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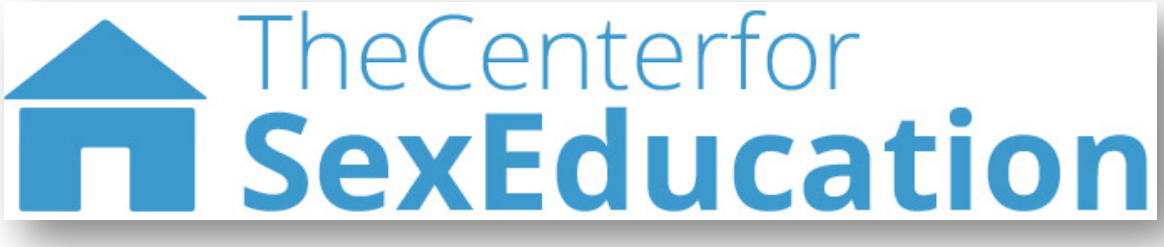
WHAT'S UP IN SEX ED?

A Peek Behind the Curtain at



Bill Taverner, MA, CSE

2016 SSSS Meeting

Phoenix, AZ

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PRINCIPLES FOR SEX EDUCATION

Let's Erase Bullying remains faithful to The Center for Sex Education's long-held principles for sex education. It is important for educators using lessons in this manual to recognize these principles and act upon them, since they illustrate basic philosophical and pedagogical approaches to comprehensive sex education. Educators who are mindful of these principles and examples will likely find additional ways to implement them as they teach the lessons.

1. All participants need and deserve respect.

This respect includes an appreciation for the difficulty and confusion of addressing sexual issues and a recognition of the constellation of factors that contribute to those issues. It means treating all persons, both young people and adults, as intelligent individuals who are capable of making decisions in their lives.

2. Participants need to be accepted where they are.

This means listening and hearing what people have to say, though we as educators might sometimes disagree. In general, we are much better off helping individuals explore the possible pitfalls of their attitudes rather than telling them what they ought to believe.

3. Participants learn as much or more from each other as from the educator.

Often, if we let people talk, allow them to respond to each other's questions and comments, and ask for others' advice, they feel empowered and take responsibility for their own learning. It is much more powerful for a participant to challenge a peer's belief or attitude than for the educator to do so.

4. Honest, accurate information and communication about sex is essential.

For most of their lives, participants may have received messages suggesting that sex is hidden, mysterious, and something not to be talked about in a serious and honest way. Limiting what individuals can talk about and using vague terminology perpetuates the unhealthy "secrecy" of sex. Sexual information needs to be presented in an honest, accurate way.

5. A positive approach to sex education is the best approach.

This means moving beyond talking about the dangers of sex and acknowledging in a balanced way the pleasures of sex. It means associating things open, playful, and humorous with sexuality, not just things that are grave and serious. It means offering a model of what it is to be sexually healthy rather than focusing on what is sexually unhealthy.

6. People have a fundamental right to sex education.

They have a right to know about their own bodies and how they function. They have a right to know about any sexual changes that are occurring now and any others that may occur during their lifetimes. They have the right to have their many questions answered. People who have explored their own values and attitudes and have accurate information are in the best position to make healthy decisions about their sexual lives.

7. Gender equality and greater flexibility in sex-role behavior help all people reach their full potential.

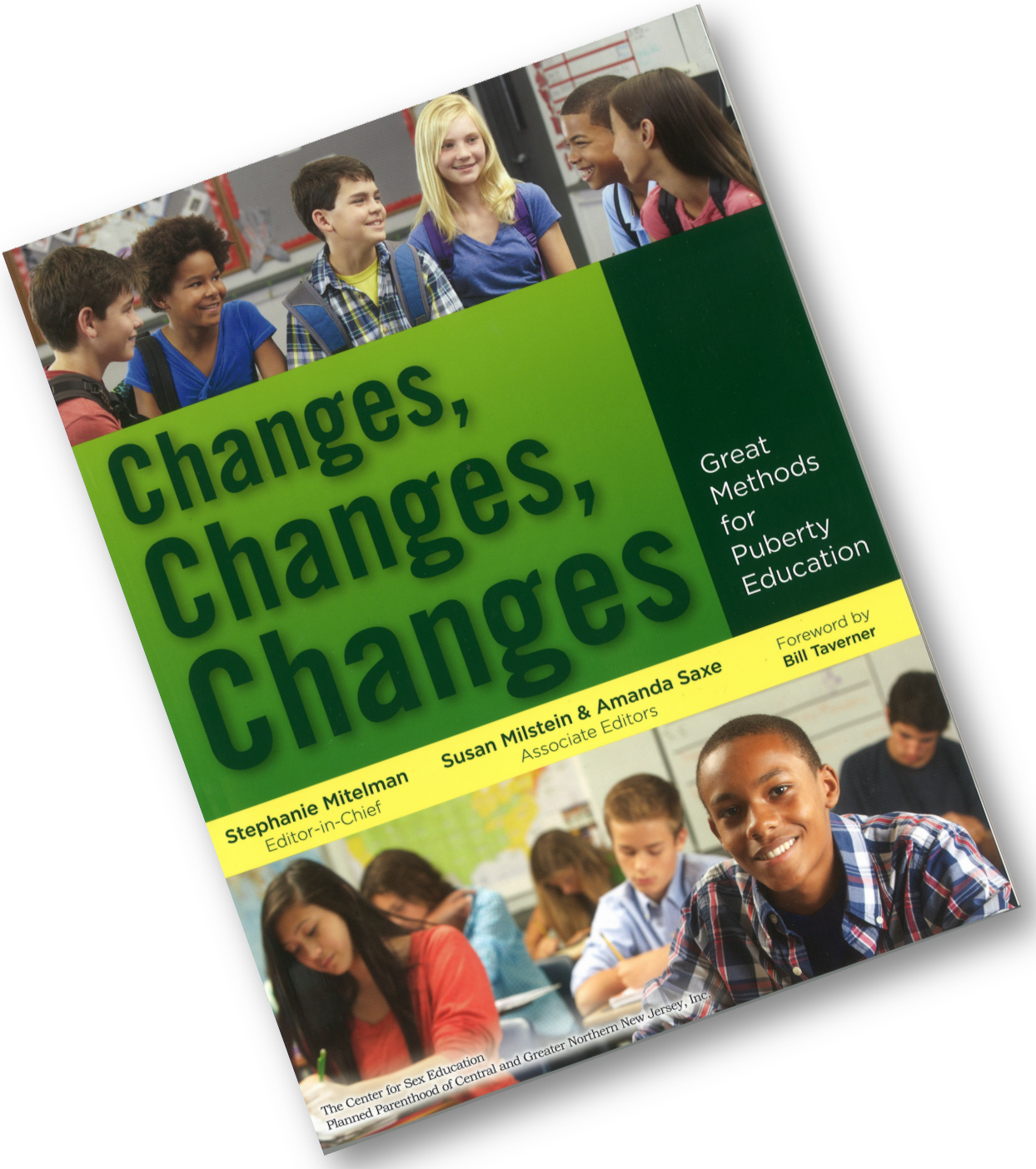
These two volumes strongly advocate the right of all people—regardless of their gender—to achieve their full human potential. Strict adherence to traditional gender-role behavior limits people's choices and restricts their potential.

8. All sexual orientations and gender identities must be acknowledged.

The inclusive nature of these lessons recognizes that there are diverse sexual orientations and gender identities, and some participants may identify as lesbian, gay, bisexual, transgender, intersex, or questioning. It is important to create an environment that recognizes the needs of these often isolated and invisible individuals. Teaching frankly about diverse identities can benefit everyone, as participants may have concerns or fears about their feelings and perceptions of their gender and/or sexual orientation.

9. Sex involves more than sexual intercourse.

Acknowledging this concept reminds participants that not only are there many ways to be sexual with a partner besides vaginal, oral, and anal intercourse, but also that most of these other behaviors are safer and healthier than sexual intercourse.



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Lesson Activity

ANATOMY ALPHABET

Objectives:

By the end of the session, students will be able to:

1. List names of body parts.
2. Use proper vocabulary for parts of the body in a classroom setting.
3. Distinguish between slang and scientific vocabulary for parts of the body.

Rationale:

Early adolescents hear many words that refer to body parts, particularly those with reproductive functions. This lesson intends to assess the students' level of knowledge of sexual terms, to provide initial practice in saying these words aloud in the classroom and to identify basic anatomical differences between males and females. It also is designed to establish the vocabulary that is appropriate for classroom discussion.

Grades: 5-8

Time: 40 minutes

Materials:

- **Handout: Anatomy Alphabet**

Procedure:

1. Divide the class into groups of three to four students. Distribute a **Handout: Anatomy Alphabet** to each group. Instruct the groups to act as teams, which will compete against the other groups in the room. Each group selects one person to record the group's responses on the handout.

2. Tell the groups to brainstorm for names of body parts and to list them on the handout according to the letters of the alphabet. (e.g., A = arm, ankle …). One point will be awarded for every body part listed that both boys and girls have. Five points will be awarded to every body part listed that only boys or only girls have. The team with the most points wins.

Note: The teacher may wish to provide words for more difficult letters (e.g., Q = quadricep, X = x chromosome, Y = y chromosome, Z = zygoma, a facial bone).

3. If slang words appear on a group's list, help that group to state the proper term for that body part in order to score a point. Try to give equal attention and help to each group.

4. Have the students add up their points. Review the word lists with the entire class by proceeding through the alphabet, calling upon each group to state their lists aloud to the class.

Discussion Questions:

a. Which words on your lists are rarely used in everyday speech?

b. What words on the list are hard to say?

c. Which words are parts of sexual anatomy?

d. Where might it be inappropriate to use sexual slang words?

e. How do people react when they hear words about body parts?

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Handout

Anatomy Alphabet

Directions: All of the letters in the alphabet are listed below. List as many body parts as you can think of for each letter.

Scoring: 1 point for every body part that both boys and girls have
5 points for every body part that only boys have
5 points for every body part that only girls have
0 points for slang words (check with the teacher if you are unsure if a word is slang or not)

Letters	Points
A	
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
Subtotal	

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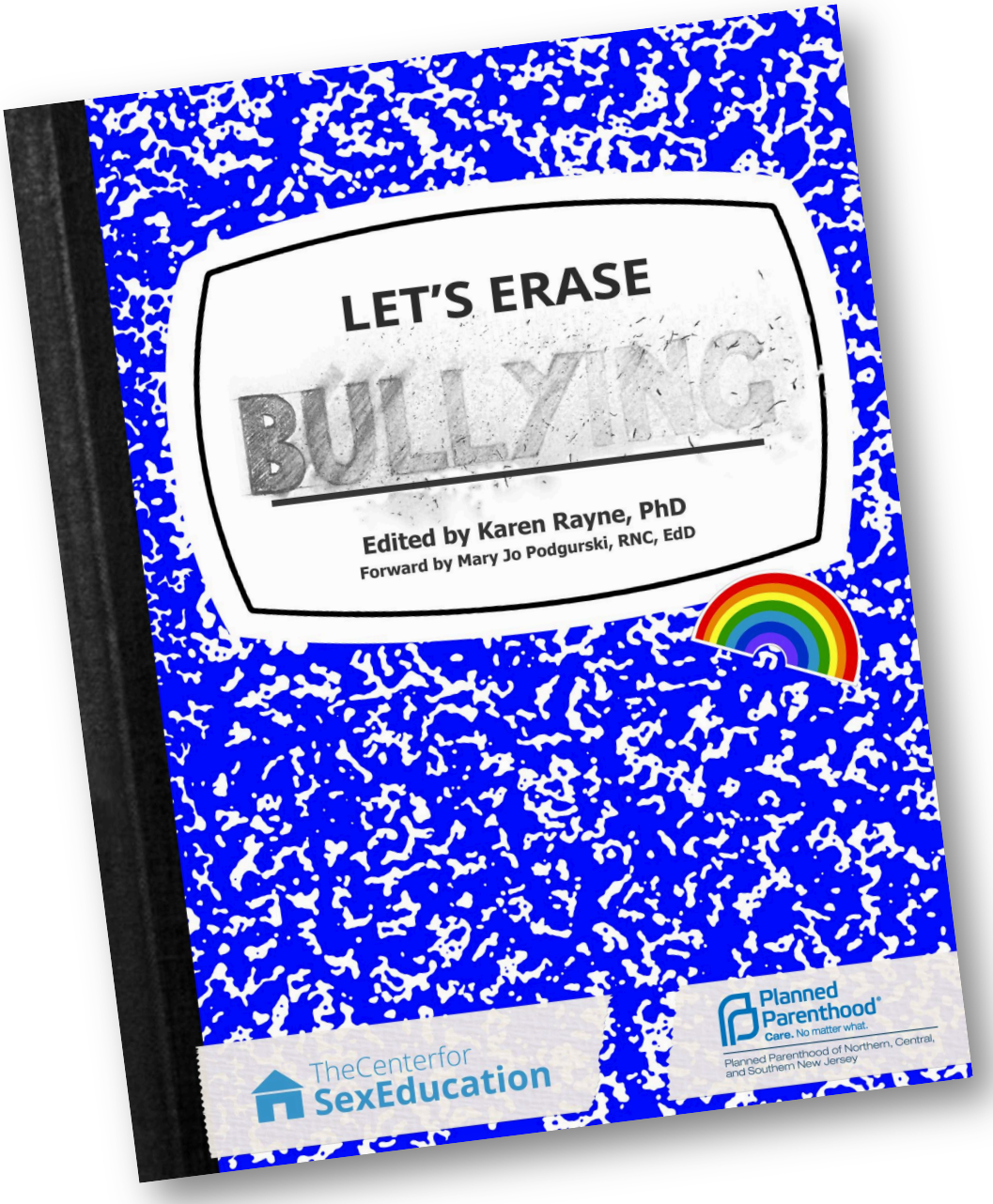
Letters	Points
M	
N	
O	
P	
Q	
R	
S	
T	
U	
V	
W	
X	
Y	
Z	
Subtotal from Letters A-L	
Subtotal from Letters M-Z	
TOTAL	



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CORNERING THE PROBLEM

By Bill Taverner, MA, CSE

Objectives

By the end of this lesson, participants will be able to:

1. Evaluate options for addressing bullying when they see it happen with other students.

2. Establish community norms for addressing bullying.

Audience

Young adolescents (ages 10 – 13) and middle adolescents (ages 14 – 17)

Rationale

"We have a 'Zero Bullying' policy at this school!" How many times have schools leaned on this phrase, describing how they hold assemblies in which they announce that no bullying will be permitted? The problem is that such declarations often do not translate into practice. Bullying prevention is truly a community effort, with faculty and staff needing to work together. This means being able to identify what bullying looks like, and practicing skills for addressing it.

This lesson uses a four-corner activity where students imagine various instances of bullying and evaluate different possible choices they may make.

Materials

- Board/easel, self-adhesive easel paper, markers, tape, sticky notes (e.g., Post-It), note paper
- Four signs that say **1, 2, 3, and 4** with each one posted in one corner of the room.
- **Educator Resource: WHAT TO DO?**

Procedure

1. Tell participants that today's lesson will give them a chance to think about bullying in their school. Distribute the sticky notes, asking participants to take one each. Draw the following continuum on the board/easel and ask participants to rate how big a problem they think bullying is in this school, writing a number from 1 to 10 on their sticky notes.

0 **5** **10**

NOT A PROBLEM AT ALL **REALLY BIG PROBLEM**

2. Ask for several volunteers to share the number they wrote, and to give their main reasons. Remind participants not to use any names of real students at the school.

Discussion Questions:

a. What kinds of situations or experiences make bullying a problem?

b. If you think that bullying is not a problem at this school, what *would* need to happen for you to think it's a problem?

c. If you think that bullying is a problem at this school, what do you think should be done about it?

3. Note that it is not always easy to know what to do when bullying happens. Explain that you are going to read a few situations involving bullying. For each situation, the participants will have four choices of things a person could do in that situation. Point to the signs, **1, 2, 3,** and **4** and explain that participants will listen to the four options, and then determine which one is the BEST for a person in that situation. They will stand near the sign with the number of the option they think is best for the person in that situation.

4. Read the first scenario from **Educator Resource: WHAT TO DO?** Then read the options in numerical order, all the while pointing to the corresponding number sign.

5. Now instruct participants to stand near the number sign of the prevention option they think is best for the first situation. Give participants time to think and move. Once they are in place, tell them that they have two minutes to discuss with someone standing near them about why they thought this option was best.

6. After two minutes, direct the class to quiet down. Then explain that volunteers from each station around the room will share why they thought that prevention option was best. They can, at any time, change their mind and move to another part of the room if they choose. Also, remind participants that they need to listen and not put down any person's point of view.

7. Once again, read Scenario 1 from the **Educator Resource: WHAT TO DO?** aloud to participants. Then, read each of the four prevention options one at a time and ask for volunteers at the corresponding station to share why they recommended this option.

8. Briefly process the scenario with the following discussion questions before proceeding to the next scenario.

Discussion Questions for Each Scenario:

a. What are some of the pros and cons of each option?

b. What did you consider when making your decision about where to stand?

c. What other options might be available?

d. What might happen if you do nothing?

9. Continue in the same manner with the remaining scenarios, as time permits. Once the scenarios have been discussed, direct participants to return to their seats.

Discussion Questions:

a. What do you think is important to consider when deciding what to do when bullying happens?

b. Why is it important to know the pros and cons of these different options?

c. Do you think students who choose to "do nothing" (bystanders) when they witness a bullying situation have a responsibility to address bullying? Explain why or why not.

10. Divide participants into small groups and tell them they will have a chance to make a "Top 10" list of things they think all students should do to address bullying in their school. Distribute several sheets of notepaper and one sheet of self-adhesive easel paper to each group. Allow about 15 minutes for participants to make their lists, writing on notepaper first, and then posting their "final" lists on self-adhesive easel paper.

Note: This activity can also be assigned as a group homework assignment, with groups turning in their work the next time the class meets.

11. Ask groups to post their Top 10 lists and report their recommendations to the larger group.

Discussion Questions:

a. Which ideas did you like best? Why?

b. Which ideas would be easiest to implement? Explain.

c. What happens if only some students follow these recommendations, but not everyone?

d. Which ideas do you think you could personally commit to follow?

WHAT TO DO?

SCENARIO 1 ***Robert*** is on the bus after school. Another boy is sitting alone, and that boy's phone rings, playing a song by Justin Bieber. Other students nearby burst into laughter and one of them shouts, "That's SO gay!" This is not the first time this has happened. The same group of students has teased other kids in similar ways. Robert feels bad for this boy, and for the other students, and he is thinking about doing something. He thinks his choices are:

1. **Tell the bus driver what happened, when no one else is around.**

2. **Use his cellphone to video record the next time bullying happens on the bus, and share it with the bus driver or a teacher.**

3. **Talk to the boy with the Justin Bieber ringtone the next day and say he thinks there's nothing wrong with liking Justin Bieber.**

4. **Do nothing.**

SCENARIO 2 ***Julia*** is good friends with one of her classmates, Casey, who is transgender. They both write for the school newspaper. Casey is not "out" about being trans to most other students. Basically, Casey just prefers not to talk about it. This afternoon, when Casey used the school restroom, another student shouted, "Hey you're in the wrong bathroom!" Casey ran out of the bathroom, past other students who were laughing. Julia is very upset about what happened and wants to do something, but she knows Casey is shy and wouldn't want it made into a big deal. She thinks her choices are:

1. **Talk with Casey about what happened. Give Casey a big hug.**

2. **Tell Casey's mom. She needs to know what happened, even if Casey doesn't want that.**

3. **Write an article in the school newspaper about how students need to respect everyone, and the school needs to provide a gender-neutral bathroom.**

4. **Do nothing.**

SCENARIO 3 ***Bartolo*** is Facebook friends with Jill, who recently posted a new profile picture of herself. Lots of people clicked the "like" button, and several people wrote comments like, "Great photo of you!" Then one guy wrote, "OMG you are so hot!" and another guy wrote "I'd do you." Bartolo knows both of these guys. He thinks the "hot" comment probably made Jill uncomfortable,

and the last comment was downright rude. He thinks he should probably do something. He thinks his choices are:

1. **Send Jill a private message saying it's a great photo, and that he's sorry some guys are rude about it.**

2. **Add his own comment to the Facebook post, saying, "Not cool" to the inappropriate comments.**

3. **Find a meme about sexual harassment and post it in the comments section.**

4. **Do nothing.**

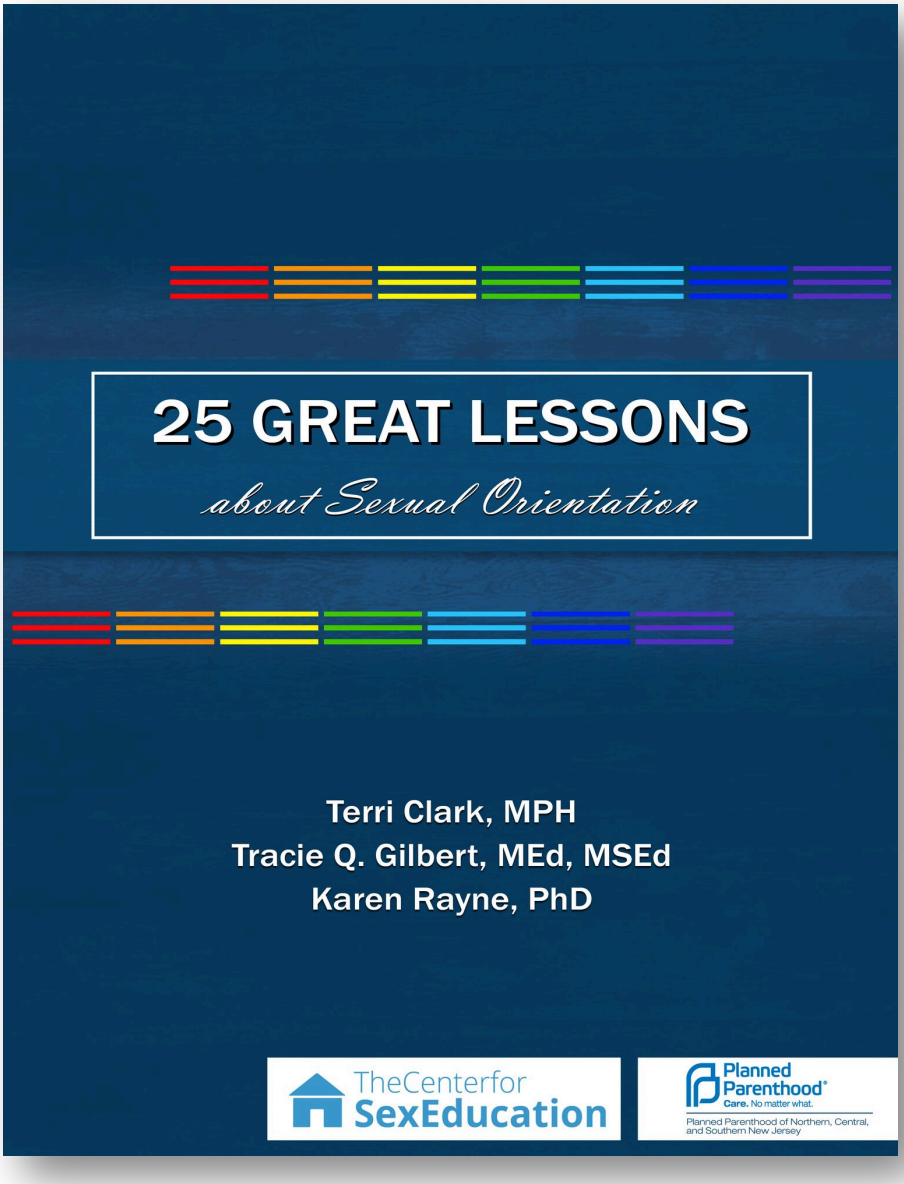
SCENARIO 4 ***Ms. Jones*** is a coach at the middle school where the school has a "Zero Tolerance" policy on bullying. Ms. Jones knows that it's not quite the reality. Every day she sees students who are picked on. She frequently hears the "R word" and the word "gay" used as an insult. She worries about the impact on students with disabilities and students who are LGBT, but since she's always dealing with large groups of students, it's hard to find the person responsible. She wants to do something. She thinks her choices are:

1. **Get the school to make more severe penalties for its Zero Tolerance Policy.**

2. **Show a video on bullying to each of her classes.**

3. **Teach a class on bullying where students can figure out things they can do when their classmates are bullied.**

4. **Do nothing.**



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THE AIB MODEL OF (BI)SEXUALITY

by Talia Squires, Peter Baumann, and Ian Lawrence

Objectives

By the end of this lesson, participants will be able to:

1. Define bisexuality.
2. Understand the difference between attraction, identity, and behavior and how they relate to sexual orientation.
3. Understand how bi+ identity labels fit under the "Bi Umbrella".

