

Unit 7

Human Sexuality and Responsibility

Preparing to learn

30 minutes

To start this unit, print and cut out the cards in the **Deck of Cards Activity Resource**.

Have students pair up, then have each pair draw one card. Give students 5 minutes to discuss the questions on their card.

After 5 minutes of discussion, ask the students to briefly report out the topic that they discussed and any “Ah ha’s” that may have come up in their discussion. Keep this brief! 1-2 minutes per topic. If more than one pair of students had the same basic topic, try to not let them rehash the same issues.

Wrap up this activity by explaining that we are going to talk about most of these things in much more detail throughout the unit.

HSR Topics



Show the word cloud on the slide and explain that this unit covers topics related to relationships with ourselves and others. Self-awareness, self-management and decision making related to your own sexual and reproductive health, and also emotions, boundaries, and choices related to how we interact with others.

HSR Lessons

1. Introduction to Sexual Health
2. Dating/Romantic Relationships
3. Trafficking and Online Safety
4. Reproductive Anatomy and Pregnancy
5. Parenting and Paternity
6. Abstinence and Boundaries
7. Staying Safe - Contraception and STIs
8. Consent and Refusal Skills

Explain that you will be covering these topics in the next 6 lessons.

Click through each lesson title and give a brief explanation in your own words.



Safe learning environment and Self-management

Acknowledge that this content may be uncomfortable for some students or may trigger strong emotional responses. Note that people have different behavioral responses when feeling uncomfortable, like laughing or making jokes, and that's ok. But we want this space to feel safe for everyone to be able to learn about this important topic.

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Group Agreements

What guidelines will...

- Keep our work together productive, enjoyable?
- Ensure a safe space for sharing and learning together?

20-30 minutes

Note that while you do have your usual behavior expectations, you want to hear from the students about what expectations or agreements they want to have in place so that they feel as comfortable as possible when talking about this subject.

For each class, let students suggest the list of agreements and post them for each lesson.

Make sure the agreements cover these expectations in some way/in their own words if possible.

- Respectful language
- The right to speak and be heard
- The right to pass
- Confidentiality
- No personal questions
- No sharing someone else's information
- Respect differences
- No such thing as a "dumb" question

Questions

Questions are important!
Anonymous question box



Explain the process you want to use for answering questions.

Recommend using an anonymous question box for each lesson:

- Give all students the same kind of paper/card to write down their questions as they come up.
- At the end of class, ask every student to put their paper/card in the anonymous question box.
- Review all questions and respond to each one during the next class period.

Content Warning

**This stuff
can bring up
lots of
feelings!**

- Speak with an adult you trust
- Speak with a friend who makes you feel heard and safe
- [National Domestic Violence Hotline](#)
 - ◆ 1-800-799-7233
- [AISD School Mental Health Centers](#)
 - ◆ Flyer [English/ Spanish](#)

This is just a good starting point for students to have some resources.

Is it hard to talk about sex and sexuality - with your friends? Parents? Teachers? Coaches? Why or why not?



Q1

Do you think teens get different messages about sex based on their gender/gender identity? Like what? From where? How could that impact them?



Q2

Do you think teens feel pressure to have to sex? If yes, where do you think that pressure comes from?

To think about: Have you ever contributed to this or felt this pressure?



Q3

Do you think we have enough education about sex and relationships in schools? In which grade do you think we should start talking about these topics and why?



Q4

What age do you think students should receive education about sex? From whom? Why? How?



Q5

Should part of health education include setting and respecting boundaries around sex or should it just be about anatomy and biology? Explain your opinion.



Q6

What about education regarding healthy relationships? How do people learn what is important to them and how to have healthy relationships?



Q7

What are some qualities of a healthy relationship?



Q8

How do the media, religion, and culture influence sexual attitudes, values, and behavior?



Q9

Do you think certain groups of people might be more at risk of being harmed than others? (LGBTQIA youth, youth with disabilities, others?) Why or why not?



Q10

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When you hear the term “be a man” what ideas come to mind? What about “that’s so gay” or “stop acting like a girl”?



Q11

What kind of power do adults have that children/teens might not? *(This doesn't just have to do with sex.)*



Q12

Has anyone every told you to “be careful online”? Did they give you a blanket statement or specific steps to help increase your safety?

Have you followed advice you’ve received? Why or why not? Even if you followed all the advice do you think people wanting to do harm can figure a way to still hurt someone?



Q13

Do you think teens feel pressure to have to sex? If yes, where do you think that pressure comes from?



Q14

Do you think sexual violence has more to do with with sex? Power? Both?



Q15

When you think about social issues you care about, do you think you or teens as a whole have the power to change things? If so, what kinds of tools do you think you can use to make a difference? If not, what are some challenges?



Q16

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What is SEXUALITY?

Definitions and Messaging

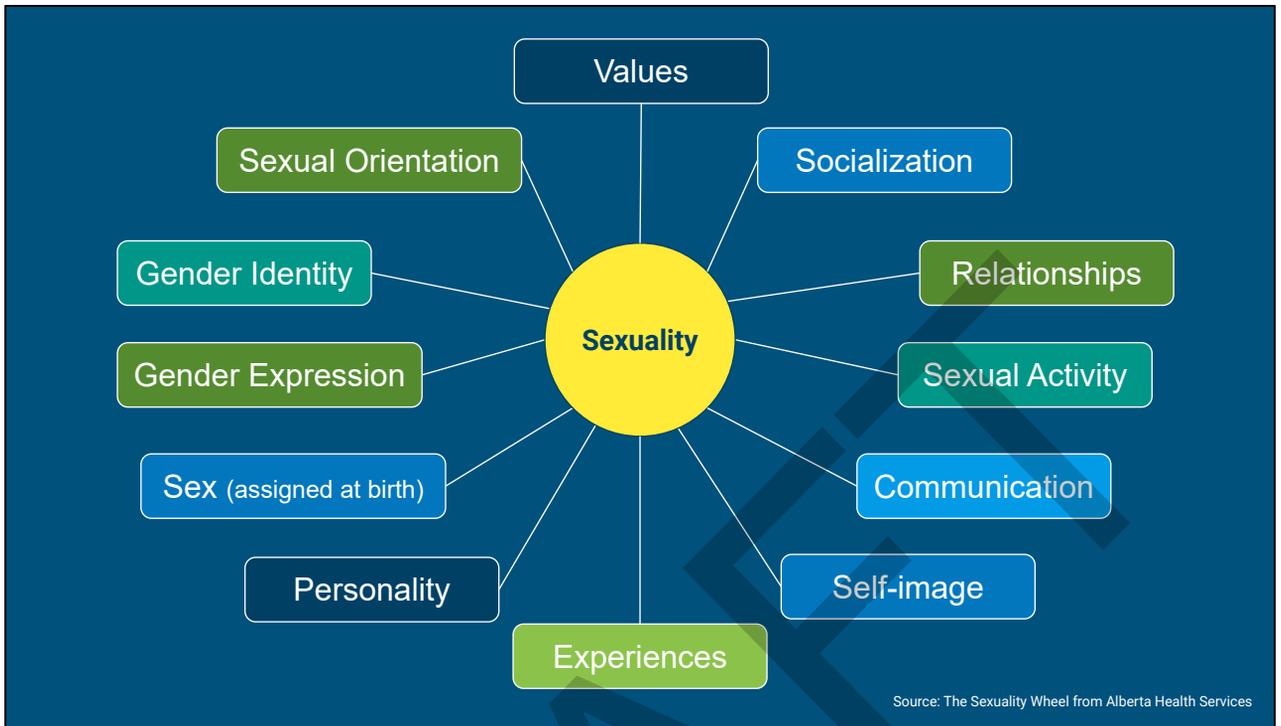
Defining Sexuality

As we begin this unit on Human Sexuality, we will need to explore definitions and messages about the word sexuality. As we talked about before, it is normal for some people to feel a little embarrassed or uncomfortable because our society treats this subject as a taboo, even though we hear about it all the time in music, tv and movies, and social media. Hopefully, in keeping with the group agreements that we've set, this will feel like a safe space for you to explore these issues.

So let's start with some ideas about defining the word "Sexuality". How do you define it?

Ask for students to share and write out responses in bullet form or whatever works for you. Avoid clarifying or defining anything for the students at this point.

Many students may think first of sexual orientation. Encourage them to think more broadly.



State: Most people think of “Sexuality” as either **(click)** sexual orientation (or who we are attracted to) or **(click)** sexual activity/behavior. While it IS those things, it also encompasses so much more of how we go through our lives as human beings.

Click to reveal each additional concept related to Sexuality

- Values (what we believe is right and wrong)
- Socialization (how we are socialized within our given culture(s))
- Relationships (the connections that we have with other people)
- Communication (how we communicate to those around us)
- Self-image (how we see ourselves and our physical appearance)
- Experiences (what we’ve experienced throughout our lives)
- Personality (what makes us who we are)
- Sex assigned at birth (based on our physical anatomy)
- Gender Expression (how we portray our gender to the world)
- Gender Identity (our internal sense of our gender)

Let’s explore each of these concepts in more detail with an activity.

What is Sexuality - Activity

1. **Read aloud the concept and definition given to your group.**
2. **Discuss the concept in general:**
 - Does the definition given make sense?
 - What else do you know about it?
 - What questions do you have about the word?
3. **Discuss how the concept is related to Sexuality:**
 - Why is this concept important to our understanding of Sexuality?
 - How do you think this concept will be relevant to this unit on Sexual Health?

- Print and cut out the cards - **See What is Sexuality Activity Resource**
- Put students in groups of 2 or 3 (whatever works to make 12 groups)
- Give each group one card
- Instruct students to:
 - Read the definition of the word on their card
 - Discuss this word in general terms
 - Does the definition make sense?
 - What else do they know about it?
 - What questions do they have about their word?
 - Then discuss how that word is associated with Sexuality
 - Why is this concept important to our understanding of Sexuality?
 - How do you think this concept will be relevant to this unit on Sexual Health?
- Give students 10 minutes to discuss
- Review as a full group

Messages about Sexuality



Parents/Adults

What have your parents/the adults in your life said about sexuality?



Friends/Peers

What have your friends said about sexuality?



Media

What have you seen or heard about sexuality in the media - movies, music, tv, social media?

2 options, depending on how much time you have left in this class:

Option 1:

- Divide the class into three groups.
- Assign one category to each.
- Instruct the groups to discuss what messages they have heard, *or that they think others may have heard*, from their respective source. Clarify that it is ok to list **whatever** they have heard. There are no right or wrong responses.
- Give groups about 5 minutes to discuss and take notes, using chart paper and markers if available, then ask each group to report out.

Option 2:

Discuss each category of messages as a whole class

Wrap-Up Discussion

1. How are the messages from adults, peers, and the media similar? How are they different?
2. What other sources of information have you heard messages about sexuality from?
3. How are the messages you've heard similar or different from how we defined and discussed sexuality in today's class?
4. What are some things you are hoping to learn more about as we go through this Human Sexuality unit?

Wonderings

Values

A collection of ideas that people see as important; a set of assumptions about how things are.

Relationships

The way people are connected and how they act toward one another.

Sexual Activity

One way people experience or express their sexuality; including kissing, touching, and intercourse (oral, anal, vaginal).

Communication

The way people connect and share information, goals, ideas, and create understanding.

Socialization

Learned behaviors that include customs, attitudes, and values that are acceptable to a social group, community, or culture.

Self-Image

How a person thinks about or sees themselves, including their personality, their appearance and their values.

Experiences

What people have done, gone through, or been exposed to in their life. Personal experiences help form people's values.

Sexual Orientation

A person's emotional and/or sexual attraction to other people. It can be fluid and may or may not reflect sexual behaviors.

Sex assigned at birth

Categories (male or female) assigned at birth based on physical characteristic of the genitals. Some people may be assigned "intersex", when their anatomy or other genetic biology don't fit the traditional definitions of male or female.

Gender Expression

How a person presents their gender. This can include appearance, name, pronoun, and social behaviors.

Gender Identity

A person's internal sense of identity as female, male, both or neither, regardless of their sex assigned at birth.

Personality

A combination of traits or characteristics that make up a person's unique character.

What is Sexuality - Activity

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 - Why is this concept important to our understanding of Sexuality?
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- Give students 10 minutes to discuss
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For Lesson 2 of the Human Sexuality Unit, we are going to be talking about Relationships. Particularly (**click**) Dating and Romantic Relationships.

Note for facilitator: Review the group agreements developed in lesson 1.

TEKS:

H1.18.(A) analyze how friendships provide a foundation for healthy dating/romantic relationships;

H1.18.(B) identify character traits that promote healthy dating/romantic relationships and marriage; and

H1.19.(B) analyze the characteristics of harmful relationships that can lead to dating violence;

H1.19.(C) analyze healthy strategies for preventing physical, sexual, and emotional abuse;

H1.19.(H) explain the importance of reporting to a parent or another trusted adult sexual harassment, sexual abuse, sexual assault, and dating violence involving self or others.

Image: <https://pixabay.com/vectors/heart-swirls-flourishes-stars-artsy-4963634/>



For Lesson 2 of the Human Sexuality Unit, we are going to be talking about Relationships. Particularly (**click**) Dating and Romantic Relationships.

Note for facilitator: Review the group agreements developed in lesson 1.

TEKS:

- 18.(A) analyze how friendships provide a foundation for healthy dating/romantic relationships;
- 18.(B) identify character traits that promote healthy dating/romantic relationships and marriage; and
- 19.(B) analyze the characteristics of harmful relationships that can lead to dating violence;
- 19.(C) analyze healthy strategies for preventing physical, sexual, and emotional abuse;
- 19.(H) explain the importance of reporting to a parent or another trusted adult sexual harassment, sexual abuse, sexual assault, and dating violence involving self or others.

Image: <https://pixabay.com/vectors/heart-swirls-flourishes-stars-artsy-4963634/>

Define “Relationship”

A connection between two or more people or things.

What kinds of relationships do we have in our lives?

Situational

Sexual

Friendships

Acquaintances

Family

Work

Romantic

Ask students to define the word “relationship”.

Take a few responses, then **click** to reveal the simple definition: *A connection between two or more people or things.*

Next, **click** to reveal the question and ask students to think about the different kinds of relationships we have in our lives.

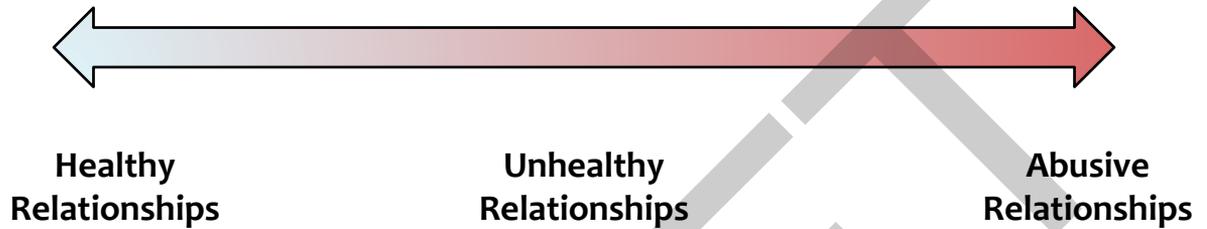
Take a few responses, then **click** to reveal the 6 kinds of relationships. (Note: the words will show up one at a time without clicking for each).

Briefly discuss each type of relationship.

Explain that today’s lesson is going to mostly focus on **(click)** Romantic relationships, but these same concepts could apply to other relationships as well, especially **(click)** Friendships.

The Relationship Spectrum

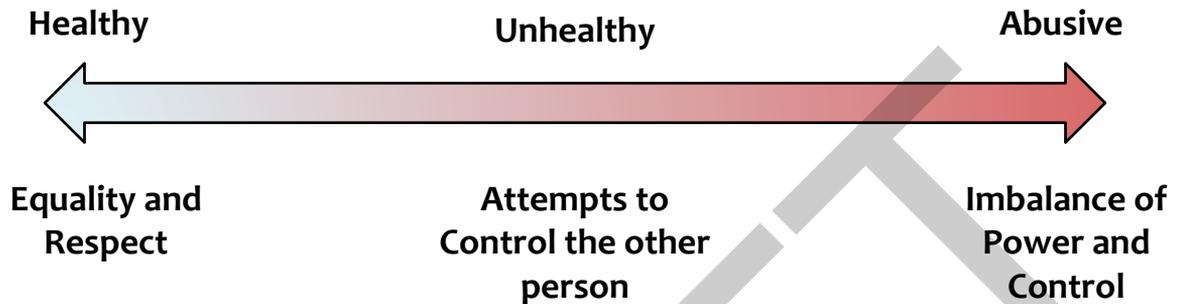
All relationships exist on a spectrum.



Resource from [LevelsRespect.org](https://www.levelsrespect.org)

Explain that all relationships exist on a spectrum from **(click)** healthy to **(click)** abusive, with **(click)** unhealthy relationships somewhere in the middle.

The Relationship Spectrum



So, what does this look like?

Resource from LovelsRespect.org

Explain that:

Health relationships are based on **(click)** equality and respect

Unhealthy relationships are based on **(click)** attempts to control the other person

Abusive relationships are based on an **(click)** imbalance of power and control.

Then **click** to reveal the question: *So, what does this look like?*

Explain to the students that in order to clarify this spectrum a little more, we are going to look at examples of behaviors and decide where on the spectrum it might go.

Activity: (30 minutes)

Print ***Relationship Spectrum Examples*** and cut out each example behavior.

Activity adapted from the *Healthy Relationships High School Educators Toolkit*:

<http://www.loveisrespect.org/wp-content/uploads/2016/08/highschool-educators-toolkit.pdf>

Option 1:

Put slips of paper into a bag, bowl, cup, etc. Walk around the room and ask for volunteers to draw a paper and read it aloud. Decide which category the example belongs to and discuss details as needed.

Option 2:

Post signs or newsprint on the wall for each category - Healthy, Unhealthy, Abusive. Hand out slips of paper and ask students to post the paper in the appropriate category.

Discuss each categories examples.

After reviewing the examples, discuss the concepts on the next slide.

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Behaviors

Healthy Behaviors

- Communicating
- Trusting
- Honest
- Equal
- Enjoys personal time away
- Mutual choices

Unhealthy Behaviors

- Breaks in communication
- Not trusting
- Dishonest
- Trying to take control
- Only spending time together
- Pressuring

Abusive Behaviors

- Communicating in hurtful or threatening way
- Mistreating
- Accusing the other of things that aren't true
- Denying their actions are abusive
- Controlling
- Isolating partner from others

After reviewing each of the categories, explain that while relationships can all look different, **healthy relationships** tend to have a few things in common: open communication, mutual respect and healthy boundaries.

Discuss each of these in more detail on the next 3 slides.

Healthy Relationships:

Communication

- Speak Up
- Talk Face to Face
- Check Body Language



Explain the following in your own words:

Communication is a key part of building a healthy relationship. The first step is making sure both partners in a relationship want and expect the same things—being on the same page is very important. So, how do we do that?

(Click)

Speak up: If something is bothering a partner, communicate about it! Ignoring problems can make them worse. Make sure to **Find the Right Time** for this - when you are both calm and not distracted, stressed or in a rush. Schedule a talk, if needed.

(Click)

Talk face to face: text messages, letters and emails can be misinterpreted. Talk in person or on the phone so there aren't any unnecessary miscommunications

(Click)

Check Your Body Language. Make eye contact when speaking face-to-face. Sit up and face your partner. Let your partner know you're listening. Show them you really care. Don't take a phone call, text or play a video game when you're talking. Listen and respond.

Citation and for more information:

http://www.loveisrespect.org/pdf/Healthy_Relationships.pdf

Image: <https://pixabay.com/vectors/speech-bubbles-comments-orange-303206/>

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Healthy Relationships:

Mutual Respect:

- Each partner's wishes and feelings have value
- Be supportive
- Compromise (to an extent)



Explain the following in your own words:

Mutual respect is essential in maintaining healthy relationships. This means that...

(Click)

Each partner's wishes and feelings have value. Let each other know that you are making an effort to keep the other's ideas/needs in mind.

(Click)

Be supportive: Partners should reassure and support each other. Healthy relationships are about building each other up, not tearing each other down. Also, partners should let each other know when they need support.

(Click)

Compromise: Disagreements are a natural part of healthy relationships, but it's important that they find a way to compromise if they disagree on something. They should try to solve conflicts in a fair and rational way.

Citation and for more information:

http://www.loveisrespect.org/pdf/Healthy_Relationships.pdf

Image: <https://pixabay.com/vectors/hearts-double-silver-couple-311137/>

Healthy Relationships:

Boundaries:

- Express what feels comfortable to you
- Go out with friends
- Participate in activities/hobbies you like
- Respect privacy!



Explain the following in your own words:

Healthy relationships require space. Creating healthy boundaries is a good way to keep relationships healthy and secure. By setting boundaries together, partners can have a deeper understanding of the type of relationship they each want. Boundaries are not meant to make anyone feel trapped or like they are “walking on eggshells.” Creating boundaries is not a sign of secrecy or distrust—it’s an expression of what makes someone feel comfortable and what they would like or not like to happen within the relationship.

Having healthy boundaries means that each partner should be able to:

(Click)

Express what feels comfortable to them

(Click)

Go out with their friends without their partner.

(Click)

Participate in activities and hobbies they like.

(Click)

Have their privacy respected, including not having to share passwords to their email, social media accounts or phone.

Now let's talk about the other end of the spectrum - **Abusive relationships**.

Citation and for more information:

http://www.loveisrespect.org/pdf/Healthy_Relationships.pdf

Image: <https://pixabay.com/vectors/do-not-enter-driving-icon-road-1293296/>

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Abusive Relationships

Abuse is a **pattern of behaviors** one person uses to gain and maintain **power** and **control** over a partner.

Abuse comes in many forms~
it's not always physical!

- Emotional/Verbal
- Sexual
- Financial
- Digital

Review the definition of abuse.

Note that we often think of abuse as only being physical, like hitting, slapping, choking, kicking, grabbing, pulling hair, pushing, shoving, however (**click**) abuse comes in many forms.

Ask students what other forms could be considered abusive.

Take a few responses then reveal the other categories:

(Click)

Emotional/Verbal: putting you down; embarrassing you in public (online or off); threatening you in any way; telling you what to do or what to wear; threatening suicide; accusing you of cheating

(Click)

Sexual: pressuring or forcing you to do anything sexual you're not comfortable with and/or do not consent to, including sexting; restricting access to birth control; unwanted kissing or touching

(Click)

Financial: demanding access to your money; preventing you from working; insisting that if they pay for you, you owe them something in return

(Click)

Digital: sending threats via text, social media or email; stalking or embarrassing you on social media; hacking your social media or email accounts without permission; forcing you to share passwords; constantly texting or calling to check up on you; frequently looking through your phone or monitoring your texts/call log

Information from the Healthy Relationships High School Educators Toolkit:

<http://www.loveisrespect.org/wp-content/uploads/2016/08/highschool-educators-toolkit.pdf>

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Abusive Relationships

Abusive relationships are based on imbalance of power and control.

ABUSIVE behaviors

**ACCUSATIONS
BLAME SHIFTING
MANIPULATION
ISOLATION
PRESSURE**

One person is making all the decisions – about sexual choices, friends, boundaries, and even what’s true and what’s not. Couples spend all of their time together. The person who is not in control feels like they can’t talk to other people, especially about what’s really happening in their relationship.

Resource from LevelsRespect.org

This slide gives examples of qualities found in abusive relationships.

Information from the Healthy Relationships High School Educators Toolkit:

<http://www.loveisrespect.org/wp-content/uploads/2016/08/highschool-educators-toolkit.pdf>

Recognize Domestic Violence

Domestic violence occurs in the home and is any behavior in which the purpose is to gain power and control over a spouse, partner, girl/boyfriend or other family member.



See handout from the National Center on Domestic and Sexual Violence

Alternative Activity Instructions:

Print signs and cards with the types of violence and example activities.

Post signs on the walls around the room and cut out individual activity cards.

Have students work individually or in pairs to determine which example card goes with which type of violence and tape them to the wall with that sign.

Then discuss each type as a full group.

Warning Signs

- Checking your phone, email, or social media accounts without your permission.
- Putting you down frequently, especially in front of others.
- Isolating you from friends or family (physically, financially, or emotionally).
- Extreme jealousy or insecurity.
- Explosive outbursts, temper, or mood swings.
- Any form of physical harm.
- Possessiveness or controlling behavior.
- Pressuring you or forcing you to have sex.



Citation and for more information:

<https://www.loveisrespect.org/dating-basics-for-healthy-relationships/warning-signs-of-abuse/>

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Tips for Prevention



1. Recognize the widespread problem of teen dating & sexual violence and how we each contribute to it.
2. Educate yourself and others on the reality of dating & sexual violence.
3. Know that dating & sexual violence is about power and control. Recognize sexual violence can be a part of dating violence.
4. Use respectful language and speak up against sexism and the attitudes, jokes, comments, and behaviors that you see contributing to it.
5. Challenge all stereotypes. Support everyone's equality.
6. Define what you want in a healthy relationship. Equality, open communication and boundaries are great values to consider.
7. Believe and support victims.
8. Lessen the stigma for victims by openly discussing how dating & sexual violence affects us all.
9. Know victims can be any gender, sexual orientation and race. Recognize unique challenges and barriers different victims may experience.
10. Define your own masculinity or femininity. Challenge society's view of men as violent and dominant individuals and women as passive and subordinate objects.
11. Be media literate. Pay attention to images and messages in music, TV, online and in movies and about gender and violence. Talk about what you don't like and what you do like.
12. Advocate for more violence prevention educational programming.
13. Respect yourself and others. Expect to be respected.
14. Realize you always have the right to end a relationship and that you should always respect someone else's wish to end a relationship with you.
15. Participate in and organize something with friends, school groups or your community during February's Teen Dating Violence Prevention and Awareness Month!
16. Get consent for sexual activity. Openly communicate with your partner.
17. Practice bystander intervention! Safely prevent or stop violence when you see it happening.
18. Know how to stay safe and protect your privacy on the internet. Don't harass, threaten, or spread rumors about others online.
19. Talk about healthy relationships and sexual respect. Have ongoing discussions.
20. Be a positive role model. Model and teach critical thinking skills, equality and respect.
21. Support your local domestic violence or sexual assault center. Donate time, money or supplies.
22. Contact your local legislators and political leaders and ask them to support bills that will advocate for victims' rights, hold perpetrators accountable, and assist prevention and direct service agencies with funding.
23. Use your voice to talk about dating & sexual violence -and- healthy relationships & sexual respect: Write a letter to the editor of your newspaper or an article for your school or workplace newsletter. Write a story or blog; create a PSA. Make a poster and get permission to put it up in a public place.
24. Believe that a safer world is possible. We all deserve a safe and happy life free from violence.

Provide students with the 25 Ways to Prevent Teen Dating and Sexual Violence handout.

Give them a couple of minutes to review.

Ask them to talk to a neighbor about 1-2 tips that stood out to them.

After 5 minutes of discussion, ask for volunteers to report out.

Scenarios

Review your scenario and discuss the questions.



30 minutes

Break students into small groups. Give each group a scenario and 10 minutes for them to review, discuss, and take notes. After 10 minutes, ask groups to report out.

Note: for the report out, review the Stepping In scenario last and then transition into the next slide.

Activity adapted from the *Healthy Relationships High School Educators Toolkit*:
<http://www.loveisrespect.org/wp-content/uploads/2016/08/highschool-educators-toolkit.pdf>

Image: <https://pixabay.com/vectors/gears-question-mark-science-6126071/>

If a friend tells you they have been assaulted:

- Believe them!**
- Be supportive and listen patiently.
- Encourage them to talk to a trusted adult.
- Connect them to community resources.

NOTE: Any sexual activity without consent is sexual assault.

After discussing the three scenarios, explain what can be done if a friend or another loved one discloses that they have been assaulted.

(Click)

Believe them!

- Help your friend recognize that the abuse is not “normal” and is NOT their fault.
- Everyone deserves a healthy, nonviolent relationship.

(Click)

Be supportive and listen patiently.

- Don't be afraid to reach out to a friend who you think needs help. Tell them you're concerned for their safety and want to help.
- Acknowledge their feelings and be respectful of their decisions.
- Focus on your friend, not the abusive partner. Even if your friend stays with their partner, it's important they still feel comfortable talking to you about it.
- If they do break up with the abusive partner, continue to be supportive after the relationship is over.
- Don't contact their abuser or publicly post negative things about them online. It'll only worsen the situation for your friend.

(Click)

Encourage them to talk to a trusted adult, like a parent or counselor.

- Why might this be important?

(Click)

Connect them to community resources.

- Encourage them to talk to a trusted adult, like a parent or counselor, and to call or text a hotline if they need more resources.
- Help them develop a safety plan if you believe that they are in an abusive relationship. This could include having a code word that they could use if they need help.

Even when you feel like there's nothing you can do, don't forget that by being supportive and caring, you're already doing a lot.

NOTE: Any sexual activity without consent is sexual assault, whether you are in a relationship or not.

Discuss Consent here if needed, but remind the students that you will be covering this more later in the unit.

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Discussion

How do friendships provide a foundation for healthy dating/romantic relationships?

What would you do if a friend came to you concerned about a relationship you are in?

Have students turn and talk to someone around them about each of these questions. Then ask for volunteers to answer.

Getting Help...

For you or
someone you
know...

- [National Domestic Violence Hotline](#)
 - 1-800-799-7233
- [AISD School Mental Health Centers](#)
 - Flyer [English](#)/[Spanish](#)
- [Love Is Respect](#)
 - 1-866-331-9474
 - Text: **LOVEIS to 22522**

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Your partner tells you how special you are and how much they care about you.

Your partner uses a name or pronoun that you don't like but stops using it once you correct them or ask them not to.

