Understanding Gender

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

ID.12.CC.1 – Differentiate between biological sex, sexual orientation, and gender identity and expression.

TARGET GRADE:
High School – Lesson 1

TIME: 50 Minutes

MATERIALS NEEDED:

- Lesson PowerPoint
- *3Rs Teacher's Guide* (pages 14-15 and 23-24)
- Projector and screen
- Computer with PowerPoint
- Whiteboard and markers
- *"Gender Scripts"* worksheet (one copy per each group of three students)
- *"Gender Identity Photos,"* four unique photos in envelopes (one set per each group of two students)
- **Homework**: *"I Am Jazz"* (one per student)
- **Homework Option 2**: *"Jazz Jennings: The Three Biggest Misconceptions About Being a Transgender Teen"* (for students without Internet access)

ADVANCE PREPARATION FOR LESSON:

- Review "Using Ground Rules with this Curriculum" in the *3Rs Teacher's Guide* (pages 14-15). Establish ground rules, group agreements, or classroom norms with your students prior to instruction and refer to them as often as needed.
- Read in the *3Rs Teacher's Guide* about teaching gender, gender identity, and sexual orientation (pages 23-24).
- Print and cut out the *"Gender Identity Photos"* included in this lesson plan. There should be enough photos for each pair of students to receive 4 different pictures in an envelope.

  Note to the Teacher: *If there are not enough photos provided here for all of your students to have unique sets of 4 photos, you may duplicate some of the photos so that some groups of students have some of the same photos, or you may add some additional photos that you find on your own. If you add photos, please be sure they represent a range of ages, races, ethnicities, cultures, physical abilities, and body types, and include some that visually fulfill gender stereotypes, some that do not, and some whose gender is not easly recognizeable.*

LEARNING OBJECTIVES:

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

1. Explain what gender and gender identity are, and how they are different from biological sex. [Knowledge]
2. Define sexual orientation and how it is different from gender and gender identity. [Knowledge]
3. Define "gender script" while providing several examples of these scripts. [Knowledge]
4. Identify at least three sources of gender scripts and messages they have received growing up. [Knowledge]
5. Understand the concept of body image and how body image is shaped by external messages. [Knowledge]

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A NOTE ABOUT LANGUAGE:

Language is really important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar—using the pronoun "they" instead of "her" or "him," using gender neutral names in scenarios and role-plays and referring to "someone with a vulva" vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Say, "**Today we are going to be talking about gender, gender identity, and sexual orientation. Let's take a look at what these terms means before we do some activities.**"

Write the word "gender" on the white board. Ask, "**What does gender mean?**" In most cases, people will say, "it's whether you're a boy or a girl." After a few responses, ask, "**How does someone determine whether you're a boy or girl?**" There will likely be a range of responses, but most commonly they will get at "it's how you're born." Ask, "**When you're born, how do they know what your gender is?**" Probe for "by looking at the baby's genitals."

Explain that there's a slight difference here—that when you look at the baby's genitals and see either a penis or a vulva, all you're seeing is their body parts. Based on what we see, we assign a name to describe that baby—we say, "it's a boy" or "it's a girl." This is called a person's biological sex. Write the phrase "biological sex" on the board to the left of the word gender.

Say, "**Some people are born with external genitals that don't match their internal organs. For example, somone who has a vulva but no uterus. All of this has to do with biology: our body parts, our chromosomes, and our hormones, which all make up our biological sex. If our external body parts are different from our internal organs then we are called 'intersex.' That's a way of referring to someone whose sexual body parts developed differently from most people.**"

Say, "**Gender, however, is different and far more complex. Let's break it down a bit. If you were to look in the mirror and see your body, what you see in the mirror is part of your biological sex. If you were to close your eyes, how you see yourself is your gender identity. In most cases, how people feel when they close their eyes matches what they see in the mirror. This is called being 'cisgender.' For some people, what they see in the mirror and how they feel on the inside are different. This is called being 'transgender.' And some people don't identity with any gender at all, which is called 'agender' or 'non-gendered,' or they identity somewhere in between male and female, which can be referred to as** non-binary, **'gender fluid' or 'gender queer.'**

And gender identity, how you feel about yourself, might not match the gender that you express on the outside, or might be different than some people might expect. Gender expression is how we present ourself to the world. Gender identity is *not a choice*, whereas gender expression is—or at least *should be*—an individual's choice.

These terms are different from sexual orientation." Write "sexual orientation" on the board. Say, "**Sexual orientation has to do with the gender or genders of the people we**

are romantically and physically attracted to. This is different from our sense of what our gender is. A person who is attracted to their same gender are typically referred to as gay or lesbian, and a person who is attracted to both genders are typically referred to as bisexual or possibly pansexual. A person attracted to only the other gender are typically referred to as heterosexual. People who do not have sexual feelings at all towards other people, but can share emotional intimacy, are typically referred to as asexual. We all have both a gender identity and a sexual orientation.

For example, a person whose biology at birth was characterized as 'female' and who also feels female on the inside, who is attracted only to people whose biology at birth was characterized as 'male' and who also feel male on the inside, will likely identify as heterosexual. The fact that she identifies as female and he identifies as male are their *gender identities*. The fact that they're attracted to each other is their *sexual orientation*.

Similarly, a person whose biology at birth was characterized as 'female' and who also feels female on the inside, who is attracted only to people whose biology at birth was characterized as 'female' and who also feel female on the inside, will likely identify as a lesbian. The fact that they identify as female are their *gender identities*. The fact that they're attracted to each other is their *sexual orientation*.

Give students some facts about San Diego Unified School District high school students from the 2019 Youth Risk Behavior Survey:

- 14.4% describe their appearance as equally feminine and masculine
- 1.1% identify as transgender
- 10.9% identify as lesbian, gay, or bisexual
- 4.5% are unsure of their sexual orientation

Say, "**Regardless of our gender identity or sexual orientation, we are getting lots of messages about what is or isn't okay to say, do, or wear based on which gender we are.**" Write the word "gender script" on the board. Ask, "**Has anyone here been in a play at school? What does a script tell us in a play or movie or TV show?**" Probe for it tells us what we should say, how we should move, and how we should react to others. Say, "**So our gender scripts are how we're told to be based on the answer to the question when we're born: 'Is it a boy or a girl?'**" Probe the class for examples or provide one of your own.

Note to the Teacher: *Here are the terms that should be listed on the board: gender, biological sex, sexual orientation, and gender script.*

Divide the class into groups of three. Say, "**I am going to give you all a sheet of paper and would like to ask you to think about the gender scripts you have received or have heard about people of a different gender from yours. For right now, we're just going to talk about boys and girls.**"

Distribute the *"Gender Scripts"* worksheet to each group and tell students they will have about 10 minutes in which to complete it. (11 minutes)

STEP 2: After about 10 minutes, ask students to stop their work. Create two lists on the board corresponding to the worksheet and ask students to share an example from their lists. Write their responses on the board.

Once all the responses are on the board, ask the following questions:

- **What do you notice about the two lists?**
- **How did you know that these were the gender scripts as you were growing up?**
- **From where/whom have you been receiving these scripts?**

Say, "**So far, we've been talking about people who are assigned 'male' and 'female' at birth. In most cases, people who are assigned 'male' at birth have a penis and testicles, and how they feel on the inside matches those body parts. It makes sense to them. It's typically the same thing for people who are assigned 'female' at birth—they have a vulva, ovaries, and a uterus, and how they feel on the inside matches those parts.**

Sometimes, however, the body parts are different from how a person feels on the inside. That person may call themselves 'transgender' or simply 'trans.' For example, a trans woman is a person whose biology at birth was characterized as 'male' and who feels female on the inside. This person's *gender identity* is female. Being transgender is not a sexual orientation. A transgender person's *sexual orientation* would depend on the gender(s) that this person is romantically and physically attracted to.

How might someone who identifies as transgender react to these gender scripts?"
(11 minutes)

STEP 3: Say, "**To what extent do you think our culture as a whole has been scripted around gender? Let's take a look at that now. To do so, we need to get into pairs.**"

After students get into their pairs, say, "**Each pair is going to get an envelope. Inside are four pictures. You are going to face each other. One person will start by taking out one of the pictures from the envelope without showing it to the other person. They will then describe the person in the picture and the other person needs to guess the gender of that person. Seems easy, right? But wait—there are a few rules!**"

Write key words on the board as you go through these rules:

- The guesser may not ask questions; they can only go by what's shared by their partner.
- No gender pronouns may be used by the person describing the pictures. Only "they" or "them" can be used—no "he" or "his" or "she" or "hers."
- No gender words like "masculine" or "feminine" can be used, such as "man" or "woman" and so on. For example, you cannot say, "This person looks like a man but isn't" or "This person looks really girly." Just describe what's in the picture. For example, "This person has long hair." "This person is a child. They are playing football."
- You may not refer to whatever's in the picture as a "girl" or "boy" thing. For example, you cannot say "This person is playing with a girl's doll."
- If you recognize the person in the picture, please do not say, "Oh, it's so-and-so" or describe what TV show or movie they're in. Just describe what they look like physically.

Show the PowerPoint Slide 17 with the sample photo. Say, "**For example, if you had this person, you might say, 'this person is smiling, has dark hair that is styled up over their head, and is wearing lipstick and other makeup.' Then allow the other person to guess.**"

Advance to Slide 18 and describe this person while showing the hints, but before the photo is revealed. Say, "**Let's try another one—only this time you won't see the picture yet, which is what it will be like in the activity. This person has dark hair that's sort of spiked up. They're wearing eye makeup and a necklace and a leather jacket.**" Once students have guessed about the gender of the person in the picture, click again to reveal the photo.

Answer any questions and then distribute the envelopes, reminding students to take turns describing the photos/guessing the genders and to not show their photos to their partners. As they work, walk around the room to see how they are doing. (10 minutes)

STEP 4: After about five minutes, ask students to stop their work. Process by asking the following questions:

- **What was it like to do that? What was** [insert participant responses] **about it?**
- **Did you find it easy to guess a person's gender? What was the language that tipped you off?**
- **What made it difficult to guess the person's gender?**
- **What was it like to be the person giving clues? What was easy or challenging about doing that?**

Say, "**In the photos, there were certain features that could apply to someone who is or who we perceive to be female, to someone who is or we perceive to be male, or to someone whose gender identity we do not know or who does not identify as male or female. If these terms can apply to someone of any gender, why do you think we gender them in the first place? For instance, why would we say, 'she's dressed like a guy' vs. 'she's wearing pants?'**"

Say, "**What we call ourselves is called our 'gender identity.' And while you may assume that someone who looks a particular way on the outside identifies the same way on the inside, that may not necessarily be the case.**" Ask, "**How many people feel they guessed the genders of the people in both of their photos correctly?**" Explain that, unless the photo you had was of a famous person who's made their gender known, you actually wouldn't know for sure what that person's gender is unless you asked them.

STEP 5: Next, lead the discussion to questions about body image. Write the term "Body Image" on the white board with markers. As you ask students questions, write key words or ideas that they contribute on the white board for reference during the discussion. Explain to students that body image is how we feel about and perceive our own bodies. Say, **"Body image can be positive, such as I feel strong or I like my hair, or negative, such as feeling too tall or too skinny. Our perceptions of ourselves and what society expects of us also influence the way we see other people. We might compare ourselves look to other people we see in media or meet in real life. Sometimes that comparison also leads to judging others about their own bodies and their own physical appearance.**

Now we're going to talk about the photo activity that we just did, thinking about what our own perceptions and judgements were about the person's body or gender expression. When you looked at these photos, did you think about any of the following:

- **Did you think about how attractive or unattractive these people were?**
- **Did you think about their body size or shape?**
- **Were your first impressions of people that presented as female different from your feelings about people that presented as male?**
- **What about people that presented clearly female or male compared with people who didn't?**
- **How did you think about the white people as compared to the people of color?**
- **Do you think that bias against people because of their body size, shape, or appearance is acceptable?**

Ask if there is anyone who did not think about the size of these people in the photos as they examined them. Point out that although each person looks happy, healthy, or active, the first impression that many people will have is about their body size.

Ask students to consider where they get their ideas about what body shape and size is attractive and healthy. Draw a circle on the board and write "BODY IMAGE SHAPED BY…" in the center. Create a web of the students' ideas (e.g., family, friends, culture, advertisements, toys, video games, TV, movies, music, magazines, etc.). Guide a discussion about the ways in which each category on the board has shaped their ideas about body image and their perceptions about people who fall outside what is considered "normal" or attractive.

Tell students that societal ideas about body image are so ingrained that most of us take them for granted and accept them as natural and normal. This might lead us to internalize negative concepts about ourselves and others, such as feeling like a bad person for being overweight or thinking that thin people are the most worthy friends. Ideas about body image, however, are not fixed or universal, and vary depending upon time and place. Ask students to silently reflect on how many times a day they judge (or hear others judge) their own or someone else's size or appearance, and what effect these judgments have on us cumulatively and over time.

Say to students, "**No one has the right to tell someone else how they are supposed to express their gender or how they should look. Society will continue to give messages about gender and body image, whether from the media, family, culture, or religious groups. But in the end, every person has the right to discover who they are and to let others know in ways that feel right to them.**" (15 minutes)

STEP 6: Answer any questions students may have, then explain that for their homework they will be watching a few minutes of the TV show "I Am Jazz" and will respond to some questions about it. Distribute the homework sheets and close class. (3 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The initial presentation by the teacher will achieve Learning Objective 1. The gender script brainstorm small group activity and large group discussion will achieve Learning Objectives 2 and 3. The homework will also achieve Learning Objective 2.

HOMEWORK:

Students will watch a brief excerpt from the TV show *I Am Jazz* and respond to the questions on the homework sheet. An alternate homework (Option 2) is available for people who do not have Internet access.

(Body Image lesson excerpted from Reshaping Body Image *by Teaching Tolerance https://www.tolerance.org/classroom-resources/tolerance-lessons/reshaping-body-image)*

GENDER SCRIPTS

Names: _____

Instructions:

- From the time we are born, we are told how we are supposed to act, dress and speak based on the sex we are assigned at birth—just as if we had been given a script and asked to follow it throughout our lives.
- In the space below, please provide examples of some of the messages you or people close to you have received about how we are supposed to behave based on whether someone is assigned "male" or "female" at birth.

ASSIGNED FEMALE	ASSIGNED MALE

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I Am Jazz

Homework (Lesson HS-1)

Name: _____ Date: _____

INSTRUCTIONS:

- Please go to **https://tinyurl.com/iamjazzhomework** and watch Season 1 Episode 1 of "I Am Jazz" until 10:11.
- Once you are done, please answer the questions below.

1. When Mom and Dad talked about knowing they were having a boy, Dad talked about what he was looking forward to. What things was he excited to do with his child based on the sex he assumed Jazz was?

2. Jazz's dad talked about not wanting to go out into the world when Jazz was wearing a dress. Why do you think he felt that way? Do you think he would have felt that way had his daughter wanted to leave wearing pants? Why or why not?

3. Why do you think Jazz was not allowed to go to school "dressed as a girl"? Do you agree with them for doing that or do you think she should have been allowed to? Why or why not?

4. When talking to more than one person, you'll notice they say "you guys." This is used a lot in real life, too. Why do you think when we're talking to a group, even if they don't identify as boys or male, we say "you guys?" Would it ever work to say, "You girls?" Why?

Jazz Jennings: The Three Biggest Misconceptions About Being a Transgender Teen

Homework Option 2 (Lesson HS-1)

Name:_____ Date: _____

INSTRUCTIONS:

- Please read the article "Jazz Jennings: The 3 Biggest Misconceptions About Being Transgender"
- Once you are done, please answer the questions below.

1. Jazz mentions that she knew she is a girl in part because she liked "everything feminine" such as dolls and dresses. How do you think these stereotypes about the likes and dislikes of children affect kids? How would it feel to have those messages and not fit into them, either because a kid is transgender or maybe just doesn't fit the stereotypes?

2. Jazz says the second misconception people have about her is surgery. She says, "It's not about what's between your legs, but what's between your ears." What do you think she means by that?

3. The third misconception Jazz mentions is about being too young. When did she know she was a girl? When did you first know your gender? Do agree or disagree that she's too young? Why?

4. Jazz mentions that the universal message she's trying to express is that it's "about embracing who you are, living your life authentically and being able to find happiness and love throughout your life." Do you think that message is universal? Why or why not? In what ways does it apply or not apply to you?

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GLAMOUR

NEWS & CULTURE | THE CONVERSATION

Jazz Jennings: The 3 Biggest Misconceptions About Being a Transgender Teen

BY JESSICA RADLOFF
JULY 15, 2015 5:17 AM

About halfway through our 45-minute conversation, 14-year-old Jazz Jennings confides that she's worried about how her new docu-reality series, *I Am Jazz* (premiering tonight on TLC), will be received. She's hoping for a positive response from viewers, but she also knows that the subject of her series—her journey as a transgender teen—is still new territory. Will audiences understand that being transgender wasn't a choice? Or that gender dysphoria is a real thing?

But spend just a few minutes with Jazz and her mom, Jeanette, 49, and the answer is unequivocally yes. Warm-hearted, authentic, and deeply understanding, Jazz and her family may not generate the amount of publicity that Caitlyn Jenner and the Kardashians do, but their story is just as powerful—maybe even more so. The Jennings family is more like yours and mine than the Jenners/Kardashians will ever be, and with that comes a greater understanding of what it means to be transgender in today's world, and *especially* for today's kids. How do people know they were born into the wrong body? When should parents take their kids' wishes seriously? And how should family handle such a sensitive topic? Nothing was off-limits as we sat down with this mother-daughter duo to talk about the most pressing questions, life in a new spotlight, and the Barbara Walters interview that started it all. Prepared to be amazed.

Glamour: What made you decide to sign on to your own reality series?

Jeanette Jennings: We've been thinking about it for a while, but Jazz was too young. It's hard enough to wrap your mind around the idea of a transgender child, so it's easier when they're a teenager. People think it's a choice [to be transgender and it's not], so TLC gave us this platform, and we couldn't pass up such an opportunity to share our story in such a real way. Like Jazz says, we wanted to normalize transgender kids. So we hope that comes across to people and that they are less judgmental.

Glamour: Jazz, I remember when Barbara Walters interviewed you on 20/20 in 2007. You were six years old. Did you remember having the queen of journalism come into your house and talk to you?

Jazz Jennings: Yeah, I definitely remember parts of it. I remember her asking me certain questions about whether I'm a boy or a girl, and me definitely being sure I'm a girl. At the time, I didn't even know who was Barbara Walters was, so I would...

