of specific techniques.*
 - Ways to stay calm and grounded during this lesson may include:
 - **Taking care of your basic needs** – drink water, stand and stretch, or put your head down
 - **Changing your environment** – step outside, walk to the bathroom, or visit the office
 - **Utilizing focus tools** – hold a fidget toy, color, doodle, or draw on your Question Box paper
 - **Practicing grounding techniques** – try the 5-4-3-2-1 method, and don’t forget to breathe!
6. **Select 5-10 anonymous questions submitted during the previous lesson to answer during the first five minutes of class.** If time allows, answer remaining questions at the end of the lesson. The goal is to answer all questions submitted to the Question Box by the end of the course.

Note to Instructor: Prioritize answering questions about human bodies to cue students to the topic of the day. Practice rephrasing and using the inclusive language introduced in this lesson whenever possible. See **Activity 1.2** for specific guidelines and recommendations for using the Anonymous Question Box in Teen Talk HS.

Part 2: Introduction to Body Systems

7. Invite volunteers to share their thoughts about the Welcome Question: *“What are some things that all humans have in common?”* and acknowledge the following points:
 - **We are all social beings** – we desire to be part of larger communities and have meaningful relationships with others, including kinship with family, friends, and/or partners.
 - **We are all emotional beings** – we experience the same basic range of emotions, including joy, sadness, fear, anger, loneliness, etc.
 - **We are all physical beings** – we have powerful minds that process information and complex body systems that respond (deliberately and automatically) to various chemical reactions and electrical signals from the brain and nervous system.
8. Emphasize that our social, emotional, and sexual responses are directly related to the biological interactions of multiple body systems.
 - The human body is a complex set of systems that interact to affect a person’s physical, mental, and emotional experiences. Many of our body systems are directly involved in the ways we function in social-emotional and sexual situations, both relational (with other people) and intrapersonal (by ourselves).
9. Use the following information to provide a brief explanation of each body system, focusing on how the system is related to social-emotional and sexual functioning:
 - **Nervous system** – A network of nerves that work with the brain and spinal cord to send information to and from various parts of the body.
 - The peripheral nervous system includes somatic nerves that control voluntary movement (e.g., dancing, singing) and send sensory information – vision, sound, taste, smell, and physical sensations like pain and pleasure – to the brain. Autonomic nerves control automatic movement (e.g., breathing, blinking) and activate survival mechanisms – fight, flight, or freeze – when our brain senses a threat.
 - The central nervous system consists of the spinal cord and brain. Our brain is responsible for all of our thoughts and feelings, including attraction and developing a sense of self or identity. Hormone production is also heavily regulated in the brain, which has various effects on sexual development and behavior.
 - **Respiratory system** – A system of organs and openings (e.g., lungs, trachea, pharynx, larynx, sinuses) that create an airway and allow us to breathe. Our lungs inhale air, absorb oxygen, and then exhale carbon dioxide.
 - When the body becomes activated through physical activity or a nervous system response (fight, flight, or freeze), breathing can become shallow and faster. Taking slow, deep breaths can help return the body to a calm state by increasing the supply of oxygen to the brain.
 - **Circulatory (cardiovascular) system** – The heart and blood vessels (arteries, veins, and capillaries) that circulate blood throughout the body, delivering oxygen to all of the body’s cells. This system also regulates our temperature by increasing or decreasing blood flow to different parts of the body.
 - Changes in blood flow can affect erectile tissue in the genitals, enabling sexual responses like erection of the penis or clitoris.
 - Blood pressure, body temperature, and heart rate all increase during sexual activity (e.g., masturbation, sex, orgasm) in order to circulate more oxygen throughout the body.

- **Endocrine system** – A system of organs and glands (e.g., hypothalamus, pituitary, thyroid, pancreas, testes, ovaries) that produces hormones (chemical messengers) to influence various bodily processes.
 - Many different hormones affect emotional regulation and enable certain reproductive and sexual functions, such as ovulation and menstruation.
 - The timing and process of puberty is heavily linked to hormones released from the ovaries or testicles – testosterone, estrogen, and progesterone.
- **Muscular system** – A system of organs and tissues (e.g., skeletal, cardiac, and smooth muscles) responsible for all movement in the body, both voluntary and involuntary.
 - Skeletal muscles are attached to bones and control voluntary actions (e.g., moving head and limbs). Smooth muscle and cardiac muscle control involuntary actions (e.g., digestion and circulating blood through the heart, respectively).
 - This system plays a crucial role in many sexual and reproductive functions, including orgasm, ejaculation, menstruation, and childbirth.
- **Skeletal system** – The internal framework of the body (e.g., bones, cartilage, joints, tendons, ligaments) that provides structure, protects internal organs, and contributes to movement.
 - The pelvis is especially important during sexual activity and pregnancy, protecting and positioning sexual and reproductive organs to allow for conception and childbirth.
- **Integumentary system** – A system of organs and glands (e.g., skin, hair, nails, exocrine glands) that forms a physical barrier to protect the body from our external environment.
 - Hair develops all over the body – including pubic hair around the genitals – to help retain heat, protect sensitive openings, reduce friction, and wick moisture from the skin.
 - Exocrine glands secrete substances through the skin in fluids like sweat, tears, mucous, saliva, and breast milk.
- **Lymphatic system** – A network of vessels, ducts, and organs (e.g., lymph nodes, spleen, tonsils, appendix) that regulates fluid levels in the body. Excess fluid called lymph in our cells and tissues is filtered through lymph nodes then drained back into the bloodstream.
 - It also produces the white blood cells (or lymphocytes) that enable our immune response and keep us healthy.
- **Immune system** – A complex network of cells, tissues, and organs (e.g., white blood cells, skin, mucous membranes, lymph nodes, spleen, tonsils) that protects our body from pathogens – harmful microorganisms that can cause infection or disease. This system also helps to repair damage from injuries and heal the body of illnesses.
 - When foreign substances called antigens enter the body, our white blood cells attack and destroy these germs, like viruses and bacteria.
 - HIV targets and weakens the immune system, making people more vulnerable to pathogens.
- **Urinary (renal) system** – A system of organs and tubes (e.g., kidneys, ureters, bladder, urethra) that filters toxins from the bloodstream and removes liquid waste from the body.
 - Urine (pee) is made in the kidneys, stored in the bladder, and released through the urethra.
 - Urinary tract infections, yeast infections, as well as bacterial STIs like chlamydia and gonorrhea can occur through sexual activity, all of which may affect renal and sexual functioning.

- **Digestive (excretory) system** – A system of organs (e.g., esophagus, stomach, pancreas, liver, gallbladder, intestines, colon) that processes food and removes solid waste from the body.
 - The stomach and intestines break down and absorb that nourish cells and supply the body with energy. This system also absorbs water from foods and drinks to keep the body hydrated.
 - Feces (poop) is created and stored in the colon, then it moves through the rectum and out through the anus.
- **Reproductive (sexual) system** – A system of internal and external organs (e.g., uterus, ovaries, vagina, clitoris, testicles, prostate gland, penis, scrotum) involved in sexual development, sexual response, and sexual reproduction.
 - Hormones released from the ovaries and testicles lead to sexual maturation, including many of the changes that take place during puberty. These organs also contain the sperm or egg cells needed for reproduction.
 - Sensory nerve endings in the genitals contribute to pleasure and orgasm.
 - In coordination with many other systems, the reproductive system is primarily responsible for bodily functions like ovulation, menstruation, ejaculation, conception, and childbirth.

10. **Explain that all of these body systems make humans more similar than we are different.** However, each human has unique traits and physical differences that result from a variety of genetic, hormonal, and environmental factors.

- This lesson is an in-depth exploration of human pelvic anatomy, focusing on sexual and reproductive functions.
- We will explore *how* and *why* physical differences develop in our bodies throughout the lifecycle in order to contextualize biological processes related to puberty, sexual response, and reproduction.

Activity 2.1: Sexual and Reproductive Systems

Objectives: Explain the purpose and process of sex differentiation in humans. Describe the locations and functions of body parts within human sexual and reproductive systems. Recognize that there are naturally occurring variations in human bodies related to differences in primary and secondary sex development.

Note to Instructor: Be inclusive and deliberate in your language about human bodies. This lesson is focused on biology and body parts, not gender. Remind students that some men are assigned female at birth, some women are assigned male at birth, and some people are born with a mixture of typical sex characteristics.

- **Avoid using specific gender identities and pronouns when referring to anatomy.** For example, instead of saying “when a woman is on her period, blood leaves the body through her vagina” try saying “when a person is on their period, blood leaves the body through the vagina.”
 - **When referring to something related to a specific body part, it is most inclusive to use part-specific language.** For example, “a person with a cervix should have a PAP test every three years once they reach age 25” or “circumcision is when the foreskin is removed from a penis.”
 - **When referring to a larger process that involves a set of body parts or the interaction of many body systems, it may be more useful to use the labels assigned to bodies at birth.** For example, “most people with typical female anatomy will begin menstruation during puberty” or “a person assigned male at birth may experience erections and ejaculation while asleep, called ‘wet dreams’ or nocturnal emissions.”
- **Keep in mind that there are no specific ways for trans and gender-nonconforming bodies to look and function.** Some people may pursue aspects of medical transition; however, this is a very personal decision and not necessarily a linear process. Acknowledge various types of gender-affirming health care (e.g., hormone therapy, surgery) and diversity of how people feel about their bodies.

Remember that we are always learning, and **language is not perfect**, but this lesson is a crucial opportunity to model inclusive terminology and phraseology that honors the vast diversity of humans and ways that individuals may describe their bodies.

1. **Give each student a copy of the blank Assigned Male and Assigned Female pelvic anatomy diagrams.** Invite students to label their diagrams as they listen to the lecture and ask questions.
2. **Acknowledge that these diagrams depict two common patterns of sexual and reproductive anatomy, but do not represent all human bodies.** Although the images illustrate bodies assigned “female” and assigned “male,” they fail to accurately demonstrate the considerable variation that exists within and between these binary categories.
3. **Acknowledge the limitations of current language to accurately represent and affirm all people.**
 - “**Sex assigned at birth**” is a system of labels assigned to certain bodies to describe a specific set of biological traits and pelvic anatomy.
 - However, the language and definitions of these “biological sex” categories determined by medical and scientific communities have historically excluded and othered people who do not fit into the expected binary pattern.
 - Our society commonly uses the labels “female” and “male” to describe bodies, yet individuals who inhabit these bodies may or may not self-identify using these terms.
 - Some people prefer using language that refers to their specific body parts and processes – like “bodies with a penis” or “bodies that menstruate” – while some people find it offensive to describe their body based on their genitals or reproductive functions.
 - Additionally, these binary labels fail to account for and represent the incredible diversity that naturally occurs through the process of sexual differentiation and development.

4. Explain sexual and reproductive anatomy and physiology using the Lesson 2 PowerPoint in the accompanying ZIP file. A sample script is provided on the following page to help guide the lecture. All terms in **bold** are important to emphasize, although only terms that are **bold and underlined** are used to label the diagrams.

Note to Instructor: The following sections about sexual development, anatomy, and physiology are very technical. Please read through this guide and the corresponding reference information and use language that best serves the group. Young people may have significant knowledge yet may only be familiar with slang terms (e.g., “balls” instead of testicles). Honor the way that students communicate and offer the medical terms as common language used by healthcare providers when introducing scientific vocabulary. Medical terms (labeled on the diagrams) are followed by youth-friendly definitions or slang terms, for example: **neurotransmitters** (chemical messengers in the brain) and **semen** (cum). Use your judgment to adjust for what works best with the group. *Additional detailed medical information about brain science, pelvic anatomy, intersex bodies, and human body systems can be found in the **Glossary for Instructors** in the accompanying ZIP file.*

Sexual and Reproductive Systems *Instructor Guide*

Slides: “Sexual and Reproductive Systems”

- This presentation is meant to summarize key information about the human body so that we have a solid foundation to learn more about identities, sexual behaviors, pregnancy, contraception, sexually transmitted infections (STIs), and the importance of consent.
 - This activity will involve labeling diagrams of pelvic anatomy (sexual and reproductive body parts) that different bodies may have.
 - The illustrations here depict two common ways that pelvic anatomy may develop, but keep in mind that every human body is unique. It’s perfectly fine if our bodies look different than these diagrams.
- While some of us may know these body parts by other names, this lesson is an opportunity for us to practice using the terminology that a medical doctor or scientist would typically use.
 - **Language is not perfect**, and we do not expect you to know or use all of these terms. However, learning about our biology allows us to understand what to expect, to communicate with common language, and to get help when we need it.
- Talking about bodies and looking at these diagrams may make some of us uncomfortable – that’s OK.
 - Remember our calming strategies, and please do what you need to feel safe and grounded while being mindful not to distract people around you.
 - Laughter is a normal reaction when we feel uncomfortable, but it should **not** be directed at anyone specifically. Part of showing respect is not making comments or intentional reactions that could cause people to feel badly about their own body (e.g., “ew gross!”).
- If anyone needs a break for any reason, take a moment to look away or step outside, take some deep breaths, and rejoin the class when you feel ready.
 - Let’s do our best to avoid making assumptions or judgments about anyone’s reactions.
 - We are all here to learn, and we don’t always know what people are going through, so remember to be gentle with yourself and each other.

Slides: “Sex Assigned at Birth”

- Humans tend to use labels to describe differences and categorize people, even though our language and labels often change over time.
 - In medical communities, bodies are often described using terms like “male” and “female,” although not everyone feels comfortable using these terms to describe their own body.
- **Sex assigned at birth** is the categorization of a newborn’s sexual and reproductive biology, mostly based on their external genitals.
 - Some people are born with bodies that align with the medical definition of “male” or “female” – also known as **endosex** (or perisex) bodies.
 - Some people are born with bodies that differ from these expected patterns, resulting in pelvic anatomy that does not align with the medical definition of “male” or “female” – also known as **intersex** bodies.
- The diagrams we are going to label together focus on two depictions of endosex pelvic anatomy because it is impossible to adequately represent the wide array of intersex variations using simple diagrams.
 - While we can attempt to use language that makes space for all possibility of physical development, depicting some intersex variation in pelvic anatomy would still inevitably fail to represent all bodies.
 - While most people – including many people with intersex variations – are assigned one of these two labels at birth, the categories are imperfect and can even be harmful. They imply that human bodies are binary (i.e., that there are only two mutually exclusive sexes), which we know is **not** scientifically accurate. They also fail to account for the diversity that exists within and between these categories.
 - Many people – including those with trans and gender nonconforming identities – may not identify with the label assigned to their body at birth.

- Additionally, there is widespread lack of knowledge regarding intersex variations, even within medical communities, and continuing to use binary language perpetuates stigma toward folks born with intersex bodies.
- Yet most people in our society continue to use the terms “female” and “male” in medical and educational settings, perhaps because it is considered simpler to explain and to understand.
 - In Teen Talk, our diagrams are titled “Assigned Male” and “Assigned Female” to acknowledge that these labels are placed onto certain bodies for medical and scientific purposes of categorization.
- Yet there is significant diversity in human anatomy and physiology (body parts and their functions), even among bodies given the same label (like female or male). No two human bodies look the same. Some bodies fit into common patterns and some bodies do not – that’s OK!
 - Healthy body image involves not only embracing our uniqueness, but also appreciating the amazing things our body can do, regardless of what we look like and how we are labeled in medical settings.
 - A foundational component of respecting our body is recognizing the incredibly sophisticated complexity of how body systems interact and collaborate to maintain our health and functioning.

Slides: “Sexual Development”

- We’re going to start this section by exploring the development of primary and secondary sex characteristics – *how* and *why* different patterns of anatomy develop in different bodies.
- In many species, binary sexes (males and females) tend to develop variations in their physical appearance, known as **sexual dimorphism**. This involves two main phases of development, one before birth and one during adolescence.
 - **Primary sex characteristics** are those which are present at birth, such as sex chromosomes (DNA) and pelvic anatomy (genitals).
 - **Secondary sex characteristics** are those which develop during puberty, such as body hair patterns and body shape changes. While most of these physical traits are not mutually exclusive to bodies assigned male or female, there are some notable trends that commonly emerge in certain bodies during adolescence.
 - Some people may also choose to undergo aspects of medical transition using gender-affirming hormone therapy – which affects secondary sex characteristics like body hair and breast growth – or gender-affirming surgery, which can affect the appearance of a person’s genitals.
- **Question: *But why do these differences in human bodies occur in the first place?***
 - Essentially, human sexual and reproductive anatomy develops to enable the survival of our species.
 - **Sexual reproduction** requires that some bodies produce egg cells and other bodies produce sperm cells. One of each cell must join together to unite the chromosomes necessary to grow a new human.
 - Bodies that produce sperm tend to develop pelvic anatomy that enables ejaculation to facilitate **insemination** (getting sperm close to an egg).
 - Bodies that produce egg cells tend to develop pelvic anatomy that facilitates **conception** (ovulation, fertilization, and implantation), enables **gestation** (growth of a pregnancy), and aids in **childbirth**.
 - Most human bodies develop in one of these patterns to enable sexual reproduction, even if that is not a person’s goal or motivation for having sex.
- The external genitals on all bodies also have a high concentration of sensory nerve endings so that people can feel **sexual pleasure** from physical contact.
 - Many people experience **orgasm** at the peak of sexual pleasure, which results from a complex interaction of the sexual and reproductive system in addition to our nervous, endocrine, muscular, circulatory, and respiratory systems.
 - Just before orgasm, heart rate and breathing increase and muscles tightly contract. The pleasurable feeling of orgasm results from the relaxation of these muscles along with the release of hormones and sexual fluids as heart rate and breathing begin returning to normal.

- The release of **dopamine** (“feel-good hormone”) and **oxytocin** (“love hormone”) during orgasm not only encourages the species to reproduce, but it also helps with emotional regulation (e.g., stress reduction) and bonding between partners (e.g., building intimacy). These biophysical responses are what drive humans to desire sexual pleasure and motivate most people to have sex.
- While sexual reproduction requires two specific cells from two different bodies, these cells are irrelevant to sexual intimacy and pleasure. This is why many humans have sex for reasons other than reproduction.

Slides: “Prenatal Development”

- Some of our most significant biological differences are established even before we leave the womb (i.e., during fetal development).
 - **Sex determination** is the “blueprint” or plan for the development of specific pelvic anatomy. This is based on a person’s **genotype** – the unique sequence of DNA within their cells.
 - **Sex differentiation** is the process of developing specific pelvic anatomy, which may or may not follow the “blueprint” as expected. This results in a person’s **phenotype** – the physical traits of their body, internally and externally.
- The graph of prenatal development can help to visually explain how sex determination and differentiation lead to a wide variety of unique bodies.
 - Time since conception is represented on the (horizontal) x-axis and the type of anatomy that develops is represented on the (vertical) y-axis.
 - Sex determination occurs at the time of conception. A newly formed embryo has all of the genetic information – including the sex chromosomes – to form its “blueprint” for development.
 - However, all embryos are undifferentiated for the first several weeks of a pregnancy, meaning there are no physical differences between embryos that will go on to produce sperm cells and those that will eventually have egg cells.
 - Then, around 5-6 weeks into a pregnancy, the process of sex differentiation begins:
 - If the “blueprint” has an XX combination of sex chromosomes, the embryo will usually continue along the path to develop organs like a vagina and uterus.
 - In this case, the gonads typically form ovaries, where egg cells and hormones like estrogen are produced, and undifferentiated tissue usually develops into the vulva.
 - However, if the “blueprint” has an XY combination of sex chromosomes, there is a part on the Y-chromosome (called the SRY gene) that usually activates and sends signals to the developing fetus to form a different set of organs.
 - In this case, the gonads typically form testicles, where sperm cells and hormones like testosterone are produced, and same undifferentiated tissue that becomes the clitoris and labia in XX bodies usually develops into a penis and scrotum in XY bodies.
 - Remember, all bodies are unique – everyone has differences in how their body develops, looks, and functions, and we know there is even **more** diversity than just these two types of bodies.
 - Sometimes during prenatal development, the undifferentiated tissue may not receive the message as intended, or the signal is not very strong. Sometimes the embryo is exposed to multiple different signals, so the message becomes more complex.
- **Intersex** is a term used for a human body that does not develop along the expected pattern for either of the two most common “blueprints.”
 - Although there are no universal definitions or official data records, it is estimated that roughly 1-2% of humans are born intersex. For perspective, this is about as common as being born with red hair or green eyes!⁷⁴
 - Intersex traits can result from different combinations of chromosomes or from exposure to different levels of hormones during prenatal development.

⁷⁴ InterACT Advocates for Intersex Youth. (2018). What we wish our teachers knew. <https://live-interact-advocates.pontheonsite.io/wp-content/uploads/2018/07/BROCHURE-interACT-Teachers-final.pdf>

- People with intersex bodies may or may not be assigned a binary label. Some people may have more external differences that are visible from birth, and some people may only have internal differences that they discover when going through puberty or trying to have a baby.
- In the past, medical providers would perform surgery on babies with intersex genitals in order to align them with the binary of endosex body patterns.
 - **Question: *Why do you think this practice is no longer recommended?***
 - Some people who were subjected to this type of surgery as a baby have spoken out about complications from the procedures and distress from not having had a choice.
 - There has recently been a movement to stop these surgeries on babies because they are medically unnecessary (in most cases) and the person cannot give their informed consent at such a young age.
 - In fact, many countries and U.S. states (including California) have officially recognized these surgeries as a human rights violation, which may eventually result in legally banning this harmful practice.
- While it is usually not respectful to discuss or ask about other people's genitals, we can always talk with a trusted adult or medical provider if we have any concerns about our own body parts or development.

Note to Instructor: Check out the **Glossary for Instructors** in the accompanying ZIP file for more information about some of the more common intersex conditions.

Slides: "The Brain and Puberty"

- Now let's shift gears to explore a central part of our sexual and reproductive systems – the brain.
- Our **brain** is the most complex organ in the entire human body! It's where thoughts, emotions, language, and movement all begin. The brain is also responsible for regulating our social-emotional and sexual functioning (i.e., the way our body acts in social-emotional and sexual situations).
 - We have billions of specialized brain cells called **neurons** that all connect to each other to send information across the brain.
 - Essentially, our brain receives input from our five senses – touch, sight, hearing, smell, and taste – interprets the information, and then sends instructions to other parts of our body to react.
- The brain also facilitates changes in the body, including the changes that happen during **puberty**. With oversight from our brain, the endocrine system monitors and regulates our **hormones** – chemical messengers that stimulate all types of physical and emotional changes.
 - There is still a lot of active research being done to better understand **how** this happens, but scientists know that puberty begins when a part of the brain called the **hypothalamus** receives a signal to activate the pituitary gland.
 - The **pituitary gland** then releases two hormones (chemical messengers) called **LH** (luteinizing hormone) and **FSH** (follicle-stimulating hormone) into the bloodstream.
 - Everyone has these hormones, although a person who is about to start puberty usually has higher levels being released from their pituitary gland.
 - These two hormones reach the testicles or ovaries, which triggers the body to begin various puberty changes (e.g., growing taller, developing body hair, having mood swings).
 - One of the key changes that takes place for most people during puberty is becoming **fertile** – able to get pregnant or get someone else pregnant.
 - Not everyone will choose to have children in their lifetime, even if their body is capable of reproduction. This is a personal decision that each individual should make for themselves.
 - Whether a person wants to pursue or avoid conception, it is important to make a plan to reach our reproductive goals. In future lessons, we will talk more about family planning options, including abstinence and contraceptives to prevent unintended pregnancy.

- Puberty is also when bodies begin to develop **secondary sex characteristics**. Many of these changes are unrelated to reproductive functioning but are specific to an individual's pelvic anatomy and hormone levels.
 - For example, people of any gender may be capable of menstruating (having periods) if they are born with the necessary body parts – namely, ovaries, a uterus, and a vagina.
- **Question: *What are some of the common puberty changes caused by testosterone and estrogen?***
 - Bodies with testicles generally have higher levels of testosterone and develop more body and facial hair and deeper voices, while bodies with ovaries generally have higher levels of estrogen and develop more breast tissue and wider, more rounded hips.
 - Body fat tends to increase in bodies with more estrogen and muscle mass tends to increase in bodies with more testosterone, although these traits are also affected by factors like diet and physical activity.
 - Some people are aware from a young age that their body does not match how they feel inside, so developing secondary sex characteristics can intensify feelings of gender dysphoria. Gender-diverse young people may want to talk with their trusted adults and medical providers about using **gender-affirming hormone therapy** like “puberty blockers” to prevent certain physical changes.

Note to Instructor: *For more information about gender dysphoria as well as medical intervention and transition, see the **Glossary for Instructors** in the accompanying ZIP file.*

- We are constantly changing throughout our entire lives. Although the brain and body are considered “fully developed” around our mid-twenties, that does **not** mean we are “stuck” or “hard-wired” in certain ways.
 - Just as our body can get stronger and faster the more we exercise, the neuron connections in our brain can also get stronger and faster the more we use certain skills. This is known as **neuroplasticity** – the ability for our brain to essentially “re-wire” itself as we continue to adapt, learn, and grow.
- We will continue to revisit brain science and body systems throughout Teen Talk, but for now, let's move forward to learn more about the pelvic anatomy within human sexual and reproductive systems.

Slides: “Pelvic Anatomy Assigned Male”

- We're going to start with bodies assigned “male,” but keep in mind that not everyone with these body parts will identify or feel comfortable being referred to as “male.” Some people prefer to use “masculine body” or “body that makes sperm cells,” and some people prefer not to use labels at all.
 - For simplicity, we will be using words like “male” and other anatomical terms to get more familiar with language used in medical settings.
- Here is a list of terms that we will be using to label our first set of diagrams. I invite you to practice saying these terms aloud by repeating after me as a class:
 - Sperm cells
 - Testicles
 - Epididymis
 - Vas deferens
 - Seminal vesicles
 - Prostate gland
 - Cowper's glands
 - Urethra
 - Bladder
 - Penis
 - Foreskin
 - Scrotum
 - Anus
 - Mons pubis

- OK, now let's all take two deep breaths together...and we'll start by talking about the path of a sperm cell.
- **Sperm** are unlike all other cells in the human body because each one contains half of a person's DNA – the chromosomes needed to reproduce.
 - A sperm cell is one of the smallest cells in the human body – in fact, it's microscopic, meaning it can only be seen with a microscope. Up close, a sperm cell looks similar to a tadpole: it has a head that contains the genetic information and a long tail (flagella) that helps to move the cell forward.
- **Question: *When do people start and stop making sperm cells?***
 - Sperm production starts during puberty and continues for the rest of that person's life. The body will never "run out" of sperm cells – millions are made every single day. People who make sperm cells will produce about 525 billion in their lifetime!
- Next, we're going to see diagrams of pelvic anatomy assigned male: one facing the front and one turned to the side so that we can see some of the body parts that are more visible from an angle.
 - Remember the calming strategies if we start to feel anxious and need to ground ourselves. Don't forget to breathe!
- **Sperm cells** are produced in the **testicles** (commonly known as "balls"). Most people have two, and each fully developed testicle is about the size and shape a walnut.
 - The testes usually descend into a pouch of skin called the **scrotum** during fetal development (by 28-33 weeks gestation), although some people are born with undescended testes.⁷⁵ After a person is born, the scrotum typically hangs between their legs, outside of the body cavity (where most of our other organs are), and it's common for one testicle to hang a bit lower than the other.
 - During puberty, the brain signals for the testicles to begin producing higher levels of testosterone, which leads to the production of sperm cells, among other physical and emotional changes.
 - Testicles also produce smaller amounts of estrogen and progesterone, which can cause some breast tissue growth.
- Behind each testicle is a coiled tube called the **epididymis**. This is where sperm cells mature as they wait to be released from the body and where they grow their tail to gain motility (the ability to move independently).
- Once sperm cells are fully mature, they move from the epididymis into the long, thin tubes called **vas deferens** to begin their journey.
- But before sperm cells can exit the body, they need to be protected in a nutrient-rich fluid to help them stay alive. The **seminal vesicles** and **prostate gland** make this fluid, which contains proteins and sugars to protect and nourish the sperm cells.
 - This combination of sperm cells and fluids from the prostate and seminal vesicles is called **semen** (also known as "cum"), a whitish fluid that comes out of the body through a tube called the **urethra**.
- **Question: *Besides semen, what are the other two fluids that typically come out of the urethra in bodies assigned male?***
 - The other fluids that come out of the penis are **urine** (or pee) and **pre-ejaculatory fluid** (also called "pre-cum" or pre-ejaculate).
 - **Health Note:** If anything besides urine, semen, or pre-ejaculate comes out of a penis, like blood or discharge, a person should get checked by a medical provider – it could be a sign of infection or another health issue.
- Urine is the body's liquid waste, containing toxins that are filtered out of our blood by the kidneys. This fluid then is stored inside the **bladder** and released through the urethra during urination.
- If we look closely, we can see that the urethra starts at the bladder, and the seminal vesicles connect to the urethra at the prostate gland.
 - The prostate has a switch-like mechanism (like train tracks) that can shift to either let out urine or semen. It automatically knows when to open one pathway and close the other, so the body never releases both of these fluids at the same time.

⁷⁵ Tili-Larrey, O.A., & Khan, Y.S. (2022). Embryology, Testicle. StatPearls Publishing. www.ncbi.nlm.nih.gov/books/NBK557763

- **Health Note:** The prostate gland is also a common place for cancer to develop. Once a person is in their 40s or 50s, a medical provider may recommend regular prostate examinations to screen for prostate cancer.
- The urethra runs through the **penis**, an organ that hangs from the front of the body above the testicles. It is made of spongy and erectile tissues that allow the penis to change from flaccid (soft) to erect (hard).
 - Essentially, the brain sends a signal to increase blood flow to the penis, and these tissues expand as they fill with blood, like a sponge absorbing water. This swelling causes the penis to grow larger and feel firm, called an **erection** (commonly known as a “boner”).
 - For most people with penises, erections can happen at any age, and at any time of the day or night. Sometimes they occur in response to sexual stimuli (like sexual thoughts, arousing images, or physical touch) but can also happen in response to natural hormone fluctuations in the human body. This is why people can get random erections, even while sleeping.
- Sometimes when the penis is erect, it may release semen, which is called **ejaculation**. When this happens, about 1-2 teaspoons of semen are released, containing hundreds of millions of sperm cells.
 - After ejaculation, the penis usually becomes relaxed and returns back to its flaccid (soft) size as blood flow decreases.
 - Erections can also go away on their own, without ejaculation. For example, it’s common to wake up with an erection in the morning, but by the time a person brushes their teeth and gets dressed for the day, the erection will have gone away.
 - Ejaculation often occurs during an **orgasm**, when a series of muscle contractions and a flood of “feel good” hormones (dopamine and oxytocin) lead to an intense feeling of pleasure and release.
 - Ejaculation sometimes occurs when a person has an erection while they are asleep, called a nocturnal emission (also known as a “wet dream”).
- In addition to semen and urine, the body releases a third fluid out of the urethra, called **pre-ejaculatory fluid** (also known as “pre-cum” or pre-ejaculate). Past the prostate, there are two small glands called **Cowper’s glands** – this is actually where pre-ejaculatory fluid is made.
 - Pre-ejaculate is a clear fluid that rinses out the urethra to protect sperm cells from the acidity of urine. A few drops of pre-ejaculate are typically released just before ejaculation.
 - While this fluid is not designed to nourish and carry sperm cells, it is still possible for sperm cells to be present within pre-ejaculate.⁷⁶
 - People aren’t always aware when they release pre-ejaculatory fluid because it happens automatically when they have an erection. This will be important to remember when we talk about STIs and pregnancy prevention in future lessons.
 - **Health Note:** Pre-ejaculatory fluid can transport STI pathogens and sperm cells from inside the urethra into a partner’s body during sexual contact without a barrier method.
- These three fluids come out of the body through the urethral opening at the tip of the penis.
- The “head” or **glans** is the most sensitive part of the penis. It has about 4,000 sensory nerve endings that send information to the brain and contribute to feelings of pleasure.
- Lastly, the **anus** is the opening where all bodies release solid waste, called feces (or poop).
 - The stomach breaks down food we eat, the intestines absorb nutrients, and the colon stores feces until it can be released through the rectum and anus at the end of the digestive system.
 - The rectum has two muscular sphincters that must relax to allow anything to enter or exit through the anus. The internal sphincter at the bottom of the colon is under involuntary control to prevent waste from leaking out, while the external sphincter around the anus is under voluntary control to allow for a bowel movement when using the bathroom.
- This brings us to the external pelvic anatomy...

⁷⁶ Killick, S.R., Leary, C., Trussell, J. & Guthrie, K.A. (2011). Sperm content of pre-ejaculatory fluid. *Human Fertility*, 14(1), 48-52. DOI: 10.3109/14647273.2010.520798

Slides: “External Pelvic Anatomy Assigned Male”

- Next, we’re going to see an external view of a body assigned male so we can label the outer body parts. Let’s all take two deep breaths together...and remember, every human body is unique, so please do not compare your body to these drawings.
- Here is an external view of the **anus**, where feces come out after digesting food. There are also lots of sensitive nerve endings around this opening.
- Then we see the **scrotum**, which is a pouch of sensitive skin holding the testicles.
 - **Question: What is the main function of the scrotum?**
 - It plays a crucial role in protecting the developing sperm cells from getting too hot or too cold.
 - Sperm cells are very picky and can only survive if they are kept slightly cooler than internal body temperature (98.6° F). This is why the testicles hang outside of the body cavity, so they don’t overheat.
 - When the body is hot, the muscles around the scrotum relax and allow the testicles to hang down further from the body to stay cool. When the body is cold, the scrotum does the opposite – it tightens the muscles around the scrotum to bring the testicles closer to the body and keep them warm.
 - However, the scrotum does not shield the testicles from injury; this is a very sensitive part of the body that should be protected, especially when playing sports.
 - In most cases, **pubic hair** grows on the scrotum and around the base of the penis during puberty.
- The part of the penis that becomes erect is called the **shaft**. It is usually smooth and hairless, but the skin on the shaft has lots of sensory nerve endings that contribute to feelings of pleasure.
- The skin that surrounds the glans is called **foreskin**. All penises have foreskin at birth, although some people have their foreskin removed through a procedure called **circumcision**.
 - If a person is uncircumcised, foreskin covers most of the glans, but it may naturally retract (or pull back) when the penis gets erect so that the glans is more visible. If a person is circumcised, the foreskin is removed, so the glans is visible whether the penis has an erection or not.
 - Circumcision is a very personal choice. Some people are circumcised for religious or cultural reasons, and for other people, it’s simply preference.
 - This procedure is commonly done on babies, but a can also be done later in life. Many people choose not to have their baby circumcised so the child can decide for themselves when they are older and can give informed consent.
 - Circumcision does not typically affect the size or function of a penis (although there are risks with every medical procedure). Advocates for circumcision believe that it decreases STI transmission, while those against circumcision believe that it decreases sensation for the glans.
 - **Health Note:** Whether a person is circumcised or not, it is very important to wash the genitals regularly. If a person has foreskin, they should remember to gently retract the skin (as much as is comfortable) when taking a shower to wash the glans with soap and water and be sure to dry the glans afterwards. This helps to prevent fluids from collecting under the foreskin, which can cause discomfort or irritation of the penis.
- Finally, above the penis is an area of fatty tissue that protects the pubic bone (the front of the pelvis) – it’s called the **mons pubis**. This is another place that usually grows pubic hair during puberty.
- Remember, all bodies are unique, and each person’s body may look or function a bit differently – that’s OK!

Slides: “Internal Pelvic Anatomy Assigned Female”

- Now let’s talk about bodies assigned “female.” Again, keep in mind that not everyone with these body parts will identify or feel comfortable being referred to as “female.” Some people prefer to use “feminine body” or “body with egg cells,” and some people prefer not to use labels at all.
 - For simplicity, we will be using words like “female” and other anatomical terms to get more familiar with language used in medical settings.

- Here is a list of terms that we will be using to label our next set of diagrams. I invite you to practice saying these terms aloud by repeating after me as a class:
 - Egg cells
 - Ovaries
 - Fallopian tubes
 - Uterus
 - Endometrium
 - Cervix
 - Bladder
 - Urethra
 - Vagina
 - Vulva
 - Hymen
 - Labia
 - Clitoris
 - Anus
 - Mons pubis
- OK, now let's all take two deep breaths together...and we'll explore the path of an egg cell.
- Like sperm, each **egg cell** (oocyte) contains half of a person's DNA – the chromosomes needed to reproduce.
 - They are one of the largest cells in the human body and can even be seen without a microscope! However, they are still quite small; up close, each egg cell is about the size of a grain of sand.
 - Unlike sperm cells that are made starting at puberty, egg cells are actually made before birth. A person is born with all of the eggs they will ever have – about 1-2 million – and they will never make more.
- **Question: When do people start and stop releasing egg cells?**
 - Once egg cells are created, they are stored inside the body until **puberty**. Then, about once each month, hormones stimulate the ovaries to mature several eggs, although only one is typically released while the others are reabsorbed.
 - This process is known as **ovulation**, and it is a part of the menstrual cycle. If a person does not become pregnant, they will typically have a period about two weeks after ovulating.
 - The body continues to release an egg cell each month until about 45-55 years old, when a person reaches **menopause**.
 - Similar to puberty, hormonal changes in the endocrine system during menopause can cause people to experience both emotional and physical changes like “mood swings” and “hot flashes.” Menopause is also when people stop having their period and are no longer fertile (able to reproduce).
- Next, we're going to see diagrams of pelvic anatomy assigned female: one facing the front and one turned to the side so that we can see some of the body parts that are more visible from an angle.
 - Remember the calming strategies if we start to feel anxious and need to ground ourselves. Don't forget to breathe!
- **Egg cells** are stored inside the **ovaries**. Most people have two, and each ovary is about the size and shape of an almond. There are usually about 200,000 egg cells in each ovary by the time a person begins puberty.
 - During puberty, the brain signals for the ovaries to begin producing higher levels of estrogen and progesterone hormones, which cause many different physical and emotional changes.
 - One of the main physical changes is that the ovaries begin to ovulate – which means releasing egg cells – about once a month.
 - Ovaries also produce some testosterone, which is why most people develop body hair and have slightly deeper voices after puberty, for example.
- After an egg cell is released, it typically travels into the **Fallopian tubes**.

- There is one tube for each ovary, although they are not attached to the ovaries. The open end of the Fallopian tube has finger-like structures (fimbriae) that help guide the egg cell into the tube.
- Once inside this long, thin tube, an egg cell travels for about 24 hours and may potentially join with a sperm cell – the first step of a conceiving a pregnancy.
- The other end of the Fallopian tube is connected to the **uterus** (also called the womb), where a **fetus** (developing baby) grows during pregnancy.
 - When a person is not pregnant, their uterus is about the size and shape of an upside-down pear, but it can expand to the size of a watermelon during pregnancy and then contract back to a smaller size after giving birth.
- The uterus is lined with a special type of tissue called **endometrium**.
 - Starting at puberty, the body prepares for pregnancy by growing this layer of tissue thick with many blood vessels to create a soft, nourishing place for a fertilized cell to attach and grow.
 - However, if there is no pregnancy, the endometrium separates from the uterus and leaves the body during **menstruation**, commonly known as a period.
 - This typically happens once every 28 days (on average) and lasts for 2-7 days each time. But everyone's body is unique, so it may occur more or less often, especially for the first two years after periods begin (or menarche).
 - During menstruation, most people will use **period products** like those we see here.
 - Some products like pads and pantyliners are placed inside the underwear to absorb the blood and tissue as it leaves the body.
 - Other products like tampons and menstrual cups are placed inside the vagina to collect menstrual fluid before it leaves the body.
 - There is also menstrual underwear and swimwear that can contain menstrual fluid for several hours without any pads or tampons.
 - Menstruation is also part of the menstrual cycle, occurring about two weeks after ovulation.
 - People who menstruate may experience symptoms during their period, just before it starts (called premenstrual syndrome or PMS), or throughout their entire menstrual cycle. Some people have cramping, bloating, hormone-related acne (pimples), changes in mood or energy level, or occasional spotting (breakthrough bleeding, not a full period).
 - If someone is struggling with these period-related symptoms, especially if missing school or experiencing severe pain, it can be helpful to talk with a trusted adult or medical provider and discuss ways to reduce discomfort or even skip periods.
- When a person is on their period, blood exits through the lower part of the uterus, called the **cervix**. This is a strong muscle with a tiny opening in the center, called the **os**.
 - During childbirth, the os expands to 10 centimeters (about the size of an Eggo waffle) to allow the baby to come out.
- Below the cervix is the **vagina**, a muscular pathway that connects the uterus to the outside of the body.
 - People often think that the vagina is visible between the legs, but as we can see in this diagram, it's actually an internal body part.
 - It is sometimes called the "birth canal" because a baby may exit through the vagina during childbirth. This is also where a tampon or menstrual cup can be placed when a person is on their period.
- **Question: Besides menstrual blood, what two other fluids typically come out of the vagina?**
 - The other fluids that come out of the vagina are **discharge** and **arousal fluid** (lubrication).
 - The vagina actually cleans itself, so people never need to wash inside their vagina with soap. It naturally regulates the internal pH balance and releases excess moisture and bacteria in the form of **vaginal discharge**. This is usually a white or clear fluid, and the consistency and amount of discharge may change during different times in the menstrual cycle.
 - The vagina also creates its own lubrication, sometimes called **arousal fluid**, to help reduce friction during sexual activity. The vagina is very strong and flexible – it can naturally expand

in width and length during sexual arousal and childbirth – but this fluid helps to prevent friction inside the vagina.

- Although many people assume that urine (pee) also exits through the vagina, there is actually a separate opening for urination.
- All bodies have a **bladder**, where liquid waste is stored after being filtered from blood by the kidneys. Urine is then drained out of the body through the **urethra**.
 - In bodies with this type of pelvic anatomy, the bladder sits in front of (or sometimes underneath) the uterus, and the urethra runs parallel to the vagina, as we can see in the side view diagram.
- This diagram also shows the **clitoris**. This structure is very similar to a penis, made of spongy and erectile tissues that expand when the brain increases blood flow to the genitals.
 - It has a glans (“head”), which is the part on the outside of the body.
 - It also has an internal shaft (“body”), which is divided into two crura (“legs”) that curve around the urethra and vagina in a wishbone shape.
 - Beneath each leg there is a clitoral bulb made of spongy tissue that can swell with blood during sexual arousal, and the erectile tissue of the shaft can grow larger and feel firm, like an erection.
 - **Question: What is the main function of the clitoris?**
 - It has no role in the process of reproduction, but the clitoris is the most sensitive organ of the human body. It contains about 8,000 sensory nerve endings (twice the amount in the glans of a penis) that send information to the brain and contribute to sexual pleasure.
- The **anus** also has a high concentration of nerve endings that are very sensitive. As we already know, the anus is the end of the digestive tract, where all bodies release solid waste, or feces (poop).
- This brings us to the external pelvic anatomy...

Slides: “External Pelvic Anatomy Assigned Female”

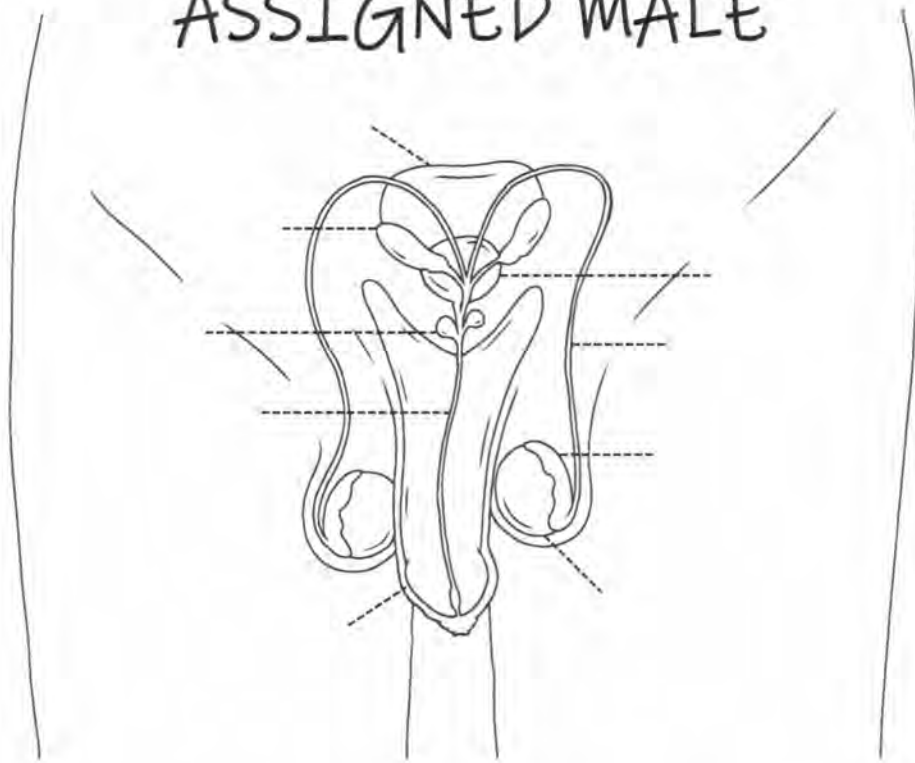
- Next, we’re going to see an external view of a body assigned female so we can label the outer body parts. Let’s all take two deep breaths together...and remember, every human body is unique, so please do not compare your body to these drawings.
- While some bodies have two openings below the waist, most bodies assigned female at birth have three:
 - The **anus**, where feces (solid waste) leave the body after digestion;
 - The **vaginal opening**, which releases discharge, arousal fluid, and menstrual blood; and
 - The **urethral opening**, where urine (liquid waste) leaves the body from the bladder.
 - This is why a person can leave a tampon or menstrual cup in while going to the bathroom, because the anus, vagina, and urethra are three separate openings.
 - **Health Note:** Since these openings are quite close together, a person should be careful not to bring bacteria from the anus into the vagina or urethra. A common recommendation is to wipe from front to back after using the toilet. Many people choose to urinate before or after masturbation and sexual contact, especially if they experience frequent UTIs (urinary tract infections), although there is no scientific consensus that this prevents UTIs.⁷⁷
 - Just inside the vaginal opening, there may be a thin piece of skin called a **hymen**.
 - This skin can look very different from person to person. In rare cases, the hymen covers most of the vaginal entrance, with just a small opening for menstrual blood to come out. Usually the hymen is just a rim around the entrance to the vagina, and some people are born without a hymen at all.
 - Common activities like riding a bike, doing the splits, or using tampons can cause the hymen to open wider and stretch back. This may release a small amount of blood, but many people do not even notice when it happens.

⁷⁷ Bergamini, P.A. & Kiosoglous, A.J. (2017). Non-surgical management of recurrent urinary tract infections in women. *Translational Andrology and Urology*, 6(2), 142-152. DOI: [10.21037/tau.2017.06.09](https://doi.org/10.21037/tau.2017.06.09)

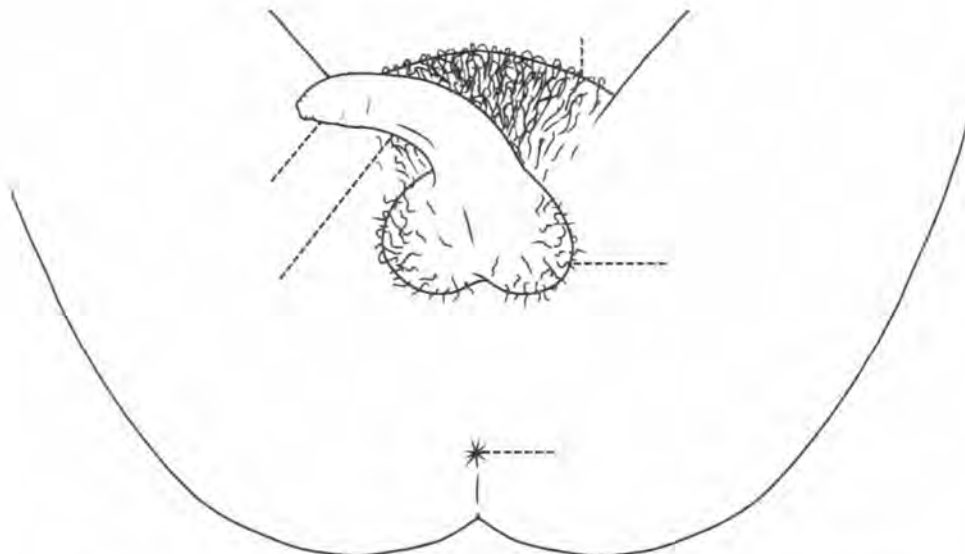
- To help protect the sensitive openings of the urethra and vagina from infections and dryness, the body has folds of skin on either side that close together.
 - **Inner labia** can vary greatly in size, shape, and color. They are made of sensitive skin and spongy tissue that can swell with blood and become even more sensitive during sexual arousal.
 - **Outer labia** have more fatty tissue and usually grow pubic hair during puberty. They also have sweat- and oil-secreting glands, similar to the skin of the scrotum.
- At the top of the labia, we can see the glans of the **clitoris**.
 - For many years, medical communities believed that this bundle of nerves was the entire clitoris. It wasn't until 1988 that the full anatomy of the clitoris was included in medical textbooks.⁷⁸
 - As we discussed, the clitoris is one of the most sensitive parts of a human body, containing about 8,000 sensory nerve endings.
- Since the clitoris is so sensitive, the body has a piece of skin called the **clitoral hood** that covers and protects it from stimulation, similar to foreskin.
 - During sexual arousal, as the clitoris becomes more erect, the clitoral hood may naturally retract (pull back) so that the glans is more visible.
- Some people refer to this entire area as the vagina, but as we know, the vagina is an internal body part. The external area is actually called the **vulva**, which includes the labia, clitoris, and openings to the urethra and vagina.
- And finally, above the vulva is the **mons pubis**, made of fatty tissue to protect the pubic bone (front of the pelvis). This is another place where pubic hair commonly grows on most bodies during puberty.
- As we wrap up, keep in mind that there is so much diversity among humans that no two bodies will look and function exactly the same – and that's OK! In fact, this diversity is what makes our species so amazing.
 - It also means that it's up to each individual to interpret their body and decide how they may or may not want to use their body for sexual and/or reproductive purposes.

⁷⁸ O'Connell, H.E., Hutson, J.M., Anderson, C.R. & Plenter, R.J. (1998). Anatomical relationship between urethra and clitoris. *The Journal of Urology*, 159(6), 1892-1897. DOI: [10.1097/00005392-199806000-00031](https://doi.org/10.1097/00005392-199806000-00031)

Internal Pelvic Anatomy ASSIGNED MALE

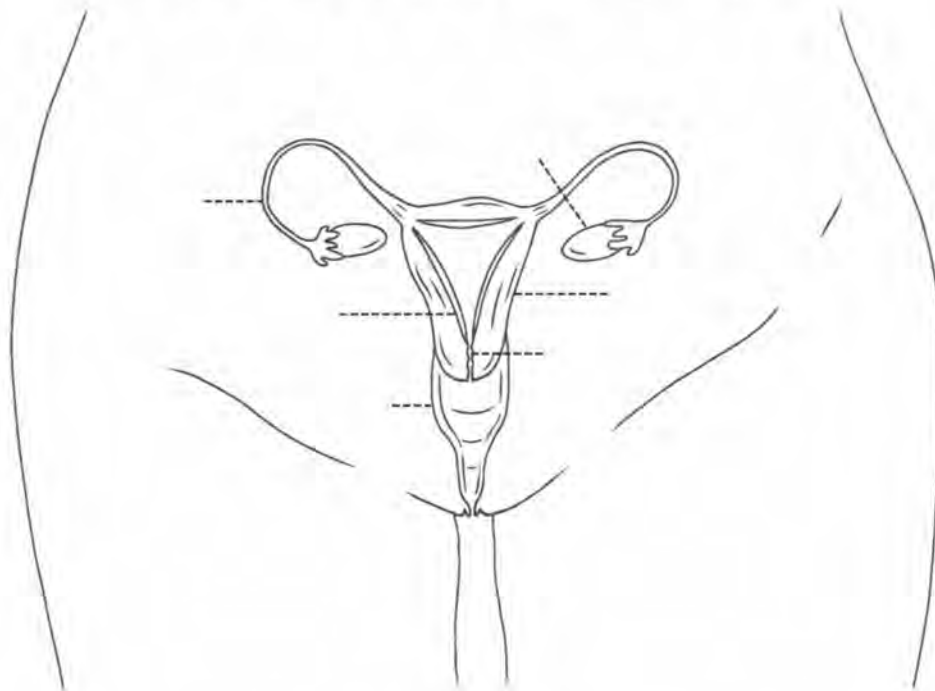


External Pelvic Anatomy ASSIGNED MALE

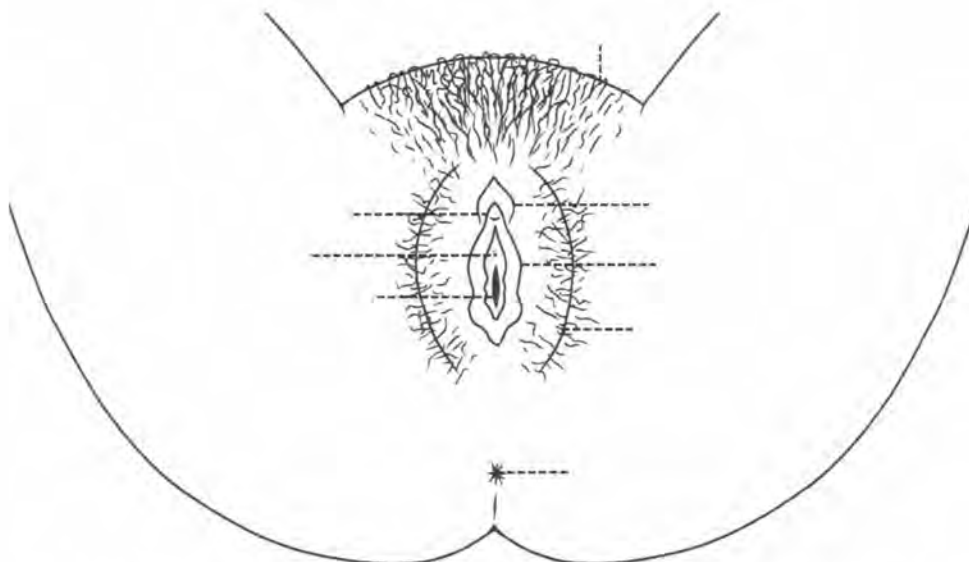


Every human body is unique! Please do not compare your body to these drawings.

Internal Pelvic Anatomy ASSIGNED FEMALE

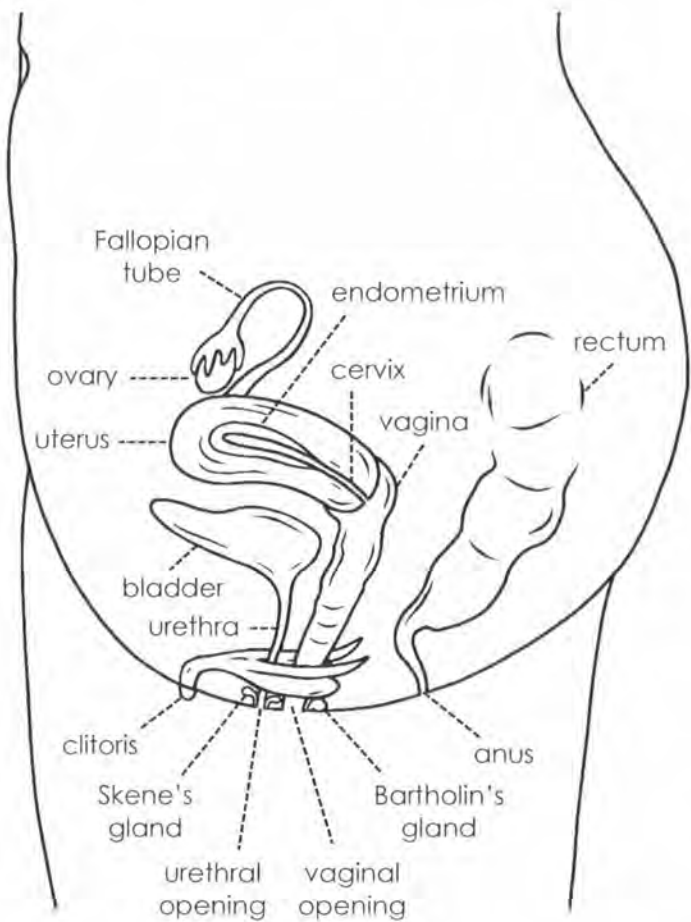


External Pelvic Anatomy ASSIGNED FEMALE

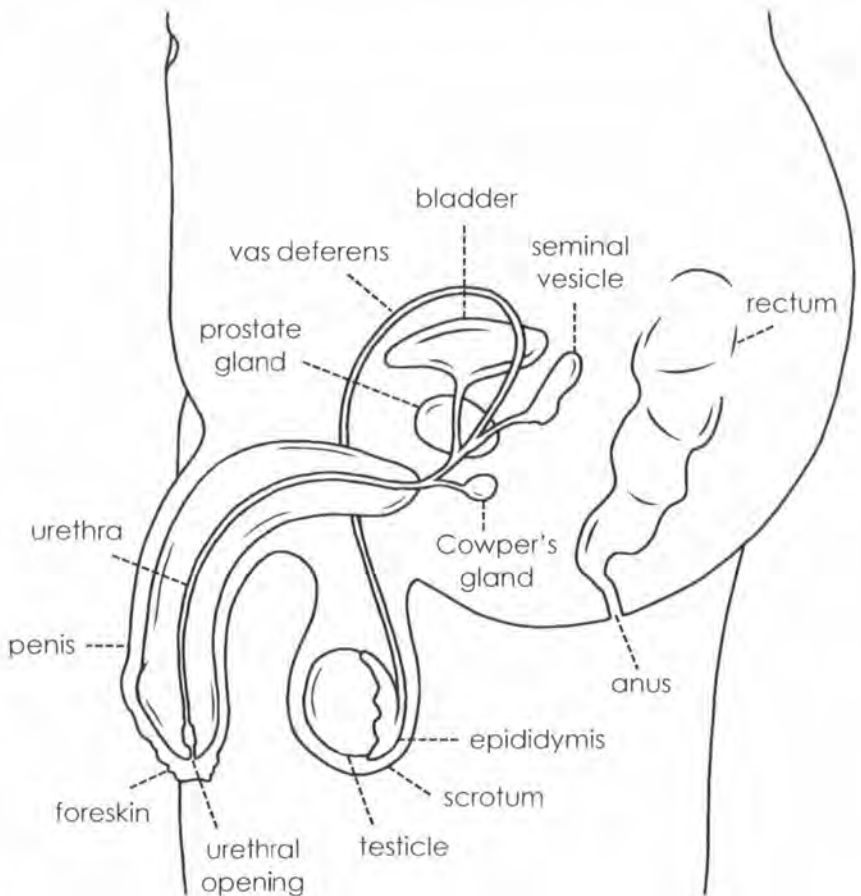


Every human body is unique! Please do not compare your body to these drawings.

Internal Pelvic Anatomy ASSIGNED FEMALE



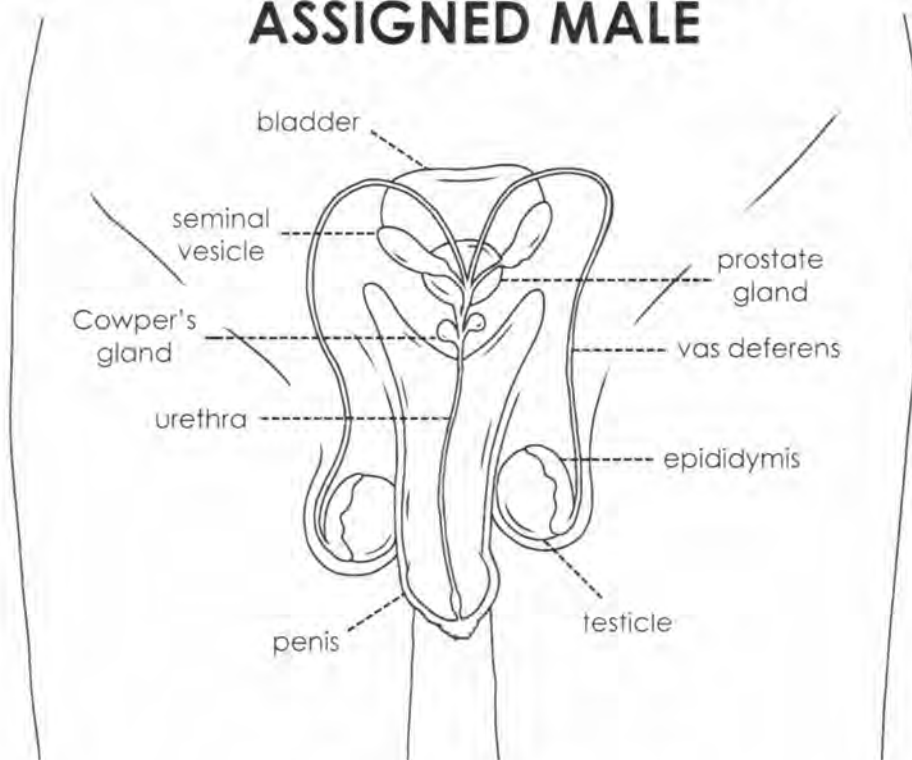
Internal Pelvic Anatomy ASSIGNED MALE



Pelvic Anatomy Diagrams Anterior (Front) View

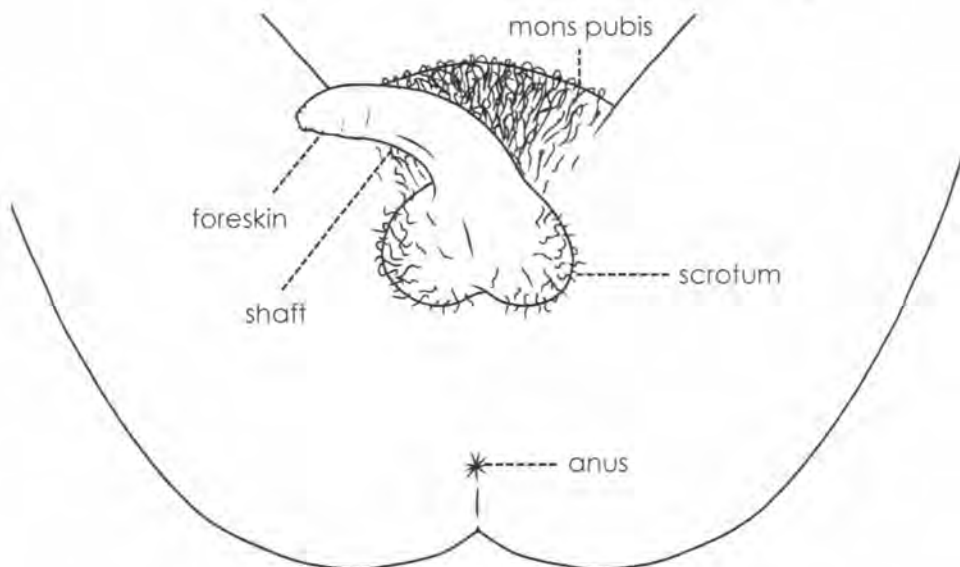
Internal Pelvic Anatomy

ASSIGNED MALE



ASSIGNED MALE

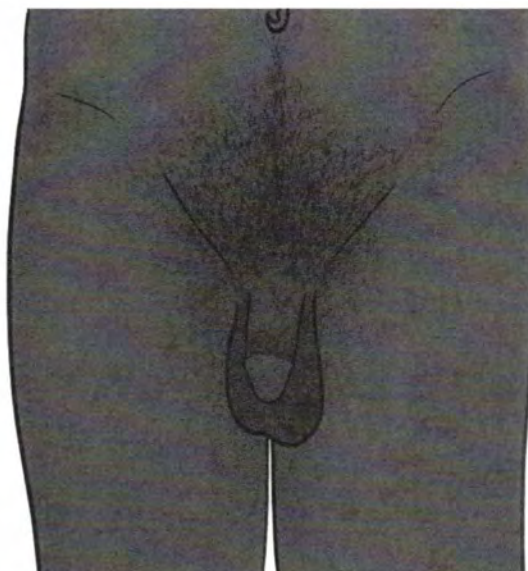
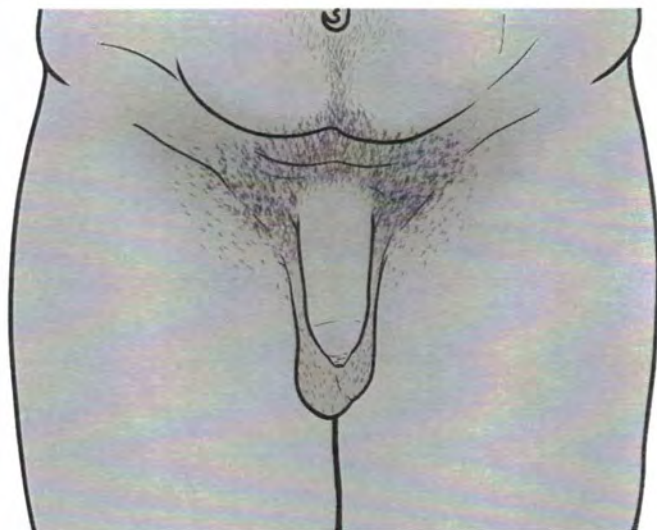
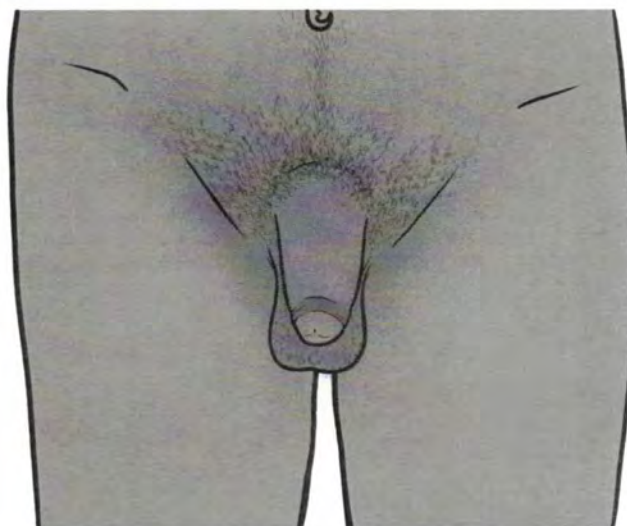
External Pelvic Anatomy



Every human body is unique! Please do not compare your body to these drawings.

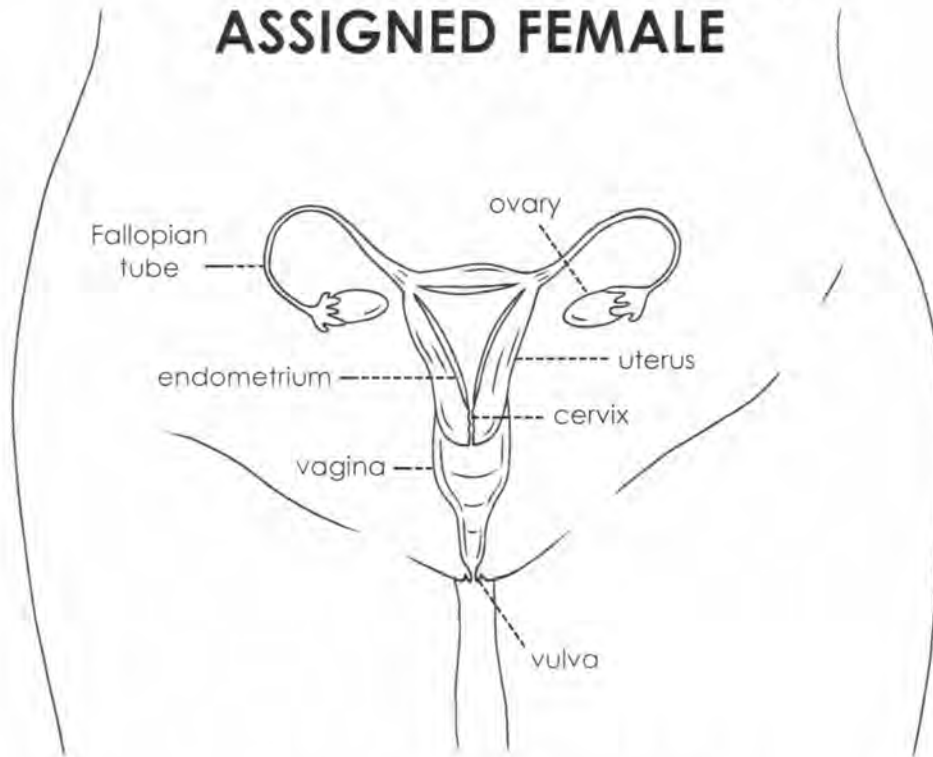
Genital Diversity *Bodies Assigned Male*

Every human body is unique! **Please do not compare your body to these drawings.**

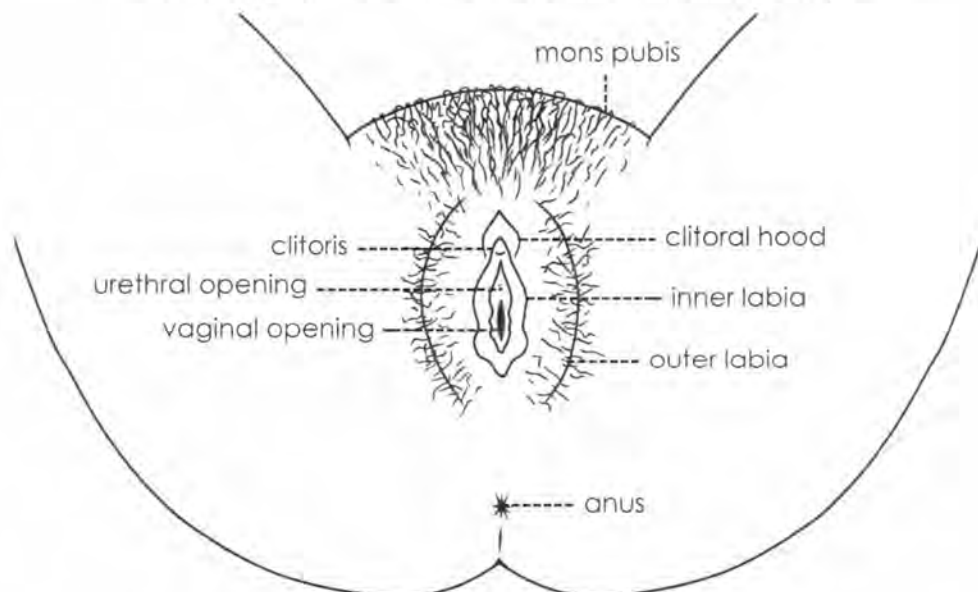


Pelvic Anatomy Diagrams Anterior (Front) View

Internal Pelvic Anatomy **ASSIGNED FEMALE**



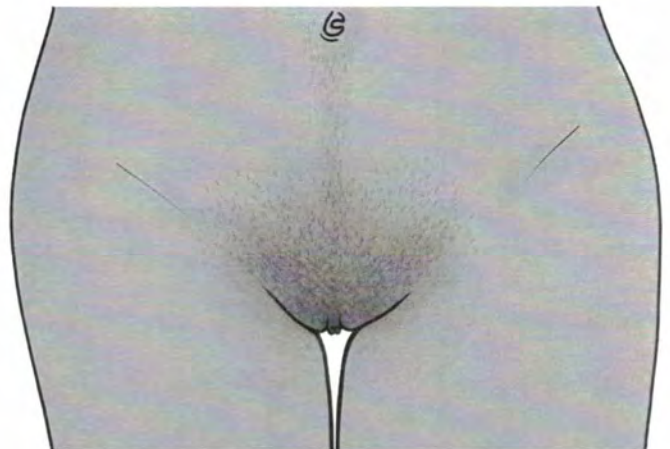
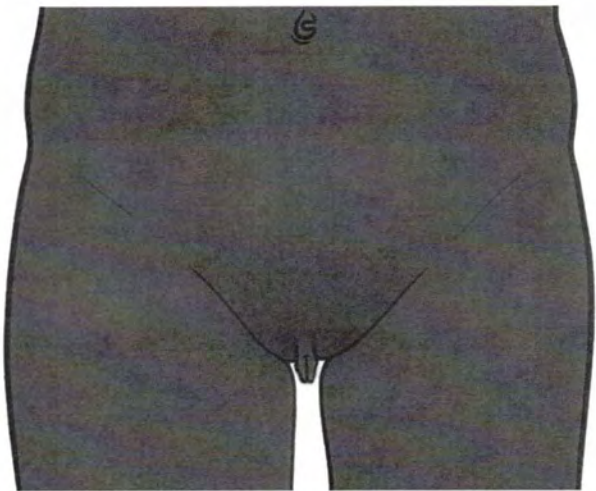
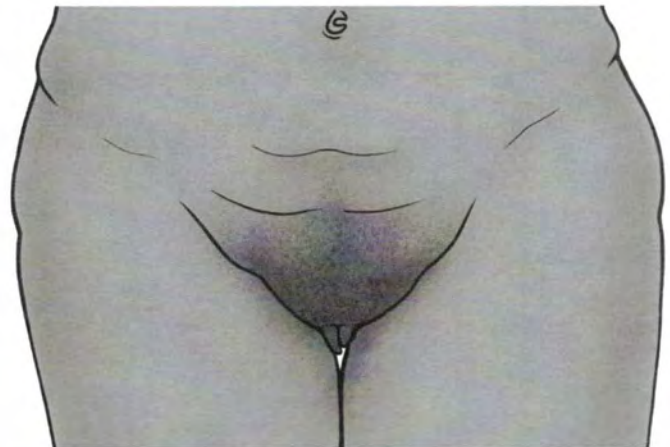
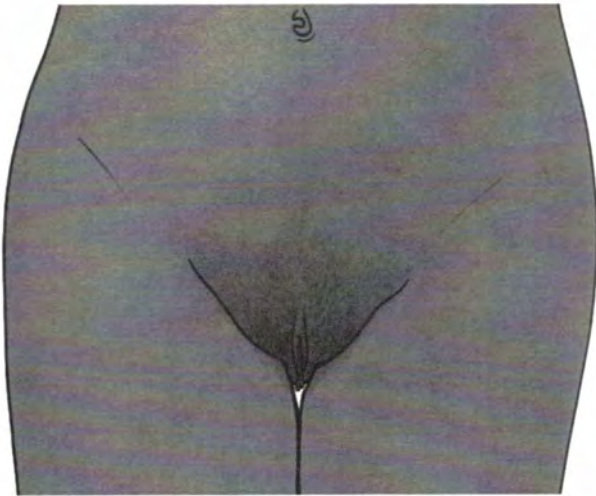
ASSIGNED FEMALE External Pelvic Anatomy



Every human body is unique! Please do not compare your body to these drawings.

Genital Diversity *Bodies Assigned Female*

Every human body is unique! Please do not compare your body to these drawings.



Activity 2.2: Stages of Human Reproduction

Objectives: Describe the processes of conception, fetal development, and childbirth using proper anatomical and physiological terminology.

1. **Give each student a copy of the Fetal Development & Birth fact sheet.** Allow 3-5 minutes to read the fact sheet quietly.
2. **Break the class into small groups of 4-6 and explain that this is a team challenge to review the stages of human reproduction.** They must work together to order the Fun Facts from first/earliest to last/latest. Conception and The Birth Process must be in chronological order (#1-4 and #1-3, respectively), but trimesters 1-3 do not need to be in chronological order, only within the correct box. The first group to get all five sections correct wins!
3. **Give each group a copy of the Stages of Human Reproduction worksheet and a set of Fun Facts.** Once all groups have their materials, allow them to begin organizing the Fun Facts into the correct boxes.
4. **Walk around the room with the Answer Key and stamp or initial each correct section as the groups complete them.**
5. **Once the first group completes all five sections correctly, stop the class and review each of the correct answers together.** If time allows, provide additional information about human reproduction using the Instructor Guide and Lesson 2 PowerPoint.
6. **Give each group a glue stick or roll of tape and allow students time to glue or tape the Fun Facts to their worksheet.**
7. **Optional:** For a visual depiction of conception and fetal development, screen the National Geographic video “Pregnancy 101” (3:53) from YouTube: youtu.be/XEfng4Q4btk

Fetal Development & Birth



“The fetus starts developing its limbs, facial features, and spinal cord.”

There is so much growth from the moment of implantation through the 1st trimester. The embryo grows from a few hundred cells to the size of a ping pong ball.

The fetus starts developing its limbs, facial features, and spinal cord. By the end of the 1st trimester, the heart is beating and the fetus is starting sex differentiation!

During the 2nd trimester, the fetus grows up to 8 inches in length.

The fetus starts to hiccup, open its eyes, and develop reflexes, like sucking and swallowing.

It is common for the pregnant person to visit a doctor and get an ultrasound of the fetus growing inside the uterus. This sonogram image can usually depict the fetus' genitals.

The pregnant person may even feel the fetus moving and kicking!



2nd Trimester

“The fetus starts to hiccup, open its eyes, and develop reflexes, like sucking and swallowing.”

3rd Trimester



“Over the final few months, the fetus' weight will nearly triple.”

Over the final few months, the fetus' weight will almost triple, from 2 ½ pounds to an average birth weight between 6 and 9 pounds.

During the 3rd trimester, the fetus is developing fat layers, and the lungs finally mature.

The last month is incredibly important for additional brain growth.

A pregnancy usually lasts about

37 – 40 weeks

The Birth Process



The fetus initiates labor with the aid of hormones. The uterus begins to contract, and the cervix opens to about 10 cm. With the help of these contractions, the pregnant person may push the baby out through their vagina. Once the baby is delivered, the uterus will contract again to push out the placenta. In other cases, the baby and placenta may be removed from the uterus through a surgical procedure called C-section.

Stages of Human Reproduction *Fun Facts!*

Instructions: Cut the 17 fun facts into long strips, then arrange them in chronological order, from earliest to latest. After checking the answers as a class, paste or tape the fun facts in the correct order on the answer sheet.



About 100 sperm surround the egg, but it allows only one sperm to join with it.



Initiated by the fetus, labor hormones cause contractions of the uterus.



Fetus begins the process of sex differentiation (e.g., developing testes or ovaries).



Fetus is nearing their birth weight, which is typically between 6 to 9 pounds.



The baby is pushed out of the vagina due to uterine contractions.



The zygote implants into the lining of the uterus.



Heart is functioning.



Spinal cord and backbone begin to form.



This person is pregnant.



Pregnant person begins to feel fetal movement.



Fetal lungs are mature.



The placenta (or afterbirth) is delivered.



Fetus' fat layers are forming.



Fetus is about the size of a ping pong ball.



Fetus is able to hiccup.



Fetus' eyes open for the first time.



Ovary releases an egg.

Stages of Human Reproduction

Names: _____ Date: _____ Period: _____

Instructions: Arrange the 17 Fun Facts in chronological order, from earliest to latest. After checking the answers as a class, glue or tape the Fun Facts in the correct order below.

CONCEPTION

1.

2.

3.

4.

FETAL DEVELOPMENT – 1ST TRIMESTER

•

•

•

•

FETAL DEVELOPMENT – 2ND TRIMESTER

-

-

-

FETAL DEVELOPMENT – 3RD TRIMESTER

-

-

-

BIRTH





- 1.

- 2.





- 3.

Stages of Human Reproduction Answer Key




CONCEPTION

1.  Ovary releases an egg.
2.  About 100 sperm surround the egg, but it allows only one sperm to join with it.
3.  The zygote implants into the lining of the uterus.
4.  This person is pregnant.




FETAL DEVELOPMENT – 1ST TRIMESTER

-  Spinal cord and backbone begin to form.
-  Heart is functioning.
-  Fetus is about the size of a ping pong ball.
-  Fetus begins the process of sex differentiation (e.g., developing testes or ovaries).




FETAL DEVELOPMENT – 2ND TRIMESTER

-  Pregnant person begins to feel fetal movement.
-  Fetus is able to hiccup.
-  Fetus' eyes open for the first time.

FETAL DEVELOPMENT – 3RD TRIMESTER

-  Fetus' fat layers are forming.
-  Fetus is nearing their birth weight, which is typically between 6 to 9 pounds.
-  Fetal lungs are mature.

BIRTH

1.  Initiated by the fetus, labor hormones cause contractions of the uterus.
2.  The baby is pushed out of the vagina due to uterine contractions.
3.  The placenta (or afterbirth) is delivered.

Human Reproduction *Instructor Guide*

Slides: “Human Reproduction”

- Let’s review the processes involved in human reproduction, from conception to birth!
 - Keep in mind that people may have different experiences and feelings throughout a pregnancy.
 - Talking about pregnancy and childbirth make some of us uncomfortable – that’s OK.
 - Remember our calming strategies, and please do what you need to feel safe and grounded.
- **Question: What are the key elements or “ingredients” needed to start and grow a pregnancy?**
 - There are three main components that must come together for a pregnancy to happen:
 - First, **an egg cell** and **a sperm cell** must join together.
 - The third element is a place for the pregnancy to grow – **a uterus**.
 - These elements come together during the process of **conception**.

Slides: “Conception”

- The process of conception starts with **ovulation**, when an egg cell is released from an ovary.
 - From there, the egg will typically travel into a Fallopian tube, where it begins to release chemicals that attract sperm cells.^{79, 80}
 - Usually around 100 sperm cells reach the egg cell, but only one is able to join with the egg before the fertilized cell forms a hardened shell.
- If no sperm cell joins with the egg cell within 24 hours, the egg will begin to break apart and will eventually leave the body along with the endometrium (blood and tissue) during **menstruation**.
- If a sperm cell does join with the egg cell, a **zygote** is formed from the process of **fertilization**.
 - Remember, each of these cells contains half of the genetic information (DNA) needed to reproduce, so when they combine, the zygote has all the material needed to grow a new human.
 - Note that this image is still not to scale. A single egg cell is about 10 million times the volume of a sperm cell!⁸¹
 - Fertilization usually happens inside one of the two Fallopian tubes and requires getting sperm cells to an egg cell. One common way for this to occur is by inserting an erect penis into the vagina and ejaculating so that the sperm cells in semen have a short distance to travel through the cervix, into the uterus, and then into the Fallopian tubes.
 - When a penis is inserted into a vagina it is most commonly called intercourse, vaginal sex, or penis-vagina sex.
 - Sperm cells can actually survive inside the uterus or Fallopian tubes for up to five days. This is one reason why a person can still become pregnant if they have sex while on their period.

Slides: “Reproductive Assistance”

- Conception is also possible without vaginal sex through reproductive assistance. Some people who want to reproduce are missing one or more of the necessary elements.
 - For example, a same-sex couple who both have either sperm or egg cells, or a single person who wants to become a parent, would need cells from a **sperm or egg donor**.
 - A person or couple without the ability to carry a pregnancy would need a hospitable uterus, which means involving a **gestational surrogate** to grow the pregnancy for them.

⁷⁹ Armon, L., et al. [2014]. Human oocyte-derived sperm chemoattractant is a hydrophobic molecule associated with a carrier protein. *Fertility and Sterility*, 102(3), 885–890. DOI: [10.1016/j.fertnstert.2014.06.011](https://doi.org/10.1016/j.fertnstert.2014.06.011)

⁸⁰ Eisenbach, M. & Giojalas, L.C. (2006). Sperm guidance in mammals – an unpaved road to the egg. *Nature Reviews Molecular Cell Biology*, 7(4), 276–285. DOI: [10.1038/nrm1893](https://doi.org/10.1038/nrm1893)

⁸¹ Johnson, J.D., White, N.L., Kangabire, A. & Abrams, D.M. (2021). A dynamic model for the origin of anisogamy. *Journal of Theoretical Biology*, 521(21). DOI: [10.1016/j.jtbi.2021.110669](https://doi.org/10.1016/j.jtbi.2021.110669)

- Even if partners do have the necessary ingredients, roughly 1 in 8 couples experience difficulty getting pregnant or sustaining a pregnancy, also called **infertility**.⁸²
- Medical technologies enable people to create pregnancies they would not otherwise be able to create. These methods can be used by any person or couple who needs assistance creating and birthing a child.
 - One common method is called **in vitro fertilization**, or IVF, where a medical professional uses special tools to bring sperm and egg cells together under a microscope in a laboratory. Once fertilization occurs, they can place the fertilized cells into a uterus to grow.
 - Another common method is **intrauterine insemination**, or IUI, where a medical professional inserts live sperm cells directly into a person's uterus to potentially find and join with an egg cell. A person may also self-inseminate in a similar way by placing semen into their vagina.
 - All of these methods – IVF, IUI, and self-insemination – can also be used to achieve conception through **surrogacy**. In this case, the person becoming pregnant is not the intended parent, but is carrying the pregnancy on behalf of another person or couple.
- With these medical advances, it is becoming increasingly common for people in various circumstances to utilize reproductive assistance to create their families.

Slides: "Conception"

- After a cell is fertilized, it divides and multiplies rapidly into two, then four, then eight, and so on until there are hundreds of thousands of cells, called an **embryo**. **Implantation** occurs when an early embryo (a bundle of roughly 32-256 cells) attaches to the endometrium (lining of the uterus).⁸³
 - Once attached, the endometrium begins to grow thicker, and the cervix thickens its mucous to seal the uterus and protect the growing cells inside.
- **Question: *How might a person know if they are pregnant?***
 - The body also begins to release a pregnancy hormone called hCG (human chorionic gonadotropin). If a pregnancy test detects hCG, the results will show that they are now pregnant.
- The entire process of conception usually takes several hours or days after vaginal intercourse, or weeks if using assisted reproduction methods.
 - Doctors suggest a person takes a pregnancy test two weeks after unprotected vaginal sex or one week after a missed period. Testing earlier than this may result in a false negative, meaning the test shows "not pregnant" when the person is actually pregnant.

Slides: "Pregnancy and Prenatal Care"

- A person may also have early symptoms of pregnancy, such as nausea (with or without vomiting); fatigue (tiredness); or tender, swollen breasts.
- It is important to visit a medical provider soon after a person knows or suspects they may be pregnant. At this initial appointment, a blood test will be done to confirm the pregnancy results.
 - If the test is positive and the person wants to continue the pregnancy, it will be important to return for regular visits throughout the pregnancy. This may start as monthly check-ups and may increase to weekly visits as the pregnant person gets closer to giving birth.
 - These visits allow the provider to check on the growth of the fetus and health of the pregnant person, provide information and tips for a safe pregnancy, and talk through any questions or concerns that the pregnant person may have. This is called **prenatal care**.
- **Question: *What are some examples of prenatal care? In other words, what should a person do or avoid doing while they are pregnant?***

⁸² Society for Women's Health Research. (2022). Clinician resource guide to fertility health care. www.swhr.org/swhr_resource/clinician-resource-guide-to-fertility-health-care

⁸³ Kim, S.M. & Kim, J.S. (2017) A review of mechanisms of implantation. *Development & Reproduction*, 21(4), 351-359. DOI: [10.12717/DR.2017.21.4.351](https://doi.org/10.12717/DR.2017.21.4.351)

- Some examples of health recommendations for a pregnant person are:
 - Taking prenatal vitamins that include folic acid (as well as iron, calcium, zinc, and vitamins A, B, C, D, and E)
 - Getting regular light exercise, like stretching and going for walks.
 - Eating a healthy, balanced diet and staying hydrated. It's normal to gain around 35 lbs. during a pregnancy; a person may feel hungrier and consume more calories during pregnancy since the body is working so hard at growing a new human. It's also normal to experience cravings for certain foods, but it's a good idea to talk about them with a medical provider.
- It is also very important for pregnant people to **avoid** things like:
 - Drinking alcohol, doing drugs, and inhaling any type of smoke (including vaping). The chemicals in these substances can cross through the placenta and harm the developing pregnancy. Medical providers will test for and ask about substance use so they are able to support a pregnant person who may need help quitting.
 - Certain foods, like raw fish, unpasteurized cheeses, and caffeine; and certain medications, like some antibiotics (e.g., doxycycline) and acne treatments (e.g., isotretinoin).^{84,85}
 - Intense physical activities, like rollercoasters, contact sports, and heavy lifting.
- Every pregnancy is different, and these are just a few ideas. Again, it's important for a pregnant person to connect with a medical provider to figure out the right prenatal care plan for them.

Slides: “Fetal Development”

- A full-term pregnancy is about 37–40 weeks. Medical providers divide a pregnancy into three **trimesters**, each about three months long.
 - For the first eight weeks, the product of conception (developing baby) is called an **embryo**. From week nine until birth, it is called a **fetus**.
 - A developing human forms inside of a protective amniotic sac and floats in amniotic fluid throughout the pregnancy.
- In the **1st trimester**, most of the major organs and body parts begin to develop, including the heart, digestive system, spinal cord, facial features, as well as the arms and legs.
 - The **placenta** also forms early in a pregnancy, connected to the fetus via the **umbilical cord** (at what will eventually become the bellybutton). It provides the fetus with nourishment and oxygen from the pregnant person and filters out waste from the fetus' blood. The placenta also releases lots of hormones needed for the pregnancy to develop.
 - Another important process that begins in the 1st trimester is **sex development** – when the fetus begins to form its sexual and reproductive system.
 - As we learned previously, **sex determination** occurs at conception when the chromosomes from the sperm and egg cell join together and provide a “blueprint” for development.
 - **Sex differentiation** is a longer process of developing sexual and reproductive organs that may or may not follow this “blueprint” – most bodies develop into **endosex** patterns (categorized as either “male” or “female”), and some bodies develop **intersex** traits.
- The **2nd trimester** is a period of rapid growth.
 - The pregnant person can usually start to feel the fetus moving inside their uterus at this time.
 - The fetus begins to develop reflexes and may even hiccup!
 - After six months, it's even possible for a fetus to open its eyes for short periods of time, and they may react to light and sound.

⁸⁴ Muanda, F.T., Sheehy, O. & Bérard, A. (2017). Use of antibiotics during pregnancy and the risk of major congenital malformations: A population based cohort study. *British Journal of Clinical Pharmacology*, 83(11), 2557–2571. DOI: [10.1111/bcp.13364](https://doi.org/10.1111/bcp.13364)

⁸⁵ Choi, J.S., Koren, G. & Nulman, I. (2013). Pregnancy and isotretinoin therapy. *Canadian Medical Association Journal*, 185(5), 411–413. DOI: [10.1503/cmaj.120729](https://doi.org/10.1503/cmaj.120729)

- During the 3rd trimester, organs continue to mature as the fetus positions itself lower in the uterus to prepare for birth.
 - Tremendous brain and lung growth occur in the final months of pregnancy.
 - Layers of fat develop on the fetus for protection and warmth after leaving the womb.
 - Most babies are born roughly 18-22 inches long, weighing 6-9 pounds on average.
 - If a baby is born before 37 weeks, it is considered **premature** and will require special care as it continues to develop outside of the uterus. Most premature babies go on to become healthy children and adults.

Slides: "The Birth Process"

- Babies are either born through the vagina (vaginal delivery) or via C-section (Cesarean delivery).
 - In both cases, a pregnant person may or may not experience symptoms of labor, such as cramps or the "water breaking." Everyone's experience giving birth is unique.
 - Medications like an epidural or spinal block (i.e., anesthesia injected into the spine) may be offered to reduce discomfort during labor and delivery. It is important to discuss personal preferences with a medical provider when creating a birth plan.
- **C-section** is a surgical procedure where a medical provider opens the uterus with an incision below the bellybutton to remove the fetus and placenta through the abdomen.
 - This type of childbirth is often done to minimize harm to the fetus and pregnant person
 - For example, Cesarean delivery may be recommended if the fetus is very large, has the umbilical cord looped around its neck, or if the pregnant person has a medical condition like high blood pressure or certain STIs.
 - People may also choose to have a C-section for personal reasons.
- The **vaginal birth** process involves a complex coordination of events within a pregnant body:
 - Once hormones signal the body to begin labor, the pregnant person will usually begin to feel **contractions**. This is when the muscles in the uterus begin to squeeze and relax over and over with increasing strength and frequency.
 - While this is happening, the **cervix dilates**, opening wider to allow the fetus to leave the uterus.
 - The os is usually just a few millimeters wide and plugged with a thick mucus during pregnancy. As the cervix dilates, the mucus comes out and the amniotic sac usually ruptures, allowing amniotic fluid to leave through the vagina. This is sometimes called the "water breaking."
 - Before giving birth, the cervical opening widens to roughly 10 centimeters. The final step is to **push out the baby and placenta**.
 - Once the cervix is fully dilated, strong (often painful) contractions of the uterus help the pregnant person to pass the baby through their vagina and into the world!
 - After a baby is born, it is still connected to the placenta inside the pregnant person via the umbilical cord. The person giving birth will need to pass the placenta out of their vagina as well, and the umbilical cord is clamped and cut to separate the baby from the placenta.
- We are going to see one final diagram to illustrate how a baby comes out of the body during vaginal childbirth. Remember, you can always look away from the screen if you need to.
 - When delivering vaginally, a person will usually have the help of a medical provider or birth assistant (such as a doula or midwife) to support them and receive (catch) the baby as they are pushing.
 - In this diagram, we can see the umbilical cord and placenta on the left, and the baby is being delivered head-first.
 - Sometimes a baby is positioned feet- or bottom-first (i.e., breech position), which can make the delivery more challenging. This is one reason why it can be very helpful to have a support system or care team present during childbirth.

- As we wrap up, keep in mind that there are lots of different ways to have a baby or form a family.
 - Some people use medical assistance and technology to help them achieve conception (start a pregnancy) through processes like IVF or IUI.
 - Some people use the help of sperm or egg donors if cells are needed, or a surrogate to grow the pregnancy in their uterus.
 - Some people choose to expand their family through adoption or by becoming a resource family (foster parent).
 - Diversity is all around us! There is no “right” or “wrong” way to have a family.

2.3 What's the Story?

Objectives: Review the bodily functions related to sexual and reproductive anatomy, including the process of human reproduction.

1. Give each student a copy of What's the Story? for both Bodies Assigned Female and Bodies Assigned Male.
2. Explain that the assignment is to use the word bank to complete each "story" about the sexual and reproductive systems. As with the pelvic anatomy diagrams, these stories describe the two most common (endosex) patterns of human body development.
3. Assign for homework or allow students 5-10 minutes in class to complete the worksheets.
4. Once most students have completed the assignment, review the answers as a class. Invite volunteers to read sections of each story aloud and include the correct terms as they appear.

Bodies Assigned Female: What's the Story?

Name: _____ Date: _____ Period: _____

Instructions: Using the terms provided, fill in the blanks to complete the “story” of the sexual and reproductive system in bodies assigned female. Each term can be used only once.

cervix	clitoris	endometrium	Fallopian tube
hymen	inner labia	menstruation	outer labia
ovaries	ovulation	PAP	puberty
sperm cell	vagina	vulva	uterus

Many changes happen in bodies assigned “female” during _____. For example, about once a month an egg cell is released from one of the almond-shaped organs known as the _____. This process is called _____.

The egg then enters the _____. For a few days, the egg travels through this tube towards the _____, which is one of the strongest muscles in the human body. This is where the fetus grows if a person is pregnant. The lining of this organ, called _____, thickens in preparation for a fertilized egg. If the egg is not fertilized by a _____, it will leave the body along with the lining of the uterus, which is made of blood and tissue. This process is called _____.

The _____ is located at the bottom of the uterus and has a tiny opening at its center. This opening dilates to approximately 10 centimeters (the size of a bagel) during labor so that a baby can pass through. This is also a common site for cancer to develop, which a doctor can check for during a _____ test.

The _____ is the sexual organ through which menstrual blood passes and the canal that a baby travels through during childbirth. It secretes a natural lubricant through its walls when the person is sexually aroused. Some people have a thin fold of skin near the opening to their vagina, which is called the _____.

In bodies assigned “female,” the entire outside of the genitals is called the _____. This includes folds of skin that help protect the opening from infection. The _____ are the outermost folds, which have pubic hair growing on them after puberty. The _____ are typically darker in color because they are made up of erectile tissue, which fills up with blood when the person is sexually aroused. These folds come together to form a protective hood around the _____, a small bundle of nerve endings and erectile tissue that hardens and enlarges like a penis during sexual arousal. This is the only organ in the human body that exists solely for the purpose of pleasure.

Bodies Assigned Male: What's the Story?

Name: _____ Date: _____ Period: _____

Instructions: Using the terms provided, fill in the blanks to complete the “story” of the sexual and reproductive system in bodies assigned male. Each term can be used only once.

ejaculation

epididymis

erection

foreskin

penis

pre-ejaculatory fluid

prostate gland

puberty

scrotum

semen

sperm cells

testicles

vas deferens

urethra

Many changes happen in bodies assigned “male” during _____. For example, two oval-shaped organs called the _____ start producing _____. These organs are held in a pouch of skin called the _____, which regulates their temperature by holding them closer or farther from the body.

After the sperm cells are produced, they are stored in a large, coiled tube on the rear surface of each testicle called the _____, where they remain until they become mature.

From this coiled tube, the mature sperm cells enter a larger tube called the _____. Sperm travel through this tube and mix with fluids from the seminal vesicles and _____, which is a common site for cancer to develop in older bodies. The combination of sperm cells with this fluid is called _____. The fluid then leaves the body through a tube in the penis called the _____, which is the same tube urine passes through. When semen leaves the body, it is called _____.

When a person is sexually aroused, the spongy and erectile tissues in the _____ fill with blood. This is called an _____, and it typically happens before ejaculation.

If a person is not circumcised, a piece of skin called the _____ covers the tip of the penis. People who have this skin should remember to clean underneath it in the shower.

Since the urethra has two functions (urination and ejaculation), the penis releases a few drops of _____ to rinse out any traces of urine. This fluid leaves the penis before ejaculation and may contain viable sperm cells. It is recommended to always have the penis covered when near the vagina, anus, or mouth to prevent STIs and unintended pregnancy.

Bodies Assigned Female: What's the Story?

Answer Key

cervix	clitoris	endometrium	Fallopian tube
hymen	inner labia	menstruation	outer labia
ovaries	ovulation	PAP	puberty
sperm cell	vagina	vulva	uterus

Many changes happen in bodies assigned "female" during puberty. For example, about once a month an egg cell is released from one of the almond-shaped organs known as the ovaries. This process is called ovulation.

The egg then enters the Fallopian tube. For a few days, the egg travels through this tube towards the uterus, which is the strongest muscle in the human body. This is where the fetus grows if a person is pregnant. The lining of this organ, called endometrium, thickens in preparation for a fertilized egg. If the egg is not fertilized by a sperm cell, it will leave the body along with the lining of the uterus, which is made of blood and tissue. This process is called menstruation.

The cervix is located at the bottom of the uterus and has a tiny opening at its center. This opening dilates to approximately 10 centimeters (the size of a bagel) during labor so that a baby can pass through. It is also a common site for cancer to develop, which a doctor can check for during a PAP test.

The vagina is the sexual organ through which menstrual blood passes and the canal that a baby travels through during childbirth. It secretes a natural lubricant through its walls when the person is sexually aroused. Some people have a thin fold of skin near the opening to their vagina, which is called the hymen.

In bodies assigned "female," the entire outside of the genitals is called the vulva. This includes folds of skin that help protect the opening from infection. The outer labia are the outermost folds, which have pubic hair growing on them after puberty. The inner labia are typically darker in color because they are made up of erectile tissue, which fills up with blood when the person is sexually aroused. These folds come together to form a protective hood around the clitoris, a small bundle of nerve endings and erectile tissue that hardens and enlarges like a penis during sexual arousal. This is the only organ in the human body that exists solely for the purpose of pleasure.

Bodies Assigned Male: What's the Story?

Answer Key

ejaculation	epididymis	erection	foreskin
penis	pre-ejaculatory fluid	prostate gland	puberty
scrotum	semen	sperm cells	testicles
	vas deferens	urethra	

Many changes happen in bodies assigned "male" during **puberty**. For example, two oval-shaped organs called the **testicles** start producing **sperm cells**. These organs are held in a pouch of skin called the **scrotum**, which regulates their temperature by holding them closer or farther from the body.

After the sperm cells are produced, they are stored in a large, coiled tube on the rear surface of each testicle called the **epididymis**, where they remain until they become mature.

From this coiled tube, the mature sperm cells enter a larger tube called the **vas deferens**. Sperm travel through this tube and mix with fluids from the seminal vesicles and **prostate gland**, which is a common site for cancer to develop in older bodies. The combination of sperm cells with this fluid is called **semen**. The fluid then leaves the body through a tube in the penis called the **urethra**, which is the same tube urine passes through. When semen leaves the body, it is called **ejaculation**.

When a person is sexually aroused, the spongy tissue in the **penis** fills with blood. This is called an **erection**, and it typically happens before ejaculation.

If a person is not circumcised, a piece of skin called the **foreskin** covers the tip of the penis. People who have this skin must remember to clean underneath it in the shower.

Since the urethra has two functions (urination and ejaculation), the penis releases a few drops of **pre-ejaculatory fluid** to rinse out any traces of urine. This fluid leaves the penis before ejaculation and may contain viable sperm cells. It is recommended to always have the penis covered when near the vagina, anus, or mouth to prevent STIs and unintended pregnancy.

Extra Activity: Anatomy Coloring

Objectives: Define homologous structures. Identify sexual and reproductive organs, including anatomical homologies.

1. Give each student a copy of the Anatomy Coloring Guide.
2. Explain that their assignment is to color the anatomy diagrams they labeled in Activity 2.1 using the coloring guide provided. If students don't have the colors listed, they can substitute colors, create different patterns (e.g., stripes), or use the same color twice.
3. Point out that if they use the colors as directed, they will identify homologous structures. This means the structures originated from the same body tissue during prenatal development, before sexual differentiation occurred.
4. Assign for homework or allow students 10-20 minutes in class to complete the assignment.
5. Once most students have completed coloring, review information about homologous structures. Invite students to share some homologous pairs they notice and be sure to mention the examples listed below. Be sure to point out that, while there are many similar structures, not all sexual and reproductive anatomy is homologous in bodies assigned male and bodies assigned female. For example, the Fallopian tubes develop from the embryonic Mullerian duct while the vas deferens develop from the embryonic Wolffian duct.

Ovaries	↔	Testicles
Outer labia	↔	Scrotum
Inner labia	↔	Penis (skin covering shaft)
Clitoris	↔	Penis (glans and shaft)
Clitoral hood	↔	Foreskin
Bartholin's glands*	↔	Cowper's glands
Skene's glands*	↔	Prostate gland

Note to Instructor: Asterisk (*) denotes body parts that are visible in the side-facing diagrams, but not included in the front-facing diagrams provided to students.

Anatomy Coloring Guide

Name: _____ Date: _____ Period: _____

Instructions: Color each of the body parts in the pelvic anatomy diagrams using the guide below to identify similar structures and tissues. Cross out any color you do not have and write in the color you used instead. You may reuse colors or use designs (e.g., stripes) if needed.

Assigned Male (Internal)

Testicles – light blue
 Epididymis – gray
 Vas deferens – dark blue
 Seminal vesicles – brown
 Prostate gland – purple
 Cowper's glands – maroon
 Bladder – hot pink
 Urethra – yellow
 Penis – orange

Assigned Male (External)

Mons pubis – tan
 Foreskin – teal
 Shaft of penis – dark green
 Scrotum – light green
 Anus – indigo

Assigned Female (Internal)

Ovaries – light blue
 Fallopian tubes – dark blue
 Endometrium – red
 Uterus – light pink
 Cervix – magenta
 Vagina – lavender

Assigned Female (External)

Mons pubis – tan
 Clitoris – orange
 Clitoral hood – teal
 Outer labia – light green
 Inner labia – dark green
 Urethral opening – yellow
 Vaginal opening – lavender
 Anus – indigo

Extra Activity: Anatomy Race

Objectives: Review anatomy typically found in bodies assigned male, bodies assigned female, bodies with intersex traits, and all human bodies.

Note to Instructor: This activity requires an open space for students to run (e.g., cafeteria, quad, field). If playing inside a classroom, make sure chairs and backpacks are out of the way to prevent tripping. The activity instructions can also be adapted for use with other vocabulary terms and categories (e.g., gender and sexual identities, STIs, birth control methods). For this version of the game, printable cards are available in the accompanying ZIP file. A class of 24-30 students will typically need at least **10 ALL BODIES** cards, **4 INTERSEX BODIES** cards, **14 BODIES ASSIGNED FEMALE** cards, **14 BODIES ASSIGNED MALE** cards, and **2 of each** of the **PARTS** cards:

BODIES ASSIGNED MALE	ALL BODIES	INTERSEX BODIES	BODIES ASSIGNED FEMALE
Sperm cells		Urethra	Egg cells
Testicles		Anus	Ovaries
Epididymis		Pubic hair	Fallopian tubes
Scrotum		Nipples	Uterus
Vas deferens		Brain	Cervix
Prostate gland		Estrogen	Vagina
Penis		Testosterone	Clitoris

1. **Explain to the class that this is a game to review sexual and reproductive anatomy.** In teams of two, the goal is to match anatomy parts with the bodies they are typically found in. One partner will handle the **BODIES** cards while the other partner handles the **PARTS** cards.
2. **Place the **BODIES** cards and **PARTS** cards face down in two rows across from each other.** Ideally, the rows should be at least 20-30 ft. apart, but place them farther apart to let students run even more!
3. **Invite students to pair up and stand between the cards in two rows facing their partner.**
4. **Once cards and students are in place, explain the rules of the game:**
 - When the game begins, give your partner a “high ten” (double high five) then turn around and run towards the row of cards behind you.
 - Pick up one card and shout the term aloud while holding it up for your partner to see.
 - If the cards match, bring them to the center and put the pair of cards together in a pile face up, then give your partner a “high ten” and try for another match!
 - If the cards do **not** match, place them back face down and run to the center to give your partner another “high ten” before trying again.
 - Whether your cards match or not, always “high ten” your partner in between each try.
 - Remember, bodies assigned **male** or **female** at birth typically have a specific set of body parts, while **intersex** bodies can have a unique combination of pelvic anatomy (i.e., could match with **any** of the **PARTS** cards provided), and **all** human bodies have some anatomy in common.
5. **Ready, set...GO!** The game is over when there are no matches left to make.
6. **After the game, invite teams to count their cards to see how many correct matches they made.**

Extra Activity: Anatomy Head's Up

Objectives: Review sexual and reproductive anatomy terms and functions.

Note to Instructor: There are many ways to facilitate this review game. You can print the terms from the PDF in the accompanying ZIP file and laminate them into cards for future reuse. You can also simply write the word above the student's head onto the whiteboard. If time and resources permit, you can even create large posters of each anatomy diagram and laminate, along with a set of anatomy labels. Use the labels for this game, then Velcro the labels onto the posters for a more visual review.

1. Explain the activity and expectations to the class:

- This game will help us review sexual and reproductive anatomy and physiology.
- One volunteer will stand in front of the class while an anatomy term is displayed to the class from above the volunteer's head.
- Students may then raise their hand to offer clues to the volunteer. Clues must be one word and **cannot** include "rhymes with" or "starts with" hints. For example, if the term is "uterus," acceptable clues might include female, internal, muscle, pregnancy, or womb.

2. Ask for a volunteer and select an anatomy term from the list below. Allow the volunteer to call on other students for clues. After they solve the clue, repeat with more volunteers as time permits.

Anus	Hymen	Sperm
Cervix	Labia	Testicles
Clitoris	Ovaries	Urethra
Ova (eggs)	Penis	Uterus
Epididymis	Prostate gland	Vagina
Fallopian tubes	Pubic hair	Vas deferens
Foreskin	Scrotum	Vulva

Lesson 2 Wrap-Up

Objectives: Summarize the information covered in this lesson. Preview the topics to be covered in the next lesson. Provide examples of self-care activities to help decompress after class.

Note to Instructor: Update the “Looking Forward” slide in the **Lesson 2 PowerPoint** to accurately reflect your lesson plan for the next day.

Part 1: Closing Routine

1. **Review the content from this lesson using any of the following prompts:**
 - Describe the path of a sperm cell as it leaves the body (during ejaculation).
 - Describe the path of an egg cell as it leaves the body (during ovulation and menstruation).
 - What is “sex assigned at birth”?
2. **Review the follow-up activities, assignments, or resources provided during this lesson.** Clarify what (if anything) is due the following class and what is optional for students to explore if they would like more information or support.
3. **Invite students to write something down and to submit their scratch paper to the Anonymous Question Box.** Remind the class that everyone must turn in a paper with writing to the Question Box at the end of each class session. If they do not have a question, they can write something they learned, leave a note for the instructor, or simply draw a picture.

Part 2: Looking Forward

4. **Introduce the topics that will be covered in the next lesson: Identities.**
 - Next class will involve a reflection activity about our personal identities and a discussion about intersectionality, including how people are impacted by various systems of privilege and oppression.
 - We will also spend time exploring the different aspects of gender identity and sexual orientation.
5. **Provide some examples of self-care to decompress after this lesson and recharge for the next topic.** Refer to **Lesson 1** (pg. 9) for additional ideas.
 - It can be helpful to move your body, get creative, rest, or connect with others, for example:
 - See how many push-ups you can do in one minute
 - Read for pleasure
 - Cook something for your family – try a new recipe!

Lesson 3: Identities

Goals

The purpose of this lesson is to:

- Reflect on personal identities and the ways they impact experiences.
- Introduce the concept of intersectionality.
- Explain the difference between body parts, gender, and attraction.
- Recognize the diversity of gender and sexual identities and the importance of being inclusive of all people.
- Explore cultural impacts on attitudes and expectations about gender, expression, and attraction.

Objectives

At the end of this lesson, students will be able to:

- Define intersectionality.
- Analyze how media, culture, personal experiences, and other factors affect conceptualizations of identities.
- Differentiate between sex assigned at birth, gender identity, gender expression, and gender attribution.
- Explain how different types of attraction are related to sexual orientation.
- Advocate for safe and respectful environments for all people.

Why Is This Important?

Each person's uniquely intersecting identities and experiences shape the way they encounter the world. Adolescence is a time when many young people actively explore their identities and consider how they want to exist in the world. While certain identities may not feel personally important to everyone, our society tends to organize and understand people based on categories and labels. This lesson focuses on establishing a common understanding and language for gender and sexual identities. In addition to reinforcing universal values of human dignity and respect for all people, this lesson provides space for students to consider how other factors (e.g., family, religion, science, history, personal experience) impact their own values and beliefs about gender and sexual identities. The goal of this lesson is not to memorize all identity terms, but rather to acknowledge human diversity and explore how to talk about these topics using accurate and respectful language.

In addition to providing a foundation of understanding, this lesson acknowledges the disrespect and violence that many gender and sexual minorities face. Queer youth experience significant health and safety disparities compared to their cisgender and heterosexual peers. Many LGBTQ+ students report feeling unsafe at school and unsupported by school staff. In fact, a statewide survey in California schools found that students who identify as gay, lesbian, or bisexual were twice as likely to experience physical bullying than heterosexual students and nearly four times as likely to seriously consider attempting suicide.⁸⁶ Additionally, a nationwide survey of American youth found that more than 1 in 3 trans and nonbinary adolescents have experienced homelessness (e.g., been kicked out, run away from home), and more than half have seriously considered attempting suicide.⁸⁷ It is critical to normalize gender and sexual diversity in order to combat identity-based bullying and violence, as well as to promote self-acceptance and provide LGBTQ+ resources for support. Remind students that it is OK to have their own values and beliefs about these topics, but it is **never** OK to harass or harm another person for any reason.

⁸⁶ DePedro, K. & Shim-Pelayo, H. (2017). Health and safety of transgender youth in California public schools. Chapman University, LGBTQ Youth Research and Advocacy Project. www.chapman.edu/education/files/research/ca-factsheet-trans.pdf

⁸⁷ Paley, A. (2020). National survey on LGBTQ youth mental health 2020. The Trevor Project. www.thetrevorproject.org/survey-2020

Activity	Time in class (min.)	Can be done as HW?	Materials	Preparation
Lesson 3 Introduction	10-15		<ul style="list-style-type: none"> • Question Box • Scratch paper • Lesson 3 PowerPoint 	<ul style="list-style-type: none"> • Cut paper into 3" x 4" pieces • Review anonymous questions and prepare responses • Update the Agenda slide in Lesson 3 PowerPoint
3.1 Identity Iceberg	15-30	Yes	<ul style="list-style-type: none"> • Lesson 3 PowerPoint • "Intersectionality" video 	<ul style="list-style-type: none"> • Review background info on intersectionality, privilege, and discrimination • Print the Identity Iceberg worksheet (one per student)
3.2 Gender and Sexual Identities	25-45		<ul style="list-style-type: none"> • Lesson 3 PowerPoint • <i>Instructor Guide</i> (sample script) • "Two-Spirit" video 	<ul style="list-style-type: none"> • Review background info on gender and attraction
Lesson 3 Wrap-Up	5		<ul style="list-style-type: none"> • Lesson 3 PowerPoint 	<ul style="list-style-type: none"> • Update the Looking Forward slide in Lesson 3 PowerPoint
Total Minutes for Lesson 3:	55-95			
Extra: "The Gender Tag" – TEDx Talk & Discussion	20-40		<ul style="list-style-type: none"> • "The Gender Tag" video 	

Background Information

Key Messages of Lesson 3

- Everyone has a different set of identities that intersect, making their experience in the world unique.
 - Experiences of privilege and oppression are often multiplied by our overlapping social identities, a concept known as **intersectionality**.
- **Gender identity** is a self-concept influenced by aspects such as physical traits, personal expression, and how someone is interpreted by the world around them.
 - Societal expectations related to gender vary across cultures and throughout history. Many people feel limited by these gender-based expectations.
 - When someone feels that their body, expression, or attribution is misaligned with their identity, they may pursue gender congruence through aspects of medical, social, or legal transition.
- People may feel drawn to others in many different ways, including physically and emotionally.
 - **Sexual orientation** is a way of categorizing and describing patterns of sexual and romantic attraction.