Your partner appreciates your passions and encourages you to do the things you love.

You miss your partner when you go on vacation with your family but you have a really good time anyway.

You had a really good day and can't wait to tell your partner because you know they will be excited about to hear about it.

Relationship Spectrum - Examples

You and your partner feel like you can share things with each other, but you also feel like you can keep some things private.

If you have a disagreement your partner uses the silent treatment and won't talk to you for days.

Your partner says you don't really love them because you want to go to a movie with a friend instead of spending time alone with them.

You always feel like your partner's wishes and goals come first.

You and your partner agree to take the night off from texting or calling each other, but while you're out with your friends your partner calls and texts you multiple times to say they miss you.

Relationship Spectrum - Examples

Your partner refuses to spend time with your family, but still expects that you spend time with theirs.

Your partner texts you more than you want them to and gets angry if you don't respond.

Your partner controls your FB and other social media accounts.

After an argument, your partner blocks the doorway and takes your keys to prevent you from leaving.

Your partner randomly stops by your job even though you told them it made you uncomfortable.

Your partner threatens to tell other people about your sex life or share private photos or texts.

Your partner gives you gifts but demands something in return, like money or sexual acts.

Your partner demands access to your bank account.

When you go to your favorite restaurant and order something different, your partner acts disgusted and calls you stupid for ordering it.

Your partner tells you they wouldn't hit you if you just did things the right way.

Relationship Spectrum - Key

Healthy

Your partner tells you how special you are and how much they care about you

Your partner uses a name or pronoun that you don't like but stops using it once you correct them or ask them not to

Your partner appreciates your passions and encourages you to do the things you love

You miss your partner when you go on vacation with your family but you have a really good time anyway

You had a really good day and can't wait to tell your partner because you know they will be excited about to hear about it

You and your partner feel like you can share things with each other, but you also feel like you can keep some things private

Unhealthy

If you have a disagreement your partner uses the silent treatment and won't talk to you for days

Your partner says you don't really love them because you want to go to a movie with a friend instead of spending time alone with them

You always feel like your partner's wishes and goals come first

You and your partner agree to take the night off from texting or calling each other, but while you're out with your friends your partner calls and texts you multiple times to say they miss you

Your partner refuses to spend time with your family, but still expects that you spend time with theirs.

Your partner texts you more than you want them to and gets angry if you don't respond

Abusive

Your partner controls your FB and other social media accounts

After an argument, your partner blocks the doorway and takes your keys to prevent you from leaving

Your partner randomly stops by your job even though you told them it made you uncomfortable

Your partner threatens to tell other people about your sex life or share private photos or texts

Your partner gives you gifts but demands something in return, like money or sexual acts

Your partner demands access to your bank account

When you go to your favorite restaurant and order something different, your partner acts disgusted and calls you stupid for ordering it

Your partner tells you they wouldn't hit you if you just did things the right way



25 Ways to Prevent Teen Dating & Sexual Violence During February and throughout the year!

1. Recognize the widespread problem of teen dating & sexual violence and how we each contribute to it.
2. Educate yourself and others on the reality of dating & sexual violence.
3. Know that dating & sexual violence is about power and control. Recognize sexual violence can be a part of dating violence.
4. **Use respectful language and speak up** against sexism and the attitudes, jokes, comments, and behaviors that you see contributing to it.
5. **Challenge all stereotypes.** Support everyone's equality.
6. **Define what you want in a healthy relationship.** Equality, open communication and boundaries are great values to consider.
7. Believe and support victims.
8. Lessen the stigma for victims by openly discussing how dating & sexual violence affects us all.
9. Know victims can be any gender, sexual orientation and race. Recognize unique challenges and barriers different victims may experience.
10. **Define your own masculinity or femininity.** Challenge society's view of men as violent and dominant individuals and women as passive and subordinate objects.
11. **Be media literate.** Pay attention to images and messages in music, TV, online and in movies and about gender and violence. Talk about what you don't like and what you do like.
12. Advocate for more violence prevention educational programming.
13. **Respect yourself and others.** Expect to be respected.
14. Realize you always have the right to end a relationship and that you should always respect someone else's wish to end a relationship with you.
15. Participate in and organize something with friends, school groups or your community during February's Teen Dating Violence Prevention and Awareness Month!
16. **Get consent** for sexual activity. Openly communicate with your partner.
17. **Practice bystander intervention.** Safely prevent or stop violence when you see it happening.
18. Know how to stay safe and protect your privacy on the internet. Don't harass, threaten, or spread rumors about others online.
19. **Talk about healthy relationships and sexual respect.** Have ongoing discussions.
20. **Be a positive role model.** Model and teach critical thinking skills, equality and respect.
21. Support your local domestic violence or sexual assault center. Donate time, money or supplies.
22. Contact your local legislators and political leaders and ask them to support bills that will advocate for victims' rights, hold perpetrators accountable, and assist prevention and direct service agencies with funding.
23. **Use your voice** to talk about dating & sexual violence -and- healthy relationships & sexual respect: Write a letter to the editor of your newspaper or an article for your school or workplace newsletter. Write a story or blog; create a PSA; Make a poster and get permission to put it up in a public place.
24. **Believe that a safer world is possible.** We all deserve a safe and happy life free from violence.
25. Know that **YOU have the power to make a difference.**

Communicating Effectively

Scenario

Recently, you and your partner have been disagreeing a lot, and it often leads to arguments. Every time you try and talk to them about how you're feeling they say it's no big deal, you're overreacting, or they just don't want to argue anymore. You feel that the issues are important and want the chance to say how you feel without having to argue. After a day of not speaking, you text your partner and tell them you want to talk now or the relationship is over. They text back and say they will talk when they're ready.

Discuss the following:

1. Is it ok to communicate by text to try and resolve a conflict? Why or why not?
2. Is not talking at all better than having an argument with your partner? Why or why not?
3. Does anger due to a disagreement excuse using insulting words or behavior?
4. Do you think it is ok to demand an immediate response or threaten to break up with your partner? Why or why not?
5. Is this behavior healthy, unhealthy or abusive?
6. What are healthy and unhealthy ways to communicate during a disagreement?

Resolving Conflict Scenario

The person that you are dating feels they should have a say in who your friends are. Your partner tells you that since you are in a relationship with them, you shouldn't talk to your exes or hang out with people your partner doesn't approve of. They sometimes get jealous when they see you talking to certain people on social media because they think it is considered flirting and could lead to cheating. You let your partner know that you should both be able to be friends with whoever you want and that you should be able to trust each other.

Discuss the following:

1. Are the accusations in this scenario reasonable? Why or why not?
2. Are there healthy boundaries in this relationship? Why or why not?
3. What are the real issues in this relationship?
4. Are there possible compromises for this situation? If so, what?
5. Is this behavior healthy, unhealthy or abusive?
6. How would you manage and resolve this conflict?

Stepping In Scenario

You are having a sleepover with your friend and they confide in you that they are stressed out about their relationship. Your friend tells you how their boyfriend likes it when they sends him sexually explicit pictures of themselves; so they have done it a couple of times. Your friend didn't see any harm in it before but now the boyfriend demands that they does it, even if they don't want to. They say that they try to tell him they aren't comfortable doing it anymore, and he said since they did it before they have to do it again. They also say that he tells them since they are partners, this is something that is expected. Recently he has told your friend that he will even leak the ones that they already sent if they don't continue to send more pics.

Discuss the following:

1. Is it okay that the person your friend is dating makes them send nudes/sexually explicit pictures? Why or why not?
2. What do you think about this person threatening to leak the pictures?
3. Is it okay for a partner to demand that the other partner do something because they have done it before?
4. Is this behavior healthy, unhealthy or abusive?
5. How would you support a friend in this situation?

Communication is a key part to building a healthy relationship. The first step is making sure you both want and expect the same things -- being on the same page is very important. The following tips can help you create and maintain a healthy relationship:

- **Speak Up.** In a healthy relationship, if something is bothering you, it's best to talk about it instead of holding it in.
- **Respect Your Partner.** Your partner's wishes and feelings have value. Let your significant other know you are making an effort to keep their ideas in mind. Mutual respect is essential in maintaining healthy relationships.
- **Compromise.** Disagreements are a natural part of healthy relationships, but it's important that you find a way to compromise if you disagree on something. Try to solve conflicts in a fair and rational way.
- **Be Supportive.** Offer reassurance and encouragement to your partner. Also, let your partner know when you need their support. Healthy relationships are about building each other up, not putting each other down.
- **Respect Each Other's Privacy.** Just because you're in a relationship, doesn't mean you have to share everything and constantly be together. Healthy relationships require space.

Healthy Boundaries

Creating boundaries is a good way to keep your relationship healthy and secure. By setting boundaries together, you can both have a deeper understanding of the type of relationship that you and your partner want. Boundaries are not meant to make you feel trapped or like you're "walking on eggshells." Creating boundaries is not a sign of secrecy or distrust -- it's an expression of what makes you feel comfortable and what you would like or not like to happen within the relationship. Remember, healthy boundaries shouldn't restrict your ability to:

- Go out with your friends without your partner.
- Participate in activities and hobbies you like.
- Not have to share passwords to your email, social media accounts or phone.
- Respect each other's individual likes and needs.

Healthy Relationship Boosters

Even healthy relationships can use a boost now and then. You may need a boost if you feel disconnected from your partner or like the relationship has gotten stale. If so, find a fun, simple activity you both enjoy, like going on a walk, and talk about the reasons why you want to be in the relationship. Then, keep using healthy behaviors as you continue dating.

What Isn't a Healthy Relationship?

Relationships that are not healthy are based on power and control, not equality and respect. In the early stages of an abusive relationship, you may not think the unhealthy behaviors are a big deal. However, possessiveness, insults, jealous accusations, yelling, humiliation, pulling hair, pushing or other negative, abusive behaviors, are -- at their root -- exertions of power and control. Remember that abuse is always a choice and you deserve to be respected. There is no excuse for abuse of any kind.

connect now!

chat at loveisrespect.org

 text "loveis" to 22522

 call 1-866-331-9474

Discuss your options confidentially.
Peer advocates are available 24/7.

For more information, visit www.loveisrespect.org

Repurposing is allowed and encouraged.
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If you think your relationship is unhealthy, it's important to think about your safety now. Consider these points as you move forward:

- Understand that a person can only change if they want to. You can't force your partner to alter their behavior if they don't believe they're wrong.
- Focus on your own needs. Are you taking care of yourself? Your wellness is always important. Watch your stress levels, take time to be with friends, get enough sleep. If you find that your relationship is draining you, consider ending it.
- Connect with your support systems. Often, abusers try to isolate their partners. Talk to your friends, family members, teachers and others to make sure you're getting the emotional support you need. Remember, our advocates are always ready to talk if you need a listening ear.
- Think about breaking up. Remember that you deserve to feel safe and accepted in your relationship.

Even though you cannot change your partner, you can make changes in your own life to stay safe. Consider leaving your partner before the abuse gets worse. Whether you decide to leave or stay, make sure you use our safety planning tips or take our Healthy Relationship Quiz on loveisrespect.org.

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For more information, visit www.loveisrespect.org

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THE RELATIONSHIP SPECTRUM

All relationships exist on a spectrum from healthy to abusive with unhealthy somewhere in the middle

Healthy relationships are based on equality and respect.

RESPECT
GOOD COMMUNICATION
TRUST
HONESTY
EQUALITY

You make decisions together and can openly discuss whatever you're dealing with, like relationship problems and sexual choices. You enjoy spending time together but can be happy apart.

Unhealthy relationships are based on attempts to control the other person.

BREAKS IN COMMUNICATION
PRESSURE
DISHONESTY
STRUGGLES FOR CONTROL
INCONSIDERATE BEHAVIOR

One person tries to make most of the decisions. He or she may pressure their partner about sex or refuse to see how their actions can hurt. In an unhealthy relationship, you feel like you should only spend time with your partner.

Abusive relationships are based on an imbalance of power and control.

ACCUSATIONS
BLAME SHIFTING
ISOLATION PRESSURE
MANIPULATION

One person is making all of the decisions — about sexual choices, friend groups, boundaries, even what's true and what's not. You spend all of your time together and feel like you can't talk to other people, especially about what's really happening in your relationship.

Warning Signs of Abuse: What to look for & more

Relationships exist on a spectrum and it can sometimes be hard to tell when a behavior goes from healthy to unhealthy (or even abusive). Typical warning signs of abuse from your partner include:

- Checking your phone, email, or social media accounts without your permission.
- Putting you down frequently, especially in front of others.
- Isolating you from friends or family (physically, financially, or emotionally).
- Extreme jealousy or insecurity.
- Explosive outbursts, temper, or mood swings.
- Any form of physical harm.
- Possessiveness or controlling behavior.
- Pressuring you or forcing you to have sex.

love is
respect .

Common signs of abusive behavior in a partner

Even one or two of these behaviors in a relationship is a red flag that abuse may be present.

- Telling you that you never do anything right.
- Showing extreme jealousy of your friends or time spent away from them.
- Preventing or discouraging you from spending time with friends, family members, or peers.
- Insulting, demeaning, or shaming you, especially in front of other people.
- Preventing you from making your own decisions, including about working or attending school.
- Controlling finances in the household without discussion, including taking your money or refusing to provide money for necessary expenses.
- Pressuring you to have sex or perform sexual acts you're not comfortable with.
- Pressuring you to use drugs or alcohol.
- Intimidating you through threatening looks or actions.
- Insulting your parenting or threatening to harm or take away your children or pets.
- Intimidating you with weapons like guns, knives, bats, or mace.
- Destroying your belongings or your home.

**NATIONAL
DOMESTIC
VIOLENCE
HOTLINE**

Trafficking and Exploitation

What is it and how is technology used to manipulate people into it?

TEKS:

HS.11.(A) develop strategies to resist inappropriate digital and online communication such as social media posts, sending and receiving photos, sexting, and pornography; and

HS.11.(B) identify appropriate responses to situations in which digital and online safety are at risk, including identity protection and recognition of predators.

HS.19.(A) describe the characteristics of sex trafficking such as grooming, controlling behavior, exploitation, force, fraud, coercion, and violence;

Today's Objectives

- Describe the characteristics of sex trafficking
- Describe the use of technology in recruiting young people for trafficking
- Explore strategies for staying safe online

Review the lesson objectives



Activity: Believe/Don't Believe

Post 3 signs around the room

1. I don't believe this statement
2. I am unsure of what I think about this statement
3. I believe this statement

Read each **Trafficking and Exploitation** statement and, in response, have students move to stand by the sign that most corresponds to their thinking at this time.

After each statement, debrief the class reaction by asking questions such as:

- Does this statement require much thought? Why or why not?
- What do you observe about the class response?
- Does this statement challenge your thinking? Why?

*Activity adapted from <https://www.wrprevent.ca/>, [*Lesson Plan 1: What is Sexual Exploitation and Sex Trafficking?*](#)

What is Trafficking?

Human Trafficking

A crime that *exploits*, or uses, someone for someone else's personal gain.

Labor trafficking: making someone work for little or no money

Sex trafficking: when someone is forced to perform sexual activities in exchange for something of value.

Ask: How many of you have heard the term (**click**) human trafficking? (Raise of hands)

Ask: What do you think human trafficking is? (Elicit several responses)

Click to reveal the definition and ask for a volunteer to read it aloud.

Say: There are two types of human trafficking. (**Click** to reveal each)

- **Labor Trafficking:** making someone work for little or no money
- **Sex trafficking:** when someone is forced to perform sexual activities in exchange for something of value.

*Content from the [MBF Teen Safety Matters™](#) program, [Exploitation and Human Trafficking Awareness, 2022 \(Grades 9-12\)](#)

Traffickers use

Force
Fraud
Coercion

to find and keep victims

Force

- to coerce, especially with the use of threat of violence

Coerce

- the practice of persuading someone to do something by using force or threats

Fraud

- wrongful or criminal deception intended to result in personal gain

Traffickers use force, fraud, and coercion to find and keep victims. Let's start this discussion by defining these words. (**Click** to reveal and discuss one word at a time.)

Ask: What does force mean? (Elicit responses)

- Force means to coerce, especially with the use or threat of violence.

Ask: What does coercion mean? (Elicit responses)

- Coerce or coercion means the practice of persuading someone to do something by using force or threats.

Ask: What does fraud mean? (Elicit responses)

- Fraud means wrongful or criminal deception intended to result in personal gain.

Force, fraud and coercion are used to impose one person's will on another person. It is forcing, pressuring or tricking someone to do something they do not want to do. Like bullying or cyberbullying, there is an imbalance of power.

**Content from the [MBF Teen Safety Matters™](#) program, [Exploitation and Human Trafficking Awareness, 2022 \(Grades 9-12\)](#)*

Sex Trafficking

When *force, fraud or coercion* are used to make someone participate in a commercial sex act. Meaning that money or favors are exchanged for things like:

- sending nude pictures
- exotic dancing
- phone sex
- sex acts.



Sex trafficking is a form of human trafficking that occurs when force, fraud or coercion are used to make someone participate in a commercial sex act. Money or favors are exchanged for things like sending nude pictures, exotic dancing, phone sex or sex acts.

*Content from the [MBF Teen Safety Matters™](#) program, [Exploitation and Human Trafficking Awareness, 2022 \(Grades 9-12\)](#)

How do teens get involved?

Online enticement

When a predator uses the internet to connect with teens and gain their trust.

by promising:

- affection
- money
- gifts
- drugs

Say: One of the most common ways teens become involved in human trafficking is through (*click*) online enticement.

Click

Explain that **online enticement** is when a predator, someone who takes advantage of others for personal gain, uses the internet to connect with teens and gain their trust.

Ask: How might a predator gain someone's trust online? (Elicit responses then *click* to reveal some possible ways)

The predator may promise affection, money, gifts, or drugs, to win their trust.

Once trust has been established, the predator might ask to meet in person, expecting sexual acts, or for sexting.

Sexting

Sending sexually explicit messages or images to someone via digital technology

Sexting is against the law for minors

Sextortion

Making threats to expose a sexual image or video in order to make a person do something.

Sextortion is blackmail.

Ask: What is sexting? (Elicit several responses)

Click

Say: Sexting involves sending sexually explicit messages or images to someone via digital technology. Many people send these explicit messages thinking their pictures would remain private. But pictures and texts may be forwarded and sent to a lot of people, and they can also be put online for everyone to see.

Click

Say: Sexting is against the law for minors

Explain about the law in your own words.

Sexting is a crime in Texas even if no adult is involved. Under [Texas Penal Code Section 43.261](#), it is a crime for a minor to “intentionally or knowingly” send another minor an obscene photo/video or a photo/video of a minor engaging in sexual conduct, if they know it was a minor.

Say: One result of sexting can be **(click) sextortion**

Ask: Has anyone heard the term “sextortion”? (Elicit several responses and invite

someone to define, if possible.)

Click

Say: Sextortion is when someone is making threats to expose a sexual image or video in order to make a person do something.

Ask: “What might someone ask for if they think you’ll be willing to do anything to keep the image or video from getting out?” (Possible responses include send more pics or videos, money, get back into a relationship, or have sex)

Click

Sextortion is blackmail. And when someone is being blackmailed, the perpetrator relies on you feeling ashamed and keeping quiet.

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Online Safety Teacher's Resource.

*Activity adapted from <https://www.wrprevent.ca/>, [Lesson Plan 2: What is Sexual Exploitation and Sex Trafficking and How Can I Stay Safe Online?](#) Image: [Multimedia background vector created by rawpixel.com - \[www.freepik.com\]\(http://www.freepik.com\)](https://www.freepik.com/vectors/multimedia-background)

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Warning Signs



A youth who is being sexually exploited may exhibit the following:

- attitudes
- behaviors
- physical abuse indicators

ACTIVITY

Label 3 pieces of chart paper:

1. A youth who is being sexually exploited may exhibit the following **attitudes**
2. A youth who is being sexually exploited may exhibit the following **behaviors**
3. A youth who is being sexually exploited may exhibit the following **physical abuse indicators**

Ask students to visit each piece of paper, adding at least one warning sign to each. After all students have visited all categories, ask for 3 volunteers to read the lists aloud. Use the **Warning Signs Teacher Resource** for examples, but there may be others that the students come up with.

Ask the students how they might have "difficult" conversations with a person based on the warning signs. What are the barriers that may make it difficult to support a friend who is exhibiting the warning signs? Ask the students to identify who can help, and how they might help.

Please also note that the listed indicators do not necessarily mean someone is being trafficked, but could be signs of other situations or issues in their lives.

*Activity adapted from <https://www.wrprevent.ca/>, [Lesson Plan 1: What is Sexual Exploitation and Sex Trafficking?](#)

Image: [Loudspeaker vector](https://www.freepik.com/vectors/loudspeaker) created by macrovector - www.freepik.com

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Helping a Friend



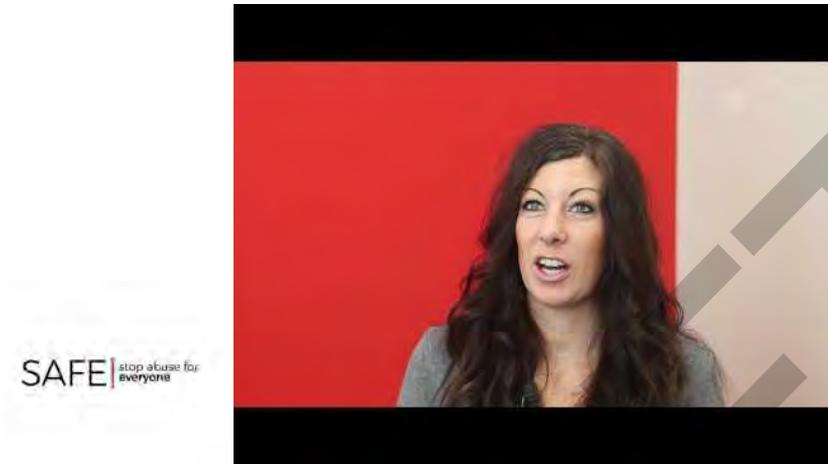
- Listening without judgement.
- Not blaming the person for what they are going through.
- Considering our own biases.
- Be aware of and soften your body language.
- Mirror their language e.g. if they say “boyfriend,” use this term.
- Let them take the lead in sharing, avoid leading the conversation.
- Avoid making promises you aren’t able to keep (e.g. no confidentiality).

Ask students to identify how to talk to a friend if you suspect they are being targeted by traffickers.

Click to reveal and discuss the following:

- Listening without judgement.
- Not blaming the person for what they are going through.
- Considering our own biases. For instance, it may be hard to understand or empathize with some of the choices others make, or the barriers they experience. It’s important to keep in mind that sexually exploited youth are often manipulated and controlled.
- Be aware of and soften your body language.
- Mirror their language e.g. if they say “boyfriend,” use this term.
- Let them take the lead in sharing, avoid leading the conversation (do not probe for their story -this is the cue to connect with support).
- Avoid making promises you aren’t able to keep (e.g. no confidentiality).

Getting Help in Austin



If you think that you or someone you know might be a victim of trafficking or sex exploitation, please contact our SAFEline by phone at **512.267.SAFE** (7233), by text at **737.888.7233** or by chat at safeaustin.org/chat.

National Human Trafficking Hotline

To get help or report trafficking:

- **Call: 888-373-7888**
 - ◆ Anti-Trafficking Hotline Advocates are available 24/7 to take reports of potential human trafficking.
- Text **HELP** to **BEFREE (233733)**
- Email: help@humantraffickinghotline.org
- Chat online: <https://humantraffickinghotline.org/>

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Trafficking and Exploitation Wrap Up

- What is one thing that stood out to me about trafficking and exploitation?
- What kinds of things might make someone vulnerable to exploitation?
- One way I can ensure my safety online is...

Ask students to respond to the wrap up questions.

Trafficking and Exploitation Statements

Stand by the statement that corresponds to your thinking at this time

- I don't believe this statement
- I am unsure of what I think about this statement
- I believe this statement

Statements

1. There are some cases where people cannot give consent to others, even if they are willing to do so
2. The laws about consent change if one of the people involved has a position of trust or authority over the other
3. People may be recruited into sexual exploitation by offering them love and/or social acceptance
4. Child sexual exploitation is: a minor who is manipulated into a sexual act in exchange for something
5. Child sexual exploitation falls into the category of Human Trafficking
6. Some youth are more vulnerable than others to child sexual exploitation
7. Human trafficking isn't a problem in Texas
8. Many human traffickers will start a relationship with their victims and pose as their romantic partners or friends
9. Victims of child sexual exploitation may not be aware that they are being exploited
10. I would recognize "grooming" behaviors from a trusted person or authority figure
11. Young men may be less likely to disclose they are victims of sexual exploitation due to prejudice, stigma, or other fears
12. It is easy to identify behavior that is sexually exploitative
13. Not all sexually exploited youth see themselves as victims
14. Victims of child Sexual Exploitation can be "Recruited" and "Lured" through Instagram, TikTok, Snapchat, and other social media platforms.
15. A minor cannot be a sex worker
16. It is easy to jump to conclusions about who becomes a victim of child sexual exploitation and/or human trafficking

Statement	Talking Points
1. There are some cases where people cannot give consent to others, even if they are willing to do so	This is the crux of the issue. Students may not fully understand that power, authority, and trust all make consent impossible.
2. The laws about consent change if one of the people involved has a position of trust or authority over the other	Ask students to identify who has trust and/or authority over them.
3. People may be recruited into child sexual exploitation by offering them love and/or social acceptance	Students may understand the idea of “recruitment” around money, drugs, alcohol, or goods. But love and acceptance are a bit more intangible and they may not have considered it.
4. Child sexual exploitation is: someone under the age of 18 who is manipulated into a sexual act in exchange for something they need	Focus on the word “manipulated”. It may be worth asking students what they think that word means to them.
5. Child sexual Exploitation falls into the category of Human Trafficking	Human trafficking involves the recruitment, transportation, harbouring and/ or exercising control, direction or influence over the movements of a person in order to exploit that person, therefore child sexual exploitation falls within this category.
6. Some youth are more vulnerable than others to sexual exploitation	All youth are vulnerable. However, some factors may increase vulnerability. Being a girl is the biggest risk factor. Often, they are factors linked to being less privileged, or being a member of a marginalized or oppressed community.
7. Human trafficking isn’t a problem in Texas	It's easy to believe these issues don't affect your hometown, but trafficking is occurring in cities and towns all across Texas. In Texas, there are approximately 313,000 victims of human trafficking at any given moment, according to a study conducted by the University of Texas School of Social Work. This includes approximately 79,000 minor and youth victims of sex trafficking. (Data and more info from: https://www.kxxv.com/hometown/texas/reported-cases-of-human-trafficking-on-the-rise-during-a-pandemic)
8. Many human traffickers will start a relationship with their victims and pose as their romantic partners or friends	In most scenarios of sexual exploitation traffickers build an emotional bond with their victims by pretending to be their boyfriends or friends
9. Victims of child sexual exploitation may not be aware that they are being exploited	Manipulation includes making a person feel as if they are in a valued, loving, and/or committed relationship. The victim may not be aware of that manipulation.
10. I would recognize “grooming” behaviors from a trusted person or authority figure	Distinguish between grooming behavior and kind behavior. Kindness is not about an exchange. Grooming refers to selective tactics used to prepare a youth for exploitation including gaining their trust and developing a relationship with them.
11. Young men may be less likely to disclose they are victims of child sexual exploitation due to prejudice, stigma, or other fears	All youth are vulnerable. Although female-identified individuals are more likely to be trafficked, male-identified individuals can also be targets. Disclosure is equally difficult, but the barriers may not be the same.

12. It is easy to identify behavior that is sexually exploitative	It may be easy for some to identify, but not others. It is likely harder to identify if a person is involved personally.
13. Not all sexually exploited youth see themselves as victims	This is related to the idea of being manipulated. Effective manipulation may make a victim not see themselves as a victim.
14. Victims of child sexual exploitation can be “Recruited” and “Lured” through Instagram, TikTok, Snapchat, and other social media platforms	Using these platforms is becoming a lot more common. “Recruitment” refers to the act of selecting and enlisting new victims to be exploited and “Luring” refers to Communicating with a youth for the purpose of committing a sexual offence
15. A minor cannot be a sex worker	Sex work in most of the US is illegal. However, anyone under the age of 18 cannot consent to being a sex worker. Meaning that they would be considered a victim of sexual exploitation and trafficking.
16. It is easy to jump to conclusions about who becomes a victim of child sexual exploitation and/or human trafficking	Talk about stigma, stereotypes, and passing judgment. Students, especially those with privilege, may not see how their circumstances impact what they believe.

Additional Resources:

- Refugee Services of Texas — Statewide organization based in Austin providing services to survivors of human trafficking in all forms. www.rstx.org
- Allies Against Slavery — Austin-based organization working to end modern-day slavery www.alliesagainstslavery.org
- University of Texas IDVSA report on Trafficking in Texas By the Numbers sites.utexas.edu/idvsa/files/2017/02/Press-Release-Human-Trafficking-by-the-Numbers.pdf
- Polaris Project — Statistics on Human Trafficking in the U.S. and worldwide polarisproject.org/human-trafficking/facts
- Department of Labor — Office of Child Labor, Forced Labor & Human Trafficking www.dol.gov/agencies/ilab/our-work/child-forced-labor-trafficking

Online Safety Activity

Safety Issue #1

Geotagging/Location Settings

What is it?

How could it be unsafe?

What can be done to promote online safety?

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Online Safety Activity

Safety Issue #2

Privacy Settings

What is it?

How could it be unsafe?

What can be done to promote online safety?

DRAFT

Online Safety Activity

Safety Issue #3

Impulsivity and Oversharing

What is it?

How could it be unsafe?

What can be done to promote online safety?

DRAFT

Online Safety Activity

Safety Issue #4

Username

What is it?