Jeanette: She called Barbara her friend.

Jazz: I did. My friend Barbara is coming!

Glamour: And, Jeanette, what was that like for you having Barbara Walters come in to your home?

Jeanette: It was surreal. My husband is really conservative and so we worked with [ABC] for months and he said, We want the most credible journalist ABC has, and we want Barbara Walters to do this.' So it was him. It worked out great. I mean, it was like, If Barbara says you can have a transgender kid, then you can have a transgender kid!'

Glamour: Jazz, at a very young age you said, 'I have a boy body, but I think like a girl.' What did that mean?

Jazz: Right from the start I knew I was a girl, and I really just expressed that and conveyed that message by gravitating toward Barbie dolls, dresses, everything feminine. But I also knew I was different as well. I knew I was a girl, but I knew I was different. The way I knew that was because I knew I didn't have a girl body. As I got older, I started learning more about different private parts, and I would take baths with my brothers and my sister and wonder why I didn't have my sister's body. I have a boy body but a girl brain, and once I learned the differences between the bodies, I knew I wanted a girl body.

Jeanette: People would say, Oh, how would a two-year-old know?' but you know, one of the first things you teach your kids are, Where are you eyes? Your nose? Where's your mouth?' And you teach them all their body parts. She wondered why she didn't look like her sister. People don't give enough credit to two-year-olds. They know what they want.

Jazz: But it also wasn't just about the body parts for me. It was a transition where I just wanted to live my life authentically, and be the girl I always knew I was. So that's how it was for me at first. When I was young, I asked my mom when the good fairy was going to come and change my body parts.

Glamour: What's the biggest misconception people have about you?

Jazz: There are three big ones! First one is people think that this is a choice to be transgender and it's not. It's not a choice at all. They think one day I woke up and said, Mommy, I don't feel like being a boy anymore; I want to be a girl,' and that my parents made me do this. I knew who I was and that was a girl, right from the start. Another huge is misconception is surgery. Oh my gosh it's so annoying! People are always so concerned what's in between my legs. They're like, So, is it this part or that part? Has she had the surgery?' But this isn't just a medical journey. Sure, there are medical aspects that people should understand and be educated about, but it's also much more than that. And being transgender, it's about really finding yourself along the process and finding the courage to live your life authentically. I think people have to understand that. It's not about what's between your legs, but what's between your ears

Jeanette: And what's in your heart.

Jazz: And the last misconception is the one about being too young, which we clearly expressed. People don't know what's going through my head. People don't define me. I define myself. I knew I was a girl.

Glamour: Where does your confidence come from?

Jazz: Because my family always embraced me right from the start and showered me with unconditional love and support and acceptance, that's why that confidence was able to blossom and I was able to be who I am proudly. So it's thanks to them. If I was shut down at that time and didn't have such a supportive family, I couldn't be who I am, and therefore I probably wouldn't be as confident.

Jeanette: If she was forced to live her life as a boy, I don't think she'd be as confident. She'd be a completely different person, and hopefully alive, because so many of these kids...

Glamour: How did you prepare the rest of the family for this transition?

Jeanette: If you think about it, the boys are a couple years older than Jazz, so when they were four-years-old, Jazz was two, and acting like a girl. So they never had a little brother. In their minds they never had a little brother. But for Ari (Jazz's older sister), Jazz was her little baby, her little brother, and she loved it like a doll. In Ari's mind, this was her brother, but a girly brother. When it was time for Jazz to transition, it was hard for Ari because she was like, I'm the girl, I'm the princess, I'm the only girl.' It was her and three boys, and

she wasn't ready to share that spotlight. We explained to Ari that this was the situation, these were the statistics, and it was like tough love. We explained that it was going to be a tough road [for Jazz] and she would need her big sister. And she said she loved Jazz and was going to be the best big sister to protect her. She completely turned around. She was eight years old, and Jazz was almost five

Glamour: You explain in the show how you decided on the name Jazz, but tell our readers.

Jazz: My sister was Princess Jasmine in the play, *Aladdin*, so since she was my role model, I chose Jazz. We didn't want to use my birth name when we did the *20/20* special with Barbara Walters, so we chose that name.

Glamour: Is Jazz the name you go by privately, or just publicly?

Jazz: Yes, both.

Jeanette: I just recently started calling her Jazz.

Glamour: Really?

Jeanette: Yeah, once we started filming the show because I didn't want to [split the two]. She has always been Jaren to me, which is her birth name.

Glamour: How has it been with the cameras following you around for the series?

Jazz: It's definitely overwhelming at first. You don't have these people living in your house, but they're there almost five days a week! I guess they are kind of living there, using your toilet paper and everything. [Laughs] I remember at the end of the season, they bought us tons of paper towels and toilet paper! It was a lifestyle change [at first], but they really do capture our normal lifestyle, so it's great.

Glamour: Jazz, we see your friends appear on the show. Was that hard for them to get used to the cameras?

Jazz: Sometimes my friends don't love it and sometimes they do, but they do it because they want to help me share my story. That's very sweet.

Glamour: When you get older, what would you like to do for a living?

Jazz: When I was younger, I would say, everything,' because I love doing so many things, and am so passionate. I love to explore and travel, I love movies, I love writing, I love math and science, so maybe I'll be...

Jeanette: A nuclear physicist?

Jazz: No! Not a nuclear...

Jazz: But I love to write, I love poetry, I love so many things. But I'll just see what happens. I definitely want to continue sharing my story and hopefully helping people to the best of my abilities. I always say I want to leave this world in a better state than the one I arrived in, and I want to live by those terms.

Glamour: The transgender community has unofficially appointed you as a spokesperson of sorts, which is wonderful because it is a gift to help others, but I would imagine it's difficult too.

Jazz: You know, sometimes I do feel like there are expectations set for myself in my community, and I have to do the best I can. But then I come to this realization that I'm human and I'm not perfect, and I'm going to make mistakes, and people will have to realize that. And then I come to another realization which is that this isn't just about me anyway. This is about the whole community, united together to achieve equality for all and make a difference. Even though I might be [publicly] out there more or well known, it doesn't make me more important than someone who is doing something in their local community. It's just that we're all trying our hardest to create change to the best of our ability, therefore, we are all equal, and all working our hardest to create a more loving and accepting society.

Glamour: Before we leave, what message would you like to leave our readers with?

Jazz: I just hope the universal message is really expressed, which is about embracing who you are, respecting yourself, living your life authentically and being able to find happiness and love throughout your life. This isn't just about transgender people. Maybe for now it is, but in the future, I want to make sure that all people can live by those terms and express their natural rights and live their lives as they are. So hopefully the show can start that off.

Jeanette: I can't top that. I don't want to let other moms down, so I feel a lot of pressure.

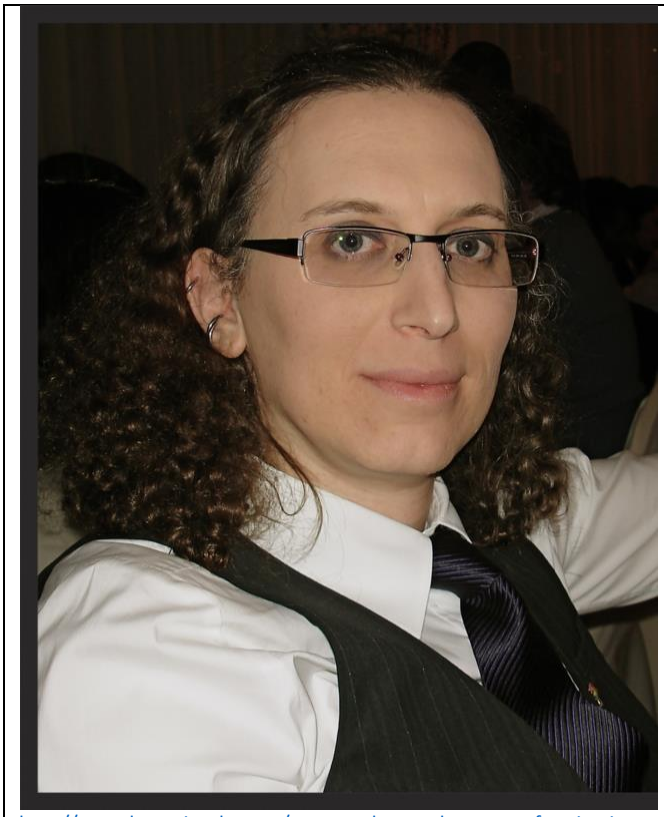
Jazz: But even if people have expectations set for you, or you feel that way, just push them all aside, because you have to be who you are and accept the fact that not everyone will agree with you, but it's just the way you are, and you can't change that.

Jeanette: Yes, ma'am!

Jazz: She's the best mom in the whole wide world.

Jazz has her own mermaid tail company, Purple Rainbow Tails, which raises money for transgender children. TransKids Purple Rainbow Foundation is devoted to raising awareness about gender dysphoria, offering support to families of transgender children, as well as trans kids directly. The foundation works to education and enlighten the educational and legal systems, and society to make it more inclusive and supportive of all transgender individuals.

GENDER IDENTITY PHOTOS



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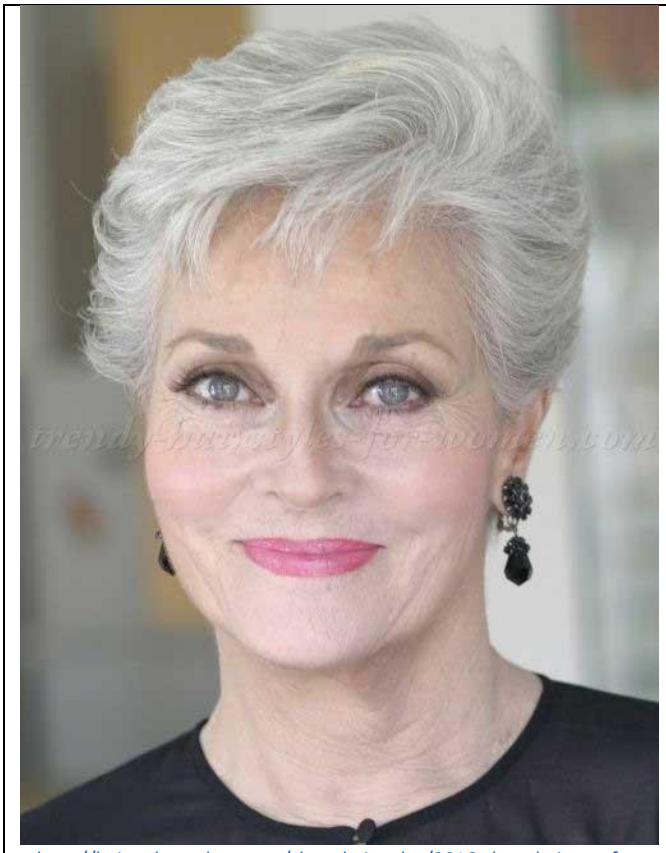

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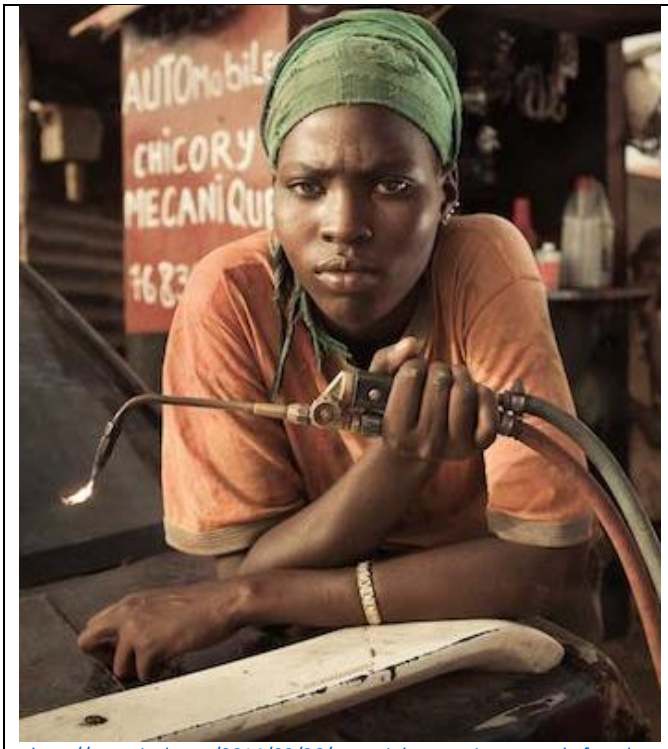

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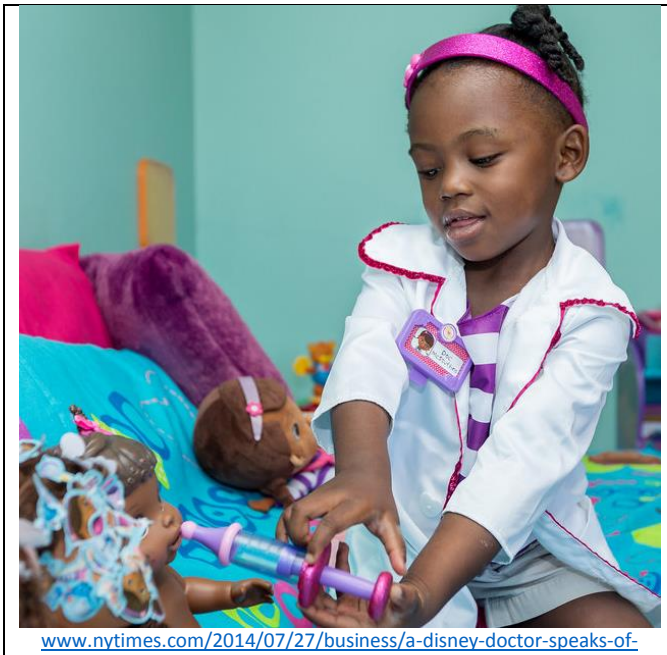

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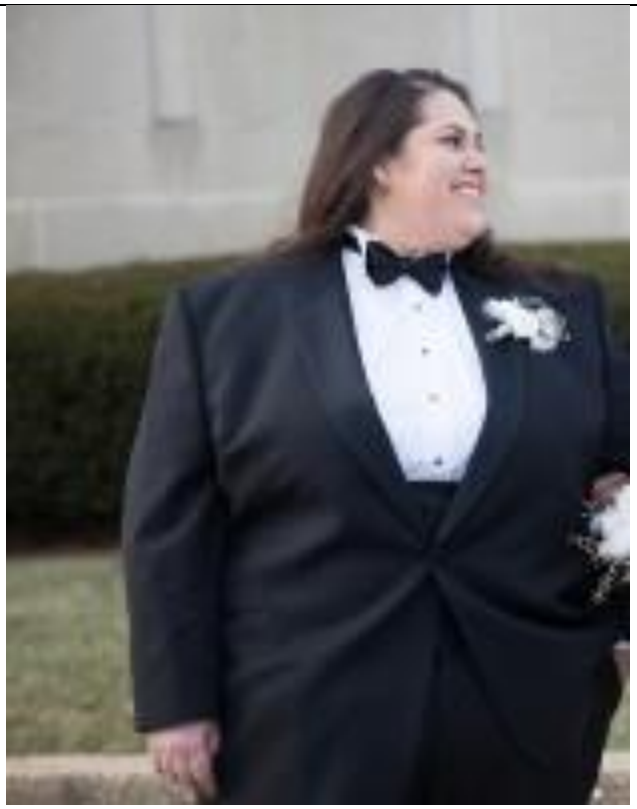

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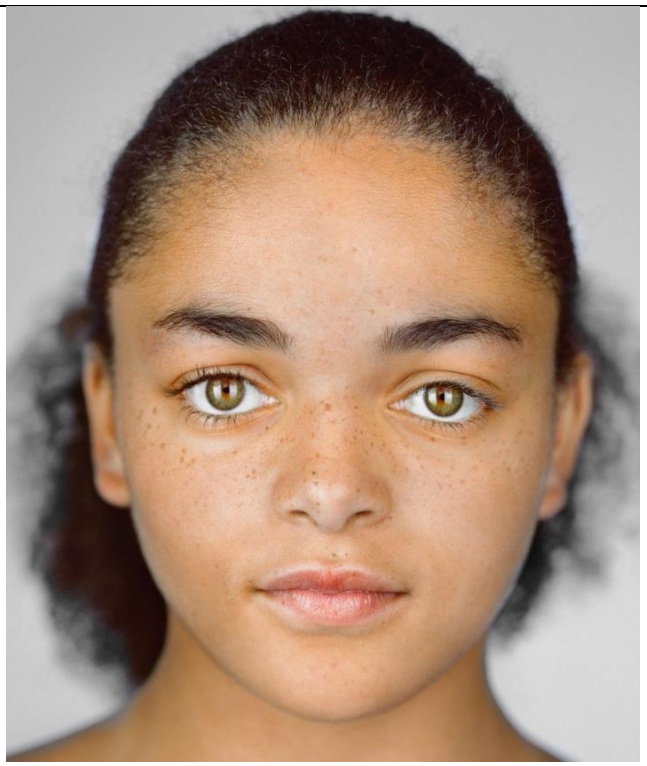

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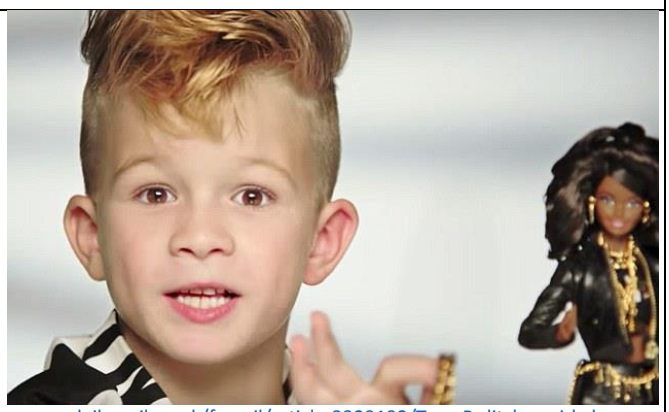

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Sexual Decision Making

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

[This lesson is adapted and reprinted with permission from Our Whole Lives: Grades 7-9, second edition, Unitarian Universalist Association, 2014. Original OWL 7-9 author is Pamela M. Wilson and the author of this lesson is Al Vernacchio.]

NSES ALIGNMENT:

Students will be able to:

HR.12.CC.2 – Describe a range of ways to express affection within healthy relationships.

HR.12.IC.2 – Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior.

HR.12.SM.1 – Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior.

PR.12.INF.1 – Analyze influences that may have an impact on deciding whether or when to engage in sexual behaviors.