Intersectionality

Intersectionality is the concept that each of a person's various identities come together in a unique way that directly affects how they encounter the world. This term was coined by law professor Dr. Kimberlé Crenshaw based on the premise that social group memberships (e.g., race, gender, religion) do not act independently of one another, but create overlapping and interdependent systems of discrimination and disadvantage. Intersectionality examines the way people may endure simultaneous experiences of discrimination due to having multiple marginalized identities. On the other hand, people may also enjoy simultaneous privileges due to holding multiple privileged identities. Systems of oppression compound and amplify these experiences based on an individual's unique set of identities. Recognizing intersectionality is critical so that we can understand the complexity of these systems and the varying levels of privilege and oppression that someone may experience. *For more descriptions of foundational concepts related to privilege, discrimination, and intersectionality, see the **Glossary for Instructors** in the accompanying ZIP file.*

Gender and Attraction

When a person is born, medical providers will typically assign them to a biological category based on their genitals, known as **sex assigned at birth** – commonly “female” or “male.” However, as a person grows up, they will often develop a self-concept of gender as well as stronger feelings of attraction toward other people. **Gender identity** is often affected by **gender attribution** – how a person is perceived in society based on their appearance. **Gender expression** and physical traits related to sex assigned at birth can also impact attribution and these components may feel more or less congruent with one's gender identity. Separate from one's body, gender identity, and expression, a person may also feel drawn to other people in various physical or emotional capacities. **Sexual orientation** is a common way for people to categorize their feelings of sexual and/or romantic attraction to others. *For more information about gender and sexual identities, as well as specific information related to gender-affirming care and transition, see the **Glossary for Instructors** in the accompanying ZIP file.*

Common Questions & Helpful Answers

What does “homosexual” mean? – This is a term that describes people who are attracted to people with their same gender. This word has historically been used to pathologize same-sex attraction as a disease or mental illness. Today, most people prefer terms like gay, lesbian, and queer, but each person is entitled to self-identify with the term that best fits them.

Is it OK to say “queer”? – This is an umbrella term that a person who is not heterosexual and/or not cisgender might use to describe themselves. This word has historically been used in a derogatory way, and sometimes still is. The general rule is that people may self-identify this way, but we should not place this identity onto others since it may be hurtful.

If someone is born intersex, are they cisgender or transgender? – There is no universal answer; it can vary from person to person. Some intersex people are assigned an endosex label at birth (i.e., male or female) that aligns with their gender identity. Other intersex people are labeled intersex at birth or assigned an endosex label that does not align with their gender identity. Regardless of how a person is labeled at birth, everyone is entitled to determine the identity words that feel most comfortable and accurate for them and to have their identities respected.

What bathroom would a transgender or intersex person use? – The law in California affirms a person's right to use the bathroom and changing room that aligns with their gender identity. For example, a trans girl has the right to use the women's bathroom and locker room. As of 2013, public schools in California must allow students to participate in sex-segregated or gender-specific activities (e.g., sports teams, clubs,

competitions) and use the facilities **consistent with their gender identity**.⁸⁸ Some people may prefer to use gender-neutral bathrooms or private spaces without a gender designation. As of 2017, California law also requires that all single-user bathrooms within public spaces, government agencies, and business establishments must be labeled as “All-Gender” and made accessible to people of any gender identity or sex assigned at birth.⁸⁹

How many genders are there? – First, we must acknowledge that gender is a human-made framework (or social construct) used to organize society’s expectations for appearance and behavior based on sex assigned at birth. Throughout various time periods and cultures, humans have understood the social categorization of gender in different ways. Some cultures have a predominantly binary system that acknowledges only women and men, while other cultures have always understood gender to be more expansive. Today, many scientists and society as a whole are shifting toward understanding gender identity as more of a spectrum and recognizing that we cannot enumerate the human experience of gender.

Is being LGBTQ+ a choice? – This question often confuses students and adults alike. The simple answer is **no**, our natural feelings and attractions are **not** a choice. However, our labels and actions **are** a choice. A person can be attracted to someone with their same gender but choose to never act on those feelings. For example, a woman does **not** choose to feel attraction to other women but **can** choose if she wants to date a woman or use the term lesbian. Similarly, a person cannot choose their gender, but can choose how to express or represent their gender in different public and private spaces. For example, a trans man did **not** choose to be born with female anatomy but **can** choose if he wants to transition physically with hormones and/or surgery. It is also important to know that social expectations may limit a person’s ability to recognize or name their feelings. This means that the labels a person chooses to best fit their identities may change over time as they gain access to new language and affirming communities. Scientists are still researching the possibility of epigenetic predictors (i.e., how genetic information is expressed or suppressed), but so far there are no conclusive answers about what causes variation in human gender and sexual identities.

What’s wrong with saying “that’s so gay” or “no homo” if it’s just a joke? – Invite students to think about what it truly means when someone says, “that’s gay.” They might answer that it means “that’s lame” or “that’s girly.” Similarly, consider the messages that “no homo” conveys. The phrase is most often used when a boy is affectionate or emotional, such as giving a hug or compliment, to assert that he is not gay. This implies that being gay is shameful or embarrassing and that men are not allowed to have close friendships or show affection. Phrases like these, even when said in a joking manner, have very real consequences. Invite students to think: if a student identifies as gay but maybe has not told anyone yet and heard their friends saying, “that’s so gay” to mean “that’s so stupid,” how might it make them feel? Especially if this is a regular occurrence, think of how the message that “gay” is “stupid” or “embarrassing” might become reinforced over time. Associating someone’s sexuality, gender, disability, race, or any other identity with a negative connotation is not only disrespectful, but also harmful.

What if I don’t support or believe in some of these LGBTQ+ identities? – Everyone has the right to their opinions and feelings, but no one has the right to discriminate or bully others. We live in a very diverse world and must be able to interact respectfully with all people, regardless of gender and sexual identity. Especially if we grew up never learning about these identities, it might feel jarring. However, just because something is new to us, that does not mean it is untrue or invalid. We still have a responsibility to respect others and see them as a whole person, especially when we struggle to understand their experience.

⁸⁸ Assembly Bill No. 1266. (2013). School success and opportunity act. www.leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB1266

⁸⁹ Assembly Bill No. 1732. (2017). Equal restroom access act. www.leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB1732
Teen Talk High School, 2022

How do I know if I am [gay, transgender, etc.]? – Our identities are very personal, and it takes time to figure these things out. Some people may feel anxious or curious, but there is no pressure to label ourselves, and no one else can tell us how to feel or identify. Adolescence is a time of incredible growth and change, and some of our identities will become clearer as we continue to mature and have new experiences. It is OK if we are unsure how to identify or if the labels we choose for ourselves end up changing in the future – that’s part of life!

How can I “come out”? – This process looks very different for each person. No one is obligated to come out, but for many it is important to tell family and friends in order to live an authentic life. Some people decide to “test the waters” by discussing a celebrity example to gauge their reaction. Some people decide to wait until they have graduated or moved away from their hometown to feel as though they can “start over” as their true self. The most important thing to consider is personal safety; no one deserves to be harmed in reaction to coming out. If someone does experience or anticipate a severe reaction after coming out, The Trevor Project provides free, 24/7 support for LGBTQ+ teens in crisis.

What if I “come out” and my family is not supportive – Coming out to an unsupportive family can be a scary and painful experience. If a young person suspects that their family may have a violent reaction or kick them out of the home, it is a good idea to make a safety plan before coming out. This involves identifying resources (e.g., TrevorChat, CA Youth Crisis Line, local LGBTQ+ center) and supportive people (e.g., friends, relatives, counselors, GSA at school) to help if things become dangerous at home and you need a safe place to go. Know that there are people who will accept and affirm your identity, even if those people are not in your family. Many queer people find meaningful connection and support through “chosen family” kinship with friends and partners.

Additional Resources

CenterLink: LGBT Community Center Directory – www.lgbtcenters.org/LGBTCenters

- An online directory of over 250 LGBTQ+ community centers across the United States.

Gender Spectrum – www.genderspectrum.org/audiences/youth

- Articles and resources for youth to help understand gender identity, discuss personal experiences, and learn about legal rights and protections for trans and nonbinary students.

GLSEN: Support for Student-led Clubs – www.glsen.org/support-student-gsas

- A resource for teachers and school staff to develop or support their school’s Gender and Sexuality Alliance (GSA).

InterACT: Advocates for Intersex Youth – www.interactadvocates.org

- Information, resources, and legal advocacy for the human rights of children born with intersex traits.

It Gets Better – www.itgetsbetter.org

- A global story platform to uplift, empower, and connect LGBTQ+ youth around the world.
- Provides comprehensive EduGuides for instructors to lead extended discussion about LGBTQ+ people and stories in popular media: www.itgetsbetter.org/media

Send the Right Message – www.sendtherightmessage.ca

- An interactive guide for teens to learn and practice how to be an ally to the LGBTQ+ community.
- Messaging primarily targets youth and digital communication culture while encouraging acceptance and inclusivity from all people.

Trans Student Educational Resources (TSER): The Gender Unicorn – www.transstudent.org/gender

- An educational graphic designed to help youth and adults understand the different aspects of gender and sexual identity.
- Available in more than 10 languages.

The Trevor Project – www.thetrevorproject.org

- LGBTQ+ youth suicide prevention and mental health advocacy, including crisis intervention support.
- Provides training material and guides for teachers and school staff to implement LGBTQ-competent suicide prevention.
- Operates a free, 24/7 talkline and textline for teens in need of immediate support.
 - Call: 1 (866) 488-7386
 - Text: START to 678-678
 - Live chat is available at: www.thetrevorproject.org/get-help-now

United Nations for LGBT Equality: Transgender Fact Sheet – www.unfe.org/wp-content/uploads/2017/05/UNFE-Transgender.pdf

- A fact sheet about trans and nonbinary identities, including information about global violence and discrimination, health care and human rights, as well as action points to increase trans visibility and protections in society.
- Information and guidance provided by UN Free & Equal, a campaign of the United Nations Human Rights Office.

We Are the Youth – www.wearetheyouth.org

- An ongoing photojournalism project that chronicles the unique and diverse individual stories of LGBTQ+ youth across the United States.

Lesson 3 Introduction

Objectives: Introduce students to the topics covered in this lesson. Review group norms and calming strategies. Provide students with an outlet to privately communicate with the instructor and ask questions. Introduce the concept of identity and explore how it relates to interpersonal experiences.

Note to Instructor: Update the agenda slide in the **Lesson 3 PowerPoint** to reflect your lesson plan for the day. Be sure to pre-screen and prepare answers for the anonymous questions before addressing them with the class.

Part 1: Opening Routine

1. **Display the Welcome Question as students enter and prepare for class: “What are some of your favorite hobbies?”** Invite students to quietly reflect, journal, or pair-share about their response to the question.
2. **Distribute a piece of Question Box scratch paper to each student.** Remind students that this scratch paper is for writing down any questions they think of during the lesson, but it can also be used to doodle, fidget, or communicate privately with the instructor. Everyone must turn in a scratch paper with writing to the Anonymous Question Box at the end of each class session.
3. **Review the agenda for this lesson to preview the activities that will be facilitated.** Be transparent about the information that will be covered and what students will be asked to do in each part of the lesson.
4. **Review the Group Norms, emphasizing student agency to participate and self-regulate.** Remind the class to be mindful of their needs and avoid making assumptions. Group Norms for Teen Talk HS are:
 - **Respect** – listen actively; take space, make space; and practice inclusive language
 - **Communication** – identify your trusted adults, and build connections
 - **Curiosity** – keep an open mind, and ask questions openly or anonymously
 - **Privacy** – create a safe space together, and expect transparency
 - **Well-being** – feel your feelings, and find what works for you
5. **Review the examples of calming strategies that can help when a person feels uncomfortable, overwhelmed, or activated.** Encourage students to be mindful of their “window of tolerance” and empower them to engage with the material to the extent they are comfortable. Refer to **Lesson 1** (pg. 9) for additional calming strategies and explanations of specific techniques.
 - Ways to stay calm and grounded during this lesson may include:
 - **Taking care of your basic needs** – drink water, stand and stretch, or put your head down
 - **Changing your environment** – step outside, walk to the bathroom, or visit the office
 - **Utilizing focus tools** – hold a fidget toy, color, doodle, or draw on your Question Box paper
 - **Practicing grounding techniques** – try the 5-4-3-2-1 method, and don’t forget to breathe!
6. **Select 5-10 anonymous questions submitted during the previous lesson to answer during the first five minutes of class.** If time allows, answer remaining questions at the end of the lesson. The goal is to answer all questions submitted to the Question Box by the end of the course.

Note to Instructor: Prioritize answering questions about identities to cue students to the topic of the day. Practice rephrasing and using the inclusive language introduced in this lesson whenever possible. See **Activity 1.2** for specific guidelines and recommendations for using the Anonymous Question Box in Teen Talk HS.

Part 2: Introduction to Identity

7. Invite volunteers to share their thoughts about the Welcome Question: *“What are some of your favorite hobbies?”*
 - Among many other things, our hobbies can become part of our identity. For example, some of us may refer to ourselves as artists, athletes, actors, musicians, chefs, scientists, gamers, etc.
8. Define “identity” as *who we are*, an inner sense of belonging to a particular group based on shared traits, beliefs, or experiences.
 - Our personal identities form through a complex interaction between how we think and feel about ourselves and how society interprets us.
 - The process of naming our identities can feel validating and empowering, although identities may evolve over time as we develop more complex thoughts, feelings, and language.
 - Figuring out who we are takes time; there is no rush to know or share every part of our identity.
 - Having new experiences and learning about others may also introduce people to new ideas and ways of describing their identities that feel more affirming.
 - Our identity labels may be influenced by other people and our environment, but ultimately each individual gets to decide the words that fit them.
9. **Highlight why identity is relevant to sex education.** Each person’s unique identities shape their personal values, decisions, and experiences related to sex, relationships, and access to healthcare.
10. **Explain that this lesson will primarily focus on gender and sexual identities,** but it is important to understand how these parts of our identity interact with other aspects of who we are and how we are perceived in society.

Activity 3.1: Identity Iceberg

Objectives: Define intersectionality and explain how it impacts individuals and society. Reflect on how personal identities and systems of privilege and oppression intersect and overlap. Recognize the diversity of human identities and experiences. Discuss how assumptions about others' identities do not capture the entire picture of who someone is.

1. **Explain to the class:** We are going to start with an activity that involves personal reflection about the various aspects of who we are – our identities. This will be a private activity; no one has to share anything they are uncomfortable sharing, and **you will not be asked to show anyone or turn in this worksheet.**
2. **Give each student a copy of the Identity Iceberg worksheet.** Some people may want to start filling it out right away, while others may take their time and continue adding to it throughout the rest of class. Students can also choose to work on their iceberg outside of class for more privacy.
3. **Explain the iceberg analogy and how to fill in the worksheet.** We can think about identity like an iceberg since most of who we are is “below the surface” or not immediately visible.
 - What other people can see or easily interpret about us are the more superficial traits of our physical appearance. For example, clothing, hairstyle, skin color, eye color, hair color, height, body size, etc.
 - To begin creating your iceberg, add these parts of your identity **above the waterline**.
 - Next are the aspects that people may assume about us. For example, age, gender, race, language, disability (or lack thereof), relationship status, socioeconomic status (wealth and class), etc.
 - Add these parts of your identity **at the waterline**.
 - Some of these may be visible to others (upon closer interaction) and sometimes labels are assigned to us based on how other people interpret us (correctly or incorrectly), which may feel misaligned with how we see ourselves.
 - Finally, deep below the surface are the parts of who we are that other people cannot see or know about us unless we tell them. For example, nationality, ethnic background, religion or beliefs, health, sexual orientation, family role, education, career, hobbies, talents, skills, sense of humor, political views, personal values, future goals, etc.
 - Add these parts of your identity **below the waterline**, further down as they become more personal or private (i.e., things only your closest friends and family might know about you).
 - These examples are just some of the identities that we can choose to include on our iceberg. It's also OK to keep some of our identity to ourselves; we never have to share or disclose identities to other people unless we want to.
 - And keep in mind that identity is not static; it often evolves over time as we learn more about ourselves and the world around us.
4. **Optional: If comfortable, show the class a personal example of the Identity Iceberg.** Remember, no one has to write or share anything they would rather keep private. However, sharing some personal identities with the class can build trust and encourage students to be vulnerable in their own reflection.
 - If choosing to disclose any personal identities, be reflective about how students may respond to them and mindful of power dynamics within the group.
5. **Point out that some of these categories are “social identities” which connect us to particular groups or communities.** These are also the identities that tend to shape our experiences and access to resources.
 - **Privilege** – social advantages or opportunities that are distributed unequally to certain people because they belong to a social identity group that has historically held power and control in society (e.g., white privilege, male privilege, straight privilege)

- People do not control whether or not they have privilege; it reflects societal structures of power, not individual prejudice. Having privilege is not something to feel guilty about, but it is something to be aware of. Many people also use their privilege to help those with less privilege by challenging the systems that reinforce inequity.
- **Discrimination** – the unfair treatment of a person or group based on a bias towards any part of their identity, such as racism, sexism, homophobia, etc.
 - This includes interpersonal discrimination, such as **microaggressions** – the subtle or unintentional actions that communicate bias in everyday interactions.
 - **Question: *How could you respond if you witness a microaggression?***
 - There are three main ways to respond: call it out immediately (e.g., speak up if you feel safe in the moment), bring it up later (e.g., educate them privately why their comment or action was harmful), or let it go and focus on those impacted instead (e.g., check in and offer support to the person whose identity was targeted)
 - Even if someone is proud of their identity, they may still face disadvantages or discrimination from the world around them.
- **Systems of oppression** – the structures or institutions that reinforce the unequal distribution of power and perpetuate unfair treatment of people with marginalized identities
 - Examples of these systems include the legal system (e.g., police corruption, unequal criminal sentencing), education system (e.g., underfunding, standardized testing requirements), and healthcare system (e.g., high cost of insurance, unequal access to services).
 - These systems have a direct impact on our health and quality of life. Specifically, they perpetuate historical power imbalances and contribute to social inequities and **health disparities** – preventable differences in health outcomes between groups that stem from broader inequities.⁹⁰
 - For example, certain communities might mistrust the medical system due to discriminatory interactions and historical mistreatment such as the racist and unethical Tuskegee syphilis experiment, eugenics-motivated birth control trials, and forced sterilization of women of color.^{91,92}

Note to Instructor: As time permits, research and provide students with more background information on these and other historical traumas related to medical violence, racism, and the sexual and reproductive health care of Black, Latinx, and Indigenous communities. *Some examples are provided in Lesson 6 (pg. 176).*

6. **Explain the concept of intersectionality and its importance:** Individual experiences of privilege or oppression are complicated by overlapping social identities.
 - We are always more than one thing, even if one aspect of our identity feels like a main part of who we are. We all have many different identities that come together to create our unique selves.
 - Often, experiences are impacted by many of our different identities at the same time. This is because we exist at a unique intersection where multiple forms of inequality or disadvantage can sometimes compound to create even more barriers to health and wellness.
 - **“Intersectionality”** is a term coined in 1989 by Dr. Kimberlé Crenshaw, a civil rights advocate and law professor who was seeking a word to describe how her experience of sexism as a Black woman

⁹⁰ Ndugga, N. & Artiga, S. (2021). Disparities in health and health care: 5 key questions and answers. Kaiser Family Foundation.

www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

⁹¹ Nuriddin, A., Mooney, G. & White, A.I.R. (2020). Reckoning with histories of medical racism and violence in the USA. *Lancet*, 396(10256), 949-951. DOI: [10.1016/S0140-6736\(20\)32032-8](https://doi.org/10.1016/S0140-6736(20)32032-8)

⁹² Scharff, D.P., Mathews, K.J., Jackson, P., Hoffsuemmer, J., Martin, E. & Edwards, D. (2010). More than Tuskegee: Understanding mistrust about research participation. *Journal of Health Care for the Poor and Underserved*, 21(3), 879-897. DOI: [10.1353/hpu.0.0323](https://doi.org/10.1353/hpu.0.0323)

is different than that of a white woman. Since Black women face sexism that is layered with experiences of racism, these forms of discrimination cannot be separated from one another.

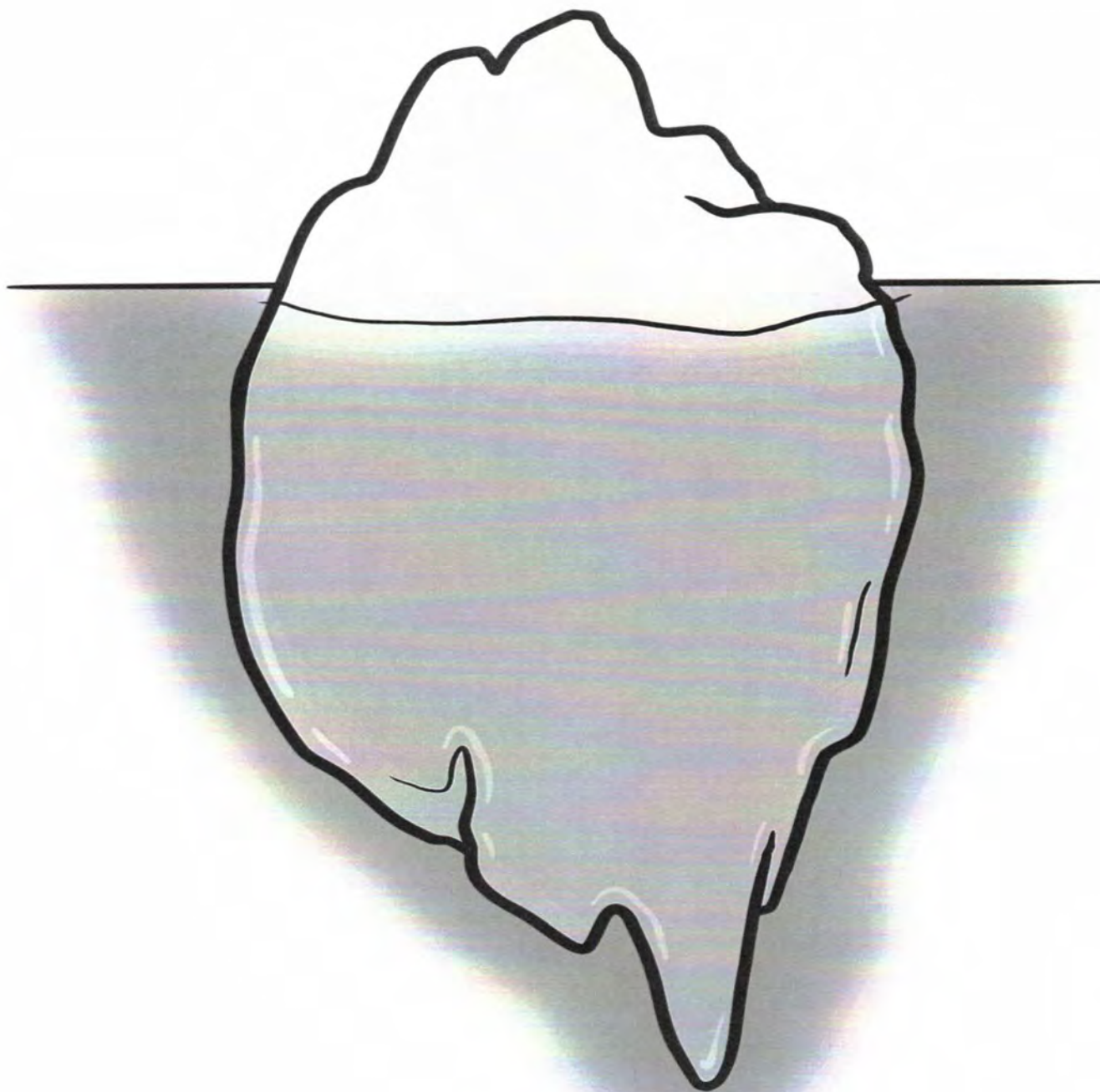
- The use of this term has since been expanded to talk about identities beyond race and gender, such as sexual orientation, (dis)abilities, and socioeconomic status.

7. **Optional:** For an explanation of intersectionality from Dr. Crenshaw herself, screen the video “Kimberlé Crenshaw: What is Intersectionality?” (1:54) from YouTube: youtu.be/ViDtnfQ9FHc
8. **Acknowledge the intersectional nature of gender and sexual identities.** As we move forward to focus on gender and sexual identities today, it is important to use a lens of intersectionality since gender, expression, and orientation do not exist on their own. These identities intersect with the other parts of who we are, such as our race and culture. The way someone moves through the world and experiences gender and sexuality-based privilege or discrimination will always be affected by the other identities they hold.

Identity Iceberg

Name: _____ Date: _____ Period: _____

Instructions: Think about all the various components that make you who you are – a unique individual! Add your identities that are visible or easy for others to interpret (like height and skin color) above the surface of the water, identities that people might assume you are (like age and race) at the waterline, and identities that others may not see or know without you telling them (like religion and nationality) deep below the surface.



Activity 3.2: Gender and Sexual Identities

Objectives: Explain the components of gender and attraction. Define binary systems and emphasize that identity binaries do not capture the full spectrum of possibilities. Provide examples of diverse gender and sexual identities. Explain the importance of respecting individual differences in appearance and identity.

1. **Explain to the class:** This presentation is designed to help explain the different components of gender and attraction so that we can be informed and respectful when interacting with others and understanding our own identities. Some of this information may be new, and some people may have a different understanding of gender and sexuality based on their values or experiences.
 - Beliefs and opinions about gender and sexual identities are informed by personal values. Given the classroom consists of many individuals with their own personal values, it is likely that there will be differences of opinion regarding gender and sexual identities. Diversity in values, thought, and opinion is healthy as long as the expression of these differences remains respectful. In order to learn, we all need to feel safe and supported. Homophobia, transphobia, and disrespectful comments will not be tolerated.
2. **Explain gender and sexual identities using the Lesson 3 PowerPoint.** A script is provided on the following pages as a guide for this lecture and discussion. *Additional information and definitions of gender and sexual identity terms can be found in the **Glossary for Instructors** in the accompanying ZIP file.*

Note to Instructor: Be inclusive and deliberate in your language to separate anatomical traits from gender and sexual identities. Different communities may use these terms differently or may prefer certain terms over others. For example, not all people use “male” and “female” to refer to sex assigned at birth – sometimes these terms are used to describe gender identity. For clarity, all Health Connected curricula differentiate these categories by using terms like “assigned male at birth” and “assigned female at birth” to describe physical anatomy, and terms like “man” and “woman” to describe gender identity. However, remember that identities are intersectional and may have different meanings to different individuals. Be sensitive and open to learning!

Gender and Sexual Identities *Instructor Guide*

Slides: Acknowledgements

- Before we begin, keep in mind that not everyone uses gender and sexual identity terms in the same way.
 - For example, Teen Talk uses terms like “assigned female at birth” and “assigned male at birth” to describe sexual anatomy, but some people use the terms “female” and “male” when referring to gender identity.
 - The words and descriptions used in this presentation are consistent with the definitions used by many scientific communities, medical professionals, community organizations, and individuals with these identities. However, our language is constantly evolving.
- Also, it is impossible to cover all gender and sexual identities in one presentation. We will overview some of the most common identity terms that people use to describe themselves in our society. Feel free to ask questions or share what you know about these or other identities.

Slides: “Gender Identity”

- The concept of gender is a human-made (or socially constructed) system of categorizing people. Different cultures and historical periods have defined genders somewhat differently.
- There are three components of gender that may contribute to a person’s **gender identity**, how someone sees themselves on the inside. Gender identity is not determined by what genitals a person has, but rather a deeply held internal sense of belonging or connection with other people in their gender category.
- **Question: *What are some gender identities you know of?***
 - **Woman** (or girl) and **Man** (or boy)
 - These are two most prevalent genders in our society, creating the traditional “**gender binary**” – a system with two options. However, there are many other ways that people may describe their relationship with gender.
- **Question: *What are some other examples of binaries?***
 - Sometimes things are posed as the only two options: yes or no, win or lose, healthy or unhealthy, etc. In many cases, these are even **false dichotomies** because there are other possibilities being excluded (i.e., they exist on a spectrum with two or more ends).
- Humans established categories like gender and race to simplify the classification of people into one social group or another: female or male, Black or white, gay or straight, etc.
 - Binaries related to social identities are often used to justify one group having more power than another in order to uphold systemic oppression.
 - For example, the racial categories of Black and white were established to justify slavery in the U.S. The Jim Crow-era “one drop rule” categorized mixed-race people as Black to ensure their continued disenfranchisement (such as not having the right to vote or own property).⁹³
 - Still today, this binary conception of race impacts our understanding of identity, pushing biracial people into an “either/or” category that removes an individual’s autonomy over their racial identity.
 - The concept of intersectionality reminds us that we are always more than one thing. People can have multiple identities within the same category, such as race or gender.
- **Nonbinary** describes any gender that is not woman or man; many nonbinary people identify outside or in between these binary categories. It is both a gender identity itself and an umbrella category for other gender identity terms:
 - Genderfluid, bigender, and pangender describe people who identify with multiple genders.

⁹³ Lujan, H.L. & DiCarlo, S.E. (2021). The racist “one drop rule” influencing science: It is time to stop teaching “race corrections” in medicine. *Advances in Physiology Education*, 45(3), 644-650. DOI: [10.1152/advan.00063.2021](https://doi.org/10.1152/advan.00063.2021)
Teen Talk High School, 2022

- Gender-neutral, genderless, and agender describe those who don't identify with any particular gender.
- Genderqueer, gender nonconforming, gender-expansive, and gender-diverse can describe anyone who exists outside or beyond the gender binary in some way. Each person's experience of gender is unique!
 - California (along with 10 other states and counting) legally recognizes three genders: man, woman, and nonbinary. For example, instead of getting an "M" or an "F" on their driver's license, a nonbinary person would have an "X."⁹⁴

Slides: "Third-Gender Categories"

- Additional gender categories outside of the traditional binary have existed throughout history in cultures across the world, often unique to native cultures or communities.
 - Some Native American people identify as **Two-Spirit**, meaning they embody both masculine and feminine traits and gender roles. This was not considered a flaw, but rather a gift. While there were many different tribe-specific identities with distinct roles, Two-Spirit people often occupied highly respected positions in their communities, acting as healers and marriage counselors because of their uniquely multi-dimensional perspective.⁹⁵
 - **Video:** Ty Defoe, a Two-Spirit artist, activist, and writer explains what it means to identify as Two-Spirit in contemporary American society.
 - Many Indigenous nations had third gender categories long before a gender binary was imposed during colonization, and Native people have fought to preserve these identities and traditions.
 - Due to the imposition of homophobia and misogyny and the shaming of gender-nonconformity during colonization, much of the history and practices of Indigenous third-gender people were lost.
 - Two-Spirit is a contemporary English term coined by an intertribal group of Native American and First Nations people in 1990 during the process of recovering and reclaiming Two-Spirit identities.⁹⁶
 - This term describes the many gender-diverse identities used by Indigenous nations throughout North America. However, each community may use nation-specific language to describe their understanding and experience of gender and sexuality in the context of their unique culture and traditions.
- Lots of other cultures and countries (e.g., Mexico, Philippines, Samoa, India) also recognize three or more gender categories.
 - **Māhū** is an identity term in Hawaiian that translates to "in the middle," describing people who embrace the feminine and masculine traits that are embodied within all of us. Historically, Māhū people were valued and respected as caretakers and teachers, passing on sacred wisdom through traditional practices like hula and chant.⁹⁷ Similar to Two-Spirit individuals, Māhū people experienced oppression through colonization but continue to thrive in Hawaii and around the world.

Slides: "Gender Attribution"

- At birth, gender is typically attributed (given or assumed) based on a person's external body parts.
 - In the previous lesson, we discussed body systems and used the terms "assigned female at birth" and "assigned male at birth" to describe two common patterns of sex development. We also discussed how intersex bodies do not fall within that binary.
 - Gender is a different concept than sex (which is determined by anatomy). However, when a baby is born, not only is their sex ("male" or "female") assigned at birth, but they are usually assigned a gender label as well ("boy" or "girl"). This is called **gender attribution**.

⁹⁴ Senate Bill No. 179. (2017). Gender identity: female, male, or nonbinary.

www.leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201720180&bill=179

⁹⁵ Sheppard, M. & Mayo, J.B. (2013). The social construction of gender and sexuality: Learning from two spirit traditions. *The Social Studies*, 104(6), 262. DOI: [10.1080/00377996.2013.788472](https://doi.org/10.1080/00377996.2013.788472)

⁹⁶ Robinson, M. (2019). Two-spirit identity in a time of gender fluidity. *Journal of Homosexuality*. DOI: [10.1080/00918369.2019.1613853](https://doi.org/10.1080/00918369.2019.1613853)

⁹⁷ The Kumu Hina Project. (2015). The meaning of Māhū [video]. www.youtube.com/watch?v=2pCThN5y46Q

- **Cisgender** describes when a person's gender identity aligns with or matches their gender attribution (i.e., the gender they were labeled at birth).
- Not everyone is cisgender. **Transgender** describes when a person's gender identity does not align with their gender attribution.
 - Some people know they are transgender from the time they are very young, and others may not realize or have the language to describe their feelings until they are older.
 - The term transgender includes binary trans people – trans women and trans men – as well as nonbinary people.
 - **Language Note:** Keep in mind that cisgender and transgender are adjectives, not nouns. They simply describe the relationship between someone's sex assigned at birth and their gender identity.

Slide: "Pronouns"

- The English language uses gender pronouns to refer to people when we are not using their names. Whether or not we have thought about our personal pronouns, we all have them.
 - Pronouns like **she/her** or **he/him** are typically given to us along with our gender attribution as a baby, but they may change as a person grows up and explores what language fits them best.
- An easy way to show respect is by using the name and pronouns that a person tells us to use for them.
 - Remember, these pronouns are usually based on a person's gender identity, not based on their body parts or what we assume they are.
- People may also use **they/them** pronouns. This is recognized as a grammatically correct way to refer to a person in a gender-neutral way.⁹⁸
 - If you think about it, we use they/them as a singular pronoun all the time. For example: "Someone forgot their pencil!" or "If someone comes by while I'm gone, tell them I'll be back in 5 minutes."
 - Some people use multiple pronouns, like they/he or she/they. This means different things to different people – it may indicate that either pronoun is fine, that they prefer for people to switch between these pronouns, that they use different pronouns in different contexts, or that they have a slight preference for one pronoun over another.
- There are also **neo-pronouns** – newer options that were created to be gender-neutral. Some examples of neo-pronouns are xe/xir, ze/zir, and fae/faer.
 - Also note that some people feel most comfortable being referred to as just their name instead of gender pronouns.
- If you are unsure how to address someone...**ask respectfully!**
 - For example: "What pronouns do you use?" or "What would you like me to call you?" Open-ended questions like these are the most respectful; avoid limited-option questions that can feel restricting (e.g., "Are you a boy or a girl?").
 - Other helpful methods are to display your pronouns in accessible ways (e.g., social media profiles, email signatures, name tags) and to introduce yourself using your pronouns (e.g., "My name is Sam and I use he/they pronouns"). These actions open the space for others to share their name and pronouns (if they want to) without putting anyone on the spot.
- We are all human and will inevitably make mistakes. If we accidentally refer to someone using the wrong name or pronouns, it is important to hold ourselves accountable. Apologize (without getting defensive or drawing unnecessary attention to the mistake) and move forward using their correct name and pronouns.

⁹⁸ Merriam-Webster. (2019). A note on the nonbinary 'they': It's now in the dictionary. www.merriam-webster.com/words-at-play/nonbinary-they-is-in-the-dictionary

Slides: “Gender Expression”

- Gender attribution can also be affected by a person’s **gender expression** – the way someone presents themselves or expresses their inner sense of gender to the outside world.
 - This includes our clothing, hairstyle, jewelry, makeup, hobbies, even how we walk and talk.
- **Question: *How do you like to express yourself?***
- Expectations about how people “should” look and act based on their gender are often rooted in **stereotypes** – assumptions made about groups of people that do **not** apply to every member of the group.
 - These stereotypes are also culturally specific and shift over time – there are different expectations for how men and women are supposed to look and act in different parts of the world, in different historical time periods, even across different communities within California.
- The reality is that we **cannot** assume a person’s gender identity, sex assigned at birth, or their sexual orientation using stereotypes. Gender expression can change fluidly (e.g., in various contexts, as someone gets older, due to social pressures), so it may or may not be an accurate reflection of gender identity.
- We are going to define some different words for gender expression. **The goal here is not to reinforce stereotypes**, but to name and acknowledge these categories so we can recognize how limiting (even harmful) they can be.
- Some of the more common words used to describe gender expression include **feminine** (womanly or girly) and **masculine** (manly or boyish).
 - **Question: *In our (school) community, what does it look like to be “masculine”?*** What clothes would someone be wearing (e.g., looser vs. tighter, darker vs. lighter)? Would their hair be long or short? What kind of sports would they be into? Just because someone has short hair, does that make them a boy? No. Does every boy have short hair? Again, no. That is because a person’s gender expression is separate from their gender identity.
 - **Fun Fact!** In Scotland, some men wear kilts to express their masculinity. To Americans, this may look like a skirt, which is typically associated with femininity. However, this traditional garment is an important part of Celtic culture. This is just one example of how perceptions of gender expression are different depending on the culture.⁹⁹
 - **Question: *In our (school) community, what does it look like to be “feminine”?*** What clothes would someone be wearing (e.g., looser vs. tighter, darker vs. lighter)? Would their hair be long or short? What kind of sports would they be into? Just because someone wears makeup, does that make them a girl? No. Does every girl wear makeup? Again, no, because a person’s gender expression is separate from their gender identity.
 - **Fun Fact!** High heels have been worn by men since at least the 10th century. They originally enabled soldiers to secure their feet to the stirrups while riding a horse. These shoes indicated social status, rather than masculinity or femininity. This is just one example of how perceptions of gender expression can change over time.¹⁰⁰
 - **Androgynous** describes a person who is expressing a **mixture** of masculine and feminine traits or is expressing themselves in a way that is **neither** masculine nor feminine (i.e., gender-neutral).
- **Nonconforming** can relate to both identity and expression – it simply describes individuals who do not conform to what society expects of their gender.
 - There are many different reasons why someone might have a nonconforming gender expression, and there is no right or wrong way to be gender nonconforming – everyone’s expression is unique!
 - **Drag** is an exaggerated or theatrical performance of gender, often by someone who does not personally identify with the gender they are performing. For example, drag queens are often men who perform hyper-femininity, and drag kings are often women who perform hyper-masculinity.

⁹⁹ Bolton, A. (2004). The kilt. The Costume Institute, The Metropolitan Museum of Art. www.metmuseum.org/toah/hd/kilt/hd_kilt.htm

¹⁰⁰ Semmelhack, E. (2015). Standing tall: The curious history of men in heels. Bata Shoe Museum, Toronto, Canada.

https://artsandculture.google.com/exhibit/BQJ5ZR_j5AhtLA

- **Fun Fact!** Many cultures throughout history have used drag performers to play feminine characters because women were traditionally not allowed to be actors. Historians have documented the use of drag in ancient Greece, Rome, Egypt, and China, traditional kabuki theater in Japan, and in many popular Shakespearean plays.¹⁰¹
- **Question:** *What might happen when someone looks, dresses, or acts in a way that is different than what society expects?*
 - Positive: they might feel happier in their own skin, they might be complimented, etc.
 - Negative: they might get bullied, they might experience verbal and physical violence, they might be ostracized, they might be misunderstood and treated unfairly, they might feel pressure to conform, etc.
 - Additionally, the consequences for certain gender expressions may vary depending how they intersect with other aspects of a person's identity. For example, a Black person who chooses to wear a hooded sweatshirt and loose jeans may be targeted by the police, while a white person wearing the same things might not face the same suspicion.
 - **We all just want to be ourselves!** If someone looks, dresses, or acts differently than what we might expect, try to keep an open mind and remember that gender expression is a personal choice.

Slides: "Gender Congruence"

- When there is tension between a person's gender identity and their attribution, expression, and/or body, it can create feelings of incongruence or dysphoria.
 - **Gender dysphoria** is an intense discomfort related to:
 - Disconnect between one's body and gender identity (i.e., feeling like your body does not align with who you are). This may include acute distress about certain (often gendered) body parts or a desire for different body parts.
 - Not being able to express oneself in the way that feels comfortable (e.g., being required to wear a uniform or hairstyle that misrepresents your gender).
 - False gender attribution (i.e., when your gender is assumed incorrectly based on your body or expression) or being **misgendered**.
 - This usually refers to when the wrong pronouns are used to refer to someone, but it can also include the misuse of other gendered language, like being called "sir" or "ma'am," "ladies" or "guys." Everyone makes mistakes at times, but intentionally misgendering someone is a harmful form of sexual harassment.
 - Experiencing dysphoria is one way that many trans people realize they are transgender, but not all trans people feel dysphoric or uncomfortable with their body.
- When a person's gender attribution, expression, and/or body are in alignment (or congruent) with their gender identity, it can lead to feelings of affirmation or an experience of **gender euphoria**.
- Some trans or nonbinary people may pursue various aspects of **transition** to feel more gender euphoria:
 - **Social transition** – this may include telling others about their gender identity, changing their name and/or pronouns, and changing their gender expression to better reflect their identity
 - **Legal transition** – this involves legally changing their name and/or gender marker on official documents (e.g., driver's license, birth certificate, passport)
 - **Medical transition** – this means making physical changes to their body using hormones or surgery

Slides: "Body"

- As people grow up, gender is attributed not just by the genitals, but also by **secondary sex characteristics**. These are the physical traits that typically develop during puberty, like breasts and facial hair.
 - If a person has developed secondary sex characteristics that contribute to feelings of dysphoria, they may choose to take hormones (e.g., estrogen or testosterone) and/or hormone "blockers" (e.g.,

¹⁰¹ Doonan, S. (2019). *Drag: The complete story (a look at the history and culture of drag)*. Lawrence King Publishing, Teen Talk High School, 2022

antiandrogen or antiestrogen) that signal the body to change in different ways. This is commonly known as **gender-affirming hormone therapy** or hormone replacement therapy (HRT).

- There are also “puberty blockers” that gender-diverse young people may use to pause the development of secondary sex characteristics altogether by suppressing the sex hormones their body naturally produces.
- A person may also choose to undergo **gender-affirming surgeries**, such as “top surgery” (adding or removing breast tissue) or “bottom surgery” (making changes to the internal and/or external genitals).
- All aspects of transition – medical or otherwise – are very personal and are not necessary for a person to be an authentic gender. Each person’s transition is a journey that may shift throughout their lifetime.
- **Question: *Why might some trans people choose not to medically transition?***
 - Access – there may be few or no doctors nearby who provide gender-affirming care, discriminatory laws that restrict access, or the inability to take time off from work for recovery from surgery, etc.
 - Cost – these procedures and medications can be expensive, and medical transition may or may not be covered by health insurance
 - Safety – a person may fear violence, judgment, lack of social acceptance, or recovery from surgery
 - Not wanting to – many trans people are perfectly happy with their bodies the way they are and do not feel the need to medically transition
- Remember, **our body is our own**, and we do not owe anyone information about our private medical choices. It is never appropriate to ask a trans person (or any person) about their private body parts.

Slides: “Attraction”

- Another aspect of personal identity is **attraction** – feelings of interest, intimacy, or desire towards other people mostly caused by chemical reactions in the brain.
 - When the brain receives positive input in the form of sensations (e.g., sight, sound, smell, touch), the hypothalamus releases various neurotransmitters and hormones, including:
 - **Dopamine** (the “feel-good” hormone) linked to feeling happy, giddy, and energetic
 - **Oxytocin** (the “love” hormone) linked to developing trust and attachment
 - These two chemicals are especially important in developing feelings of love or lust, for example.
- There are many different ways we can feel attraction, such as:
 - **Romantic attraction** – having or desiring a romantically intimate connection with someone, like dating, falling in love, or having a crush
 - **Sexual attraction** – having or desiring a sexually intimate connection with someone and/or becoming sexually aroused by someone
 - **Platonic attraction** – having or desiring a nonsexual and nonromantic connection with someone, such as a friendship
 - **Aesthetic attraction** – feeling drawn to someone’s physical appearance or expression without the desire to be sexually or romantically intimate with them
 - **Intellectual attraction** – feeling drawn to someone based on the way they think or communicate
- Feelings of attraction can grow stronger and weaker over time, which contributes to growth and change in various types of relationships throughout our lives. Most people start having more intense experiences of attraction during puberty, related to the increase of hormones.
- Feelings of attraction can also overlap or diverge. For example, a person may experience all of these types of attraction to one person (or type of person), they may feel different types of attraction toward different types of people, and they may not experience certain types of attraction at all.

Slides: “Sexual Orientation”

- **Sexual orientation** is a way to describe someone’s patterns of sexual and/or romantic attraction.
 - Many people experience both sexual and romantic attraction together, but some people describe their attractions as distinctly separate. Some definitions of sexual orientation encompass both **sexual**

attraction (i.e., arousal, interest in sexual contact or physical intimacy) and **romantic attraction** (i.e., affection, interest in a relationship or emotional intimacy), while other definitions separate the two.

- People often wonder what determines our patterns of attraction. No one currently has the answer to this question, but some scientific studies are contributing evidence to help us better understand sexual orientation:
 - **Genetics** – Studies on gay cisgender men suggest that there is a specific genetic marker that codes for sexual orientation.^{102,103}
 - **Hormones** – Other studies on gay cisgender men suggest that gay men tend to have more older brothers than heterosexual men do, suggesting that prenatal hormone exposure (and other factors linked to birth order) has an effect on sexual orientation.¹⁰⁴
 - **Environmental factors** – Studies also suggest that attraction could be affected by epigenetics, which is the way environmental factors influence how certain genetic elements may or may not be expressed in a human.¹⁰⁵
 - **Fun Fact!** Over 1,500 animal species around the world exhibit same-sex sexual behavior or co-parenting. Scientists recognize that this often takes place for social and other reasons, rather than for reproduction. Some examples of these species include primates, sheep, dolphins, birds, and even insects.¹⁰⁶
- We do know that certain things do **not** change a person's natural attractions:
 - **How (or by whom) someone is raised** – Some people believe that LGBTQ+ parents are more likely to raise LGBTQ+ kids, or that children are socially and academically “better off” when raised by a mother and father instead of same-sex parents. This has been widely disproven based on lived experiences, thorough research, and scientific consensus.¹⁰⁷
 - **Conversion therapy** – Literature on psychotherapeutic and religious conversion therapies shows no evidence that conversion therapy is effective in changing a person's sexual orientation. In fact, not only is it ineffective, but conversion therapy has also been determined to be unethical, professionally irresponsible, as well as potentially harmful and traumatizing to patients in the long run.¹⁰⁸
 - In California, it is illegal to conduct conversion therapy on minors (anyone under age 18).¹⁰⁹
- We also know that **sexual orientation is not a choice**. To clarify, the words we use to describe our identity are our choice, and how we act upon our feelings is our choice, but our innate sense of attraction is not something we can decide or control.
 - Some people may choose to live a life that does not reflect their true identity, but their feelings of attraction do not change.
 - For example, a man might marry a woman even though he is only attracted to men. This choice could be in order to avoid social stigma, for fear of rejection from friends and family, or for personal religious or cultural beliefs.
 - Also, dating, marrying, or having sex with someone of a different gender may cause the outside world to interpret a person as heterosexual, but their feelings of attraction still do not change.

¹⁰² Hu, S., et al. (1995). Linkage between sexual orientation and chromosome xq28 in males but not in females. *Nature Genetics*, 11(3), 248–256. DOI: [10.1038/ng1195-248](https://doi.org/10.1038/ng1195-248)

¹⁰³ Mustanski, B.S., DuPree, M.G., Nievergelt, C.M., et al. (2005). A genomewide scan of male sexual orientation. *Human Genetics*, 116(4), 272–278. DOI: [10.1007/s00439-004-1241-4](https://doi.org/10.1007/s00439-004-1241-4)

¹⁰⁴ Blanchard, R. (2004). Quantitative and theoretical analyses of the relation between older brothers and homosexuality in men. *Journal of Theoretical Biology*, 230(2), 173–187. DOI: [10.1016/j.jtbi.2004.04.021](https://doi.org/10.1016/j.jtbi.2004.04.021)

¹⁰⁵ Ngun, T.C. & Vilain, E. (2014). The biological basis of human sexual orientation: Is there a role for epigenetics? *Advances in Genetics*, 86(1), 167–184. DOI: [10.1016/b978-0-12-800222-3.00008-5](https://doi.org/10.1016/b978-0-12-800222-3.00008-5)

¹⁰⁶ Monk, J.D., Giglio, E., Kamath, A., Lambert, M.R. & McDonough, C.E. (2019). An alternative hypothesis for the evolution of same-sex sexual behaviour in animals. *Nature Ecology and Evolution*, 3(1), 1622–1631. DOI: [10.1038/s41559-019-1019-7](https://doi.org/10.1038/s41559-019-1019-7)

¹⁰⁷ Schumm, W. & Crawford, D. (2019). Scientific consensus on whether LGBTQ parents are more likely (or not) to have LGBTQ children: An analysis of 72 social science reviews of the literature published between 2001 and 2017. *Journal of International Women's Studies*, 20(7), 1–12. <https://vc.bridgew.edu/jiws/vol20/iss7/1>

¹⁰⁸ Drescher, J., et al. (2016). The growing regulation of conversion therapy. *Journal of Medical Regulation*, 102(2), 7–12. DOI: [10.30770/2572-1852-102.2.7](https://doi.org/10.30770/2572-1852-102.2.7)

¹⁰⁹ SB 1172. (2012). Sexual orientation change efforts. www.leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201120120SB1172

- For example, if a bisexual woman starts a relationship with a man, it does not mean that she is now heterosexual. She is still attracted to multiple genders but is choosing to be in a relationship with a man.
- Let's see if we can define these sexual orientation terms together:
 - **Straight** (or **heterosexual**) describes people who are attracted exclusively to a different gender, usually women attracted to men or men attracted to women.
 - **Lesbian** describes women who are attracted to other women.
 - This definition has been expanding in recent years to be more inclusive of nonbinary people, so some may define "lesbian" as a person who does not identify as a man and is attracted to other people who are not men.
 - **Gay** describes men who are attracted to other men, and it is also used as an umbrella term for anyone attracted to their same gender.
 - **Bisexual** describes people who are attracted to two or more genders, such as being attracted to women and men or to people of the same and other genders.
 - **Pansexual** describes people who experience attraction to many or all types of people.
 - This does not mean a pansexual person is attracted to everyone all the time. It typically means that their attractions are not limited by gender, and instead they find themselves more attracted to a person for who they are.
 - **Queer** is an umbrella term that describes people whose gender or sexual identities are outside of societal norms (i.e., they are not straight and/or cisgender).
 - Many people like the term "queer" because it does not imply a specific identity and allows more flexibility as self-concept and expression may shift over time. It can also help to reduce feelings of pressure from stereotypes and expectations related to other gender and sexual identity terms.
 - Queer was historically used as a slur but has been reclaimed in recent decades as an empowering term to self-identify. It is important not to use this word for another person if you don't know they are comfortable with it because it may still feel like an insult to some people or in certain contexts.
 - **Asexual** (or **ace**) describes people who experience little or no sexual attraction.
 - An asexual person may still experience romantic attraction (e.g., interest in a relationship, feeling "in love"), but is not interested in sexual intimacy with other people.
 - Some asexual ("ace") people engage in masturbation and others do not have the desire; this is a personal choice separate from the experience of attraction.
 - **Aromantic** (or **aro**) describes people who experience little or no romantic attraction.
 - An aromantic person may still experience sexual attraction (e.g., interest in sex) but is not interested in romantic intimacy with other people.
 - **Hetero-flexible** can describe people who are mostly straight but occasionally attracted to people of the same gender (i.e., more flexible in their sexual and/or romantic interests).
 - **Questioning** is a term that describes people who are still exploring their attraction and/or gender.
 - It is completely normal to go through a period of questioning the labels and identities that we were assigned or attributed and to spend time figuring out the words that truly describe how we feel.
- Ultimately, most people go through a **gradual process** of figuring out who they are and how they identify. Our life experiences can influence our thoughts, feelings, and actions, which may then influence how we make sense of our own identities.
 - Also, **language is constantly evolving**. For some people, finding the word that fits them best may take time. Perhaps the word didn't exist before. Maybe they had never heard of the word, but then realized it describes the way they've always felt. Meeting new people and new communities can help us understand ourselves better.

- As someone figures out the language that fits them best, they may also choose to disclose these identities to people around them.
 - Heterosexual and cisgender people often have the privilege of having their identities correctly attributed because these identities are still considered the “default” in our society. People who are LGBTQ+ may need to disclose their identities to correct others’ assumptions.
 - **“Coming out”** can be an emotional, intimidating, and/or joyous experience. It is up to each person to decide if, when, and how they want to disclose their identity to others.

Slides: “Appreciating Identities”

- **Question: *What can we do to feel good about our identities and ourselves?***
 - **Think** about how our identities make us feel seen and connected with others
 - **Surround** ourselves with people who validate and respect our identities and experiences
 - **Volunteer** in our community and **advocate** for others
 - **Reach out** to our community for support, connection, celebration, relaxation, etc.
 - Connection and community honors who we are and helps us become stronger. It can also help us overcome difficulty and stress, such as dealing with experiences of discrimination.
- **Question: *How can we contribute to a safe and supportive community for all people?***
 - It all comes back to respect. For example, we can:
 - Listen openly and withhold judgment when someone is sharing their perspective or experience.
 - Being a good listener means trying to understand the other person’s perspective rather than trying to prove our point.
 - Not label other people or assume their identities without getting to know them.
 - We may be tempted to reduce other people to a one-dimensional stereotype instead of seeing them as a whole person. Remind yourself that people are more than just their appearance.
 - Use inclusive language, including the name and pronouns a person asks us to use for them.
 - Notice feelings of defensiveness and reach out for support to process those feelings.
 - When in doubt, always be kind!
 - We never know what another person has been dealing with. Having different views and engaging in respectful conversations helps to broaden our horizons and develop empathy for others.

Extra Activity: “The Gender Tag” – TEDx Talk & Discussion

Objectives: Introduce students to The Gender Tag Project. Explore how media, culture, experiences, and intersecting identities impact experiences of gender. Recognize that everyone has a relationship with gender and gender expectations.

1. **Explain to the class:** We’re going to watch a TEDx presentation by A. Wylde, a queer and genderqueer writer, activist, and former student at Colorado State University. This presentation introduces Wylde’s project from 2015, “The Gender Tag,” a compilation of videos from trans and cis people, nonbinary people, queer and straight people, men and women and people of other genders, people from different cultures and classes, with different ability statuses, different romantic orientations and so on. Their project uses a series of 10 prompts covering topics from gender identity to gender expression and gender roles, aimed at creating conversation about each individual’s own understanding of gender.
 - Regardless of our personal views, we can all show respect while watching and discussing the video. Homophobia, transphobia, and disrespectful comments will **not** be tolerated.
2. **Screen the 2016 TEDx Talk “The Gender Tag” (16:01) from YouTube:** youtu.be/VjzpRvXNh7Q
3. **After the video, invite students to reflect and discuss some of the questions below:**
 - Wylde offers a definition of gender as **“the characteristics that a society or culture delineates as masculine or feminine”** and provides a list of gender roles for men and for women. How do these explanations fit with the gender triangle model (e.g., identity vs. expression vs. attribution vs. body)?
 - Wylde states that **“our gender performance is policed and normative ideas about gender are reinforced.”** Can you think of any specific examples from our media that illustrate this concept?
 - How does the gender binary reflect larger systems of power and privilege?
 - What are some situations where thinking through the **“critical gender recipe”** may be useful?
 - *Is this something I’m being told I should or shouldn’t do?*
 - *Is doing this important to me personally?*
 - *What will I do with this information?*
 - **“Strict gender roles hurt everyone.”** Do you agree with this statement? Why or why not? How is it relevant to people who are cisgender and/or heterosexual?
 - For many people, figuring out gender is a complex process that takes time. How can someone go about **“finding [their] authentic self?”**
 - Where are some resources on campus to support students in finding their authentic self?
 - In describing the intentions of their project, Wylde explains: **“if you never explore your identity as it pertains to gender, you might never be able to make informed choices about your body and your life.”** What do you think this statement means? How is gender related to decision-making and health?
4. **Optional:** Display the list of prompts from “The Gender Tag” Project and invite students to silently reflect or journal about their thoughts, feelings, and responses to any of the prompts:
 - How do you self-identify your gender, and what does that definition mean to you?
 - What pronouns honor you?
 - Describe the style of clothing that you most often wear.
 - Talk about your choices with body hair. How do you style your hair? Do you have facial hair? What do you choose to shave, or choose not to shave?
 - Talk about cosmetics. Do you choose to wear makeup? Do you paint your nails? What types of soaps and perfumes do you use if any?
 - Have you experienced being misgendered? If so, how often?

- Do you experience dysphoria? How does that affect you?
- Talk about children. Are you interested in having children? Would you want to carry a child if that were an option for you? Do you want to be the primary caretaker for any children you may have?
- Talk about money. Is it important to you to provide for a family financially if you choose to have one? Is it important to you that you earn more than any partner you may have? Do you prefer to pay for things like dates? Are you uncomfortable when others pay for you or offer to pay for you?
- Anything else you want to share about your experience with gender?

Lesson 3 Wrap-Up

Objectives: Summarize the information covered in this lesson. Preview the topics to be covered in the next lesson. Provide examples of self-care activities to help process and refocus for the next class.

Note to Instructor: Update the “Looking Forward” slide in the **Lesson 3 PowerPoint** to accurately reflect your lesson plan for the next day.

Part 1: Closing Routine

1. **Review the content from this lesson using any of the following prompts:**
 - Why is it important to think about intersectionality?
 - What is the difference between gender identity, gender expression, and gender attribution?
 - How can we make our school a safer place for all (students, staff, visitors, etc.)?
2. **Review the follow-up activities, assignments, or resources provided during this lesson.** Clarify what (if anything) is due the following class and what is optional for students to explore if they would like more information or support.
3. **Invite students to write something down and to submit their scratch paper to the Anonymous Question Box.** Remind the class that everyone must turn in a paper with writing to the Question Box at the end of each class session. If they do not have a question, they can write something they learned, leave a note for the instructor, or simply draw a picture.

Part 2: Looking Forward

4. **Introduce the topics that will be covered in the next lesson: Abstinence, Sex, and Consent.**
 - Next class, we will spend time talking about affirmative consent, personal boundaries, and the importance of sexual agency in making decisions related to our body and intimacy.
 - We will also do an activity to brainstorm different forms of intimacy, including a discussion around types of sex and the potential health outcomes associated with each type.
5. **Provide some examples of self-care to decompress after this lesson and recharge for the next topic.** Refer to **Lesson 1** (pg. 9) for additional ideas.
 - It can be helpful to move your body, get creative, rest, or connect with others, for example:
 - FaceTime a friend or relative
 - Choreograph a dance to your favorite song
 - Organize something
 - Take a bubble bath

Lesson 4: Abstinence, Consent, and Intimacy

Goals

The purpose of this lesson is to:

- Discuss the affirmative consent standard.
- Identify different ways of giving and receiving affirmative consent.
- Frame intimacy as a wide variety of behaviors experienced alone or with others.
- Evaluate possible outcomes of different sexual behaviors, such as STIs and pregnancy.
- Emphasize why abstinence is the most effective method for preventing STIs and unintended pregnancy.

Objectives

At the end of this lesson, students will be able to:

- Define affirmative consent and explain why it is necessary in any sexual interaction.
- Provide two examples of what asking for affirmative consent can sound like.
- Describe three reasons why a person may choose to practice sexual abstinence.
- Identify the sexual behaviors and circumstances that may lead to pregnancy or STI transmission.

Why Is This Important?

Consent is an integral part of human interaction that protects personal boundaries and demonstrates respect for others. This lesson provides a foundation for students to understand the legal requirements and social implications of consent in sexual situations. A 2017 national survey found that nearly half of women (48%) and about one quarter of men (23%) in the U.S. have experienced unwanted sexual contact, with the majority occurring early in life, before age 18.¹¹⁰ In fact, more than 10% of high school students across the U.S. were forced to do sexual things they did not want to do at least once in the past year.¹¹¹ Although most high school students in California are not sexually active, all young people should learn about affirmative consent to set the stage for respectful peer interactions throughout their lives. This lesson allows students to think critically about social expectations, discuss the affirmative consent standard, and practice important communication skills in a facilitated peer environment.

In addition to exploring consent, this lesson also provides a basic introduction to sexual behaviors and their potential health outcomes. Although there is no universal definition of “having sex,” this lesson establishes a common understanding for the purposes of Teen Talk. Defining four specific sexual behaviors in a non-hierarchical, values-neutral way – rather than using vague terms like “sex” or “sexual activity” – is both clearer and more inclusive. Historically, more limited definitions of “sex” have excluded LGBTQ+ people from sexual health education and research.¹¹² Some students may be especially sensitive to this or seek visibility by asking for a definition of “gay sex.” While sexual behaviors are not linked to any particular identity, it is important to affirm that any of these sexual behaviors are valid ways to define sex. Understanding how each sexual behavior can lead to STIs and/or pregnancy is also necessary before learning about prevention methods in later lessons. This lesson encourages thoughtful reflection on the sexual decision-making process, while emphasizing that not engaging in any sexual behaviors with a partner is the only certain way to prevent unintended pregnancy and significantly reduce the risk of STI transmission.

¹¹⁰ Basile, K.C., Smith, S.G., Kresnow, M., Khatiwada S., & Leemis, R.W. (2022). The national intimate partner and sexual violence survey: 2016/2017 report on sexual violence. National Center for Injury Prevention and Control. Centers for Disease Control and Prevention. www.cdc.gov/violenceprevention/pdf/nisvs/nisvsReportonSexualViolence.pdf

¹¹¹ Centers for Disease Control and Prevention. (2020). CDC releases 2019 youth risk behavior survey results. www.cdc.gov/healthyyouth/data/yrbs/feature/index.htm

¹¹² Andersen, J.P. & Zou, C. (2015). Exclusion of sexual minority couples from research, *Health Science Journal*, 9(6). www.hsj.gr/medicine/exclusion-of-sexual-minority-couples-from-research.pdf

Activity	Time in class (min.)	Can be done as HW?	Materials	Preparation
Lesson 4 Introduction	10-15		<ul style="list-style-type: none"> • Question Box • Scratch paper • Lesson 4 PowerPoint 	<ul style="list-style-type: none"> • Cut paper into 3" x 4" pieces • Review anonymous questions and prepare responses • Update the Agenda slide in Lesson 4 PowerPoint
4.1 Comprehending Consent	20-30		<ul style="list-style-type: none"> • Lesson 4 PowerPoint • "Tea Consent" video 	<ul style="list-style-type: none"> • Review background info on affirmative consent
4.2 Intimate Behaviors	25-30		<ul style="list-style-type: none"> • Lesson 4 PowerPoint • Whiteboard and dry-erase markers 	<ul style="list-style-type: none"> • Review background info on sexual behaviors
Lesson 4 Wrap-Up	5		<ul style="list-style-type: none"> • Lesson 4 PowerPoint 	<ul style="list-style-type: none"> • Update the Looking Forward slide in Lesson 4 PowerPoint
Total Minutes for Lesson 4:	60-80			
Extra: Consent Cues	10-20			<ul style="list-style-type: none"> • Identify an open space to facilitate the activity

Background Information

Key Messages of Lesson 4

- Consent is more than the absence of a "no." Practicing **affirmative consent** means ensuring that all partners are clear, ready, willing, and OK with what is going on.
 - For sexual consent to be legal, California law requires that all partners are **over age 18, sober** (i.e., not drunk or high), and **freely choosing** to consent (i.e., not deceived or coerced).
- Sex and intimacy mean different things to different people. There is a wide variety of sexual and nonsexual **intimate behaviors** a person may choose to engage in to connect with themselves or with a partner.
 - Personal values and identities often inform each person's own definition of "**sex**" and their sexual boundaries.
- Different sexual behaviors have varying levels of risk. Solo sexual behavior (e.g., masturbation) and sexual abstinence (i.e., not having any sexual contact with a partner) have the **least** amount of physical and interpersonal risk.
 - The majority (62%) of high school students across the country have **not** had sex. In California, only about 1 in 4 high school students (28%) report that they have had sex.¹¹³

¹¹³ Lindberg, L.D., Pleasure, Z.H. & Douglas-Hall, A. (2020). Assessing state-level variations in high school students' sexual and contraceptive behavior: The 2019 youth risk behavior surveys. Guttmacher Institute. www.guttmacher.org/report/youth-risk-behavior-surveys-2019

Affirmative Consent

Consent is all about respect, open communication, and mutual agreement. **Affirmative consent** means an affirmative, conscious, and voluntary agreement to engage in sexual activity. In 2014, California became the first state to legally adopt a “yes means yes” model of consent, shifting from the past “no means no” standard. The law specifically requires college campuses to shift their sexual assault policies to uphold an expectation of affirmative consent.¹¹⁴ As of 2016, all school districts that include health education as a graduation requirement are also mandated to provide instruction on California’s affirmative consent standard.¹¹⁵ According to this standard:

- Partners should clearly communicate about their expectations and boundaries.
- Partners should have equal power to make informed decisions.
- Silence or lack of resistance does **not** count as affirmative consent.
- Pressuring or forcing someone to say “yes” does **not** count as affirmative consent.
- Practicing consent should be an ongoing process of checking in throughout sexual activity (i.e., involves conversations before, during, and afterwards).
- Permission can be rescinded at any time for any reason.
- The existence of a dating relationship between the persons involved, or the fact of past sexual relations between them, should never by itself be assumed to be an indicator of consent.
- It is the responsibility of each person involved in the sexual activity to ensure that they have the affirmative consent of the other(s) to engage in the sexual activity.

Affirmative consent is **not** possible if a person is:

- Under the legal age to consent (e.g., age 18 in CA)
- Intoxicated (e.g., drunk or high, even if over age 21)
- Asleep or otherwise unconscious
- Threatened or forced to say “yes”

Sexual Behaviors

There is no universal definition of “having sex” that applies to everyone. People may define sex differently and classify different behaviors as sexual in nature based on their body, identities, relationships, preferences, and values. For clarity, we use a consistent definition throughout Teen Talk that includes four sexual behaviors:

- **Sexual touching** – any hand-to-genital contact or genital-to-genital contact between partners
- **Oral sex** – using a mouth on a penis, vulva, or anus
- **Anal sex** – inserting a penis or object into an anus
- **Vaginal sex** – inserting a penis or object into a vagina

There are three main reasons for defining sex in this broad way:

- These are the four most common ways that STIs are transmitted between partners.
 - Pregnancy may also result from vaginal sex, anal sex, or sexual touching if partners bring together all three pregnancy “ingredients” (e.g., sperm, egg, uterus).
- It is more inclusive of the diverse experiences and relationships that people may have throughout their life.
- It provides a clear description of what to avoid when practicing sexual **abstinence**.
 - The phrase “not having sex” or “no sexual behaviors with a partner” is more commonly used to clarify that pregnancy and STIs cannot result from masturbation alone.

¹¹⁴ Senate Bill No. 967. (2014). Student safety: Sexual assault. www.leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201320140SB967

¹¹⁵ Senate Bill No. 695. (2015). School curriculum: Health Education: Sexual harassment and violence instruction. www.leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB695

Common Questions & Helpful Answers

Does consent have to be given verbally? – Consent does not need to be given verbally to be valid. According to California’s affirmative consent standard, partners must freely and clearly agree in whatever language they use. The most direct way of communicating is typically through shared language, either verbally or using signs. While it is important to be aware of our partner’s body language and facial expressions, these can be easily misinterpreted, leading to intentional or unintentional pressure, breaking of boundaries, or even sexual violence. It may be uncomfortable to express yourself directly in a sexual situation, but this is the best way to establish and respect boundaries. At its core, consent is all about respect: respecting one another, respecting decisions, and providing agency for everyone involved to make the best decisions for them. The more we practice using language to communicate directly, the easier these conversations will become.

Doesn’t asking for consent ruin the mood? – It can be hard to imagine what realistic consent conversations look like, especially since there are not many examples of verbal consent in the media. Sometimes there are other cues used to signal romantic or sexual moments on screen, such as dimming the lights on set, playing mood music in the background, or zooming in on the characters’ faces. These cues do not happen for us in real situations, which is why we must use other ways of communicating our intentions and boundaries. The reality is that people do have consent conversations in real life. There are many ways to ask for consent, and it may take time and practice to find the ways that feel more comfortable to you. Ultimately, intimate and sexual experiences are better for everyone if those involved do not have to guess what their partner wants and everyone feels that their boundaries will be respected. It is a lot more awkward to surprise someone with a kiss they were not ready for than to just ask!

How does consent work if one or both partners are under age 18? – California law says that anyone younger than age 18 cannot consent to sexual activity. However, every individual is responsible for making their own decisions about sex and relationships. Even if a person chooses to have sex before they are 18, they deserve to have their body and boundaries respected. The affirmative consent standard should always be used to communicate about personal desires, limits, and protection. Anyone who has sex with a minor (person under age 18) can potentially be charged with the crime of statutory rape. If a minor is caught or reported for having sex, the minor’s parent/guardian may request charges of statutory rape be brought against their child’s partner (even if the partner is also a minor). The legal consequences vary based on the situation (e.g., prior convictions, use of force or threats, age of victim, relationship to victim). California does **not** have “Romeo and Juliet laws” to protect underage sexual partners who are close in age. However, statutory rape in California can be charged as a misdemeanor (instead of a felony) if the partners’ ages are less than three years apart and there is no violence or coercion involved.¹¹⁶

How do LGBTQ+ people have sex? – Every person gets to define what “sex” means for them. Some people only include certain sexual behaviors in their definition of sex. For example, some people may only consider vaginal or anal sex to be “sex” because it involves penetration, whereas others may think of “sex” as any type of sexual contact with a partner. Therefore, regardless of how a person identifies, they may choose to engage in various sexual behaviors using their body parts or objects. The most important thing is always communication. It is crucial to discuss boundaries and comfort before doing anything sexual with another person to ensure a mutual understanding of what “sex” involves in that moment.

Is it OK to masturbate often? – Many people choose to masturbate, and many people choose not to. No one should ever feel pressure to masturbate if they don’t want to. It’s normal for someone to be curious about exploring their body, and masturbation can help them learn what feels good and what their boundaries are. There’s no amount of masturbation that is healthier or unhealthier. If masturbation or the urge to masturbate

¹¹⁶ California Penal Code § 261.5
Teen Talk High School, 2022

is causing physical discomfort or interfering with someone's well-being, relationships, schoolwork, or other commitments, it's a good idea to talk with a trusted adult to get support. If someone chooses to masturbate, it's important that they have clean hands and are in private. Also, a person should make this choice on their own; pressuring or forcing someone to masturbate is a crime.¹¹⁷

Is it bad to watch porn? – Pornography is any media depicting people in sexual situations or engaging in sexual behaviors. Porn is made by adults and meant to be entertainment for adults. Porn is not meant to be a realistic depiction of what sex between consenting adults looks or sounds like, and porn is **not** a substitute for sex education. Often in scenes of porn, the viewer sees no discussion of important factors like preventing pregnancy, reducing STI transmission with barrier methods, consent, etc., which are important conversations in healthy sexual relationships. Additionally, actors in porn are often selected because they have a particular feature or body type, which can lead to unrealistic expectations about self and others. A person who encounters porn might experience a variety of emotions or reactions, such as interest, excitement, fascination, disgust, fear, or self-doubt. It's normal to be curious about porn, and it's also OK not to be interested in it. A person may feel best when their sexual decision-making, including the choice to watch or not watch porn, aligns with their personal values.

What counts as “losing your virginity”? – Virginity is a social construct rooted in various cultural and religious ideals and practices around purity, chastity, and marriage. Generally, virginity means someone has not had sex; however, sex means different things to different people. Someone may have specific values around partnered sex that influence what behaviors they feel count as “losing their virginity.” There is no medical definition of virginity, and there is no physical or visible marker that someone has had sex before. For example, a person's hymen may disappear from nonsexual activities, like using a tampon or riding a bike. Ultimately, it is an individual decision whether someone considers themselves to be a virgin or whether that language feels applicable for them at all.

Is sexting safer than having sex? – Sexting, or sending someone sexual text messages (including nude photos), can be a way of connecting with a partner, building intimacy, exploring boundaries, and experiencing pleasure. Sexting doesn't involve any physical contact, so the health risks of sexual behavior (i.e. transmission of STIs) are eliminated; however, sexting can pose various social, emotional, and even legal risks, especially for people under age 18. Young people should be aware of federal laws related to child sexual abuse material (formerly known as “child pornography”), which prohibit creating, owning, or sharing any sexually explicit images of a minor. That includes a minor taking, having, or sending sexual images of themselves. Balancing the potential risks and outcomes of any sexual behavior, including sexting, is a key part of informed decision-making.

Is Teen Talk advising young people to be abstinent? – People may choose to be abstinent (i.e., not engage in any sexual behavior with a partner) for many reasons, at any point in their life. For example, abstinence is one of the safest and most effective ways to avoid sexual health risks such as STIs and unintended pregnancy. Many young people may find it beneficial to wait to engage in partnered sexual behavior until they feel mentally, emotionally, and practically prepared to balance the risks and outcomes associated with sex. Sex education that focuses exclusively on abstinence, to the exclusion of safer sex practices, aims to preserve young peoples' physical and emotional safety. However, data shows that abstinence-only education limits personal agency; reinforces harmful stereotypes; promotes misleading scientific information; increases feelings of shame, guilt, and fear; and leaves young people underprepared for healthy sexual interactions in the future.¹¹⁸ Teen Talk is designed to provide young people with the health information and social-emotional skills necessary to make informed decisions that align with their personal values, instead of providing advice or values-based suggestions.

¹¹⁷ California Penal Code § 243.4(d)

¹¹⁸ Guttmacher Institute. (2021). Federally-funded abstinence-only programs: Harmful and ineffective [fact sheet]. www.guttmacher.org/fact-sheet/abstinence-only-programs

Additional Resources

Planned Parenthood: Sex – www.plannedparenthood.org/learn/teens/sex

- Clear, helpful information for teens about sex, consent, virginity, and masturbation.

Scarleteen: Driver's Ed for the Sexual Superhighway – bit.ly/NavigatingConsent

- An inclusive, comprehensive guide for teens and emerging adults to navigate consent, including communication tips, signs to look out for, and examples of what to say.

Lesson 4 Introduction

Objectives: Introduce students to the topics covered in this lesson. Review group norms and calming strategies. Provide students with an outlet to privately communicate with the instructor and ask questions. Establish the importance of sexual agency in making decisions related to body boundaries and intimate behaviors.

Note to Instructor: Update the agenda slide in the **Lesson 4 PowerPoint** to reflect your lesson plan for the day. Be sure to pre-screen and prepare answers for the anonymous questions before addressing them with the class.

Part 1: Opening Routine

1. **Display the Welcome Question as students enter and prepare for class: “Why is consent important?”** Invite students to quietly reflect, journal, or pair-share about their response to the question.
2. **Distribute a piece of Question Box scratch paper to each student.** Remind students that this scratch paper is for writing down any questions they think of during the lesson, but it can also be used to doodle, fidget, or communicate privately with the instructor. Everyone must turn in a scratch paper with writing to the Anonymous Question Box at the end of each class session.
3. **Review the agenda for this lesson to preview the activities that will be facilitated.** Be transparent about the information that will be covered and what students will be asked to do in each part of the lesson.
4. **Review the Group Norms, emphasizing student agency to participate and self-regulate.** Remind the class to be mindful of their needs and avoid making assumptions. Group Norms for Teen Talk HS are:
 - **Respect** – listen actively; take space, make space; and practice inclusive language
 - **Communication** – identify your trusted adults, and build connections
 - **Curiosity** – keep an open mind, and ask questions openly or anonymously
 - **Privacy** – create a safe space together, and expect transparency
 - **Well-being** – feel your feelings, and find what works for you
5. **Review the examples of calming strategies that can help when a person feels uncomfortable, overwhelmed, or activated.** Encourage students to be mindful of their “window of tolerance” and empower them to engage with the material to the extent they are comfortable. Refer to **Lesson 1** (pg. 9) for additional calming strategies and explanations of specific techniques.
 - Ways to stay calm and grounded during this lesson may include:
 - **Taking care of your basic needs** – drink water, stand and stretch, or put your head down
 - **Changing your environment** – step outside, walk to the bathroom, or visit the office
 - **Utilizing focus tools** – hold a fidget toy, color, doodle, or draw on your Question Box paper
 - **Practicing grounding techniques** – try the 5-4-3-2-1 method, and don’t forget to breathe!
6. **Select 5-10 anonymous questions submitted during the previous lesson to answer during the first five minutes of class.** If time allows, answer remaining questions at the end of the lesson. The goal is to answer all questions submitted to the Question Box by the end of the course.

Note to Instructor: Prioritize answering questions about consent and sexual behaviors to cue students to the topics of the day. Practice rephrasing and using the trauma-informed language introduced in this lesson whenever possible. See **Activity 1.2** for specific guidelines and recommendations for using the Anonymous Question Box in Teen Talk HS.

Part 2: Introduction to Sexual Agency

7. **Invite volunteers to share their thoughts about the Welcome Question: “Why is consent important?”** and acknowledge the following points:
 - All interpersonal interactions can be safer and more respectful when everyone contributes to a culture of consent.
 - We practice consent every day, including in nonsexual interactions. At its core, consent is simply asking for permission and respecting the answer.
 - Asking for consent is an opportunity to recognize our personal boundaries and practice respecting the boundaries of others.
 - This involves being aware of body language, tone, emotions, and other indications of comfort and discomfort.
8. **Emphasize that individuals should always have agency over their body and sexual decisions.**
 - **Sexual agency** means that each person has **autonomy** or the right to make their own choices about who gets access to their body, when, and how. Those choices include how a person experiences intimate contact with others, such as physical contact (e.g. hugging and kissing), sexual behavior, and even medical examinations.
 - Our brain and our body systems (e.g. nervous, respiratory, circulatory, muscular) alert us when we are not feeling comfortable and help us understand our own boundaries. Building confidence in our sexual agency involves being mindful of these body responses before, during, and after intimate or sexual activity.
9. **Acknowledge the factors of socialization, peer pressure, and partner pressure that influence our sense of autonomy in sexual decision-making.**
 - While it can be difficult to overcome these external pressures, we can practice agency by honoring our own boundaries, preferences, desires, and limits.
 - Having the confidence to assert our values and clearly articulate consent or refusal will decrease confusion and vulnerability in situations that involve social pressure.
10. **Highlight the importance of recognizing personal values when making decisions about sex and intimacy.** Explain to students that:
 - Some of the topics in this lesson might not be part of your experience right now, but they may be in the future. Thinking about them in advance will help you to make healthy and intentional decisions. Personal and moral values (i.e., deciding what is right and wrong) are particularly important when it comes to sex and intimacy.
 - Taking space to reflect on what is important to us builds our values system, which is how we can weigh decisions to figure out whether our choice aligns with what feels right to us. Aligning decisions about sexual behavior with personal values and morals will help promote satisfaction, personal growth, and comfort. It can take time to establish and clarify personal values, so it’s important to take your time and decide what is right for you.

Activity 4.1: Comprehending Consent

Objectives: Define affirmative consent and explain how it is related to boundaries and body systems. Explain laws related to sexual involvement with minors. Analyze factors that affect the process of giving and receiving consent.

1. **Pose the prompt: “What is a boundary?”** Allow students to pair-share, then invite a few volunteers to share their thoughts aloud. Explain to the class that:
 - **A boundary is a limit, rule, or preference defining what *is* and is *not* acceptable.** Boundaries can be set at the societal level, like the borders of a country or property, and they can also be set at the individual level, usually based on our personal values.
 - **A *personal* boundary is a space between our needs and the needs of other people.** Personal boundaries can be visible, like wearing a mask in public or always using a condom during sex, and they can also be invisible, like not answering calls at 3 a.m. or not engaging in PDA (public displays of affection).
2. **Point out that thinking about our own boundaries is crucial to being able to communicate them.** When we can effectively communicate and set boundaries with others, we are safer, more comfortable, and able to better enjoy relationships and intimacy. This is another reason why **consent** is so important; it shows respect for others and their boundaries.
3. **Ask the class: “What are some nonsexual situations when we practice consent?”** Allow students to pair-share, then invite a few volunteers to share aloud.
 - Possible answers include when giving a hug, borrowing a pencil, or deciding what movie to watch; before drinking from someone else’s water bottle or posting a photo of a friend on social media.
4. **Remind the class that consent applies to every interaction we have with another person, whether it is sexual or not.** The basic concept of asking and respecting the other person’s response is something we can practice in our everyday interactions. For the purpose of this lesson, however, we will be focusing on sexual consent.
5. **Explain that consent is especially important in intimate situations, which can include sexual intimacy.** Since sexual behavior can potentially have more significant impacts than other kinds of intimacy, there are laws in place to help protect and support people from sexual harm.
 - We will be learning about some specific laws in California that apply to sexual consent, including how old someone must be to legally consent and what must happen between partners for consent to be present.

Part 1: Components of Sexual Consent

6. **Ask the class if anyone knows the legal age of sexual consent in California.**
 - While the legal age to consent to sexual activity varies in each state, in California the age of consent is **18 years old**. That means all partners involved in the sexual situation must be at least 18 for sex to be legally consensual.
 - Age of consent laws are intended to keep young people safe from harm or coercion, especially from adults; they are not meant to get minors in trouble for having sex.
7. **Introduce the other components of consent laws designed to help protect people from experiencing sexual contact without their consent, regardless of their age.**

- Everyone involved must be **sober** (not drunk or high). If a person is intoxicated, they cannot legally consent to have sex. Being under the influence of drugs or alcohol can change the way that people think and make decisions, and it may also create an imbalance of power in sexual situations.
 - Everyone involved must **clearly agree**. This means that an obvious “yes!” is communicated from each person. People communicate in lots of different ways, but their response should be clear to everyone involved. This is called **affirmative consent**.
8. **Optional:** For further explanation using a simple analogy, screen the video “Tea Consent (Clean)” (2:50) from YouTube: youtu.be/fGoWLWS4-kU
 9. **Explain California’s affirmative consent standard.** In the past, the rule was “no means no,” meaning that if one partner says “no,” sexual contact must stop immediately. While this is still important, it left too much room for people to misinterpret or assume what their partner does or does not want. The rule has now shifted to “only yes means yes,” meaning that sexual contact cannot even begin until everyone involved understands what is going to happen and voluntarily agrees.
 10. **Ask the class: “Why do you think we shifted to an affirmative consent standard?”** Allow students to pair-share, then invite a few volunteers to share aloud. Be sure to point out the following reasons:
 - We cannot assume what our partner is comfortable with. If someone initiates sexual contact without first getting affirmative consent, they risk crossing that person’s boundaries or causing them harm.
 - Sometimes people feel shy or guilty, or they aren’t sure how to say “no,” so they might feel pressure to go along with it even when they do not want to.
 - Affirmative consent shifts the responsibility from one partner to say “no” onto everyone to make sure they get a clear “yes!” from each other.
 11. **Explain that another reason affirmative consent is crucial has to do with the way our brain and body automatically react when we feel overwhelmed or afraid.** When the brain senses uncertainty or danger, the amygdala – the part of the brain that regulates fear and anxiety – takes over. We call this our “**fight, flight, or freeze**” response. These survival mechanisms can sometimes turn on and off even if there is no threat to physical safety. The situation might not seem “dangerous,” but the body can still go into survival mode without our conscious control.
 - When we are in “fight or flight” mode, our brain is telling our body to be ready to escape or defend itself. In a “fight” response, someone might yell or push the other person away; in a “flight” response, someone might jump up and leave the room.
 - When we are in “freeze” mode, our brain is telling our body to be ready to shut down or freeze in place. In a “freeze” response, someone may hold their breath and might find it difficult to move or speak. “Freeze” mode is especially common during intimate and sexual situations when the nervous system is overwhelmed by both the threat of physical harm and the potential for negative social-emotional outcomes.
 - Someone is likely to go into “freeze” mode when they experience sexual advances they do not want or are not ready for. For example, if they are surprised by how their partner is touching them, they may become silent or unresponsive. Physically, their brain might be perceiving that the partner could overpower them, while emotionally, they might fear causing a negative reaction from the partner or disrupting the harmony of the relationship if they say “no.” **This is why we must never interpret silence as consent.**
 12. **Point out that other automatic physical responses can happen during sexual situations – signs of sexual arousal – but these alone are not indications of consent.** A person’s body and genitals might respond to sexual contact that they do not want or find uncomfortable, called **arousal nonconcordance**.

- A person may get an erection or their vagina may produce arousal fluid simply because the body senses sexual stimulation. This is an automatic and unconscious reaction unrelated to whether a person is actually interested in or consenting to sex.

13. Summarize that affirmative consent helps give us all agency and ensures that our body's automatic responses are not misunderstood by others. How someone's body is behaving does not always align with what they feel or want, which is why we should never rely on body responses alone or assume consent.

14. Display the consent acronym "ACCEPT" and explain that affirmative consent must be:

- **A**ctive – Affirmative consent involves clear and enthusiastic agreement ("yes!"). Just because a person didn't say "no" does **not** mean they have given consent. If you are unsure, **ask** them!
- **C**hoice – Partners must feel **free** to say "yes" or "no" **voluntarily** (without fear, pressure, or coercion). If a partner bribes, threatens, or is unwilling to take "no" for an answer, it's not consent.
- **C**ontinual – Affirmative consent involves a series of check-ins to ensure partners are **comfortable** before engaging in each different sexual activity. It requires **ongoing** conversations with lots of trust. People can change their mind and revoke their consent at any time, for any reason.
- **B**ased on **E**qual Power – Partners must be **over 18** (in California) and **sober** (even if over age 21). If someone is in a vulnerable position (e.g., asleep or incarcerated), they cannot consent. If someone uses their authority, control, or significant influence to take advantage of another person (e.g., boss/employee, doctor/patient, teacher/student), consent cannot truly exist between them.
- **P**recise – In order for someone to give their consent, they must understand **specifically** what they are consenting to. If someone says "yes" to one thing (like making out) it doesn't mean they have given their consent for anything else (like having sex). Someone should never assume that their partner will be OK with something that hasn't been specified.
- **T**ransparent – It's important that partners share relevant information that would affect their decision about engaging in sexual activity. This involves **conversations** about sexual history, STI testing, birth control usage, and whether partners are having sex with other people. Withholding information (like STI status) or not following through with an ongoing agreement (like wearing a condom) is not practicing consent.

Note to Instructor: Removing a condom without consent, commonly known as "stealthing," is illegal in California. For more information, see the *Glossary for Instructors* in the accompanying ZIP file.

15. Give the class examples of "what consent sounds like" based on the ACCEPT components:

- **A**ctive – We can say "yes!" in many different ways.
- **C**hoice – Offering someone an alternative option can take the pressure off and give them space and permission to say "no."
- **C**ontinual – Checking in with a partner is important since their comfort levels and boundaries can shift. They may change their mind, and that's OK!
- **B**ased on **E**qual Power – It's **never** OK to take advantage of someone being in a vulnerable position. We should always check if someone is safe, sober, and able to consent.
- **P**recise – Using vague phrases like "hook up" can be confusing. Making a more precise suggestion (e.g., asking to give a hickey) gives someone a chance to think about their specific boundaries.
- **T**ransparent – It's important that partners share health information like STI status and birth control usage before sexual activity. Consent conversations are an opportunity for partners to get on the same page about what protective measures they will use. Additionally, transparency means checking in about exclusivity or how sex might change the relationship.

16. **Emphasize that figuring out our personal boundaries and practicing affirmative consent are both important parts of healthy intimate relationships.** They help us make informed choices and are especially important when it comes to making decisions about sex and sexual partners. We will be learning more about communication and decision-making in a future lesson.

Part 2: Consent in Practice

17. **Inform the class that this next section will help us further explore the ways that consent conversations can look and sound.** If a person is nervous or unsure about how to get affirmative consent, it can help to practice different ways to ask a partner what they are comfortable with.
18. **Acknowledge that communication is not only verbal.** A person can look for clues about how their partner is reacting to what is going on based on their **words (or silence), tone, facial expressions, and body language.** These are all important intersecting factors to assess whether a partner is relaxed or nervous, excited or uncomfortable.
19. **Point out that asking for consent is not always phrased like a question.** There are also many different ways to check in with a partner using all the ways we naturally communicate. Instead of being formal, we can ask for consent in our own words, the same way we would ask any other kind of question.
- It can sometimes sound like making a statement and waiting for the other person to respond, noticing their body language, and giving them plenty of space to react. For example, instead of asking someone, “Is it OK if I kiss you?” a person could state, “I really want to kiss you,” then wait to see if the other person smiles, looks pleased, leans toward them, or gives a positive verbal response. The important part is waiting for a response before acting!
 - People may also ask a question through their tone or body language. For example, a person might say “Hug?” in a questioning tone or by simply opening their arms wide and waiting for the other person to respond.
20. **Optional: Facilitate the “Consent Cues” activity here if time permits.**
21. **Explain that respectful negotiation is also an important aspect of consent conversations.** This can mean asking follow-up questions or making suggestions to find a compromise that feels good for everybody. It also means respecting when someone says “no” and not pushing back. We will talk more about refusal and dealing with rejection in a future lesson.
22. **To wrap up, emphasize that consent conversations get easier the more we practice.** It’s OK to feel awkward or nervous sometimes. Intimate and sexual experiences are better for everyone if those involved do not have to guess what their partner wants, and everyone feels that their boundaries will be respected. It is a lot more awkward to surprise someone with a kiss they were not ready for than to just ask!
- Using the ACCEPT model of consent helps us communicate effectively about our boundaries and actively respect our partner’s boundaries in an intimate situation. Ultimately, it is up to each of us how we want to connect intimately with ourselves and others.

Activity 4.2: Intimate Behaviors

Objectives: Define sex and abstinence. Identify which sexual behaviors have a possibility of transmitting STIs or leading to pregnancy. Analyze discrepancies between actual and perceived social norms related to sexual activity among teens. Consider how sexual decision-making can impact individuals, relationships, and society.

1. **Pose the prompt: “Why do some teens choose to have sex and some teens choose to wait?”** Allow students to pair-share, then invite volunteers to share aloud. Answers may include, but are not limited to:
 - Emotions: feeling curious, scared, excited, in love, etc.
 - Personal values: their faith, commitment, loyalty, monogamy, future goals, following the law
 - Health: wanting to avoid STIs and/or unintended pregnancy
 - Influence: peer and/or partner pressure, family values, social status (reputation), media messages (including sexually explicit media)
2. **Explain that people will usually choose to engage in, or wait to engage in, various forms of intimate behavior depending on their values, emotions, goals, and influences.** What is right for one person might not be right for another.
3. **Define “intimacy” as behavior that brings someone closer to themselves or to another person.** Intimacy can include becoming more attuned with oneself (i.e., our own needs, desires, and experiences) or with someone else (i.e., a partner’s needs, desires, and experiences). Intimacy is not always sexual, but many people choose eventually to engage in sexual forms of intimacy with themselves or others because it feels good.
4. **Draw or project the Intimate Behaviors Grid and invite students to brainstorm ideas for each quadrant.** Then display or add the following behaviors into the grid, taking time to explain each behavior:

	Solo	Partnered
Nonsexual	Self-care Exercise Meditation Making art Journaling Self-massage	Holding hands Cuddling Going on dates Giving gifts Compliments Texting
Sexual	Masturbation Fantasizing Thinking about boundaries Reading or watching videos (like TikToks or TED Talks) for sexual health education	Sexual touching Oral sex Anal sex Vaginal sex Sexting

5. **Emphasize the wide array of behaviors on the grid and point out that this is not an exhaustive list.** Intimacy and sex are expansive concepts that can be defined and practiced in many different ways. There is no universal definition of “sex” – everyone gets to decide if, when, and how they want to be sexual with another person.
 6. **Invite students to consider why some people might choose to avoid certain behaviors or quadrants entirely,** and be sure to mention the following reasons:
 - **Solo sexual intimacy:** personal preference or values
 - **Partnered nonsexual intimacy:** personal preference or values, power dynamics, guilt, unrealistic expectations, limited time or resources
 - **Partnered sexual intimacy:** physical health risks, legal or social-emotional consequences
 7. **Ask the class: “How many high school students in the U.S. have had sex?”** Invite a few volunteers to share their guesses aloud, then clarify using the following statistics:
 - The majority (62%) of high school students across the country have **not** had sex. In California, only about 1 in 4 high school students (28%) report that they have had sex.¹¹⁹
- Note to Instructor:** The 2019 Youth Risk Behavior Surveillance used the term “sexual intercourse” and allowed students to answer the question anonymously. This means the data may not be entirely accurate due to different definitions of “sex” or choosing to misrepresent personal experience (e.g., due to embarrassment, pride, values).
8. **Whether or not a person considers themselves to have had sex (or to be a “virgin”) depends on their definition of “sex,” which is often based on personal values, identities, and boundaries.**
 - Teen Talk includes four types of partnered sexual intimacy in our definition of “sex” based on their possibility of pregnancy or STI transmission.
 9. **Draw or project the Possible Health Outcomes Grid** and clarify each of the behaviors listed. Then use the following prompts to review important health information and fill in the last two ‘Yes’ or ‘No’ columns as a class.

Type of sexual contact	Risk of STI transmission?	Chance of pregnancy?
Sexual touching	YES*	YES*
Oral sex	YES	NO
Anal sex	YES	YES*
Vaginal sex	YES	YES

¹¹⁹ Lindberg, L.D., Pleasure, Z.H., & Douglas-Hall, A. (2020). Assessing state-level variations in high school students' sexual and contraceptive behavior: The 2019 youth risk behavior surveys. Guttmacher Institute. www.guttmacher.org/report/youth-risk-behavior-surveys-2019
Teen Talk High School, 2022

10. Define each partnered sexual behavior:

- **Sexual touching** – any hand-to-genital contact (e.g., handjob, fingering) or genital-to-genital contact between partners
- **Oral sex** – using a mouth on a penis, vulva, or anus
- **Anal sex** – inserting a penis or object into an anus
- **Vaginal Sex** – inserting a penis or object into a vagina

Note to Instructor: It may be useful to acknowledge **mutual masturbation**, which can include hand-to-genital contact of a partner or of oneself in the presence of a partner. If only engaging in the latter form of mutual masturbation, this behavior has little to no risk for STI transmission.

11. Ask the class: *“What should a person consider before becoming sexual with a partner?”* Answers may include, but are not limited to:

- Consent (i.e., discussing boundaries and values)
- Legality (i.e., being sober and of legal age to consent to sex)
- STI status (i.e., getting tested and sharing the results with each other)
- Pregnancy prevention (if needed)

12. Invite students to name which sexual behaviors require affirmative consent. Remind the class that *all* sexual behaviors with a partner must involve affirmative consent before engaging in them. In fact, all interactions with other people – sexual or not – should involve clear communication and mutual respect.

13. Ask the class: *“If a person has an STI, which sexual behaviors can transmit the infection to their partner?”* Invite students to vote using their thumbs: thumbs up for ‘yes,’ thumbs down for ‘no,’ or thumbs to the side for ‘unsure.’ Fill in the grid as you review the answers:

- Sexual touching – **YES***; it is possible. There may be fluid or skin-to-skin contact that can pass an infection from one body to another. **This is rare with hand-to-genital contact**, but more common with genital-to-genital contact.
- Oral sex – **YES**; it is common. STIs can enter the body through mucous membranes (warm, wet openings), including the mouth.
- Anal sex – **YES**; it is common. The anus and rectum are made of delicate tissue that can tear from friction, and STIs can enter the body easily through openings in the skin.
- Vaginal sex – **YES**; it is common for all STIs to pass this way.

14. Invite students to name the ingredients needed for a pregnancy to start and grow. Clarify that pregnancy requires one **sperm cell** and one **egg cell** to join together and grow inside of a **uterus** – there are many ways for this to happen with or without sex.

15. Ask the class: *“If partners have all three of these ingredients between them, which sexual behaviors can lead to pregnancy?”* Invite students to vote using their thumbs: thumbs up for ‘yes,’ thumbs down for ‘no,’ or thumbs to the side for ‘unsure.’ Fill in the grid as you review the answers:

- Vaginal sex – **YES**; this is the most common way for pregnancy to occur. Releasing semen inside a vagina is the easiest way for sperm to reach an egg.
- Anal sex – **YES***; it is possible (**but rare**). The anus uses muscles to push waste out of the body. If a receptive partner has a vagina, it is possible for semen to be pushed out of the anus and drip into their vagina.
- Oral sex – **NO**; it is impossible. The mouth is connected to the digestive system and is completely separate from the reproductive system. Any ingested sperm cells will be destroyed by stomach acid.

- Sexual touching – **YES***; it is possible (**but rare**). Any semen or pre-ejaculate on a hand or penis that makes contact with a vulva may introduce sperm cells into the vagina.

16. Ask the class: “What is the most effective way for a person to avoid STIs and/or unintended pregnancy?”

- If students mention condoms, explain that barrier methods can be an effective way to reduce the chances of STI transmission and pregnancy when used correctly and consistently, but they are **not** 100% effective.
- Abstinence is the **only** 100% effective method of preventing unintended pregnancy and the most effective way to prevent STI transmission.

17. Define “abstinence” as not engaging in any sexual behaviors with a partner.

- People may have different definitions of abstinence based on their moral values and beliefs about what counts as sexual behavior or “having sex.” For example, some people choose to abstain from all of the partnered sexual behaviors that we included in the grid, and some people choose to abstain from specific types of physical sexual contact (e.g., anal or vaginal sex).
 - The definition we use in Teen Talk is based around the four sexual behaviors that all have a possibility of STI transmission, many of which can also lead to pregnancy.
- Abstinence can also refer to abstaining from other things, such as drugs and alcohol. This is why Teen Talk often uses the phrase “not having sex” or “not engaging in sexual behaviors with a partner” to be more specific. This is also why it is crucial for partners to communicate about what abstinence and sex mean to them.

18. Remind the class why it is necessary to think about and discuss our boundaries and values around sex and intimacy.

- Everyone has different goals and desires that lead them to choose many, some, or none of the behaviors on the grid. Partners may practice many different forms of intimacy in ways that align with their personal values, boundaries, and preferences.
- Consent requires building trust through conversations to get to know what each partner likes and what their boundaries are. Healthy sexual intimacy all comes down to respecting each other; being someone who asks, listens, and cares about consent.

Extra Activity: Consent Cues

Objectives: Explain how body language relates to affirmative consent. Demonstrate how to respond appropriately to verbal and nonverbal cues from a partner.

Note to Instructor: This activity requires an open space for students to move (e.g., cafeteria, quad, field). If you are facilitating this activity inside a classroom, make sure chairs and backpacks are out of the way to prevent tripping.

1. **Ask the class: “What does consent look like?”**
 - Asking for permission
 - Listening to and respecting each other
 - Active participation
 - Checking in and responding to change
2. **Ask the class: “How is body language related to consent?”**
 - Our face and body can communicate a lot about how we are feeling (e.g., excitement, nervousness, pleasure, pain, fear)
 - Being aware of these signals helps determine if a boundary is being crossed
3. **Divide the class into pairs.** This is a partner-based activity that may work better if students are allowed to choose their partner.
4. **Explain the activity and expectations to the class:**
 - We are going to practice responding to different verbal and nonverbal cues from a partner.
 - Line up in two rows facing your partner, about 10 feet apart.
 - Between the two of you, determine who will be the “communicator” and who will be the “mover.”
 - When we begin, the mover will stay in motion, either moving closer or further from the communicator based on their signals.
 - It is OK if this feels awkward. You might laugh, but it is still an important skill to practice.
 - There is just one rule: NO physical contact!
5. **For each round, explain the instructions and give 30 seconds for partners to practice, then invite the class to “reset” back to their starting position.**
 - **Round 1:** the communicator can ONLY use their words – “yes” to come closer, “no” to move further away, or “maybe” to slow down
 - **Round 2:** the communicator can ONLY use **body language** (e.g., hand motions, head nodding)
 - **Round 3:** the communicator can ONLY use **facial expressions** (e.g., smiling, frowning, eyes widening)
 - **Round 4:** the communicator can use **ALL three** (words, body language, and facial expressions)
6. **After the activity, invite students to return to their seats and ask the following questions to reflect:**
 - Communicators: Which round felt easiest? Which felt hardest? Why?
 - Movers: Which round felt easiest? Which felt hardest? Why?
 - What do you think would be the best way to communicate in a sexual situation?
 - Can body language alone count as consent?

7. **Summarize the message of this activity for the class:** People may communicate their comfort or discomfort through facial expressions and body language, as well as verbal cues. Everyone involved should be clear about expectations and boundaries and be able to communicate freely if they are uncomfortable or change their mind. If a person is giving mixed signals, stop and check in with them before continuing any sexual contact. Body language and facial expressions can help clarify boundaries, but the most direct way to give affirmative consent is to use shared language to communicate.

Lesson 4 Wrap-Up

Objectives: Summarize the information covered in this lesson. Preview the topics to be covered in the next lesson. Provide examples of self-care activities to help process and refocus for the next class.

Note to Instructor: Update the “Looking Forward” slide in the **Lesson 4 PowerPoint** to accurately reflect your lesson plan for the next day.

Part 1: Closing Routine

1. **Review the content from this lesson using any of the following prompts:**
 - What is sexual agency?
 - What does the ACCEPT model stand for?
 - What are some intimate behaviors that pose fewer risks?
2. **Review the follow-up activities, assignments, or resources provided during this lesson.** Clarify what (if anything) is due the following class and what is optional for students to explore if they would like more information or support.
3. **Invite students to write something down and to submit their scratch paper to the Anonymous Question Box.** Remind the class that everyone must turn in a paper with writing to the Question Box at the end of each class session. If they do not have a question, they can write something they learned, leave a note for the instructor, or simply draw a picture.

Part 2: Looking Forward

4. **Introduce the topics that will be covered in the next lesson: Birth Control.**
 - Next class, we will explore different uses for contraception, focusing on how various methods can help prevent unintended pregnancy.
 - This will involve a lab-style activity (or group presentations) to learn more about the different types of FDA-approved birth control methods.
5. **Provide some examples of self-care to decompress after this lesson and recharge for the next topic.** Refer to **Lesson 1** (pg. 9) for additional ideas.
 - It can be helpful to move your body, get creative, rest, or connect with others, for example:
 - Go for a nature hike
 - Make a list of your favorite [movies, books, songs, foods, places, etc.]
 - Host a game night
 - Color in a coloring book

Lesson 5: Birth Control

Goals

The purpose of this lesson is to:

- Explore various reasons why people may use contraception.
- Evaluate all FDA-approved methods of preventing pregnancy and their effectiveness rates.
- Understand how behavior, barrier, and hormonal birth control methods prevent pregnancy.

Objectives

At the end of this lesson, students will be able to:

- List three reasons why a person may use contraception.
- Differentiate between behavior, barrier, and hormonal birth control methods.
- Explain how to access and properly use one birth control method.
- Compare and contrast the safety and effectiveness rates of two birth control methods.
- Identify two birth control methods that also reduce the risk of contracting HIV and other STIs.

Why Is This Important?

In the U.S. nearly 50% of young women ages 15-19 experience pregnancy, the vast majority of which are unintended.¹²⁰ Among high school students who are sexually active, slightly more than half (54%) reported using a condom the last time they had sex, less than one third (29%) reported using a hormonal birth control method, and just 8% reported using both.¹²¹ Studies have shown that if young people have up-to-date, medically accurate information about birth control, they are more likely to obtain and use it correctly, which can lower the rates of unintended pregnancies.¹²²

Sexual and reproductive healthcare access is a crucial part of lifelong wellness. In this lesson, students learn that there are many different methods of preventing pregnancy and that certain methods may be preferable based on a person's body and lifestyle. These methods are widely accessible at local clinics, and young people can easily qualify for free birth control through California's Family PACT program. This lesson also reinforces the importance of talking with a medical provider if a person is considering having sex. Abstinence from sexual behaviors with a partner is emphasized as the **only** 100% effective way to prevent unintended pregnancy and the **most** effective way to lower the risk of contracting HIV and other STIs. While this method is the most effective, it may not be practical for every young person, now or in the future. Learning about all FDA-approved methods of contraception allows students to explore the variety of options and consider which may work best for them and their goals.

Students who identify as LGBTQ+ may feel excluded from this lesson, especially if pregnancy through sex is not a possibility for them. Also, preventing pregnancy is not necessarily a goal for all students. This lesson acknowledges that contraceptives often have additional effects that may be beneficial beyond preventing pregnancy. For example, a person may use hormonal birth control to help reduce acne, to treat PCOS (ovarian cysts), or to skip periods. Barrier methods (e.g., condoms) also help reduce the risk of HIV and other STIs if used correctly and consistently. Contraception is not only for heterosexual people who are sexually active.

120. Kost, K., Maddow-Zimet, J. & Arpaia, A. (2017). Pregnancies, births and abortions among adolescents and young women in the United States, 2013: National and state trends by age, race and ethnicity. www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013

121. Centers for Disease Control and Prevention. (2017). Youth risk behavior survey: Data summary & trends report, 2007-2017. Division of Adolescent and School Health. www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf

122. Davtyan C. (2000). Evidence-based case review: Contraception for adolescents. *The Western Journal of Medicine*, 172(3), 166-171. DOI: 10.1136/ewjm.172.3.166

Activity	Time in class (min.)	Can be done as HW?	Materials	Preparation
Lesson 5 Introduction	10-15		<ul style="list-style-type: none"> • Question Box • Scratch paper • Lesson 5 PowerPoint 	<ul style="list-style-type: none"> • Cut paper into 3" x 4" pieces • Review anonymous questions and prepare responses • Update the Agenda slide in Lesson 5 PowerPoint • Review background info on contraceptive methods and menstrual management
5.1 Birth Control Stations	35-60		<ul style="list-style-type: none"> • Lesson 5 PowerPoint • Birth control info cards (laminated if possible) • 8-10 lab trays • Sample birth control methods 	<ul style="list-style-type: none"> • Print Birth Control Stations worksheet (one per student) • Set up 8-10 stations around the room, each with an info card and sample of the birth control method (if available)
5.2 It Depends on the Situation	10-20		<ul style="list-style-type: none"> • Lesson 5 PowerPoint • It Depends on the Situation scenarios (laminated if possible) 	
Lesson 5 Wrap-Up	5		<ul style="list-style-type: none"> • Lesson 5 PowerPoint 	<ul style="list-style-type: none"> • Update the Looking Forward slide in Lesson 5 PowerPoint
Total Minutes for Lesson 5:	60-100			
Extra: Birth Control Ads	20-45	Yes	<ul style="list-style-type: none"> • Blank 8" x 11" paper (one per student) • Colored pencils or markers 	<ul style="list-style-type: none"> • Print Birth Control Ads worksheet (one per student)
Extra: Birth Control Skits	30-60		<ul style="list-style-type: none"> • Birth control info cards (laminated if possible) • Answer Key • Costumes and props • Sample birth control methods 	<ul style="list-style-type: none"> • Print Lights, Camera, Action! worksheet (one per small group) • Print Night at the Oscars worksheet (one per student)
Extra: What's My Method?	10-20		<ul style="list-style-type: none"> • Answer Key 	

Background Information

Key Messages of Lesson 5

- People use contraception for many different reasons that **may or may not** be related to preventing unintended pregnancy. For example:
 - Barrier methods are quite effective at reducing STI transmission.
 - Hormonal methods can be used for hormonal regulation and menstrual management, among other reasons.
- When it comes to choosing birth control, it's important for a person to **talk with a medical provider** about their mental and physical health, their sexual behaviors and partners, as well as their reproductive goals.
 - In general, the best method is one that a person will use correctly and consistently.
- If engaging in sexual behaviors that could result in a pregnancy, it is important for partners to **share responsibility** for preventing unintended pregnancy.
 - A person with a uterus can choose from a variety of hormonal or non-hormonal contraceptives.
 - A person that makes sperm cells can use a condom. They can also support their partner in accessing or correctly using their chosen contraceptive method (e.g., picking up the prescription, reminding them to take their pill, accompanying them to appointments).

Types of Contraception

While contraception is designed with the intent to prevent pregnancy, many people may utilize certain birth control methods for purposes unrelated to reproduction. For example, some hormonal methods can be prescribed to help regulate or suppress menstruation, reduce heavy bleeding or cramps, and prevent hormone-related migraines or acne. Additionally, some behavioral and barrier methods reduce the risk of contracting certain STIs. Even if a person is not concerned with preventing pregnancy, they may want to consult with a medical provider to discuss how different contraception methods may be useful to their health goals. *For more information about the specific methods, including their effectiveness rates and proper usage, see the **Glossary for Instructors** in the accompanying ZIP file.*

Behavior Methods

- **Abstinence** – not engaging in sexual behaviors with other people
 - This method is the **only 100% effective method** to prevent pregnancy and also the most effective way to prevent STIs.
- **Fertility Awareness** – monitoring the body for signs of ovulation and avoiding sexual behaviors that could lead to pregnancy during these times of the month
 - This method may be difficult to practice accurately and consistently, especially for those with an irregular menstrual cycle (which is very common among adolescents).
- **Withdrawal** (“pull-out”) – removing the penis from the vagina or anus before ejaculating
 - This method is **not recommended** as it can be difficult to practice accurately and consistently, and pre-ejaculatory fluid may still contain sperm cells.

Barrier Methods

- **Condom** – a thin, flexible sleeve worn on an erect penis to catch semen and pre-ejaculatory fluid that may come out of the penis during sex
 - This method is also effective at preventing many STIs.

- **Internal Condom (FC2)** – a thin, flexible pouch worn inside of a vagina or anus to catch semen and pre-ejaculatory fluid that may come out of the penis during sex
 - This method is also effective at preventing many STIs.
- **Diaphragm** – a flexible, rubber dome placed at the back of the vagina to physically block sperm cells from entering the uterus
 - This method is more effective when used with spermicide.
- **Cervical Cap** – a flexible, plastic dome that covers the cervix with suction to physically block sperm cells from entering the uterus
 - This method is more effective when used with spermicide.

Hormonal Methods

- **Pill** – a daily oral medication to prevent ovulation, thicken cervical mucus, and thin endometrium
 - Pills that only contain progestin (a.k.a the “mini-pill”) may not prevent ovulation.
- **Patch (Xulane)** – a thin, beige sticker applied to the skin to prevent ovulation, thicken cervical mucus, and thin endometrium
- **Ring (NuvaRing, ANNOVERA)** – a flexible, plastic ring placed into the vagina to prevent ovulation, thicken cervical mucus, and thin endometrium
- **Shot (Depo-Provera)** – an injection of hormones to thicken cervical mucus and thin endometrium
 - This method may also prevent ovulation in some users.
- **Implant (Nexplanon)** – a small, flexible rod placed into the upper inner arm to prevent ovulation, thicken cervical mucus, and thin endometrium
 - This method is a long-acting reversible contraceptive (LARC).
- **IUD (Mirena, Kyleena, Liletta, Skyla)** – a small, flexible T-shaped rod placed in the uterus to thicken cervical mucus and thin endometrium
 - This method is a long-acting reversible contraceptive (LARC) and may also prevent ovulation in some users.
- **Emergency Contraception Pill (Plan B, ella)** – a single dose of oral medication taken within 3-5 days after unprotected sex to prevent ovulation, thicken cervical mucus, and thin endometrium

Other (Non-Hormonal) Methods

- **Copper IUD (ParaGard)** – a small, flexible T-shaped rod wrapped in copper wire and placed in the uterus to inactivate sperm cells
 - This method can also act as emergency contraception if inserted within 5 days after unprotected sex.
- **Spermicide (nonoxonyl-9)** – a chemical solution inserted into the vagina before sex to inactivate sperm cells
 - This method can be used alone or in combination with a barrier method.
- **Vaginal Gel (Phexxi)** – a chemical solution inserted into the vagina before sex to change the pH balance of the vagina, creating an acidic environment to inactivate sperm cells
- **Sterilization** – a surgical procedure to permanently close off the vas deferens (vasectomy) or Fallopian tubes (tubal ligation)
 - This method is only available to people over 21 in the U.S.

Menstrual Management

Experiencing a period each month can bring up a lot of different thoughts, feelings, and emotions. Some people find that experiencing their period makes them feel more connected to their body. Other people find the experience of menstruating to be incredibly uncomfortable and dysphoric. Here are a few important things to know about periods and their relationship to physical and emotional well-being:

Is it safe for a trans or nonbinary person taking testosterone to use hormonal birth control? – In short, yes. A person who has a uterus and ovaries and who uses testosterone for gender-affirming hormone therapy can use any birth control method.¹²⁶ While many transmasculine people (assigned female at birth) choose to avoid hormonal methods that contain estrogen, progestin-only methods – such as the “mini-pill” and Depo shot – do not interact with testosterone and may also help decrease monthly bleeding, which can support gender euphoria. It is also important to note that transfeminine people (assigned male at birth) should not rely on hormonal contraceptives as gender-affirming hormone therapy as these methods do not contain the same form and dose of hormones typically prescribed for this type of medical transition.¹²⁷

Can a teen get sterilized if they know they never want to reproduce? – Sterilization is a medical procedure designed to permanently remove a person’s ability to get pregnant or get someone pregnant. People who make sperm cells can choose to have a vasectomy, and people with egg cells can choose to have a tubal ligation. However, these options are **not legally available to people under age 21** in the U.S. (with rare medical exceptions).¹²⁸ Historically, people with disabilities and those with certain racialized or otherwise marginalized identities have been subjected to forced sterilization. Sometimes, these harmful procedures that undermine reproductive autonomy still happen today.¹²⁹ Choices affecting reproduction, like sterilization, are very personal and require informed consent.

Additional Resources

Bedsider – www.bedsider.org

- A comprehensive visual guide for instructors to find clear, helpful information about birth control methods.
- Also available in Spanish.

Hello Clue: Birth Control – www.helloclue.com/articles/birth-control

- A collection of teen-friendly articles about birth control, including information about the science of hormones, common myths and misconceptions, and birth control options for male bodies.

Hello Clue: LGBTQIA – www.helloclue.com/articles/lgbt

- A collection of teen-friendly articles about birth control for trans and nonbinary people, including information about hormone therapy and fertility.

Pandia Health: Birth Control FAQs – www.pandiahealth.com/faq

- A collection of answers to frequently asked questions about birth control methods, including information about proper use, effectiveness rates, side effects, access, privacy, insurance, contraindications, and how different hormonal methods may affect periods.
- Provides online appointments, referrals, and contraceptive prescriptions delivered by mail.

Planned Parenthood: Birth Control – www.plannedparenthood.org/learn/birth-control

- Clear, helpful information for teens about birth control, including methods that are best at preventing pregnancy, are easiest to use, help with periods, help prevent STDs, and have less or no hormones.

¹²⁶ American College of Obstetricians and Gynecologists' Committee on Gynecologic Practice and Committee on Health Care for Underserved Women. (2021). Health care for transgender and gender diverse individuals: ACOG committee opinion, number 823. *Obstetrics & Gynecology*, 137(3), e75-e88. DOI: [10.1097/AOG.0000000000004294](https://doi.org/10.1097/AOG.0000000000004294)

¹²⁷ Ray, L. (2019). What trans and nonbinary people need to know about birth control. *Clue*. www.helloclue.com/articles/culture/what-trans-and-nonbinary-people-need-to-know-about-birth-control

¹²⁸ American College of Obstetricians and Gynecologists' Committee on Ethics. (2017). Sterilization of women: Ethical issues and considerations: ACOG committee opinion, number 695. *Obstetrics & Gynecology*, 129(4), e109-e116. DOI: [10.1097/AOG.0000000000002023](https://doi.org/10.1097/AOG.0000000000002023)

¹²⁹ Patel, P. (2017). Forced sterilization of women as discrimination. *Public Health Reviews*, 38(15). DOI: [10.1186/s40985-017-0060-9](https://doi.org/10.1186/s40985-017-0060-9)

Lesson 5 Introduction

Objectives: Introduce students to the topics covered in this lesson. Review group norms and calming strategies. Provide students with an outlet to privately communicate with the instructor and ask questions. Explain why people may use contraception for reasons other than preventing unintended pregnancy.