How could it be unsafe?

What can be done to promote online safety?

DRAFT

Online Safety Activity

Safety Issue #5

Private Messaging/Chatting

What is it?

How could it be unsafe?

What can be done to promote online safety?

DRAFT

Online Safety Activity

Safety Issue #6

Interactions with Unknown Followers

What is it?

How could it be unsafe?

What can be done to promote online safety?

DRAFT

Online Safety Activity

Online Safety Teacher Resource

Online Safety Tip	Explanation
Disable geotagging on your phone	<i>Geo-tagging attaches geographical locations to posts, allowing followers to see exactly where the person was when they made the post. Sex traffickers may use this information to locate victims. They may also use this information as a way to initiate conversation/create a false familiarity with victims. For example, the sex trafficker may claim that they saw the poster at the geo-tagged location and that they looked beautiful.</i>
Set strict privacy settings on social media	<i>Only allow your friends/followers to view your pictures and posts. Only accept friends/followers that you know in person.</i>
Think before you post	<i>Victims can be lured because they have shared personal experiences or images like bullying at school, struggles with poor body image or conflicts at home.</i> <i>In addition, encourage students to be careful not to include identifying information in your posts, including phone numbers, where they live/work, etc.</i>
Use generic usernames	<i>Make sure your username does not reveal personal information about yourself (e.g. your full name or birthday)</i>
Message/chat with people you know in person	<i>Keep messages private and with people you know. If you are messaging with someone new, do not reveal any personal information about yourself (first and last name, birthday, where you live, etc.).</i>
Watch out for overly friendly or complimentary followers/comments	<i>Online sex traffickers often try to establish friendships/relationships with their victims. Be wary of anyone you don't know who is commenting in an overly friendly or loving way.</i>

Warning Signs

A youth who is being sexually exploited may exhibit the following **attitudes** . . .

- Withdraws from family, friends or peer groups, and extracurricular activities
- Maintains a high level of secrecy and is reluctant to share where they have been or with whom
- Responds to conversation as if they are reading from a practiced script
- Angry, confrontational, or abusive
- Fearful, anxious, depressed, tense, submissive, or nervous/paranoid and avoids eye contact, unexplained mood swings
- Secretive about their daily life routines
- Exhibits unusually fearful or anxious behavior regarding law enforcement
- Protective of new relationships, providing little information when asked
- Appears to be protective of loved ones or fears for their safety

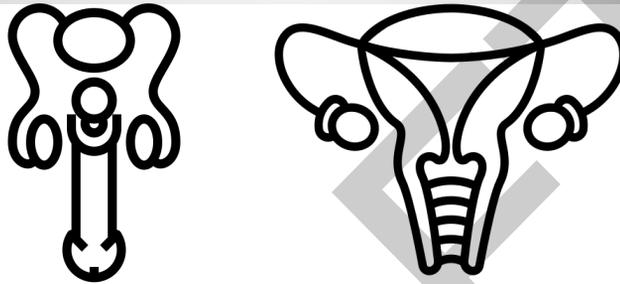
A youth who is being sexually exploited may exhibit the following **behaviors** . . .

- Comes home late or past curfew for unexplained reasons
- Disappears for extended periods of time (days, weeks, months)
- Hangs around with new and different groups of friends including older individuals
- Wears expensive clothing or jewelry that he/she could not normally afford Receives phone calls from blocked or private phone numbers
- Secretive about internet usage including sites and contacts
- Has an online relationship with someone they have never met in person
- Has a significantly older boyfriend or girlfriend
- Receives unexplained gifts from secretive sources
- Talks about Bitcoin, airBNB or hotel parties
- Frequents hotels or unusual locations to meet friends
- Adopts slang and speech that is 'street' level talk
- Inability to clarify where he/she is staying/address
- Has pre-paid calling cards, credit cards, hotel room keys, business cards
- Has multiple cell phones, changes cell phone number often
- Has pornographic images or videos of themselves openly available or posted online
- Has numerous inconsistencies in his/her story – loss sense of time
- Does not attend school or is working during school hours
- Has numerous taxi numbers programmed into cell phone

A youth who is being sexually exploited may exhibit the following **physical abuse indicators**...

- Unexplained bruises, cuts, and broken bones
- Black eye(s)
- Tattooing or branding symbols such as names on neck, wrists, or lower back
- Cigarette burns on body
- Physical scarring, scrapes, or scratches

Reproductive Anatomy



An important note about language:

Language is complex, evolving and powerful. In this lesson, inclusive language is used to be inclusive of all students, including those with diverse gender identities, gender expressions and sexual orientations. This includes the use of 'they' as a singular gender-neutral pronoun.

A person's sex can be male, female or intersex (not clearly defined as either male or female). Sex is independent of gender identity. Gender identity is a person's internal sense of identity as female, male, both or neither, regardless of their sex assigned at birth.

For many people, their gender matches the sex they were assigned at birth (cisgender). For others, their gender identity does not match the sex they were assigned at birth. They may use terms like transgender, trans, non-binary, gender fluid, gender queer, agender or others, to describe their gender identity. The umbrella term 'trans' is primarily used here, to describe people whose gender identity and sex assigned at birth differ. While this umbrella term does not fit everyone, the intention is to be inclusive as possible.

In this lesson, you will notice that body parts and processes are *not labelled as male or female*. While it is ok to use the terms boy/girl/male/female, it is

important not to assume that all boys or girls have certain anatomy. This approach is more inclusive of intersex and gender diverse people. (teachingsexualhealth.ca)

TEKS:

H1.20. analyze the importance of telling a parent or another trusted adult, obtaining early pregnancy testing, and seeking prenatal care if signs of pregnancy occur.

Penis icon:

<https://cdn-icons.flaticon.com/png/512/2961/premium/2961366.png?token=exp=1643743656~hmac=61690a5e339fcf6eb5a2ccfaf56da1e8>

Penis icons created by pmicon - Flaticon

Uterus icon:

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Vagina icons created by Victoruler - Flaticon

Say What?!?

Slang for reproductive body parts and sex

1. Where does this slang come from? Where do we learn it?
2. Why do we use slang?
3. Why is it problematic?

3

Begin this unit with a discussion about terminology.

(Click)

Ask students to think about all the slang they know that is used for

- reproductive body parts:
 - Penis
 - Testicle
 - Vulva
 - Vagina
 - Breast
- and for sex:
 - Vaginal
 - Anal
 - Oral

Choose a couple of words and ask students to say all of the slang out loud, repeating each word, but do not write them or project them in any way. (*Note: by repeating the slang words, the facilitator is taking the power away from them, showing that you are indeed someone who will not judge or be flustered. This actually helps with classroom management throughout this lesson as well as throughout the unit.)

After about a minute, ask students to respond to the 3 questions: (**Click** to reveal each question)

1. Where does this slang come from? Where do we learn it?
2. Why do we use slang?
3. Why is it problematic?

Explain that the reason why it can be a problem is because we need to be able to communicate about our bodies with our medical providers in order to make sure we receive proper care and with our partners in order to make sure that we are on the same page about what we will and will not do when it comes to sexual activity. During the discussion, note how we don't have/use slang for any other body part that is not related to sex or reproduction. Allow for discussion around why this might be.

Reproductive Anatomy Review



Penis



Uterus

and related structures

3

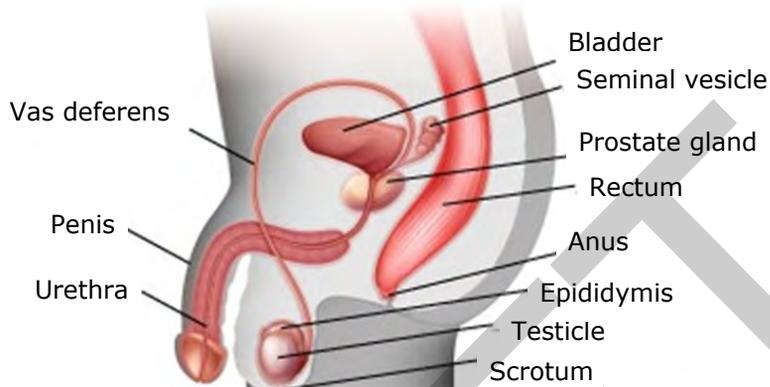
Do a review of the reproductive systems using one or more of the following options:

1. Slides 4-7 have animated diagrams. Click through and discuss each part using the notes that accompany each slide
2. Handout of diagrams with word banks for students to use to label each part.
3. Handout of *The Egg's Journey* and *The Sperm's Journey*, using a word bank to fill in the blanks of the stories about how the respective gametes move through the body.
4. Using printed out cards (see *Journey of the Egg and Sperm Activity*), have students line up to show the journey of the egg and sperm.

***A reminder about language:** these diagrams are not labeled as male or female. *It is recommended to talk about it as "the penis or the uterus or vagina and related structures"*. This can be a challenge as we practice changing our language, but it is an important tool for the inclusion of any student who may not identify with the gender that they were assigned at birth based on their external genitalia.

All images from

<https://teachingsexualhealth.ca/app/uploads/sites/4/Gr7-Diagrams-English-Oct9.pdf>



4

Review the anatomy of the penis and related structures.

Using the numbers as a guide, state the function and ask students to give the correct name, then **click** to reveal:

1. the sac of skin that hangs outside of the body, just below the penis - **(click)** - **Scrotum**
2. protected inside of the scrotum; where sperm are made - **(click)** - **Testicle**
(note: there are 2 testicles within the 1 scrotum, separated by a ridge called a "raphe")
3. a long coiled tube that sits on top of the testicle; where sperm are stored and mature after leaving the testicle - **(click)** - **Epididymis**
4. a narrow tube that carries sperm from the testicles to the urethra to leave the body - **(click)** - **Vas deferens**
5. the vas deferens travels around this sac that holds urine; it is not a part of the reproductive system - **(click)** - **Bladder**
6. the vas deferens connects to these *two structures* so that they can add fluid (aka. semen) to the sperm to help with the journey out of the body - **(click)** - **Seminal vesicle** and ...
7. **(click)** - **Prostate gland**
8. the semen (fluid) containing sperm from the testicles moves through this structure in order to leave the body - **(click)** - **Penis**

1. the tube that carries the fluid through the penis - **(click) - Urethra**
2. the last two structures that are shown on this diagram are not part of the reproductive system, but are used to pass waste/stool out of the body, and are sometimes used in sexual activity; the opening at the far end of the digestive tract - **(click) - Anus**
3. the section of the digestive tract just above the anus - **(click) - Rectum**

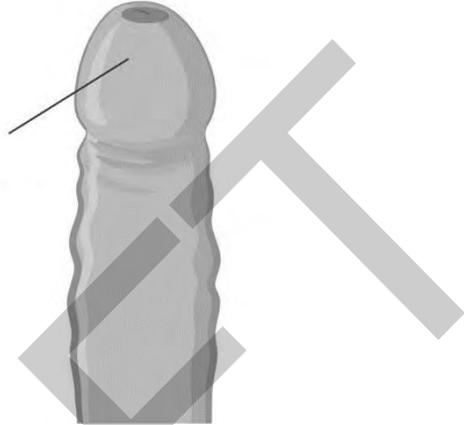
All images from

<https://teachingsexualhealth.ca/app/uploads/sites/4/Gr7-Diagrams-English-Oct9.pdf>

Circumcised Penis



Uncircumcised Penis



5

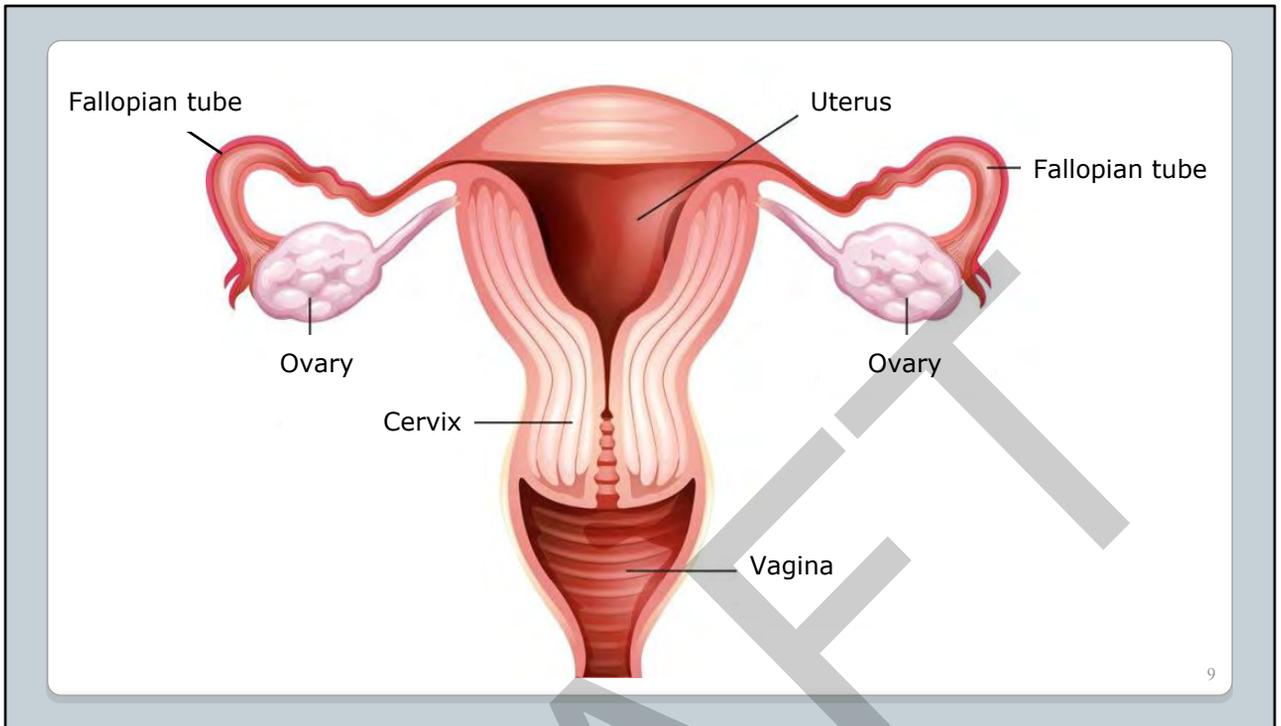
The last two structures to review are on the outside of the body and at the tip of the penis.

- A piece of skin that covers the tip of the penis and that many people have had this removed as infants during a medical procedure called circumcision - (**click**) - **Foreskin**
- this part of the penis is exposed when the foreskin is either removed or pulled back (if not circumcised) - (**click**) - **Glans**

*If there are questions about circumcision: Circumcision may be done due to cultural beliefs, religious beliefs, family norms, etc. Most of the time it is not the person's decision, but it is the parents'/family decision. Hygiene is a little different with a penis that has the foreskin intact because skin cells, sweat and other gunk can get trapped under the skin and needs to be cleaned regularly. As long as hygiene is attended to, being uncircumcised is as healthy as being circumcised.

All images from

<https://teachingsexualhealth.ca/app/uploads/sites/4/Gr7-Diagrams-English-Oct9.pdf>



Review the anatomy of the uterus and related structures, using the numbers as a guide. Click to reveal each part as you go through the following discussion.

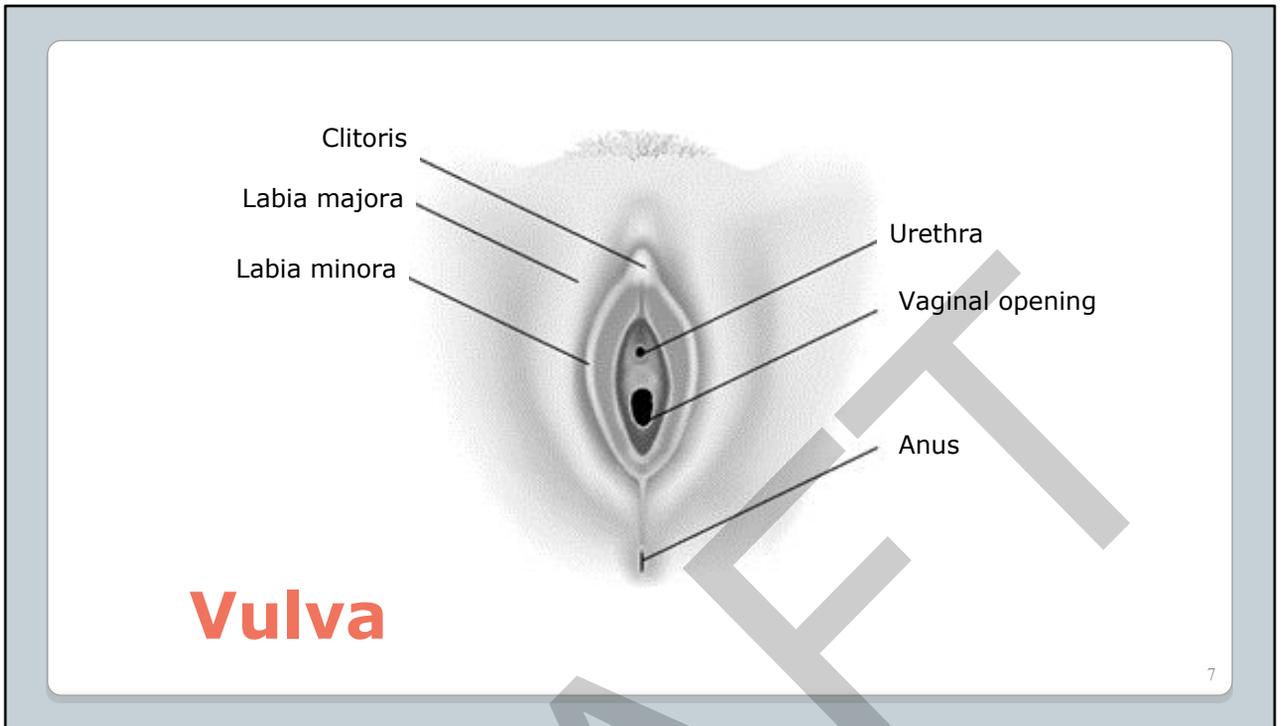
1. These two glands in the body produce eggs and release approximately one each month after puberty begins, a process called *Ovulation* - **(click) - Ovary** (note: typically, eggs are released from alternating sides each month)
2. The tube that “catches” the egg that is released from the ovary and is also the place that *fertilization* would happen if there were sperm in the body - **(click) - Fallopian tube**
3. the structure that ‘houses’ a growing fetus/baby during pregnancy; each month this structure prepares for a pregnancy by building up a thick lining that is shed if no pregnancy occurs (aka. ‘the period’) - **(click) - Uterus**
4. The bottom of the uterus that connects to the vagina - **(click) - Cervix**
5. The passageway leading from the cervix to the outside of the body - **(click) - Vagina**

Note: many people refer to the outside genitals as the vagina. Let’s now look at the outside and review the external structures that make up the Vulva.

All images from

<https://teachingsexualhealth.ca/app/uploads/sites/4/Gr7-Diagrams-English-Oct9.pdf>

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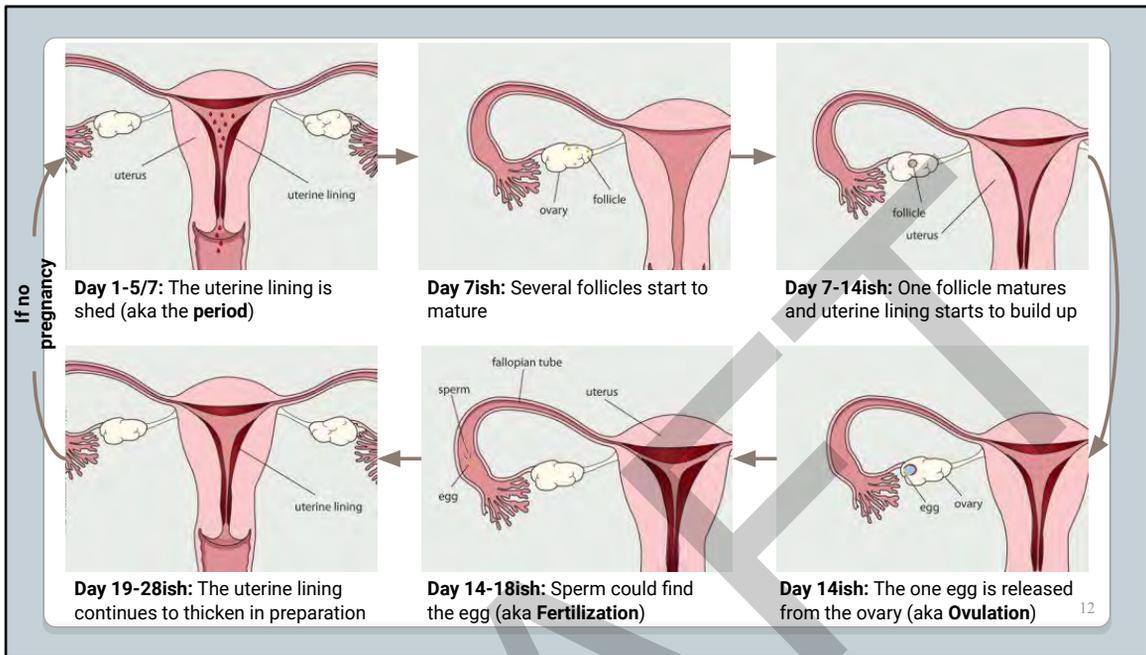


Review the anatomy of the vulva using the numbers as a guide. Click to reveal each part as you go through the following discussion.

1. This part of the vulva has thousands of nerve endings making it really sensitive and allows for sexual stimulation - **(click) - Clitoris**
2. The larger, fleshy folds of tissue that enclose and protect the other external structures - **(click) - Labia majora** (literally translates to Large Lips)
3. The smaller skin folds that protect the opening of the urethra and the vaginal opening - **(click) - Labia minora**
4. Protected by the labia minora, this is the opening to the tube that carries urine out of the body - **(click) - Urethra**
5. Protected by the labia minora, this opening is where menstrual blood leaves the body and is used for sexual intercourse as well as childbirth - **(click) - Vaginal opening**
6. the opening at the end of the digestive tract that allows feces to leave the body; not part of the reproductive system but sometimes used for sexual activity - **(click) - Anus**

All images from

<https://teachingsexualhealth.ca/app/uploads/sites/4/Gr7-Diagrams-English-Oct9.pdf>



The beginning of the cycle (Day 1) is actually the first day of the bleeding, or period. The uterus is where a baby would grow during a pregnancy and the lining of the uterus is what is needed to protect and nourish the baby during pregnancy. When there is no pregnancy, the extra thick lining is not needed and therefore shed and it leaves via the vagina. This bleeding/shedding lasts about 5-7 days.

(Click)

Around day 7, several egg cells, called follicles, start the race to see which one is going to mature enough to be released from the ovary.

(Click)

Usually, only one egg is able to develop enough to be released, and it begins to move to the edge of the ovary while the others are absorbed back into the body. Meanwhile, the lining of the uterus is starting to build back up again in preparation for a pregnancy.

(click)

Around day 14, the mature egg is released from the ovary and travels into the fallopian tube. This is called **ovulation**.

(Click)

The egg that was released is only stable for a short time and this is when sperm would need to find the egg if a pregnancy is going to happen. Sperm joining with the egg is called **fertilization**.

(Click)

If an egg is fertilized, it would continue the journey through the fallopian tube and into the uterus to implant into the lining, but we will talk more about that in the next lesson.

(Click)

If it is not fertilized, then it is absorbed into the body, and the cycle continues by once again shedding the extra lining of the uterus.

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The Menstrual Cycle

Fertilization and Preparing for Pregnancy

9

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If a person with a uterus has had any contact that would have allowed sperm to enter the vagina (this is usually via vaginal sex, or inserting a penis into the vagina, but it can happen even if semen is on the outside of the vagina without vaginal penetration), there could be a possibility of pregnancy happening. **Remember that abstinence, meaning not having any sexual contact, is the most effective way to prevent a pregnancy.**

Start this conversation about pregnancy by asking students when they think is the right time for a pregnancy (or another pregnancy).

Considerations might include things like age, physical health, emotional and financial stability, etc. This, ideally, includes being done with schooling. Everyone is going to have a different opinion about the “right” time, but be sure to end the conversation with the idea that the best time is when both partners have planned and prepared for raising a child.

A pregnancy test checks for the presence of a hormone, called human chorionic gonadotropin (or HCG), which takes about 10-14 days to build up enough to be detected. So what other signs might someone have if they are pregnant?

Image: Medical vector created by freepik - www.freepik.com

- Missed period
- Light spotting or implantation bleeding
- Cramping
- Swollen tender breasts
- Nausea and vomiting
- Headaches and dizziness
- Fatigue
- Frequent need to urinate
- Constipation
- Bloating
- Gas
- Mood swings
- Food cravings
- Elevated basal temperature

First Signs of Pregnancy

11

What are some things that you have heard of that might lead someone to think they might be pregnant?

Take a few responses then **click** to reveal some of the possible signs. (See “Early pregnancy symptoms: First signs you might be pregnant” Teacher Resource for additional information about these and more possible symptoms.)

Note that all of these signs can also be symptoms of other issues so if someone suspects they could be pregnant, it is important to see a doctor.

Pregnancy test (at home or in clinic)

Talk to a trusted adult

See a healthcare provider

What to do if you think you or your partner might be pregnant

12

Ask students what someone might want to do if they think they or their partner might be pregnant.

Click

After about 10-14 days, take a pregnancy test. This can be done using an at-home test or going to a clinic. Note: adolescents do not need parent permission to obtain a pregnancy test in a clinic.

Click

It can, however, be a very scary and confusing time, so talking to a trusted adult is an important step in order to help navigate all the feelings you may have.

Click

If the at-home test comes back negative, it may be a good idea to see a healthcare provider to check on any other symptoms you are having or to talk about more effective pregnancy prevention options. And if an at-home test comes back positive, it's important to see a healthcare provider as soon as possible for prenatal care.

The medical care you get during pregnancy, by a doctor, nurse, or midwife, to check on the health of you and the baby.

- Regular checkups
 - ◆ Blood pressure
 - ◆ Urine tests
 - ◆ Blood tests



What is Prenatal Care?

18

Prenatal care can help prevent complications during pregnancy and ensure the infant's health and development.

Ask students if they can tell you what is meant by the phrase “prenatal care”. Take a few responses, then **click** to reveal the definition.

Explain that this is done by seeing the healthcare provider at **(click)** regular intervals.

Possible checks during the visits: **(click)** to reveal and discuss each)

- **Blood pressure check.** Your provider checks your blood pressure to make sure you don't have *preeclampsia*. Preeclampsia is high blood pressure that can happen after the 20th week of pregnancy. Preeclampsia can cause serious problems during pregnancy.
- **Urine test.** Your provider checks your urine for infections, like a bladder or kidney infection, and other conditions, like preeclampsia. Having protein in your urine may be a sign of preeclampsia.
- **Blood tests.** Your provider checks your blood for certain infections, such as syphilis, hepatitis B and HIV. Your blood test is also used to find out your blood type and Rh factor and to check for anemia. Anemia is when you don't have enough healthy red blood cells to carry oxygen to the rest of your body. Rh factor is a protein that most people have on their red blood cells. If you don't have it and your baby does, it can cause Rh disease in your baby. Treatment

- during pregnancy can prevent Rh disease.

Your provider will probably also check your **weight** at each prenatal care checkup to make sure you're gaining the right amount.

Other tests may be done to include genetic testing, sonograms to check for the baby's genitals/sex and growth, and glucose levels.

Image: Baby photo created by pch.vector - www.freepik.com

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- Follow a healthy, safe diet.
- Get regular, moderate exercise.
- Avoid exposure to potentially harmful substances such as lead and radiation.
- Control existing conditions, such as high blood pressure and diabetes.
- Avoid tobacco smoke and alcohol use.

Staying Healthy

14

Some important steps pregnant people can take to help reduce the risk for problems are:

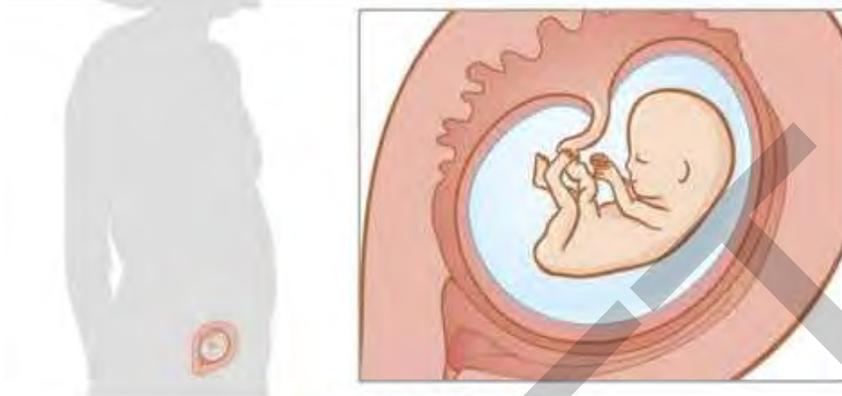
Follow a healthy, safe diet.

Get regular, moderate exercise.

Avoid exposure to potentially harmful substances such as lead and radiation.

Control existing conditions, such as high blood pressure and diabetes.

Avoid tobacco smoke and alcohol use.