Audience

Middle and late adolescents, adults (ages 15-21+)

Rationale

Bisexuality is the second-most common sexual orientation and represents the majority of the LGBT community.[1] Despite these facts, bisexuality remains the least understood sexual orientation. That lack of understanding has resulted in a population that shows considerable signs of minority stress.[2] Bisexuality blurs the neat and, for many people, reassuringly fixed dividing line between gay and straight. As a result, the bi community is actively marginalized and erased by both the straight and gay/lesbian communities.[3] More recently, as trans and genderqueer concerns have become hot topics for the general public, the bi community has been the target of unfounded accusations of transphobia or of reinforcing an oppressive and arbitrary gender binary. These charges are ironic, given the reality that trans, gender-nonconforming, and nonbinary people have long been an important part of the bi community. Bi activists have been advocates for trans, gender-nonconforming, and nonbinary people going back decades before such concerns became mainstream.[4]

Ideas, just like clothing, music, and interior design, go through fashions. Currently, many in our society are focused on the notion of identity and new terms for sexuality are being invented every year, often on social media. In many ways this is a beautiful thing; people are discovering new ways to understand themselves and the world around them. New words are helping individuals better

[1] Gates, Gary J. (2011) "How Many People are Lesbian, Gay, Bisexual and Transgender?" Williams Institute, UCLA
[2] Movement Advancement Project (2016) "Invisible Majority: The Disparities Facing Bisexual People and How to Remedy Them" http://www.lgbtmap.org/policy-and-issue-analysis/invisible-majority#sthash.yE06RQKF.dpuf
[3] Yoshino, Kenji (2000) "The Epistemic Contract of Bisexual Erasure" Stanford Law Review http://kenjiyoshino.net/articles/epistemiccontract.pdf
[4] Bay Area Bisexual Network (1990) "Bisexual Manifesto" Anything That Moves magazine accessed on October 7, 2016 http://bialogue-group.tumblr.com/post/17532147836/atm1990-bisexualmanifesto

express their attractions, attachment style, and relationship preferences. While all those developments are positive, new ideas can take time to process and incorporate into the larger culture in ways that are helpful and productive. Currently, it is very common to hear people, even academics in the humanities, conflate concepts like social orientation and sexual identity. As a result, youth today are confronted with a dizzying array of identity labels, which can be even more confusing than they are liberating. Without the proper context, all these new identities can further marginalize and hurt bi people (i.e. everyone not exclusively attracted to one sex).

Fortunately, a clear and navigable understanding of (bi)sexuality is readily achievable if we take a moment to review the basics. The payoff is considerable. Explaining identity labels in their appropriate context offers a much-needed sense of belonging, healing, and self-understanding to bi youth. Context is also invaluable for educators and everyone else trying to make sense and appropriate use of new and evolving terms.

Materials

- Pens/pencils
- White board or flip chart, markers
- Three sheets of self-adhesive easel paper: one saying **BEHAVIOR,** one saying **IDENTITY,** and one saying **ATTRACTION,** each posted in a different part of the room. Include markers near each sheet.
- **Handout: What is Bisexuality?**
- **Handout: What is the AIB Model?**
- **Handout: How Do You Know if You're Bi?**
- **Handout: The Bi Umbrella**
- **Educator Resource: Answers to How Do You Know if You're Bi?**

Procedure

1. To begin the lesson, explain that bisexuality is a simple concept but that misconceptions often prevent people from understanding it as a sexual orientation. Inform the students that this lesson will involve five handouts.

2. Write **WHAT DOES BISEXUAL MEAN?** on the board. Invite the students to answer the question, writing their answers. Respond to their answers. Then, write the following definition. "Attraction that is not limited to one gender."

3. Distribute a copy of the **Handout: What is Bisexuality?** Read the handout with the students. Ask students to take turns reading sections of the handout, one paragraph at a time.

Discussion Questions:

a. Which sections of the handout taught you something you didn't know before?

b. Which sections of the handout did you think were especially interesting?

c. What is homosexuality? What is heterosexuality? What is bisexuality?

d. Can bi people be attracted to men? Can bi people be attracted to women? Can bi people be attracted to trans people? Can bi people be attracted to intersex people? Explain.

e. Can bi people be attracted to people of nonbinary gender identities? Explain.

f. Do you think the general public understands bisexuality? Why or why not?

4. Distribute a copy of the **Handout: What is the AIB Model?** Explain this is a model for understanding sexual orientation that was developed by the American Institute of Bisexuality.

5. Have students count off by three, and ask them to go to a different part of the room based on their number: **1 = BEHAVIOR; 2 = IDENTITY; 3 = ATTRACTION.**

6. Tell students that when they get to their section, they should refer to their handouts and, together, identify one key point about that section, which they will write on the easel paper. Give groups about 3-4 minutes to do so.

7. After a few minutes, ask group members to rotate to the next sheet of easel paper, and repeat the process. Repeat a third time, until each sheet has three main points. Then ask students to return to their seats.

Discussion Questions:

a. What is the AIB model of sexuality?

b. What are the key points in behavior, identity, and attraction?

c. What is the difference between sexual orientation and identity?

d. Can a bisexual person be in the closet as straight? Can a bisexual person be in the closet as gay or lesbian? Explain.

8. Divide students into small groups and distribute a copy of the **Handout: How Do You Know if You're Bi?** Read the first paragraph with the class. Assign each small group one or two of the seven characters in the handout, and ask them to spend the next 10 minutes answering the questions related to their character. Tell them to refer, as needed to the **Handout: What is the AIB Model?**

9. When the groups are finished, as for a volunteer from each group to summarize what they discussed. Refer, as needed, to the **Educator Resource: Answers to How Do You Know if You're Bi?**

    Discussion Questions:

    a. Was it easy or difficult to determine the sexual orientations of the characters? Explain.

    b. Was there mostly consensus or disagreement in your groups? How did you resolve disagreements?

    c. How did the AIB Model help you answer the questions?

    d. How would a person really know if they are bi?

10. Distribute a copy of the **Handout: The Bi Umbrella,** and review as time permits.

    Note: As an alternative to the handout or prior to distributing it, you may wish to have the class come up with the identity labels as a group. In that case, write **BI IDENTITIES** on the board, then ask students to call out identity labels that describe bisexuality (romantic or sexual attraction that is not limited to one sex). Write each identity label on the board underneath the bi identities heading.

    Discussion Questions:

    a. What is the Bi Umbrella?

    b. What do all of the identities under the Bi Umbrella have in common?

    c. How do the identities under the Bi Umbrella differ?

    d. How might this model be useful?

11. Conclude the lesson by writing the following on the board, and ask students to write down on one of their handouts which one they found most valuable or helpful. Ask for a few volunteer to share which one they wrote, and their reasons.

BISEXUALITY
AIB MODEL OF SEXUALITY
HOW DO YOU KNOW IF YOU'RE BI?
BI UMBRELLA

TheCenterfor SexEducation

Handout

What is Bisexuality?

Bisexuality is one of the three main terms used by scientists to classify sexual orientation. The other two are heterosexuality (also called straight) and homosexuality (also called gay or lesbian). Bisexuality represents the capacity for both heterosexual (different-sex) and homosexual (same-sex) attraction patterns.

Heterosexuality (Straight):

The prefix "hetero" means "different" or "other." Thus, heterosexuality, (often called straight) refers to people who are exclusively attracted to different-sexed or other-sexed partners. For most straight people, this usually means attraction to the opposite biological sex, but for some straight people it can also include attraction to certain trans and intersex people, as well as people of all sorts of gender identities.

Homosexuality (Gay):

The prefix "homo" in the word homosexuality means "same" or "similar." Thus, homosexual (usually called gay/lesbian) people are by definition exclusively attracted to people of the same-sex. For most gay people, this usually means attraction to the same biological sex, but for some gay people it can also include attraction to certain trans and intersex people, as well as people of all sorts of gender identities.

Bisexuality (Bi):

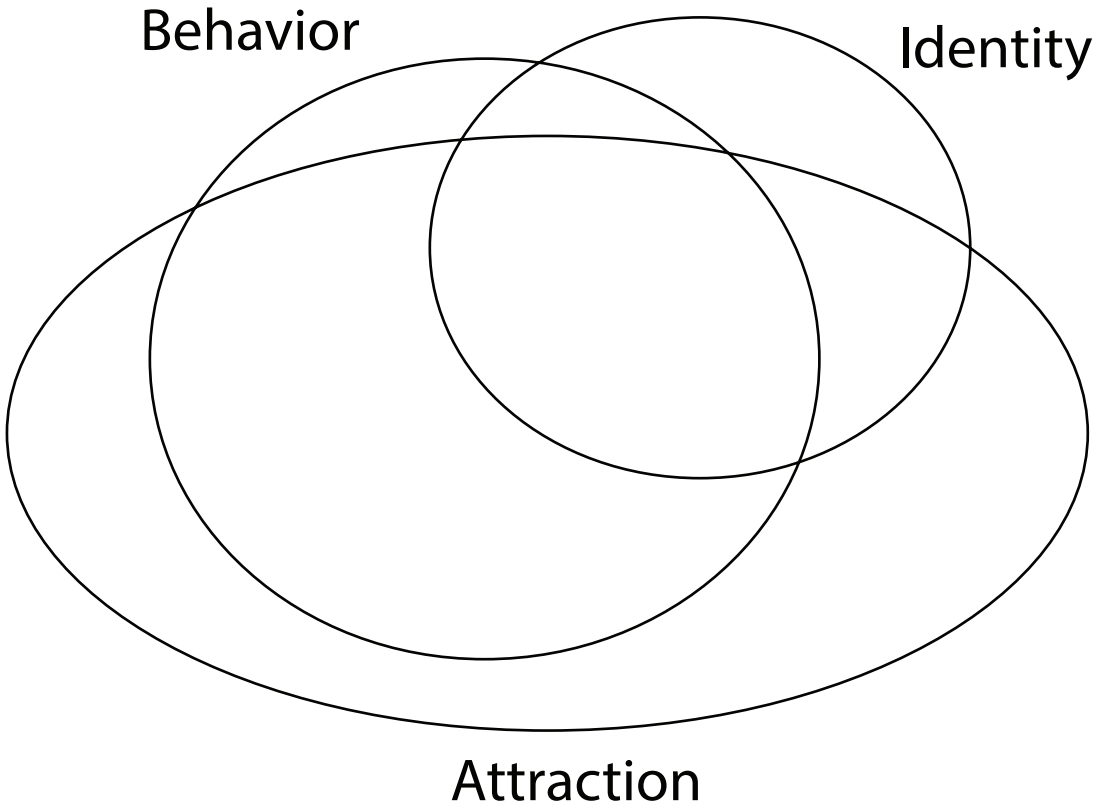
The prefix "bi" in the word bisexuality means "two" or "both." When talking about quantities, it's important to be clear what exactly is being counted. The "bi" in bisexual refers to two kinds of attraction: heterosexual and homosexual. Thus, bisexuality refers to people with both heterosexual (different-sex attractions) and homosexual (same-sex attractions). In popular usage, this has traditionally been understood to mean attraction to both men and women. However, that does not mean that bi people are obsessed with traditional notions of gender. On the contrary, because gender is generally far *less* important to bi people than it is to straights and gays, bis tend to be *more* open to attraction toward trans, intersex, and gender non-conforming people.

A NOTE ON SCIENTIFIC TERMS: Although there are some philosophies that argue otherwise, it is generally safe to say that scientific terms are intended to describe observed phenomena, not create them. If people's understanding of sex and gender evolves and improves, that helps us to better understand the phenomena described by words like heterosexual, homosexual, and bisexual. For decades, the bi community has been at the forefront of expanding society's understanding of the diversity of gender. As a population for whom gender is not a barrier to love, the bi community has long been a natural home for many people who are trans, intersex, or who have nonbinary identities.

A NOTE ON SEX AND GENDER: The "bi" in bisexuality does not refer to men and women, although it is frequently used that way in regular conversation and it is often defined that way by dictionaries (which are meant to capture popular usage). The formal scientific definitions of the words heterosexual, homosexual, and bisexual do not include mention of specific sexes or genders. Instead, they describe the relationship between one's own sex and the sex or sexes to which one is attracted. *Gynephilia* (attraction to women/femininity), *Androphilia* (attraction to men/masculinity) and *Ambiphilia* (attraction to both women/femininity and men/masculinity) are the scientific terms to describe attraction in terms of gender.

What is the AIB Model?

An "AIB" Model of Bisexualities



Source: John R. Sylla
American Institute of Bisexuality

The AIB Model is a simple but powerful tool for understanding sexual orientation. AIB stands for *Attraction, Identity, and Behavior*. Sexual orientation does not have to be complicated or confusing, but it can seem that way if we fail to take all three of these categories into consideration. The Venn diagram below is a tool for helping visualize a person's sexuality. For each category, ask yourself if the person's behavior, identity, and attraction are heterosexual (straight), bisexual (bi), or homosexual (gay/lesbian). Note where they harmonize and where they are not in alignment with each other. If you wish, you may pick three contrasting colors (one for each orientation) and color in the 3 bubbles according to your answers. If the answer is none or asexuality (no sexual attraction), then leave the bubble blank.

Attraction refers to a person's capacity for sexual and/or romantic feelings. A person whose sexual and/or romantic feelings are limited to one sex can be described as *mono*sexual; they experience only homosexual or heterosexual attraction. Someone who experiences sexual and/or romantic feelings that are not limited to one sex has *bi*sexual attractions. It's important to note that for a bi person, the balance of attraction they feel to different sexes does not have to be equal. In fact, most bi people feel attracted more often to one sex than another. This balance can even shift over time, which is sometimes called "sexual fluidity." This may seem odd or confusing, but this is because sex and gender are not important to bis in the way they are to straights, gays, and lesbians.

Identity refers to the way a person thinks about themselves, as well as the way they want to be perceived by others. If a person identifies as gay, then they are sometimes called "gay-identified." Similarly, people who identify as heterosexual can be said to be "straight identified." People who identify as bisexual are "bi identified." It's important to note that a person's identity may or not be the same as their attraction or behavior.

There is a wide variety of reasons why identity, behavior, and attraction may not align. We live in a society that places great pressure on people to identify as straight. While our culture has become more accepting over the past decades, identifying as LGBT (lesbian, gay, bi, trans) can still come with a high price including rejection by family, friends, or even being fired from work. When a person comes out as anything but straight, there is a lot of pressure to "choose a side" and identify as gay or lesbian, even if that does not accurately describe a person's attractions or behavior. Bi-identified people typically face a double burden of stigma from both the straight and the gay/lesbian communities. Bi-identified people often find themselves treated as "too gay" for the straight community and "too straight" by the lesbian/gay community. When a bi person is partnered with someone, our culture puts tremendous pressure on them to choose a sexual identity according their current relationship, rather than one that accurately reflects their lifetime of lived experience. In other words, identity does not occur in a vacuum and there are many pressures, stigmas, beliefs, and expectations which may cause someone to identify in a way that does not accurately reflect their own attractions. When a person's identity differs from their attraction patterns, we sometimes say the person is "in the closet" or "closeted," that is they have to hide their true selves away and keep it secret. On the other hand, when a person's attraction and identity overlap, we sometimes say they are "out of the closet" or "out."

Behavior refers to how a person interacts with others romantically and sexually. A person whose romantic and sexual behavior is exclusively heterosexual is "behaviorally heterosexual." Similarly, a person whose romantic and sexual behavior is exclusively homosexual is "behaviorally homosexual." A person whose romantic and sexual behavior is not limited to one sex is "behaviorally bisexual." It's important to note that a person's behavior may or may not be the same as their attraction or identity. Behavior doesn't necessarily indicate sexual orientation, although it can be a part of the picture. For example, if a gay person chooses not to act upon their attractions and does not have a relationship or sex with anyone, they are still gay. Similarly, bisexual people do not have to act upon any or all of their attractions in order to be bi.

Handout

How Do You Know if You're Bi?

Most of us are used to people around us being classified into neat categories such as: "Bob is straight," "Sue is lesbian." Reality, however, is far more nuanced and full of apparent contradictions. It is far more common for people to be bi than it is for them to be gay or lesbian, but because our cultural norm is monogamy, without even thinking we generally erase all but a person's current relationship and assume people to be monosexual (attracted only to one sex). Of the three parts of the AIB model, attraction is the foundation to understanding a person's sexual orientation. Although the causes for sexual orientation are not well-understood, we do know that a person's patterns of attraction are generally hardwired and involuntary. When someone uses the phrase "born this way" or speaks of sexuality not being a choice, they are talking about attraction. While people do not really have a choice about their attractions, sexual identity and behavior are generally something they do chose. The reason the other two parts of the model (identity and behavior) are important is because an accurate and respectful discussion of a person's lived experience of their sexuality goes beyond involuntary attractions. We all live in the context of human culture, and the identity and behavior we choose for ourselves are both important parts of who we are. In this worksheet, we will look at several examples which describe people and then discuss their experiences around sexual orientation. For each example, please refer to ***Handout: What is the AIB Model?*** *and describe each person's attraction, identity, and behavior.*

1) Melly is aware of the fact that she is attracted to other girls. She likes boys as friends, but she just doesn't have any sexual or romantic feelings for them. She is afraid to tell anyone about her attractions to girls, because her family and friends might not accept her. So, she allows people to assume she is straight. Melly has a boyfriend named Brad, with whom she goes on dates. Yesterday, she experienced her first kiss with Brad. It was okay, but really Melly wants to kiss her female friend Rachel.

- Where do Melly's attraction, identity, and behavior fit on the AIB Venn Diagram?
- Are Melly's attractions gay, straight, or bi?
- What is her identity?
- Is Melly's sexual behavior homosexual, heterosexual, or bisexual?
- How would you describe Melly's sexual orientation?

2) Eric has only had girlfriends so far in his life, including two with whom he was very serious and physically intimate. Even though he's never acted on his attraction to men, Eric knows that he is attracted to men as well as women. He has not told anyone about his attraction to guys and plans to keep everything very secret, at least until he graduates from college and is financially independent from his conservative parents. Eric identifies as straight because his family, his church community, and his friends at his christian university would condemn him, even expel him, for identifying or behaving as anything other than straight.

- Where do Eric's attraction, identity, and behavior fit on the AIB Venn Diagram? Are Eric's attractions gay, straight, or bi?
- What is his identity?
- Is Eric's sexual behavior homosexual, heterosexual, or bisexual?
- How would you describe Eric's sexual orientation?

3) Jet identifies as as a trans man and as straight. He had a girlfriend when he was living in Boston, but now that he lives in a suburb of Dallas, he has found it difficult to find women who are accepting of his trans identity. Jet really craves physical closeness with other people but doesn't have a lot of time to invest in dating. Because he's found it easier and still very enjoyable, Jet has been using apps to meet men. Longer-term, he hopes to find a girlfriend.

- Where do Jet's attraction, identity, and behavior fit on the AIB Venn Diagram? Are Jet's attractions gay, straight, or bi?
- What is his identity?
- Is Jet's sexual behavior homosexual, heterosexual, or bisexual?
- How would you describe Jet's sexual orientation?

4) David identifies as gay and most of his social circle is made up of gay men. As far as his friends know, David has only been dating other guys, but secretly he's been having an ongoing physical relationship with his friend Kate for the past 2 years. David has always heard that you have to "pick a side," that you can only be attracted to men or women, so he thinks his relationship with Kate must just be a phase; at least that's what he's always heard about bisexuality. David is afraid to let his friends know about Kate because he's sure they'll make fun of him for "pretending to be straight," make rude jokes, or accuse him of being in denial about his homosexuality.

- Where do David's attraction, identity, and behavior fit on the AIB Venn Diagram? Are David's attractions gay, straight, or bi?
- What is his identity?
- Is David's sexual behavior homosexual, heterosexual, or bisexual?
- How would you describe David's sexual orientation?

5) Lorien identifies as queer. She has been dating boys and girls, but she's starting to realize that she's really only attracted to boys.

- Where do Lorien's attraction, identity, and behavior fit on the AIB Diagram?
- Are Lorien's attractions gay, straight, or bi?
- What is her identity?
- Is Lorien's sexual behavior homosexual, heterosexual, or bisexual?
- How would you describe Lorien's sexual orientation?

6) Adam openly dates boys and girls, and gender doesn't really matter to him when it comes to a partner. Adam doesn't care who knows about his dating history but when asked he says he "doesn't like labels" and doesn't identify as any particular sexuality.

- Where do Adam's attraction, identity, and behavior fit on the AIB Diagram?
- Are Adam's attractions gay, straight, or bi?
- What is his identity?
- Is Adam's sexual behavior homosexual, heterosexual, or bisexual?
- How would you describe Adam's sexual orientation?

7) Sophia is attracted to men and women. Before she met and later married Peter, Sophia mostly dated other women and she was an activist for the bi community. Now that she's been married for 5 years and has a baby, everyone around her assumes she's settled down and "become straight." She misses her bi friends, but with work and a newborn, she doesn't have time to get involved in the community any more. Sophia used to correct people and tell them that she is still bi, but she noticed that people usually took that to mean that she and Peter had relationship problems, or that the two of them had an open relationship and were looking for a girlfriend. It made her uncomfortable. Now she avoids the subject of sexuality and publicly identifies as straight.

- Where do Sophia's attraction, identity, and behavior fit on the AIB Diagram?
- Are Sophia's attractions gay, straight, or bi?
- What is her identity?
- Is Sophia's sexual behavior homosexual, heterosexual, or bisexual?
- How would you describe Sophia's sexual orientation?

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Handout

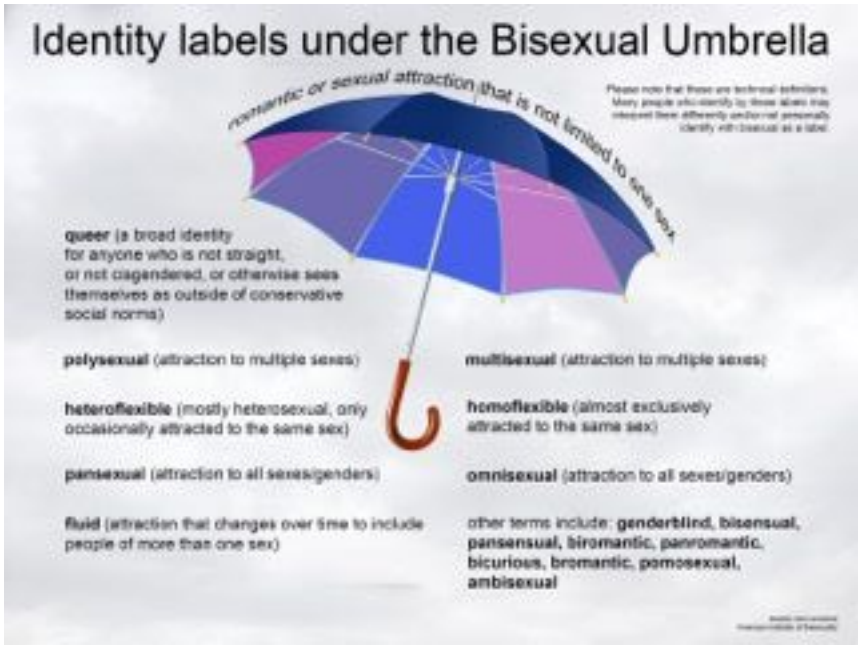
What is the Bi Umbrella?

You may have noticed that there are a lot more words people use to describe their sexual identities than we have used so far in these lessons. While scientists tend to focus on homosexual, heterosexual, and bisexual when studying sexual orientation, there are other words that are important to people when they describe their own experiences. One word, asexual (sometimes called ace) describes people who feel they do not experience any sexual attraction at all (although they may still feel romantic attractions). Most of these identities, however, are not mutually exclusive and overlap with the terms we have already used. Most of them fall squarely within the definitions scientists have created to describe the sexual orientations they have observed in humans and in nature.

This is especially true about bisexuality, which functions as an umbrella term that covers a wide variety of identity labels used to describe attractions that are not limited to one sex. Identity labels are wonderful when they help people express themselves and feel understood. They are less positive when people feel forced to pick just one label or when the subtle differences between terms lead to confusion or distract from larger issues. Regardless of the labels they use as individuals, bi people are unfortunately still a marginalized, erased, and underserved community.