Note to Instructor: Update the agenda slide in the **Lesson 5 PowerPoint** to reflect your lesson plan for the day. Be sure to pre-screen and prepare answers for the anonymous questions before addressing them with the class.

Part 1: Opening Routine

1. **Display the Welcome Question as students enter and prepare for class: “Why might someone use birth control for reasons other than preventing pregnancy?”** Invite students to quietly reflect, journal, or pair-share about their response to the question.
2. **Distribute a piece of Question Box scratch paper to each student.** Remind students that this scratch paper is for writing down any questions they think of during the lesson, but it can also be used to doodle, fidget, or communicate privately with the instructor. Everyone must turn in a scratch paper with writing to the Anonymous Question Box at the end of each class session.
3. **Review the agenda for this lesson to preview the activities that will be facilitated.** Be transparent about the information that will be covered and what students will be asked to do in each part of the lesson.
4. **Review the Group Norms, emphasizing student agency to participate and self-regulate.** Remind the class to be mindful of their needs and avoid making assumptions. Group Norms for Teen Talk HS are:
 - **Respect** – listen actively; take space, make space; and practice inclusive language
 - **Communication** – identify your trusted adults, and build connections
 - **Curiosity** – keep an open mind, and ask questions openly or anonymously
 - **Privacy** – create a safe space together, and expect transparency
 - **Well-being** – feel your feelings, and find what works for you
5. **Review the examples of calming strategies that can help when a person feels uncomfortable, overwhelmed, or activated.** Encourage students to be mindful of their “window of tolerance” and empower them to engage with the material to the extent they are comfortable. Refer to **Lesson 1** (pg. 9) for additional calming strategies and explanations of specific techniques.
 - Ways to stay calm and grounded during this lesson may include:
 - **Taking care of your basic needs** – drink water, stand and stretch, or put your head down
 - **Changing your environment** – step outside, walk to the bathroom, or visit the office
 - **Utilizing focus tools** – hold a fidget toy, color, doodle, or draw on your Question Box paper
 - **Practicing grounding techniques** – try the 5-4-3-2-1 method, and don’t forget to breathe!
6. **Select 5-10 anonymous questions submitted during the previous lesson to answer during the first five minutes of class.** If time allows, answer remaining questions at the end of the lesson. The goal is to answer all questions submitted to the Question Box by the end of the course.

Note to Instructor: Prioritize answering questions about contraception to cue students to the topic of the day. Practice rephrasing and using the inclusive language introduced in this lesson whenever possible. See **Activity 1.2** for specific guidelines and recommendations for using the Anonymous Question Box in Teen Talk HS.

Part 2: Introduction to Alternative Uses for Contraception

7. Ask for volunteers to share their thoughts about the Welcome Question: *“Why might someone use birth control for reasons other than preventing pregnancy?”* and acknowledge the following reasons:
 - **STI prevention** – Even if people are having a type of sex where pregnancy is not possible, they can still lower their risk of STI transmission by using a barrier method, like a condom.
 - **Period symptoms** – If a person is experiencing severe discomfort or health issues related to their period (e.g., anemia, endometriosis, PCOS [polycystic ovarian syndrome]), hormonal contraceptives can be a useful treatment in many cases. Such symptoms may include, but are not limited to, painful cramps, heavy bleeding, and hormone-related acne or migraines.
 - **Menstrual suppression** – While many people find their period to be manageable or even reassuring, periods may also pose a significant inconvenience or health risk for some. For example, periods might result in soiled clothing or might hinder school or work performance due to physical discomfort. Hormonal contraceptives can be used to safely skip periods, occasionally or on a regular basis.¹³⁰ This might be especially useful for athletes, travelers, or anyone who experiences gender dysphoria from having a period.
 - It is only medically necessary to have a menstrual cycle (specifically to ovulate) if a person is trying to conceive (i.e., become pregnant).
 - **Gender alignment** – For people who are transmasculine or nonbinary, menstruation (and pregnancy) can contribute to gender dysphoria. It may also be a safety concern that having periods (or being pregnant) could “out” someone as being assigned female at birth. Using hormonal contraceptives to suppress menstruation (and/or prevent pregnancy) can be used in combination with gender-affirming hormone therapy.
 - People assigned male at birth should not use hormonal contraceptives, but they may use other prescription hormones that contain anti-androgen as well as estrogen and/or progesterone as part of their process of gender affirmation.¹³¹
8. Point out that **contraceptive methods involving hormones are only designed for people who have a uterus**. They also require a prescription, so anyone interested in using hormonal contraception should talk with a medical provider to learn how to use the method in a safe and effective way – for pregnancy prevention or otherwise.
9. Explain that the terms **“birth control”** and **“contraception”** are interchangeable; the former is more commonly used in general, while the latter is often used in medical settings. Some people may have a preference on terminology depending on their intentions. For example, a person aiming to prevent pregnancy may be more likely to use “birth control,” while a person aiming to suppress menstruation may prefer the term “contraception.” Throughout Teen Talk, we switch between these terms to acknowledge and be inclusive of the many different reasons a person may choose to use these methods.
10. Acknowledge that, although there are many reasons that a person may use contraception, this lesson will be largely focused on preventing unintended pregnancies in order to reach personal goals related to sexual behavior and family planning.

¹³⁰ Pandia Health. (n.d.). Periods optional. <https://bc.pandiahealth.com/periods-optional>

¹³¹ Ray, L. (2019). What trans and nonbinary people need to know about birth control. *Clue*. www.helloclue.com/articles/culture/what-trans-and-nonbinary-people-need-to-know-about-birth-control

Activity 5.1: Birth Control Stations

Objectives: Compare and contrast all FDA-approved methods to prevent unintended pregnancy. Describe how hormonal and barrier birth control methods prevent pregnancy. Explain proper use and effectiveness rate of one birth control method. Identify which birth control methods also offer protection against most STIs.

1. Explain that if a person does not want to cause or experience pregnancy, there are many things they can do to reduce the chance of unintended pregnancy.
2. Invite students to brainstorm or pair-share types of birth control. Here are some common examples:
 - Abstinence/Not having sex
 - Condom
 - Internal condom (FC2)
 - Pill
 - Patch (Xulane)
 - Ring (NuvaRing, ANNOVERA)
 - Shot (Depo-Provera)
 - Implant (Nexplanon)
 - IUD (Mirena, Liletta, Kyleena, Skyla, ParaGard)
 - Emergency contraception (Plan B, ella, ParaGard)
 - Spermicide (nonoxonyl-9)
 - Vasectomy or tubal ligation (sterilization)
 - Withdrawal (“pull-out”)
3. Explain that birth control methods are typically grouped into three categories:
 - **Barrier methods** – items a person can wear on their penis or in their vagina to physically block sperm from reaching an egg
 - **Hormonal methods** – medications a person can take to prevent ovulation (stops the ovaries from releasing an egg each month), thicken cervical mucus (blocks sperm cells from entering the uterus), and thin endometrium (prevents implantation of a fertilized egg)
 - **Behavior methods** – actions a person can do or avoid doing to prevent a pregnancy
 - **Other methods** – there are several other methods that are less commonly used, including permanent sterilization methods only available to adults
4. Explain the activity:
 - Each group will spend **3-5 minutes** at each birth control station.
 - Have one person in the group read the information card aloud and work together to find the answers to each question in the box.
 - Be careful and respectful with the sample birth control materials.
 - When the timer sounds, **leave the materials** and move clockwise to the next station.
5. **Divide the class into 10 groups.** If you decide to facilitate the ‘Not Having Sex’ station as an example for the entire class, divide students into 9 groups. You can also combine the two condom stations and divide students into 8 groups.
6. Give each student a copy of the Birth Control Stations worksheet.

7. Give each group an information card and sample birth control method. If sample methods are not available, you may include photos with each station.
8. Set a timer for 3-5 minutes based on available time. Consider students' literacy and energy levels. During the activity, move around the room to answer questions and explain the sample methods.
9. When the timer sounds, encourage all groups to rotate at the same time and in the same direction. Repeat until each group has visited each station.
10. After the activity, invite students to return to their original seat and ask the class some of the following questions to review key information:
 - *Which are the most effective methods?*
 - Not having sex is the only 100% effective method to prevent unintended pregnancy. If a person is deciding to have sex that can lead to reproduction, the **IUD** and **Implant** are both over 99% effective in preventing unintended pregnancy.
 - *Which are the longest lasting methods?*
 - Not having sex can be used for as long as a person decides to. If a person is deciding to have sex that can lead to reproduction, **IUDs** protect against pregnancy for 3-10+ years (depending on the type), and the **Implant** is effective for 3-5 years.
 - *Which methods also help protect against STIs?*
 - Not having sex greatly reduces a person's risk of being exposed to STIs. If a person is deciding to have oral, anal, or vaginal sex, using one **condom** or **internal condom** can help protect against many STIs, including HIV. If a person is performing oral sex on a vulva or anus, a **dental dam** can shield from skin-to-skin contact and the exchange of body fluids.
 - *Which methods allow the user to skip their period if they choose to?*
 - Some hormonal methods allow the user to decide if they wish to have their period during the 4th week of the month, or continue the course of hormones without interruption and skip their period:
 - **Pill** – The user can choose to discard the non-hormonal pills at the end of their pack and continue with the hormonal pills in their next pill pack to skip their period.
 - **Patch** – The user can choose to wear their patch during the 4th week of the month (instead of going for one week without a patch) to skip their period.
 - This method should **not** be used for more than 12 consecutive weeks without allowing for a period (it can increase the risk of blood clots and stroke)
 - **Ring** – The user can choose to wear their ring during the 4th week of the month (instead of going for one week without a ring) to skip their period.
 - *Why is the withdrawal method not an effective or recommended method of birth control?*
 - It can be difficult to predict the exact moment of ejaculation and remove the penis on time. Also, pre-ejaculatory fluid can carry sperm cells out of the body before or during sex.
 - *How can partners share the responsibility of pregnancy prevention?*
 - One partner could use a hormonal or non-hormonal method and the other partner could wear a condom, remind them to take or change their method on time, accompany their partner to appointments, pick up prescriptions, etc.

- *If a person needs or wants more privacy around their birth control use, which methods are considered “partner-independent”?*
 - Even as a teen, everyone has the right to keep their sexual health information and medical records private. A person can use the Confidential Communications Request form at www.myhealthmyinfo.org to ensure their birth control use will be kept confidential from family or partners. If a partner is controlling or preventing birth control use, talk with a trusted adult or medical provider; **reproductive coercion is not OK**. Some of the more private methods of preventing pregnancy include:
 - **IUD** – placed in the uterus; a medical provider can trim the plastic strings to prevent feeling them inside the vagina
 - **Implant** – placed in the inner arm; after bruising from insertion subsides, the rod is unnoticeable under the skin
 - **Shot** – can receive injections privately every 3 months at a clinic or medical office
 - **Sterilization** – a permanent surgical option for people who are sure they do not want to reproduce anymore (available in CA to people age 21+)

Birth Control Stations

Name: _____ Date: _____ Period: _____

Not Having Sex

Not having sex is _____ % effective.

If a person is choosing not to have sex, why is it important to discuss this with their partner?

What are two advantages of not having sex?

-
-

About how many high school students in California have NOT had sex?

Emergency Contraception

Emergency contraception is _____ % effective.

How does a person use this method correctly?

Name two situations in which a person may decide to use emergency contraception:

-
-

Where can a person get emergency contraception?

Condom

Condoms are _____ % effective.

Where can a person get condoms for free?

What are two advantages of using a condom?

-
-

What can make a condom less effective?

Internal Condom

Internal condoms are _____ % effective.

How does this method prevent pregnancy?

How can the internal condom be modified for use during anal sex?

What are two advantages of internal condoms?

-
-

Pill

Birth control pills are _____ % effective.

How does a person use this method correctly?

What can make birth control pills less effective?

Patch

The patch is _____ % effective.

How long does each patch stay on the body?

What are two advantages of using the patch?

-
-

Ring

The vaginal ring is _____ % effective.

How does the ring prevent pregnancy?

How long does each ring stay in the vagina?

Shot

The Depo shot is _____ % effective.

How often does a person need to get the shot?

Name two local clinics where a person can get the shot:

-
-

Implant

The implant is _____ % effective and lasts for _____ years.

How does the implant prevent pregnancy?

What are two advantages of the implant?

-
-

IUD

The IUD is _____ % effective.

The hormonal IUDs last _____ years and works by:

The copper IUD lasts _____ years and works by:

Not Having Sex

Effectiveness: 100%

How It Works:

Not having sex prevents pregnancy by not allowing semen or pre-ejaculatory fluid to enter into a vagina. Partners can still show love or affection in other ways, such as hugging, kissing, holding hands, cuddling, and going on dates. By avoiding vaginal, anal, and oral sex, as well as genital skin-to-skin contact, **not having sex also protects against most STIs.**



How To Use It:

A person may decide at any time that not having sex is the right choice for them based on their values or priorities. It is important to discuss this decision with any partners so they can clearly understand and respect these boundaries. Once partners agree to not have sex, avoid any contact between penis and vagina or anus. This is a very common birth control method for teens; **about three quarters of high school students in California have NOT had sex.**¹³²

Advantages:

- + The **only** 100% effective way to prevent unintended pregnancy
- + The **best** way to lower the risk of contracting HIV and many other STIs
- + Does not require a prescription or visit to a medical provider
- + Does not affect hormones
- + Is completely free
- + Can start and stop any time, even if a person has had sex before

Disadvantages:

- Some people may find it difficult to refrain from sex, especially without open communication about boundaries and values
- Deciding to have sex without discussing it first may leave partners without adequate protection against pregnancy or infection

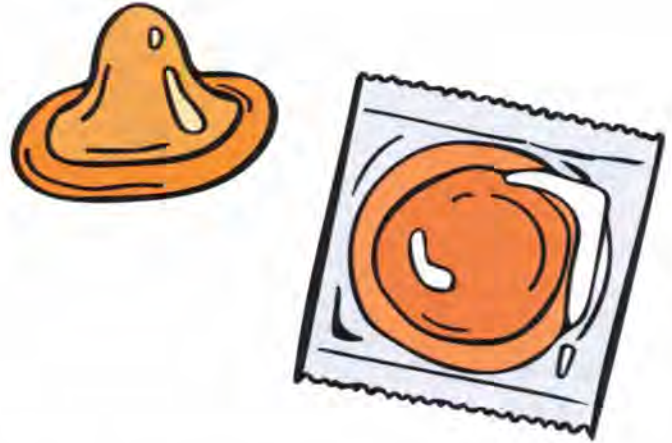
¹³² Lindberg, L.D., Pleasure, Z.H. & Douglas-Hall, A. (2020). Assessing state-level variations in high school students' sexual and contraceptive behavior: The 2019 youth risk behavior surveys. Guttmacher Institute. www.guttmacher.org/report/youth-risk-behavior-surveys-2019

Condom

Effectiveness: 82% – 98%

How It Works:

The condom is a thin, flexible sleeve that is rolled over an erect penis and worn during sex to catch any semen and pre-ejaculatory fluid that may come out of the penis. **For effective protection, use one during vaginal, anal, or oral sex.**



How To Get It:

Condoms are available for free at most health clinics, or they can be purchased at any pharmacy or supermarket. There is no age requirement to buy condoms.

How To Use It:

Pinch the tip of the unrolled condom with one hand, and roll it down to the base of an erect penis with the other hand. **Only use one condom at a time**; using more than one at the same time causes friction which may cause the condoms to break. **Only use water-based or silicone-based lubricants**; oil-based lubricants will cause latex condoms to break. Change into a new condom between each sex act (especially from anal to vaginal or oral sex).

Advantages:

- + Decreases the risk of contracting HIV and many other STIs
- + Does not require a prescription or visit to a medical provider
- + Does not affect hormones
- + Inexpensive or free
- + Widely available in stores and clinics
- + Also available in non-latex materials (for people with latex allergies)

Disadvantages:

- Can break or slip off during sex, especially if not used correctly
- Does not cover entire genital area; some STIs can still be passed through genital skin-to-skin contact
- Condoms containing spermicide (nonoxynol-9) can cause skin irritation and increase the risk of contracting HIV and many other STIs
- Natural ("lambskin") condoms do not protect against HIV or STIs

Internal Condom

Effectiveness: 79% – 95%

How It Works:

The internal condom (formerly known as a female condom; sold as FC2) is a thin, flexible pouch that is inserted into a vagina or anus and worn during sex to catch any semen and pre-ejaculatory fluid that may come out of the penis. **For effective protection, use one during vaginal or anal sex.**

How to Get It:

Internal condoms are available for free at many health clinics, or they can be purchased at a pharmacy or online at fc2.us.com. There is no age requirement to buy condoms.

How To Use It:

For vaginal sex, pinch the inner ring to help insert the condom into the vagina. For anal sex, remove the inner ring and gently push the condom into the anus. The outer ring of the condom should remain on the outside of the vagina or anus, and a penis is inserted into the plastic pouch during sex. **Only use one condom at a time;** using more than one at the same time causes friction which may cause the condoms to break.

Advantages:

- + Decreases the risk of contracting HIV and many other STIs
- + Does not require a prescription or visit to a medical provider
- + Does not affect hormones
- + Inexpensive or free
- + Made from nitrile (safe for people with latex allergies)

Disadvantages:

- Can break, slip out, or get pushed into the vagina or anus during sex, especially if not used correctly
- Does not cover entire genital area; some STIs can still be passed through genital skin-to-skin contact



Pill

Effectiveness: 91% – 99%

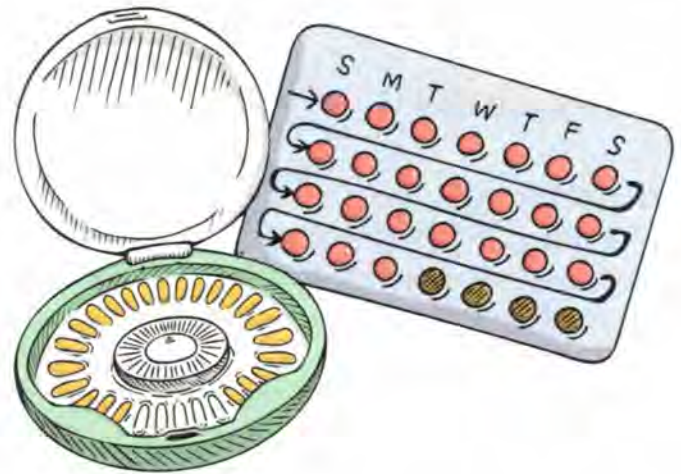
How It Works:

The birth control pill is a daily oral dose of hormones. There are two types:

combination pills (estrogen and progestin) and **"mini-pills"** (progestin-only). Both types

thicken the mucous around the cervix, making it harder for sperm cells to pass through, and also thin the lining of the uterus (endometrium) to prevent implantation

of a fertilized egg. A difference is that the combination pill prevents an egg from being released each month (stops ovulation), while the mini-pill may or may not do this.



How To Get It:

Getting the pill requires a prescription from a medical provider. Prescriptions obtained in person or online can be fulfilled at most clinics and pharmacies or delivered by mail.

How To Use It:

Take one pill at the **same time every day**. Some pill packs include 4 or 7 inactive (hormone-free) pills to allow for a monthly period. Missing a pill, taking it at different times each day, or combining it with certain medications can make this method less effective. A person beginning the pill for the first time should use a back-up birth control method (e.g., condom) for at least 7 days until their body adjusts to the hormones.

Advantages:

- + Helps regulate the menstrual cycle
- + May help with cramps, heavy periods, endometriosis, PCOS (ovarian cysts), anemia (low iron), migraines, acne, and unwanted hair growth
- + May decrease the risk of uterine, ovarian, and colorectal cancers

Disadvantages:

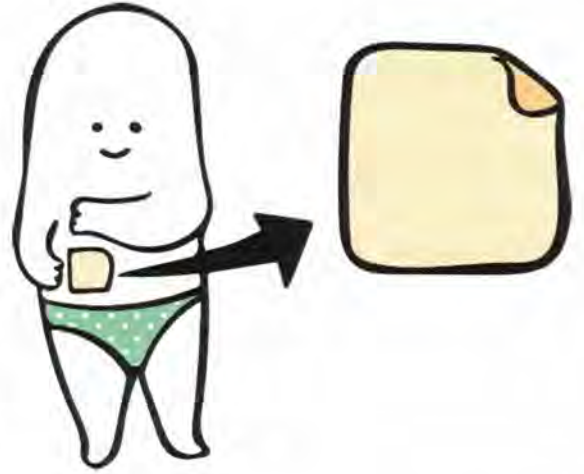
- Does not protect against STIs
- Possible side effects include breakthrough bleeding ("spotting"), headaches, nausea, breast tenderness, and mood changes
- Serious problems are rare, but may occur; talk with a medical provider about any concerns or warning signs
- May be less effective if taking certain medications or supplements; talk with a medical provider before starting the pill

Patch

Effectiveness: 91% – 99%

How It Works:

The birth control patch is a thin, beige sticker that slowly releases hormones (estrogen and progestin) into the skin. These hormones prevent an egg from being released from the ovary each month (ovulation). They also thicken the mucus around the cervix, making it harder for sperm cells to pass through, and thin the lining of the uterus (endometrium) to prevent implantation of a fertilized egg.



How To Get It:

Getting the patch requires a prescription from a medical provider. Prescriptions obtained in person or online can be fulfilled at most clinics and pharmacies or delivered by mail.

How To Use It:

Stick one patch to the skin (lower abdomen, buttocks, upper back, or outer arm) and leave for **one week**. Replace with a new patch in a different location on the body for the 2nd week, then replace again for the 3rd week. No patch is worn during the 4th week to allow for a monthly period. Not replacing a patch on time can make this method less effective. A person beginning the patch for the first time should use a back-up birth control method (e.g., condom) for at least 7 days until their body adjusts to the hormones.

Advantages:

- + Helps regulate the menstrual cycle
- + May help with cramps, heavy periods, endometriosis, PCOS (ovarian cysts), anemia (low iron), migraines, acne, and unwanted hair growth
- + May decrease the risk uterine, ovarian, and colorectal cancers

Disadvantages:

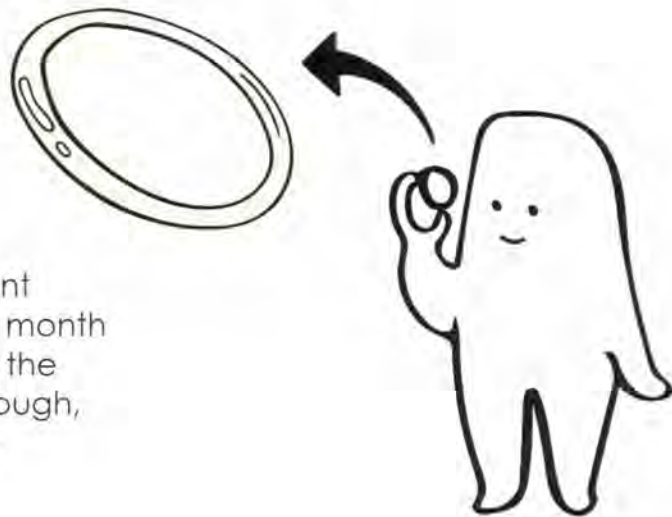
- Does not protect against STIs
- Possible side effects include breakthrough bleeding ("spotting"), headaches, nausea, breast tenderness, mood changes, and skin irritation
- Serious problems are rare, but may occur; talk with a medical provider about any concerns or warning signs
- May be less effective if taking certain medications or supplements; talk with a medical provider before starting the patch

Ring

Effectiveness: 91% – 99%

How It Works:

The birth control ring is a flexible, plastic ring that slowly releases hormones (estrogen and progestin) into the vagina. These hormones prevent an egg from being released from the ovary each month (ovulation). They also thicken the mucus around the cervix, making it harder for sperm cells to pass through, and thin the lining of the uterus (endometrium) to prevent implantation of a fertilized egg.



How To Get It:

Getting the ring requires a prescription from a medical provider. Prescriptions obtained in person or online can be fulfilled at most clinics and pharmacies or delivered by mail.

How To Use It:

Unroll the ring, insert it into the vagina, and leave in place for **three weeks**. No ring is worn during the 4th week to allow for a monthly period. If using the 1-month ring, discard into the trash after a single use; if using the 1-year ring, rinse and store in its container for one week, then reinsert for another 3 weeks. Not replacing the ring on time can make this method less effective. A person beginning the ring for the first time should use a back-up birth control method (e.g., condom) for at least 7 days until their body adjusts to the hormones.

Advantages:

- + Helps regulate the menstrual cycle
- + May help with cramps, heavy periods, endometriosis, PCOS (ovarian cysts), anemia (low iron), migraines, acne, and unwanted hair growth
- + May decrease the risk of uterine, ovarian, and colorectal cancers

Disadvantages:

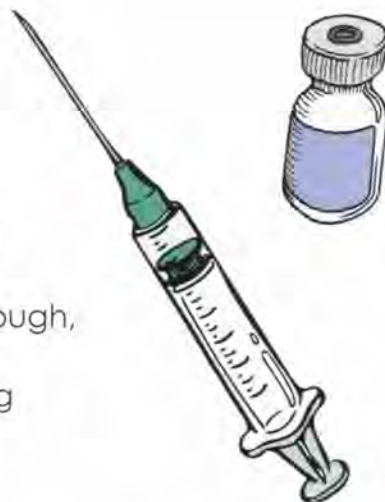
- Does not protect against STIs
- Possible side effects include breakthrough bleeding ("spotting"), headaches, nausea, breast tenderness, mood changes, vaginal irritation, and increased discharge
- Serious problems are rare, but may occur; talk with a medical provider about any concerns or warning signs
- May be less effective if taking certain medications or supplements; talk with a medical provider before starting the ring

Shot

Effectiveness: 94% – 99%

How It Works:

The Depo-Provera shot is an injection of hormones (progestin) into the bloodstream. These hormones thicken the mucous around the cervix, making it harder for sperm cells to pass through, and thin the lining of the uterus (endometrium) to prevent implantation of a fertilized egg. They may also prevent an egg from being released from the ovary each month (ovulation).



How To Get It:

Getting the shot requires a visit to a medical provider to get a new dose of hormones every three months.

How To Use It:

Visit a medical provider to receive an injection (in the arm or buttocks), then return in exactly **12 weeks** for a new dose. Waiting longer than 12 weeks for the next dose can make this method less effective. A person who has just started receiving the shot should use a back-up birth control method (e.g., condom) for at least 7 days until their body adjusts to the hormones.

Advantages:

- + Partner-independent (private from others)
- + May help with cramps, heavy periods, endometriosis, and anemia (low iron)

Disadvantages:

- Does not protect against STIs
- Possible side effects include breakthrough bleeding ("spotting"), acne, headaches, dizziness, breast tenderness, weight gain, and mood changes
- May cause osteoporosis (bone loss) with long-term use
- Serious problems are rare, but may occur; talk with a medical provider about any concerns or warning signs

Implant



Effectiveness: Over 99%

How It Works:

The Nexplanon implant is small, flexible rod that releases hormones (progestin) into the bloodstream. These hormones prevent an egg from being released from the ovary each month (ovulation). They can also thicken the mucus around the cervix, making it harder for sperm cells to pass through, and thin the lining of the uterus (endometrium) to prevent implantation of a fertilized egg.



How To Get It:

Getting the implant requires a visit to a medical provider to place the implant in the arm.

How To Use It:

A medical provider numbs a small area of the upper inner arm, then inserts the implant under the skin using a special needle; this process only takes a few minutes. The implant protects against pregnancy for **3-5 years**, but it can be removed by a medical provider at any time. A person who has just received the implant should use a back-up birth control method (e.g., condom) for at least 7 days until their body adjusts to the hormones.

Advantages:

- + Long-acting reversible contraception (LARC)
- + No possibility of "user error"
- + Partner-independent (private from others)
- + May help with cramps, heavy periods, endometriosis, and anemia (low iron)

Disadvantages:

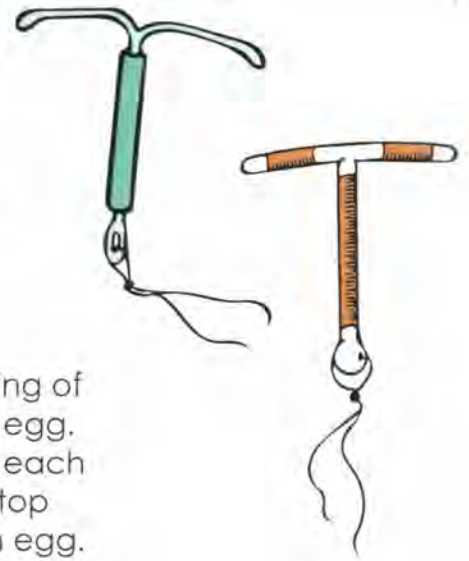
- Does not protect against STIs
- Possible side effects include discomfort during insertion and removal, breakthrough bleeding ("spotting"), acne, headaches, breast tenderness, weight gain, and mood changes
- Serious problems are rare, but may occur; talk with a medical provider about any concerns or warning signs

IUD

Effectiveness: Over 99%

How It Works:

The IUD is a small, T-shaped rod inserted into the uterus. There are two types: hormonal and copper. The **hormonal IUD** (Mirena, Kyleena, Liletta, Skyla) releases hormones (progestin) into the uterus to thicken the mucus around the cervix, making it harder for sperm cells to pass through, and thin the lining of the uterus (endometrium) to prevent implantation of a fertilized egg. It may also prevent an egg from being released from the ovary each month (ovulation). The **copper IUD** (ParaGard) uses copper to stop sperm cells from moving, which prevents them from fertilizing an egg.



How To Get It:

Getting an IUD requires a visit to a medical provider to place the IUD into the uterus.

How To Use It:

A medical provider numbs the cervix, then inserts an IUD into the uterus; this process only takes a few minutes. The hormonal IUDs protect against pregnancy for **3-7 years**, and the copper IUD protects against pregnancy for **10+ years**, but they can be removed by a medical provider at any time. A person who has just received a hormonal IUD should use a back-up birth control method (e.g., condom) for at least 7 days until their body adjusts to the hormones.

Advantages:

- + Long-acting reversible contraception (LARC)
- + No possibility of "user error"
- + Partner-independent (private from others)
- + Copper IUD does not affect hormones
- + Hormonal IUD may help with cramps, heavy periods, endometriosis, PCOS (ovarian cysts), and anemia (low iron)

Disadvantages:

- Does not protect against STIs
- Possible side effects include discomfort during insertion and removal, breakthrough bleeding ("spotting") and abdominal pain
- Hormonal IUD may cause acne, headaches, breast tenderness, weight gain, and mood changes
- Serious problems are rare, but may occur; talk with a medical provider about any concerns or warning signs

Emergency Contraception

Effectiveness: 75% – 99% when used within 3 days

How It Works:

Emergency Contraception can be taken after sex to prevent a pregnancy; **it does not affect a pregnancy that has already started.** An EC pill prevents an egg from being released from the ovary (ovulation); thickens the mucous around the cervix, making it harder for sperm cells to pass through; and thins the lining of the uterus, making it difficult for a fertilized egg to implant and begin growing into a pregnancy. A copper IUD can also be inserted after sex to act as emergency and ongoing pregnancy prevention.

How To Get It:

People of all ages and genders can get an Emergency Contraception pill (e.g., Plan B, Next Choice) at most clinics, pharmacies and online. There is only one type of EC pill (called Ella) that requires a prescription, but it is more effective overall, especially for those with a higher BMI. The copper IUD must be inserted by a medical provider.

How To Use It:

Emergency Contraception is **most effective within 3 days**, but some types can still be effective **up to 5 days** after unprotected sex. It is not recommended to use EC pills frequently or as a regular birth control method; it is designed for emergency situations such as:

- Birth control interruption (e.g., broken condom, missed birth control pill or shot)
- No birth control method was used
- Sexual assault or rape

Advantages:

- + The **only** methods that can be used **after** sex
- + Anyone can obtain EC pills to have on-hand if needed for future emergencies
- + Most types do not require a prescription or visit to a medical provider
- + Widely available at most pharmacies and online; available for free at some clinics
- + Copper IUD does not affect hormones

Disadvantages:

- Does not protect against STIs
- Possible side effects of EC pills include irregular periods, breakthrough bleeding ("spotting"), headaches, nausea, vomiting, abdominal pain, dizziness, breast tenderness
- Serious problems are rare, but may occur; talk with a medical provider about any concerns or warning signs



Activity 5.2: It Depends on the Situation

Objectives: Evaluate the use of different birth control methods and select the most effective based on various circumstances. Consider possible pregnancy prevention plans. Identify resources for a person who wants to prevent unintended pregnancy.

1. **Explain the activity and expectations:**
 - Work in pairs to determine which birth control method(s) would be a good option for the individuals in the given scenario. Identify at least **two (2) options** that could work for their situation.
 - Discuss reasons why they might choose or not choose each birth control method.
 - Consider all of the factors mentioned in the scenario when making your recommendation.
 - Make sure to keep your discussion respectful and nonjudgmental
2. **Divide the class into pairs or small groups of 2-4 students and give each group a scenario.**
3. **Allow 5-10 minutes for groups to discuss the scenario and agree upon a recommendation, then invite a few groups to share so the class can hear different scenarios.** If time is limited, choose 2-3 scenarios to discuss as a class instead of working in small groups. Use the suggested answers below to guide your discussion.
4. **To wrap up, ask the class who the folks in their scenario could talk to for support in making their decision.** Remind students that family planning and prevention may involve some honest conversations and complex decision-making. It can help to talk with family, friends, partners, and professionals when considering birth control options.

It Depends on the Situation – Suggested Answers

Scenario 1: Jose and Lucia – a hormonal method (pill, patch, ring, or IUD) and condoms

Scenario 2: Rosie and Ben – a LARC (implant or IUD) for long-term protection

Scenario 3: KC and Murphy – a non-hormonal method (copper IUD) and condoms

Scenario 4: Tianna and Junior – condoms or not having sex until they both get tested

Scenario 5: Mabel and Kaito – a hormonal method (pill or patch) or condoms

Scenario 6: Nicolai and Zara – not having sex or a hormonal method (pill or patch) just in case

Scenario 7: Alvin and Eliza – emergency contraception (pill or copper IUD) taken ASAP (within 3-5 days)

Scenario 8: Bianca and Claire – a hormonal method (pill, patch, ring, shot, or IUD) for period management

Scenario 9: Selena and Nathan – condoms or not having sex until Nathan is on PReP and Selena is “undetectable” using ART medication (Undetectable = Untransmittable)

Scenario 10: Amrit and Lyka – a hormonal method (ring, shot, implant, or IUD) or condoms

It Depends on the Situation *Birth Control Scenarios*

Scenario 1: Jose and Lucia are 17 and both plan to go to college after high school. They have been going out for six months and recently decided to start having sex. Neither of them have had sex before this relationship. Lucia is also scared of needles.

Scenario 2: Rosie and Ben have been living together since college. They are considering getting married, but neither of them wants kids. They use condoms sometimes, but they want to try a different method since they aren't good about using them consistently. Both have been tested and neither has an STI.

Scenario 3: KC and Murphy have been dating casually for several months. Murphy is transmasculine and currently taking testosterone. They both want to prevent pregnancy, but do not want to use anything that would affect Murphy's hormones.

Scenario 4: Tianna and Junior are in high school. They got together at a party last month and have been hooking up ever since. They haven't really talked about their situation or a plan to prevent pregnancy. Also, neither has been tested for STIs recently.

Scenario 5: Mabel and Kaito are in their late 20s, married, and they don't want to become parents until Kaito finishes grad school two years from now. They want to prevent pregnancy, but Mabel doesn't feel comfortable using a method that is placed inside her body.

Scenario 6: Nicolai is 18 years old and has been dating Zara for over a year. He is a very dedicated student and hopes to get into a good college. He is also very committed to his religion, which does not approve of sex outside of marriage. Although Zara respects Nicolai's values, she does not feel as strongly about waiting to have sex.

Scenario 7: Alvin and Eliza are seniors in high school. Eliza plans to become a veterinarian, and Alvin wants to move to New York after graduating to pursue a career as a musician. They had sex last night and the condom broke. Eliza has been using the pill but forgets sometimes.

Scenario 8: Bianca is bisexual and currently dating a woman, Claire. Although they are not worried about unintended pregnancy, Bianca has been dealing with painful, heavy periods since high school.

Scenario 9: Selena and Nathan are freshmen in college and completely in love with each other. They have both had sex with other people in the past but are currently not seeing other people. Selena told Nathan at the beginning of their relationship that she is living with HIV.

Scenario 10: Amrit and Lyka have a 2-year-old son and recently got married. They want to have one more child, but not for another year at least. Before they got married, both were tested and neither has an STI. As working parents with a young child, it is difficult for them to get to the clinic often.

Extra Activity: Birth Control Ads

Objectives: Describe the proper use and effectiveness of one birth control method. Explain any advantages and disadvantages of this method.

Note to Instructor: This assignment should ideally be completed as homework to learn more in depth about one birth control method or to compare and contrast two methods. If there is extra class time, the posters can also be made during class.

1. Ask the class: *“What is the most effective method of preventing pregnancy?”*
2. **Emphasize that not having sex is the only 100% effective birth control method.** However, if a person is choosing to have sex and pregnancy is a possibility, there are many other methods that can lower the chance of an unintended pregnancy.
3. Explain that each student will be creating an advertisement to feature one birth control method.
4. Give each student a copy of the Birth Control Ads instruction sheet and review the instructions:
 - Create a poster to advertise one birth control method. It can be hand-drawn or made on a computer and printed out. If the ad includes pictures or drawings, they must be classroom appropriate!
 - The ad must answer all of the questions on the instruction sheet using factual information. There are Trusted Resources listed at the bottom of the sheet to research and learn more about the method.
5. Assign each student a birth control method to advertise. Alternatively, allow students to choose a birth control method that most interests them to research more about it. Choose methods from this list:
 - Pill
 - Patch
 - Ring
 - Shot
 - Implant
 - Hormonal IUD
 - Copper IUD
 - Emergency Contraception
 - Condom
 - Internal Condom
6. Once the posters are completed (in class or for homework), invite students to present their work to the class or allow 5-10 minutes for a “gallery walk.” For example, students can set their poster on their desk and walk around the class to learn from other posters.

Birth Control Ads

Name: _____ Date: _____ Period: _____

Instructions: Create an **advertisement** to highlight one method of preventing pregnancy. Be creative and engage the audience to learn more about the method. The ad must answer all of the questions below using accurate facts and information. The poster can be hand-drawn or made on a computer and printed out. If you include pictures or drawings, make sure they are classroom appropriate!

• **Name of the birth control method:** _____

• **What type of method is it?** (circle one)

Behavior method

Barrier method

Hormonal method

• **How effective is this method?** _____

• **How does this method prevent pregnancy?**

• **How long does this method last?** _____

• **Does this method help protect against STIs?** YES or NO

• **Where can a person get this method locally?** (name 2 clinics)

• **Any other important information about this method?**

Trusted Resources

www.bedsider.org www.plannedparenthood.org/learn/birth-control

www.teensource.org/birth-control www.stayteen.org/sex-ed/birth-control-explorer

Extra Activity: Birth Control Skits

Objectives: Compare and contrast all FDA-approved methods to prevent unintended pregnancy. Describe proper use and effectiveness rate of one birth control method. Identify which birth control methods also offer protection against most STIs.

Note to Instructor: If the class already has significant knowledge about birth control, this activity can be used in place of Birth Control Stations. It can also be used after Birth Control Stations to review and reinforce the information if time permits. This activity is ideal for groups that are more creative and enjoy performing.

1. Explain the activity:

- The class will be divided into small groups of 3-4 students.
- Each group will prepare a **2-minute** performance to teach the class about a birth control method.
- Every group member is responsible for completing their own Lights...Camera...Action! worksheet.
- Perform a skit, song, rap, infomercial, puppet show, or some other performance. Incorporate at least two props or costumes. Be creative!
- Groups will present to the class one at a time. Writing a script is recommended, but do not read from it during the performance.

2. Give each student a copy of the Lights...Camera...Action! worksheet.

3. Divide the class into 10 groups. If fewer than 20 students are in the class, combine condom and internal condom into one skit, or invite each group to teach the class about two birth control methods.

4. Give each group an information card and sample birth control method. Allow 15-20 minutes for groups to prepare their skits and complete their worksheets.

5. Once completed, have groups present their skits one at a time. If desired, use the Night at the Oscars worksheet to ensure students in the audience are learning from the presentations.

Lights...Camera...Action!

Name: _____ Date: _____ Period: _____

Instructions: Create a **two-minute** skit (e.g., infomercial, song, puppet show) that teaches the class about a birth control method and answers the questions below. Writing a script is recommended, but do **not** read from it during the performance. Each group **must** include at least two props or costumes into the performance. **Be creative!**

1. Birth control method: _____

2. How does it prevent pregnancy?

3. How effective is it? _____

4. How is it used?

5. Does it offer STI protection? _____

6. Where can a person get it?

7. Why might a person choose this method over another?

8. Why might a person not choose this method?

Night at the Oscars

Name: _____ Date: _____ Period: _____

Instructions: As you watch your peers perform, take notes on each birth control method you learn about.

Where can a person get free condoms ?		How effective are condoms ?	
Does the patch lower the risk of STIs?	How does the patch work to prevent pregnancy?		
Where is the implant placed in the body?		How long does the implant prevent pregnancy?	
How effective is the pill ?	How does a person use the pill correctly?		
How often does a person need to return to the clinic for the shot ?		How effective is the shot ?	
Besides preventing pregnancy, what is an advantage of not having sex ?		If a person is choosing to not have sex , how else can they show affection to a partner?	
How does the internal condom work to prevent pregnancy?		Does the internal condom lower the risk of STIs?	
Where is the IUD placed in the body?	What are the two different types of IUDs , and how long can each type last?		
Where can a person get the ring ?		How long does each type of ring last?	
In what situation might a person need emergency contraception ?		Where can a person get emergency contraception ?	

Night at the Oscars Answer Key

Where can a person get free condoms ?	How effective are condoms ?
A local clinic	82-98%
Does the patch lower the risk of STIs?	How does the patch work to prevent pregnancy?
No	Hormones prevent ovulation, thicken cervical mucus, thin endometrium
Where is the implant placed in the body?	How long does the implant prevent pregnancy?
The upper inner arm	3-5 years
How effective is the pill ?	How does a person use the pill correctly?
91-99%	Take one every day at the same time
How often does a person need to return to the clinic for the shot ?	How effective is the shot ?
Every 12 weeks	94-99%
Besides preventing pregnancy, what is an advantage of not having sex ?	If a person is choosing to not have sex , how else can they show affection to a partner?
Lower risk of contracting STIs	Kissing, cuddling, going on dates, etc.
How does the internal condom work to prevent pregnancy?	Does the internal condom lower the risk of STIs?
Acts as a barrier to prevent sperm from reaching an egg	Yes
Where is the IUD placed in the body?	What are the two different types of IUDs , and how long can each type last?
The uterus	Hormonal (3-7 years) and Copper (10+ years)
Where can a person get the ring ?	How long does each type of ring last?
A local clinic	One month or one year
In what situation might a person need emergency contraception ?	Where can a person get emergency contraception ?
Sexual assault, broken condom, missed pill, etc.	A local clinic or pharmacy

Extra Activity: What's My Method?

Objectives: Review legal, medical, and practical information about all FDA-approved birth control methods.

Note to Instructor: This activity is designed to review all birth control methods after learning about them in detail. It can be facilitated as an individual quiz, a competition between small groups, or a large group popcorn review. The clues can also be adapted into a virtual review game using a free online platform (e.g., Quizizz, Kahoot!).

1. Explain the activity:

- This activity will help us review all of the birth control methods we have learned about.
- Take out a piece of binder paper and number it from 1 to 25.
- As I read each clue aloud, write down all possible answers.
- **Optional:** The most correct answers wins!

2. Invite students to form small groups of 3-4, or to work independently if they prefer.

3. Read each clue aloud, pausing to allow students to write down the answers.

4. After reading through all 25 clues, review the answers as a class. You may collect their papers to grade, or students may score their own answers. If facilitating a group competition, have groups swap papers to score another group's answers.

What's My Method? Answer Key

1. I may involve kissing, hugging, cuddling, and holding hands.
 - Not having sex
2. I am less effective if not taken at the same time every day.
 - Pill
3. I can be purchased at a pharmacy without a prescription.
 - Emergency contraception, condom, internal condom, spermicide, sponge
4. I can prevent the ovaries from releasing an egg.
 - Pill, patch, ring, shot, implant, emergency contraception
5. I have been around since the 1500s.
 - Condom, not having sex
6. I must be changed once each week.
 - Patch
7. I must be left inside the vagina for 3-4 weeks.
 - Ring
8. I am a thin piece of latex that fits over an erect penis.
 - Condom
9. I am the only 100% effective method to prevent pregnancy, as long as no sperm enters the vagina.
 - Not having sex
10. I must be prescribed by a medical provider.
 - Pill, patch, ring, shot, implant, IUD, diaphragm, cervical cap
11. I should be used ASAP, but I can be effective up to 5 days after unprotected sex.
 - Emergency contraception, copper IUD
12. I am T-shaped and reside inside the uterus.
 - IUD
13. I must be stuck onto the arm, shoulder, stomach, or butt.
 - Patch
14. I help protect against STIs.
 - Condom, internal condom, not having sex
15. I can increase the risk of contracting an STI if used too often.
 - Spermicide
16. I am a barrier method of birth control, but I do not protect against STIs.
 - Diaphragm, cervical cap
17. I provide extra STI protection around the vulva and scrotum.
 - Internal condom
18. I can be used if a condom breaks during sex.
 - Emergency contraception
19. I require a visit to a medical provider every 3 months.
 - Shot
20. I am considered a long-acting reversible contraceptive or LARC.
 - Implant, IUD
21. I am a permanent method of birth control available to people age 21 or older in CA.
 - Sterilization (vasectomy or tubal ligation)
22. I am a nitrile pouch that fits inside a vagina or anus.
 - Internal condom
23. I can thicken the cervical mucous, making it difficult for sperm to enter the uterus.
 - Pill, patch, ring, shot, implant, hormonal IUD, emergency contraception
24. I can prevent semen from entering the vagina.
 - Condom, internal condom, not having sex
25. I am available for free at most health clinics in California.
 - Pill, patch, ring, shot, implant, IUD, emergency contraception, condom, internal condom

Lesson 5 Wrap-Up

Objectives: Summarize the information covered in this lesson. Preview the topics to be covered in the next lesson. Provide examples of self-care activities to help process and refocus for the next class.

Note to Instructor: Update the “Looking Forward” slide in the **Lesson 5 PowerPoint** to accurately reflect your lesson plan for the next day.

Part 1: Closing Routine

1. **Review the content from this lesson using any of the following prompts:**
 - Which types of birth control can be combined for more effective protection?
 - If pregnancy is possible, how can partners share responsibility for preventing unintended pregnancy?
 - Why else might a person use contraception, even if pregnancy is not a possibility?
2. **Review the follow-up activities, assignments, or resources provided during this lesson.** Clarify what (if anything) is due the following class and what is optional for students to explore if they would like more information or support.
3. **Invite students to write something down and to submit their scratch paper to the Anonymous Question Box.** Remind the class that everyone must turn in a paper with writing to the Question Box at the end of each class session. If they do not have a question, they can write something they learned, leave a note for the instructor, or simply draw a picture.

Part 2: Looking Forward

4. **Introduce the topics that will be covered in the next lesson: Pregnancy Options.**
 - Next class we will discuss different options a person has when they become pregnant. Safe and legal pregnancy options in California include abortion, adoption, parenting, and safe surrender.
 - After learning about these four pregnancy options, we will use scenarios to consider why some people may or may not choose each option.
5. **Provide some examples of self-care to decompress after this lesson and recharge for the next topic.** Refer to **Lesson 1** (pg. 9) for additional ideas.
 - It can be helpful to move your body, get creative, rest, or connect with others, for example:
 - Make up a new game or sport with a friend or sibling
 - Have a spa night (e.g., do a skincare routine, give yourself a pedicure)
 - Send someone you love a card or care package

Lesson 6: Pregnancy Options

Goals

The purpose of this lesson is to:

- Understand all legal options available to a person who is pregnant.
- Discuss and evaluate reasons for choosing and not choosing various pregnancy options.
- Identify medical and social support resources for a person who is pregnant.

Objectives

At the end of this lesson, students will be able to:

- Describe each of the four legally available pregnancy options.
- Explain one reason why a person may and may not choose each pregnancy option.
- Analyze the unique challenges faced by pregnant and parenting teens.
- Name two resources for pregnant people to get medical services or support.

Why Is This Important?

The previous lesson explored methods of preventing pregnancy; however, a pregnancy may still occur even when using birth control. In 2020, more than 158,000 American teens (age 15-19) gave birth.¹³³ In California, nearly 30 per 1,000 teens (age 15-19) become pregnant each year, with young people who identify as bisexual facing even higher odds of pregnancy than their heterosexual peers.^{134,135} While both pregnancy and birth rates among adolescents have been steadily declining over the last several decades, they continue to create social-emotional and financial hardship for young people of all identities. Recent changes in abortion access around the country have added an additional layer of complexity to decision-making around pregnancy and parenting. Overall, about 75% of teen pregnancies are unintended.¹³⁶ Although preventing pregnancy is not necessarily a goal for every teen, all young people can benefit from unbiased information about all of their legal options in order to make thoughtful family planning decisions now and in the future. Comprehensive sexual health education equips students with information to understand their reproductive rights and skills to uphold reproductive agency for themselves and others.

In this lesson, we define and contextualize each of the four legal pregnancy options – parenting, abortion, adoption, and safe surrender – in a factual, unbiased manner. This includes a discussion about the importance of prenatal care, and resources that a pregnant person may utilize to support their decision. In addition to learning legal and medical information about pregnancy options, students practice using respectful language to consider potential reasons why individuals may or may not choose any given option. This exercise aims to foster empathy by not imposing personal values on others and learning to respect a pregnant person's self-determination. Finally, students brainstorm trusted sources of support if they or someone they care about becomes pregnant. While this topic may be very sensitive to discuss, it is crucial to provide this information in a way that does not shame a person for becoming pregnant unintentionally and emphasizes that pregnant and parenting teens deserve support to reach their goals in life.

¹³³ Osterman, M.J.K., Hamilton, B.E., Martin, J.A., Driscoll, A.K., & Valenzuela, C.P. (2022). Births: Final data for 2020. *National Vital Statistics Reports*, 70(17). Centers for Disease Control and Prevention. www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf

¹³⁴ Maddow-Zimet, I. & Kost, K. (2021). Pregnancies, births and abortions in the United States, 1973–2017: National and state trends by age. Guttmacher Institute. www.guttmacher.org/report/pregnancies-births-abortion-in-united-states-1973-2017

Verrett, B.G., Turner, B., Hughes, T.L., Veldhuis, C.B., Paschen-Wolff, M., & Phillips, G. (2019). Sexual orientation disparities in pregnancy risk behaviors and pregnancy among sexually active teenage girls: Updates from the youth risk behavior survey. *LGBT Health*, 6(7), 342-349. DOI: [10.1089/lgbt.2018.0206](https://doi.org/10.1089/lgbt.2018.0206)

¹³⁶ Finer, L.B. & Zolna, M.R. (2016). Declines in unintended pregnancy in the United States, 2008–2011. *The New England Journal of Medicine*, 374(9), 843-852. DOI: [10.1056/NEJMsa1506575](https://doi.org/10.1056/NEJMsa1506575)

Activity	Time in class (min.)	Can be done as HW?	Materials	Preparation
Lesson 6 Introduction	10-15		<ul style="list-style-type: none"> • Question Box • Scratch paper • Lesson 6 PowerPoint 	<ul style="list-style-type: none"> • Cut paper into 3" x 4" pieces • Review anonymous questions and prepare responses • Update the Agenda slide in Lesson 6 PowerPoint
6.1 Pregnancy Options Flowchart	25-40		<ul style="list-style-type: none"> • Lesson 6 PowerPoint 	<ul style="list-style-type: none"> • Review background info on legal pregnancy options
6.2 Exploring Their Options	15-40		<ul style="list-style-type: none"> • Exploring Their Options scenarios (laminated if possible) 	<ul style="list-style-type: none"> • Print Exploring Their Options worksheet (one per student)
Lesson 6 Wrap-Up	5		<ul style="list-style-type: none"> • Lesson 6 PowerPoint 	<ul style="list-style-type: none"> • Update the Looking Forward slide in Lesson 6 PowerPoint
Total Minutes for Lesson 6:	55-100			

Background Information

Key Messages of Lesson 6

- Deciding if, when, and how to reproduce are **personal choices**. A person's values and goals may change over time, but it should be up to each individual to make this decision for themselves.
 - Decisions and access may be impacted by location, laws, and people in the community. Barriers often disproportionately affect young people.
- In California, there are **four** legal pregnancy options: abortion, adoption, parenting, and Safe Surrender.
 - Some pregnancies also end unintentionally in a miscarriage.
- **Minors** in who become pregnant have the right to make their own decisions about their pregnancy.
 - California state law does **not** require notification or consent from a pregnant teen's parent/guardian.

Legal Pregnancy Options

If a person knows they are pregnant, they may proceed by continuing or terminating the pregnancy. Legal access to certain options varies considerably by geographic region; for example, each U.S. state determines its own laws around abortion access. The information presented here is based on California laws, which establishes that a pregnant minor does **not** need consent from anyone else (e.g., parent, partner) to choose any of these options. *For more information about all legal pregnancy options, see the **Glossary for Instructors** in the accompanying ZIP file.*

Abortion

- **Medication abortion** – two medications (Mifepristone and Misoprostol) taken in order to terminate a pregnancy and expel the products of conception from the uterus

- **Procedural abortion** – a medical provider gently opening the cervix and using suction to remove the products of conception from the uterus
 - Roughly 1 in 4 Americans with a uterus have an abortion in their lifetime, the vast majority of which (nearly 90%) occur within the first trimester (12 weeks).^{137,138}

Adoption

- **Open** (or semi-open) **adoption** – transferring legal rights and responsibilities of guardianship from the birth/first parent(s) to an adoptive family of their choosing with an agreed upon level of ongoing communication (e.g., photos, visits)
- **Closed adoption** – transferring legal rights and responsibilities of guardianship from the birth/first parent(s) to an adoptive family with no identifying information shared and no contact after the process is finalized
 - The vast majority of domestic adoptions in the U.S. (roughly 95%) are open or semi-open, which is beneficial for all members of the adoption triad (birth/first family, adoptive family, and child).^{139,140}

Parenting

- A new or expecting parent will need to make choices about their child's health and well-being, such as feeding, living arrangements, and medical care, as well as resources and self-care as a new parent, including childcare, financial considerations, and emotional support.
- It is also important to consider the impacts that parenting may have on future goals (e.g., education, career).

Safe Surrender

- A person has 3 days (**72 hours**) to relinquish a newborn legally and anonymously at a designated Safe Surrender site.
 - An optional medical form and matching ID bracelets are provided, but the person relinquishing the child is not required to disclose any personal information.
- If the child is not reclaimed within 2 weeks (**14 days**), legal guardianship is terminated; the child will be placed in foster care and may be legally adopted.
 - As of 2019, just over 1,000 babies have been relinquished through California's Safe Surrender Program since it was established in 2001.¹⁴¹

Common Questions & Helpful Answers

What if partners disagree about which option to choose? – Ultimately, the person who is pregnant is responsible for the decision to continue or terminate a pregnancy. However, it is strongly recommended to discuss personal values and options with trusted family, friends, and professionals before making a decision. If a pregnancy continues to term, each parent may decide how involved they wish to be in raising the child. Proceeding with an adoption plan requires the consent of both biological parents (if living, and if known).¹⁴²

Is abortion murder? – Abortion is when someone chooses to end a pregnancy using medicine or a surgical procedure. The state or country that someone resides in can affect how late into a pregnancy they may be able to access an abortion. People's values about abortion may vary: some folks may find it acceptable in

¹³⁷ Jones, R.K. & Jerman, J. (2017). Population group abortion rates and lifetime incidence of abortion: United states, 2008-2014. *American Journal of Public Health*, 107(12), 1904-1909. DOI: [10.2105/AJPH.2017.304042](https://doi.org/10.2105/AJPH.2017.304042)

¹³⁸ Guttmacher Institute. (2019). Induced abortion in the united states. www.guttmacher.org/fact-sheet/induced-abortion-united-states

¹³⁹ Egell, D. & Smith, S.L. (2012). Openness in adoption: From secrecy and stigma to knowledge and connections. Evan B. Donaldson Adoption Institute. www.adoptioninstitute.org/research/2012_03_openness

¹⁴⁰ Grotevant, H.D. (2019) Open adoption: Rethinking family. *The Future of Adoption: Beyond Safety to Well-being*. University of Massachusetts, Amherst. www.umass.edu/ruddchair/sites/default/files/rudd.grotevant.pdf

¹⁴¹ California Department of Social Services. (n.d.). SSB data. www.cdss.ca.gov/inforesources/ocap/safely-surrendered-baby/data

¹⁴² California Family Code §§ 8603-8605. www.adoptionnetwork.com/adoption-consent-laws-by-state

most cases, some may think it depends on the circumstance, and some may find it unacceptable in all cases. Because there is no consistent medical or legal answer to this question, it's important to understand the facts and talk to trusted adults in your life about their values. To be sensitive to different experiences and beliefs about abortion, we will not use emotionally charged language like “murder” or “kill” when discussing abortion during Teen Talk.

What is a crisis pregnancy center? – A crisis pregnancy center (or CPC) is an organization resembling a health center that aims to persuade folks who may be considering an abortion to choose adoption or parenting. Crisis pregnancy centers often give the impression that they are offering legitimate medical services and advice, yet they are exempt from the regulations, licensure, and credentialing that typical healthcare facilities undergo.¹⁴³

Additional Resources

Abortion Resolution Workbook – www.pregnancyoptions.info/abortion-resolution-workbook

- A printable 80-page workbook to support anyone having a difficult time after an abortion experience.
- This guide focuses on emotional and spiritual healing through reflection exercises and nonjudgmental insights to process the complex feelings that may feel overwhelming or confusing.
- Also available in Spanish.

American College of Obstetricians and Gynecologists (ACOG): Induced Abortion – www.acog.org/patient-resources/faqs/special-procedures/induced-abortion

- Frequently Asked Questions (FAQs) and up-to-date medical information to help instructors answer student questions about medication and procedural abortions.

All-Options – www.all-options.org

- Provides confidential, nonjudgmental support and factual, unbiased information about all legal pregnancy options.
- Operates a free hotline for anyone considering next steps for themselves or their pregnant partner.
 - Call: 1 (888) 493-0092

Baby Safe LA – www.211la.org/safely-surrender-baby

- Frequently Asked Questions (FAQs) about how to use California's Safe Surrender Program.
- Includes an interactive map search tool and a free, 24/7 helpline to find the nearest Safe Surrender site.
 - Call: 1 (877) 222-9723

Bedsider – www.bedsider.org/pregnancy_options

- A comprehensive guide for instructors to find clear, helpful information about legal pregnancy options.
- Also available in Spanish.

California Abortion Access – www.abortion.ca.gov

- A safe space to find current, accurate information and abortion providers in California.
- Information includes types of abortion, steps in the process, and how to pay for abortion services.
- Also available in Spanish, Tagalog, and Chinese.

¹⁴³ Bryant, A.G. & Swartz, J.J. (2018). Why crisis pregnancy centers are legal but unethical. *American Medical Association Journal of Ethics*, 20(3), 269-277. DOI: [10.1001/journalofethics.2018.20.3.pfor1-1803](https://doi.org/10.1001/journalofethics.2018.20.3.pfor1-1803)

Choice Network – www.choicenetwork.org/your-choices

- An organization dedicated to changing the definition of family through supported open adoption, judgment-free abortion conversations, as well as parenting resources and counsel.
- Dedicated coaches help to create a plan that centers each pregnant person by trusting their choices and supporting them to do what is best for their family.

Connect & Breathe – www.connectandbreathe.org

- A safe space to talk openly and honestly about abortion experiences with people trained to listen and provide unbiased support and encouragement of self-care.
- Operates a free, confidential talkline for nonjudgmental support and connection.
 - Call: 1 (866) 647-1764

Exhale: After Abortion Support – www.exhaleprovoice.org

- A community-led, judgment-free space with trained peer counselors to listen, support, and validate individual experiences, helping to process feelings after an abortion.
- Operates a free, confidential textline for emotional support, information, and resources.
 - Text: 1 (617) 749-2948

First 5 California – www.first5california.com

- A state-run resource dedicated to making sure every child in California gets the best start in life.
- Provides information and resources for nutrition, early literacy, smoking cessation, and numerous other health topics to support parents as they raise their kids.
- Also available in Spanish.

National Pro-Choice Adoption Collaboration – www.prochoiceadoption.org

- A safe space to freely explore pregnancy options without pressure or judgment, supported by experienced and compassionate counselors.
 - Call *Open Adoption & Family Services*: 1 (800) 772-1115
 - Call *Friends in Adoption*: 1 (800) 982-3678

Pact: An Adoption Alliance – www.pactadopt.org

- A statewide organization “serving adopted children of color by providing not only adoptive placement, but also lifelong education, support, and community for adoptees and their families on matters of adoption and race.”

Planned Parenthood: Pregnancy Options –

www.plannedparenthood.org/learn/pregnancy/pregnancy-options

- Clear, helpful information for teens about each legal pregnancy option.
- Provides a series of questions that the pregnant person might want to consider when making their decision and suggests practical steps for moving forward (e.g., decision timeline, support network, finding reliable pregnancy health centers).

Pregnancy Options Workbook – www.pregnancyoptions.info/pregnancy-options-workbook

- A printable 100-page workbook to guide anyone facing a pregnancy decision through the physical, mental, emotional, and spiritual considerations of choosing each legal option: abortion, adoption, and parenting.
- Also available in Spanish.

Shine Together – www.shinetogether.org

- A program that provides support to teen moms throughout California, including one-on-one coaching with a trained advocate and a peer learning group with other teen parents.
- Designed to help change the narrative about teen motherhood and empower young moms to build pathways for economic advancement – for themselves and their children.

Teen Health Rights – www.teenhealthrights.org

- Information for teens about their legal rights and responsibilities related to sex, pregnancy, and being a young parent in California, provided by the National Center for Youth Law.

Women, Infants, and Children (WIC) – www.myfamily.wic.ca.gov

- A program of California's Department of Public Health providing nutrition education, breastfeeding support, healthy foods, and referrals to health care and other community services.
- Serves infants and children up to age five; people who are pregnant, have given birth, or experienced pregnancy loss; as well as partners, grandparents, foster parents of young children, and working families.

Lesson 6 Introduction

Objectives: Introduce students to the topics covered in this lesson. Review group norms and calming strategies. Provide students with an outlet to privately communicate with the instructor and ask questions. Establish the importance of autonomy in reproductive decision-making.

Note to Instructor: Update the agenda slide in the **Lesson 6 PowerPoint** to reflect your lesson plan for the day. Be sure to pre-screen and prepare answers for the anonymous questions before addressing them with the class.

Part 1: Opening Routine

1. Display the Welcome Question as students enter and prepare for class: **“How does a person know if they want to become a parent (now or in the future)?”** Invite students to quietly reflect, journal, or pair-share about their response to the question.
2. Distribute a piece of Question Box scratch paper to each student. Remind students that this scratch paper is for writing down any questions they think of during the lesson, but it can also be used to doodle, fidget, or communicate privately with the instructor. Everyone must turn in a scratch paper with writing to the Anonymous Question Box at the end of each class session.
3. Review the agenda for this lesson to preview the activities that will be facilitated. Be transparent about the information that will be covered and what students will be asked to do in each part of the lesson.
4. Review the Group Norms, emphasizing student agency to participate and self-regulate. Remind the class to be mindful of their needs and avoid making assumptions. Group Norms for Teen Talk HS are:
 - **Respect** – listen actively; take space, make space; and practice inclusive language
 - **Communication** – identify your trusted adults, and build connections
 - **Curiosity** – keep an open mind, and ask questions openly or anonymously
 - **Privacy** – create a safe space together, and expect transparency
 - **Well-being** – feel your feelings, and find what works for you
5. Review the examples of calming strategies that can help when a person feels uncomfortable, overwhelmed, or activated. Encourage students to be mindful of their “window of tolerance” and empower them to engage with the material to the extent they are comfortable. Refer to **Lesson 1** (pg. 9) for additional calming strategies and explanations of specific techniques.
 - Ways to stay calm and grounded during this lesson may include:
 - **Taking care of your basic needs** – drink water, stand and stretch, or put your head down
 - **Changing your environment** – step outside, walk to the bathroom, or visit the office
 - **Utilizing focus tools** – hold a fidget toy, color, doodle, or draw on your Question Box paper
 - **Practicing grounding techniques** – try the 5-4-3-2-1 method, and don’t forget to breathe!
6. Select 5-10 anonymous questions submitted during the previous lesson to answer during the first five minutes of class. If time allows, answer remaining questions at the end of the lesson. The goal is to answer all questions submitted to the Question Box by the end of the course.

Note to Instructor: Prioritize answering questions about pregnancy options to cue students to the topic of the day. Practice rephrasing and using the inclusive, trauma-informed language introduced in this lesson whenever possible. See **Activity 1.2** for specific guidelines and recommendations for using the Anonymous Question Box in Teen Talk HS.

Part 2: Introduction to Reproductive Justice

7. Ask for volunteers to share their thoughts about the Welcome Question: *“How does a person know if they want to become a parent (now or in the future)?”* and address the following things to consider:
 - **Values and goals** – Not all people want to become parents, and those who do may have a different timeline of readiness than other people. It is important to think about how parenting may or may not align with one’s personal values and how it might interact with one’s short-term and long-term goals in life.
 - **Support and resources** – When deciding whether or not to become a parent, it can be helpful to talk with trusted adults, to consult trustworthy and nonjudgmental resources, and to access mental health support throughout the decision-making process (i.e., before and after making a decision).
 - **Decisions can be complicated** – A person may know what they want or what is best for themselves and still not feel 100% confident taking the next step. Even if someone is confident, decisions around pregnancy can still bring up difficult emotions (e.g., grief, guilt, sadness, fear), and it’s helpful to have a support system to process those feelings.

8. Explain the concept and history of reproductive justice – the human right to decide if and when one has a child, including the right to raise that child in a safe and healthy community.
 - Ultimately, decisions around pregnancy are very personal and should be left up to the individual who is pregnant. Yet historically, reproductive rights have been limited; people have been denied equal access to safe environments for child-rearing and even the autonomy to make their own decisions around reproduction.¹⁴⁴
 - Largely stemming from the eugenics movement in the early 1900s, forced and coercive sterilization of people of color and people with disabilities have been undeniably prevalent in American history. Below are a few of the many examples of medical violence against disenfranchised populations (primarily women in color) in the U.S:
 - Throughout the 20th century, roughly 20,000 forced sterilizations occurred in California state institutions and hospitals, disproportionately targeting Latinos (largely of Mexican descent).^{145,146} As recently as 2013, these coercive procedures continued to occur within California’s prison system.¹⁴⁷
 - American researchers conducted the first large-scale human trial of the birth control pill in the 1955 by recruiting poor and under-educated women in Puerto Rico, most of whom did not understand the health risks of the experiment due to language barriers. Many participants felt it was a safer alternative to undergoing “la operación” (curbing overpopulation through government-sanctioned sterilization).¹⁴⁸
 - A century after slavery was abolished in the U.S., Black communities in the 1960s and 70s American South continued to be subjected to sterilization without their informed consent and for no valid medical reason, often as practice for medical residents in teaching hospitals. Additionally, young Black women have historically been coerced into using long-term contraceptives, including the first version of the birth control implant provided through Medicaid in the 90s.¹⁴⁹

¹⁴⁴ Jenkins, A. (n.d.). Contraceptive coercion, access, and sex education. www.siecus.org/contraceptive-coercion-access-and-sex-education

¹⁴⁵ Navak, N.L., Lira, N., O’Connor, K.E., Harlow, S.D., Kardia, S.L.R. & Stern, A.M. (2018). Disproportionate sterilization of Latinos under California’s eugenic sterilization program, 1920-1945. *American Journal of Public Health*, 108(5), 611-613. DOI: [10.2105/AJPH.2018.304369](https://doi.org/10.2105/AJPH.2018.304369)

¹⁴⁶ Tajima-Peña, R. (2015). *No Más Bebés* [video]. PBS.

¹⁴⁷ Cohn, E. (2020). *Belly of the Beast*. www.bellyofthebeastfilm.com

¹⁴⁸ Lopez, I. (2008). *Matters of choice: Puerto Rican women’s struggle for reproductive freedom*. Rutgers University Press. www.jstor.org/stable/j.ctt5hj277

¹⁴⁹ Roberts, D.E. (1997). *Killing the Black body: Race, reproduction, and the meaning of liberty*. Pantheon Books. https://scholarship.law.upenn.edu/faculty_scholarship/2776

- In 1976, the U.S. government admitted to sterilizing thousands of American Indian women without their permission.¹⁵⁰ It is further believed that at least 1 in 4 American Indian women of reproductive age were coercively sterilized in the 1970s – a modern form of genocide.¹⁵¹
 - Still today, U.S. laws that restrict decision-making around pregnancy options have especially significant impacts on people of color and those with lower incomes.¹⁵²
 - The term “reproductive justice” was coined (and its subsequent movement launched) by a group of Black women in 1994, “adopting a human rights framework for women of color and low-income women that addressed issues of bodily autonomy with reproductive decision-making.”¹⁵³
9. **Introduce the term “reproductive identity” – a person’s instincts and thoughts about if, when, and how they want to have children.**¹⁵⁴
- Due to shifting values, goals, experiences, and circumstances, a person’s views on pregnancy and parenting may or may not change over the course of their life.
 - Some folks might choose to parent, perhaps via pregnancy, adoption, or fostering.
 - Some folks might contribute to other families through surrogacy or sex cell donation.
 - Some folks might remain child-free and choose to cultivate kinship with partners, pets, and/or chosen family.
 - A comprehensive sexual health education equips young people with the information to understand reproductive rights and the skills to uphold sexual agency for themselves and others.
10. **Acknowledge that this lesson presents information on the legal pregnancy options available to a pregnant person so they can make decisions that are right for them.** Individuals may have strong emotions and opinions about this topic based on their personal values. Diversity in values, thought, and opinion is healthy as long as the expression of these differences remains respectful. In order to learn, we all need to feel safe and supported.

¹⁵⁰ Native Voices. (n.d.). 1976: Government admits unauthorized sterilization of Indian women. National Institutes of Health, National Library of Medicine. www.nlm.nih.gov/nativevoices/timeline/543.html

¹⁵¹ Lawrence, J. (2000). The Indian health service and the sterilization of Native American women. *American Indian Quarterly*, 24(3), 400-419. www.jstor.org/stable/1185911

¹⁵² American College of Obstetricians and Gynecologists' Committee on Ethics. (2020). Increasing access to abortion: ACOG committee opinion, number 815. *Obstetrics & Gynecology*, 136(6), e107-e115. DOI: [10.1097/AOG.0000000000004176](https://doi.org/10.1097/AOG.0000000000004176)

¹⁵³ In Our Own Voice: National Black Women's Reproductive Justice Agenda. (2022). Reproductive justice. www.blackjrj.org/our-issues/reproductive-justice/

¹⁵⁴ Athan, A.M. (2020). Reproductive identity: An emerging concept. *American Psychologist*, 75(4), 445-456. DOI: [10.1037/amp0000623](https://doi.org/10.1037/amp0000623)

Activity 6.1: Pregnancy Options Flowchart

Objectives: Describe legal and medical information about four pregnancy options: abortion, adoption, parenting, and Safe Surrender. Explain the components of responsible prenatal care. Evaluate the unique challenges faced by pregnant and parenting teens.

Note to Instructor: It is very important to remain **neutral** and facilitate an **objective** discussion about these legal pregnancy options. Abortion is an especially controversial topic for some people, so expressing personal opinions on the subject may offend or hurt people in the class. Focus on factual information and the things to consider when choosing each option. The pregnancy options below are introduced in alphabetical order.

1. Explain that there are four legal options when a person experiences an unplanned pregnancy. A pregnant person has the right to choose any of these options regardless of their age, marital status, and financial situation. When a person becomes pregnant, they may know exactly what they want to do, or they may find it challenging to make a decision. The best decision for an individual involves considering their personal values, goals, and resources.
2. Use the Pregnancy Options Flowchart to provide nonjudgmental information about each option:



If choosing to end the pregnancy...

- **Abortion** is ending a pregnancy by removing the products of conception from the uterus. There are two common ways for a person to have an abortion; both types require a consultation and a follow-up visit to monitor their health and safety.
 - While each state determines its own laws around access, abortion is legal in California for people of all ages. Additionally, California does **not** require parental consent or notification before allowing a pregnant teen to access abortion.
 - **Medication abortion** – This is typically done within the first **10 weeks** of pregnancy. The pregnant person takes two medications; the first terminates the pregnancy, and the second causes the uterus to contract and expel the products of conception. They may experience cramping and bleeding as if they are having a heavy period.
 - **Procedural abortion** – This is typically done within the first **12 weeks** of pregnancy, but it may be chosen up to **24 weeks** in California. The procedure is performed by a trained medical provider at a clinic or hospital. The pregnant person's cervix is numbed and dilated, then a vacuum aspirator is used to empty their uterus with gentle suction. In some cases with later abortions, doctors may need to alter the procedure by using a curette or other medical instruments to empty the uterus.

If choosing to continue the pregnancy...

- It is important to engage in **prenatal care** throughout a pregnancy. This includes regular medical appointments to monitor the growth of the fetus and the health of the pregnant person. At these visits, a person can also ask questions and learn how to have the safest pregnancy possible.
 - **Question: *What are some common recommendations for prenatal care?***
 - Things to do: take prenatal vitamins, eat a balanced diet, stay hydrated, stay active with regular light exercise, get plenty of rest
 - Things to avoid: drinking alcohol, using drugs, inhaling any type of smoke (including vaping), eating certain foods (e.g., raw fish, soft cheeses, caffeine), taking certain medications (e.g., some antibiotics and acne treatments), doing intense physical activity (e.g., contact sports, rollercoasters, heavy lifting).
- It is helpful to make a **birth plan** before going into labor. This includes considering the people, resources, and decisions involved in the birth process.
 - **Question: *What should a pregnant person consider before giving birth?***
 - Care team: choosing the medical professionals to help with delivery (e.g., obstetrician, midwife) and/or support professionals for emotional and physical help during and after the delivery (e.g., doula, lactation specialist)
 - Support system: deciding how different people may be involved during or after the delivery (e.g., partner, family, friends)
 - Labor and delivery: getting mentally and physically prepared (e.g. taking classes, gathering supplies, packing a “go-bag,” identifying a safe living space), choosing a location (e.g., hospital, birthing center, home birth), considering pain management options (e.g., epidural, spinal block, general or local anesthesia, natural options)
- **Adoption** is a legal process where the person giving birth relinquishes their rights and responsibilities as guardian to a child. The decision is permanent once the adoption procedures are complete.
 - In making an adoption plan, biological parents (sometimes called “first parents”) may or may not choose the adoptive family:
 - In an **open adoption**, the biological and adoptive parent(s) can know each other’s identity and may agree to remain in contact (e.g., share photos, send letters, call, visit).
 - In a **closed adoption**, there is no interaction and no identifying information shared between the biological and adoptive parent(s). An adoption agency may match the child with an adoptive family. In some cases, the child may be temporarily placed in foster care.
 - **Question: *Which type of adoption do you think is more common?***
 - The vast majority of adoptions within the U.S. (around 95%) are open or semi-open.¹⁵⁵ While everyone has their own reasons for making decisions around adoption, research finds that open adoption is more beneficial for all members of the adoption triad (biological/first family, adoptive family, and child).¹⁵⁶
- **Parenting** is raising a child as their legal guardian. Since this decision means being legally and financially responsible for another human for at least 18 years, it is important to consider the impacts that parenting may have on one’s future goals (e.g., education, career).
 - **Question: *What does a person need to think about or plan for when becoming a parent?***

¹⁵⁵ Siegel, D. & Smith, S.L. (2012). Openness in adoption: From secrecy and stigma to knowledge and connections. Evan B. Donaldson Adoption Institute. www.adoptioninstitute.org/research/2012_03_openness

¹⁵⁶ Grotevant, H.D. (2019) Open adoption: Rethinking family. *The Future of Adoption: Beyond Safety to Well-being*. University of Massachusetts, Amherst. www.umass.edu/ruddchair/sites/default/files/rudd.grotevant.pdf

- A new or expecting parent will need to make choices about their child's health and well-being, such as:
 - Feeding (e.g., breastfeeding, formula)
 - Living arrangements (e.g., co-parenting, co-sleeping)
 - Medical care (e.g., finding a pediatrician, health insurance, values around circumcision and vaccinations)
- It is also important to think about support and self-care as a new parent. For example, identifying people and resources to help with:
 - Personal care (e.g., physical recovery, meals, showers)
 - Childcare (e.g., babysitter, daycare)
 - Financial support (e.g., returning to work, income assistance programs)
 - Emotional support (e.g., therapy, support groups)
- **Everyone's support system will look different.** Some people raise their child as a single parent, with a co-parent, or with help from family, friends, or professionals.

In emergency situations...

- **Safe Surrender** – If a person has a newborn infant they cannot care for – for example, if they are dealing with homelessness, drug addiction, mental illness, or living in an abusive environment – they can safely relinquish the baby to the state without being charged with child abandonment. Although this option is not frequently used, all 50 U.S. states have enacted an infant safe haven law.¹⁵⁷
 - **3 Days** – In California, this option can only be used within the first **72 hours** of the child's life. A biological parent or legal guardian may legally relinquish the baby to a designated Safe Surrender site, such as a fire station or hospital emergency room. This process is anonymous; the person relinquishing the child does not need to disclose any personal information or their reason for choosing this option.
 - **14 Days** – At the time of relinquishment, the parent/guardian and the baby are given matching ID bracelets. If they change their mind for any reason, the parent/guardian has **2 weeks** to reclaim their rights as legal guardian of the child. If not reclaimed in that time, Child Protective Services will place the child in foster care, and the child may eventually be adopted.

3. Invite the class to vote: *“Which of these options do you think is most common for teenagers who become pregnant?”* As of 2017, about 60% of pregnant teens (age 15-29) became parents and 25% chose abortion.¹⁵⁸ Adoption is a very rare outcome for teen pregnancies (<1%).¹⁵⁹

- There is no data on how many teens choose Safe Surrender since it is an anonymous process. However, as of 2019, the Department of Social Services reports that just over 1,000 babies have been relinquished through California's Safe Surrender Program since it was established in 2001.¹⁶⁰
- Sometimes pregnancies end spontaneously; this is most likely to happen during the first trimester of a pregnancy, called a **miscarriage**. About 15% of teen pregnancies end in miscarriage.¹⁶¹ If a pregnancy ends spontaneously during the third trimester (after 20 weeks) and the fetus does not survive, it is called a stillbirth. In other cases, a pregnant person may go into preterm labor and give birth to a premature baby, which may require special medical care.

¹⁵⁷ Child Welfare Information Gateway. (2022). Infant safe haven laws. U.S. Department of Health and Human Services, Administration for Families, Children's Bureau. www.childwelfare.gov/topics/systemwide/lawsandpolicies/statutes/safehaven

¹⁵⁸ Kost, K., Maddow-Zimet, I. & Arpaia, A. (2017). Pregnancies, births and abortions among adolescents and young women in the United States, 2013: National and state trends by age, race and ethnicity. Guttmacher Institute. www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013

¹⁵⁹ Jones, J. & Placek, P. (2017). Adoption: By the numbers. The National Council for Adoption. www.adoptioncouncil.org/publications/2017/02/adoption-by-the-numbers

¹⁶⁰ California Department of Social Services. (n.d.). SSB data. www.cdss.ca.gov/inforesources/ocap/safely-surrendered-baby/data

¹⁶¹ Kost, K., Maddow-Zimet, I. & Arpaia, A. (2017). Pregnancies, births and abortions among adolescents and young women in the United States, 2013: National and state trends by age, race and ethnicity. Guttmacher Institute. www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013

4. Invite the class to brainstorm: *“What are some of the unique challenges that pregnant and parenting teens may face?”* Answers may include, but are not limited to, social stigma, financial security, and impacts on education and career goals.
 - **Teen parents deserve support, not judgment or ridicule.** However, experiences with pregnancy and parenting as a young person may be very different for individuals based on the intersections of their identities and their environment (e.g., geographical, political, cultural, social).
 - There may be religious, cultural, or family expectations that lead a person to choose a specific pregnancy option, even if they would rather make a different decision.
 - A person may experience **stereotype threat** – the fear of fulfilling negative stereotypes related to one or more of their identities – and thus feel social pressure to choose or not choose a specific pregnancy option.
 - There may also be limited local resources or legal restrictions that affect access to certain pregnancy options, such as abortion.
 - This information is not meant to scare or shame anyone. This discussion about pregnancy options is simply meant to provide an overview of things to consider and resources that can support someone dealing with decisions around pregnancy and parenting, now or in the future.
 - Check out **Teen Health Rights** for youth-focused legal information related to sex, pregnancy, and being a young parent in California: www.teenhealthrights.org
 - For nonjudgmental support at any point in the decision-making process, contact the free and confidential **All-Options Talkline: 1 (888) 493-0092**
 - Pregnant and parenting teens in California can also find support through **Shine Together**, a nonprofit organization dedicated to empowering young moms with tools and resources to thrive as students and parents. To learn more about this fun and rewarding program, visit: www.shinetogether.org
5. Remind students to use their trusted adults (e.g., parent, medical provider, community leader) and local resources (e.g., school counselor, teen clinic, anonymous hotline) if they want support in clarifying their values about these options or need to make a personal decision about pregnancy.

Activity 6.2: Exploring Their Options

Objectives: Critically evaluate the reasons why a person may or may not choose each pregnancy option. Identify resources for a person who is pregnant.

Note to Instructor: It is very important to **remain neutral** and avoid sharing personal views while discussing the legal pregnancy options. Abortion is an especially controversial topic for some, so expressing personal opinions on the subject may offend or hurt students in the class. Focus on factual information and the steps a pregnant person takes if choosing each option.

1. Give each student a copy of the Exploring Their Options worksheet.
2. Explain the activity:
 - Work as a group to discuss the factors affecting the pregnant person in your given scenario.
 - Brainstorm reasons why this person might choose or not choose each pregnancy option. In other words, your job is **not** to decide what is best, just to help them think through their options.
 - It is OK if some of your reasons are repeated in multiple boxes. For example, “personal health” could be a reason they may choose abortion and a reason they may not choose parenting.
 - There are 10 different scenarios; some groups will be invited to share theirs aloud after the activity.
3. Divide the class into 10 small groups and give each group a scenario.
4. Allow 10-20 minutes for groups to discuss and complete the worksheet, then ask for 3-5 groups to share so the class can hear different scenarios. If time is limited, choose 2-3 scenarios to discuss as a class instead of working in small groups.
5. To wrap up, ask the class who the person in their scenario could talk to for support in making their decision. Remind students that family planning can involve some difficult conversations and decisions. It is always a good idea to talk with family, friends, partners, and professionals when considering these pregnancy options.

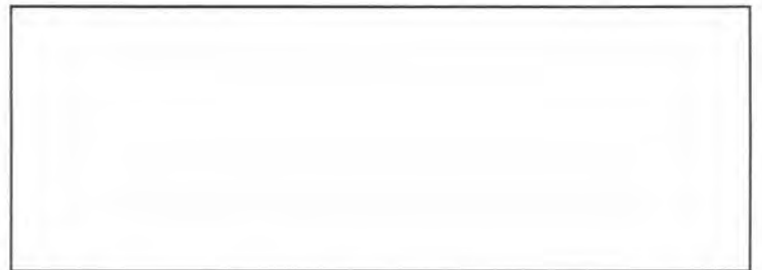
Exploring Their Options

Name: _____ Date: _____ Period: _____

Instructions: Read the scenario and think about this person's options. Consider different reasons why they might choose abortion, adoption, or parenting based on their personal circumstances. Write two reasons in each box below, then answer the question in the thought bubble.

Pregnancy Options	Why might they choose this option?	Why might they not choose this option?
Abortion	<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • •
Adoption	<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • •
Parenting	<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • •

Who might this person go to for support in making their decision?



Exploring Their Options *Pregnancy Scenarios*

Scenario 1: A 19-year-old college student was raped at a party. As a result of her assault she is now pregnant.

Scenario 2: A 15-year-old student lives in foster care. Her boyfriend was recently incarcerated, and a few days after he got arrested, she found out that she is pregnant.

Scenario 3: A 28-year-old sales manager was dating a man for 4 months, but they broke up before she found out that she was pregnant. She had not planned on being a single parent.

Scenario 4: A 50-year-old woman thought she was in menopause because she has not had a period in over a year. She was therefore surprised to learn from her doctor that she is pregnant. She already raised two children and is about to become a grandmother.

Scenario 5: A 39-year-old hair stylist has four children and just found out they are pregnant again. Their partner recently lost his job, and they are struggling to pay rent and feed their family right now.

Scenario 6: An 18-year-old high school senior has never considered birth control because she identifies as lesbian. However, she hooked-up with someone at a party a few months ago, and just learned that she is pregnant.

Scenario 7: A 27-year-old woman is pregnant after trying for two years but was recently diagnosed with cancer. She cannot get the treatment for her cancer while she is pregnant because of the risks to the fetus.

Scenario 8: A 16-year-old high school student recently started having sex with their partner. They were using a condom and it broke, but they did not know about using emergency contraception to prevent a pregnancy within five days of birth control failure. As a result, they are now pregnant.

Scenario 9: A 22-year-old woman has been having sex with multiple partners. She sometimes uses condoms and sometimes relies on the pull-out method. Now that she is pregnant, she does not know who the biological father is.

Scenario 10: A 30-year-old trans man has become pregnant by his husband. They want to have kids eventually, but his neighbors and co-workers do not know that he is transgender.

Lesson 6 Wrap-Up

Objectives: Summarize the information covered in this lesson. Preview the topics to be covered in the next lesson. Provide examples of self-care activities to help process and refocus for the next class.

Note to Instructor: Update the “Looking Forward” slide in the **Lesson 6 PowerPoint** to accurately reflect your lesson plan for the next day.

Part 1: Closing Routine

1. **Review the content from this lesson using any of the following prompts:**
 - What does “reproductive justice” mean?
 - What is prenatal care?
 - Who (or where) might a pregnant person go to for support and advice in making their decision?
2. **Review the follow-up activities, assignments, or resources provided during this lesson.** Clarify what (if anything) is due the following class and what is optional for students to explore if they would like more information or support.
3. **Invite students to write something down and to submit their scratch paper to the Anonymous Question Box.** Remind the class that everyone must turn in a paper with writing to the Question Box at the end of each class session. If they do not have a question, they can write something they learned, leave a note for the instructor, or simply draw a picture.

Part 2: Looking Forward

4. **Introduce the topics that will be covered in the next lesson: STIs.**
 - Next class is all about the most common curable and treatable sexually transmitted infections (STIs).
 - This will involve an activity to diagnose a mystery STI based on the symptoms, testing, treatment, and mode of transmission.
 - We will spend time focusing on HIV, including how it impacts individuals and communities.
 - We will also discuss ways to prevent STI transmission, which will include a condom demonstration!
5. **Provide some examples of self-care to decompress after this lesson and recharge for the next topic.** Refer to **Lesson 1** (pg. 9) for additional ideas.
 - It can be helpful to move your body, get creative, rest, or connect with others, for example:
 - Work out to your favorite playlist
 - Take a hot (or cold) shower
 - Gaze at the clouds or stars
 - Create a self-portrait

Lesson 7: Sexually Transmitted Infections

Goals

The purpose of this lesson is to:

- Recognize the differences between curable and treatable sexually transmitted infections (STIs).
- Discuss ways to support people living with STIs, including HIV.
- Increase the likelihood of STI testing and treatment, as well as condom use during sex.

Objectives

At the end of this lesson, students will be able to:

- Name two curable and two treatable STIs.
- Describe two routes of transmission, possible symptoms, and long-term effects of STIs.
- Explain two ways to reduce the risk of contracting an STI.
- Advocate for the respect and dignity of people living with HIV.
- Describe the steps for using a condom correctly.

Why Is This Important?

During middle adolescence (ages 14–18), some teens will begin to explore risk-taking behaviors such as substance use and sexual activity. Early sexual debut, having multiple sexual partners, alcohol and drug use, inaccessibility to healthcare, and inconsistent condom use are all major factors contributing to the consistently high rate of sexually transmitted infections (STIs) among young people.¹⁶² In fact, people ages 15–24 account for roughly half of all new STI diagnoses in the U.S. despite representing just one quarter of the population.¹⁶³ This lesson provides basic medical information to help students understand the impacts that STIs can have on individuals, relationships, and communities.

Throughout this lesson, consistent messaging reinforces that not engaging in any sexual contact with a partner is the best way to prevent STI transmission. If a person chooses to have sex, limiting the number of sexual partners or engaging in sex within a committed relationship (e.g., marriage) can greatly reduce the risk of STI transmission. Condoms are highly effective at preventing STIs when used consistently and correctly; however, they cannot completely eliminate the risk.¹⁶⁴ Although young people may know where to obtain condoms, learning how to properly use a condom provides students with functional knowledge and skills to protect their health during sexual activity. It is also crucial for students to recognize the importance of regular STI testing and communication between partners to prevent the spread of STIs. Unfortunately, social stigma around STIs (specifically HIV) can inhibit protective factors such as testing and communication about STI status.¹⁶⁵ This lesson acknowledges that having an STI does not make someone a bad person, and that STI status is not an indication of a person's character. There have also been significant advancements in the treatment and prevention of HIV over the past 30 years. Students will learn about new medications like PrEP and PEP that can significantly reduce a person's risk of contracting HIV, and antiretroviral therapy (ART) that can help treat an HIV infection and prevent transmitting the virus to others.

¹⁶² Centers for Disease Control and Prevention. (2018). Substance use and sexual risk behaviors among youth. Division of Adolescent and School Health. www.cdc.gov/healthyyouth/substance-use/pdf/dash-substance-use-fact-sheet.pdf

Jannan, C.L. & Klausner, J.D. (2018) The growing epidemic of sexually transmitted infections in adolescents: A neglected population. *Current Opinion in Pediatrics*, 30(1), 137–143. DOI: [10.1097/MOP.0000000000000578](https://doi.org/10.1097/MOP.0000000000000578)

¹⁶⁴ Centers for Disease Control and Prevention. (2013). Condom fact sheet in brief. www.cdc.gov/condomeffectiveness/brief.html

¹⁶⁵ Fortenberry, J.D., et al. (2002). Relationships of stigma and shame to gonorrhea and HIV screening. *American Journal of Public Health*, 92(3), 378–381. DOI: [10.2105/AJPH.92.3.378](https://doi.org/10.2105/AJPH.92.3.378)

Activity	Time in class (min.)	Can be done as HW?	Materials	Preparation
Lesson 7 Introduction	10-15		<ul style="list-style-type: none"> • Question Box • Scratch paper • Lesson 7 PowerPoint 	<ul style="list-style-type: none"> • Cut paper into 3" x 4" pieces • Review anonymous questions and prepare responses • Update the Agenda slide in Lesson 7 PowerPoint
7.1 STI Mystery Diagnosis	25-45		<ul style="list-style-type: none"> • Lesson 7 PowerPoint • Mystery STI cards (2-4 sets, laminate if possible) • STI infographic cards (laminate if possible) • Answer Key • 7 lab trays or tape 	<ul style="list-style-type: none"> • Review background info on curable and treatable STIs • Print Medical Chart worksheets (1-2 copies per pair) • Set up 7 stations around the room, each with a sign and its infographic cards
7.2 All About STIs	15-30	Yes	<ul style="list-style-type: none"> • Lesson 7 PowerPoint 	<ul style="list-style-type: none"> • Print the STI Fact Sheet (one set per student) • Print All About STIs Annotation Guide (one per student)
7.3 Quick Facts About HIV	10-20		<ul style="list-style-type: none"> • Lesson 7 PowerPoint 	<ul style="list-style-type: none"> • Print Quick Facts About HIV worksheet or fact sheet (one per student)
7.4 Condom Demonstrations	20-40		<ul style="list-style-type: none"> • Lesson 7 PowerPoint • Condoms (one per student, including some latex-free) • Condom training models (one per student) • Internal condom • Water-, silicone-, and oil-based lube • Plastic pelvic model • Dental dam • "Trojan Condoms Unrolled" video 	<ul style="list-style-type: none"> • Review the steps for correctly using a condom and an internal condom • Inflate 3 latex condoms for lube demonstration
Lesson 7 Wrap-Up	5		<ul style="list-style-type: none"> • Lesson 7 PowerPoint 	<ul style="list-style-type: none"> • Update the Looking Forward slide in Lesson 7 PowerPoint
Total Minutes for Lesson 7:	80-155			
Extra: "HIV: The Neglected Pandemic" – Doc & Discussion	40-90		<ul style="list-style-type: none"> • "HIV: The Neglected Pandemic" video 	<ul style="list-style-type: none"> • Print "HIV: The Neglected Pandemic" Film Guide worksheet (one per student)
Extra: Clinic Quiz	10-20	Yes	<ul style="list-style-type: none"> • Instructor Guide (talking points) 	<ul style="list-style-type: none"> • Print Clinic Quiz worksheet (one per student)
Extra: Clinic Adventure	10-20	Yes		<ul style="list-style-type: none"> • Print Clinic Adventure worksheet (one per student)
Extra: ABCs of Viral Hepatitis	10-15			<ul style="list-style-type: none"> • Print ABCs of Viral Hepatitis fact sheet (one per student)

Background Information

Key Messages of Lesson 7

- There are many ways to lower the risk of STI transmission, including not having sex, regular STI testing, barrier methods (e.g., condoms), vaccines, and preventative medications (e.g., PrEP, PEP, and ART to prevent HIV transmission).
 - **Not** engaging in sexual behaviors with a partner or sharing needles are the **most** effective ways to avoid STIs, including HIV.
- Since they are often asymptomatic, getting tested is the **only** way to know if a person has any STIs. Whether an STI is curable (i.e., caused by bacteria, insects, or protozoa) or treatable (i.e., caused by a virus) will determine if medication can be prescribed to either cure the infection or treat the symptoms.
 - The type of testing (e.g., blood, urine, visual exam) will depend on which STI is being tested for and the symptoms that a person may have.
- Open and honest communication with partners about STI status and prevention is **essential** for protecting one's own sexual health and beneficial for combatting shame and stigma around STIs, especially for those living with HIV.
 - All people deserve dignity and respect, regardless of their STI status.

Types of Sexually Transmitted Infections

STIs are extremely prevalent, especially among young people (age 15-24) who account for nearly half of all new STI diagnoses.¹⁶⁶ While many STIs are easily curable, some can also cause lasting damage or other issues that negatively impact sexual health. For example, having any STI increases the risk of contracting HIV. Getting tested regularly, completing treatment as directed, using condoms correctly and consistently, and communicating honestly with sexual partners are the best ways to prevent the spread of STIs. *For more information about each specific STI, including their how they can be passed, treated, and prevented, see the **Glossary for Instructors** in the accompanying ZIP file.*

Curable STIs

- **Chlamydia** – a very common bacteria easily spread through contact with sexual fluid and genital skin-to-skin contact
 - Left untreated, this infection can lead to infertility.
- **Gonorrhea** – a common bacteria easily spread through contact with sexual fluid and genital skin-to-skin contact
 - Left untreated, this infection can lead to infertility.
- **Syphilis** – a bacteria easily spread through contact with an infected sore or sexual fluid
 - Left untreated, this infection can cause irreversible damage to the eyes, brain, nervous system, or heart (which can be fatal).
- **Trichomoniasis** – a very common protozoan (parasite) easily spread through contact with sexual fluid and genital skin-to-skin contact
 - Left untreated, this infection can lead to infertility.
- **Pubic Lice** – microscopic parasites that infest body hair through close personal contact (e.g., having sex, sharing clothes or bedding) and cause extreme itching
 - This infection cannot be cured simply by removing body hair; it requires a topical insecticide.

¹⁶⁶ Shannon, C.L. & Klausner, J.D. (2018) The growing epidemic of sexually transmitted infections in adolescents: A neglected population. *Current Opinion in Pediatrics*, 30(1), 137-143. DOI: [10.1097/MOP.0000000000000578](https://doi.org/10.1097/MOP.0000000000000578)
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Treatable STIs

- **Herpes** – a very common virus easily spread through contact with an infected sore, saliva, or sexual fluid and genital skin-to-skin contact
 - Genital herpes is considered an STI while oral herpes (“cold sores”) typically is not.
- **Hepatitis B** – a virus easily spread through contact with an infected sore, blood, or sexual fluid
 - Left untreated, this virus can cause liver damage or cancer (which can be fatal).
 - This infection can be prevented with a vaccine.
- **HPV** – a very common virus easily spread through contact with sexual fluid and genital skin-to-skin contact
 - Left untreated, some strains of this virus can cause cancer (which can be fatal).
 - This infection can be prevented with a vaccine.
- **HIV** – a virus easily spread through contact with infected blood, sexual fluid, or breastmilk
 - Left untreated, this virus damages the immune system and can progress to AIDS (which can be fatal).

Common Questions & Helpful Answers

Why the shift in language from STD to STI? – The terms STD (sexually transmitted disease) and STI (sexually transmitted infection) are sometimes used interchangeably. However, many public health organizations are shifting to use the term STI for medical accuracy. According to the American Sexual Health Association (ASHA): “The concept of ‘disease’ suggests a clear medical problem, usually some obvious signs or symptoms. But several of the most common STDs have no signs or symptoms in the majority of persons infected. Or they have mild signs and symptoms that can be easily overlooked. So the sexually transmitted virus or bacteria can be described as creating ‘infection’ which may or may not result in ‘disease.’ This is true of chlamydia, gonorrhea, herpes, and HPV, to name a few.”¹⁶⁷

Why are some STIs curable and others are not? – Common curable STIs are caused by bacteria or parasites. These microbes are living cells that can be easily deactivated and destroyed by antibiotics or insecticides. Common treatable STIs are caused by viruses. These microbes can only reproduce inside of a living host cell. This means that any medication used to destroy the virus may also harm the host. Viral infections typically require antiviral or antiretroviral medications to help lower the viral load in a person’s body by preventing the virus from replicating. An HPV infection may actually clear up on its own within a few years, but some strains of the virus cause serious health issues over time without treatment.

How often should a person get tested for STIs? – It is important to get tested regularly because most STIs do not cause outward signs or symptoms. Also, many infections have an incubation period, which means they may not be detected for weeks to months after exposure. It is recommended to get tested for STIs at least once per year or before every new sexual partner. Also, since you know your body best, it is a good idea to get checked by a medical provider if anything on your body starts to look, feel, or smell concerning.

Are STIs contagious when a person is asymptomatic? – Yes. Some STIs are more likely to pass through contact with an open sore, wart, or infected blood. However, all STIs can be transmitted through sexual contact, even when no symptoms are present. This is why it is so important to always use a barrier method (e.g., condom, dental dam) during sex, and to get tested regularly.

Can removing pubic hair cure and/or prevent a pubic lice infection? – Bodies without pubic hair are less likely to have pubic lice infections. However, pubic lice can also attach to other coarse body hairs, like underarm hair, beards, and eyebrows. Also, treating this infection by removing the hair may not cure the infection completely. Lice reproduce by laying their eggs within hair follicles, beneath the surface of the skin.

These eggs may hatch and reinfect the area as the hair regrows. To properly treat a pubic lice infection, a person should use an over-the-counter insecticide lotion or shampoo that destroys lice and their eggs. It is also crucial to sanitize all clothes, bedding, and towels to prevent reinfection.

Is it illegal to have sex without disclosing an STI? – Communication about STI status is essential for safer sexual interactions. It is important for partners to share pertinent information about their sexual history and current sexual practices in order to make informed decisions around harm reduction. In California, knowingly exposing someone to a communicable disease such as HIV through intentional or reckless behavior is a misdemeanor.^{168,169} Remember, a person living with an STI does **not** deserve shame and stigma, but they are responsible for taking care of their own health and being honest with future sexual partners.

Additional Resources

California Department of Public Health (CDPH): STD Control Branch – www.std.ca.gov

- A comprehensive statewide resource for STI prevention, including data and statistics, fact sheets, educational materials, trainings, and public health campaigns.
- Also available in Spanish.

Centers for Disease Control and Prevention (CDC): Division of STD Prevention – www.cdc.gov/std

- A comprehensive federal resource for STI prevention, including data and statistics, fact sheets, educational materials, trainings, and public health campaigns.
- Find local STI testing services, condoms, and PrEP at: <http://gettested.cdc.gov>

Find Local HIV Services – <https://locator.aids.gov>

- A federal directory to help find local health services, including STI/HIV testing and treatment, PrEP and PEP access, and assistance with substance abuse, mental health, and family planning.
- Also find local services available in Spanish.

Find a PrEP Provider – www.pleaseprepme.org

- Information and tools that help connect people to PrEP and PEP resources and local providers.
- Also available in Spanish.

HIV Risk Reduction Tool – www.hivrisk.cdc.gov

- Access tailored information about personal risk for HIV infection, and learn how to reduce the risk of contracting or transmitting the virus.

Planned Parenthood: STDs – www.plannedparenthood.org/learn/stds-hiv-safer-sex

- Clear, helpful information for teens about the most common STIs, as well as information on safer sex practices and STI testing.

Tell Your Partner – www.tellyourpartner.org

- A safe, anonymous tool to let partners know they should get tested.

¹⁶⁸ Senate Bill No. 239. (2017). Infectious and communicable diseases: HIV and AIDS: Criminal penalties. www.leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB239

¹⁶⁹ California Health and Safety Code § 120290.

Lesson 7 Introduction

Objectives: Introduce students to the topics covered in this lesson. Review group norms and calming strategies. Provide students with an outlet to privately communicate with the instructor and ask questions. Emphasize the value of harm reduction practices.

Note to Instructor: Update the agenda slide in the **Lesson 7 PowerPoint** to reflect your lesson plan for the day. Be sure to pre-screen and prepare answers for the anonymous questions before addressing them with the class.

Part 1: Opening Routine

1. **Display the Welcome Question as students enter and prepare for class: “What are some ways that we protect our bodies from harm?”** Invite students to quietly reflect, journal, or pair-share about their response to the question.
2. **Distribute a piece of Question Box scratch paper to each student.** Remind students that this scratch paper is for writing down any questions they think of during the lesson, but it can also be used to doodle, fidget, or communicate privately with the instructor. Everyone must turn in a scratch paper with writing to the Anonymous Question Box at the end of each class session.
3. **Review the agenda for this lesson to preview the activities that will be facilitated.** Be transparent about the information that will be covered and what students will be asked to do in each part of the lesson.
4. **Review the Group Norms, emphasizing student agency to participate and self-regulate.** Remind the class to be mindful of their needs and avoid making assumptions. Group Norms for Teen Talk HS are:
 - **Respect** – listen actively; take space, make space; and practice inclusive language
 - **Communication** – identify your trusted adults, and build connections
 - **Curiosity** – keep an open mind, and ask questions openly or anonymously
 - **Privacy** – create a safe space together, and expect transparency
 - **Well-being** – feel your feelings, and find what works for you
5. **Review the examples of calming strategies that can help when a person feels uncomfortable, overwhelmed, or activated.** Encourage students to be mindful of their “window of tolerance” and empower them to engage with the material to the extent they are comfortable. *Refer to Lesson 1 (pg. 9) for additional calming strategies and explanations of specific techniques.*
 - Ways to stay calm and grounded during this lesson may include:
 - **Taking care of your basic needs** – drink water, stand and stretch, or put your head down
 - **Changing your environment** – step outside, walk to the bathroom, or visit the office
 - **Utilizing focus tools** – hold a fidget toy, color, doodle, or draw on your Question Box paper
 - **Practicing grounding techniques** – try the 5-4-3-2-1 method, and don’t forget to breathe!
6. **Select 5-10 anonymous questions submitted during the previous lesson to answer during the first five minutes of class.** If time allows, answer remaining questions at the end of the lesson. The goal is to answer all questions submitted to the Question Box by the end of the course.

Note to Instructor: Prioritize answering questions about sexually transmitted infections (STIs) to cue students to the topic of the day. Practice rephrasing and using the inclusive language introduced in this lesson whenever possible. See **Activity 1.2** for specific guidelines and recommendations for using the *Anonymous Question Box in Teen Talk HS*.

Part 2: Introduction to Harm Reduction

7. Ask for volunteers to share their thoughts about the **Welcome Question**: *“What are some ways that we protect our bodies from harm?”* and acknowledge the following types of risk (i.e. potential harm):
 - **Environmental risks** – there are certain precautions we take to protect us from harm caused by the world around us, such as wearing seatbelts, looking both ways before crossing the street, and using sunscreen.
 - Accidents happen, but staying aware of our surroundings can help us to identify risk before it becomes harmful.
 - **Interpersonal risks** – there are things we do to safeguard ourselves and others against harm in social situations, such as trusting our “gut” feelings, not getting in the car with a drunk driver, and practicing affirmative consent.
 - Remember, our bodies often pick up on situations that might be socially or interpersonally unsafe before we are consciously aware of potential harm.
 - Interpersonal interactions can be safer when everyone contributes to a culture of consent.
 - **Health risks** – there are also ways that we can preserve our physical and mental health to lower the risk of negative outcomes in the future, such as practicing good hygiene, going to therapy, and getting regular exercise.
 - Preventative measures like getting vaccinated and using condoms also help to reduce the spread of harmful viruses and infections.
8. Explain that harm is a part of life – we will inevitably encounter harmful things – but we each have the right to make our own choices about our body and anything that may affect our health. The goal is not to eliminate all risk or potential for harm, but to be aware and make choices that consider personal and community safety.
 - Reducing personal harm involves being mindful of our **window of tolerance**, the emotional zone of calmness that allows for optimal and sustainable functioning.
 - As we introduced on the first day of Teen Talk, each person has a unique window of tolerance and perception of harm due to factors like traumatic experiences, mental health conditions, and support from family and friends. This is one reason why we all have different personal boundaries.
 - Decisions around harm reduction are easier when we are within our window of tolerance. Identifying our own emotional limits and practicing grounding techniques help us to stay within or return to our calm state. But we can’t expect ourselves to be perfect.
 - Figuring out our own boundaries and finding the techniques that work best to maintain or expand our window of tolerance is a personal journey that takes time.
9. Acknowledge that partnered sexual encounters have an inherent potential for harm and introduce ways to reduce risk.
 - One way that someone might minimize risks of sexual harm is by limiting their number of sexual partners, only having sex within a committed relationship, or avoiding sexual contact with partners entirely, also known as practicing **abstinence**.
 - Since many people at some point choose to engage in sexual activity with other people and therefore assume some level of physical, interpersonal, and/or emotional risk, **safer sex practices** involve proactive communication with a partner about personal and relationship boundaries, including a plan to prevent STIs.

10. Explain that this lesson focuses on harm reduction around sexually transmitted infections (STIs), including recommendations for testing, treatment, and the prevention of STIs.

- While not engaging in any sexual behaviors with a partner is the **most** effective way to prevent the transmission of STIs, there are many options to reduce harm if a person is choosing to have sex.
 - Communication with a partner about testing, disclosing STI status, and using barrier methods to prevent fluid transfer and skin-to-skin contact during sex are all important components of harm reduction around STIs.
- Behaviors that cause harm are often stigmatized and folks who cause harm (or engage in behaviors that cause harm) might feel shame.
 - Remember that everyone makes mistakes. If a past decision caused harm, we can take accountability for our impact and find ways to make risk-reducing decisions going forward.
 - Everyone deserves respect and dignity, regardless of their STI status.

Activity 7.1: STI Mystery Diagnosis

Objectives: Distinguish between treatable and curable STIs. Understand common signs and symptoms that each STI may present. Identify ways to lower the risk of contracting or transmitting STIs. Describe the testing and treatment options for STIs, including HIV.

Note to Instructor: Before beginning this activity, set up seven (7) stations around the room, each with a sign and corresponding infographics: Transmission, Symptoms, Testing, Type of Pathogen, Treatment, Left Untreated, and Prevention. Print 1-3 sets of Mystery STIs (lamine if desired) and several class sets of Medical Charts (student worksheets). A summary of important information for each Mystery STI is included below, and an Answer Key quick guide for all eight (8) Mystery STIs is provided on pg. 202.

1. Explain the activity and expectations to the class:

- Students will play the role of doctors trying to diagnose a patient's STI based on the medical information presented.
- Students can work in small groups of 2-3, as long as they are on task.
- Each group will receive a blank Medical Chart for their patient and a Mystery STI with visual clues.
- Visit each of the seven (7) stations around the room and match the pictures from the Mystery STI with the descriptions on the Infographics. Then, write down the corresponding **bolded titles** onto the Medical Chart (not all spaces will be filled for every STI). This will eventually reveal the patient's Mystery STI through a process of elimination.
- After diagnosing the patient, see me for a new Mystery STI and repeat the process for the next patient using the Medical Chart on the back. There are eight (8) different mysteries to solve.

2. Divide students into small groups and give each group one Mystery STI and one Medical Chart. Ask students to write the number of their Mystery STI onto their Medical Chart #___.

3. Set a timer for 10-20 minutes, or longer if time allows. Invite students to begin diagnosing their patient using the Infographics at each station.

4. As groups finish, they should have their Medical Chart checked by the instructor before moving on to a new Mystery STI. Some groups may correctly identify their patient's Mystery STI before visiting all seven (7) stations. Make sure they return to each station to fill in the correct information before moving on to the next Mystery STI.

5. When time runs out, invite students back to their seats to review each Mystery STI. Use the Lesson 7 PowerPoint and the following summary to review important information:

• Mystery STI #1: Herpes

- **Transmission** – Herpes is extremely common. More than 1 in 8 people worldwide (age 14-49) have genital herpes (HSV-2), and at least two thirds have oral herpes (“cold sores”).¹⁷⁰ However, “cold sores” are typically passed through nonsexual activities; only genital herpes is considered an STI because the infection commonly passes through genital skin-to-skin contact during sex.
- **Symptoms** – The most common sign of herpes is blisters or lesions around the genitals, anus, or mouth that can be painful or itchy.

¹⁷⁰ World Health Organization. (2022). Herpes simplex virus. www.who.int/en/news-room/fact-sheets/detail/herpes-simplex-virus

- **Testing** – If a person has an outbreak, a medical provider can visually examine the skin to determine if the sore is caused by herpes. They may also swab the sore or fluid inside the blister for testing or draw blood from an arm vein to detect the herpes simplex virus. Testing is typically only done if a person has symptoms or knows they were exposed to herpes.
- **Type of Pathogen** – This virus may be dormant (i.e., “sleeping”) for months or years before an outbreak.
- **Treatment** – Antiviral medication can be prescribed to treat an active outbreak and can help suppress future outbreaks if taken long-term.
- **Left Untreated** – Openings in the skin from herpes blisters make it easier for HIV to enter the body if a person is exposed.
- **Prevention** – Avoid sexual contact with others, especially during treatment or if symptoms appear, and always use a barrier method (e.g., condom, dental dam) during any sexual activity.

- **Mystery STI #2: HPV**

- **Transmission** – This infection is easily passed through genital skin-to-skin contact or oral-genital contact during sex.
- **Symptoms** – The most common sign of HPV is warts or lesions.
- **Testing** – PAP tests are done to examine the cervix for abnormal changes or pre-cancer, which can be caused by HPV. This test is typically done at age 25, then every 3 years.¹⁷¹ If a person does not have a cervix, there is no way to know if they have HPV unless they develop symptoms (e.g., warts, penile cancer).
- **Type of Pathogen** – There are over 40 different strains of this virus, a few of which can cause serious health issues.
- **Treatment** – Many HPV infections clear up on their own, but some will require a medical provider to remove abnormal cells or warts from the body.
- **Left Untreated** – HPV is commonly linked to cervical cancer, but it can also cause other cancers depending on where the virus enters the body (e.g., penis, anus, throat).
- **Prevention** – HPV is so common that nearly all sexually active Americans will contract the virus in their lifetime if they are not vaccinated.¹⁷² The HPV vaccine is recommended for all people ages 9-45, ideally before potential exposure to HPV through sex. Avoid sexual contact with others, especially during treatment or if symptoms appear, get screened for HPV regularly (annual PAP test starting at age 25), and always use a barrier method (e.g., condom, dental dam, latex gloves) during any sexual activity.

- **Mystery STI #3: Trichomoniasis**

- **Transmission** – This infection is easily passed through contact with sexual fluids during sex.
- **Symptoms** – Only 30% of people with trichomoniasis have symptoms, and those who do are typically people with female anatomy. A notable sign of this infection is a strong foul-smelling odor from the vagina.
- **Testing** – A medical provider would typically swab the infected area (e.g., urethra, cervix) to test for trichomoniasis. They may also offer a urine test.
- **Type of Pathogen** – This protozoan parasite is very common; there are more trichomoniasis infections than all three bacterial STIs – chlamydia, gonorrhea, and syphilis – combined.¹⁷³
- **Treatment** – Similar to bacterial infections, trichomoniasis can be easily cured with a special type of antibiotic medication.