Month 3 (Week 12)

Show video and discuss

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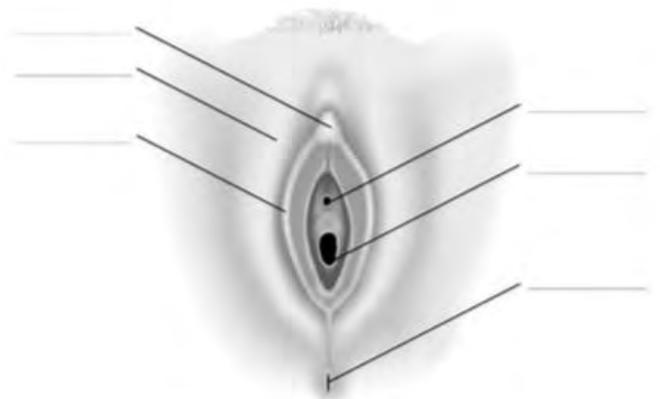
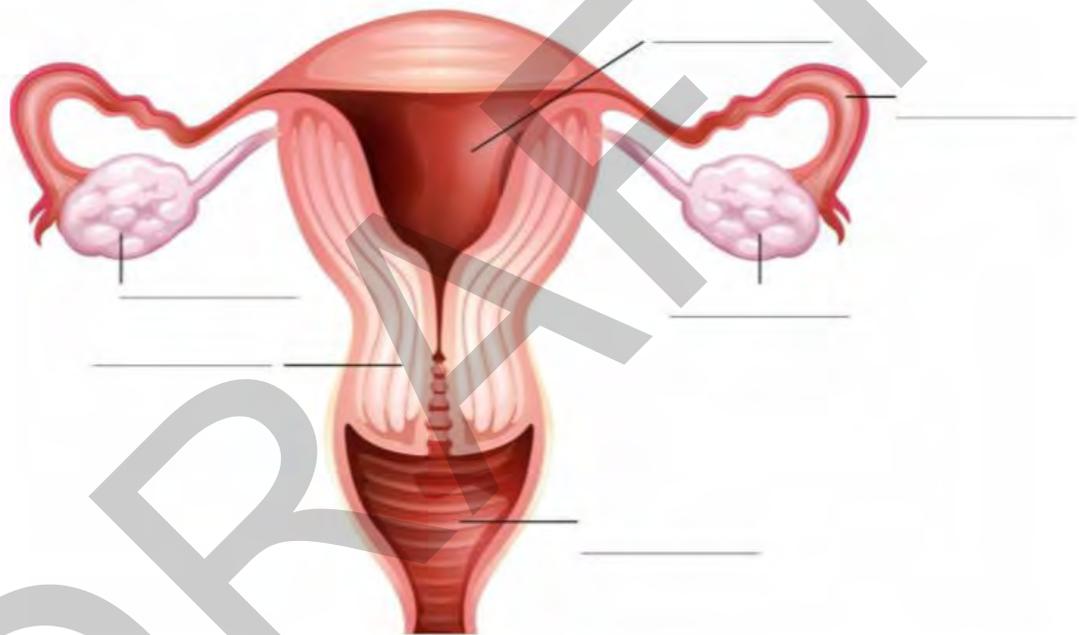
- What is one thing you learned about the reproductive system or pregnancy?
- Why is it important to know about these systems and their parts?
- What are the things that you need to be prepared for before having a baby?

Wrap Up

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Reproductive System Diagram - Assigned Female

Instructions: Using the word bank below, label the parts of the anatomy for someone assigned female at birth. Words may be used more than once.

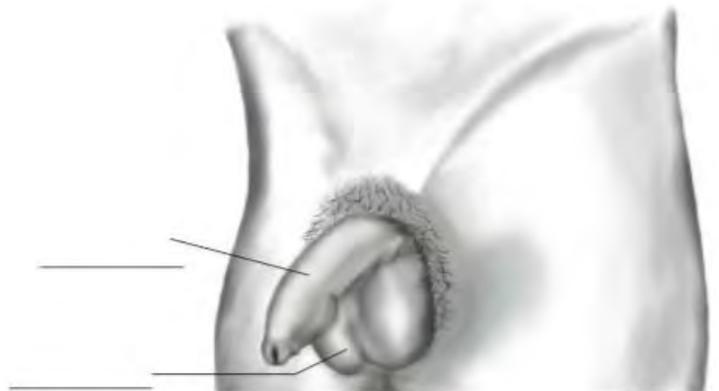
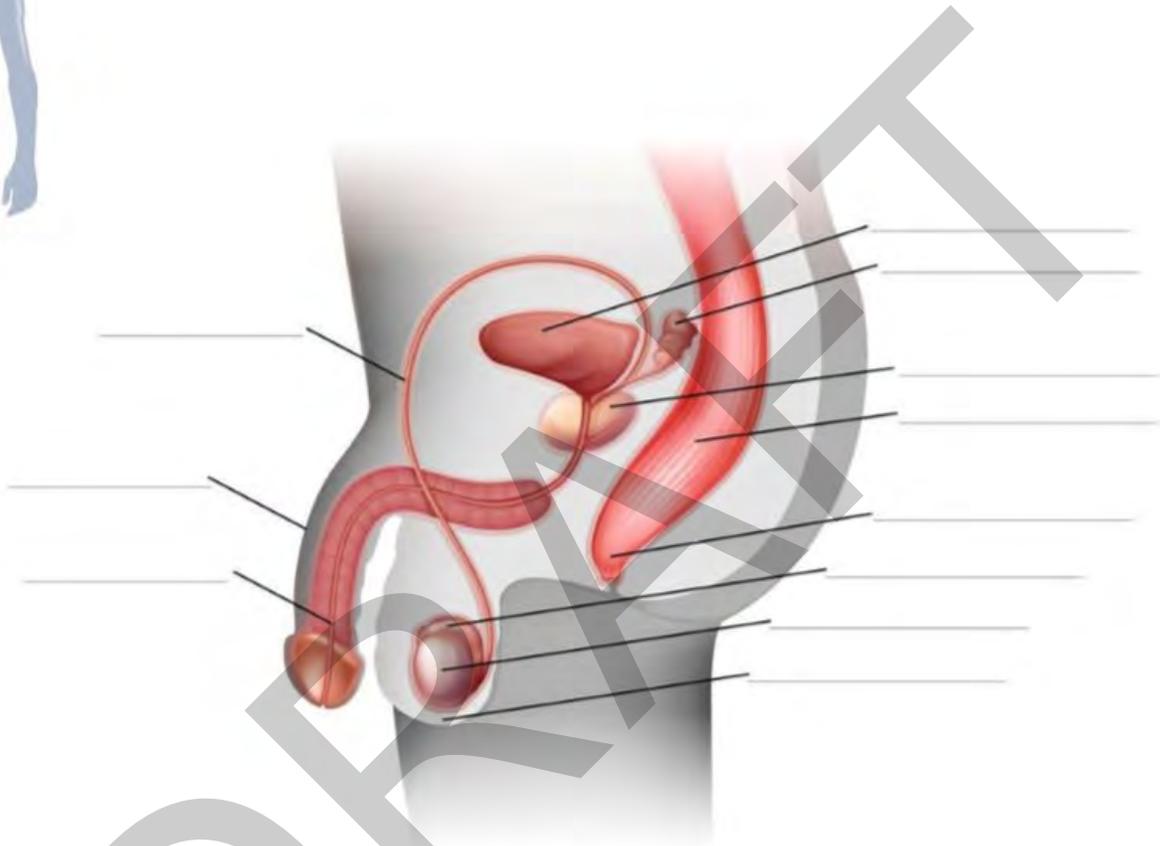


Word Bank

- | | |
|---|--|
| <input type="checkbox"/> Fallopian Tube | <input type="checkbox"/> Clitoris |
| <input type="checkbox"/> Cervix | <input type="checkbox"/> Urethra |
| <input type="checkbox"/> Ovary | <input type="checkbox"/> Anus |
| <input type="checkbox"/> Uterus | <input type="checkbox"/> Vaginal Opening |
| <input type="checkbox"/> Vagina | <input type="checkbox"/> Labia Majora |
| | <input type="checkbox"/> Labia Minora |

Reproductive System Diagram - Assigned Male

Instructions: Using the word bank below, label the parts of the anatomy for someone assigned male at birth. Words may be used more than once.



Word Bank

- | | |
|---|--|
| <input type="checkbox"/> Scrotum | <input type="checkbox"/> Rectum |
| <input type="checkbox"/> Penis | <input type="checkbox"/> Testicle |
| <input type="checkbox"/> Urethra | <input type="checkbox"/> Vas deferens |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Anus |
| <input type="checkbox"/> Prostate Gland | <input type="checkbox"/> Seminal Vesicle |

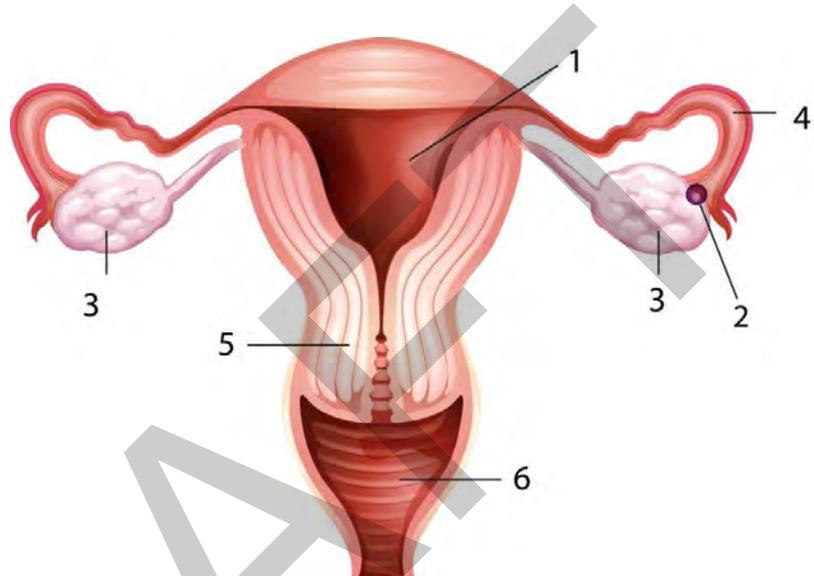
Name: _____

The Egg's Journey

Read the following story and fill in the blanks using the words provided.

Word Bank

cervix
fallopian tubes
menstrual cycle
ovary
egg
uterus
vagina



Once upon a time, there was a reproductive system. Each month, due to changes in hormones, the

_____ (1) invited a thick, soft lining made up of tissue and blood to grow along its walls. The lining contained nutrients that would be needed to nourish a growing baby if a pregnancy was to occur. Once the lining had grown, it waited for the ovaries to do their job.

The ovaries contained special reproductive cells, each cell called an _____ (2). Each month, one of these cells would reach maturity and be released from the _____ (3).

This month, it was the right ovary that got to release an egg. The left one would have to wait until the next month. The _____ (4), which wait for the ovaries to release an egg, waved their numerous arms. The waving arms grabbed the egg that was just released and gently guided it into one of the tubes. After about a day of travel, the egg began to dissolve. When it had disappeared, the brain sent a message to the lining of the uterus telling it that a fertilized egg wasn't going to arrive, so it could leave the uterus. Slowly, the lining passed through the _____ (5), into the _____ (6), and out of the body.

As soon as the lining was gone, the uterus invited a new lining to start to grow. This time around, it would be the ovary and fallopian tube on the left that would do all the work. Then, the process would start all over again. This process is called the _____ (7).

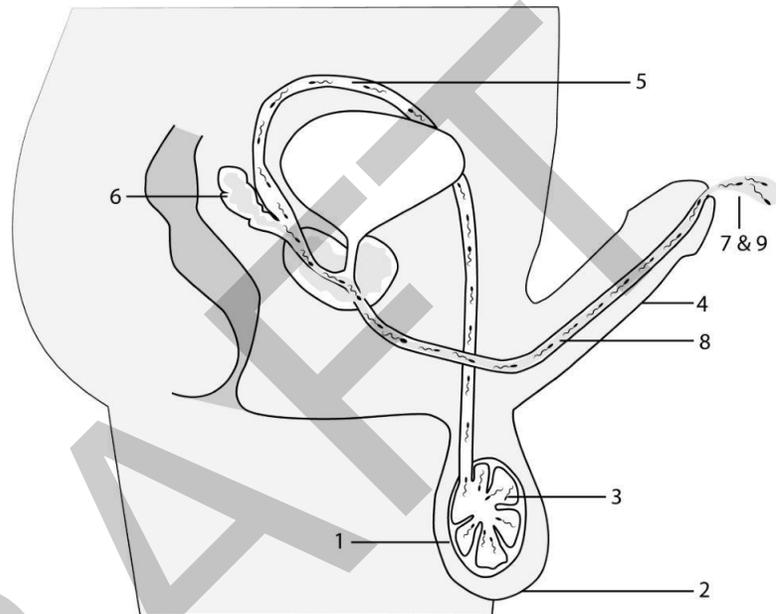
Name: _____

The Sperm's Journey

Read the following story and fill in the blanks using the words provided.

Word Bank

ejaculation
penis
scrotum
semen
seminal vesicle
sperm
testicles
urethra
vas deferens



Once upon a time, there was a pair of _____ (1). They were held in a special sac called the _____ (2). This sac could hold the testicles close to the body to keep them warm, or let them hang away from the body to keep them cool. The testicles made special reproductive cells called _____ (3). Once these cells were made, they would wait to be released from the testicles. Sometimes, they would wait so long that they dissolved. Other times, they would be released from the testicles, make a journey through the reproductive system and leave the body.

On the day in question, it just so happened that the sperm got to be released from the body. First, the _____ (4) became larger, longer and firmer until it stuck out from the body. When the penis gets this way it is called an erection. The sperm travelled up the _____ (5). Along the way, it mixed with fluid from the prostate gland, and with seminal fluid, which was made in the _____ (6). Once these fluids mixed, they decided to call themselves _____ (7). Together they travelled from the vas deferens into a tube called the _____ (8).

By this time, the semen was almost at the end of the journey. After travelling through the vas deferens and the urethra, the semen was released from the penis in a process called _____ (9). The erection went away and the penis became smaller and softer.

Journey of the Sperm and the Egg - ACTIVITY

	Reproductive System 1 - Sperm	Reproductive System 2 - Eggs
1	Testicle	Ovary
2	Epididymis	Fallopian Tube
3	Vas Deferens	Uterus
4	Urethra	Cervix
5	Penis	Vagina

Print the cards.

Ask for 10 volunteers, divided into two teams, one for each system. Give each student a card in random, mixed up order. Then have the teams race to get into the correct order from development to leaving the body.

Ovary

Fallopian Tube

Uterus

Cervix

Vagina

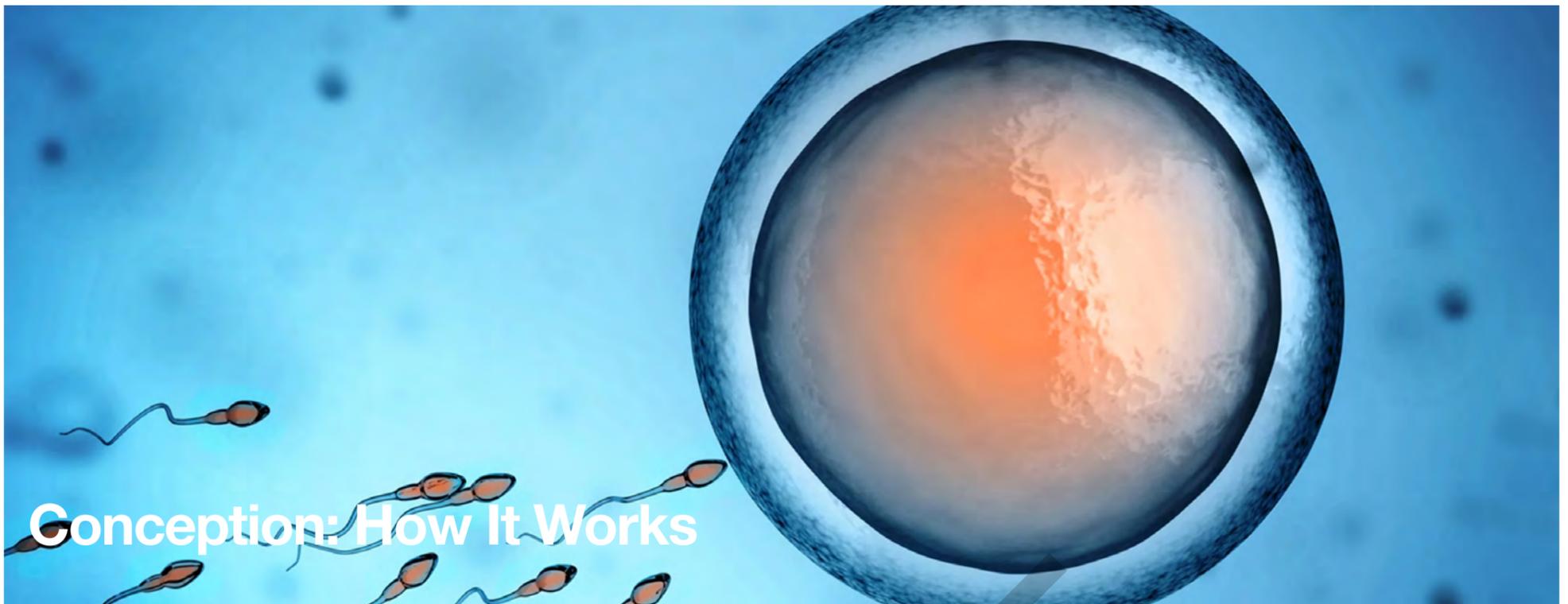
Testicle

Epididymis

Vas Deferens

Urethra

Penis



To become [pregnant](#), the following steps must occur:

- * [Sperm transport](#) — The sperm must be deposited and transported to the site of fertilization.
- * [Egg transport](#) — Ovulation must occur and the egg must be "picked up" by the tube.
- * [Fertilization and embryo development](#) — Union between the sperm and egg must result.
- * [Implantation](#) — The embryo must implant and begin to grow in the uterus.

These steps are described below.

Sperm Transport

The transport of sperm depends on several factors:

- * The sperm must be capable of propelling themselves through the environment of the female vagina and cervix.
- * This environment, which is under cyclic hormonal control, must be favorable to admit the sperm without destroying them.
- * The sperm must possess the capability of converting to a form that can penetrate the cell membrane of the egg (capacitation).

Following ejaculation, the semen forms a gel that protects it from the acidic environment of the vagina. The gel is liquefied within 20 to 30 minutes by enzymes from the prostate gland. This liquefaction is important for freeing the sperm so transportation may occur. The seminal plasma is left in the vagina.

The protected sperm with the greatest motility travel through the layers of cervical mucus that guard the entrance to the uterus. During ovulation, this barrier becomes thinner and changes its acidity, creating a friendlier environment for the sperm. The cervical mucus acts as a reservoir for extended sperm survival.

Once the sperm have entered the uterus, contractions propel the sperm upward into the fallopian tubes. The first sperm enter the tubes minutes after ejaculation. The first sperm, however, are likely not the fertilizing sperm. Motile sperm can survive in the female reproductive tract for up to five days.

Egg Transport

Egg transport begins at ovulation and ends once the egg reaches the uterus. Following ovulation, the fimbriated, or finger-like, end of the fallopian tube sweeps over the ovary. Adhesive sites on the cilia, which are located on the surface of the fimbriae, are responsible for egg pickup and movement into the tube. The cilia within the tube, and muscular contractions resulting from the movement of the egg, create a forward motion. Transport through the tube takes about 30 hours.

Conditions such as pelvic infections and [endometriosis](#) can permanently impair the function of the fallopian tubes, due to scarring or damage to the fimbriae.

Fertilization and Embryo Development

Following ovulation, the egg is capable of fertilization for only 12 to 24 hours. Contact between the egg and sperm is random.

Once the egg arrives at a specific portion of the tube, called the ampullar-isthmic junction, it rests for another 30 hours. Fertilization — sperm union with the egg — occurs in this portion of the tube. The fertilized egg then begins a rapid descent to the uterus. The period of rest in the tube appears to be necessary for full development of the fertilized egg and for the uterus to prepare to receive the egg.

Defects in the fallopian tube may impair transport and increase the risk of a tubal pregnancy, also called ectopic pregnancy.

A membrane surrounding the egg, called the zona pellucida, has two major functions in fertilization. First, the zona pellucida contains sperm receptors that are specific for human sperm. Second, once penetrated by the sperm, the membrane becomes impermeable to penetration by other sperm.

Following penetration, a series of events set the stage for the first cell division. The single-cell embryo is called a zygote. Over the course of the next seven days, the human embryo undergoes multiple cell divisions in a process called mitosis. At the end of this transition period, the embryo becomes a mass of very organized cells, called a blastocyst. It's now believed that as women get older, this process of early embryo development is increasingly impaired due to diminishing egg quality.

Implantation

Once the embryo reaches the blastocyst stage, approximately five to six days after fertilization, it hatches out of its zona pellucida and begins the process of implantation in the uterus.

In nature, 50 percent of all fertilized eggs are lost before a woman's missed menses. In the in vitro fertilization (IVF) process as well, an embryo may begin to develop but not make it to the blastocyst stage — the first stage at which those cells destined to become the fetus separate from those that will become the placenta. The blastocyst may implant but not grow, or the blastocyst may grow but stop developing before the two week time at which a pregnancy can be detected. The receptivity of the uterus and the health of the embryo are important for the implantation process.

UCSF Health medical specialists have reviewed this information. It is for educational purposes only and is not intended to replace the advice of your doctor or other health care provider. We encourage you to discuss any questions or concerns you may have with your provider.

Conditions we treat

[High-risk pregnancy](#)



[Infertility in men](#)



Parenting and Paternity

the p.a.p.a. curriculum
Office of the Texas Attorney General

1

Explain that this lesson comes from the P.A.P.A. (which stands for parenting and paternity awareness) program. The p.a.p.a. program was developed by the Office of the Texas Attorney General. Its goal is to promote responsible parenthood and encourage the formation of strong, stable families.

TEKS:

H1.18.(C) describe how a healthy marriage can provide a supportive environment for the nurturing and development of children.

H1.21.(A) research and analyze the educational, financial, and social impacts of pregnancy on teen parents, the child, families, and society, including considering the effects on one's personal life goals;

H1.21.(J) explain the legal responsibilities related to teen pregnancy, including child support and acknowledgement of paternity.

Parenting and Paternity: **True or False**

- F** There is no difference between a legal father and a biological father.
- F** A father can only be the legal father to children born in a marriage.
- F** If a teen father is not married, he cannot be made to pay for child support.
- F** If a child receives Temporary Assistance for Needy Families (TANF), a father will not be required to pay child support.
- F** Mothers cannot be required to pay child support.
- T** A genetic (DNA) test is over 99 percent accurate.
- T** A month of child care for an infant costs more than a month of food for a family of three.

2

Start this lesson with a true/false game.

Click to reveal each statement, give students a chance to respond/discuss, then **click** to reveal the answer.

- There is no difference between a legal father and a biological father. **F**
- A father can only be the legal father to children born in a marriage. **F**
- If a teen father is not married, he cannot be made to pay for child support. **F**
- If a child receive Temporary Assistance for Needy Families (TANF), a father will not be required to pay child support. **F**
- Mothers cannot be required to pay child support. **F**
- A genetic (DNA) test is over 99 percent accurate. **F**
- A month of child care for an infant costs more than a month of food for a family of three. **T**

Source: *The P.A.P.A. Program, from the Office of the Texas Attorney General;*
<https://papa.oag.texas.gov/>

What is a Parent?

Biological ➤ *one that begets or brings forth offspring*

Caregiver ➤ *a person who brings up and cares for another*

3

Ask the students if they can give a definition of Parent.

Take a few responses.

Click to reveal the definitions from the dictionary, one at a time, and discuss.

- *one that begets or brings forth offspring* - you will likely need to discuss "begets and brings forth"
- *a person who brings up and cares for another*

Explain that the first definition is also known as the **click** Biological parent, while the second definition is often thought of as the **click** Caregiver.

Discuss the following points from the *p.a.p.a. curriculum*

Every baby has two biological parents who may or may not be the baby's caregivers. The biological parents are the people who provided the sperm and the egg to create the baby. Caregivers are the people who provide for the child's needs.

When you're a small child, you need somebody to fix your food, help you get dressed, explain things, and take care of you when you're sick or hurt. It could be more than one person. It could be different people at different times.

All young children need somebody they can count on to be there for them. This is their primary caregiver... their safety net...the person taking responsibility for their daily care.

Sometimes the two biological parents are a child's primary caregivers, but it isn't always that way. Sometimes, for one reason or another, only one biological parent

takes care of the child. Sometimes neither biological parent takes care of the child.

A person who adopts a child is both a parent and a caregiver, though not a child's biological parent. Adoption is the legal transfer of parental rights from one parent to another. Adoption is one path to the love, stability, nurturing, and care all children need from their parents.

Definitions: <https://www.merriam-webster.com/dictionary/parent>

Content source: *The P.A.P.A. Program, from the Office of the Texas Attorney General;*
<https://papa.oag.texas.gov/>

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Legal Terms for Parents

Custodial Parent:

The parent who has primary care, custody and control of the child(ren).

Noncustodial Parent:

The parent who does not have primary care, custody or control of the child and has an obligation to pay child support, also referred to as the obligor.

4

***Discuss** the following points from the p.a.p.a. curriculum*

A child's legal parent is the person legally responsible for providing care the child needs. If something happens to the child or if the child does not receive basic care and protection, the legal parent can be held responsible. This is how our society tries to make sure that every child is cared for.

Both parents are responsible for supporting their child financially.

Click

When a child lives with just one parent, that parent is called the custodial parent (the parent with custody).

Click

A parent who does not live with his or her child is called the noncustodial parent. The noncustodial parent is required to provide child support and medical insurance for the child unless the child has been legally adopted by someone else.

Source: *The P.A.P.A. Program, from the Office of the Texas Attorney General;*
<https://papa.oag.texas.gov/>

What's it been like for you?

- When you were a young child, who raised you?
(both of your biological parents? a single parent—mother or father? a biological parent and a step-parent? grandparents or other relatives? adoptive parents? foster parents? other caregivers?)
- Who was there for you when you needed help and guidance?
- Was there ever a time when you needed someone and no one was there for you?

6

Discuss the following points from the *p.a.p.a.* curriculum

Explain to the students that they will now think back on what it was like for them as young children growing up in your families. They will identify what children need from parents to feel loved and supported.

Make a statement in your own words that lets students know this topic can be sensitive for some people, and that it's OK for them to just listen or pass if they ever feel uncomfortable.

This activity can start by having the students fill out the **Parenting Worksheet, and then discussing what children need, or just use the slides to discuss all of the sections as a whole class.**

If using the slide for full group discussion, **Click** to reveal each question and allow time for discussion for each.

- When you were a young child, who raised you: both of your biological parents? a single parent—mother or father? a biological parent and a step-parent? grandparents or other relatives? adoptive parents? foster parents? other caregivers? *Note: Keep in mind that students come from a wide range of parenting situations. Model being sensitive to and respectful of different kinds of families. Be careful not to put subtle pressure on anyone to respond to a question or disclose anything.*
- Who was there for you when you needed help and guidance?

- Was there ever a time when you needed someone, and no one was there for you?

Source: *The P.A.P.A. Program, from the Office of the Texas Attorney General;*
<https://papa.oag.texas.gov/>

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What do children need from parents/caregivers?



Discuss the following points from the p.a.p.a. curriculum

Ask: Based on your own experiences, what kinds of things do you think children need from their parents or caregivers?

Discuss then **click** to reveal some suggestions.

Children need to feel loved and supported by their parents or caregivers. They also need food, housing, clothing, healthcare, education, recreation, guidance and support.

Source: The P.A.P.A. Program, from the Office of the Texas Attorney General;

<https://papa.oag.texas.gov/>

When it comes to parenting...



Nobody
is perfect

7

Discuss the following points from the p.a.p.a. curriculum

No parent is perfect in meeting all their children's needs. Even the best parents won't always be there absolutely every time their child needs them. Most parents do the best they can with the knowledge and resources they have. You can increase your chances of being a great parent by carefully planning your life, so you have children when you've finished school, are in a career earning money and are in a committed relationship with or married to the children's other parent.

Image: <https://pixabay.com/illustrations/nobody-is-perfect-saying-perfect-688370/>

Content Source: The P.A.P.A. Program, from the Office of the Texas Attorney General;
<https://papa.oag.texas.gov/>

Establishing Paternity

Legal Fatherhood

8

Explain that “Paternity” means legal fatherhood.

DRAFT

When a child is born...

“Mother” - whoever gave birth to the baby

“Father” - ?

- **Biological:** provided the sperm
- **Presumed:** the husband of the “mother”
- **Alleged:** someone who claims to be the biological father
- **Legal:** the rights and responsibilities of parenthood, according to the law



11

Discuss the following points from the p.a.p.a. curriculum

When a child is born, **click** the mother’s name automatically goes on the birth certificate. There’s no doubt about who the mother is!

Click But there may be questions about the father.

Click and discuss each of the following:

- **Biological Father:** The person whose sperm helps bring the baby into being
- **Presumed Father:** If the parents are married, the husband is *presumed* to be the child’s biological and legal father. His name will be placed on the birth certificate.
- **Alleged Father:** A person who someone claims is the child’s biological father
- **Legal Father:** The person who is the child’s father in the eyes of the law with all the rights and responsibilities of parenthood

In Texas and other states, if the parents are not married, the biological father is not automatically recognized as the legal father. No father’s name will go on the birth certificate until the baby’s parents take steps to establish legal fatherhood. This is called establishing paternity. Paternity is just another word for legal fatherhood.

Let’s review. Children whose parents aren’t married when they are born don’t *automatically* have a legal father. If you’re like most people, you probably didn’t know

that! Most people think that both biological parents automatically have legal rights and responsibilities as parents. It's not true.