It is important for people to understand that regardless of how someone identifies, anyone whose attraction is not limited to one biological sex is still technically bisexual. As we discussed earlier, a scientific term like bisexuality is designed to describe a phenomenon that already exists; it does not create the phenomenon. Using or not using the word bisexual or any other word does not change someone's sexual orientation. Sexual identity, on the other hand, is all about how an individual processes and understands their own sexuality, given their own beliefs, culture, and environment.

Identity labels help people express their individuality by drawing attention to different aspects of their experiences, as well as to their political beliefs around subjects such as gender identity. On the following page is an example of what we call The Bi Umbrella. It lists some of the terms people use to describe bisexuality. It is not a complete list, because new identity labels are invented all the time. If you can think of additional identity labels that describe romantic or sexual attraction that is not limited to one sex, please add them to the bi umbrella.



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Educator Resource

Answers for How Do You Know if You're Bi?

1) Melly:
Attraction: **Homosexual, gay, lesbian**
Identity: **Heterosexual, straight**
Behavior: **Heterosexual, straight**

2) Eric:
Attraction: **Bisexual, bi**
Identity: **Heterosexual, straight**
Behavior: **Heterosexual, straight**

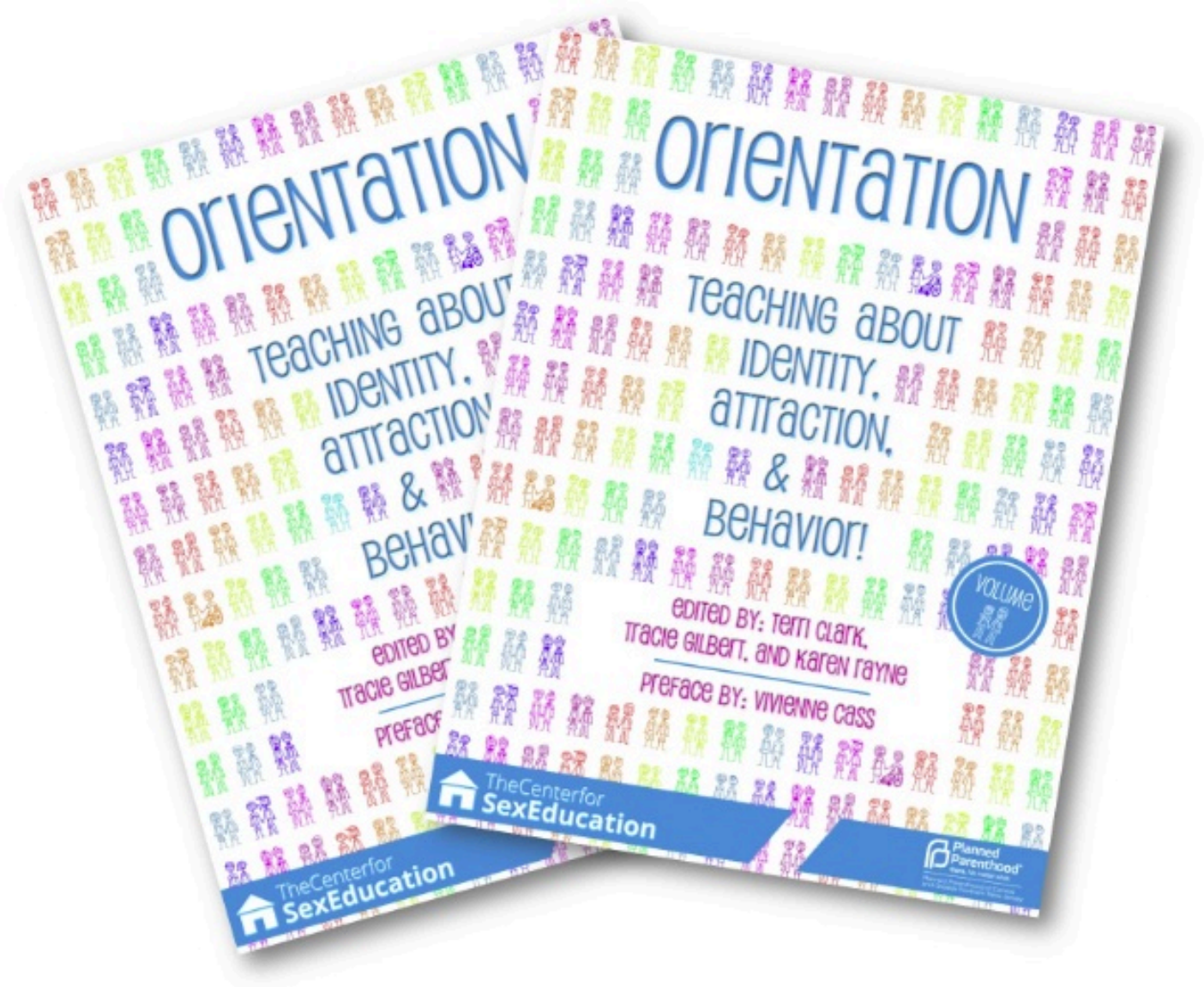
3) Jet:
Attraction: **Bisexual, bi**
Identity: **Heterosexual, straight**
Behavior: **Bisexual, bi**

4) David:
Attraction: **Bisexual, bi**
Identity: **Homosexual, gay**
Behavior: **Bisexual, bi**

5) Lorien:
Attraction: **Heterosexual, straight**
Identity: **Queer (outside of mainstream categories/not-heterosexual)**
Behavior: **Bisexual, bi**

6) Adam:
Attraction: **Bisexual, bi**
Identity: **None, No label**
Behavior: **Bisexual, bi**

7) Sophia:
Attraction: **Bisexual, bi**
Identity: **Heterosexual, straight**
Behavior: **Bisexual, bi**



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LGBTQA+ HOLIDAY SURVIVAL GUIDE[5,6]

By Kelly Jean Gainor, M.Ed.

Objectives

By the end of this lesson, participants will be able to:

1. Identify at least one common characteristic of negative holiday experiences.

2. Demonstrate an understanding of passive, aggressive, and assertive communication styles.

3. Identify at least one strategy that can be used when family members make unwanted comments about the LGBTQA+ community during the holidays.

Audience

This lesson plan is for middle adolescents (14-17) and late adolescents (18-22).

Rationale

The holidays can be a stressful time for everyone, especially people who identify as LGBTQA+ and their allies. One way to handle holiday conflict is through assertive communication. This lesson plan aims to help students understand different communication models and then provide them with the skills to use assertive communication in real-life situations. However, assertive communication is not a cure-all. This lesson plan also focuses on self-care during the holiday season. Participants will learn about and discuss different methods of self-care to empower them to survive, and even enjoy, difficult holiday situations.

Materials

- Flip chart paper
- Markers
- Tape
- Index cards

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[5] This lesson plan was developed by Kelly Jean Gainor, M.Ed., Community Health Educator of Planned Parenthood Keystone.

[6] Communication styles activity adapted from Sandak, A. (2012). *Teaching Safer Sex Volume 1.* Morristown, NJ: The Center for Family Life Education.

- Small prize for the icebreaker activity (e.g. candy, stickers, etc.)
- **Educator Resource: Role-Play Cards**
- **Handout: Find Someone Who…**
- **Handout: Communication Styles**
- **Handout: Ten Tips for a Less-Stressed Holiday Season**

Planning Notes

- Prior to participants' arrival, hang four sheets of flip chart in the four corners of the room. On them write the following statements, one per sheet: **I CAN'T WAIT FOR THE HOLIDAYS!**, **I THINK I WILL BE ABLE TO USE THESE TIPS TO GET ME THROUGH THE HOLIDAYS**, **I WOULD LIKE MORE INFORMATION ABOUT COMMUNICATION AND SEXUALITY,** and **BAH HUMBUG!** Hang four additional sheets of flip chart paper in the front of the room.

- In one of the activities in this lesson plan, you will be using the **Educator Resource: Role-Play Cards**. Be sure to make copies in advance of the lesson, and cut them up prior to participants' arrival. You may also wish to adhere the sheets to index cards or cardstock for sturdiness.

Procedure

1. Introduce yourself and, if needed, perform introductions for the group. Explain that during this session the group will be talking about how to deal with holiday stress.

2. Distribute the **Handout: Find Someone Who**. Instruct participants to identify individuals in the classroom who fulfill the items noted on their Handout, and get as many of those people as they can to sign it in under five minutes. Make sure to note that participants cannot sign their own sheets.

3. After 5 minutes have passed, award prizes for those who get the most signatures. Invite participants to share 1-2 things they learned about others in the room.

4. Ask participants to take their seats and sit quietly for a moment. While they are seated, hand out one index card to each participant. Ask them to close their eyes and imagine their best holiday experience. After 30 seconds, instruct them to write the memory down on one side of the index card. While their eyes are closed, read the following prompts to help stimulate their memories.

   Imagery Prompting Questions:

   a. What happened?

   b. What made it great?

c. Why is it your favorite memory?

d. How could you re-create it if you wanted to?

5. Repeat the process by asking participants about their worst holiday memories. Use the prompts below to stimulate their memories:

Imagery Prompting Questions:

a. What happened?

b. What made it so bad?

c. Why is it the worst holiday memory you have?

d. Could it have been handled differently? How?

6. Choose one of the following options to proceed through the remainder of the activity, the facilitate the Discussion Questions:

- Option 1: Ask volunteers to read their best memories first, then their negative memories.
- Option 2: Collect the cards, shuffle, and redistribute. Have participants read all the positive memories, then repeat with the negative messages.

Discussion Questions:

a. What did it feel like to do this activity?

b. Was it easy to come up with your best and worst memories? Why or why not?

c. What did some of the best memories have in common? What about the worst memories?

d. Do you think you could have handled your most negative memories differently? Why or why not?

e. Do you think that being LGBTQA+ could make a negative experience during the holidays worse, or make the holidays feel worse than usual? If so, how?

7. Ask participants to begin thinking about the experiences of LGBTQA+ people, and to come up with a few examples of things that might be said to LGBTQA+ people during the holidays that could be hurtful (e.g., "You just haven't met the right girl {or guy} yet.") Also encourage participants to think of things said about LGBTQA+ people in general that may be offensive ("e.g.", "I can't

believe gays have the right to marry, it's a sin!"). Write down one of these lines on the four blank separate sheets of flip chart paper posted in the front of the room.

8. Distribute the **Handout: Communication Styles** and briefly review its contents with the group. Be sure to go over the examples. Next, split participants up into four small groups, and then give each small group one of the sheets of flip chart paper. Give each small group 5 minutes to brainstorm as many assertive ways as possible to respond to the sentence on the sheet. After 5 minutes, reconvene the larger group, and have each smaller group share their best lines with the whole group.

9. Tell participants that they will now practice having entire assertive conversations about LGBTQA+ topics. Assign each participant a partner, and and give each pair one scenario from the **Educator Resource: Role-Play Cards**. Instruct each group to develop a 3-minute skit based on the characters on the card. One person will be playing an LGBTQA+ protagonist who needs to use assertive communication to stand up to the other person, the antagonist. Give participants 5 minutes to come up with their skit, then ask for volunteers to present to the larger group.

   Discussion Questions:

   a. Was it easy or difficult to create these conversations? Why?

   b. Do you think that if you were in that situation, that you would respond the same way? Why or why not?

   c. Which statements in your conversation were assertive?

   d. What advice would you give to someone in this situation?

10. Distribute the **Handout: LGBTQA+ Holiday Survival Guide**. Tell the participants that while assertive communication is an important skill, it is important to consider that it may not always be successful. Explain some of the reasons for this, including that it might be unsafe for some to stand up for themselves, that it might be easier to keep the peace than risk relationships, etc. Review the Handout, and then ask participants how they might utilize some of the different suggestions. For example, when talking about self-care, ask participants to give you examples of things they might do to take care of themselves. After reviewing the list, proceed through the following discussion questions:

    Discussion Questions:

    a. Which of these do you think will be the easiest to follow? Why?

    b. Which do you think will be the most difficult? Why?

c. What would you add to the list?

d. Do you think this list could be used for other triggering holiday experiences? Why or why not?

11. Finish the session by pointing out the signs in the four corners of the room. Ask each participant to stand under the sign that reflects how they feel after completing the session (**Note:** If you have participants with limited mobility or other mobility issues, allow participants to verbalize their response, or indicate their position via alternative means). Solicit 3-5 participants to share why they are standing with the flip chart sheets they have chosen. Thank everyone for participating and wish everyone a happy (and stress-free) holiday season!

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Handout

FIND SOMEONE WHO...

Directions: Ask a person one of the questions. If that person identifies that a statement is true for them, then ask that person to print their first name next to that question. Find a different person to complete each statement, you may ***not*** ask the same person to sign your paper again. Have fun!

1. Celebrates a holiday other than Christmas. _____
2. Has an LGBTQA+ relative. _____
3. Believed in Santa Claus until they were at least 6. _____
4. Goes to a different state for the holidays. _____
5. Got what they wanted for the holidays last year. _____
6. Can define the term “demisexual.” _____
7. Has been in a relationship that ended badly. _____
8. Feels anxious or depressed around the holidays. _____
9. Has a family structure or cultural background that is different from yours. _____
10. Is in love. _____

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Handout

COMMUNICATION STYLES

PASSIVE

Giving in and saying "yes" when you don't really want to. Not speaking up when you want something. Acting this way to be liked, to be nice, or to not hurt the other person's feelings.

Speech: Say nothing, lots of "ums"
Voice: Soft, whining
Eyes: Looking down, looking away
Posture: Head down, body fidgeting

Example: Your uncle makes a homophobic joke at Thanksgiving dinner. You say nothing and pretend to laugh.

What usually happens with PASSIVE Communication?
You usually don't get what you want. The other person wins, or you feel like you've been used.

AGGRESSIVE

Trying to get your own way or standing up for yourself by putting someone else down or violating that person's rights. Taking what you want. Threatening or forcing a person to give you something.

Speech: Put-down words, just taking what you want
Voice: Loud, cold, tense
Eyes: Cold, staring, angry
Posture: Stiff and rigid, hands on hips, finger pointing

Example: Your mom tells you she is going to take you shopping for some "more feminine clothes." You yell "no way! I am who I am and there's nothing you can do about it!"

What usually happens with AGGRESSIVE communication?
You may get what you want but the other person loses.

ASSERTIVE

Giving people an honest "no" to things you don't want. Asking straight for what you do want without putting them down. Not using other people or letting yourself be used.

Speech: Honest, direct words
Voice: Clear, firm, loud enough to be heard but not yelling
Eyes: Direct eye contact, but not staring
Posture: Relaxed, balanced, head and shoulders up

Example: Your parents try to set you up with someone of the opposite sex. You say "No, Mom and Dad. I know you want me to be happy, but I'm gay and when you try to set me up with someone of the opposite sex, it makes me feel uncomfortable."

What usually happens with ASSERTIVE communication?
You often get what you want. You keep your self-respect. You respect and don't hurt others.

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Handout

10 TIPS FOR REDUCTING STRESS DURING THE HOLIDAYS

1. **Do some prep-work.** Think about past holiday stressors, what went wrong, who was involved, and could it have been prevented? This is not meant to make you depressed but rather, to help you find patterns so you will know what to avoid next time.

2. **Practice self-care, both before and during the holidays.** If you spend the week before the holiday dreading it, you won't have any energy left for the actual holiday. Surround yourself with the things you love: Spend time with friends, read a good book, practice your hobbies, then ride the wave of positive energy through the holidays.

3. **Take positive things with you.** Dress how you feel most confident and bring other things with you that make you feel like your best self. Have a great picture of a friend that makes you feel good? Bring it! Love stuffed animals? Take one along! Remember to stay you!

4. **Try to plan activities other than sitting around and talking.** If you have something else to do, it can ease the pressure and also give everyone something else to talk about and worry about besides your sexuality. Go bowling or see a movie, anything that gets people out of the house can be a huge help.

5. **Carve out some alone time.** Even if it's just a few minutes alone in a bedroom or bathroom, having some time by yourself can help you recharge and figure out how to handle any negative situations that may have come up.

6. **Talk to your allies.** Call your friends/ partner/ allies. Check in, vent, share stories, whatever makes you feel better. Also, know what Resources are available where you are. Is there a PFLAG chapter? An LGBTQA+ Community Center? Don't be afraid to reach out.

7. **Focus on what brings you together, rather than what tears you apart.** If you have a problem family member, focus on your shared interests or experiences, rather than dwelling on the negative. Remind them that you are the same person that they have always known, regardless of your sexuality.

8. **Remind yourself that this is all temporary.** If you are visiting home, remember that you are not moving back in, you will eventually leave. If family members are visiting you, remember that eventually THEY will leave. Remember you always have the power to leave situations that make you upset, even if it is just for a few minutes.

9. **Do something nice for yourself when it's all over.** *Plan a trip, give yourself a present, spend a few hours looking at cat pictures on the internet. Do something that makes you happy and is just for you.*

10. **Remember that holidays are stressful for everyone.** *Be kind to yourself and to the people in your life. Know that their reactions to things might not be the same in a less-stressful environment. Assume good will and think positive!*

ROLE PLAY CARDS

Directions: Make a copy of this sheet and cut out each role-play to distribute to participants.

Scenario A:

Jamie: You are a second year college student who has come home for the holiday season. You have recently started dressing in more gender neutral clothing and your mom doesn't approve. She keeps suggesting that you go to the mall together and pick out some new clothes. You want to tell her that you like the way you dress and that this is how you are expressing your gender identity.

Jamie's Mom: Your child Jamie has come home for winter break and is wearing gender neutral clothes. You feel embarrassed because people keep calling Jamie by the wrong pronouns. You think that by encouraging Jamie to wear different clothing, this might stop.

Scenario B:

Jake: You are a high school student who came out to your parents two years ago. Your parents were slow to accept you at first but now they are pretty good about respecting who you are. They even let your new boyfriend, Chris, come over to the house and invite him to family dinners. However, your extended family is coming over for New Years' Eve and they have asked you not to bring Chris over or talk about having a boyfriend. You feel that this is unfair and want to be out with everyone. You want to tell your dad to stick up for you with the rest of the family so you can invite Chris over on New Years' Eve.

Jake's Dad: You have learned to accept that your son is gay and really like his new boyfriend, Chris. However, your family is not as accepting as you are and you are worried that if he comes out to the rest of the family, that the holidays will be ruined. Your brother is very homophobic and occasionally sends you anti-gay jokes on your email. You love your son but you just want to keep the peace.

Scenario C:

Lexi: You are a college senior who identifies as bisexual but you have never had a girlfriend until now. You have been dating Chelsea for a year now and decide to bring her home to meet the family. Most of your family is supportive, except for your grandmother. She keeps calling Chelsea your "friend" and keeps pushing you to attend a singles mixer at her church to "meet a nice boy." You want to gently tell her that you are not interested and get her to call Chelsea your partner.

Lexi's Grandmother: You know that Lexi has identified as bisexual for a while but you just assumed that she would eventually "find the right man" and get married. You have been picturing her wedding since the day she was born and you never pictured it with another woman. You worry that Lexi is making her life more difficult by dating a woman.

Scenario D:

Michelle: You are transgender and have recently transitioned. Most of your family is used to the change, but your cousin, Dion, is newly back in town from being at college so he has not seen you post-transition yet. He is behaving awkwardly around you and doesn't include you in the activities he does with the rest of your cousins. He keeps calling you by your former name and pronouns and you overheard him call you "it" to someone on the phone. You want Dion to accept who for who you are and go back to being as close as you were before you transitioned.

Dion: Your cousin is now Michelle, but you remember her as Michael, your best friend growing up who you used to play video games with and have sleep-overs together. You feel really uncomfortable and miss your "old" cousin. You think that because Michael is now Michelle that you can't do the same things together. You want to be supportive but you don't know how.

Scenario E:

Alex: You are a proud ally of the LGBTQA+ community and were just elected secretary of your local GSA. Your sister is home from college and you tell her all about the work you have been doing. She is completely taken aback, calls you some names, and insists that the only reason to be in a GSA is because you are actually gay. You want your sister to understand that your sexuality doesn't influence the work that you do and that even if you were gay, you would want her to accept you.

Blanca: Your first semester at college went really well but some things that have happened have made you question your sexuality. You are feeling really conflicted by this so when Alex starts telling you all about the GSA, you get really angry. You just want Alex to stop talking about the GSA so you don't have to think about your sexuality for a while.

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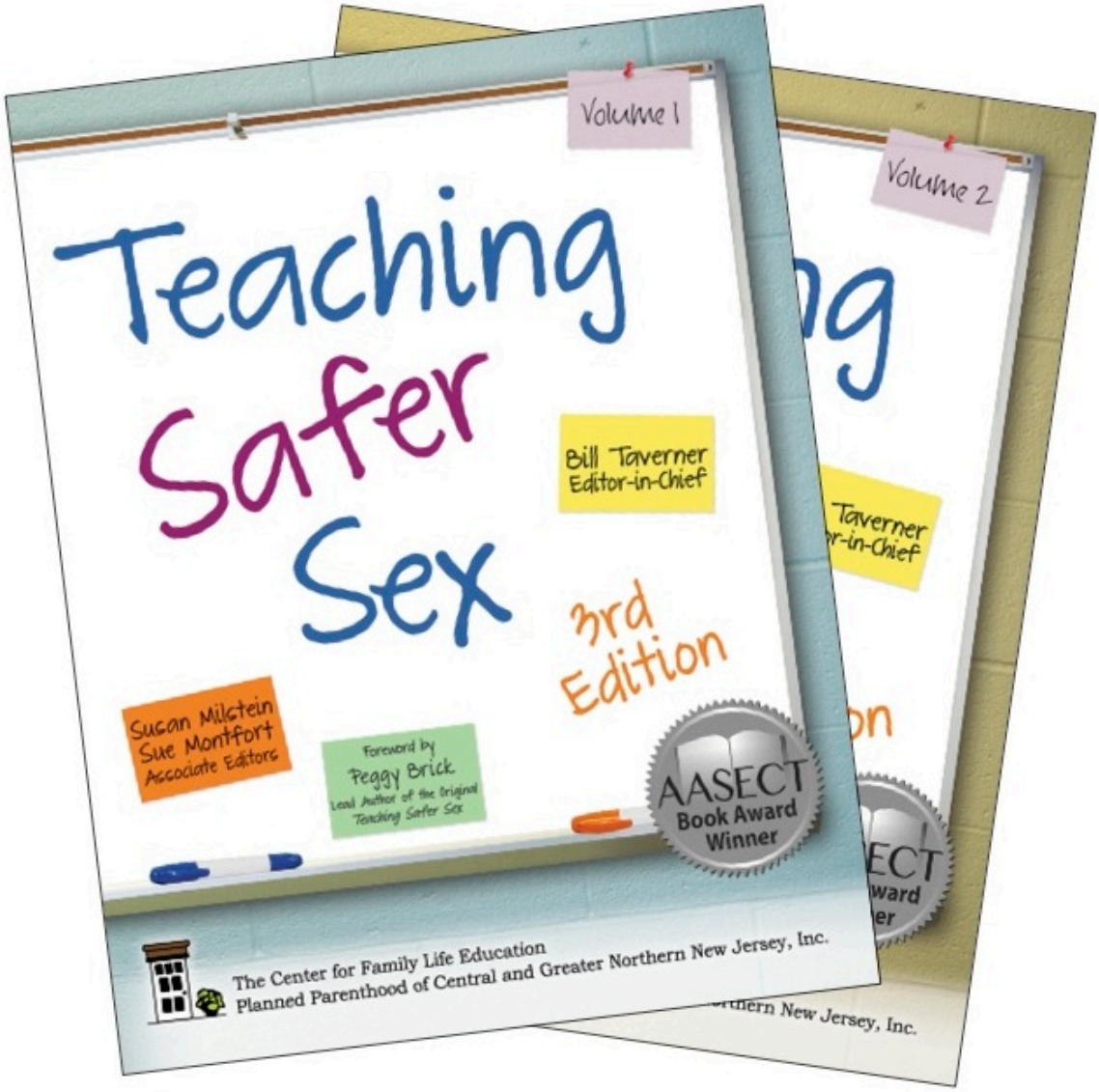

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SAFER SEX
The Basics

Objectives

By the end of this lesson, participants will be able to:

1. Identify three values, attitudes and assumptions people might hold regarding safer sex decisions.

2. Describe three key facts regarding sexual safety.

3. Assess their own risk for sexually transmitted infections (STIs).

Rationale

Negative attitudes about sexuality, inaccurate information about sexual safety, and denial of one's own risk can all contribute to individuals' failure to protect themselves from contracting an STI. Given the prevalence, seriousness and frequent lack of symptoms of many STIs, it is critical that individuals have the opportunity to develop awareness of all three of these aspects of sexual safety and consider the impact of their behaviors on their future sexual health.