¹⁷¹ National Cancer Institute, (2020). ACS's updated cervical cancer screening guidelines explained. www.cancer.gov/news-events/cancer-currents-blog/2020/cervical-cancer-screening-hpv-test-guideline

¹⁷² Centers for Disease Control and Prevention. (2022). Genital HPV infection – basic fact sheet. www.cdc.gov/std/hpv/stdfact-hpv.htm

¹⁷³ Menezes, C.B., Frasson, A.P. & Tasca, T. (2016). Trichomoniasis – are we giving the deserved attention to the most common non-viral sexually transmitted disease worldwide? *Microbial Cell*, 3(9), 404-419. DOI: [10.15698/mic2016.09.526](https://doi.org/10.15698/mic2016.09.526)

- **Left Untreated** – Without treatment, trichomoniasis causes inflammation of the genitals, which makes it easier for HIV to enter the body if a person is exposed.
 - **Prevention** – Avoid sexual contact with others, especially during treatment or if symptoms appear, get tested (annually or as advised), and always use a barrier method (e.g., condom, dental dam) during any sexual activity.
- **Mystery STI #4: Pubic Lice**
 - **Transmission** – This infection typically passes through close contact with infected pubic hair during sex. However, pubic lice may also attach to clothes, bedding, towels, or other body hair.
 - **Symptoms** – This is the only STI that almost always has symptoms: unbearable itching caused by a reaction to lice saliva when they bite the skin to feed on blood.
 - **Testing** – A medical provider can typically observe lice, nits (eggs), or dark spots on the skin (bites) in the pubic area without a microscope. Testing is typically only done if a person has symptoms or knows they were exposed to pubic lice.
 - **Type of Pathogen** – Pubic lice are tiny parasitic insects that reproduce by laying eggs.
 - **Treatment** – Similar to head lice, applying an insecticide lotion or shampoo to the infected hair can eliminate pubic lice and their eggs. A person should also sanitize all of their clothes, bedding, and towels to prevent reinfection.
 - **Left Untreated** – Openings in the skin from lice bites and itching make it easier for HIV to enter the body if a person is exposed.
 - **Prevention** – Avoid sexual contact with others, especially during treatment or if symptoms appear. Although it does not cover the entire pubic area, using a barrier method (e.g., condom, dental dam) during any sexual activity helps reduce the risk of infection.
- **Mystery STI #5: Gonorrhea or Chlamydia**
 - **Transmission** – These STIs are easily passed through contact with sexual fluids during sex. Since they are so similar, chlamydia and gonorrhea may travel together and cause coinfection, which is especially common among teens (ages 15-19).¹⁷⁴
 - **Symptoms** – Most people with these STIs do not have any signs or symptoms. Some people may feel pain, itching, or have unusual discharge or bleeding.
 - **Testing** – Clinics and medical providers often test for both of these STIs at the same time using a single urine sample. A swab of the infected area (e.g., urethra, vagina, rectum) may also be done to test for bacteria.
 - **Type of Pathogen** – Both are caused by bacteria.
 - **Treatment** – Both can be cured with antibiotic medication. However, gonorrhea has progressively developed antibiotic-resistance, making the infection more difficult to cure.
 - **Left Untreated** – Without treatment, these STIs can lead to pelvic inflammatory disease (PID), where scar tissue may form in the Fallopian tubes or vas deferens and cause infertility.
 - **Prevention** – Avoid sexual contact with others, especially during treatment or if symptoms appear, get tested regularly (at least annually), and always use a barrier method (e.g., condom, dental dam) during any sexual activity.
- **Mystery STI #6: HIV**
 - **Transmission** – This infection can only be passed through six body fluids: blood, semen, pre-ejaculate, vaginal fluid, rectal fluid, and breast milk. In the U.S., HIV is most commonly passed through contact with sexual fluids during sex or blood from injection drug-use.

¹⁷⁴ Shannon, C.L. & Klausner, J.D. (2018). The growing epidemic of sexually transmitted infections in adolescents: A neglected population. *Current Opinions in Pediatrics*, 30(1), 137-143. DOI: [10.1097/MOP.0000000000000578](https://doi.org/10.1097/MOP.0000000000000578)

- **Symptoms** – Initially, HIV infection commonly presents like the flu or mild illness, and may cause a rash or sores in the mouth. Then, the virus often becomes dormant, and a person with HIV may be asymptomatic for several years before the infection progresses to AIDS.
 - **Testing** – Over 1.2 million people in the U.S. have this virus, but an estimated 1 in 7 of them do not know it.¹⁷⁵ The most accurate way to detect HIV is with a blood draw from an arm vein. However, there are also rapid tests that only require a finger prick or an oral swab of the gums. If one of these rapid tests is positive, a blood draw will be needed to confirm.
 - **Type of Pathogen** – HIV is a virus that damages the immune system.
 - **Treatment** – A person with HIV can take antiretroviral therapy (ART) to suppress the virus. This keeps them healthy and lowers the risk of transmission to others. If a person with HIV takes their ART medication daily and maintains an undetectable viral load for at least six months, they cannot transmit HIV to partners when having sex. Always remember: “undetectable equals untransmittable” or U=U.
 - **Left Untreated** – Without treatment, the immune system becomes extremely weak, and opportunistic infections or cancers may develop, some of which can be fatal.
 - **Prevention** – Avoid sexual contact with others, especially during treatment or if symptoms appear, and get tested regularly (annually or as advised). Always use a barrier method (e.g., condom, dental dam) during any sexual activity and always use sterile injection equipment (e.g., needles, rinse water) when getting a piercing or tattoo or using intravenous drugs. A person may also choose to take PrEP or PEP medications to lower their risk of infection if they are exposed to the virus.
- **Mystery STI #7: Syphilis**
 - **Transmission** – This infection is easily passed through direct contact with a chancre sore, typically from genital skin-to-skin contact or oral-genital contact during sex. Although it is rare, transmission through blood is also possible. Using shared injection equipment and having anal sex – where less natural lubrication in the anus can lead to microtears – may also increase the risk of acquiring syphilis. In addition to increasing rates of primary and secondary syphilis infections, congenital syphilis from pregnant person to child during pregnancy is also increasingly common in the U.S.¹⁷⁶
 - **Symptoms** – Many people do not experience or notice symptoms of syphilis, which can include mild flu-like symptoms, painless chancres (sores), or a non-itchy rash on the palms of hands and soles of feet. There is also a latent (“hidden”) phase, where the infection may be dormant for several months or years before progressing to the final stage.
 - **Testing** – This STI usually requires a blood draw from an arm vein to detect syphilis. A medical provider may also visually inspect and swab any visible sores to test for the bacteria.
 - **Type of Pathogen** – This infection is caused by bacteria.
 - **Treatment** – While this STI can be cured with antibiotics, any organ damage caused by the infection is typically irreversible.
 - **Left Untreated** – Without treatment, this infection can progress from the primary or secondary stage into the latent or tertiary stage. During the final stage, syphilis can cause serious health conditions (e.g., dementia, blindness, heart failure, paralysis), some of which can be fatal.
 - **Prevention** – Avoid sexual contact with others, especially during treatment or if symptoms appear, and get tested (annually or as advised). Always use a barrier method (e.g., condom, dental dam) during any sexual activity and always use sterile injection equipment (e.g., needles, rinse water) when getting a piercing or tattoo or using intravenous drugs.

¹⁷⁵ HIV.gov. (2019). Too many people living with HIV don't know it. www.hiv.gov/blog/too-many-people-living-hiv-us-don-t-know-it

¹⁷⁶ Centers for Disease Control and Prevention. (2022). Syphilis – CDC detailed fact sheet. www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm
 Teen Talk High School, 2022

- **Mystery STI #8: Hepatitis B**

- **Transmission** – There are several types of viral hepatitis, but only hepatitis B is considered an STI because the infection commonly passes through exposure to sexual fluids during sex. It can also easily transmit through infected blood and during childbirth.
- **Symptoms** – Around 70% of people with hepatitis B have symptoms, although it may present like the flu. A notable sign of this infection is dark urine or pale gray stools, which can be signs of liver inflammation.
- **Testing** – A medical provider can draw blood from an arm vein to detect hepatitis B.
- **Type of Pathogen** – This virus is slightly different than hepatitis A and C.
- **Treatment** – Many acute hepatitis B infections clear up on their own, but some may progress to chronic infections, which can be treated using antiviral medication.
- **Left Untreated** – This virus can cause liver damage, liver cancer, or liver failure, which can be fatal.
- **Prevention** – The hepatitis B vaccine is recommended for all newborns and anyone under age 19 who was not vaccinated as an infant. Avoid sexual contact with others, especially during treatment or if symptoms appear, and get screened for hepatitis B (as advised). Always use a barrier method (e.g., condom, dental dam) during any sexual activity and always use sterile injection equipment (e.g., needles, rinse water) when getting a piercing or tattoo or using intravenous drugs.

6. To wrap up, ask the class the following questions:

- **Why should young people care about STIs?**

- STIs are extremely common among young people:
 - Each year, 1 in 4 sexually active teens (ages 15-19) is diagnosed with an STI (e.g., chlamydia, HPV).¹⁷⁷
 - Half of all sexually active people will get an STI by age 25.¹⁷⁸
- Some STIs can cause severe health issues or lasting damage to the body.
- Also, most STIs are asymptomatic. This means that a person may not know if they or their partner have an STI. Remember – the only way to know for sure is to get tested!

- **What can someone do to lower their risk of contracting or transmitting an STI?**

- Avoid sexual contact with others
- Avoid intravenous drugs and sharing needles for any reason
- Avoid having sex while drunk or high (may lead to poor decision making)
- Use a new condom or dental dam during any sexual activity
- Use prescribed medications such as PrEP and PEP
- Get tested regularly (e.g., before and after having sex with a new partner)
- Get vaccinated for HPV and Hepatitis B
- Communicate with any sexual partners (e.g., protection plan, sexual history)
- Limit the number of sexual partners (e.g., only have sex within a mutually committed relationship, such as marriage)

7. Give each student a copy of the STI Fact Sheet to keep as a reference guide.

¹⁷⁷ Iannone, C.L., & Klausner, J.D. (2018). The growing epidemic of sexually transmitted infections in adolescents: A neglected population. *Current Opinion in Pediatrics*, 30(1), 137-143. DOI: 10.1097/MOP.0000000000000578

¹⁷⁸ Cates, J.R., Herndon, N.L., Schulz, S.L. & Darroch, J.E. (2004). Our voices, our lives, our futures: Youth and sexually transmitted diseases. School of Journalism & Mass Communication, University of North Carolina at Chapel Hill. <https://upstream-dept-mj.cloudapps.unc.edu/wp-content/uploads/2012/12/Our-Voices-Our-Lives-Our-Futures-Youth-and-Sexually-Transmitted-Diseases2-1.pdf>

STI Mystery Diagnosis Medical Chart

Name(s): _____ Date: _____ Period: _____

Instructions: Move around the room and match the images on your Mystery STI card with the images at each station. Write down the information provided to fill in your patient's medical information and diagnose their STI.

# _____	Pubic Lice	Syphilis	Trichomoniasis	Chlamydia – or – Gonorrhea
	Herpes	HPV	HIV	Hepatitis B

How is this STI passed?		How do they prevent future STIs?	
Transmission <div></div> <div></div> <div></div> <div></div> <div></div>	Prevention <div>*</div> <div></div> <div></div> <div></div> <div></div>	Left Untreated? <div></div> <div></div> <div></div>	What if they do nothing? What are their options?
Symptoms? <div>*</div> <div></div> <div></div> <div></div> <div></div>	Treatment (circle one) Curable or Treatable <div></div>		
Testing <input checked="" type="checkbox"/> <div></div> <input checked="" type="checkbox"/> <div></div> <input checked="" type="checkbox"/> <div></div>		Type of Pathogen <div></div>	
They visit a medical provider.		Test is "positive" – they have this STI.	

Name 2 local clinics where they can go for free STI testing and treatment:

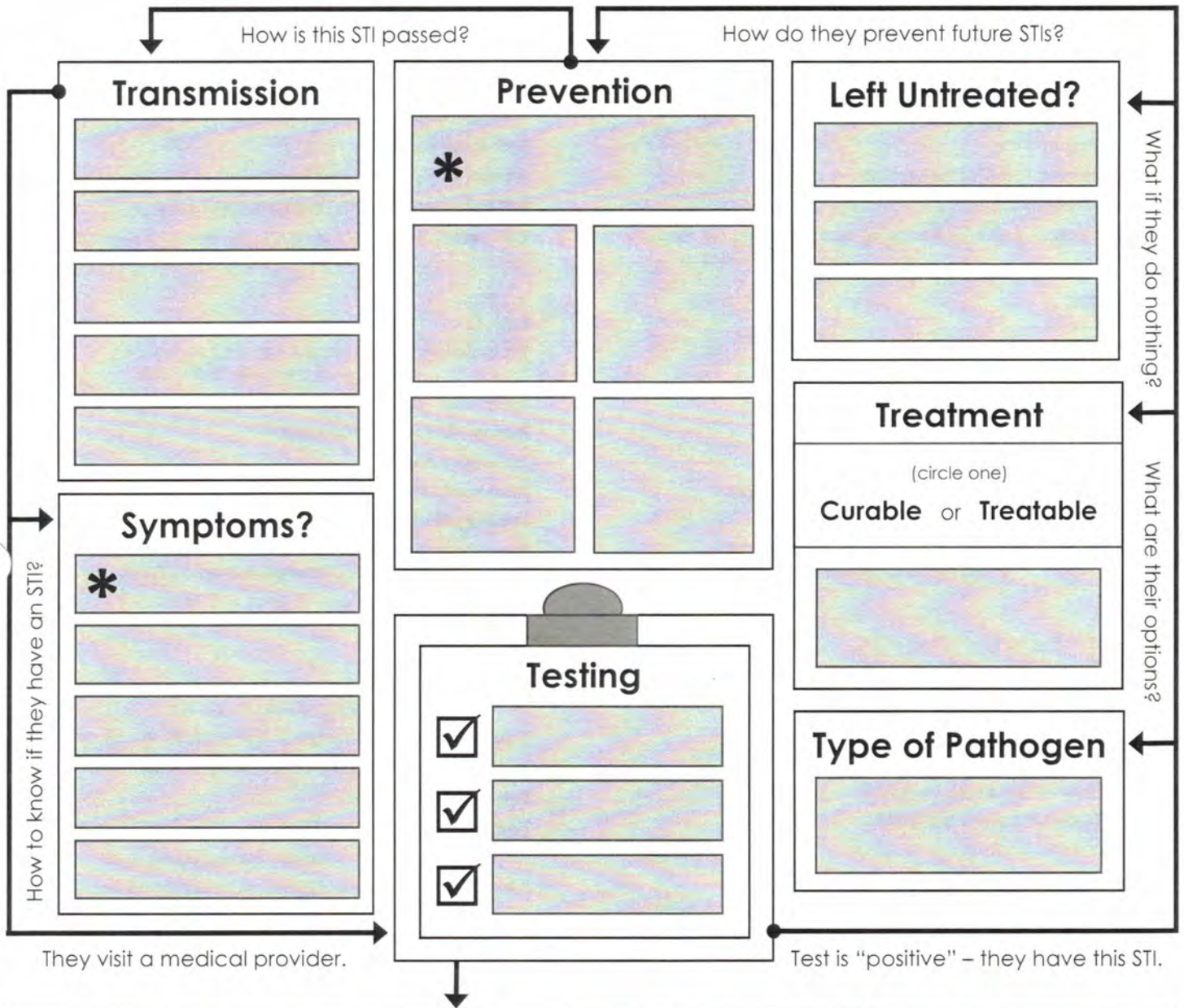
OR

Pubic Lice
Herpes

Syphilis
HPV

Trichomoniasis
HIV

Chlamydia – or – Gonorrhea
Hepatitis B



Name 2 local clinics where they can go for free STI testing and treatment:

OR

Why should young people care about STIs?

STI Mystery Diagnosis Answer Key

#1 Herpes

Transmission: Skin-to-skin, sexual fluids, sexual contact, pregnancy/childbirth
Symptoms: *NONE, changes in skin, pain, itching, flu-like symptoms
Testing: Visual inspection, cotton swab, blood draw
Pathogen: Virus
Treatment: (TREATABLE) antivirals
Left Untreated: Increased risk of HIV
Prevention: *NO sexual contact, get tested, barrier method

#2 HPV

Transmission: Skin-to-skin, sexual contact, pregnancy/childbirth
Symptoms: *NONE, changes in skin, itching
Testing: Visual inspection, PAP test
Pathogen: Virus
Treatment: (TREATABLE) removal of warts/lesions
Left Untreated: Cancer, increased risk of HIV
Prevention: *NO sexual contact, get vaccinated, get tested, barrier method

#3 Trichomoniasis

Transmission: Sexual fluids, sexual contact, pregnancy/childbirth
Symptoms: *NONE, changes in smell or discharge, pain, itching
Testing: Cotton swab, urine test
Pathogen: Protozoa (parasite)
Treatment: (CURABLE) antibiotics
Left Untreated: Infertility, increased risk of HIV
Prevention: *NO sexual contact, get tested, barrier method

#4 Pubic Lice

Transmission: Skin-to-skin, sexual contact
Symptoms: *NONE, changes in skin, itching
Testing: Visual inspection
Pathogen: Insect (parasite)
Treatment: (CURABLE) insecticide
Left Untreated: Increased risk of HIV
Prevention: *NO sexual contact, get tested, barrier method

#5 Chlamydia or Gonorrhea

Transmission: Sexual fluids, sexual contact, pregnancy/childbirth
Symptoms: *NONE, changes in smell or discharge, pain, itching
Testing: Cotton swab, urine test
Pathogen: Bacteria
Treatment: (CURABLE) antibiotics
Left Untreated: Infertility, increased risk of HIV
Prevention: *NO sexual contact, get tested, barrier method

#6 HIV

Transmission: Blood, sexual fluids, sexual contact, pregnancy/childbirth, breast milk
Symptoms: *NONE, changes in skin, pain, flu-like symptoms
Testing: Oral swab, blood draw
Pathogen: Virus
Treatment: (TREATABLE) antiretroviral therapy (ART)
Left Untreated: Cancer
Prevention: *NO sexual contact, NO sharing needles, get tested, barrier method, PrEP and PEP

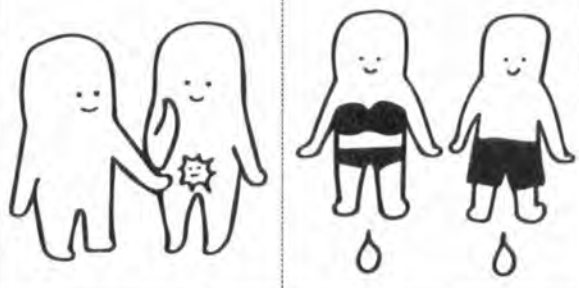
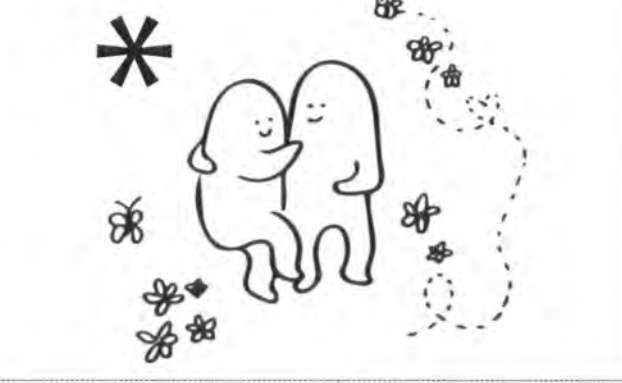

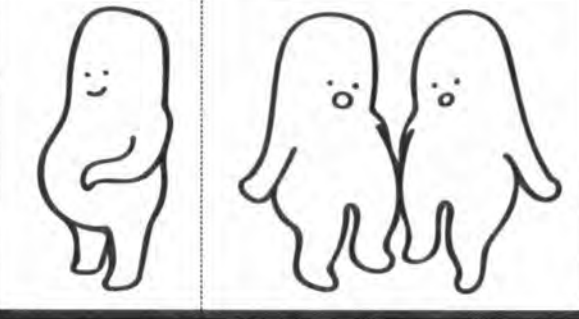
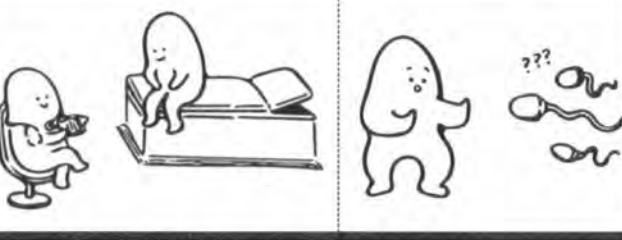
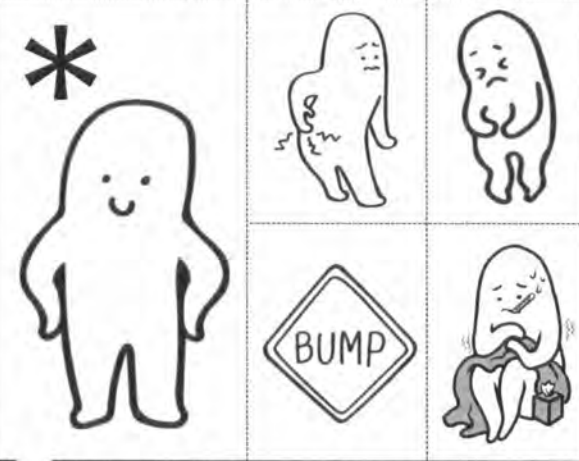
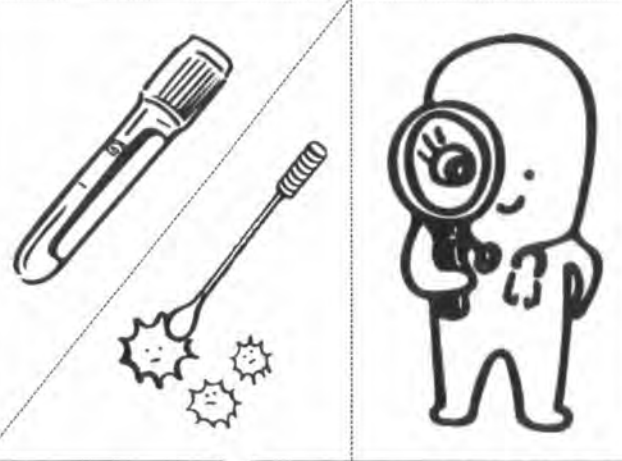
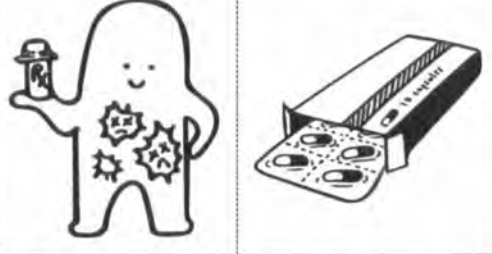
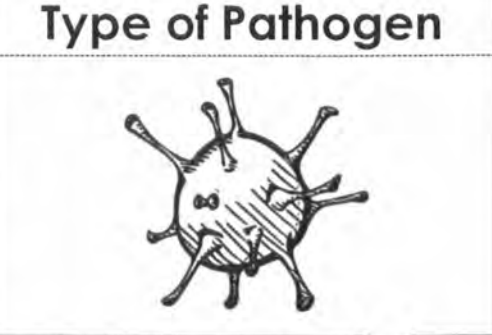
#7 Syphilis

Transmission: Skin-to-skin, sexual fluids, sexual contact, pregnancy/childbirth, blood
Symptoms: *NONE, changes in skin, pain, flu-like symptoms
Testing: Visual inspection, cotton swab, blood draw
Pathogen: Bacteria
Treatment: (CURABLE) antibiotics
Left Untreated: Organ damage, increased risk of HIV
Prevention: *NO sexual contact, NO sharing needles, get tested, barrier method















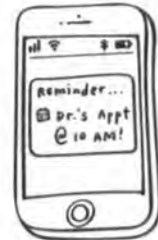


#8 Hepatitis B

Transmission: Sexual fluids, sexual contact, blood, pregnancy/childbirth
Symptoms: *NONE, changes in skin, pain, itching, flu-like symptoms
Testing: Blood draw
Pathogen: Virus
Treatment: (TREATABLE) antivirals
Left Untreated: Organ damage, cancer, increased risk of HIV
Prevention: *NO sexual contact, NO sharing needles, get vaccinated, get tested, barrier method

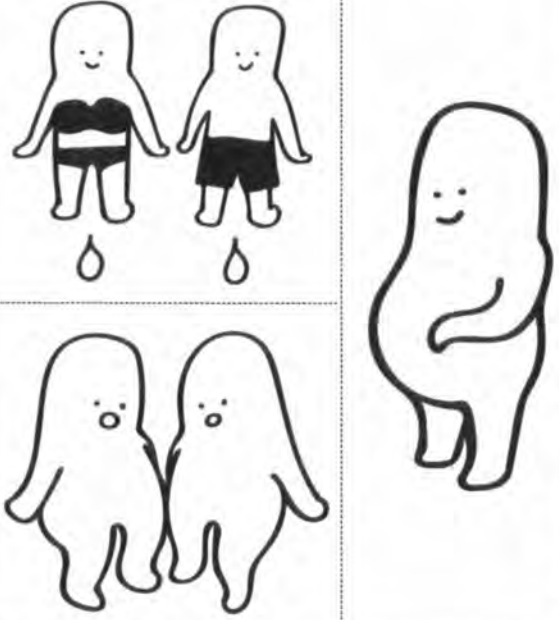
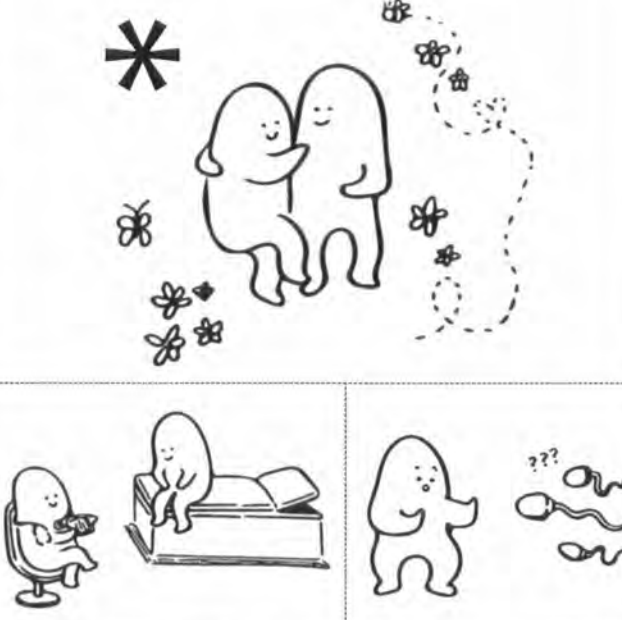
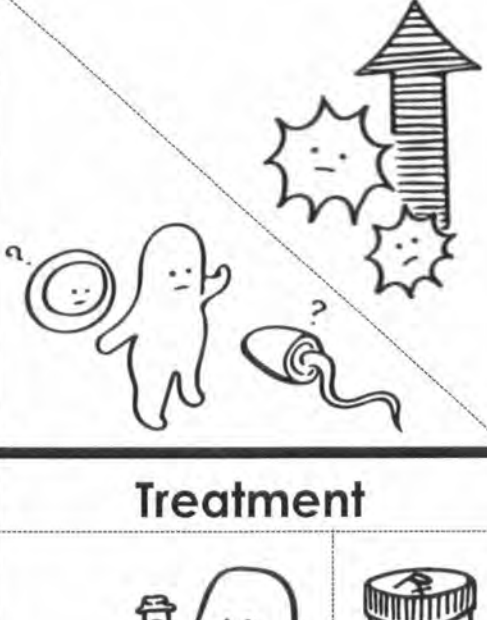
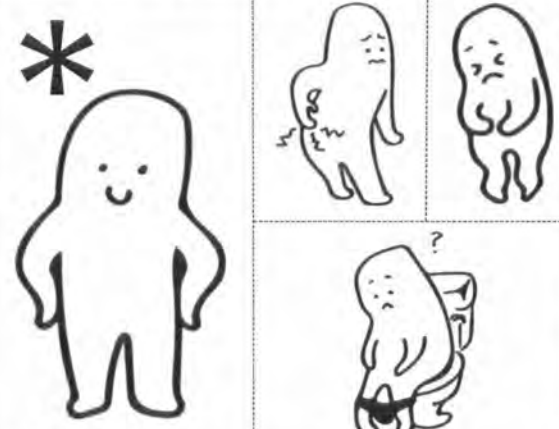

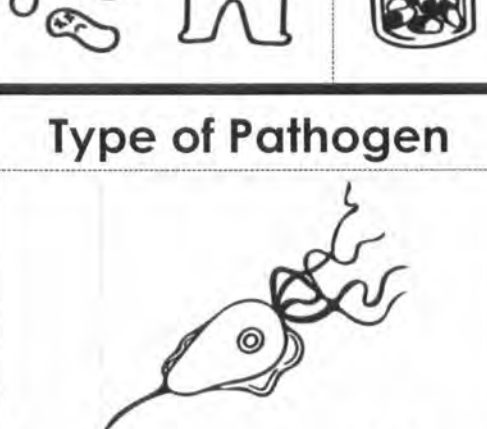

#1

Transmission		Prevention		Left Untreated?	
					
				Treatment	
Symptoms?		Testing		Type of Pathogen	
					
					

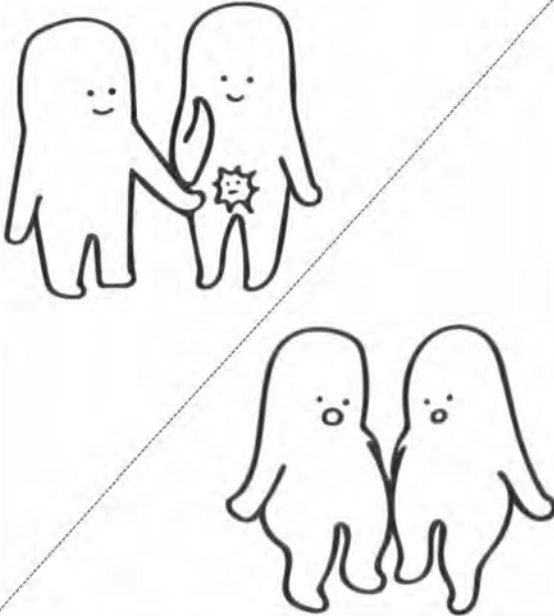

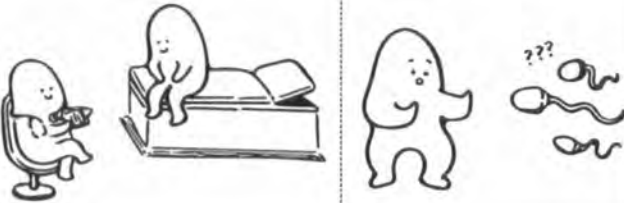

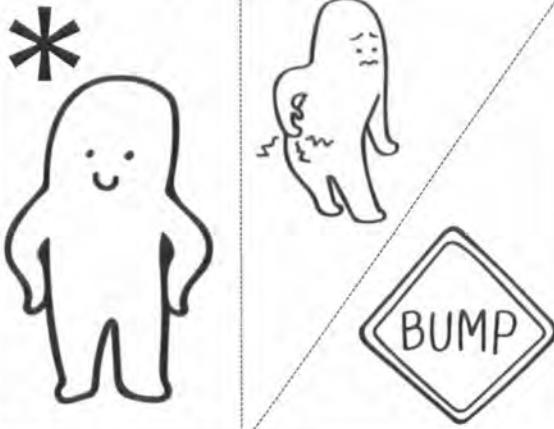



#2

Transmission		Prevention		Left Untreated?	
					
					
Symptoms?		Testing		Treatment	
					
					
Type of Pathogen					
					

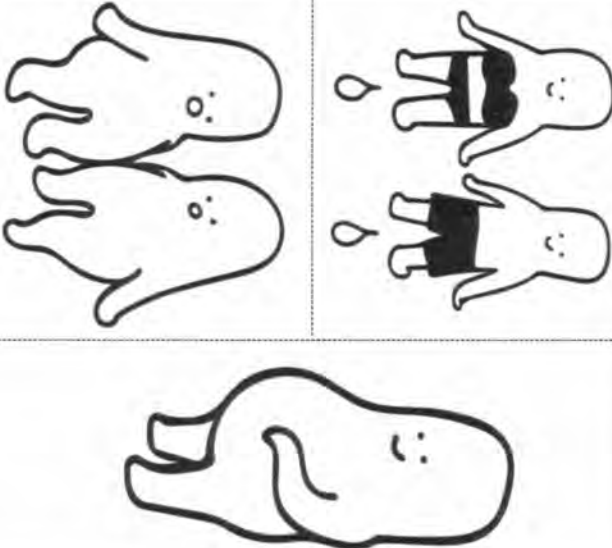
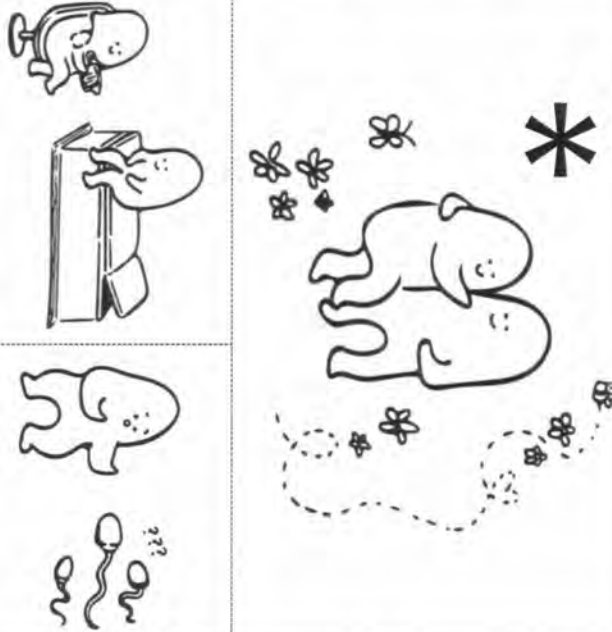
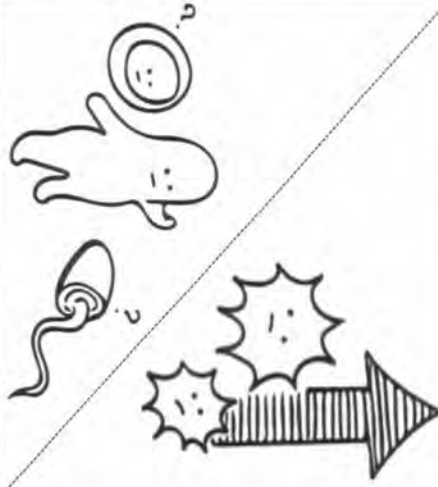
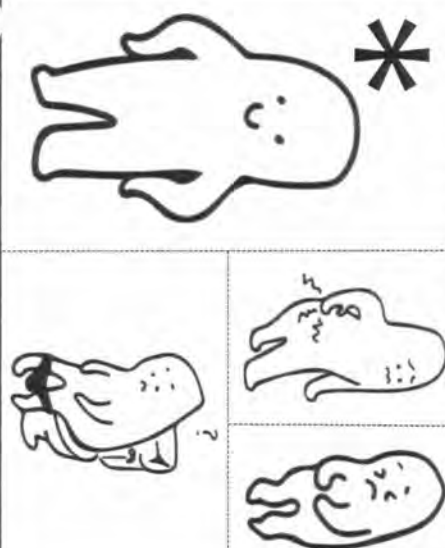
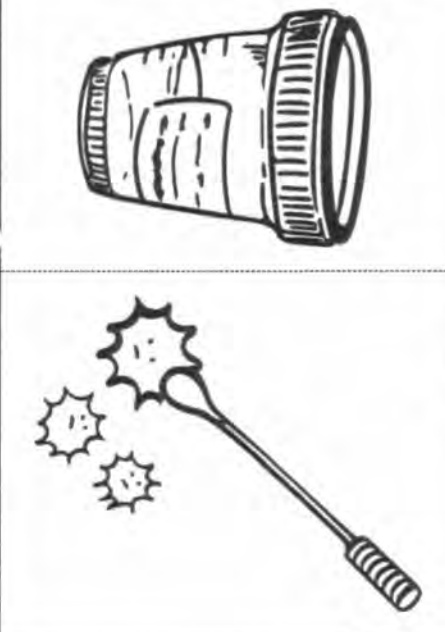
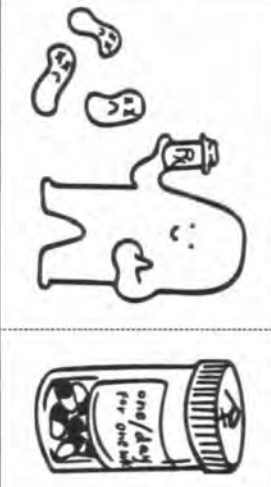

#3

Transmission	Prevention	Left Untreated?
		
Symptoms?	Testing	Treatment
		
		Type of Pathogen
		






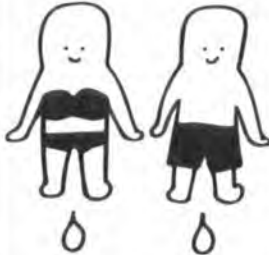




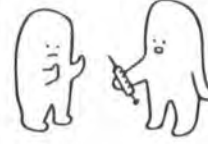











#4

<p>Transmission</p> 	<p>Prevention</p>  	<p>Left Untreated?</p> 
<p>Symptoms?</p> 	<p>Testing</p> 	<p>Treatment</p> 
<p>Type of Pathogen</p> 		


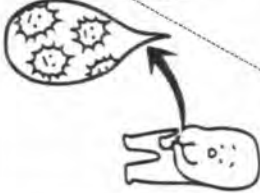



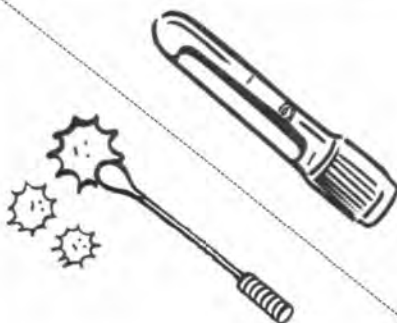




#5

Transmission		Prevention		Left Untreated?	
					
Symptoms?		Testing		Treatment	
					
Type of Pathogen					
					

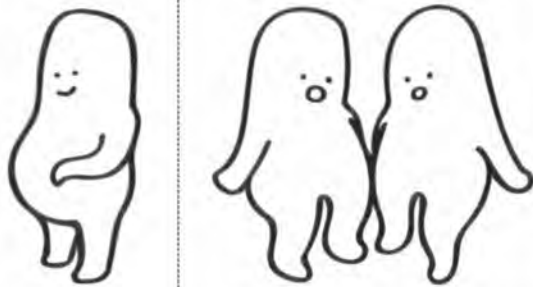

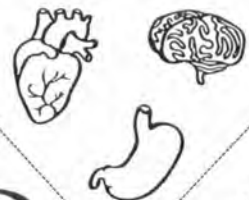
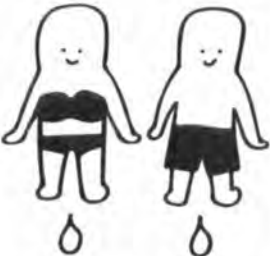
















#6

Transmission			Prevention		Left Untreated?
					
					
					
					
Symptoms?			Testing		Treatment
					
					
					Type of Pathogen
					

#7

Transmission		
		
		
Prevention		
		
		
Testing		
		
Treatment		
		
Type of Pathogen		
		
Left Untreated?		

#8

Transmission		Prevention		Left Untreated?		
						
						
						
Symptoms?		Testing		Treatment		
						
						
						
				<th>Type of Pathogen</th>		Type of Pathogen
						

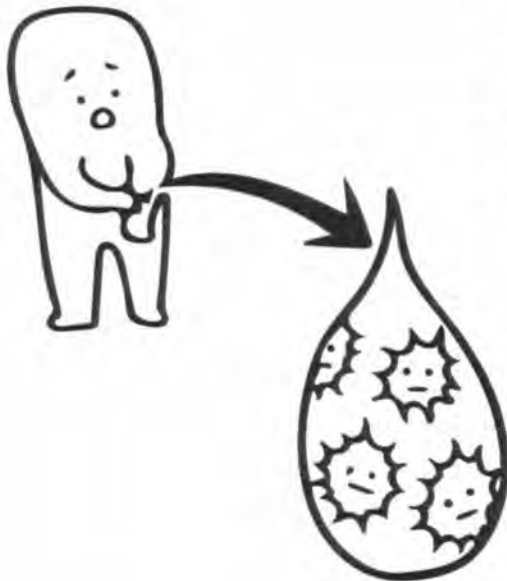
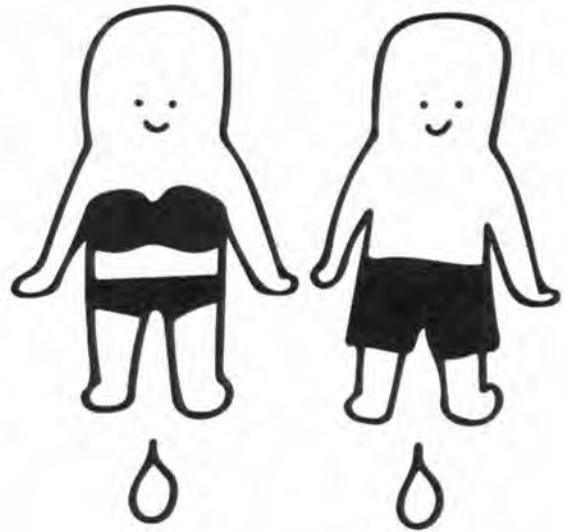
Transmission

Sexual Fluids

These STIs can be passed through infected semen, pre-ejaculate, vaginal fluid, and rectal fluid.

Possible STIs:

- ✓ Chlamydia
- ✓ Gonorrhea
- ✓ Syphilis
- ✓ Trichomoniasis
- ✓ Herpes
- ✓ Hepatitis B
- ✓ HIV



Blood

These STIs can be passed through infected blood (e.g., sharing needles or other injection equipment, getting tattoos or piercings, fighting).

Note: Bloodborne transmission can also result from openings in the skin ("microtears") which are common during receptive anal sex and vaginal sex during menstruation.

Possible STIs:

- ✓ Syphilis
- ✓ Hepatitis B
- ✓ HIV

Transmission

Breast Milk

This STI can be passed through infected breast milk.

Note: A person living with HIV can feed their baby formula instead.

Possible STIs:

✓ HIV



Pregnancy/Childbirth

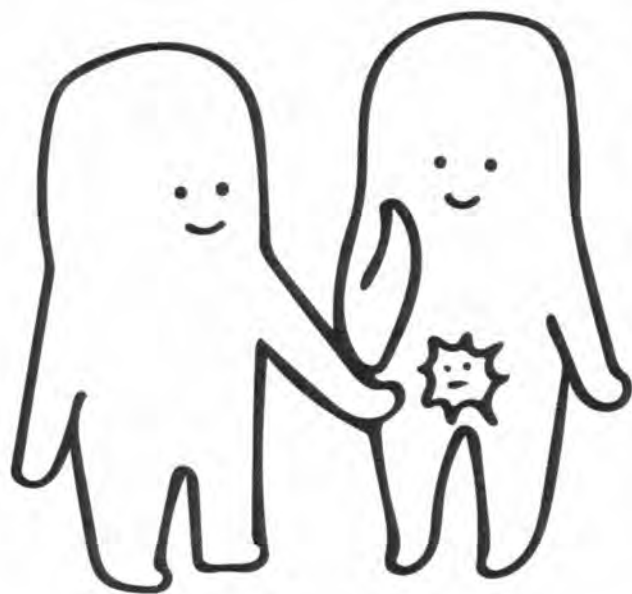
These STIs can be passed during pregnancy* or vaginal childbirth.+ A pregnant person should receive prenatal care (e.g., medical check-ups) to screen for STIs before giving birth.

Note: A pregnant person living with HIV can take antiretroviral therapy (ART) to lower the risk of transmission to the baby.

Possible STIs:

- | | |
|-------------------------------|----------------------------|
| ✓ Chlamydia ⁺ | ✓ Herpes ^{*+} |
| ✓ Gonorrhea ⁺ | ✓ Hepatitis B ⁺ |
| ✓ Syphilis ^{*+} | ✓ HPV ⁺ |
| ✓ Trichomoniasis ⁺ | ✓ HIV ^{*+} |

Transmission



Skin-to-Skin

These STIs can be passed through direct skin contact with an infected area (e.g., touching a sore on a partner's mouth while kissing).

Note: A person with herpes can still transmit the virus even when there are no sores present.

Possible STIs:

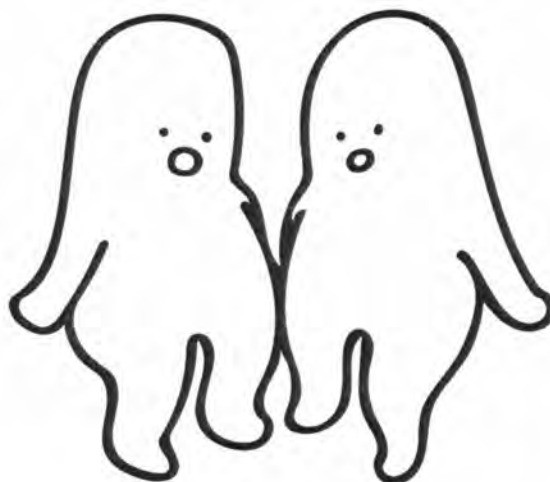
- | | |
|--------------|----------|
| ✓ Syphilis | ✓ Herpes |
| ✓ Pubic Lice | ✓ HPV |

Sexual Contact

These STIs can be passed during oral, anal, and vaginal sex.

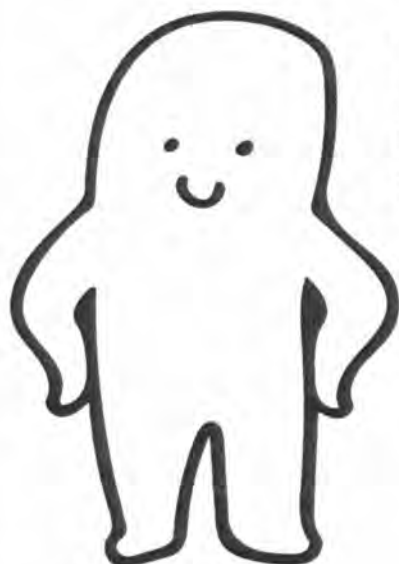
Possible STIs:

- | | |
|------------------|---------------|
| ✓ Chlamydia | ✓ Herpes |
| ✓ Gonorrhea | ✓ Hepatitis B |
| ✓ Syphilis | ✓ HPV |
| ✓ Trichomoniasis | ✓ HIV |
| ✓ Pubic Lice | |



Symptoms

* NONE



The most common symptom of any STI is none at all: 70% of people with an STI have NO signs or symptoms. Regular STI tests are recommended for anyone who engages in oral, anal, or vaginal sex.

Possible STIs:

- ✓ Chlamydia
- ✓ Gonorrhea
- ✓ Syphilis
- ✓ Trichomoniasis
- ✓ Pubic Lice
- ✓ Herpes
- ✓ Hepatitis B
- ✓ HPV
- ✓ HIV

Flu-like Symptoms

These STIs can cause a person to feel like they have the flu or a bad cold (e.g., fever, swollen lymph nodes, sore throat, headache, body aches, fatigue).

Note: If these symptoms do not improve within 2 weeks, visit a medical provider for screening.

Possible STIs:

- ✓ Syphilis
- ✓ Herpes
- ✓ Hepatitis B
- ✓ HIV



Symptoms

Changes in Smell or Discharge

These STIs may cause a change in the smell, consistency, or amount of discharge from the vagina or penis (e.g., fluid that is yellow/green, chunky, frothy, or smells fishy).

Possible STIs:

- ✓ Chlamydia
- ✓ Gonorrhea
- ✓ Trichomoniasis



Changes in Skin

These STIs may cause a rash, bumps, dark spots, lesions, warts, or blisters.

Note: These symptoms may or may not feel painful or itchy.

Possible STIs:

- | | |
|--|--|
| ✓ Syphilis
(chancres, rash, lesions) | ✓ Herpes (blisters or lesions around the mouth, genitals, or anus) |
| ✓ Pubic Lice
(dark spots or rash from insect bites) | ✓ Hepatitis B (rash, yellowing of the skin) |
| | ✓ HPV (warts, lesions) |
| | ✓ HIV (rash, mouth ulcers) |



Symptoms



Itching

These STIs may cause itching, especially around the genitals (e.g., vulva, vagina, anus, urethra, foreskin, scrotum, pubic hair).

Possible STIs:

- | | |
|------------------|---------------|
| ✓ Chlamydia | ✓ Herpes |
| ✓ Gonorrhea | ✓ Hepatitis B |
| ✓ Trichomoniasis | ✓ HPV |
| ✓ Pubic Lice | |

Pain

These STIs can cause pain in the abdomen, testicles, vagina, or rectum. They may also cause pain during urination, bowel movements, or sex.

Possible STIs:

- | | |
|------------------|---------------|
| ✓ Chlamydia | ✓ Herpes |
| ✓ Gonorrhea | ✓ Hepatitis B |
| ✓ Syphilis | ✓ HIV |
| ✓ Trichomoniasis | |



Testing

Visual Inspection

These STIs can sometimes be identified by a medical provider examining the infected skin (e.g., wart, blister, lice).

Possible STIs:

- ✓ Pubic Lice
- ✓ Syphilis
- ✓ Herpes
- ✓ HPV



Oral Swab

This STI can be identified by swabbing the gums and testing the sample for antibodies.

Note: This type of rapid testing can be done in just a few minutes!

Possible STIs:

- ✓ HIV

Testing

Cotton Swab

These STIs can be tested by collecting cells from the infected area (e.g., genitals, anus, throat) with a cotton swab and testing the sample in a lab.

Possible STIs:

- ✓ Chlamydia
- ✓ Gonorrhea
- ✓ Syphilis
- ✓ Trichomoniasis
- ✓ Herpes



Blood Draw

These STIs can be tested using a blood sample, either a finger prick or a blood draw from an arm vein.

Possible STIs:

- ✓ Syphilis
- ✓ Herpes
- ✓ Hepatitis B
- ✓ HIV

Testing



Urine Test

These STIs can be tested through a urine sample. A small cup is provided for the patient to take into the bathroom and urinate into.

Possible STIs:

- ✓ Chlamydia
- ✓ Gonorrhea
- ✓ Trichomoniasis

PAP Test

This STI can be identified by examining the cervix. A medical provider gently inserts a speculum into the vagina and widens it to visually inspect the cervix and to take a sample of cervical cells. The PAP test identifies cells that are pre-cancerous.

Possible STIs:

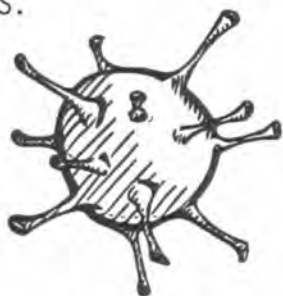
- ✓ HPV



Type of Pathogen

Virus

These STIs are caused by viruses.



Possible STIs:

- ✓ Herpes
- ✓ HPV
- ✓ Hepatitis B
- ✓ HIV

Bacteria

These STIs are caused by bacteria.



Possible STIs:

- ✓ Chlamydia
- ✓ Syphilis
- ✓ Gonorrhea

Protozoa

This STI is caused by a protozoan parasite.



Possible STIs:

- ✓ Trichomoniasis

Insect

This STI is caused by tiny insects.



Possible STIs:

- ✓ Pubic Lice

Treatment

Curable

These STIs can be cured with medication. However, a person can get these STIs more than once.

Possible STIs:

- ✓ Chlamydia
- ✓ Gonorrhea
- ✓ Syphilis
- ✓ Trichomoniasis
- ✓ Pubic Lice

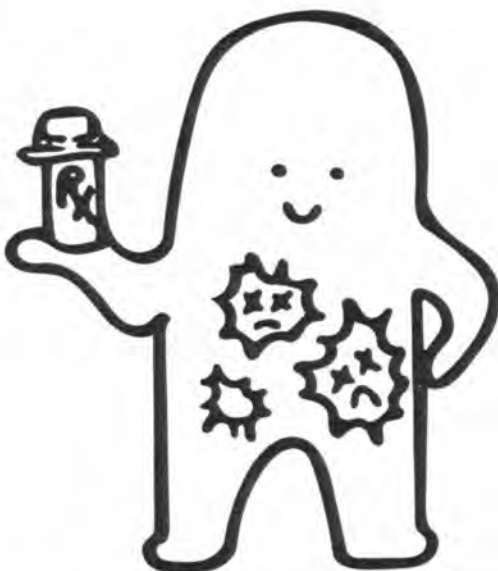


Treatable

These STIs cannot be fully cured. However, a person can manage their symptoms and lower the risk of transmission to others with the help of a medical provider.

Possible STIs:

- ✓ Herpes
- ✓ Hepatitis B
- ✓ HIV
- ✓ HPV



Treatment



Antibiotics

These STIs can be cured by antibiotics given through an injection (shot) and/or oral medication (pills). It is very important to take ALL of the medicine as prescribed, even if symptoms begin to disappear.

Possible STIs:

- ✓ Chlamydia
- ✓ Gonorrhea
- ✓ Syphilis
- ✓ Trichomoniasis

Antivirals

These STIs can be treated using oral antiviral medications (pills) prescribed by a medical provider.

Note: These pills can shorten herpes outbreaks, and daily use can reduce the risk of transmission to others.

Possible STIs:

- ✓ Herpes
- ✓ Hepatitis B



Treatment



Insecticide

This STI can be cured by using an insecticide lotion or shampoo on the infected area(s) to remove all insects and their eggs. This treatment is available without a prescription at most pharmacies.

Note: Hair removal will not cure this STI entirely!

Possible STIs:

✓ Pubic Lice

Removal of Warts/Lesions

This STI may cause genital warts or lesions on the skin (e.g., cervix, vulva, penis, scrotum, anus, mouth) that can be removed by a medical provider.

Note: Certain strains of this virus may clear up on their own. However, if warts or lesions appear around the genitals, visit a medical provider for screening.

Possible STIs:

✓ HPV



Treatment

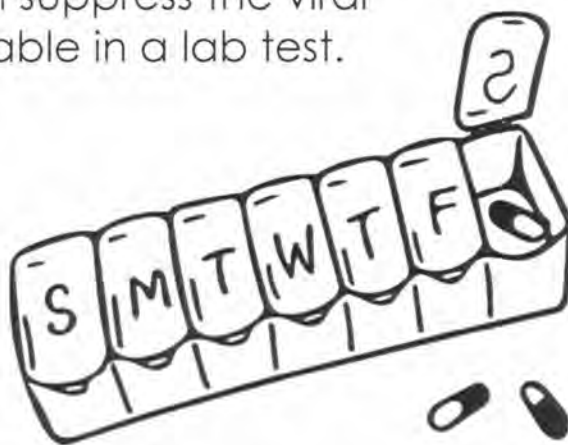
Antiretroviral Therapy (ART)

This STI can weaken the immune system, making it harder to heal from illness and injury. People living with this virus can take medication to lower the amount of virus in their body (viral load) and strengthen their immune system. If taken as prescribed, this medication can suppress the viral load to a level that is undetectable in a lab test.

Note: Being “undetectable” for at least 6 months eliminates the risk of transmission to others through sexual contact.

Possible STIs:

✓ HIV

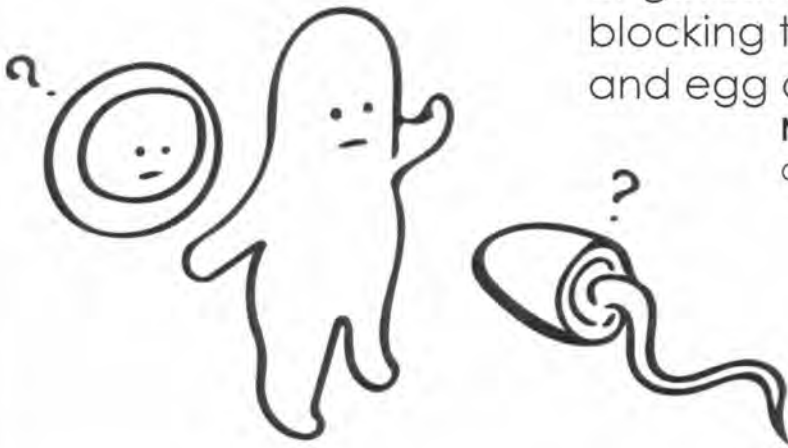


Left Untreated

Infertility

These STIs may cause swelling and/or scar tissue in the reproductive tract (e.g., Fallopian tubes, vas deferens, urethra). This could prevent a person from being able to get pregnant or get someone else pregnant by blocking the pathways for sperm and egg cells.

Note: Remember, there are other ways to have a baby!



Possible STIs:

- ✓ Chlamydia
- ✓ Gonorrhea
- ✓ Trichomoniasis

Organ Damage

These STIs may cause lasting damage to the internal organs (e.g., heart disease, liver failure, brain damage). Some of these conditions can be fatal.

Possible STIs:

- ✓ Syphilis
- ✓ Hepatitis B



Left Untreated



Cancer

These STIs can increase a person's risk of developing certain types of cancer (e.g., cancer of the cervix, penis, anus, throat, liver).

Possible STIs:

- ✓ Hepatitis B
- ✓ HPV
- ✓ HIV

Increased HIV Risk

The presence of any STI distracts the immune system and increases a person's risk of getting HIV if they are exposed to the virus.

Some of these STIs also cause openings in the skin, making it easier for HIV to enter the body.

Possible STIs:

- | | |
|------------------|---------------|
| ✓ Chlamydia | ✓ Herpes |
| ✓ Gonorrhea | ✓ Hepatitis B |
| ✓ Syphilis | ✓ HPV |
| ✓ Trichomoniasis | |
| ✓ Pubic Lice | |



Prevention

* NO Sexual Contact

The most effective way to avoid STIs is not having any sexual contact with other people.

Note: Remember, some STIs can pass through blood, breast milk, or skin-to-skin contact, not just sex!

Possible STIs:

- | | |
|------------------|---------------|
| ✓ Chlamydia | ✓ Herpes |
| ✓ Gonorrhea | ✓ Hepatitis B |
| ✓ Syphilis | ✓ HPV |
| ✓ Trichomoniasis | ✓ HIV |
| ✓ Pubic Lice | |



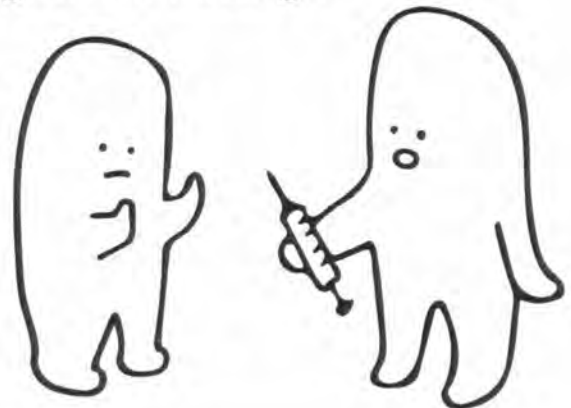
NO Sharing Needles

Using a needle that has been previously used by another person increases the risk of getting an STI through infected blood.

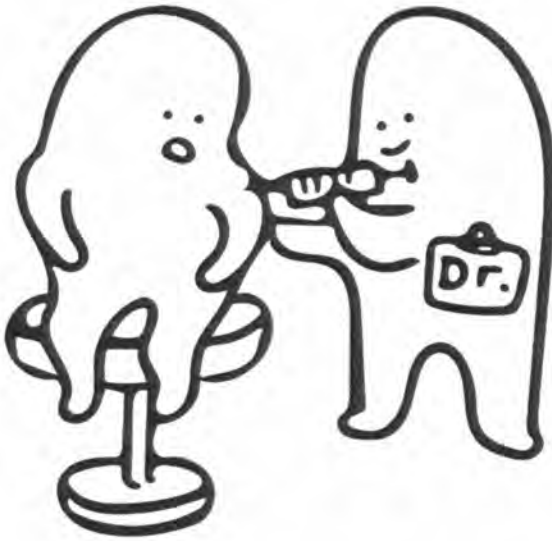
Note: When getting an injection, tattoo, or piercing, make sure the needle is brand new!

Possible STIs:

- | | |
|------------|---------------|
| ✓ Syphilis | ✓ Hepatitis B |
| | ✓ HIV |



Prevention



Get Vaccinated

These vaccinations (shots) are available at most clinics for free.

Note: California does not require parent/guardian consent to access these sexual health services (but it is always a good idea to talk with a trusted adult about medical care!)

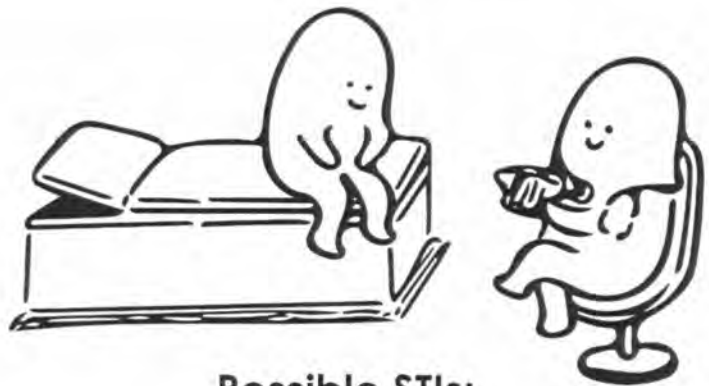
Possible STIs:

- ✓ Hepatitis B
- ✓ HPV

Get Tested

A person who has had sex should get checked for STIs by a medical provider:

- At least once per year
- Before every new sexual partner
- If something starts to look, smell, or feel different
- If a sexual partner learns that they have an STI



Possible STIs:

- | | |
|------------------|---------------|
| ✓ Chlamydia | ✓ Herpes |
| ✓ Gonorrhea | ✓ Hepatitis B |
| ✓ Syphilis | ✓ HPV |
| ✓ Trichomoniasis | ✓ HIV |
| ✓ Pubic Lice | |

Prevention

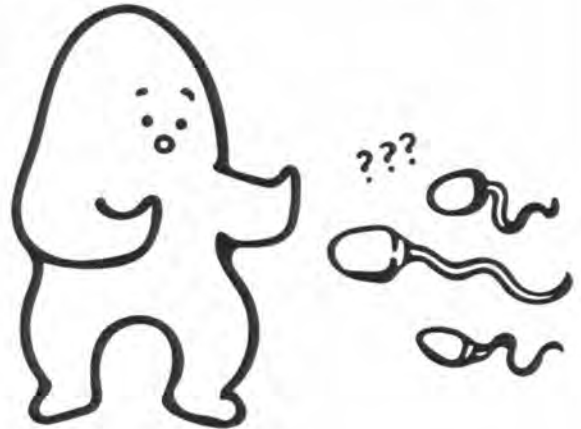
Barrier Method

Using a barrier method (e.g., condom, internal condom, dental dam, latex gloves) greatly reduces the risk of STI transmission during oral, anal, and vaginal sex.

Note: Some STIs can still pass even when using a barrier method*

Possible STIs:

- | | |
|------------------|---------------|
| ✓ Chlamydia | ✓ Herpes* |
| ✓ Gonorrhea | ✓ Hepatitis B |
| ✓ Syphilis* | ✓ HPV* |
| ✓ Trichomoniasis | ✓ HIV |
| ✓ Pubic Lice* | |



PrEP and PEP

- Pre-Exposure Prophylaxis (**PrEP**) is a medication that a person without HIV can take daily to prevent getting HIV in case they are exposed to the virus.
- Post-Exposure Prophylaxis (**PEP**) is a medication that a person without HIV can take for 28 days after possible exposure to the virus to prevent getting HIV.

Possible STIs:

- ✓ HIV



Activity 7.2: All About STIs

Objectives: Evaluate information about STI transmission and prevention. Explain the biological impacts of STIs. Identify similarities and differences between the most common curable and treatable STIs.

1. Give each student a copy of the All About STIs Annotation Guide and the 3-page STI Fact Sheet.
2. **Optional:** Distribute the ABCs of Viral Hepatitis fact sheet at this time so students can explore all four pages with the Annotation Guide. Be sure to review some of the key commonalities and differences between hepatitis A, B, and C when reviewing the assignment.
3. Explain that the assignment is to use the Annotation Guide to mark up the fact sheets as students read through them.
4. Assign for homework or allow 10-15 minutes in class to complete the activity.
5. Once most students have completed annotating, review STIs by asking the following questions:
 - What are the two main categories of STIs?
 - What is the most common symptom of any STI?
 - Which STIs can be passed through sexual fluids?
 - Which can be passed by genital skin-to-skin contact?
 - Which can be passed through infected blood?
 - What are some ways to prevent or lower the risk of getting or passing an STI?
 - Where can someone get free STI testing?




All About STIs Annotation Guide

Name: _____ Date: _____ Period: _____




Instructions: Complete each step below to annotate (mark up) the STI Fact Sheet as you read.

1. Sexual fluids are able to pass many STIs from one partner to another. **Draw a circle** around the term **sexual fluids** each time it appears on the STI Fact Sheet.
2. Some STIs can be passed through infected blood, even without sexual contact. **Draw a star** next to the term **blood*** each time it appears on the STI Fact Sheet.
3. Genital skin-to-skin contact during sexual activity can allow some STIs to pass from one partner to another, even without penetration. **Underline** the term **skin-to-skin contact** each time it appears on the STI Fact Sheet.
4. All STIs can be asymptomatic for some time. This means that a person may look and feel healthy but could have an STI and not know it. **Highlight** the term **NO symptoms** each time it appears on the STI Fact Sheet.
5. If left untreated, certain STIs can lead to infertility. This means that a person may not be able to get pregnant or get someone else pregnant. **Draw a 'no' symbol (Ø)** next to the term **infertility** Ø each time it appears on the STI Fact Sheet.
6. Many STIs can be prevented by using a barrier method during sex, such as a condom or dental dam. **Draw a box** around the term **barrier method** each time it appears on the STI Fact Sheet.
7. Some STIs can be prevented by getting a vaccine. **Draw an arrow** towards the term **get vaccinated** ← each time it appears on the STI Fact Sheet.



STI Fact Sheet

Curable (Bacteria)	STI	Transmission (how it spreads)	Signs/Symptoms (what it can cause)	Prevention (how to stay protected)
	Chlamydia 	<ul style="list-style-type: none"> • Contact with sexual fluids (e.g., infected vaginal fluid, semen, or pre-ejaculate) • Genital skin-to-skin contact (e.g., during oral, anal, or vaginal sex) • Vaginal childbirth 	<ul style="list-style-type: none"> • NO symptoms • Unusual discharge or bleeding • Frequent urination • Pain during urination, bowel movements, or sex • Persistent sore throat • <i>If left untreated</i>, may lead to infertility <p>Note: This infection increases the risk of contracting HIV</p>	<ul style="list-style-type: none"> • NO sexual contact • Get tested regularly (at least annually) and communicate with any sexual partners • Use a barrier method (e.g., condom or dental dam) <i>correctly and consistently</i> during oral, anal, and vaginal sex
	Gonorrhea 	<ul style="list-style-type: none"> • Contact with sexual fluids (e.g., infected vaginal fluid, semen, or pre-ejaculate) • Genital skin-to-skin contact (e.g., during oral, anal, or vaginal sex) • Vaginal childbirth 	<ul style="list-style-type: none"> • NO symptoms • Unusual discharge or bleeding • Frequent urination • Pain during urination, bowel movements, or sex • Persistent sore throat • <i>If left untreated</i>, may lead to infertility <p>Note: This infection increases the risk of contracting HIV</p>	<ul style="list-style-type: none"> • NO sexual contact • Get tested regularly (at least annually) and communicate with any sexual partners • Use a barrier method (e.g., condom or dental dam) <i>correctly and consistently</i> during oral, anal, and vaginal sex
	Syphilis 	<ul style="list-style-type: none"> • Skin-to-skin contact with an infected sore or rash (e.g., during oral, anal, or vaginal sex) • Contact with sexual fluids (e.g., infected vaginal fluid, semen, or pre-ejaculate) • Pregnancy or childbirth • <i>Less commonly via:</i> <ul style="list-style-type: none"> – Contact with infected blood 	<ul style="list-style-type: none"> • NO symptoms • Painless sores (chancres) • Flu-like symptoms • Rash or sores (lesions) • <i>If left untreated</i>, may lead to brain damage, blindness, paralysis, heart failure, or death <p>Note: This infection increases the risk of contracting HIV</p>	<ul style="list-style-type: none"> • NO sexual contact • NO sharing needles or injection equipment • Get tested (as advised by a medical provider) and communicate with any sexual partners • Use a barrier method (e.g., condom or dental dam) <i>correctly and consistently</i> during oral, anal, and vaginal sex <p>Note: Barrier methods may not cover all areas that this STI can infect (e.g., mouth)</p>

STI Fact Sheet

	STI	Transmission (how it spreads)	Signs/Symptoms (what it can cause)	Prevention (how to stay protected)
Curable (Parasite)	Trichomoniasis 	<ul style="list-style-type: none"> • Contact with sexual fluids (e.g., infected vaginal fluid, semen, or pre-ejaculate) • Genital skin-to-skin contact (e.g., during oral, anal, or vaginal sex) • <i>Less commonly via:</i> <ul style="list-style-type: none"> – Vaginal childbirth 	<ul style="list-style-type: none"> • NO symptoms • Unusual discharge • Foul odor • Itching • Frequent urination • Pain during urination, ejaculation, or sex • <i>If left untreated, may lead to infertility</i> <p>Note: This infection increases the risk of contracting HIV</p>	<ul style="list-style-type: none"> • NO sexual contact • Get tested (as advised by a medical provider) and communicate with any sexual partners • Use a barrier method (e.g., condom or dental dam) <i>correctly and consistently</i> during oral, anal, and vaginal sex
	Pubic Lice 	<ul style="list-style-type: none"> • Contact with infected body hair or fabric via: <ul style="list-style-type: none"> – Sexual contact (e.g., oral, anal, or vaginal sex) – Sharing personal items (e.g., clothes, towels, sheets, or blankets) <p>Note: These type of lice do not affect the scalp, but they can attach to facial hair during oral sex</p>	<ul style="list-style-type: none"> • NO symptoms • Itching • Visible lice or nits (eggs) • Dark spots from insect bites <p>Note: This infection increases the risk of contracting HIV</p>	<ul style="list-style-type: none"> • NO sexual contact • Avoid sharing clothes, towels, and bedding • Get tested (as advised by a medical provider) and communicate with any sexual partners • Use a barrier method (e.g., condom or dental dam) <i>correctly and consistently</i> during oral, anal, and vaginal sex <p>Note: Barrier methods may not cover all areas that this STI can infect (e.g., pubic hair)</p>
Treatable (Virus)	Genital Herpes 	<ul style="list-style-type: none"> • Skin-to-skin contact with an infected sore (e.g., during oral, anal, or vaginal sex) • Contact with sexual fluids (e.g., infected vaginal fluid, semen, or pre-ejaculate) or saliva • Pregnancy or childbirth <p>Note: Oral herpes (also called "cold sores") is not considered an STI, but it can cause genital herpes through oral sex</p>	<ul style="list-style-type: none"> • NO symptoms • Blisters or lesions on the genitals, anus, or mouth • Itching or tingling • Pain during urination, bowel movements, or sex • Flu-like symptoms <p>Note: This infection increases the risk of contracting HIV</p>	<ul style="list-style-type: none"> • NO sexual contact • Get tested (as advised by a medical provider) and communicate with any sexual partners • Use a barrier method (e.g., condom or dental dam) <i>correctly and consistently</i> during oral, anal, and vaginal sex <p>Note: Barrier methods may not cover all areas that this STI can infect (e.g., scrotum)</p>

STI Fact Sheet

	STI	Transmission (how it spreads)	Signs/Symptoms (what it can cause)	Prevention (how to stay protected)
Treatable (Virus)	HPV Human Papilloma Virus 	<ul style="list-style-type: none"> Genital skin-to-skin contact (e.g., during oral, anal, or vaginal sex) Vaginal childbirth <p>Note: This is the most common of all STIs – 85% of people will get an HPV infection in their lifetime!</p>	<ul style="list-style-type: none"> NO symptoms Genital warts or lesions Itching <i>If left untreated</i>, may cause cancer of the cervix, penis, anus, or throat, which can lead to death <p>Note: This infection increases the risk of contracting HIV</p>	<ul style="list-style-type: none"> NO sexual contact Get tested regularly (cervical exam for ages 25+ annually or as advised by a medical provider) and communicate with any sexual partners Get vaccinated (ages 9-45) Use a barrier method (e.g., condom or dental dam) <i>correctly and consistently</i> during oral, anal, and vaginal sex <p>Note: Barrier methods may not cover all areas that this STI can infect (e.g., labia)</p>
	HIV Human Immunodeficiency Virus 	<ul style="list-style-type: none"> Contact with infected blood or damaged tissue (e.g., an open wound or sore) Contact with sexual fluids (e.g., infected vaginal fluid, semen, pre-ejaculate, or rectal fluid) Pregnancy, childbirth, or breastfeeding <p>Note: Receptive anal sex without a condom is the highest risk sexual activity – the skin inside the rectum is very thin and has less natural lubrication, which can lead to microtears during sex that allow infections to enter the bloodstream</p>	<ul style="list-style-type: none"> NO symptoms Flu-like symptoms Frequent illness Body rash Sores in the mouth <i>If left untreated</i>, HIV may progress to AIDS and make a person more susceptible to opportunistic infections and cancers, which can lead to death <p>Note: 1 in 7 people who are living with HIV do not know their status – the only way to know is to get tested²</p>	<ul style="list-style-type: none"> NO sexual contact NO sharing needles or injection equipment Get tested regularly (annually or as advised by a medical provider) and communicate with any sexual partners Complete treatment for other STIs (as prescribed) Use a barrier method (e.g., condom or dental dam) <i>correctly and consistently</i> during oral, anal, and vaginal sex Take PrEP and/or PEP medications (as prescribed) <p>Note: A person living with HIV can use ART (antiretroviral) medication to suppress their viral load to undetectable levels, meaning they cannot transmit HIV through sex</p>

¹ Centers for Disease Control and Prevention. (2021). Reasons to get HPV vaccine. www.cdc.gov/hpv/parents/vaccine/six-reasons.html

² HIV.gov. (2019). Too many people living with HIV don't know it. www.hiv.gov/blog/too-many-people-living-hiv-us-don-t-know-it

Activity 7.3: Quick Facts About HIV

Objectives: Explain the biological impacts of HIV. Identify ways that HIV can and cannot be transmitted. Describe two ways to lower the risk of contracting or transmitting HIV. Identify medically accurate sources of information, prevention, testing, and treatment for HIV. Explain how to support someone living with HIV.

1. Write or project the words **HIV** and **AIDS** vertically on the board:

Human
Immunodeficiency
Virus

Acquired
Immune
Deficiency
Syndrome

2. Ask for volunteers to help fill in each word of the initialisms. Break down the word “immunodeficiency” and explain that it means the immune system is deficient (i.e., not working well).
3. Give each student a copy of **Quick Facts About HIV**. Review the information with students, making sure to cover these key points:
 - HIV is a virus that damages the immune system. It destroys a person’s CD4+ T cells, which protect the body against illness and infection. There are more than 1.1 million people in the U.S. living with HIV, although 1 in 7 do not know it.¹⁷⁹
 - HIV+ (positive) means a person has been infected with the HIV virus, and HIV- (negative) means they do not have it. HIV status is confirmed through lab-based testing (via blood draw), but there are also rapid tests that can be used for screening purposes (typically via oral swab or fingerstick). AIDS is a condition that some HIV+ people are diagnosed with if the virus has done **significant** damage to their immune system.
 - HIV can only be passed through six body fluids: **blood, semen, pre-ejaculatory fluid, vaginal fluid, rectal fluid, and breast milk**. Here are some specific activities that can transmit HIV:
 - Higher risk:
 - Anal or vaginal sex without a condom
 - Sharing needles or injection equipment (e.g., cotton, rinse water)
 - Pregnancy, childbirth, or breastfeeding without antiretroviral therapy (ART)
 - Lower risk
 - Anal or vaginal sex with a condom
 - Oral sex without a condom or dental dam (no contact with ejaculate or vaginal blood)
 - Mutual masturbation (no cuts or open sores on the hand)
 - Fighting or biting (contact with blood)
 - Medications can reduce the risk of HIV transmission:
 - **PrEP** is used to lower the risk of infection **before** a possible exposure (e.g., prescribed to a person in a sexual relationship with an HIV+ partner), while **PEP** is used to lower the risk of infection **after** a possible exposure (e.g., prescribed to a nurse who is accidentally pricked by a needle containing HIV+ blood).

¹⁷⁹ HIV.gov. (2019). Too many people living with HIV don’t know it. www.hiv.gov/blog/too-many-people-living-hiv-us-don-t-know-it

- **ART** (antiretroviral therapy) is used by patients with HIV to suppress the virus and support their immune system. Taking ART as directed can help someone reach “undetectable” status, where they still have the virus, but it cannot be transmitted to others.
 - People living with HIV deserve **respect** and **dignity**. Although there is currently no cure for HIV, people who are HIV+ can take **antiretroviral medications** to reduce the amount of HIV in the body (viral load), to prevent transmitting the virus to others, and to live a longer, healthier life.
4. **Ask the class to brainstorm ways to reduce the stigma around HIV and AIDS.** Review or fill in answers in the box “How to support someone living with HIV.” Examples include, but are not limited to:
- Treating people with respect and dignity by listening to them and including them in activities
 - Reminding them to take their medication
 - Going to their appointments with them for support
 - Participating in an HIV/AIDS walk or ride to fundraise for HIV research
5. **Direct students’ attention to the box with resources.** Remind them that whether a person has HIV or is trying to prevent contracting the virus, there are many useful resources available to help reduce the rate of transmission.

Quick Facts About HIV

H _____

I _____

V _____

A virus that attacks the cells in the immune system. The immune system usually keeps the body strong and fights off colds, the flu, etc. When someone has HIV, their immune system gets weak, and it is harder to fight off illnesses.

A _____

I _____

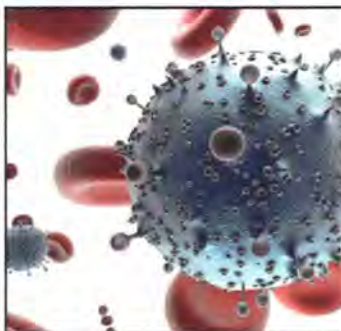
D _____

S _____

When someone with HIV starts to get sick and their immune system is very weak, a doctor may diagnose them with AIDS. Now that we have many drugs to treat this disease, people living with HIV can have a normal life expectancy. There is still no cure, but hopefully scientists will develop one someday soon!

Ways HIV is Transmitted

-
-
-



Ways HIV is Not Transmitted

-
-
-

Fluids that Transmit HIV

How to Prevent HIV Transmission

-
-
-
-
-

These two are the only certain ways to prevent HIV

○ If a person is HIV- (negative)

- _____
used by people who want to prevent contracting HIV
- _____
used by people who may have been recently exposed to HIV

○ If a person is HIV+ (positive)

- _____
used to treat HIV and prevent transmitting the virus to others

How to Support Someone Living with HIV

-
-
-
-
-

Resources

HIV Information for
Teens (by MTV)
www.gytnow.org

Find local HIV Testing
Sites & Care Services
www.locator.hiv.gov

HIV Risk Reduction Tool
hivrisk.cdc.gov

Find local PrEP Providers
www.pleaseprepme.org

Quick Facts About HIV

Human Immunodeficiency Virus

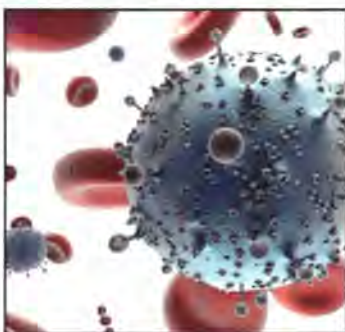
A virus that attacks the cells in the immune system. The immune system usually keeps the body strong and fights off colds, the flu, etc. When someone has HIV, their immune system gets weak, and it is harder to fight off illnesses.

Acquired Immune Deficiency Syndrome

When someone with HIV starts to get sick and their immune system is very weak, a doctor may diagnose them with AIDS. Now that we have many drugs to treat this disease, people living with HIV can have a normal life expectancy. There is still no cure, but hopefully scientists will develop one someday soon!

Ways HIV is Transmitted

- Condomless vaginal, anal, or oral sex with someone who has HIV
- Sharing injection equipment or needles with someone who has HIV
- Pregnancy, childbirth, and breastfeeding (mother to baby)



Ways HIV is not Transmitted

- Kissing, hugging, shaking hands
- Sharing a drink
- Using a public bathroom
- Mosquito or insect bites
- Donating blood
- Being friends with someone who is living with HIV

Fluids that Transmit HIV

Blood

Semen

Pre-Ejaculate

Vaginal Fluid

Rectal Fluid

Breastmilk

How to Prevent HIV Transmission

- **Not having sex**
- **Not using injection drugs**
- Using a condom or dental dam when having sex
- Limiting the number of sexual partners
- Getting tested regularly
- Taking medication as prescribed:
 - **If a person is HIV– (negative)**
 - PrEP (pre-exposure prophylaxis) used by people who want to prevent contracting HIV
 - PEP (post-exposure prophylaxis) used by people who may have been recently exposed to HIV
 - **If a person is HIV+ (positive)**
 - ART (antiretroviral therapy) used to treat HIV and prevent transmitting the virus to others

These two are the only certain ways to prevent HIV

How to Support Someone Living with HIV

- Treat them with respect and dignity
- Include them in activities
- Listen to them
- Remind them to take their medication
- Go to their appointments with them
- Participate in an HIV/AIDS walk to fundraise for HIV research and sexual health services

Resources

HIV Information for Teens (by MTV)
www.gytnow.org

Find local HIV Testing Sites & Care Services
www.locator.hiv.gov

HIV Risk Reduction Tool
hivrisk.cdc.gov

Find local PrEP Providers
www.pleaseprepme.org

Activity 7.4: Condom Demonstrations

Objectives: Demonstrate the steps to use a condom correctly. Increase the likelihood of proper condom use during sex.

1. Explain the activity and expectations to the class:

- We are going to practice the proper steps to use a condom with a hands-on demonstration.
- Students are invited to practice this skill using a real condom and a Styrofoam condom training model. **Non-latex condoms are available for those with latex allergies.**
- Everyone has the **right to pass** on the hands-on activity. Students can choose to simply listen and watch the demonstration if they would rather not participate.
- Everyone is expected to be **respectful** and **mature**. If anyone uses the condom or training model inappropriately, they will not be allowed to participate in the rest of the activity.
- Only do exactly as instructed. Skipping ahead may cause people to miss important information and put the condom on incorrectly. The main reason that condoms fail is due to user errors, not manufacturing defects.¹⁸²

2. Approach each student and ask if they would like to participate or pass (i.e., just observe). If they choose to pass, do not put any materials in front of them. If they consent, give them one condom and training model. Remind them **not** to do anything with the materials until further instructions are given.

3. Before starting the demonstration, ask the class:

- Where can a person get condoms for free? (Emphasize local clinics)
- How should a person properly store condoms? (e.g., at room temperature, not in a wallet or hot car)

4. Lead the condom demonstration:

- **STEP 1: Ask for consent**
 - Partners should discuss their boundaries and mutually agree before sex can begin. Consent must be affirmative, conscious, and voluntary between legal adults (age 18 or older in CA).
- **STEP 2: Check the package**
 - Look for the expiration date. Condoms are designed to last for up to five years. Using a condom past its expiration date means it is more likely to break during sex.
 - Look for holes or tears in the package. Push the condom to one side of the package, then squeeze down on the empty side of the package. If you feel air trapped inside, it proves that no air is escaping from the package through a hole or tear.
- **STEP 3: Open carefully**
 - The packaged is designed to be opened easily using your hands. **Never** use scissors or teeth to open a condom.
 - Push the condom to one side of the package, and gently tear along the opposite edge.
 - Slide the condom into your hand. Notice the lubrication on the condom; it can help to reduce friction during sex.
- **STEP 4: Check the direction**
 - Examine the condom to determine if it is inside out. It should look like the tip of a baby bottle, with a ring around the outer edge.

¹⁸² Crosby, R., Sanders, S., Yarber, W.L. & Graham, C.A. (2003). Condom-use errors and problems: A neglected aspect of studies assessing condom effectiveness. *American Journal of Prevention Medicine*, 24(4), 367-370. DOI: [10.1016/S0749-3797\(03\)00015-1](https://doi.org/10.1016/S0749-3797(03)00015-1)

Note to Instructor: Walk around the classroom and check each condom or ask students to check their neighbor's before moving on. Show the class what it would look like if a person attempted to put on their condom inside out and explain why a condom cannot be flipped inside out once it has touched a penis.

- **STEP 5: Pinch the tip**
 - Using your thumb and forefinger, pick up the condom by pinching the tip. This removes the air and reserves empty space inside the condom to collect semen after ejaculation.
 - **STEP 6: Roll onto erect penis**
 - While pinching the tip, use your other hand to roll the condom down to the base of the condom training model. It is OK that the condom is not completely unraveled as long as it covers the entire shaft; condoms are designed to fit all different penis sizes.
 - **STEP 7: Remove carefully**
 - After ejaculating, a penis begins to lose its erection quickly. Hold onto the base of the condom as the penis is withdrawn from the partner's body to ensure the condom does not slip off.
 - Gently push the condom from the base towards the tip and off the penis without spilling any fluids inside.
 - **STEP 8: Dispose in the trash**
 - Tie a knot in the condom to prevent any fluids from leaking out.
 - Wrap the used condom in tissue and throw it in the trash. **Never** flush condoms down the toilet.
5. **Collect training models and clean up the classroom.** It may be helpful to have students wipe down the desks to remove lubrication.
 6. **Optional:** For additional information about the condom manufacturing and testing process, screen the video “Trojan Condoms Unrolled” (4:37) from YouTube: youtu.be/XamBSfvV7W0
 7. **Optional:** Demonstrate the different types of lubrication: water-based, silicone-based, and oil-based.
 - Inflate three latex condoms to capacity and tie each at the end, forming three balloons.
 - Ask for six volunteers: three will hold the balloons, and three will apply lubrication with friction.
 - The first pair of volunteers will rub **water-based** lubrication onto an inflated condom – nothing will happen (it is safe to use with latex condoms)
 - The second pair of volunteers will rub **silicone-based** lubrication onto an inflated condom – nothing will happen (it is safe to use with latex condoms)
 - The third pair of volunteers will rub **oil-based** lubrication (e.g., baby oil, Vaseline) onto the inflated condom – *it will pop!* (oil will always break a latex condom)
 8. **Explain the next part of the demonstration to the class:**
 - Next we are going to learn the proper steps to use an internal condom. This type of condom is a strong, soft, nitrile (non-latex) pouch designed to be worn inside of a vagina or anus, rather than rolled onto an erect penis. It is sometimes referred to as a “female condom,” but it can be used by anyone during vaginal or anal sex.
 - We will see how a real FC2 condom is properly placed using a plastic pelvic model.
 - Everyone is expected to be **respectful** and **mature**.
 - Pay close attention to the steps. An internal condom can be less effective if it is not used correctly.

9. Lead the internal condom demonstration:

- **STEP 1: Ask for consent**
 - Partners should discuss their boundaries and mutually agree before sex can begin. Consent must be affirmative, conscious, and voluntary between legal adults (age 18 or older in CA).
- **STEP 2: Check the package**
 - Look for the expiration date. Using a condom past its expiration date means it is more likely to break during sex.
 - Look for holes or tears in the package. Make sure the package is intact and has not been tampered with.
- **STEP 3: Open carefully**
 - The packaged is designed to be opened easily using your hands. **Never** use scissors or teeth to open a condom.
 - Push the condom to one side of the package, and gently tear along the opposite edge.
 - Slide the condom into your hand. Notice the lubrication on the condom; it is water-based and can be helpful to reduce friction during sex.
- **STEP 4: Insert condom**
 - Unfold the condom and locate the inner plastic ring. This ring is designed to help insert and anchor the condom inside the body during vaginal sex.
 - **For vaginal sex:** Squeeze the inner ring and gently push the condom into the back of the vagina, under the pelvic bone. The material will adjust to the body's heat and moisture to conform to the vagina. The outer ring of the condom should remain visible outside the vagina, covering part of the vulva to provide additional protection against STIs.
 - **For anal sex:** Remove the inner ring and gently push the empty condom into the anus. The outer ring of the condom should remain visible outside the anus to prevent the condom from getting stuck inside the body and to provide additional protection against STIs.
- **STEP 5: Remove carefully**
 - The internal condom does not need to be removed immediately after ejaculation, but it should be removed prior to standing up to prevent semen from leaking out.
 - Twist the outer ring of the condom to contain the fluids, then gently remove the condom from the body.
- **STEP 6: Dispose in the trash**
 - Tie a knot in the condom to prevent any fluids from leaking out.
 - Wrap the used condom in tissue and throw it in the trash. **Never** flush condoms down the toilet.

10. Optional: Demonstrate how a dental dam can be held in place for oral sex.

- Use the plastic pelvic model and a dental dam (or make one by cutting an external condom).
- Explain that this barrier method should be used during oral sex on a vulva or anus.
- Point out that – since they are for oral sex – some dental dams have a color, scent, or flavor added.

Extra Activity: “HIV: The Neglected Pandemic” – Documentary & Discussion

Objectives: Understand the biological and social impacts of HIV. Explain the importance of getting tested and communicating honestly with sexual partners about HIV status. Consider ways to reduce stigma and support those living with HIV.

Content Warning: The last portion film depicts sex work, intravenous drug use, as well as graphic images (e.g., blood draws, childbirth) and highly technical descriptions (e.g., HIV testing and technology). **Screening the first 40 minutes of the film can be sufficient basis for discussion.**

1. **Explain to the class:** We are going to watch a documentary that explores how the HIV pandemic has changed over the past 40 years and what it means to be HIV-positive in the United States in 2021. The documentary, narrated by Jonathan Van Ness, uses personal experiences and insights from communities across the country to explore the scientific advancements of the past four decades, the truth behind statistics, and the disparity between how our society reacted to the HIV/AIDS and COVID-19 pandemics.
2. **Optional:** Give each student a copy of the “HIV: The Neglected Pandemic” Film Guide. Allow students a few minutes to read through the questions on the guide before the film, then encourage students to take notes while watching the film.
3. **Screen the 2021 VICE documentary “HIV: The Neglected Pandemic” (90 min.) from YouTube:** youtu.be/c500I15gLho
4. **After the film, discuss the following questions as a class:**
 - Why do you think people care less about HIV than COVID-19? Why is it a neglected pandemic?
 - What are some different ways a person can contract HIV?
 - Why is it important for a person to get tested for HIV?
 - Where can a person get an HIV test? (*review local clinics*)
 - How can partners, friends, and family support a loved one living with HIV?
 - What are some new perspectives you gained from this documentary?

"HIV: The Neglected Pandemic" Film Guide

Name: _____ Date: _____ Period: _____

1. How have community organizing groups like ACT UP, Project Street Beat, and SisterLove impacted efforts for HIV prevention and treatment?
2. How did the COVID-19 pandemic affect research and awareness efforts for HIV? What are some similarities and differences between these viruses?
3. Why does HIV/AIDS continue to impact certain communities more than others? (e.g., gay, trans, Black, and Latinx communities) What affect has this had on societal views and scientific efforts regarding HIV?
4. How is HIV an intersectional issue? Why is it important to modernize laws related to HIV?
5. How has scientific thought about HIV changed since the 1980s? How has media for HIV prevention changed? How has our language become more respectful and less stigmatizing?
6. Why do you think HIV is still so common 40 years after it was discovered? What do you think it will take to end the HIV/AIDS epidemic (by 2025)?

What are some new things you learned about HIV and the AIDS epidemic from this documentary?

Extra Activity: Clinic Quiz

Objectives: Understand minor's legal rights to access sexual health services at a clinic or medical facility. Discuss the benefits of seeing a medical provider and getting tested for STIs.

1. **Give each student a copy of the Clinic Quiz.** Invite students to read through the list and mark each statement **True** or **False**.
2. **Assign for homework or allow 5-10 minutes in class to complete the worksheet.**
3. **Once most students have finished, review the answers as a class.** All of the answers are **TRUE** to help students remember correct information. Use the guide on the following page to reinforce important information about certain statements:

Clinic Quiz Instructor Guide

Note to Instructor: To help reinforce correct information, all of these statements are TRUE.

- 1) **Many teens who go to clinics are not having sex.**
 - Remember, less than half of all high school students in the U.S. have had sex.
 - Why else might a young person visit a clinic?
- 2) **Going to a clinic allows teens to be in control of their reproductive and sexual health.**
- 3) **Teens can visit clinics to get *FREE* condoms, STI testing, birth control, and pregnancy testing.**
 - Family PACT is a state sponsored health insurance program that provides FREE family planning services (e.g., birth control, pregnancy testing, STI testing and treatment) to people in California. Eligible clients (including teens) can sign up for Family PACT at many of the locations on the Clinic List.
 - Where is the closest Family PACT clinic near us?
- 4) **A person can get birth control at a clinic without getting a pelvic exam.**
 - Some methods (e.g., IUD, diaphragm) require a pelvic/vaginal exam, however most prescriptions for birth control do not.
- 5) **Some clinics provide emergency contraception before a patient needs it so that it will be on hand in case of birth control failure (e.g., condom broke, forgot pill).**
 - A person of any gender can get an emergency contraception pill from a clinic or pharmacy.
 - If a person wants emergency AND long-acting reversible contraception, what method could they use?
- 6) **Abortion services are only provided at certain clinics.**
 - However, all clinics should have information and references for patients seeking abortion services.
- 7) **Teens do not need permission from their parent/guardian to consent to the HPV vaccine.**
 - This is the only vaccine a minor can consent to on their own. The HPV vaccine is a series of two injections given several months apart. This means a person will need to return for their second dose in order for the vaccine to be most effective.
- 8) **Sexually active teens should get tested for STIs every year, before every new partner, or if something starts to look or feel different.**
 - Getting tested and communicating openly about sexual history (e.g., STI status, birth control use, other partners) is very important before engaging in sexual contact with a new partner.
- 9) **In addition to providing sexual health services, clinics can also help patients in unsafe relationships.**
 - Most clinics (and school health centers) have counselors on staff to help with social, emotional, and mental health issues. If someone is worried about their safety at home or in a relationship, they can always go to a trusted adult like a nurse or counselor to get help.
- 11) **Clinic staff cannot tell parents/guardians that their teen went to a clinic for sexual health services.**
 - Minors in California may choose to keep their sexual health information confidential from their parents/guardians. For more information, check out www.myhealthmyinfo.org.
- 12) **Teens who go to clinics demonstrate bravery and maturity for caring about their health and their partners' health.**

Clinic Quiz

Name: _____ Date: _____ Period: _____

Instructions: Mark each of the following statements **True** or **False**.

- _____ 1) Many teens who go to clinics are not having sex.
- _____ 2) Going to a clinic allows teens to be in control of their reproductive and sexual health.
- _____ 3) Teens can visit clinics to get *FREE* condoms, STI testing, birth control, and pregnancy testing.
- _____ 4) A person can get birth control at a clinic without getting a pelvic exam.
- _____ 5) Some clinics provide emergency contraception before a patient needs it so that it will be on hand in case of birth control failure (e.g., condom broke, forgot pill).
- _____ 6) Abortion services are only provided at certain clinics.
- _____ 7) Teens do not need permission from their parent/guardian to consent to the HPV vaccine.
- _____ 8) Sexually active teens should get tested for STIs every year, before every new partner, or if something starts to look or feel different.
- _____ 9) In addition to providing sexual health services, clinics can also help patients in unsafe relationships.
- _____ 10) Clinics serve patients of all genders and sexual orientations.
- _____ 11) Clinic staff cannot tell parents/guardians that their teen went to a clinic for sexual health services.
- _____ 12) Teens who go to clinics demonstrate bravery and maturity for caring about their health and their partners' health.

Extra Activity: Clinic Adventure

Objectives: Identify credible resources for sexual health information and local services.

Note to Instructor: This activity requires students to research online and visit or call a local clinic to communicate with the clinic staff. If possible, encourage visiting a clinic in-person by giving extra credit or another incentive.

1. Give each student a copy of the Clinic Adventure worksheet.
2. Explain the activity and expectations to the class:
 - As we grow up, it is important that we are able to identify credible resources for sexual health information and services in our local community.
 - We have talked about clinics throughout Teen Talk, but this activity is an opportunity to explore one of our local clinics first-hand.
 - There are 3 parts to this activity: online research, visit or call a clinic, then reflect on your experience.
3. Assign for homework or allow 5-10 minutes in class to complete Part 1 of the worksheet. Some information can be found on the Clinic List provided in Lesson 1. However, students will also need access to an internet-enabled device to research the clinic of their choosing.
4. Once most students have completed the worksheet, review and discuss the activity as a class. Depending on time, use some or all of these questions to debrief the activity:
 - **Question #5** – Raise your hand if the clinic you evaluated offers at least 3 or more of the services listed. Keep your hand raised if they offer 5 or more...7 or more...10 or more. Was anyone surprised by any of the services that were offered or not offered?
 - **Question #6** – Can anyone share what they learned about payment options at a clinic? What could happen if the Family PACT program did not cover the cost of sexual health services in California?
 - **Question #7** – Many young people are concerned about their privacy when utilizing sexual health services, even though it is illegal for clinics to share anyone's personal information. What are some strategies – for clinics or for patients – that could help people feel more comfortable accessing the services they need?
 - **Question #9** – There are many factors that can affect someone's comfort accessing healthcare. It is normal to feel awkward in medical settings or on the phone, but that should not prevent someone from getting the services they need. Can anyone share what made them feel comfortable or uncomfortable when communicating with the clinic staff?
 - It is important to acknowledge that people of color, undocumented individuals, and those who identify as LGBTQ+ may face greater obstacles accessing healthcare. Each clinic and medical provider is responsible for providing culturally-competent, gender-affirming care to their patients. Responses to Question #9 are not necessarily a reflection on the student.
 - **Question #10** – Raise your hand if you would recommend the clinic that you evaluated to a friend. What are some of the qualities that are important to you when selecting a clinic or medical provider? How can you tell if a sexual health resource is credible?

Clinic Adventure

Name: _____ Date: _____ Period: _____

Instructions: Choose a sexual health clinic in your local area and research online to find general information about their services. Then, visit or call the clinic (using the sample script provided) to learn more. Finally, evaluate your experience by completing the reflection.

PART 1: Research



1) Clinic name: _____

2) Phone: _____	Address: _____
Website: _____	

3) Business hours: _____ to _____ on these days of the week: (check all that apply)

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

4) Are walk-in appointments available? (check one) YES _____ NO _____

5) Available services: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> STI Testing (including HIV) | <input type="checkbox"/> Pregnancy Testing |
| <input type="checkbox"/> STI Treatment & Vaccines | <input type="checkbox"/> Pregnancy Options Counseling |
| <input type="checkbox"/> PrEP & PEP | <input type="checkbox"/> Prenatal Care |
| <input type="checkbox"/> Condoms & Dental Dams | <input type="checkbox"/> Abortion Services |
| <input type="checkbox"/> Birth Control | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Emergency Contraception | <input type="checkbox"/> Gender-Affirming Care |
| <input type="checkbox"/> Other: (list below) | |

Continue! 

PART 2: Visit or Call (Use the sample script and take notes below)

Hello! I have a few questions about your services. Do you have a few minutes to answer them?

- 6) How much does an average visit or consultation usually cost? If someone doesn't have health insurance, what are their options for payment?
- 7) How does the clinic ensure patient confidentiality?
- 8) I have a friend/family member who mostly speaks [insert language]. Are there any staff or resources available in languages besides English?

Thank you so much for your time. Bye!

NOTES

6)

7)

8)



PART 3: Reflection

- 9) How comfortable did you feel interacting with the staff at this clinic? (circle one)

Very comfortable

Comfortable

Uncomfortable

Very uncomfortable

- 10) Consider the qualities that are important to you when receiving health care (e.g., friendly, knowledgeable staff; clean facilities; wide range of services; welcoming to all) and finish the sentence below:

I **would** / **would not** (circle one) recommend this clinic to a friend because...

BONUS: Did you visit the clinic in-person? (check one) YES _____ NO _____



If yes, attach a business card or brochure from the clinic that is signed & dated by a member of the clinic staff.

Extra Activity: ABCs of Viral Hepatitis

Objectives: Identify the similarities and differences between three common types of hepatitis.

Note to Instructor: This handout is designed to accompany the comprehensive STI Fact Sheet to provide additional information about the types of hepatitis that can be sexually transmitted.

1. Give each student a copy of the ABCs of Viral Hepatitis factsheet.
2. Invite the class to silently read through the information in order to identify commonalities and differences between these three types of hepatitis.
3. After 2-5 minutes, invite students to pair-share what they noticed, then ask for a few volunteers to share with the class. Be sure to address the following points:




Some commonalities between hepatitis A, B, and C:

- They are all caused by a virus that affects liver function.
 - The liver is an essential organ that detoxifies blood, makes bile to help with digestion, and stores sugar (glycogen) for a quick boost when energy is low.
- All types of hepatitis can result in similar symptoms.
 - For example: stomach pain, flu-like symptoms, jaundice (yellowing of the skin or eyeballs), dark urine or pale gray stool.
- Although less likely with hepatitis A, all can be transmitted through contact with infected blood.
- Having any hepatitis infection increases the risk of contracting HIV.
- Since they can all be passed through sexual contact, prevention may include not having sex, getting tested, communicating with partners, and using barrier methods correctly during sex.

Notable differences between hepatitis A, B, and C:

- Infection
 - Most people with an acute hepatitis A infection recover with no lasting liver damage.
 - Hepatitis B and C can develop into chronic infections over time, which can cause cirrhosis (scarring of the liver), liver cancer, liver failure, or death.
- Prevention
 - Hepatitis A and B can be prevented by vaccine (recommended to receive under age 18).
 - There is no vaccine to prevent hepatitis C.
 - Washing hands frequently to reduce contact with fecal matter can also help prevent transmission of hepatitis A.
- Testing
 - Testing for hepatitis A is not recommended unless symptoms are present.
 - Adults should be screened for hepatitis B and C at least once in their lifetime.
 - Testing for chronic hepatitis B and C is also recommended during pregnancy to prevent perinatal transmission during childbirth.
- Treatment
 - Hepatitis A and B are not curable, but symptoms can be managed with supportive treatment (e.g., bed rest, fluids).
 - Antiviral medication may be prescribed for chronic hepatitis B infections.
 - Over 90% of chronic hepatitis C infections are cured with 2-3 months of oral medication.

ABCs of Viral Hepatitis

	STI	Transmission (how it spreads)	Signs/Symptoms (what it can cause)	Prevention (how to stay protected)
Treatable (Virus)	Hepatitis A 	<ul style="list-style-type: none"> • Contact with infected fecal matter (poop) via: <ul style="list-style-type: none"> – Contaminated food, drinks, or objects – Sexual contact (e.g., oral, anal, or vaginal sex) Less commonly via: <ul style="list-style-type: none"> – Contact with infected blood <p>Note: hepatitis A is most often passed nonsexually via foodborne outbreak (fecal-oral exposure)</p>	<ul style="list-style-type: none"> • NO symptoms • Abdominal or joint pain • Nausea, vomiting, or diarrhea • Flu-like symptoms • Dark urine or pale gray stools • Itching or yellowing of the skin or eyeballs • <i>If left untreated</i>, may cause sudden liver failure or death <p>Note: this infection increases the risk of contracting HIV</p>	<ul style="list-style-type: none"> • Get vaccinated • Wash hands frequently (e.g., after using the toilet, changing a diaper, before preparing food or eating) • NO sexual contact • Get tested (as advised by a medical provider) and communicate with any sexual partners • Use a barrier method (e.g., condom or dental dam) <i>correctly and consistently</i> during oral, anal, and vaginal sex
	Hepatitis B 	<ul style="list-style-type: none"> • Contact with infected blood • Contact with sexual fluids (e.g., infected vaginal fluid, semen, or pre-ejaculate) • Vaginal childbirth <p>Less commonly via:</p> <ul style="list-style-type: none"> – Sharing personal items (e.g., razor, toothbrush) – Contact with infected sores (e.g., open wounds) 	<ul style="list-style-type: none"> • NO symptoms • Abdominal or joint pain • Nausea or vomiting • Flu-like symptoms • Dark urine or pale gray stools • Itching or yellowing of the skin or eyeballs • <i>If left untreated</i>, may cause liver damage or cancer, which can lead to death <p>Note: this infection increases the risk of contracting HIV</p>	<ul style="list-style-type: none"> • NO sexual contact • NO sharing needles or injection equipment • Get vaccinated • Get tested (as advised by a medical provider) and communicate with any sexual partners • Use a barrier method (e.g., condom or dental dam) <i>correctly and consistently</i> during oral, anal, and vaginal sex
Curable (Virus)	Hepatitis C 	<ul style="list-style-type: none"> • Contact with infected blood <p>Less commonly via:</p> <ul style="list-style-type: none"> – Sexual contact (e.g., oral, anal, vaginal sex) – Vaginal childbirth – Sharing personal items (e.g., razor, toothbrush) <p>Note: vaginal sex during menstruation and anal sex without a condom may have a higher chance of microtears in the skin and exposure to blood</p>	<ul style="list-style-type: none"> • NO symptoms • Abdominal or joint pain • Nausea or vomiting • Flu-like symptoms • Dark urine or pale gray stools • Itching or yellowing of the skin or eyeballs • <i>If left untreated</i>, may cause liver damage or cancer, which can lead to death <p>Note: this infection increases the risk of contracting HIV</p>	<ul style="list-style-type: none"> • NO sexual contact • NO sharing needles or injection equipment • Get tested (at least once or more often as advised by a medical provider) and communicate with any sexual partners • Use a barrier method (e.g., condom or dental dam) <i>correctly and consistently</i> during oral, anal, and vaginal sex <p>Note: there is no vaccine for hepatitis C</p>

Lesson 7 Wrap-Up

Objectives: Summarize the information covered in this lesson. Preview the topics to be covered in the next lesson. Provide examples of self-care activities to help process and refocus for the next class.

Note to Instructor: Update the “Looking Forward” slide in the **Lesson 7 PowerPoint** to accurately reflect your lesson plan for the next day.

Part 1: Closing Routine

1. **Review the content from this lesson using any of the following prompts:**
 - What is the difference between curable and treatable STIs?
 - How can a person protect themselves from STIs?
 - Where can a person get free local STI testing?
2. **Review the follow-up activities, assignments, or resources provided during this lesson.** Clarify what (if anything) is due the following class and what is optional for students to explore if they would like more information or support.
3. **Invite students to write something down and to submit their scratch paper to the Anonymous Question Box.** Remind the class that everyone must turn in a paper with writing to the Question Box at the end of each class session. If they do not have a question, they can write something they learned, leave a note for the instructor, or simply draw a picture.

Part 2: Looking Forward

4. **Introduce the topics that will be covered in the next lesson: Sexual Violence Prevention.**
 - Next class will involve discussions about consent and laws related to sexual crimes.
 - This will involve analyzing some scenarios that depict aspects of sexual violence.
 - We will also spend time exploring various systems of justice and injustice.
 - **This will be a heavy and serious topic to discuss.** Please do what you need to feel safe and grounded as get into some heavy conversations in our next class.
 - Everyone is expected to be mature and sensitive about the topic – we don’t always know what folks in the room may be dealing with.
 - Some things may feel uncomfortable or emotional to hear – if anyone is feeling overwhelmed or needs support, check in privately with the instructor or school counselor before, during, or after the lesson.
5. **Provide some examples of self-care to decompress after this lesson and recharge for the next topic.** Refer to **Lesson 1** (pg. 9) for additional ideas.
 - It can be helpful to move your body, get creative, rest, or connect with others, for example:
 - Bake some cookies
 - Run or walk around the block
 - Help a family member or neighbor with a chore
 - Go to bed early

Lesson 8: Sexual Violence Prevention

Goals

The purpose of this lesson is to:

- Discuss laws and other factors related to consent and sexual crimes.
- Explore how unequal power dynamics and societal and cultural expectations contribute to sexual violence.
- Examine systems of justice and injustice.

Objectives

At the end of this lesson, students will be able to:

- Define sexual harassment, sexual assault, rape, and human trafficking.
- Explain two laws related to sexual behavior and the involvement of minors.
- Identify two resources to help someone who has experienced sexual violence.
- Identify two strategies to help reduce sexual violence in the community overall.

Why Is This Important?

In this lesson, we build upon previous discussions about consent and provide legal definitions of sexual harassment, sexual assault, rape, and human trafficking. Exploring these topics ensures that students are informed about their legal rights and are able to recognize nonconsensual behaviors. It also helps build skills for communicating about their personal boundaries and respecting the boundaries of others. In 2019, a national survey found that more than 10% of high school students experienced sexual violence in the previous year.¹⁸³ Additionally, an estimated 20% of girls and 14% of boys across North America experience child sexual abuse.¹⁸⁴ The CDC estimates that 1 in 3 women and 1 in 4 men experience unwanted sexual contact in their lifetime.¹⁸⁵ Transgender individuals are particularly vulnerable to violence, with nearly half (47%) experiencing sexual assault in their lifetime.¹⁸⁶ This lesson focuses on building empathy, encouraging reporting, and empowering survivors, while also emphasizing the importance of consent and respecting boundaries.

While individuals of any gender can experience or perpetrate sexual violence, national data trends show a clear disparity. Historically, the majority of victims are women, feminine, or have female bodies, while the majority of perpetrators are men, masculine, or have male bodies.¹⁸⁷ To adequately address gender-based violent crimes, it is crucial to discuss gender expectations and stereotypes. Cultural and social norms may lead to an imbalance of power in relationships, which is a significant contributing factor for sexual violence.¹⁸⁸ An open, honest discussion about gender norms and stereotypes allows students to explore how certain thoughts and actions perpetuate a culture of inequality and normalize sexual crimes. This lesson also provides an opportunity to think critically about how young people can help change the culture and reduce sexual violence in the community.

¹⁸³ Centers for Disease Control and Prevention. (2020). CDC releases 2019 youth risk behavior survey results. www.cdc.gov/healthyyouth/data/yrbs/feature/index.htm

¹⁸⁴ Moody, G., Cannings-John, R., Hood, K., Kemp, A. & Robling, M. (2018). Establishing the international prevalence of self-reported child maltreatment: a systematic review by maltreatment type and gender. *BMC Public Health*, 18(1), 1164. DOI: [10.1186/s12889-018-6044-y](https://doi.org/10.1186/s12889-018-6044-y)

¹⁸⁵ Centers for Disease Control and Prevention. (2020). Preventing sexual violence. National Center for Injury Prevention and Control, Division of Violence Prevention. www.cdc.gov/violenceprevention/pdf/sv/SV-factsheet_2020.pdf

¹⁸⁶ U.S. Trans Survey. (2016). Report of the 2015 U.S. transgender survey – executive summary. www.transequality.org/sites/default/files/docs/usts/USTS-Executive-Summary-Dec17.pdf

¹⁸⁷ Jirchik, J.A., Hebenstreit, C.L. & Judson, S.S. (2016). An examination of the gender inclusiveness of current theories of sexual violence in adulthood: Recognizing male victims, female perpetrators, and same-sex violence. *Trauma, Violence, & Abuse*, 17(2), 133-148. DOI: [10.1177/1524838014566721](https://doi.org/10.1177/1524838014566721)

¹⁸⁸ National Academies of Science, Engineering, and Medicine; et al. (2018). Addressing the social and cultural norms that underlie the acceptance of violence. *Forum on Global Violence Prevention*. DOI: [10.17226/25075](https://doi.org/10.17226/25075)

These discussions can be emotionally difficult, especially for those who have personally experienced or witnessed sexual violence. Scenarios and videos in this lesson can be triggering and may not be appropriate for all classes. Be sensitive and aware of students who seem traumatized, are more withdrawn, or are acting differently than usual. Students may also submit questions or comments to the Question Box that suggest a past or ongoing sexual crime. Remind the class that, as a mandated reporter, adults are required to report any disclosure or suspicion of abuse. Gently and privately check in with students for whom this topic may be challenging and connect them to additional resources if they are open to receiving support.

Activity	Time in class (min.)	Can be done as HW?	Materials	Preparation
Lesson 8 Introduction	10-15		<ul style="list-style-type: none"> • Question Box • Scratch paper • Lesson 8 PowerPoint 	<ul style="list-style-type: none"> • Cut paper into 3" x 4" pieces • Review anonymous questions and prepare responses • Update the Agenda slide in Lesson 8 PowerPoint
8.1 Our Sexual Bill of Rights	20-40		<ul style="list-style-type: none"> • Lesson 8 PowerPoint • "Stop Sextortion" video • "Jasmine Strong" video 	<ul style="list-style-type: none"> • Review background info on types of sexual violence • Print Our Sexual Bill of Rights fact sheet (one per student)
8.2 Zoe and Leo's Story	20-35		<ul style="list-style-type: none"> • Lesson 8 PowerPoint 	<ul style="list-style-type: none"> • Print Zoe and Leo's Story (to distribute if requested)
8.3 Cam's Story	25-40		<ul style="list-style-type: none"> • Lesson 8 PowerPoint 	<ul style="list-style-type: none"> • Print Cam's Story (to distribute if requested)
Lesson 8 Wrap-Up	5		<ul style="list-style-type: none"> • Lesson 8 PowerPoint 	<ul style="list-style-type: none"> • Update the Looking Forward slide in Lesson 8 PowerPoint
Total Minutes for Lesson 8:	80-135			

Background Information

Key Messages of Lesson 8

- Sexual violence is **not** an act of sexual desire – it's an act of **power and control**.
 - People may try to exploit vulnerabilities or take advantage of a situation in order to gain power over others. Some people enact sexual violence because they themselves have experienced harm, however that does **not** excuse the harm.
- A person is **never** responsible for experiencing sexual violence. We are only responsible for our own actions, **not** for how someone else chooses to act.
- Systems of oppression and injustice reinforce and perpetuate unequal power dynamics, which enables interpersonal harm.
 - There are also various concepts of "**justice**," some of which are more (or less) beneficial for individual and community healing.

Types of Sexual Violence

California's Penal Code includes numerous statutes for illegal sexual activities. However, the legal system is complex and may be applied differently in each situation. In order to focus on functional knowledge, Teen Talk groups these harmful behaviors into four main categories of sexual violence: **sexual harassment**, **sexual assault**, **rape**, and **human trafficking**. Some of these behaviors violate criminal law while others violate civil law, and there may be overlap in some situations as well. *For more information about the specific penal code sections related to sexual violence, see the Glossary for Instructors in the accompanying ZIP file.*

- **Sexual Harassment**¹⁸⁹ – any sexual communication that makes someone else uncomfortable
 - This involves unwelcome or pervasive sexual comments, requests, or behavior that affect a person's feelings of comfort and safety.
 - Sexual harassment can include **name-calling** (e.g., “slut,” “fag”), **starting rumors** (e.g., sexual history, gender identity), making **sexual jokes, gestures, or advances** that create a hostile environment (e.g., leering, stalking).
 - These acts violate **civil law**; everyone has the right to learn and work in an environment free from harassment and discrimination.
 - **Title IX** expressly prohibits harassment and discrimination based on sex, gender, orientation, or expression. Schools that receive Title IX federal funding are required to protect students and staff from exclusion or unfair treatment based on these aspects of identity.¹⁹⁰
- **Sexual Assault**^{191, 192} – any unwanted sexual contact
 - This includes **physical contact**, like sexual touching or kissing without consent, as well as **visual contact**, like “flashing,” showing or sending sexual images, taking photos or videos of someone naked, or making someone touch themselves in a sexual way.
 - These acts typically violate **criminal law**; everyone has bodily autonomy and the right to refuse sexual contact.
 - **Sexting**¹⁹³ is sharing nude or sexual images or videos electronically (e.g., via text message, video chat, mobile app). While adults (over age 18) may take nude or sexual images of themselves and share them with other adults, it is illegal for minors (under age 18) to engage in this behavior.
 - Teen sexting may be **experimental** (e.g., voluntary, flirting) or **aggravated** (e.g., coercive, involving an adult).¹⁹⁴
 - Choosing to create and share sexual images may lead to victimization (e.g., cyberbullying, sextortion, grooming for sex trafficking) and may have lasting negative impacts on a person's emotional well-being (e.g., stress, anger, depression, anxiety).¹⁹⁵
 - **Child sexual abuse material**¹⁹⁶ (commonly known as “child pornography”) describes any nude or sexually explicit visual depiction of a minor (anyone under age 18) regardless of the age of consent in their state.