Content Source: *The P.A.P.A. Program, from the Office of the Texas Attorney General;*
<https://papa.oag.texas.gov/>

Image: [Birth icons created by Flat Icons - Flaticon](https://www.flaticon.com/free-icons/birth "birth icons")

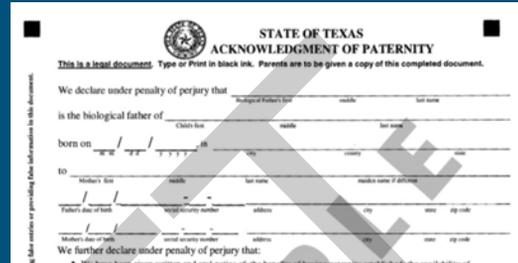
DRAFT

Three Pathways to Paternity (legal fatherhood)

1. Marriage



2. Acknowledgment of Paternity (AOP)



3. Court Order (which can include a DNA test)



13

Discuss the following points from the p.a.p.a. curriculum

There are three pathways to legal fatherhood or paternity.

Click to reveal images for each and discuss:

1. Marriage

- Legally-binding marriage relationship between the mother and father.
- Married couples do not need to take any additional steps to establish paternity.
- A married father is presumed to be the biological father.

2. Sign the AOP

- Legal document in which both parents declare that the man is the biological father of the child.
- Both parents must sign.
- Usually, but not always, signed in the hospital after the child is born.
- Parents of any age (even under 18) can sign an AOP to establish paternity.

3. Court Order

- This involves going through the court to establish paternity.
- Parents may go to court because they want a DNA paternity test and a court order.
- When parents agree they want to establish paternity: 1) They can ask for a DNA paternity test, which is more than 99 percent accurate. 2) The man, mother and the child will be asked to submit their DNA to

- prove he is the father. 3) If the test is positive, he will be established as the legal father through a court order.
- When parents don't agree on the father's identity: 1) One or both parents can seek a paternity petition. The man usually gets a notice telling him to show up in court because he's been named as the alleged father of a particular child. 2) All three parties (mother, alleged father and child) will be asked to submit DNA. 3) If the test is positive, or if the man doesn't show up for the court hearing, the court will make him legal father by default.

Content Source: *The P.A.P.A. Program, from the Office of the Texas Attorney General;*
<https://papa.oag.texas.gov/>

Images: <https://pixabay.com/> and the p.a.p.a. curriculum

Benefits of Legal Fatherhood

Card Sort

15

2 options for this activity

Option 1: Students work in small group

- Print multiple sets of **Benefits Cards**, using a different color of paper for each set to keep them separate.
- Give one set of cards to each student group.
- Have students sort the cards into three columns - one for *Father*, one for *Child*, and one for *Mother*.
- After everyone has had time to sort, ask for volunteers to read out what benefits they put where.

Option 2: Full class activity

- Print one set of **Benefits Cards** in a size that is large enough to be seen by students when posted on the wall.
- Divide the board/wall at the front of the room into three columns - one for *Father*, one for *Child*, and one for *Mother*.
- Distribute 13 of the cards, keeping one to use as an example.
- Working individually or in pairs, ask students to come to the front of the room, read the card they were given, decide who benefits in that way, and tape the card in the appropriate column.

For either option, process the benefits as a class, discussing, as much as possible, the variety of people's lived experiences.

Content Source: *The P.A.P.A. Program, from the Office of the Texas Attorney General;*
<https://papa.oag.texas.gov/>

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Parenting as a Team

Team Building Exercise

17

Class Activity: Team Building *(from the p.a.p.a. curriculum)*

1. Question for students:
 - What does it mean to act as a team? (Teams must communicate and cooperate to achieve a common goal.)
 - What are some commitments you make when you're on a team? Ask a few volunteers
2. Give instructions for a quick team-building activity: People don't always know how to work together as teammates. We're going to do a very brief team-building activity to demonstrate how team members must communicate and cooperate to reach their goal. I'm going to shout out different instructions for **forming four different teams**. Your goal is to form each team as quickly as you can **without speaking**.
3. Give the instructions for the first team:
 - Form a team of four classmates without speaking. You have 10 seconds.
 - Call time in 10 seconds and find out how many teams were formed successfully without speaking.
4. Give the instructions for the second team:

- Form a team of at least three people with the same shoe size. You have one minute.
 - Remember, you cannot speak. You must have at least three people on your team, but the more team members, the stronger the team.
 - Call time in one minute. Find out how many teams were formed. Get the team members to give their actual shoe size. Congratulate the teams with the most members who have the same shoe size.
2. Give the instructions for the third team:
- Form a team of at least three people who were born in the same month. You have one minute.
 - You cannot speak. You must have at least three people on your team, but the more team members the stronger the team.
 - Call time in one minute. Find out how many teams were formed. Get the team members to give their birth month. Congratulate the teams with the most members who were born in the same month.
3. Give the instructions for the fourth team:
- Form a team of at least three people who have the same number of brothers and sisters. You have one minute.
 - You cannot speak. You must have at least three people on your team, but the more team members, the stronger the team.
 - Call time in one minute. Find out how many teams were formed. Ask the team members to say how many brothers and sisters they have. Congratulate the teams with the most members who have the same number of brothers and sisters.
4. Process the activity:
- How did things go? Who had trouble forming a team?
 - What strategies did you use to form your teams?
 - How did you communicate?
5. Make these points in your own words:
- One big motivation for team work is having shared goals. In this activity, you were all trying to form teams with specific qualities.
 - What's the shared goal for two parents who are no longer romantically involved? (They both want to raise a healthy and happy child who becomes a successful adult.)
 - Who else besides the mother and father might share the goal of helping a particular child grow up healthy and happy? (Grandparents,

- aunts, uncles, other relatives, neighbors, friends, mentors, health care workers, childcare workers, counselors, etc.)
- A parenting team includes the mother and father – regardless of the status of their romantic relationship – and any other key people who will support those parents in raising their child.

Content Source: *The P.A.P.A. Program, from the Office of the Texas Attorney General;*
<https://papa.oag.texas.gov/>

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Parenting as a Team

1. Make your relationship with your child a top priority.
2. Be businesslike.
3. Keep your child out of the middle.
4. Give compliments to team members.
5. Listen, listen, listen.

13

Regardless of legal standings, being in a romantic relationship or not, it's important for parents and caregivers to work together cooperatively to raise the child(ren).

Distribute the **Effective Team Parenting Handout**.

Click to reveal each tip and ask for volunteers to either read the description from the handout or just describe/discuss in their own words.

Content Source: *The P.A.P.A. Program, from the Office of the Texas Attorney General;*
<https://papa.oag.texas.gov/>

Parenting as a Team (cont.)

6. Go ahead and apologize.
7. Make changes when necessary.
8. Share your experiences.
9. Ask for what you want.
10. Be a person of your word.

14

10 Skills for Effective Team Parenting continued

Click to reveal each tip and ask for volunteers to either read the description from the handout or just describe/discuss in their own words.

Content Source: *The P.A.P.A. Program, from the Office of the Texas Attorney General;*
<https://papa.oag.texas.gov/>

Parenting and Paternity

Wrap Up

- How do *YOU* define parenting?
- What kind of relationship do you think provides the most supportive environment for the nurturing and development of children?
- What are some educational, financial, and social issues you might want to consider before becoming a parent?

15

Ask students to respond to the wrap up questions either individually or in pairs. Ask for any volunteers to share.

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Parenting Worksheet

In this activity, you'll identify what children need from their parents and reflect on your experiences as a child.

Who are your biological parents? Write a brief description for each of your biological parents:

Biological parent #1:

Biological parent #2:

Who took care of you when you were a small child? Probably several adults looked after you and took care of you at different times. They may or may not have included your biological parents. They may have also included an older sister or brother, an aunt, a grandparent, an adoptive parent or a step-parent.

1.

2.

3.

4.

5.

Who were the caregivers that were there for you the most? What did that person/those people do for you?

Parenting Worksheet

What was it like when you were a young child?

Describe your family: Were there other children? How many and how old, compared to you? What were their names? How did you get along with them?

We've all had times when we were little kids that we needed help from an older person. It feels good when somebody is there. Most of us have also had times when we needed help and nobody was there. That doesn't feel very good.

Describe a time when you needed something and your parent or caregiver was not there for you. How old were you? What did you need? What happened? How did you feel?

Describe a time when you needed something and a parent or caregiver was there for you. Who helped you and how? How did that make you feel?

Based on your experiences, write down some things children need from their parents:

<hr/>	<hr/>	<hr/>

BENEFITS CARDS



Benefits Cards · FATHER

I can have a say in what happens in my child's life.

I can have my name on the birth certificate.

I have the right to legal visitation with my child.

I can seek shared or full custody if we break up or something happens to the mother.

I have the right to know of child's medical health, whereabouts, school progress, etc.



Benefits Cards · CHILD

I am sure about
my identity.
I know who both
my parents are.

I can get
support from
both parents.

I'm eligible for
my father's Social
Security, medical, and
disability benefits.

I can inherit
money or
property from
my father.

I have access
to my father's
medical history.



Benefits Cards · MOTHER

I can get help and support raising the child, even if we break up.

I can get regular help with child care.

I have the possibility of getting regular child support payments.

I can possibly get health insurance for the child through the father.

DRAFT

10 SKILLS FOR EFFECTIVE TEAM PARENTING

1 Make your relationship with your child a top priority. In all your dealings with team members, focus on your commitment to build a healthy child/parent relationship. As you make day-to-day decisions, ask yourself what impact the decision will have on your relationship with your child. “I will skip playing basketball this afternoon even though I really want to because it is my scheduled time to be with my child, and I want her to know she can count on me.”

2 Be businesslike. If you and your child’s other parent— or other important team members — cannot be friends, treat them like colleagues that you must work with even if you don’t like them. Be cordial. Keep your feelings in check. Be orderly. Avoid making any assumptions — get clarification on everything. Use business-like communications. Don’t take the other person for granted. When you go to a team member’s home, act like you’re going into an important office to take care of some business. If problems occur, set up a meeting to try to resolve it. (Usually the worst time is when tempers are flaring.) “I’d like to find a time to talk with you about.... When would be good for you?”

3 Keep your child out of the middle. When issues come up between you and your child’s parent, keep it there. Do not say negative things to your child about his or her mother/father or the other team members. Don’t speak on the phone with such conversations when your child is in earshot. And by all means, don’t ask your child questions about his/her mother/father’s business. All parents have problems to solve or negotiate, but the child doesn’t need to be involved. “It’s important for you and me to work this out somewhere outside of our child’s hearing. Where would be convenient for you?”

4 Give compliments to team members. Frequently problems arise when people feel unappreciated. Make a habit of thanking people for what they do for your child. “I appreciate the way you get my child to school on time every morning before you go to work, even though it must be a huge hassle for you.”

5 Listen, listen, listen. In order to resolve problems, each party must listen to the other’s point of view. Your child’s mother/father is more likely to listen to your issues if they feel you listen to theirs. When he/she or anyone else on the team has an issue, make it your job to listen. When you think you understand, explain what you’ve heard. Don’t get into arguing or defending. Just listen first, then discuss. “I want to understand how this problem has affected you.”

6 Go ahead and apologize. When you’ve made a mistake, or not done something you said you’d do, simply apologize. Don’t give explanations or excuses. Simply apologize, and use a descriptive word that labels your behavior as wrong. “I’m sorry for being late to pick up our child and not calling ahead to let you know. It was very inconsiderate of me.” Taking full responsibility for your behavior will limit the amount of time the other person spends getting you to understand what you’ve done.

7 Make changes when necessary. If something you are doing is causing a real problem for the other parent, ask what you can do to reduce tensions. “What can I do to make this better? What can I do to help solve this problem?” If the request is reasonable, make the change. Just do it.

10 SKILLS FOR EFFECTIVE TEAM PARENTING *Continued*

8 Share your experience. If something the other person does is making it hard for you as a parent, explain what it is. Say it in a way that the person can hear. “When you say negative things to me in front of our child, I feel disrespected and embarrassed. It makes me want to stay away, and that’s not good for the child.”

9 Ask for what you want. When you want something from a team member, ask...don’t tell or demand. “I am scheduled to pick our child up this weekend, but my boss wants me to work overtime, and it would help me in my new job to say yes. Will it be all right for me to have him next weekend instead?”

10 Be a person of your word. Do what you say you’re going to do. Keep your promises, and be on time with all scheduled activities. If for some reason you can’t keep your word, call immediately and let the other person know. You create your own reputation by how you carry out your promises. As other team members see you being consistent in your actions, they will want to cooperate on your team.

DRAFT



Boundaries and Abstinence

Preventing unintended pregnancy and staying safe

1

TEKS:

H1.17.(B) analyze the role that alcohol and other drugs play in unsafe situations, including sexual abuse and assault

H1.19.(D) analyze how a healthy sense of self and making and respecting decisions about safe boundaries and limits promote healthy dating/romantic relationships;

H1.19.(F) examine factors, including alcohol and other substances, that increase sexual risk and that affect setting, perceiving, respecting, and making decisions about boundaries;

H1.19.(G) examine and discuss influences and pressures to become sexually active and why it is wrong to violate another person's boundaries and manipulate or threaten someone into sexual activity

H1.21.(F) analyze emotional risks that can be associated with sexual activity for unmarried persons of school age, including stress, anxiety, and depression;

H1.21.(G) analyze the importance and benefits of abstinence from sexual activity as it relates to emotional health and the prevention of pregnancy and STDs/STIs

H1.21.(H) identify support from parents and other trusted adults and create strategies, including building peer support, to be abstinent or for return to abstinence if sexually active;

Activity

- Do not put your name on the paper
- Use non-identifying pen or pencil
- Cover your paper
- Turn it over when complete



photo created by wayhomestudio - www.freepik.com

2

Activity Instructions:

- Print *Setting Boundaries Activity Handout* (one for each student) and one set of *Setting Boundaries Activity Signs* (printing cards on cardstock or laminating can help preserve for all classes).
- Post the three Signs (Describes Me Completely, Describes Me Somewhat, Doesn't Describe Me At All) around the room.
- Instruct students to use a non-identifying pen or pencil, to cover their paper while they complete the handout, and to turn it over face down once they are finished. This helps to ensure confidentiality.
- Once all papers are turned over, instruct students to fold them in half lengthwise, "like a hot dog". Make sure all students are folding their paper the same so as to not allow for identification. Pick up all the papers and mix them up.
- Ask all students to stand and come get a paper from you. Instruct them to not comment about the paper they got, not even if it is their own paper.
- Reading through each statement, one at a time, ask students to stand by the sign that represents the answer that is on the paper they have in their hands now - not how they personally answered. The idea of this activity is just to get an idea of the different boundaries that are represented in the class, not to know each individual's personal boundaries.
- **OPTIONAL:** For each statement (or for a select few), discuss why **SOMEONE** might feel each way. Instruct students to not tell what they **PERSONALLY** think, but why someone who answered this way might think. Take a couple of comments for each

- type of response (Describes Me Completely, Describes Me Somewhat, Doesn't Describe Me At All). **Only add this option if your students are able to discuss the different boundaries without judgement or snide comments.**

Image:

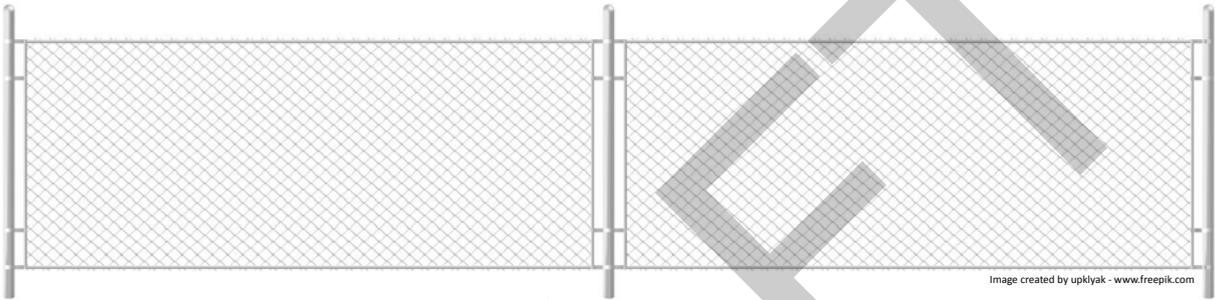
[African photo created by wayhomestudio - www.freepik.com](https://www.freepik.com/photos/african)

DRAFT



Personal Boundaries

Definition



3

Say: The activity we just did was all about **personal boundaries**. Each person has a different idea about their own boundaries, but let's start by having a common definition.

Ask students to define "Boundaries". Take a few responses.

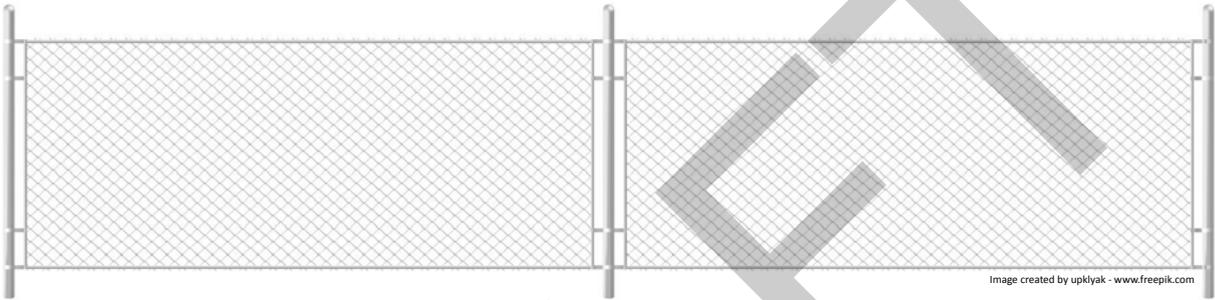
Image:

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Personal Boundaries

The limits we set with other people



4

Boundaries can be defined as *the limits we set with other people*, which indicate what we find acceptable and unacceptable in their behavior towards us.

The ability to know our boundaries generally comes from a healthy sense of self-worth, or having a sense of one's own value as a human being.

Image:

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Types of Boundaries

Intellectual

You are entitled to your own...

thoughts and opinions

Emotional

feelings

Physical

space

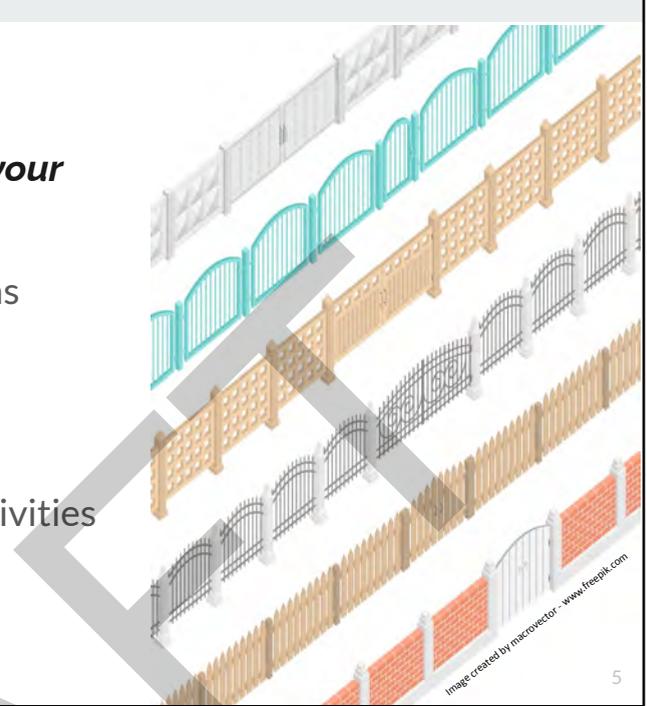
Social

friends and social activities

Spiritual

spiritual beliefs

...and so are others!



There are 5 types of boundaries, based on types of self-worth

- Intellectual worth and boundaries (you are entitled to your own thoughts and opinions, as are others)
- Emotional worth and boundaries (you are entitled to your own feelings to a given situation, as are others)
- Physical worth and boundaries (you are entitled to your space, however wide it may be, as are others)
- Social worth and boundaries (you are entitled to your own friends and to pursuing your own social activities, as are others)
- Spiritual worth and boundaries (you are entitled to your own spiritual beliefs, as are others)

Ok, with that in mind, let's talk about how this relates to romantic relationships and sexual activity. Starting with abstinence.

Image:

[House vector created by macrovector - www.freepik.com](https://www.freepik.com/vectors/house)

"Boundaries have nothing to do with whether you love someone or not. They are not judgments, punishments, or betrayals. They are a purely peaceable thing: the basic principles you identify for yourself that define the behaviors that you will tolerate from others, as well as the responses you will have to those behaviors."

~ Cheryl Strayed in her book, *Tiny Beautiful Things*

6

Ask for a volunteer to read this statement out loud. Discuss.

DRAFT



Abstinence

Definition:

the practice of not doing or having something that is wanted or enjoyable

- make a decision
- have a plan

7

Click: Ask the students to define “Abstinence”

Take a few responses, then **(click)** reveal the definition - “the practice of not doing or having something that is wanted or enjoyable”

Explain that this can be about anything - including eating unhealthy foods, playing video games, drinking alcohol or using other drugs, smoking, or having sex. Regardless of the “something” that is being avoided, the key is to **(click)** make the decisions and **(click)** have a plan in place for how you are going to do it. In other words, if we haven’t made the decision to abstain from eating sugar, and someone offers us a donut, we are likely going to eat the donut! But if we have decided to avoid sugar, we need to have a plan in place for how to respond when someone offers us a donut - we can say no, and then we have to stick to that no!

So, if we are going to talk about abstaining from sex, we need to talk about how to make that decision and what plan to put in place in order to stick to that decision.

Image: <https://www.freepik.com/photos/people> People photo created by freepik - www.freepik.com



Sexual Abstinence - *The practice of not having sex*

What is SEX?

Any act involving contact with the vulva, clitoris, vagina, penis, testicles, or anus between consenting people for the purpose of sexual pleasure.

8

First, let's be sure we know what is meant by sexual abstinence. If we are not having sex, then we need to know what sex is.

(Click)

Explain that sex can mean many different things to many different people. There's not one universal definition of sex but a variety of perspectives. Sex has a history of being defined somewhat narrowly, centering on traditional cultural and religious norms, heterosexual practices, and "what makes a baby". This means it has been focused on vaginal/penile intercourse and penetration. A more inclusive definition could describe lots of different activities performed by people with a diversity of gender identities and sexual orientations.

Click and discuss:

Any act involving contact with the vulva, clitoris, vagina, anus, penis, or testicles between one or more consenting people for the purpose of sexual pleasure.



Sexual Abstinence

- Decision ←
- Plan ←

Why might someone choose to be abstinent?

10

Now that we know exactly WHAT we are talking about, let's talk more about how we do it. Remember that abstaining from something means

Click

Deciding to abstain - it's not just something that happens because it's not available - and ...

Click

having a **Plan** in place for sticking to that decision.

Let's start with (**click**) making the decision

Click

Why might someone choose to be abstinent?

Take several responses from the students. Some responses might include:

- religious, cultural, or personal beliefs about abstinence.
- Avoid an unwanted pregnancy. Abstinence is 100% effective in preventing pregnancy if you practice it consistently.
- Prevent getting an STI.
- Focus on school, work, or life goals.
- Wait until you've found the right person. It's normal to want to wait to share sex with someone special in your life.

Conclude by noting that ANY reason someone has for not engaging in sexual activity is a completely VALID reason and should be respected.

Click

Now let's talk about the plan for sticking to that decision.

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When might it be hard to hold your boundaries?

Unsure of the risks

Peer pressure/influences

Feeling in love or turned on

Alcohol/drug use

Feeling down on yourself

10

In order to make a plan, it can be helpful to know what barriers or challenges might make it difficult to stick to it.

Ask: When might it be hard to hold your boundaries?

Click through each point and discuss

- **Unsure of risks:** What are some of the possible outcomes of having sex? How likely is it to happen?
- **Peer pressure/influences:** Wanting to fit in or not hurt someone
- **Feeling in love or turned on sexually:** even if you have decided that you don't want to have sex yet, our bodies can still feel turned on or our brains can tell us we want to do something that we know we ultimately wanted to avoid.
- **Alcohol/drug use:** impacts the brain and makes it harder to make healthy and safe decisions
- **Feeling down on yourself:** not feeling like you are entitled to have your boundaries respected

Image: <https://www.freepik.com/vectors/ribbon> Ribbon vector created by user15245033 - www.freepik.com



Abstinence is about Setting and Holding Boundaries

1. Know your limits
2. Be assertive
3. Practice

13

Knowing your worth and knowing your boundaries are not the same thing as setting your boundaries and communicating those boundaries with a partner!

Click through and discuss each step to setting and holding boundaries

1. **Know your limits:** What are you comfortable or uncomfortable with?
 - gut feeling
 - past experiences
 - knowledge about safety/risks
2. **Be assertive:** Creating boundaries is a great start, but then we need to share them and follow-through.
 - Be clear about what you will do and won't do. Maybe there are ways that you can share intimacy with a partner that will not lead to sexual activity.
 - try not to make temporary excuses ("on my period" or "can't *right now*") as this leaves it open for uncertainty for future encounters
 - Being assertive does not mean that you are unkind, it only means that you are being fair and honest with them (and, thus, kind to them in the long run), while maintaining your peace, dignity, and self-respect.
3. **Practice:** Learning to set and hold boundaries can be hard. You may be afraid that others will perceive you as mean or rude. But *affirming your boundaries means that you value yourself, your needs, and your feelings* more than the thoughts and opinions of others.



Scenarios

Read the scenario and answer the questions:

1. What boundary has been set and how do we know?
2. Why might it be hard to stick to this boundary?
3. What steps could be taken to help maintain this boundary in this current situation and in the future?

12

Break students into 5 groups and give each group a scenario handout.

DRAFT



Respecting Boundaries

If your boundaries are not respected, it's not your fault!

13

State: It's one thing to set and hold our boundaries, it's another to have them respected. If your boundaries are not respected, it is not your fault!

Have students read **Respecting Your Partner's Boundaries**. This can be done individually or aloud as a group.



Respecting Boundaries

- **Ask!** Open and honest communication is necessary!
- **Everyone is different** and sometimes our wants and needs don't line up. It's **NOT** ok to expect a partner to change to fit *your* needs!
- Talk about boundaries **BEFORE** getting swept up in the moment.
- **Everyone has the right to privacy!** Having privacy does not mean that your partner is hiding anything.

14

Ask for volunteers to share what stood out to them about the article.

Discuss the 4 talking points.



Abstinence and Boundaries

Wrap Up

Which type of boundary is strongest for you and easy to hold?

Which of your boundaries are challenged most often?

What are things that you can do to be more respectful of other people's boundaries?

DRAFT

Boundaries

Do not put your name or any other identifying markers on this paper!

For each boundary statement below, indicate whether the statement **Describes Me Completely**, **Describes Me Somewhat**, or **Doesn't Describe Me At All** by circling the number in that column. If you are not sure, circle the number that you think might be the closest description of you.

Boundary Statement	3 Describes Me Completely	2 Describes Me Somewhat	1 Doesn't Describe Me At All
1. If I'm in a relationship with someone, I want to hold hands and walk with our arms around each other to show people we're together.	3	2	1
2. When I'm watching TV with my partner, I want my own space, I don't want us to snuggle or lean on each other.	3	2	1
3. When I see someone I know, I'll greet them physically in some way – a hug, handshake, punch on the arm, etc.	3	2	1
4. I don't like it when someone hugs me from behind.	3	2	1
5. I think having some kind of sex is what makes a relationship a romantic relationship.	3	2	1
6. I think if one person really wants to try something new sexually, the other person should at least be willing to try it once.	3	2	1
7. I enjoy play wrestling with a partner.	3	2	1
8. I think that if you're in a relationship with someone you kind of "belong" to each other – so I should be able to touch them, and they should be able to touch me, whenever – and wherever – we want.	3	2	1

3

Describes Me
Completely

2

Describes Me
Somewhat

1

Doesn't
Describe Me
At All

Abstinence and Boundaries Scenarios

Chris and Jamie have been going out for a long time. They have never had sex, and have agreed to wait until later to do so, but lately there have been several occasions during which they have felt pressure to “go further” sexually. Each time, one or the other has been able to suggest that maybe they’d better slow things down. This weekend, Jamie’s parents are away and Chris has come over to help baby-sit Jamie’s little brother. Once Jamie’s little brother has gone to bed, things begin to heat up.

1. What boundary has been set and how do we know?
2. Why might it be hard to stick to this boundary?
3. What steps could be taken to help maintain this boundary in this current situation and in the future?

Abstinence and Boundaries Scenarios

Taylor and Mandeep have been flirting with one another for a long time. They are at a party at a friend's house. No parents are around, and there has been a lot of drinking. Both of them have had a few, and now they find themselves alone in one of the bedrooms. They are fooling around, and things begin to go further than one of them would like.

1. What boundary has been set and how do we know?
2. Why might it be hard to stick to this boundary?
3. What steps could be taken to help maintain this boundary in this current situation and in the future?

Abstinence and Boundaries Scenarios

Avery and Kelly have just started seeing one another after Kelly broke up with a long time partner. Kelly has had sex before, but isn't comfortable having another partner so soon. Kelly wants to remain abstinent in this new relationship. Avery doesn't understand. The two of them just went out for a really nice dinner after the school dance, and Avery expected it would lead to more than just a goodnight kiss.

1. What boundary has been set and how do we know?
2. Why might it be hard to stick to this boundary?
3. What steps could be taken to help maintain this boundary in this current situation and in the future?

Abstinence and Boundaries Scenarios

Greg and Connie have been friends since they were babies. Their families are close friends, and they have been going to the same campground together every summer since they can remember. Recently, they have talked a lot about sex and what it would be like. They are both curious, and decide that when they are both ready, they want to try it together to see what it is like. One day, they try fooling around, and before they know it things are getting really serious.

1. What boundary has been set and how do we know?
2. Why might it be hard to stick to this boundary?
3. What steps could be taken to help maintain this boundary in this current situation and in the future?