Materials

- **Handout: A Safer Sex Mixer**
- **Handout: Sexual Safety: Checking What You Know**
- **Handout: Sexual Safety Answer Key**
- **Handout: Check Yourself Out: Are You at Risk for an STI?**

Procedure

1. Explain that this lesson will examine several key factors involved in sexual safety: feelings, attitudes, information and personal risk assessment.

2. Distribute the **Handout: A Safer Sex Mixer** and read the directions. Give participants 10 minutes to get signatures.

3. When someone gets all the statements signed, or after about 10 minutes, ask participants to return to their seats.

Discussion Questions:

a. What's one statement you have strong feelings about? Explain.

b. What's one statement you had trouble deciding whether or not to sign? Why?

c. Which statements were difficult to get others to sign?

d. Which statements would you like the group to discuss further?

4. Now divide participants into pairs and ask them to complete together the **Handout: Sexual Safety: Checking What You Know.** As each pair finishes, distribute the answer key and let participants check their own answers.

   Discussion Questions:

   a. Which facts surprised you? Which statements would you like to discuss further?

   b. What other questions do you have about how to reduce a person's risk of contracting an STI?

5. Note that for many people the greatest barrier to protecting themselves is their denial of their own risk. Distribute **Handout: Check Yourself Out: Are You at Risk for an STI?** Explain that if they each respond *honestly* to the checklist they will have a good assessment of their current risk of having or contracting an STI. Emphasize that the checklist is completely confidential, and that it's important for each person to complete this handout privately. Give participants time to complete the checklist.

   Discussion Questions:

   a. How honestly do you think people usually respond to checklists like this?

   b. If a person finds out s/he is at risk for an STI, what steps could s/he take to be safer?

   c. What advice would you give to a friend who found out if s/he was at high risk for an STI?

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Handout

A Safer Sex Mixer

Directions: Move around the room asking people if they are willing to sign a particular statement. Get as many signatures as possible. The winner is the person with the most signatures when time is called. ***Note: No one may sign more than one of your statements.***

Find someone who …	**Signatures**
1. Thinks schools need to do more to teach students about safer sex.	
2. Can name three terrific alternatives to intercourse.	
3. Believes **ALL** parts of the body can be sexy.	
4. Can name three ways condoms improve sexual intercourse.	
5. Has talked with a parent about sexually transmitted infections (STIs).	
6. Has encouraged someone to be more careful about sexual intercourse.	
7. Would insist a partner get tested for STIs before considering sexual intercourse with that person.	
8. Thinks the media has exaggerated the dangers of STIs.	
9. Would be embarrassed to buy a condom.	
10. Believes that people who get an STI probably deserve to get it.	
11. Believes that “No” means “No.”	
12. Believes that it is useless to try to get people to practice safer sex.	
13. Thinks it is great for a woman to buy and carry condoms.	
14. Can describe the steps to effective condom use.	
15. Can name three ways to improve the effectiveness of a condom.	

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Handout

Sexual Safety: Checking What You Know

Directions: Mark **T** (True) or **F** (False) before each statement.

_____ 1. Neither sperm nor organisms that cause sexually transmitted infections (STIs) can get through an undamaged latex condom.

_____ 2. It is easier for a woman to get an STI from an infected man than for a man to get one from an infected woman.

_____ 3. A major reason why latex condoms break is that they have been used incorrectly with an oil-based lubricant.

_____ 4. People who have an STI may look and feel healthy and yet still be able to infect a sex partner with an STI.

_____ 5. People who have one STI are at significantly increased risk of getting a second sexually transmitted infection.

_____ 6. A little lubricant on the tip of the penis or inside the condom can greatly increase the feeling for a man.

_____ 7. Stores may require a person to provide proof that s/he is eighteen or older in order for him/her to buy condoms.

_____ 8. Anal intercourse puts a person at risk for infection only when it occurs between men.

_____ 9. Using male latex condoms helps men to "last longer" before they ejaculate.

_____ 10. An STI cannot be passed from an infected woman to another woman.

_____ 11. Nonpenetrative "outercourse" (sexual behaviors that **don't** include vaginal, oral or anal intercourse) can be a pleasurable and safer alternative to intercourse.

_____ 12. Using drugs or alcohol makes it difficult for a person to make responsible sexual decisions.

Handout

Sexual Safety Answer Key

1. **Neither sperm nor organisms that cause sexually transmitted infections (STIs) can get through an undamaged latex condom.**
   TRUE. Laboratory tests show that neither sperm (which are .003 millimeters), nor STI-causing organisms, which are smaller than sperm, can get through an undamaged latex condom.

2. **It is easier for a woman to get an STI from an infected man than for a man to get one from an infected woman.**
   TRUE. Studies show that the amount of HIV is higher in semen than in vaginal secretions, and that irritation or tiny cuts occur more often inside the vagina than on the penis. In addition, semen remains inside the vagina without exposure to air, which kills the virus. Therefore, HIV and some other STIs are more likely to spread from a man to a woman, than from a woman to a man.

3. **A major reason why latex condoms break is that they have been used incorrectly with an oil-based lubricant.**
   TRUE. Oil-based lubricants, such as petroleum jelly and massage oils, weaken latex condoms and make them break more easily. Only water-based lubricants such as Aqua Lube, Astroglide, K-Y Jelly, etc., should be used with latex condoms.

4. **People who have an STI may look and feel healthy and yet still be able to infect a sex partner with an STI.**
   TRUE. In the early stages of many STIs, an infected person may have no signs of illness. New medicines may also delay the incubation period (the time it takes between infection and the development of symptoms). However, an infected person that does not have symptoms can still pass an STI on to his/her partners.

5. **People who have one STI are at significantly increased risk of getting a second sexually transmitted infection.**
   TRUE. There is continuing evidence that people who have one STI are at risk for a second infection. This may be because of a number of reasons, including having multiple partners who are infected; having a partner with multiple infections; the fact that open sores in the genital area that are caused by one infection provide an easy access route for other infections; and reduced strength of an infected person's immune system from battling the first infection.

6. **A little lubricant on the tip of the penis or inside the condom can greatly increase the feeling for a man.**
   TRUE. Men may prefer the feeling of lubricated condoms to the feeling of dry condoms. Adding a little water-based lubricant before rolling on the condom (even if it's already lubricated) increases the sensation even more.

7. **Stores may require a person** to provide proof that s/he **is eighteen or older in order** for him/her **to buy condoms.**
   FALSE. A Supreme Court decision in 1977 ruled that anyone, regardless of age, has the right to purchase condoms.

8. **Anal intercourse puts a person at risk for infection only when it occurs between men.**
   FALSE. Anal intercourse may occur between any couple, not just gay male couples and any couple that has unprotected anal intercourse may be at risk of HIV and other STIs. Since the lining of the rectum is thin, it is more likely to be injured, whether the receiving partner is male or female. In addition, blood vessels close to the surface provide easy access of infection to the bloodstream. Using condoms can decrease the risk of STIs.

9. **Using male latex condoms helps men to "last longer" before they ejaculate.**
   12. **TRUE.** The fact that a condom can help delay ejaculation is an important advantage for men who are concerned about early ejaculation following penetration.

10. **An STI cannot be passed from an infected woman to another woman.**
    FALSE. Some people mistakenly believe that women who have sex with women are not at risk for STIs. However, any time infected body fluids pass between two people, infections can spread, regardless of whether the couple is the same sex or opposite sex.

11. **Nonpenetrative "outercourse" (sexual behaviors that don't include vaginal, oral or anal intercourse) can be a pleasurable and safer alternative to intercourse.**
    13. **TRUE.** "Sex" doesn't need to be oral, anal or vaginal intercourse. People can experience "outercourse" or the pleasurable touching of other, nongenital body parts. A person can also experience sexual pleasure through masturbation without risk of an STI.

12. **Using drugs or alcohol makes it difficult for a person to make responsible sexual decisions.**
    TRUE. It is difficult to make responsible sexual decisions when one is drunk or high. Impaired judgment affects communication skills, critical decision-making skills, and fine motor skills, such as those needed to put on a condom! Alcohol and other drugs also affect a person's ability to give his/her consent to sexual behaviors. In fact, it is very difficult, if not impossible to communicate one's consent to a sexual behavior when one is drunk or high.

Sources:

www.advocatesforyouth.org
www.AIDS.org
www.avert.org
www.CDC.gov
www.guttmacher.org
www.iwannaknow.org
www.rainn.org

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Handout

Check Yourself Out: Are You at Risk for an STI?

Directions: This checklist is completely confidential. It will help you determine whether your current behavior puts you at risk for a sexually transmitted infection. Be honest with yourself — check every item that is true for YOU. Note that "intercourse" includes oral, anal and vaginal.

_____ 1. I do not have a sex partner at this time in my life.

_____ 2. I do not have intercourse, but express intimacy in other ways.

_____ 3. I am in a new relationship and neither my partner nor I have ever had intercourse with anyone else.

_____ 4. I have had a relationship with the same partner for the past 10 years or more and I am certain neither of us has had intercourse with anyone else during that time.

_____ 5. Neither my partner nor I have ever shared needles for drugs or body piercing.

If you checked 1, 2, 3 or 4, and you also checked 5,
you are at almost no risk for acquiring an STI.

_____ 6. My partner and I use a condom and water-based lubricant every time we have any kind of intercourse.

_____ 7. My partner and I have both tested negative for STIs; neither of us shares needles for drugs; neither of us has any other sex partners.

If you checked 6 and/or 7, you are at low risk for acquiring most STIs.
There is a chance you could contract HPV, which can spread through skin-to-skin contact.

_____ 8. I have intercourse without using a condom.

_____ 9. I have oral sex without using a condom or latex barrier.

_____ 10. I have unprotected intercourse with someone whose history is unknown to me.

_____ 11. I have unprotected intercourse with someone who has had intercourse with many other partners.

_____ 12. I have unprotected intercourse with someone whose drug history is unknown to me.

_____ 13. I share needles for drugs or body piercing.

If you checked 8, 9, 10, 11 or 12, you are at risk for becoming infected with an STI.
If you checked 13 you are also at risk for HIV infection.

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STI BINGO[1]

Objectives

By the end of this lesson, participants will be able to:

1. Name three examples of sexually transmitted infections (STIs).

2. List two ways that STIs can be transmitted.

3. Correctly name two prevention techniques people can use to eliminate or reduce their risk of contracting or spreading an STI.

Rationale

According to the Guttmacher Institute, each year 9.1 million new cases of sexually transmitted infections occur among young people aged 15-24. This represents almost half of the nearly 19 million new cases of sexually transmitted infections.[2] Young people need opportunities to learn and communicate about sexually transmitted infections. STI Bingo is a game that allows youth to apply important information about sexually transmitted infections including modes of transmission, types of STIs and relevant prevention techniques.

Materials

- Flip chart paper or board, and markers
- STI Bingo Boards. Refer to the **Educator Resource: Making Bingo Boards** to make the boards ahead of time
- **Common Sexually Transmitted Infections** (See Resources Section of this volume)
- **Educator Resource: STI Bingo Questions**
- Optional: Bingo cage (If you use a cage, be sure to remove all but numbers 1-28)

Procedure

1. Ask participants to name a few examples of sexually transmitted infections, and record the responses on flip chart paper or board. Review the **Common Sexually Transmitted Infections** resource. Tell participants that they will play a game that will review facts about sexually transmitted infections (STI's). They can use the resource throughout the game.

[1] Adapted with permission from Shields, J. & Keyes DiGioia, M. (2012). *Game on! The ultimate sexuality education gaming guide*. Morristown, NJ: The Center for Family Life Education.

[2] Guttmacher Institute (2012). In brief: Facts on American teens' sexual and reproductive health. Accessed at www.guttmacher.org/pubs/FB-ATSRH.html#14

2. Distribute an STI Bingo card to each participant. Explain that everyone has a different bingo board. Note that the boxes contain words relating to STIs, such as the types of infections (bacterial, viral, etc.), the names of STIs, bodily fluids, or ways to prevent STIs.

3. Tell participants that questions will be read aloud that relate to STIs. They will work together to correctly determine the answer to the question which may be present in the boxes of the bingo board. Once a correct answer is provided, participants will mark off the answer with an **X** if it appears on their bingo boards. The first person to have five boxes crossed out that line up horizontally, vertically or diagonally should shout, "BINGO!" This person is the winner.

4. Use the **Educator Resource: STI Bingo Questions** to read the questions aloud**.** (Read the questions in numerical order, at random, have participants select question numbers, or use a bingo cage to choose a question number.) After each question is read, ask participants to provide an answer. Then give them a moment to find if the answer is located on their bingo boards. Provide the correct answer and be sure to record it on flip chart paper.

5. Continue the bingo game until winner is determined. If the game ends quickly, explain that the next winner is the person with all the boxes on her/his bingo board crossed out.

Discussion Questions:

a. What bodily fluids can contain a sexually transmitted infection?

b. What types of infections can be cured by medicine?

c. What behaviors can expose a person to a sexually transmitted infection?

d. What are some ways to avoid exposure to a sexually transmitted infection?

e. Which ways of preventing sexually transmitted infection would you recommend for a friend? Why?

Making STI Bingo Boards

1. Go to http://www.teach-nology.com/web_tools/materials/bingo/

2. Select the 5x5 bingo board size. Using the **Educator Resource: STI Bingo Questions**, type each of the answers, written in bold, into the 25 boxes.

3. Click on "FREE BINGO SPACE" to make the bingo board.

4. Print the board.

5. Click on "Shuffle Words" to make another bingo board, and print. Continue making different bingo boards to accommodate the number of participants.

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Educator Resource

STI Bingo Questions

Below are questions that will be read aloud to the class. Questions can be read in numerical order or in whichever order you choose. Answers are written in bold.

1. This sexually transmitted virus can result in damage to the liver. **Hepatitis**
2. This sexually transmitted virus is named the human immuno-deficiency virus. **HIV**
3. This bacterial STI, which mobster Al Capone had, can cause painless sores called *chancres*. **Syphilis**
4. Commonly referred to as *crabs,* these parasites attach to the pubic hair and can be cured by medicated shampoos, such as RID or NIX. **Pubic Lice**
5. This uncomfortable urethral symptom can be a motivator to get checked out. **Hurts to Pee**
6. This latex barrier prevents the spread of most STIs. **Condom**
7. This latex barrier is placed over the vulva to provide some protection against STIs when engaging in oral sex. **Dental Dam**
8. There is a vaccine for this virus, which is the leading cause of cervical cancer in women. **HPV**
9. These two common bacterial STIs can be cured with antibiotics and typically have no signs and symptoms. **Gonorrhea and Chlamydia**
10. This fluid, given to a baby from a female's breast, can transmit HIV. **Breast Milk**
11. This virus causes outbreaks of cold sores and genital blisters, and can be spread through oral, anal and vaginal sex. **Herpes**
12. People who have infections may not get tested because they do not experience this. **Symptoms**
13. This term is used to describe the presence of genital blisters and cold sores caused by the herpes virus. **Outbreak**
14. These parasites live underneath the skin and can be passed through skin-to-skin contact. **Scabies**
15. This fluid can be transmitted through needle exchange, and can spread HIV and hepatitis. **Blood**
16. This fluid, released from the penis, contains sperm and can transmit STIs. **Semen**

17. This fluid, released from the vagina, can transmit STIs. **Vaginal Fluid**

18. In addition to sexual intercourse, HPV can be transmitted in this way. **Skin-to-Skin Contact**

19. This test is used to confirm a person is infected with HIV. **Blood Test**

20. This group of STIs caused by microscopic organisms can be cured by medicated lotions, shampoos or ointments. **Parasitic Infections**

21. This method of preventing pregnancy and infection involves avoiding oral, anal or vaginal sex. **Abstinence**

22. This syndrome, caused by HIV, occurs when the immune system is so weak that the body can't fight off other infections. **AIDS**

23. This group of STIs can be cured with antibiotics. **Bacterial Infections**

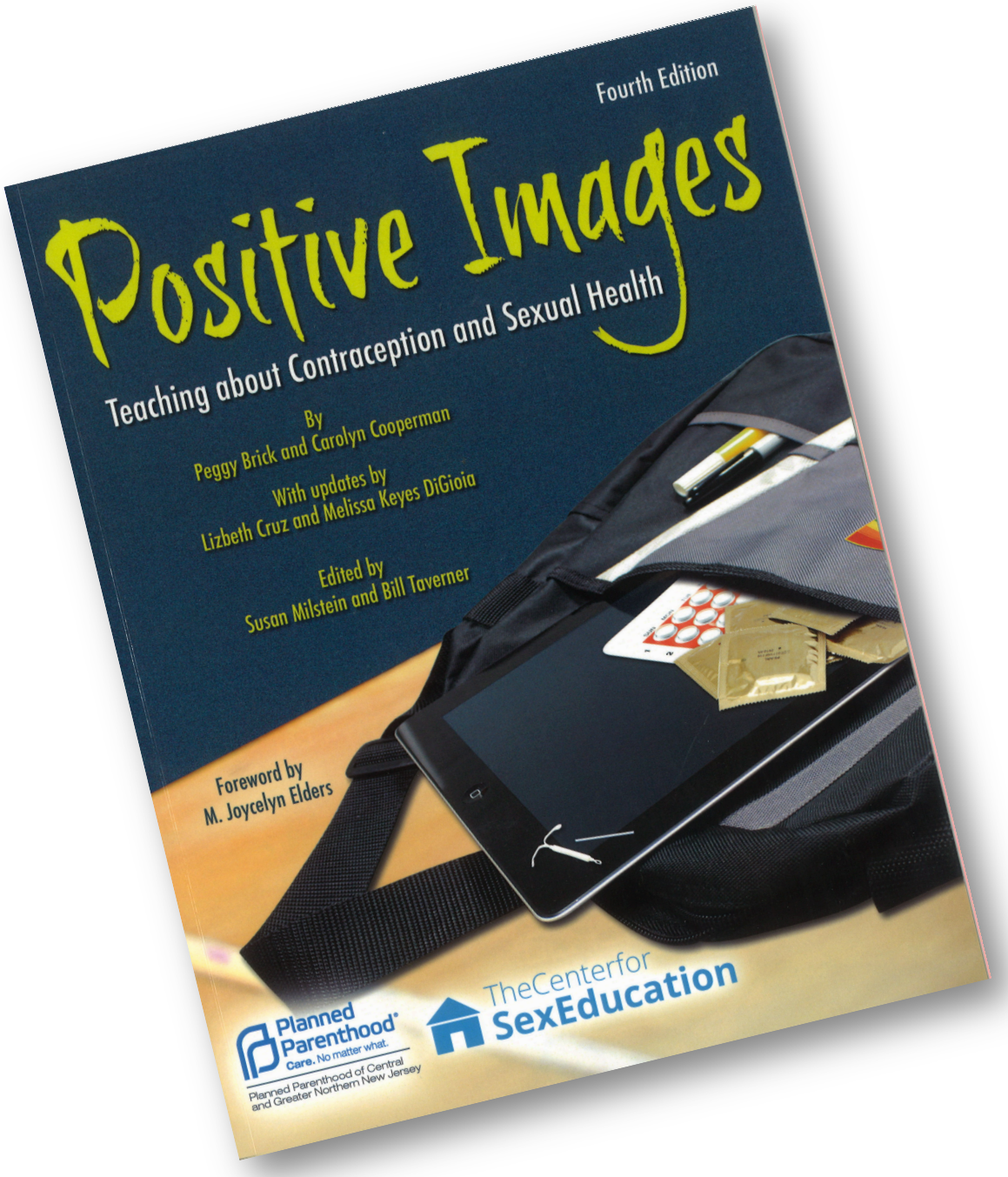
24. This group of STIs cannot be cured by antibiotics but can be treated with medicine. **Viral Infections**

25. These types of pregnancy prevention methods do not protect against STIs. **Hormonal Methods**

26. Behaviors such as having sex without protection, sharing needles, having multiple sex partners, and having sex with someone who has an STI are considered to be at this level of risk for STI transmission. **High Risk**

27. Behaviors such as having sex while using condoms or using dental dams are considered to be at this level of risk for STI transmission. **Low Risk**

28. Behaviors such as body massage, sharing forks and knives, showering together, and abstinence are considered to be at this level of risk for STI transmission. **No Risk**



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ON A LARC

Objectives

By the end of this lesson, participants will be able to:

1. Define long-acting reversible contraceptives (LARCs), and give two examples of LARCs.
2. Dispel common myths about IUCs.
3. Explain some non-contraceptive benefits of LARCs.

Rationale

About half of all pregnancies are unintended and close to half of all unintended pregnancies lead to abortion. In reflecting on these rates, Robert A. Hatcher, editor of *Contraceptive Technology,* the most authoritative reference book on contraception, quotes Albert Einstein, who famously said, "Insanity is doing the same thing over and over and expecting different results." Hatcher says that when it comes to teen pregnancy prevention, it's time we stop doing the same thing over and over. He recommends a new educational emphasis on long-acting reversible contraceptives (LARCs) — methods that can be used for extended periods of time. LARC methods such as intrauterine contraceptives (IUCs) and implants require minimal action on the part of the user, and thus have typical use effectiveness rates that are much higher than other contraceptive methods.

Materials

- Flip chart paper or board, and markers
- **Handout: IUC? IUD? Here Are Some Common Myths**
- **Handout: Pregnancy Prevention and More**

Procedure

1. Write the word **LARK** on the board/flip chart vertically, and ask if anyone has ever heard the expression, "on a lark." Ask for a few volunteers to suggest what the phrase might mean.

2. Explain that "on a lark" usually means "carefree," "spontaneous," and "without planning." Ask participants if they thing these meanings apply to sexual behaviors.
   Discussion Questions:

   a. Do you think sex should be "on a lark"? Why or why not?

   b. What are some benefits of sex being carefree, spontaneous and without planning?

   c. What are some risks?

3. Note that while some people might enjoy spontaneous sex, one of the drawbacks of sex being "on a lark" is that it doesn't give time for a person to make plans to prevent pregnancy. Replace the **K** in **LARK** on the board/flip chart with a **C** and ask if anyone has ever heard of LARCs.

4. Explain that LARC stands for "long-acting reversible contraceptive." Write each word next to the appropriate letter, and ask what each part means

Long Acting	It works for a long time. Several years, in fact.
Reversible	You can stop using it if you want to have a pregnancy, or if you want to begin using a different method.
Contraceptive	It works as a contraceptive to prevent pregnancy.

5. Explain that there are two main types of LARCs: IUCs and implants. First we are going to discuss IUCs, which stands for "intrauterine contraceptives". Explain that people may also know them as IUDs, in which "D" stands for "device". Ask what people have heard about IUCs or IUDs.

6. Explain that an IUC is a contraceptive method that is inserted into the uterus by a doctor, and provides very effective, long-term protection against contraception. Although it is highly effective, there are still some myths and misunderstandings about IUCs that we will bust now.

7. Distribute the **Handout: IUC? IUD? Here Are Some Common Myths**

   Discussion Questions:

   a. Which myths have you heard before?

   b. Which myths do you think others might believe?

   c. Why do you think there are so many myths about IUCs?

   d. What reasons might a person not wanting a woman to use an IUC?

   e. How might an IUC be a good choice?

8. Remind participants that the other kind of LARC is the implant, which is surgically placed under the skin. Like the IUC, the implant is highly effective in preventing pregnancy. In fact, LARCs are much more effective than other hormonal methods – pills, patches and rings – because there is no room for user error. You can forget to take a pill; you can't forget your implant or IUC.

9. Ask participants to name the method that should be used with a LARC to prevent sexually transmitted infections. *(Answer: condoms.)*

10. Divide participants into small groups, and explain that not only are LARCs highly effective in preventing pregnancy, they also have many non-contraceptive benefits. Distribute the **Handout: Pregnancy Prevention and More** and ask participants to imagine they are health care providers learning about LARCs for the first time. In their groups, they are to decide on five non-contraceptive benefits that they would want their patients to know about LARCs.

    Discussion Questions:

    a. Which non-contraceptive benefits did you want your patients to know about?

    b. Which non-contraceptive benefits did you think your patients would think are not important?

    c. As a health care provider, which LARC impressed you the most? Why?

    d. How do you think you would feel asking your doctor or health care provider about LARCs?