¹⁸⁹ Equal Rights Advocates. (2019). Know your rights at school: Sexual assault & sexual harassment. www.equalrights.org/issue/equality-in-schools-universities/sexual-harassment/

¹⁹⁰ California Department of Education. (2020). Gender equity/title ix. www.cde.ca.gov/re/di/eo/genequitytitleix.asp

¹⁹¹ California Penal Code § 243.4

¹⁹² California Penal Code § 288.2

¹⁹³ California Penal Code § 311.4

¹⁹⁴ Volak, J. & Finkelhor, D. (2011). Sexting: A typology. Crimes Against Children Research Center. <https://scholars.unh.edu/cgi/viewcontent.cgi?article=1047&context=ccrc>

¹⁹⁵ Glasso, A.M, Klettke, B., Augustina, J.R. & Montell, I. (2019). Sexting, mental health, and victimization among adolescents: A literature review. *International Journal of Environmental Research and Public Health*, 16(3), 2364. DOI: [10.3390/ijerph16132364](https://doi.org/10.3390/ijerph16132364)

¹⁹⁶ U.S. Department of Justice. (2017). Citizen's guide to U.S. federal law on child pornography. www.justice.gov/criminal-ceos/citizens-guide-us-federal-law-child-pornography

- This federal law is designed to protect young people from being exploited, but it also makes it illegal for anyone under age 18 to take or share sexual images of themselves.
 - **Cyber exploitation**¹⁹⁷ (also called “revenge pornography”) involves sharing nude or sexual images or videos of another person without their consent, resulting in emotional distress.
 - In this context, “cyber” refers to digital depictions, but it is also a crime to distribute physical depictions (e.g., printed photos) of a nude person without their consent.
 - **Sextortion**¹⁹⁸ is a type of extortion where someone demands sexual acts or images from a person by means of force, fear, or coercion (e.g., threats or blackmail).
- **Rape**¹⁹⁹ – any type of sex without consent
 - This includes **penetration of a vagina, anus, or mouth** using a body part or an object.
 - This crime can impact a person of any sex, gender, or sexual orientation.
 - There does not need to be physical force, threat, intimidation, or coercion for a person to report this crime; it is simply based on the lack of affirmative consent.
 - It is considered **statutory rape** if a person is under the legal age of consent (age 18 in California).
 - Anyone who has sex with a minor, including other minors, may be charged with this crime.
- **Human Trafficking**²⁰⁰ – forcing, tricking, or convincing someone to perform manual labor or commercial sexual service (i.e., sex work: doing sexual things for money, food, shelter, etc.)
 - **Action:** selling a person’s labor or body (e.g., recruiting, obtaining, harboring, transporting, advertising, soliciting, patronizing)
 - **Means:** by **force** (e.g., physical abuse, sexual assault, confinement, starvation), **fraud** (e.g., false promises of work, wages, a loving relationship, a better life), or **coercion** (e.g., psychological manipulation, threatening harm, imposing debt, confiscating documents)
 - Traffickers (commonly known as “pimps”) generally fall into three categories:²⁰¹
 - “Gorilla” trafficker uses force or threats to **overpower** a victim.
 - “Romeo” trafficker uses charm, gifts, and romance to **seduce** a victim.
 - “CEO” trafficker uses money or business strategies to **swindle** a victim.
 - Traffickers often use **grooming** behaviors to befriend, gain trust, and seduce their victim.
 - Traffickers may also utilize **recruiters** to identify and attract more victims. They are often demographically similar to their targets in order to befriend and convince others to work for their trafficker.²⁰²
 - If a person is doing sex work under age 18, it is considered **sex trafficking** regardless of other factors. Minors **cannot** be charged with this crime in California; the trafficker and/or “buyer” will be held legally responsible.²⁰³
 - **Purpose:** for manual labor, services, or sex work
 - **Prevalence:** human trafficking takes place in our communities, domestically and internationally
 - The International Labor Organization estimates that over 40 million people worldwide are victimized through modern-day slavery.²⁰⁴

¹⁹⁷ California Penal Code § 647(j)(4)

¹⁹⁸ Senate Bill No. 500. (2017). Extortion. www.leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB500

¹⁹⁹ RAINN. (2020). Sex crimes: Definitions and penalties – California. <https://apps.rainn.org/policy/policy-crime-definitions-export.cfm?state=California&group=3>

²⁰⁰ Toney-Butler, T.J. & Mittel, O. (2019). *Human Trafficking*. www.ncbi.nlm.nih.gov/books/NBK430910/

²⁰¹ Sowers Education Group. (2014). Pimp tactics 101. www.sowerseducationgroup.files.wordpress.com/2014/05/sowers-education-group-handout-pimp-tactics-and-signs-to-look-for.pdf

²⁰² Rosenblatt, K. (2014). Determining the vulnerability factors, lures and recruitment methods used to entrap American children into sex trafficking. *Sociology and Criminology*, 2(1), DOI: [10.4172/2375-4435.1000108](https://doi.org/10.4172/2375-4435.1000108)

²⁰³ Senate Bill No. 1322. (2016). California Penal Code §§ 647 and 653.22. www.youthlaw.org/wp-content/uploads/2017/02/20150SB1322_94.pdf

²⁰⁴ International Labor Organization, et al. (2017). Global estimates of modern slavery: Forced labour and forced marriage. www.ilo.org/wcmsp5/groups/public/-dgreports/-dcomm/documents/publication/wcms_575479.pdf

- California consistently reports the highest rates of sex trafficking in the U.S. each year.²⁰⁵ In 2020, there were 1,334 reports of human trafficking in California, and 80% of those reports involved sexual exploitation.²⁰⁶

When a person feels attacked or threatened, their brain and body enter into **survival mode** to protect themselves. If this happens, the nervous system takes over rational thoughts and behaviors, and a person may automatically react with any of the following:²⁰⁷

- **Fight** – they may try to resist or defend themselves
- **Flight** – they may try to run away or hide
- **Freeze** – they may freeze up, unable to move or speak

If someone experiences sexual violence or exploitation, it is **not** their fault, even if they did not resist or tell someone right away. It is **very** important to **report** what happened to a safe and trusted adult and **get help**.

Strategies to Safely Seek Assistance^{208, 209}

- **Tell someone you trust**
 - A parent/guardian or family member
 - A teacher or school counselor
 - A friend or classmate
 - Call/text a confidential hotline
- **Call/text for help**
 - National Human Trafficking Hotline
 - Call: 1 (888) 373-7888
 - Text: “Jasmine” to 233-733
 - National Sexual Assault Hotline
 - Call: 1 (800) 656-4673
 - Chat: www.hotline.rainn.org
 - If you are in immediate danger, call 9-1-1
- **Visit an emergency room**
 - A hospital can conduct a free **rape kit** to collect DNA evidence of the assault
 - This may involve examining and photographing parts of the body for documentation of sexual contact or physical injury
 - If possible, do **not** shower or change clothes following a sexual assault
 - If a person does change clothes, bring the clothing worn during the assault to the hospital in a **paper bag** for examination²¹⁰
 - Depending on the circumstances, a survivor of sexual assault may also request:
 - STI testing (may require a follow-up visit)
 - PEP (to lower the risk of HIV infection)

²⁰⁵ National Human Trafficking Hotline. (2019). Hotline statistics. www.humantraffickinghotline.org/states

²⁰⁶ National Human Trafficking Hotline. (2021). National human trafficking hotline data report; California state report; 1/1/2020 – 12/31/2020. www.humantraffickinghotline.org/resources/national-hotline-2020-california-state-report

²⁰⁷ Delofs, K. (2017). Freeze for action: Neurobiological mechanisms in animal and human freezing. *Philosophical Transactions of the Royal Society of London, Series B, Biological Sciences*, 372(1718), 20160206. DOI: [10.1098/rstb.2016.0206](https://doi.org/10.1098/rstb.2016.0206)

²⁰⁸ International Organization for Adolescents (IOFA) and Courtney's House. (2018). Safety planning for youth victims of sex trafficking. www.iofa.org/wp-content/uploads/2018/11/IOFA-Safety-Planning.pdf

²⁰⁹ RAINN. (n.d.). Safety planning. www.rainn.org/articles/safety-planning

²¹⁰ RAINN. (n.d.). What is a sexual assault forensic exam? www.rainn.org/articles/rape-kit

- Emergency contraception (if pregnancy is a possibility)
- A hospital will **not** automatically report the assault or rape to the police, **unless the person is under 18** (medical staff are mandated reporters)
- **If abuse is ongoing and you need to escape...**
 - Communicate proactively with your support network of trusted adults and friends
 - Tell them what you need (e.g., a ride, a place to stay)
 - Establish a code word to let them know when it is not safe to talk
 - Create and practice a safety/exit plan
 - Prepare a “go bag” with important items (e.g., documents, medications, clothes)
 - Keep a written copy of important phone numbers and addresses on you at all times

Stages of Grooming for Sexual Exploitation²¹¹

- **Targeting** – Seeking victims with a noticeable vulnerability (e.g., emotional neediness, low self-esteem, economic stress, family discord, mental disability)
- **Gaining trust and information** – Obtaining information about the victim
- **Filling a need** – Making the victim feel dependent (e.g., giving money, gifts, attention, friendship, love)
- **Isolation** – Distancing the victim from their support network (e.g., family, friends)
- **Abuse** – Justifying the sexual violence as a debt or favor (e.g., “You owe me” or “Just this one time”)
- **Maintaining control** – Typically through threats, violence, fear, or blackmail

Signs of Sexual Violence or Human Trafficking^{212, 213}

- Depression (e.g., sad, withdrawn, lack of energy, changes in sleep or appetite)
- Anxiety or fear, especially around authority
- Signs of physical abuse (e.g., bruises, limping, unexplained injuries)
- Self-harm (e.g., cutting, expressing thoughts about suicide)
- Changes in self-care (e.g., unusual weight loss or gain, less attention to hygiene and appearance)
- Increased risky behaviors (e.g., drinking or drug use, theft)
- Running away from home
- Chronic truancy
- Failing grades
- Pregnancy or STIs
- Multiple cellphones or secrecy around phone
- Tattoo of a name or money-related image (e.g., crown, barcode, dollar sign)

Common Questions & Helpful Answers

Why use the word “survivor” instead of “victim”? – Both terms are valid, although one may be more appropriate than the other based on context and personal preference. “Victim” can refer to any person who has endured trauma, while “survivor” indicates that a person is healing from the trauma. Some individuals prefer to identify as a “survivor” because it can feel more empowering, while others may not appreciate this

²¹¹ End Slavery Now. (2004). Basic stages of grooming for sexual exploitation. www.endslaverynow.org/media/3210/groominginfoographic04.jpg

²¹² RAINN. (n.d.). Warning signs for teens. www.rainn.org/articles/warning-signs-teens

²¹³ Sowers Education Group. (2014). Pimp tactics, signs of vulnerability, grooming, & trafficking. www.sowerseducationgroup.files.wordpress.com/2014/05/sowers-education-group-handout-pimp-tactics-and-signs-to-look-for.pdf

term. When communicating with or about an individual who has experienced sexual trauma, it is best to ask respectfully for their preference in terminology.

Why are women raped more often than men? – Sexual violence can happen by any gender to any gender. However, rape is statistically shown to be gendered crime. Many studies show that the majority of victims are women, and the majority of perpetrators are men.^{214, 215} These crimes may be related to gender norms and social expectations. For example, some men feel pressure to act sexually aggressive, and some women are taught to be passive and agreeable. This dynamic can lead to an imbalance of power, where men feel entitled to other people's bodies, and women do not feel they have the agency to refuse sexual advances. Other factors, such as body size and strength, may also factor into these crime rates. Regardless, survivors of all genders deserve support and empathy.

Can a person like to get raped? – No. A person may experience arousal (e.g., erection, vaginal lubrication) or even orgasm from sexual stimulation, but this does not equate to affirmative consent.²¹⁶ In some sexual relationships, adults may decide to role-play scenarios with unequal amounts of power. This requires trust, mutual understanding, clear communication, and a safety plan (e.g., safe word) to ensure that both partners have the power to make the role-play stop if they become uncomfortable.

If both people are drunk, who is responsible? – In California, a person who is impaired by alcohol or drugs cannot legally consent to sex.²¹⁷ Drinking and using drugs affects a person's ability to make decisions and communicate clearly. It may also increase aggression and can lead to overlooking or willfully disregarding signals.²¹⁸ However, being drunk or high never excuses someone of their responsibility in committing a crime. If both people are drunk or high when sex takes place, and one or both parties reports the incident as a crime, the legal system generally uses capacity-based standards to determine if they were too intoxicated to consent.²¹⁹ This means that authorities may investigate and press charges if one person was more sober and thus should have reasonably known that the other was incapacitated. Also, if a court is able to determine that one of the intoxicated partners clearly acted in predatory ways (e.g., convincing the other person to drink more, orchestrating a situation for them to be alone together, targeting someone because they are visibly intoxicated) that person should be held legally responsible.²²⁰

Why are so few rapists convicted? – Based on FBI reports and national survey data from 2020, RAINN estimates that out of every 1000 instances of rape, just 310 are reported to the police, 50 of these reports lead to arrest, and only 28 result in a felony conviction.²²¹ A conviction requires belief beyond a reasonable doubt that the victim did not consent, which can be difficult to prove in court. The District Attorney may decide not to press charges because they determine there is not enough evidence to win the case. Although many perpetrators do not get convicted of rape, it is still important to report all instances of sexual violence. Reports can be used to strengthen a case against a person who has offended multiple times. Reporting can also help a survivor reclaim their power and begin to heal.

²¹⁴ Turchik, J.A., Hebenstreit, C.L. & Judson, S.S. (2016). An examination of the gender inclusiveness of current theories of sexual violence in adulthood: Recognizing male victims, female perpetrators, and same-sex violence. *Trauma, Violence, & Abuse*, 17(2), 133-148. DOI: [10.1177/1524838014566721](https://doi.org/10.1177/1524838014566721)

²¹⁵ Stemple, L., Flores, A. & Meyer, L.H. (2017). Sexual victimization perpetrated by women: Federal data reveal surprising prevalence. *Aggression and Violent Behavior*, 34(1), 302-311. DOI: [10.1016/j.avb.2016.09.007](https://doi.org/10.1016/j.avb.2016.09.007)

²¹⁶ Levin, R.J. & Van Berlo, W.T.M. (2004). Sexual arousal and orgasm in subjects who experience forced or non-consensual sexual stimulation – A review. *Journal of Clinical Forensic Medicine*, 11(2), 82-88. DOI: [10.1016/j.jcfm.2003.10.008](https://doi.org/10.1016/j.jcfm.2003.10.008)

²¹⁷ California Penal Code § 261(a)(3)

²¹⁸ Abarcen, J., Looman, J. & Ferguson, M. (2017). Substance abuse among sexual offenders: review of research and clinical implications. *Journal of Sexual Aggression*, 23(3), 235-250. DOI: [10.1080/13552600.2017.1334967](https://doi.org/10.1080/13552600.2017.1334967)

²¹⁹ Juchandler-Raphael, M. (2017). The conundrum of voluntary intoxication and sex. *Brooklyn Law Review*, 82(3), 1031-1108. <https://brooklynworks.brooklaw.edu/blr/vol82/iss3/2>

²²⁰ Nichols, A.C. (2015). Out of the haze: A clearer path for prosecution of alcohol-facilitated sexual assault. *NYU Annual Survey of American Law*, 71(2), 213-274. https://annualsurveyofamericanlaw.org/wp-content/uploads/2016/09/71-2_nichols.pdf

²²¹ RAINN. (n.d.). The criminal justice system: Statistics. www.rainn.org/statistics/criminal-justice-system

Why would someone not report a sexual crime? – Most survivors of sexual violence know the person who assaulted them (e.g., partner, acquaintance).²²² Some people may realize that reporting their assailant could have repercussions that they do not want (e.g., ending a relationship, losing a job, testifying against family, deportation). Researchers have found that some of the most common reasons for not reporting sexual assault to the police are fear of retaliation, belief that it is a personal matter, and belief that the police would not or could not do anything to help.²²³ Ultimately, it is the survivor's right to decide if and when they want to report the crime. Even if someone chooses not to report right away, there are many other resources available for support and healing.

What if someone falsely reports a rape to get revenge? – It is illegal in California to knowingly make a false police report.²²⁴ The prevalence of false reporting is often overestimated, but researchers have found that approximately 5% of all rape accusations are unfounded.²²⁵ Perpetuating the myth that false reporting is common allows people to blame the victim and absolve the assailant of responsibility. The real problem is that rape and sexual assault are some of the most under-reported crimes in our country – more than two thirds go unreported.²²⁶

Additional Resources

***Audrie & Daisy* (2016) – www.audrieanddaisy.com**

- This 90-minute documentary (available on Netflix) “takes a hard look at American’s teenagers who are coming of age in this new world of social media bullying, spun wildly out of control.”
 - “*Audrie & Daisy* is an urgent real-life drama that examines the ripple effects on families, friends, schools and communities when two underage young women find that sexual assault crimes against them have been caught on camera.”
- For a deeper discussion, the website offers five additional lesson plans on changing the culture, teaching digital citizenship, understanding consent, changing from bystander to upstander, and creating healthy relationships.

California Coalition Against Sexual Assault (CalCASA): Prevent Connect – www.preventconnect.org

- A collection of webinars, podcasts, and e-learning resources for instructors to help with the primary prevention of sexual assault and intimate partner violence.

California Partnership to End Domestic Violence: Domestic Violence Organizations in California – www.cpedv.org/domestic-violence-organizations-california

- A directory of domestic violence organizations throughout California.

I Am Jasmine Strong – www.iamjasminestrong.com

- A resource for youth, including an animated video, stories of survivors, and information for people involved in sex trafficking.
- The website offers a free educator guide for the Jasmine Strong video, as well as six other short stories with diverse narrators for an extended discussion about youth exploited through sex trafficking.

²²² RAINN, (n.d.), Perpetrators of sexual violence: Statistics. www.rainn.org/statistics/perpetrators-sexual-violence

²²³ Planty, M., Langton, L., Krebs, C., Berzofsky, M. & Smiley-McDonald, H. (2013). Female victims of sexual violence, 1994-2010. U.S. Department of Justice, Bureau of Justice Statistics. www.bjs.gov/content/pub/pdf/fvsv9410.pdf

²²⁴ California Penal Code § 148.5

²²⁵ De Zutter, A., Horselenberg, R. & Van Koppen, P.J. (2017). The prevalence of false allegations of rape in the United States from 2006-2010. *Journal of Forensic Psychology*, 2(2), DOI: [10.4172/2475-319X.1000119](https://doi.org/10.4172/2475-319X.1000119)

²²⁶ RAINN, (n.d.), The criminal justice system: Statistics. www.rainn.org/statistics/criminal-justice-system

iEmpathize – www.iempathize.org/eyp

- Additional lessons for intensive education on preventing sexual exploitation and human trafficking. The *Empower Youth Project* is a five-module curriculum that aims “to equip youth with personal safety strategies and to nurture their empathy for others.”
- Also available in Spanish (*La Programa de Empoderamiento Juvenil*) at: www.iempathize.org/pej

International Organization for Adolescents (IOFA) and Courtney’s House: Safety Planning for Youth Victims of Sex Trafficking – www.iofa.org/wp-content/uploads/2018/11/IOFA-Safety-Planning.pdf

- A guide for adults to help youth plan a safe exit from a situation or relationship involving sex trafficking

Know Your Rights at School: Sexual Assault & Sexual Harassment – www.equalrights.org/issue/equality-in-schools-universities/sexual-harassment

- A comprehensive guide of Title IX (“Title 9”) for students to learn how U.S. federal law protects them from gender-based discrimination at school

National Human Trafficking Hotline – www.humantraffickinghotline.org

- A free, 24/7 national hotline that receives tips about potential situations of sex and labor trafficking and facilitates reporting that information to the appropriate authorities in certain cases.
- Provides confidential, nonjudgmental support to victims and survivors of sex and labor trafficking, in more than 200 languages.
 - Call: 1 (888) 373-7888
 - Text: JASMINE to 233-233

Rape, Abuse & Incest National Network (RAINN) – www.rainn.org

- The nation’s largest anti-sexual violence organization working to provide best-in-class services for survivors, inform and educate the nation about sexual violence, and improve the public policy and criminal justice response to sexual violence.
- Operates the National Sexual Violence Hotline, a free, 24/7 hotline that provides confidential, nonjudgmental support to anyone affected by rape, abuse, or incest.
 - Call: 1 (800) 656-4673
 - Live chat available at: www.online.rainn.org

Rape Trauma Services [San Mateo County] – www.rapetraumaservices.org

- A local center for healing and violence prevention, including in-school programs, counseling, support groups, and one-on-one support for survivors of sexual assault seeking medical or legal services.
- Operates a free, 24/7 crisis hotline for anyone impacted by sexual violence to speak with a trained sexual assault counselor.
 - Call: 1 (650) 692-7273
- Programs and support also available in Spanish.

Sowers Education Group: Ending the Game – www.sowerseducationgroup.com/sex-trafficking-intervention-ending-the-game

- A unique intervention for people exploited by sex trafficking, focusing on survivor empowerment through “coercion resiliency.”
- This 10-lesson intensive curriculum is designed to “reduce feelings of attachment to traffickers and/or a lifestyle characterized by commercial sexual exploitation, thereby reducing the rate of recidivism among sex trafficking survivors.”

Lesson 8 Introduction

Objectives: Introduce students to the topics covered in this lesson. Review group norms and calming strategies. Provide students with an outlet to privately communicate with the instructor and ask questions. Explain how unequal power dynamics contribute to violence and injustice in society.

Note to Instructor: Update the agenda slide in the **Lesson 8 PowerPoint** to reflect your lesson plan for the day. Be sure to pre-screen and prepare answers for the anonymous questions before addressing them with the class.

Part 1: Opening Routine

1. **Display the Welcome Question as students enter and prepare for class: “What does a culture of consent look like?”** Invite students to quietly reflect, journal, or pair-share about their response to the question.
2. **Distribute a piece of Question Box scratch paper to each student.** Remind students that this scratch paper is for writing down any questions they think of during the lesson, but it can also be used to doodle, fidget, or communicate privately with the instructor. Everyone must turn in a scratch paper with writing to the Anonymous Question Box at the end of each class session.
3. **Review the agenda for this lesson to preview the activities that will be facilitated.** Be transparent about the information that will be covered and what students will be asked to do in each part of the lesson.
4. **Review the Group Norms, emphasizing student agency to participate and self-regulate.** Remind the class to be mindful of their needs and avoid making assumptions. Group Norms for Teen Talk HS are:
 - **Respect** – listen actively; take space, make space; and practice inclusive language
 - **Communication** – identify your trusted adults, and build connections
 - **Curiosity** – keep an open mind, and ask questions openly or anonymously
 - **Privacy** – create a safe space together, and expect transparency
 - **Well-being** – feel your feelings, and find what works for you
5. **Review the examples of calming strategies that can help when a person feels uncomfortable, overwhelmed, or activated.** Encourage students to be mindful of their “window of tolerance” and empower them to engage with the material to the extent they are comfortable. *Refer to Lesson 1 (pg. 9) for additional calming strategies and explanations of specific techniques.*
 - Ways to stay calm and grounded during this lesson may include:
 - **Taking care of your basic needs** – drink water, stand and stretch, or put your head down
 - **Changing your environment** – step outside, walk to the bathroom, or visit the office
 - **Utilizing focus tools** – hold a fidget toy, color, doodle, or draw on your Question Box paper
 - **Practicing grounding techniques** – try the 5-4-3-2-1 method, and don’t forget to breathe!
6. **Select 5-10 anonymous questions submitted during the previous lesson to answer during the first five minutes of class.** If time allows, answer remaining questions at the end of the lesson. The goal is to answer all questions submitted to the Question Box by the end of the course.

Note to Instructor: Prioritize answering questions about consent and sexual violence to cue students to the topic of the day. Practice rephrasing and using the healing-centered language introduced in this lesson whenever possible. See **Activity 1.2** for specific guidelines and recommendations for using the Anonymous Question Box in Teen Talk HS.

Part 2: Introduction to Power Dynamics

7. Ask for volunteers to share their thoughts about the Welcome Question: *“What does a culture of consent look like?”* and acknowledge the following points:
 - A **culture of consent** means that affirmative consent is a normalized part of the community. When this is a foundation of all interactions, it becomes second nature for everyone to ask for consent and to respect other peoples’ boundaries.
 - In all communities, there are situations that are inherently unequal because some people have more power than others. Without a culture of consent, those unequal power dynamics can normalize crossing boundaries and committing harm.
 - In some trusted relationships or communities, people may assume that consent is unnecessary or implied. For example, if someone doesn’t ask for their friend’s permission before posting photos of them online, it could cause the friend to feel embarrassed or anxious, or even get them in trouble.
 - In sexual situations, which are inherently more vulnerable interactions, consent is especially important. Practicing affirmative consent reduces the likelihood of committing harm by allowing each person to have **equal power**.
8. Emphasize that we cannot control what someone else chooses to do, but we can hold ourselves and each other accountable and work together to build a culture of consent.
 - Changing culture is an ongoing effort that will take time.
 - For example, we need to be mindful of the way we talk about race, gender, and bodies and how language contributes to interpersonal violence.
 - It often takes social and/or legal consequences for behavior to change.
9. Acknowledge that societal expectations – reinforced through media – place the burden of responsibility on the individual to avoid experiencing harm. Instead of helping to keep people safe, these messages cause further harm through guilt and neglect of the root causes of interpersonal violence.
 - Blaming a person for the harm they experienced, also known as **“victim blaming”** or **“survivor blaming,”** is a form of oppression that diverts attention from the systems of power at play.
 - In reality, unequal power dynamics make it impossible for many people to avoid harm.
 - It is therefore everyone’s job to help reduce violence in our communities by staying aware of power dynamics and doing our best to balance them.
10. Explain that this lesson is all about how violence relies on unequal power dynamics in order to control and harm others. We will mainly be focusing on sexual violence – things like sexual assault and sex trafficking – but will also explore systems of justice and injustice more broadly.

Activity 8.1: Our Sexual Bill of Rights

Objectives: Review legal consent and personal rights around sex. Define sexual harassment, sexual assault, rape, and human trafficking. Explain strategies and tactics that traffickers use to target and exploit young people. Debunk myths about rape and sexual violence to decrease victim blaming. Identify resources and ways to support people affected by sexual violence. Consider how to reduce sexual violence in the local community.

Content Warning: This discussion can be activating to anyone who has experienced or witnessed sexual violence. Be deliberate and sensitive with your language and provide frequent breaks and reminders that we all deserve safety. Encourage students to take care of themselves as needed. Such as stepping out of the room to take a break or visit the counselor. Also remind the class that it is OK to have our own values and beliefs, but that joking about violence and other disrespectful comments will **not** be tolerated.

1. **Write the word “consent” on the board.** Invite students to pair-share what they know about consent, then ask for a few volunteers to share what they discussed. Be sure to address the following:
 - Consent is **permission** or a **mutual agreement** to do something
 - Everyone involved must be **over 18** (in California)
 - Everyone involved must be **sober** (not under the influence of drugs or alcohol)
 - Everyone involved must **actively agree** (the absence of a “no” does **not** equal a “yes”)
2. **Remind the class that understanding consent and boundaries is part of the foundation for creating safer communities.** This awareness helps us recognize if someone is pushing or breaks those boundaries.
 - It is also important to understand the laws designed to protect people from being touched or treated in certain ways without their consent.
 - The following behaviors are inappropriate and unacceptable because they are unwanted, disrespectful, and harmful to individuals and communities.
3. **Acknowledge that these terms can be hard to hear and invite students to ground themselves by leading the class through some deep breaths before reading through the definitions together.**
 - Keep in mind our calming strategies to help us stay grounded, and feel free to disengage (e.g., step out of the room) if needed.
 - There will be a resource on the bottom of the screen in case anyone wants to write it down at any time. This resource provides confidential, nonjudgmental support 24/7.
4. **Project and explain the following definitions related to sexual violence:**
 - **Sexual Harassment** is any sexual communication that makes someone else feel uncomfortable.
 - This can include name-calling or joking about someone’s body, experience, or identity. It can also include unwanted sexual comments, requests, or spreading rumors about someone.
 - Whether it happens in-person or online, directly (face-to-face) or indirectly (behind someone’s back), on purpose or “just kidding,” sexual harassment is **never OK**.
 - Sometimes we genuinely make a mistake and say something hurtful, even if it’s not our intention to disrespect someone. If this happens, we should take accountability, apologize, and use it as a learning opportunity. Nobody is perfect, and we are all constantly learning and growing.
 - **Title IX** (“nine”) is a law that requires schools to protect students and staff from gender-based discrimination, including:
 - Sexual violence, coercion (pressure), or harassment

- Unfair treatment due to gender identity, expression, or sexual orientation
- Hostile learning or working environments
 - To learn more about this law and how to report discrimination, check out www.knowyourix.org.
- **Sexual Assault** is any unwanted sexual contact.
 - This is an umbrella category for all sexual interactions without consent.
 - It can include visual contact, like “flashing” someone or exposing private body parts; taking, showing, or sending sexual pictures or videos; or making someone touch themselves in a sexual way. There are even specific laws around sexual images designed to protect people from being exploited or taken advantage of:
 - **Child sexual abuse material** (also known as “child pornography”) refers to sexual images of a minor – any person who is under 18 years old.
 - Creating, viewing, or sharing child sexual abuse material is a federal crime, which means it applies in all 50 states regardless of the legal age of consent.
 - This law is designed to protect young people from being exploited by others, but also means that it’s against the law for anyone under age 18 to take or share sexual images of themselves.
 - **Cyber exploitation** (also called “revenge pornography”) involves posting or resharing someone’s sexual images or “nudes” to get back at them.
 - In California, it is illegal to share private images (i.e., those depicting intimate body parts) of another person without their consent, especially when it results in emotional distress (e.g., humiliation, depression, anxiety).
 - Remember, if someone does consent to share a sexual image with a person, it does **not** mean they consented for that image to be shared with other people or put on the internet.
 - **Sextortion** is a type of blackmail (or extortion) using private images, like “nudes.”
 - In California, it is a crime to threaten to reveal sexual images of another person in order to get them to do something.
 - This crime relies on a person feeling ashamed and alone, like they have no other options than to do what they are told.
 - It can feel very scary, but telling a trusted adult or friend can help a person figure out next steps and reclaim their power.
 - **Optional:** Screen the video “**Stop Sextortion**” (1:28): youtu.be/9yQ3fdttbUk
 - Sexual assault also includes physical contact, like touching someone’s private body parts or kissing them without consent; taking off someone’s clothes (including things like “pantsing” someone); or making someone touch another person in a sexual way.
- **Rape** is any type of sex without consent.
 - This also falls under the umbrella of sexual assault: **penetration** of a vagina, anus, or mouth using a body part or an object.
 - The definition does not include gender or sexual orientation because this crime can happen between any types of people, even if they are dating or married.
 - It also does **not** require physical force or threats but simply the lack of consent.
- **Human Trafficking** is forcing, tricking, or pressuring someone to perform manual labor or sex work.
 - **Labor trafficking** commonly involves work as repayment for a loan or service (i.e., debt bondage) or to avoid unwanted consequences (e.g., physical violence, deportation).

- **Sex trafficking** commonly involves sexual services in exchange for anything of value (e.g., money, drugs, basic needs like food or shelter).
 - If a person is doing sex work under age 18, it is considered sex trafficking regardless of other factors (i.e., even if the young person says they want to be doing it).
 - However, a minor **cannot** be charged with this crime; the trafficker and/or “buyer” will be held legally responsible.
- Sex traffickers typically fall into three categories:
 - “Gorilla” traffickers use force or threats to **overpower** a victim
 - For example, this could involve kidnapping, physical abuse, or providing illicit substances to subdue someone.
 - “Romeo” traffickers use charm, gifts, and romance to **seduce** a victim
 - For example, this could look like pretending to be in a relationship with someone, then taking advantage of their trust by guilting them into making money by having sex with other people.
 - “CEO” traffickers use money or business strategies to **swindle** a victim
 - For example, this could look like enticing someone to become a model or actor, then pressuring them to create sexual or nude photos or videos.
- Traffickers tend to target those with an obvious vulnerability (e.g., unstable home life, learning disability) or a need they can fulfill (e.g., love, shelter, drug dependency) and they often use **grooming** techniques to build a false sense of trust.
 - Human trafficking does **not** always happen by a stranger, like it is commonly portrayed in the media. It is sometimes a family member or close friend that invites or encourages a person into a situation with seemingly positive intentions but who turns out to be manipulating them for profit.
 - Traffickers may also use **recruiters** to identify and attract more victims. Their job is to befriend and convince the target to work for the trafficker.
- Human trafficking is **modern-day slavery** that takes place all over the world.
 - The International Labor Organization estimates that over 50 million people worldwide are victimized through human trafficking.²²⁷
 - California consistently reports the highest rates of sex trafficking in the U.S. each year.²²⁸ In 2020, there were 1,334 reports of human trafficking in California, and 80% of those reports involved sexual exploitation.²²⁹
 - **Optional:** To illustrate one example of sex trafficking, screen the video “I Am Jasmine Strong” (5:00): youtu.be/IPgBUIhPaSo

Note to Instructor: This video depicts the fictionalized story of a young girl, Jasmine Strong, becoming involved with a “Romeo” trafficker and being forced to have sex for money. The website www.iamjasminestrong.com offers additional stories from diverse perspectives, as well as tips and resources to learn more about sex trafficking. Also note that this story is told through animated subtitles instead of narration, so the video may not be appropriate for groups with limited reading comprehension in English and individuals with visual impairment.

5. **Emphasize that survivors of sexual violence are not at fault.** Survival instincts automatically activate when our brain senses danger or feels overwhelmed. A person may have a “fight or flight” response, or they may slip into “freeze” mode. Regardless of their reaction in the moment, **no one** deserves to be exploited or harmed, and we are **not** responsible for anyone else’s decisions or behavior.

²²⁷ International Labour Organization, Walk Free, and International Organization for Migration. (2022). Global estimates of modern slavery: Forced labour and forced marriage. <https://publications.iom.int/books/global-estimates-modern-slavery-forced-labour-and-forced-marriage>

²²⁸ National Human Trafficking Hotline. (2019). Hotline statistics. www.humantraffickinghotline.org/states

²²⁹ National Human Trafficking Hotline. (2021). National human trafficking hotline data report: California state report: 1/1/2020 – 12/31/2020. www.humantraffickinghotline.org/resources/national-hotline-2020-california-state-report

- Sexual violence can happen **to** any person **by** any person, regardless of sex, gender, or orientation.
- If a young person experiences any type of sexual violence or abuse, it is **very** important for them to talk with a trusted adult and **get help**.
- We also have some universal human rights when it comes to our bodies and sexual autonomy.

6. **Give each student a copy of Our Sexual Bill of Rights.** Acknowledge that the statistics on this page can be hard to hear and invite students to ground themselves by taking a few more deep breaths together. Invite a different volunteer to read each box aloud, discussing the following as a class between each box:

- In the United States:
 - **About half of women (47.6%) and one quarter of men (23.3%) experience unwanted sexual contact in their lifetime.**²³⁰ *Why do you think sexual violence is so common?*
 - Gender-based assumptions (e.g., men should be dominant and make the first move, women should be coy and “play hard to get”)
 - Media influence (e.g., normalizing “rape culture,” sexualizing scenes of violence)
 - Physical vulnerabilities (e.g., differences in body size and strength)
 - **Sexual violence is the most under-reported crime in the U.S. In 2020, less than 1 in 4 incidents of rape or sexual assault (22.9%) were reported to police.**²³¹ *Why might someone not report a rape?*
 - Shame or embarrassment
 - Fear of retaliation or judgment
 - Uninformed about consent laws (e.g., unaware that drunk sex is nonconsensual)
 - Care for the rapist (e.g., romantic partner or family member)
 - **The majority of sexual violence is perpetrated by someone known to the survivor** (e.g., an intimate partner, family member, person of authority, or acquaintance).²³²
 - Remember, rape is **not** an act of sexual desire; it is an act of **control** and **power**.
- Affirmative Consent Standard:
 - **In California, we follow the standard that consent must be affirmative, conscious, and voluntary.** This requires the presence of a “yes” or clear mutual agreement without pressure before sexual activity can legally take place.
 - Waiting for a partner to say “no” or “stop” is **not** affirmative consent. Remember, the body may activate “freeze” mode when shocked, scared, or overwhelmed.
 - Also, sexual arousal (e.g., getting an erection or producing arousal fluid) does **not** indicate affirmative consent. This is a physiological response, not a choice.
 - **If a person is impaired by alcohol or drugs, they cannot consent to sex.** Initiating sexual contact with someone who is drunk or high can be charged as sexual assault or rape.
 - If everyone involved is intoxicated, the legal system may investigate to determine if anyone was more sober or manipulated another person in any way.
 - **Everyone involved must have equal power in the situation.** If one person uses their authority, control, or significant influence over another person, consent cannot truly exist between them.

²³⁰ Basile, K.C., Smith, S.G., Krenshaw, M., Khattiwada, S., & Leemis, R.W. (2022). The national intimate partner and sexual violence survey: 2016/2017 Report on sexual violence. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. www.cdc.gov/violenceprevention/pdf/nisvs/nisvsReportonSexualViolence.pdf

Logan, R.E. & Thompson, A. (2021). Criminal victimization, 2020. U.S. Department of Justice, Bureau of Justice Statistics. www.bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/cv20.pdf

²³² Basile, K.C., Smith, S.G., Krenshaw, M., Khattiwada, S., & Leemis, R.W. (2022). The national intimate partner and sexual violence survey: 2016/2017 Report on sexual violence. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. www.cdc.gov/violenceprevention/pdf/nisvs/nisvsReportonSexualViolence.pdf

- Everyone should make their own decisions and be honest about what they are comfortable doing, without feeling pressure or guilt.
- This standard makes each of us responsible for being aware, checking in with a person before doing anything sexual with them, and not taking advantage of anyone whether they are sober or not.
- I ALWAYS have the right to:
 - **Look Sexy** – Don't assume that someone wants sexual attention or contact based their appearance or what they are wearing. Everyone has the right to express themselves how they want and feel safe that their body boundaries will be respected.
 - **Just Kiss and Touch** – Kissing, sexual touching, or getting naked with someone does **not** mean that sex is definitely going to happen. The only way to know for sure is to **ask!**
 - **Change My Mind** – A person can take back their consent at any time, even in the middle of sex. Some students may argue that it is difficult to stop having sex in the moment, especially nearing ejaculation. However, people still have control over their bodies during sex, so they must take responsibility for their actions and be responsive to their partner.
 - **Report Sexual Crimes** – California recently eliminated the statute of limitations for reporting a rape or sexual assault. As of 2017, a person has unlimited time to report these crimes. If the crime took place before 2017, a person has 10 years (or until their 28th birthday if they were under 18) to file a police report.²³³
- 7. **Acknowledge the importance of reminding ourselves of these rights, even if there were experiences where these rights were not honored in the past.** No one deserves sexual violence or abuse; we all deserve safety and support.
- 8. **Review ways to help someone who has experienced a sexual crime and the resources available.** Remember, it is **not** our job to investigate or solve a sexual crime that someone discloses to us. We can only support them and encourage them to report the crime or seek professional help, but the choice is ultimately up to the survivor.
- 9. **Invite the class to brainstorm ways they can help build a safer community.** Allow for a brief pair-share, then ask for a few volunteers to share what they wrote. Be sure to mention:
 - Educating others about consent laws and our rights in sexual situations
 - **Not** making rape jokes or using violent or derogatory words
 - Establishing a code or signal to check in with a friend in social situations
 - Challenging ideas of “toxic masculinity” – the notion that men are inherently violent, unemotional, sexually aggressive, etc.
 - Examining systems of justice and injustice in our society and how they can affect people differently
- 10. **Explain that there are different ways that people and communities may respond to violence based on different concepts of justice.** Illustrate the differences using an example scenario: *“Two students are sent to the principal’s office because one student (Student A) was misgendering another student (Student B) and making fun of their hairstyle.”*
 - **Punitive justice** aims to remove the person who caused harm from society.
 - This would be like plucking a single leaf from a tree.
 - In our example scenario, this could mean Student A is given detention, suspended, or even expelled from school.

²³³ California Penal Code § SB 813, § 801.1(a)(1), § 801.1(a)(2), and § 800
Teen Talk High School, 2022

- **Restorative justice** is an approach that brings survivors and perpetrators of harm together (if they feel comfortable) to take accountability, forgive, and heal. It involves both of them communicating to share their perspectives and learn from one another about why the behavior was harmful.
 - It's like planting seeds and helping them to grow.
 - This system has roots in aboriginal and Native American practices, focused on developing empathy (understanding) and restoring (rebuilding) interpersonal or community relationships.
 - In our example scenario, this could mean Student A and Student B meet with a trained counselor so that Student A can take responsibility and learn how their comments hurt Student B.
 - It could also mean that Student A volunteers with the school's GSA (Gender and Sexuality Alliance) and Student B shares what would make them feel safe and comfortable in their school.
 - Restorative justice acknowledges that we are all still learning, and it gives people opportunities to learn, work hard, and heal themselves and the person they harmed.
- **Transformative justice** aims to dig deeper and seeks to address the root causes of injustice in order to build an even stronger community.
 - This system involves education as well as taking action to make real change in the community.
 - In our example scenario, this could mean that – in addition to meeting with both students – the school (community) does research, trains their staff members, and makes changes to prevent transphobia and discrimination.
 - Changes that the school may implement could include:
 - Adding pronouns onto staff IDs, email signatures, and student records
 - Planning school-wide activities, like film screenings, guest speakers, or days of action
 - Students hosting “teach-outs” to talk about gender diversity and share information with community members in and around the school
 - Transformative justice aims to move toward an even stronger community by changing the structures that promote injustice and oppression.

11. Remind the class that everyone deserves to feel safe and have their boundaries respected. In some cases, people who experience harm or loss of control may go on to hurt others in attempts to reclaim their power. While it is important to hold people accountable for their behaviors, we can also examine how systems of privilege and oppression contribute to ongoing cycles of harm.

Sexual Harassment is...

any sexual communication that makes someone else feel uncomfortable. This can include name-calling or joking about someone's body, experience, or identity. It can also include unwanted sexual comments, requests, or spreading rumors about someone.

Sexual Assault is...

any unwanted sexual contact. It includes physical contact, like touching someone's private body parts or kissing them without consent; taking off someone's clothes; or making someone touch another person in a sexual way. It also includes visual contact, like "flashing" someone or exposing private body parts; taking, showing, or sending sexual images; or making someone touch themselves in a sexual way.

Rape is...

any type of sex without consent. This includes penetration of a vagina, anus, or mouth using a body part or an object.

Human Trafficking is...

forcing, tricking, or convincing someone to perform manual labor or sex work (doing sexual things for money, food, shelter, etc.). These crimes often involve threats and manipulation. If a person is doing sex work under age 18, it is considered **sex trafficking** regardless of other factors.

Remember...

if someone experiences sexual violence, it is **not** their own fault.
Nobody deserves violence, abuse, or exploitation.
It is **very** important to talk with a trusted adult and **get help**.

Our Sexual Bill of Rights

In the United States...

- Nearly **1 in 2 women** and **1 in 4 men** experience sexual violence in their lifetime.
- About **77%** of rapes are **not reported**.
- More than **half** of survivors **knew** the person who sexually assaulted them.

Affirmative Consent Standard

- **Only "YES"** means YES. Silence means NO. If you are unsure, **ask**.
- A person **cannot** consent to sex while they are drunk or high.
- Everyone involved must have **equal power** in the situation.

I ALWAYS have the right to...

Look sexy even if I don't want sex

Just kiss and touch even if I had sex with them before

Change my mind even if I said "yes" at first

Report sexual crimes even if I didn't tell anyone right away

How to Help a Friend

- **Remind** them that it's **not their fault**.
*Rape is an act of power and control, **not** an act of sexual desire.*
- **Listen** without judgment and **mirror** their language.
- **Ask** if they feel safe and how you can help.
- **Empower** them to make their own decisions.
- **Encourage** them to **report** by visiting a local hospital, calling 911, or talking with a trusted adult.

Resources

National Assault Hotline
1-800-655-HOPE

Rape Trauma Services
(San Mateo County)
650-692-RAPE

**National Human Trafficking
Resource Center**
1-888-373-7888
or text HELP to 233-733

How can we build a
safer community
with more respect and
less violence?

Activity 8.2: Zoe and Leo's Story

Objectives: Recognize characteristics of an acquaintance rape situation. Analyze factors that affect the ability to give and receive consent. Identify resources for someone who has experienced sexual violence.

Content Warning: This story can be activating to anyone who has experienced sexual assault. Be sure to provide options for students to engage or disengage with this activity. For example, if you know certain students have a history of sexual trauma, check in with them privately, allow them to preview the story, and let them decide if they wish to be present during the class discussions. Some students may also have preconceived notions that only women experience sexual violence or that men cannot be raped, and they may make biased or hurtful comments (such as victim blaming) without realizing the reaction they will get. Be sure to address their beliefs fairly while reiterating the reality that anyone can experience sexual violence (regardless of gender, sexual orientation, or age) and the reasoning behind current laws related to consent and sexual assault.

1. Explain the activity and expectations to the class:

- We are going to read two versions of the same story: one from the perspective of Zoe and the other from the perspective of Leo. Please remain quiet until after we hear the full story, then we will pair-share and debrief together.
- This is a safe place to discuss ideas and misconceptions, just remember our norms of respect and keeping an open mind. We may have different views than our peers, but we can still discuss these stories in a respectful way.
- Also, this story may be hard for some of us to hear, so please do what you need to feel safe and grounded as we talk through it together.

2. Briefly review the options students have to disengage during this story and discussion if they are feeling overwhelmed or activated. For example, they may want to doodle on Question Box paper, drink some water, or step out of the room for a few minutes.

3. Invite the class to take two deep breaths together, then display Zoe and Leo's Story and read it aloud. Provide printed copies as needed for students who prefer to read the story to themselves.

Note to Instructor: If the group is particularly mature and respectful, you may decide to allow two volunteers to read the story aloud. Let the class know that the story includes sexual violence as this may affect their decision to volunteer. Also, anyone can volunteer; their gender does not need to match the characters in the story. If no one volunteers, do not force students to read aloud.

4. After reading both stories, project the following questions and allow students time to pair-share:

- What happened?
- Why did this happen?
- Whose fault is it?
- What might happen now?

5. Debrief the stories as a class by discussing each of the four questions:

- **What happened?** – Leo was sexually assaulted (raped)
 - **How do we know?** – Zoe never asked Leo if he wanted oral sex, and Leo never gave consent. Based on our legal definitions, oral sex without consent can be charged as rape.
- **Why did this happen?** – Zoe made assumptions and acted on them without checking in with Leo.

- **They had chemistry and were making out. *Does that mean sex was inevitable?*** – No. Every person has the right to determine their boundaries in every situation. Just because someone is kissing and flirting does not necessarily mean they want to have sex.
- **Leo had an erection. *Is that always a sign that a person wants sex?*** – No. Erections can happen for lots of reasons, like feeling nervous or scared, having a full bladder, or a random spike in testosterone. Even if an erection is caused by sexual thoughts or feelings, having a physical reaction to arousal does **not** constitute giving consent.
- **Leo didn't walk away or do more to stop Zoe. *Does that mean he wanted it?*** – No. Their relationship was complex, and Leo may have had mixed feelings. He felt attracted to Zoe, but she was in a position of power as his tutor. Also, he didn't want Zoe to get offended and expose the private things Leo told her, so he was hesitant to speak up. He may have also been in shock that Zoe suddenly crossed this boundary, but she just assumed he liked it.
- ***Whose fault is it?*** – Poll the class using three options: Zoe, Leo, or both. Encourage students to highlight or underline any evidence in the stories that supports their claim.
 - Some students will argue that both Zoe and Leo are responsible: she should have listened to him and stopped, but he could have done more to make it stop. It is important to discuss how different factors may have affected Leo's ability to act in the situation:
 - **Leo didn't want to hurt Zoe's feelings by rejecting her**
 - **Leo didn't want Zoe to tell others what she knows about him**
 - **Leo was experiencing sexual arousal and may have felt conflicted**
 - **Leo was likely overwhelmed and froze up, a normal survival instinct in response to stress or fear**
 - Our automatic survival instincts are fight, flight, or freeze. Sometimes freezing up or choosing to comply with an assailant is the safest option. Even if a person doesn't yell or struggle, they still have the right to report sexual assault.
 - Legally, Zoe would be held solely responsible for having oral sex with Leo without his consent.
- ***What might happen now?*** – Zoe may not have realized that she was committing a crime by having oral sex with Leo without his consent. She should be educated about affirmative consent but could still face criminal charges for her actions. Leo could:
 - **Seek medical attention** – a survivor may initially want to clean themselves after an assault or rape; however, if a person is able, they should go straight to the hospital without showering or changing their clothes. A “rape kit” can be used to collect DNA samples and other evidence from the survivor's body and clothes to be shown in court. A survivor may want to be tested for STIs or take PEP for HIV prevention, especially if a condom was not used. Also, if pregnancy is a possibility, they may want to take emergency contraception
 - **Report to a trusted adult or other authorities** – it may feel intimidating or embarrassing to report sexual crimes, but it can also be an important part of the healing process, and it helps to prevent the perpetrator from repeating their harmful actions.
 - **Talk with a counselor for emotional support** – a survivor of sexual assault or rape may feel partly responsible for putting themselves in the situation or not doing more to stop it from happening. Talking with a counselor can help a person understand that what happened to them is **not** their fault, and it can help a survivor regain their confidence and self-esteem.

6. **Remind students that education is essential to prevention and safety.** Teens and young adults (ages 12-34) are at the highest risk for sexual assault.²³⁴ We learn about consent and the law so that we can make informed sexual decisions and know what to do if we or someone we know experiences sexual violence.

²³⁴ RAINN. (n.d.). Victims of sexual violence: Statistics. www.rainn.org/statistics/victims-sexual-violence

Zoe's Story

When my cousin asked me to tutor his friend, Leo, I was excited since I needed the extra cash. Plus, Leo was cute and really sweet. We met once a week over lunch, and I got to know a lot about him. We felt really comfortable with each other. I even felt some chemistry.

One night my cousin invited me to a party and Leo was there too. I ended up sharing a kiss with Leo at the end of the night, which was great. I knew I was crossing the line, with me being his tutor and all, but it felt right.

A few weeks later, Leo called me for an emergency study session before finals. He came over, but only had a few questions. He seemed ready for the test, so we finished reviewing quickly. Then I suggested we watch a movie. He said yes, so we went to the couch and got comfortable.

He put his arm around me, and we started to snuggle. Before I knew it, we were kissing. I was into it, and I knew he was too, so I started to try to unbutton his pants. But he pushed my hands away and said "don't." I didn't understand what his problem was, but I assumed he was probably just nervous. We had been flirting for a while now, and I could tell I was turning him on. Obviously this was going to happen. He wanted me to stop at first, but his penis was hard, so I took that as a "yes" and kept going. He didn't try to stop me again, so I'm sure he liked it.

Afterwards we just sat there for a few minutes, quiet and awkward. It was late, so I wished him luck on the test, and he left.

Leo's Story

Finals were coming, and I knew I needed to get my grades up. My friend told me their cousin Zoe is a tutor, so I called her and we met up – it went well. She was cool and cute. We met once a week, and my grades started to improve! I felt super comfortable with her, and we talked a lot. I told her things I hadn't even told my best friends.

One Friday, my friend invited me to a party, and guess who was there? Zoe. At the end of the night, I walked her to her car. When I hugged her goodbye...she kissed me. I was surprised, but I liked it.

The night before my first final I was freaking out. I called Zoe for an emergency study session. I went over to her house, and we made a lot of progress. I felt better about the test. Afterwards she asked if I wanted to watch a movie. I said "sure," so we grabbed some snacks and moved to the couch.

She leaned into me, so I put my arm around her and we started snuggling. Her lips were so pretty and reminded me of our kiss. We eventually started making out. Then she reached for my zipper, but I felt like things were going too far. She started unbuckling my belt, but I pushed her hands away and told her to stop. She looked at me unconvinced and said, "It looks like you want it," then looked down at my erection. I didn't know what to say. I didn't want to hurt her feelings by rejecting her or risk her telling people what she knows about me. But I never said "yes." She just kept going and went down on me.

We had chemistry, but I didn't think coming over for a study session would lead to this. After it was over, she put her hand on my leg and said, "I'm glad you came over. Good luck on your test." I sat for a moment in disbelief, then got my stuff and left.

I don't know what to think about that night with Zoe. How did this happen? What should I do now?

Activity 8.3: Cam's Story

Objectives: Define the action, means, and purpose of human trafficking. Identify the common stages in the process of sexual exploitation and sex trafficking. Discuss resources and how to safely seek assistance if someone is involved in human trafficking.

Content Warning: This story can be activating anyone who has experienced sexual exploitation. Be sure to provide options for students to engage or disengage with this activity. For example, if you know certain students have a history of sexual trauma, check in with them privately, allow them to preview the story, and let them decide if they wish to be present during the class discussions. Additionally, some students may have judgmental views about sex work and exploitation and may make biased or hurtful comments (such as victim blaming) without realizing the reaction they will get. Be sure to address their beliefs fairly while reiterating the reality that anyone can experience sexual violence (regardless of gender, sexual orientation, or age) and the reasoning behind current laws related to consent and sexual exploitation.

1. Invite students to brainstorm: “What are some examples of injustice in our society?”

- Earlier we talked about different systems of justice used to respond to harm. There are also many different **systems of injustice** that enable certain people to maintain power and control over others.
 - **Injustice** essentially describes a lack of fairness. This can occur through everyday interpersonal interactions (like a teacher grading differently based on how popular the student is), but it can also occur on a larger scale within society.
 - Systems of injustice involve the unfair use of power over communities of people leading to **oppression** or the ongoing mistreatment of people with less power.
- Some of the “building blocks” of systemic injustice and oppression in our society include:
 - Sexism, homophobia, and transphobia
 - Colonialism, racism, and xenophobia
 - Displacement, poverty, and incarceration
 - Education gaps and wage gaps
- While there are people who work hard to advocate for equity and justice, there are also people who try to use their power and control to exploit vulnerabilities that arise from these injustices.

2. Explain how injustice and oppression create vulnerabilities within individuals, communities, and society overall.

- We are all human, and **we all have vulnerabilities**. This is nothing to be ashamed of but important to be aware of. Some of our vulnerabilities are due to injustice from the systems that regulate our society – the education system, the justice system, etc.
 - People who experience injustice or violence are often made to feel that what they are facing is their own fault, but it’s **not**. This is called **internalization** – when a person is dealing with injustice (e.g., poverty, racism, transphobia) or violence (e.g., sexual assault) and thinks it’s because there is something wrong with themselves or their decisions.
- Some people take advantage of this internalization and other vulnerabilities (e.g., dealing with ongoing discrimination, lack of opportunities, or interpersonal violence) in order to gain or maintain power.

3. Ask the class: “Who **benefits** from oppression?” and acknowledge that it is often those who **profit** from other people experiencing injustice. It all comes back to power and control, as well as money.

- For example, colonizers make money from taking control of Indigenous people’s land and resources. Those who own prisons make money by having more people incarcerated in their institution.
- **Human trafficking** is also a way for people to exploit vulnerabilities rooted in oppression in order to gain power, control, and money.

4. Review the definition of and tactics involved in sex trafficking, with emphasis on how it may relate to young people.
 - **Sex work** is doing anything sexual in exchange for anything else, like having sex or creating sexual images or videos for money, food, shelter, gifts, drugs, etc.
 - If a person is doing sex work under age 18, it is considered **sex trafficking** regardless of other factors since a person under 18 cannot legally consent to sex.
 - However, it is **not** a young person's fault for being in a situation like this. It is the trafficker's fault and a failure of society to protect that young person.
 - Most cases of sex trafficking involve force, fraud, or coercion to trap someone into this situation.
 - Traffickers will often intimidate, manipulate, or even fake caring for someone to hide their exploitation by promising protection, love, money, or fame.
 - Many traffickers are also incredibly crafty, commonly using social media or other people called **recruiters** to target someone and learn lots of personal information about them. Then, once the trafficker understands that person's vulnerabilities, they can develop a strategy to build trust, fill their needs, and ultimately take advantage through power and control.
5. Explain the activity and expectations to the class:
 - We are going to read a story about a young person named Cam and their new friend Val, who are both in high school. As you listen or read along, take note of any "red flags" – things that seem unusual or unsafe – and we will analyze the story together afterwards.
 - This is a safe place to discuss ideas and misconceptions, just remember our norms of respect and keeping an open mind. We may have different views than our peers, but we can still discuss these stories in a respectful way.
 - Also, this story involves sexual exploitation and may be hard to hear, so please do what you need to feel safe and grounded as we talk through it together.
6. Briefly review the options students have to disengage during this story and discussion if they are feeling overwhelmed or activated. For example, they may want to doodle on Question Box paper, drink some water, or step out of the room for a few minutes.
7. Invite the class to take two deep breaths together, then display Cam's Story and read it aloud. Provide printed copies as needed for students who prefer to read the story to themselves.

Note to Instructor: If the group is particularly mature and respectful, you may decide to allow a volunteer to read the story aloud. Let the class know that the story includes sexual exploitation as this may affect their decision to volunteer. If no one volunteers, do not force students to read aloud.

8. After reading the story, invite students to pair-share: "**What are some 'red flags' you noticed?**"
 - Acknowledge the following "**red flags**" in Cam's story:
 - Mike is older and had Val and Cam over to his apartment (*unequal power dynamics*)
 - Mike and Brad provided alcohol to high schoolers (*illegal, increases vulnerability*)
 - Mike urged them to try on clothes and pose for sexy photos (*pressure, manipulation*)
 - Mike said Cam needed to "pay their dues" (*implies debt*)
 - There are (sexual) photos that Cam doesn't remember taking (*sexual assault, humiliation*)
 - Val mentioned that Mike gets "scary when he's mad" and that Cam will "regret it" if they don't do what he wants (*intimidation, extortion*)
 - Introduce the concept of "**pink flags**" – things that might seem normal or acceptable in most situations, but because of the presence of other "red flags" they also become warning signs for potential harm or exploitation. For example:

- Val brings older boyfriend to the mall (*surprising, intimidating*)
- Mike “spoiled” Val and Cam with food and gifts (*filling needs as grooming, building debt*)
- Three of them spent a lot of time together, becoming close friends (*building trust as grooming*)
- Mike’s friend Brad showed up to “party” (*uncomfortable social situation, more pressure*)
- Brad left \$100 on the table before he left (*transaction involving sexual contact or photos*)

9. Display the infographic and explain the different stages in the sex trafficking process that are used to gain control and maintain power over someone:

- Trafficking usually begins with **luring** – attracting a person and establishing a connection (in-person or online) with the intent of developing a relationship for the purpose of exploitation.
 - In Cam’s story, this involved **recruiting** by another young person, Val, who was already under Mike’s influence.
- Then is the **grooming** stage – identifying and fulfilling the needs and dreams of the individual and gaining their trust. This might involve showering someone with gifts, providing them a place to live, or pretending to love them.
 - Cam didn’t have many friends, so their growing friendship with Val and Mike became very important to them.
 - Mike also spoiled them with gifts that Cam could not otherwise access, like a new phone. To Cam, this was a kind gesture, but to Mike, this was building debt in his favor.
- Then comes **isolation** – creating mental, emotional, or physical distance between the individual and their support system. This often leads the trafficker to become more important and have more power in the person’s life; they might even feel dependent on the trafficker.
 - In this story, Cam’s isolation began by keeping secrets from their dad (e.g., new friends, new phone) and spending a lot of time focusing on this new friendship.
 - Cam was also physically isolated by going over to Mike’s place without telling their dad.
 - Mike and Brad provided alcohol, increasing Cam’s vulnerability, and they took sexy photos of Cam and Val, which gave Mike further power over them.
- Traffickers will often use **manipulation** and **coercion** – sending mixed messages and justifying the sexual violence as a favor or a debt. This could involve guilt tripping, making claims like “you owe me,” or making threats so the individual feels like their only option is to do what the trafficker says.
 - This story had several mixed messages, ranging from Mike “spoiling” Cam and spending time becoming their friend, to him expecting Cam to “party” and mentioning the gifts later to make them feel guilty.
 - Traffickers might try to plant ideas in a person’s mind, like “if you’re already having sex, why not make money from it?” In this story, Mike pressured Cam and Val to show off their bodies by saying they are attractive so “why not show it off?” but then took advantage of the situation by taking sexy pictures of them.
 - Mike also said that it was time for Cam to “pay their dues,” which suggests that he expects something in return for spending time and money on Cam.
- Finally comes **exploitation** – where traffickers require ongoing participation in sex work while taking most or all of the money earned.
 - The story implied that Cam was uncomfortable in the situation and was also hazy from consuming alcohol, but Brad did sexual things with Cam anyways. As we know, this would be sexual assault or rape – sexual contact without affirmative consent.
 - Brad left money on the table, which indicates that it was transactional.
 - Then at the end of the story, Val emphasized that Cam better do what Mike wants, implying that he may get violent or do something harmful otherwise, such as exposing the photos. This was their way to maintain control over Cam through intimidation and threats (also known as sextortion).

10. Invite students to think critically and pair-share about the following questions, then debrief as a class:

- **How might Cam's experience be shaped by their identities and/or vulnerabilities?**
 - The story does not identify Cam's gender. People often assume that girls and women are more vulnerable to sexual exploitation, but human trafficking can happen to people of any gender, orientation, race, or age.
 - Media often portrays human trafficking with a specific narrative that reinforces harmful racial and gender stereotypes. The reality is that traffickers themselves can have lots of different identities and motivations as well.
 - This story also involves vulnerabilities related to Cam's financial situation, but traffickers do not only target people with fewer resources. They can identify and fulfill all types of needs (e.g., friendship, love, chemical dependency) to get what they want.
- **Who is responsible for the exploitation going on in Cam's story?**
 - Some people might argue that Cam is responsible for their own situation since they chose to hang out with Val and Mike. However, Cam was just trying to make friends and did not know they had ulterior motives.
 - **Remember, a person who experiences violence or exploitation is never at fault.**
 - Some people might also point to Val since she acted as a recruiter bringing Cam into the situation. However, Val is also being exploited by Mike since she is still a minor herself.
 - Mike is truly responsible here as an adult manipulating and coercing young people into sexual situations to make a profit. He could be charged with sex trafficking.
 - Brad, as another person involved in Cam's exploitation, could also be charged for engaging in commercial sex acts with a minor.
- **What could Cam do next?**
 - Reach out to the National Human Trafficking Hotline for advice.
 - A person can always call **1-888-373-7888**, text 'HELP' to **233-233**, or live chat with a trained professional at www.humantraffickinghotline.org/chat. Help is available 24/7 in over 200 languages.
 - This can be a safe and private first step in getting support and ideas for next steps.
 - Talk with a friend or classmate outside of the situation (i.e., not Val) and ask for help.
 - If a peer tells you they are in a situation involving sexual violence, abuse, or exploitation, it is not your job to "rescue" them. But you can ask them what kind of support they need and help them connect with a trusted adult.
 - Tell their dad or another trusted adult (e.g., teacher, counselor, doctor) what is going on.
 - Cam might feel afraid of getting in trouble, but it is important for a trusted adult to get involved when a young person is in a dangerous situation like this. Together they can create a plan to get Cam out from under Mike's control.
 - Remember, all medical professionals and adults at school are **mandated reporters**, responsible for keeping young people safe.
 - Contact the police and report Mike.
 - It is possible that Mike has or will continue to exploit other young people. Reporting those who commit sexual violence or exploitation makes the entire community safer.

11. **Remind students that education is essential to prevention and safety.** More than 1 in 4 reports of sex trafficking made to the National Human Trafficking Hotline in 2020 were found to involve minors (28%).²³⁵ Technology and social media are also making it easier than ever for traffickers to target and connect with young people everywhere. We learn about human trafficking so that we can identify "red flags" and grooming behaviors and know what to do if we or someone we know experiences sexual exploitation.

²³⁵ National Human Trafficking Hotline. (2021). 2020 National hotline annual report. www.humantraffickinghotline.org/resources/2020-national-hotline-annual-report

Cam's Story

Growing up, we moved around a lot so my dad could find work. Always being the new kid at school made it hard to make friends, especially because I constantly felt judged for my style and having a super old phone. When I started freshman year in a new town, dad worked the night shift and slept during the day, so I was on my own most of the time.

One day when I was taking the bus home, I noticed this girl smiling at me. I recognized her from school, but I just kept to myself and looked down at my phone. When I looked up again, she had moved to a closer seat. She said 'hi' and told me her name is Val. We started talking and she was really cool. Even though she teased me about my outfit, she offered to take me shopping for new clothes. We ended up exchanging numbers and agreed to meet at the mall that weekend. I played it cool, but I was actually really excited that she wanted to hang out.

When we met up on Saturday, Val wasn't alone. She introduced me to her boyfriend Mike. He was older, and I was a little intimidated, but I wanted to spend time with Val. Mike ended up treating us to lunch and insisted on buying us some new clothes and jewelry. He even got me a new phone! I don't usually accept gifts like that, but Val kept telling me it's not a big deal and that he just likes to spoil her and her friends. My dad would never understand, so I didn't tell him about Val and Mike or let him see my new stuff.

Over the next few weeks, the three of us hung out a lot, and I was starting to feel like I had finally made some good friends. One night, Val texted me to come over to Mike's apartment and chill with them. It was late, but my dad was already gone for work, so I decided to go. When I got there, I could tell that Val was tipsy. I sat on the couch with her, and soon one of Mike's friends, Brad, also came over. The guys handed us some beers and asked me if I liked to party. I was getting nervous and tried to say that I don't drink, but Val laughed and said I should loosen up.

That's when Mike started acting different. He mentioned the clothes he had bought for us and told us to try on some outfits for them. He said something like "you got the body, why not show it off?" I didn't want to, but I followed Val's lead. After we changed and went back to show the guys, they snapped a few pics of us posing together. Then Val climbed into Mike's lap, and they started kissing. Brad grabbed my hand and pulled me down onto the couch next to him. I was so uncomfortable and didn't know what to do. I looked to Val for help, but she just looked back at me and smiled. I heard Mike say that it was time for me to "pay my dues." Things were hazy for the rest of the night, but I remember Brad leaving \$100 on the table before he left.

When I saw Val at school the next week, I was so upset and tried to avoid her. But she came over and asked me to come back and party with Mike and his friends again. I made some excuse about homework, but she told me I better do what Mike says because he gets scary when he's mad. Then she pulled out her phone and showed me the photos they took, ones I don't remember them taking. I was humiliated. Val said if I didn't come over again this weekend and make Mike some more money, I'd regret it.

Lesson 8 Wrap-Up

Objectives: Summarize the information covered in this lesson. Preview the topics to be covered in the next lesson. Provide examples of self-care activities to help process and refocus for the next class.

Note to Instructor: Update the “Looking Forward” slide in the **Lesson 8 PowerPoint** to accurately reflect your lesson plan for the next day.

Part 1: Closing Routine

1. **Review the content from this lesson using any of the following prompts:**
 - What is California’s affirmative consent standard?
 - What resources can help people affected by sexual violence?
 - How can we all contribute to building a culture of consent?
2. **Review the follow-up activities, assignments, or resources provided during this lesson.** Clarify what (if anything) is due the following class and what is optional for students to explore if they would like more information or support.
3. **Invite students to write something down and to submit their scratch paper to the Anonymous Question Box.** Remind the class that everyone must turn in a paper with writing to the Question Box at the end of each class session. If they do not have a question, they can write something they learned, leave a note for the instructor, or simply draw a picture.

Part 2: Looking Forward

4. **Introduce the topics that will be covered in the next lesson: Relationships.**
 - Next class we will spend time exploring the signs of healthy and unhealthy relationships, as well as types of relationship abuse.
 - This will involve analyzing scenarios that depict aspects of emotional harm and interpersonal violence and discussing how to handle unsafe relationship situations.
 - Like our discussion today about sexual violence, **relationships can be a difficult subject for many people.** Please do what you need to feel safe and grounded as we continue with some heavy conversations in our next class.
 - Everyone is expected to be mature and sensitive about the topic – we don’t always know what folks in the room may be dealing with.
 - Some things may feel uncomfortable or emotional to hear – if anyone is feeling overwhelmed or needs support, check in privately with the instructor or school counselor before, during, or after the lesson.
5. **Provide some examples of self-care to decompress after this lesson and recharge for the next topic.** Refer to **Lesson 1** (pg. 9) for additional ideas.
 - It can be helpful to move your body, get creative, rest, or connect with others, for example:
 - Practice some yoga poses
 - Cuddle with a pet
 - Write a poem or song
 - Do a random act of kindness for someone

Lesson 9: Relationships

Goals

The purpose of this lesson is to:

- Recognize the signs of healthy and unhealthy relationships.
- Understand that relationship abuse can be a pattern of unhealthy behaviors or a single violent incident.
- Identify resources and strategies to support people in unsafe relationships.

Objectives

At the end of this lesson, students will be able to:

- Differentiate between healthy and unhealthy behaviors in relationships.
- Describe three different types of relationship abuse and provide examples.
- Evaluate how verbal and nonverbal communication affects relationships, including the role of technology.
- Articulate two personal boundaries in relationships.
- Name two ways to help someone in an unhealthy or abusive relationship.

Why Is This Important?

Relationships are a part of everyone's life: from friendships to romantic partners, work environments to family dynamics. During adolescence, young people tend to form more intense and rewarding bonds with their peers in particular. A 2015 study by the Pew Research Center found that nearly half (44%) of American teens age 15-17 have experience with dating or romantic relationships.²³⁶ This lesson helps students recognize the qualities of healthy and unhealthy relationships and provides strategies to help those in unsafe situations. It also allows for a discussion of gender roles and how expectations may affect personal views on relationships. Students are encouraged to think broadly about the various relationships in their lives, although this lesson primarily focuses on intimate partnerships (i.e., romantic and/or sexual partners).

All people deserve safe and healthy relationships that involve mutual respect and equal power. However, sadly, this is not the reality for everyone. Roughly 1 in 10 men and 1 in 4 women in the U.S. experience intimate partner violence (IPV) in their lifetime, typically before age 25.²³⁷ IPV includes physical and sexual abuse, as well as psychological aggression (e.g., intimidation, threats, stalking). It can occur in any intimate relationship, regardless of sexual orientation, gender, age, ability, race, religion, culture, or social status. Dating violence has been documented among adolescents as young as 12 years old, and is related to adverse health outcomes (e.g., drug use, depression, suicidal ideation) in young adulthood.²³⁸ In 2019, about 1 in 12 high school students in the U.S. reported physical dating violence (e.g., getting hurt or injured by a partner on purpose) and the same amount of students reported sexual dating violence (e.g., sexual assault or rape by an intimate partner); the rates are even higher (13% and 16% respectively) among gay, lesbian, and bisexual students.²³⁹ This lesson aims to help young people identify relationship abuse so they can intervene to help others and safely seek assistance.

²³⁶ Lenhart, A., Smith, A. & Anderson, M. (2015). Teens, technology and romantic relationships. Pew Research Center. www.pewinternet.org/2015/10/01/basics-of-teen-romantic-relationships/

²³⁷ Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M. & Chen, J. (2018). The national intimate partner and sexual violence survey (NISVS): 2015 data brief – updated release. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf

²³⁸ Exner-Cortens, D., Eckenrode, J. & Rothman, E. (2013). Longitudinal associations between teen dating violence victimization and adverse health outcomes. *Pediatrics*, 131(1), 71-78. DOI: [10.1542/peds.2012-1029](https://doi.org/10.1542/peds.2012-1029)

²³⁹ Basile, K.C., et al. (2020). Interpersonal violence victimization among high school students — youth risk behavior survey, United States, 2019. *MMWR Supplements*, 69(1), 28–37. DOI: [10.15585/mmwr.su6901a4](https://doi.org/10.15585/mmwr.su6901a4)

Throughout this lesson, we intentionally vary between gender-neutral and gender-specific language in different relationship scenarios. This allows students with diverse identities and attractions to see themselves reflected in the material. However, instructors should be sensitive when facilitating conversations about IPV to avoid stereotyping and survivor-blaming. Keep in mind that some individuals in the group may have experienced or witnessed IPV, which can bring up difficult emotions. This lesson should provide a safe space to discuss the challenges people face when in an unhealthy relationship, while focusing responsibility on the person enacting abuse.

Activity	Time in class (min.)	Can be done as HW?	Materials	Preparation
Lesson 9 Introduction	10-15		<ul style="list-style-type: none"> • Question Box • Scratch paper • Lesson 9 PowerPoint 	<ul style="list-style-type: none"> • Cut paper into 3" x 4" pieces • Review anonymous questions and prepare responses • Update the Agenda slide in Lesson 9 PowerPoint
9.1 Love is Learned	20-40		<ul style="list-style-type: none"> • Lesson 9 PowerPoint • Whiteboard and dry-erase markers • "10 Signs" video • "Because I Love You – Delete" video 	<ul style="list-style-type: none"> • Review background info on types of abuse and the signs of healthy and unhealthy relationships • Create a free account in One Love's Education Center and complete the pre-requisite courses
9.2 Brenton's Story	25-50		<ul style="list-style-type: none"> • Lesson 9 PowerPoint 	<ul style="list-style-type: none"> • Review background info on IPV and the cycle of violence • Print Intimate Partner Violence Fact Sheet and Healthy Relationship Brainstorm, back-to-back (one per student) • Print Brenton's Story (to distribute if requested)
Lesson 9 Wrap-Up	5		<ul style="list-style-type: none"> • Lesson 9 PowerPoint 	<ul style="list-style-type: none"> • Update the Looking Forward slide in Lesson 9 PowerPoint
Total Minutes for Lesson 9:	60-110			
Extra: Relationship Realities	15-30		<ul style="list-style-type: none"> • Lesson 9 PowerPoint • Option #1-4 signs (laminated if possible) 	<ul style="list-style-type: none"> • Review scenarios and determine which are most relevant and appropriate for the class to discuss • Set up #1-4 signs in four different corners of the room
Extra: We Interrupt This Relationship	15-30		<ul style="list-style-type: none"> • We Interrupt This Relationship scripts (laminated if possible) • Instructor Guide (talking points) 	<ul style="list-style-type: none"> • Review scripts and determine which are most relevant and appropriate for the class to perform and discuss

Background Information

Key Messages of Lesson 9

- Everyone deserves **healthy** and **safe** relationships. This includes relationships with romantic and sexual (intimate) partners, as well as with friends and family.
- If anyone is in an unhealthy or unsafe relationship, it is important for them to **seek help** from a trusted adult or professional to figure out their next steps.
 - If anyone is committing harm or abuse, they can learn to **stop** enacting abusive behaviors with support from a professional, program, or their community.
- Practicing open communication about boundaries, asking nonjudgmental questions, listening actively, and honoring a partner's perspective can help to build a **strong foundation** for a healthy relationship.

10 Signs of a Healthy Relationship²⁴⁰

- **Comfortable Pace** – the relationship moves at a speed that feels enjoyable for each person
- **Trust** – confidence that your partner won't do anything to hurt you or ruin the relationship
- **Honesty** – you can be truthful and candid without fearing how the other person will respond
- **Independence** – you have space to be yourself outside of the relationship
- **Respect** – you value one another's beliefs and opinions and love one another for who you are as a person
- **Equality** – the relationship feels balanced; everyone puts the same effort into the success of the relationship
- **Kindness** – you are caring and empathetic to one another and provide comfort and support
- **Taking Responsibility** – owning your own actions and words
- **Healthy Conflict** – openly and respectfully discussing issues and confronting disagreements nonjudgmentally
- **Fun** – you enjoy spending time together and bring out the best in each other

10 Signs of an Unhealthy Relationship²⁴¹

- **Intensity** – when someone expresses extreme feelings and over-the-top behavior that feels overwhelming
- **Possessiveness** – when someone is jealous and tries to control who you spend time with and what you do
- **Betrayal** – when someone is disloyal or acts in an intentionally dishonest way
- **Isolation** – when someone keeps you away from friends, family, or other people
- **Manipulation** – when someone tries to control your decisions, actions, or emotions
- **Sabotage** – when someone purposefully ruins your reputation, achievements, or success
- **Guilting** – when someone makes you feel responsible for their actions, like it's your job to keep them happy
- **Deflecting Responsibility** – when someone repeatedly makes excuses for their unhealthy behavior
- **Belittling** – when someone does or says things to make you feel badly about yourself
- **Volatility** – when someone has a strong, unpredictable reaction that makes you feel scared, confused, or intimidated

²⁴⁰ The One Love Foundation. (n.d.). 10 signs of a healthy relationship. www.joinonelove.org/signs-healthy-relationship

²⁴¹ The One Love Foundation. (n.d.). 10 signs of an unhealthy relationship. www.joinonelove.org/signs-unhealthy-relationship

Types of Interpersonal Violence or Abuse²⁴²

- **Physical Abuse** – physical acts of force or violence meant to intimidate or harm another person
 - E.g., slapping, grabbing, shoving, kicking, biting, strangling, throwing objects, using weapons
- **Emotional Abuse** – non-physical acts of harm that affect how a person feels about themselves
 - E.g., insulting, belittling, shaming, humiliating, guilt-tripping
- **Psychological Abuse** – a pattern of behavior to mentally control or manipulate someone’s mind
 - E.g., excessive monitoring, threats, intimidation, gaslighting, isolation, stalking
- **Financial Abuse** – controlling a person’s use or access to money, including their ability to earn money
 - E.g., withholding money, monitoring bank accounts, incurring debts under someone else’s identity
- **Sexual Abuse** – forcing or pressuring a partner into sexual situations without consent
 - E.g., rape, groping, coercive sexting, restricting access to birth control or condoms

Other experts may separately recognize:

- **Digital Abuse** – using technology or social media to bully, harass, stalk, or intimidate someone
 - E.g., exposing personal information or sexual content without consent, demanding account passwords
- **Child, Elder, or Animal Abuse** – purposefully harming or mistreating a vulnerable person or animal
 - E.g., neglecting their basic needs, inflicting pain, cruel or unusual punishment

NO one ever **deserves** or **wants** abuse. **ALL** abuse is motivated by a desire for **power** and **control**.²⁴³

Signs of Intimate Partner Violence²⁴⁴

A relationship can become abusive if there is an ongoing pattern of unhealthy behaviors. **Intimate partner violence (IPV)** – also known as relationship abuse or domestic violence – is a pattern of behaviors used to gain and maintain power and control over a current or former intimate partner. The list below provides some examples of signs that may indicate a student (or anyone) is experiencing IPV:

- Their partner puts them down in front of other people (e.g., telling hurtful or embarrassing stories)
- Their partner is extremely jealous or possessive (e.g., checking in on them constantly)
- They are constantly worried about making their partner angry or upset (e.g., blaming themselves and apologizing profusely if anything goes wrong)
- They make excuses for their partner’s behavior (e.g., dismissing concerns from friends or family or never wanting to talk about their relationship)
- They have stopped spending time with friends and family
- They have unexplained marks or injuries
- They are depressed, anxious, insecure, or you notice changes in their personality (e.g., mood changes after a call or text from their partner)

The Cycle of Violence²⁴⁵

- **Hearts** – Relationships typically begin with a **honeymoon phase** (e.g., joy, affection, gifts) before settling into a **calm phase** where everything seems to be going smoothly.
- **Eggshells** – In an abusive relationship, tension grows as a person begins to demean, harass, or control their partner. Mild incidents of manipulation and aggression may go ignored but will likely escalate over time as

²⁴² National Domestic Violence Hotline. (n.d.) Types of abuse. www.thehotline.org/resources/types-of-abuse

²⁴³ National Domestic Violence Hotline. (n.d.). What is domestic violence? www.thehotline.org/is-this-abuse/abuse-defined/

²⁴⁴ Borresen, K. (2020). 8 Signs a loved one might be in an emotionally abusive relationship. *The Huffington Post*. www.huffpost.com/entry/signs-emotionally-abusive-relationship_1.5e136a81e4b0843d36169176

²⁴⁵ Rakovec-Felser Z. (2014). Domestic violence and abuse in intimate relationship from public health perspective. *Health Psychology Research*, 2(3), 1821. DOI: [10.4081/hpr.2014.1821](https://doi.org/10.4081/hpr.2014.1821)

communication breaks down. During this **tension-building phase**, a person may feel as though they are walking on eggshells, trying not to anger their partner and making excuses for their partner's controlling or disrespectful behaviors.

- **Explosion** – An explosive incident could include any type of intense physical, emotional, psychological, or sexual abuse. People who enact abuse are unpredictable and can sometimes seem out of control. During this **crisis phase**, a person commits acts of violence to maintain control and strike fear in their partner, contributing to feelings of shame and guilt.
- **Resolution** – After acting out, the person may apologize for their behavior, beg for forgiveness, or assure their partner it will never happen again, in some cases overcompensating with affection or gifts. Often these apologies are insincere, minimizing and justifying the abusive behavior, or even placing blame on the partner for provoking the abuse in the first place. Accepting this apology may lead into another **honeymoon or calm phase** before the cycle starts over.
- **Repeat** – The cycle of violence may take months or years to repeat, but abusive behaviors often do not stop without intervention. Over time, the cycle may escalate until there are no more hearts or apologies, leaving only tension and abusive incidents.

How to Help Someone in an Unsafe Relationship²⁴⁶

- Start a conversation on a positive note (e.g., offer positive affirmations and compliments)
- Be supportive – listen without judgment and acknowledge that it can be very hard to talk about
- Focus on the unhealthy behaviors (e.g., mirror their language instead of labeling the relationship as “abusive”)
- Remind them that it is **not** their fault
- Offer them options (e.g., help them develop a safety plan) and encourage them to talk to a trusted adult
- Allow them to make their own decisions – remember that you cannot “rescue” them

Safety Planning²⁴⁷

- **Stay safe before leaving an abusive partner**
 - Tell a trusted adult, friend, or family member about what is going on
 - Connect with an expert (e.g., The Hotline, Love Is Respect) for support and advice
 - Avoid spending time alone with them whenever possible (e.g., meet in public, invite friends)
 - If living together, pack a “go-bag” with essential items (e.g., important documents, money, medications, cell phone and charger)
- **Prepare for the worst-case scenario**
 - Ask for help – contact trusted people or resources to make a plan for safe transportation and shelter
 - Keep thoughts and plans to leave private – an abusive partner may escalate and become more dangerous if they feel threatened
 - Trust your instincts – if it feels unsafe to leave, wait for a safer moment
 - It is OK to break up from a distance (e.g., sending a text) or in public (e.g., with friends present)
- **Stay safe after leaving an abusive partner**
 - Keep your location private, and change any account passwords the other person has access to
 - Tell more trusted adults, friends, or family members – this can help to keep the person away
 - Meet with a counselor or join a support group to avoid returning to the relationship
 - Take time to heal before starting any new intimate relationships

²⁴⁶ The One Love Foundation. (n.d.) How to help a friend who may be in an abusive relationship. www.joinonelove.org/learn/help_a_friend

²⁴⁷ Corinna, H., et al. (2019). The scarleteen safety plan. www.scarleteen.com/article/abuse_assault/the_scarleteen_safety_plan

Setting Healthy Boundaries²⁴⁸

- **Communicate openly** – Be honest and respectful when expressing your boundaries with a partner. It is normal to need time to process and gather your thoughts, but do not avoid important conversations forever.
- **Never assume** – Acting based on how you assume a partner is thinking or feeling can lead to misunderstandings and crossed boundaries. Even if partners know each other very well, it is still always important to ask and listen rather than assume.
- **Follow through** – Setting boundaries and not upholding them sends the message that a partner can continue to cross your boundaries. Do not make exceptions without careful consideration; compromising on your important values and boundaries can lead to feeling disrespected or unequal in a relationship.
- **Take responsibility** – Rather than always blaming a partner, take a step back to think about your own choices and behaviors. Each partner should consider how their actions may contribute to tension or issues within the relationship and take responsibility for their unhealthy behaviors.
- **Know when to move on** – You can communicate how you expect to be treated in a relationship, but you cannot be responsible for a partner's choices. Everyone deserves respect, and if a partner cannot respect your boundaries, then it may be time to end the relationship.

Common Questions & Helpful Answers

Why do people abuse their partners? – Intimate partner violence stems from the desire to feel powerful by controlling another person. An abusive partner believes that their own needs, wants, and feelings are more important than their partner's. However, abuse is a learned behavior, usually from observing abusive relationships in the family, community, or media. Alcohol and drug use may escalate the abuse, but it is not the root cause. Abuse is also a choice; many people who grow up in abusive settings do not continue to abuse others. No matter why it happens, **abuse is never OK**. If anyone is feeling unsafe or powerless in their relationship, they should reach out for support.

What if you have enacted unhealthy or abusive behaviors in the past? – Learning about healthy and unhealthy relationships can sometimes cause us to recognize and regret our past behaviors. Know that this does not make us a bad person. These behaviors can be unlearned with counseling and practice. As long as a person is ready to take responsibility and willing to learn, they can still work towards building healthy relationships. Anyone seeking this type of support can reach out to a trusted adult or expert (e.g., counselor, therapist, psychologist) to learn more about dealing with strong emotions in a healthy way.

What if you don't feel comfortable talking to someone about what is happening in your relationship? – It is normal to feel embarrassed or ashamed of being in an abusive relationship. A person may feel anxious, unsafe, guilty, scared of being judged, or worried that no one will understand or be able to help. If anyone is feeling these ways, **know that you are not alone**. Try talking to anyone you trust, like a family member, friend, teacher, counselor, doctor, or nurse. There are also free, anonymous hotlines available 24/7 to talk with someone for nonjudgmental support at any time.

Additional Resources

Break the Cycle – www.breakthecycle.org

- Supports and empowers youth to stand up against dating violence in their schools and communities through peer education and leadership opportunities.
- Provides training and technical assistance for instructors and providers working to create safer environments through prevention education.

²⁴⁸ Break the Cycle. (n.d.). Setting boundaries in a relationship. www.breakthecycle.org/blog/setting-boundaries-relationship

Center for Relationship Abuse Awareness: Safety Plans –
www.stoprelationshipabuse.org/help/develop-a-safety-plan

- A helpful guide with questions and tips for instructors to consider when developing a safety plan with youth in order to optimize their safety at every stage.

Communities Overcoming Relationship Abuse (CORA) [San Mateo County] – www.corasupport.org

- A local support agency offering comprehensive intimate partner abuse prevention services, including community outreach and awareness, crisis intervention, family support, and legal services.
- Operates a free, 24/7 talkline for anyone impacted by intimate partner abuse to speak with a trained crisis counselor.
 - Call: 1 (800) 300-1080
- Support is also available in Spanish.

Do You. Do Something. – www.doyoutools.org

- A 2-phase intervention addressing youth violence “by confronting root causes and enhancing protective factors (building resilience) to promote positive development and healthy relationships for youth people ages 13-16 years old.”
- Provides an “UnCurriculum” for instructors to help students make a positive impact in their community through creative expression and interactive group activities.

Futures Without Violence: Children, Youth & Teens – www.futureswithoutviolence.org/children-youth-teens

- A collection of programs, webinars, articles, and resources for instructors to provide additional education to prevent teen dating violence and promote healthy relationships by building resiliency.

Love is Respect: Educator Toolkits – www.loveisrespect.org/educators-toolkits

- A supplemental guide for instructors to engage, educate, and empower youth to prevent and end abusive relationships.
- Operates a free, 24/7 hotline for youth who have questions or concerns about their dating relationships.
 - Call: 1 (866) 331-9474
 - Text: LOVEIS to 22522
 - Live chat is available at: www.loveisrespect.org
- Also available in Spanish.

National Domestic Violence Hotline – www.thehotline.org

- A free, 24/7 hotline for anyone experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of their relationships.
- Provides confidential, nonjudgmental support by highly trained advocates to help shift power back to those affected by relationship abuse.
 - Call: 1 (800) 799-7233
- Support is available in over 200 languages.

The One Love Foundation – www.joinonelove.org

- Video content and instructor guides to educate young people about healthy and unhealthy relationships, “empowering them to identify and avoid abuse and learn how to love better.”
- Host a One Love workshop at a school or community center to teach through “captivating films and peer-to-peer discussions that open eyes and start life-changing conversations.”
- Explore their blog to learn more about healthy and unhealthy relationships: www.joinonelove.org/learn

Lesson 9 Introduction

Objectives: Introduce students to the topics covered in this lesson. Review group norms and calming strategies. Provide students with an outlet to privately communicate with the instructor and ask questions. Define trust and explain how it relates to healthy relationships.

Note to Instructor: Update the agenda slide in the **Lesson 9 PowerPoint** to reflect your lesson plan for the day. Be sure to pre-screen and prepare answers for the anonymous questions before addressing them with the class.

Part 1: Opening Routine

1. **Display the Welcome Question as students enter and prepare for class: “How do you know you can trust someone?”** Invite students to quietly reflect, journal, or pair-share about their response to the question.
2. **Distribute a piece of Question Box scratch paper to each student.** Remind students that this scratch paper is for writing down any questions they think of during the lesson, but it can also be used to doodle, fidget, or communicate privately with the instructor. Everyone must turn in a scratch paper with writing to the Anonymous Question Box at the end of each class session.
3. **Review the agenda for this lesson to preview the activities that will be facilitated.** Be transparent about the information that will be covered and what students will be asked to do in each part of the lesson.
4. **Review the Group Norms, emphasizing student agency to participate and self-regulate.** Remind the class to be mindful of their needs and avoid making assumptions. Group Norms for Teen Talk HS are:
 - **Respect** – listen actively; take space, make space; and practice inclusive language
 - **Communication** – identify your trusted adults, and build connections
 - **Curiosity** – keep an open mind, and ask questions openly or anonymously
 - **Privacy** – create a safe space together, and expect transparency
 - **Well-being** – feel your feelings, and find what works for you
5. **Review the examples of calming strategies that can help when a person feels uncomfortable, overwhelmed, or activated.** Encourage students to be mindful of their “window of tolerance” and empower them to engage with the material to the extent they are comfortable. *Refer to Lesson 1 (pg. 9) for additional calming strategies and explanations of specific techniques.*
 - Ways to stay calm and grounded during this lesson may include:
 - **Taking care of your basic needs** – drink water, stand and stretch, or put your head down
 - **Changing your environment** – step outside, walk to the bathroom, or visit the office
 - **Utilizing focus tools** – hold a fidget toy, color, doodle, or draw on your Question Box paper
 - **Practicing grounding techniques** – try the 5-4-3-2-1 method, and don’t forget to breathe!
6. **Select 5-10 anonymous questions submitted during the previous lesson to answer during the first five minutes of class.** If time allows, answer remaining questions at the end of the lesson. The goal is to answer all questions submitted to the Question Box by the end of the course.

Note to Instructor: Prioritize answering questions about relationships to cue students to the topic of the day. Practice rephrasing and using the healing-centered language introduced in this lesson whenever possible. *See Activity 1.2 for specific guidelines and recommendations for using the Anonymous Question Box in Teen Talk HS.*

Part 2: Introduction to Healthy Relationships

7. Ask for volunteers to share their thoughts about the Welcome Question: *“How do you know you can trust someone?”* and acknowledge the following points:
 - **Trust** is a strong feeling that someone is honest and dependable. Trust with someone may feel like:
 - You can talk to them about anything or ask them for help.
 - You can expect them to be reliable, respectful, and nonjudgmental.
 - They make you feel comfortable, safe, and supported.
 - We can build trust in a relationship by respecting boundaries, being honest, and acknowledging mistakes. On the other hand, trust may be lost from things like crossing someone’s boundaries, lying, or being unreliable.
 - Remember, we are all human, and we may have contributed to building and losing trust in the past. That does not mean we are an untrustworthy person.
 - This lesson is an opportunity to pause and think about the health of the relationships we have with other people and how we can recognize and change patterns that aren’t healthy.
8. Invite students to brainstorm the people that they may have relationships with, now or in the future. Possible answers may include:
 - Romantic and/or sexual partners
 - Friends, classmates, peers, teammates
 - Parents/guardians, siblings, other family members
 - Teachers, coaches, mentors
 - Neighbors, community members
 - Caregivers, doctors, counselors
 - Co-workers, employers
9. Explain that this lesson will primarily focus on intimate partnerships (i.e., romantic and/or sexual relationships), but the healthy and unhealthy behaviors we discuss are applicable to all relationships.
 - “While everyone does unhealthy things sometimes, we can all learn to love better by recognizing unhealthy signs and shifting to healthy behaviors. If a person is seeing unhealthy signs in their relationship, it’s important not to ignore them and understand that they can escalate to abuse. If anyone thinks they are in a dangerous situation, they should trust their gut and get help.”²⁴⁹
 - **Everyone deserves healthy and safe relationships.** If anyone needs help or wants to talk about challenges they are dealing with in their relationships, feel free to use the Question Box or reach out to the instructor privately for support. Being mistreated can feel very isolating but know that **you are not alone.**

²⁴⁹ The One Love Foundation. (n.d.). 10 signs of an unhealthy relationship. www.joinonelove.org/signs-unhealthy-relationship/

6. **Some behaviors may be considered healthy or unhealthy based on the context.** For example, jealousy is a normal emotion that everyone feels at times, but it can be expressed in a healthy or unhealthy way. When expressed in a healthy way, jealous feelings can be explored respectfully in healthy conflict. When expressed in an unhealthy way, jealous feelings turn into possessive and manipulative behaviors, such as implying “If I can’t have you, no one else can!”
7. **Other behaviors are considered abusive because they are used to control another person.** There are many different types of abuse, and other experts might group them differently, but here are five basic categories and some examples of behaviors within each category:
 - **Physical abuse** – any acts of force or violence meant to hurt or intimidate another person. This tends to be what most people think of when they hear the word “abuse,” although it is just one type.
 - Examples include hitting, kicking, slapping, choking, or grabbing.
 - The nature of this category involves face-to-face interactions, so there are no digital examples of physical abuse.
 - **Emotional abuse** – non-physical acts of harm that affect how a person feels about themselves. This is basically controlling another person by making them feel inadequate (not good enough) or unimportant (like their feelings, opinions, or boundaries don’t matter).
 - This may happen in-person through put-downs, name-calling, or humiliation.
 - These behaviors can also happen digitally through texts, DMs, photos, etc.
 - **Psychological abuse** – a pattern of behavior to mentally control or manipulate someone’s mind. This affects the way that person thinks about themselves and the world around them.
 - Some examples of how this might take place in-person are threats, intimidation, gaslighting, isolation, or stalking.
 - There are also digital examples that involve technology, such as cyberstalking, catfishing, demanding account passwords, and monitoring phone or social media use.
 - **Financial abuse** – controlling a person’s use or access to money, including their ability to earn money. This category may overlap with some of the other types, like emotional or psychological abuse.
 - This can happen in-person by blocking access to basic needs, confiscating paychecks, forcing someone to quit their job, or not paying court-ordered child support.
 - It can also take place digitally, like spending money online without consent, monitoring bank accounts, or using someone’s social security number to incur debts (this is also identity theft).
 - **Sexual abuse** – any type of sexual behavior without consent, which includes forcing or pressuring someone into sexual situations.
 - As we talked about in the previous lesson, this can include sexual harassment, sexual assault, rape, sex trafficking, or even tampering with birth control.
 - Some digital examples involve sending unwanted sexual images or videos or pressuring someone to take or send nude photos.
8. **Explain that abuse is never OK, and none of these categories are “worse” than others.**
 - Remember, any of these types of abuse can happen within any relationship, including those among family members, friends, classmates, teachers and students, doctors and patients, coaches and team members, etc.
 - However, this lesson is centered around intimate partnerships between people within romantic and/or sexual relationships, so we will be focusing on **intimate partner violence (IPV)**.
9. **Acknowledge that every relationship is unique, and some people may have individual preferences for the characteristics of an intimate partner, but there are certain core qualities that create a foundation for a healthy relationship.**

Note to Instructor: The One Love Foundation works to help young people identify and prevent relationship abuse through short films. To access content from One Love, including the “10 Signs” and “Because I Love You – Delete” videos mentioned below, instructors must first **create a free account** and **complete the prerequisite courses** within One Love’s Education Center: www.joinonelove.org/lms

10. **Compare and discuss One Love’s list of 10 Signs of a Healthy Relationship and 10 Signs of an Unhealthy Relationship using their “10 Signs” (3:33) video.** *Full descriptions of each sign, written by The One Love Foundation, are provided in the **Glossary for Instructors** in the accompanying ZIP file.*
11. **Explain that these 10 healthy signs create a strong foundation for a relationship.** They help to establish a bedrock of safety and security in the relationship by structurally supporting the normal ups and downs that all relationships go through.
 - Healthy relationships bring out the best in you and make you feel good about yourself. A healthy relationship doesn’t mean a perfect relationship, and no one is healthy 100% of the time, but the 10 Signs of a Healthy Relationship are behaviors we should all strive for in our relationships.
 - Even when a relationship is healthy, partners may still have disagreements, frustrations, or days when they aren’t acting like their best selves. With practice and awareness, we can all learn to love better and shift unhealthy behaviors to healthy ones, making our relationship foundations even stronger.
 - Improving relationship health usually involves practicing open communication to resolve conflicts and better understand each other. Partners may also get support from friends, trusted adults, counselors, or therapists to process their emotions and respectfully work through disagreements.
12. **Emphasize that abuse of any kind (physical, emotional, psychological, financial, or sexual) will crack the pillars of a relationship.** Once pillars have become damaged by abuse, it’s not usually possible for the relationship to become healthy again because the foundation of safety and trust is compromised.
 - It can be difficult to distinguish when a relationship is unhealthy from when the foundation of a relationship has become damaged by abuse. Usually, a relationship is abusive when unhealthy behaviors become an ongoing pattern.
13. **Point out that some people may use deceptive language to manipulate and control their partner.** Abuse is not always obvious and can be difficult to spot when it’s happening. A person may try to justify their control as caring or use affection to excuse their harmful behavior.
14. **Ask the class: “When someone says ‘I love you’ what do they mean?”** Allow students to pair-share, then invite volunteers to share their thoughts with the class. Possible answers include:
 - They value or care about the other person
 - They are expressing affection and/or attraction
 - They are expressing commitment, support, trust, etc.
 - They are feeling needy or want attention
 - They are trying to control or manipulate the other person
15. **Explain that sometimes this phrase can be used to manipulate a partner’s actions or emotions.** This next video is from One Love’s educational campaign #That’sNotLove.
16. **Screen the video “Because I Love You – Delete” (1:12).** It can be streamed through One Love’s Education Center at www.joinonelove.org/lms.

17. To debrief, ask students what they noticed about the film, what strategies of control are being used, and then explain (from One Love's discussion guide):
- "Abuse doesn't typically start out with shouting wars and hitting but with subtle manipulation that can be difficult to detect. In an unhealthy relationship, 'Because I love you' is one example of a phrase that can take on different meaning and be used for psychological manipulation. As you see in 'Because I Love you – Delete,' abusive partners use their love or affection as a means to control their partner, dictating things like who they can talk to or befriend because they 'love' them. If a partner makes demands 'because they love you,' then that really isn't love at all, that's control."²⁵⁰
18. Finally, ask the class: *"What should a person do if they realize they are in an unhealthy or unsafe relationship?"* and be sure to emphasize the following points:
- **Safely seek assistance rather than handling it alone.** For example:
 - Tell a trusted adult, family member, or friend what is going on
 - Meet with a counselor or therapist to discuss how you feel and what to do next
 - Call/text a hotline to get support and suggestions from a professional (anonymously)
 - **Create a plan to safely end the relationship.** For example:
 - Consider whether it will be safer to communicate in-person or digitally (via text)
 - Practice communicating in firm, direct language
 - Meet in a public place or bring a friend in case the situation escalates
 - After a break-up, stay distracted with friends, family, school, work, hobbies, etc.
19. Remind students it is never someone's own fault if they experience abuse. Everyone deserves to have healthy, loving relationships in their life.
20. Invite students to learn more about relationships and get involved with The One Love Foundation at www.joinonelove.org/student-leadership. Young people can be trained as relationship educators and bring workshops to their communities or participate in one of their many media-based campaigns to help end relationship abuse.

²⁵⁰ Sperling, M. & Sidawi, S. (2018). Because I love you: Discussion guide. The One Love Foundation. www.joinonelove.org/wp-content/uploads/2018/09/Because-I-Love-You-Discussion-Guide_FINAL_2.pdf

Activity 9.2: Brenton's Story

Objectives: Explain the cycle of violence. Identify resources and strategies for helping others in unsafe situations. Emphasize responsibility of the person enacting abuse and avoid blaming survivors of intimate partner violence. Develop a plan to communicate effectively and maintain healthy boundaries within relationships.

Content Warning: This story can be activating for anyone who has experienced or witnessed intimate partner violence. Be sure to provide options for students to engage or disengage with this activity. For example, if you know certain students have been affected by relationship abuse or domestic violence, check in with them privately, allow them to preview the story, and let them decide if they wish to be present during the class discussions. Additionally, some students may have preconceived notions about same-gender relationships, and they may make biased or hurtful comments (such as victim blaming) without realizing the reaction they will get. Be sure to address their beliefs fairly while reiterating the reality that anyone can experience relationship abuse (regardless of gender, sexual orientation, or age) and how to reach out for help if someone notices unhealthy patterns of behavior.

1. **Give each student a copy of the Intimate Partner Violence Fact Sheet and Healthy Relationship Brainstorm.** Distributing copies of Brenton's Story is optional; it can be facilitated using the Lesson 9 PowerPoint instead of a paper copy.
2. **Review Section 1 of the Fact Sheet defining intimate partner violence (IPV) and giving background information on abuse.** Be sure to emphasize:
 - All abuse is motivated by a desire for power and control.
 - People become more abusive when their control is threatened. For example, a person is most likely to experience harm from an abusive partner when attempting to leave the relationship.
 - **Nobody** deserves abuse; there is **never** an excuse.
 - If a person is angry, they can simply walk away from the situation.
 - People who enact abuse typically need professional help in order to stop abusing.
3. **Explain the activity and expectations to the class:**
 - We are going to do a silent group activity to help us identify our personal boundaries in relationships.
 - As you listen to Brenton's Story read aloud, put yourself in Brenton's shoes. When you hear something in the story that would cause you to leave the relationship (i.e., break up with Taylor), quietly stand up and remain standing. Please remain quiet until the end of the story, then we will have a chance to discuss our thoughts and debrief together.
 - This is a safe place to discuss ideas and opinions, just remember our norms of respect and keeping an open mind. We will not judge one another based on if or when we choose to stand; some people may stand early, while others may not stand at all.
 - Also, this story may be hard for some of us to hear; please do what you need to feel safe and grounded.
4. **Briefly review the options students have to disengage during this story and discussion if they are feeling overwhelmed or activated.** For example, they may want to doodle on Question Box paper, drink some water, or step out of the room for a few minutes.
5. **Invite the class to take two deep breaths together, then display Brenton's Story and read it aloud.** Provide printed copies as needed for students who prefer to read the story to themselves. Briefly pause reading when students choose to stand up; let them reflect for a few seconds of silence before you resume the story. Take a mental note of when students stand up and if any are left sitting at the end of the story. Some may even sit back down after standing if they change their mind.

Note to Instructor: This activity can be modified depending on the class dynamics and comfort level. For example, instead of standing, students may raise their hand. If given hard copies, students can also underline or highlight the “red flags” as they read. If the group is particularly mature and respectful, you may decide to allow a volunteer to read aloud. Let the class know that the story includes intimate partner violence as this may affect their decision to volunteer. If no one volunteers, do not force students to read aloud.

6. Invite all students to sit and pair-share the moment they would leave the relationship or why they chose not to stand, then ask for a few volunteers to share with the class. Below are some of the “red flags” and some important points to emphasize:
 - **“I’ve had crushes on other girls before but never dated one.”** Anticipate that some students may stand up the moment they realize that Brenton and Taylor are a same-gender couple. Remind them it is OK to have their own values and beliefs, but homophobia and disrespectful comments will not be tolerated. Encourage students to use “I” statements to express themselves respectfully.
 - **“She thought it was best to keep our relationship a secret from our families and friends.”** Although Taylor may have a reason to want their relationship to be kept private, this type of secrecy can be a “red flag” for some people.
 - **“Taylor started commenting on things about me like ‘you wear too much makeup,’ or ‘you’re showing too much skin.’”** These are examples of belittling someone, and comments like these are unhealthy in a relationship. Criticism can make people feel incredibly uncomfortable and lower their self-esteem. A person may accuse their partner of dressing provocatively in order to lay a foundation of insecurity and control.
 - **“When I brought it up, she told me I was being too sensitive.”** Dismissing a partner’s hurt feelings as being “overly sensitive” is disrespectful and is an example of deflecting responsibility. Healthy conflict involves validating a partner’s perspective and feelings.
 - **“She kept telling me that my friends were immature and toxic, and they didn’t understand me like she did. I felt a little guilty, but I stopped hanging out with them as much.”** People may try to isolate their partners from networks of social support (e.g., friends and family) in order to have more influence and control. If someone is avoiding their friends and family so they don’t upset their partner, this is a sign of a potentially abusive relationship.
 - **“Then she started getting upset if I didn’t respond to her texts immediately, asking me if I was talking to other girls.”** This is an example of high intensity in a relationship. Partners should be understanding and allow each other to have some personal time without demanding immediate attention. Jealousy is a normal human emotion, but it might be expressed in a way that is controlling and unhealthy. Accusations of cheating put the accuser in charge and can make the accused feel helpless and guilty. This is a tactic of manipulation that people may use to maintain control over their partner.
 - **“She said she had trust issues from a past relationship, so when she asked for the password to my Instagram account, I gave it to her.”** It is important to discuss and maintain boundaries and privacy in a relationship. When partners trust each other, sharing passwords may be a further expression of their trust. When someone demands their partner’s password, this crosses a boundary and is a sign of possessiveness. Sharing passwords in order to soothe another person’s anger or

jealousy is unhealthy in a relationship. Both partners should be comfortable expressing and respecting each other's boundaries.

- **“But then one day I logged onto Instagram and my account was deleted!”** This is another instance of possessiveness and overstepping boundaries in order to gain control. This is also an example of sabotage and betraying trust in a relationship.
- **“When I confronted her about it, she said she did it for my own good – my pictures made me look ‘like a slut’ and I was ‘obviously doing it for the attention.’”** Guilting and belittling is unhealthy in relationships and is even considered emotional abuse. People use put-downs to lower their partner's confidence and manipulate their emotions. This is also a prime example of deflecting responsibility – making someone feel like they did something to deserve the hurtful behavior.
- **“She confessed that she had looked through my DMs.”** This is a further example of invasion of privacy and disrespecting boundaries. It is never OK to “snoop” through a partner's private information or conversations.
- **“I tried to tell her those messages were just about our homework, but she insisted, ‘I know what I saw. How do you expect me to trust you?’”** This behavior is called gaslighting, a form of psychological abuse where a person causes their partner to doubt themselves or question their perception of an incident. This is done to gain power and often to avoid taking responsibility for abusive behavior.
- **“I felt trapped and confused. Maybe I had been flirting?”** When a person experiences gaslighting, they may feel disoriented and lose trust in their own memory. If someone is regularly questioning their sanity or recollection, this is a sign of psychological abuse.
- **“Taylor started crying, so I promised her I wouldn't talk to Sophia anymore. She said she would try to work on her jealousy, but she just couldn't handle the thought of losing me.”** Some people deflect responsibility for their actions onto their partners to justify their controlling behavior. They also commonly use high intensity emotion and insincere apologies to manipulate their partners into ignoring or forgiving the unhealthy behavior.
- **“To calm her down, I suggested we cuddle and watch a movie, but I felt awful and wanted to go home.”** When someone experiences or anticipates abuse, their survival instincts may activate. In addition to the “fight-flight-freeze” responses of the nervous system, people may also have a “fawn” response. This is when a person abandons their own needs or puts their partner's feelings ahead of their own in order to avoid conflict, appease their partner, and return to a sense of safety and calmness.
- **“She told me if I ever broke up with her, she would hurt herself.”** While people may threaten harm to manipulate and control their partner, never assume the threats are empty. If someone says they have intentions of harming themselves or others, it is critical to talk with a trusted adult, school administrator, or the police.

7. **Explain the Cycle of Violence, shown in Section 2 of the Fact Sheet.** Abusive relationships tend to follow a repeating cycle from hearts to eggshells to explosions, and they may escalate over time. Invite students to identify parts of Brenton's Story that illustrate each phase of the cycle.

- **Calm** – Many relationships start with happiness and intimacy, sometimes called a “honeymoon phase.” This is where partners enjoy spending a lot of time communicating and getting to know each other. Healthy relationships develop at a comfortable pace for everyone.
 - **In Brenton’s Story, she and Taylor were so excited to text and hang out at the beginning of their relationship.**
 - **Eggshells** – In unhealthy relationships, **tension-building** begins to make one or more partners feel uneasy. People may criticize, bully, or belittle their partners, and may start monitoring or controlling their partner’s behavior. It may feel as though a person is “walking on eggshells” around their partner to avoid upsetting them.
 - **In Brenton’s Story, Taylor started to criticize Brenton, dismiss Brenton’s feelings, and got upset if she didn’t text back immediately. Brenton was also pressured into sharing her Instagram password and stopped spending time with her friends to prevent Taylor from getting jealous or upset.**
 - **Incident** – Any situation that involves intense emotional, psychological, physical, or sexual abuse. This may occur as an explosive incident or a more subtle interaction that involves manipulation, control, or breaking boundaries.
 - **In Brenton’s Story, there are potentially two volatile incidents: Taylor deleting Brenton’s Instagram account, as well as the gaslighting and accusations of cheating.**
 - **Apologies** – A person who has enacted abuse may apologize, give their partner gifts, or promise it will never happen again. Often these apologies are insincere and may place blame on the partner for causing the abuse in the first place.
 - **In Brenton’s Story, Taylor used emotional manipulation and deflected responsibility after becoming volatile with Brenton. Instead of apologizing genuinely for deleting Brenton’s Instagram and wrongfully accusing her of cheating, she made Brenton feel guilty for talking to her classmate.**
 - **Repeat** – As the cycle repeats, the hearts, apologies, and calm stages start to disappear. Abusive relationships eventually become a revolving cycle of tension and incidents. The cycle may start out slowly with months or even years between incidents, but the pattern typically intensifies over time.
 - **If Brenton and Taylor’s relationship were to continue, Taylor would probably become even more controlling and abusive over time. Taylor also threatened self-harm if Brenton leaves her, which is strategy of emotional and psychological manipulation using guilt and possessiveness.**
8. **Review Section 2 of the Fact Sheet about LGBTQ+ intimate partner violence.** Emphasize that abuse can happen in any type of relationship regardless of gender, sexual orientation, age, culture, religion, and socioeconomic status.
 9. **Review Section 3 about the signs that may indicate someone is in an unsafe situation, like an abusive relationship.** Encourage students to look out for their friends and peers and report to a trusted adult if they are ever worried about someone possibly experiencing abuse.
 10. **Invite students to consider why it could be difficult to leave an abusive relationship.** Explain that some people may be financially dependent on their partner, especially if they do not have their own source of income. Some people may hope that their partner will change over time; however, most people who enact abuse need professional help to change their behavior. Ask students to brainstorm other reasons why a person might stay in an abusive relationship, then discuss as a class. Possible answers include:

- Fear of being alone (especially once isolated from friends and family)
- Fear of retaliation (e.g., worried about an intense negative reaction upon trying to end the relationship)
- Lack of resources (e.g., they rely on their partner for food, shelter, or work)
- Love or loyalty to their partner (e.g., fear that their partner will be arrested or deported)
- Denial – belief that they don’t really have it that bad or that the partner’s behavior is “normal”
- Guilt – belief that the abuse is their fault or they deserve it
- Shame – fear of judgment or embarrassment when disclosing the abuse to other people
- Threats – fear that the partner will harm themselves (e.g., suicide) or others (including pets)
- Status – fear that the partner will “out” their LGBTQ+ identity, HIV status, or immigration status

11. Explain that victim blaming (or survivor blaming) is when the person experiencing abuse is made to feel like the abuse is their own fault. Abusive partners often imply things like “if you acted differently, I wouldn’t have to be this way” or “you made me do this.” This breaks down a person’s self-esteem, deflecting responsibility away from the person enacting abuse and making their partner feel guilty for the explosions.

- **Telling someone “Just leave – you’re crazy for staying!” or “You deserve it if you stay with them” further damages their self-esteem.** These comments are also examples of victim blaming that can make them feel judged and embarrassed to ask for help.
- Survivors of abuse need to repeatedly hear that they deserve to be treated better. They need to hear that the other person has the problem, not them. They need to hear that it is **not** their fault and that no one deserves to be harmed. People who commit abuse must be held responsible for their actions.

12. Discuss ways to help someone who is experiencing IPV. If someone tells us they are being hurt by their partner, we should believe them without question, listen without judgment, and remind them that it is **not** their fault. It is also important to encourage them to seek professional help; **point out the resources in Section 4.** Brainstorm as a class some additional ways to help:

- Help them identify the abuse and encourage them to report or seek professional help
- Validate their experiences and mirror their language
- Don’t judge or reprimand them for not leaving the relationship sooner
- Support their decision, even if they are unable to leave the relationship yet
- Encourage them to widen their networks of social support (e.g., join a club or support group)
- Help them create a Safety Plan (e.g., organize their legal documents, arrange a safe place to stay, pack a bag of clothes and food, research legal and emotional support services)
- Stay with them as they call a Domestic Violence Hotline to get more information

13. Acknowledge that it is not our sole responsibility to “save” someone from an abusive relationship. Supporting a friend or family member who is experiencing IPV can feel emotionally exhausting. We can maintain our own boundaries, practice self-care, and remember that we cannot “rescue” another person from their relationship; it is ultimately their decision to make.