TARGET GRADE:
High School – Lesson 2

TIME: 50 Minutes

MATERIALS NEEDED:

- Lesson PowerPoint
- White board and markers
- *Facilitating Successful Role Plays* Teacher Resource
- *"Sexual Readiness"* worksheet (one per student)
- *"Freeze Frame Role-Play Scenarios 1-6"* worksheets (one copy of each scenario)

ADVANCE PREPARATION FOR LESSON:

- Read through *Facilitating Successful Role Plays* Teacher Resource.

LEARNING OBJECTIVES:

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

1. Identify various reasons why teens choose to engage or not engage in sexual behaviors. [Knowledge]
2. Identify at least three questions whose answers can help determine if they are ready to engage in sexual behavior with a partner. [Knowledge]
3. Articulate a message about sexual boundaries with a partner during a role-play activity. [Knowledge]

A NOTE ABOUT LANGUAGE:

Language is really important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar —using the pronoun "they" instead of "her" or "him," using gender neutral names in scenarios and role-plays and referring to "someone with a vulva" vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Introduce the lesson by asking, "**Has anyone ever struggled to make a really tough decision?**" After a few students have raised their hands, ask, "**Has anyone ever made a really tough decision and even after you made the decision you weren't 100% sure it was the right one?**" Go on to explain, "**Making decisions can be difficult and making decisions about sex can be even more difficult since everyone has different values and beliefs about this topic. This is what we're going to talk about today.**" (2 minutes)

STEP 2: Ask students, "**When do you think someone is ready to have sex—either oral, vaginal, or anal sex—with their partner?**" Take a few responses and ask, "**What would have to be in place in their relationship for them to have safer sex—that is, mutually agreed upon sex that takes into account STI prevention, and pregnancy prevention if applicable?**"

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Take a few responses and lastly ask, "**What kinds of questions should young people ask themselves before taking this step**?" Take a few responses and then distribute the *"Sexual Readiness"* worksheet to each student. Ask for a few volunteers to read some of the questions in the worksheet aloud. Then ask students to turn around and talk with someone they are seated near about their reactions to the worksheet. Give the students five minutes to discuss and when time is up, process the activity by asking the following questions:

- **What was it like to do that? What was** [easy, surprising, interesting–fill in answers] **about it?**
- **Which questions do you think are most important to talk about with a partner? Which are least?**
- **Which questions surprised you?**
- **Are there any questions you think are missing?**
- **How do you feel it would be for a couple to talk through all these questions?** (10 minutes)

Note to the Teacher: *Read the directions below regarding the role-play activity prior to implementing with your students. Ideally the group role-plays will facilitate group discussions regarding sexuality and decision-making among your students; however, this particular set-up might not work well in your classroom or with a particular group of students. Please adapt accordingly to suit your students' needs, such as having independent work and then group share-outs, having groups discuss the activities in lieu of acting, having volunteers act out the scenarios in front of the class, having signs/masks indicating the particular roles that students are representing, etc.*

STEP 3: Explain that students will now do some role-playing to practice making healthy decisions about sexual behavior. Remind students that in general healthy relationships are:

- Consensual and non-exploitative
- Concerned about consequences such as STIs and pregnancy
- Respectful and caring

If needed, explain that "consensual" means clear and enthusiastic agreement. Then explain, "**The class will be divided into six teams. Each team will get a role-play involving a couple that is making a decision about sex. Each group should read and discuss their scenario and decide who will role-play the scenario. The other members will be coaches/directors. The goal is to have the role-play worked out so the couple reaches a decision quickly. Groups will have five minutes to prepare your role-play and then you'll act it out for the class."** Remind students to refer to their *"Sexual Readiness"* worksheets as they create their role-play.

Divide the class into six groups and give each group a different "*Freeze Frame Role-Play Scenario*" worksheet. Circulate among the groups while they are working, offering support as needed, and reminding them to refer to their *"Sexual Readiness"* worksheets as they create their role-play. After five minutes, gather students' attention and explain how the role-plays will be presented by saying, "**Each team will present their role-play in order from**

1 to 6. Just at the point at which the couple have made their decision, I'll say 'freeze-frame' and the role-play will stop. Then the class will answer the following questions based on the role-play they just saw."

Note to the Teacher: *It can help to have these questions written on the board to refer to after each role play.*

1. What are the possible consequences for this couple if they follow through with their decision?
2. Do you think they made a healthy decision? Why or why not?
3. Which questions from the *"Sexual Readiness"* worksheet would you recommend to this couple in order for them to make a healthier decision (if applicable)?

After the class answers these questions, the next group will present their role-play and follow the same process. Follow the process described for role-plays of scenarios 1-6. (25 minutes)

STEP 4: Process the entire activity by asking:

- **How did it feel to play these roles?**
- **How realistic were the consequences that the class predicted?**
- **If you could go back into the role play and make another decision again, what would you do differently?**
  (3 minutes)

STEP 5: In closing, remind the class of the following take-home points: "**It's important for each of you to figure out where you stand about decisions regarding sex so you can be clear for yourself and also find ways to be clear with any future partners. It's also important to ask these questions of your partner(s) in order to make sure that you both understand the wants, needs, and boundaries of the other person.**" Thank the class for their hard work and close the lesson. (2 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The initial discussion meets the Learning Objective 1 while the role-play fulfills Learning Objective 2.

HOMEWORK:

None.

ADAPTED FROM

Facilitating Successful Role Plays

by Kathleen Robinson

Interactive exercises, such as role plays, work best if you carefully structure them and prepare the group well to play their respective roles. The old adage, "Go slow to go fast" definitely applies to role plays. It is no secret in the training world that most people are reluctant to engage in role plays and often experience some degree of "performance anxiety."

Training experts have found that **careful planning of the role play exercise and well-structured debriefs** will help to create a greater sense of safety in the room. An important point about role plays…**the value of the exercise is directly proportional to the quality of the debriefs after the exercise.** Role plays are rarely worth the effort if you don't take the time to debrief them well.

Setting up the role play exercises

An effective approach to role play exercises is to **group the participants into triads**. Usually two people take designated roles (manager, employee, customer, etc.) for a structured interaction or conversation, and the other person plays the observer role in each triad. Arranging six people at a table will save time in the set up process, or allow time for people to adjust their seating for the exercise.

Before the role play begins, make sure everyone is clear about the role they will be playing. **Give the triads time to read the scenario to make sure they understand the situation**.

The teacher should **provide clear, brief guidelines and instructions for each of the roles**, including the important observer role when applicable. These instructions can be displayed on a slide, a flip chart page or handout for easy reference.

It is sometimes helpful to participants for the teacher to **demonstrate a conversation with a "volunteer" participant** before the triads get to practice. Ask the group to comment on what worked well and what ideas they might have for improving the interaction.

During the role play exercise

Tell the triads how much time they have for the role play. Usually 3 – 5 minutes for the interaction is sufficient for skill building purposes.

Walk around the room to make sure that everyone is engaging appropriately in their roles. Help groups or individuals if they are confused about what to do, but do not comment during the role play.

Give the triads a one minute signal to begin wrapping up.

Note: If there will be multiple role play interactions, keep the participants in the same triad, but ask them to play different roles. This will save some time by not having to move people around.

Sometimes you will want to have them perform the role play for the group, or take some volunteer groups to do so. Other times, role playing within their group, while the teacher monitors, is enough.

Role Play Debriefs

Triad Debriefs: The trainer should **provide some structure for debriefs either within the triads or as a whole group.** We generally recommend asking that the **key players in the interaction share their experience first**. What worked well for them? How was the framework helpful to them? What did they find challenging or uncomfortable? What would they like to do better or differently next time?

Then allow the observer share his/her observations regarding the specific skills, behaviors or process the

role play was intended to demonstrate.

You can decide how much time participants will have and then flex your schedule to fit the needs of the group. Generally allowing approximately five minutes for table debriefs is sufficient.

Large Group Debriefs: After the triad debriefs, the trainer gives an overview of each case or scenario and **invites role play participants to share their experiences and insights (key learnings) with the larger group**. Provide a **simple structure for the group reporting**. By providing a structured report out format, you help to control the time better and make sure people are sharing relevant insights that are most useful to the group. Typically, there are suggested questions and outcomes in the lessons. Otherwise, have an idea of which skills or further thinking you want them to debrief ahead of time. Make sure you are familiar with the objective of the lesson so you can best guide this process.

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adapted from Source: http:/ /www.krobinson.com/role_plays.html

Role Play Alternatives

We understand that sometimes role plays can be challenging due to time or classroom management concerns. As you decide what works best for your students, consider the objective/goal of the role play activity and then feel free to adapt. Here are some suggested alternatives that could easily be adapted to the activities in our lessons.

- Students could respond individually to the role play scenario in a free write and pair/share for debrief.
- Students could create a script or comic of the role play, instead of acting it out.
- If time and technology allows, they could make a video of their role play instead of acting out live. This might take more time, but could take the pressure off a live performance.
- Whole group “role play”. Give the class the scenario, and they should individually or in pairs/groups craft a response. Then you are partner A, and you can randomly pick kids/groups to answer as partner B, pick another kid if it continues, etc. (Round Robin)
- Model the role play as a think aloud. You can narrate your way through the scenario. Use students to help you think it through.
- Another idea! Use your judgment and creativity to work through the scenarios in whichever way works best in your classroom. Please review objectives and purpose of activity when crafting your alternative.

SEXUAL READINESS

Name: _____ Date: _____

Here are some questions to answer before making a decision to have sex (oral, vaginal, or anal) with a partner:

1. How do I feel about sex? When do I think it would be right for me? Under what conditions and with what kind of person?
2. How does the other person feel? How do their feelings fit in with my own?
3. Is there any chance that I'm pressuring or exploiting the other person? Could they be pressuring or exploiting me?
4. Are my partner and I both committed to each other and not dating other people?
5. Do I want to wait until I'm married to have sex, or until my partner and I are in a long-term committed relationship?
6. What do I expect sex to be like? What if it's bad and I don't enjoy it? How would I feel about myself or my partner?
7. How would my partner and I feel if others found out about our sexual relationship, specifically people very close to us?
8. Do I trust my partner? Completely?
9. Am I comfortable being vulnerable in front of my partner, for example being naked with them?
10. What if this turns into a strictly sexual relationship and that's all we ever do? How would I feel then?
11. What extra pressures might I (or we) feel once we have sex?
12. How will I feel if we break up?
13. What will I do to prevent STIs?
14. What would I do if I got an STI?
15. If my partner and I have penis-to-vagina sex, what will I do to prevent pregnancy?
16. What would I do if a pregnancy resulted from having vaginal sex? How would my partner and I feel?
17. If my partner and I created a pregnancy, would we be ready to start a family?
18. How would my current family feel if they found out about my sexual relationship? How would I feel about their knowing?

If you cannot answer all of these questions with confidence, you are not ready for sex yet. You're the only one who can make the decision, please make it wisely.

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FREEZE FRAME ROLE-PLAY SCENARIO 1
Hannah and Mateo

Hannah and Mateo have been together for about six months. They have a good relationship but only get to see each other about once a month because Hannah just moved to a town about an hour away from Mateo. Since her move, Mateo has begun to hint that he's ready to have sex. Plan a role-play in which Mateo talks with Hannah about having sex and they make a decision.

Hannah: You're crazy about Mateo but don't think things will work out now that you live in two different places. You want to be honest with him and don't want to mislead or hurt him. Recently, Mateo has hinted that he's ready to have sex, but you're wondering if he's just trying to hold onto the relationship. Honestly, you want to wait to have sex until you're in a committed relationship with someone who lives in the same town and that you can share your day-to-day life with. Talk with Mateo about what you're sensing.

Mateo: You like Hannah a lot and you're glad that you still have a relationship after she moved away. You've decided you want to have sex with her because it might make your relationship stronger, now that you don't see each other as often.

FREEZE FRAME ROLE-PLAY SCENARIO 2
Morgan and Terence

Morgan and Terence met several months ago at a party. Morgan identifies as queer and is very active in the LGBTQ group at his school. Terence isn't sure whether he's straight or bisexual and has only dated girls. But both Morgan and Terence know they are attracted to each other. Plan a role-play in which Morgan talks to Terence about what's going on and they make a decision about whether to have sex.

Morgan: You and Terence live in the same apartment building and are in the same homeroom. Terence has dated girls and seems heterosexual, but he also seems attracted to you. Last week, you bumped into him in the laundry room in your building and after a lot of "accidental touches" you ended up kissing. But then he stopped and left. Now he just sent a text asking if you'd meet him in the laundry room. You decide to go because you want to have an honest conversation. You don't want to begin anything with someone who is so confused.

Terence: You date girls you like, but haven't done much sexually with them; you've kissed a couple of them, but didn't find it very exciting. Now you feel very attracted to Morgan. When you kissed him last week, it felt wonderful, but also confusing. You just can't stop thinking about Morgan and imagining his touch. You think you want to have sex with him, but you don't want your family or friends to find out, because they would disapprove.

FREEZE FRAME ROLE-PLAY SCENARIO 3
Mariana and Jake

Mariana and Jake have been going out for four months. Mariana argues constantly with her parents about many of their beliefs, which she finds old-fashioned. Jake and Mariana are crazy about each other. Plan a role-play in which Jake talks with Mariana about having sex and they make a decision.

Jake: You feel lucky to have Mariana as your girlfriend. She is beautiful and so nice to you. You love touching Mariana and want to have vaginal sex with her. You want to do it right, though. You want to go with her to get birth control and you plan to use a condom too.

Mariana: You're in heaven because Jake is such a nice, caring, and sensitive guy, but your parents don't like him. They don't want you dating at all. When you and Jake kiss and touch each other, it feels great. You want to have sex, but you've always told yourself and your parents that you would wait until you were married to have sex.

FREEZE FRAME ROLE-PLAY SCENARIO 4
Andrea and Diana

Andrea and Diana are two girls who just met last weekend at a party. They had fun together, and now they've hooked up again this weekend. They're alone in Andrea's basement. Plan a role-play in which Diana asks Andrea about having sex and they make a decision.

Diana: You think Andrea is a lot of fun and really cute. You're not interested in a relationship. You know that you're both really turned on. You decided some time ago that you weren't ready for oral sex, so you know that's off-limits for you. But you can think of a lot of other wonderful things that you and Andrea can do to express your feelings for each other. Talk it over with Andrea.

Andrea: You think Diana is great and feel that this could be the relationship you've always wanted. You've never felt like this before and don't want to do anything to turn Diana off. You feel open to all kinds of things with Diana, including commitment and sex. You plan to use protection if you and Diana decide to have sex.

FREEZE FRAME ROLE-PLAY SCENARIO 5
Sydney and Zee

Sydney is a trans girl who has a big crush on Zee. Both are free thinkers who don't like labels. Sydney and Zee have been hanging out together for a few weeks and enjoy a lot of the same things. It's clear that they're attracted to each other, but they've never kissed or touched. Plan a role-play in which Sydney talks with Zee about having sex and they make a decision.

Sydney: You were assigned male at birth but have never identified as a boy or a man. You are a girl, but not a "girly" girl. You really like the fact that Zee is kind of androgynous, but you aren't sure how to get things started. You decide that the two of you should talk about your feelings.

Zee: Biologically you were assigned female at birth but you hate all of the boxes that society puts people in and you identify as genderqueer. You work hard to have a gender-nonconforming appearance and style. You enjoy gender-bending and you feel like with Sydney you have finally met someone who really "gets you."

FREEZE FRAME ROLE-PLAY SCENARIO 6
Sofia and Devante

Sofia and Devante met in middle school and have been dating ever since. They used to spend a lot of time together but now with they're in high school and super busy and don't see each other as much as they used to, especially now that Sofia is involved with ASB and Devante runs track. They kiss and make out when they find time alone together but haven't had sex. They talked about waiting until they get married one day but the pressures of the relationship are making them reconsider. Plan a role-play in which Sofia asks Devante about having sex and they make a decision.

Sofia: At the beginning of high school, you felt committed to Devante and thought you would both graduate high school and get married to each other. Now you're both so busy that you're feeling insecure. You're now thinking that having sex with Devante might bring you both closer together and make your relationship last.

Devante: You are so busy with school and track and you know that you and Sofia aren't spending much time together. You know she's feeling insecure about your relationship and so are you. Although you think about having sex with Sofia sometimes, you are committed to getting married before having sex. Although you feel shy talking about this with Sofia, you also want to assure her that there are other ways to show your committment to each other.

Rights, Respect, Responsibility: Don't Have Sex Without Them

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

HR.12.CC.3 – Define sexual consent and explain its implications for sexual decision-making.

PS.12.CC.3 – Explain why using tricks, threats or coercion in relationships is wrong.

HR.12.INF.2 – Analyze factors, including alcohol and other substances, that can affect the ability to give or perceive the provision of consent to sexual activity.

TARGET GRADE:
High School – Lesson 3

TIME: 50 Minutes

MATERIALS NEEDED:

- Lesson PowerPoint
- Projector and screen
- Computer with Internet access and audio equipment
- White board and markers
- *"Consent Scenarios A-F"* (enough copies for each pair of students to get a scenario)
- *"Exit Slip … Before You Go"* (one half-sheet per student)
- **Homework**: *"Putting It Into Practice: Getting and Giving Consent"* (one per student)

Note to the Teacher: *It is a good idea to let students know during the previous class that you will be addressing this topic the next time you meet with them. This gives those who may be survivors of abuse or trauma, who may wish to miss this class session, the opportunity to avoid being triggered and re-traumatized. The student will need to provide a written and signed note by a parent/guardian to excuse from this lesson. If a student appears to be particularly distressed during the lesson, please send that student to see the school counselor immediately.*

ADVANCE PREPARATION FOR LESSON:

- Inform the school counselor that you will be addressing this topic in class and invite them to sit in, in case a student discloses any current or past abuse or is triggered by what is discussed. If the counselor is not available, you may wish to follow up with them after the class as needed to let them know whether you observed anything in any of the students that would make you feel concerned and merit follow-up.
- Log into YouTube by signing in with your district ID and password.
- Be prepared to play the following videos:

  "2 Minutes Will Change the Way You Think About Consent"
  www.youtube.com/watch?v=laMtr-rUEmY

  "Tea and Consent"
  www.youtube.com/watch?v=pZwvrxVavnQ

  "Pitch Perfect 2 Trailer – The Ellen Show version"
  www.youtube.com/watch?v=KBwOYQd21TY
  (play a brief clip between 2:10 and 2:27)

- Print out the *"Consent Scenarios A-F"* (print on cardstock for easy re-use) and cut out each pair, making sure the correct Person 1 goes with the correct Person 2. Determine how many pairs there will be in your class and make several copies of each scenario so that there are enough for each pair to get one.