11. Conclude by asking for several volunteers to state the most important thing they learned in this class.

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Handout

IUC? IUD? Here Are Some Common Myths

Directions: Intrauterine devices or contraceptives (IUDs or IUCs) are among the most effective contraceptives around. And yet, misinformation abounds. Here are some of the most common myths about IUCs/IUDs. Put a star next to any myth you've heard before. Circle any that you think others might actually believe.

1. **Myth: IUCs cause abortions.**
   Reproductive health organizations throughout the world, as well as reproductive health textbooks, strongly state that IUCs do not disrupt an implanted pregnancy, and therefore do not cause abortion.

2. **Myth: IUCs cause cancer.**
   Not only is this untrue, the hormonal IUC called Mirena® prevents endometrial cancer. The copper IUC called ParaGard® prevents both endometrial and cervical cancer.

3. **Myth: Women can't use IUCs if they have fibroids (non-cancerous tumors in the uterus).**
   For most women with fibroids, this is not true. In fact, Mirena can be used to *treat* bleeding and pain in women with fibroids.

4. **Myth: IUCs cause infections.**
   There is a very small risk of infection (0.1%) at the time the IUC is put in place, and two weeks following. However, women using Mirena have a lower risk of pelvic infection compared to women who don't use an IUC.

5. **Myth: Women need to wait until they have a baby before they can begin using an IUC.**
   Both the World Health Organization (WHO) and the Centers for Disease Control (CDC) have said the IUC is a good choice for birth control for women who have not had a baby.

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Handout

Pregnancy Prevention and More

Directions: Long-acting reversible contraceptives (LARCs) have lots of *non-contraceptive* benefits. Imagine you are a health care provider learning about LARCs for the first time. Choose five non-contraceptive benefits that you would want your patients to know about.

ParaGard® IUC
Effective for 10-12 years

- ☐ 10 times less likely to have an ectopic pregnancy (pregnancy outside of uterus)
- ☐ Probable protection against endometrial cancer
- ☐ Possible protection against cervical cancer

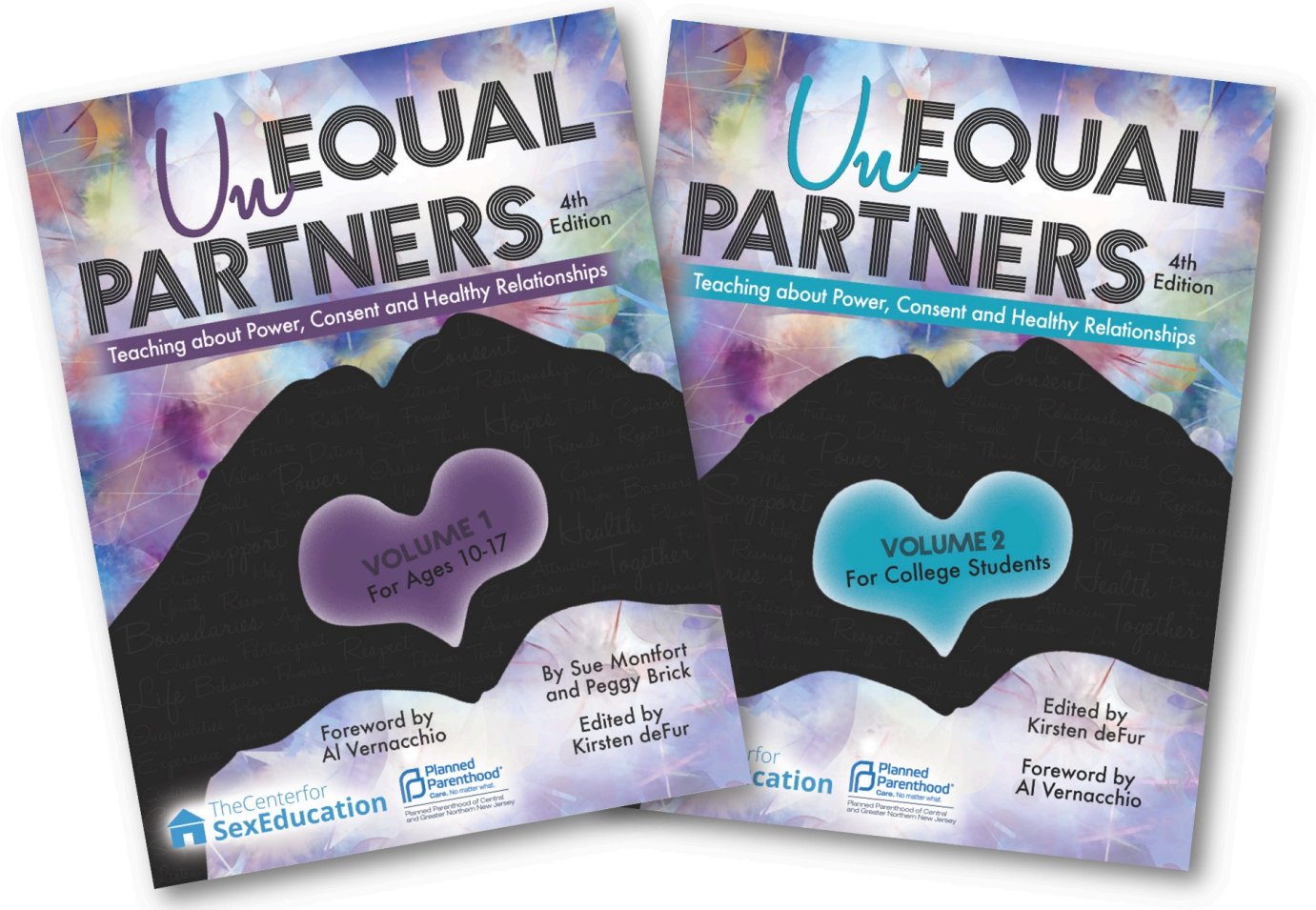
Mirena® IUC
Effective for 5-7 years

- ☐ 90% less menstrual blood loss and prevention of anemia
- ☐ Prevention and treatment of endometriosis
- ☐ Decreased menstrual pain and cramping
- ☐ Prevention and treatment of endometrial cancer and hyperplasia (overproduction of cells)
- ☐ Decreased bleeding
- ☐ About 10 times less likely to have an ectopic pregnancy
- ☐ About a 50% protective effect against pelvic inflammatory disease

Implants
Includes Implanon® and Nexplanon® (effective for 3-4 years) and Jadelle® (effective for 5 years)

- ☐ Decreased menstrual and ovulatory cramping or pain
- ☐ Decreased number of days of bleeding
- ☐ Protection against anemia (not having enough healthy blood cells)
- ☐ Decreased risk for ectopic pregnancy

One other benefit to all LARCs is that since they are so effective in protecting against pregnancy, there is a decreased risk of needing to make a decision about abortion.



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"THAT COULD HAVE GONE BETTER …" Breaking Up with Honesty, Equality, Respect and Responsibility

By Lindsay Fram, MPH, Meredith White, MPH and Kirsten deFur, MPH

Objectives

By the end of this lesson, participants will be able to:

1. Develop at least three talking points for a break-up.
2. Describe two things that are important to remember during a break-up.
3. Identify at least two ways to practice self-care after a break-up.

Audience

College-age students (ages 18-22)

Rationale

There is never a perfect time, place or way to end a relationship. However, there are ways that break-ups can go well, and ways that break-ups can go horribly wrong, for both the person initiating a break-up and the person who may be broken up with. This lesson provides participants with an opportunity to reflect on break-up best practices and healthy ways to respond to a break-up. In addition, participants will think about what they can do both internally and externally to care for themselves after a break-up happens.

Lesson Outline

Introductions, Group Agreements and Purpose (See **The Lesson Essentials**, p. 3)
So You've Decided to Break Up
Break-Up Best Practices (Option 1 or Option 2)
Self-Care after a Break-up
Conclusion

Materials

- Blank paper (one piece for each participant)
- Pens/pencils for each participant
- Speakers and music (Select a song about break-ups to play during the first activity.)
- **Handout: Break-Up Scenarios**

- Easel paper prepared with the quotes from the "Self-Care after a Break-Up" activity

Procedure

SO YOU'VE DECIDED TO BREAK UP

1. Hand each participant a piece of blank paper. Instruct participants to think of one reason someone may want to break up with a partner, and write that reason on the piece of paper. (Optional: Let participants write additional reasons on separate pieces of paper.)

2. Instruct participants to crumple up their pieces of paper. Tell participants that they will have a "snowball fight" with their crumpled papers (a.k.a. "snowballs"), for the duration of the music. Participants can throw their snowballs at each other, and continue picking up and throwing the snowballs for a few minutes.

3. Ask participants to find at least one snowball and another person to pair up with. In their pair, participants read the reason written on their snowball and work together to write down at least two things that person should do to prepare for their break-up, and at least two "talking points" they want to have in mind during the break-up.

4. Invite pairs to share one of their preparation steps and one of their talking points with the larger group.

Discussion Questions:

a. How do you decide if you want to break up with a partner?

b. What are some reasons that people stay in relationships that aren't working for them?

c. What are some of the most important things to do before breaking up with someone?

d. How can someone prepare for a break-up?

e. What are some ways that a break-up conversation might conclude?

f. What are some benefits to being completely, 100% honest about your reasons to break up with someone? What are some drawbacks to that approach?

BREAK-UP BEST PRACTICES (OPTION 1)

1. Explain to participants that break-ups could go smoothly, or not! Ask for a show of hands of someone that has had a friend (no names!) go through an easy, smooth, peaceful, good break-up.

Validate any responses that are shared, affirming that while break-ups may be challenging, sometimes they need to happen, and being prepared can help someone go through with ending a relationship.

2. Let participants know they will practice some brief break-up conversations. Instruct participants to line up in two rows, with each person facing someone else. (If the group is an odd number, there may be one trio at the end.) Tell participants that, starting at one end of the line, two people will exchange just three statements, all related to a break-up conversation. Facilitators may choose to demonstrate the exercise with the following example:

    - Person 1: "I think it might be best if we were just friends."
    - Person 2: "Oh, but I'm totally in love with you!"
    - Person 1: "I appreciate your love, and I just don't feel the same way."

    The rest of the group will listen and observe the conversation had by each pair, looking for demonstrations of break-ups that are healthy, and break-ups that are not. Encourage participants to think of different brief conversations.

3. After all the pairs have gone, ask participants to share what they think are break-up best practices and list them on the easel paper/whiteboard.

    Discussion Questions:

    a. What was it like to practice those break-up lines?

    b. What might complicate a break-up conversation?

    c. What components of a healthy relationship apply especially during break-ups? Explain.

    d. Is there ever a good reason to break up over text or email? Explain.

    e. What might be different about a break-up if the relationship was unhealthy? Abusive?

    f. What did you hear during the exercise that you might use in the future?

BREAK-UP BEST PRACTICES (OPTION 2)

1. Explain to participants that break-ups could go smoothly, or not! Ask for a show of hands of those who have had a friend go through an easy, smooth, peaceful, good break-up. Validate any responses that are shared, affirming that while break-ups may be challenging, sometimes they need to happen, and being prepared can help someone go through with ending a relationship.

2. Divide participants into four groups. Assign each group one scenario from the **Handout: Break-Up Scenarios**. Instruct the small groups to read their break-up scenarios together and work together to come up with two scripts for their scenarios: one that demonstrates what not to do during a break-up ("That Could Have Gone Better"), and one that demonstrates good break-up strategies ("It's Over the Best Way I Could Do It").

3. Ask each group to share their scenario, their "That Could Have Gone Better" script and their "It's Over the Best Way I Could Do It" script.

4. After all the scenarios have been reviewed, ask participants to share what they think are break-up best practices and list them on the easel paper/whiteboard.

Discussion Questions:

a. What was it like to come up with the break-up scripts?

b. What might complicate a break-up conversation?

c. What components of a healthy relationship apply especially during break-ups?

d. Is there ever a good reason to break up over text or email? Explain.

e. What might be different about a break-up if the relationship was unhealthy? Abusive?

f. What did you hear during the exercise that you might use in the future?

SELF-CARE AFTER A BREAK-UP

1. Explain to participants that after a break-up takes place, it can be hard to deal with for both the person initiating the break-up, and the person who was being broken-up with. It can even be hard if a break-up was mutual. Ask participants to listen as you read the following quotes:

- "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel." —Maya Angelou

- "Americans, who make more of marrying for love than any other people, also break up more of their marriages, but the figure reflects not so much the failure of love as the determination of people not to live without it." —Morton Hunt

- "Letting go doesn't mean that you don't care about someone anymore. It's just realizing that the only person you really have control over is yourself." —Deborah Reber, in *Chicken Soup for the Teenage Soul*

2. Ask participants to turn to a neighbor and talk about what they can do internally and what they can do externally to practice self-care after a break-up.

3. Invite pairs to share highlights from their discussions.

Discussion Questions:

a. What is the value of self-care after a break-up?

b. What can be hard about self-care?

c. How could you help a friend who has just been through a break-up?

CONCLUSION

1. Conclude the lesson by asking participants to reflect on what they thought about when they heard the topic of the lesson was about breaking up, and then what they are thinking about now that the lesson is over. Ask participants to fill in the blanks of the following sentence:

At first I thought _____, and now I know _____.

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Handout

Break-Up Scenarios

Directions: Read your assigned scenario and then write out two break-up scripts — one that demonstrates what not to do during a break-up ("That Could Have Gone Better"), and one that demonstrates good break-up strategies ("It's Over the Best Way I Could Do It").

A. Riley and Taylor have been together for two years, but now that they are at different schools on opposite sides of the country, it's been hard to maintain their relationship. Even though they like each other a lot and have tons of fun, Riley thinks it's time to break up, since they won't be able to be in the same place for a long time to come.

"**That Could Have Gone Better"** because during the break-up Riley ...
Said:

Did:

"**It's Over the Best Way I Could Do It"** because during the break-up Riley …
Said:

Did:

B. Samantha wants to break up with Andrew because even though Andrew is pretty cool, he doesn't initiate sexual activity very often, and Samantha is starting to crush hard on Alex, who is very hot and flirtatious. Alex has started sexting Samantha, which totally turns her on.

"**That Could Have Gone Better"** because during the break-up Samantha ...
Said:

Did:

"**It's Over the Best Way I Could Do It"** because during the break-up Samantha …
Said:

Did:

C. Marc and Zack have been together for so long, Marc can't remember when they started dating. They've gotten into a boring routine, and don't have much to talk about any more. Even though Marc remembers lots of fun times they've had together, nothing interesting has happened recently, despite Marc's attempts to do something new. Marc is just not feeling it anymore and is ready to meet new people.

"**That Could Have Gone Better"** because during the break-up Marc ...
Said:

Did:

"**It's Over the Best Way I Could Do It"** because during the break-up Marc …
Said:

Did:

D. Sydney has learned that Jolene hooked up with a classmate from school. Sydney had seen that Jolene was constantly getting text messages from this classmate, and had suspected that they were having a sexual relationship, even though Sydney and Jolene are supposed to be in a monogamous relationship. On top of that, Jolene isn't being very attentive or nice to Sydney like when they first met.

"**That Could Have Gone Better"** because during the break-up Sydney ...
Said:

Did:

"**It's Over the Best Way I Could Do It"** because during the break-up Sydney …
Said:

Did:

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50 SHADES OF WHAT?! Understanding BDSM, Consent and Negotiation

By Wayne Pawlowski, MSW, LCSW and Kirsten deFur, MPH

Objectives

By the end of this lesson, participants will be able to:

1. Define the term *BDSM.*
2. Explain the difference between BDSM and assault.
3. Describe the role that consent plays in BDSM.
4. List three factors that inform decision-making about engaging in BDSM.

Audience

Older college-age students and adults

Rationale

BDSM has hit the headlines! The accessibility of information and the ability to engage in subculture communities via the Internet has influenced the visibility of BDSM sexual behaviors, not to mention the cultural phenomenon of *50 Shades of Grey*. Young people are bombarded with images and messages about BDSM, and lack an opportunity to examine it thoughtfully and intentionally. Not only that — there are many misunderstandings about the nature of consent and what role consent plays in BDSM. That said, more and more people are not only inquiring about BDSM, they may engage in behaviors without a full understanding of the meaning of BDSM and the role that consent plays. Just like any sexual behavior, BDSM must be fully consensual, with mutual, enthusiastic agreement from all parties involved. In fact, people who understand BDSM would say, "If it's not consensual, it's NOT BDSM." This lesson helps participants understand the meaning and scope of BDSM, the role that consent plays, and the factors that need to be considered when engaging in BDSM behaviors.

Note: Facilitators who are new to this topic may want to read up on BDSM prior to facilitating this lesson.[1] Remember that the goal is for the participants to explore the topic openly and freely, not to persuade them one way or the other on whether to engage in BDSM. When facilitating this lesson it is particularly important to suspend personal opinions and judgments in order to have an open dialogue.

[1] See, for example, Pawlowski, W. (2013). BDSM: The ultimate expression of healthy sexuality. In McKee, R. W. and Taverner, W. J. (Eds.) *Taking sides: clashing views in human sexuality, 13th ed.* Dubuque, IA: McGraw-Hill Education. p. 85-90.

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Lesson Outline

Introductions, Group Agreements and Purpose (See **The Lesson Essentials**, p. 3)
What is BDSM?
BDSM Continuum
BDSM and the Mind
BDSM vs. Sexual Assault
BDSM, Consent and Negotiation
Conclusion

Note: Recommend allowing 90 minutes to two hours for this lesson.

Materials

- Easel paper
- Notecards (enough for each participant to have three or four)
- Markers (enough for small groups of three or four participants to have one marker)
- Tape
- Three pieces of easel paper prepared with the following spectrum on each, one titled **B ACTIVITIES**, one titled **Ds ACTIVITIES**, and one titled **SM ACTIVITIES**:

  Gentle/Mild Extreme/Severe
  0 ----------100

- **Handout: BDSM: What It Is, What It's Not**
- **Educator Resource: BDSM Mind Games** (Cut each situation out; make enough copies for groups of three or four participants to get one situation.)
- Blank paper
- Notecards with BDSM behaviors written on them, to use with participants divided into small groups for the activity "BDSM, Consent and Negotiation." For example, if you have three groups with four participants each, make four cards with **BONDAGE**, four cards with **DOMINATION**, and four cards with **SADISM**. Additional terms for more groups include: **ROLE-PLAY**, **COSTUMES** and **SUBMISSION**.

Procedure

WHAT IS BDSM?

1. Introduce the lesson by stating that one reason the topic of BDSM is being covered is to discuss ideas and misconceptions about sexual behaviors that many individuals engage in as part of their everyday lives. There are many healthy people who safely "play with" fantasy in their sexual lives in egalitarian, nonabusive ways and in every possible gender combination.

2. Ask participants to think to themselves, "What have you heard about BDSM?" Instruct participants to turn to a neighbor and discuss this question together.

3. Write the letters **B**, **D**, **S** and **M** vertically on the easel paper. Invite participants to share their ideas of what word(s) each letter represents. When the correct responses are shared, write them next to the corresponding letter.
   B = Bondage
   D = Domination or Dominance
   S = Submission or Sadism
   M = Masochism

4. Explain that the five terms actually represent three "worlds of play":
   BD — Involves some sort of bondage/restraining/immobilization, domination and/or punishment/discipline
   Ds — Involves some sort of superiority/inferiority; one partner submits to the other and gives up control/decision-making (both sexual and nonsexual)
   SM — Involves some sort of giving/receiving of pain/sensation (the sadist administers the pain/sensation and the masochist receives it)

   Share with participants that these behaviors and worlds can and do travel completely separately from each other, but they may and often do overlap. For example, some people enjoy bondage (restraining and/or being restrained) without any "domination" type behavior to accompany it.

   Discussion Questions

   a. Now that we've discussed the meaning of *BDSM*, what are your reactions?

   b. What are some common misperceptions about the meaning of the term *BDSM*?

   c. How might this explanation help you if the topic of BDSM comes up in conversation?

BDSM CONTINUUM

1. Divide participants into groups of three or four, and hand each group a stack of notecards and a marker. Instruct participants to work together to write out examples of activities that could be considered BDSM, writing each activity on a separate notecard.

2. Show participants the three sheets of easel paper spectrums titled **B ACTIVITIES**, **Ds ACTIVITIES**, and **SM ACTIVITIES**. Tell participants that BDSM activities fall on a spectrum from gentle/mild to extreme/severe. Instruct the groups to review their activities, and tape them up along the spectrum, on the easel paper representing the corresponding "world," according to how society perceives that activity. Remind participants that there are many ways to interpret sexual behaviors and BDSM activities, and that there are no right or wrong answers.

3. Review the activities that have been placed along each spectrum by asking volunteers to read the activities aloud.

Discussion Questions

a. What are your observations about the activities and where they are placed along the spectrums? What, if anything, surprised you?

b. How did you determine where to place each activity?

c. What do you notice about some activities (e.g., spanking), and the range of possible placements for them along the spectrum?

d. What components of relationships do these BDSM activities involve something being "played with"? *(E.g., power/control, trust, mind, sensation)*

e. What do you think BDSM players do to ensure safety?

4. Pass out the **Handout: BDSM: What It Is, What It's Not**. Review the key points of the handout, especially any items that have not been addressed in the lesson so far. Ensure that the concept of *safe words* is explored as an essential component of BDSM.

5. Ask participants to pair up with the person sitting next to them and discuss the questions on page two of the handout.

6. Invite pairs to share highlights of their conversation with the larger group. *(Responses to "What are some sources of those assumptions?" might include: the media, peers, family, religion, partners, one's own imagination, no one.)*

BDSM AND THE MIND

1. Ask participants to think about the behaviors explored in the previous activity and consider the role of the mind. Ask, "Is it possible to engage in BDSM without any physical contact?" Ask for a few examples of what that might look like.

2. Divide participants into groups of three or four. Give each group one situation from **Educator Resource: BDSM Mind Games**. Instruct the participants to come up with at least one way BDSM could be taking place as part of that situation.

3. Ask each group to share their situation and what they came up with. Some suggested responses for each situation include:
    a. Her "Dom" has ordered her to sit on the bench in public and not move until she gets "permission" to leave.

    b. He is a Dom and one of the people attending the meeting is his "sub." He has instructed the sub in exactly how to behave during the meeting and he is monitoring the sub's behavior to see how well the sub complies.

    c. He is experiencing her position over him as extremely dominant, and fantasizing that she has ordered him to service her with no concern for his pleasure.

    d. The partner whispering is a Dom who has instructed their sub to go to the bathroom, remove their underwear, throw it in the trash and return to the table … spending the rest of dinner/evening wearing no underwear.

    e. The partner with the seductive look and motioning to "come hither" is about to spank their partner.

    f. The person calling has been instructed by his/her Dom to call the Dom at precise times throughout the day and report on the progress of cleaning the Dom's apartment.

    Discussion Questions:

    a. What does it mean to experience BDSM psychologically?

    b. When you first read/heard the situation, which partner did you automatically think was the Dom? Which did you think was the sub? Why?

    c. How did this activity help you think about the psychological component of BDSM?

    d. How might consent fit into the psychology of BDSM?

BDSM vs. SEXUAL ASSAULT

1. Ask participants to pair up with a different person than the person they spoke with in the first activity. Remind participants that BDSM must be consensual in order to be BDSM. Instruct participants to work together to quickly come up with one key component of **consent** when engaging in BDSM, and raise their hand when they are done. Invite each pair to share their key component, even if it is repeated. Write each key component on one side of the easel paper. For any repeated components, write a star by the response. Responses should include:
    - Negotiated ahead of time
    - Mutual agreement
    - Trust

- Safe words
- Never "under the influence"

2. Ask participants to turn back to their partner and quickly come up with one key component of **sexual assault**, again raising their hands when they are done. Invite each pair to share their key component, writing each response on the other side of the easel paper and noting any repeated responses. Responses should include:
   - Lack of consent
   - Pressure, coercion or force
   - Use of control or manipulation without permission

3. Invite participants to reflect on the two lists, asking for observations about the most common terms listed.

Discussion Questions:

a. Why do you think there is a misperception that BDSM is sexual assault?

b. How can someone distinguish between assault and BDSM?

c. How is coercion in BDSM different than coercion in sexual assault?

Note: What looks like coercion/coercive behavior may be part of a BDSM experience if that has been agreed upon ahead of time. If it is not part of the agreed upon "play," the coercion can be unhealthy and could lead to an assault. Admittedly, these are murky waters, and one reason this discussion and lesson are so important!