14. Explain that no matter what a person has experienced in the past, there is always hope for the future.

- It is possible for someone who has experienced IPV to go on to have healthy, loving relationships in the future. They may need professional and/or community support to process and heal from their experiences before moving on to their next relationship.
- It is also possible for someone who has perpetrated relationship abuse in the past to recognize and take accountability for the harm they have caused and discontinue those behaviors in their future relationships. That change of behaviors usually requires support from a trained professional, program, or facilitated peer group.

15. **Invite students to flip over the Fact Sheet and quietly work on the Healthy Relationship Brainstorm in class or assign it for homework.** Sometimes when we are upset, we may take it out on the people who are closest to us. The questions on this worksheet may apply to many different relationships in our lives, including relationships with friends and family. This is an opportunity to think about what we want and reflect on the boundaries and communication in our current relationships.
16. **Once most students have finished the reflection questions, invite volunteers to share their answers to #6: “What is important to me in a relationship or in a partner?”** This is another opportunity to review the 10 Signs of a Healthy Relationship. Student responses may include;
 - Open, honest communication
 - Respecting each other’s differences
 - Trusting each other
 - Having fun together
 - Having independence and privacy
 - Feeling safe
 - Feeling able to be yourself
17. **Remind the class that everyone deserves to feel safe and respected in their relationships.** No relationship is perfect, but that does not mean we have to tolerate or endure abuse. We can all help to prevent IPV by learning about the warning signs and supporting people to get out of unhealthy situations.

Brenton's Story

I met Taylor my first day of high school. I was immediately attracted to her; she was older and had so much confidence. I've had crushes on other girls before but never dated one. When she asked me out, I was so excited! On our date, she said she had come out to her family as lesbian, but they weren't supportive. It broke my heart to see how hurt she was. She thought it was best to keep our relationship a secret from our families and friends.

The first few months were amazing; we texted and hung out all the time. But as we got to know each other, Taylor started commenting on things about me like "you wear too much makeup," or "you're showing too much skin." She wasn't saying anything *mean*, but they weren't compliments either. When I brought it up, she told me I was being too sensitive.

I wanted so much to prove my love to her. She kept telling me that my friends were immature and toxic, and they didn't understand me like she did. I felt a little guilty, but I stopped hanging out with them as much. Then she started getting upset if I didn't respond to her texts immediately, asking me if I was talking to other girls. She said she has trust issues from a past relationship, so when she asked for the password to my Instagram account, I gave it to her. But then one day I logged onto Instagram and my account was deleted! When I confronted her about it, she said she did it for my own good – my pictures made me look "like a slut" and I was "obviously doing it for the attention." I wanted to get some advice, but I didn't know who to turn to, especially since I hadn't told my family and friends about her.

The next day after school, Taylor invited me over to her place when her parents weren't home. I was still upset that she had deleted my Instagram, but I went over so we could talk about it. When I brought up how I felt, she started yelling about how she saw me flirting with my chem lab partner, Sophia. She confessed that she had looked through my DMs before deleting my account and had seen flirty messages between us. I tried to tell her those messages were just about our homework, but she insisted, "I know what I saw. How do you expect me to trust you?" I felt trapped and confused. Maybe I had been flirting? Taylor started crying, so I promised her I wouldn't talk to Sophia anymore. She said she would try to work on her jealousy, but she just couldn't handle the thought of losing me. To calm her down, I suggested we cuddle and watch a movie, but I felt awful and wanted to go home.

I think I should leave her, but I feel too guilty. She told me if I ever broke up with her, she would hurt herself. What should I do?

Intimate Partner Violence Fact Sheet

SECTION 1

Intimate partner violence, also known as relationship abuse, describes a pattern of **physical violence, sexual aggression, stalking, emotional manipulation or psychological control** by a current or former intimate partner.

Abuse is about **POWER** and **CONTROL**. **NO ONE** ever deserves or wants abuse.

SECTION 2

Intimate partner violence can occur in **any** type of relationship.

It happens in **heterosexual** as well as **LGBTQ+** relationships.



*Lifetime prevalence of physical violence, rape, and stalking by an intimate partner:

	Women	Men
Heterosexual	35%	29%
Gay/Lesbian	44%	26%
Bisexual	61%	37%

This survey did not ask about the experience of nonbinary folks, and did not specify if binary trans participants were included.

SECTION 3

Signs of an abusive relationship:

- Signs of physical abuse
- Signs of depression or anxiety (e.g., sadness, fear, withdrawal from activities)
- Changes in self-care (e.g., less attention to hygiene, appearance, grades)
- Self-harm (e.g., cutting)
- Increase in risky behavior

Reasons why it can be difficult to leave an abusive relationship:

- Financially dependent
- Hope that the partner will change their behavior
-
-
-

How to help someone in an abusive relationship:

- Remind them that it's not their fault
- Listen without judgment
- Believe them without questioning their story
-
-

SECTION 4

Resources:

One Love
1-844-832-6548
www.joinonelove.org

Star Vista Crisis Line
650-579-0350
www.star-vista.org

Community Overcoming Relationship Abuse
650-312-8515
www.teenrelationships.org

Community United Against Violence (LGBTQ+ ally)
650-312-8515
www.cuav.org

National Domestic Violence Hotline
1-800-799-7233
www.thehotline.org
www.loveisrespect.org

National Human Trafficking Hotline
1-888-373-7888
www.humantraffickinghotline.org

Healthy Relationship Brainstorm

Name: _____ Date: _____ Period: _____

Instructions: As you read through the questions below, reflect on how they might apply to different relationships in your life: family, friends, significant others, etc.

- | | |
|---|--|
| 1. When I am upset, what can I do to make myself feel better? | 4. How will I show appreciation to someone I care about? |
| 2. If I get upset with someone I care about, how do I want to address it? | 5. When have I compromised or negotiated with someone I care about? What happened? |
| 3. If someone I care about is upset, how will I support them? | 6. What is important to me in a relationship or in a partner? |

Extra Activity: Relationship Realities

Objectives: Identify healthy and unhealthy behaviors in relationships. Analyze the role of communication and technology in relationships. Evaluate strategies to intervene and help a friend in an unsafe situation.

1. Explain the activity and expectations to the class:

- We are going to do an activity to help us think of what we might do to help a friend in different relationship situations.
- Each scenario has five different options of how to respond to the situation; the fifth option is always “create your own solution.”
- After hearing the scenario, choose an option and move to that corner of the room. If you want to create your own solution, gather in the center of the room.
- Once everyone has chosen, I will ask for a few volunteers from each group to share their thoughts. Feel free to switch corners at any time if you hear something that changes your mind.
- There are no right or wrong answers, and we will not judge one another for our opinions.

2. Project the first scenario and invite a volunteer to read it aloud, followed by the five options. Allow 1-2 minutes for students to move to a corner and quietly pair-share with those near them.

3. Invite volunteers from each corner to explain why they chose that option. Rephrase responses as needed to emphasize important information about consent, communication, healthy relationships, and protection.

4. Repeat with 4-5 scenarios as time permits. Below are some sample questions to discuss:

- Was this a difficult decision to make?
- If you were in this situation, what would you want your friend to do?
- How could this situation have been avoided in the first place?

Note to Instructor: If students defend the option to “do nothing,” do not try to convince them they are wrong. Instead, help them think more broadly about the different ways the situation could play out if someone did not intervene. **Ask:** *“What are some possible outcomes, positive or negative, that could result from doing nothing in this situation?”*

Relationship Realities Scenarios

Rowan tells you: "I've started hanging out with this new guy Liam, and I think I'm starting to catch feelings for him. My boyfriend knows we hang out, but he doesn't know that we make out sometimes too. Is that considered cheating? Lately I've been wondering if I should fess up about what's going on."

What advice would you give to **Rowan**?

1. Honesty is the best policy. Confess everything before your boyfriend finds out.
2. Talk with your boyfriend about your feelings, but don't tell him what you did with Liam. That will just hurt him.
3. You should stop hanging out with Liam, but don't tell your boyfriend. Making out is not really cheating anyways.
4. You're obviously not happy in the relationship, so you should probably just break up.
5. *Create your own solution.*

Sahar tells you: "My best friend Mia has started dating this much older guy. She's 15 and he's like 21. She says she likes him because he's more mature than the boys our age, he buys her stuff, and he has a car. I know he's been asking her to have sex with him. I get really bad vibes from this guy, but I don't know if I should tell her what I think."

What advice would you give to **Sahar**?

1. Stay out of it, it's none of your business.
2. Voice your concerns to Mia about him being so much older. She is your best friend.
3. What this guy is doing is illegal! You should tell her parents.
4. Go talk to the guy and ask him what he wants with Mia.
5. *Create your own solution.*

Javier tells you: "My friend Tomas has been having sex with his girlfriend and I know they aren't using birth control. He doesn't like condoms because they don't feel as good, and she's afraid to get on the pill because she doesn't want to gain weight. They are using the pull-out method instead. I just learned in health class that the pull-out method is not very effective. Should I tell him he's playing with fire?"

What advice would you give to **Javier**?

1. Tell his girlfriend what you know about the pill: it doesn't actually cause weight gain.
2. The pull-out method is better than nothing, so don't get involved in their business.
3. Take him to a clinic to get tested for STIs and learn the facts! He might listen to a professional.
4. Just tell him what you know about the pull-out method and let him decide for himself.
5. *Create your own solution.*

Nate tells you: "I've been dating Jada for a few months, and I think I'm in love with her. But she's sort of jealous when I go out with my friends, and she gets mad if I don't reply to her texts right away. Last night I was talking to my friend Tess at a party and Jada grabbed me away by my arm. I don't know if I should say something about it because I don't want her to get mad at me."

What advice would you give to **Nate**?

1. Don't worry about it. It just means she loves you and really wants to be with you.
 2. You should get advice from an expert. Call a domestic violence hotline and ask them what to do.
 3. Ask her why she is acting that way. If she loves you, she should treat you better.
 4. Break up with her! That behavior probably means she will become more violent in the future.
 5. *Create your own solution.*
-

Gemma tells you: "My friend Lola and I have been having sex on and off for a year. We aren't dating, we just hook up when we feel like being together. Lately I've been feeling guilty about it because when I came out to my parents, they told me I should wait until I'm in a committed relationship with the right girl to have sex. Can we stay friends with benefits?"

What advice would you give to **Gemma**?

1. As long as you are enjoying yourself, it's fine to keep doing what you are doing.
 2. Check in with Lola to make sure she's on the same page and it's just casual.
 3. Ask Lola if she wants to be in a relationship with you. That way you can still have sex without feeling guilty.
 4. Listen to your parents and wait to have sex until you are in a real committed relationship. They know what they're talking about, and you should respect their wishes.
 5. *Create your own solution.*
-

Keon tells you: "My girlfriend just told me she's pregnant, but I'm NOT ready to have a baby. What do I do?"

What advice would you give to **Keon**?

1. Be honest and tell her you don't want to have a baby right now. But if she does, you have to help her take care of it.
2. Remind her that it's her body and her decision. Just support her in anything she wants to do.
3. Tell her that you won't take care of a baby that you don't want. It's not fair to be forced into parenting.
4. Ask your parents for help. Maybe they will offer support and help you both raise the baby.
5. *Create your own solution.*

You are at a party and are worried that your friend is about to leave with someone they barely know. They have both been drinking a lot tonight. What do you do?

What advice would **you** follow?

1. Do nothing – it's none of your business what they do.
2. Pull your friend aside and try to get them to leave with you instead.
3. Go to the other person and tell them to leave your friend alone because they are not sober.
4. Don't do anything that night, but talk to your friend when they are sober to voice your concerns.
5. *Create your own solution.*

Extra Activity: We Interrupt This Relationship

Objectives: Identify healthy and unhealthy behaviors in relationships. Analyze the role of communication and technology in relationships. Practice using healthy communication strategies.

1. **Remind the class that unhealthy behaviors do not always indicate an abusive relationship, but they escalate to abuse over time.** Everyone enacts unhealthy behaviors at times, and people of all genders are capable of being abusive, physically or mentally. A person may disagree with the way their partner is acting, but they cannot blame their partner for their own unhealthy behavior. People always have a choice in how they act, and we can always choose to act in a healthy and respectful way.
2. **Explain the activity and expectations to the class:**
 - We are going to practice identifying healthy and unhealthy behaviors in relationships by watching different skits.
 - We will need two volunteers to perform each set of skits.
 - In each skit, the first performance portrays an unhealthy situation, where we will try to identify all of the unhealthy signs.
 - Then, the same people will perform the scene again using the healthy script so we can see how the situation could go better and identify the healthy signs.
3. **Invite two volunteers to perform a scene.** Give the volunteers a copy of the unhealthy script first and have them act it out for the class. Say “cut!” before they move on to the healthy script.
4. **After the first performance, discuss the unhealthy behaviors in the scenario.** For example, ask:
 - What are some of the unhealthy signs you noticed? What behaviors exemplified these signs?
 - Why do you think they acted that way?
 - How could they have acted differently?
 - If you heard your friend treating their partner like this, what could you say to your friend?
 - If you knew your friend was being treated like this, what could you say to your friend?
5. **Say to the class “Let’s see what this situation could have looked like if it were approached in a healthy way.”** Allow the same two volunteers to perform the healthy script.
6. **After the second performance, discuss the healthy behaviors in the scenario.** For example, ask:
 - What are some of the healthy signs you noticed? What behaviors exemplified these signs?
 - What are some things the partner did differently this time?
 - Was this a realistic conversation? How could it be more realistic for teens?
7. **Repeat steps 3–6 with as many scenes as time allows.** A guide of the healthy and unhealthy signs is available on the following page to help facilitate the group discussion.

We Interrupt This Relationship *Instructor Guide*

Note to Instructor: Use this guide to ensure that all of the healthy and unhealthy behaviors demonstrated in each scenario are addressed during the class discussion.

Scene 1: Time with Friends – UNHEALTHY: Manipulation, Possessiveness, Guilting, Isolation

- Questions their love and dedication to the relationship (“Don’t you love me?”)
- Interrupts partner while speaking
- Belittles partners’ friends (“They’re so obnoxious”)
- Expects partner to choose between friends and relationship (“Who is more important to you?”)
- Pressures partner into staying in to prove their love

Scene 1: Time with Friends – HEALTHY: Respect, Taking Responsibility, Equality, Independence

- Communicates respectfully
- Acknowledges the need for time with friends
- Takes responsibility for feelings of not fitting in
- Offers to spend some time apart
- Wants partner to be happy and have fun with friends

Scene 2: Phone Privacy – UNHEALTHY: Volatility, Possessiveness, Guilting, Belittling

- Accuses partner of cheating with little reason
- Guilts partner (“You’re lucky to have me”)
- Shames partner (“Nobody else is going to want you”)
- Insults partner (“You’re so stupid!”)
- Lack of trust and privacy

Scene 2: Phone Privacy – HEALTHY: Healthy Conflict, Honesty, Taking Responsibility, Respect

- Asks questions instead of jumping to conclusions
- Communicates their desire to read the texts instead of acting on it
- Acknowledges the value of privacy and trust in a relationship
- Agrees not to share passwords
- Asks for reassurance

Scene 3: Jealousy – UNHEALTHY: Intensity, Possessiveness, Deflecting Responsibility, Belittling

- Accuses partner of cheating with little reason
- Intimidates partner by yelling
- Tells partner not to talk with certain people
- Blames partner for their jealousy (“I wouldn’t have to act like this if you respected me!”)
- Insults partner (“You’re so pathetic”)

Scene 3: Jealousy – HEALTHY: Healthy Conflict, Taking Responsibility, Independence, Trust

- Asks questions instead of jumping to conclusions
- Explains feelings of jealousy and discomfort
- Acknowledges partner’s right to have friends of any gender

Scene 4: Money – UNHEALTHY: Sabotage, Manipulation, Guilt, Belittling

- Encourages partner to skip school
- Interrupts partner while speaking
- Shames partner (“You act so ungrateful!”)
- References gift to manipulate partner (“Do you think other guys would drop the kind of money...”)
- Guilt trips partner (“It’s been six months and we haven’t even slept together yet”)

Scene 4: Money – HEALTHY: Comfortable Pace, Honesty, Respect, Kindness

- Encourages partner not to skip school
- Clarifies there are no expectations (“You don’t owe me anything”)
- Asks for consent without pressure (“Do you really feel like you’re ready?”)
- Respects that partner is not ready for sex
- Values spending time together without sex

Scene 5: Outing – UNHEALTHY: Manipulation, Guilt, Belittling

- Interrupts partner while speaking
- Guilt trips partner (“Don’t you love me?”)
- Lack of empathy for partner’s feelings
- Threatens to “out” partner without their permission
- Gives an ultimatum that pushes against their partner’s boundaries (“This might not last much longer”)

Scene 5: Outing – HEALTHY: Comfortable Pace, Healthy Conflict, Kindness, Trust

- Asks for more communication (“Why do you feel that way?”)
- Shows consideration and understanding of partner’s feelings
- Respects partner’s decision not to be “out” yet
- Expresses why they would like their relationship to be public (“I’d love to take you to prom next year”)
- Reassures partner of their ongoing support

Scene 1: Time with Friends

UNHEALTHY

Partner 1: Hey baby, Kory and some other people are going out to the movies tonight. We should go!

Partner 2: Nah, I just want to stay home and watch a movie.

Partner 1: But that's what you said last weekend. We *always* stay home. I miss hanging out with my friends.

Partner 2: What? Don't you want to spend time with me?

Partner 1: Of course I do, but...

Partner 2: **(Interrupts)** It sure doesn't seem like it! Don't you love me?

Partner 1: Of course I love you!

Partner 2: Sometimes I wonder if you even care about our relationship. It's like you can never put me first.

Partner 1: I just thought...

Partner 2: **(Interrupts)** We're not going out with them! I don't like Kory anyways, and I don't get why you do. They're so obnoxious. I mean, who is more important to you anyways?

Partner 1: You are...

Partner 2: Come here. **(Reaches out)** I love you, and if you really love me, why would you need anyone else? Don't you want to watch a movie with me?

Partner 1: Yes...

Partner 2: Then come on, let's find something to watch.

Scene 1: Time with Friends

HEALTHY

Partner 1: Hey baby, Kory and some other people are going out to the movies tonight. We should go!

Partner 2: Nah, I just want to stay home and watch a movie.

Partner 1: But that's what you said last weekend. We *always* stay home. I miss hanging out with my friends.

Partner 2: Yeah, I know you need to see them too. I think you should just go without me.

Partner 1: Really? Why?

Partner 2: They're nice, I just don't fit in with them. But you should go spend time with them. We can do something tomorrow!

Partner 1: Oh, OK. Are you sure you don't want to come?

Partner 2: Yeah, I'm sure. We don't have to have all the same friends. But I want you to have fun.

Partner 1: OK, you're right. Thanks for understanding.

Partner 2: I love you, baby.

Partner 1: I love you, too!

Scene 2: Phone Privacy

UNHEALTHY

(Phone buzzes with a text message)

Partner 1: *(Reads text, smiles, and starts to text back)*

Partner 2: Who texted you?

Partner 1: It's Ari, they're just bored.

Partner 2: Ari again? Is something going on between you two?
I can't believe this!

Partner 1: What? No, Ari's just my friend.

Partner 2: You know, you're lucky to have me! You think you can just mess around with whoever you want? Nobody else is going to want you once they really get to know you.

Partner 1: I can't even talk to you...

Partner 2: Let me see that text.

Partner 1: No. Why?

Partner 2: Give me your phone! *(Attempts to grab phone)*

Partner 1: No! What are you doing?

Partner 2: You're so stupid! You think I don't know what's going on?!

Scene 2: Phone Privacy

HEALTHY

(Phone buzzes with a text message)

Partner 1: *(Reads text, smiles, and starts to text back)*

Partner 2: Who texted you?

Partner 1: It's Ari, they're just bored.

Partner 2: Ari again? Why are they texting you so much lately? Is something going on between you?

Partner 1: No, Ari's just my friend.

Partner 2: Well, you've just been texting them a lot. Are you sure they're not into you? How would you feel if I was talking to someone else that much?

Partner 1: I would probably feel a little uncomfortable, but I would talk to you about it.

Partner 2: I know I'm being jealous, but part of me really just wants to see those texts.

Partner 1: I get it. I know some couples share passwords...but I want you to be able to trust me without looking through my phone.

Partner 2: You're right. I want us to trust each other too. And I do trust you...I think I'm just feeling insecure. Can you promise me there's nothing else going on with Ari?

Partner 1: I promise.

Partner 2: OK, thank you for being honest.

Scene 3: Jealousy *(Partner 2 is a girl)*

UNHEALTHY

(Couple is watching TV and Partner 1 is talking on the phone)

Partner 1: ***(On the phone)*** You'll never guess who I saw today. Remember Daniella from PE last year? I saw her walking by the library today, and I tried to wave, but I guess she didn't see me.
(Silence) Yeah, I know. ***(Silence)*** OK, well text me later. Bye!
(Ends call and starts watching TV)

Partner 2: Who is Daniella?

Partner 1: What? Oh, she's just a friend. She moved away last year and goes to another school now.

Partner 2: Why the hell are you trying to talk to other girls?

Partner 1: I'm not trying to date her or anything. She was a friend. I just wanted to say "hi."

Partner 2: Are you hooking up with her?

Partner 1: What? No! Why are you acting weird?

Partner 2: ***(Yelling)*** You shouldn't be talking to ANY other girls besides me. I'M the one in your life!

Partner 1: Stop it! You're taking this way too seriously.

Partner 2: I wouldn't have to act like this if you respected me! You're always trying to look cool in front of your dumb friends. You're so pathetic.

Scene 3: Jealousy *(Partner 2 is a girl)*

HEALTHY

(Couple is watching TV and Partner 1 is talking on the phone)

Partner 1: ***(On the phone)*** You'll never guess who I saw today. Remember Daniella from PE last year? I saw her walking by the library today, and I tried to wave, but I guess she didn't see me.

(Silence) Yeah, I know. ***(Silence)*** OK, well text me later. Bye!

(Ends call and starts watching TV)

Partner 2: Who is Daniella?

Partner 1: What? Oh, she's just a friend. She moved away last year and goes to another school now.

Partner 2: Did you like her before she moved away?

Partner 1: What? No...why are you acting weird?

Partner 2: Well, honestly, I feel a little jealous. It just makes me uncomfortable when you talk to girls I don't know because I don't know their intentions.

Partner 1: I didn't even talk to her. And if I had, I have the right to have friends of any gender.

Partner 2: Yeah, I know you do. I'm not trying to overreact, but can you also understand that it makes me uncomfortable? I see how some girls act different around you.

Partner 1: I get that you're being protective, but you have to trust me. I'm not going to cheat on you. I'm not like that.

Partner 2: I know.

Partner 1: So, you think you can handle it when I talk to my friends?

Partner 2: Yeah, I trust you.

Scene 4: Money (Partner 2 is a guy)

UNHEALTHY

Partner 2: Let's go to the mall for lunch, I'll drive.

Partner 1: But I have class in half an hour.

Partner 2: Just skip, who cares?

Partner 1: I really have to be there. I've skipped a lot already.

Partner 2: I can't believe you! You never make time for us. You're not even trying!

Partner 1: I do try but...

Partner 2: **(Interrupts)** After everything I've done for you? Everything I've bought for you? You act so ungrateful!

Partner 1: I'm sorry, it's not that. I do want to spend more time with you, I'm just really busy.

Partner 2: You're lucky to have me! Do you think other guys would drop the kind of money I spent on that watch for you? Who else would put up with you and all your crap?

Partner 1: I don't know...

Partner 2: Exactly! And who is always driving you and your annoying friends around? Me. So act like you appreciate it for once. It's been six months and we haven't even slept together yet.

Partner 1: I'm sorry.

Partner 2: You should be sorry.

Scene 4: Money (Partner 2 is a guy)

HEALTHY

Partner 2: Let's go to the mall for lunch, I'll drive.

Partner 1: But I have class in half an hour.

Partner 2: Oh yeah...

Partner 1: I guess I can just skip.

Partner 2: No, you should go. You've skipped a lot already.

Partner 1: Well how about after school?

Partner 2: Sure, I'll come over. No one is going to be home, right?

Partner 1: Yeah we'll be alone, and I've been wanting to show you how much I love this beautiful watch you got me.

Partner 2: Hey, I don't want you to feel pressure just because I gave you something. I just wanted to show you how much you mean to me. You don't owe me anything, babe. **(Silence)** Do you really feel like you're ready?

Partner 1: I don't know...

Partner 2: Don't worry, we don't have to rush it. I want to wait until you really feel ready.

Partner 1: OK, I'm sorry.

Partner 2: Don't be sorry! I'm just happy I get to spend more time with you later.

Scene 5: Outing (same-gender couple)

UNHEALTHY

Partner 2: Hey, let's go see that new movie at the mall this weekend.

Partner 1: Just you and me?

Partner 2: Yeah, what's wrong with that?

Partner 1: I don't know. What if people from school see us there and find out we're together?

Partner 2: So?

Partner 1: Well, I don't really feel comfortable...

Partner 2: **(Interrupts)** Why? We've been together for months now.

Partner 1: I'm just scared.

Partner 2: Scared of what? Aren't you tired of hiding? I love you... don't you love me?

Partner 1: I do love you... **(Looks down at the floor)**

Partner 2: Then I'm telling people we're together.

Partner 1: **(Nervous expression)** No!

Partner 2: Well, this relationship might not last much longer if this is how it's going to be. If we can't even go out together, then what's the point?

Scene 5: Outing (same-gender couple)

HEALTHY

Partner 2: Hey, let's go see that new movie at the mall this weekend.

Partner 1: Just you and me?

Partner 2: Yeah, what's wrong with that?

Partner 1: I don't know. What if people from school see us there and find out we're together?

Partner 2: But we love each other, so that shouldn't matter, right?

Partner 1: I just don't feel comfortable coming out to everyone right now.

Partner 2: Why do you feel that way?

Partner 1: I'm still scared about what people might think.

Partner 2: I get it. I just love you so much!

Partner 1: I know! I'm just worried that our friends will judge us or people at school will make fun of us. I'm really just not ready to deal with coming out.

Partner 2: OK, I can respect that. Our relationship is for us, not other people anyways. But...do you think you'll want to make it public eventually? You know I'd love to take you to prom next year.

Partner 1: I honestly don't know...but thank you for understanding. It means a lot to me.

Partner 2: I don't want you to feel forced to come out until you're ready. Just know I'm here to support you, no matter what.

Lesson 9 Wrap-Up

Objectives: Summarize the information covered in this lesson. Preview the topics to be covered in the next lesson. Provide examples of self-care activities to help process and refocus for the next class.

Note to Instructor: Update the “Looking Forward” slide in the **Lesson 9 PowerPoint** to accurately reflect your lesson plan for the next day.

Part 1: Closing Routine

1. **Review the content from this lesson using any of the following prompts:**
 - What are some signs of a healthy relationship?
 - What are some signs of an unhealthy relationship?
 - What are some online resources that help people learn about healthy relationships?
2. **Review the follow-up activities, assignments, or resources provided during this lesson.** Clarify what (if anything) is due the following class and what is optional for students to explore if they would like more information or support.
3. **Invite students to write something down and to submit their scratch paper to the Anonymous Question Box.** Remind the class that everyone must turn in a paper with writing to the Question Box at the end of each class session. If they do not have a question, they can write something they learned, leave a note for the instructor, or simply draw a picture.

Part 2: Looking Forward

4. **Introduce the topics that will be covered in the next lesson: Media and Body Image.**
 - Next class we will discuss how media affects all aspects of our culture including personal views and societal norms around sex, relationships, and identities.
 - This will involve a critical exploration of media design, production, and content to help us build media literacy.
 - We will also spend time discussing sexually explicit media (pornography), body image, and self-acceptance.
5. **Provide some examples of self-care to decompress after this lesson and recharge for the next topic.** Refer to **Lesson 1** (pg. 9) for additional ideas.
 - It can be helpful to move your body, get creative, rest, or connect with others, for example:
 - Go for a bike ride
 - Journal
 - Pick some flowers
 - Visit someone you haven't seen in a while

Lesson 10: Media and Body Image

Goals

The purpose of this lesson is to:

- Establish the importance of media literacy and explore ways to develop these skills.
- Explore the process of media creation, including its design, production, and content.
- Evaluate how media influences our cultural ideals about sex, relationships, bodies, and identities.

Objectives

At the end of this lesson, students will be able to:

- Describe the impacts of media and technology on our perceptions of bodies, sex, and relationships.
- Critically analyze media and recognize messages that promote unhealthy ideas or unrealistic expectations.
- Explain how sexually explicit media affects people, relationships, and society.
- List two strategies to improve self-esteem and develop healthy body image.

Why Is This Important?

As technology becomes increasingly prevalent in our lives, we are inundated with media messages that communicate cultural ideals about gender, sexuality, relationships, and bodies. On average, teens ages 13-18 spend over seven hours per day with entertainment media (e.g., watching videos, streaming music, playing mobile games), which does not include using screens for school or homework.²⁵² Across the U.S., 95% of teens have access to a smartphone, and nearly half (45%) report using the internet “almost constantly.”²⁵³ Adolescents are particularly influenced by media as they are developing their own identity and exploring relationships.

Popular media messages, especially those that reinforce gender stereotypes, significantly impact youth in several key ways, from body image to sexual violence to career selection.²⁵⁴ Social media has also become inextricably woven into the fabric of many teens’ lives. A majority of adolescents across the U.S. rely heavily on social media platforms to connect with friends and family, stay informed about news and pop culture, learn new trends and ideas, express themselves creatively, and/or document the highlights of their lives.²⁵⁵ Additionally, while young people may not directly search for pornography on the internet, the vast majority are exposed to sexually explicit content by age 18 – in many cases accidentally.^{256, 257} It is crucial that young people learn skills to become critical consumers of media in order to recognize how the messages in media may or may not align with their personal, family, or cultural values.

In this lesson, students are encouraged to reflect on how values, thoughts, and behaviors may be affected by the media they consume. Students practice the skills of identifying and analyzing media messages with an exploration of the media creation process, examining the design, production, and content of popular media. This lesson focuses on

²⁵² Rideout, V. & Robb, M.B. (2019). The common sense census: Media use by tweens and teens, 2019. Common Sense Media. www.commonsensemedia.org/sites/default/files/uploads/research/2019-census-8-to-18-key-findings-updated.pdf

²⁵³ Anderson, M. & Jiang, J. (2018). Teens, social media & technology, 2018. Pew Research Center. www.pewresearch.org/internet/2018/05/31/teens-social-media-technology-2018/

²⁵⁴ Ward, L.M. & Aubrey, J.S. (2017). Watching gender: How stereotypes in movies and on TV impact kids’ development. Common Sense Media. www.commonsensemedia.org/sites/default/files/uploads/pdfs/2017_commonsense_watchinggender_fullreport_0620.pdf

²⁵⁵ Rideout, V. & Robb, M.B. (2018). Social media, social life: Teens reveal their experiences. Common Sense Media. www.commonsensemedia.org/sites/default/files/uploads/research/2018-social-media-social-life-executive-summary-web.pdf

²⁵⁶ Sabina, C., Wolak, J. & Finkelhor, D. (2008). The nature and dynamics of internet pornography exposure for youth. *CyberPsychology & Behavior*, 11(6). DOI: [10.1089/cpb.2007.0179](https://doi.org/10.1089/cpb.2007.0179)

²⁵⁷ Cameron, K.A., et al. (2005). Adolescents’ experience with sex on the web: Results from online focus groups. *Journal of Adolescence*, 28(4), 535–540. DOI: [10.1016/j.adolescence.2004.10.006](https://doi.org/10.1016/j.adolescence.2004.10.006)

breaking down misconceptions about norms in entertainment media versus real-life sexual intimacy. It also provides an opportunity for students to critically discuss how social media, sexually explicit media, and music lyrics can impact individuals, relationships, and society. A final creative body image activity inspires body positivity through self-affirmations and reinforces the importance of being critical consumers of media.

Activity	Time in class (min.)	Can be done as HW?	Materials	Preparation
Lesson 10 Introduction	10-15		<ul style="list-style-type: none"> • Question Box • Scratch paper • Lesson 10 PowerPoint 	<ul style="list-style-type: none"> • Cut paper into 3" x 4" pieces • Review anonymous questions and prepare responses • Update the Agenda slide in Lesson 10 PowerPoint
10.1 Behind the Scenes: Media Analysis	20-40		<ul style="list-style-type: none"> • Lesson 10 PowerPoint • "Insta Lie" video 	<ul style="list-style-type: none"> • Review background info on sexually explicit media
10.2 Sex, Love, Rock & Roll	15-30	Yes		<ul style="list-style-type: none"> • Print Sex, Love, Rock & Roll worksheet (one per student)
10.3 Affirmation Creations	10-20	Yes	<ul style="list-style-type: none"> • Lesson 10 PowerPoint • "Evolve" video 	
Lesson 10 Wrap-Up	5		<ul style="list-style-type: none"> • Lesson 10 PowerPoint 	<ul style="list-style-type: none"> • Update the Looking Forward slide in Lesson 10 PowerPoint
Total Minutes for Lesson 10:	60-110			
Extra: Porn Puzzles	15-30		<ul style="list-style-type: none"> • Lesson 10 PowerPoint • Porn Puzzles (one set per small group) • <i>Instructor Guide</i> (talking points) 	<ul style="list-style-type: none"> • Print each Porn Puzzle on a different color paper (laminates if possible) • Cut pieces and store each set in a separate envelope

Background Information

Key Messages of Lesson 10

- Media – both mainstream and social media – is carefully created to portray specific images and ideas.
 - Being a **critical consumer of media** requires developing **media literacy**: being aware of everything that goes into the design, production, and content of the media we consume.
- It's important to notice if the media we are consuming is contributing to negative self-esteem, guilt, or judgment towards ourselves or others.
 - We have control over who we follow on social media and what sources of information we turn to. If we notice that it's making us feel badly, we can always reevaluate the media we choose to consume.
- The messages we receive from people and media around us have a powerful impact on our **body image**.
 - While our relationship with our body and self-image may change over time, we can all strive for self-acceptance by practicing self-affirmation and critical thinking about where our expectations come from.

Sexually Explicit Media

Pornography is any media that describes or depicts sexual acts or sexualized bodies for the purpose of sexually arousing the viewer. Much of the “mainstream porn” that is free and widely accessible online features people with fit, hairless bodies engaging in aggressive or violent sexual acts with exaggerated performance. When people use this type of sexually explicit media to learn how to have sex, it may impact their body image, sexual preferences, and expectations of sexual performance.

Legal pornography is protected under the first amendment of the U.S. constitution, which guarantees freedom of speech and expression. However, some visual depictions of sex may be considered “obscene” and criminal. Porn that involves images or recordings of a person without their consent (including anyone under age 18) is unethical and illegal. Here are some important laws to know about sexually explicit media, including self-created pornography:

- **Obscenity**^{258, 259} – any visual depiction of sexual acts or bodily functions in a “patently offensive” way that “lacks serious literary, artistic, political, or scientific value”
 - Federal and state laws consider this to be a “crime against public decency and good morals.”
- **Child sexual abuse material** (also known as “child pornography”)²⁶⁰ – any visual depiction of sexually explicit conduct involving a minor (anyone under age 18), including nude or sexually suggestive images
 - Possessing, producing, or distributing child sexual abuse material is a federal crime.
- **Cyber exploitation** (also called “revenge pornography”)²⁶¹ – sharing nude or sexual images or videos of another person without their consent, resulting in emotional distress
- **Sextortion**²⁶² – a type of extortion where someone demands sexual acts or images from a person by means of force, fear, or coercion (e.g., threats or blackmail)

Common Questions & Helpful Answers

What if the music I like does not align with my values? – Sometimes we enjoy listening to songs or artists for how they sound, rather than the messages they are promoting. Being a critical consumer does not necessarily mean we have to change the media we consume; it just means being more aware. Part of growing up is becoming more confident in our values and opinions, which can make it easier to recognize when we agree or disagree with media messages. It also means using our own judgment to decide if we want to continue consuming media that doesn’t align with our values. Many people choose to self-censor the media they listen to or watch according to their values.

Why is it illegal to watch porn under age 18? – Pornography is explicit media designed for sexual arousal. It often depicts unrealistic situations and features certain types of bodies for entertainment value without showing the important aspects of sex in “real life,” such as using condoms and asking for consent. Porn is created for adults with adult bodies, adult brains, adult experiences, and adult perspectives. A person under age 18 is still in the midst of their sexual development and has the right to develop at a rate that is right for them, to grow into their own sexuality rather than catapulting into a commercialized, adult interpretation of what sex “should” be like. Exposure to porn as an adolescent can cause skewed perceptions of “normal” and unrealistic expectations of oneself and one’s partner(s).

²⁵⁸ United States Department of Justice. (2020). Citizen’s guide to U.S. federal law on obscenity. www.justice.gov/criminal-ceos/citizens-guide-us-federal-law-obscenity

California Penal Code § 311

²⁶⁰ U.S. Department of Justice. (2017). Citizen’s guide to U.S. federal law on child pornography. www.justice.gov/criminal-ceos/citizens-guide-us-federal-law-child-pornography

²⁶¹ California Penal Code § 647(j)(4)

²⁶² Senate Bill No. 500. (2017). Extortion. www.leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB500

What should I do if I'm being harassed, threatened, or blackmailed online? – Cyberbullying and sextortion are very real crimes that often go unreported. In some cases, this unwanted contact can be prevented by blocking or reporting problematic accounts. Other situations may require police involvement. In all cases, remember that you are not to blame. It is important to tell an adult you trust so they can provide support and guidance about what to do in your situation.

Additional Resources

About-Face – www.about-face.org

- Thought-provoking, nonjudgmental programs designed to “arm girls with the knowledge and tools they need to fight back against a culture that diminishes and disempowers them.”
- Provides online resources, in-school programs (e.g., workshops, labs), and a weekend boot camp for teens, as well as workshops and support for parents, teachers, mentors, and group leaders.

Common Sense Media: Education – www.commonsense.org/education

- A curriculum guide for instructors to teach students of all ages about digital citizenship, including lessons on privacy, social media, cyberbullying, communication “red flags,” and media literacy (e.g., analyzing sources, identifying bias).
- Lesson plans also available in Spanish.

The Dove Self-Esteem Project – www.dove.com/us/en/dove-self-esteem-project.html

- Articles, discussion topics, activities, and workshops to inspire young people to build self-esteem and body confidence.
- Free downloads available for parents, teachers, and youth leaders.

***The Mask You Live In* (2015) – www.therepresentationproject.org/film/the-mask-you-live-in-film**

- The 90-minute documentary *The Mask You Live In* “follows boys and young men as they struggle to stay true to themselves while negotiating America’s narrow definition of masculinity.”

***Miss Representation* (2011) – www.therepresentationproject.org/film/miss-representation-film**

- The 90-minute documentary *Miss Representation* “exposes how mainstream media and culture contribute to the under-representation of women in positions of power and influence in America.”

My Digital Tat2 – www.mydigitaltat2.org/school-programs.html

- Provides workshops and seminars for students, parents, educators, medical providers, and business professionals to “facilitate conversations that inspire safe, ethical, and conscious digital use by educating people about their power and responsibility in our connected world.”
- Focuses on “building the healthy habits, critical thinking, and thoughtful online behavior necessary to integrate technology into our lives in a constructive way.”

National Eating Disorders Association – www.nationaleatingdisorders.org

- Programs and services that support individuals and families affected by eating disorders, serving as a catalyst for prevention, cures, and access to quality care.
- Resources also available in Spanish.
- Operates a free, confidential helpline for nonjudgmental support and connection.
 - Call or text: 1 (800) 931-2237

Lesson 10 Introduction

Objectives: Introduce students to the topics covered in this lesson. Review group norms and calming strategies. Provide students with an outlet to privately communicate with the instructor and ask questions. Establish the importance of developing media literacy.

Note to Instructor: Update the agenda slide in the **Lesson 10 PowerPoint** to reflect your lesson plan for the day. Be sure to pre-screen and prepare answers for the anonymous questions before addressing them with the class.

Part 1: Opening Routine

1. **Display the Welcome Question as students enter and prepare for class: “How does social media affect young people today?”** Invite students to quietly reflect, journal, or pair-share about their response to the question.
2. **Distribute a piece of Question Box scratch paper to each student.** Remind students that this scratch paper is for writing down any questions they think of during the lesson, but it can also be used to doodle, fidget, or communicate privately with the instructor. Everyone must turn in a scratch paper with writing to the Anonymous Question Box at the end of each class session.
3. **Review the agenda for this lesson to preview the activities that will be facilitated.** Be transparent about the information that will be covered and what students will be asked to do in each part of the lesson.
4. **Review the Group Norms, emphasizing student agency to participate and self-regulate.** Remind the class to be mindful of their needs and avoid making assumptions. Group Norms for Teen Talk HS are:
 - **Respect** – listen actively; take space, make space; and practice inclusive language
 - **Communication** – identify your trusted adults, and build connections
 - **Curiosity** – keep an open mind, and ask questions openly or anonymously
 - **Privacy** – create a safe space together, and expect transparency
 - **Well-being** – feel your feelings, and find what works for you
5. **Review the examples of calming strategies that can help when a person feels uncomfortable, overwhelmed, or activated.** Encourage students to be mindful of their “window of tolerance” and empower them to engage with the material to the extent they are comfortable. Refer to **Lesson 1** (pg. 9) for additional calming strategies and explanations of specific techniques.
 - Ways to stay calm and grounded during this lesson may include:
 - **Taking care of your basic needs** – drink water, stand and stretch, or put your head down
 - **Changing your environment** – step outside, walk to the bathroom, or visit the office
 - **Utilizing focus tools** – hold a fidget toy, color, doodle, or draw on your Question Box paper
 - **Practicing grounding techniques** – try the 5-4-3-2-1 method, and don’t forget to breathe!
6. **Select 5-10 anonymous questions submitted during the previous lesson to answer during the first five minutes of class.** If time allows, answer remaining questions at the end of the lesson. The goal is to answer all questions submitted to the Question Box by the end of the course.

Note to Instructor: Prioritize answering questions about media and body image to cue students to the topics of the day. Practice rephrasing and using the trauma-informed language introduced in this lesson whenever possible. See **Activity 1.2** for specific guidelines and recommendations for using the Anonymous Question Box in Teen Talk HS.

Part 2: Introduction to Media Literacy

7. Ask for volunteers to share their thoughts about the **Welcome Question**: *“How does social media affect young people today?”* and acknowledge the following points:

- On one hand, social media connects people, helping to build community and spread information.
 - There are lots of creators working to educate and inspire people through accessible and engaging visual media. Social media allows us to access people and ideas that are less commonly represented in mainstream media.
- On the other hand, people may feel that they are “missing out” or “not as good” when comparing themselves to others online.
 - Social media can create pressure to look or act certain ways, which can affect self-esteem, confidence, and decision-making. Content is often carefully manipulated and may not accurately portray reality, which can lead people to have unrealistic expectations of themselves and others.
 - According to the Dove Self-Esteem Project, 1 in 2 girls say toxic beauty advice on social media causes low self-esteem. On average, teens are online nine hours per day, and girls spend much of that time consuming beauty content.²⁶³
 - Facebook also has internal studies showing that teens attribute increased rates of anxiety and depression to their Instagram use. For example, 32% of girls reported that when they felt bad about their bodies, Instagram made them feel worse. Facebook also found that 6% of American teens experiencing suicidal thoughts reported feeling that way because of Instagram.²⁶⁴
- Ultimately, the way we engage with media – especially social media – can have real impacts on our body image, mental health, and relationships.

8. Explain the following definitions to provide context for the lesson:

- **Media** can be broadly defined as a system of communicating information with others.
 - This includes print media like books, magazines, and newspapers as well as digital media like TV, movies, and music. It can even include things like art, video games, and mobile apps.
- **Mainstream media** communicates the ideas, attitudes, or activities that reflect and shape popular beliefs in society.
 - This does not mean that these beliefs are “right” or “wrong” – they are just popular within a large part of the community or culture.
- **Social media** involves digital networks of communication, like apps and websites, used to create and maintain relationships between people and groups across time and space.
 - These two types of media are not always mutually exclusive. As social media has become a bigger part of our culture, there is now a lot of overlap between these categories.
- **Media literacy** is the ability to analyze, evaluate, and create any type of media using a critical lens. It builds upon traditional literacy by offering new tools for reading and writing media messages.²⁶⁵

²⁶³ Dove. (2017). The 2017 dove global girls beauty and confidence report. Dove Self-Esteem Project. <https://digitaluniversity.womendeliver.org/wp-content/uploads/2020/05/Mod-1-2017-Dove-Global-Girls-Beauty-and-Confidence-Report.pdf>

²⁶⁴ Wells, G., Horowitz, J. & Seetharaman, D. (2021). Facebook knows Instagram is toxic for teen girls, company documents show. *The Wall Street Journal*. www.wsj.com/articles/facebook-knows-instagram-is-toxic-for-teen-girls-company-documents-show-11631620739

²⁶⁵ National Association for Media Literacy Education. (n.d.) Media literacy defined. <https://namle.net/resources/media-literacy-defined/>

9. Ask the class: ***“Why is it important to develop media literacy?”*** Allow students to pair-share, then facilitate a group discussion and explain that this skill empowers people to:²⁶⁶
- Think critically
 - Become smarter consumers of products and information
 - Recognize points of view
 - Understand author goals
 - Identify the role of media in our culture
 - Create media responsibly
10. Explain that, just as we develop our reading and writing skills over time, it takes practice to develop media literacy and become a critical consumer. Whenever consuming media (e.g., watching TV, listening to music, scrolling on social media) we can pause to think through these five key questions:²⁶⁷
- **Who created this?**
 - All media is created by an author (e.g., an individual, group, company) with a specific set of opinions, values, and intentions. If possible, learn more about the author to contextualize their message and better evaluate their credibility.
 - **Why was this made?**
 - All media is also created with a particular agenda or goal. Consider the purpose of the message (e.g., informational, entertaining, persuasive) and the motive of the author (e.g., education, profit, power).
 - **Which identities, values, and points of view are represented or missing?**
 - Consider the intended audience that the author is trying to appeal to.
 - Identify if the media reinforces or relies on stereotypes, and reflect on how that feels.
 - **What techniques are being used to attract attention?**
 - Consider how the author is trying to connect with their audience (e.g., using humor, citing statistics, featuring celebrities), and evaluate how effective these strategies are.
 - **How might different people interpret this message?**
 - Just as each author has a unique lens while creating media, each consumer has a unique lens while interpreting media messages. Consider how the message may be interpreted by someone with completely different experiences, identities, and values.
11. Reiterate that today’s lesson will explore media creation and analysis, including some discussions around sexually explicit media (i.e., pornography) and body image.
- These may be challenging conversations to engage in and may bring up some uncomfortable feelings. Everyone has a right to their own thoughts and feelings on these topics, and we are not here to judge each other or ourselves. We are here to explore these concepts and support one another in navigating the world around us.

²⁶⁶ Common Sense Media. (n.d.). What is media literacy, and why is it important? www.commonsensemedia.org/articles/what-is-media-literacy-and-why-is-it-important

²⁶⁷ Mendoza, K. (2018). 5 essential media literacy questions for kids. Common Sense Media. www.commonsense.org/education/articles/5-questions-students-should-ask-about-media

Activity 10.1: Behind the Scenes: Media Analysis

Objectives: Examine the design, production, and content of mainstream and social media, including sexually explicit media or pornography.

1. **Review the importance of developing media literacy:** Media literacy empowers people to be critical thinkers and makers, effective communicators, and active citizens.²⁶⁸ Becoming a critical consumer of media involves asking questions about its design, production, and content.
2. **Optional:** Initiate a discussion about social media vs. reality by screening the video “Are You Living an Insta Lie?” (3:12) from YouTube: youtu.be/0EFHbruKEmw
3. **Invite the class to brainstorm some of the stereotypes, assumptions, and beliefs that are commonly reinforced in popular (mainstream or social) media.** If using the “Insta Lie” video, prompt students to consider what the makers of the video assumed to be “normal” or true for most people. Answers may include:
 - Everyone has a cellphone and/or uses social media.
 - Everyone lies or exaggerates on social media.
 - It’s shallow (or less fulfilling) to communicate digitally rather than in-person.
 - People “miss out” when they use their phone or social media while hanging out in-person.
 - People with certain (gender or racial) identities or physical attributes (e.g., larger body size, darker skin tone, disabilities) are more likely to be self-conscious or have lower self-esteem.
 - People should be proud to show off their partner or relationship status.
 - There are specific ways to show that you are happy and/or healthy.
 - Grand gestures make up for unhealthy behavior or lack of communication.
 - Consent is implied (i.e., not overtly shown in most media).
 - Men are aggressive (i.e., violence is an inherent part of masculinity).
 - Women are chased (i.e., constantly desired and pursued by men).
4. **Explore the “business side” and agenda of Media Design: *Who is controlling the messages?***
 - The vast majority of mainstream media in the U.S. is owned by a small handful of media companies:
 - **AT&T** owns **Warner Bros Discovery**, which now controls Discovery Channel, Discovery+, HBO, HBO Max, CNN, TLC, TBS, TNT, TruTV, Food Network, Animal Planet, Cartoon Network, DC comics (e.g., “Batman”), and Warner Bros. Entertainment (e.g., “Harry Potter”).
 - **Paramount Global** (resulting from the merger of CBS Corporation and Viacom) controls Paramount Pictures, Miramax, CBS, Showtime, MTV, BET, Comedy Central, and Nickelodeon.
 - **Disney** (which recently acquired 21st Century Fox) controls Disney Channel, Disney+, Hulu, ESPN, A&E, FX, Freeform, Lifetime, National Geographic, The History Channel, Pixar (e.g., “Toy Story”), Marvel (e.g., “Avengers”), and Lucasfilm (e.g., “Star Wars”).
 - **Comcast** controls NBC Universal, DreamWorks, Oxygen, Bravo, SYFY, and Peacock.
 - In addition to the streaming giant **Netflix**, tech companies like Google, Amazon, and Apple are positioning for a growing presence in the media industry as well.²⁶⁹
 - This is a big change from the 1980s, when more than 50 different companies controlled our mainstream media outlets.²⁷⁰

²⁶⁸ National Association for Media Literacy Education. (n.d.). Media literacy defined. <https://namle.net/resources/media-literacy-defined>

²⁶⁹ Molla, R. & Kafka, P. (2021). Here's who owns everything in big media today. Vox. www.vox.com/2018/1/23/16905844/media-landscape-verizon-amazon-comcast-disney-fox-relationships-chart

²⁷⁰ Bagdikian, B.H. (1983). *The media monopoly*. Beacon Press.

- Business influence has also permeated social media through influencer marketing.
 - Social media began as a digital space to interact with friends and family, where users simply shared based on their own experiences, opinions, and personal values. However, companies have since found ways to influence the content we see on social media through paid advertising and business relationships with content creators.
 - Global spending on influencer marketing has skyrocketed in recent years, rising from around \$2 billion in 2017 to about \$8 billion in 2019, and expected to net over \$15 billion in 2022.²⁷¹
 - While the majority of teens say they trust and relate to social media influencers more than traditional celebrities, many may not realize how profitable this business relationship truly is.²⁷²
 - In fact, for every dollar spent on influencer marketing in 2019, companies earned an average of \$5.78 in return.²⁷³
 - Influencers are expected to be real and honest, yet they may feel pressured or forced to say something positive about a product or company based on their contract.
 - The reality is that corporations have the power to shape the media that most of us consume. This is why it's so important to be critical consumers of media – even social media!
- The people leading these companies also have the power to promote their values by influencing mainstream culture. Some of the common perspectives reinforced in the design of popular media are:
 - **Racialized beauty standards** – thin, light-skin bodies with smooth hair are positioned as attractive and desirable; people with larger bodies, darker skin tones, or textured hair are often “othered” and portrayed as less attractive or desirable.
 - Racial stereotypes also contribute to the harmful representation of people of color based on these biased beauty standards.
 - **Gender norms** – defining what it means to be (look and act) masculine or feminine, as well as who “should” embody these norms.
 - Homophobia and transphobia are driving forces that limit what is considered socially acceptable in terms of personal style and expression.
 - **Heteronormativity** – showing or expressing a worldview that promotes heterosexuality as the “normal” or preferred sexual orientation.
 - The more we see or hear something, the more we tend to think it's the truth. This is problematic because positioning something as “normal” or preferred makes people who aren't like that feel abnormal or like an outsider.
 - It's important for media to reflect a diversity of identities and experiences, including our own.

5. Explore the “behind the scenes” aspects of **Media Production: How are messages manipulated?**

- Think about a popular action or superhero movie: *What filmmaking techniques were used to make it so engaging or appealing to watch?*
- The media industry has many strategies to increase viewership and thus profits:
 - Some of the techniques happen behind-the-scenes during the writing and filming, such as the script, set design, make-up, wardrobe, lighting, and camera angles.
 - Some of these aspects, like the director and actors, are often chosen specifically to generate interest in the film and increase profits.
 - Some techniques are changes made to the movie after it was filmed, such as editing, computer-generated images (CGI), sound effects, and music.

²⁷¹ Erdeman, D. (2019). How influencers are making over beauty marketing. *Forbes*.

www.forbes.com/sites/hbsworkingknowledge/2019/12/13/how-influencers-are-making-over-beauty-marketing

²⁷² O'Neil-Hart, C. & Blumenstein, H. (2016). Why YouTube stars are more influential than traditional celebrities. Think with Google.

www.thinkwithgoogle.com/marketing-strategies/video/youtube-stars-influence

²⁷³ Geyser, W. (2022). The state of influencer marketing 2020: Benchmark report. *Influencer Marketing Hub*.

<https://influencermarketinghub.com/influencer-marketing-benchmark-report-2020>

- Some types of editing and CGI even allows filmmakers to change aspects of an actor's physical appearance, like their body size, skin tone, or age.
- Many of these same techniques used to create box office hits are also used to create sexually explicit media, or **pornography**.
 - For example, mainstream TV shows and movies as well as pornography often use intimacy coordinators to direct sex scenes, making them seem “perfect” (e.g., erotic, romantic).
- Creators of mainstream pornography also make some bold assumptions about who views their content. In most cases, they assume that viewers are straight adult men, so they design and edit their products from this viewpoint.
 - **Male gaze** – the way media represents the world and women from a masculine point of view, often depicting women as objects of male pleasure.
 - This lens is used in the production of all types of media, but it is especially common within the porn industry.
 - In order to market their pornography to the assumed viewers, creators will often portray the masculine actors to have more power and control over other people in the scene. However, we know that in “real life” sexual situations, people are **not** objects of pleasure – we are all equals, and partners get equal say when it comes to making decisions in sexual relationships.
- Porn is made for entertainment, (usually) **not** for education, so it is designed for adults who can legally consent to view this type of media and recognize aspects of “real life” sexual situations that are exaggerated or manipulated for entertainment purposes.
 - Even though it is created for adults, many young people are exposed to pornography or choose to watch it. We are not here to judge anyone for having seen porn or not – everyone has their own reasons and values.
 - However, if someone is looking at porn, it is another important opportunity to practice thinking critically about the messages portrayed, the stereotypes reinforced, and the types of people commonly included and left out.

6. **Optional:** Facilitate the Porn Puzzles activity (pg. 338) for an in-depth discussion on the messages and impacts of mainstream pornography.

7. Explore the (lack of) inclusivity of **Media Content**: *Who is included and who is left out?*

- **Representation** – the way in which people are included or depicted in our media.
 - We tend to see the same types of people over and over again in mainstream media, which means we are missing a lot of representation, both in the on-screen casts of actors and also in the behind-the-scenes work of editing, directing, and producing media content – this is not a coincidence!
- **Who is often missing or underrepresented in popular media?** Answers may include:
 - Lead characters who are women, LGBTQIA+, Black, Latinx, Asian, and Native
 - People with diverse body types (larger bodies, people living with physical disabilities, etc.) and neurodiverse people (who may be living with depression, anxiety, bipolar disorder, autism spectrum disorders, etc.)
 - People with diverse family structures and relationships (same-sex couples, foster families, polyamorous relationships, etc.)
 - People who speak different languages and come from different countries
 - People who belong to different faiths or have different belief systems
 - People with limited financial resources (who may utilize social services or government assistance programs to help meet their basic needs)

- Sometimes movies and TV shows will incorporate some of these voices, but instead of exploring their unique adventures and challenges, they are included as a joke or are only there to help the main character in their journey.
 - This can make viewers who share some of these diverse traits feel less important than other people, and it can normalize disrespectful attitudes towards these identities.
 - It also means that we miss out on certain perspectives from characters with interesting, relatable, and amazing stories.
- Representation can be harmful when people are included but not respected.
 - **Objectification** – treating a person (or character) like an object or thing by ignoring their thoughts, feelings, and experiences.
 - This happens when directors and creators only focus on one part of the character’s identity, rather than exploring their complex and intersecting identities and experiences.
 - These representations are often based on stereotypes about a specific identity – usually an identity that the director does not have – which can feel disrespectful to people who do share that identity.
 - **Fetishization** – focusing sexual desire on an object or a specific stereotype of a person, such as their ethnicity, appearance, disability, or sexual orientation.
 - Again, this reduces a person down to one part of who they are – and then sexualizes that part of them – rather than allowing them a full range of human emotions and desires that may go against the stereotype.
- *What kinds of characters or stories would you like to see represented better or more often in mainstream media?*
- We only talked about a few types of media here, but we can practice media analysis and critical thinking about the design, production, and content of all different types of media that we encounter.

8. Wrap up with some important messages about creating and sharing content online.

- Digital media has become an inextricable part of our society. Most young people in the U.S. use websites and mobile apps on a regular basis for messaging, photo and video sharing, or gaming.
 - However, communicating digitally rather than in-person does **not** make bullying and hate speech OK.
- Our online presence forms a “digital tattoo” that can be difficult to remove or change. Whenever posting, sharing, or communicating online, try to stop and THINK:
 - Is it **T**True?
 - Is it **H**elpful?
 - Is it **I**nspiring?
 - Is it **N**ecessary?
 - Is it **K**ind?

Activity 10.2: Sex, Love, Rock & Roll

Objectives: Practice analyzing media messages about sex, love, and relationships. Understand how media influences our expectations of relationships and treatment of romantic and/or sexual partners.

Note to Instructor: This activity involves critical analysis of popular media, which often works best when students are encouraged to select and analyze a song that they already know and like (or dislike). However, some students may not be mature enough to take this assignment seriously. Before beginning this activity, determine if you will allow students to choose their own media or provide suggestions for your approval or selection. You may also decide to pre-select popular songs and print copies of the lyrics for students to analyze in class.

1. Explain the activity and expectations to the class:

- This assignment is designed to help us break down and interpret media messages in popular music.
- Each student must choose a song to analyze that has lyrics about sex, love, or relationships. For this assignment, it is OK to choose a song with explicit lyrics, as long as the lyrics are not used to sexually harass anyone in class.
- Read the lyrics thoroughly and complete the worksheet to evaluate the song.

2. Assign for homework or allow 15-30 minutes in class to complete the assignment.

3. Once most students have completed the worksheet, allow them to pair-share for 3-5 minutes.

4. Poll the class: Who felt the messages in the song they analyzed were overall healthy? Who felt the messages in the song they analyzed were overall unhealthy?

5. Invite a volunteer who analyzed a song with mostly healthy messages to read from their lyrics as you write some key lines on the board. Discuss these lines as a class: What do the lyrics imply? How might they affect people who listen to this song?

6. Repeat step 5 with a volunteer who analyzed a song with mostly unhealthy messages.

7. Invite any additional volunteers to share a brief summary of their song analysis. Invite volunteers to share the passage they re-created to have a more positive message.

8. Poll the class about songs they each analyzed. Invite students to raise their hand if their song mentions any of the following:

- Love or romance
- Healthy communication or asking for consent
- Explicit descriptions of sex
- Gender messages
- Alcohol or drug use
- Violence, discrimination, or misogyny

9. Explain that this assignment was not designed to ridicule anyone's music preferences; this is an activity to practice being a critical consumer of media. It is important to be able to recognize media messages when we listen to music, read the news, go on social media, etc. Instead of mindlessly repeating their words, we should consider how different media messages affect cultural ideals of sex, relationships, and identity. Part of growing up is becoming confident in our values and opinions, and this activity shows that we can still enjoy a song or artist while recognizing that it may not align with our personal values.

Sex, Love, Rock & Roll

Name: _____ Date: _____ Period: _____

Instructions: Choose a song that has a message about sex, love, or relationships. Read the lyrics carefully and think about how listeners may interpret them. Answer the questions below in full sentences and attach a copy of the lyrics to this worksheet for full credit.

Title of Song: _____

Artist: _____

1. What is this song about? What messages does this song have about sex, love, and/or relationships?

2. Do you think the messages in this song have an overall healthy or unhealthy view of sex, love, and/or relationships? Why?

3. How do you think these messages might affect young people who listen to this song?



4. Find one example of a healthy message in this song and write it in the box below.

If you cannot find any positive messages, skip to question 5.

What does this lyric mean to you?

5. Find one example of an unhealthy message in this song and write it in the box below.

If you cannot find any negative messages, skip to question 7.

What does this lyric mean to you?

6. Re-write the unhealthy lyric above to turn it into a healthy message! 😊

After completing your song analysis, reflect and write your personal thoughts below:

7. What kind of music do you usually listen to?

9. How can you be a more critical consumer of music and other media messages?

8. Do the songs or artists you listen to affect you or your actions in any way?

10. How did this activity affect the way you listen to music?

Activity 10.3: Affirmation Creations

Objectives: Increase self-awareness of how we talk about ourselves and our bodies. Offer positive affirmations and resources to explore personal feelings about body image. Encourage personal reflection through creative expression.

Content Warning: This activity invites students to showcase their creativity and encourages personal reflection around body image and self-esteem. Discussing body image can be activating for some students, especially those struggling with body dysmorphia or eating disorders. Be transparent about the nature of the activity, empowering students to use calming strategies as needed and participate in the activity however they feel most comfortable.

1. **Introduce the term “body image” as a person’s own thoughts and feelings about their physical self.**
2. **Ask the class: “What messages does the media give us about body image?”** Invite students to brainstorm examples of positive and negative media messages related to body image, as well as where these media messages often come up (e.g., social media, movies, advertisements).
3. **Point out that, even beyond the media, messages about body image are all around us.** Friends, family members, teachers, doctors, and other people in our lives may say things they intend to be innocent (e.g., casual comments or observations) or helpful (e.g., health or style tips), but these comments can affect how we feel about ourselves and our bodies.
4. **Explain that it can be helpful to pause and reflect on our thoughts and feelings about body image and its influence on culture and well-being.** This may involve thinking about our own self-image and our relationship with our body. We may also want to consider the concept of body image more broadly, including the impacts of societal norms about gender and racialized beauty standards.
5. **Acknowledge that it is not always easy to have positive feelings about our body or appearance.** Everyone has moments when they feel unhappy or insecure about their appearance, but it is important to learn how to interrupt negative thinking. Try out some of these strategies to encourage body-positive thoughts and feelings:²⁷⁴
 - **Appreciate what your body does for you** rather than how you look. Our bodies enable us to do amazing things! It can be helpful to list out what you’re capable of. For example:
 - Thinking
 - Writing
 - Dancing
 - Singing
 - **Follow people on social media who inspire you** rather than make you feel badly about yourself. We have the power to curate our own social media feed. Choose to follow accounts that make you happy! For example:
 - Cute animals
 - Memes
 - Artists
 - Activists

²⁷⁴ National Eating Disorders Association. (2018). 10 steps to positive body image. www.nationaleatingdisorders.org/learn/general-information/ten-steps

- **Remember that you are a whole person.** Make a list of what you like about yourself. For example, maybe you are:
 - Funny
 - Athletic
 - A good listener
 - Dedicated to your family
- **Practice positive self-affirmations.** Try to counter negative thoughts with positive self-talk. For example, try telling yourself:
 - “I am smart.”
 - “I am strong.”
 - “I am beautiful.”
 - “I am good enough.”

6. **Display some additional affirmation statements from the list below and encourage students to generate their own self-affirmations as well.**

- “My needs and wants are important.”
- “My body tells me what I need. I will listen to my body.”
- “My body is perfect in the way it is intended to be.”
- “My body is a gift.”
- “My body radiates kindness.”
- “My body is a vessel for my awesomeness.”
- “My opinion of myself is the only one that matters.”
- “My very existence makes the world a better place.”
- “I choose to see the good in myself and others.”
- “I trust the wisdom of my body.”
- “I can do anything I put my mind to.”
- “I take care of my body and my body takes care of me.”
- “I thank my **insert body part** for **insert a way that body part helps you every day**” (e.g., “I thank my strong legs for helping me move around in the world” or “I thank my arms that let me hug my loved ones.”)
- “I deserve to feel good in my skin.”
- “I am safe in my skin. I am home.”
- “I am perfect, whole, and complete just the way I am.”
- “I am beautiful simply when I decide I am. And I decide now. And every day for the rest of my life.”
- “I am ready to heal, boldly and beautifully.”
- “I am constantly evolving into my most perfect self.”

7. **Optional: Invite students to create an art project based on one or more affirmation statements.**

Display the example affirmation creations while explaining the activity and expectations to the class:

- This activity is an opportunity to get creative – even if we are not an artist – and make some art that reflects our personal thoughts, feelings, or aspirations related to body image.
 - Some of you may want to start with an affirmation statement and create your artwork based on what that statement means to you. Some people may prefer to create their artwork first and then add in their affirmations at the end.

- Feel free to take a free-flowing approach; there are no standards or specific directions for this art project, but you are encouraged to incorporate positive affirmations. Use whatever artistic method appeals to you: sketching, painting, collage, ceramics, digital art, etc.
 - Since our thoughts and feelings about body image are so personal and may bring up some difficult emotions, this is an activity you are invited to work on **outside of class**.
 - Remember to practice self-care, be gentle with yourself, and reach out for support if needed.
 - Everyone is welcome to share their artwork with the class, but it is **not required** to turn in or show your creation to anyone if you would prefer to keep it private.
 - This project is for you to have and look at to inspire positive thoughts and self-confidence.
8. **To wrap up, emphasize that we are always growing and changing; our self-image and relationship with our body will continue to evolve as well.** There will be days when we may feel less confident or more critical about our body, but we can still love and respect ourselves completely.
9. **Optional: Stream the illustrated poem “Evolve” (4:28) written and performed by Sonya Renee Taylor:** www.vimeo.com/262839558
- Sonya Renee Taylor is an activist, educator, poet, author, and founder of “The Body is Not an Apology,” an international movement dedicated to fostering radical, unapologetic self-love and bodily empowerment.

Extra Activity: Porn Puzzles

Objectives: Define pornography and explore how it can influence our expectations of sexual interactions, treatment of sexual partners, and views of what is attractive and desirable. Discuss common misconceptions and unhealthy messages reinforced through pornography and how these messages can affect individuals, relationships, and society.

Note to Instructor: This activity is designed to elicit critical thinking about pornography and the impacts it has on people, relationships, society. However, some students may not be mature enough to have these discussions respectfully. Additionally, some students may be activated by such discussions among peers or in general. If you know that any students in the group have experienced sexual abuse, skip the prompt and begin by defining pornography. Before beginning the activity, evaluate the group dynamics and determine which puzzles, if any, are suitable to discuss as a class. Puzzle #4 can be used with particularly mature groups but may not be appropriate for all classes.

1. **Pose the prompt: “How do people learn about sex?”** (e.g., what to expect, how to have sex, what sex looks and sounds like). Encourage students to reflect independently or pair-share for a few minutes, then invite volunteers to share aloud. Continue brainstorming as a class until someone mentions “pornography.”²⁷⁵
2. **Define “pornography” for the class:** any type of media (commonly pictures and videos) that depicts people in sexual situations, created with the intent to arouse (sexually excite) the viewer.
 - Today we will be discussing “mainstream pornography” that is free and widely accessible.
3. **Ask the class: “Why might people look at pornography?”** Possible answers include:
 - Boredom
 - Curiosity about naked bodies or sexual behaviors
 - To learn how to have sex
 - Peer pressure (e.g., “everyone does it” conversations or mentality)
 - Sexual arousal (i.e., feeling “horny”)
 - Accident

Note to Instructor: More than one third (39%) of young people report being exposed to internet pornography for the first time unintentionally.²⁷⁵

4. **Ask the class: “Why might people not look at pornography?”** Possible answers include:
 - Not interested
 - Feels uncomfortable
 - Worried about getting caught
 - Against personal, family, or religious values
 - Against the law

Note to Instructor: While there are no laws criminalizing minors for viewing pornography, there are laws to protect young people from obscene or harmful material. For example, it is illegal to deliberately show or sell pornographic material to anyone under age 18.²⁷⁶

5. **Introduce the purpose and impacts of sexually explicit media.**
 - If we analyze the design and production of pornography, we realize that it is made for adult entertainment, and (usually) **not** meant for educational purposes.

²⁷⁵ Bernstein, S., Warburton, W., Bussey, K. & Sweller, N. (2022). Mind the gap: Internet pornography exposure, influence and problematic viewing amongst emerging adults. *Sexuality Research and Social Policy*. DOI: [10.1007/s13178-022-00698-8](https://doi.org/10.1007/s13178-022-00698-8)

²⁷⁶ Title 47 of U.S Code § 223(a)(1)(B)(ii)
Teen Talk High School, 2022

- The people involved in creating sexually explicit media want their products to excite and engage viewers in order to make the most profit – it all comes back to money.
- However, the messages in mainstream pornography can greatly affect the way that people think about their body and partner's bodies, sexual and romantic relationships, power dynamics, and pleasure.

6. Explain how watching pornography can affect the developing brain.²⁷⁷

- It starts when dopamine is released from the brain when a person first watches pornography.
 - Remember, this is the “feel good” neurotransmitter that makes people feel happy or satisfied. It’s the same chemical that is released when we eat our favorite food or level up in our favorite game, for example.
- But the next time a person watches porn, their brain does not respond as strongly as the first time. This is called **desensitization** – developing a tolerance and needing to consume more and more to get the desired effects.
- This is how it may become a **compulsion**. The brain craves more dopamine, and a person may feel the urge to do things that fulfill that craving – like watch more pornography – because the brain anticipates a surge of dopamine.
 - If we recall back to our Human Bodies lesson, **neuroplasticity** means that our brain has the ability to reorganize its connections and essentially “rewire” itself. This can lead to positive changes, like learning new skills or languages, but it also allows people to develop unhealthy habits or even addictions.
- Desensitization and compulsion have a reciprocal relationship and build on each other, which can ultimately affect the way our brain responds to pleasure.
 - For example, a person may need to see or think about more extreme situations in order to feel aroused or experience orgasm.
- We are not talking about this to shame anyone or make people feel badly about their choices. However, it’s important to understand the neuroscience and how consuming pornography can have different effects on people, relationships, and society.

7. Explain the activity and expectations to the class:

- Students will be divided into small groups, and each will receive an envelope with 12 puzzle pieces.
- Work as a group to solve the puzzle. Once completed, each puzzle can be read from left to right.
- Keep in mind that this can be a sensitive or activating topic for some people, so please honor our Group Norms of respect and privacy.

8. Give each group one set of puzzle pieces and allow time for all groups to solve their puzzle. Once finished, invite student to reflect and discuss the statements as a group. For example:

- Are any of the messages or statistics surprising? Why or why not?
- How might the statements be different if they were based on more recent data?
- Why do you think it’s difficult to find accurate, up-to-date research about people’s experiences and views on pornography?

9. Debrief the statements as a class. Start with Puzzle #1 and end with #3 or #4 to follow the gradual increase of content maturity. Use the Instructor Guide to facilitate a critical discussion about pornography, and to find background information about the studies referenced.

²⁷⁷ Love, T., Laier, C., Brand, M., Hatch, L. & Hajela, R. (2015). Neuroscience of internet pornography addiction: A review and update. *Behavioral Sciences*, 5(3), 388-433. DOI: [10.3390/bs5030388](https://doi.org/10.3390/bs5030388)

10. Wrap up the conversation by posing some of these questions to reflect on the messages portrayed in mainstream pornography:

- What is sex for?
- Who gets to feel pleasure? Who gets to feel powerful?
- What is the role of violence in sex?
- How does someone know what their partner wants or likes?
- How might the messages in porn affect people's expectations about what sex is supposed to be like?
- How might these messages affect people's views of how they and their partner should act in sexual situations?
- How might these messages affect people's views of consent?

11. Acknowledge that mainstream pornography often relies on some problematic images and scenarios which can further affect the way a person thinks about sex, bodies, and relationship dynamics.

- Engaging in media analysis helps us to clarify our own thoughts and opinions about the media we choose to consume, which may include sexually explicit media.
- It also helps us notice the messages that are being promoted or normalized and recognize when these messages do or do not align with our personal values.

Porn Puzzles Instructor Guide

Puzzle #1

- In 2015, the porn industry earned an estimated \$97 billion worldwide, while Netflix earned less than \$7 billion.^{278, 279}
 - The porn industry made more than \$97 billion globally in 2015, including \$10-12 billion just within the U.S. Compare that to Netflix which earned less than \$7 billion the same year.
 - This means that a lot of people are watching pornography all over the world!
 - *What impacts do you think this has had on society?*
- 62% of girls and 93% of boys have seen porn by age 18.²⁸⁰
 - Pornography has become more accessible than ever before.
 - Without the skills to critically analyze media, some young people may believe that what they see in porn is a realistic instructional guide for how to treat a sexual partner.
 - *Do you think there should be more restrictions around porn? Why or why not?*

Background Information: The same 2008 study found that first exposure to pornography occurred as young as 10 for girls and 8 for boys. This research was conducted before widespread use of mobile technology like smartphones and tablets. Young people today have even more private access to the internet, so these numbers may look very different if the study were replicated. Of the 563 college students who completed this online survey, participants were 66% women, 93% white, and 72% freshman and sophomores.

- Less than 1% of porn scenes show partners having a conversation about preventing pregnancy or STIs.²⁸¹
 - Communication before sex is an important way to build trust and respect and to establish a plan to reduce the chance of unintended pregnancy and STI transmission.
 - However, mainstream porn videos rarely depict partners having a conversation before engaging in sexual contact.
 - *How might this impact our expectations for communicating with a sexual partner?*

Background Information: This research analyzed 304 scenes from best-selling porn videos and found only one scene (0.3%) that depicted a conversation about STI or pregnancy prevention. However, these videos were collected from the Adult Video Network and are not necessarily representative of the innumerable pornographic videos available through free online streaming.

²⁷⁸ NBC News. (2015). Things are looking up in America's porn industry. NBC News. www.nbcnews.com/business/business-news/things-are-looking-america-porn-industry-n289431

²⁷⁹ Snij, M. (2019). Netflix 2015 revenues, profits, and subscribers growth analysis. www.revenuesandprofits.com/netflix-2015-revenues-profits-and-subscribers-growth-analysis

²⁸⁰ Sabina, C., Wolak, J. & Finkelhor, D. (2008). The nature and dynamics of internet pornography exposure for youth. *CyberPsychology & Behavior*, 11(6). DOI: [10.1089/cpb.2007.0179](https://doi.org/10.1089/cpb.2007.0179)

²⁸¹ Bridges, A.J., Wasnitzer, R., Scharrer, E., Sun, C. & Liberman, R. (2010). Aggression and sexual behavior in best-selling pornography videos: A content analysis update. *Violence Against Women*, 16(10), 1065–1085. DOI: [10.1177/1077801210382866](https://doi.org/10.1177/1077801210382866)

- 54% of sexually active young people used a condom the last time they had sex, despite only 11% of porn scenes showing the use of condoms.^{282, 283}
 - The rate of condom usage among sexually active young people is almost 5 times the rate of condom usage in mainstream pornography.
 - If young people learn about sex from watching porn, they might believe having sex without a condom is the norm. In reality, more than half of sexually active young people report using condoms.
 - *Do you think people would be more likely to use condoms if they were discussed more openly in popular TV shows and movie scenes?*

Background Information: This research analyzed 304 scenes from best-selling porn videos and found just 33 scenes (11%) where condoms were visibly used. However, these videos were collected from the Adult Video Network, and are not necessarily representative of the innumerable pornographic videos available through free online streaming. Additionally, data on adolescent condom use is self-reported through an anonymous survey and therefore may not accurately represent protective behaviors.

Puzzle #2

- Studies find that young people who watch porn frequently are likely to believe what they see is both realistic and an instructional guide for “how to have sex.”²⁸⁴
 - Pornography is **not** a documentary of real-life sex. It is most often a scripted movie with actors, and involves lighting, make-up, and camera crews.
 - Pornography is **not** designed for young people. It is made for adults who already have sexual experiences and know that porn does not depict realistic dynamics.
 - For example, it may be exciting to watch car chase scenes in TV and movies, but it does not teach people how to drive safely and responsibly. Similarly, it may be exciting to watch sex scenes in pornography, but it does not teach people how to have sex safely and responsibly.

Background Information: In a 2015 study of “urban, low-income, Black and Hispanic youth” in Boston, 21 of the 23 participants reported learning how to have sex by watching porn.

- In fact, one participant said “Without porn...I wouldn’t know half the things I know now.”²⁸⁵
 - A participant in one study reported: “Without porn, I wouldn’t know the positions, I wouldn’t know half the things I know now. I never knew even in health class.”
 - Some people view pornography as educational, but we should recognize that porn is designed as entertainment with the goal of increasing views and subsequently profits.

²⁸² Kann, L., McManus, T., Harris, W.A., et al. (2018). Youth risk behavior surveillance – United States, 2017. *MMWR Surveillance Summaries*, 67(8), 1-114. DOI: [10.15585/mmwr.ss6708a1](https://doi.org/10.15585/mmwr.ss6708a1)

²⁸³ Bridges, A.J., Wosnitzer, R., Scharrer, E., Sun, C. & Liberman, R. (2010). Aggression and sexual behavior in best-selling pornography videos: A content analysis update. *Violence Against Women*, 16(10), 1065 – 1085. DOI: [10.1177/1077801210382866](https://doi.org/10.1177/1077801210382866)

²⁸⁴ Rothman, E.F., Kaczmarzky, C., Burke, N., Jansen, E. & Baughman, A. (2015). “Without porn...I wouldn’t know half the things I know now.” A study of pornography use among a sample of urban, low-income Black and Hispanic youth. *Journal of Sex Research*, 52(7), 736-746. DOI: [10.1080/00224499.2014.960908](https://doi.org/10.1080/00224499.2014.960908)

²⁸⁵ Peter, J. & Valkenburg, P.M. (2010). Processes underlying the effects of adolescents’ use of sexually explicit internet material: The role of perceived realism. *Communication Research*, 37(3), 375-399. DOI: [10.1177/0093650210362464](https://doi.org/10.1177/0093650210362464)

- Porn actors are hired to portray the experience of pleasure. They often jump right into oral, anal, or vaginal sex without much communication or foreplay. Pornography rarely depicts other intimate activities that people in real life enjoy during moments of closeness.
- In addition, most heterosexual scenes focus on the man's pleasure, where the woman's pleasure comes from pleasing the man.

- *How might this impact our expectations about partner's roles during sex?*

Background Information: In a 2010 study of more than 2,000 Dutch adolescents ages 13-20, researchers found that those who watched porn frequently were more likely to perceive what they saw as realistic and as a way to learn more about sex. These young people were also more likely to think of sex primarily as a physical act for one's own pleasure.

- **Researchers have found a link between watching pornography and feeling insecure about one's body and attractiveness.**²⁸⁶

- Bodies in pornography are **not** representative of the diversity of bodies in the world. Penises in porn are often many inches larger than the U.S. average, female bodies often have breast implants and similar looking vulvas, and actors commonly have no pubic hair. In reality, bodies come in all shapes, sizes, and colors, and this diversity is beautiful.
- While pornography may influence trends (e.g., pubic hair norms), it is not an accurate reflection of body diversity. As a result, people may develop harmful expectations about their own or their partner's body.

Background Information: A 2015 study surveyed 171 heterosexual and bisexual women from a Midwestern university about their male partner's pornography use and how it affects them. 54% of the participants agreed that their partner's use of porn bothered them. Those who reported more frequent porn use by their male partner also had more anxiety about their body fitting specific beauty ideals (e.g., thin, curvaceous, large breasts, small waist).

- **Men report lower confidence after comparing their bodies to porn actors.**²⁸⁷

- Body image can be negatively impacted when we compare our body to others and feel as though we do not measure up. Remember that actors (in movies, TV, and porn) are hired for a reason and are not representative of the diversity of appearance in the world.
- *What are some strategies to help improve self-confidence?*

Background Information: A 2015 study surveyed 359 men from a Midwestern university (82% identified as white, and 97% identified as heterosexual) and found that those who watched porn were more likely to compare their bodies to the actors they saw. These men reported feeling less confident in their appearance, and more dissatisfied with their muscle composition and fat distribution. Additionally, they reported more anxiety about their relationships.

²⁸⁶ Tylka, T.L. & Kroon Van Diest, A.M. (2015). You looking at her "hot" body may not be "cool" for me: Integrating male partners' pornography use into objectification theory for women. *Psychology of Women Quarterly*, 39(1), 67-84. DOI: [10.1177/0361684314521784](https://doi.org/10.1177/0361684314521784)

²⁸⁷ Tylka, T.L. (2015). No harm in looking, right? Men's pornography consumption, body image, and well-being. *Psychology of Men & Masculinity*, 16(1), 97-107. DOI: [10.1037/a0035774](https://doi.org/10.1037/a0035774)

Puzzle #3

- Most young people report that they saw porn for the first time by accident.²⁸⁸
 - Accidental exposure to sexually explicit content online is incredibly common, especially when looking up information about sexual health or sexuality.
 - It is OK to have mixed feelings after unintentional exposure to porn. Talking with a trusted adult can help process your thoughts.
 - It is also important to know how to find credible sexual health information online.
 - *What are some reputable and appropriate online resources for teens?*

Background Information: In 2005, researchers conducted online focus groups with 40 teens (ages 14-17) about their experiences with, exposure to, and perceptions of online porn. Most participants reported their first exposure to pornography was unintentional when opening an unsolicited email or clicking a misleading URL.

- One study found that 88% of porn scenes include verbal and/or physical violence.²⁸⁹
 - According to a media analysis of over 300 videos, almost 9 in 10 porn scenes include verbal and/or physical violence.
 - Violence is often used in pornography to convey power and control. Many scenes in mainstream porn depict rough sex (e.g., hitting, slapping, choking, forcing).
 - *How might this sexualized violence affect how people think about relationships and sexual power dynamics?*
 - In heterosexual porn scenes, women are often portrayed as submissive and men as aggressive and instigative. Also, women may say “no” and resist, but once sex begins they appear to enjoy themselves. This perpetuates the idea that people enjoy sexual coercion as a part of foreplay.
 - Sexual violence is about power and control, not sexual desire. If someone’s partner tells them “no,” “stop,” or “slow down,” they must stop immediately. Continuing to engage in sexual contact without consent is sexual assault.
 - **If asked about kink or BDSM** (Bondage/Discipline, Dominance/Submission, Sadism/Masochism): Some pornography involves role-playing unbalanced power, even inflicting pain. Partners must thoroughly discuss their boundaries, interests, and safety plan before enacting a scene.
 - *How does a person know if they have their partner’s consent?*

Background Information: This study analyzed 304 scenes from best-selling porn videos and found just 30 scenes (10%) depicting positive or healthy behaviors (e.g., kissing, laughing, embracing, caressing, saying “I love you”). However, these videos were collected from the Adult Video Network and are not necessarily representative of the innumerable pornographic videos available through free online streaming.

²⁸⁸ Cameron, K.A., et al. (2005). Adolescents' experience with sex on the web: Results from online focus groups. *Journal of Adolescence*, 28(4), 535–540. DOI: [10.1016/j.adolescence.2004.10.006](https://doi.org/10.1016/j.adolescence.2004.10.006)

²⁸⁹ Bridges, A.J., Wosnitzer, R., Scharrer, E., Sun, C. & Liberman, R. (2010). Aggression and sexual behavior in best-selling pornography videos: A content analysis update. *Violence Against Women*, 16(10), 1065–1085. DOI: [10.1177/1077801210382866](https://doi.org/10.1177/1077801210382866)

- **NOT all pornography was made or shared with the consent of everyone involved.**^{290, 291}
 - Consent is required anytime someone shares sexual media, but it can be almost impossible to know whether sexual images online are ethically shared.
 - Some images and videos have been posted online without the consent of those involved. This is unethical and is considered “sextortion.”
 - *How is pornography related to sex trafficking?*

Background Information: A 2018 survey of 260 child sex trafficking survivors found the average age when participants were first forced to produce pornography was just 12 years old. 75% report having been advertised online. Over 150,000 new ads for underage “escorts” are posted online every day in the U.S.

- **In California, the Revenge Porn Act makes it illegal to share another person’s sexual image without their consent.**^{292, 293}
 - It is against the law to share someone’s sexual image without their consent; this violates California’s Revenge Porn Act. Additionally, coercing someone by threatening to expose their sexual image is considered “sextortion.”

Background Information: A 2016 survey of 1,631 victims of sextortion found that 60% of the participants knew the perpetrator before sharing images, and 56% felt pressured, tricked, threatened or forced to share sexual images. Additionally, 1 in 4 participants were age 12 or younger when they were first threatened. 45% did not go to family or friends for help. Reasons for staying silent include feeling ashamed or embarrassed (77%), fear of getting in trouble (55%), and afraid the perpetrator would find out (22%).

Puzzle #4 – More Advanced Content

- **1 in 4 men and 1 in 2 women have faked an orgasm.**²⁹⁴
 - *Why do you think people pretend to have orgasms?*
 - The most frequent reason men report faking an orgasm is because it was taking too long or was unlikely to occur.
 - The most frequent reason women report faking an orgasm was to avoid negative consequences, specifically hurting their partner’s feelings.

Background Information: This 2010 study surveyed 180 male and 101 female students in a psychology class at the University of Kansas. Most participants identified as white and heterosexual, and the study focused only on vaginal sex.

²⁹⁰ Uhl, C.A., Rhyner, K.J., Terrance, C.A., & Lugo, N.R. (2018). An examination of nonconsensual pornography websites. *Feminism & Psychology*, 28(1), 50-68. DOI: [10.1177/0959353517720225](https://doi.org/10.1177/0959353517720225)

²⁹¹ Bouché, V. (2018). Survivor insights: The role of technology in domestic minor sex trafficking. www.thorn.org/wp-content/uploads/2018/06/Thorn_Survivor_Insights_061118.pdf

California Penal Code § 647(j)(4). www.leginfo.ca.gov/faces/codes_displaySection.xhtml?sectionNum=647.&lawCode=PEN

²⁹² Wolak, J. & Finkelhor, D. (2016). Sextortion: Findings from a survey of 1,631 victims. www.thorn.org/wp-content/uploads/2016/08/Sextortion_Report.pdf

²⁹⁴ Muehlenhard, C.L. & Shippee, S.K. (2010). Men’s and women’s reports of pretending orgasm. *Journal of Sex Research*, 47(6), 552-567. DOI: [10.1080/00224490903171794](https://doi.org/10.1080/00224490903171794)

- One participant said “So like, during the movie...she was making all these sounds...so I was like, I need to try that.”²⁹⁵
 - One young person admits: “So like, during the movie...she was moaning and making all these sounds. So I was like, I need to try that. Like I was serious...I seen a lot of movies that do that, and this was before [I had sex], so I was just like, I need to try that.”
 - Learning about sex through porn may teach a person how to act, but acting like a performer in porn can miscommunicate what a person really likes and wants.
 - *Why is it important to check-in with a partner before, during, and after sex?*
 - Moaning may be a way someone expresses that they are enjoying themselves, but this response is also common when in pain. Not everyone will express pleasure in the same way. Checking in with a partner is the only way to know for sure if they are enjoying the experience.

Background Information: This quote is from a participant in a 2015 study of “urban, low-income, Black and Hispanic youth” in Boston, MA. Several females in the study said they tried sex acts that they would not have if they had not watched porn.

- Studies show that people feel pressure from their partner(s) to try things they see in porn.^{296, 297}
 - One young person explains how her partner likes trying thing that he sees in porn: “He been telling me to do most of the things, but I don’t. I’m like, if you don’t like how I satisfy you, then go find a lady that does porn.”
 - Pornography is carefully framed and edited so viewers typically do not see the conversations about boundaries and consent that happen behind the scenes. Therefore, some viewers may think this communication is not needed.
 - No one should ever be pressured or coerced to engage in sexual contact if they are not interested. The only way to understand a partner’s interests and boundaries is to have a conversation and respect their decisions.
 - *How can a person start a conversation with their partner about their boundaries?*

Background Information: The quote is from a participant in a 2015 study of “urban, low-income, Black and Hispanic youth” in Boston, MA. Several females in the study reported trying sex acts they would not have if they had not watched porn.

- Some people even admit to creating amateur pornography without their partner’s consent.²⁹⁸
 - One young person explains how he was influence by amateur pornography to videotape his partner: “At the time we was together, so she really couldn’t tell me ‘no,’ ya know?”
 - Filming or photographing a person engaged in sexual behavior without their consent is sexual assault. If anyone in the photo or video is under age 18, the media is considered child sexual abuse material (in all 50 U.S. states).
 - Everyone has the right to say “no,” even when in a committed relationship.
 - To assume consent without asking is to risk committing a sexual crime.

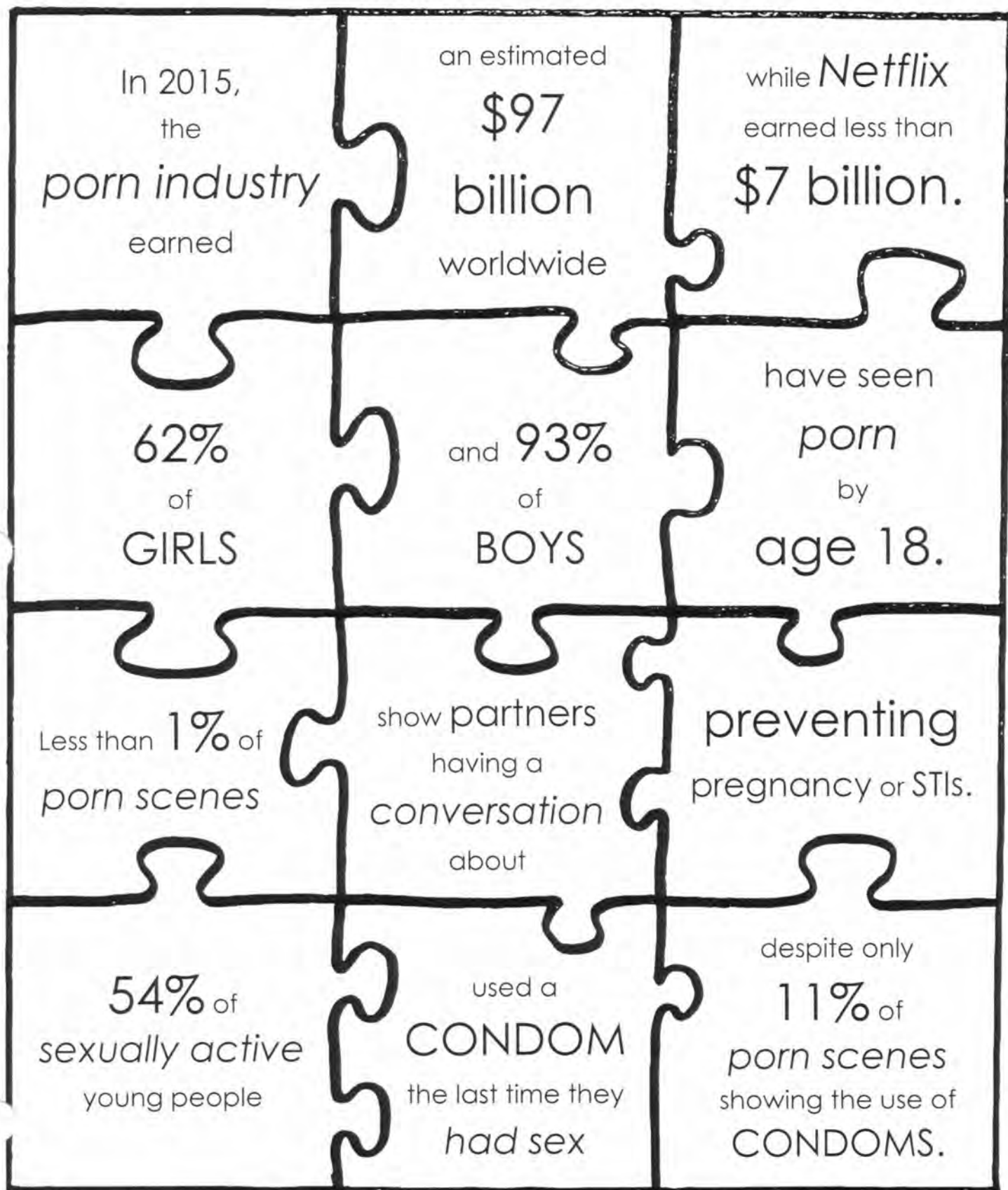
²⁹⁵ Rothman, E.F., Kaczmarzsky, C., Burke, N., Jansen, E. & Baughman, A. (2015). “Without porn...I wouldn’t know half the things I know now:” A study of pornography use among a sample of urban, low-income Black and Hispanic youth. *Journal of Sex Research*, 52(7), 736-746. DOI: [10.1080/00224499.2014.960908](https://doi.org/10.1080/00224499.2014.960908)

²⁹⁶ Ibid.

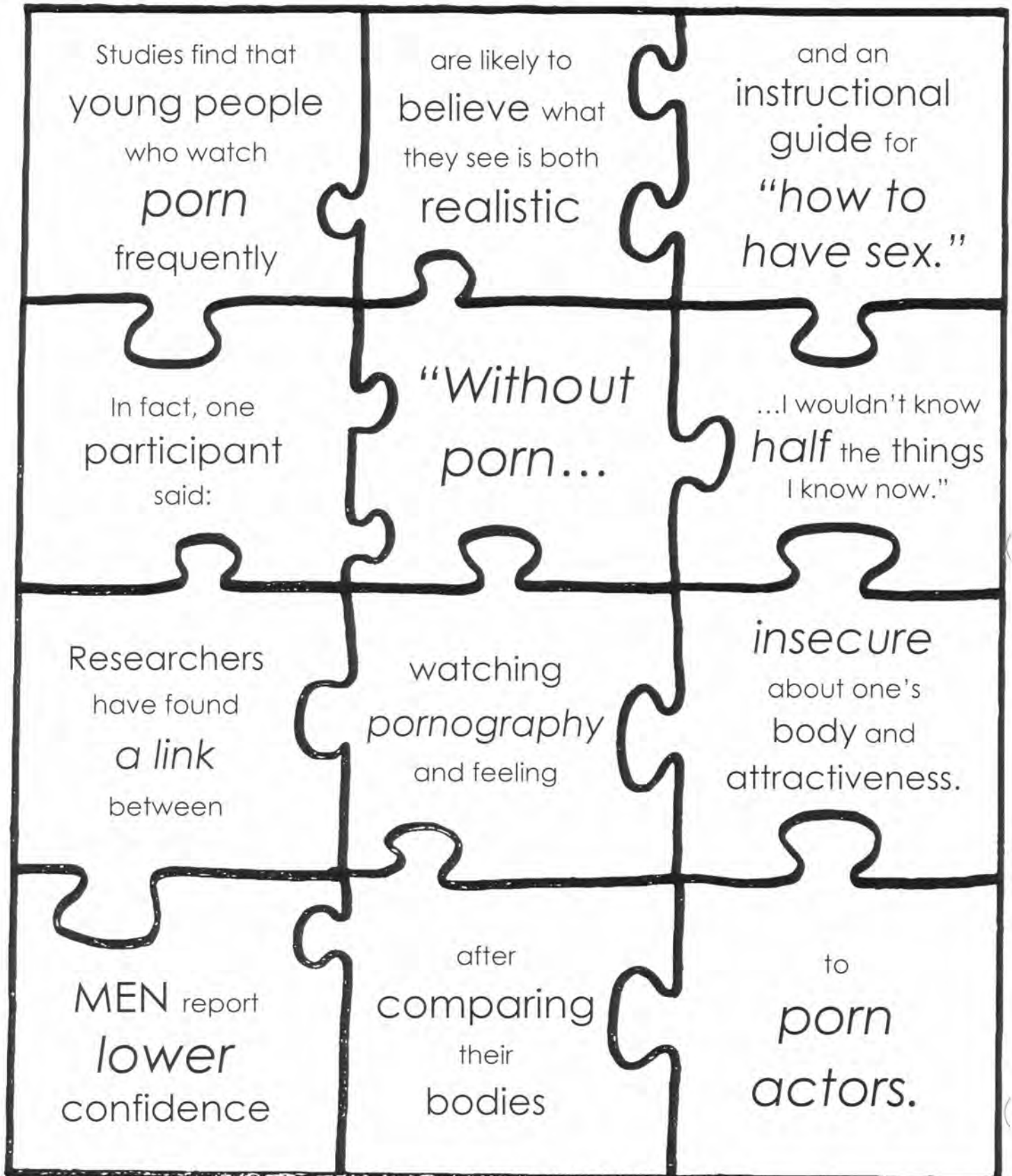
²⁹⁷ Marston, C. & Lewis, R. (2014). Anal heterosex among young people and implications for health promotion: A qualitative study in the UK. *BMJ Open*, 4(8). DOI: [10.1136/bmjopen-2014-004996](https://doi.org/10.1136/bmjopen-2014-004996)

²⁹⁸ Rothman, E.F., Kaczmarzsky, C., Burke, N., Jansen, E. & Baughman, A. (2015). “Without porn...I wouldn’t know half the things I know now:” A study of pornography use among a sample of urban, low-income Black and Hispanic youth. *Journal of Sex Research*, 52(7), 736-746. DOI: [10.1080/00224499.2014.960908](https://doi.org/10.1080/00224499.2014.960908)

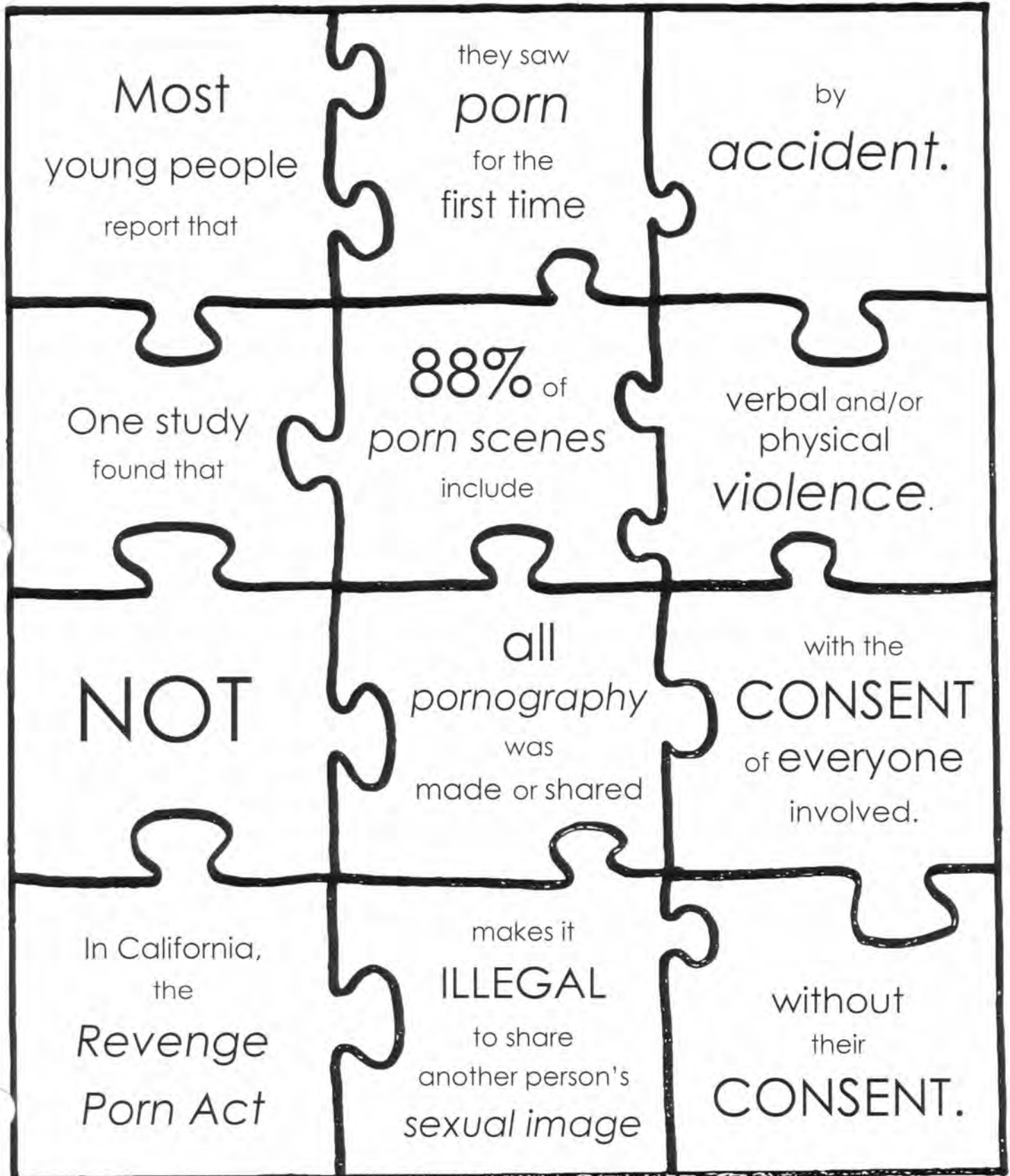
Puzzle #1



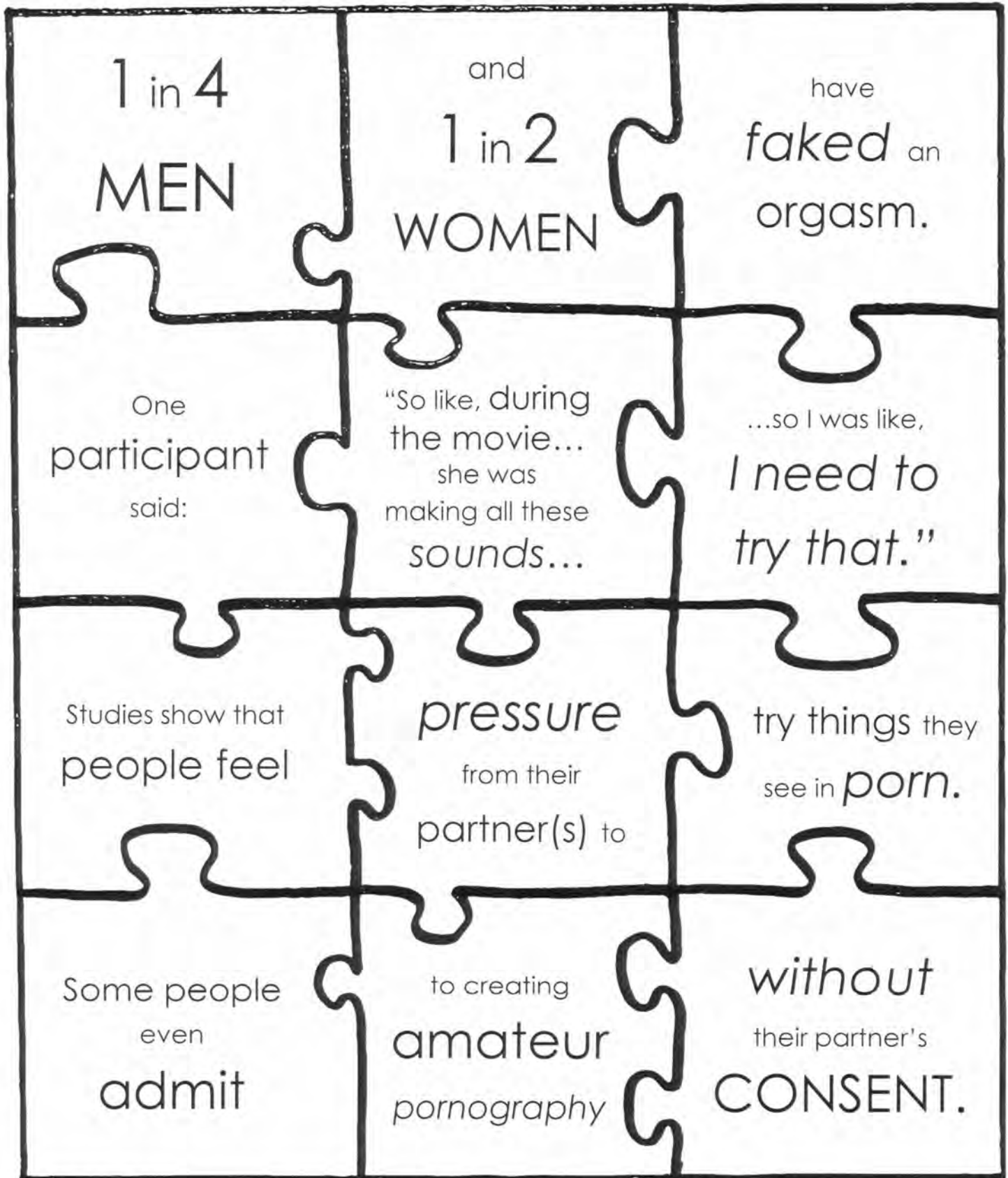
Puzzle #2



Puzzle #3



Puzzle #4 – Advanced



Lesson 10 Wrap-Up

Objectives: Summarize the information covered in this lesson. Preview the topics to be covered in the next lesson. Provide examples of self-care activities to help process and refocus for the next class.

Note to Instructor: Update the “Looking Forward” slide in the **Lesson 10 PowerPoint** to accurately reflect your lesson plan for the next day.

Part 1: Closing Routine

1. **Review the content from this lesson using any of the following prompts:**
 - Why is media literacy important?
 - How can we handle consuming media that conflicts with our personal values?
 - How does pornography affect the developing brain?
2. **Review the follow-up activities, assignments, or resources provided during this lesson.** Clarify what (if anything) is due the following class and what is optional for students to explore if they would like more information or support.
3. **Invite students to write something down and to submit their scratch paper to the Anonymous Question Box.** Remind the class that everyone must turn in a paper with writing to the Question Box at the end of each class session. If they do not have a question, they can write something they learned, leave a note for the instructor, or simply draw a picture.

Part 2: Looking Forward

4. **Introduce the topics that will be covered in the next lesson: Communication & Decision-Making.**
 - Next class we will spend time exploring strategies for refusal and dealing with rejection, including how and when to stand up for ourselves and others.
 - This will involve practicing communication and negotiation skills using scenarios to discuss personal values, boundaries, and choices.
5. **Provide some examples of self-care to decompress after this lesson and recharge for the next topic.**
Refer to Lesson 1 (pg. 9) for additional ideas.
 - It can be helpful to move your body, get creative, rest, or connect with others, for example:
 - Have a picnic (with a friend or by yourself!)
 - Take a break from social media
 - Climb a tree
 - Listen to a guided meditation

Lesson 11: Decision-Making and Communication

Goals

The purpose of this lesson is to:

- Understand the importance of communication, free choice, and personal boundaries.
- Assess situations that could lead to pressure, violence, or other health risks.
- Practice standing up for personal boundaries and intervening to prevent unsafe situations.
- Explore how gender-based stereotypes affect decision-making around sexual behavior and relationships.

Objectives

At the end of this lesson, students will be able to:

- Demonstrate the ability to communicate effectively with a peer or partner about personal boundaries and values, abstaining from sexual behavior, giving and getting consent, using condoms and/or birth control, reducing the risk for STIs, and preventing sexual violence.
- Demonstrate effective communication skills to resist pressure from peers or partners.
- Describe two ways to deal with rejection and show respect for the boundaries of others.
- Encourage, support, and give advice to peers to make responsible decisions and have safe, healthy relationships.

Why Is This Important?

The aim of this lesson is for students to organize the information they have gathered in the previous lessons to help them learn and practice sexual decision-making skills. As young people mature and establish a set of personal values and boundaries, they must also be able to discern how to effectively stand up for them. Initially, it might be difficult, but as a person develops communication skills and confidence, it becomes easier to assert their principles in a way that honors their needs and is respectful of others. When we have close relationships with people like friends and dating partners, sometimes boundaries can get blurry. Being able to communicate wants and needs clearly and firmly to a partner, while also respectfully affirming their boundaries, is crucial for any sexual or romantic relationship. These skills can also be applied to forming and maintaining healthy friendships and peer relationships.

This lesson teaches strategies for dealing with pressure from peers, partners, and adults, and provides opportunities to practice using these strategies in first-person scenarios. Giving young people the opportunity to think through a difficult situation and the potential outcomes and to practice decision-making skills with peers prepares them with language and confidence to articulate their personal values and boundaries if a similar situation arises in their personal life.²⁹⁹ It also prepares young people to hold each other accountable for respecting boundaries by normalizing healthy communication. This lesson promotes critical thinking about how gender-based norms, stereotypes, and pressures impact decision-making about sex and relationships. Providing this practical and important learning prepares young people for the complex decisions they will inevitably face as they mature.

²⁹⁹ Greenberg, M.T., Domitrovich, C.E., Weissberg, R.P. & Durlak, J.A. (2017). Social and emotional learning as a public health approach to education. *The Future of Children*, 27(1), 13-32. www.jstor.org/stable/44219019

Activity	Time in class (min.)	Can be done as HW?	Materials	Preparation
Lesson 11 Introduction	10-15		<ul style="list-style-type: none"> • Question Box • Scratch paper • Lesson 11 PowerPoint 	<ul style="list-style-type: none"> • Cut paper into 3" x 4" pieces • Review anonymous questions and prepare responses • Update the Agenda slide in Lesson 11 PowerPoint
11.1 What Gives?: Refusal and Rejection Skills	20-45		<ul style="list-style-type: none"> • Lesson 11 PowerPoint • Be FIRM Peer and Adult Refusal scenarios (laminated if possible) • <i>Rejection video clip (e.g., scene from "The Notebook" or "Harry Potter")</i> 	<ul style="list-style-type: none"> • Review Be FIRM scenarios and decide which are most relevant and appropriate for the class to discuss • Choose media clips that are relevant and appropriate for the class to analyze
11.2 What Would You Say?	10-15	Yes		<ul style="list-style-type: none"> • Print What Would You Say? worksheet (one per student)
Lesson 11 Wrap-Up	5		<ul style="list-style-type: none"> • Lesson 11 PowerPoint 	<ul style="list-style-type: none"> • Update the Looking Forward slide in Lesson 11 PowerPoint
Total Minutes for Lesson 11:	45-80			
Extra: Dear Dr. Lupe	15-30	Yes	<ul style="list-style-type: none"> • Dear Dr. Lupe scenarios (laminated if possible) 	<ul style="list-style-type: none"> • Review scenarios and decide which are most relevant and appropriate for the class to respond to and discuss
Extra: Talk It Out	30-45		<ul style="list-style-type: none"> • Talk It Out scenarios (laminated if possible) 	<ul style="list-style-type: none"> • Review scenarios and decide which are most relevant and appropriate for the class to perform and discuss

Background Information

Key Messages of Lesson 11

- By acknowledging that everyone has different comfort levels around intimacy, we can **decrease harmful peer pressure** to act in ways that do not align with personal values and boundaries.
- Being able to **effectively communicate** wants and needs to a partner, while also respectfully affirming their boundaries, is crucial for any sexual or romantic relationship.
 - These skills are also important for forming and maintaining healthy friendships.
- Speaking up for our boundaries and respecting other people's boundaries increases personal safety within intimate interactions and helps to create **safer communities** by normalizing healthy communication.

Strategies for Refusal and Negotiation: Be FIRM

Figure out your boundaries – It may be obvious to you, or it may take some thoughtful consideration. Either way, it is important to clarify your values and limits internally so you can stand up for them in a conversation.

Inform them – Other people cannot read your mind, so you have to tell them what your boundaries are. It is always best to be clear and direct so there is no misunderstanding. In many cases, informing them (e.g., “No.”) is sufficient communication. However, it may be helpful to also explain the reason or negotiate a compromise.

Reason why – This is different than an excuse, which leaves room for the other person to misinterpret boundaries. If providing an explanation, try to relate the decision to personal values (e.g., “I don’t want to have sex outside of marriage because it’s against my religion.” or “I’m not willing to have sex without a condom. It’s too risky.”).

Make a suggestion – Some situations may warrant further communication to come to a solution or compromise. After turning down a request, it can be nice to suggest an alternative that is comfortable and safe for everyone (e.g., “I’m not comfortable with oral sex, but would you be down to make out?”).

Strategies for Dealing with Rejection: AFFIRM

Accept their decision – We all have a right to make our own decisions free from pressure. When someone tells us “no” it is not our place to convince them otherwise.

Feel your Feelings – It is normal to feel a range of emotions, from sad or disappointed to angry or embarrassed. Try to name those feelings and give yourself time to process. It can also help to express your feelings by talking through the situation with a close friend or trusted adult. Remember that we ALL experience rejection at different moments in our life, and the negative feelings will eventually pass.

Increase self-care – We cannot control our emotions, but we can control our actions. Do things to improve your mood or distract yourself until you start to feel better.

Reframe – Instead of dwelling on the “failure,” congratulate yourself for trying. This is an opportunity for learning and growth.

Move forward – Focus on the future ahead and stay positive! Getting rejected is not the end of the world.

Additional Resources

A Thin Line – www.athinline.org

- MTV’s campaign to empower youth to identify, respond to, and stop the spread of digital abuse (e.g., forced sexting, textual harassment, cyberbullying).
- An interactive website for teens “built on the understanding that there’s a ‘thin line’ between what may begin as a harmless joke and something that could end up having a serious impact.”
- Also available in Spanish.

My Digital Tat2 – www.mydigitaltat2.org/school-programs.html

- Provides workshops and seminars for students, parents, educators, medical providers, and business professionals to “facilitate conversations that inspire safe, ethical, and conscious digital use by educating people about their power and responsibility in our connected world.”
- Focuses on “building the healthy habits, critical thinking, and thoughtful online behavior necessary to integrate technology into our lives in a constructive way.”

Send the Right Message – www.sendtherightmessage.ca

- An interactive website for teens to learn and practice how to be an ally to the LGBTQ+ community.
- Messaging primarily targets youth and digital communication culture while encouraging acceptance and inclusivity from all people.

Sex, Etc: Communication Tool – <http://sexetc.org/action-center/communication-tool>

- A helpful guide with ideas and tips for teens to start potentially challenging conversations with their friend, partner, parent/guardian, trusted adult, or medical provider.

Lesson 11 Introduction

Objectives: Introduce students to the topics covered in this lesson. Review group norms and calming strategies. Provide students with an outlet to privately communicate with the instructor and ask questions. Empower students to advocate for themselves and others.