LEARNING OBJECTIVES:

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

1. Define the terms "consent," "coercion" and "incapacitated." [Knowledge]
2. Differentiate between a situation in which consent is clearly given and one in which it is not. [Knowledge, Skill]

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3. Demonstrate an understanding of how giving and getting clear consent is part of a respectful relationship. [Knowledge]

A NOTE ABOUT LANGUAGE:

Language is really important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar—using the pronoun "they" instead of "her" or "him," using gender neutral names in scenarios and role-plays and referring to "someone with a vulva" vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Explain to students that as they continue to grow older and mature, situations that they find themselves in might become more complex. Sometimes they might find it difficult to figure out the right thing to do. Some of these situations and decisions might involve consent. Ask students, **"What does the word 'consent' mean? What does it mean to 'give consent?'"** Ask for a few students to respond, probing for the following concepts:

- It's when someone says they want to do something
- When someone gives permission to another person
- Saying "yes" to or being okay with something

Say, "**This seems like a pretty straightforward idea—but it isn't always. Let's take a look at one person's attempt to figure it all out.**" (2 minutes)

STEP 2: Play the video, *"2 Minutes Will Change the Way You Think about Consent,"* at **www.youtube.com/watch?v=laMtr-rUEmY.**

Ask for reactions to the video, then process by asking the following discussion questions:

- **The ConsentBot says her first attempt was "coercion." What does that mean? (**Probe for getting someone to do something by threatening or forcing them.) **What did she do that was coercive?** Remind the students that **consent must be voluntary, which means a person has to want to give consent.**
- **When she goes to visit her friend, Jonathan, Jonathan is half asleep when she asks for his phone and he says yes. The ConsentBot says it's not consent because he's "incapacitated." What does that mean?** (Probe for when someone doesn't have the capacity or ability to do things —or to say they want to do things). **Jonathan was asleep, so he would not have been completely aware of what he was saying. The same thing goes if someone were drunk or using drugs.**
- **What do you think of the example when she is in the library and asks the person wearing the headphones for their phone and they don't respond—and she assumes she has consent because that person didn't say no? Why isn't that the same as**

having consent? (Probe for the importance of getting a clear "yes" or "no" from someone to know for sure whether you have—or have not—received consent.)

- **Has anyone ever been in a situation where they haven't wanted to do something, but a friend has said, "It's fine, just do it." How has that felt? Why did the ConsentBot say it wasn't consent?** (Probe for the fact that the middle person seemed to have felt intimidated—meaning, pressured—to do it, even if he wasn't being pressured by the person asking for consent).
- **What did you notice in the last exchange, which the ConsentBot finally agrees is consent?** (Probe for the fact that she asked and he said yes, while also clarifying his conditions: "You can use my phone, but no texts or international calls." She clarified by asking about his phone's game center, and he responded.) **The ConsentBot said that this was clear consent and it was also healthy, clear communication.** (7 minutes)

STEP 3: Say, "**This video was about using someone else's phone. Now, let's take a look at a different video about another common item, tea."**

Show the *"Tea and Consent"* video at **www.youtube.com/watch?v=pZwvrxVavnQ**. After the video, ask "**Are there any ideas about consent in this video that are similar to the previous one? That are different?**" Ask students to summarize the key messages of the videos and write these on the white board.

Show the brief clip of "*Pitch Perfect 2 Trailer – The Ellen Show version*" **www.youtube.com/watch?v=KBwOYQd21TY** from 2:10 and 2:27. Ask the following discussion questions:

- **What did you just see?** (Two people flirting at a party, miscommunication.)
- **When he asked her if she wanted to have sex, how did she respond?** (She said she didn't want to but then winked at him; what she said was a clear no but how she said it made him think she wanted to).
- **How do you think he was feeling then?** (Confused, hopeful, worried)
- **Did she give her consent to him to have sex?** (No)
- **What do you think he should do next?** (Walk away, ask her again, try something to see whether she's interested).

Say, "**The smartest thing he can do here is take her no as her answer. It doesn't matter how she said it, but he has to go with what she actually said. This is also a good example of how talking about consent at a party—where there's usually alcohol around—isn't the best place or time to bring it up. What impact could alcohol or other drugs have on someone's ability to give consent? What impact could alcohol or other drugs have on a person's ability to clearly understand what someone is communicating to them? It's good to remember that anything but a clear 'YES' means no.**" (4 minutes)

STEP 4: Say, "**We're going to take a look now at what it's like to ask for and give consent in a relationship.**" Break students up into pairs. Say, "**I'm going to distribute a *'Consent Scenario'* to each of you. You're going to work together to create and perform a brief**

skit—no more than 1–2 minutes—that you'll share with the class. Please don't tell the class what's on your scenario, because you will demonstrate it during the skit."

Note to the Teacher: *Refer to the* Facilitating Successful Role Plays *Teacher Resource in Lesson 2 for role play tips and alternatives.*

Break students into pairs. Distribute the *"Consent Scenarios,"* making sure each pair gets the correct Person 1 and 2. Tell them they have about 5 minutes to figure out how they will act out their scenario in front of the class and demonstrate consent. Remind them to use their decision-making and negotiation skills that they might have learned in previous lessons. (7 minutes)

STEP 5: After about 5 minutes of working, check in to see whether the pairs are ready to present. Ask for a pair to volunteer to go first and have them come to the front of the room. Talk about what was presented, commenting on the clarity of consent given and received. Ask the next pair to go and continue until everyone has gone or as time allows. (22 minutes)

Note to the Teacher: *Because more than one pair will have the same scenario, you can avoid repetition during the presentations by asking whether other pairs had different takes on the same situation.*

STEP 6: Ask the class to comment on what they saw in the various skits. In particular, note situations in which pairs assigned roles to each other based on gender role stereotypes and emphasize that everyone has the responsibility to make sure they have consent from another person, regardless of gender.

Say, "**Everyone has the right to say what they do and don't want to do in a relationship. And we all have a responsibility to be clear about what we want and to listen to what the other person wants in order to have healthy, mutually respectful relationships.**"

Give each student a half-sheet of the "*Exit Slip … Before You Go*" to fill out and give to you once you excuse them from class. Make sure to review their comments and questions afterwards so that you may address them the next day or at a future date.

While the students are filling out their "*Exit Slip*," distribute and explain the *"Putting It Into Practice: Getting and Giving Consent"* homework sheet. (5 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The videos and discussion will fulfill Learning Objective 1. The paired communication scenarios will achieve Learning Objective 2. The homework assignment will achieve Learning Objective 3.

HOMEWORK:

Students will complete and hand in the *"Putting It Into Practice: Getting and Giving Consent"* homework sheet, which is a log of real-life situations in which consent was given or not given and their reactions to these situations.

Consent Scenario A

PERSON 1

You really, really like PERSON 2. You think they're totally hot and want to ask them out—but how? You feel like if you hold their hand they'll be more likely to say yes when you ask.

Consent Scenario A

PERSON 2

You're interested in PERSON 1. You don't know them very well, but you think they're kind of cute. You're also kind of shy and aren't really fond of being touched or public displays of affection (PDA).

Consent Scenario B

PERSON 1

You've been with PERSON 2 for three months and haven't had sex together, but you really think it's time. You love the other person, they love you, and everything you've done together up until now has been really good.

Consent Scenario B

PERSON 2

You've been with PERSON 1 for three months and haven't had sex together, but you really think it's time. You love the other person, and will do almost anything to keep the relationship going and make them happy. You just really are nervous about being naked and having sex. You like the way your sexual relationship is now and don't see any reason to make a change.

Consent Scenario C

PERSON 1

You think you know what PERSON 2 wants—that's the way your relationship has always been. You're more outgoing, they're more quiet and reserved, and they expect you to take charge and make decisions. That's how it is at your home. So you're going to let them know that tonight is the night—you're going to have sex together for the first time.

Consent Scenario C

PERSON 2:

You can't believe you're with PERSON 1. You know there's a nice person in there, but they're always making the decisions in the relationship. You don't really feel like you have any say, and it's just easier to go along with what they want than to cause a fuss. You've been doing a lot of touching without having any type of sex (vaginal, oral, or anal) and you haven't said what you do and don't want.

Consent Scenario D

PERSON 1

You love being in a relationship with PERSON 2! You two seem like you were made for each other—you finish each other's sentences, like the same things, like each other's friends, and are on the same page when it comes to what you do together sexually. You want to try something you've never done before with them but figure you should talk with them about it first.

Consent Scenario D

PERSON 2:

You love being in a relationship with PERSON 1! You two seem like you were made for each other—you finish each other's sentences, like the same thing, like each other's friends, and are on the same page when it comes to what you do together sexually … kind of. There are some things you've done together that you didn't really like, but you don't want to bring it up because things are going so well and you're concerned about making PERSON 1 upset.

Consent Scenario E

PERSON 1

You're at a party and you see PERSON 2, whom you've always thought was really cute. They've been drinking a little, so you go up and talk with them and see whether they might be interested in going someplace more private.

Consent Scenario E

PERSON 2

You're at a party and you see PERSON 1, whom you've always thought was really cute … you think, you're not sure, because you've had a few drinks already and aren't sure whether you're confusing this person with someone else … anyway … you're feeling good being at this party, that's all that matters! You want to stay at the party, so if anyone tries to get you to leave or go elsewhere at the party, you really don't want to.

Consent Scenario F

PERSON 1

You're at a party and you see PERSON 2. You've kissed a few times in the past, and it was always super casual, but you always thought it could be something more. PERSON 2 is sleeping on a couch, and since you've made out in the past you think it will be fine if you cuddle up next to them and give them some kisses … and maybe even a bit more?

Consent Scenario F

PERSON 2

You're at a party and you're super sleepy because you were up all night doing homework after swim practice and then had two tests today at school. You had a cup of punch at the party and didn't realize that it had alcohol in it … until … so sleepy now … ahhh that couch looks so nice and cozy …

Exit Slip...Before You Go

Name_____

1. **How would you define or explain consent to a friend?**

2. **One question I still have or new thing I learned about consent is...**

Exit Slip...Before You Go

Name_____

3. **How would you define or explain consent to a friend?**

4. **One question I still have or new thing I learned about consent is...**

Putting It Into Practice: Getting and Giving Consent

Homework (HS-3)

Name: _____ Date: _____

Instructions: Over the next week, please log the following situations and record how they went:

- Two situations in which you were asked to give permission to someone else for something
- Three situations in which you asked someone else for permission to do something

Situation 1: _____

_____

_____

Did you give consent? _____ **How or why not?** _____

_____

_____

What, if anything, would you have done differently? _____

_____

_____

Situation 2: _____

_____

_____

Did you give consent? _____ **How or why not?** _____

_____

_____

What, if anything, would you have done differently? _____

_____

_____

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Situation 3: _____

_____

_____

Did they give consent? _____ How or why not? _____

_____

_____

What, if anything, would you have done differently? _____

_____

_____

Situation 4: _____

_____

_____

Did they give consent? _____ How or why not? _____

_____

_____

What, if anything, would you have done differently? _____

_____

_____

Situation 5: _____

_____

_____

Did they give consent? _____ How or why not? _____

_____

_____

What, if anything, would you have done differently? _____

_____

_____

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Planning and Protection: Avoiding or Managing STIs

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

SH.12.GS.1 – Develop a plan to eliminate or reduce risk for STDs, including HIV.

SH.12.AI.1 – Explain how to access local STD and HIV testing and treatment services.

TARGET GRADE:
High School – Lesson 4

TIME: 50 Minutes

MATERIALS NEEDED:

- Lesson PowerPoint
- White board and markers
- Lined 3 x 5 index cards (one per student)
- **Homework**: *"STI/HIV Investigative Reporting!"* (one per student)
- *"Information for Teens and Young Adults: Staying Healthy and Preventing STDs"* handout (optional for students who might not have Internet access at home)

ADVANCE PREPARATION FOR LESSON:

- The numbers of cards suggested below for this activity are for a set of 30 students. For a different number of students, try to adjust the numbers proportionally.
- Turn the index cards to the non-lined side.
- In the bottom right-hand corner of each card, write lightly and in pencil:
  - "A" on 10 cards.
  - "C", "P", "U", and "S" on 4 cards each.
- Leave the remaining cards blank.
- Shuffle the cards so that they will be randomly ordered.

LEARNING OBJECTIVES:

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

1. Name the only 100% effective way of avoiding an STI and HIV. [Knowledge]
2. Explain why having oral, anal, or vaginal sex with an infected partner puts a person or couple at risk for STIs and HIV. [Knowledge]

A NOTE ABOUT LANGUAGE:

Language is really important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar —using the pronoun "they" instead of "her" or "him," using gender neutral names in scenarios and role-plays and referring to "someone with a vulva" vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Ask the students the terms "STI" and "HIV" mean. As they respond, write on the white board: "STI = Sexually Transmitted Infection" and "HIV = Human Immunodeficiency Virus." Remind the students that "STI" and "STD" (sexually tranmitted disease) are the same terms that refer to same group of bacteria, viruses, and other organisms that can be passed from one infected person to another during sexual contact. Also remind them that HIV is the virus that can

lead to the medical condition called AIDS.

Ask the students to take out a pen or pencil. Make sure the cards that you prepared have been shuffled and distribute one of the index cards to each student. Do not tell them that there is anything written on the cards.

Once they all have a card and writing tool, ask them to stand up and walk around the room, just milling around, talking and saying "hi" to each other. After about 10 seconds, ask them to stop where they are and pair up with the person standing closest to them.

Note to the Teacher: *If there is an odd number of students, the leftover person can join a pair as a group of three; however, you do not want there to be groups of three throughout the room, so be sure to wait until everyone has paired up before assigning the one leftover student to a pair.*

Say, "**I am going to give you a topic to discuss with this other person. You will have two minutes, and you need to keep the discussion going for that time.**" Write on the board: "Top Three Favorite Movies." Say, "**I'd like you to talk with each other about three of your favorite movies and why they're your favorites. It doesn't matter who starts first; I'll tell you when two minutes have elapsed. Go!**"

After two minutes, ask them to stop their conversations. Say, "**Please write the name of the person with whom you have been chatting with on your index card. So you should now be holding your index card that has the other person's name on it.**"

Ask them to thank their partner for their conversation and then start milling around the room again, greeting each other, smiling, whatever they wish—and then ask them to stop again and partner up with whomever is closest.

Say, "**I'm going to ask you to have another brief conversation with this person but on a different topic.**" Write on the board: "Travel Anywhere." Say, "**If money were no option, and you could travel anywhere in the world, where would it be and why? Remember, you have about 2 minutes so you can choose more than one place if you wish. Ok, go!**"

After 2 minutes, ask them to stop their conversations and write the name of their second partner on their cards. Their card should now have the names of the last two students with whom they have had conversations written on it.

Ask them to thank their partner for their conversation and then start milling around the room one last time, greeting each other, smiling, giving high fives, whatever they wish—and then ask them to stop again and partner up with whomever is closest.

Say, "**I'm going to ask you to have one more brief conversation with this person but on a different topic.**" Write on the board: "Super Powers." Say, "**If you could have any three super powers, what would they be, and why? Remember, you have about 2 minutes. Ok, go!**"

After 2 minutes, ask them to stop their conversations and write the name of their third partner on their cards. They should now have an index card with the names of all three students with whom they have had conversations. Ask them to take their seats. (7 minutes)

STEP 2: Explain to the students that, for the purposes of this activity ONLY, the conversations they just had weren't just conversations—but rather they were sexual encounters. Tell everyone to turn their card over to the unlined side.

Say, "**In one of the corners, most of you should see a lightly written letter. If you have an 'S' on your card, can you please stand up.**"

Note to the Teacher: *It can help to intentionally select the students who will receive the 'S' card to ensure they won't be easily embarrassed or mistakenly believe they were singled out due to their sexual orientation or gender identity.*

Three students should stand up. Explain that for the purposes of this activity ONLY, this person has a sexually transmitted infection. Even though they look and feel fine, they had no idea they had an STI.

Note to the Teacher: *There will very likely be some class reaction as you announce that these represented sexual encounters and when you announce who represents the STIs. This is a good thing! It brings energy to the room and keeps students engaged. Be mindful, however, that we do not know the STI status of our students, and you want to be sure people don't throw out insults, such as, "Figures it'd be [student name]" or anything else. This is why it is important to emphasize again and again throughout the activity, "**for the purposes of this activity only.**" Be sure to refer back to your ground rules as necessary to make sure students are respectful of each other.*

Ask the rest of the students to look at their own cards to see whether they have the signatures of any of the people standing on their card—and if they do, to please stand. Then ask whether the people who are standing have any of the following letters on their card. If so, explain what they should do next:

- **"Of those who are standing, if you have an 'A' on your card, you may sit down. An 'A' means you chose to remain abstinent—you did no-risk sexual things together or didn't do anything sexual together at all. Therefore you did a great job—in fact the best job—of protecting yourself against STIs or HIV."**
- **"If you have a 'C' on your card, you may also sit down. A 'C' means you had sexual contact (meaning vaginal, oral, or anal sex or genital-to-genital contact) and used condoms or other latex barriers, so you were at very low risk for STIs, HIV (or pregnancy if you were with a partner of a different sex)."**
- **"If you have a 'P' on your card, it means that if one person in the relationship can get pregnant or has another reason to take the pill, they're on the pill—but that's the only method you used. So, great job protecting yourself and your partner against pregnancy if that was a risk, but the pill offers NO protection against STIs or HIV—so you have to remain standing."**
- **"If you have a 'U' on your card, it means you did not use any condoms or other latex barriers during your sexual encounter—meaning the sex was 'unprotected' and very risky for STI, HIV, or possibly pregnancy—so you have to remain standing."**
- **"If you have a blank index card, it means you were using alcohol or drugs during the encounter and can't remember what happened, including whether you used any kind of latex barrier—so you need to remain standing as well."** (12 minutes)

STEP 3: Ask the students to look around the room and to tell you how many people are currently standing up. Once they tell you the number, ask, "**How many were standing the very first time—how many had an 'S' on their cards?**" Probe for "4" and say, "**So four people originally had an STI, and then by the end of the activity,** [fill in the number of students standing] **had some kind of unprotected sex with that person.**"

Ask everyone to take their seats. Process, by asking the following questions:

- **What was it like to do that activity? What was** [easy, fun, hard, interesting – fill in their responses] about it?
- **What did you notice about who got to sit down, and who had to remain standing?** Probe for the fact that only students who had an "A" on their card for abstinence or used latex barriers could sit down. Ask them why they think that was. Probe for the fact that only abstinence offers 100% effective protection against STIs, but that condoms and other latex barriers offer extremely effective protection if they're used correctly with every single sexual encounter.
- **What does the number of people who were standing at the end of the activity tell you?** Probe for:
  - How it's best to not have unprotected sex with multiple partners to reduce the chances of spreading STIs or HIV.
  - How, if you're going to have any kind of sex, it's important to use condoms or other barriers correctly and every time.
  - How important it is to talk with a person about their sexual history to figure out what your own risk for STIs or HIV is.
  - How if a person were to find out they had some kind of sex with someone who has an STI or HIV they would need to get tested and tell anyone else they may have been in a sexual relationship with that they need to get tested too.