BDSM, CONSENT AND NEGOTIATION

1. Divide participants into groups by giving each participant a notecard with a BDSM behavior written on it, and instruct them to find their group members by matching the cards up. Give each group a blank piece of paper. Instruct participants to develop a list of at least three factors that "players" need to consider in negotiation and at least three ways to negotiate consensual BDSM activities and. Give the groups five to 10 minutes.

2. Ask each group to share one item on their list of factors that players need to consider. Invite groups to add ideas once each group has shared. Some examples may include:
   - Consent
   - Length of relationship
   - Level of trust in the partner
   - Protective measures, such as using barrier methods
   - Limits of "playing"

- Methods of communication
- Never "under the influence" of alcohol or drugs

3. Repeat step 2 with the list of ways to negotiate consensual BDSM activities with the larger group. Some examples may include:
    - Writing out a contract
    - Verbal conversation
    - Over text message or email
    - Talking openly and honestly about desires and needs
    - Developing a safe word and talking about how to best use the safe word

4. Ask the groups to reconvene and talk about how BSDM can be a component of a healthy relationship, especially in terms of honesty, equality, respect and responsibility.

5. Invite groups to share highlights of their discussion with the larger group.

Discussion Questions:

a. How easy was it to come up with ways to negotiate consensual BDSM? Factors to consider?

b. How are honesty, equality, respect and responsibility a part of BDSM?

c. What do these lists tell us about BDSM? About sexual activity in general?

d. How can this discussion help influence negotiation of **any** sexual behavior?

e. What might make it difficult to have honest, equal, respectful and responsible negotiations about BDSM and/or any other sexual behaviors?

CONCLUSION

1. Conclude the lesson by reminding participants that BDSM behaviors on any part of the spectrum are actually very common. In addition, remind them that by definition BDSM requires consent, negotiation and communication … and (as noted in the introduction), "if it is not consensual, it is not BDSM."

2. Pass out notecards to the participants and ask them to draw a line down the middle. Ask participants to complete the following sentence, with their first response on the left, and their

second response on the right. Tell them their responses will be collected and read aloud; they should not write their names on their cards.

Before this lesson I thought _____, and now I think _____.

3. Collect the notecards and read each card aloud.

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Handout

BDSM: What It Is, What It's Not

B = Bondage

D = Domination

s = submission

S = Sadism

M = Masochism

BD — Involves some sort of bondage/restraining/immobilization, domination, and/or punishment/discipline

Ds — Involves some sort of superiority/inferiority; one partner submits to the other and gives up control/decision-making (both sexual and non-sexual)

SM — Involves some sort of giving/receiving of pain/sensation (the sadist administers the pain/sensation and the masochist receives it)

BDSM involves "playing with":

- Power
- Trust
- The mind (psychology)
- Sensation/pain

ALWAYS with full consent and maximum safety – both physical and psychological.

BDSM and Safe Words

- *Safe words* are words that are set up between partners before play begins that when spoken, indicate that any activity stop immediately … no checking, no questions, no hesitation — immediately.
- Safe words may be used for any reason, for example if the experience is too intense or uncomfortable.
- Safe words help players communicate their comfort level with the sexual experience.
- Safe words are determined prior to any sexual activity.
- *Cautionary words* may also be set up to indicate that the play is becoming extremely intense and unless things tone down, implementing a safe word may be imminent.

What It Is

= It can be an expression of healthy sexuality.

= It requires that every behavior and interaction between partners be discussed and agreed upon *in advance.*

= It does not allow for "assumptions." about what is and is not acceptable.

= It can be something that anyone of any gender can "play with."

= **It requires the explicit consent of all parties.**

What It's Not

≠ Someone being a dominant is really a "perpetrator."

≠ Something done only by men to women.

≠ Destructive to women and girls.

≠ Emotionally degrading.

≠ Behaviors that are "deranged," "sick," "dangerous," and "unhealthy."

≠ Something "ordinary" people don't do.

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Directions: With the person sitting next to you, discuss the questions listed below. You will be asked to share highlights of your discussion, as you feel comfortable.

1. What are some common cultural assumptions about BDSM?

2. What are some sources of those assumptions?

3. How do cultural assumptions actually match up with what BDSM is and is not?

BDSM Mind Games

A. Woman sitting on a park bench by herself, smiling broadly.

B. Man in a suit leading a board meeting with five other business leaders.

C. Man performing oral sex on a woman while she is on top.

D. While at a restaurant, a person whispering into their partner's ear and the partner getting up without saying a word and going to the bathroom.

E. Two people sitting across from each other on a bed, one person with a seductive look and "come hither" finger.

F. One partner answering the phone during the middle of a coffee date with a friend. The person answering the phone saying nothing … only listening.

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PORN, PORN, EVERYWHERE! A Values Clarification Lesson for Young Adults

By Kirsten deFur, MPH[*]

Objectives

By the end of this lesson, participants will be able to:

1. Describe at least two opposing values about pornography that many people hold.
2. Identify at least three ways they will determine their personal values about pornography.
3. Articulate at least two factors that will help them make informed decisions about pornography.

Rationale

In this increasingly digital age, it is becoming easier and easier to access sexually explicit media such as pornography. Whether on a website, on a blog or on a smartphone, porn is just a click of a button away. Porn is, in essence, everywhere, which means that individuals will likely encounter it in some way, shape or form at some point in their lives. Few young people have had an opportunity to explore their values around something so ubiquitous. In addition, pornography is a hot-button issue, with a considerable amount of public and political discussion generating heated debates. Individuals need to be prepared to respond to pornography in healthy and productive ways, both when they encounter actual pornography and when they are confronted with the topic in society. One important part of preparing for that response is to examine personal values. This lesson will explore the many values that people hold regarding pornography, offer an opportunity for participants to evaluate their own values, and outline important factors to consider when making decisions about whether or not to consume pornography.

Materials

- Flip chart or board, makers, tape
- Blank paper and pens for the participants
- **Handout: I Think Porn Is …** This handout has a Part 1 and Part 2, which should be copied on separate sheets of paper.

[*] Kirsten M. deFur, MPH, is a sexuality educator and trainer in Brooklyn, NY.

Procedure

1. Introduce the activity by stating that sexually explicit media appears in a wide variety of places. Ask participants to briefly share a few places that an individual might see sexually explicit media. *(Responses may include websites, blogs, magazines, movies, books, etc.)*

2. Point out that pornography exists in places that people may have to intentionally go to, and in places that people will stumble upon unintentionally. State that the goal of this lesson is to help the participants clarify their own values about pornography so that when they encounter sexually explicit media throughout their lives, they are able to make informed decisions about it. Read the following definition of the word *value* aloud, and instruct participants to keep it in mind as they discuss values: Values are "a person's principles or standards of behavior; one's judgment of what is important in life."[1]

3. Instruct the participants to turn to a neighbor to work together as pairs, and make sure each pair has a piece of paper and a pen. Tell the pairs to write down at least two opposing values related to pornography, and for each value, one source of where those values might originate from. After five to seven minutes, ask each group to share one of their values, and one of their responses regarding where that value comes from. Write the values shared on the board/flipchart. Allow each group to share.

   Discussion Questions:

   a. Where do our values about pornography come from?

   b. What is the range of values that people have about pornography? Is this beyond just pro and con?

4. Distribute Part 1 of the **Handout: I Think Porn Is …** Instruct the participants to take 10 minutes to complete it independently, and let them know they will not be required to share their responses.

5. Once everyone is finished with Part 1, divide the group up into small groups of four or five participants. Distribute Part 2 of the handout to each small group and ask the participants to respond to the questions. Inform the groups that they will be asked to share highlights from their discussion. After 10 minutes, reconvene as a large group and review the questions on the Part 2 of the handout.

[1] Oxford University Press. (n.d.). Value. Retrieved July 23, 2014 from http://oxforddictionaries.com/us/definition/american_english/value

Discussion Questions:

a. What was your experience completing the handout like? What was challenging?

b. How do people determine their values about porn?

c. What is the importance of examining personal values about porn?

d. How much do people's values impact whether or not someone accesses porn?

e. How might you react to someone who articulated a value about porn that was very different from your own?

6. Ask the participants, "What factors are important when people make decisions about porn?" Write down responses on the board/newsprint. Responses may include personal values; style of porn (e.g., amateur, mainstream, feminist); if the performers have safe working conditions; if the sex that is portrayed is realistic; if a safer-sex method is used; if it will negatively impact one's relationship; if the subject has not consented to the image being shared publicly (e.g., "revenge porn"), etc.

Discussion Questions:

a. What makes it difficult for people to determine their values about porn?

b. What would make it easier for people to determine their values about porn?

7. Instruct the participants to get back into their small groups from the previous activity. Tell the groups to come up with a "Porn Checklist," which includes at least five things that an individual needs to decide before viewing pornography. Give the groups 5-10 minutes to complete their checklists. Ask each group to share one thing from their list.

Discussion Questions:

a. How much do you think the average U.S. college student thinks about porn?

b. How much do you think the average U.S. college student thinks about all these factors?

c. How can the factors we discussed influence someone's porn consumption?

d. How can you help your peers think more critically about porn?

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Handout

I Think Porn Is … (Part 1)

Directions: Complete this page independently, based on your own personal opinions. For each question, you must indicate whether you **Agree** or **Disagree** with the statement. You will not be required to share your responses.

	Agree	Disagree
1. Actors in pornographic films should be required to use barrier methods that protect against HIV and other sexually transmitted infections (STIs).		
2. If someone looks at pornography, it means they are not sexually aroused by their current partner.		
3. If someone watches pornography, it's best if they keep it private.		
4. Individuals who view too much porn will not have a healthy sexual relationship with another person.		
5. It's OK for an individual to want to perform in a pornographic scene.		
6. Once a couple decides to be monogamous, neither person should seek out sexually explicit material.		
7. People need to just accept that porn is a part of life, and not worry about who is watching whom do what.		
8. Pornography is degrading to women.		
9. The government should place more regulations on the porn industry.		
10. The sex shown in porn should always be clearly consensual and demonstrate the use of external or internal barrier methods such as condoms.		
11. There should be age restrictions placed on who can purchase sexually explicit material.		
12. Viewing pornography can be a healthy sexual experience when by yourself.		
13. Watching porn in secret will damage a relationship.		

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I Think Porn Is... (Part 2)

Directions: As a small group, discuss your responses to the questions listed below. You will be asked to share highlights from your discussion with everyone.

1. How easy/difficult was it to complete Part 1? Why?

2. How did you decide if you agree or disagree with the statements?

3. What are some ways that you can determine what your values are regarding porn?

4. How much influence do our values have over our decision making?

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TECHNOLOGY AND TEENAGE SEXUALITY
A Lesson for Parents

By Carolyn Cooperman, MA, MSW

Objectives

By the end of this lesson participants will be able to:

1. Understand the interplay between developing sexuality and technology use.
2. Make distinctions between harmful and beneficial technological practices.
3. Conduct online searches that can be of support to parents in the digital age.

Rationale

Teenagers basically launch themselves into the digital age. They are curious, creative, adventurous and sometimes daring as they experiment with the new technologies. The fascination with electronics occurs against the backdrop of accelerated sexual development. It therefore becomes logical and predictable that teens will bring their sex-related concerns into the technological arena. For their parents, adjusting to sexual development alone is sufficiently challenging. Now they must contend with the knowledge that what their children can search for online, who they contact, and what they transmit goes far beyond the boundaries that existed in the past.

Parents are a motivated group — there is a lot at stake. This lesson tries to strike a balance between addressing the legitimate safety concerns that parents have about the new technologies, while offering them an introduction into the types of technological resources that can actually benefit teenagers. Integrated throughout are opportunities for parents to consult with one another as they strive to define technological parameters in a rapidly changing world.

Materials

- Smartphone or tablet with Internet access
- Cards from the **Educator Resource: Linking Sexuality and Technology,** created prior to the session
- **Handout: Parental Values about Technology Use**
- **Handout: Online Resources for Teenagers**
- **Handout: On the Same Side: Family Agreement about Staying Safe Online**
- Optional: Signs labeled **Agree** and **Disagree,** posted on opposite walls

Procedure

1. Welcome the group. If you have not already been introduced by the program's sponsor, say a few words about your professional background, and provide an overview about the goals for the program, which are as follows:

    a. State that one would be hard pressed to find two more interesting and relevant issues for teens than SEX and TECHNOLOGY. **It is safe to say that many adolescents are preoccupied with both!** Explain that you are going to begin the program by providing examples about how sexual issues work their way into the technological arena.

    b. The next part of the program is designed to explore the balance between **protecting** teens from some of the dangers inherent in technology use, as opposed to **exposing** adolescents to online resources that promote safety, health and well-being. Emphasize that not everything about technology use is harmful or dangerous.

    c. Lastly, we are going to review a questionnaire that members in a family can complete at home. The questionnaire is designed to establish a set of safety standards that all agree are mutually beneficial.

2. Randomly distribute the cards from the **Educator Resource: Linking Sexuality and Technology** throughout the group. Ask the participants to take turns reading their examples out loud. This will set the tone for group participation early in the program. Use the questions listed below to process the activity:

    Discussion Questions:

    a. What are some of your reactions to the ways in which teens are linking sex with technology?

    b. If you read between the lines, what can these examples tell us about the physical, emotional and social challenges that teens are experiencing?

    c. Which of the examples did you find challenging as a parent? Why?

    d. Did any of the examples illustrate how technology might benefit the health and well-being of adolescents? In what ways?

3. Conclude this activity by pointing out that adolescent sexual development is a complex process that takes place over a number of years. Teens must adjust to their changing appearance, heightened sexual sensations, sexual attractions and social standing, and most importantly, must emerge from the process with a sense of normalcy. **The examples we read illustrate how teenagers are using technology as a means for understanding their own sexual development.**

4. In this next exercise, parents are introduced to some of the possible choices that they might confront when dealing with the challenges of the digital age.

   Distribute the **Handout: Parental Values about Technology Use,** and ask the participants to pair up with a person nearby to complete the task that is outlined.

   Alternative procedure:
   If you have the space and the group is small enough, draw an imaginary continuum down the center of the room. At one end, place a sign labeled **Agree,** and at the other end, **Disagree.** As you read each of the items on the **Handout: Parental Values about Technology Use**, ask the participants to stand at a point on the line that best represents their opinion about that issue. Participants should stand in the center when they are **Unsure** about how to respond. Read the items slowly, allowing time for the participants to share the reasons behind their chosen options.

   Regardless of which format is used, emphasize that there are no right or wrong answers to any of the items that will be explored. The purpose of the exercise is to open up new ways of thinking by exchanging ideas with one another.

5. When the exercise is completed, reconvene and process with a discussion:

   Discussion Questions:

   a. Which items evoked definite, clear-cut responses on your part? Why?

   b. Which items were challenging? Why?

   c. Did you learn anything new to think about from one another?

   d. Did you change your mind about anything as you participated in this exercise?

   e. Do you believe that technology is making our kids more casual about sex, or more promiscuous? Explain.

   Conclude by stating that contrary to popular belief, increased exposure to sex-related information in the digital age has not resulted in greater promiscuity or irresponsibility. The Centers for Disease Control and Prevention (CDC), has been reporting record lows in teenage pregnancy among women aged 15-19. Teens seem to be less sexually active, and more of those who are sexually active use birth control than in previous years.[1]

[1] Centers for Disease Control and Prevention. (2013). Teen pregnancy: The importance of prevention. Retrieved July 24, 2014 from http://www.cdc.gov/teenpregnancy

6. This portion of the lesson raises awareness about sexual health websites for adolescents. The idea of exposing teens to such resources will be new for many parents, and some may be uncomfortable with the idea of candid sexual health information at their children's fingertips. Tell participants they will have an opportunity to critically examine and decide which websites they feel comfortable recommending for their children.

7. Distribute the **Handout: Online Resources for Teenagers** and allow a few minutes for the participants to read it silently. Follow up with a discussion:

   Discussion Questions:

   a. As you were growing up, what resources did you turn to for sex-related information? Were books on sexual topics made available by your parents?

   b. Have any of you ever logged on to a sexual health website for teens? If so, what was your impression about the site and the information that was offered?

   c. What are some of your concerns about exposing teens to sex-related information? What are the potential benefits of providing teens with accurate information?

   d. When you look at the examples of the types of questions that can be found on sex-related websites, what do you think teens are looking for? How do you feel about their questions? Are your children asking similar questions?

   e. Do you think you might want to endorse and recommend specific online resources that you believe would benefit your child?

   f. If you decided to recommend a website that you believed was beneficial, what kind of message would you be sending to your child?

8. This portion of the lesson addresses online safety. Since safety issues are generally foremost on parents' minds, the participants will evaluate a tool that families can use at home when discussing online safety. Distribute one copy of the **Handout: On the Same Side: Family Agreement about Staying Safe Online** to each participant. Divide the participants into small groups, or ask them to pair up with a person sitting nearby. Their task is to critically evaluate the handout.

   Allow time for the participants to review the handout, and follow up with a discussion.

Discussion Questions:

a. What are some of your opinions about the handout?

b. Were you familiar with the safety recommendations that were listed on the handout? Were any of the recommendations new or different from the ones you already know?

c. Would you add any recommendations to the list?

d. Do you think that this would be an effective tool for your family to use? Why, or why not?

e. Do you have other ideas about how families might address online safety?

9. The conclusion of this lesson illustrates how technology can benefit **parents.** Ask volunteers to use their smartphones (or have an extra phone or tablet on hand) to search for information using the following terms:

    - **online safety tips for teenagers**
    - **parents talking to teens about pornography**
    - **parents talking to teens about sexting**
    - **teenagers and cyberbullying**

    Ask the volunteers to read some of the sites that their searches uncovered. If your location does not have Internet access, suggest that parents search at home, using these terms, or others of interest. Suggest that when searching for information, read selectively until appropriate material is located.

    End the lesson with a message of support for parents. Just as technology can benefit the sexual development of adolescents, parents now have access to information that simplifies and clarifies how to engage in constructive conversations about sexual issues. All the help and support a parent might need in meeting the sex-related challenges of adolescence is just a click away!

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Educator Resource

Linking Sexuality and Technology

All of the examples listed below demonstrate how teens link their sexual interests and concerns with technology use. Copy and distribute the statements throughout the group, and without interruption, ask the participants to read the examples out loud. This is a way to open up many issues for discussion, without presenting information in a lecture format.

1. I sleep with my cellphone on my pillow in case my boyfriend calls. My mother wants me to leave my phone in the kitchen at night. She has no idea how important this is to me.

I keep asking my girlfriend to send a nude picture. She keeps telling me "no."

2. I Googled "how to put on a condom" and was surprised at the number of sites I found.

4. I was playing a game online, and a porn pic came on the screen! I wasn't even searching for it.

3. I like a website where you can ask the questions that you have about sex, and they will tell you the answers. You can also find out what other people are asking.

5. I'm gay and get bullied a lot in school, and now I'm being bullied on Facebook. I only feel I can be myself when I go into a chat room for kids who are like me.

6. My parents had a fit when they saw a pic of kids making out at a party on my Facebook page. Would that seriously prevent anyone from getting a job twenty years from now?

7. My father told me that he didn't want me looking at porn. When I said that it was my business, he took away my cellphone because it didn't have blocks on it. Now I watch porn at my friend's house.

8. I took a pic of myself wearing a new outfit, and posted it on Instagram. Kids from school began letting me know whether they thought I looked good or not. I cried so hard, I didn't want to go to school the next day.

9. A boy in my class posted a pic of me on his Facebook wall, with a caption calling me a "slut." I've never even had sex yet.

10. I'm overweight, so now I go on a website that gives tips on how to improve your self-image.

11. I wonder whether you can get herpes from kissing someone who has a cold sore. I better look that up.

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Handout

Parental Values about Technology Use

Directions: For each item, check the box that best describes your opinion.

	Agree	Disagree	Unsure
1. No electronic devices should be allowed at the dinner table.			
2. Blocking sexual content on computers is an important protective measure.			
3. Socially isolated teens can benefit from interacting with others online.			
4. Watching pornography in moderation is not necessarily harmful.			
5. I would rather my child search for information about birth control or sexually transmitted infections than risk unwanted pregnancy or disease.			
6. Electronic devices should be placed in the common areas of the home, where parents can monitor their use.			
7. Instagram, an app for exchanging photos with friends, is a good form of social networking.			
8. I have been successful at restricting violent video games.			
9. Parents should definitely become a “friend” on their child’s social networking account.			
10. Parents are as addicted to technology as are their kids.			
11. The sites that answer children’s questions about sex lead to early sexual experimentation.			
12. My child might be more inclined to ask sex-related questions online than to ask me directly.			

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Handout

Online Resources for Teenagers

The journal *Clinical Pediatrics* published a study evaluating different sexual health information websites for adolescents.[1] Eight of the highest scoring websites are listed below.

www.plannedparenthood.org
www.scarleteen.com
www.avert.org
www.pamf.org/teen
www.sexetc.org
www.youngwomenshealth.org
www.nhs.uk/livewell/sexandyoungpeople
www.kidshealth.org

The information found on these websites is provided or monitored by professionals with backgrounds in medicine and human sexuality. On these sites, adolescents can search for specific information and review answers to questions that are raised by others; on the sites that contain blogs, they can express their own opinions. The types of issues addressed include body image, sexual orientation, sexual decision making, birth control, sexually transmitted infections, relationships, abuse, consent, etc. Questions are answered honestly and openly.

A few examples of the types of questions raised on these sites are listed below:

How do I let go of feeling sexually unattractive?
Sex hurts my girlfriend. How do I fix it?
Is it normal for an ejaculate to look thick?
Does porn influence your sexuality?
How can you tell if you are gay or lesbian?

Begin by visiting some of the recommended websites. Many parents find this to be an invaluable experience. The sites address a wide range of teenage sexual concerns, which are especially eye-opening for parents who grew up in a time when access to sexual information was limited. Observing the ways in which the professionals respond to commonly asked questions is often instructional for parents who are developing their own communication skills. After completing a review, you will be better equipped to decide whether you want to introduce your child to any of the recommended websites.

[1] Whiteley, L. B., Mello, J., Hunt, O., & Brown, L. K. (2012). A review of sexual health web sites for adolescents. *Clinical Pediatrics*, *51(3):* 209-213.

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Handout

On the Same Side:
Family Agreement about Staying Safe Online

Directions: Staying safe online is in every member of your family's best interest. As you work together to review each of the safety recommendations listed below, do the following:

- Discuss whether you agree with the recommendation.
- Give examples that show how you might benefit from following the recommendation.
- Feel free to revise, cross out or add recommendations. **Come up with a list that works for your family!**

- ✓ Nothing is private in cyberspace. If you don't want people all over the world to see what you are about to transmit, think twice before sending it.
- ✓ Once you transmit something over the Internet, understand that you can never take it back, even if you delete it. This is because others can copy and re-post, or save to their own devices, etc.
- ✓ Never transmit anything that might harm, embarrass or spread false rumors about others.
- ✓ Install safety controls on all of the social media accounts used by members in your family. For example, if you want a Facebook profile to be sent only to your "friends," not to their "friends" too, adjust safety controls to limit the spread of personal information. Check your accounts for instructions about how to install safety controls.
- ✓ Never give out your name, address or phone number to unknown people online.
- ✓ Never agree to answer sexual questions, send nude photos or meet offline with unknown people who contact you on social media.
- ✓ Do not send pictures that can prove to be embarrassing, now or in the future. Sexually suggestive poses or pictures that are made in fun can present the wrong impression if ever viewed by classmates, teachers, college admissions officers or future employers.
- ✓ Never lend or walk away from your phone or computer without standing nearby to observe how your electronic device is being used. Never give out your password; enter it yourself. When an electronic device is left unattended, remember to log out.

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SEXUALLY TRANSMITTED INFECTIONS — A SUMMARY

What are STIs?

Sexually transmitted infections, or STIs, are also sometimes called sexually transmitted diseases (STDs).

STIs are infections that are spread through sexual contact with certain body parts (the penis, vagina/vulva, anus, mouth and throat).

STIs caused by bacteria or parasites ***CAN be cured*** with medicine, such as antibiotics. These infections include:

- Chlamydia
- Gonorrhea
- Syphilis
- Pubic lice (crabs)
- Trichomoniasis ("trick")

STIs caused by viruses ***CANNOT be cured*** with medicine yet, but they can be treated to reduce the symptoms and make the infected person more comfortable. These infections include:

- Hepatitis B (can be immunized against)
- Herpes
- HIV/AIDS
- HPV (can be immunized against)

How Can I Tell If I Have an STI?