Abstinence and Boundaries Scenarios

Jessie and Robin have been dating for three months and have been sexually active for a couple of weeks. They have been using condoms, but one broke recently, and it has made Jessie think twice about the consequences. Jessie has decided to resume abstinence and stop having sex with Robin. They've talked about it, and Robin agreed it was OK. One day after school, they are working on homework in Jessie's room, and one thing leads to another. They are becoming seriously close to having sex when Jessie decides to stop.

1. What boundary has been set and how do we know?
2. Why might it be hard to stick to this boundary?
3. What steps could be taken to help maintain this boundary in this current situation and in the future?

Respecting your partner's boundaries

By Mikaela, a love is respect Advocate

A healthy relationship starts with mutual respect, and that includes respecting each other's emotional and physical boundaries. We've talked a little bit about [setting your own boundaries](#), but it's equally important to think about how to respect your partner's boundaries.

Whether you're thinking about asking someone out, in the middle of a dating relationship, or dealing with a break-up, respecting the other person's boundaries is essential.

But how am I supposed to know my partner's boundaries?

Ask! Not everyone feels comfortable [communicating](#) their boundaries, especially early in a relationship, but that makes understanding and respecting their boundaries no less important. If you're not sure how your partner feels about something, it's okay to ask. Not only is it okay, it's necessary! Besides giving you a better sense of their comfort on a particular topic, it also helps to establish open and honest communication in the relationship.

But my partner's boundaries make me unhappy in the relationship!

Understanding your partner's boundaries is the first step to respecting them. It can be difficult to make the choice to respect your partner's boundaries when their boundaries don't match up with whatever it is that you want, but that doesn't make respecting their boundaries any less important.

For example:

"My partner says she feels smothered by how often I contact her and that she only wants to talk on the phone every couple of days, but that makes me feel really distant and unhappy."

So who's in the wrong? Sometimes nobody is. Everyone is different and sometimes our needs and wants just don't line up. ***While you have every right to your feelings and needs, it's important to remember that it's not okay to try to impose them upon your partner or expect your partner to change to fit your needs.*** If you find your boundaries clashing, first start by examining your own boundaries to see if they're possibly putting unhealthy expectations on your partner.

Boundaries + sex

It's easy to get swept up in the moment and forget to ask your partner about their physical boundaries. But when it comes to intimacy, sex, and methods of protection, everyone has different backgrounds, desires, and comfort levels, and it's important to be mindful of the fact that [what's okay with you might not be okay with your partner](#).

Try to talk with your partner about their boundaries and expectations around sex before you're in the moment. You can also talk about how to communicate with each other in the moment to make sure everything feels good the whole time and no one feels uncomfortable with anything that's happening. Here's a great checklist from Scarleteen you can use with your partner to learn each other's sexual boundaries: [Yes, No, Maybe So](#).

Remember, too, that people's levels of comfort and desire change, so don't assume that just because they were okay with something in the past, they will always be okay with it. Everyone has the right to change their boundaries anytime, for any reason.

Digital life + privacy

True or False? If your partner doesn't have anything to hide, they should be okay with giving you their passwords or showing you their emails, social media, texts, etc.

False! Having privacy doesn't mean that your partner is hiding anything. Everyone has the right to privacy, and no one should have to give it up to be in a relationship. Doing things like asking your partner for passwords to social media, email, their phone, or expecting them to tell you where they go and who they're with violates their basic right to privacy, and can be a form of [digital abuse](#).

If you're finding it hard to respect your partner's privacy, it may be a red flag that you're having trouble trusting them. If trust is lacking in your relationship, it is impossible for the relationship to be healthy. If you find that you can't trust your partner, get to the bottom of those feelings to find out why! Once you figure out why you're having a hard time trusting them, ask yourself what it would take for you to be able to trust them again. If the answer to that has anything to do with violating their privacy, it might be time to consider whether the relationship is right for you.

Methods of Contraception

a.k.a. Birth Control

1

Ask for a volunteer to remind the class how a pregnancy happens (from lesson 4). Take a few responses. Then remind students that anytime a person with ovaries comes in contact with sperm via the vagina, there's a possibility that a pregnancy could happen. This is most likely to happen during vaginal sex (penis in vagina) but can also happen if semen is ejaculated outside of the vagina but near the opening.

Remind the students that the only way to be 100% sure to avoid an unintended pregnancy is **Abstinence**. However, at some point in a person's life, they may decide to become sexually active and not be ready for a pregnancy. If that is the case, they may choose to use a method of contraception, or birth control.

TEKS:

H1.21.(I) analyze the effectiveness and the risks and failure rates (human-use reality rates) of barrier protection and other contraceptive methods, including how they work to reduce the risk of STDs/STIs and pregnancy; and



State that there are a lot of options for birth control. **Ask** students if they can name any that they have heard of.

As students call out responses, point them out on the slide.

1. IUD
2. Contraceptive implant
3. The pill
4. The shot
5. The patch
6. Diaphragm
7. Fertility awareness
8. condoms
9. The ring
10. Emergency contraception

Images:

https://www.wvfree.org/our-work/loveyourbirthcontrol/#know_your_options

What is it?

How do I get it?

Cost?

Contraception: Things to Know

How will it make me feel?

Are there different types?

STI protection?

Side effects?

How effective is it?

How long does it last?

3

Explain that there is no “best” method of contraception and that each person who wants to use birth control must decide for themselves which method is going to work well for them. Of course, abstinence is the only method that is 100% effective at preventing a pregnancy, but the method that works the best for each person is the one that they will use correctly and consistently!

Give one **Contraception Card** to each student or pair of students. (***do not use the No Method card out for this first activity***)

Direct students to take a look at the contraceptive method card they’ve been given and ask someone to read out the 9 categories that are listed.

*While the student is reading, **Click to reveal:***

What is it?

How do I get it?

How long does it last?

How will it make me feel?

What are the most common side effects?

How much does it cost?

How effective is it?

STD/STI Protection?

Are there different types?

Explain the activity instructions:

Posted on the wall are 3 signs:

1. Yes
2. Sometimes
3. No

We are going to look at 6 different statements. For each of the statements, if it applies to the method on the card you have, please bring the card with you and stand by the Yes sign. If not, stand by the No sign. And if it sometimes applies, stand by the Sometimes sign. (Note to teacher: students are working in pairs, have one student come up at a time, switching partners for each statement)

Once students are standing near the signs, have them hold up the card so that everyone can see and discuss a few to clarify any questions or confusions.

Do this for all 6 slides then ask the students to return to their seats.

Must get from a healthcare provider

4

Answer key:

Yes

IUD

Implant

Pill

Shot

Ring

Diaphragm

Patch

Sometimes

Emergency Contraception - some methods of EC (like Plan B) are available at a pharmacy without a prescription. Other methods, like insertion of a copper IUD, would need to be done by a healthcare professional in a clinic.

No

Condoms

Fertility Awareness

Abstinence

Protects against STIs

5

Yes

Condoms* - if used correctly and consistently, condoms greatly reduce the chance of transmitting an STI; **only abstinence is 100% effective**

Abstinence

Sometimes

Condoms* - if used correctly and consistently, condoms greatly reduce the chance of transmitting an STI; only abstinence is 100% effective

No

Emergency Contraception

Fertility Awareness

IUD

Implant

Pill

Shot

Ring

Diaphragm

Patch

Involves hormones, which can affect the menstrual cycle

6

Yes - these methods all use hormones to prevent ovulation, so there is no egg available, as well as decreasing the build up of the lining of the uterus, preventing a fertilized egg from implanting in the uterus.

Implant

Pill

Shot

Ring

Patch

Sometimes

IUD - there are different types of IUD, some use hormones and one contains a small amount of copper, which works to disrupt the sperm's movement and makes it unable to reach an egg.

Emergency Contraception - the pills use hormones to stop ovulation, or a copper IUD can be put in place, which does not contain hormones.

No

Diaphragm

Condoms

Fertility Awareness

Abstinence

Acts as a barrier

7

Yes

Diaphragm- this is a barrier for pregnancy, but not STIs

Condoms

Sometimes

No

IUD

Fertility Awareness

Abstinence

Implant

Pill

Shot

Ring

Patch

Emergency Contraception

Different types to choose from

8

Yes

IUD

Pill

Diaphragm

Condoms

Fertility Awareness

Emergency Contraception

Abstinence* - not having sexual contact is the same, but what other activities someone feels comfortable engaging in is up to them and their personal boundaries.

Sometimes

No

Shot

Ring

Patch

Implant

Must use correctly and consistently

9

Yes - EVERYTHING

IUD

Pill

Diaphragm

Condoms

Fertility Awareness

Abstinence

Shot

Ring

Patch

Implant

Emergency Contraception* - EC must be used correctly, but it is not a method to be used consistently over time. It is for emergency back up only.

How many pregnancies would occur out of 100 users in 1 year?



Effectiveness

10

Once students have returned to their seats, turn over the **Yes/No/Sometimes** signs to reveal the 0/50/100 signs. Post the number signs so that they can be used as a physical line - 0 at one end, 100 at the other end, with the 50 right in the middle.

Tell students to now find the data on their card about how many pregnancies would occur out of 100 users for their assigned method.

Ask for students to bring their card (one student per card) and form a visual effectiveness line between the 0 and 100 signs, standing in as accurate a spot as possible.

(Add in the *No Method* sign now so that you have 12 student volunteers.)

Ask the students who are not in the line to comment on what they are seeing.

Abstinence is the MOST effective!

0: Abstinence

0-1: IUD & Implant

6: The Shot

9: The Pill,
Patch, & Ring

18: Condoms
12: Diaphragm

11-24: Fertility
Awareness



When sexually active, ANY method is more effective than no method!

11

The line up should look something like this.

Take home messages -

Click

Abstinence is the MOST effective way to prevent an unintended pregnancy - the only method that is 100% effective.

Click

When someone becomes sexually active in a way that could introduce sperm into a body with ovaries, ANY method of contraception is more effective than no method at all!

Methods of Contraception

Scenarios

Read scenario.

Decide which method might be best for the situation.

Explain why.

12

With students working in pairs or small groups, give each group a scenario to read, discuss, and decide which method they think might work best in the given situation. Give students about 7 minutes to work then review each of the 5 scenarios.

Possible Responses:

Trista: abstinence; bc she is committed to her family's values

Dave and Sula: IUD or implant; bc they are long acting and reliable

Sam and Alex: the shot, implant, IUD; bc they are long-acting, do not need to take it every day or use every time they have sex

Katie and Trey: the pill; concern about reaction to hormones so could stop taking it at any time, but based on condom use could do a daily method.

Mai Lo and Mike: condoms; easily accessible in their rural community and protect against STDs

NOTE: Students may have chosen other influences or methods for these scenarios for valid reasons, which is also acceptable.

Summary

Contraceptives are different for everyone, including their side effects, benefits, risks, and general feel.

Make sure you talk to your healthcare provider about which contraceptive method is right for you.

13

Summarize the lesson and answer any questions.

DRAFT



IUD

WHAT IS IT?	Small T-shaped device that is placed in your uterus
HOW DO I GET IT?	Healthcare Provider (inserted at a provider location)
HOW LONG DOES IT LAST?	3-12 years after insertion, depending on the type
HOW WILL IT MAKE ME FEEL?	Copper iuds and hormonal iuds have different effects: talk to your provider
WHAT ARE THE MOST COMMON SIDE EFFECTS?	Copper iuds and hormonal iuds have different effects: talk to your provider
HOW MUCH DOES IT COST?	\$0-\$900 up front, depending on your insurance
HOW EFFECTIVE IS IT?	99%; (Avg. number of pregnancies out of 100 users in a year: 0-1)
STD/STI PROTECTION?	NO
ARE THERE DIFFERENT TYPES	5 types: iuds can be hormonal and made of plastic or nonhormonal and contain small amounts of copper

Image and content:

<https://www.wvfree.org/our-work/loveyourbirthcontrol/>



IMPLANT

WHAT IS IT?	Small rod placed under your skin
HOW DO I GET IT?	Healthcare provider (inserted at a provider location)
HOW LONG DOES IT LAST?	Up to 4 years after insertion
HOW WILL IT MAKE ME FEEL?	Can reduce pms symptoms, make your period lighter, & improve depression & endometriosis symptoms
WHAT ARE THE MOST COMMON SIDE EFFECTS?	Irregular bleeding, especially 6-12 months after insertion; acne
HOW MUCH DOES IT COST?	\$0-\$850 depending on your insurance
HOW EFFECTIVE IS IT?	99% (Avg. number of pregnancies out of 100 users in a year: 0-1)
STD/STI PROTECTION?	No
ARE THERE DIFFERENT TYPES	Only 1 type. nexplanon

Image and content:

<https://www.wvfree.org/our-work/loveyourbirthcontrol/>



THE PILL

WHAT IS IT?	Small pill you take every day at the same time
HOW DO I GET IT?	Healthcare provider prescription
HOW LONG DOES IT LAST?	1-3 months taken daily
HOW WILL IT MAKE ME FEEL?	Can make your period lighter, reduce acne, period cramps & pms symptoms
WHAT ARE THE MOST COMMON SIDE EFFECTS?	Bleeding between periods; sore breasts
HOW MUCH DOES IT COST?	\$0-\$113 depending on your insurance
HOW EFFECTIVE IS IT?	91% (Avg. number of pregnancies out of 100 users in a year: 9)
STD/STI PROTECTION?	No
ARE THERE DIFFERENT TYPES	Many types some contain a combination of estrogen & progestin or it can contain only progestin

Image and content:

<https://www.wvfree.org/our-work/loveyourbirthcontrol/>



THE SHOT

WHAT IS IT?	Hormone shot given once every 3 months
HOW DO I GET IT?	Healthcare provider
HOW LONG DOES IT LAST?	3 months
HOW WILL IT MAKE ME FEEL?	Can make your period lighter or you may have no period
WHAT ARE THE MOST COMMON SIDE EFFECTS?	Irregular bleeding; change in appetite or weight
HOW MUCH DOES IT COST?	\$0-\$120 depending on your insurance
HOW EFFECTIVE IS IT?	94% (Avg. number of pregnancies out of 100 users in a year: 6)
STD/STI PROTECTION?	No
ARE THERE DIFFERENT TYPES	Only 1 type. depo-provera

Image and content:

<https://www.wvfree.org/our-work/loveyourbirthcontrol/>



CONDOMS

WHAT IS IT?	Thin, stretchy barrier device that keeps sperm from entering your vagina
HOW DO I GET IT?	Over the counter (at pharmacies or at a clinic)
HOW LONG DOES IT LAST?	One time use must be used every time you have sex
HOW WILL IT MAKE ME FEEL?	Does not affect your hormones & can help with premature ejaculation
WHAT ARE THE MOST COMMON SIDE EFFECTS?	Many condoms are made out of latex which can cause an allergic reaction
HOW MUCH DOES IT COST?	\$0-\$7.80 per condom
HOW EFFECTIVE IS IT?	82% (Avg. number of pregnancies out of 100 users in a year: 18)
STD/STI PROTECTION?	Yes
ARE THERE DIFFERENT TYPES	Many types. Types for men and women made of latex or non-latex materials; some contain spermicide

Image and content:

<https://www.wvfree.org/our-work/loveyourbirthcontrol/>



THE RING

WHAT IS IT?	Small, bendable ring you insert into your vagina
HOW DO I GET IT?	Healthcare provider prescription
HOW LONG DOES IT LAST?	1 month
HOW WILL IT MAKE ME FEEL?	Can reduce cramps, pms symptoms, & acne
WHAT ARE THE MOST COMMON SIDE EFFECTS?	Bleeding between periods; breast tenderness
HOW MUCH DOES IT COST?	\$0-\$75 per ring, depending on your insurance
HOW EFFECTIVE IS IT?	91% effective when used correctly (Avg. number of pregnancies out of 100 users in a year: 9)
STD/STI PROTECTION?	No
ARE THERE DIFFERENT TYPES	Only 1 type. nuvaring

Image and content:

<https://www.wvfree.org/our-work/loveyourbirthcontrol/>



DIAPHRAGM

WHAT IS IT?	Cup that covers your cervix
HOW DO I GET IT?	Healthcare provider prescription
HOW LONG DOES IT LAST?	Multi-use inserted before you have sex, but you can have sex more than once while it's in
HOW WILL IT MAKE ME FEEL?	It does not affect your hormones & you should not be able to feel it while you have sex
WHAT ARE THE MOST COMMON SIDE EFFECTS?	Vaginal irritation; increased uti's
HOW MUCH DOES IT COST?	\$0-\$90 per diaphragm, which can last for up to 10 years
HOW EFFECTIVE IS IT?	88% effective if you use it every time you have sex (Avg. number of pregnancies out of 100 users in a year: 12)
STD/STI PROTECTION?	No
ARE THERE DIFFERENT TYPES	2 types. caya brand diaphragms & milex brand diaphragms

Image and content:

<https://www.wvfree.org/our-work/loveyourbirthcontrol/>



THE PATCH

WHAT IS IT?	Piece of plastic that looks like a band-aid & sticks to your skin
HOW DO I GET IT?	Healthcare no provider prescription
HOW LONG DOES IT LAST?	1 month
HOW WILL IT MAKE ME FEEL?	Can make your period lighter, reduce acne, period cramps, & pms symptoms
WHAT ARE THE MOST COMMON SIDE EFFECTS?	Spotting between periods; breast tenderness
HOW MUCH DOES IT COST?	\$0-\$44 per patch each month
HOW EFFECTIVE IS IT?	91% effective if you use correctly (Avg. number of pregnancies out of 100 users in a year: 9)
STD/STI PROTECTION?	No
ARE THERE DIFFERENT TYPES	Only 1 type. xulane

Image and content:

<https://www.wvfree.org/our-work/loveyourbirthcontrol/>



FERTILITY AWARENESS

WHAT IS IT?	Closely tracking your menstrual cycle so you know which days you can get pregnant
HOW DO I GET IT?	You don't need a no side effects prescription, but you can find supplies & classes online & in clinics
HOW LONG DOES IT LAST?	Varies
HOW WILL IT MAKE ME FEEL?	This method requires abstinence for at least 1 week per menstrual cycle
WHAT ARE THE MOST COMMON SIDE EFFECTS?	No side effects
HOW MUCH DOES IT COST?	Outside of some helpful supplies, such as a basal thermometer, this method is free
HOW EFFECTIVE IS IT?	76-88% (Avg. number of pregnancies out of 100 users in a year: 11-24)
STD/STI PROTECTION?	No
ARE THERE DIFFERENT TYPES	Many types. different ways to track your cycle, such as daily observing cervical secretions and your body temperature

Image and content:

<https://www.wvfree.org/our-work/loveyourbirthcontrol/>



EMERGENCY CONTRACEPTIVE

WHAT IS IT?	Types of contraception that stop pregnancies before they begin
HOW DO I GET IT?	Some require a prescription, some are over the counter, and some require insertion by a healthcare provider
HOW LONG DOES IT LAST?	Up to 5 days after you had sex
HOW WILL IT MAKE ME FEEL?	Can stop you from getting pregnant if another contraceptive failed in the moment
WHAT ARE THE MOST COMMON SIDE EFFECTS?	Upset stomach & vomiting; breast tenderness
HOW MUCH DOES IT COST?	\$0-\$932 depending on the method & your insurance
HOW EFFECTIVE IS IT?	Emergency contraceptive can reduce the risk of pregnancy after unprotected sex
STD/STI PROTECTION?	No
ARE THERE DIFFERENT TYPES	Many types. There are copper iuds, the ella pill, & the plan b or next choice pill

Image and content:

<https://www.wvfree.org/our-work/loveyourbirthcontrol/>



ABSTINENCE

WHAT IS IT?	Not having skin-to-skin or penetrative contact with another person's vulva, vagina, penis, testicle, or anus.
HOW DO I GET IT?	Set a boundary and communicate with your partner
HOW LONG DOES IT LAST?	As long as you choose
HOW WILL IT MAKE ME FEEL?	Possible increased feelings of empowerment and decreased feelings of worry
WHAT ARE THE MOST COMMON SIDE EFFECTS?	Ability to focus on other areas of life
HOW MUCH DOES IT COST?	FREE
HOW EFFECTIVE IS IT?	100% when used correctly and consistently (Avg. number of pregnancies out of 100 users in a year: 0)
STD/STI PROTECTION?	Yes
ARE THERE DIFFERENT TYPES	Sure! As long as you're not having sexual contact, behaviors and communication can vary

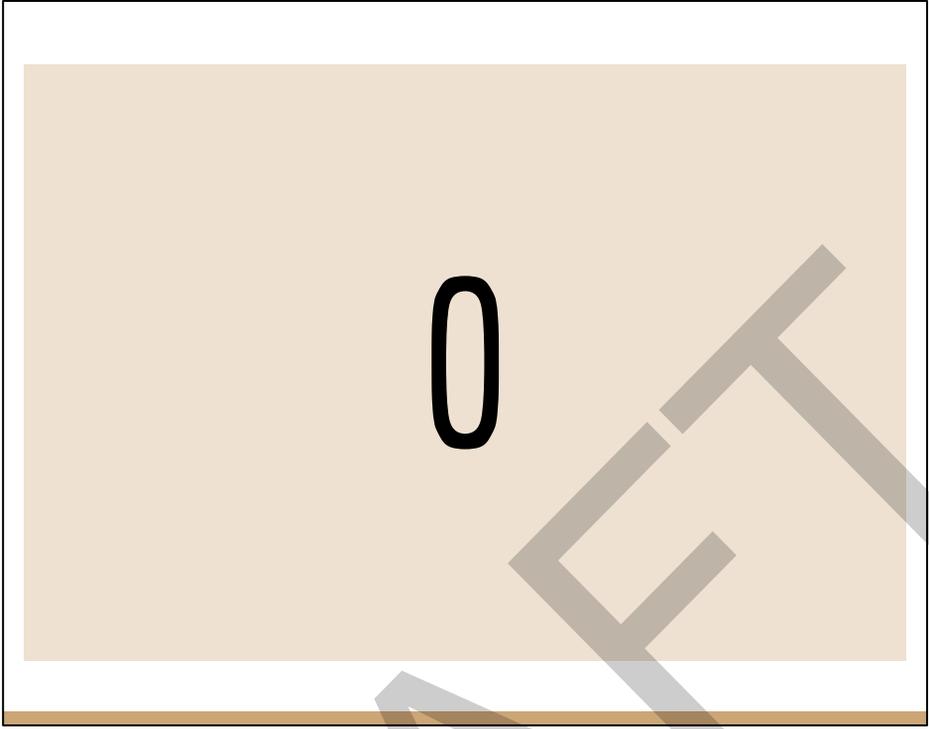


NO METHOD

WHAT IS IT?	Having sexual contact by which sperm enters a vagina
HOW DO I GET IT?	Not using a method of contraception at all
HOW LONG DOES IT LAST?	NA
HOW WILL IT MAKE ME FEEL?	Possible increased feelings of worry and stress
WHAT ARE THE MOST COMMON SIDE EFFECTS?	Inability to focus on other areas of life
HOW MUCH DOES IT COST?	FREE
HOW EFFECTIVE IS IT?	It is not. (Avg. number of pregnancies out of 100 users in a year: 85)
STD/STI PROTECTION?	No
ARE THERE DIFFERENT TYPES	Anytime semen is able to enter the vagina of someone who has ovaries, there is a possibility of pregnancy. This usually involves vaginal intercourse, or inserting a penis into a vagina, but not always. Semen that is ejaculated outside of the vagina can sometimes find a way in.

Yes

DRAFT



DRAFT

Sometimes

DRAFT

50

DRAFT

No

DRAFT

100

DRAFT

Which Method? Scenario 1

The decision to be abstinent, or sexually active and use a contraceptive method, is a very personal one. Read the scenario below and determine what birth control method you think fits the situation best. **There are no “right” answers**, just be sure to think through the influences the character(s) may be facing and how each method might impact them.

Trista is very religious and committed to her family. Although she is very in love with her boyfriend of eight months, she does not want to disrespect her parents. She is a first-generation American and her family struggles to pay the bills. She doesn't really have the money to spend on birth control either.

Which birth control method may be best for Trista? Why?

DRAFT

Which Method? Scenario 2

The decision to be abstinent, or sexually active and use a contraceptive method, is a very personal one. Read the scenario below and determine what birth control method you think best fits the situation best. **There are no “right” answers**, just be sure to think through the influences the character(s) may be facing and how each method might impact them.

Dave and Sula are both 17. They just started seeing each other and there was immediate chemistry. They met at their after-school jobs and they are both very focused on the future. Sula wants to be a doctor and Dave is hoping to study international economics and travel abroad. They know marriage and a family would be at least six-to-eight years away.

Which birth control method may be best for Dave and Sula? Why?

DRAFT

Which Method?

Scenario 3

The decision to be abstinent, or sexually active and use a contraceptive method, is a very personal one. Read the scenario below and determine what birth control method you think best fits the situation best. **There are no “right” answers**, just be sure to think through the influences the character(s) may be facing and how each method might impact them.

Sam and Alex are both in chaotic living situations. Sam lives with their sister and sister’s family, which includes two small children. In fact, Sam shares a bedroom with two small children. Alex goes to the alternative school and works full time to help support their family. Alex and Sam have been together for almost two years and have stayed together through some very rough times for their families. They started having sex five months ago, but it is hard to find a place where they can be alone together. Sam sees firsthand how challenging it is to raise children and is not interested in getting pregnant any time soon.

Which birth control method may be best for Sam and Alex? Why?

Which Method?

Scenario 4

The decision to be abstinent, or sexually active and use a contraceptive method, is a very personal one. Read the scenario below and determine what birth control method you think best fits the situation best. **There are no “right” answers**, just be sure to think through the influences the character(s) may be facing and how each method might impact them.

Katie and Trey have been using condoms for the past six months. They both went and got STD tests. They both feel like it would be nice not to have to use condoms. Katie is afraid of hormones because her mother said she gained weight taking the pill when she was younger. Katie has a great relationship with her mom and they have talked about sex openly. She wants to learn more and make her own choice.

Which birth control method may be best for Katie and Trey? Why?

DRAFT

Which Method? Scenario 5

The decision to be abstinent, or sexually active and use a contraceptive method, is a very personal one. Read the scenario below and determine what birth control method you think best fits the situation best. **There are no “right” answers**, just be sure to think through the influences the character(s) may be facing and how each method might impact them.

Mai Lo and Mike have been going out for a few months and just made the decision to be sexually active. They want to be responsible since they both have plans to leave their small town and go to college next year. They have both had other sexual partners. The family planning clinic near them has closed and neither of them have regular access to a car. There is a pharmacy in town that they can walk to from the high school.

Which method may be best for Mai Lo and Mike? Why?

DRAFT

KNOW YOUR OPTIONS, SO YOU CAN LOVE YOUR BIRTH CONTROL.