As people participate in the activity processing, write the five themes that should come up during the discussion on the board; if any of them do not, add them in at the end, saying, "**I also saw from this activity that …** "

1. **Abstinence** is the safest and only 100% effective choice for eliminating STI risk.
2. **Condoms** and other latex barriers are a must for reducing STI and HIV risk.
3. **Talking with your partner** is key before having any kind of sex.
4. **Contraceptive methods** like the pill are great for pregnancy prevention, but they don't protect against STIs or HIV.
5. **Get tested** for STIs and HIV if you are having sex, and ask your partner(s) to get tested, too. Some couples will go to get tested together, which reinforces the care they have for each other.

Remind the students that someone needs to have an STI in order to transmit it to someone else and that sexual behaviors do not in and of themselves create STIs. Also remind them that this was only an activity, and that nothing about what you just did implies that the

students who were standing up during the activity have an infection or actually had sexual encounters with each other!

Let students know about the district's Condom Availability Program. Tell students, "One source of free condoms is our School Nurse. The Nurse will give you a plain-looking package containing condoms, condom-compatible lubricant, and information about how to use condoms correctly. Your conversation and request for condoms will be private and confidential.

Minors 12 and older can also consent to their own vaccines for Hepatitis B and HPV (Human Papilloma Virus)(9 minutes)

STEP 4: Divide the class into five groups. Once they are in their groups, say, "**It's great to recognize that these five points are important—but it's another thing altogether to remember them or put them into practice. When businesses want us to change our behaviors or buy certain things or act in certain ways, they buy time on TV or on websites and create commercials. That's what you're going to do now.**"

Assign each group one of the five categories that you wrote on the board. Tell them they will have 10 minutes to work together to create a commercial, jingle, slogan, or logo for that statement or something that has to do with that statement, which they will then act out or present to the class. Remind them that commercials tend to be no longer than 30–45 seconds. If a full commercial will take too long to create in the time allotted, the students may create a jingle, slogan, or logo for their statement. As groups work, walk around the room to help them get started or point them in the right direction. You will also want to listen for any joking around or inappropriate language and help refocus the students on the activity. (12 minutes)

STEP 5: After about 10 minutes, ask the groups to stop. Have each group present its commercial or the jingle/slogan/logo, asking for feedback from the class after each: What did you take away from this commercial? Was anything inaccurate? What was missing? What would be some other helpful take-away points? (8 minutes)

STEP 6: Acknowledge the work of the class. Say, "STIs are a very real part of our world today. And considering 1 in 4 teens will end up with an STI once they start having some kind of sex, teens—and people of all ages—have a responsibility to know how to practice ways to reduce their chances of getting an STI."

Explain and distribute the *"STI/HIV Investigative Reporting!"* homework sheet (in English or Spanish, since there is a parent communication component) and the CDC information sheet for students who do not have access to the Internet at home. (2 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

Learning Objectives 1 and 2 will be achieved by the STI index card activity in class.

HOMEWORK:

"STI/HIV Investigative Reporting!" homework sheet, in which students will go around for the next week interviewing people about what they know and think about safer sex, as well as finding information about where someone in their community can go for STI and HIV testing and treatment. There are some Internet resources necessary for this assignment; if students do not have access to the Internet at home, please print the *"Information for Teens and Young Adults: Staying Healthy and Preventing STDs"* handout from the CDC.

Note: Versions of the STI index card activity has been used in a variety of formats and resources for many years. The original author is unknown.

STI/HIV Investigative Reporting!

Homework (HS-4)

Name: _____ Date: _____

Instructions: You are a reporter working on a story about STI and HIV prevention. You need to talk directly with some people as well as go online to do some research to get the information required by your editor. Be sure to protect the confidentiality of your sources—this tends to encourage them to be more honest!

1. **Check out these teens as they interview students about this same topic and write down some myths about STIs!** www.youtube.com/watch?v=zP3y6yTbcio

   _____

   _____

2. **What do high schoolers know about STD prevention?** Find five students and ask them to answer the following two questions (Be sure not to give them the answers—you're trying to find out what people know without you saying anything!):

   Question 1: Do you think people our age are at risk for STDs? Why or why not?

PERSON'S GRADE LEVEL	PERSON'S INITIALS	PERSON'S ANSWER
1.		
2.		
3.		
4.		
5.		

STI/HIV Investigative Reporting!

Question 2: What is the BEST way to avoid getting an STI or HIV, or giving either of these to someone else?

PERSON'S GRADE LEVEL	PERSON'S INITIALS	PERSON'S ANSWER
1.		
2.		
3.		
4.		
5.		

3. Ask a parent or trusted adult the following questions about STIs and HIV:

What are some STIs that you've heard of? _____

_____

Do you know how HIV and AIDS are related to each other? _____

_____

What is the only way to 100% effective way to avoid contracting an STI? _____

_____

If people decide to have sex, what can they do to reduce the risk of transmitting STIs or HIV?

_____

Explore this website together (or read the handout if you received one) to check their answers!

www.cdc.gov/std/life-stages-populations/stdfact-teens.htm

Information for Teens and Young Adults: Staying Healthy and Preventing STDs

If you choose to have sex, know how to protect yourself against sexually transmitted diseases (STDs).

What are sexually transmitted diseases (STDs)?

STDs are diseases that are passed from one person to another through sexual contact. These include chlamydia, gonorrhea, genital herpes, human papillomavirus (HPV), syphilis, and HIV. Many of these STDs do not show symptoms for a long time, but they can still be harmful and passed on during sex.

How are STDs spread?

You can get an STD by having sex (vaginal, anal or oral) with someone who has an STD. Anyone who is sexually active can get an STD. You don't even have to "go all the way" (have anal or vaginal sex) to get an STD, since some STDs, like herpes and HPV, are spread by skin-to-skin contact.

How common are STDs?

STDs are common, especially among young people. There are about 20 million new cases of STDs each year in the United States, and about half of these are in people between the ages of 15 and 24. Young people are at greater risk of getting an STD for several reasons:

- Young women's bodies are biologically more susceptible to STDs.
- Some young people do not get the recommended STD tests.
- Many young people are hesitant to talk openly and honestly with a doctor or nurse about their sex lives.
- Not having insurance or transportation can make it more difficult for young people to access STD testing.
- Some young people have more than one sex partner.

What can I do to protect myself?

- The surest way to protect yourself against STDs is to not have sex. That means not having any vaginal, anal, or oral sex ("abstinence"). There are many things to consider before having sex, and it's okay to say "no" if you don't want to have sex.
- If you do decide to have sex, you and your partner should get tested beforehand and make sure that you and your partner use a condom—every time you have oral, anal, or vaginal sex, from start to finish. Know where to get condoms and how to use them correctly. It is not safe to stop using condoms unless you've both been tested, know your status, and are in a mutually monogamous relationship.
- Mutual monogamy means that you and your partner both agree to only have sexual contact with each other. This can help protect against STDs, as long as you've both been tested and know you're STD-free.
- Before you have sex, talk with your partner about how you will prevent STDs and pregnancy. If you think you're ready to have sex, you need to be ready to protect your body and your future. You should also talk to your partner ahead of time about what you will and will not do sexually. Your partner should always respect your right to say no to anything that doesn't feel right.

- Make sure you get the health care you need. Ask a doctor or nurse about STD testing and about vaccines against HPV and hepatitis B.
- Girls and young women may have extra needs to protect their reproductive health. Talk to your doctor or nurse about regular cervical cancer screening and chlamydia testing. You may also want to discuss unintended pregnancy and birth control.
- Avoid using alcohol and drugs. If you use alcohol and drugs, you are more likely to take risks, like not using a condom or having sex with someone you normally wouldn't have sex with.

If I get an STD, how will I know?

Many STDs don't cause any symptoms that you would notice, so the only way to know for sure if you have an STD is to get tested. You can get an STD from having sex with someone who has no symptoms. Just like you, that person might not even know he or she has an STD.

Where can I get tested?

There are places that offer teen-friendly, confidential, and free STD tests. This means that no one has to find out you've been tested. Visit FindSTDTest.org to find an STD testing location near you.

Can STDs be treated?

Your doctor can prescribe medicines to cure some STDs, like chlamydia and gonorrhea. Other STDs, like herpes, can't be cured, but you can take medicine to help with the symptoms.

If you are ever treated for an STD, be sure to finish all of your medicine, even if you feel better before you finish it all. Ask the doctor or nurse about testing and treatment for your partner, too. You and your partner should avoid having sex until you've both been treated. Otherwise, you may continue to pass the STD back and forth. It is possible to get an STD again (after you've been treated), if you have sex with someone who has an STD.

What happens if I don't treat an STD?

Some curable STDs can be dangerous if they aren't treated. For example, if left untreated, chlamydia and gonorrhea can make it difficult—or even impossible—for a woman to get pregnant. You also increase your chances of getting HIV if you have an untreated STD. Some STDs, like HIV, can be fatal if left untreated.

What if my partner or I have an incurable STD?

Some STDs- like herpes and HIV- aren't curable, but a doctor can prescribe medicine to treat the symptoms.

If you are living with an STD, it's important to tell your partner before you have sex. Although it may be uncomfortable to talk about your STD, open and honest conversation can help your partner make informed decisions to protect his or her health.

If I have questions, who can answer them?

If you have questions, talk to a parent or other trusted adult. Don't be afraid to be open and honest with them about your concerns. If you're ever confused or need advice, they're the first place to start. Remember, they were young once, too.

Talking about sex with a parent or another adult doesn't need to be a one-time conversation. It's best to leave the door open for conversations in the future.

It's also important to talk honestly with a doctor or nurse. Ask which STD tests and vaccines they recommend for you.

Where can I get more information?

CDC
How You Can Prevent Sexually Transmitted Diseases
http://www.cdc.gov/std/prevention/

Teen Pregnancy
http://www.cdc.gov/TeenPregnancy/Teens.html

CDC-INFO Contact Center
1-800-CDC-INFO
(1-800-232-4636)
Contact http://wwwn.cdc.gov/dcs/RequestForm.aspx

HealthFinder.gov
STD Testing: Conversation Starters
http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/std-testing-conversation-starters

American Sexual Health Association
Sexual Health and You
http://www.iwannaknow.org/teens/index.html

Teens and Young Adults
http://www.ashasexualhealth.org/sexual-health/teens-and-young-adults/

References

Centers for Disease Control and Prevention. Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States, http://www.cdc.gov/std/stats/sti-estimates-fact-sheet-feb-2013.pdf. Accessed October 14, 2014.

¡Reportaje de investigación de STI/CLAMIDIA!

Tarea (HS-4)

Nombre:_____ Fecha: _____

Instrucciones: Tú eres un reportero trabajando en una historia sobre prevención de STDs y de CLAMIDIA. Necesitas hablar con algunas personas directamente y en línea para hacer investigación para obtener la información requerida por tu editor. Asegúrate de proteger la confidencialidad de tus fuentes — ¡esto tiende a alentarlos a ser más honestos!

1. **Observa a estos adolescentes al entrevistar estudiantes acerca del mismo tema y escribe sobre algunos mitos sobre STDs** www.youtube.com/watch?v=zP3y6yTbcio

   _____

   _____

2. **¿Qué saben los estudiantes de preparatoria sobre la prevención de STDs?** Encuentra cinco estudiantes y pídeles que contesten las siguientes dos preguntas (asegúrate de no darles las respuestas; ¡estás intentando averiguar qué sabe la gente sin decirles nada!):

   Pregunta 1: ¿Piensas que la gente de nuestra edad están en riesgo de contraer STDs? ¿Por qué o por qué no?

NIVEL DE GRADO DE LA PERSONA	INICIALES DE LA PERSONA	RESPUESTA DE LA PERSONA
1.		
2.		
3.		
4.		
5.		

¡Reportaje de investigación de STI/CLAMIDIA!

Pregunta 2: ¿Cuál es la MEJOR manera de evitar tener una STI o CLAMIDIA, o de transmitirlas a otra persona?

NIVEL DE GRADO DE LA PERSONA	INICIALES DE LA PERSONA	RESPUESTA DE LA PERSONA
1.		
2.		
3.		
4.		
5.		

3. Hazle a tu padre o madre o a un adulto confiable las siguientes preguntas sobre STDs y CLAMIDIA:

¿Cuáles son algunas STDs de las que hayas oído hablar? _____

_____

¿Sabes cómo están relacionados entre sí el CLAMIDIA y el SIDA? _____

_____

¿Cuál es la única manera de evitar 100% el contagio de una STI? _____

_____

Si las personas deciden tener sexo, ¿qué pueden hacer para reducir el riesgo de transmitir STDs o CLAMIDIA?

_____

Exploren este sitio web juntos (o lean las hoja informativa si recibieron una) para revisar sus respuestas. www.cdc.gov/std/life-stages-populations/stdfact-teens.htm

Advocates for Youth
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Información para adolescentes y adultos jóvenes: Mantenerse sano y prevenir STDs

Si tú decides tener sexo, aprende cómo protegerte contra las enfermedades de transmisión sexual (STDs).

¿Qué son las enfermedades de transmisión sexual (STDs) (STDs)?

Las STDs son enfermedades que se trasmiten de una persona a otra mediante el contacto sexual. Éstas incluyen clamidia, gonorrea, herpes genital, virus de papiloma humano (HPV), sífilis y CLAMIDIA. Muchas de estas STDs no muestran síntomas por mucho tiempo, pero pueden ser nocivas y ser transmitidas durante la actividad sexual.

¿Cómo se propagan las STDs?

Puedes contraer una STD al tener sexo (vaginal, anal u oral) con alguien que tenga una STD. Cualquier persona sexualmente activa puede contraer una STD. Ni siquiera tienes que "hacerlo por completo" (tener sexo anal o vaginal) para contraer una STD, ya que algunas STDs, como el herpes y el HPV, se propagan por contacto de piel.

¿Qué tan común son las STDs?

Las STDs son comunes, especialmente entre los jóvenes. Hay cerca de 20 millones de casos nuevos de STDs cada año en los Estados Unidos, y casi la mitad de éstos se dan en personas entre los 15 y 24 años de edad. Los jóvenes tienen un mayor riesgo de contraer una STD por varias razones:

- Los cuerpos de las mujeres jóvenes son biológicamente más susceptibles a las STDs.
- Algunos jóvenes no se hacen las pruebas recomendadas de STD.
- Muchos jóvenes son renuentes a hablar abierta y honestamente con un doctor o enfermera sobre su vida sexual.
- No tener seguro o transporte puede hacer más difícil para los jóvenes el acceso a las pruebas de STD.
- Algunos jóvenes tienen más de una pareja sexual.

¿Qué puedo hacer para protegerme?

- La forma más segura de protegerse contra las STDs es no tener actividad sexual en lo absoluto. Eso significa no tener ningún sexo vaginal, anal, u oral (abstinencia). Hay muchas cosas qué considerar antes de tener sexo, y está bien decir “no” si no quieres tener sexo.
- Si decides tener sexo, tú y tu pareja deben hacerse pruebas antes y asegurarse de usar condón, cada vez que tengas sexo oral, anal, o vaginal, de principio a fin. Averigua dónde conseguir condones y cómo usarlos correctamente. No es seguro dejar de usar condones a menos que ambos se hayan hecho pruebas, sepan su estado y estén en una relación monógama mutua.
- La monogamia mutua significa que tú y tu pareja están de acuerdo en sólo tener contacto sexual entre ustedes. Esto los puede proteger contra las STDs, siempre y cuando ambos hayan sido examinados y sepan que están libres de STDs.
- Antes de tener sexo, habla con tu pareja sobre cómo pueden prevenir las STDs y el embarazo. Si tú crees estás listo para tener sexo, necesitas estar listo para proteger tu cuerpo y tu futuro. También debes hablar con tu pareja previamente acerca de qué sí y qué no harás sexualmente. Tu pareja siempre debe respetar tu derecho a decir no a cualquier cosa que no desees.

- Asegúrate de obtener el cuidado de salud que necesitas. Pregúntale a un doctor o enfermera sobre exámenes de STDs y sobre vacunas contra el HPV y la hepatitis B.
- Las niñas y mujeres jóvenes pueden tener necesidades extra para proteger su salud reproductiva. Habla con tu doctor o enfermera sobre exámenes regulares de cáncer cervical y de clamidia. Quizá también quieras discutir los embarazos no deseados y el control natal.
- Evita usar alcohol y drogas. Si usas alcohol y drogas, tienes más probabilidades de tomar riesgos, como no usar condón o tener sexo con alguien con quien tú normalmente no tendrías relaciones sexuales.

Si me contagio con una STD, ¿cómo lo sé?

Muchas STDs no causan síntomas que puedas observar, así que la única manera de saber si tienes una STD es hacerte un examen. Puedes contagiarte de una STD al tener sexo con alguien que no tiene síntomas. Igual que tú, esa persona puede no saber siquiera que tiene una STD.

¿Dónde puedo hacerme exámenes?

Hay lugares que ofrecen pruebas gratuitas y confidenciales de STDs. Esto significa que nadie puede averiguar que te has hecho pruebas. Visita FindSTDTest.org para encontrar un lugar de pruebas de STD cerca de ti.

¿Pueden ser tratadas las STDs?

Tu doctor te puede recetar medicamentos para curar algunas STDs, como la clamidia, la gonorrea. Otras STDs, como el herpes, no se pueden curar, pero puedes tomar medicamentos para ayudar con los síntomas.

Si alguna vez recibes tratamiento para una STD, asegúrate de terminarte todos tus medicamentos, aún si te sientes mejor antes de terminarlos. Pregúntale al doctor o enfermero sobre las pruebas y tratamientos para tu pareja también. Tú y tu pareja deben evitar tener sexo hasta que ambos hayan sido tratados. De otra forma, se pueden seguir contagiando la STD una y otra vez. Es posible contagiarse con una STD de nuevo (después del tratamiento), si tienes sexo con alguien que tiene una STD.