Sometimes you can tell if you have an STI and sometimes you cannot.

- In many people, especially women, the STI **does not cause any symptoms.**
- The symptoms may be inside the vagina or the anus, where they cannot be seen.

Symptoms that Women MIGHT Have

- Sores in or around vagina/vulva, anus or mouth
- Irregular growths, bumps or blisters in genital area
- Discharge from vagina that *smells* different than usual
- Discharge from vagina that *looks* different than usual
- Itching of vagina, vulva or anus
- Pain when urinating or having a bowel movement
- Pain during or after intercourse
- Unusual vaginal bleeding or spotting after intercourse
- Pain in lower abdomen (belly)
- Pain or swelling in groin
- Rash

Symptoms that Men MIGHT Have

- Sores on or around penis, anus or mouth
- Irregular growths, bumps or blisters in genital area
- Discharge from penis
- Itching around penis or anus
- Pain when urinating or having a bowel movement
- Pain or swelling in groin
- Rash

What Should I Do if I Think I Might Have an STI?

Call Planned Parenthood, or your doctor, local STI clinic or health department.

You need to see a health care provider if you have:

- Any symptoms of an STI.
- Vaginal, anal or oral intercourse with someone who might have an STI.

- Any sexual contact of your penis, vagina/vulva, anus or mouth with someone who might have an STI.

What Can Happen if I Don't Get Tested and Treated for an STI?

- You can give an STI to your sexual partner(s).

- If they aren't treated, STIs can lead to serious health problems, including:
  - Other infections that can damage your reproductive organs.
  - Liver damage, heart disease, skin disease, arthritis, blindness, brain damage, cancer.
  - Infertility (not being able to have children).
  - Death.

- A mother who has an STI can give it to her fetus during pregnancy, or to her baby during birth or breastfeeding.

- Having any STI makes it easier to get HIV. (HIV can pass more easily through the sores or breaks in the skin caused by most STIs.)

How Can I Protect Myself and My Partner(s) Against STIs?

The surest way to prevent STIs is not to have sexual intercourse or any direct contact with body fluids that might be infected (blood, semen and vaginal fluid) and infected skin.

If you choose to have intercourse and want to reduce your risk of getting an STI:

- Have just one partner who does not have any STIs, has sexual contact only with you, and does not use injection drugs.

- Use protection every time you have intercourse or any sexual contact with a person's penis, vagina/vulva, anus or mouth. The options are:
  - A male latex condom with a ***water***-based lubricant.
  - A male polyurethane (plastic) or polyisoprene (synthetic latex) condom for people who are allergic to latex.
  - A female condom.
  - A latex glove to protect during hand-genital contact.
  - A latex square or dental dam to protect during oral sex.

- Avoid using spermicides – they do not protect against STIs but can irritate the skin, and make it easier to pass along an STI. Douching can also irritate the vagina.

What if My Partner Says She or He Doesn't Have an STI?

- Not everyone tells the truth about having an STI.

- Not everyone who is infected knows it.

A person can have STIs for months or years without knowing it.

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CONTRACEPTIVE OPTIONS

Non-Permanent Methods

	How It Works	Advantages	Disadvantages	Effectiveness*
Abstinence not engaging in oral, vaginal and anal intercourse	Eliminates the chance for pregnancy to occur naturally.	No physical side effects. Nothing to purchase. Can be used anytime. Excellent protection from STIs. Private.	Requires commitment and self-control by both partners. Social pressures. Many people fail to use protection when abstinence ends.	Perfect use: 100% Typical use: unknown, depends on user
Condom — Male latex, polyurethane or polyisoprene sheath worn over the penis during intercourse	Provides a physical barrier so sperm cannot meet up with an egg.	Excellent protection from STIs. Inexpensive, available over the counter. May help delay ejaculation. Male involvement.	May leak or break if used incorrectly. May interfere with spontaneity.	Perfect use: 98% Typical use: 82%
Condom — Female polyurethane or nitrile condom placed inside the vaginal canal	Provides a physical barrier so sperm cannot meet up with an egg.	Good protection from STIs. Available over the counter. Alternative for people with latex allergies. Can be inserted up to eight hours before intercourse.	Requires high level of comfort with one's body. May be difficult to insert. May become dislodged during intercourse. May interfere with spontaneity.	Perfect use: 95% Typical use: 79%
Diaphragm/ Cervical Cap rubber or silicone cup placed inside the vagina to cover the cervix and the opening to the uterus	Provides a physical barrier so sperm cannot meet up with an egg; used with spermicide.	Can be inserted in advance of intercourse. Can remain in place for multiple acts of intercourse (diaphragm: 24 hours, cap: 48 hours). No hormones.	Requires high level of comfort with one's body. May be difficult to insert. Requires fitting by clinician. Limited STI protection possibly made worse from addition of spermicide. Effectiveness of cap is lower for women who have already given birth.	Perfect use: 94% for diaphragm and 91% for cap Typical use: 88% for diaphragm and 84% for cap
Fertility Awareness Method techniques used to determine the most fertile days of a woman's cycle in which intercourse will not occur or another method is used	Reduces the chance for pregnancy to occur naturally.	Nothing to purchase. Allowed by some religions that prohibit the use of other methods.	Requires commitment. No intercourse for much of menstrual cycle. Very difficult to be effective if periods are normally irregular. No protection against STIs.	Perfect use: varies by method Typical use: 75%
Implant progesterone-only hormonal implant (matchstick-sized) placed under skin on the inside of the upper arm	Keeps eggs from being released, thickens cervical mucus to keep sperm from entering the uterus, and decreases the lining of the uterus.	Continuous protection against pregnancy for three years. Nothing to apply/insert at time of intercourse. Private.	Minor surgical procedure. Irregular menstrual bleeding. Possible weight gain/loss. May be seen under the skin. No protection against STIs.	Perfect use: 99+% Typical use: 99+%

Injection (Depo-Provera®) progesterone-only hormonal injection given every 12 weeks	Keeps eggs from being released, thickens cervical mucus keeping sperm out of uterus, and decreases the lining of the uterus.	Continuous protection against pregnancy for three months. Nothing to apply/insert at time of intercourse. Menstruation stops for over half of women (may or may not be an advantage). Private.	Requires injection by doctor. Must remember to get the shot regularly. Possible side effects: irregular periods, weight gain, headaches, temporary bone thinning. Return to fertility may take several months after stopping method. No protection against STIs.	Perfect use: 99+% Typical use: 95%
Intrauterine Contraceptive (IUC) (Mirena®) small plastic T-shaped device with low levels of hormones inserted into the uterus	Thickens cervical mucus keeping sperm out of the uterus, reduces sperm survival, and decreases the lining of the uterus.	Continuous protection against pregnancy for five years. Nothing to apply/insert at time of intercourse. Low level of hormones may reduce menstrual cramps and bleeding. Private.	Must be inserted and removed by clinician. Rare, but serious health risks (uterine expulsion or perforation, pelvic inflammatory disease). No protection against STIs.	Perfect use: 99+% Typical use: 99+%
Intrauterine Contraceptive (IUC) (ParaGard®) small plastic and copper T-shaped device inserted into the uterus	Copper and Inflammation affect sperm movement and are toxic to sperm, thereby preventing fertilization	Continuous protection against pregnancy for 10 years. Nothing to apply/insert at time of intercourse. No hormones, so is an alternative for women who cannot use hormonal methods. Private.	Must be inserted and removed by clinician. Heavier periods. Rare, but serious health risks (uterine expulsion or perforation, pelvic inflammatory disease). No protection against STIs.	99% or more Weight does not change effectiveness.
No Method having penile/vaginal intercourse without using any pregnancy prevention method	N/A	Nothing to purchase.	No protection against pregnancy. No protection against STIs.	15%
Patch (Ortho Evra®) hormonal patch applied to the body weekly; hormones are absorbed through the skin	Prevents eggs from being released and thickens cervical mucus to keep sperm out of the uterus.	Continuous pregnancy protection for one month. Nothing to apply/insert at time of intercourse. Ability to become pregnant returns quickly after stopping method.	Must be prescribed by a doctor. Must remember to replace patch weekly, then no patch for the fourth week. Visible – worn on the skin, only one color offered. No protection against STIs. Not recommended for women over 198 lbs.	Perfect use: 99+% Typical use: 92%

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	How It Works	Advantages	Disadvantages	Effectiveness*
The Pill oral pill containing hormones taken daily	Prevents eggs from being released and thickens cervical mucus to keep sperm from entering the uterus.	Continuous pregnancy protection for one month (some pills act longer). Nothing to apply/insert at time of intercourse. More regular, shorter periods. Ability to become pregnant returns quickly after stopping method.	Must be prescribed by a doctor. Must remember to take daily. Possible side effects: nausea, breast tenderness, weight gain/loss. Rare, but serious health risks include blood clots, heart attack, and stroke (risks are higher for smokers over 35). No protection against STIs.	Perfect use: 99+% Typical use: 91%
Ring (NuvaRing®) plastic ring infused with hormones inserted into the vagina; hormones are absorbed through vaginal tissue	Prevents eggs from being released and thickens cervical mucus to keep sperm out of the uterus.	Continuous pregnancy protection for one month. Nothing to apply/insert at time of intercourse. Ability to become pregnant returns quickly after stopping method.	Must be prescribed by a doctor. Must remember to remove ring for one week after being in place for three weeks. Requires high level of comfort with one's body. No protection against STIs.	Perfect use: 99+% Typical use: 91%
Spermicides chemical gel, foam, cream, tablet, suppository or film placed inside the vagina no more than one hour before intercourse	Prevents sperm and egg from meeting by killing sperm upon contact.	Available over the counter in a variety of forms. Can add lubrication.	Must be inserted close to each act of intercourse, but no longer than one hour prior. May cause allergic reaction. Possibility of irritation that could facilitate STI transmission.	Perfect use: 82% Typical use: 72%
Withdrawal withdrawal of the penis before ejaculation during vaginal intercourse	Prevents sperm and egg from meeting.	Nothing to purchase. No hormones. Available in any situation. Male involvement.	Dependent on male partner. Requires great control. May affect pleasure. No protection against STIs.	Perfect use: 96% Typical use: 72%

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Emergency Contraception

	How It Works	Advantages	Disadvantages	Effectiveness
Copper Intrauterine Contraceptive (IUC) (ParaGard®) small plastic and copper T-shaped device inserted into the uterus	Copper and Inflammation affect sperm movement and are toxic to sperm, thereby preventing fertilization	Most effective emergency contraception method. Can be inserted up to five days after unprotected intercourse. Can continue to use as long-term, ongoing contraception for up to 12 years.	Requires insertion by a health care professional skilled in ParaGard® IUC insertion.	99% or more Weight does not change effectiveness.
Emergency Contraception Pills — Ulipristal Acetate (UPA) (ella®) one pill taken up to five days after unprotected intercourse	May keep the ovary from releasing an egg; delays release of the egg; thickens cervical mucus to keep sperm from entering the uterus. Emergency contraception will not end a pregnancy.	UPA is more effective than Progestin EC up to five days after unprotected intercourse.	May cause nausea, vomiting, breast tenderness and irregular bleeding. Not for regular use. No protection against STIs. UPA may not work in very overweight women.	Depends on timing and medication. UPA is consistently effective each of five days after unprotected intercourse. It reduces the risk of pregnancy up to 85%.
Emergency Contraception Pills — Progestin EC one or two pills optimally taken up to three days after unprotected intercourse	May keep the ovary from releasing an egg; delays release of the egg; thickens cervical mucus to keep sperm from entering the uterus. Emergency contraception will not end a pregnancy.	Available over the counter, depending upon age.	May cause nausea, vomiting, breast tenderness and irregular bleeding. Not for regular use. No protection against STIs. It is less effective in overweight women and won't work in very overweight women.	Depends on timing and medication. Progestin EC is more effective the sooner it is taken after unprotected intercourse. At its best, it reduces risk of pregnancy 75%-88% within three days of unprotected intercourse. It is much less effective more than three days after unprotected intercourse.

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Permanent Methods

	How It Works	Advantages	Disadvantages	Effectiveness*
Sterilization without Incision (Essure®) nonsurgical procedure implants into each fallopian tube a small insert which develops into a tissue blockage	The body's natural tissue grows around and through the inserts blocking sperm and egg from meeting.	Permanent protection against pregnancy. Nonsurgical and can be done in doctor's office. No hormones. Nothing to apply/insert at time of intercourse. Private.	Requires in-office procedure. Irreversible. No protection against STIs. Usually available only to older adults or those who have already had children. Can be costly due to post-insertion imaging to make sure the tubes are blocked. Takes three months to take effect.	Perfect use: 99+% Typical use: 99+%
Tubal Ligation surgically cutting or blocking the fallopian tubes	Prevents the sperm and egg from meeting.	Permanent protection against pregnancy. Nothing to apply/insert/take. Private.	Requires surgery. Reversal has relatively low success rate. No protection against STIs. Usually available only to older adults.	Perfect use: 99+% Typical use: 99+%
Vasectomy surgically cutting or blocking the vas deferens	Prevents sperm from entering the ejaculatory fluids.	Permanent protection against pregnancy. Nothing to apply/insert/take. Male involvement. Private.	Requires in-office procedure. Reversal has relatively low success rate. No protection against STIs. Usually available only to older adults.	Perfect use: 99+% Typical use: 99+%

***Perfect use rate** refers to the effectiveness of a method for someone who is using it consistently and correctly. **Typical use rate** refers to the effectiveness of a method for someone who does not necessarily use it correctly and consistently (e.g., missing pills, using oil-based lubricant with a condom, going in late for injection, etc.). If a method is 99% effective, 99 women in 100 having sexual intercourse regularly for one year are expected **not** to become pregnant. If a method is 15% effective, 15 women in 100 having sexual intercourse regularly for one year are expected **not** to become pregnant.

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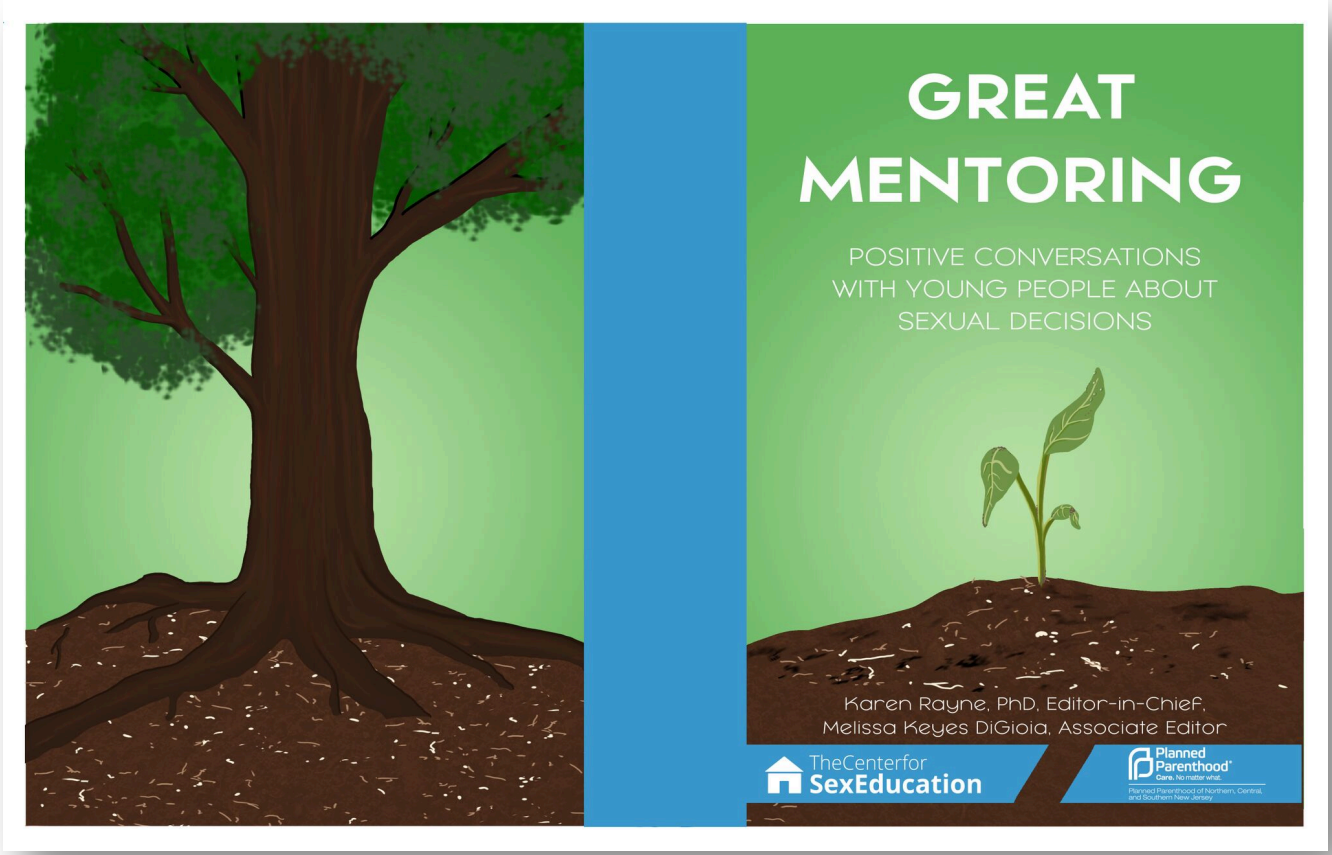

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Handout

Assessing Your Comfort Level

Below are some typical questions and concerns young people have about sexuality. Read each one and imagine that a teenager has just said this to you. Rate on a scale of one to five how comfortable you would feel responding. You might feel more comfortable it were an older teenager asking versus a younger teen. You might answer for both situations or you might choose the age teenager that you interact with the most frequently. Be as honest as possible, as this is solely for your own use. Circle the answer that best reflects your feelings about being an advocate in each situation:

1=Very Uncomfortable; 2=Uncomfortable; 3=Comfortable; 4= Very Comfortable

1. "I'm pregnant and I don't know what to do."	1	2	3	4
2. "Why can't I get anyone to go out with me?"	1	2	3	4
3. "I kissed another girl when I was 13. Does that mean I'm gay?"	1	2	3	4
4. "This guy forced me to have sex with him last year, and I never told anyone."	1	2	3	4
5. "You are really attractive. Would you ever go out with me?"	1	2	3	4
6. "I need to get an abortion, but I think it might be too late."	1	2	3	4
7. "I have this rash and it burns down there. I'm scared I might have an STI."	1	2	3	4
8. "I'm dating someone who is a lot older than me and my parents are freaking out."	1	2	3	4
9. "I don't believe in sex until marriage, but my friends all think I'm a baby."	1	2	3	4
10. "I'm afraid to use birth control because I heard it's really bad for you."	1	2	3	4
11. "My step-father touches me at night when he thinks I'm sleeping."	1	2	3	4
12. "I sometimes look at porn online and I kinda like it. Is that wrong?"	1	2	3	4
13. "Can a person get AIDS from oral sex?"	1	2	3	4

14. “How can I get my boyfriend to stop hitting me?”	1	2	3	4
15. “I had sex and I felt really dirty and used. I wish I hadn’t done it.”	1	2	3	4
16. “I hate using condoms because it just doesn’t feel as good.”	1	2	3	4
17. “I’m going to have sex for the first time tonight and I want it to be perfect.”	1	2	3	4
18. “I am totally in love with a person who doesn’t even know I exist. I wish I were dead!”	1	2	3	4
19. “I never seem to have an orgasm when I have sex. I am not even sure that I know what one feels like.”	1	2	3	4
20. “I’m so excited that I’m pregnant! I can’t wait to have a baby!”	1	2	3	4
21. “I had sex with a girl and now she says I raped her.”	1	2	3	4
22. “My condom broke last night – what should I do?”	1	2	3	4
23. “I cheated on my partner and now I don’t know if I should admit it or not.”	1	2	3	4
24. “My girlfriend is pregnant and I have no say about what she will do about it.”	1	2	3	4
25. “I think I might be transgender but I don’t know how to talk with my mom about it.”	1	2	3	4

Add up the numbers you circled to get your score: (1=1 point, 2=2 points, 3=3 points, 4=4 points)

Total _____

If you work with teens, all these situations will present themselves eventually! A higher total number may suggest that you are really comfortable with all of these topics – but it may mean that you aren’t sure of where you can still grow and learn. If some of your scores were lower, that means you have figured out possible areas to concentrate more on to improve your role as mentor. Make a note of the topics on which you would like to increase your comfort level. See the next page for some suggestions.

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Handout

Increasing Your Comfort Level

All mentors and advocates find that there are sexual questions or situations that make them feel uncomfortable.

Some of the reasons mentors give for feeling uncomfortable while discussing certain sexual topics with teens include:

- Feeling a strong emotion in response, including embarrassment, anger, fear, arousal, and laughter.
- Simply not knowing how to respond.
- Worrying that their knowledge is inadequate or not up-to-date.
- Experiencing a sense of conflict with their own personal values and belief systems.
- Being concerned that their personal opinions will be apparent to the teen.
- Worrying that the teen may misinterpret what is said.
- Being nervous that the teen's parents may get upset.
- Being afraid that one's job may be jeopardized.
- Feeling frustrated that the teen won't listen.

Some suggestions for increasing one's comfort level include:

- Read up on the subject (begin with the resource list at the end of this guidebook).
- Attend a workshop that gives specific information and teaches strategies for addressing the topic (attend the National Sex Ed Conference, or contact your local Planned Parenthood for local programs).
- Discuss with other colleagues/friends whom you trust and respect.
- Examine your own feelings, values, and beliefs and consider how they affect you.
- Familiarize yourself to your organization's reporting policies and procedures.
- Formulate a list of supportive resources and possible referrals.
- Learn more about adolescents and the issues they struggle with.
- Practice by having conversations with a teen and doing the best you can.

Whatever you do, try not to leave the young person hanging or brush them off. A teen may not seek help elsewhere if they feel rejected by you. Even if you do not feel comfortable, you can still provide a positive and meaningful interaction by:

- Admitting to the teen that you feel unsure, but are happy to do your best.
- Supporting the teen when they are fearful that you won't believe them and/or won't be accepting of them.
- Referring the teen to someone you know will feel comfortable.

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Profiles of Select High-Risk Youth

These profiles are intended to give you a sketch of the sexual health concerns of certain populations of high-risk teens that you will have in your groups. They also suggest critical educational messages about sexuality that are important for these teens to hear. Sometimes you will know that particular teens in your groups fall into one or several of these populations. Many times you will not.

These four populations were selected because many of their primary concerns are directly related to sexuality, and they—probably even more than other teens—are in desperate need of accurate information about sexuality.

Clearly, many other populations of high-risk teens exist and could have been included. One could think of these populations in terms of racial, ethnic, or economic background, or one could categorize them according to their particular issue or problem, such as juvenile delinquency or mental health concerns. All of these populations are important and have unique needs but, because of limited space, we chose to profile populations whose concerns more directly pertained to sexuality.

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Profile #1: Sexual Health Issues for Teens Who Have Been Sexually Abused

> *I tend to choose a partner who I can continue the abuse pattern with… feeling like I have to be willing to be sexual at all times for the relationship to be "right"… I'm being sexual in order to get nurturing and attention, which is what I really need.*
>
> ***Female survivor***[1]

> *I was raped when I was 11. When I was 13 years old I attempted suicide and I was hospitalized. People asked me why I tried to take my life, but I still firmly believe that nobody really wanted to know. They really accepted that I had a bad day. I think back to that experience and wonder how bad a day somebody would have to have had to take an overdose, be unconscious, and be hospitalized…*
>
> ***Male survivor***[2]

While rates of sexual violence have been gradually decreasing over the last decade,[3] child sexual abuse remains surprisingly common. Some estimates indicate that 1 in 3 girls and 1 in 6 boys have been sexually abused by the time they are 18 years old.[4] In settings serving high-risk youth, the frequency of abuse is significantly higher. Some agencies estimate that between 70 and 100 percent of the girls in their program were sexually victimized at some point in their life. A 2012 study found that 9.5% of male and female juvenile detainees were sexually victimized within the previous 12 months.[5]

Sometimes you will encounter teens who have disclosed their abuse and it is noted in their official record. Often, however, you will work with teens who have never disclosed or only partially disclosed their experiences of abuse.