Note to Instructor: Update the agenda slide in the **Lesson 11 PowerPoint** to reflect your lesson plan for the day. Be sure to pre-screen and prepare answers for the anonymous questions before addressing them with the class.

Part 1: Opening Routine

1. **Display the Welcome Question as students enter and prepare for class: “What is the difference between being nice and being kind?”** Invite students to quietly reflect, journal, or pair-share about their response to the question.
2. **Distribute a piece of Question Box scratch paper to each student.** Remind students that this scratch paper is for writing down any questions they think of during the lesson, but it can also be used to doodle, fidget, or communicate privately with the instructor. Everyone must turn in a scratch paper with writing to the Anonymous Question Box at the end of each class session.
3. **Review the agenda for this lesson to preview the activities that will be facilitated.** Be transparent about the information that will be covered and what students will be asked to do in each part of the lesson.
4. **Review the Group Norms, emphasizing student agency to participate and self-regulate.** Remind the class to be mindful of their needs and avoid making assumptions. Group Norms for Teen Talk HS are:
 - **Respect** – listen actively; take space, make space; and practice inclusive language
 - **Communication** – identify your trusted adults, and build connections
 - **Curiosity** – keep an open mind, and ask questions openly or anonymously
 - **Privacy** – create a safe space together, and expect transparency
 - **Well-being** – feel your feelings, and find what works for you
5. **Review the examples of calming strategies that can help when a person feels uncomfortable, overwhelmed, or activated.** Encourage students to be mindful of their “window of tolerance” and empower them to engage with the material to the extent they are comfortable. Refer to **Lesson 1** (pg. 9) for additional calming strategies and explanations of specific techniques.
 - Ways to stay calm and grounded during this lesson may include:
 - **Taking care of your basic needs** – drink water, stand and stretch, or put your head down
 - **Changing your environment** – step outside, walk to the bathroom, or visit the office
 - **Utilizing focus tools** – hold a fidget toy, color, doodle, or draw on your Question Box paper
 - **Practicing grounding techniques** – try the 5-4-3-2-1 method, and don’t forget to breathe!
6. **Select 5-10 anonymous questions submitted during the previous lesson to answer during the first five minutes of class.** If time allows, answer remaining questions at the end of the lesson. The goal is to answer all questions submitted to the Question Box by the end of the course.

Note to Instructor: Prioritize answering questions about decision-making and communication to cue students to the topics of the day. Practice rephrasing and using the healing-centered language introduced in this lesson whenever possible. See **Activity 1.2** for specific guidelines and recommendations for using the Anonymous Question Box in Teen Talk HS.

Part 2: Introduction to Advocacy

7. Ask for volunteers to share their thoughts about the Welcome Question: *“What is the difference between being nice and being kind?”* and acknowledge the following points:
 - Being **nice** often prioritizes not hurting someone’s feelings over being fully honest or advocating for our own needs. This usually involves trying to be perceived as an easy-going or likeable person.
 - Being **kind** involves setting boundaries knowing that they may potentially hurt people’s feelings or lead to disappointment. This involves personal integrity and respecting other people without sacrificing our own boundaries. It also means not putting other people’s comfort ahead of our own needs.
8. Introduce the idea of being an upstander versus a bystander.
 - A **bystander** is someone who notices an unfair or unsafe situation happening around them but chooses not to get involved or say something.
 - The “bystander effect” occurs when people assume that others will step in and therefore decide to do nothing. The more people who witness the event, the less each individual person feels the need to act because they assume someone else will.
 - An **upstander** is someone who chooses to get involved or speak up in support of people in an unfair or unsafe situation.
 - It can feel intimidating to stand up for what we feel is right, especially if we are worried about the social consequences of our actions.
 - However, it helps individuals feel safe and supported, it helps change norms within a community, and it helps us build confidence in our ability to impact the world around us.
9. Explain the value of advocacy, including self-advocacy. Being an upstander is one way to practice advocating for others.
 - **Advocacy** means using our privilege and resources on behalf of others who could benefit from our support. Even if we don’t feel powerful or influential in a situation, we can use our voice to champion for what we feel is right.
 - Just as we can help others, we can also help ourselves. **Self-advocacy** is an important part of building towards a fulfilling life.
 - Focusing on being nice and fitting in instead of prioritizing our own needs, goals, and values can lead to frustration and resentment and may also affect our relationships with others.
 - Self-advocacy is especially important when it comes to sexual health since trusted adults, medical providers, and intimate partners can’t know what we want and need unless we tell them.
10. Remind the class we are constantly evolving and learning about ourselves. Our values, priorities, and identities may shift throughout our lives, so what we advocate for will inevitably change over time.
 - Remember that being **nice** might feel easier in the moment but being **kind** and advocating for ourselves and others is what helps strengthen the muscles we need to build safe and respectful communities.

Activity 11.1: What Gives?: Refusal & Rejection Skills

Objectives: Practice how to stand up for oneself in challenging situations. Identify strategies to deal with rejection of a romantic and/or sexual nature.

Note to Instructor: Before class, choose which of the Peer Refusal Scenarios and Adult Refusal Scenarios to have students practice responding to. Also, identify a clip from a TV show or movie that displays a character being romantically rejected. Here are two possible scenes to use:

- The Notebook (2004) – Noah asks Allie on a date using coercion (hanging from the top of a Ferris wheel)
 - <https://www.youtube.com/watch?v=u8ldUWTruvs>
- Harry Potter and the Goblet of Fire (2005) – Harry asks Cho to the ball and gets rejected
 - <https://www.youtube.com/watch?v=XeYZav3MNk>

1. **Ask the class: “What strategies do people use to get what they want?”** Allow the class to brainstorm different possible answers: threatening someone, bribing someone, asking nicely, etc.
2. **Explain that not all of these strategies are healthy and that today we will practice two very important skills:** standing up for your boundaries and dealing with rejection in a healthy way. This activity is designed to explore how to say “no” to someone we care about and what we can do if someone says “no” to us.

Part 1: Refusal Skills

3. **Facilitate a discussion about the challenge of refusing someone:**
 - What would make it difficult to say “no” to something you do not want to do?
 - Is it harder to stand up to a stranger or a friend? What about a romantic partner? An adult?
 - What strategies have you used in the past to say “no” to someone? How well did they work? What would you do differently?
4. **Explain to the class that standing up for oneself is a skill that can be learned and practiced in many different situations.** Write or project the **Be FIRM** model on the board and describe each letter using the following explanations:

Figure out your boundaries – The first step is to figure out your own boundaries, what you are OK doing and trying and where your limits are. Reflect on your personal values and be honest and clear with yourself. It’s harder to stand up for yourself if you don’t know how you feel or what your boundaries are in the first place.

Inform them – We can’t expect others to know how we feel unless we tell them. Use a strong, confident voice and tell the other person how you feel using an “I” statement. For example, “I am comfortable kissing, but I want to keep our clothes on.” If they ask you to do something you don’t want to do, stand up for your boundaries by saying something simple and clear like “I don’t do that” or “I’m not interested.”

Note to Instructor: It is helpful to point out that only “F” and “I” are needed – standing up for our boundaries requires us to know what they are and express them clearly. But sometimes, especially if we really care about the other person and how they feel, we may want to “soften the blow” of turning someone down or rejecting a request. **The next two steps are optional** to help someone explain their decision and/or offer an alternative.

Reason why – Tell them why this boundary is important to you or how you came to your decision (e.g., “it’s against my values” or “I don’t feel ready”). There is a tendency to use an excuse (e.g., “My mom won’t let me...”) because excuses appear to work, at first. However, they signal to the other person that there is wiggle room, and they may continue to pressure you by breaking down the excuse.

Make a suggestion – After saying “No,” recommend something else to do instead (e.g., go on a walk, make a snack, just kiss). Make it clear that the thing you are saying no to is the activity, not them as a person. You can continue to negotiate what to do until you find a solution that both of you agree to. This is called a compromise.

5. Walk through one or both of the following example scenarios as a class, including an annotated sample dialogue of how someone could respond to the scenario using the Be FIRM model:

- **Example Scenario #1:** You are going on a date with someone for the first time and decide to meet them at pizza place at 7pm. When you get there, you notice them sitting at a table by the window. They have already ordered you a soda. It’s orange soda. You hate orange soda. You say “hi” and sit down across from them. They ask you how you’re doing and then say that they already put in an order for a large mushroom pizza. You are allergic to mushrooms. Use the Be FIRM model to address this situation.
 - **Example #1 Annotated Dialogue:** “Thank you so much for ordering already. I actually prefer lemon-lime soda **[inform them]**, so how about you take this orange soda, and I will ask the server for a different one **[make a suggestion]**. I also cannot eat mushrooms because I am allergic to them **[inform them & reason why]**. Why don’t I ask the server if we can change the pizza to half pepperoni? **[make a suggestion]** That way we can both get what we want.”
- **Example Scenario #2:** You and your partner have been together for a few months now and things have started to get more intimate. You are curious about doing a couple of things but are not ready for sex. Your partner mentions that they are interested in having sex. Use the Be FIRM model to talk to them about your boundaries.
 - **Example #2 Annotated Dialogue:** “Hey, can we talk for a minute? I am down to fool around with you, but I don’t think I am ready for sex **[inform them]**. I am just really not ready for all the responsibility that comes along with that decision **[reason why]**. Can we take it slow and stick to making out for now? **[make a suggestion]**”

- 6. Choose 1-3 of the Peer Refusal Scenarios, read the selected scenario(s) aloud, and invite students to try out the Be FIRM model.** This can be done as a pair-share, or by asking for a volunteer to practice their response aloud for the class.
- 7. Explain that the next round of practice deals with situations involving authority figures, then repeat the exercise using the Adult Refusal Scenarios.** Invite students to pair-share or raise their hand to volunteer a practice response, then debrief each scenario as a class.

Note to Instructor: Scenario #5 involves a teacher asking a student for private information. According to the California Electronic Communications Privacy Act of 2015, school staff in California may only look through a student’s phone in an emergency or with a search warrant signed by a judge. For more information on cell phone privacy laws, visit www.myschoolmyrights.com.

8. **Acknowledge that the Be FIRM model can be very useful, but it might not be the best approach in every situation.** There may be moments when adults ask or instruct a young person to do something that goes against their personal values or rights. It can be challenging to understand when it is appropriate to stand up for yourself in the moment or if there is a better strategy. ***So how can someone decide when and how to stand up for themselves?***
- 1) Check in with your body to help figure out your boundaries. Human bodies are incredibly smart. It can be helpful to tune into your body signals and reflect on what they possibly mean.
 - Many emotions include physical sensations in the body, and some may involve overlapping signals. For example, some common body signals are:
 - Heart beating faster
 - Stomach feeling tight or nauseous
 - Feeling a weight on the chest
 - Hands getting sweaty
 - Feeling confused or “out of sorts”
 - Then to interpret these body signals, we can ask ourselves:
 - What are the signals my body is giving me?
 - What emotions do I feel? *Where* do I feel them?
 - How safe am I in this situation? Is it safer to act now or later?
 - 2) Decide whether to act now or act later.
 - Consider the **risks** and/or **rewards** of using the Be FIRM model to stand up in the moment:
 - Risks may include experiencing a serious consequence (e.g., being suspended, fired, grounded, or kicked out) or feeling embarrassed in front of others.
 - Rewards may include coming to an immediate compromise, staying true to our values, and setting a good example for others.
 - 3) Find your support system (e.g., parents/guardians, friends, co-workers, other trusted adults).
 - This may involve talking through the situation and getting advice about how to respond.
 - It can also mean processing our emotions or the outcomes of the situation with someone else for perspective and support.
9. **Explain that the Adult Refusal Scenarios involve different types of power imbalances.** Figures of authority often have more power than young people, so it is important to assess each situation and decide if it is safe to stand up for oneself in the moment. However, young people still have rights, including cell phone privacy at school, protection from sexual harassment in the workplace, and access to sexual and reproductive healthcare. A young person can always turn to other adults, like asking for a different medical provider, if they are not getting the support they need.

Part 2: Dealing with Rejection

10. **Transition to the next topic of dealing with rejection:** “Let’s think back to Example Scenario #2 in which the main character told their partner they were not ready to have sex. How do you think it would feel to be the partner? How does it feel to be turned down when you really want something?”
11. **Explain that rejection is a part of life that we all must learn to deal with.** Write or project the **AFFIRM** model on the board and review strategies for dealing with rejection:

Accept their decision – it may be painful or upsetting to feel rejection, but we need to respect other people’s boundaries. This is the right decision for them, and it is not up to us to try to change their mind. We would want our boundaries to be respected.

Feel your Feelings – It is absolutely normal to feel upset, regretful, or even angry after experiencing rejection. Bottling up those feelings can make you feel worse in the long run and may push you towards unhealthy responses, like taking those emotions out on other people. Instead, give yourself some space and allow yourself to feel whatever it is you are feeling. Try to figure out **why** you feel that way: Are you upset because you feel embarrassed? Not good enough? Disappointed about a missed opportunity? Emotions may feel very intense at first, but over time they usually subside.

Increase self-care – While we cannot control our feelings, we can control our actions. It is important to figure out what makes you feel better when you are upset. This is part of self-care. Self-care should build you up without bringing others down. Some people may choose to be alone for their self-care, such as reading a book, going on a walk, doing yoga or other exercise, playing video games. Others may choose to engage in self-care with others, such as getting support from friends, family, or pets; talking with a counselor or therapist; community service; church; youth groups. It is important to understand the difference between positive self-care and coping strategies that are potentially harmful (e.g., drug use/excessive screen time). Self-care can offer opportunities for reflection and growth.

Reframe – Keep things in perspective and don't take the rejection personally. This rejection may be about the other person's values or boundaries rather than about you personally. Give yourself credit for trying – that took courage! Remember all the times that people did say "yes" and everyone who supports you (friends and family). If people don't try, they will never have the chance to do the things they love.

Move forward – Instead of dwelling on this moment, think about the future. There are plenty of other opportunities waiting for you!

12. **Stream the selected clip about a character experiencing rejection by a romantic partner.** Pause the video before the rejected character reacts and ask the class what should happen next, then continue the video.
13. **Ask the students the following questions:**
 - Do you think [main character]'s response was healthy, unhealthy, a mix? Why?
 - What do you think [main character] should have said or done? Why?
 - How can we deal with feeling sad, angry, or frustrated because of rejection?
 - What are some things you like to do when you are upset to feel better?

Part 3: Practice in Pairs

14. **Introduce the final round of scenario practice using the Be FIRM and AFFIRM models to have a respectful and mature conversation:**
 - In pairs, one person will take on the role of Partner A and the other person will act as Partner B.
 - Partner B's job is to use the Be FIRM model to stand up for their boundaries, and Partner A will then use the AFFIRM model to respond in a kind, healthy way.
 - We will do this in two rounds. After the first scenario, partners will switch roles so that everyone gets a chance to practice the skills of refusal and dealing with rejection.
15. **Invite students to find a partner and decide who will role-play as Partner A and Partner B within their pair.** Then display and read the scenario prompts aloud, pausing in between to let students practice responding:

- **Scenario #1 (Partner B)** – You’re working on a school project in your bedroom when your crush texts you. You have been flirting back and forth for the last few months and you really like them. Feeling excited, you text back. After talking for a while, they ask you to send a sexy picture of yourself without clothes on. You are worried about the consequences of sharing nudes. Use the Be FIRM model to talk to them about why you are uncomfortable.
- **Scenario #1 (Partner A)** – Lately, you’ve been thinking a lot about a classmate. The two of you have been flirting at school and recently exchanged numbers. While texting them one night, they seem really into you. You want to be more than friends, so you ask them to send a sexy picture – you’ve heard other people do this too. But then they write back, “Are you serious? No way!” You immediately feel sick to your stomach, and you don’t know what to do. Use the AFFIRM model to practice a respectful response that accepts their decision and moves forward in a healthy way.

16. After scenario #1, ask for volunteers to share how their pair used the Be FIRM and AFFIRM models. Take a moment to review key information on laws regarding sexual images:

- **Cyber exploitation (CA)** – nonconsensual sharing of sexual images
- **Sextortion (CA)** – threatening to share or expose sexual images to get someone to do something
- **Child sexual abuse material (Federal)** – creating, possessing, or distributing sexual images of a minor (anyone under 18 years old)

17. Invite students to switch roles within their pair, then repeat the exercise with another scenario:

- **Scenario #2 (Partner B)** – You recently learned the term asexual, and you now realize that it fits how you’ve always felt. You’ve been dating your partner for 6 months now and really like them. However, you’re not sure how they will feel about you not being interested in sex. You’re worried that they may want to break up with you. Use the Be FIRM model to have an honest conversation with your partner.
- **Scenario #2 (Partner A)** – You have been with your partner for several months, and thought you were getting close to having sex with them for the first time. But then they came out to you as asexual and explained that they’re not interested in sex. You are disappointed, but still want to be with them. Use the AFFIRM model to express your feelings to your partner, accepting what they shared and considering how to best move forward in the relationship.

18. After scenario #2, invite volunteers to share how their pair used the Be FIRM and AFFIRM models, then wrap up the conversation with some closing messages about self-agency in relationships:

- People are constantly evolving and learning about themselves. Values, priorities, and identities may shift over time, which means that relationships will inevitably experience change. Partners have equal power to decide whether a relationship is serving their current needs and wants, and a person may choose to end a relationship for any reason.
 - Remember that being **nice** might feel easier in the moment, but it can also leave us feeling unhappy because we are not prioritizing our own needs. Being **kind** means being honest and advocating for ourselves, as well as setting boundaries that align with our values and goals.
- These conversations may feel uncomfortable or challenging at first, but they can become easier the more we practice. If someone expresses their boundaries to us, it is important to respect and accept their decision.
 - Feeling disappointed or upset is a normal response to being rejected. Rejection is inevitable – at some point each of us will experience rejection, and it is important to practice how to cope with our feelings in a healthy way.

Peer Refusal Scenarios

Scenario 1: You are sitting with a group of friends during lunch, excited to eat the leftovers of your favorite traditional meal from your family celebration last night. Your friend makes a grossed-out face and says, "*Why don't you ever have normal food?*" The rest of the group laughs a bit, but you feel hurt and uncomfortable. Use the Be FIRM model to acknowledge the microaggression and let them know why it's not OK to joke like that.

Scenario 2: You and your partner have been dating for around 2 years now. You have had sex before, but always with a condom. You are worried about STIs and want to keep yourself safe. Your partner has recently been complaining to you that none of their friends use condoms because "*it doesn't feel as good.*" Use the Be FIRM model to talk to them about why using condoms is important to you.

Scenario 3: You have had a crush on this person in your class for a few months now. They invite you to hang out with them and their friends Friday night. They are going to have a small get-together at their place. When you arrive, you notice that none of their friends have shown up yet. Sure, it's a bit early, but you clearly remember them saying it was a group thing. They grab your hand and pull you onto the couch. This all seems to be moving a bit too fast, and there is no one else around. Use the Be FIRM model to express your discomfort to them.

Scenario 4: You are checking your social media and get a notification that a classmate tagged you in their post. When you click on it, you see an elaborate video asking you to homecoming. You don't know them very well and feel surprised and embarrassed that they would do this in such a public way. Use the Be FIRM model to respond (either on social media or in-person) and let them know how you feel.

Adult Refusal Scenarios

Scenario 5: You are walking into class before the bell rings, and you know that your teacher has a zero-tolerance policy about phones, but you are trying to finish a text as you walk to your desk. Your teacher spots you and asks you to hand over your phone. You hand it over because you know you broke the rule and that you'll get it back after class. But then, your teacher says, "Give me your password so I can see who you were texting." Use the Be FIRM model to let your teacher know that students do not have to give their teachers access to their devices without parent/guardian consent.

Scenario 6: You work part-time as a server at a local restaurant. Your manager walks over and says, "A big party just arrived, and they specifically requested a hot, young server. Go show them a good time! (wink)" This request makes you instantly uncomfortable, and you are trying to find the words to communicate this to your manager. Use the Be FIRM model to let your manager know why you find this to be inappropriate.

Scenario 7: You have felt attraction toward girls and boys for as long as you can remember, and you finally feel ready come out to your trusted adult. But when your cousin recently told the family they are pansexual, you overheard your trusted adult saying that "it's just a phase." You're afraid they will say the same thing to you. Use the Be FIRM model to communicate with your trusted adult about how you feel.

Scenario 8: You have been thinking about going on birth control, so you make an appointment at a clinic to learn more about your options. During the appointment, the clinician interrupts you and says, "I'll set you up to get an IUD. Most teens are not very responsible, and this is the most effective protection." You are not interested in getting an IUD and want to learn more about options like the pill, patch, and ring. Use the Be FIRM model to advocate for yourself and ask to learn about the methods you are interested in.

Activity 11.2: What Would You Say?

Objectives: Identify obvious and subtle ways that people may pressure others sexually. Practice defending the choice to not have sex, responding when a partner objects to using a condom, and intervening to prevent sexual assault.

1. Give each student a copy of the What Would You Say? worksheet.
2. Explain that the goal of the activity is to practice responding to situations involving social pressure by defending our personal choices and boundaries. In each bubble, write a “comeback” to effectively shut down the person pressuring you. Be as realistic as possible while still using classroom appropriate language (i.e., no hate speech, violence, or swearing).
3. Assign for homework or allow students 5-10 minutes in class to complete the worksheet.
4. Once most students have completed the assignment, invite volunteers to share some of their best responses. It can be fun to have the class vote on their favorite “comeback.”
5. To wrap up, ask the following questions:
 - Why do you think teens pressure each other to have sex? Why do they care?
 - Which of these situations are the most realistic? Why?
 - Now that we have practiced writing comebacks, do you think it would be easier to respond to a similar situation digitally (e.g., via text) or face-to-face (“in real life”)? Why?

What Would You Say?

Name: _____ Date: _____ Period: _____

A. Imagine a friend is making fun of you for not having sex. Come up with ways to express your reasons for waiting to have sex.

You two still haven't had sex? Haven't you been together for a while now?

Why are you scared? Just use protection.

B. What would you say if your partner was pressuring you to have sex? Imagine that the person speaking is someone that you like and care about.

I can't wait around forever... I thought you were more mature than this! If you don't want to have sex, then what else can we do?

You're so sexy! How can you expect me to get turned on and then not have sex?

I'm just trying to show you I love you. Don't you love me?

C. What would you say if your partner didn't want to use protection? Imagine you are considering having sex with the person who is speaking.

You don't need to worry about STIs, I haven't been with anyone else.

Why do you want me to get tested? Do you think I'm dirty or something?

We will be super careful! I promise nothing bad will happen.

D. You are at a party and your friend wants to hook up with someone who has been drinking alcohol. Your friend says...

Don't worry, they don't look drunk.

Extra Activity: Dear Dr. Lupe

Objectives: Practice giving sexual health advice to peers. Explore different ways to solve problems and make decisions.

1. Explain that this activity allows students to play the role of an advice columnist, **Dr. Lupe**, who is an expert on sexual health and relationships. Each student will receive a scenario about a teen who is facing a difficult decision or situation. The task is to respond to the person with advice and support.
2. Give each student a scenario and invite them to write a letter back to the person asking for help. Each letter should include:
 - A minimum of five sentences
 - A summary of the problem described in the scenario
 - Suggestions, tips, or advice to handle the situation in a healthy way
 - Helpful resources or trusted adults to go to for more support
3. Assign for homework or allow 10-15 minutes in class for students to write their letters quietly. As they finish writing, invite them to exchange letters with someone sitting near them and quietly pair-share to give feedback.
4. When the class has completed the assignment, invite a few volunteers to read aloud their scenario and the letter they wrote. Debrief with some reflection questions:
 - What are some “red flags” you noticed in this scenario?
 - What prevents people from taking action?
 - What could happen if this person did nothing?

Dear Dr. Lupe Advice Scenarios

Dear Dr. Lupe,

I'm bisexual, and I've been with my partner Maksim for 2 years now. He's really amazing and I love him so much, but sometimes he talks about my sexual orientation in a way that makes me feel weird. He keeps on "joking" that since I'm bisexual, I'm secretly cheating on him with my best friend Priya. He's been saying this stuff around our friends too, and I've just been laughing along. Once I tried to talk to him about it and asked if maybe he was taking out his insecurities on me, but he denied it. I feel stuck. What do I do?

Anxious Avi

Dear Dr. Lupe,

I am a 17-year-old guy, and I've been having sex for a few months now. I really don't like the way condoms feel, but I don't want to get any infections either. Is there any way to make condoms feel better?

Cautious Colin

Dear Dr. Lupe,

I am a 16-year-old lesbian, but I know my friends and family would freak out if they knew, so I'm not out to anyone. I've even been dating the same guy for about a year as a cover. The problem is he wants to have sex, but I definitely don't like him that way. I feel like I need to keep my cover until I go away to college and can truly be myself. Until then, I don't know what to say to him. Having sex with a guy just isn't what I'm into. How do I handle this?

Closeted Chloe

Dear Dr. Lupe,

I am 18 and have been having sex for about a year. Lately I've been hearing about all these different STIs out there and it's making me nervous. How do I talk to someone about safe sex without them thinking I have an STI? Are condoms the only way to protect myself? I've had sex without condoms before and didn't get bumps or a rash or anything. What should I do?

Dmitri in Denial

Dear Dr. Lupe,

My girlfriend and I have been going out for about three months, and we're getting closer to possibly having sex. I'm ready, but she's not. What should I do? Is there anything I can do to make her ready sooner? What should I do in the meantime until she is ready?

Eager Enzo

Dear Dr. Lupe,

I am 16 and have been dating my girlfriend for six months. We have only had sex a few times, but she missed her period and thinks she might be pregnant. We are both totally overwhelmed! What should we do if she is pregnant?

Freaked Out Farid

Dear Dr. Lupe,

I am a 16-year-old girl and have been dating this guy for about two months. We've kissed and held hands and stuff, but so far he hasn't tried to go further sexually. It seems like he gets excited when we are together, but it always stops before we go all the way. I'd like to have sex with him, but I think he might be gay. Why isn't he trying to get me into bed with him? I thought all guys were interested in sex all the time. What's wrong with him? Is something wrong with me?

Glamorous Gwen

Dear Dr. Lupe,

I am 17 years old and have been in a pretty serious relationship with this guy for the past six months. We have sex a lot, and we're very safe and responsible about it. My boyfriend is really considerate and always makes sure I have a good time, but he also likes to try new things. Lately he's been asking for us to try anal sex. I just can't seem to get into it. I don't want to disappoint him or make him think I'm boring, but I don't think this is something I want to try. What should I do?

Hesitant Hera

Dear Dr. Lupe,

I have a boyfriend and we started having sex pretty soon into our relationship. Sometimes I feel too young and immature to be having sex, but now that I've started, I don't want to stop because I love him and want to keep him happy. How can I make myself feel more comfortable having sex? Should I tell him how I feel? What do you think I should do?

Immature Ivy

Dear Dr. Lupe,

My girlfriend of 3 years is going away to college in a few months. When she came back from orientation last week, she was so excited and couldn't stop talking about how much fun it will be to live in the dorms. She's probably going to meet all these cool new people and just forget about me. I love her, but I'm worried about our future, and I don't know what to do.

Jealous Jae-Min

Dear Dr. Lupe,

I am 15 years old, and my boyfriend is 17. I haven't had sex before, but my boyfriend has been asking me to. He's so cool, and I think I love him. I just really wanted to be engaged or at least in a serious relationship before I have sex with someone. I'm afraid he will break up with me if I make him wait much longer. What should I do?

Monogamous Marlowe

Dear Dr. Lupe,

I am a transfeminine person, and I've been taking hormones since middle school. Now that I'm in college away from where I grew up, people assume I'm a cisgender woman. I feel like I can finally have a fresh start, and it's nice to not have my trans identity be the first thing people know about me. Recently I've started dating, and I want to have sex eventually... but I've been too scared that people will reject me when they find out I have a penis. How do I balance my own safety and well-being with the constant need to come out to potential sexual partners?

Nervous Nyah

Dear Dr. Lupe,

I'm an 18-year-old girl, and I have never had sex or even kissed anyone. It's very embarrassing. Everyone always talks about girls getting pressured into sex, but I can't even find someone to date! I just want to hurry up and lose my virginity. I don't want to be the oldest virgin in my school. What should I do?

Never-Been-Kissed Naomi

Dear Dr. Lupe,

I am an 18-year-old gay man, and every time I start dating someone, I always have to end it because all they want is sex. I swear! I've had to end several relationships because they kept pressuring me to have sex. I am still a virgin and feel like I should stay one for now. I'm attracted to guys, but I'm just not ready to be sexual with anyone yet. Plus, I was raised to wait until you are married to have sex. What do you think I should do?

Prudent Peter

Dear Dr. Lupe,

I'm a sophomore in high school and I've never had a crush on anyone. I have a really close group of friends, but I've never liked anyone as more than a friend. Some of my friends have started dating, but even my single friends are constantly talking about who they like. Is there something wrong with me?

Questioning Quinn

Dear Dr. Lupe,

Over the summer I came out as nonbinary. My close friends have been super supportive, but most people at school still call me by the name and pronouns I used last year. It's frustrating to constantly be misgendered, but it's sometimes really awkward to correct people, especially teachers. I'm only a sophomore, so I'll be at this school for a few more years. What should I do? How can I get other people to see me for who I really am?

The Real Reid

Dear Dr. Lupe,

I ran away from my group home because I didn't feel safe anymore. I hopped on the bus, but I guess I fell asleep because I woke up a few cities away. When I got off the bus, this older girl at the bus stop noticed I looked lost and came up to me. She asked if I was alone and if I needed a place to crash. She told me her folks were on their way to pick her up, and that I could come with if I wanted to. I didn't have any clothes, food, or even a place to sleep so I went with them to their house, and they gave me bed and a hot meal. The girl's "folks" were a man and his wife who said they could be my family, but I had to make \$500 a day to stay "in the family." I'm nervous about what they want me to do, but I feel like they will give me the protection that no one else will. What should I do?

Regretful Ruby

Dear Dr. Lupe,

I met this guy online through a mutual friend, and we've been talking for almost a year now. Even though we haven't met in person, I really trust him and even started to catch feelings. A few weeks ago, we were joking and messing around, and he convinced me to send a topless picture of myself. I thought it wasn't that big of a deal at first, but now he keeps pressuring me for more photos. He even threatened to post my topless photo online if I didn't send more! I'm really worried that my family and people at school will find out, and I don't want to get in trouble! What should I do?

Scared Scarlet

Dear Dr. Lupe,

I learned in health class that masturbation is considered healthy and normal. But I do it every day, sometimes more than once a day. Is this still normal? Can you masturbate too much?

Solo Sammy

Dear Dr. Lupe,

My partner has been getting really jealous lately when I hang out with my friends. They didn't used to be like this when we first started dating, but now it's like they're unhappy any time we're not together. When I try to bring it up, then get really defensive and I always end up apologizing. How can I set healthy boundaries in my relationship?

Trapped Toni

Dear Dr. Lupe,

I am 17 and still a virgin. Whenever I'm around other guys and the topic of sex comes up, I feel really embarrassed because I have nothing to say. It seems like the other guys are wondering if I even like girls. It makes me want to lose my virginity as fast as I can. Maybe I should just make something up and tell them I've had sex. What do you think?

Virginal Viktor

Extra Activity: Talk It Out

Objectives: Practice communicating with peers and partners about sexual health and relationship issues. Explore different ways to solve problems and make decisions.

1. **Explain that this activity will involve writing and performing a script about high school students.** The class will be split into pairs or small groups and given a scenario. Work together to develop a realistic script that addresses all parts of the given scenario.
2. **Hand out one scenario to each pair or small group and give the class 20-30 minutes to write and practice performing their scripts.**

Note to Instructor: Circulate the room to check each script and give a stamp of approval before students are allowed to perform. Students are encouraged to be realistic and creative with their scenario, but being disrespectful or inappropriate will **not** be tolerated.

3. **When everyone is ready, have each group perform their script for the class.** At the end of each performance, invite the class to analyze the communication between characters in the scene. For example, ask: “Did they use healthy, effective communication strategies? How could they have communicated better?”
4. **After all of the performances, debrief with some reflection questions:**
 - What are some of the common “red flags” you noticed coming up in the scripts?
 - How can a person improve communication with their partner?
 - Why it is important to communicate about sex and boundaries with a partner?

Talk It Out Scene Prompts

Lia and Marcus are both juniors in high school and have been dating for eight months. Lia has dated a few other guys before but never as seriously. She feels very close to him and thinks she's really falling for him. He is kind, understanding, funny, smart, and pushes her to do well in life. Likewise, Marcus is very into Lia. He thinks she is beautiful, sweet, and special. He even told his best friend that he's in love with her. Neither Lia nor Marcus have ever had sex. As their relationship gets closer emotionally, they are both feeling the desire to get closer physically. Although they have never talked about sex before, Lia and Marcus are both wondering if they are ready to have sex together for the first time.

Yusef and Katya have been dating for a few months and both feel ready to have sex. Yusef is under the impression that Katya is a virgin, so he is not worried about STIs. Katya is feeling conflicted because she did have sex with her ex-boyfriend last year but has been afraid to bring it up to Yusef since they started dating. She considered not telling him at all but decided that she wants to be totally honest with Yusef. She also thinks that going to a local clinic for STI testing would be a good opportunity to talk with a provider about their options for birth control.

Hector and Sofia met at a school dance last month. They have gone out a few times since then, but always with other friends too. Sofia and Hector have each had sex with other people in the past, but they are now starting to feel a physical connection between them. Sofia goes over to hang out at Hector's house, and they are both wondering about the status of their relationship. Are they together now? Are they just good friends? Are they going to hook-up? Are they going to start dating? Both Sofia and Hector want to talk about it, but neither of them knows how to start the conversation.

Satomi and Rex are really into each other. They met through friends last summer and have been inseparable ever since. They hang out all the time and make each other laugh like no one else can. Neither of them has had sex before, but as they have grown closer, both Satomi and Rex have been thinking about it. Satomi is sure that she wants Rex to be her first, and she is looking forward to the "right" moment to tell him. Rex, however, has always known that he wants to wait until he's married to have sex for the first time. He feels like he should tell Satomi sooner rather than later, but he is worried about how she will react.

Jayden and Tamika have been having sex for the past six months. Jayden has been concerned recently because, even though Tamika is on the birth control pill, she sometimes forgets to take it. Jayden worries that their protection is less effective than it could be. He is definitely not ready to deal with an unintended pregnancy. Jayden doesn't know how to talk to Tamika about it because he doesn't want to hurt her feelings.

Sadie and Marisol have been together ever since they met last year. Sadie has told all of her friends and family that she is lesbian, and she's also a member of her school's GSA (Gender and Sexuality Alliance). Marisol has not told anyone that she is gay, and she tells people that she and Sadie are just best friends. Marisol has been feeling uncomfortable lately because Sadie is pressuring her to come out to her parents. Marisol doesn't feel ready for this big step and is really scared to find out how her family will react. She also feels guilty because she knows it hurts Sadie to keep their relationship hidden. Both girls really want to talk about how they feel.

Bryce and Sanjay have been best friends for two years. Their friendship has grown a lot from sharing fun times together and supporting each other through difficult times. Recently, they both have started developing romantic feelings toward one another. Bryce and Sanjay are each wondering how the other feels. Bryce is afraid that Sanjay doesn't like him romantically because Sanjay sometimes flirts with girls. Sanjay is concerned that getting intimate with Bryce may ruin their friendship. Their feelings for each other are growing stronger, and they both want to figure out what to do.

CJ and Morgan have been dating for a year, and they started having sex about four months ago. Both have had sex with previous partners, but neither has been tested for STIs. They are not consistent with their condom use – sometimes they use one, and sometimes they don't. Morgan has recently been feeling that condoms are very important and that they should be using one every time they have sex. Morgan wants to talk to CJ about their feelings but knows that CJ thinks sex with a condom doesn't feel as good. Morgan thinks it's time they talk seriously about the situation.

Remy and Jin have been dating for three months and have had sex a few times. Remy enjoys it and wants to continue trying new things. Jin was anxious about having sex at first, and now feels that they really were not ready. Jin wants to slow things down but isn't sure how to tell Remy they don't want to have sex anymore. They both want to talk about their relationship and their future together.

Lesson 11 Wrap-Up

Objectives: Summarize the information covered in this lesson. Preview the topics to be covered in the next lesson. Provide examples of self-care activities to help process and refocus for the next class.

Note to Instructor: Update the “Looking Forward” slide in the **Lesson 11 PowerPoint** to accurately reflect your lesson plan for the next day.

Part 1: Closing Routine

1. **Review the content from this lesson using any of the following prompts:**
 - What are the four steps in the Be FIRM model? Which ones are optional?
 - How can we determine whether to act now or act later?
 - What are some kind ways to turn someone down?
2. **Review the follow-up activities, assignments, or resources provided during this lesson.** Clarify what (if anything) is due the following class and what is optional for students to explore if they would like more information or support.
3. **Invite students to write something down and to submit their scratch paper to the Anonymous Question Box.** Remind the class that everyone must turn in a paper with writing to the Question Box at the end of each class session, and this will be their final opportunity to submit anonymous questions. If they do not have a question, they can write something they learned, leave a note for the instructor, or simply draw a picture.

Part 2: Looking Forward

4. **Introduce the topics that will be covered in the next lesson: Review.**
 - In the final lesson we will review all of the topics we learned about in the Teen Talk HS course.
 - This will include a review game and our Exit Survey, neither of which will be graded.
 - We will also have an opportunity to reflect on personal goals for the future, thinking about how the information we covered in Teen Talk can help reach those goals.
 - Final reminder: the Let’s Talk interview is due tomorrow!
5. **Provide some examples of self-care to decompress after this lesson and recharge for the next topic.**
Refer to Lesson 1 (pg. 9) for additional ideas.
 - It can be helpful to move your body, get creative, rest, or connect with others, for example:
 - Play a board game with a friend or sibling
 - Create a comic strip
 - Go swimming
 - Watch your favorite show or movie

Lesson 12: Review and Wrap-Up

Goals

The purpose of this lesson is to:

- Review key information about sexual health and relationships covered throughout the Teen Talk HS course.
- Consider how the information and skills learned in this course may be personally relevant and impact life goals, now or in the future.
- Emphasize the importance of communication with a trusted adult to support healthy decision-making.
- Assess knowledge acquisition and collect feedback about the Teen Talk HS course.

Objectives

At the end of this lesson, students will be able to:

- Name two local health clinics with to access confidential sexual health services.
- Explain why it is important to talk with trusted adults about relationships and sexual health.
- Describe a personal plan to avoid STIs and unintended pregnancy, including ways to overcome potential barriers to prevention.
- Articulate what they will do differently after participating in this course.

Why Is This Important?

In this final lesson, students review information and synthesize messages learned throughout the course. Teen Talk High School is a course that naturally promotes introspection and self-reflection. With the knowledge gained from the range of topics explored, students are encouraged to imagine what their future might look like and consider how to build towards a fulfilling life. This is a critical opportunity to explore their personal goals and reflect on how they will reach those goals.

This lesson begins with a reflection about their experience interviewing a trusted adult and discussion about the importance of having trusted adults to talk with throughout adolescence. Students then complete a reflection map to articulate some of the key information that will be relevant to their future personal decisions about sex and relationships. The class can also play interactive review games in groups or as individuals to recall important facts learned during the course. Finally, students have an opportunity to assess their knowledge and provide feedback about Teen Talk HS so that we can continue to improve this curriculum.

Activity	Time in class (min.)	Can be done as HW?	Materials	Preparation
Lesson 12 Introduction	10-15		<ul style="list-style-type: none"> Lesson 12 PowerPoint "WOOP" video 	<ul style="list-style-type: none"> Review anonymous questions and prepare responses Update the Agenda slide in Lesson 12 PowerPoint
12.1 Let's Talk Wrap-Up	5-15			
12.2 Mapping My Future	10-20	Yes		<ul style="list-style-type: none"> Print Mapping My Future worksheet (one per student)
12.3 Teen Talk Jeopardy!	20-45		<ul style="list-style-type: none"> Lesson 12 PowerPoint Question (Answer) Box Scratch paper (a small stack per group) Answer Key 	<ul style="list-style-type: none"> Cut paper into 3" x 4" pieces
12.4 Exit Survey	10-15		<ul style="list-style-type: none"> Answer Key Internet-enabled devices (e.g., tablets, computers) for online survey (one per student) 	<ul style="list-style-type: none"> Print Exit Survey worksheets (one per student) Create an anonymous online survey for easier data collection
Course Wrap-Up	5			
Total Minutes for Lesson 12:	60-115			
Extra: Teen Talk Kahoot!	10-20	Yes	<ul style="list-style-type: none"> Internet-enabled devices (e.g., tablets, computers) for online survey (one per student) 	<ul style="list-style-type: none"> Upload template with review questions into Kahoot!
Extra: Teen Talk Poetry	10-20	Yes		<ul style="list-style-type: none"> Print Teen Talk Poetry worksheets (one per student)

Background Information

Key Messages of Lesson 12

- **Trusted adults** are an important resource for helping young people navigate relationships and sexual health.
- Taking the time to consider **goals** for the future and how to overcome **obstacles** helps us figure out how to reach them.
- Information discussed throughout Teen Talk can support young people in making **informed decisions** about their health and relationships now and in the future.

Additional Resources

California Youth Crisis Line – www.calyouth.org/cycl

- A free, 24/7 hotline for California youth (ages 12–24) in crisis, provided by the CA Coalition for Youth.
- Provides confidential, nonjudgmental support by crisis counselors trained to listen with compassion and connect youth and families to free and low-cost resources in their local community.
 - Call or text: **1 (800) 843-5200**

Crisis Text Line – www.crisistextline.org

- A free, 24/7 text line for anyone in crisis, anywhere in the U.S.
- Provides confidential, nonjudgmental support by crisis counselors trained to help bring texters “from a hot moment to cool and calm” through active listening and collaborative problem-solving.
 - Text: HOME to **741-741**

It’s Your (Sex) Life – www.itsyoursexlife.com

- MTV’s public information campaign to support young people in making responsible decisions about their sexual health.
- A comprehensive website for teens with information about reducing unintended pregnancy, preventing the spread of STIs, and open communication with partners and medical providers.

Planned Parenthood – www.plannedparenthood.org/learn/teens

- Clear, helpful information for teens about bodies, sex, relationships, and more.
- Includes videos, quizzes, and games to reinforce health messages and skills.
 - Chat with Roo for confidential Q&A: www.roo.plannedparenthood.org/chat

Scarleteen – www.scarleteen.com

- Inclusive, comprehensive, supportive sex and relationships information for teens and emerging adults.
- Provides helpful resources for LGBTQ+ youth, information for youth with disabilities, and safety planning guides for youth in abusive relationships.

Sex Etc. – www.sexetc.org

- Honest, accurate sexual health information and stories written by teens for teens, provided by Answer (Rutgers University).
 - Find local clinics at: www.sexetc.org/action-center/clinic-finder

Sutter Health: Teen Health Topics – www.sutterhealth.org/pamf/health/teens

- Brief articles written for teens by Sutter Health medical professionals, including information about sexual health and physical health, relationships and social skills, emotions and mental health, and becoming an adult.

Teen Source – www.teensource.org

- An online hub for teen-friendly sexual health information and resources, including accurate and reliable information about STIs, birth control, healthy relationships, and teen rights to access sensitive services in California.
- Provides videos, blogs, and helpful resources for youth.
 - For weekly info and advice text: TEENSOURCE to **877-877**
 - Find local clinics at: www.teensource.org/find-a-clinic
 - Condom Access Project (CAP): www.teensource.org/condoms/free

Lesson 12 Introduction

Objectives: Introduce students to the topics covered in this lesson. Review group norms and calming strategies. Provide students with an outlet to privately communicate with the instructor and ask questions. Encourage students to think about how they can use the information from Teen Talk to help reach their goals for the future.

Note to Instructor: Update the agenda slide in the **Lesson 12 PowerPoint** to reflect your lesson plan for the day. Be sure to pre-screen and prepare answers for the anonymous questions before addressing them with the class.

Part 1: Opening Routine

1. **Display the Welcome Question as students enter and prepare for class: “What is one of your dreams for your future?”** Invite students to quietly reflect, journal, or pair-share about their response to the question.
2. **Review the agenda for this lesson to preview the activities that will be facilitated.** Be transparent about the information that will be covered and what students will be asked to do in each part of the lesson.
3. **Review the Group Norms, emphasizing student agency to participate and self-regulate.** Remind the class to be mindful of their needs and avoid making assumptions. Group Norms for Teen Talk HS are:
 - **Respect** – listen actively; take space, make space; and practice inclusive language
 - **Communication** – identify your trusted adults, and build connections
 - **Curiosity** – keep an open mind, and ask questions openly or anonymously
 - **Privacy** – create a safe space together, and expect transparency
 - **Well-being** – feel your feelings, and find what works for you
4. **Review the examples of calming strategies that can help when a person feels uncomfortable, overwhelmed, or activated.** Encourage students to be mindful of their “window of tolerance” and empower them to engage with the material to the extent they are comfortable. *Refer to Lesson 1 (pg. 9) for additional calming strategies and explanations of specific techniques.*
 - Ways to stay calm and grounded during this lesson may include:
 - **Taking care of your basic needs** – drink water, stand and stretch, or put your head down
 - **Changing your environment** – step outside, walk to the bathroom, or visit the office
 - **Utilizing focus tools** – hold a fidget toy, color, doodle, or draw on your Question Box paper
 - **Practicing grounding techniques** – try the 5-4-3-2-1 method, and don’t forget to breathe!
5. **Answer all remaining Question Box questions at the beginning of class or by the end of the course.** *See Activity 1.2 for specific guidelines and recommendations for using the Anonymous Question Box in Teen Talk HS.*

Part 2: Introduction to Goal Setting

6. **Ask for volunteers to share their thoughts about the Welcome Question: “What is one of your dreams for the future?”** making sure to encourage students and validate their responses.
 - Not matter how difficult or overwhelming things may feel, you ultimately have the power to decide what you prioritize and how you will reach your goals.
 - Setting goals is the first step in reaching them. Once we clarify what we want to achieve, it becomes much easier to break down the steps of how to get there.

7. **Explain how personal values inform personal goals.** As we have discussed throughout Teen Talk, identifying our personal values is one of the most important tasks of adolescence. When we set goals that are aligned with our values, we are more self-motivated to achieve them. Developing this skillset is a crucial component of building confidence, agency, and safer, healthier relationships.
- Decisions we make throughout our lives have the potential to bring us closer to or further away from our goals. It often helps to use a goal setting strategy to map out potential obstacles and steps we can take to overcome them.
8. **Introduce the WOOP method.** This is a practical, accessible, evidence-based motivational strategy developed by Gabriele Oettingen to help people set, visualize, and make a plan to achieve their goals.
- **Wish** – Identify a wish that is challenging, yet attainable.
 - *What is something you want in your future?*
 - **Outcome** – Imagine the best outcome as a result of your wish (as vividly as possible).
 - *How would fulfilling this wish make you feel?*
 - **Obstacle** – Identify and imagine the main inner obstacle that is in the way of fulfilling this wish.
 - *What is stopping you from achieving this goal?*
 - **Plan** – Create an “if-then” plan to overcome the obstacle.
 - *What action or thought can you practice when facing this obstacle?*
 - Slowly repeat the statement to create an intention: “If [obstacle] then [action or thought]”
- Note to Instructor:** For more information about this goal-setting strategy, including a tutorial video, a virtual practice module, and link to download the WOOP mobile app, check out www.woopmylife.org/en/home
9. **Optional:** Screen the Character Lab video on WOOP (1:10) to visually explain process and benefits of using this method: www.vimeo.com/235975265
10. Remind students that their dreams are worth pursuing!

Activity 12.1: Let's Talk Wrap-Up

Objectives: Reflect on how it felt to communicate with a trusted adult about sexual health, relationships, and values. Identify ways to continue having conversations about sexual health in the future.

1. **Ask the class to take out their completed Let's Talk interview homework.** Remind students that they do not need to share the personal answers given by their trusted adult. The point of the assignment is to engage in a discussion and reflect on the experience, not to elicit specific responses.
2. **Invite the class to vote using their thumbs: “How did your interview go?”**
 - Thumbs up = easy, interesting, or funny
 - Thumbs to the side = a little awkward, but not as bad as anticipated
 - Thumbs down = awkward, embarrassing, or uncomfortable
3. **Poll the class:**
 - Who interviewed a parent? A non-parent family member? A non-relative trusted adult?
 - Who learned something from the person they interviewed?
 - Who feels like they could talk about sexual health with that trusted adult again in the future?
4. **Ask if anyone would like to share anything about their experience interviewing a trusted adult.**
5. **Congratulate the class for their maturity in opening up a conversation on these important topics and encourage them to continue talking with their trusted adults as needed.**
6. **If desired, collect the slip at the bottom of the Let's Talk worksheet to gather data and contact information for the adults interviewed.**

Activity 12.2: Mapping My Future

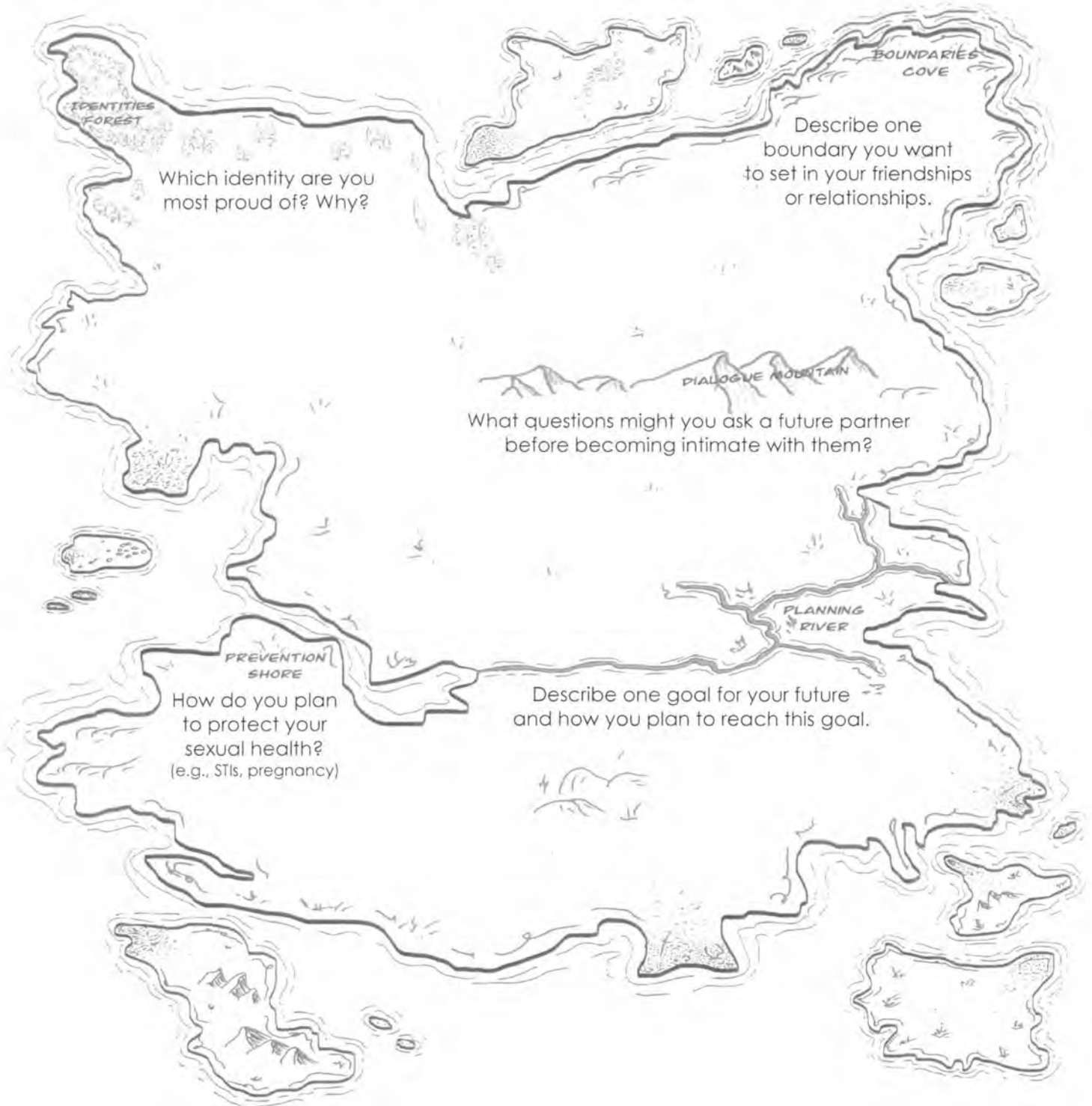
Objectives: Consider how to apply the information from Teen Talk HS to access resources, avoid STIs, and maintain healthy relationships.

1. Give each student a copy of the Mapping My Future worksheet.
2. Explain that this final worksheet is designed to help students clarify their values and future goals and consider how the information covered in Teen Talk HS may apply to them personally.
 - The map allows students reflect on the five prompts along the map and then write or draw in their responses to chart out their current journey.
 - Remember that goals, boundaries, and values may change over time as we have new adventures, meet new people, and experience new things.
3. Assign for homework or allow students 5-10 minutes to complete their map in class.
4. To wrap up, use the following questions to facilitate a discussion:
 - What does sexual health mean to you?
 - What kinds of boundaries are important to you in a friendship or relationship?
 - Who or where can you turn to for more support or advice in making sexual health and relationship decisions?

Mapping My Future

Name: _____ Date: _____ Period: _____

Instructions: Write or draw your answers next to each prompt below based on your personal values, future goals, and the information you learned during Teen Talk.



Activity 12.3: Teen Talk Jeopardy!

Objectives: Review all topics discussed during the Teen Talk HS course.

Note to Instructor: If available, groups can use mini whiteboards instead of scratch paper to display their answers.

1. Explain the activity and expectations:

- We will be playing a game of team Jeopardy! to review the topics we have learned during Teen Talk before taking the Exit Survey.
- The class will be divided into small groups of 3-4 students and given a team name/number. Teams will take turns choosing the question for the class.
- Each team will receive a pile of scratch paper as answer cards. Make sure your team name/number is visible on the answer card before submitting your answer.
- Once a question is chosen from the game board, work as a team to write the answer onto one answer card. Then send one team member to submit your answer to the Question Box, which is now the Answer Box.
- Every team who gets the answer correct will earn points. Teams do not lose points for incorrect answers. Answers do not need to be in the form of a question.

2. Invite students to clear off their desks and give each team a stack of scratch paper. Ask them to write their team name/number down onto the answer cards.

3. Project or draw the game board and review the categories and values with the class. Question difficulty increases as point value increases.

4. Invite the first team to choose a question, allow 30-90 seconds for teams to submit answers to the Answer Box, then reveal the correct answer to the class. Scoring can be done privately by the instructor while the class works to answer the next question.

5. Repeat until all questions are reviewed, or until time runs out before administering the Exit Survey.

Identities	Birth Control	STIs	Consent & Safety	Wild Card
100	100	100	100	100
200	200	200	200	200
300	300	300	300	300
400	400	400	400	400
500	500	500	500	500

Identities	Birth Control	STIs	Consent & Safety	Wild Card
<p>What is the difference between sex & gender?</p> <p>Sex = physical traits</p> <p>Gender = how a person feels inside</p>	<p>List the 3 main categories of birth control.</p> <p>Behavior methods, barrier methods, hormonal methods</p>	<p>T/F: If not treated correctly, some STIs can lead to infertility (not being able to reproduce).</p> <p>True</p>	<p>What are the 2 types of human trafficking?</p> <p>Sex trafficking and labor trafficking</p>	<p>T/F: The majority of high school students in the U.S. have had sex.</p> <p>False (less than 40% have)</p>
<p>What is it called when a person's sex assigned at birth does NOT align with their gender identity?</p> <p>Transgender</p>	<p>What two methods can be used at the same time for more effective protection?</p> <p>1 barrier method + 1 hormonal method (e.g., condom + implant)</p>	<p>List 3 different types of STI tests.</p> <p>Possible Answers: Blood draw, urine test, oral swab, cotton swab, visual inspection, PAP test (cervical exam)</p>	<p>Describe 2 legal requirements for sexual consent.</p> <p>Possible Answers: Age (18+ in CA) Sober (not drunk or high) Free will (no pressure or coercion of any kind)</p>	<p>Describe 3 mistakes that can decrease condom effectiveness.</p> <p>Possible Answers: Expired, wearing 2, not pinching the tip, inside out, oil-based lube, etc.</p>
<p>List 3 ways to ensure all students feel safe and valued at school.</p> <p>Possible Answers: Don't judge people, treat others with respect, don't assume pronouns, ask if they feel safe, celebrate diversity, etc.</p>	<p>What is emergency contraception? When and why would someone use it?</p> <p>A pill taken after sex to prevent pregnancy</p>	<p>Name 3 medications that can help prevent HIV transmission.</p> <p>PrEP (pre-exposure prophylaxis), PEP (post-exposure prophylaxis), ART (antiretroviral therapy)</p>	<p>What is the difference between sexual harassment & assault?</p> <p>Sexual harassment = unwanted communication (words or gestures)</p> <p>Sexual assault = unwanted contact (physical or visual)</p>	<p>List the 4 parts of the "Be FIRM" model for refusal.</p> <p>Figure out your boundaries, Inform them, Reason why, Make a suggestion</p>
<p>What is the difference between asexual, bisexual & pansexual?</p> <p>Asexual = does not experience sexual attraction</p> <p>Bisexual = attracted to two or more genders</p> <p>Pansexual = attracted to any or all genders</p>	<p>How do hormonal contraceptives prevent pregnancy?</p> <p>The hormones may: prevent ovulation, thicken cervical mucous, and/or thin the endometrium</p>	<p>Name 3 local clinics where a person can get free STI testing.</p> <p>Possible Answers: Planned Parenthood, Kaiser Teen Clinic, Sequoia Teen Wellness Center, etc.</p>	<p>List 3 healthy and 3 unhealthy signs in a relationship.</p> <p>Healthy: Independence, Trust, Healthy conflict, Kindness, Respect, Fun, Honesty, Equality, etc.</p> <p>Unhealthy: Manipulation, Isolation, Belittling, Deflecting responsibility, Guilt, Sabotage, Betrayal, Volatility, etc.</p>	<p>Describe 3 uses for contraception that are NOT related to preventing pregnancy.</p> <p>Possible Answers: STI prevention, managing period symptoms (cramps, irregular cycle, acne, migraines), suppressing menstruation (skipping periods), gender alignment, etc.</p>
<p>Define intersectionality.</p> <p>The concept that everyone has a unique set of personal identities that intersect and overlap (they cannot be separated), impacting experiences of privilege and oppression.</p>	<p>Name 5 birth control methods AND how long each method lasts.</p> <p>Pill (1 day) Patch (1 week) Ring (3-4 weeks or 1 year) Shot (3 months) Implant (3-5 years) IUD (3-7 or 10+ years) Condom (one sex act) No sex (as long as a person chooses!)</p>	<p>In two separate columns, list 4 curable and 4 treatable STIs.</p> <p>Curable: chlamydia, gonorrhea, syphilis, trichomoniasis, pubic lice</p> <p>Treatable: herpes, hepatitis B, HPV, HIV</p>	<p>What does each letter of the ACCEPT consent model stand for?</p> <p>Possible Answers: Active Choice Continual Equal power Precise Transparent</p>	<p>Name the 6 body fluids that can transmit HIV.</p> <p>Blood, semen, vaginal fluid, rectal fluid, pre-ejaculatory fluid, breast milk</p>

Activity 12.4: Exit Survey

Objectives: Assess knowledge about sexual health information and comfort discussing the information with others. Evaluate Teen Talk HS and provide feedback to improve the course.

1. **Explain to students that they will be taking a survey to assess how much they learned during the Teen Talk course.** The survey is anonymous, it is not graded, and, besides some additional evaluation questions, it is the same survey that students took on the first day of the course. If they do not know an answer, they can guess or select “Not Sure.”
2. **Give each student a copy of the Exit Survey.** Allow students 10-15 minutes to complete the survey.
3. **If time permits, collect the surveys and review the answers as a class.** The answers can be found after the Intro Survey in Lesson 1.


Teen Talk High School Exit Survey

School _____ Date _____ Grade _____

Gender _____ Ethnicity _____ City where you live _____

Did you have Health Connected's **Teen Talk** course in 7th or 8th grade? ☐ Yes ☐ No ☐ Not sure

1. What is it called when a person's sex assigned at birth does not align with their gender identity?
 - A. Heterosexual
 - B. Asexual
 - C. Gay or lesbian
 - D. Transgender
 - E. Not sure
2. What is emergency contraception?
 - A. A pill taken after sex to prevent STIs
 - B. A pill taken after sex to prevent cancer
 - C. A pill taken after sex to prevent pregnancy
 - D. All of the above
 - E. Not sure
3. Besides sexual fluids, which of the following body fluids can pass HIV?
 - A. Saliva
 - B. Urine
 - C. Blood
 - D. Sweat
 - E. Not sure
4. Which type of birth control also helps lower a person's risk of getting an STI?
 - A. Depo shot
 - B. Condom
 - C. Vaginal ring
 - D. Birth control pill
 - E. Not sure
5. Name two local clinics where a teen can get **FREE** and **CONFIDENTIAL** birth control, STI testing and treatment, as well as pregnancy testing and counseling.
 1. _____
 2. _____
6. A hormonal birth control method can be combined with a condom for more effective protection against pregnancy and STIs.
 - ☐ True
 - ☐ False
 - ☐ Not sure
7. If not treated correctly, some STIs can lead to infertility (not being able to reproduce).
 - ☐ True
 - ☐ False
 - ☐ Not sure
8. Gonorrhea and chlamydia are curable with medication (meaning the infection is completely removed from one's body).
 - ☐ True
 - ☐ False
 - ☐ Not sure
9. Most high school students in the United States have had sex.
 - ☐ True
 - ☐ False
 - ☐ Not sure
10. Isolation in a relationship can involve making someone question their own judgment about their friends and family.
 - ☐ True
 - ☐ False
 - ☐ Not sure
11. Taking responsibility means owning our actions and words and being able to admit when we make a mistake.
 - ☐ True
 - ☐ False
 - ☐ Not sure

Continue! 

There are no correct answers to the following questions. Circle one answer for each question.

12. How comfortable would you feel talking about sexual health with your friends?

Very comfortable

Comfortable

Uncomfortable

Very uncomfortable

13. How comfortable would you feel talking about sexual health with a parent or trusted adult?

Very comfortable

Comfortable

Uncomfortable

Very uncomfortable

14. How comfortable would you feel starting a conversation with a friend or intimate partner about your personal boundaries?

Very comfortable

Comfortable

Uncomfortable

Very uncomfortable

15. How comfortable would you feel starting a conversation with a current or future sexual partner about a plan to prevent STIs or pregnancy?

Very comfortable

Comfortable

Uncomfortable

Very uncomfortable

16. How comfortable would you feel accessing sexual health services at a clinic now or in the future?

Very comfortable

Comfortable

Uncomfortable

Very uncomfortable

Please give us your feedback!

17. Using the information I learned from this course, I will practice safer sex now or in the future.

☐ Yes

☐ No

☐ Not sure

18. The instructor made the program interesting.

☐ Yes

☐ No

☐ Not sure

19. The instructor created a safe space to ask questions.

☐ Yes

☐ No

☐ Not sure

20. What was your favorite part of the course?

21. What will you do differently in your life after participating in this course?

22. Any other comments or suggestions to improve the course?

Extra Activity: Teen Talk Kahoot!

Objectives: Review all topics discussed during the Teen Talk HS course.

Note to Instructor: A pre-filled template for this Kahoot! game is available in the accompanying ZIP file. The spreadsheet can be edited or uploaded directly to a Kahoot! free account. It is recommended to turn on the “Friendly Nickname Generator” setting to save time and avoid inappropriate names. This review game can be played on computers or smartphones, depending on class rules.

1. Explain the activity and expectations:

- We will be playing Kahoot! to review all of the topics we have learned during Teen Talk before taking the Exit Survey.
- Each person will need an internet-enabled device (e.g., computer or smartphone) to join the game.
- All questions are either true/false or multiple choice. Some questions have more than one correct answer, but you only need to select one of them to earn points. More points are awarded the faster you answer!

2. Project the Kahoot! game pin and wait for all students to join.

3. Play the Kahoot! review game as a class. If there is not enough time to go through all the questions, the game can be ended early at any point. You will then be automatically redirected to the “podium” to show the top three highest scores.

Question	Answer Choices			
	(correct answers are in bold)			
In CA, a person must be 18 to...	Buy condoms	Get tested for STIs	Consent to sex	Use birth control
T/F: Most high school students in the U.S. have had sex.	True	False		
For teens in CA, sexual health services at a clinic are...	Confidential	Expensive	Free	Illegal
Which of these is NOT a sexual orientation?	Bisexual	Intersex	Asexual	Queer
Which of these is a legally recognized gender category in CA?	Intersex	Transgender	Gay	Nonbinary
Which of these is NOT related to sex assigned at birth?	Hormones	DNA	Genitals	Gender
All people urinate from the...	Testicle	Vagina	Urethra	Anus
Which is a name for the external genitals on bodies assigned female?	Vagina	Vulva	Uterus	Uvula

T/F: Teens need parent/guardian consent to get birth control.	True	False		
Which of these is the LEAST effective at preventing pregnancy?	Not having sex	Condom	Patch	Withdrawal (pull-out)
Which of these are LARCs (long-acting reversible contraception)?	Implant	IUD	Patch	Shot
T/F: A hormonal birth control method can be used at the same time as a condom.	True	False		
Emergency contraception helps to...	End a pregnancy	Start a pregnancy	Prevent a pregnancy	Prevent HPV
Which of these birth control methods can also prevent most STIs?	Shot	Implant	Ring	Condom
T/F: Abortion is legal for people of all ages in CA.	True	False		
Which of these STIs is curable?	Chlamydia	Gonorrhea	Herpes	Hepatitis B
What is the most common symptom of having an STI?	Itching	Infertility	Pain	No Symptoms
Which of these fluids can transmit HIV?	Saliva	Urine	Blood	Breastmilk
Which of these medications is a treatment for people living with HIV?	Antibiotics	Antiretroviral therapy (ART)	PrEP	PEP
Which of these can make a condom LESS effective?	Using baby oil for lubrication	Wearing 2 at the same time	Pinching the tip while unrolling	Warming it in the microwave
Which of these is NOT a requirement of affirmative consent?	Partners must be sober	Partners must be honest	Partners must be married	Partners must mutually agree
T/F: Sexual violence is an act of power and control.	True	False		
Sending sexual pictures to someone without their consent is an example of...	Sexual Harassment	Sexual Assault	Rape	Sex Trafficking
Which of these is a sign of a healthy relationship?	Possessiveness	Isolation	Volatility	Taking responsibility
Which part of the Be FIRM model is optional?	Figure out your boundaries	Inform them	Reason why	Make a suggestion

Extra Activity: Teen Talk Poetry

Objectives: Creatively review various sexual health topics covered in the Teen Talk HS course.

Note to Instructor: This is ideally given as an extra-credit opportunity, or to make up any missed assignments during the course. It can be fun to have a poetry slam on the final day of Teen Talk HS.

1. Give each student a copy of the **Teen Talk Poetry worksheet**.
2. Explain that this assignment allows students to **creatively reflect and engage with the material they found most interesting during the Teen Talk HS course**. They can choose any sexual health topic to write about, but the poem cannot include disrespectful language, slang terms, or swearing. Poems are not required to rhyme, and they must be original works.
3. If time permits, allow students to **present their poems in class by hosting a poetry slam**. Be sure to preview and approve poems before students perform them for the class.

Teen Talk Poetry

Name: _____ Date: _____ Period: _____

Instructions: Choose a sexual health topic we learned about during Teen Talk HS and write a short poem about it. Some common themes include birth control, condoms, STIs, relationships, consent, and sexual identity. Poems do not have to rhyme, but they must be school appropriate (no slang terms, violence, disrespect, swearing, etc.). Here are a few examples to inspire you:

The Patch: A Limerick

There once was a girl with a patch,
Whose eggs she did not want to hatch.
She remembered each week,
Kept her patch game on fleek.
She's in luck, her skin tone's a match!

Consent Haiku

Consent is needed.
Yes means yes and no means no.
Respect the answer.

Course Wrap-Up

Objectives: Reflect on the Teen Talk HS course and solicit feedback. Provide examples of self-care activities to help process and refocus going forward.

1. **Review the content from this lesson using any of the following prompts:**
 - What is something you will remember from Teen Talk?
 - What was your favorite part of the course?
 - How could Teen Talk HS be improved for students in the future?
2. **Answer final questions from students, including any remaining in the Anonymous Question Box.**
3. **Congratulate the class for their maturity and respect during Teen Talk.** Remind students that the information covered throughout Teen Talk is meant to empower them to make informed choices about their sexual health and relationships and to help them reach their personal goals.
4. **Provide some examples of self-care to decompress after this lesson and recharge going forward.**
*Refer to **Lesson 1** (pg. 9) for additional ideas.*
 - It can be helpful to move your body, get creative, rest, or connect with others, for example:
 - Get some fresh air (e.g., sit or walk outside)
 - Write a letter to your future self
 - Give someone a hug
 - Volunteer in your community
5. **Pass along any feedback from students or instructors to curriculum@health-connected.org to help improve the Teen Talk HS course.**

Appendices

Appendix A: California Healthy Youth Act Compliance

Appendix B: California Health Education Content Standards Alignment

Appendix C: National Sex Education Standards Alignment

Appendix D: Sample Notification Letter

Appendix E: Sample Lesson Plan

Appendix F: Necessary and Optional Materials

Appendix G: Student Handouts in Spanish

Appendix A: California Healthy Youth Act Compliance

California Education Code Sections 51930–51939

Note to Instructor: Teen Talk HS ensures full compliance with the California Healthy Youth Act as adopted into California law on January 1, 2016. This curriculum underwent legal compliance reviews in 2016 and 2020. To learn more about the latest review, visit: www.health-connected.org/curriculum-review

Criteria	Description (CA Education Code)	Teen Talk HS Compliance
<i>If providing any health education in any grade, all public and charter schools/districts in California must follow these guidelines:</i>		
Age Appropriate	<p>Instruction and materials shall be age appropriate.</p> <p>EC § 51933(a)</p> <p>"Age appropriate" refers to topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.</p> <p>EC § 51931(a)</p>	Health Connected's curriculum series is carefully scaffolded to build critical knowledge and skills at age appropriate levels. Activities in Teen Talk HS are designed for students in grades 9-12 .
Medically Accurate and Objective	<p>All factual information presented shall be medically accurate and objective.</p> <p>EC § 51933(b)</p> <p>"Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal Centers for Disease Control and Prevention (CDC), the American Public Health Association (APHA), the American Academy of Pediatrics (AAP), and the American College of Obstetricians and Gynecologists (ACOG).</p> <p>EC § 51931(f)</p>	Scientific facts and medical information in Teen Talk HS have been properly cited and thoroughly reviewed for accuracy by a team of expert medical professionals, including OB/GYNs, pediatricians, and public health directors.
Appropriate for Diverse Pupils	<p>Instruction and materials shall be appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners.</p> <p>EC § 51933(d)(1)</p>	Activities are designed with a trauma-informed lens to be LGBTQ+ inclusive, culturally responsive, healing centered, and flexible for diverse learning needs.

English Learners	<p>Instruction and materials shall be made available on an equal basis to a pupil who is an English learner, consistent with the existing curriculum and alternative options for an English learner pupil as otherwise provided in this code.</p> <p>EC § 51933(d)(2)</p>	<p>All student- and family-facing documents and presentations have been translated into Spanish (see the accompanying ZIP file).</p>
Youth with Disabilities	<p>Instruction and materials shall be accessible to pupils with disabilities, including, but not limited to, the provision of a modified curriculum, materials and instruction in alternative formats, and auxiliary aids.</p> <p>EC § 51933(d)(3)</p>	<p>Content from Teen Talk HS has been modified into Teen Talk Adapted for All Abilities, a flexible curriculum designed for students with various developmental and/or learning challenges.</p>
Unbiased Instruction	<p>Instruction and materials shall not reflect bias or promote bias against any person on the basis of disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or any other any category protected by Section 220.</p> <p>EC § 51933(d)(4)</p>	<p>Teen Talk HS encourages self-reflection and personal values clarification, while promoting respect and dignity for all.</p>
Sexual Orientation	<p>Instruction and materials shall affirmatively recognize that people have different sexual orientations and, when discussing or providing examples of relationships and couples, shall be inclusive of same-sex relationships.</p> <p>EC § 51933(d)(5)</p>	<p>Sexual orientation is defined and discussed in Lesson 3:</p> <ul style="list-style-type: none"> • 3.2 Gender and Sexual Identities • Extra: "The Gender Tag" – TEDx Talk & Discussion <p>Examples of various identities and relationships are included in scenario-based activities:</p> <ul style="list-style-type: none"> • 5.2 It Depends on the Situation • 6.2 Exploring Their Options • 9.2 Brenton's Story • Extra: Relationship Realities • Extra: We Interrupt This Relationship • 11.1 What Gives?: Refusal & Rejection Skills • Extra: Dear Dr. Lupe • Extra: Talk It Out
Gender	<p>Instruction and materials shall teach pupils about gender, gender expression, gender identity, and explore the harm of negative gender stereotypes.</p> <p>EC § 51933(d)(6)</p>	<p>Gender identity and expression are defined and discussed in 3.2 Gender and Sexual Identities</p>

Gender	<p>Instruction and materials shall teach pupils about gender, gender expression, gender identity, and explore the harm of negative gender stereotypes.</p> <p>EC § 51933(d)(6)</p>	<p>Critical thinking about gender stereotypes and social norms is encouraged throughout the curriculum, including:</p> <ul style="list-style-type: none"> • 3.1 Identity Iceberg • Extra: "The Gender Tag" – TEDx Talk & Discussion • 8.2 Zoe and Leo's Story • 10.1 Behind the Scenes: Media Analysis • 10.2 Sex, Love, Rock & Roll • 10.3 Affirmation Creations • Extra: Porn Puzzles • Extra: Dear Dr. Lupe
Communication with Parents, Guardians, Trusted Adults	<p>Instruction and materials shall encourage a pupil to communicate with his or her parents, guardians, and other trusted adults about human sexuality and provide the knowledge and skills necessary to do so.</p> <p>EC § 51933(e)</p>	<p>Trusted adult communication is emphasized in Lesson 1 and facilitated using 1.6 Let's Talk. It is also strongly encouraged throughout Teen Talk HS, including:</p> <ul style="list-style-type: none"> • 6.1 Pregnancy Options Flowchart • 7.1 STI Mystery Diagnosis • 8.1 Our Sexual Bill of Rights • 9.1 Love is Learned • Extra: Dear Dr. Lupe • 12.1 Let's Talk Wrap-Up
Committed Relationships	<p>Instruction and materials shall teach the value of and prepare pupils to have and maintain committed relationships such as marriage.</p> <p>EC § 51933(f)</p>	<p>Information about committed relationships and the value of open communication with partners is emphasized throughout Teen Talk HS as a protective factor against STIs and/or unintended pregnancy:</p> <ul style="list-style-type: none"> • 1.4 Think About It: Clarifying Values • 4.2 Intimate Behaviors • 5.2 It Depends on the Situation • 6.2 Exploring Their Options • 7.1 STI Mystery Diagnosis • Extra: Dear Dr. Lupe • Extra: Talk It Out

Healthy Relationships	<p>Instruction and materials shall provide pupils with knowledge and skills they need to form healthy relationships that are based on mutual respect and affection, and are free from violence, coercion, and intimidation.</p> <p>EC § 51933(g)</p>	<p>Information about healthy relationships and the importance of affirmative consent is emphasized throughout Teen Talk HS as a protective factor against sexual and intimate partner violence:</p> <ul style="list-style-type: none"> • 1.4 Think About It: Clarifying Values • 4.1 Comprehending Consent • 4.2 Intimate Behaviors • 8.1 Our Sexual Bill of Rights • 8.2 Zoe and Leo's Story • 9.1 Love is Learned • Extra: Relationship Realities • Extra: We Interrupt This Relationship • 11.1 What Gives?: Refusal & Rejection Skills • Extra: Dear Dr. Lupe
Healthy Decision Making	<p>Instruction and materials shall provide pupils with knowledge and skills for making and implementing healthy decisions about sexuality, including negotiation and refusal skills to assist pupils in overcoming peer pressure and using effective decision-making skills to avoid high-risk activities.</p> <p>EC § 51933(h)</p>	<p>Decision-making and communication skills are practiced in Lesson 4 and Lesson 11.</p> <p>Information needed to make informed decisions about sexual health and relationships is provided throughout Teen Talk HS:</p> <ul style="list-style-type: none"> • 5.1 Birth Control Stations • 6.1 Pregnancy Options Flowchart • 7.2 All About STIs • 7.4 Condom Demonstrations • 8.1 Our Sexual Bill of Rights • 9.1 Love is Learned
Religious Doctrine	<p>Instruction and materials may not teach or promote religious doctrine.</p> <p>EC § 51933(i)</p>	<p>Religion is mentioned as one of many factors that may influence personal values and decision-making throughout Teen Talk HS.</p>

The following content areas must be taught at least once in middle school (grades 7–8) and again at least once in high school (grades 9–12):

Nature of HIV and other STIs	Information on the nature of HIV, as well as other sexually transmitted infections, and their effects on the human body. EC § 51934(a)(1)	This information is provided in Lesson 7 : <ul style="list-style-type: none"> • 7.1 STI Mystery Diagnosis • 7.2 All About STIs • 7.3 Quick Facts About HIV • <i>Extra</i>: "HIV: The Neglected Pandemic" – Documentary & Discussion • <i>Extra</i>: ABCs of Viral Hepatitis
Transmission of HIV and other STIs	Information on the manner in which HIV and other sexually transmitted infections are and are not transmitted, including information on the relative risk of infection according to specific behaviors, including sexual activities and injection drug use. EC § 51934(a)(2)	This information is provided in Lesson 7 : <ul style="list-style-type: none"> • 7.1 STI Mystery Diagnosis • 7.2 All About STIs • 7.3 Quick Facts About HIV • <i>Extra</i>: ABCs of Viral Hepatitis
Abstinence from Sexual Activity and Drug Use	Information that abstinence from sexual activity and injection drug use is the only certain way to prevent HIV and other sexually transmitted infections and abstinence from sexual intercourse is the only certain way to prevent unintended pregnancy. This instruction shall provide information about the value of delaying sexual activity while also providing medically accurate information on other methods of preventing HIV and other sexually transmitted infections and pregnancy. EC § 51934(a)(3)	This information is emphasized throughout Teen Talk HS: <ul style="list-style-type: none"> • 4.2 Intimate Behaviors • 5.1 Birth Control Stations • 7.1 STI Mystery Diagnosis • 7.2 All About STIs • 7.3 Quick Facts About HIV
Methods of Protection Against HIV and other STIs	Information about the effectiveness and safety of all federal Food and Drug Administration (FDA) approved methods that prevent or reduce the risk of contracting HIV and other sexually transmitted infections, including use of antiretroviral medication, consistent with the federal Centers for Disease Control and Prevention (CDC). EC § 51934(a)(4)	This information is provided in Lesson 7 : <ul style="list-style-type: none"> • 7.1 STI Mystery Diagnosis • 7.2 All About STIs • 7.3 Quick Facts About HIV • 7.4 Condom Demonstrations • <i>Extra</i>: "HIV: The Neglected Pandemic" – Documentary & Discussion

HIV Risk Reduction	Information about the effectiveness and safety of reducing the risk of HIV transmission as a result of injection drug use by decreasing needle use and needle sharing. EC § 51934(a)(5)	This information is provided in Lesson 7: <ul style="list-style-type: none"> • 7.1 STI Mystery Diagnosis • 7.2 All About STIs • 7.3 Quick Facts About HIV
Treatment of HIV and other STIs	Information about the treatment of HIV and other sexually transmitted infections, including how antiretroviral therapy can dramatically prolong the lives of many people living with HIV and reduce the likelihood of transmitting HIV to others. EC § 51934(a)(6)	This information is provided in Lesson 7: <ul style="list-style-type: none"> • 7.1 STI Mystery Diagnosis • 7.2 All About STIs • 7.3 Quick Facts About HIV • <i>Extra:</i> "HIV: The Neglected Pandemic" – Documentary & Discussion • <i>Extra:</i> ABCs of Viral Hepatitis
Social Views About HIV and AIDS	Discussion about social views on HIV and AIDS, including addressing unfounded stereotypes and myths regarding HIV and AIDS and people living with HIV. This instruction shall emphasize that successfully treated HIV-positive individuals have a normal life expectancy, all people are at some risk of contracting HIV, and the only way to know if one is HIV-positive is to get tested. EC § 51934(a)(7)	This information is provided in Lesson 7: <ul style="list-style-type: none"> • 7.1 STI Mystery Diagnosis • 7.2 All About STIs • 7.3 Quick Facts About HIV • <i>Extra:</i> "HIV: The Neglected Pandemic" – Documentary & Discussion
Resources and Rights to Sexual and Reproductive Health Care Access	Information about local resources, how to access local resources, and pupils' legal rights to access local resources for sexual and reproductive health care such as testing and medical care for HIV and other sexually transmitted infections and pregnancy prevention and care, as well as local resources for assistance with sexual assault and intimate partner violence. EC § 51934(a)(8)	This information is provided in 1.5 Clinics and Resources Resources are also provided throughout lessons, including: <ul style="list-style-type: none"> • 6.1 Pregnancy Options Flowchart • 7.3 Quick Facts About HIV • 8.1 Our Sexual Bill of Rights • 9.2 Brenton's Story
FDA Approved Contraceptive Methods	Information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy, including, but not limited to, emergency contraception. EC § 51934(a)(9)	This information is provided in Lesson 5: <ul style="list-style-type: none"> • 5.1 Birth Control Stations • <i>Extra:</i> Birth Control Ads • <i>Extra:</i> Birth Control Skits

Legally Available Pregnancy Outcomes	<p>Instruction on pregnancy shall include an objective discussion of all legally available pregnancy outcomes, including, but not limited to:</p> <p>(A) Parenting, adoption, and abortion,</p> <p>(B) Information on the law on surrendering physical custody of a minor child 72 hours of age or younger. HSC § 1255.7 [Also refer to PC § 271.5]</p> <p>(C) The importance of prenatal care.</p> <p>EC § 51934(a)(9)</p>	<p>This information is provided in Lesson 6:</p> <ul style="list-style-type: none"> • 6.1 Pregnancy Options Flowchart • 6.2 Exploring Their Options <p>The importance of prenatal care is also introduced in 2.2 Stages of Human Reproduction.</p>
Harassment, Assault, Abuse, and Trafficking	<p>Information about sexual harassment, sexual assault, sexual abuse, and human trafficking.</p> <p>EC § 51934(a)(10)</p>	<p>Sexual harassment, sexual assault, and human trafficking are defined in 8.1 Our Sexual Bill of Rights and sexual abuse is further explained in 9.1 Love is Learned.</p> <p>This information is also illustrated using scenarios:</p> <ul style="list-style-type: none"> • 8.2 Zoe and Leo's Story • 8.3 Cam's Story • 9.2 Brenton's Story • Extra: Relationship Realities • Extra: We Interrupt This Relationship • Extra: Dear Dr. Lupe
Human Trafficking	<p>Information on human trafficking shall include both of the following:</p> <p>(A) Information on the prevalence, nature, and strategies to reduce the risk of human trafficking, techniques to set healthy boundaries, and how to safely seek assistance.</p> <p>(B) Information on how social media and mobile device applications are used for human trafficking.</p> <p>EC § 51934(a)(10)</p>	<p>Human trafficking information, resources, and harm reduction strategies are provided in Lesson 8:</p> <ul style="list-style-type: none"> • 8.1 Our Sexual Bill of Rights • 8.3 Cam's Story
Intimate Partner Violence	<p>Information about adolescent relationship abuse and intimate partner violence, including the early warning signs thereof.</p> <p>EC § 51934(a)(11)</p>	<p>This information is provided in Lesson 9:</p> <ul style="list-style-type: none"> • 9.1 Love is Learned • 9.2 Brenton's Story • Extra: Relationships Realities • Extra: We Interrupt This Relationship • Extra: Dear Dr. Lupe

Sharing Sexually Explicit Materials	<p>Optional: Instruction regarding the potential risks and consequences of creating and sharing sexually suggestive or sexually explicit materials through cellular telephone, social networking internet websites, computer networks, or other digital media.</p> <p>EC § 51934(b)</p>	<p>This information is provided in:</p> <ul style="list-style-type: none"> • 1.4 Think About It: Clarifying Values • 4.2 Intimate Behaviors • 8.1 Our Sexual Bill of Rights • Extra: Porn Puzzles • 11.1 What Gives?: Refusal & Rejection Skills • Extra: Dear Dr. Lupe
Right to Obtain Confidential Services	<p>Notify pupils in grades 7-12 inclusive and the parents and guardians of all pupils enrolled in the district, that school authorities may excuse any pupil from school for the purpose of obtaining confidential medical services without the consent of the pupil's parent or guardian.</p> <p>EC § 51934(a)(8), EC § 46010.1</p>	<p>Confidential medial release is explained in 1.5 Clinics and Resources.</p>
Resources and Rights for LGBTQ pupils	<p>Information on existing school site and community resources related to the support of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) pupils must be provided.</p> <p>EC § 51934(a)(8), EC § 234.1(d)</p>	<p>LGBTQ+ resources are provided in 1.5 Clinics and Resource</p>
Affirmative Consent	<p>Comprehensive information for grades 9-12, inclusive, on sexual harassment and violence that includes but is not limited to all of the following: a discussion of the affirmative consent standard, as defined in</p> <p>EC § 51933(g), EC § 33544(a)(2), EC § 67386(a)(1)</p>	<p>Affirmative consent is defined and discussed in:</p> <ul style="list-style-type: none"> • 4.1 Comprehending Consent • 8.1 Our Sexual Bill of Rights • 8.2 Zoe and Leo's Story

Appendix B: Health Education Content Standards Alignment

Growth, Development, and Sexual Health: Grades 9-12

Note to Instructor: Teen Talk HS aligns with the “Growth, Development, and Sexual Health” content standards for High School (Grades 9-12) as published by the California Department of Education in March 2008.³⁰⁰

Lessons & Activities	Content Standards
Lesson 1: Values and Resources 1.1 Group Norms 1.2 Anonymous Question Box 1.3 Intro Survey 1.4 Think About It: Clarifying Values 1.5 Clinics and Resources 1.6 Let's Talk	1.3.G Discuss the characteristics of healthy relationships, dating, committed relationships, and marriage. 2.1.G Determine personal, family, school, and community factors that can help reduce the risk of engaging in sexual activity. 2.2.G Evaluate how growth and development, relationships, and sexual behaviors are affected by internal and external influences. 3.1.G Analyze the validity of health information, products, and services related to reproductive and sexual health. 3.2.G Identify local resources concerning reproductive and sexual health, including all FDA-approved contraceptives, HIV/STD testing, and medical care.
Lesson 2: Human Bodies Lesson 2 Intro to Body Systems 2.1 Sexual and Reproductive Systems 2.2 Stages of Human Reproduction 2.3 What's the Story? Extra: Anatomy Coloring Extra: Anatomy Race Extra: Anatomy Head's Up	1.1.G Describe physical, social, and emotional changes associated with being a young adult. 1.2.G Describe how conception occurs, the stages of pregnancy, and the responsibilities of parenting. 1.5.G Summarize fertilization, fetal development, and childbirth. 1.10.G Recognize that there are individual differences in growth and development, physical appearance, gender roles, and sexual orientation.
Lesson 3: Identities Lesson 3 Intro to Identity 3.1 Identity Iceberg 3.2 Gender and Sexual Identities Extra: "The Gender Tag" – TEDx Talk & Discussion	1.10.G Recognize that there are individual differences in growth and development, physical appearance, gender roles, and sexual orientation. 5.5.G Use a decision-making process to analyze the benefits of respecting individual differences in growth and development, physical appearance, gender roles, and sexual orientation.

³⁰⁰ California Department of Public Health. (2008). Health education content standards for California public schools: High school (grades nine through twelve): Growth, development, and sexual health. www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf

<p>Lesson 4: Abstinence, Consent, and Intimacy</p> <p>Lesson 4 Intro to Sexual Agency</p> <p>4.1 Comprehending Consent</p> <p>4.2 Intimate Behaviors</p> <p>Extra: Consent Cues</p>	<p>1.4.G Identify why abstinence is the most effective method for the prevention of HIV, other STDs, and pregnancy.</p> <p>1.9.G Explain laws related to sexual behavior and the involvement of minors.</p> <p>2.1.G Determine personal, family, school, and community factors that can help reduce the risk of engaging in sexual activity.</p> <p>2.2.G Evaluate how growth and development, relationships, and sexual behaviors are affected by internal and external influences.</p> <p>2.3.G Assess the discrepancies between actual and perceived social norms related to sexual activity among teenagers.</p> <p>4.1.G Analyze how interpersonal communication affects relationships.</p> <p>4.2.G Use effective verbal and nonverbal communication skills to prevent sexual involvement, HIV, other STDs, and pregnancy.</p> <p>5.1.G Use a decision-making process to evaluate the physical, emotional, and social benefits of abstinence, monogamy, and the avoidance of multiple sexual partners.</p> <p>5.4.G Evaluate the risks and consequences associated with sexual activities, including HIV, other STDs, and pregnancy.</p> <p>8.1.G Encourage and support safe, respectful, and responsible relationships.</p>
<p>Lesson 5: Birth Control</p> <p>Lesson 5 Intro to Alternative Uses for Contraception</p> <p>5.1 Birth Control Stations</p> <p>5.2 It Depends on the Situation</p> <p>Extra: Birth Control Ads</p> <p>Extra: Birth Control Skits</p> <p>Extra: What's My Method?</p>	<p>1.12.G Evaluate the safety and effectiveness (including success and failure rates) of FDA-approved condoms and other contraceptives in preventing HIV, other STDs, and pregnancy.</p> <p>3.3.G Compare the success and failure rates of FDA-approved condoms and other contraceptives in preventing HIV, other STDs, and pregnancy.</p> <p>5.7.G Use a decision-making process to evaluate the use of FDA-approved condoms and other contraceptives for pregnancy and STD prevention.</p> <p>8.3.G Support others in making positive and healthful choices about sexual behavior.</p>
<p>Lesson 6: Pregnancy Options</p> <p>Lesson 6 Intro to Reproductive Justice</p> <p>6.1 Pregnancy Options Flowchart</p> <p>6.2 Exploring Their Options</p>	<p>1.2.G Describe how conception occurs, the stages of pregnancy, and the responsibilities of parenting.</p> <p>1.6.G Explain responsible prenatal and perinatal care and parenting, including California's Safely Surrendered Baby Law.</p> <p>1.11.G Evaluate the benefits to mother, father, and child when teenagers wait until adulthood to become parents.</p>

	<p>5.6.G Use a decision-making process to evaluate the social, emotional, physical, and economic effects of teen pregnancy on the child, the teen parent, the family, and society.</p> <p>6.1.G Evaluate how HIV, AIDS, other STDs, or pregnancy could impact life goals.</p> <p>8.3.G Support others in making positive and healthful choices about sexual behavior.</p>
<p>Lesson 7: Sexually Transmitted Infections</p> <p>Lesson 7 Intro to Harm Reduction</p> <p>7.1 STI Mystery Diagnosis</p> <p>7.2 All About STIs</p> <p>7.3 Quick Facts About HIV</p> <p>7.4 Condom Demonstration</p> <p>Extra: "HIV: The Neglected Pandemic" – Documentary & Discussion</p> <p>Extra: Clinic Quiz</p> <p>Extra: Clinic Adventure</p> <p>Extra: ABCs of Viral Hepatitis</p>	<p>1.7.G Describe the short- and long-term effects of HIV, AIDS, and other STDs.</p> <p>1.8.G Analyze STD rates among teens.</p> <p>1.12.G Evaluate the safety and effectiveness (including success and failure rates) of FDA-approved condoms and other contraceptives in preventing HIV, other STDs, and pregnancy.</p> <p>3.3.G Compare the success and failure rates of FDA-approved condoms and other contraceptives in preventing HIV, other STDs, and pregnancy.</p> <p>6.1.G Evaluate how HIV, AIDS, other STDs, or pregnancy could impact life goals.</p> <p>7.1.G Describe personal actions that can protect sexual and reproductive health (including one's ability to deliver a healthy baby in adulthood).</p> <p>8.2.G Advocate for the respect and dignity of persons living with HIV or AIDS.</p>
<p>Lesson 8: Sexual Violence Prevention</p> <p>Lesson 8 Intro to Power Dynamics</p> <p>8.1 Our Sexual Bill of Rights</p> <p>8.2 Zoe and Leo's Story</p> <p>8.3 Cam's Story</p>	<p>1.9.G Explain laws related to sexual behavior and the involvement of minors.</p> <p>3.4.G Evaluate laws related to sexual involvement with minors.</p> <p>8.1.G Encourage and support safe, respectful, and responsible relationships.</p>
<p>Lesson 9: Relationships</p> <p>Lesson 9 Intro to Healthy Relationships</p> <p>9.1 Love is Learned</p> <p>9.2 Brenton's Story</p> <p>Extra: Relationship Realities</p> <p>Extra: We Interrupt This Relationship</p>	<p>1.3.G Discuss the characteristics of healthy relationships, dating, committed relationships, and marriage.</p> <p>4.1.G Analyze how interpersonal communication affects relationships.</p> <p>4.3.G Demonstrate effective communication skills within healthy dating relationships.</p> <p>5.2.G Use a decision-making process to examine barriers to making healthy decisions about relationships and sexual health.</p> <p>5.3.G Use a decision-making process to analyze when it is necessary to seek help with or leave an unhealthy situation.</p> <p>8.1.G Encourage and support safe, respectful, and responsible relationships.</p>

Lesson 10: Media and Body Image Lesson 10 Intro to Media Literacy 10.1 Behind the Scenes: Media Analysis 10.2 Sex, Love, Rock & Roll 10.3 Affirmation Creations Extra: Porn Puzzles	2.2.G Evaluate how growth and development, relationships, and sexual behaviors are affected by internal and external influences. 2.5.G Evaluate how culture, media, and other people influence perceptions about body image, gender roles, sexuality, attractiveness, relationships, and sexual orientation.
Lesson 11: Decision-Making and Communication Lesson 11 Intro to Advocacy 11.1 What Gives?: Refusal & Rejection Skills 11.2 What Would You Say? Extra: Dear Dr. Lupe Extra: Talk It Out	2.4.G Assess situations that could lead to pressure for sexual activity and to the risk of HIV, other STDs, and pregnancy. 4.1.G Analyze how interpersonal communication affects relationships. 4.2.G Use effective verbal and nonverbal communication skills to prevent sexual involvement, HIV, other STDs, and pregnancy. 4.3.G Demonstrate effective communication skills within healthy dating relationships. 5.1.G Use a decision-making process to evaluate the physical, emotional, and social benefits of abstinence, monogamy, and the avoidance of multiple sexual partners. 5.2.G Use a decision-making process to examine barriers to making healthy decisions about relationships and sexual health. 5.3.G Use a decision-making process to analyze when it is necessary to seek help with or leave an unhealthy situation. 5.7.G Use a decision-making process to evaluate the use of FDA-approved condoms and other contraceptives for pregnancy and STD prevention. 8.1.G Encourage and support safe, respectful, and responsible relationships. 8.3.G Support others in making positive and healthful choices about sexual behavior.
Lesson 12: Review and Wrap-Up Lesson 12 Intro to Goal Setting 12.1 Let's Talk Wrap-Up 12.2 Mapping My Future 12.3 Teen Talk Jeopardy! 12.4 Exit Survey Extra: Teen Talk Kahoot! Extra: Teen Talk Poetry	6.1.G Evaluate how HIV, AIDS, other STDs, or pregnancy could impact life goals. 6.2.G Identify short- and long-term goals related to abstinence and maintaining reproductive and sexual health, including the use of FDA-approved condoms and other contraceptives for pregnancy and STD prevention. 7.1.G Describe personal actions that can protect sexual and reproductive health (including one's ability to deliver a healthy baby in adulthood).

Appendix C: National Sex Education Standards Alignment

Core Content and Skills: Grades 9-10

Note to Instructor: Teen Talk HS aligns with the 2nd Edition of the National Sex Education Standards for Grades 9-10 as published by the Future of Sex Education (FoSE) Initiative in March 2020.³⁰¹

Lessons & Activities	By the end of the 10 th grade, students should be able to:
Lesson 1: Values and Resources 1.1 Group Norms 1.2 Anonymous Question Box 1.3 Intro Survey 1.4 Think About It: Clarifying Values 1.5 Clinics and Resources 1.6 Let's Talk	<ul style="list-style-type: none"> Analyze how media, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations about gender, gender identity, gender roles, and gender expression. GI.10.INF.1 Analyze state and federal laws and guidelines (e.g., CDC) that address sexual healthcare services for minors (e.g., contraception, emergency contraception, prenatal care, adoption, abortion, STD, including HIV, prevention, testing, and treatment). SH.10.INF.2 Access credible sources of information about sexual orientation. SO.10.AI.1 Demonstrate the ability to determine whether a resource or service is medically accurate or credible. SH.10.AI.1 Identify medically accurate sources of information about and local services that provide contraceptive methods (including emergency contraception and condoms) and pregnancy options (including parenting, abortion, adoption, and prenatal care). SH.10.AI.2 Identify medically accurate sources of information about and local services that provide prevention, testing, care, and treatment of STDs, including HIV, including the steps to obtain PrEP and PEP. SH.10.AI.3 Identify credible resources related to sex trafficking and sexual violence prevention and intervention. IV.10.AI.2
Lesson 2: Human Bodies Lesson 2 Intro to Body Systems 2.1 Sexual and Reproductive Systems 2.2 Stages of Human Reproduction 2.3 What's the Story? Extra: Anatomy Coloring Extra: Anatomy Race Extra: Anatomy Head's Up	<ul style="list-style-type: none"> Explain the human reproductive and sexual response systems, including differentiating between internal and external body parts and their functions, and that there are naturally occurring variations in human bodies (e.g., intersex). AP.10.CC.1 Describe the cognitive, social, and emotional changes of adolescence and early adulthood. PD.10.CC.1 List the major milestones of each trimester of fetal development utilizing medically accurate information. SH.10.CC.4

³⁰¹ Future of Sex Education Initiative. (2020). National sex education standards: Core content and skills, grades 9-10 (second edition). <https://advocatesforyouth.org/wp-content/uploads/2020/03/NSES-2020-web.pdf>

Lesson 3: Identities

Lesson 3 Intro to Identity

3.1 Identity Iceberg

3.2 Gender and Sexual Identities

Extra: "The Gender Tag" – TEDx Talk & Discussion

- Differentiate between sex assigned at birth, gender identity, and gender expression. **GI.10.CC.1**
- Differentiate between sexual orientation, sexual behavior, and sexual identity. **SO.10.CC.1**
- Analyze how peers, media, family, society, culture, and a person's intersecting identities can influence self-concept, body image, and self-esteem. **PD.10.INF.1**
- Analyze how media, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations about gender, gender identity, gender roles, and gender expression. **GI.10.INF.1**
- Analyze how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations about sexual orientation and sexual identity. **SO.10.INF.1**
- Describe the impact of racism and inequality on sexual health. **SH.10.INF.1**
- Access credible sources of information about sexual orientation. **SO.10.AI.1**

Lesson 4: Abstinence, Consent, and Intimacy

Lesson 4 Intro to Sexual Agency

4.1 Comprehending Consent

4.2 Intimate Behaviors

Extra: Consent Cues

- Describe what constitutes sexual consent, its importance, and legal consequences of sexual behavior without consent. **CHR.10.CC.2**
- Identify factors that impact the risk of unintended pregnancy and potential transmission of STDs, including HIV, from a variety of sexual behaviors, including vaginal, oral, and anal sex. **SH.10.CC.2**
- Analyze factors (e.g., body image, self-esteem, alcohol and other substances) that can affect the ability to give and receive sexual consent. **CHR.10.INF.3**
- Describe effective ways to communicate consent, personal boundaries, and desires as they relate to intimacy, pleasure, and sexual behavior. **CHR.10.IC.1**
- Demonstrate ways to show respect for the boundaries of others as they relate to intimacy and sexual behavior. **CHR.10.SM.1**

Lesson 5: Birth Control

Lesson 5 Intro to Alternative Uses for Contraception

5.1 Birth Control Stations

5.2 It Depends on the Situation

Extra: Birth Control Ads

Extra: Birth Control Skits

Extra: What's My Method?

- Compare and contrast the advantages and disadvantages of contraceptive and disease prevention methods (e.g., abstinence, condoms, emergency contraception). **SH.10.CC.1**
- Apply a decision-making model to choices about contraceptive use, including abstinence and condoms. **SH.10.DM.1**

<p>Lesson 6: Pregnancy Options</p> <p>Lesson 6 Intro to Reproductive Justice</p> <p>6.1 Pregnancy Options Flowchart</p> <p>6.2 Exploring Their Options</p>	<ul style="list-style-type: none"> • Explain the state and federal laws related to safe haven, parenting, and sterilization, including their impacts on oppressed communities. SH.10.CC.5 • Define reproductive justice and explain its history and how it relates to sexual health. SH.10.CC.6 • Describe the impact of racism and inequality on sexual health. SH.10.INF.1 • Analyze state and federal laws and guidelines (e.g., CDC) that address sexual healthcare services for minors (e.g., contraception, emergency contraception, prenatal care, adoption, abortion, STD, including HIV, prevention, testing, and treatment). SH.10.INF.2 • Identify medically accurate sources of information about and local services that provide contraceptive methods (including emergency contraception and condoms) and pregnancy options (including parenting, abortion, adoption, and prenatal care). SH.10.AI.2
<p>Lesson 7: Sexually Transmitted Infections</p> <p>Lesson 7 Intro to Harm Reduction</p> <p>7.1 STI Mystery Diagnosis</p> <p>7.2 All About STIs</p> <p>7.3 Quick Facts About HIV</p> <p>7.4 Condom Demonstration</p> <p>Extra: "HIV: The Neglected Pandemic" – Documentary & Discussion</p> <p>Extra: Clinic Quiz</p> <p>Extra: Clinic Adventure</p> <p>Extra: ABCs of Viral Hepatitis</p>	<ul style="list-style-type: none"> • Describe common symptoms, or lack thereof, and treatments for STDs, including HIV. SH.10.CC.3 • Analyze state and federal laws and guidelines (e.g., CDC) that address sexual healthcare services for minors (e.g., contraception, emergency contraception, prenatal care, adoption, abortion, STD, including HIV, prevention, testing, and treatment). SH.10.INF.2 • Identify medically accurate sources of information about and local services that provide prevention, testing, care, and treatment of STDs, including HIV, including the steps to obtain PrEP and PEP. SH.10.AI.3 • Describe the steps for how a person living with HIV can remain healthy. SH.10.GS.2 • Demonstrate the steps to using barrier methods correctly (e.g., external and internal condoms, dental dams). SH.10.SM.1
<p>Lesson 8: Sexual Violence Prevention</p> <p>Lesson 8 Intro to Power Dynamics</p> <p>8.1 Our Sexual Bill of Rights</p> <p>8.2 Zoe and Leo's Story</p> <p>8.3 Cam's Story</p>	<ul style="list-style-type: none"> • Describe what constitutes sexual consent, its importance, and legal consequences of sexual behavior without consent. CHR.10.CC.2 • Identify the state and federal laws related to intimate partner and sexual violence (e.g., sexual harassment, sexual abuse, sexual assault, domestic violence). IV.10.CC.1 • Explain why a victim/survivor of interpersonal violence, including sexual violence, is never to blame for the actions of the perpetrator. IV.10.CC.3 • Explain sex trafficking, including recruitment tactics that sex traffickers/exploiters use to exploit vulnerabilities and recruit youth. IV.10.CC.4

	<ul style="list-style-type: none"> • Evaluate strategies to end an unhealthy relationship, including when situations may require adult and/or professional support. CHR.10.INF.1 • Explain the federal and state laws that prohibit the creation, sharing, and viewing of sexually explicit media by minors (e.g., sexting). SH.10.INF.3 • Analyze factors (e.g., body image, self-esteem, alcohol and other substances) that can affect the ability to give and receive sexual consent. CHR.10.INF.3 • Demonstrate how to access credible sources of information and resources for survivors of interpersonal violence, including sexual violence. IV.10.AI.1 • Identify credible resources related to sex trafficking and sexual violence prevention and intervention. IV.10.AI.2 • Demonstrate ways to support a fellow student who is being sexually harassed or abused, or is perpetuating unhealthy or coercive behaviors. IV.10.IC.1 • Identify ways to reduce risk in physical and digital settings related to sex trafficking and other potentially harmful situations. IV.10.IC.2
<p>Lesson 9: Relationships</p> <p>Lesson 9 Intro to Healthy Relationships</p> <p>9.1 Love is Learned</p> <p>9.2 Brenton's Story</p> <p>Extra: Relationship Realities</p> <p>Extra: We Interrupt This Relationship</p>	<ul style="list-style-type: none"> • Compare and contrast characteristics of healthy and unhealthy romantic and/or sexual relationships. CHR.10.CC.1 • Describe the types of abuse (e.g., physical, emotional, psychological, financial, and sexual) and the cycle of violence as it relates to sexual abuse, domestic violence, dating violence, and gender-based violence. IV.10.CC.2 • Explain why a victim/survivor of interpersonal violence, including sexual violence, is never to blame for the actions of the perpetrator. IV.10.CC.3 • Evaluate strategies to end an unhealthy relationship, including when situations may require adult and/or professional support. CHR.10.INF.1 • Evaluate a variety of characteristics of romantic and/or sexual relationships and determine which ones are personally most important. CHR.10.DM.1 • Analyze the potentially positive and negative roles of technology and social media on one's sense of self and within relationships. CHR.10.INF.2 • Demonstrate how to access credible sources of information and resources for survivors of interpersonal violence, including sexual violence. IV.10.AI.1 • Demonstrate ways to support a fellow student who is being sexually harassed or abused, or is perpetuating unhealthy or coercive behaviors. IV.10.IC.1 • Develop a plan to get out of an unsafe or unhealthy relationship. CHR.10.GS.1

<p>Lesson 10: Media and Body Image</p> <p>Lesson 10 Intro to Media Literacy</p> <p>10.1 Behind the Scenes: Media Analysis</p> <p>10.2 Sex, Love, Rock & Roll</p> <p>10.3 Affirmation Creations</p> <p>Extra: Porn Puzzles</p>	<ul style="list-style-type: none"> • Explain the impact media, including sexually explicit media, can have on one's perceptions of, and expectations for, a healthy relationship. CHR.10.CC.3 • Analyze the potentially positive and negative roles of technology and social media on one's sense of self and within relationships. CHR.10.INF.2 • Analyze how peers, media, family, society, culture, and a person's intersecting identities can influence self-concept, body image, and self-esteem. PD.10.INF.1 • Analyze how media, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations about gender, gender identity, gender roles, and gender expression. GI.10.INF.1 • Analyze how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations about sexual orientation and sexual identity. SO.10.INF.1
<p>Lesson 11: Decision-Making and Communication</p> <p>Lesson 11 Intro to Advocacy</p> <p>11.1 What Gives?: Refusal & Rejection Skills</p> <p>11.2 What Would You Say?</p> <p>Extra: Dear Dr. Lupe</p> <p>Extra: Talk About It</p>	<ul style="list-style-type: none"> • Describe effective ways to communicate consent, personal boundaries, and desires as they relate to intimacy, pleasure, and sexual behavior. CHR.10.IC.1 • Demonstrate the ability to effectively communicate with a partner about abstaining from sexual behavior, using condoms and/or contraception, and preventing, getting testing, and seeking treatment for STDs (including HIV). SH.10.IC.1 • Apply a decision-making model to choices about contraceptive use, including abstinence and condoms. SH.10.DM.1 • Demonstrate ways to show respect for the boundaries of others as they relate to intimacy and sexual behavior. CHR.10.SM.1
<p>Lesson 12: Review and Wrap-Up</p> <p>Lesson 12 Intro to Goal Setting</p> <p>12.1 Let's Talk Wrap-Up</p> <p>12.2 Mapping My Future</p> <p>12.3 Teen Talk Jeopardy!</p> <p>12.4 Exit Survey</p> <p>Extra: Teen Talk Kahoot!</p> <p>Extra: Teen Talk Poetry</p>	<ul style="list-style-type: none"> • Develop a plan to eliminate or reduce risk for unintended pregnancy and/or STDs (including HIV) and identify ways to overcome potential barriers to prevention. SH.10.GS.1

Appendix D: Sample Notification Letter (English)

[Date]

Dear Parents and Guardians:

We are pleased to inform you that your student will have the opportunity to participate in **Teen Talk High School**, a 10-12 hour comprehensive sexual health education course developed by Health Connected, beginning on:

_____.

Teen Talk complies with California Education Code (§§ 51930-51939) and meets California's Health Education Content Standards for "Growth, Development, and Sexual Health." This course covers the following topics:

- Personal values reflection
- Sexual and reproductive anatomy
- Gender and sexual identities
- Media literacy and body image
- Decision-making and communication skills
- Abstinence (not having sex) and refusal skills
- Sexual violence and the law
- Healthy and unhealthy relationships
- Consent, boundaries, and intimate behaviors
- Birth control methods
- Legal pregnancy options
- Sexually transmitted infections, including HIV
- Condom demonstration

**Please be prepared
to discuss all of these
important topics with
your student!**

An **anonymous survey** will be administered at the beginning and end of the course. These are designed to assess student knowledge on the sexual health topics listed above, as well as student comfort and confidence communicating about these topics with peers, partners, and trusted adults.

If you have any questions about the topics to be covered in this course, or wish to review the curriculum materials, please contact your student's school office or Health Connected's Family Engagement Manager at (650) 367-1937 (ext. 18) or parents@health-connected.org.

You may also visit www.health-connected.org or www.lets-talk.how for more information and resources for families to start or continue these important conversations.

California state law allows you to remove your student from **all or part** of any sexual health education provided in school.

If you **DO NOT** want your student to participate in this course, **please send a written note or email to your student's teacher.**

Sample Notification Letter (Spanish)

[Fecha]

Estimados Padre(s) o Tutor(es):

Es un placer informarle que su estudiante tendrá la oportunidad de participar en Teen Talk High School, un curso de educación sexual integral de 10 a 12 horas desarrollado por Health Connected, que comienza el:

_____.

Teen Talk cumple con el Código de Educación de California (§§ 51930-51939) y cumple con los Estándares de Contenido de Educación de Salud de California para "Crecimiento, Desarrollo y Salud Sexual." Este curso cubre los siguientes temas:

- Reflexión sobre valores personales
- Anatomía sexual y reproductiva
- Género e identidades sexuales
- El imagen corporal y los medios
- Capacidad de decisión y comunicación
- Abstinencia (no tener relaciones sexuales) y el rechazo
- La violencia sexual y la ley
- Relaciones sanas y no sanas
- Consentimiento, límites y conductas íntimas
- Métodos anticonceptivos
- Opciones legales de embarazo
- Infecciones de transmisión sexual, incluido el VIH
- Demostración de condones

**¡Por favor se
preparado para
discutir todos estos
temas importantes
con su estudiante!**

Se realizará una **encuesta anónima** al principio y al final del curso. Estas encuestas evaluarán el conocimiento de los estudiantes sobre los temas de salud sexual enumerados anteriormente, así como la comodidad de los estudiantes al comunicarse sobre estos temas con sus compañeros, parejas y adultos de confianza.

Si tiene alguna pregunta sobre los temas que se tratarán en este curso, o desea revisar los materiales del plan de estudios, por favor comuníquese con la oficina escolar de su estudiante o con Gerente de Participación Familiar de Health Connected en (650) 367-1937 (ext. 18) o parents@health-connected.org.

También puede visitar www.health-connected.org o www.lets-talk.how para obtener más información y recursos para que las familias comiencen o continúen estas importantes conversaciones.

La ley del estado de California le permite sacar a su estudiante de **todo o parte** de cualquier educación sobre salud sexual proporcionada en la escuela.

Si **NO** quiere que su estudiante participe en la Programa de Teen Talk, **envíe una nota escrita o un correo electrónico al maestro de su estudiante.**

Appendix E: Sample Lesson Plan

Note to Instructor: This sample lesson plan is based on **60-minute** class periods over **12 days**. Please use this as a guide and modify to fit your schedule, including extra activities as time permits. **If limited to a 10-day lesson plan**, it is recommended to combine Lessons 11 and 12 and divide Lesson 10 to facilitate the body image content on Day 3 with identities and the media analysis content on Day 4 with consent and intimate behaviors.