¿Qué pasa si no sigo el tratamiento de la STD?

Algunas STDs curables pueden ser peligrosas si no son tratadas. Por ejemplo, si no se tratan, la clamidia y la gonorrea pueden hacer difícil, o incluso imposible, el que una mujer se embarace. También aumenta la posibilidad de tener el VIH si no se recibe tratamiento para STDs, que como VIH, pueden ser fatales si no se tratan.

¿Qué pasa si mi pareja o yo tenemos una STD incurable?

Algunas STDs, como herpes y VIH no son curables, pero un doctor puede recetar medicamentos para tratar los síntomas.

Ti tú vives con una STD, es importante que le digas a tu pareja antes de tener sexo. Aunque puede ser incómodo hablar sobre tu STD, tener una conversación abierta y honesta con tu pareja para tomar decisiones es clave para proteger la salud de ambos.

Si tengo preguntas, ¿quién las puede contestar?

Si tienes preguntas, habla con tus padres o con un adulto en quien confíes. No tengas miedo de abrirte honestamente con ellos sobre tus inquietudes. Si alguna vez te sientes confundido o necesitas consejo, ellos son los primeros a quién acudir. Recuerda, ellos también fueron jóvenes.

Hablar sobre sexo con tus padres y otro adulto no tiene que ser una conversación de un solo día. Es mejor dejar la puerta abierta para más conversaciones en el futuro.

También es importante hablar honestamente con un doctor o enfermero. Pídeles que te recomienden pruebas o vacunas contra las STDs.

¿Dónde puedo obtener más información?

CDC
Cómo puedes prevenir las enfermedades de transmisión sexual
http://www.cdc.gov/std/prevention/

Embarazo de adolescentes
http://www.cdc.gov/TeenPregnancy/Teens.html

CDC-INFO, Centro de contacto
1-800-CDC-INFO
1-800-232-4636
http://wwwn.cdc.gov/dcs/RequestForm.aspx

HealthFinder.gov
Pruebas de STDs: para iniciar la conversación
http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/std-testing-conversation-starters

Asociación Americana de Salud Sexual
La salud sexual y tú
http://www.iwannaknow.org/teens/index.html

Adolescentes y adultos jóvenes
http://www.ashasexualhealth.org/sexual-health/teens-and-young-adults/

Referencias
Centros de control y prevención de enfermedades. Incidencia, predominio y costo de las infecciones de transmisión sexual en los Estados Unidos, http://www.cdc.gov/std/stats/sti-estimates-fact-sheet-feb-2013.pdf. Accedido el 14 de octubre de 2014.

Getting Savvy about STI Testing

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

SH.12.SM.1 – Analyze individual responsibility about testing for and informing partners about STDs and HIV status.

SH.12.ADV.1 – Advocate for sexually active youth to get STD/HIV testing and treatment.

TARGET GRADE:
High School – Lesson 5

TIME: 50 Minutes

MATERIALS NEEDED:

- Lesson PowerPoint
- Projector and screen
- Computer with Internet access and audio equipment
- White board and markers
- *"Getting Savvy about STI and HIV Testing"* worksheet (one per each group of 3-4 students)
- *Student Support* (**www.sandiegounified.org/Support**) bookmarks and cards (one per student)
- *"HIV Now - Testing and Treatment Today!"* Homework Answer Key
- **Homework**: *"HIV Now - Testing and Treatment Today!"* (one per student)
- *"HIV 101"* and *"PrEP Information Sheet"* handouts (optional for students who might not have Internet access at home)

ADVANCE PREPARATION FOR LESSON:

- Access the following websites and preview them prior to instruction:
  - *STD Zombie* public service ad: **https://tinyurl.com/HS-Lesson5-zombie**
  - *CDC GetTested* website: **https://gettested.cdc.gov**
  - *Let's Talk About Sexual Health* video: **https://tinyurl.com/HS-Lesson5-letstalk**
  - *Student Support* website: **www.sandiegounified.org/Support**

LEARNING OBJECTIVES:

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

1. List at least two reasons why a person might choose to get tested for STIs and HIV, and at least two reasons why they might choose not to. [Knowledge]
2. Identify at least two resources for STI testing and one resource for HIV testing in their own community. [Knowledge]
3. Describe the rights young people have regarding STI and HIV testing including confidentiality and the quality of care they should receive from the provider. [Knowledge]
4. Describe the nature of HIV and how it is transmitted, prevented, and treated. [Knowledge]
5. Communicate with parents about HIV stigma and current treatment protocols. [Skill]

A NOTE ABOUT LANGUAGE:

Language is important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar—using the pronoun "they" instead of "her" or "him," using gender neutral names in scenarios and role-plays and referring to "someone with a vulva" vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

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Getting Savvy about STI Testing

Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

PROCEDURE:

STEP 1: Tell your students that thinking about having sex is a perfectly normal and natural part of growing up. You just want to make sure that they understand some ways to stay healthy if and when they start to explore their sexuality with others. Tell the students that today you will be talking about STIs and HIV, and specifically the importance of getting tested when people become sexually active.

Play the *STD Zombie* video at **https://tinyurl.com/HS-Lesson5-zombie**. When the video is over, ask students: "**So this is intended to be funny, but it also brings up an important point. The zombie really wanted to eat the person, but it didn't because they hadn't been tested. What did you think of that?**" (5 minutes)

STEP 2: Say, "**Making the decision to get tested for STIs can be complicated. There are reasons why people choose to get tested, and reasons why people choose not to.**" As you are speaking, write on the board, "Why people get tested" and to the right of that "Why people DON'T get tested," with a decent space between the two. Underline both.

Ask, "**What are some of the reasons why someone might choose to get tested?**" Write these on the board beneath the first heading, probing for:

- Because they had unprotected sex with someone and are now thinking they should get tested.
- Because they thought they and their partner were in a monogamous relationship (only having sex with each other) and found out later that their partner was having sex with other people.
- Because they started to experience some symptoms and didn't know if that meant they had an STI.
- Because they were sexually assaulted and need to know whether it resulted in an STI of some kind.
- Because they're excited about starting a new relationship and want to show their partner that they care about them.

Ask, "**If there are all these reasons why people would want to get tested, why do you think anyone would choose *not* to?**" Record these answers in the next column, probing for:

- Because they don't want to know (discuss why people might not want to know).
- Because they are worried about the actual test itself being painful or uncomfortable.
- Because they're scared of doctors'/clinicians' offices or needles.
- Because they're worried that if they have an STI they'll never be able to have sex again.
- Because they're nervous their parents will find out.
- Because they don't have transportation to get to the clinic.
- Because they don't have insurance or think they can't afford to get tested. (10 minutes)

STEP 3: Tell students to get into small groups of 3-4 people they are seated near. Give each small group a copy of the *"Getting Savvy about STI and HIV Testing"* worksheet and have

each person in the group write their name at the top. Explain by saying, "**Each group will be assigned one of the reasons people may have for not wanting to get tested for STIs that we wrote on the board. Your task is two-fold. First your group is to come up with at least two things someone could say in response to encourage them to get tested. You should write these responses down on your group's worksheet. Then, you will go to the following website and find two possible locations nearby where a teen could get tested for STIs and one possible nearby location where a teen could get tested for HIV. Write the name and location of the these testing sites on your group's worksheet.**"

Explain that you are also going to distribute a *Student Support* bookmark or card with a website address on it (**www.sandiegounified.org/Support**). This website contains many reliable and medically accurate websites for youth. The websites range from information on local sexual health clinics and services, to sexuality and relationship information, to alcohol and drug services, to LGBTQ supports. Project this site onto your screen and ask students to visit and explore the website further on their own and refer to these resources whenever they need them.

Desribe the final step of their classroom assignment by saying, "**Finally, you will go to the *Student Support* webpage today in class and find three additional STI and HIV testing locations or informational sites and record these on your worksheet.**"

Note to the Teacher: *Write the websites on the board while you are talking (***https://gettested.cdc.gov** *and* **www.sandiegounified.org/Support***) and instruct students to use classroom computers, tablets, or their phones to conduct the search.*

Review each of the reasons that was generated on the board for why people might ***not*** want to get tested and assign a different reason to each of the small groups.

Note to the Teacher: *The number of small groups and number of reasons will differ for each class. It's okay if more than one group is working on the same reason as this will just generate a wider variety of responses.*

Give students 10 minutes to complete their three-part task. (5 minutes)

STEP 4: After ten minutes has passed, gather students' attention and have them stop working. Have each small group share the reason they were assigned, one of their responses, and one of the community resources they found for STI or HIV testing. Continue until you have heard from each small group. Process the activity by asking the following questions:

- **What was it like to do that?**
- **What was** [insert responses] **about it?**
- **What did you notice about the groups' responses? Did anything surprise you?**
- **What does this tell you about how you might support a friend or romantic partner who is nervous or hesitant to get tested for STIs?** (20 minutes)

STEP 5: Say, "**Knowing you should get tested for STIs and HIV and actually going to *see* a health care provider can be two different things. People have real concerns about what will happen during the test, how they will be treated by the staff, and if their visit will be kept confidential. This next video will address some of those concerns.**" Play the *Let's Talk*

about Sexual Health video (https://tinyurl.com/HS-Lesson5-letstalk). Once the video is over, process by asking students the following questions:

- What do you think of what you saw in the video?
- Did anything surprise you?
- Did you learn any new information from the video? If so, what was it?

Close the lesson by reminding students that the only way for someone to know whether they have an STI is to get tested, and that there are places in the community—such as the clinics that they found in class today—where teens can be tested confidentially and usually for no cost or low cost. Remind students that, like in the video, they need to be honest with their health provider about any sexual contact that they may have had, because there are different tests and different types of treatment for the different STIs.

Tell students, "**In California, anyone 12 years old and older can consent to their own STI and HIV testing and treatment without notifying parents or guardians if they do not wish to.** You may also consent to your own vaccines for HPV and Hepatitis B. **In addition, students may be released from school by a staff member in order to attend this appointment during the school day. Please ask your School Nurse to assist you with being released for a confidential appointment.** Remember, you can also get free condoms from the school nurse and local clinics. **We will be exploring your rights to confidential sexual health services in more detail during the next lesson.**"

Explain and distribute the *"HIV Now – Testing and Treatment Today!"* homework sheet (in English or Spanish, since there is a parent communication component) and the CDC information sheet for students who do not have access to the Internet at home. (10 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

Learning Objectives 1 and 2 will be accomplished during the group brainstorm and resulting small group activity. Learning Objective 3 will be accomplished during the final video and subsequent discussion. Learning Objective 4 will be accomplished by completion of the homework assignment.

HOMEWORK:

Students will complete the *"HIV Now – Testing and Treatment Today!"* homework sheet by going to two different Centers for Disease Control and Prevention websites and answering questions on the homework sheet. They will then have a conversation with a parent or trusted adult regarding new HIV prevention and treatment protocols and discuss any HIV stigma that they or their parent might be aware of.

If students do not have Internet access at home, please print the *"PrEP Information Sheet"* and *"HIV 101"* handouts included in this lesson plan and select pages from the CDC's *HIV Basics* webpage (www.cdc.gov/hiv/basics/index.html).

HIV Now – Testing and Treatment Today!
Answer Key

1) **What is HIV?**
HIV is a virus spread through certain body fluids that attacks the body's immune system, specifically the CD4 cells, often called T cells.

2) **If a person gets HIV, what does it do to their body?**
Over time, if untreated, HIV can destroy so many T cells that the body can't fight off infections and disease. Opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS.

3) **How does someone know if they have HIV?**
The only way to know for sure whether you have HIV is to get tested.

4) **Is there a cure for HIV?**
No effective cure currently exists for HIV. But with proper medical care, HIV can be controlled. Treatment for HIV is called antiretroviral therapy or ART. If taken the right way, every day, ART can dramatically prolong the lives of many people infected with HIV, keep them healthy, and greatly lower their chance of infecting others

5) **How does HIV get passed from one person to another?**
Only certain body fluids—blood, semen, pre-seminal fluid (pre-cum), rectal fluids, vaginal fluids, and breast milk—from a person who has HIV can transmit HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to occur. Mucous membranes are found inside the rectum, vagina, penis, and mouth.

6) **What are some of the highest risk behaviors for spreading HIV from one person to another?**
The highest risk behaviors for spreading HIV are having unprotected anal or vaginal sex with someone who has HIV or sharing needles or syringes with someone who has HIV.

7) **Can a person get HIV from injecting drugs?**
Yes. A person's risk for getting HIV is very high if they use needles or works (such as cookers, cotton, or water) after someone with HIV has used them.

8) **If someone does inject drugs, what can they do to lower their risk of getting HIV?**
If someone injects drugs, they can lower their risk for getting HIV by using only new, sterile needles and works each time they inject.

9) **What are some ways in which you c*annot* get HIV?**
HIV is not transmitted through saliva, tears, or sweat; by mosquitoes, ticks, or other blood-sucking insects; through the air or food; or by casual contact with another person such as hugging or shaking hands.

10) **There are only two certain ways to avoid getting HIV: Abstinence from injection drug use and abstinence from** sexual intercourse including anal, vaginal, and oral sex.

(Continued on back.)

HIV Now – Testing and Treatment Today!
Answer Key

11) What kinds of HIV tests are available?
There are three types of tests available: antibody tests, combination or fourth-generation tests, and nucleic acid tests (NAT). HIV tests may be performed on blood, oral fluid, or urine. For the rapid antibody screening test, results are ready in 30 minutes or less. The other tests take 1-2 weeks for results.

12) What is PrEP and who should consider taking this medication?
Pre-exposure prophylaxis (or PrEP) is when people at very high risk for HIV take HIV medicines daily to lower their chances of getting infected. PrEP helps prevent an HIV-negative person from getting HIV from a sexual or injection-drug-using partner who's HIV-positive.

IT'S A FACT – In California, anyone 12 years old and older can consent to PrEP without notifying parents if they do not wish to.

13) What is PEP and who should consider taking this medication?
PEP (post-exposure prophylaxis) means taking antiretroviral medicines (ART) after being potentially exposed to HIV to prevent becoming infected. PEP should be used only in emergency situations and must be started within 72 hours after a recent possible exposure to HIV.

14) What is some medical advice given to people living with HIV?
Start medical care and begin HIV treatment as soon as possible; visit your health care provider regularly; always take your medicine as directed; disclose HIV status to your sex and needle-sharing partners; seek emotional support.

15) What is antiretroviral therapy (or ART) and what can it do for people living with HIV?
Treatment for HIV is called antiretroviral therapy or ART. If taken the right way, every day, ART can dramatically prolong the lives of many people infected with HIV, keep them healthy, and greatly lower their chance of infecting others.

Getting Savvy about STI and HIV Testing

Names of Group Members:

1) _____ 2) _____

3) _____ 4) _____

Instructions:

- Write the reason someone might not want to get tested for STIs/HIV that your group was assigned.
- Create two responses that will address their concern about being tested.
- Go to the assigned website and find two STI and one HIV testing locations that are nearby.
- Go to the ***Student Support*** website and find three websites that could be useful for someone looking for information about STIs or HIV or who wants to find a nearby testing location.

A) Reason we were assigned why someone might not want to get tested for STIs/HIV:

_____

_____

Response 1

_____

_____

Response 2

_____

_____

B) Two local STI and HIV testing sites found here: https://gettested.cdc.gov

1) _____

2) _____

C) STI/HIV information sites or testing locations found here: www.sandiegounified.org/Support

1) _____

2) _____

3) _____

Advocates for Youth
Rights. Respect. Responsibility.
www.advocatesforyouth.org

HIV Now – Testing and Treatment Today!
Homework (HS-5)

Name _____ Date _____

HIV and AIDS are terms that you might have heard before and you might already know a bit about them! Did you know that people living with HIV–with the help of medication–can lead happy healthy lives and have normal life expectancies? There has been a lot of progress in HIV prevention and treatment over the past couple of decades! For example, medication called Antiretroviral Therapy (or ART) can dramatically prolong lives of many people living with HIV and reduce the likelihood of transmitting HIV to others.

Instructions:

1. Please visit these websites (or see the handouts provided by your teacher) to answer the questions about HIV below:
   - www.cdc.gov/hiv/basics/index.html (available in English or Spanish)
   - www.cdc.gov/hiv/pdf/prep_gl_patient_factsheet_prep_english.pdf
2. Have a discussion with you parent(s) or trusted adult(s) about HIV by discussing your findings and asking them the interview questions provided.

Internet Research: *(Please write the answer to your questions on another sheet of paper.)*

1) What is HIV?
2) If a person gets HIV, what does it do to their body?
3) How does someone know if they have HIV?
4) Is there a cure for HIV?
5) How does HIV get passed from one person to another?
6) What are some of the highest risk behaviors for spreading HIV from one person to another?
7) Can a person get HIV from injecting drugs?
8) If someone does inject drugs, what can they do to lower their risk of getting HIV?
9) What are some ways in which you c*annot* get HIV?
10) There are only two certain ways to avoid getting HIV: Abstinence from injection drug use and abstinence from _____.
11) What kinds of HIV tests are available?
12) What is PrEP and who should consider taking this medication?

HIV Now – Testing and Treatment Today!
Homework (HS-5)

IT'S A FACT – In California, anyone 12 years old and older can consent to PrEP without notifying parents if they do not wish to.

13) What is PEP and who should consider taking this medication?

14) What is some medical advice given to people living with HIV?

15) What is antiretroviral therapy (or ART) and what can it do for people living with HIV?

Interview with Parent(s)/Trusted Adult(s): *(Ask the following questions and use the research that you just did to guide your conversation. Record some of your discussion points below.)*

- What do you think HIV is?

- Do you know how HIV is passed from one person living with HIV to another person?

- What do you think people can do to avoid getting HIV?

- When you first heard about HIV, what do you remember thinking?

- When you first heard about HIV, what did you think the relationship between HIV and AIDS was?

- When you heard about someone living with HIV in the past, how did you imagine their life would turn out?

- Have you heard about the latest medications that people living with HIV can take that can lead to normal life expectancies and that can reduce the likelihood of transmitting HIV to others?

- Have your attitudes towards people living with HIV changed at all after this conversation?

HIV 101

Without treatment, HIV (human immunodeficiency virus) can make a person very sick and even cause death. Learning the basics about HIV can keep you healthy and prevent transmission.