	What is it?	How do I get it?	How long does it last?	How will it make me feel?	What are the most common side effects?	How much does it cost?	How effective is it?	STD/STI protection?	Are there different types?
 IUD'S	SMALL, T-SHAPED DEVICE THAT IS PLACED IN YOUR UTERUS	HEALTHCARE PROVIDER <i>(inserted at a provider location)</i>	3-12 YEARS AFTER INSERTION, DEPENDING ON THE TYPE	COPPER IUDS & HORMONAL IUDS HAVE DIFFERENT EFFECTS: TALK TO YOUR PROVIDER	COPPER IUDS & HORMONAL IUDS HAVE DIFFERENT EFFECTS: TALK TO YOUR PROVIDER	\$0-\$900 UP FRONT, DEPENDING ON YOUR INSURANCE	99%	NO	5 TYPES. IUDS CAN BE HORMONAL & MADE OF PLASTIC OR NONHORMONAL & CONTAIN SMALL AMOUNTS OF COPPER
 CONTRACEPTIVE IMPLANT	SMALL ROD PLACED UNDER YOUR SKIN	HEALTHCARE PROVIDER <i>(inserted at a provider location)</i>	UPTO 4 YEARS AFTER INSERTION	CAN REDUCE PMS SYMPTOMS, MAKE YOUR PERIOD LIGHTER, & IMPROVE DEPRESSION & ENDOMETRIOSIS SYMPTOMS	IRREGULAR BLEEDING, ESPECIALLY 6-12 MONTHS AFTER INSERTION; ACNE	\$0-\$850 DEPENDING ON YOUR INSURANCE	99%	NO	ONLY 1 TYPE. NEXPLANON
 THE PILL	SMALL PILL YOU TAKE EVERY DAY AT THE SAME TIME	HEALTHCARE PROVIDER PRESCRIPTION	1-3 MONTHS TAKEN DAILY	CAN MAKE YOUR PERIOD LIGHTER, REDUCE ACNE, PERIOD CRAMPS, & PMS SYMPTOMS	BLEEDING BETWEEN PERIODS; SORE BREASTS	\$0-\$113 DEPENDING ON YOUR INSURANCE	91%	NO	MANY TYPES. SOME CONTAIN A COMBINATION OF ESTROGEN & PROGESTIN OR IT CAN CONTAIN ONLY PROGESTIN
 THE SHOT	HORMONE SHOT GIVEN ONCE EVERY 3 MONTHS	HEALTHCARE PROVIDER	3 MONTHS	CAN MAKE YOUR PERIOD LIGHTER OR YOU MAY HAVE NO PERIOD	IRREGULAR BLEEDING; CHANGE IN APPETITE OR WEIGHT	\$0-\$120 DEPENDING ON YOUR INSURANCE	94% IF THE SHOT IS GIVEN ON TIME	NO	ONLY 1 TYPE. DEPO-PROVERA
 CONDOMS	THIN, STRETCHY BARRIER DEVICE THAT KEEPS SPERM FROM ENTERING YOUR VAGINA	OVER THE COUNTER <i>(at pharmacies or at a clinic)</i>	ONE TIME USE MUST BE USED EVERY TIME YOU HAVE SEX	DOES NOT AFFECT YOUR HORMONES & CAN HELP WITH PREMATURE EJACULATION	MANY CONDOMS ARE MADE OUT OF LATEX WHICH CAN CAUSE AN ALLERGIC REACTION	\$0-\$7.80 PER CONDOM	82%	YES	MANY TYPES. TYPES FOR MEN AND WOMEN MADE OF LATEX OR NON-LATEX MATERIALS; SOME CONTAIN SPERMICIDE
 THE RING	SMALL, BENDABLE RING YOU INSERT INTO YOUR VAGINA	HEALTHCARE PROVIDER PRESCRIPTION	1 MONTH	CAN REDUCE CRAMPS, PMS SYMPTOMS, & ACNE	BLEEDING BETWEEN PERIODS; BREAST TENDERNESS	\$0-\$75 PER RING, DEPENDING ON YOUR INSURANCE	91% EFFECTIVE WHEN USED CORRECTLY	NO	ONLY 1 TYPE. NUVARING
 DIAPHRAGM	CUP THAT COVERS YOUR CERVIX	HEALTHCARE PROVIDER PRESCRIPTION	MULTI-USE INSERTED BEFORE YOU HAVE SEX, BUT YOU CAN HAVE SEX MORE THAN ONCE WHILE IT'S IN	IT DOES NOT AFFECT YOUR HORMONES & YOU SHOULD NOT BE ABLE TO FEEL IT WHILE YOU HAVE SEX	VAGINAL IRRITATION; INCREASED UTI'S	\$0-\$90 PER DIAPHRAGM, WHICH CAN LAST FOR UP TO 10 YEARS	88% EFFECTIVE IF YOU USE IT EVERY TIME YOU HAVE SEX	NO	2 TYPES. CAYA BRAND DIAPHRAGMS & MILEX BRAND DIAPHRAGMS
 THE PATCH	PIECE OF PLASTIC THAT LOOKS LIKE A BAND-AID & STICKS TO YOUR SKIN	HEALTHCARE PROVIDER PRESCRIPTION	1 MONTH	CAN MAKE YOUR PERIOD LIGHTER, REDUCE ACNE, PERIOD CRAMPS, & PMS SYMPTOMS	SPOTTING BETWEEN PERIODS; BREAST TENDERNESS	\$0-\$44 PER PATCH EACH MONTH	91% EFFECTIVE IF USED CORRECTLY	NO	ONLY 1 TYPE. XULANE
 FERTILITY AWARENESS	CLOSELY TRACKING YOUR MENSTRUAL CYCLE SO YOU KNOW WHICH DAYS YOU CAN GET PREGNANT	YOU DON'T NEED A PRESCRIPTION, BUT YOU CAN FIND SUPPLIES & CLASSES ONLINE & IN CLINICS	VARIES	THIS METHOD REQUIRES ABSTINENCE FOR AT LEAST 1 WEEK PER MENSTRUAL CYCLE	NO SIDE EFFECTS	OUTSIDE OF SOME HELPFUL SUPPLIES, SUCH AS A BASAL THERMOMETER, THIS METHOD IS FREE	76-88%	NO	MANY TYPES. DIFFERENT WAYS TO TRACK YOUR CYCLE, SUCH AS DAILY OBSERVING CERVICAL SECRETIONS AND YOUR BODY TEMPERATURE
 EMERGENCY CONTRACEPTIVE	TYPES OF CONTRACEPTION THAT STOP PREGNANCIES BEFORE THEY BEGIN	SOME REQUIRE A PRESCRIPTION, SOME ARE OVER THE COUNTER, AND SOME REQUIRE INSERTION BY A HEALTHCARE PROVIDER	UPTO 5 DAYS AFTER YOU HAD SEX	CAN STOP YOU FROM GETTING PREGNANT IF ANOTHER CONTRACEPTIVE FAILED IN THE MOMENT	UPSET STOMACH & VOMITING; BREAST TENDERNESS	\$0-\$932 DEPENDING ON THE METHOD & YOUR INSURANCE	EMERGENCY CONTRACEPTIVES CAN REDUCE THE RISK OF PREGNANCY AFTER UNPROTECTED SEX	NO	MANY TYPES. THERE ARE COPPER IUDS, THE ELLA PILL, & THE PLAN B OR NEXT CHOICE PILL



CONTRACEPTIVES ARE DIFFERENT FOR EVERYONE, INCLUDING THEIR SIDE EFFECTS, BENEFITS, RISKS, & GENERAL FEEL. MAKE SURE YOU TALK TO YOUR HEALTHCARE PROVIDER ABOUT WHICH CONTRACEPTIVE METHOD IS RIGHT FOR YOU.



Sexually Transmitted Infections (STIs)

—
a.k.a. STDs

1

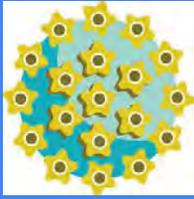
TEKS:

H1.21.(B) describe various modes of transmission of STDs/STIs

H1.21.(C) investigate and summarize the statistics on the prevalence of STDs/STIs among teens by referencing county, state, and/or federal data sources;

H1.21.(D) describe signs and symptoms of STDs/STIs, including human papillomavirus (HPV), human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), chlamydia, syphilis, gonorrhea, herpes, and trichomoniasis, and identify that not all STDs/STIs show symptoms;

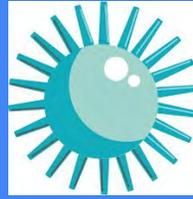
H1.21.(E) analyze the importance of STD/STI screening, testing, and early treatment for sexually active people, including during yearly physicals or if there is a concern;



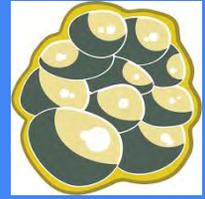
HPV



Syphilis



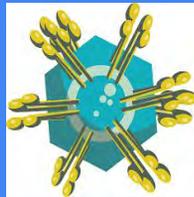
Herpes



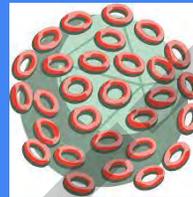
Chlamydia



Gonorrhea



Hepatitis B



HIV



Trichomoniasis

Sexually Transmitted Infections

Ask students which STI/STDs they've heard of.

Click to reveal the names of the infections that will be covered in this lesson:

1. Chlamydia
2. Gonorrhea
3. Syphilis
4. Herpes
5. HPV
6. HIV
7. Trichomoniasis
8. Hepatitis B

Explain that there are many more STIs (more than 30) in existence, but that this lesson will cover the 8 most common or most impactful.

Images:

<https://teachingsexualhealth.ca/teachers/resource/stis/>

What is a Sexually Transmitted Infection?

An infection passed from one person to another person through sexual contact.

STI vs STD: Sexually Transmitted **Infection** or **Disease**?

Infection: when a bacteria, virus, or parasite enters and grows in or on the body.

Disease: when signs and symptoms of an illness appear as a result of the infection.

3

Ask: What is a sexually transmitted infection (or STI)?

Click

An STI is an infection passed from one person to another person through sexual contact.

Click

STIs are also called sexually transmitted diseases, or STDs. So what's the difference between infection and disease?

Click

Infection is the first step - when a bacteria, virus, or parasite enters and grows in the body.

Click

Disease occurs when the cells in your body are damaged — as a result of the infection — and signs and symptoms of an illness appear.

Both STI and STD can be accurate depending on the context. We will use the term STI because we are going to be talking about the actual germs and what they do.

Resources:

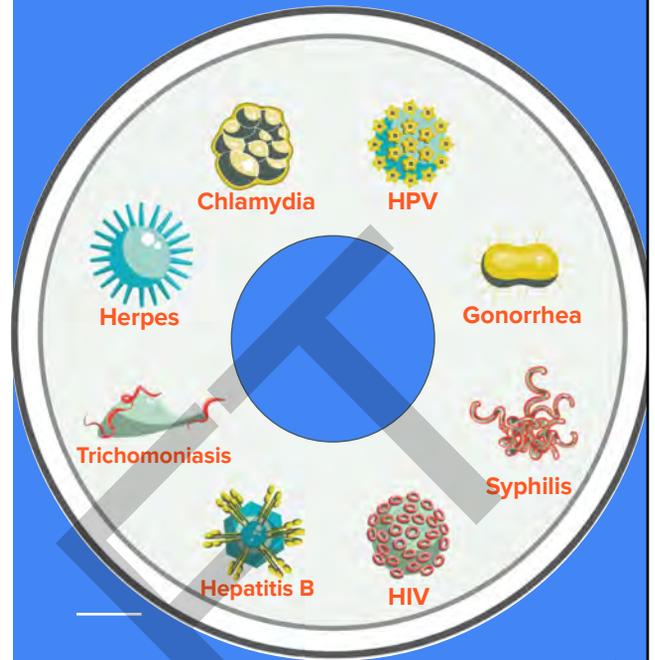
<https://www.womenshealth.gov/a-z-topics/sexually-transmitted-infections>

<https://www.mayoclinic.org/diseases-conditions/infectious-diseases/in-depth/germs/art-20045289#:~:text=Infection%2C%20often%20the%20first%20step,symptoms%20of%20an%20illness%20appear>

DRAFT

STI Information Worksheet

Let's look at some of the details



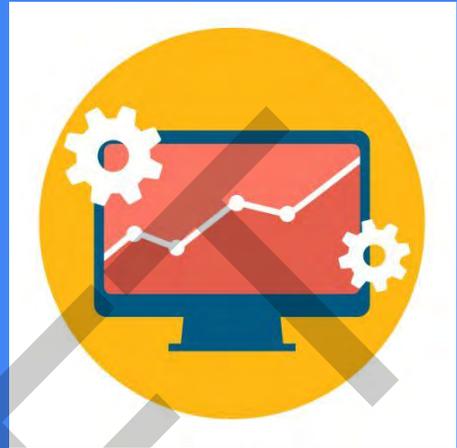
4

Using the **STI Information Sheet Handout** as a resource, have students complete the **STI Information Worksheet** either individually or in small groups. Once everyone has completed, review each question.

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Just how common are STIs?

Let's look at some data

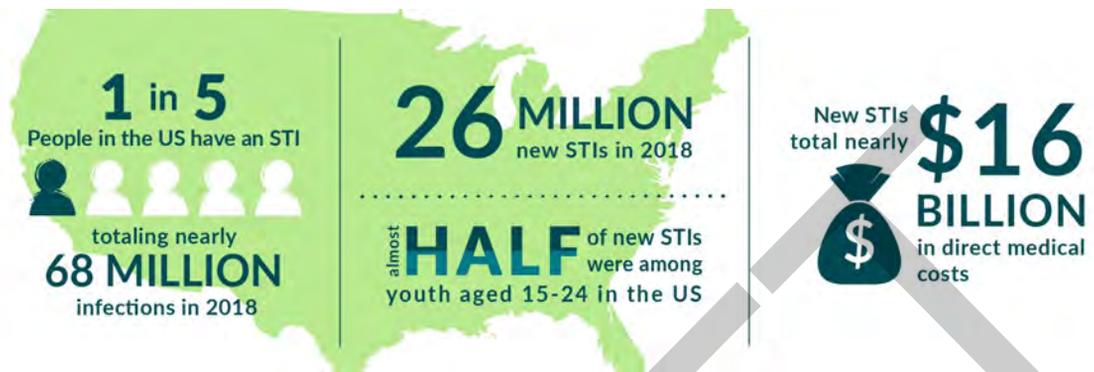


vector created by macrovector - www.freepik.com

5

Image: <https://www.freepik.com/vectors/business> Business vector created by macrovector - www.freepik.com

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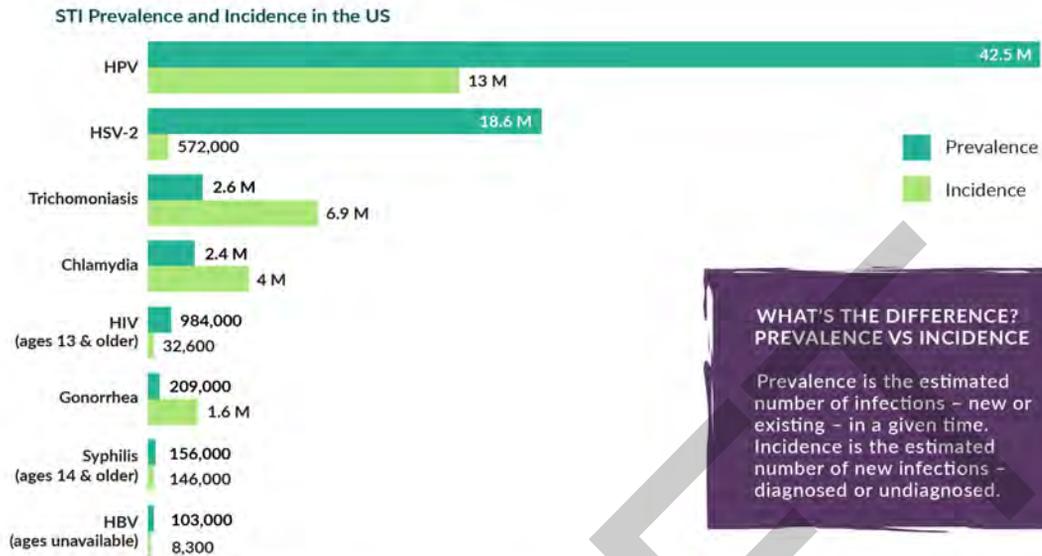
<https://www.cdc.gov/std/statistics/prevalence-2020-at-a-glance.htm>

6

Review data on the slide.

STI are very common in general. And even more so in young adults.

Content source: [Division of STD Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention](#)



WHAT'S THE DIFFERENCE? PREVALENCE VS INCIDENCE

Prevalence is the estimated number of infections - new or existing - in a given time.
 Incidence is the estimated number of new infections - diagnosed or undiagnosed.

*Bars are for illustration only; not to scale, due to wide range in number of infections. Estimates for adults and adolescents ages 15+ unless otherwise stated. HIV and HBV data only represent sexually acquired infections.

<https://www.cdc.gov/std/statistics/prevalence-2020-at-a-glance.htm>

Review data on the slide.

Discuss prevalence vs incidence.

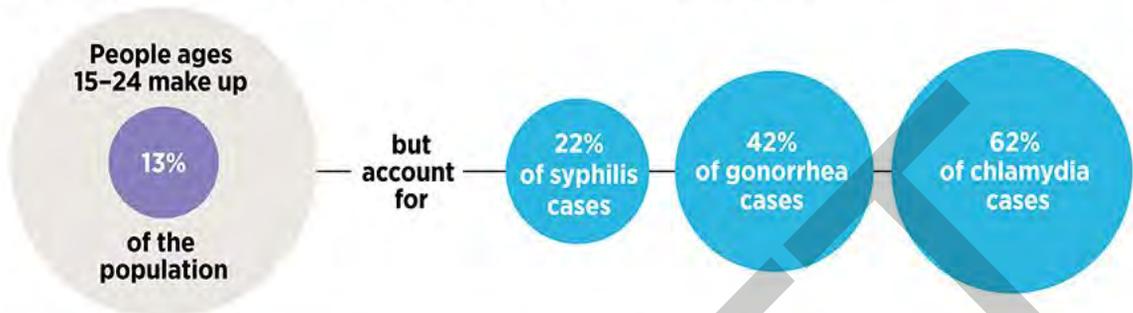
Prevalence is the estimated number of infections - new or existing - in a given time.

Incidence is the estimated number of new infections - diagnosed or undiagnosed.

For those infections that have no cure, prevalence will always be higher than incidence, bc people are living with the infection while new people are being diagnosed.

For infections that can be cured with antibiotics (like Trich, Chlamydia, Gonorrhea), the number of new infections, or incidence, will be higher because those who were previously diagnosed will have been treated and no longer have the infection.

② Young people are disproportionately burdened by STIs



Sources: Centers for Disease Control and Prevention and U.S. Census Bureau.

www.guttmacher.org

8

Review data on the slide.

Focus on the statement “young people are disproportionately burdened by STIs”. Discuss what this means and why this might be.

Talking points from Guttmacher: “In general, people in their teens and early 20s are at risk of contracting STIs for a combination of biological, logistical and behavioral reasons. Adolescent girls and young women are particularly susceptible to infection for some STIs, such as chlamydia, because of the cellular makeup of their cervixes. Adolescents and young people who are insured as dependents on their parents’ health plans may be reluctant to disclose their sexual behavior to health care professionals because of confidentiality concerns, which may decrease the likelihood that they receive STI screening and treatment and increase their risk of passing STIs to others. Lack of transportation, insurance coverage and funds to pay for services may also keep young people from accessing the STI care that they need. Finally, many adolescents and young adults have multiple sexual partners, which increases their risk of exposure to STIs.”

<https://www.guttmacher.org/gpr/2020/04/reducing-sti-cases-young-people-deserve-better-sexual-health-information-and-services>

Sexually Transmitted Infections

Though teen pregnancy rates are declining, the count and rate of sexually transmitted infections are increasing among Texas youth.

STI Cases & Rates, Youth 15-24, Travis County

	Count of new cases, 2018	Increase/decrease from 2009*	County, above/below TX rate, 2018
HIV	43	+ 59%	+ 7%
Chlamydia	4,761	+ 24%	+ 31%
Gonorrhea	864	+ 53%	+ 45%

*Some increase may be due to improved screening and diagnoses.

STIs are on the rise in Travis County!

9

Review data on the slide and discuss.

Resources:

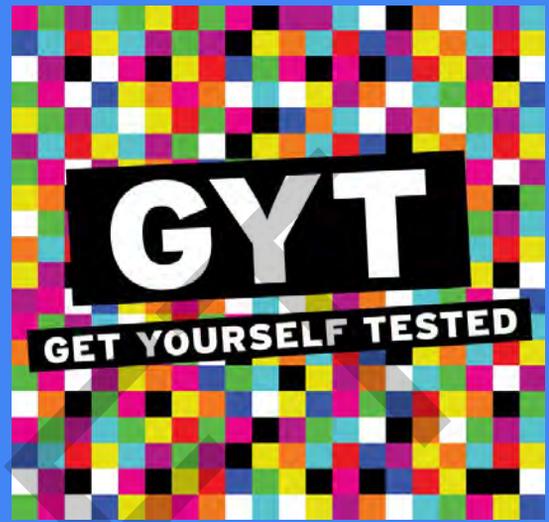
Image from

<https://txcampaign.org/wp-content/uploads/2021/09/Travis-County-2019-Adolescent-Health.pdf>

<https://www.kxan.com/news/austin-ranks-among-cities-with-highest-std-rates-in-u-s-statistics-show/>

STIs often have NO Symptoms

Testing is Key!



Remind students that a person may still have an STI and transmit it to someone else, even if they do not have symptoms. That is why it is important to get tested if someone has engaged in any sexual contact with another person.

Image: <https://www.cdc.gov/std/saw/gyt/default.htm> Get Yourself Tested Campaign Materials

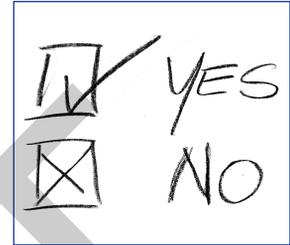
Getting Tested



Where to go



What to expect



Required permissions

RESEARCH ACTIVITY

Ask students to think about what steps need to be taken in order to get tested.

Explain that it will be helpful to know the following: (**click** to reveal each)

- Where to go
- What to expect when you are there
- What permissions are required if you are a minor

Click:

ACTIVITY: Have students use the resources listed on the **Getting Tested for STIs Research Handout** and follow the instructions to find out more about getting tested. This can be done individually or in pairs or small groups. After students have found out about each section, ask for volunteers to report out about what they found.

Resources for this activity include:

- Confidentiality Laws TX: Spark Handout - <https://www.healthytxyouth.org/uploads/files/resources/Confidentiality-Laws-TX-Spark-Handout.pdf>
- Get Tested: National HIV, STD, and Hepatitis Testing - <https://gettested.cdc.gov/>
- American Sexual Health Association (ASHA): I Wanna Know - <http://www.iwannaknow.org/teens/sti/testing.html>

Images:

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Lab: Science vector created by freepik - www.freepik.com

Permissions:

<https://pixabay.com/illustrations/yes-no-opportunity-checklist-box-2167843/>

DRAFT

Let's Talk About Prevention

1. Abstinence
2. Condom use
3. Reduce number of partners
4. Get tested

12

Ask: What is the only 100% effective way to prevent all sexually transmitted infections (and pregnancy)?

Click

Abstinence. **Remind** students of the previous lesson and discussion about abstinence. Reiterate that in order to prevent transmission of infections sexually, all sexual contact with another person must be avoided.

Ask: What are some other ways that people can reduce the risk of infection once they decide to become sexually active?

Take a few responses then **click** to reveal the 3 other list items. Use the **Lowdown on How to Prevent STIs Infographic** to discuss.

Summary

**STIs are
VERY
common!**

All can have NO Symptoms

Testing is KEY

Bacteria

- cured with antibiotics
- *usually* fluid transmission
- no vaccines

Virus

- no medical cures
 - some go away
 - some last for life
- treatments for all

All can be PREVENTED!

- vaccines
- abstinence
- condoms

13

Summarize the STI info by reviewing the following

Click STIs are VERY common!

Click

STIs caused by bacteria can be cured with antibiotics, are usually transmitted by fluids (including syphilis, which can also be transmitted by direct contact with a syphilis sore early in infection), and have no vaccines.

Click

STIs caused by viruses have no medical cures, but they all have treatments of some kind. The body is able to clear a couple of them on it's own, but others will be in the body for life. Being treated (like with ART for HIV), can make it less likely to be transmitted to others.

Click

All STIs can be present with no symptoms at all. That is why if someone has had sexual contact with another person, it is recommended to be tested for all STIs.

Click

All STIs can absolutely be prevented! HPV and Hep B have vaccines and it is recommended that all young people get vaccinated. All can be prevented by abstaining from sexual contact. and the use of condoms can reduce the likelihood of fluid exchange or direct contact with skin and can therefore reduce the risk of transmission.

Sexually Transmitted Infections

Wrap Up

How would you talk to a partner about STIs and getting tested?

Use the **STD Testing: Conversation Starter Resource** as a guide.

14

As a wrap up, ask students to write out how they would talk to a partner about STIs and getting tested. Use the **STD Testing: Conversation Starter Resource** as a guide.

DRAFT

Sexually Transmitted Infections (STIs) Handout

Infection	Type	How Common	Symptoms	Treatment	Transmission	Vaccine
Chlamydia 	Bacteria	Very common	Often none; discharge; burning when urinating; painful sex	Antibiotic	Genital fluids	No
Gonorrhea 	Bacteria	Very common	Often none; discharge from penis; pain in tummy/pelvis; burning when urinating	Antibiotic	Genital fluids	No
Herpes 	Virus	Very common	Often none; pain, itching, blisters	Can treat symptoms	Skin-to-skin; genital fluids	No
Human Papillomavirus (HPV) 	Virus	Very common	Often none; warts	Can treat symptoms*	Skin-to-skin	Yes
Human Immunodeficiency Virus (HIV) 	Virus	Less common	Often none; flu-like symptoms early in infection	Antiretroviral therapy (ART) [°]	Blood, genital fluids, breast milk	No
Trichomoniasis 	Parasite	Very common	Often none; foul-smelling discharge; genital itching; painful urination	Antibiotic	Genital fluids	No
Syphilis 	Bacteria	Less common	Often none; small painless sore; rash; flu-like symptoms	Antibiotic	Blood, genital fluids, direct contact	No
Hepatitis B 	Virus	Less common	Often none; fatigue; stomach pain; jaundice	Depends on severity*	Blood, genital fluids	Yes

*While there is no specific cure for HPV or HepB, both of these viruses are often cleared by the immune system without treatment. Long term symptoms or complications can arise.

[°]There is no cure for HIV, but ART can lower the amount of the virus in the body, making it less likely to transmit the virus to someone else.

STI Information Worksheet

Using the **Sexually Transmitted Infections Handout**, list which infections belong in which category for each of the 5 questions.

What type of infection is it?

Bacteria	Virus	Other

Is there a vaccine?

Has vaccine	No vaccine

Can it be cured or treated?

Can be <u>cured</u>	Can be <u>treated</u> , not cured	Can sometimes <u>go away</u> on its own

Does it have symptoms?

Always has symptoms	Often has NO symptoms

How is it transmitted?

Fluids (name fluids)	Direct contact

STI Information Worksheet

ANSWER KEY:

What type of infection is it?

Bacteria	Virus	Other
Chlamydia Gonorrhea Syphilis	Hep B HIV Herpes HPV	Trichomoniasis (parasite)

Is there a vaccine?

Has vaccine	No vaccine
Hep B HPV	Chlamydia Gonorrhea Syphilis Herpes HIV Trichomoniasis

Can it be cured or treated?

Can be <u>cured</u>	Can be <u>treated</u> , not cured	Can sometimes <u>go away on its own</u>
Chlamydia Gonorrhea Syphilis Trichomoniasis (all with antibiotics)	Herpes HIV °There is no cure for HIV, but ART can lower the amount of the virus in the body, making it less likely to transmit the virus to someone else.	Hep B HPV *While there is no specific cure for HPV or HepB, both of these viruses are often cleared by the immune system without treatment. Long term symptoms or complications can arise.

Does it have symptoms?

Always has symptoms	Often has NO symptoms
NONE	Chlamydia Gonorrhea Syphilis Herpes HIV Trichomoniasis Hep B HPV (ALL)

How is it transmitted?

Fluids (name fluids)	Direct contact
Chlamydia - genital fluids Gonorrhea - genital fluids Herpes - genital fluids Syphilis - blood, genital fluids HIV - blood, genital fluids, breast milk Trich - genital fluids Hep B - blood, genital fluids	HPV Herpes Syphilis (by direct contact with a syphilis sore early in infection)

Getting Tested for Sexually Transmitted Infections Research Activity



Where to go:

- Go to the website <https://gettested.cdc.gov/>
- Put in your zip code and pick a clinic in your area.
- Visit the clinic's website and gather as much information as possible about appointments, costs, timelines, etc.



What to expect:

- Go to the website <http://www.iwannaknow.org/teens/sti/testing.html>
- Pick an infection
- Describe the test process and any other information you think is relevant.



What permissions are required:

- Use Texas Confidentiality Laws handout (or internet search) to determine what is allowed by law when it comes to teens and testing for STIs.

Confidentiality/Minor Consent Laws

PARENT/GUARDIAN CONSENT EXCEPTIONS

A parent or guardian* must provide consent on behalf of a minor (under age 18) before health care services are provided, with several important exceptions. These exceptions are based on a minor's **status**, the **type of service** requested, or the clinic's **funding source**.

Minor Consent Based on Status: A minor can consent to health care services without a parent or guardian if they are:

- Married -OR-
- On active duty in the armed services -OR-
- Serving in an adult prison -OR-
- 16 years old or older, living apart from parents or guardians *and* managing their own financial affairs.

Minor Consent Based on Service: Patients under 18 may consent to the following WITHOUT parental consent:

- Pregnancy testing and prenatal care, other than abortion
- Non-prescription contraceptives such as condoms or over-the-counter emergency contraception
- STI testing and treatment (for reportable STIs such as Chlamydia, Gonorrhea, HIV, Syphilis)
- Counseling and treatment for suicide prevention or substance abuse
- Inpatient mental health care, if the minor is age 16 or older
- Counseling and treatment for suspected abuse or neglect

Minor Consent Based on Funding Source (Medicaid or Title X):

- Patients of child-bearing age (i.e. past the age of puberty) may receive all FDA-approved contraceptive methods (except for sterilization) without parental consent. Minors with Medicaid who are accessing contraception have a right to confidentiality under federal law.
- Almost all children in foster care are covered through Medicaid and therefore may consent to their own contraception, including long-acting methods such as the implant or IUD.

A provider may choose (but is not obligated) to tell the parents about any care provided to the minor patient.

MINORS NEED A PARENT/GUARDIAN'S* PERMISSION FOR:

- Vaccines, including HPV (Note: a minor who is pregnant or a parent may consent to certain vaccinations)
- Mental health treatment and medications other than for suicide prevention
- Inpatient mental health treatment (if under the age of 16)
- Prescription contraception, unless the minor is covered by Medicaid or seeking care in a Title X clinic
- An abortion (unless a judicial bypass is obtained)

**If a parent or guardian cannot be located, other adult relatives such as grandparents, siblings, aunts, or uncles may provide consent. An adult or educational institution with written permission from the parents may also provide consent. See Texas Family Code Chapters 32 and 266 for laws regarding consent to care for children in custody of law enforcement, the juvenile justice system, or foster care.*



HEALTH CARE PROVIDERS MUST OVERRIDE THE MINOR'S CONFIDENTIALITY AND REPORT IF:

- There is suspicion of abuse or neglect by an adult
- The minor is a risk to themselves or someone else
- The minor is under age 14 and has been sexually active, regardless of the age of their partner
- The minor is under the age of 17, not married, and has been sexually active, and *any of the following* are true:
 - Their partner is more than three years older -OR-
 - Their partner is of the same sex -OR-
 - Force was involved -OR-
 - Their partner is a registered sex offender.

Reports should be made within 48 hours to a local law enforcement agency or the Texas Department of Family and Protective Services (DFPS) at 1-800-252-5400. For more information, see www.txabusehotline.org.

THE LOWDOWN ON HOW TO PREVENT SEXUALLY TRANSMITTED DISEASES

Practice Abstinence

The surest way to avoid STDs is to not have sex.



This means not having vaginal, oral, or anal sex.

Have Fewer Partners

Agree to only have sex with one person who agrees to only have sex with you.