Population Profile

- In 93% of sexual abuse cases, children are abused by someone they know.[6] The abusive person can include brothers, sisters, cousins, fathers, mothers, uncles, aunts, grandparents, neighbors, babysitters, clergy, and teachers. Seventy-three percent of rapes against females 12 and older were perpetrated by someone known to the victim.[7]

- Sexual abuse can involve a wide range of sexual activities, and may include both contact and non-contact experiences. Contact experiences may include anything from unwelcome touch or fondling to penetration. Sexual abuse that does not involve physical contact includes experiences like someone exposing their genitals to a child, showing pornography, or taking pictures of children nude or engaged in sexual acts.

- Abusive interaction sometimes happens only once, but more frequently takes place repeatedly over time. Child sexual abuse may begin with touch, such as tickling or wrestling, and escalate toward sexual touch. It is often very difficult for a child to determine when the abusive person crosses the line to harmful sexual touch.

- People who sexually abuse may use threats, bribes, trickery, and/or force to get a child to go along with the abuse, to feel responsible for the behavior, and to keep it a secret. They can also use their superior power, knowledge, and status to take advantage of the child.

- Although there is no justifiable reason for sexually abusing a child, those who abuse a child may do so for a variety of complex reasons.[8]

- Children are often abused by other children and teens. For example, 25% of all sexual crimes against minors are committed by adolescents.[9]

- Teens who were or are currently being sexually abused often have extremely low self-worth and feel deep shame. To hide their shame and keep people at a distance, they may display extreme anti-social behaviors (acting out). In contrast, they may strive to act perfectly, hiding their shame by being inconspicuous or invisible.

- Our society's sex-role expectation of boys as strong, self-sufficient, heterosexual, and sexually aggressive works to keep sexual abuse of males hidden. These norms often blind adults to seeing males as potential victims and discourages boys from coming forward and seeking help. The abuse of boys by girls or women is sometimes not even understood as abuse because people tend to see it as sexual and assumed to be wanted, rather than abusive.[10]

- Sexual abuse is an underreported crime. While true for all genders, this is especially true for boys because they fear no one will believe them, think they can deal with it on their own, and believe, especially if abused by a male, that others will think they are gay. [11]

- Being abused in childhood is a risk factor for sexually abusing others. Although a significant percentage of people who sexually abuse report they have been sexually abused, *the vast majority of people who are sexually abused do not go on to sexually offend*.[12] Men especially believe the myth that they are destined to be abusive.

Teens Who Have Been Sexually Abused and Sexuality

Many teens who have been sexually abused display tremendous strength and resources in surviving sexual violence. At the same time, research indicates teens may:

- Behave sexually in ways that are characterized by extremes. Some become socially and sexually withdrawn from peers while others may engage in indiscriminate and self-destructive sexual activity.

- Seek out multiple sexual partners for a number of reasons: seeking power over a partner as proof that they can control their own sexuality; feeling unworthy; and/or thinking sex is the only way they can obtain desperately needed attention, touch, and intimacy.

- Pretend they are authorities on sex, while having a great deal of misinformation.

- Have strong negative feelings about their bodies, especially sexual parts, and express negative reactions about masturbation.

- Feel confused by physiological pleasure they experienced during the abuse.

- Lack knowledge about the common sequence of dating and sexual behavior. Do I kiss on the first date? At what point should sexual contact start?

- Not know the difference between touch that is friendly and caring and touch that is intended as sexual initiation.

- Use drugs and alcohol to escape anxieties about dating and sexual interaction, which makes them vulnerable to further sexual assault.

- Submit to their partner's needs while ignoring their own.

- Have confusion about their sexual identify. For example, a girl abused by a man may not feel safe with males and therefore wonder if she is a lesbian. A boy who is abused by a man may feel the man "turned him into a homosexual" or was attracted to him because he somehow communicated that he was gay.

- Feeling betrayed by their bodies, especially their genitals, if their bodies become sexually aroused during the abuse. This may be particularly true with boys who get erections or ejaculate during the abuse.

- Experience a range of sexual dysfunction, including lack of sexual desire or difficulties with arousal and orgasm. This can be a source of shame and/or confusion.

Critical Educational Messages

- Sexual violence occurs more often than people may realize. People usually do not talk about it and often deny its prevalence.

- Sexual abuse happens to boys, too.

- Children who are sexually abused are not to blame. Many teens who have been sexually abused feel guilty and ashamed. They think they somehow deserved, asked for, or caused the abuse. Abusers are at fault because they abuse power and knowledge to take advantage of children.

- Telling someone about the abuse, although difficult, is often the beginning of the healing process. Many teens who have been sexually abused carry pain from abuse for many years without telling anyone. It can affect many parts of their lives including their mental health, physical heath, school performance, and relationships.

- If the first person they tell does not believe them or doesn't seem able to help, they should not give up and find someone else.

- Sex should not be abusive. Sexuality can be safe, positive, pleasurable, and a way of giving and receiving love.

- Talking and learning about sexuality in an open and honest way can help healing.

- Being sexually abused does not make someone straight, gay, lesbian, or transgender. Suffering sexual abuse can make figuring out your sexual orientation and identity confusing. Sexuality is often fluid, especially as a teenager, and it can sometimes take years to figure out your sexual orientation and identity.

- Many boys and girls can have same-sex thoughts, fantasies, and sometimes experiences, and that does not necessarily mean they are gay.

- Many teens who have been sexually abused, perhaps girls especially, struggle with negative feelings about their bodies.

- Teens can come to view their bodies, including the sexual and reproductive parts, as positive. Not only can their body give them pleasure, but it also has the capacity to create and nurture life. Teens can learn about, look at, and explore the sexual and reproductive parts of their bodies.

- Masturbation is normal and natural. Most boys and girls masturbate and many do it regularly. It's OK if a person decides to do it. It's OK if a person decides not to. Sometimes masturbation can be excessive and used to cope with hard and uncomfortable feelings.

- Girls have the right to make decisions regarding their own sexuality and have their decisions respected. What girls want and need is just as important as what boys want and need.

- Boys do not have to say "yes" to sex, even if it is with an older girl or woman. Males can be forced or pressured into sex by females.

- It's OK to be confused about dating or whether to have a sexual relationship. It's OK to ask a trusted adult if you have questions.

- Often, teens who are sexually abused can control how their body responds to touch. The penis will get hard when touched, and the vulva can get wet when touched. This does not mean they wanted it or asked for it. They can learn to enjoy their body during loving sex.

- Most boys who are sexually abused do not become sexually abusive. If a person feels an urge to sexually abuse and/or is sexually attracted to younger children, it is important to talk to a trusted adult about it.

Profile #2: Sexual Health Issues for Sexually Abusive Youth

Some young people in your groups may have been identified as having a history of sexually abusive behavior. Of these young people, some may be adjudicated (found guilty by the court system) for their sexual offenses. Others may not. Hopefully, they are receiving or will receive treatment for their sexually abusive behavior.

With other teens in your groups, you will not know about their history. This information may not be shared with you. The young person may have a yet undisclosed history of sexual behavior problems, or have attitudes that place them at risk for a sexual offense. Either way, it is important for you to understand the profile of sexually abusive youth and design educational messages to address their particular needs.

Both boys and girls sexually abuse. Yet, the number of boys who engage in sexually abusive behavior outnumbers girls. More is known about sexually abusive boys, but research is emerging about girls who sexually abuse.[13]

Population Profile

- Current data suggest that juveniles under 18 account for around 20% of all sexually abusive behavior and 30-60% of child molestation committed in the United States each year.[14,15,16,17]

- In the 1980s, when the problem of juvenile sexual offending first came to light, the offenses were often not taken seriously. By the 1990s and into the first decade of the 21st century, the pendulum had swung to the other extreme, where sexually abusive youth were viewed as younger versions of adult sex offenders—compulsive, incurable, prone to high recidivism, and motivated by the need for power and control.[18] During this era, sex offender registries were expanded to include juvenile sexual offenders.

- Currently, thinking is changing about these youth. Research and practice increasingly points to the effects of early trauma and adverse childhood experiences on the development of and complicated motivations for sexually abusive behavior. Research points to relatively low sexual recidivism rates for juveniles,[19] and sexually harmful behavior has been connected to social difficulties, rather than sexual deviance.[20] Evidence is emerging about the harmful effects of labeling sexually troubled youth as pervasive sexual offenders, including the harmful effects of placing juvenile offenders on sex offense registries.

- We have learned also that youth who engage in sexually abusive behavior are extremely diverse, engaging in the behavior for a wide range of reasons. Mark Chaffin[21] states:

  > "Youth labeled as juvenile sex offenders include traumatized young girls reacting to their own sexual victimization; persistently delinquent teens who commit both sexual and non-sexual crimes; otherwise normal early-adolescent boys who are curious about sex and act experimentally but irresponsibly; generally aggressive and violent youth; immature and impulsive youth acting without thinking; so called Romeo and Juliet cases; those who are indifferent to others and selfishly take what they want; youth misinterpreting what they

believed was consent or mutual interest; children imitating actions they have seen in the media; youth ignorant of the law or the potential consequences of their actions; youth attracted to the thrill of rule violation; youth imitating what is normal in their own family or social ecology; depressed or socially isolated teens who turn to younger juveniles as substitutes for age-mates; seriously mentally ill youth; youth responding primarily to peer pressure; youth preoccupied with sex; youth under the influence of drugs and alcohol; youth swept away by the sexual arousal of the moment; or youth with incipient sexual deviancy problems. The list is lengthy and could easily be extended."

- However, the problem of sexual abuse is still fueled by silence and secrecy. It is critical that adults be alert to signs of sexual abuse, understand its serious impact on victims, abusers, and families, and intervene to get help for all parties involved. Without intervention, which may include assessment, treatment, and state agency or court involvement, sexually abusive behavior can persist.

- Treatment for juvenile sex offenders significantly reduces the likelihood of re-offending.[22]

- A portion of young people who sexually abuse and come to the attention of the system are found to have a history of previous problem sexual behavior, sometimes when children.[23] This includes behaviors such as unwanted touching, explicit sex talk, self-touching in public, engaging in consensual sexual behaviors not appropriate to their age, or sexual behavior using force, tricks, or bribes.

- The majority of sexually abusive youth have experienced some form of childhood trauma (abuse or neglect) or significant disruptions of their bond with primary caretakers.[24] Some have been sexually abused, although less than is commonly thought. However, it is important to know that most sexually abused children do NOT become sexual abusers.

- Nevertheless, young victims of abuse, especially sexual abuse, are at increased risk of becoming offenders. However, many different factors shape which victims may later engage in sexually abusive behavior as juveniles.[25]

- Sexually abusive youth generally abuse children they know.[26] They abuse victims of the other sex, the same sex, or both. For those who abuse same-sex victims, this does not necessarily mean they are gay or will engage in gay relationships with peers or in their future adult relationships.

- Nevertheless, sexually abusive youth sometimes struggle with issues of sexual orientation. For example, if a male offender was sexually abused by a male, or if he abused boys, he may wonder if this means he is gay. Or if a boy is abused by an older girl or woman and did not like it, he may think he is gay.

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Critical Educational Messages

- Sexuality is a normal and natural part of a person's life. Sexually healthy people feel positive about sexuality, like their own bodies, can talk openly about sexuality, and see sex as mutual, loving, pleasurable, fun, and safe for both partners.

- A healthy interpersonal and sexual relationship is one in which each person cares for and respects the other, feels safe with and looks out for the other's feelings, and feels satisfied.

- Dating and courtship are characterized by mutual caring about the other person and their feelings.

- It is helpful for both males and females to talk and learn about sexuality in an open and honest way.

- Behaviors that use or threaten the use of sex to gain power or control, express anger, or intimidate others are unacceptable.

- Sexually abusive behavior behaviors are illegal and include not only sexual assault and rape, but also "non-touch" sexual behaviors such as obscene phone calls, voyeurism ("peeping tom"), and exhibitionism.

- Watching, downloading, selling, or exchanging sexual images of children and teenagers up to the age of 18 is illegal. This includes images of oneself, friends, or acquaintances exchanged via sexting, gaming, or other online social media.

- Males and females can express affection for others and receive affection from others through nonsexual physical contact. Touch can be used to express connection or affection for another and does not have to be sexual.

- Masturbation is a normal and natural part of being a sexual person. It's OK if a person decides to do it. It's OK if a person decides not to do it. Most boys masturbate and many do so regularly. The same is true for many girls.

- Masturbation can be a problem when someone becomes preoccupied with it to a point where it gets in the way of normal adolescent activities (spending time with friends, doing school work, working, etc.). It can also be a problem when the teen is masturbating to fantasies of sexually abusing or assaulting others or to fantasies involving younger children.

- Occasional sexual thoughts, fantasies, and dreams about people of the same sex are very common. This does not necessarily mean that a person is gay. If most of a person's fantasies are about same-sex partners, it may mean they are gay.

- It's OK to not know or be confused about how to date or initiate sexual contact in a relationship. It's OK to ask a trusted adult questions about these issues.

- Sexual health includes learning about appropriate physical and sexual boundaries. People have a right to their own boundaries and need to respect the boundaries of others. Invading someone's personal space, touching someone when they do not want to be touched, or sharing very personal sexual experiences in an educational group are violations of boundaries.

- It is normal, even likely, that at some point people will have strong feelings during sexuality education. This is not a problem as long as the person is able to deal with his or her feelings in an appropriate manner.

- For some young people, talking openly about sexuality can be emotionally overwhelming or physically over-stimulating. If this happens, these young people can ask to not participate in the group, or may be asked to temporarily not participate.

NOTE: Since a portion of sex offenders are themselves victims of sexual abuse, see the profile "Sexual Health Issues for Teen Victims/Survivors of Child Sexual Abuse" for other messages to emphasize with this population.

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Profile #3: Sexual Health Issues for Pregnant Teens and Teen Parents

Research shows that the birth rate for teens age 15 to 19 is 26.6 per 1,000.[27] You are likely to have pregnant teens and/or teen parents in your groups at some point. While these teens share the common denominator of pregnancy, it is important to remember that each is a unique individual.

Population Profile

- Teen childbearing may seem to many a recent phenomenon. In reality, the teen birth rate is much lower today than it was in the 1950s. It declined dramatically from 89 per 1,000 in 1960 to 50 per 1,000 in 1986, then increased to a high of 62 in 1991.[28] Since1991, it decreased to 26.6 births per 1,000 in 2013.

- Birth rates vary according to racial and ethnic groups. In 2012, Hispanic adolescent females ages 15-19 had the highest birth rate (46.3 births per 1,000), followed by African-American adolescent females (43.9 births per 1,000) and white adolescent females (20.5 births per 1,000).1

- Teen mothers are much less likely to receive adequate prenatal care and pregnancy education. Teens often have pregnancy complications and poor birth outcomes; their infants therefore face health and developmental risks.

- Teen mothers often experience chronic unemployment, inadequate income, and reduced educational experiences. Teen parents and their children tend to become dependent on public assistance programs, and to stay dependent for longer periods of time than adult parents.

- Teen pregnancy and teen parenthood have become more acceptable in recent years. For some teens, pregnancy is a positive experience that galvanizes considerable community and family support. Many pregnant students stay in school and continue their education, supported by school programs and social services such as prenatal classes, subsidized day care, and counseling.

- The reasons teenagers get pregnant are as varied as the teens themselves. Some teens plan to get pregnant; for others, pregnancy is unintended. Teen pregnancy can reflect a lack of self-esteem; denial of sexuality; a cry for help; misinformation about birth control; or a sense of invulnerability ("It can't happen to me!"). It may be that contraceptives failed, or that the young woman wanted to be a mother.

- Pregnant teens/teen mothers often view themselves as not having a bright future. Therefore, becoming a parent may not be seen as an obstacle to achieving future goals.

- Pregnant teens/teen mothers may fantasize about the love they will receive from the baby and may relish the attention they receive during pregnancy and delivery. However, they can become disillusioned with parenthood as the baby grows older and the initial attention from others wanes.

- Pregnant teens/teen mothers may appear to be more "worldly," but in general they are no more knowledgeable about sexuality, reproductive anatomy, sexual expression, birth control, or sexually transmitted disease prevention than other teens.

- During a presentation on birth control, pregnant teens/teen mothers often express dissatisfaction with the methods available and may be defensive when learning about them. They may feel guilty and blamed for not having chosen a method, or for having used their method inconsistently or ineffectively.

- Teen mothers may often have additional children. In 2013, almost one in six births to 15- to 19-year-olds (17 %) were to females who already had one or more babies.[29] It is common for a girl to think, "If I can only handle one child, then I'm not a good enough mother," or "If she (another teen mother) can have two more children and do OK, then so can I."

- Another "at-risk" population are those teens whose mothers were pregnant as teenagers. Although not inevitable, the daughters of teenage mothers are three times more likely to become teen mothers themselves.[30] Siblings of pregnant teens/teen parents are also at high risk. Sons of teen mothers are twice as likely to go to prison at some point in their lives.[4]

Population Profile

Much of the research on teen pregnancy/parenthood is about females; data on males is slowly evolving. Young men involved in a pregnancy are in need of support and understanding.

  - According to the National Survey of Family Growth (2002), the teen fatherhood rate of 15- to 19-year-olds was 18.5 per 1,000 births.[31]

  - Birth rates range according to racial and ethnic groups. In 2002, 25% of African-American fathers fathered their first child before they were 20 years old; 19% of Hispanic fathers also became fathers as teenagers, and 11% of white men became fathers while they were teens.[32]

- Eight percent of adolescent males have sex prior to age 13, compared to 3% of adolescent females.[33] They may have little accurate information about contraception and pregnancy risk.

- The majority of teen fathers live with their parents; few live with their child(ren). Most are educationally disadvantaged and face current and future employment problems. Teen fathers may have difficulty giving financial support to their child(ren) when their own resources are inadequate. Teen fathers pay approximately $800 a year in child support.[4]

- Some teen fathers are frustrated by their efforts to support and be involved with their child(ren). Teen fathers do not have many rights and may face opposition from the child(ren)'s mother, her family, his family, and even the "system."

- Teen fathers' lives tend to have "more chaos" than their peers; they may feel that parenthood is "just another accident in life."

Critical Educational Messages

Most teen parents have little knowledge and understanding of sexuality. Do not assume they know a lot about sexuality just because they have experienced intercourse. We fail these teens if we only give them information about birth control and available services, and do not help them overcome the barriers to effective contraceptive use. This group of teens needs opportunities to develop skills for making meaningful and fulfilling decisions for themselves.

- Teen parents need to know they are people worthy of care, concern, and accurate information about their sexuality.
- A person is a sexual human being from birth to death. Each person is unique. Having sexual intercourse is not synonymous with being a complete sexual person.
- It is possible for "lightning to strike twice." Teen parents can (and probably will) experience another pregnancy unless they decide to take action to prevent it. To prevent pregnancy, one can either avoid intercourse or use a reliable method of birth control *every* time one has intercourse.
- Medical and sexual health care and information are available.
- Prenatal care is essential to ensure the health of both mother and baby.
- Becoming a parent has advantages and disadvantages. Teens need to think about what these are so they will be able to make the best choices for themselves in the future.
- Everyone has a right to make decisions regarding their sexuality and have their decisions respected.
- The sexual and reproductive systems are truly miraculous. They can create life and provide great pleasure.
- It's important for women to learn about, even look at, their sexual and reproductive parts.
- Many people believe that manhood is not about how many children you have, but how you will take care of them.
- There are many different ways to be a good father.
- There are many rewards for taking an active role in your child's development. Children who grow up without their fathers often wish they had had contact with him.
- Pregnancy is a time of many changes for both partners. A pregnant girl may not have as much energy to do the things she has to do. A supportive partner can make a difficult time easier.

Profile #4: Sexual Health Issues for Youth Involved in Commercial Sexual Exploitation

Commercial Sexual Exploitation (CSE) of youth refers to a minor who is sexually exploited by another person (usually adult) for personal or financial gain. That person may use force, fraud, or coercion to ensure the young person's involvement in commercial sex. A staggering number of youth have experienced some form of CSE, and this may be the experience of a youth in one of your groups, with or without you being aware of it.

Some youth engage in survival sex: trading sex for money, a place to stay, or something to eat. The majority of youth identify lack of stable housing as the primary reason they engage in survival sex, and stable housing as the avenue out of CSE. Although legally minors involved in the commercial sex industry are defined as victims of a crime, youth are still arrested for prostitution and loitering (being somewhere with the intent to prostitute).

In thinking about providing inclusive education to your students, you may need to examine your own feelings and biases about minors in commercial sex work. You can help create a non-judgmental environment by normalizing feelings and allowing youth to define their experiences in their own words if they choose to share, paying attention to areas of strength and pride. For example: being able to take care of themselves and pride in the things they have survived.

Population Profile

- Youth who identify as male, female, and transgender are involved in CSE. The population is diverse and youth often do not fit stereotypical images.

- Youth most vulnerable to involvement in CSE include transgender youth, lesbian, gay, bisexual, and queer youth, undocumented youth, youth with developmental disabilities, youth in foster care, and homeless or marginally housed youth.

- Youth involved in CSE often have experienced multiple traumas in their lifetime. They frequently witness violent crimes and can be forced to engage in abuse of others. Sometimes the commercial sex work is not the worst thing that has happened to them in their history.

- Many youth involved in CSE have difficulty trusting adults. They may have been kicked out of or escaped from abusive homes, suspended or expelled from school, or abused within child welfare settings. They must meet their own basic survival needs because adults and safety nets have failed them.

- Youth involved in CSE who have an immediate need for money may prioritize a higher fee over safer sex. Youth may feel shame and/or pride around their experiences with CSE.

- The system often treats youth involved in CSE as criminals despite their often being compelled to commit crimes for survival. Their history of victimization goes unrecognized. They are often put into mandated and alternative incarceration programs that lack services to meet their needs.

Being viewed simply as criminals without a more complex understanding of CSE impacts everything from accessing health care to education, housing, and employment.

- Youth are often controlled by an exploiter (a person who profits from the youth's sexual activities). Some of the tactics exploiters use are isolation, intimidation, violence, and manipulation. They may give intermittent rewards to control them.

- Youth may feel a complicated bond with their exploiters, who have protected them at times and have also hurt them. These conflicted feelings may make it difficult for them to escape the world of CSE.

- If raped or victimized in CSE, youth may fear reporting this to the police.

- Some youth are street or hotel-based, while others stay in "customers'" homes. They may begin CSE due to economic desperation, being kicked out of a home, or wanting/needing to leave a program such as a group home.

- Although boys with CSE experiences may be in juvenile justice settings, they are often arrested for other crimes of poverty, such as hopping turnstiles (jumping over a ticketing device on a public transportation system) or stealing.

- Youth often use social media platforms to connect with customers.

- Youth may find their way into CSE via friends, pimps, or being propositioned off the streets by strangers.

- Youth report that the police, medical professionals, and others who work with them are sometimes unsympathetic. Some police say they arrest to protect, which often serves to further traumatize a young person.

Critical Educational Messages

- People have an inherent right to be in charge of their own bodies and sexuality. It is illegal and harmful for someone to profit from the sexual exploitation of another person, especially a minor.

- Consent is a voluntary agreement to do something, and issues of consent can be confusing for a youth in a CSE situation. This can be true especially if the adult profiting from their sexual behavior is providing some level of physical or emotional support. It is important to know that even if the relationship was complicated, all youth deserve sovereignty over their bodies and sexuality.

- Learning about the dynamics of power and control may help someone who has experienced CSE. The job of adults is to protect, support, and love youth, not to profit from them.

- People do what they need to survive. Sometimes they get caught up in activities such as CSE in order to fulfill their basic needs for food, clothing, housing, and connection.

- Trading sex for money might impact one's life both positively and negatively.

- Often when people begin to understand the choices they made based on their circumstances at the time, they can begin to heal from negative feelings.

- Sharing about CSE is a choice each youth can make in their own time. Some youth choose never to disclose their CSE experiences, with either peers or adults. Others find that sharing about their experiences is helpful in healing from the common feelings of mistrust, shame, fear of judgment, rejection, and exposure.

- Youth need a place to openly and honestly process their experiences if they choose to.

- It is normal to have a range of feelings related to experiences of CSE, including pride in the strengths one gained from surviving difficult circumstances.

- It may be confusing for some youth to transition from being online for CSE to being online for social interaction. It may take time to get used to interactions that are not transactional.

- Finding sources of nurturing, love, and support can help youth heal, increase enjoyment in friendships and romantic relationships, and foster a general sense of safety.

- All people deserve to have happy and healthy relationships. Many people heal from past abusive and exploitative situations and have increasingly positive experiences.

- Some youth have been given messages that exchanging sex for money is their entire worth. Youth with CSE experience, like all youth, have a lot to offer the world. They, like all people, are intrinsically valuable.

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