HIV Can Be Transmitted By

Sexual Contact

Sharing Needles to Inject Drugs

Mother to Baby during pregnancy, birth, or breastfeeding

HIV Is NOT Transmitted By

Air or Water

Saliva, Sweat, Tears, or Closed-Mouth Kissing

Insects or Pets

Sharing Toilets, Food, or Drinks

Protect Yourself From HIV

- Get tested at least once or more often if you are at risk.
- Use condoms the right way every time you have anal or vaginal sex.
- Choose activities with little to no risk like oral sex.
- Limit your number of sex partners.
- Don't inject drugs, or if you do, don't share needles or works.

- If you are at very high risk for HIV, ask your health care provider if pre-exposure prophylaxis (PrEP) is right for you.
- If you think you've been exposed to HIV within the last 3 days, ask a health care provider about post-exposure prophylaxis (PEP) right away. PEP can prevent HIV, but it must be started within 72 hours.
- Get tested and treated for other STDs.

Keep Yourself Healthy And Protect Others If You Are Living With HIV

- Find HIV care. It can keep you healthy and greatly reduce your chance of transmitting HIV.
- Take your medicines the right way every day.
- Stay in HIV care.

- Tell your sex or drug-using partners that you are living with HIV. Use condoms the right way every time you have sex, and talk to your partners about PrEP.
- Get tested and treated for other STDs.

For more information please visit www.cdc.gov/hiv

PrEP Information Sheet

Pre-exposure Prophylaxis (PrEP) for HIV Prevention

Frequently Asked Questions

What is PrEP?

"PrEP" stands for preexposure prophylaxis. The word "prophylaxis" (pronounced pro fil ak sis) means to prevent or control the spread of an infection or disease. The goal of PrEP is to prevent HIV infection from taking hold if you are exposed to the virus. This is done by taking a pill that contains 2 HIV medications every day. These are the same medicines used to stop the virus from growing in people who are already infected.

Why take PrEP?

The HIV epidemic in the United States is growing. About 50,000 people get infected with HIV each year. More of these infections are happening in some groups of people and some areas of the country than in others.

Is PrEP a vaccine?

No. PrEP medication does not work the same way as a vaccine. When you take a vaccine, it trains the body's immune system to fight off infection for years. You will need to take a pill every day by mouth for PrEP medications to protect you from infection. PrEP does not work after you stop taking it. The medication that was shown to be safe and to help block HIV infection is called "Truvada" (pronounced tru va duh). Truvada is a combination of 2 drugs (tenofovir and emtricitabine). These medicines work by blocking important pathways that the HIV virus uses to set up an infection. If you take Truvada as PrEP daily, the presence of the medication in your bloodstream can often stop the HIV virus from establishing itself and spreading in your body. If you do not take the Truvada pills every day, there may not be enough medicine in your blood stream to block the virus.

Should I consider taking PrEP?

PrEP is not for everyone. Doctors prescribe PrEP for some patients who have a very high risk of coming in contact with HIV by not using a condom when they have sex with a person who has HIV infection. You should consider PrEP if you are a man or woman who sometimes has sex without using a condom, especially if you have a sex partner who you know has HIV infection. You should also consider PrEP if you don't know whether your partner has HIV infection but you know that your partner is at risk (for example, your partner inject drugs or is having sex with other people in addition to you) or if you have recently been told by a health care provider that you had a sexually transmitted infection. If your partner has HIV infection, PrEP may be an option to help protect you from getting HIV infection while you try to get pregnant, during pregnancy, or while breastfeeding.

How well does PrEP work?

PrEP was tested in several large studies with men who have sex with men, men who have sex with women, and women who have sex with men. All people in these studies (1) were tested at the beginning of the trial to be sure that they did not have HIV infection, (2) agreed to take an oral PrEP tablet daily, (3) received intensive counseling on safer-sex behavior, (4) were tested regularly for sexually transmitted infections, and (5) were given a regular supply of condoms.

Several studies showed that PrEP reduced the risk of getting HIV infection.

- Men who have sex with men who were given PrEP medication to take, were 44% less likely to get HIV infection than were those men who took a pill without any PrEP medicine in it (a placebo). Forty-four percent was an average that included men who didn't take the medicine every day and those who did. Among the men who said they took most of their daily doses, PrEP reduced the risk of HIV infection by 73% or more, up to 92% for some.
- Among men and women in couples in which one partner had HIV infection and the other partner initially did not ("HIV-discordant" couples), those who received PrEP medication were 75% less likely to become infected than those who took a pill without any medicine in it (a placebo). Among those who said they took most of their daily doses, PrEP reduced the risk of HIV infection by up to 90%.
- In one study of men and women who entered the study as individuals (not as a couple), PrEP worked for both men and women in one study: those who received the medication were 62% less likely to get HIV infection; those who said they took most of their daily doses, were 85% less likely to get HIV infection. But in another study, only about 1 in 4 women (<26%) had PrEP medication found in their blood when it was checked. This indicated that few women were actually taking their medication and that study found no protection against HIV infection.

More information on the details of these studies can be found at www.cdc.gov/hiv/prep.

Is PrEP safe?

The clinical trials also provided safety information on PrEP. Some people in the trials had early side effects such as an upset stomach or loss of appetite but these were mild and usually went away within the first month. Some people also had a mild headache. No serious side effects were observed. You should tell your doctor if these or other symptoms become severe or do not go away.

How can I start PrEP?

If you think you may be at high risk for HIV, talk to your doctor about PrEP. If you and your doctor agree that PrEP might reduce your risk of getting HIV infection, you will need to come in for a general health physical, blood tests for HIV, and tests for other infections that you can get from sex partners. Your blood will also be tested to see if your kidneys and liver are functioning well. If these tests show that PrEP medicines are likely to be safe for you to take and that you might benefit from PrEP, your doctor may give you a prescription after discussing it with you.

Taking PrEP medicines will require you to follow-up regularly with your doctor. You will receive counseling on sexual behaviors and blood tests for HIV infection and to see if your body is reacting well to Truvada. You should take your medicine every day as prescribed, and your doctor will advise you about ways to help you take it regularly so that it stands the best chance to help you avoid HIV infection. Tell your doctor if you are having trouble remembering to take your medicine or if you want to stop PrEP.

If I take PrEP can I stop using condoms when I have sex?

You should not stop using condoms because you are taking PrEP. If PrEP is taken daily, it offers a lot of protection against HIV infection, but not 100%. Condoms also offer a lot of protection against HIV infection if they are used correctly every time you have sex, but not 100%. PrEP medications don't give you any protection from other infections you can get during sex, but condoms do. So you will get the most protection from HIV and other sexual infections if you consistently take PrEP medication and consistently use condoms during sex.

How long do I need to take PrEP?

You should discuss this with your doctor. There are several reasons that people stop taking PrEP. If your risk of getting HIV infections becomes low because of changes that occur in your life, you may want to stop taking PrEP. If you find you don't want to take a pill every day or often forget to take your pills, other ways of protecting yourself from HIV infection may work better for you. If you have side effects from the medication that are interfering with your life or if blood tests show that your body is reacting to PrEP in unsafe ways, your doctor may stop prescribing PrEP for you.

Nombre:_____ Fecha: _____

El VIH y el SIDA son términos que quizá hayas escuchado antes y de los cuales tengas algo de información. ¿Sabías que la gente que vive con VIH, con ayuda de medicamentos, pueden tener una vida feliz y saludable, y una expectativa de vida normal? Ha habido un gran progreso en la prevención y tratamiento del VIH en las últimas décadas. Por ejemplo, el medicamento Terapia Antiretroviral (o ART) puede prologar mucho la vida de mucha gente que vive con VIH y reduce la probabilidad de trasmitir el VIH a otros.

Instrucciones

1. Por favor visita estas páginas web (o ve las hojas informativas que te dan tus maestros) para responder a las siguientes preguntas sobre VIH:
   - **www.cdc.gov/hiv/spanish/basics/index.html**
   - **www.cdc.gov/hiv/pdf/prep_gl_factsheet_prep_spanish.pdf**
2. Discute con tus padres o adultos confiables sobre el VIH hablando sobre lo que descubriste y haciéndoles las preguntas de entrevistas que se te proporcionaron

---

Investigación en internet (*Por favor escribe la respuesta a tus preguntas en otra hoja de papel*)

1. ¿Qué es el VIH?
2. Si una persona tiene el VIH, ¿qué le hace eso a su cuerpo?
3. ¿Cómo sabe una persona que tiene el VIH?
4. ¿Hay una cura para el VIH?
5. ¿Cómo pasa el VIH de una a otra persona?
6. ¿Cuáles son algunas de las conductas más riesgosas en la propagación del VIH entre las personas?
7. ¿Puede una persona contraer el VIH al inyectarse drogas?
8. Si una persona se inyecta drogas, ¿qué puede hacer para disminuir el riesgo de contraer el VIH?
9. ¿Cuáles son unas formas en que *no* puedes contraer el VIH?
10. Hay sólo dos maneras seguras para evitar contraer el VIH: abstenerse de inyectarse drogas y abstinencia de _____.
11. ¿Qué tipos de pruebas de VIH hay disponibles?
12. ¿Qué es PrEP y quienes deberían considerar tomar este medicamento?

El VIH hoy – Pruebas y tratamiento actuales
Tarea (HS-5)

ES UN HECHO – En California, cualquier persona de 12 años o más puede dar su consentimiento para PrEp sin preguntar a sus padres si lo desean o no

13. ¿Qué es PEP y quienes deben considerar tomar este medicamento?
14. ¿Qué recomendaciones médicas se pueden dar a la gente que tiene VIH?
15. ¿Qué es la terapia antiretroviral (o ART) y qué hace por las personas que tienen VIH?

Entrevista con padres/adultos confiables: (Haz las siguientes preguntas y usa la investigación que hiciste para guiar la conversación. Anota abajo algunos puntos de tu discusión.

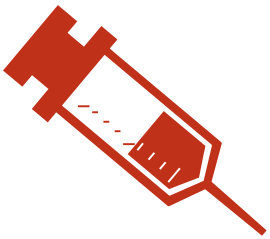
- ¿Qué piensas que es el VIH
- ¿Sabes cómo se propaga el VIH de una persona que tiene el VIH a otra persona?
- ¿Qué piensas que pueden hacer las personas para evitar contraer el VIH?
- Cuando escuchaste por primera vez sobre el VIH, ¿qué recuerdas haber pensado?
- Cuando escuchaste por primera vez sobre el VIH, ¿qué relación pensaste que había entre el VIH y el SIDA?
- Cuando supiste sobre alguien que contrajo el VIH en el pasado ¿cómo imaginaste que su vida sería?
- ¿Has escuchado hablar sobre los últimos medicamentos que pueden tomar las personas que tienen VIH, los cuales les pueden ayudar tener una expectativa de vida normal y que pueden reducir la probabilidad de transmitir el VIH a otros?
- ¿Han cambiado tus actitudes hacia la gente que tiene el VIH después de esta conversación?

VIH 101

Sin tratamiento, el VIH (virus inmunodeficiencia humana) puede enfermar gravemente a una persona, incluso causar la muerte. Aprender lo básico sobre el VIH te puede mantener saludable y prevenir la transmisión.

El VIH puede transmitirse por

Contacto sexual



Compartir agujas para inyectarse drogas

De la madre al bebé
durante el embarazo, el parto o la lactancia

El VIH NO se transmite por

Aire o agua

Saliva, sudor, lágrimas o besos con la boca cerrada

Insectos o mascotas

Compartir retretes, alimentos o bebidas

Protégete del VIH

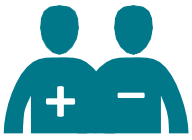
- Hazte pruebas al menos una vez o más seguido si estás en riesgo.
- Usa condones correctamente cada vez que tengas sexo anal o vaginal.
- Elige actividades con poco o ningún riesgo como el sexo oral.
- Limita el número de parejas sexuales.
- No te inyectes drogas; si lo haces, no compartas las agujas o equipo.

- Si estas en alto riesgo de VIH, pregúntale a tu proveedor de salud si la profilaxis pre-exposición (PrEP) es lo indicado para ti.
- Si piensas que te has expuesto al VIH en los últimos 3 días, pregunta a tu proveedor de salud sobre la profilaxis post- exposición (PEP) de inmediato. La PEP puede prevenir el VIH, pero debe comenzar dentro de las primeras 72 horas.
- Que te examinen y traten para otras STDs.

Mantente saludable y protege a los demás si vives con el VIH

- Encuentra cuidados para el VIH. Puede mantenerte saludable y reducir mucho tu probabilidad de transmitir el VIH.
- Toma tus medicinas correctamente cada día.
- Mantén tus cuidados para el VIH.

- Dile a tus parejas sexuales o tus compañeros de drogas que vives con el VIH. Usa condones correctamente cada vez que tengas sexo y habla con tus parejas sobre PrEP.
- Que te examinen y traten para otras STDs.



Para más información, por favor visita www.cdc.gov/hiv

Hoja de información sobre PrEP

Profilaxis pre- exposición (PrEP) para prevención contra el VIH

Preguntas Frecuentes

¿Qué es PrEP?

"PrEP" significa profilaxis pre-exposición. La palabra profilaxis significa prevenir o controlar la propagación de una infección o enfermedad. El objetivo de PrEP es prevenir que la infección del VIH se establezca si tú te has expuesto al virus. Esto se hace tomando una pastilla que contiene dos medicamentos de VIH cada día. Estas son las mismas medicinas que se usan para impedir que el virus crezca en gente que ha ya sido infectada.

¿Por qué tomar PrEP?

La epidemia de VIH en los Estados Unidos está aumentando. Cerca de 50,000 personas se infectan con el VIH cada año. Muchas de estas infecciones suceden en unos grupos de personas y en algunas áreas del país más que en otras.

¿Es la PrEP una vacuna?

No. El medicamento PrEP no funciona de la misma manera que una vacuna. Cuando te administran una vacuna, ésta entrena al sistema inmune del cuerpo a combatir la infección por años. Tú tendrás que tomar una pastilla todos los días para que los medicamentos PrEP te protejan de la infección. PrEP no funciona después que la dejas de tomar. La medicina que ha mostrado ser segura y que ayuda a bloquear la infección de VIH se llama "Truvada". Truvada es una combinación de 2 drogas (tenofovir y emtricitabine). Estas medicinas actúan bloqueando las rutas importantes que usa el virus VIH para crear una infección. Si tomas Truvada como PrEP diariamente, la presencia del medicamento en tu torrente sanguíneo puede con frecuencia detener al virus VIH para que no se establezca y se disperse en tu cuerpo. Si no tomas las pastillas Truvada todos los días, puede no haber suficiente medicina en tu torrente sanguíneo para bloquear al virus.

¿Debo considerar tomar PrEP?

PrEP no es para todos. Los doctores prescriben PrEP a algunos pacientes que tienen un muy alto riesgo de estar en contacto con el VIH al no usar condones cuando tienen sexo con una persona que tiene una infección de VIH. Debes considerar PrEP si algunas veces tienes relaciones sexuales sin usar condón, especialmente si tienes una pareja sexual que sabes que tiene una infección de VIH. También debes considerar PrEP si no sabes si tu pareja tiene o no una infección de VIH, pero sabes que tu pareja está en riesgo (por ejemplo, tu pareja se inyecta drogas o tiene sexo con otras personas además de ti) o si tu proveedor de salud te ha dicho recientemente que tienes una infección de transmisión sexual. Si tu pareja tiene una infección de VIH, PrEP puede ser una opción para ayudar a protegerte contra la infección de VIH mientras estás tratando de embarazarte, durante el embarazo o durante la lactancia.

¿Qué tan bien funciona PrEP?

PrEP fue probado con varios estudios completos con hombres que tienen sexo con hombres, hombres que tienen sexo con mujeres y mujeres que tienen sexo con hombres. Toda la gente en estos estudios (1) fueron examinados al comienzo de las pruebas para garantizar que no tuvieran una infección de VIH, (2) acordaron tomar una tableta oral PrEP diariamente, (3) recibieron orientación intensiva sobre conducta sexual más saludable, (4) fueron examinados con regularidad para detectar infecciones de transmisión sexual, y (5) recibieron un suministro regular de condones.

Varios estudios mostraron que PrEP reduce el riesgo de adquirir una infección de VIH.

- A los hombres que tienen sexo con hombres a quienes se les dio medicamento PrEP para tomar, tuvieron 44% menos probabilidades de adquirir una infección de VIH que los que tomaron una pastilla sin ningún medicamento PrEP en ella (un placebo). El cuarenta y cuatro por ciento fue un rango promedio que incluyó hombres que no tomaron la medicina todos los días y a aquellos que sí. Entre los hombres que dijeron que tomaron la mayoría de las dosis diarias, PrEP redujo el riesgo de una infección de VIH en un 73% o más, hasta 92% en algunos casos.
- Entre parejas de hombres y mujeres en las cuales un miembro de la pareja tenía infección de VIH y el otro inicialmente no tenía (parejas "sero-discordantes" o VIH-discordantes), aquellos que recibieron medicamento PrEP tuvieron 75% menos probabilidades de infectarse que aquellos que no tomaron una pastilla sin medicina en ella (un placebo). Entre aquellos que dijeron que tomaron la mayoría de las dosis diarias, PrEP redujo el riesgo de una infección de VIH hasta en un 90%.
- En un estudio de hombres y mujeres que ingresaron al estudio como individuos (no como pareja), PrEP funcionó tanto para hombres como para mujeres: aquellos que recibieron el medicamento tuvieron 62% menos probabilidades de adquirir una infección de VIH; aquellos que dijeron que tomaron la mayoría de las dosis diarias tuvieron 85% menos probabilidades de adquirir una infección de VIH. Pero en otro estudio, sólo 1 de cada 4 mujeres (<26%) tenían medicamento PrEP en su sangre cuando se examinaron. Esto indicó que pocas mujeres estaban realmente tomando el medicamento y ese estudio no encontró protección contra la infección de VIH.

Para más información sobre los detalles de estos estudios, consulte www.cdc.gov/hiv/prep.

¿Es PrEP seguro?

Las pruebas clínicas también proporcionaron información de seguridad sobre PrEP. Algunas personas en las pruebas tuvieron efectos secundarios como molestias estomacales o pérdida de apetito, pero fueron leves y usualmente desaparecían durante el primer mes. Algunas personas también tuvieron dolor de cabeza leve. No se observaron efectos secundarios serios. Debes hablar con tu doctor si estos y otros síntomas se vuelven severos o si no desaparecen.

¿Cómo puedo comenzar la PrEP?