Day	Activities (minutes)	Materials Needed
1	Values and Resources <ul style="list-style-type: none"> Group Norms (10) Anonymous Question Box (5) Intro Survey (10) Think About It: Clarifying Values (25) Clinics and Resources (10) HW: Let's Talk (#1)	Question Box + scratch paper Lesson 1 PowerPoint Handouts: <ul style="list-style-type: none"> Intro Survey Clinics List + Teen Talk Resources Let's Talk
2	Human Bodies <ul style="list-style-type: none"> Lesson 2 Introduction (10) Sexual and Reproductive Systems (30) Stages of Human Reproduction (20) HW: What's the Story?	Question Box + scratch paper Lesson 2 PowerPoint Handouts: <ul style="list-style-type: none"> Anatomy Diagrams Fetal Development & Birth What's the Story
3	Identities <ul style="list-style-type: none"> Lesson 3 Introduction (10) Identity Iceberg (20) Gender and Sexual Identities (30) HW: Let's Talk (#2)	Question Box + scratch paper Lesson 3 PowerPoint Handouts: <ul style="list-style-type: none"> Identity Iceberg
4	Abstinence, Consent, and Intimacy <ul style="list-style-type: none"> Lesson 4 Introduction (10) Comprehending Consent (25) Intimate Behaviors (25) HW: Clinic Adventure	Question Box + scratch paper Lesson 4 PowerPoint Handouts: <ul style="list-style-type: none"> Clinic Adventure
5	Birth Control <ul style="list-style-type: none"> Lesson 5 Introduction (10) Birth Control Stations (40) It Depends on the Situation (10) HW: Birth Control Ads	Question Box + scratch paper Lesson 5 PowerPoint Birth control info cards Sample birth control methods It Depends on the Situation scenarios Handouts: <ul style="list-style-type: none"> Birth Control Stations Birth Control Ads

Day	Activities (minutes)	Materials Needed
6	Pregnancy Options <ul style="list-style-type: none"> Lesson 6 Introduction (10) Pregnancy Options Flowchart (30) Exploring Their Options (20) HW: Let's Talk (#3)	Question Box + scratch paper Lesson 6 PowerPoint Exploring Their Options scenarios Handouts: <ul style="list-style-type: none"> Exploring Their Options
7	Sexually Transmitted Infections <ul style="list-style-type: none"> Lesson 7 Introduction (10) STI Mystery Diagnosis (30) Condom Demonstrations (20) HW: All About STIs	Question Box + scratch paper Lesson 7 PowerPoint STI Mystery Diagnosis cards Condom demo supplies Handouts: <ul style="list-style-type: none"> STI Mystery Diagnosis Medial Chart All About STIs Annotation Guide STI Fact Sheet
8	Sexual Violence Prevention <ul style="list-style-type: none"> Lesson 8 Introduction (10) Our Sexual Bill of Rights (20) Zoe and Leo's Story OR Cam's Story (30) HW: Let's Talk (#4)	Question Box + scratch paper Lesson 8 PowerPoint Handouts: <ul style="list-style-type: none"> Our Sexual Bill of Rights
9	Relationships <ul style="list-style-type: none"> Lesson 9 Introduction (10) Love is Learned (20) Brenton's Story (30) HW: Healthy Relationship Brainstorm	Question Box + scratch paper Lesson 9 PowerPoint Handouts: <ul style="list-style-type: none"> Intimate Partner Violence Fact Sheet Healthy Relationships Brainstorm
10	Media and Body Image <ul style="list-style-type: none"> Lesson 10 Introduction (10) Behind the Scenes: Media Analysis (35) Affirmation Creations (15) HW: Sex, Love, Rock & Roll	Question Box + scratch paper Lesson 10 PowerPoint Handouts: <ul style="list-style-type: none"> Sex, Love, Rock & Roll

Day	Activities (minutes)	Materials Needed
11	Decision-Making and Communication <ul style="list-style-type: none"> • Lesson 11 Introduction (10) • What Gives?: Refusal & Rejection Skills (30) • Dear Dr. Lupe (20) HW: What Would You Say?	Question Box + scratch paper Lesson 11 PowerPoint Peer and Adult Refusal scenarios Dear Dr. Lupe scenarios Handouts: <ul style="list-style-type: none"> • What Would You Say?
12	Review and Wrap-Up <ul style="list-style-type: none"> • Lesson 12 Introduction (10) • Let's Talk Wrap-Up (5) • Mapping My Future (10) • Teen Talk Jeopardy! (25) • Exit Survey (10) 	Question Box + scratch paper Lesson 12 PowerPoint Handouts: <ul style="list-style-type: none"> • Mapping My Future • Exit Survey

Appendix F: Necessary and Optional Materials

Note to Instructor: The beginning of each lesson contains an activity chart that lists **necessary** and **optional** materials for each activity. **The majority of materials – including the PowerPoint slides for each lesson – can be found in the accompanying ZIP file or in most schools** (e.g., white boards, poster paper, markers). However, a few items may need to be purchased in order to meet the learning objectives of the activity. The following is a complete list of all materials to best implement Teen Talk HS. Use of a computer with projection and sound technology as well as internet access is critical for facilitating many of the activities. Instructors may also need a whiteboard or other writing surface, and students will need a pencil or pen for each lesson.

Activity	Materials Needed (or Optional)	Location
1.1 Group Norms	• Lesson 1 PowerPoint	ZIP file (Presentations)
	• Poster paper and markers	School or office/art supply store
	• Teen Talk student packet cover sheet	ZIP file (Student Handouts)
1.2 Anonymous Question Box	<ul style="list-style-type: none"> • Question Box (e.g., shoe box, coffee can, Tupperware container) • Scratch paper cut into 3" x 4" pieces 	School or office/art supply store
1.3 Intro Survey	• Copies of Intro Survey (one per student)	ZIP file (Student Handouts)
	• Answer Key	ZIP file (Instructor Materials)
	• Internet-enabled devices (one per student)	School or personal devices
1.4 Think About It: Clarifying Values	• Lesson 1 PowerPoint	ZIP file (Presentations)
	• List of Think About It statements	ZIP file (Instructor Materials)
	• Agree/Disagree signs (laminates if possible)	ZIP file (Signs, Cards, Scenarios)
	• Tape or magnets	School or office/art supply store
1.5 Clinics and Resources	• Lesson 1 PowerPoint	ZIP file (Presentations)
	• Copies of Clinic List and Teen Talk Resources (one per student)	ZIP file (Student Handouts)
1.6 Let's Talk	• Copies of Let's Talk (one per student)	ZIP file (Student Handouts)
2.1 Sexual and Reproductive Systems	• Lesson 2 PowerPoint	ZIP file (Presentations)
	• Instructor Guide (sample script)	ZIP file (Instructor Materials)
	• Copies of Pelvic Anatomy diagrams (one set per student)	ZIP file (Student Handouts)
2.2 Stages of Human Reproduction	• Lesson 2 PowerPoint	ZIP file (Presentations)
	• Instructor Guide (sample script)	ZIP file (Instructor Materials)
	• Answer Key	
	• Copies of Fetal Development & Birth fact sheet (one per student)	ZIP file (Student Handouts)
	• Copies of Stages of Human Reproduction (one set per small group)	
	• Copies of Fun Facts (one set per small group, cut into strips)	

	• <i>Tape or glue sticks</i> (one per small group)	School or office/art supply store
	• <i>"Pregnancy 101" video</i>	YouTube or ZIP file (Media Links PDF)
2.3 What's the Story?	• Copies of What's the Story? (one set per student)	ZIP file (Student Handouts)
	• Answer Key	ZIP file (Instructor Materials)
Extra: Anatomy Coloring	• Copies of Anatomy Coloring Guide (one per student)	ZIP file (Student Handouts)
	• <i>Colored pencils or markers</i>	School or office/art supply store
Extra: Anatomy Race	• Set(s) of Anatomy Race BODIES cards (laminates if possible) • Set(s) of Anatomy Race PARTS cards (laminates if possible)	ZIP file (Signs, Cards, Scenarios)
Extra: Anatomy Head's Up	• Set of Anatomy cards (laminates if possible)	ZIP file (Signs, Cards, Scenarios)
	• <i>Whiteboard and dry-erase markers</i>	School or office/art supply store
3.1 Identity Iceberg	• Lesson 3 PowerPoint	ZIP file (Presentations)
	• Copies of Identity Iceberg (one per student)	ZIP file (Student Handouts)
	• <i>"Intersectionality" video</i>	YouTube or ZIP file (Media Links PDF)
3.2 Gender and Sexual Identities	• Lesson 3 PowerPoint	ZIP file (Presentations)
	• <i>Instructor Guide</i> (sample script)	ZIP file (Instructor Materials)
	• <i>"Two-Spirit" video</i>	YouTube or ZIP file (Media Links PDF)
Extra: "The Gender Tag" – TEDx Talk & Discussion	• <i>"The Gender Tag" video</i>	YouTube or ZIP file (Media Links PDF)
4.1 Comprehending Consent	• Lesson 4 PowerPoint	ZIP file (Presentations)
	• <i>"Tea Consent (Clean)" video</i>	YouTube or ZIP file (Media Links PDF)
4.2 Intimate Behaviors	• Lesson 4 PowerPoint	ZIP file (Presentations)
	• <i>Whiteboard and dry-erase markers</i>	School or office/art supply store
5.1 Birth Control Stations	• Lesson 5 PowerPoint	ZIP file (Presentations)
	• Copies of Birth Control Stations (one per student)	ZIP file (Student Handouts)
	• Set of birth control information cards (laminates if possible)	ZIP file (Signs, Cards, Scenarios)
	• <i>Sample birth control methods</i>	Clinic or Planned Parenthood (Optional Materials PDF)
	• <i>Lab trays</i> (8-10 if possible)	School or office/art supply store
5.2 It Depends on the Situation	• Set(s) of It Depends on the Situation scenarios (laminates if possible)	ZIP file (Signs, Cards, Scenarios)
Extra: Birth Control Ads	• Copies of Birth Control Ads (one per student)	ZIP file (Student Handouts)
	• 8" x 11" paper (one per student)	School or office/art supply store
	• Colored pencils or markers	

Extra: Birth Control Skits	<ul style="list-style-type: none"> Copies of Lights...Camera...Action! (one per student) Copies of <i>Night at the Oscars</i> (one per student) 	ZIP file (Student Handouts)
	<ul style="list-style-type: none"> Answer Key 	ZIP file (Instructor Materials)
	<ul style="list-style-type: none"> Set of birth control information cards (laminates if possible) 	ZIP file (Signs, Cards, Scenarios)
	<ul style="list-style-type: none"> Sample birth control methods 	Clinic or Planned Parenthood (Optional Materials PDF)
	<ul style="list-style-type: none"> Costumes and props 	School or thrift store
Extra: What's My Method?	<ul style="list-style-type: none"> Answer Key 	ZIP file (Instructor Materials)
6.1 Pregnancy Options Flowchart	<ul style="list-style-type: none"> Lesson 6 PowerPoint 	ZIP file (Presentations)
6.2 Exploring Their Options	<ul style="list-style-type: none"> Copies of Exploring Their Options (one per student) 	ZIP file (Student Handouts)
	<ul style="list-style-type: none"> Set of Exploring Their Options scenarios (laminates if possible) 	ZIP file (Signs, Cards, Scenarios)
7.1 STI Mystery Diagnosis	<ul style="list-style-type: none"> Lesson 7 PowerPoint 	ZIP file (Presentations)
	<ul style="list-style-type: none"> Copies of STI Mystery Diagnosis Medical Chart (one per pair) 	ZIP file (Student Handouts)
	<ul style="list-style-type: none"> Set(s) of Mystery STI cards (laminates if possible) Set of STI infographic signs and cards (laminates if possible) 	ZIP file (Signs, Cards, Scenarios)
	<ul style="list-style-type: none"> Answer Key 	ZIP file (Instructor Materials)
	<ul style="list-style-type: none"> Lab trays (7 if possible) or tape 	School or office/art supply store
7.2 All About STIs	<ul style="list-style-type: none"> Lesson 7 PowerPoint 	ZIP file (Presentations)
	<ul style="list-style-type: none"> Copies of STI Fact Sheet (one set per student) Copies of All About STIs Annotation Guide (one per student) 	ZIP file (Student Handouts)
7.3 Quick Facts About HIV	<ul style="list-style-type: none"> Lesson 7 PowerPoint 	ZIP file (Presentations)
	<ul style="list-style-type: none"> Copies of Quick Facts About HIV worksheet or fact sheet (one per student) 	ZIP file (Student Handouts)
7.4 Condom Demonstrations	<ul style="list-style-type: none"> Lesson 7 PowerPoint 	ZIP file (Presentations)
	<ul style="list-style-type: none"> Condom training models (one per student) 	Clinic or 3B Scientific (Optional Materials PDF)
	<ul style="list-style-type: none"> Latex condoms (one per student) Non-latex condoms (for students with allergies) Internal condom (for instructor to demonstrate) Dental dam (for instructor to demonstrate) 	Clinic or Global Protection (Optional Materials PDF)
	<ul style="list-style-type: none"> Non-latex gloves (for students with allergies) Water-based, silicone-based, and oil-based lubrication 	Pharmacy or supermarket

	<ul style="list-style-type: none"> • <i>Plastic pelvic model</i> (for instructor to demonstrate) 	Clinic or Total Access Group (Optional Materials PDF)
	<ul style="list-style-type: none"> • <i>"Trojan Condoms Unrolled" video</i> 	YouTube or ZIP file (Media Links PDF)
Extra: "HIV: The Neglected Pandemic" – Documentary & Discussion	<ul style="list-style-type: none"> • "HIV: The Neglected Pandemic" video 	YouTube or ZIP file (Media Links PDF)
	<ul style="list-style-type: none"> • <i>Copies of "HIV: The Neglected Pandemic" Film Guide</i> (one per student) 	ZIP file (Student Handouts)
Extra: Clinic Quiz	<ul style="list-style-type: none"> • <i>Copies of Clinic Quiz</i> (one per student or pair) 	ZIP file (Student Handouts)
	<ul style="list-style-type: none"> • <i>Instructor Guide</i> (talking points) 	ZIP file (Instructor Materials)
Extra: Clinic Adventure	<ul style="list-style-type: none"> • <i>Copies of Clinic Adventure</i> (one per student or pair) 	ZIP file (Student Handouts)
Extra: ABCs of Viral Hepatitis	<ul style="list-style-type: none"> • <i>Copies of ABCs of Viral Hepatitis</i> (one per student) 	ZIP file (Student Handouts)
8.1 Our Sexual Bill of Rights	<ul style="list-style-type: none"> • Lesson 8 PowerPoint 	ZIP file (Presentations)
	<ul style="list-style-type: none"> • <i>Copies of Our Sexual Bill of Rights</i> (one per student) 	ZIP file (Student Handouts)
	<ul style="list-style-type: none"> • <i>"Stop Sextortion" video</i> • <i>"I Am Jasmine Strong" video</i> 	YouTube or ZIP file (Media Links PDF)
8.2 Zoe and Leo's Story	<ul style="list-style-type: none"> • Lesson 8 PowerPoint 	ZIP file (Presentations)
	<ul style="list-style-type: none"> • <i>Copies of Zoe and Leo's Story</i> (to distribute as needed) 	ZIP file (Student Handouts)
8.3 Cam's Story	<ul style="list-style-type: none"> • Lesson 8 PowerPoint 	ZIP file (Presentations)
	<ul style="list-style-type: none"> • <i>Copies of Cam's Story</i> (to distribute as needed) 	ZIP file (Student Handouts)
9.1 Love is Learned	<ul style="list-style-type: none"> • Lesson 9 PowerPoint 	ZIP file (Presentations)
	<ul style="list-style-type: none"> • <i>Whiteboard and dry-erase markers</i> 	School or office/art supply store
	<ul style="list-style-type: none"> • <i>"10 Signs" video</i> • <i>"Because I Love You – Delete" video</i> 	One Love Education Center: www.joinonelove.org/lms
9.2 Brenton's Story	<ul style="list-style-type: none"> • Lesson 9 PowerPoint 	ZIP file (Presentations)
	<ul style="list-style-type: none"> • <i>Copies of Intimate Partner Violence Fact Sheet</i> (one per student) • <i>Copies of Healthy Relationship Brainstorm</i> (one per student) • <i>Copies of Brenton's Story</i> (to distribute as needed) 	ZIP file (Student Handouts)
	<ul style="list-style-type: none"> • Lesson 9 PowerPoint 	ZIP file (Presentations)
	<ul style="list-style-type: none"> • <i>Set of Option #1-4 signs</i> (laminates if possible) 	ZIP file (Signs, Cards, Scenarios)
Extra: We Interrupt This Relationship	<ul style="list-style-type: none"> • <i>Set of We Interrupt This Relationship scripts</i> (laminates if possible) 	ZIP file (Signs, Cards, Scenarios)
	<ul style="list-style-type: none"> • <i>Instructor Guide</i> (talking points) 	ZIP file (Instructor Materials)
10.1 Behind the Scenes: Media Analysis	<ul style="list-style-type: none"> • Lesson 10 PowerPoint 	ZIP file (Presentations)
	<ul style="list-style-type: none"> • <i>"Insta Lie" video</i> 	YouTube or ZIP file (Media Links PDF)

10.2 Sex, Love, Rock & Roll	<ul style="list-style-type: none"> Copies of Sex, Love, Rock & Roll (one per student) 	ZIP file (Student Handouts)
10.3 Affirmation Creations	<ul style="list-style-type: none"> Lesson 10 PowerPoint 	ZIP file (Presentations)
	<ul style="list-style-type: none"> "Evolve" video 	Vimeo or ZIP file (Media Links PDF)
Extra: Porn Puzzles	<ul style="list-style-type: none"> Lesson 10 PowerPoint 	ZIP file (Presentations)
	<ul style="list-style-type: none"> Set(s) of Porn Puzzles (laminated if possible) 	ZIP file (Signs, Cards, Scenarios)
	<ul style="list-style-type: none"> Instructor Guide (talking points) 	ZIP file (Instructor Materials)
11.1 What Gives?: Refusal & Rejection Skills	<ul style="list-style-type: none"> Lesson 11 PowerPoint 	ZIP file (Presentations)
	<ul style="list-style-type: none"> Set(s) of Peer and Adult Refusal scenarios (laminated if possible) 	ZIP file (Signs, Cards, Scenarios)
	<ul style="list-style-type: none"> Rejection scene from "The Notebook" or "Harry Potter and the Goblet of Fire" 	YouTube or ZIP file (Media Links PDF)
11.2 What Would You Say?	<ul style="list-style-type: none"> Copies of What Would You Say? (one per student) 	ZIP file (Student Handouts)
Extra: Dear Dr. Lupe	<ul style="list-style-type: none"> Set of Dear Dr. Lupe scenarios (laminated if possible) 	ZIP file (Signs, Cards, Scenarios)
Extra: Talk It Out	<ul style="list-style-type: none"> Set of Talk It Out scenarios (laminated if possible) 	ZIP file (Signs, Cards, Scenarios)
Lesson 12 Introduction	<ul style="list-style-type: none"> "WOOP" video 	Vimeo or ZIP file (Media Links PDF)
12.2 Mapping My Future	<ul style="list-style-type: none"> Copies of Mapping My Future (one per student) 	ZIP file (Student Handouts)
12.3 Teen Talk Jeopardy!	<ul style="list-style-type: none"> Lesson 12 PowerPoint 	ZIP file (Presentations)
	<ul style="list-style-type: none"> Answer Key 	ZIP file (Instructor Materials)
	<ul style="list-style-type: none"> Question (Answer) Box 	School or office/art supply store
	<ul style="list-style-type: none"> Scratch paper cut into 3" x 4" pieces 	
12.4 Exit Survey	<ul style="list-style-type: none"> Copies of Exit Survey (one per student) 	ZIP file (Student Handouts)
	<ul style="list-style-type: none"> Answer Key 	ZIP file (Instructor Materials)
	<ul style="list-style-type: none"> Internet-enabled devices (one per student) 	School or personal devices
Extra: Teen Talk Kahoot!	<ul style="list-style-type: none"> Teen Talk Kahoot! template to upload 	ZIP file (Instructor Materials)
	<ul style="list-style-type: none"> Internet-enabled devices (one per student) 	School or personal devices
Extra: Teen Talk Poetry	<ul style="list-style-type: none"> Copies of Teen Talk Poetry (one per student) 	ZIP file (Student Handouts)

Appendix G: Handouts in Spanish

Note to Instructor: This section includes all student-facing worksheets and handouts. Find PDF copies of these and other materials in Spanish (e.g., scenarios and information cards) as well as bilingual PowerPoint presentations within the accompanying **ZIP file**.

Teen Talk

Normas del Grupo



1) Respeto

- ★ Escuchar activamente
- ★ Toma espacio, haz espacio
- ★ Practicar el lenguaje inclusivo

2) Comunicación

- ★ Identifica a tus adultos de confianza
- ★ Crear conexiones

3) Curiosidad

- ★ Mantener al mente abierta
- ★ Preguntar de forma abierta o anónima

4) Privacidad

- ★ Hacer un espacio seguro juntos
- ★ Contar con transparencia

5) Bienestar

- ★ Sentir tus sentimientos
- ★ Encuentre lo que funciona para usted



Nombre del Estudiante: _____ Periodo: _____

Teen Talk High School Encuesta de Introducción

Escuela _____ Fecha _____ Año escolar _____

Género _____ Etnicidad _____ Ciudad donde vives _____

¿Participaste en el curso de Health Connected Teen Talk en 7° o 8° de la secundaria? ☐ Sí ☐ No ☐ No sé

- ¿Cómo se llama cuando el género que le asignaron a una persona cuando nació no coincide con su identidad de género?
 - Heterosexual
 - Asexual
 - Gay or lesbiana
 - Transgénero
 - No estoy seguro
- ¿Qué es la anticoncepción de emergencia?
 - Una pastilla que se toma después de tener sexo para prevenir las ITS
 - Una pastilla que se toma después de tener sexo para prevenir el cáncer
 - Una pastilla que se toma después de tener sexo para prevenir el embarazo
 - Todas la anteriores
 - No estoy seguro
- Además de los fluidos sexuales, ¿cuál de estos fluidos corporales puede transmitir el VIH?
 - La saliva
 - La orina
 - La sangre
 - El sudor
 - No estoy seguro
- ¿Cuál de estos anticonceptivos también ayuda a disminuir el riesgo de contraer una ITS?
 - La inyección
 - El condón
 - El anillo vaginal
 - Píldora anticonceptiva
 - No estoy seguro
- Nombra dos clínicas locales donde un adolescente puede ir para obtener métodos anticonceptivos, pruebas y tratamiento de ITS, pruebas de embarazo y consulta de manera **GRATUITA y CONFIDENCIAL**.
 - _____
 - _____
- Se puede combinar un método anticonceptivo hormonal con condones para una protección más efectivo contra el embarazo y las ITS.
 - Verdadero
 - Falso
 - No estoy seguro
- Si no se tratan correctamente, algunas ITS pueden causar infertilidad (incapacidad de reproducir).
 - Verdadero
 - Falso
 - No estoy seguro
- La gonorrea y la clamidia son curables con medicamentos (es decir, la infección se quita completamente del cuerpo).
 - Verdadero
 - Falso
 - No estoy seguro
- La mayoría de los estudiantes de secundaria en Estados Unidos han tenido relaciones sexuales.
 - Verdadero
 - Falso
 - No estoy seguro
- El aislamiento en una relación puede hacer que alguien se cuestione su propio juicio sobre sus amigos y familia.
 - Verdadero
 - Falso
 - No estoy seguro
- Asumir la responsabilidad significa reconocer nuestros actos y palabras, y ser capaces de admitir cuando cometemos un error.
 - Verdadero
 - Falso
 - No estoy seguro

¡Continúa!

No hay respuestas correctas para las siguientes preguntas. Dibuja un círculo alrededor de una respuesta por pregunta.

12. ¿Qué tan cómodo te sentirías hablando de salud sexual con tus amigos?

Muy cómodo

Cómodo

Incómodo

Muy incómodo

13. ¿Qué tan cómodo te sentirías hablando de salud sexual con un padre o un adulto de confianza?

Muy cómodo

Cómodo

Incómodo

Muy incómodo

14. ¿Qué tan cómodo te sentirías al iniciar una conversación con un amigo o pareja íntima sobre tus límites personales?

Muy cómodo

Cómodo

Incómodo

Muy incómodo

15. ¿Qué tan cómodo te sentirías al iniciar una conversación con una pareja sexual actual o futura sobre un plan para prevenir las ITS o el embarazo?

Muy cómodo

Cómodo

Incómodo

Muy incómodo

16. ¿Qué tan cómodo te sentirías al acceder a los servicios de salud sexual en una clínica ahora o en el futuro?

Muy cómodo

Cómodo

Incómodo

Muy incómodo

Clínicas de la Península de SF

NO se requiere permiso de tus padres (*¡pero te animamos a hablar con ellos!*)

Servicios de salud sexual **confidencial** y **GRATUITOS** (a través de Family PACT ★)

Muchas de estas clínicas también pueden ofrecer citas de **telesalud** (llame para preguntar)

Daly City

- ★ **Daly City Youth Health Center**
www.dcyouth.org
 (650) 877-5700
 350 90th St. (3º Piso)
- **Kaiser Teen Clinic** (*exclusivo para miembros*)
www.kaiserpermanente.org
 (650) 301-4475
 395 Hickey Blvd. (2º Piso)

South San Francisco

- ★ **Planned Parenthood – South SF**
www.ppmarmonte.org
 (877) 855-7526
 435 Grand Ave.

San Mateo

- ★ **Planned Parenthood – San Mateo**
www.ppmarmonte.org
 (650) 235-7940
 29 Baywood Ave.

Redwood City

- ★ **Fair Oaks Health Center**
www.smchealth.org/location/fair-oaks-health-center
 (650) 578-7141
 2710 Middlefield Rd.
- **Kaiser Teen Clinic** (*exclusivo para miembros*)
www.kaiserpermanente.org
 (650) 299-2015
 905 Maple St. (4º Piso, Dept. 400)
- ★ **Planned Parenthood – Redwood City**
www.ppmarmonte.org
 (650) 503-7810
 2907 El Camino Real
- ★ **Sequoia Teen Wellness Center**
www.smchealth.org/locations/sequoia-teen-wellness-center
 (650) 366-2927
 200 James Ave. (en Sequoia HS)

East Palo Alto

- ★ **Ravenswood Family Health Center**
www.ravenswoodfhc.org
 (650) 330-7400
 1885 Bay Rd. (Suite A)

Palo Alto

- ★ **MayView Clinic – Palo Alto**
www.ravenswoodfhc.org
 (650) 327-8717
 270 Grant Ave.

Mountain View

- ★ **MayView Clinic – Mountain View**
www.ravenswoodfhc.org
 (650) 965-3323
 900 Miramonte Ave. (2º Piso)
- ★ **Planned Parenthood – Mountain View**
www.ppmarmonte.org
 (650) 948-0807
 2500 California St.

Clínica de Salud Móvil (ubicación variable)

- ★ **Stanford Teen Health Van**
www.stanfordchildrens.org/en/service/teen-van/schedule
 (650) 736-7172
Sitios comúnmente visitados: Alta Vista HS, Mountain View HS, Los Altos HS, East Palo Alto Academy, San Mateo HS, Peninsula HS, Skyline College

★ **www.familyPACT.org** – Identifica clínicas locales e insíbete para el programa de Family PACT
www.myhealthmyinfo.org – Utiliza los servicios confidenciales con tu médico u otro consultorio médico

Clínicas del Área de la Bahía Sur

NO se requiere permiso de tus padres (¡pero te animamos a hablar con ellos!)

Servicios de salud sexual **confidencial** y **GRATUITOS** (a través de Family PACT ★)

Muchas de estas clínicas también pueden ofrecer citas de **telesalud** (llame para preguntar)

Mountain View

- ★ **MayView Clinic – Mountain View**
www.ravenswoodfhc.org
 (650) 327-8717
 900 Miramonte Ave. (2º Piso)
- ★ **Planned Parenthood – Mountain View**
www.ppmarmonte.org
 (650) 948-0807
 2500 California St.

Sunnyvale

- ★ **Lucile Packard Teen Clinic (Stanford)**
www.stanfordchildrens.org/en/service/teens-and-young-adults
 (650) 497-2701
 1195 W. Fremont Ave
- ★ **MayView Clinic – Sunnyvale**
www.ravenswoodfhc.org
 (650) 327-8717
 785 Morse Ave. (en Columbia MS)

Clínica de Salud Móvil (ubicación variable)

- ★ **Stanford Health Teen Van**
www.stanfordchildrens.org/en/service/teen-van/schedule
 (650) 736-7172
Sitios comúnmente visitados: Alta Vista HS, Mountain View HS, Los Altos HS, Evergreen College, San Jose Conservation Corps
- ★ **Valley Health Teen Van**
www.scvmc.org/hospitals-clinics/valley-homeless-health-care-program-vhnp/valley-teen-van
 (408) 472-4676
Sitios comúnmente visitados: Escuela Popular, Boynton HS, Broadway HS, Foothill HS, Mount Madonna HS, New Valley HS, Fremont Union High School Educational Options, County Office of Ed. schools

San Jose

- ★ **Franklin-McKinley Neighborhood Health Clinic**
www.schoolhealthclinics.org
 (408) 283-6051
 645 Wool Creek Dr. (en la oficina del FMSD)
- **Kaiser Teen Clinic** (exclusivo para miembros)
www.kaiserpermanente.org
 (408) 362-4740
 276 International Cir. (Edificio 1, 1º Piso, Unit C)
- ★ **Overfelt Neighborhood Health Clinic**
www.schoolhealthclinics.org
 (408) 347-5988
 1835 Cunningham Ave. (en Overfelt HS)
- ★ **Planned Parenthood – SJ Blossom Hill**
www.ppmarmonte.org
 (408) 281-9777
 5440 Thornwood Dr. (Suite G)
- ★ **Planned Parenthood – SJ Eastside**
www.ppmarmonte.org
 (408) 729-7600
 3131 Alum Rock Ave.
- ★ **Planned Parenthood – SJ East Valley**
www.ppmarmonte.org
 (408) 274-7100
 2470 Alvin Ave. (Suite 80)
- ★ **Planned Parenthood – SJ Central**
www.ppmarmonte.org
 (408) 287-7526
 1691 The Alameda
- ★ **San Jose Neighborhood Health Clinic**
www.schoolhealthclinics.org
 (408) 535-6001
 1149 E. Julian St. (Edificio H en Sunrise MS)

Gilroy

- ★ **Gilroy Neighborhood Health Clinic**
www.schoolhealthclinics.org
 (408) 842-1017
 9300 Wren Ave. (en South Valley MS)
- ★ **Planned Parenthood – Gilroy**
www.ppmarmonte.org
 (408) 847-1739
 760 Renz Lane

★ **www.familyPACT.org** – Identifica clínicas locales e insíbete para el programa de Family PACT
www.myhealthmyinfo.org – Utiliza los servicios confidenciales con tu médico u otro consultorio médico

Clínicas Locales

NO se requiere permiso de tus padres (*¡pero te animamos a hablar con ellos!*)

Servicios de salud sexual **confidencial** y **GRATUITOS** (a través de Family PACT ★)

Muchas de estas clínicas también pueden ofrecer citas de **telesalud** (lláme para preguntar)

• _____
sitio web: _____
teléfono: _____
dirección: _____

• _____
sitio web: _____
teléfono: _____
dirección: _____

• _____
sitio web: _____
teléfono: _____
dirección: _____

• _____
sitio web: _____
teléfono: _____
dirección: _____

• _____
sitio web: _____
teléfono: _____
dirección: _____

• _____
sitio web: _____
teléfono: _____
dirección: _____

• _____
sitio web: _____
teléfono: _____
dirección: _____

• _____
sitio web: _____
teléfono: _____
dirección: _____

★ **www.familyPACT.org** – Identifica clínicas locales e insíbete para el programa de Family PACT

www.myhealthmyinfo.org – Utiliza los servicios confidenciales con tu médico u otro consultorio médico

¡Escanéame para más!



Tu Vida Tu Voz
yourlifeyourvoice.org
llama (800) 448-3000

SIGUE: Audio de Autocuidado
plannedparenthood.org/es/sigue

Terapia Latinx
latinxtherapy.com

Consejero de Crisis
crisistextline.org/es
texto AYUDA al 741-741

988 Línea de Vida de Crisis y Suicidio
988lifeline.org/help-yourself/en-espanol
llama o texto 988

Asociación Nacional de Trastornos de la Alimentación
nationaleatingdisorders.org/neda-espanol
llama o texto (800) 931-2237

El Amor es Respeto
espanol.loveisrespect.org
llama (866) 331-9474
texto LOVEIS al 22522

Línea de Apoyo para Asalto Sexual
hotline.rainn.org/es
llama (800) 656-4673

Línea de la Trata de Personas
humantraffickinghotline.org/
obtengo-ayuda
llama (888) 373-7888
texto BEFREE al 233-733

aplicación myPlan *
planificación de la seguridad
* en español próximamente

Línea de All-Options
tinyurl.com/LineaAllOptions
llama (888) 493-0092

Apoyo Después del Aborto
tinyurl.com/ExhalaProVoz
texto (617) 749-2948

ACCESO Línea de Salud
accessrj.org
llama 8 (888) 442-2237

Embarazo Saludable
kidshealth.org/es/teens/pregnancy-esp.html

Información sobre Salud Sexual
plannedparenthood.org/es/
temas-de-salud/para-adolescentes

aplicación Clue
seguimiento de la menstruación

aplicación Euki
salud sexual de confianza
información y recursos

Información LGBTQ+
plannedparenthood.org/es/temas-de-salud/para-adolescentes/lgbtq

Recursos y Herramientas para Comunicación con la Familia
somosfamiliabay.org/
resources/?lang=es

El Proyecto Trevor
tinyurl.com/ProyectoTrevor
llama (866) 488-7386
texto START to 678-678

El Proyecto Se Pone Mejor
itgetsbetter.org

Línea de Vida de Transgénero
translifeline.org
llama (877) 565-8860

¡Encuentra PrEP!
pleaseprepme.org/es

Protege Tu Información
myhealthmyinfo.org/?language=es

Recursos para Teen Talk High School

Género & Identidades Sexuales

Salud Mental & Imagen Corporal

Relaciones & Seguridad Sexual

Embarazo & Paternidad

Cuerpos, Anticonceptivos & ITS



¡HABLEMOS!

Nombre del Estudiante _____ Nombre del Adulto _____

Instrucciones: Entrevista a tus padres, a tu guardián o a un adulto de confianza mayor de 21 años. Separa las cuatro charlas en cuatro días diferentes a lo largo de Teen Talk. Después de cada Plática, pídele a tu adulto de confianza que firme, y luego completa la reflexión debajo de las preguntas de la entrevista.

Plática #1 **Fecha:** _____ **Firma del Adulto:** _____

1. ¿Cómo era una "cita" típica cuando estabas en la preparatoria?
2. ¿Cuáles reglas tenía tu familia sobre los noviazgos cuando estabas en la preparatoria? ¿Estabas de acuerdo con las reglas?
3. ¿Te has sentido cómodo hablando del sexo y las relaciones con tus padre(s)/tutor(es)? ¿Por qué? ¿Por qué no?

Reflexión: ¿Cómo ha hecho la tecnología que las citas sean diferentes para los adolescentes de hoy en día?

Plática #2 **Fecha:** _____ **Firma del Adulto:** _____

4. Cuando estabas en la preparatoria, ¿cómo era la situación de los compañeros que cuestionaban su sexualidad o su género?
5. ¿Cómo afectaron las diferentes partes de tu identidad a tu experiencia como adolescente, como el acceso a recursos u oportunidades?
6. ¿Cómo influyeron los roles de género a la hora de dar y pedir el consentimiento sexual cuando estabas en la preparatoria?

Reflexión: ¿Cómo crees que ha cambiado la sociedad desde que tu adulto de confianza estaba en la preparatoria, con respecto a la sexualidad, las identidades y los roles de género?

Visite estos excelentes recursos para padres que le ayudarán a continuar esta importante conversación:

Health Connected	www.health-connected.org/parents and www.lets-talk.how
Palo Alto Medical Foundation	www.sutterhealth.org/pamf/health/teens
Essential Access Health	www.talkwithyourkids.org
Advocates for Youth	www.tinyurl.com/advocatesforyouth-parents
American Sexual Health Association	www.ashasexualhealth.org/parents

Si te gustaría tener más información, recursos, y actualizaciones de Health Connected, por favor escribe tu correo electrónico. *Esta información no será compartida con otras organizaciones.

(opcional) Correo del Adulto _____

Plática #3 **Fecha:** _____ **Firma del Adulto:** _____

7. ¿Cómo sabe alguien si está preparado(a) para tener relaciones sexuales? ¿Qué significa que una relación sexual sea "sana"?
8. ¿Qué quieres que yo sepa acerca de las infecciones de transmisión sexual (ITS) y los métodos anticonceptivos?
9. ¿Crees que está bien que una persona de mi edad tenga una relación con alguien mucho más mayor o más joven que uno? ¿Por qué o por qué no?

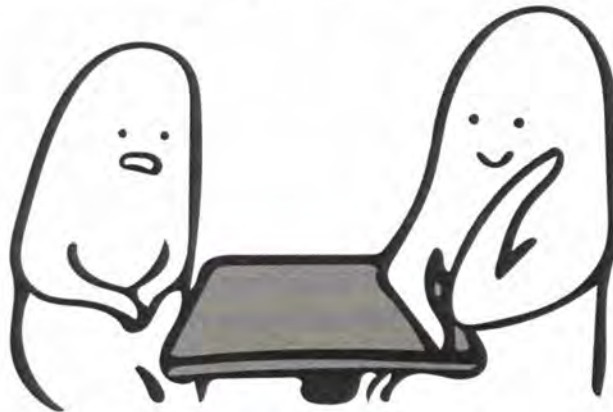
Reflexión: ¿Cuáles son algunos de los valores de tu adulto de confianza que fueron evidentes en esta discusión?

Plática #4 **Fecha:** _____ **Firma del Adulto:** _____

10. ¿Qué opinas sobre el uso de la tecnología y del internet por parte de los adolescentes (redes sociales, aplicaciones de citas, etc.)?
11. ¿Qué quisieras que sepa sobre los mensajes que la pornografía transmite a los jóvenes?
12. En alguna ocasión, ¿tú o un amigo tuyo se rindió a la presión social? ¿Qué puedo aprender de tu experiencia? ¿Cuál consejo me puedes dar para ayudarme a defender mis valores y creencias personales?

Reflexión: ¿Cuál era el consejo más útil que recibiste de tu adulto de confianza?

¡Gracias por tener esta importante conversación! Casi termino...



→ Tu adulto de confianza debe de llenar la sección aquí abajo después de completar la entrevista.

Yo he hablado con mi estudiante sobre todas las preguntas de esta tarjeta.

Firma del Adulto: _____

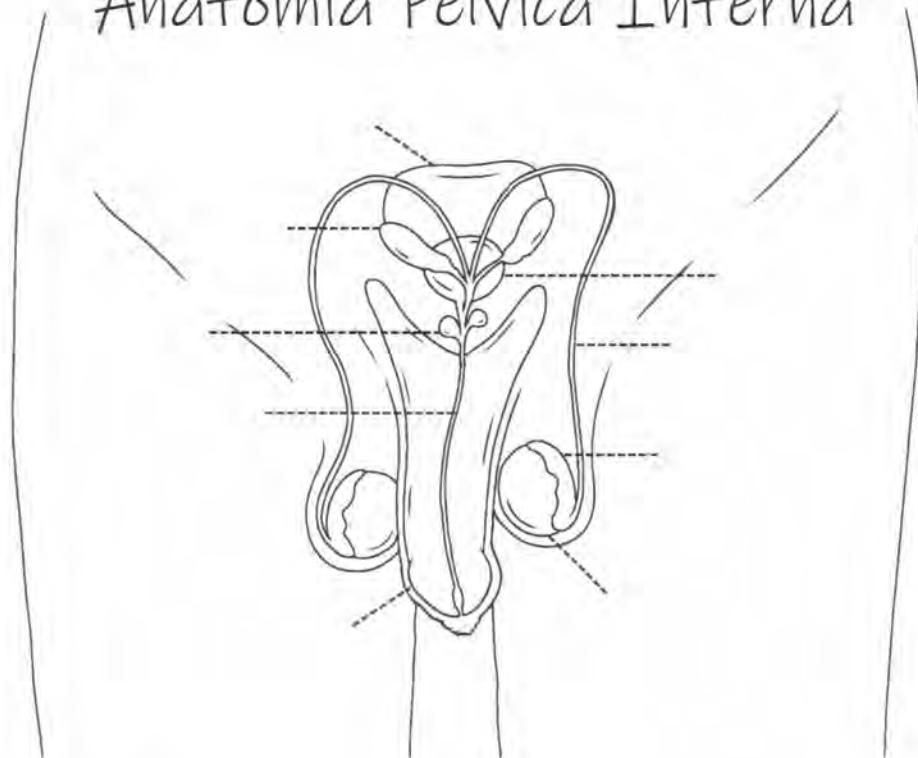
¿Crees que esta tarea les ayudó a hablar más abiertamente sobre la salud sexual y las relaciones?

☐ SI

☐ NO

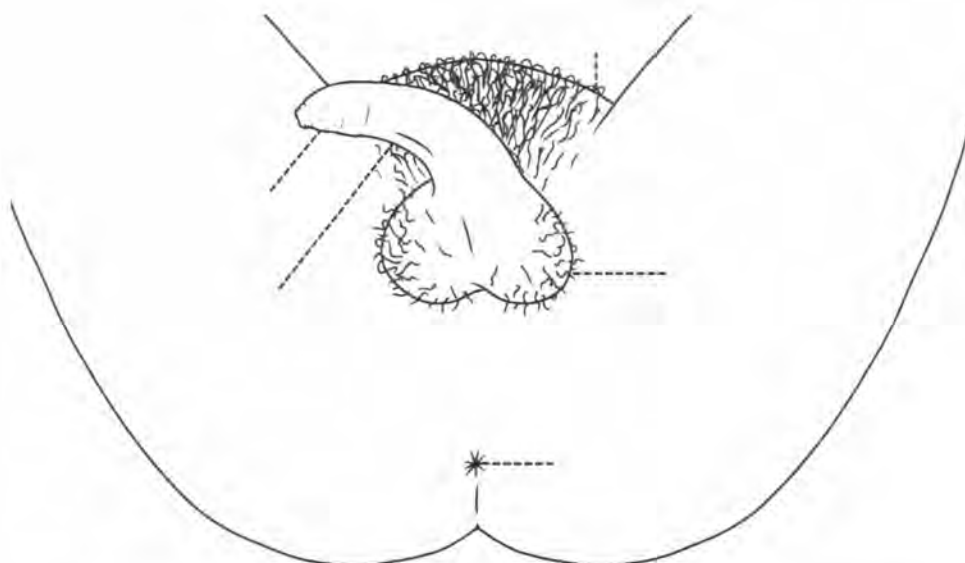
ASIGNADO MASCULINA

Anatomía Pélvica Interna



ASIGNADO MASCULINA

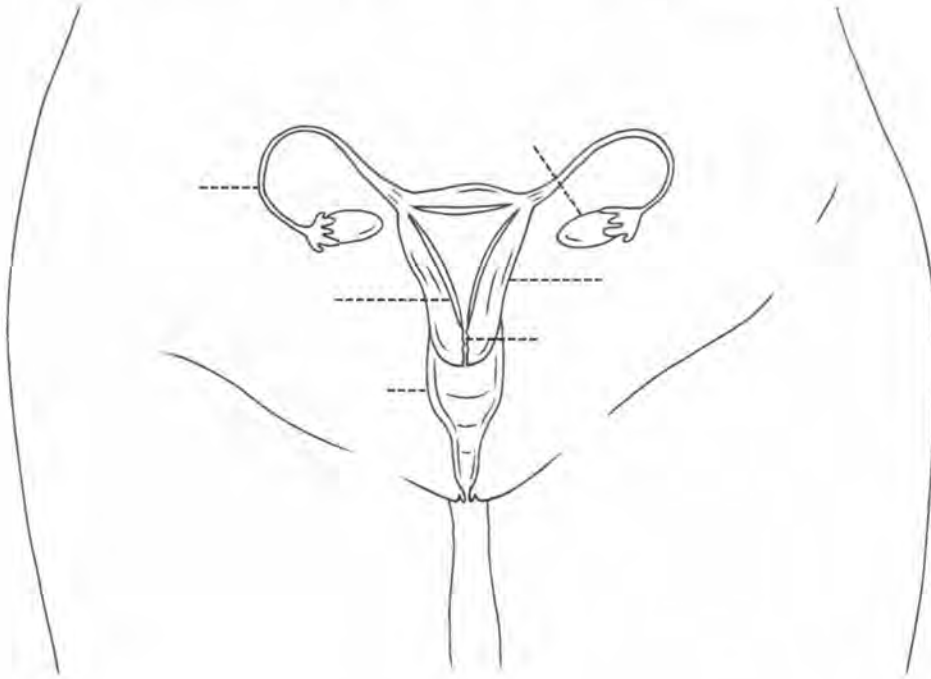
Anatomía Pélvica Externa



¡Cada cuerpo humano es único! Por favor, no compares tu cuerpo con estos dibujos.

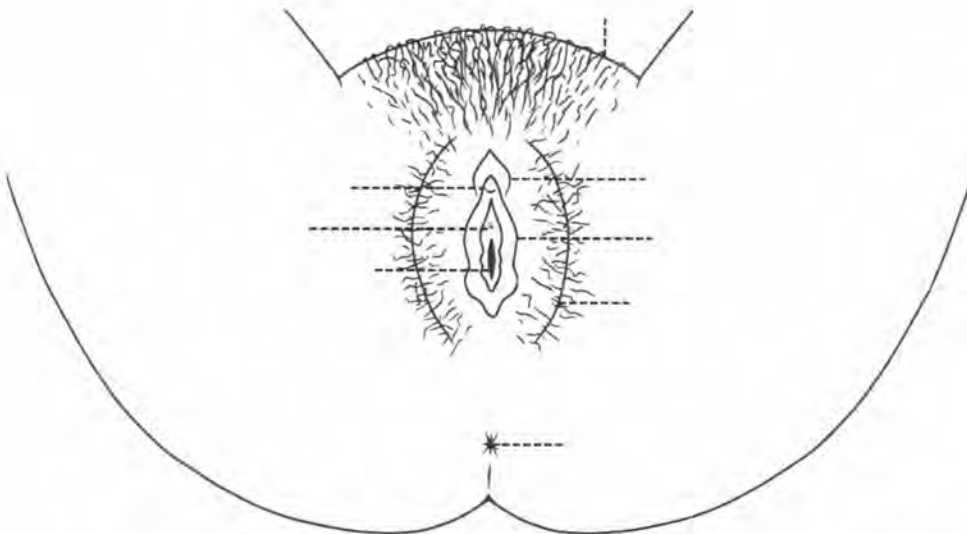
ASIGNADO FEMENINO

Anatomía Pélvica Interna



ASIGNADO FEMENINO

Anatomía Pélvica Externa



¡Cada cuerpo humano es único! Por favor, no compares tu cuerpo con estos dibujos.

Desarrollo Fetal & Nacimiento



“El feto empieza a desarrollar los dedos, nariz, labios, ojos y una médula espinal.”

Hay tanto crecimiento desde el momento de la implantación hasta el final del 1er trimestre. El embrión crece desde cientos de células hasta el tamaño de una pelota de ping pong.

El feto empieza a desarrollar dedos, nariz, labios, ojos y médula espinal. ¡Al final del 1er trimestre el corazón está funcionando y el feto empieza la diferenciación de sexo!

Durante el 2do trimestre, el feto crece hasta 8 pulgadas de largo.

El feto empieza a tener hipo, abrir sus ojos y desarrollar reflejos, como tragar y chupar.

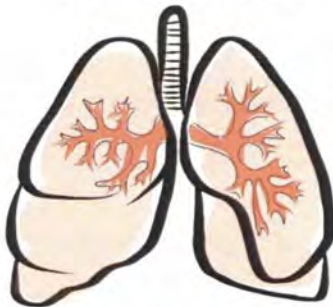
Es común que la persona embarazada visite a un médico para un ultrasonido del feto dentro del útero. Esta ecográfica puede mostrar, por lo general, los genitales del feto.

¡La persona embarazada incluso podría sentir los movimientos y patadas del feto!



“El feto empieza a tener hipo, abrir sus ojos y desarrollar reflejos, como tragar y chupar.”

3er Trimestre



“Durante los últimos cuatro meses, el peso del feto casi se triplica.”

Durante los últimos cuatro meses, el peso del feto casi se triplica, de 2 libras y media a un promedio de peso al nacer entre 6 y 9 libras.

Durante este 3er trimestre, el feto está desarrollando capas de grasa corporal y los pulmones ya están maduros.

El último mes es sumamente importante para adicional crecimiento cerebral.

Un embarazo dura alrededor de
37 - 40 semanas

El proceso del nacimiento



El feto inicia el parto con la ayuda de hormonas. El útero empieza a contraerse y el cérvix abre hasta alrededor de 10 cm. Con la ayuda de las contracciones, la persona embarazada empujará el bebé hacia afuera por la vagina. Una vez que nace el bebé, el útero se contraerá otra vez para expulsar la placenta. En otros casos, el bebé y la placenta pueden ser extraídos del útero a través de un procedimiento de cirugía llamado cesárea.

Etapas de la Reproducción ¡Datos Divertidos!

Instrucciones: Corta las 17 frases en tiras largas, luego ordena las tiras cronológicamente, de la más temprana a la más tarde. Después de revisar las respuestas con la clase, pega o coloca con cinta las tiras en el orden correcto en hoja de respuestas.



Alrededor de 100 espermatozoides rodean al óvulo, pero el óvulo permite que un espermatozoides entre.



Iniciado por el feto, las contracciones del útero comienzan por las hormonas de parto.



El feto comienza el proceso de diferenciación de sexo (e.g., desarrollo de testículos o ovarios).



El feto está cerca de su peso de nacimiento, típicamente entre 6 y 9 libras.



El bebé es empujado fuera de la vagina debido a las contracciones uterinas.



El cigoto se implanta en el forro del útero.



El corazón funciona.



La médula espinal y columna vertebral empiezan a formarse.



Esta persona está embarazada.



Una persona embarazada empieza a sentir movimiento fetal.



Los pulmones del feto están maduros.



La placenta (o posparto) sale de la vagina.



El feto desarrolla grasa corporal.



El feto es del tamaño de una pelota de ping pong.



El feto puede tener hipo.



Los ojos del feto abren por primera vez.



El ovario libera un óvulo.

Etapas de la Reproducción Humana

Nombre: _____ Fecha: _____ Periodo: _____

Instrucciones: Ordena las tiras cronológicamente, de la más temprana a la más tarde. Después de revisar las respuestas con la clase, pega o coloca con cinta los datos divertidos en el orden correcto a continuación.

CONCEPCIÓN

1.

2.

3.

4.

DESARROLLO FETAL – 1^{ER} TRIMESTRE

•

•

•

•

DESARROLLO FETAL – 2^{DO} TRIMESTRE

-
-
-

DESARROLLO FETAL – 3^{ER} TRIMESTRE

-
-
-

NACIMIENTO

- 1.
- 2.
- 3.

Cuerpos Asignados Femenino: ¿Cuál es el Relato?

Nombre: _____ Fecha: _____ Periodo: _____

Instrucciones: Usando los términos incluidos, rellene los espacios en blanco para completar la "historia" del sistema sexual y reproductivo en los cuerpos asignados femenino. Cada término puede utilizarse una sola vez.

cérvix	clítoris	endometrio	trompa de Falopio
himen	labios menores	menstruación	labios mayores
ovarios	ovulación	PAP	pubertad
célula de esperma	vagina	vulva	útero

Durante la _____ suceden muchos cambios en los cuerpos asignados como "femeninos". Por ejemplo, aproximadamente una vez al mes se libera un óvulo de uno de los órganos con apariencia de almendra conocidos como _____. Este proceso se llama _____.

El óvulo entonces entra al _____. Durante unos días, el óvulo viaja por este tubo hacia el _____, que es uno de los músculos más fuertes del cuerpo humano. Aquí es donde crece el feto si la persona está embarazada. El revestimiento de este órgano, llamado _____, se engruesa en preparación para un óvulo fecundado. Si el óvulo no es fecundado por un _____, saldrá del cuerpo junto con el revestimiento del útero, que está hecho de sangre y tejido. Este proceso se llama _____.

El _____ está situado en la parte inferior del útero y tiene una pequeña abertura en su centro. Esta abertura se dilata hasta unos 10 centímetros (el tamaño de un panecillo) durante el parto para que pueda pasar el bebé. También es un lugar en el que se puede desarrollar un cáncer, que el médico puede comprobar durante una prueba de _____.

La _____ es el órgano sexual por el que pasa la sangre menstrual y el canal por el que viaja el bebé durante el parto. Cuando una persona se excita sexualmente, segrega un lubricante natural a través de sus paredes. Algunas personas tienen un delgado doblez de piel cerca de la abertura de la vagina, que se llama el _____.

En los cuerpos asignados como "femeninos", toda la parte exterior de los genitales se llama _____. Esto incluye pliegues de piel que ayudan a proteger la abertura de las infecciones. Los _____ son los pliegues más externos, en los que crece vello púbico después de la pubertad. Los _____ son más oscuro porque están formados por tejido eréctil, que se llena de sangre cuando la persona se excita sexualmente. Estos pliegues se unen para formar una capucha protectora alrededor de la _____, que es un pequeño bulto de terminaciones de nervios y tejido eréctil que se endurece y agranda como el pene durante la excitación. Este es el único órgano en el cuerpo humano que existe solo con el propósito de ofrecer placer.

Cuerpos Asignados Masculina: ¿Cuál es el Relato?

Nombre: _____ Fecha: _____ Período: _____

Instrucciones: Usando los términos incluidos, rellene los espacios en blanco para completar la "historia" del sistema sexual y reproductivo en los cuerpos asignados masculina. Cada término puede utilizarse una sola vez.

eyaculación	epidídimo	erección	prepucio
pene	fluido pre-eyaculatorio	glándula prostática	pubertad
escroto	semen	células de espermatozoides	testículos
	conducto deferente	uretra	

En los cuerpos asignados como "masculina" ocurren muchos cambios durante la _____. Por ejemplo, dos glándulas de forma ovalada conocidas como los _____ comienzan a producir _____. Estas glándulas se encuentran en una bolsa de piel llamada _____, que regula su temperatura acercándolas o alejándolas del cuerpo.

Después de producir los espermatozoides, éstos se almacenan en un gran tubo enrollado en la superficie posterior de cada testículo llamado el _____, donde permanecen hasta que maduran.

Desde este tubo enrollado, los espermatozoides maduros entran en un tubo más grande llamado _____. Los espermatozoides viajan a través de este tubo y se mezclan con los fluidos de las vesículas seminales y de la _____, que es un sitio común para el desarrollo del cáncer en los cuerpos mayores. La combinación de los espermatozoides con este líquido se llama _____. A continuación, el fluido sale del cuerpo a través de un tubo en el pene llamado la _____, que es el mismo tubo por el que pasa la orina. Cuando el semen sale del cuerpo, se llama _____.

Cuando una persona se excita sexualmente, los tejidos esponjosos y eréctiles del _____ se llenan de sangre. Esto se llama _____ y normalmente ocurre antes de la eyaculación.

Si una persona no está circuncidada, un trozo de piel llamado _____ cubre la punta del pene. Las personas que tienen esta piel deben recordar limpiarse debajo de esta piel en la ducha.

Como la uretra tiene dos funciones (orinar y eyacular), el pene libera unas gotas de _____ para eliminar los restos de orina. Este líquido sale del pene antes de la eyaculación y puede contener células de espermatozoides viables. Se recomienda tener siempre el pene cubierto cuando esté cerca de la vagina, el ano o la boca para prevenir las ITS y los embarazos no deseados.

Guía de Anatomía para Colorear

Nombre: _____ Fecha: _____ Periodo: _____

Instrucciones: Colorea cada una de las partes del cuerpo en los diagramas de anatomía pélvica utilizando la guía que aparece a continuación para identificar estructuras y tejidos similares. Tacha cualquier color que no tengas y escribe en su lugar el color que hayas utilizado. Puedes reutilizar los colores o utilizar diseños (por ejemplo, rayas) si es necesario.

Asignado Masculina (Interno)

Testículos - azul claro
 Epidídimo - gris
 Conducto deferente - azul oscuro
 Vesículas seminales - café
 Glándula prostática - violeta
 Glándulas de Cowper - maroon
 Vejiga - rosado
 Uretra - amarillo
 Pene - anaranjado

Asignado Masculina (Externa)

Mons púbico - bronceado
 Prepucio - turquesa
 Tronco - verde oscuro
 Escroto - verde claro
 Ano - índigo

Anatomía Femenino (Interno)

Ovarios - azul claro
 Trompas de Falopio - azul oscuro
 Endometrio - rojo
 Útero - rosado
 Cérvix - violeta
 Vagina - lavanda

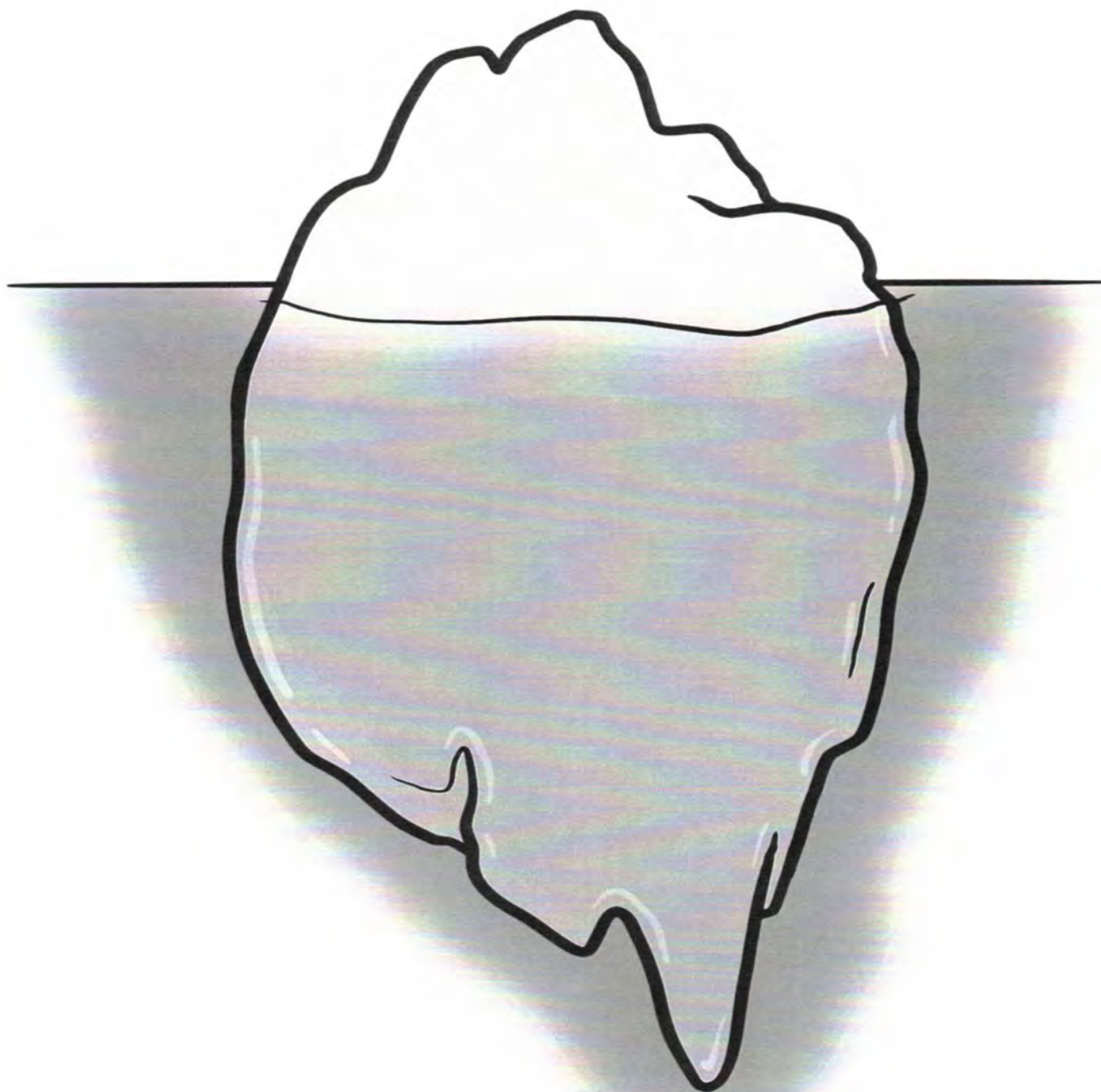
Anatomía Femenino (Externa)

Mons púbico - bronceado
 Clítoris - anaranjado
 Capa de clítoris - turquesa
 Labios externos - verde claro
 Labios internos - verde oscuro
 Apertura uretral - amarillo
 Apertura vaginal - lavanda
 Ano - índigo

Iceberg de la Identidad

Nombre: _____ Fecha: _____ Periodo: _____

Instrucciones: Piensa en todos los distintos componentes que te hacen ser quien eres: ¡un individuo único! Pon tus identidades visibles o fáciles de interpretar para los demás (como la altura y el color de la piel) por encima de la superficie del agua, las identidades que la gente puede suponer que eres (como la edad y la raza) en la línea de flotación, y las identidades que los demás no pueden ver o conocer sin que tú se lo digas (como la religión y la nacionalidad) por debajo de la superficie.



Estaciones de Métodos Anticonceptivos

Nombre: _____ Fecha: _____ Periodo: _____

No Tener Sexo

No tener sexo es _____ % efectivo.

Si una persona decide no tener relaciones sexuales, ¿por qué es importante hablar de ello con su pareja?

¿Cuáles son las dos ventajas de no tener relaciones sexuales?

-
-

¿Aproximadamente cuántos estudiantes de secundaria en California NO han tenido relaciones sexuales?

Anticonceptivos de Emergencia

Los anticonceptivos de emergencia son _____ % efectivos.

¿Cómo se utiliza correctamente este método?

Nombra dos situaciones en las que una persona puede decidir utilizar la anticoncepción de emergencia:

-
-

¿Dónde se puede conseguir la anticoncepción de emergencia?

Condón

Los condones son _____ % efectivos.

¿Dónde se pueden conseguir condones gratis?

¿Cuáles son dos ventajas del uso del condón?

-
-

¿Qué puede hacer que un condón sea menos efectivo?

Condón Interno

Los condones internos son _____ % efectivos.

¿Cómo previene este método el embarazo?

¿Cómo se puede modificar el condón interno para utilizarlo durante el sexo anal?

¿Cuáles son dos ventajas de los condones internos?

-
-

Pastilla

Las pastillas anticonceptivas son _____ % efectivos.

¿Cómo se utiliza correctamente este método?

¿Qué puede hacer que las pastillas anticonceptivas sean menos efectivas?

Parche

El parche es _____ % efectivo.

¿Cuánto tiempo permanece cada parche en el cuerpo?

¿Cuáles son las dos ventajas de utilizar el parche?

-
-

Anillo

El anillo vaginal es _____ % efectivo.

¿Cómo previene el anillo el embarazo?

¿Cuánto tiempo permanece cada anillo en la vagina?

Inyección

La inyección Depo es _____ % efectivo.

¿Con qué frecuencia hay que ponerse la inyección?

Nombra dos clínicas locales donde una persona puede recibir la inyección;

-
-

Implante

El implante es _____ % efectivo y dura _____ años.

¿Cómo previene el implante el embarazo?

¿Cuáles son dos ventajas del implante?

-
-

DIU

El DIU es _____ % efectivo.

Los DIU hormonales duran _____ años y funcionan por:

El DIU de cobre dura _____ años y funciona por:

Anuncios de Métodos Anticonceptivos

Nombre: _____ Fecha: _____ Periodo: _____

Instrucciones: Crea un anuncio para mostrar un método de prevención del embarazo. Sé creativo y atrae al público para que aprenda más sobre el método. El anuncio debe responder a todas las preguntas que aparecen a continuación utilizando datos e información precisos. El anuncio puede ser dibujado a mano o hecho en una computadora e impreso. Si incluyes fotos o dibujos, ¡asegúrate de que sean apropiados para la clase!

• **Nombre del método anticonceptivo:** _____

• **¿Qué tipo de método es?** (marque una opción)

Método de comportamiento

Método de la barrera

Método hormonal

• **¿Qué eficacia tiene este método?** _____

• **¿Cómo previene este método el embarazo?**

• **¿Cuánto tiempo dura este método?** _____

• **¿Ayuda este método a proteger contra las ITS?** SI ☐ NO ☐

• **¿Dónde se puede conseguir este método a nivel local?** (nombrar 2 clínicas)

• **¿Alguna otra información importante sobre este método?**

Recursos de Confianza

www.bedsider.org www.plannedparenthood.org/learn/birth-control

www.teensource.org/birth-control www.stayteen.org/sex-ed/birth-control-explorer

Luces... Cámara... ¡Acción!

Nombre: _____ Fecha: _____ Período: _____

Instrucciones: Crea una escena de **dos minutos** (e.g., un infomercial, una canción, un espectáculo de marionetas) que enseñe a la clase un método anticonceptivo y responda a las preguntas que aparecen a continuación. Se recomienda escribir un guión, pero **no** leerlo durante la representación. Cada grupo debe incluir al menos dos elementos de atrezzo o vestuario en la representación. **¡Sé creativo!**

1. **Método anticonceptivo:** _____

2. **¿Cómo previene el embarazo?**

3. **¿Qué tan efectivo es?** _____

4. **¿Cómo se usa?**

5. **¿Ofrece protección contra las ITS?** _____

6. **¿Dónde se puede conseguir?**

7. **¿Por qué una persona puede elegir este método en lugar de otro?**

8. **¿Por qué una persona decide no elegir este método?**

Noche de los Oscars

Nombre: _____ Fecha: _____ Período: _____

Instrucciones: Mientras observas las escenas, toma notas sobre cada método anticonceptivo que aprendes.

¿Dónde se pueden conseguir condones gratis?		¿Qué eficacia tienen los condones ?	
¿El parche disminuye el riesgo de ITS?	¿Cómo funciona el parche para prevenir el embarazo?		
¿Dónde se coloca el implante en el cuerpo?		¿Durante cuánto tiempo previene el implante el embarazo?	
¿Qué eficacia tiene la pastilla ?	¿Cómo se utiliza la pastilla correctamente?		
¿Con qué frecuencia debe volver una persona a la clínica para recibir la inyección ?		¿Cuál es la eficacia de la inyección ?	
Además de prevenir el embarazo, ¿cuál es la ventaja de no tener relaciones sexuales ?		Si una persona elige no tener sexo , ¿de qué otra forma puede mostrar afecto a su pareja?	
¿Cómo funciona el condón interno para evitar el embarazo?		¿El condón interno disminuye el riesgo de ITS?	
¿Dónde se coloca el DIU en el cuerpo?	¿Cuáles son los dos diferentes tipos de DIU y cuánto tiempo puede durar cada tipo?		
¿Dónde se puede conseguir el anillo ?		¿Cuánto dura cada tipo de anillo ?	
¿En qué situación puede necesitar una persona la anticoncepción de emergencia ?		¿Dónde puede una persona obtener la anticoncepción de emergencia ?	

Explorando Las Opciones

Nombre: _____ Fecha: _____ Periodo: _____

Instrucciones: Lee el escenario y piensa en las opciones de esta persona. Piensa en las diferentes razones por las que podría elegir la criar al bebé, el aborto o la adopción según sus circunstancias personales. Escribe dos razones en cada recuadro de abajo, y luego responde a la pregunta en la burbuja.

Opciones del Embarazo	¿Por qué escogería esta opción una persona?	¿Por qué no escogería esta opción una persona?
Aborto	<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • •
Adopción	<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • •
Paternidad	<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • •

¿A quién puede acudir esta persona en busca de apoyo en la toma de su decisión?



Diagnóstico Misterioso de las ITS Cuadro Médico

Nombre(s): _____ Fecha: _____ Periodo: _____

Instrucciones: Muévete por el salón y haz coincidir las imágenes de tu tarjeta Misterio ITS con las imágenes de cada estación. Anota la información proporcionada para completar la información médica de tu paciente y diagnosticar su ITS.

# _____	Piojos Púlicos	Sífilis	Tricomoniasis	Clamidia – o – Gonorrea
	Herpes	VPH	VIH	Hepatitis B

¿Cómo se pasa esta ITS?

¿Síntomas?

*

*

*

*

*

¿Cómo saben si tienen una ITS?

¿Cómo previenen las ITS en el futuro?

Prevención

*

*

*

*

¿Sin Tratamiento?

*

*

*

Tratamiento

(elige uno)

Curable o **Tratable**

*

Tipo de Patógeno

*

Visitan a un proveedor de servicios médicos.

La prueba es "positiva" – tienen esta ITS.

Nombra 2 clínicas locales a dónde pueden ir para realizarse pruebas y tratamientos gratuitos de ITS:

o

Piojos Púlicos
HerpesSífilis
VPHTricomoniasis
VIHClamidia – o – Gonorrea
Hepatitis B

¿Cómo se pasa esta ITS?

Transmisión

¿Cómo previenen las ITS en el futuro?

Prevención

¿Sin Tratamiento?

¿Qué pasa si no hacen nada?

Tratamiento

(elige uno)
Curable o Tratable

¿Cúáles son sus opciones?

Tipo de Patógeno

¿Cómo saben si tienen una ITS?

¿Síntomas?

Pruebas

Visitan a un proveedor de servicios médicos.

La prueba es "positiva" – tienen esta ITS.

Nombra 2 clínicas locales a dónde pueden ir para realizarse pruebas y tratamientos gratuitos de ITS:

o

¿Por qué los jóvenes deben informarse sobre las ITS?




Todos Sobre las ITS Guía de Anotaciones




Nombre: _____ Fecha: _____ Período: _____



Instrucciones: Complete cada uno de los pasos siguientes para anotar (marcar) la hoja informativa de ITS a medida que la lee.

1. Los fluidos sexuales pueden transmitir muchas ITS de una pareja a otra. **Dibuja un círculo** alrededor del término **fluidos sexuales** cada vez que aparezca en la hoja sobre las ITS.
2. Algunas ITS pueden transmitirse a través de la sangre infectada, incluso sin contacto sexual. **Dibuja una estrella** junto al término **sangre*** cada vez que aparezca en la hoja sobre las ITS.
3. El contacto genital piel con piel durante la actividad sexual puede permitir que algunas ITS pasen de una pareja a otra, incluso sin penetración. **Subraye** el término **contacto piel con piel** cada vez que aparezca en la hoja sobre las ITS.
4. Todas las ITS pueden ser asintomáticas durante algún tiempo. Esto significa que una persona puede parecer y sentirse sana pero podría tener una ITS y no saberlo. **Marque** el término **SIN síntomas** cada vez que aparezca en la hoja sobre las ITS.
5. Si no se tratan, algunas ITS pueden causar la infertilidad. Esto significa que una persona puede no ser capaz de quedarse embarazada o de dejar embarazada a otra persona. **Dibuja un 'no' (Ø)** junto al término **infertilidad** Ø cada vez que aparezca en la hoja informativa sobre las ITS.
6. Muchas ITS pueden prevenirse utilizando un método de barrera durante las relaciones sexuales, como el condón o la barrera bucal. **Dibuja un cuadro** alrededor del término **método de barrera** cada vez que aparezca en la hoja sobre las ITS.
7. Algunas ITS se pueden prevenir vacunándose. **Dibuja una flecha** hacia el término **vacúnate** ← cada vez que aparezca en la hoja sobre las ITS.

Hoja Informativa de las ITS

		ITS	Transmisión (cómo se transmite)	Signos/Síntomas (lo que puede causar)	Prevención (cómo protegerse)
Curable (Bacteria)		Clamidia 	<ul style="list-style-type: none"> • Contacto con fluidos sexuales (e.g., fluido vaginal, semen, o pre-eyaculación infectados) • Contacto genital piel con piel (e.g., durante el sexo oral, anal, o vaginal) • Parto vaginal 	<ul style="list-style-type: none"> • SIN síntomas • Fluido o sangrado anormal • Orinar con frecuencia • Dolor al orinar, defecar, o durante relaciones sexuales • Dolor de garganta persistente • Si no se trata, puede provocar infertilidad <p>Nota: esta infección aumenta el riesgo de contraer el VIH</p>	<ul style="list-style-type: none"> • NO contacto sexual • Hágase las pruebas <i>regularmente</i> (al menos una vez al año) y comuníquese con sus parejas sexuales • Utilice un método de barrera (e.g., condón o barrera bucal) de forma <i>correcta y consistente</i> durante el sexo oral, anal, y vaginal
		Gonorrea 	<ul style="list-style-type: none"> • Contacto con fluidos sexuales (e.g., fluido vaginal, semen, o pre-eyaculación infectados) • Contacto genital piel con piel (e.g., durante el sexo oral, anal, o vaginal) • Parto vaginal 	<ul style="list-style-type: none"> • SIN síntomas • Fluido o sangrado anormal • Orinar con frecuencia • Dolor al orinar, defecar, o durante relaciones sexuales • Dolor de garganta persistente • Si no se trata, puede provocar infertilidad <p>Nota: esta infección aumenta el riesgo de contraer el VIH</p>	<ul style="list-style-type: none"> • NO contacto sexual • Hágase las pruebas <i>regularmente</i> (al menos una vez al año) y comuníquese con sus parejas sexuales • Utilice un método de barrera (e.g., condón o barrera bucal) de forma <i>correcta y consistente</i> durante el sexo oral, anal, y vaginal
		Sífilis 	<ul style="list-style-type: none"> • Contacto piel con piel con una llaga o erupción infectada (e.g., durante el sexo oral, anal, o vaginal) • Contacto con fluidos sexuales (e.g., fluido vaginal, semen, o pre-eyaculación infectados) • Embarazo o parto • Menos comúnmente vía: <ul style="list-style-type: none"> – Contacto con sangre infectada 	<ul style="list-style-type: none"> • SIN síntomas • Llagas sin dolor (chancros) • Síntomas gripales • Erupción o llagas (lesiones) • Si no se trata, puede provocar daños cerebrales, parálisis, fallo cardíaco o la muerte <p>Nota: esta infección aumenta el riesgo de contraer el VIH</p>	<ul style="list-style-type: none"> • NO contacto sexual • NO compartir agujas ni equipos de inyección • Hágase la prueba (según el consejo de un médico) y comuníquese con cualquier pareja sexual • Utilice un método de barrera (e.g., condón o barrera bucal) de forma <i>correcta y consistente</i> durante el sexo oral, anal, y vaginal <p>Nota: los métodos de barrera pueden no cubrir todas las áreas que esta ITS puede infectar (e.g., boca)</p>

	ITS	Transmisión (cómo se transmite)	Signos/Síntomas (lo que puede causar)	Prevención (cómo protegerse)
Curable (Parásito)	Tricomoniasis 	<ul style="list-style-type: none"> • Contacto con fluidos sexuales (e.g., fluido vaginal, semen, o pre-eyaculación infectados) • Contacto genital piel con piel (e.g., durante el sexo oral, anal, o vaginal) • Menos comúnmente vía: <ul style="list-style-type: none"> – Parto vaginal 	<ul style="list-style-type: none"> • SIN síntomas • Descarga anormal • Mal olor • Picazón • Orinar con frecuencia • Dolor al orinar, al eyacular, o durante las relaciones sexuales • Si no se trata, puede provocar infertilidad <p>Nota: esta infección aumenta el riesgo de contraer el VIH</p>	<ul style="list-style-type: none"> • NO contacto sexual • Hágase la prueba (según el consejo de un médico) y comuníquese con cualquier pareja sexual • Utilice un método de barrera (e.g., condón o barrera bucal) de forma correcta y consistente durante el sexo oral, anal, y vaginal
	Piojos Púbicos 	<ul style="list-style-type: none"> • Contacto con el vello corporal o tela infectada a través de: <ul style="list-style-type: none"> – Contacto sexual (e.g., sexo oral, anal, o vaginal) – Compartir objetos personales (e.g., ropa, toallas, sábanas o mantas) <p>Nota: este tipo de piojos no afectan al cuero cabelludo, pero pueden adherirse al vello facial durante el sexo oral</p>	<ul style="list-style-type: none"> • SIN síntomas • Picazón • Piojos o liendres (huevos) visibles • Manchas oscuras por picaduras de insectos <p>Nota: esta infección aumenta el riesgo de contraer el VIH</p>	<ul style="list-style-type: none"> • NO contacto sexual • Evitar compartir la ropa, las toallas y la vestimenta de cama • Hágase la prueba (según el consejo de un médico) y comuníquese con cualquier pareja sexual • Utilice un método de barrera (e.g., condón o barrera bucal) de forma correcta y consistente durante el sexo oral, anal, y vaginal <p>Nota: los métodos de barrera pueden no cubrir todas las áreas que esta ITS puede infectar (e.g., vello pubic)</p>
Tratable (Virus)	Herpes Genital 	<ul style="list-style-type: none"> • Contacto piel con piel con una llaga infectada (e.g., durante el sexo oral, anal, o vaginal) • Contacto con fluidos sexuales (e.g., fluido vaginal, semen, o pre-eyaculación infectados) o saliva • Embarazo o parto <p>Nota: el herpes oral (también llamado "herpes labial") no se considera una ITS, pero puede causar herpes genital a través del sexo oral</p>	<ul style="list-style-type: none"> • SIN síntomas • Ampollas o lesiones en los genitales, el ano, o la boca • Picazón u hormigueo • Dolor al orinar, defecar, o durante relaciones sexuales • Síntomas gripales <p>Nota: esta infección aumenta el riesgo de contraer el VIH</p>	<ul style="list-style-type: none"> • NO contacto sexual • Hágase la prueba (según el consejo de un médico) y comuníquese con cualquier pareja sexual • Utilice un método de barrera (e.g., condón o barrera bucal) de forma correcta y consistente durante el sexo oral, anal, y vaginal <p>Nota: los métodos de barrera pueden no cubrir todas las áreas que esta ITS puede infectar (e.g., escroto)</p>

		ITS	Transmisión (cómo se transmite)	Signos/Síntomas (lo que puede causar)	Prevención (cómo protegerse)
Tratable (Virus)		VPH Virus de Papiloma Humano 	<ul style="list-style-type: none"> • Contacto genital piel con piel (e.g., durante el sexo oral, anal, o vaginal) • Parto vaginal <p>Nota: esta es la más común de todas las ITS – el 85% de las personas contraerá una infección de VPH a lo largo de su vida¹</p>	<ul style="list-style-type: none"> • SIN síntomas • Verrugas o lesiones genitales • Picazón • <i>Si no se trata</i>, puede causar cáncer de cuello uterino, de pene, de ano o de garganta, lo que puede provocar la muerte <p>Nota: esta infección aumenta el riesgo de contraer el VIH</p>	<ul style="list-style-type: none"> • NO contacto sexual • Hágase las pruebas <i>regularmente</i> (examen cervical para personas mayores de 25 años anualmente o según el consejo de un médico) y comuníquese con cualquier pareja sexual • Vacúnate (9-45 años) • Utilice un método de barrera (e.g., condón o barrera bucal) de forma <i>correcta y consistente</i> durante el sexo oral, anal, y vaginal <p>Nota: los métodos de barrera pueden no cubrir todas las áreas que esta ITS puede infectar (e.g., labios vaginales)</p>
		VIH Virus de Inmunodeficiencia Humana 	<ul style="list-style-type: none"> • Contacto con sangre infectada o tejido dañado (e.g., una herida o llaga abierta) • Contacto con fluidos sexuales (e.g., fluido vaginal, semen, pre-eyaculación, o fluido rectal infectados) • Embarazo, parto, o lactancia <p>Nota: el sexo anal receptivo sin condón es la actividad sexual de mayor riesgo – la piel del interior del recto es muy fina y tiene menos lubricación natural, lo que puede provocar microdesgarros durante el sexo que permitan la entrada de infecciones en el torrente sanguíneo</p>	<ul style="list-style-type: none"> • SIN síntomas • Síntomas gripales • Enfermedades frecuentes • Erupción corporal • Llagas en la boca • <i>Si no se trata</i>, el VIH puede progresar hasta convertirse en SIDA y hacer que la persona sea más susceptible a las infecciones oportunistas y a los cánceres, lo que puede causar la muerte <p>Nota: 1 de cada 7 personas que viven con el VIH no conoce su estado – la única manera de saberlo es haciéndose la prueba²</p>	<ul style="list-style-type: none"> • NO contacto sexual • NO compartir agujas ni equipos de inyección • Hágase las pruebas <i>regularmente</i> (anualmente o según el consejo de un médico) y comuníquese con cualquier pareja sexual • Completar el tratamiento de otras ITS (según la prescripción) • Utilice un método de barrera (e.g., condón o barrera bucal) de forma <i>correcta y consistente</i> durante el sexo oral, anal, y vaginal • Tomar los medicamentos de la PrEP y/o la PEP (según la prescripción) <p>Nota: una persona que vive con el VIH puede utilizar TAR (medicación antiretroviral) para suprimir su carga viral hasta niveles indetectables, esto significa que no puede transmitir el VIH a través de las relaciones sexuales</p>

¹ Centers for Disease Control and Prevention. (2021). Reasons to get HPV vaccine. www.cdc.gov/hpv/parents/vaccine/six-reasons.html

² HIV.gov. (2019). Too many people living with HIV don't know it. www.hiv.gov/blog/too-many-people-living-hiv-us-don-t-know-it

Datos Importantes sobre el VIH

V _____ de

I _____

H _____

Un virus que ataca el sistema inmune. Este sistema normalmente mantiene el cuerpo fuerte y lucha contra la gripe y las infecciones. Cuando alguien tiene VIH, el sistema inmune se debilita y es difícil combatir enfermedades.

S _____

de

I _____

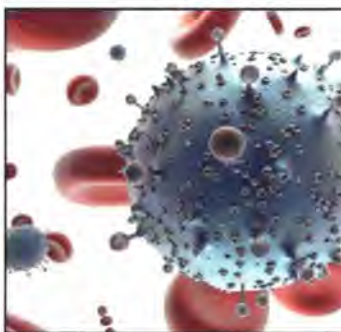
D _____

A _____

Cuando alguien con VIH comienza a enfermarse y el sistema inmune se debilita, un médico puede diagnosticarle con SIDA. Tenemos medicamentos para tratar esta enfermedad y, con el tratamiento adecuado, las personas con VIH pueden tener una expectativa de vida normal. Todavía no existe cura, pero esperamos que los científicos encuentren cura muy pronto.

Cómo se Transmite el VIH

-
-
-



Cómo el VIH no se Transmite

-
-
-
-
-

Fluidos que Transmiten el VIH

Como Prevenir la Transmisión del VIH

-
-
-
-
-
-

Las únicas formas
seguras de prevenir
el VIH

o Si una persona es VIH- (negativo)

- _____
utilizada por personas con alto riesgo de contraer el VIH
- _____
utilizada por personas recientemente expuestas a VIH

o Si una persona es VIH+ (positiva)

- _____
se usa para tratar el VIH y prevenir la transmisión del virus a otros

Como Apoyar a Alguien que Vive con VIH

-
-
-
-
-

Recursos

Información sobre el
VIH para adolescentes
(por MTV)
www.gytnow.org

Encuentra Sitios Locales
de Pruebas VIH y
Servicios de Salud
www.locator.hiv.gov

Para la Reducción del
Riesgo de VIH
hivrisk.cdc.gov

Encuentra un proveedor
local de PrEP
www.pleaseprepmo.org

Datos Importantes sobre el VIH

Virus de Inmunodeficiencia Humana

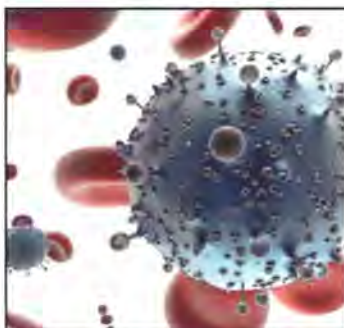
Un virus que ataca el sistema inmune. Este sistema normalmente mantiene el cuerpo fuerte y lucha contra la gripe y las infecciones. Cuando alguien tiene VIH, el sistema inmune se debilita y es difícil combatir enfermedades.

Syndrome de Inmunodeficiencia Adquirida

Cuando alguien con VIH comienza a enfermarse y el sistema inmune se debilita, un médico puede diagnosticarle con SIDA. Tenemos medicamentos para tratar esta enfermedad y, con el tratamiento adecuado, las personas con VIH pueden tener una expectativa de vida normal. Todavía no existe cura, pero esperamos que los científicos encuentren cura muy pronto.

Cómo se Transmite el VIH

- Sexo vaginal, anal u oral sin protección con alguien que tiene VIH
- Compartiendo equipo para inyectar o agujas con alguien que tiene VIH
- Embarazo, parto, y lactancia (de persona embarazada a bebé)



Cómo el VIH no se Transmite

- Besarse, abrazarse, agarrarse de las manos
- Compartir una bebida
- Usar un baño público
- Picaduras de insectos
- Donar sangre
- Ser amigo de alguien con VIH

Fluidos que Transmiten el VIH

Sangre Semen Pre-Eyaculado Fluido Vaginal Fluido Rectal Leche Materna

Como Prevenir la Transmisión del VIH

- **No tener sexo**
- **No compartir agujas ni equipos de inyección**
- Usar un condón o barrera bucal al tener sexo
- Limitar el número de parejas sexuales
- Hacer la prueba regularmente
- Tomar los medicamentos recetados:
 - **Si una persona es VIH- (negativo)**
 - PrEP (profilaxis pre-exposición) utilizada por personas con alto riesgo de contraer el VIH
 - PEP (profilaxis pos-exposición) utilizada por personas recientemente expuestas a VIH
 - **Si una persona es VIH+ (positiva)**
 - TAR (terapia antiretroviral) se usa para tratar el VIH y prevenir la transmisión del virus a otros

Las únicas formas seguras de prevenir el VIH

Como Apoyar a Alguien que Vive con VIH

- Tratarlos con respeto y dignidad
- Incluirlos en actividades
- Escúchalos
- Recordarles que deben tomar su medicación
- Ir a citas médicas con ellos
- Participar en una carrera para recaudar fondos para investigación sobre VIH/SIDA

Recursos

Información sobre el VIH para adolescentes (por MTV)
www.gytnow.org

Encuentra Sitios Locales de Pruebas VIH y Servicios de Salud
www.locator.hiv.gov

Para la Reducción del Riesgo de VIH
hivrisk.cdc.gov

Encuentra un proveedor local de PrEP
www.pleaseprepme.org

"VIH: La Pandemia Descuidada" Guía de Películas

Nombre: _____ Fecha: _____ Periodo: _____

1. ¿Cómo han influido los grupos de organización comunitaria como ACT UP, Project Street Beat, y SisterLove en los esfuerzos de prevención y tratamiento del VIH?
2. ¿Cómo afectó la pandemia de COVID-19 a los esfuerzos de investigación y concienciación sobre el VIH? ¿Cuáles son algunas de las similitudes y diferencias entre estos virus?
3. ¿Por qué el VIH/SIDA sigue afectando a ciertas comunidades más que a otras? (e.g., comunidades gay, trans, Negra y Latine) ¿Qué efecto ha tenido esto en las perspectivas de la sociedad y en los esfuerzos científicos en relación con el VIH?
4. ¿Por qué el VIH es una cuestión interseccional? ¿Por qué es importante modernizar las leyes relacionadas con el VIH?
5. ¿Cómo ha cambiado el pensamiento científico sobre el VIH desde los 1980s? ¿Cómo han cambiado los medios de comunicación para prevenir el VIH? ¿Cómo se ha vuelto nuestro lenguaje más respetuoso y menos estigmatizante?
6. ¿Por qué crees que el VIH sigue siendo tan común 40 años después de su descubrimiento? ¿Qué crees que será necesario para acabar con la epidemia de VIH/SIDA (para 2025)?

¿Qué cosas nuevas ha aprendido sobre el VIH y la epidemia de SIDA gracias a este documental?

Examen de Clínicas

Nombre: _____ Fecha: _____ Periodo: _____

Instrucciones: Marque cada una de las siguientes afirmaciones como **Verdadera** o **Falsa**.

- _____ 1) Muchos adolescentes que visitan las clínicas no son sexualmente activos.
- _____ 2) Ir a una clínica permite a los adolescentes tener el control de su salud reproductiva y sexual.
- _____ 3) Los adolescentes pueden obtener servicios de salud sexual *GRATIS* en las clínicas, por ejemplo: condones, pastillas anticonceptivas, pruebas de ITS y pruebas del embarazo.
- _____ 4) Una persona con cuerpo femenino puede obtener anticonceptivos en una clínica sin un examen pélvico/un examen vaginal.
- _____ 5) Algunas clínicas proveen la anticoncepción de emergencia a personas con cuerpos femeninos antes de que la paciente la necesite, para que esté a mano en caso de que falle el anticonceptivo (e.g., si se rompe el condón o se olvida la pastilla).
- _____ 6) Servicios de aborto solamente se proveen en ciertas clínicas.
- _____ 7) No se necesita el permiso de los padres/guardianes para que los adolescentes den su consentimiento a la vacuna contra el VPH.
- _____ 8) Los adolescentes sexualmente activos deben hacerse la prueba de las ITS cada año, antes de cada nueva pareja, o si algo empieza a parecer o sentirse diferente.
- _____ 9) Además de proporcionar servicios de salud sexual, las clínicas también pueden ayudar a los pacientes afectados por relaciones no seguras.
- _____ 10) Las clínicas atienden a pacientes de todos los géneros y orientaciones sexuales.
- _____ 11) Los empleados de la clínica no pueden decir a los padres/guardianes que su hijo adolescente visitó una clínica para recibir servicios de salud sexual.
- _____ 12) Los adolescentes que van a las clínicas demuestran valor y madurez por cuidar su salud y la de sus parejas.

Aventura para la Clínica

Nombre: _____ Fecha: _____ Periodo: _____

Instrucciones: Elige una clínica de salud sexual en tu localidad e investiga en internet para encontrar información general sobre sus servicios. A continuación, visita o llama a la clínica (utilizando el guión de ejemplo proporcionado) para obtener más información. Por último, evalúa tu experiencia completando la reflexión.

PARTE 1: Investigación



1) Nombre de la clínica: _____

2) Número de teléfono:	Dirección de la clínica:
Sitio web:	

3) Horarios de la clínica: _____ a _____ durante estos días de la semana:
(marque todo lo que corresponda)

Lu _____ Ma _____ Mi _____ Ju _____ Vi _____ Sa _____ Do _____

4) ¿Se pueden obtener citas sin cita previamente? (marque una opción) SI _____ NO _____

5) Servicios disponibles: (marque todas las opciones que correspondan)

- | | |
|---|--|
| <input type="checkbox"/> Pruebas de ITS (incluyendo el VIH) | <input type="checkbox"/> Pruebas de embarazo |
| <input type="checkbox"/> Tratamiento y vacunas para las ITS | <input type="checkbox"/> Asesoramiento sobre opciones de embarazo |
| <input type="checkbox"/> PrEP y PEP | <input type="checkbox"/> Cuidado prenatal |
| <input type="checkbox"/> Condones y barreras bucales | <input type="checkbox"/> Servicios de aborto |
| <input type="checkbox"/> Métodos anticonceptivos | <input type="checkbox"/> Servicios de salud mental |
| <input type="checkbox"/> Anticoncepción de emergencia | <input type="checkbox"/> Servicios de atención para afirmación de género |
| <input type="checkbox"/> Otros: (enumere abajo) | |

¡Continúa!



PARTE 2: Visita o Llamada (utilice el guión de muestra y tome notas a continuación)

¡Hola! Tengo algunas preguntas sobre sus servicios. ¿Tiene unos minutos para responderlas?

- 6) ¿Cuánto puede costar una visita o una consulta media? Si alguien no tiene seguro médico, ¿qué opciones de pago tiene?
- 7) ¿Cómo garantiza la clínica la confidencialidad de los pacientes?
- 8) Tengo un amigo/familiar que habla principalmente [insertar idioma]. ¿Hay personal o recursos disponibles en otros idiomas además del inglés?

Muchas gracias por su tiempo. ¡Adiós!

NOTAS

6)

7)

8)



PARTE 3: Reflexión

- 9) ¿Qué tan cómodo se sintió al interactuar con el personal de esta clínica? (marque una opción)

Muy cómodo

Cómodo

Incómodo

Muy incómodo

- 10) Piense en las cualidades que son importantes para usted a la hora de recibir asistencia médica (e.g., que el personal sea amable y esté bien informado; la limpieza de las instalaciones; la amplia variedad de servicios; la hospitalidad de los empleados) y termine la frase que aparece a continuación:



Recomendaría / No Recomendaría (marque una opción) esta clínica a un amigo porque...

BONUS: ¿Visitaste la clínica en persona? (marque una opción) SI ____ NO ____



Si la respuesta es sí, adjunte una tarjeta de visita o un folleto de la clínica que esté firmado y fechado por un miembro del personal de la clínica.

ABC de la Hepatitis Viral

		ITS	Transmisión (cómo se transmite)	Signos/Síntomas (lo que puede causar)	Prevención (cómo protegerse)
Tratable (Virus)		Hepatitis A	<ul style="list-style-type: none"> • Contacto con materia fecal infectada (popó) a través de: <ul style="list-style-type: none"> – Alimentos, bebidas, u objetos contaminados – Contacto sexual (e.g., sexo oral, anal, o vaginal) <i>Menos comúnmente vía:</i> <ul style="list-style-type: none"> – Contacto con sangre infectada Nota: la hepatitis A se transmite con mayor frecuencia por vía no sexual a través de un contagio alimentario (exposición fecal-oral) 	<ul style="list-style-type: none"> • SIN síntomas • Dolor abdominal o articular • Náuseas, vómitos, o diarrea • Síntomas gripales • Orina oscura o heces de color gris pálido • Picor o amarilleamiento de la piel o de los ojos • <i>Si no se trata, puede causar un fallo hepático repentino o la muerte</i> Nota: esta infección aumenta el riesgo de contraer el VIH 	<ul style="list-style-type: none"> • Vacúnate • Lavarse las manos con frecuencia (e.g., después de ir al baño, de cambiar un pañal, antes de preparar la comida o de comer) • NO contacto sexual • Hágase la prueba (según el consejo de un médico) y comuníquese con cualquier pareja sexual • Utilice un método de barrera (e.g., condón o barrera bucal) de forma correcta y consistente durante el sexo oral, anal, y vaginal
		Hepatitis B	<ul style="list-style-type: none"> • Contacto con sangre infectada • Contacto con fluidos sexuales (e.g., fluido vaginal, semen, o pre-eyaculación infectados) • Parto vaginal <i>Menos comúnmente vía:</i> <ul style="list-style-type: none"> – Compartir objetos personales (e.g. maquinilla de afeitar, cepillo de dientes) – Contacto con llagas infectadas (e.g., heridas abiertas) 	<ul style="list-style-type: none"> • SIN síntomas • Dolor abdominal o articular • Náuseas o vómitos • Síntomas gripales • Orina oscura o heces de color gris pálido • Picor o amarilleamiento de la piel o de los ojos • <i>Si no se trata, puede causar daños en el hígado o cáncer, lo cual puede causar la muerte</i> Nota: esta infección aumenta el riesgo de contraer el VIH 	<ul style="list-style-type: none"> • NO contacto sexual • NO compartir agujas ni equipos de inyección • Vacúnate • Hágase la prueba (según el consejo de un médico) y comuníquese con cualquier pareja sexual • Utilice un método de barrera (e.g., condón o barrera bucal) de forma correcta y consistente durante el sexo oral, anal, y vaginal
Curable (Virus)		Hepatitis C	<ul style="list-style-type: none"> • Contacto con sangre infectada <i>Menos comúnmente vía:</i> <ul style="list-style-type: none"> – Contacto sexual (e.g., sexo oral, anal, vaginal) – Parto vaginal – Compartir objetos personales (e.g. maquinilla de afeitar, cepillo de dientes) Nota: el sexo vaginal durante la menstruación y el sexo anal sin condón pueden tener una mayor probabilidad de microdesgarros en la piel y de exposición a la sangre 	<ul style="list-style-type: none"> • SIN síntomas • Dolor abdominal o articular • Náuseas o vómitos • Síntomas gripales • Orina oscura o heces de color gris pálido • Picor o amarilleamiento de la piel o de los ojos • <i>Si no se trata, puede causar daños en el hígado o cáncer, lo cual puede causar la muerte</i> Nota: esta infección aumenta el riesgo de contraer el VIH 	<ul style="list-style-type: none"> • NO contacto sexual • NO compartir agujas ni equipos de inyección • Hágase las pruebas (al menos una vez o según el consejo de un médico) y comuníquese con sus parejas sexuales • Utilice un método de barrera (e.g., condón o barrera bucal) de forma correcta y consistente durante el sexo oral, anal, y vaginal Nota: no hay vacuna para la hepatitis C

Nuestros Derechos Sexuales

En los Estados Unidos...

- **1 de cada 2 mujeres y 1 de cada 4 hombres** experimentarían violencia sexual en sus vidas.
- Aproximadamente el **77%** de las violaciones **no son denunciadas**.
- Más de la **mitad** de las víctimas **conocían** a la persona que los violó.

Consentimiento Afirmativo

- Solo "Sí" significa Sí. El silencio significa NO. Si uno no está seguro, **pregunta**.
- Una persona **no** puede dar su consentimiento para tener relaciones sexuales estando borracha o drogada.
- Todas las personas involucradas deben tener el **mismo poder** en la situación.

SIEMPRE Tengo el Derecho de...

Lucir sexy aunque no quiero tener sexo

Solo besar o tocar incluso si he tenido sexo con ellos antes

Cambiar mi mente incluso si dije "Sí" al comienzo

Reportar crímenes sexuales aunque no lo cuente a nadie de inmediato

Como Ayudar a un(a) Amigo(a)

- Hazle recordar que nunca es su culpa.
La violación es un acto de control y poder, no es un acto de deseo sexual.
- **Escúchale** sin juzgar y **refleja** su lenguaje.
- **Pregúntale** si se siente seguro(a) y cómo puedes ayudarles.
- **Empodérate** a tomar sus propias decisiones.
- **Anímale** a **reportar** el asalto, visitar a un hospital local o hablar con un adulto de confianza.

Recursos

National Assault Hotline
1-800-655-HOPE

Rape Trauma Services
(San Mateo County)
650-692-RAPE

National Human Trafficking Resource Center
1-888-373-7888
o envía un mensaje de texto de HELP a 233-733

¿Cómo podemos crear una comunidad segura con más respeto y menos violencia?

Violencia de Pareja Hoja Informativa

SECCIÓN 1

La violencia de pareja, también conocida como una relación de abuso, describe un ciclo de **violencia física, agresión sexual, acoso, manipulación emocional** o **control psicológico** por parte de una pareja actual o anterior.

El abuso tiene que ver con **PODER** y **CONTROL**. **NADIE** merece o quiere abuso.

SECCIÓN 2

La violencia de pareja puede ocurrir en **cualquier** tipo de relación.

Ocurre en las relaciones **heterosexuales** y en las **LGBTQ+**.



* La prevalencia de violencia física, violación, y acoso por parte de una pareja íntima a lo largo de la vida:

	Mujeres	Hombres
Heterosexual	35%	29%
Gay/Lesbiana	44%	26%
Bisexual	61%	37%

Esta encuesta no incluyó preguntas sobre la identidad Trans

SECCIÓN 3

Señales de una relación abusiva:

- Señales de abuso físico
- Señales de depresión o ansiedad (e.j., tristeza, miedo, retraimiento de las actividades)
- Cambios en el cuidado personal (e.j., menos atención a la higiene, apariencia, calificaciones)
- Aumento en actividades de alto riesgo

Razones por las que puede ser difícil dejar una relación abusiva:

- Dependencia económica
- Esperanza en que al abusador cambie
-
-
-

Cómo ayudar a alguien en una relación abusiva:

- Acordarle que **no** es su culpa
- Escuchar sin juzgar
- Creerles sin cuestionar su historia
-
-
-

SECCIÓN 4

Recursos:

One Love
1-844-832-6548
www.joinonelove.org

Star Vista Crisis Line
650-579-0350
www.star-vista.org

Community Overcoming Relationship Abuse
650-312-8515
www.teenrelationships.org

Community United Against Violence (LGBTQ+ ally)
650-312-8515
www.cuav.org

National Domestic Violence Hotline
1-800-799-7233
www.thehotline.org
www.loveisrespect.org

National Human Trafficking Hotline
1-888-373-7888
www.humantraffickinghotline.org

Lluvia de Ideas Relaciones Saludables

Nombre: _____ Fecha: _____ Período: _____

Instrucciones: Mientras lees las siguientes preguntas, reflexiona sobre cómo podrían aplicarse a diferentes relaciones en tu vida: familia, amigos, personas importantes, etc.

- | | |
|---|---|
| 1. Cuando estoy molesto, ¿qué puedo hacer para sentirme mejor? | 4. ¿Cómo voy a mostrar mi agradecimiento a alguien que me importa? |
| 2. Si me molesto con alguien que me importa, ¿cómo quiero resolverlo? | 5. ¿Cuándo he transigido o negociado con alguien que me importa? ¿Qué pasó? |
| 3. Si alguien que me importa está molesto, ¿cómo le apoyaré? | 6. ¿Qué es importante para mí en una relación o en una pareja? |

Sexo, Amor, y Rock & Roll

Nombre: _____ Fecha: _____ Período: _____

Instrucciones: Elige una canción que tenga un mensaje sobre el sexo, el amor o las relaciones. Lee la letra con cuidado y piensa en los mensajes en la canción y cómo los oyentes podrían interpretarlos. Conteste a las preguntas que aparecen a continuación con frases completas y adjunte una copia de la letra a esta hoja para obtener todos los créditos.

Título de la Canción: _____

Artista: _____

1. ¿Cuáles son algunos mensajes en esta canción? ¿Qué dicen sobre el sexo, el amor y/o las relaciones?
2. ¿Piensas que los mensajes en esta canción muestran una perspectiva saludable o no saludable sobre el sexo, el amor y/o las relaciones? ¿Por qué?
3. ¿Cómo piensas que estos mensajes podrían afectar a los adolescentes que escuchan esta canción?



¡Continúa!

4. Encuentra un mensaje **positivo** dentro de la canción y escríbelo en el cuadro de abajo. Si no encuentra ningún mensaje positivo, pase a la pregunta 5.

¿Qué significa esta letra para usted?

5. Encuentra un ejemplo de un mensaje **negativo** en esta canción y escríbelo en el cuadro de abajo. Si no encuentra ningún mensaje negativo, pase a la pregunta 7.

¿Qué significa esta letra para usted?

6. ¡Reescribe el mensaje insalubre de arriba para convertirla en un mensaje saludable! 😊

Después de completar el análisis de la canción, reflexiona y escribe tus pensamientos personales a continuación:

7. ¿Qué tipo de música escucho normalmente?

9. ¿Cómo puedes ser un consumidor más consciente de la música y otros mensajes de los medios de comunicación?

8. ¿Las canciones o artistas que escuchas te afectan a ti o a tus acciones de alguna manera?

10. ¿Cómo ha afectado esta actividad a tu forma de escuchar música?

¿Qué le Dirías Tú?

Nombre: _____ Fecha: _____ Periodo: _____

A. Imagínate que un(a) amigo(a) te está burlando por no haber tenido relaciones sexuales. Piensa en formas de expresar tus razones para esperar a tener sexo.

¿Todavía no has tenido sexo?
Pero, han estado saliendo por un tiempo, ¿No?

¿Por qué tienes miedo?
Nomás ponte un condón.

B. ¿Qué le dirías si tu pareja te está presionando para tener sexo? Imagínate que te gusta mucho la persona que te habla.

No puedo esperar para siempre...
¡Pensé que eras más maduro que esto! Si no quieres tener sexo, entonces ¿qué otra cosa podemos hacer?

¡Eres tan sexy!
¿Como puedes esperar que me excite y luego no tenga sexo?

Solo estoy intentando demostrarte que te amo.
¿No me amas?

C. ¿Qué le dirías si tu pareja no quisiera usar condones? Imagínate que estás pensando en tener relaciones con la persona que te habla.

No te preocupes por los ITS, no he estado con nadie más.

¿Por qué quieres que haga un examen?
¿Crees que soy sucie?

Vamos a ser ¡ súper cuidadosos!
Prometo que no pasará nada malo.

D. Estás a una fiesta y un amigue quiere tener sexo con alguien que está tomando alcohol. Tu amigue dice ...

No te preocupes, no se ve borrache.

El Mapa de Mi Futuro

Nombre: _____ Fecha: _____ Periodo: _____

Instrucciones: Escribe o dibuja tus respuestas al lado de cada una de las siguientes preguntas, teniendo en cuenta tus valores personales y la información que aprendiste durante Teen Talk.



Identidades	Anti-Conceptivos	ITS	Consentimiento y Seguridad	Tarjeta Libre
<p>¿Cuál es la diferencia entre sexo y género?</p> <p>Sexo = rasgos físicos Género = como una persona se siente por dentro</p>	<p>Enumera las 3 categorías de anticonceptivos.</p> <p>métodos de comportamiento, métodos de barrera, métodos hormonales</p>	<p>V/F: Si no se tratan correctamente, algunas ITS pueden causar la infertilidad (no poder reproducirse).</p> <p>Verdadero</p>	<p>¿Cuáles son los dos tipos principales de tráfico de humanos?</p> <p>el tráfico laboral y el tráfico sexual</p>	<p>V/F: La mayoría de los estudiantes de preparatoria en los EE.UU. han tenido relaciones sexuales.</p> <p>Falso (menos del 40% tiene)</p>
<p>¿Cómo se llama cuando el sexo asignado al nacer de una persona no coincide con lo con su identidad de género?</p> <p>Transgénero</p>	<p>¿Qué dos métodos pueden utilizarse al mismo tiempo para una protección más efectiva?</p> <p>1 método de barrera + 1 método hormonal (e.g., condón + implante)</p>	<p>Enumere 3 tipos de pruebas de ITS.</p> <p>Respuestas Posibles: extracción de sangre, prueba de orina, hisopo buccal, hisopo de algodón, inspección visual, prueba de PAP (examen cervical)</p>	<p>Describe 2 requisitos legales para consentimiento sexual.</p> <p>Respuestas Posibles: Años (18+ en CA), Sobrio (no borracho o drogado), Voluntad libre (sin presión o coerción)</p>	<p>Describe 3 errores que reducen la efectividad del condón.</p> <p>Respuestas Posibles: caducado, usar 2, no pellizcar la punta, al revés, lubricante a base de aceite</p>
<p>Enumera 3 formas de asegurarse de que todos los estudiantes se sientan seguros y valorados en la escuela.</p> <p>Respuestas Posibles: no juzgar a la gente, tratar a los demás con respeto, no asumir pronombres, preguntar si se sienten seguros, celebrar la diversidad</p>	<p>¿Qué es la anticoncepción de emergencia? ¿Cuándo y por qué se debe utilizar?</p> <p>Una pastilla que se toma después de una relación sexual sin protección para evitar el embarazo</p>	<p>Nombra 3 medicamentos que pueden ayudar a prevenir la transmisión del VIH.</p> <p>PrEP (profilaxis pre-exposición), PEP (profilaxis pos-exposición), TAR (terapia antirretroviral)</p>	<p>¿Cuál es la diferencia entre acoso sexual y agresión sexual?</p> <p>Acoso sexual = comunicación sexual no deseada (palabras o gestos) Agresión sexual = contacto sexual no deseado (físico o visual)</p>	<p>Enumere las 4 partes del modelo Sé FIRME para el rechazo.</p> <p>Figura tus límites Infórmale Razón por qué MEnciona una alternativa</p>
<p>¿Cuál es la diferencia entre asexual, bisexual y pansexual?</p> <p>Asexual = siente muy poca o ninguna atracción sexual Bisexual = atracción hacia personas de su propio género como hacia personas de otros géneros Pansexual = atracción hacia otras personas, independientemente de sus géneros</p>	<p>¿Cómo evita el embarazo un método anticonceptivo hormonal?</p> <p>Las hormonas pueden: previenen la ovulación, espesar la mucosa cervical y/o adelgazar el endometrio</p>	<p>Nombra 3 clínicas locales donde una persona puede obtener pruebas de ITS gratuitas.</p> <p>Respuestas Posibles: Planned Parenthood, Kaiser Teen Clinic, Sequoia Teen Wellness Center</p>	<p>Enumera 3 señales sanas y 3 insanas en una relación.</p> <p>Sana: Independencia, Confianza, Conflicto sano, Amabilidad, Respeto, Diversión, Igualdad, etc. Insana: Manipulación, Aislamiento, Evitar la responsabilidad, Traición, Volatilidad, etc.</p>	<p>Describe 3 usos de los anticonceptivos que NO están relacionados con la prevención del embarazo.</p> <p>Respuestas Posibles: prevención de ITS, manejo de los síntomas del período (calambres, ciclo irregular, acné, migrañas), supresión de la menstruación, alineación de género</p>
<p>Define la interseccionalidad.</p> <p>El concepto de que cada persona tiene un único conjunto de identidades personales que se entrecruzan y superponen (no pueden separarse), lo que impacta en las experiencias de privilegio y opresión.</p>	<p>Nombra 5 métodos anticonceptivos Y la duración de cada uno.</p> <p>Pastilla (1 día) Parche (1 semana) Anillo (3-4 sem. o 1 año) Inyección (3 meses) Implante (3-5 años) DIU (3-7 o 10+ años) Condón (un acto de sexo) No sexo (¡siempre y cuando una persona elija hacerlo!)</p>	<p>Enumere 4 ITS curables y 4 tratables en 2 columnas separadas.</p> <p>Curables: clamidia, gonorrea, sífilis, tricomoniasis, piojos púbicos Tratables: herpes, hepatitis B, VPH, VIH</p>	<p>¿Qué significa cada letra del modelo de consentimiento ACEPTAR?</p> <p>Respuestas Posibles: Activo Curso Elección Preciso Transparente Basado en el poder igualitario</p>	<p>Enumera los 6 fluidos corporales que pueden transmitir el VIH.</p> <p>sangre, semen, fluido vaginal, fluido rectal, fluido preeyaculatorio, leche materna</p>

Teen Talk High School Encuesta de la Salida

Escuela _____ Fecha _____ Año escolar _____

Género _____ Etnicidad _____ Ciudad donde vives _____

¿Participaste en el curso de Health Connected Teen Talk en 7° o 8° de la secundaria? ☐ Sí ☐ No ☐ No sé

- ¿Cómo se llama cuando el género que le asignaron a una persona cuando nació no coincide con su identidad de género?
 - Heterosexual
 - Asexual
 - Gay or lesbiana
 - Transgénero
 - No estoy seguro
- ¿Qué es la anticoncepción de emergencia?
 - Una pastilla que se toma después de tener sexo para prevenir las ITS
 - Una pastilla que se toma después de tener sexo para prevenir el cáncer
 - Una pastilla que se toma después de tener sexo para prevenir el embarazo
 - Todas la anteriores
 - No estoy seguro
- Además de los fluidos sexuales, ¿cuál de estos fluidos corporales puede transmitir el VIH?
 - La saliva
 - La orina
 - La sangre
 - El sudor
 - No estoy seguro
- ¿Cuál de estos anticonceptivos también ayuda a disminuir el riesgo de contraer una ITS?
 - La inyección
 - El condón
 - El anillo vaginal
 - Píldora anticonceptiva
 - No estoy seguro
- Nombra dos clínicas locales donde un adolescente puede ir para obtener métodos anticonceptivos, pruebas y tratamiento de ITS, pruebas de embarazo y consulta de manera **GRATUITA y CONFIDENCIAL**.
 - _____
 - _____
- Se puede combinar un método anticonceptivo hormonal con condones para una protección más efectivo contra el embarazo y las ITS.
 - Verdadero
 - Falso
 - No estoy seguro
- Si no se tratan correctamente, algunas ITS pueden causar infertilidad (incapacidad de reproducir).
 - Verdadero
 - Falso
 - No estoy seguro
- La gonorrea y la clamidia son curables con medicamentos (es decir, la infección se quita completamente del cuerpo).
 - Verdadero
 - Falso
 - No estoy seguro
- La mayoría de los estudiantes de secundaria en Estados Unidos han tenido relaciones sexuales.
 - Verdadero
 - Falso
 - No estoy seguro
- El aislamiento en una relación puede hacer que alguien se cuestione su propio juicio sobre sus amigos y familia.
 - Verdadero
 - Falso
 - No estoy seguro
- Asumir la responsabilidad significa reconocer nuestros actos y palabras, y ser capaces de admitir cuando cometemos un error.
 - Verdadero
 - Falso
 - No estoy seguro

¡Continúa!

No hay respuestas correctas para las siguientes preguntas. Dibuja un círculo alrededor de una respuesta por pregunta.

12. ¿Qué tan cómodo te sentirías hablando de salud sexual con tus amigos?

Muy cómodo

Cómodo

Incómodo

Muy incómodo

13. ¿Qué tan cómodo te sentirías hablando de salud sexual con un padre o un adulto de confianza?

Muy cómodo

Cómodo

Incómodo

Muy incómodo

14. ¿Qué tan cómodo te sentirías al iniciar una conversación con un amigo o pareja íntima sobre tus límites personales?

Muy cómodo

Cómodo

Incómodo

Muy incómodo

15. ¿Qué tan cómodo te sentirías al iniciar una conversación con una pareja sexual actual o futura sobre un plan para prevenir las ITS o el embarazo?

Muy cómodo

Cómodo

Incómodo

Muy incómodo

16. ¿Qué tan cómodo te sentirías al acceder a los servicios de salud sexual en una clínica ahora o en el futuro?

Muy cómodo

Cómodo

Incómodo

Muy incómodo

¡Déjanos tus comentarios!

17. Usando la información que aprendí en este curso, tendré sexo más seguro ahora o en el futuro.

☐ Sí

☐ No

☐ No estoy seguro

18. El/La instructor/a hizo que el curso fuera interesante.

☐ Sí

☐ No

☐ No estoy seguro

19. El/La instructor/a creyó un espacio seguro para hacer preguntas.

☐ Sí

☐ No

☐ No estoy seguro

20. ¿Cuál era tu parte favorita del curso?

21. ¿Qué harías diferente en tu vida después de haber participado en este curso?

22. ¿Tienes algún otro comentario o sugerencia para este curso?

Poesía de Teen Talk

Nombre: _____ Fecha: _____ Periodo: _____

Instrucciones: Escoge un tema de salud sexual que presentamos en Teen Talk HS y escribe un poema al respecto. Algunos temas comunes incluyen métodos anticonceptivos, infecciones transmitidas sexualmente (ITS), las relaciones, consentimiento e identidad sexual. Tu poema no tiene que rimar pero sí tiene que ser apropiado para el ambiente académico (sin el uso de vulgaridades, violencia, discriminación, etc.). ¡Aquí están algunos ejemplos para inspirarte!

Pareja Unida

Había una pareja que estaba muy enamorada.
 Buscando un método anticonceptivo.
 Fueron a la clínica y leyeron un folleto.
 ¡Realizaron que usar un condón era perfecto!

Condomes: un Haiku

Preservativos
 Contra infecciones
 Y embarazos.

Ordering & Training Information

Ordering Information

Contact us to learn more about our curriculum or to order additional copies of Teen Talk HS.

Visit: www.health-connected.org/online-store

Email: curriculum@health-connected.org

Call: (650) 367-1937

Training Information

Health Connected provides both open-enrollment and specialized on-site training on all of our curricula to increase the knowledge, skills, and comfort level of those providing sexual health instruction. Our dynamic trainers support participants as they become familiar with CA sexual health education laws, observe and practice activities in the curriculum, and engage in thoughtful discussions about the material. Health Connected's training for Teen Talk HS meets the requirements included in CA Education Code section 51935.

Contact us to learn more about our open-enrollment opportunities throughout California, or to schedule a tailored training for your school, district, or community organization.

Visit: www.health-connected.org/register-now

Email: training@health-connected.org

Call: (650) 367-1937

About Health Connected

Organizational Background

Health Connected is a leading provider of adolescent sexual health education in California. We were founded in 1988, at the height of the teen pregnancy epidemic in the U.S., as a coalition of teachers, medical providers, and community members to support pregnant and parenting teens in San Mateo County, CA. The coalition was incorporated into a nonprofit organization in 1995. Since then, our focus has shifted to encompass an array of sexual health topics, including STI prevention, consent and media literacy, as well as healthy relationship education. Health Connected's instructional and training programs have impacted more than 400,000 students since our inception. Our 27 years of experience and commitment to the diverse needs of young people has established Health Connected as a trusted resource on adolescent sexual health education.

To learn more, visit: www.health-connected.org/about-us