Make sure you both get tested to know for sure that neither of you has an STD. This is one of the most reliable ways to avoid STDs.

Talk With Your Partner

Talk with your sex partner(s) about STDs and staying safe before having sex.

Let's both get tested together!

Why take a chance when we can know for sure?

It might be uncomfortable to start the conversation, but protecting your health is your responsibility.

CDC estimates there are **MILLIONS** of new STD infections in the United States each year

Anyone who is sexually active can get an STD.

Some groups are more affected by STDs and their outcomes



Use Condoms

Using a condom correctly every time you have sex can help you avoid STDs.

Condoms lessen the risk of infection for all STDs. You still can get certain STD infections, like herpes or HPV, from contact with your partner's skin even when using a condom.



Most people say they used a condom the first time they ever had sex, but when asked about the last four weeks, less than a quarter said they used a condom every time.

Get Vaccinated

The most common STD can be prevented by a vaccine.

The HPV vaccine is safe, effective, and can help you avoid HPV-related health problems like genital warts and some cancers.

Who should get the HPV vaccine?



All boys and girls ages 11 to 12, but the vaccine can start at age 9

Everyone through age 26 years, if not vaccinated already

Get Tested

Many STDs don't have symptoms, but they can still cause health problems.



Talk with your health care provider

Search for CDC recommended tests

Find a location to get tested for STDs

The only way to know for sure if you have an STD is to get tested.

The Good News

STDs **ARE** preventable. There are steps you can take to keep yourself and your partner(s) healthy.

Here's How You Can Avoid Giving or Getting an STD:

View Infographic Online at: www.cdc.gov/std/prevention/lowdown/

If You Test Positive...

Getting an STD is not the end!

Many STDs are curable and all are treatable.

If either you or your partner is infected with an STD that can be cured, both of you need to start treatment immediately to avoid getting re-infected.

STD Testing: Conversation Starters

It might be hard to talk to your partner about getting tested for sexually transmitted diseases (STDs), but it's important. Chances are your partner will be glad you brought it up.

Talk before you have sex.

- "Let's get tested before we have sex. That way we can protect each other."
- "Many people who have an STD don't know it. Why take a chance when we can know for sure?"

There are other things you may want to talk to your partner about. For example:

- Sexual history — like what type of protection you usually use (for example, condoms or dental dams) or the last time you got tested for STDs
- Risk factors — like whether you've had sex without a condom or used drugs with needles

Share the facts.

- "STDs that are found and treated early are less likely to cause long-term problems."
- "Getting tested is easy. Doctors and nurses can test your urine (pee) for chlamydia and gonorrhea, 2 of the most common STDs."
- "Getting tested can be fast, too. For some HIV tests, you get your results in 20 minutes."
- "If you want to get tested at home, you can buy an HIV home test online or at a store."
- "If you don't feel comfortable talking about STDs with your regular doctor, you can get tested at a clinic instead."

Show that you care.

- "I really care about you. I want to make sure we're both healthy."
- "I've been tested for STDs, including HIV. Are you willing to do that, too?"
- "Let's get tested together."

Agree to stay safe.

- "If we're going to have sex, using condoms is the best way to protect us from STDs. Let's use condoms every time we have sex."
- "We can enjoy sex more if we know it's safe."

*This information on getting tested for sexually transmitted diseases was adapted from materials from the Centers for Disease Control and Prevention. Content last updated **June 10, 2021***

Reviewed by:

Health Communication Science Office
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB
Prevention
Centers for Disease Control and Prevention
September 2018

For more information about STD testing and prevention, check out:

- [Find an STD Testing Location](#)
- [How You Can Prevent Sexually Transmitted Diseases](#)



**It's your future.
You can protect it.**

If you are sexually active and are not ready to become a parent, it is important to use birth control to protect yourself from pregnancy.

It is also important to reduce your risk of getting sexually transmitted diseases (STDs), including HIV.

Condoms are the only birth control that reduces your risk of both pregnancy and STDs, including HIV. But, in order to work, condoms must be used correctly and must be used every time you have sex. It's important to know, however, that they cannot completely protect you and your partner from some STDs, like herpes, syphilis, or human papillomavirus (HPV), the virus that causes genital warts and cervical cancer. Also, condoms can break, slip, or leak, especially if they are not put on and taken off properly.

The only sure way to prevent pregnancy and STDs is NOT to have sex.

If you do have sex, use DUAL PROTECTION.

Even if you or your partner is using another type of birth control, agree to use a condom every time you have sex, to reduce the risk to both of you for HIV and most other STDs.



Remember!

- ⦿ Use a condom and birth control.
- ⦿ Condoms must be used correctly and used every time you have sex.
- ⦿ Sometimes you or your partner might not know if one of you has an STD.

Know how to use a condom the right way, every time.

How do you put a condom on correctly?

The condom should be put on before any genital contact. Sperm may come out of the penis before the male ejaculates, so put the condom on before any skin-to-skin contact begins. You should also know that some STDs can be transmitted without intercourse, through genital (skin-to-skin) contact. To reduce the risk of pregnancy and STDs (including HIV), males need to wear a condom the entire time from the beginning to the end of genital contact, each and every time.

1

When you are opening the package, gently tear it on the side. Do not use your teeth or scissors because you might rip the condom that's inside. Pull the condom out of the package slowly so that it doesn't tear.



2

Put the rolled up condom over the head of the penis when it is hard.



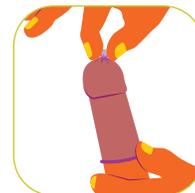
3

Pinch the tip of the condom enough to leave a half-inch space for semen to collect.



4

Holding the tip of the condom, unroll it all the way down to the base of the penis.



When the condom is on, it should feel snug enough so that it won't fall off during sex, but not too tight.

- ⊙ If you accidentally put on a condom inside-out, throw it away and get a new one. You can tell a condom is inside-out if it won't roll down the length of the penis easily.
- ⊙ If the condom ever tears or rips when you are putting it on or when it's being used, throw it away and use a new one.

How do you take off a condom correctly?

The most common mistake is not using condoms from the beginning of sexual contact to the very end, after ejaculation. Immediately after ejaculation, hold the bottom of the condom so it stays on and semen cannot spill out. Then, carefully withdraw the penis while it is still hard. Once the penis is out, you can remove the condom, wrap it in tissue, and throw it in the trash. Do not flush it down the toilet because it might clog.

What if the condom breaks?

If you feel the condom break at any point before or during sex:

Stop immediately!

Withdraw.

Carefully remove the broken condom and put on a new one.

If the condom breaks, pregnancy can be prevented with emergency contraception. Emergency contraception (the "Morning-After Pill") works best when it's started as soon as possible after sex, but can be started up to 5 days after sex.

Remember:

Emergency contraception helps prevent pregnancy, but it does NOT protect against STDs.

Know your CONDOM DOs & DON'Ts



DO

- Read all the information on the package. Know what you are using.
- Check the expiration date on the package. If it is expired, get a new package of condoms and throw away the old ones.
- Use only condoms that are made of latex or polyurethane (plastic). Latex condoms and polyurethane condoms are the best types of condoms to use to help prevent pregnancy, STDs, and HIV.
- Use a pre-lubricated condom to help prevent it from tearing. If you only have a non-lubricated condom, put a little bit of water-based lubricant ("lube") inside and outside the condom.
- Condoms come in different sizes, colors, textures, and thicknesses. Talk with your partner and choose condoms both of you like.



DON'T

- Do not use two condoms at once.
- Do not use condoms made of animal skin, sometimes called "natural" condoms. Animal skin condoms can help prevent pregnancy but don't work as well as latex or polyurethane condoms to prevent STDs, including HIV.
- Do not keep condoms in a place that can get very hot, like in a car. If you keep a condom in your wallet or purse, be sure you replace it with a new one regularly.
- Do not use any kind of oil-based lubricants (like petroleum jellies, lotions, mineral oil, or vegetable oils). These can negatively affect the latex, making it more likely to rip or tear.
- Do not reuse condoms.
- Do not use condoms that are torn or outdated.

www.cdc.gov/teenpregnancy/Teens.html

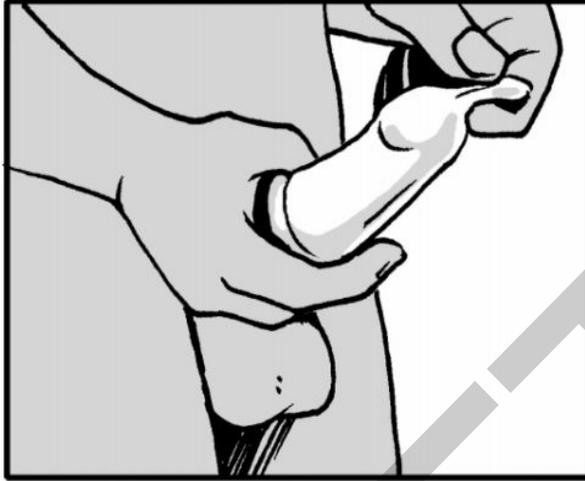
Directions: This is your copy of the condom activity slides. Each slide contains one of the seven steps to effectively use a condom. You may move the slides around to change the order in which they appear. When you think you have placed the slides in the correct order, return to the BLEND course to check your answer and read about each step in the process.

DRAFT



**Check package expiration date
and open it carefully**

DRAFT



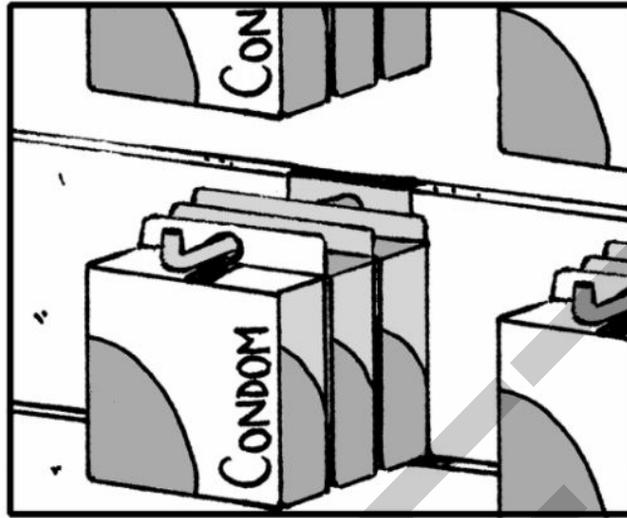
Unit 8

Make sure condom is right side out, pinch the tip to make room for semen, put condom on erect penis, and unroll all the way

DRAFT

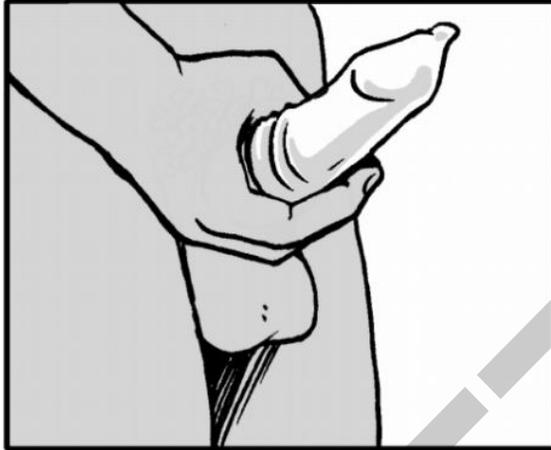
**Both partners give
consent
(want to have sex)**

DRAFT



Unit 8

**Get condom and/or water-based
lubricant at clinic, store or other place**



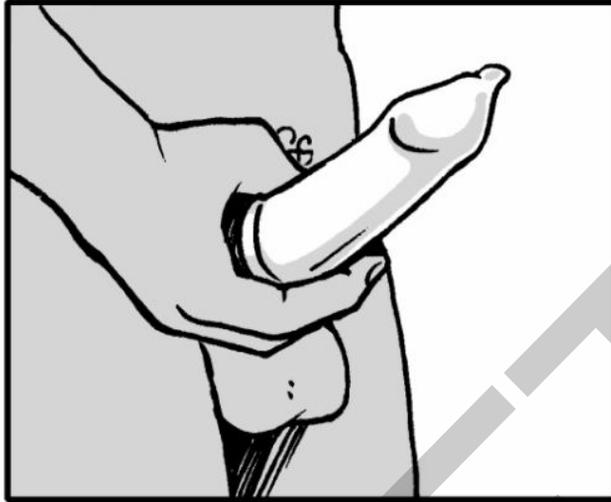
Unit 8

**Roll condom off the penis without
spilling semen, throw condom in trash
-never use a condom twice**

DRAFT

Penis touches partner

DRAFT



Hold condom at the base of penis, take penis out of partner while penis is still erect

DRAFT

Consent and Refusal Skills

Yes means Yes. Anything else is a No.

To start this lesson, ask one student if you can touch their arm as part of the conversation to make a point. (choose a student who you know well and who will feel ok with the actions that will come next.)

Once the student says yes, proceed to touch their arm in many ways: touching, grabbing, stroking, squeezing, pulling . At some point the student will likely start to get uncomfortable and try to pull away from you. Continue to touch, poke, and prod the student's arm until they do.

While continuing to touch the student, **explain** that this lesson is going to be about consent and refusal skills.

Ask if anyone has heard the phrase “Yes means Yes”? Let the students discuss this for a bit.

When the student pulls away from the touching, ask the class “what’s the problem here? They gave me consent to touch their arm didn’t they?”

This provides a means to talk about one of the key points of consent which is that both parties agree to the same thing.

Explain that this lesson will talk about many key points of consent and discuss how that

is different than refusal skills, but that both are important.

TEKS:

H1.17.(B) analyze the role that alcohol and other drugs play in unsafe situations, including sexual abuse and assault

H1.19.(E) explain and demonstrate how refusal strategies can be used to say "no" assertively to unhealthy behaviors in dating/romantic relationships;

DRAFT

Consent and Refusal: *Definitions*

Consent

- Agreeing with or giving permission

Refusal

- Saying “no” to something

Both are about COMMUNICATING.

State that, as with any other topic, it’s good to start by making sure we are all clear on definitions.

Start with **click** Consent.

Ask if anyone can give you a simple definition of consent. Take a few responses, then **click** to reveal the definition.

Next **click** and ask for someone to give you a simple definition of refusal. Take a few responses, then **click** to reveal the definition.

Click

Both are about communicating.

Communicating means both:

Giving

Being clear
Being assertive
Being kind

Accepting

Listening
Respecting
Asking clarifying questions

Communicating is about both **click** giving a message and **click** accepting a message.

Ask: Who remembers from lesson 6 about abstinence and boundaries tips for communicating our boundaries?

Click

Being clear, assertive, and kind.

Ask: Also from that boundaries lesson, how do we accept what someone is communicating to us?

Click

We listen to them, respect what they are saying, and ask clarifying questions if needed.

These tips are **CRUCIAL** when it comes to communicating about consent and refusal. Let's dig a bit more into the concept of consent.

Consent MUST be:

- ❑ **Informed:** Everyone knows exactly what is involved.
- ❑ **Affirmative:** Only “Yes” means yes.
- ❑ **Voluntary:** Everyone is in agreement, with no pressure or coercion.
- **Legal:** Age of Consent in Texas is...

17

In order for there to be consent for something to happen, it must be:

Click to reveal each and discuss:

- **Informed:** Everyone knows exactly what is involved. Remind the class about touching that student’s arm at the beginning of the lesson. They said yes but did not know what all was going to happen. That was not informed consent.
- **Affirmative:** Yes means Yes, not just the absence of a no, and everyone has to agree.
- **Voluntary:** There’s no pressure and your partner is agreeing because it’s what they want to do. Consent cannot be coerced (pressured). This includes certain power dynamics that could be considered coercion. For example, someone who is much older than their partner and pays for food or provides transportation.
 - In order for it to be voluntary, it also has to be (**click**) **legal** based on the age of consent. **Ask** if anyone knows what the age of consent in Texas is. **Click** it is **17**.

Ask students if they can explain the age of consent. Take a few responses then explain that it refers to the age in which someone can *legally* consent to sexual activity.

Citation and resources:

<https://www.rainn.org/articles/what-is-consent>



Tea and Consent: <https://www.youtube.com/watch?v=fGoWLWS4-kU>

Watch the video. Ask the students to pay attention to the various scenarios that explain what consent is and what it is not.

DRAFT

Key points about Consent from the video

- ❑ “Um, I’m not sure” is not consent.
- ❑ Saying no should always be respected.
- ❑ People can change their mind and no longer consent.
- ❑ Unconscious people can not consent,
even if they said yes while they were conscious.
- ❑ Consenting one day does not mean consent is given on other days.
- ❑ Sleeping people also can not consent.

Ask students what were some of the key points or scenarios they heard about consent in the video.

After some discussion, **click** to reveal the list of points covered. Discuss any that have not already been covered.

- **“Um, I’m not sure” is not consent.** Feel free to ask clarifying questions if someone is not clear, but understand that sometimes people struggle with saying no (as we will discuss later) and just because someone doesn’t say no, that doesn’t mean yes.
- **Saying no should be respected.** You are never entitled to sexual activity by anyone for any reason. If someone says no, they should be shown respect, not anger, not frustration or annoyance. It is their right.
- **People can change their mind and no longer consent.** At any time, for any reason.
- **Unconscious people can not consent, even if they said yes while they were conscious.** Additionally, anyone under the influence of alcohol or other mind altering drug can not consent. Even if they are conscious.
- **Consenting one day does not mean consent is given on other days.** It does not matter what a person has agreed to do/done in the past. Consent must be given/obtain each time.

- **Sleeping people also can not consent.**

DRAFT

Consent also does NOT look like:

- Assuming that wearing certain clothes, flirting, or kissing is an invitation for anything more
- Someone being under the legal age of consent, as defined by the state
- Pressuring someone into sexual activity by using fear or intimidation

Click to reveal additional concepts that were not covered in the video. Discuss as needed.

Citation and resources:

<https://www.rainn.org/articles/what-is-consent>

Is This Consent?

Let's practice.

The scenarios that follow can be done as a whole class, as small groups, or as individuals. See Consent Scenarios Handout.

Scenarios from:

My Sexual Health: My Future Human Growth and Development Curriculum; High School, Lesson 3 - Community Consent:

<https://hcet.org/what/adolescent-health/my-sexual-health-my-future>

Is this consent?

**NOT
CONSENT**

Taylor and Brandy have previously hung out together with mutual friends, but lately they have been spending more time alone. When they were at Taylor's house watching a movie, Brandy put an arm around Taylor and started kissing Taylor's neck. Taylor kept watching the movie and didn't say anything.

Ask for a volunteer to read the scenario.
Ask the class: if this is consent or not.
Click to reveal the answer.

Discuss by asking:
How do you know?
(Possible response: Taylor did not respond at all. An absence of "no" is not a "yes.")

What can be done in this situation to ensure consent is a part of this and/or future encounters?
(Possible response: Brandy should ask first before doing. They should talk about what they are ok with and not ok with so that they are on the same page.)

Is this consent?

CONSENT

Lu and Sky are dating. They have just kissed a lot, and both are enjoying it. While they are kissing, Lu asks Sky if they can go further. Lu nods yes and kisses Sky again.

Ask for a volunteer to read the scenario.
Ask the class if this is consent or not.
Click to reveal the answer.

Discuss by asking:
How do you know?
(Possible response: Nodding yes and continuing to kiss was non-verbal consent. Non-verbal consent is ok as long as it is clear.)

What can be done in this situation to ensure consent is a part of this and/or future encounters?
(Possible response: they may want to clarify what is meant by "further". Or just be sure to get consent with each new activity.)

Is this consent?

**NOT
CONSENT**

Tory and Jean are at a party together. Tory has been really interested in Jean. They both have been drinking and Tory decides to approach Jean. Jean is much drunker than Tory and says, “Hey, take me out of here...” Tory has to hold Jean up to keep Jean from falling as they weave through the crowd. When they are outside, Tory starts kissing Jean. Jean passes out after they have been kissing for a while. Tory runs a hand over Jean’s body.

Ask for a volunteer to read the scenario.

Ask the class if this is consent or not.

Click to reveal the answer.

Discuss by asking:

How do you know?

(Possible response: Being drunk and passing out means Jean is not able to consent.)

What can be done in this situation to ensure consent is a part of this and/or future encounters?

(Possible response: Tory should make sure that Jean is safe, but touching Jean’s body while they are passed out would be considered sexual contact without consent, which is sexual assault. That is the case regardless of if the people involved know each other or even if they are in a relationship.)

Is this consent?

CONSENT

Lamar and Freddie are hanging out in the parking lot after school. They are just starting to realize they like each other a lot. Lamar reaches out to hold Freddie's hand, and Freddie reaches back. While they're holding hands, Lamar says, "Freddie, would it be okay if I kissed your cheek?" Freddie smiles and says, "Yes!" Lamar gives Freddie a kiss on the cheek.

Ask for a volunteer to read the scenario.
Ask the class if this is consent or not.
Click to reveal the answer.

Discuss by asking:
How do you know?
(Possible response: Lamar asked and Freddie said yes.)

What can be done in this situation to ensure consent is a part of this and/or future encounters?
(Possible response: Continue to ask for consent.)

Imagine...You are NOT a hugger:

1. Someone who looks sick.
2. Someone you don't know well tries to hug you when they say hello.
3. A family member would like a hug because it's their birthday.
4. A close friend is feeling sad and wants a hug to help console them.



Set up the scenario by stating the following:

Imagine that you are not a hugger. You have never really felt comfortable with hugs. Which of these scenarios would it be *hardest* to refuse a hug? (**Click** to reveal each)

1. Someone who looks sick.
2. Someone you don't know well tries to hug you when they say hello.
3. A family member would like a hug because it's their birthday.
4. A close friend is feeling sad and wants a hug to help console them.

Why were these scenarios hard to refuse or not?

Responses may be related to things like:

a certain relationship to someone - it can be hard to deny a family member or a close friend when they ask for something. We don't want them to be mad at us.

the feelings involved - we don't want to see someone sad and not help or we don't want to make them feel worse.

it being a special occasion - we maybe especially don't want to hurt someone's feelings on a special occasion.

it can feel awkward - when someone just leans in for a hug, it can get awkward to try to avoid it or say no in the moment. (hence the need to ask for consent.)

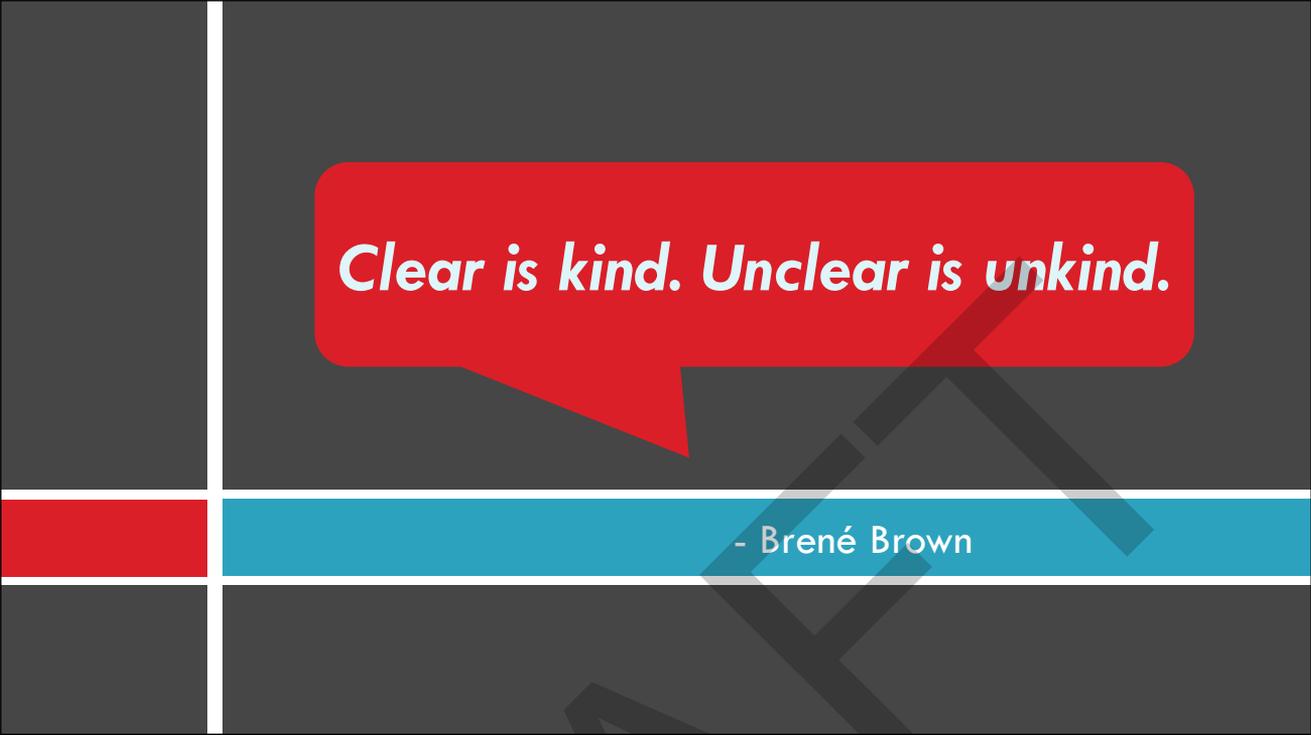
It was likely pretty easy to refuse the person who looks sick, but what about the person who may be sick but we can't tell. (Obvious connection to current times of COVID, but also a comparison to STIs often having no symptoms.)

Sometime a person who is not a hugger may even feel like they WANT a hug.

Image:

Mascot character vector
created by upklyak - www.freepik.com

DRAFT



Clear is kind. Unclear is unkind.

- Brené Brown

Being clear about something we don't want to do can be hard. It can sometimes feel awkward or mean or rude. But, as Brené Brown says, clear is kind. Unclear is unkind. Be clear about what you are ok doing and what you are not ok doing. Be clear with yourself and be clear with your partner. and if your boundaries are not respected, that is on them.

So how can we be clear in our refusals?

Refusal

- Say, “No,” with your voice firmly.
- Reaffirm with your eyes and body language.
- *Optional:* explain why.
- Offer an alternative.
- Walk away and leave the situation.

In the first consent scenario, Taylor just sat there and kept watching the movie. This is one way to “refuse”.

Ask: What are some other ways?

Click to reveal and discuss each.

- **Say, “No,” with your voice firmly.** Actually using the word “no” makes it very clear and difficult to misunderstand.
- **Reaffirm with your eyes and body language.** Adding non-verbal expressions to strengthen your “no” can help.
- ***Optional: explain why.*** You do not owe anyone an explanation for your “no”, that’s why this is optional. However, communication is always a good thing when it comes to being on the same page in a relationship.
- **Offer an alternative.** If it feels too tempting to refuse in certain situations, find something else to do that you both are ok with.
- **Walk away and leave the situation.** If your refusal is not being respected, it is not your fault and you can absolutely walk away.

To recap:

- Only “Yes” means yes.
- The absence of “no” **DOES NOT** mean yes.
- “I think so” and “Maybe” are **NOT** yes.
- **ASK** before any intimate behavior
- If your partner looks uncomfortable, **ASK THEM WHAT IS GOING ON.**
- **RESPECT and ACCEPT** that consent can be withdrawn at any time, even during sexual activity, for any reason.

Review each of these with students. Remind them that communication about sensitive topics like consent are an important part to healthy relationships.

Citations and further reading:

<http://teenhealthsource.com/sex/sconsent/>

When boundaries are not respected:

It is not your fault!

For you or
someone you
know...

- Speak with an adult you trust
- Speak with a friend who makes you feel heard and safe
- [National Domestic Violence Hotline](#)
 - 1-800-799-7233
- [AISD School Mental Health Centers](#)
 - Flyer [English](#)/[Spanish](#)

Consent and Refusal Skills

Wrap Up

- What are 3 key aspects of consent?
- Why is it important to be clear about your boundaries when it comes to consent?
- How can consent and refusal skills be used to maintain healthy relationships and avoid unhealthy ones?

Students can answer the wrap up questions individually or in pairs.

"Is this Consent?" Scenarios Handout

1. Taylor and Brandy have previously hung out together with mutual friends, but lately they have been spending more time alone. When they were at Taylor's house watching a movie, Brandy put an arm around Taylor and started kissing Taylor's neck. Taylor kept watching the movie and didn't say anything.

- **Is this consent?**

- **How do you know?**

- **What can be done in this situation to ensure consent is a part of this and/or future encounters?**

2. Lu and Sky are dating. They have just kissed a lot, and both are enjoying it. While they are kissing, Lu asks Sky if Lu can go further. Lu nods yes and kisses Sky again.

- **Is this consent?**

- **How do you know?**

- **What can be done in this situation to ensure consent is a part of this and/or future encounters?**

“Is this Consent?” Scenarios Handout

3. Tory and Jean are at a party together. Tory has been really interested in Jean. They both have been drinking and Tory decides to approach Jean. Jean is much drunker than Tory and says, “Hey, take me out of here...” Tory has to hold Jean up to keep Jean from falling as they weave through the crowd. When they are outside, Tory starts kissing Jean. Jean passes out after they have been kissing for a while. Tory runs a hand over Jean’s body. What could it hurt?
- **Is this consent?**
 - **How do you know?**
 - **What can be done in this situation to ensure consent is a part of this and/or future encounters?**
4. Lamar and Freddie are hanging out in the parking lot after school. They are just starting to realize they like each other a lot. Lamar reaches out to hold Freddie’s hand, and Freddie reaches back. While they’re holding hands, Lamar says, “Freddie, would it be okay if I kissed your cheek?” Freddie smiles and says, “Yes!” Lamar gives Freddie a kiss on the cheek.
- **Is this consent?**
 - **How do you know?**
 - **What can be done in this situation to ensure consent is a part of this and/or future encounters?**