Si piensas que puedes estar en alto riesgo de infección de VIH, habla con tu doctor sobre PrEP. Si tú y tu doctor concuerdan con que PrEP puede reducir tu riesgo de infección de VIH, necesitas hacerte un examen físico general, pruebas de sangre para VIH, y pruebas para otras infecciones que puedas tener de parejas sexuales. Tu sangre también será examinada para ver si tus riñones y tu hígado están funcionando bien. Si estas pruebas muestran que las medicinas de PrEP son seguras para que tú las tomes y que te podrías beneficiar de la PrEP, tu doctor puede darte una receta después de hablarlo contigo.

Tomar medicinas de PrEP te requerirá dar seguimiento con tu doctor regularmente. Recibirás orientación sobre conducta sexual y pruebas de sangre para detectar infección de VIH y para ver si tu cuerpo está reaccionando bien a Truvada. Debes tomar tu medicina todos los días, como se prescribe y tu doctor te aconsejará sobre formas para tomarlas regularmente para que tengas la mejor oportunidad de que te ayude a evitar la infección de VIH. Dile a tu doctor si tienes problema para recordar tomar tu medicina o si deseas parar la PrEP.

Si comienzo la PrEP, ¿puedo dejar de usar condones al tener sexo?

No debes de dejar de usar condones por estar en la PrEP. Si PrEP se toma diario, ofrece mucha protección contra la infección de VIH, pero no en un 100%. Los condones también ofrecen mucha protección contra la infección de VIH si se usan correctamente cada vez que tienes sexo, pero no en un 100%. Los medicamentos PrEP no te dan protección contra otras infecciones que puedas adquirir durante tu relación sexual, pero los condones sí. Así que tendrás la máxima protección contra el VIH y otras infecciones de transmisión sexual si tomas consistentemente tu medicamento PrEP y si usas condones consistentemente durante tus relaciones sexuales.

¿Cuánto tiempo tengo que tomar la PrEP?

Debes discutir esto con tu doctor. Hay varias razones por las que la gente deja de tomar la PrEP. Si tu riesgo de adquirir la infección de VIH disminuye debido a cambios en tu vida, puedes desear dejar de tomar la PrEP. Si te das cuenta que no deseas tomar una pastilla todos los días o si te olvidas a menudo de tomarla, otras formas de protegerte contra la infección de VIH pueden funcionar mejor para ti. Si tienes efectos secundarios por el medicamento que están interfiriendo con tu vida o si tus pruebas de sangre indican que tu cuerpo está reaccionando a la PrEP de manera no segura, tu doctor puede dejar de prescribir PrEP para ti.

Know Your Options

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

PR.12.CC.1 – Compare and contrast the advantages and disadvantages of abstinence and other contraceptive methods, including condoms.

PR.12.CC.2 – Define emergency contraception and describe its mechanism of action.

TARGET GRADE:
High School – Lesson 6

TIME: 50 Minutes

MATERIALS NEEDED:

- Lesson PowerPoint
- White board and markers
- Computer with PowerPoint
- 6 computer or tablets with Internet access
- *"Teen Options #1-6"* worksheets (one copy of each)
- *"Wrenches"* worksheet (one copy cut into 6 cards; print on cardstock for multiple uses)
- *"Wrenches"* Teacher's Resource
- Birth Control Kit to show students examples of each birth control method
- *"Respect Yourself, Protect Yourself"* brochures (one per student)
- *"Emergency Contraception Investigation"* Homework Answer Key
- **Homework**: *"Emergency Contraception Investigation"* (one per student)
- *"Method: Emergency Pill"* handout (optional for students who might not have Internet access at home)

ADVANCE PREPARATION FOR LESSON:

- Review information about birth control methods in order to accurately answer students' questions and clarify misinformation. A detailed overview on each method can be found in this *"All About Contraception"* guide: **www.your-life.com/static/media/pdf/educational-material/waiting-room/WCD-Contraception-Compendium-Screen.pdf**
- Have this website on the student computers or tablets: **www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me**
- Print one copy each of the *"Teen Worksheets"* and print one copy of the *"Wrenches Worksheet"* and cut into six separate cards. Use cardstock for the *"Wrenches"* cards if you would like to reuse the cards.

LEARNING OBJECTIVES:

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

1. List at least three methods of effective birth control for teens. [Knowledge]
2. Analyze at least three factors that have an impact on a teen's ability to successfully use birth control. [Knowledge]
3. Recall at least two reasons why a teen might want to use birth control that are independent from preventing pregnancy. [Knowledge]

A NOTE ABOUT LANGUAGE:

Language is really important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar —using the pronoun "they" instead of "her" or "him," using gender neutral names in scenarios and role-plays and referring to "someone with a vulva" vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Introduce the topic by saying, "**Today we're going to look at contraception—or birth control—such as abstinence, the pill,**

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condoms, the shot, etc. As you might remember from lessons in middle school, in order for a pregnancy to occur, a sperm must fertilize an egg and implant in a uterus. This typically happens during vaginal sex when a penis ejaculates into a vagina and the semen—which contains the sperm—travels through the cervix, uterus, and fallopian tubes to come into contact with an egg. When a fertilized egg implants in a uterus, this is called a pregnancy.

The only 100% effective way to avoid a pregnancy is to not have vaginal sex; however, if different sex people do decide to have sex, then contraception—or birth control—can safely and effectively decrease the risk of an unplanned pregnancy if used correctly and consistently.

Today, we're going to look at what might affect a person's decision to use birth control, whether to prevent pregnancy or for other reasons that have nothing to do with sex. Let's start by brainstorming why a person might want to use birth control for either sexual or non-sexual reasons." Create two columns on the white board and write in one column all of the reasons the students suggest, making sure to include the following:

- Don't want to start a pregnancy
- Don't want to get an STI
- Want to have shorter or lighter periods
- Need to regulate hormones because of a health issue
- Want to reduce acne
- Want to have predictable periods or less cramping during periods

Ask, "**Who does most of this list apply to?**" Probe for "people with ovaries or a uterus" (although your students will likely say "girls" or "women"). Ask, "**How do their partners come into play? What rights and responsibilities do they have?**"

Ask, "**Which of these could apply to people in same-sex relationships?**" After a few students have responded, say, "**We typically tend to think of different-sex couples as being the only ones at risk for pregnancy. But some of these concerns apply to all people regardless of their sexual orientation or gender. Please keep this mind as we go through the lesson.**"

Next say, "**So there are a lot of reasons why a person might choose to use contraception or birth control in addition to preventing pregnancy. Now let's brainstorm some of the factors that might impact whether a person or a couple uses birth control or not.**" Write their suggestions on the board in the other column, including the following if students don't suggest them:

- Afraid of parents/caregivers finding out
- Falsely believe they need parental permission to get birth control
- Don't have enough money
- Don't have a car/transportation to get method
- Health reasons
- Embarrassed to go to a clinic or pharmacy to get birth control
- Don't feel comfortable touching their or their partner's genitals to use method correctly
- Don't know what birth control methods are available
- Unsure if partner is willing to use birth control (10 minutes)

STEP 2: Divide students into 6 groups. Say, "**We just created two lists of reasons why teens might want to use birth control and some things that might get in their way of actually doing so. Now we're going to look at some scenarios of different teens who are considering using birth control. You will get some information about each teen and, using the information you have been given, you will take the 'Which Contraception is Right for Me?' quiz on this website: www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me**." Write the website address and name of quiz on the board.

Tell students, "**You may not know the answer to every quiz question based on the information you are given, so it's okay to guess on some answers.**" Explain that this online resource is great because of the thorough information and how useful the technology is in figuring out which method is best depending on a person's circumstances. Be sure to highlight, however, that while this resource targets cisgender girls and women in different-sex relationships, much of the information applies to people of all genders and orientations.

Explain to students, "**Once you have completed the quiz, write down the top three ranked birth control methods that were recommended on your worksheet.**" Distribute the 6 "*Teen Options*" worksheets, one to each group, and ask them to move to one of the six computer stations that have the website already displayed on them. Give students about five minutes to complete the task. (12 minutes)

STEP 3: Once five minutes have passed, ask the groups to stop working. Say, "**Now that you have come up with the top three birth control methods recommended by this website for your teen, take a few minutes to discuss why you think those three methods were the ones most highly recommended. Write down ideas from your group below each method on your worksheet.**" Circulate among the groups while they are working to answer questions, asking them to consider all of the reasons why a particular method of birth control might have been recommended.

After five minutes, ask the groups to stop working and to select one method and reason from their list that they will share with the entire class. Call on each group and have them share the information about their teen, one of the methods recommended for their teen, and the reason why the group believes this method was recommended. As they talk about the method that they recommend, show students an example of this particular method from the Contraceptive Kit provided to your school.

Note to the Teacher: *Clear up any misinformation and provide accurate information as necessary. The "**All About Contraception**" guide and the "**Respect Yourself, Protect Yourself**" brochure have helpful background information.* (5 minutes)

STEP 4: Explain by saying, "**Next we will rotate papers so each group gets a new teen to look at. This time a 'wrench' will be thrown into your teen's plans to use birth control. So take a look at your teen, the methods recommended for them, and the 'wrench'— or thing that could get in the way of using the methods. Then, figure out how your teen could deal with that wrench in order to successfully use birth control. The ideas must be realistic for teens in your community and not a Hollywood movie ending! So now please pass your worksheet clockwise to the next group closest to you.**"

Then distribute a *"Wrench"* card to each group that matches the character they have and give them five minutes to discuss and record what they would recommend. (5 minutes)

STEP 5: After five minutes have passed, ask students to stop working. Ask for a few volunteers to share what their 'wrench' was and the ideas they came up with to address that factor. Use the *"Wrenches"* Teacher's Resource to offer additional ideas students may not have thought of. While groups are reporting, make sure to affirm whether their ideas are realistic for teens in your community. Have students return to their original seats. (8 minutes)

STEP 6: Process the entire activity by asking the following discussion questions:

- **What was it like to do that?**
- **What was** [insert student responses] **about it?**
- **Did you notice anything about the methods that were recommended most highly for the teens? Would you recommend other methods for your teen that might be different from the quiz results?**
- **Since most birth control is geared towards people with ovaries and a uterus, how might someone who doesn't have these body parts feel about accessing and using contraception? What role should the partner of a person who can get pregnant play in this process?**
- **How could you help a friend who wanted to use birth control?** (5 minutes)

STEP 7: Refer to the *"Know Your Options"* PowerPoint presentation and briefly review the slides that summarize each of the FDA-approved birth control methods that the students just researched. You may hold up the demonstration birth control methods in your Birth Control Kit to further illustrate these methods as you read through these slides.

Tell students that there are additional birth control methods that are not mentioned in this presentation because these methods are permanent and not reversible. Tell students, **"For someone with a penis, a vasectomy is a simple, safe, and effective surgery performed by a doctor. The small tubes, i.e., vas deferens, that carry sperm are cut or blocked off so that sperm cannot leave the body and cause a pregnancy. For a person with ovaries, tubal ligation, sometimes called 'getting your tubes tied,' is a safe and effective surgical procedure that permanently prevents pregnancy by closing or blocking the fallopian tubes. So even though an egg leaves an ovary into a fallopian tube once a month during ovulation, the tubes are blocked so that sperm cannot get to an egg and cause a pregnancy. A vasectomy or tubal ligation will not protect against STI or HIV transmission, and a person needs to be 18 years old or have the consent of their parent or legal guardian in order to receive one of these procedures."**

STEP 8: Distribute copies of the *"Respect Yourself, Protect Yourself"* brochures and tell students that this brochure contains information on all FDA-approved contraceptive methods. Remind them that it is important for everyone to know about contraception because even if they might not use it personally, they might have friends in sexual relationships with someone of a different sex, or be a partner of someone in a different-sex relationship, and knowledge about protecting one's health is power.

Tell students, "**In California, anyone of any age is allowed to get birth control—including condoms and also methods that require a prescription—without notifying parents or getting their permission. In addition, students may be released from school by a staff member, such as a School Nurse or Counselor, to attend a sexual healthcare appointment at a clinic. We will be learning more about this in another lesson.**

And remember, one source of free condoms is our School Nurse. They will supply a plain looking package of condoms, lubricant, and information on correct condom use. A request for condoms and any conversation you have regarding condoms with the School Nurse will be private and confidential."

Then distribute the *"Emergency Contraception Investigation"* homework sheet and explain that they will be investigating Emergency Contraception and circumstances in which someone might use this method. Remember to also distrbute the printed *"Method: Emergency Pill"* handout to students who might not have Internet access at home. (5 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The small group activity will accomplish the Learning Objective 1 while the initial brain-storm will accomplish Learning Objectives 2 and 3.

HOMEWORK:

"Emergency Contraception Investigation" homework sheet, in which students will investigate this method by using an online resource, or please print the *"Method: Emergency Pill"* handout if students do not have Internet access at home. They will also create scenarios like the ones in class to describe when someone might choose this method.

WRENCHES
Teacher's Resource

Wrench #1 – Marissa - Doesn't feel comfortable touching her body

- Reflect on whether discomfort might indicate she's not comfortable with her own body or does not feel ready to have sex with another person.
- Maybe use a method that does not involve someone touching their genitals (i.e. the pill, the shot, the patch, external condom, implant, etc.).
- Maybe talk with a trusted adult about why she is uncomfortable touching herself to make sure there is no history of abuse.

Wrench #2 – Chantal - Doesn't have transportation

- Maybe get a ride with a friend, partner, trusted adult, etc.
- Explore options for public transportation and/or ride sharing.
- Delaying having sex, withdrawal, and condoms are much more easily available than any other method.

Wrench #3 – Nicole - Doesn't have any money

- Explore borrowing money or getting loan from partner, friend, or caregiver.
- Go to a clinic that works with clients with limited income and may provide services at no-cost, low-cost, or might have payment plan.
- Ask potential partner to contribute to expense to share responsibility.
- If possible, find out which services her insurance covers.

Wrench #4 – Yolanda - Afraid of parents/caregivers finding out

- Reflect on whether fear of parents finding out might be connected to her not being sure or ready to have sex right now.
- Look at methods that are not visible, such as the IUD, shot, ring, and condoms, so there would not be anything for parents to find.
- Find courage to talk with parents about this important issue and decision, maybe with support from partner or friend.

Wrench #5 – Marcus - Embarrassed to go to store to buy condoms

- Reflect on whether fear or embarrassment means might not be comfortable or ready to have sex with another person right now.
- Explore other places to get condoms including your School Nurse, health clinics, HIV testing locations, and websites that send them discretely to your home. Remind students that these websites can be found on the *Student Support* website.

Wrench #6 – Tatiana - Doesn't know what birth control methods are available or how Felix feels about using birth control

- Find a way to approach issue with Felix before having sex (i.e., asking him how he feels about birth control by asking him in person, texting, or emailing, etc.).
- Research birth control methods from trusted sources to learn about all available options.
- Talk with a trusted adult, such as parent, caregiver, or doctor, to learn more about what's available.

Emergency Contraception Investigation
Answer Key

Internet Research:

1) **What is Emergency Contraception (EC)?**
   If you've had unprotected sex or a method of contraception has failed, this method can stop you from getting pregnant.

2) **How does EC work?**
   EC contains hormones that are similar to contraceptives, but are much higher dosed. It changes the womb so that a fertilized cannot implant there, and it may also prevent or delay an egg from being released from an ovary.

3) **If someone decides to take EC, how long after vaginal sex should they take it?**
   It should be taken as soon as possible after unprotected intercourse, ideally within 12 hours, but no later than 3-5 days after intercourse depending on the type of pill.

4) **In what circumstances would someone take EC?**
   It can be used if unprotected sex has taken place or if another method of contraception has failed, such as a torn condom or forgotten pill.

5) **Does EC protect against STIs or HIV?**
   EC does not protect against STIs or HIV.

6) **Should EC be used as a birth control method in a regular basis?**
   No. After using EC, another form of birth control should be used after that to decrease the risk of pregnancy.

Teen Options #1 – Marissa

Marissa is someone who always sees the best in people. She is pretty happy most of the time except for when she gets her periods. She gets really bad cramps and a super heavy period and sometimes even has to stay home from school because her period is so bad. Otherwise, Marissa loves to be carefree and spontaneous and feels that getting pregnant now would really affect her future. She's not with anyone right now and is fine with that, since she has such a great group of friends.

Instructions: Go to http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me and, representing Marissa, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods from the quiz results below.

1. _____

2. _____

3. _____

Our Recommended Method: _____

Teen Options #2 – Chantal

Chantal has always been the most organized person in her group of friends. She never turns in her school assignments late and loves to have a full but predictable schedule. Lately, her acne has gotten really bad, so her Mom took her to the dermatologist. So far, the medicine they've tried hasn't really worked.

Instructions: Go to http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me and, representing Chantal, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods from the quiz results below.

1. _____

2. _____

3. _____

Our Recommended Method: _____

Teen Options #3 – Nicole

Nicole is a huge supporter of environmental issues and is president of the high school environmental awareness club. She is a distance runner, eats only organic food, and rarely takes medicine since she believes the natural approach is best. She's always been attracted to girls but recently she's been flirting with this guy that just transferred to her school. She thinks he likes her too but doesn't know where this all might lead.

Instructions: Go to http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me and, representing Nicole, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods from the quiz results below.

1. _____

2. _____

3. _____

Our Recommended Method: _____

Teen Options #4 – Yolanda

Yolanda has been in a steady and loving relationship for the past six months. For Yolanda, going to college would be huge since she would be the first in her family. Yolanda and her partner help each other study and support each other in their respective team sports. Yolanda wants to make sure she does not get pregnant until after college. She would love to find a way to not have to deal with her periods anymore.

Instructions: Go to http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me and, representing Yolanda, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods from the quiz results below.

1. _____

2. _____

3. _____

Our Recommended Method: _____

Teen Options #5 – Marcus

Marcus is a really hard worker and in the top 10th percentile in the junior class. He is also really cute, but super shy, and he hasn't had a serious relationship yet. He hooked up one time and had oral sex, but he got his heart broken so he's been hesitant to put himself out there again. Marcus knows there will be a big party after the home game tonight and he hopes the person he's been crushing on for a while will be there too so he can make a move. He wants to be ready just in case things go well and he hopes he doesn't chicken out from talking to them.

Instructions: Go to http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me and, representing Marcus, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods from the quiz results below. Note: Some of the quiz questions refer to periods, so they won't apply to Marcus.

1. _____

2. _____

3. _____

Our Recommended Method: _____

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Teen Options #6 – Tatiana

Tatiana has been dating Felix for almost the entire school year and they just started having vaginal sex last week. Tatiana is really, really worried that her parents will find out. Even though they like Felix, they would freak out if they found out she was having sex. Tatiana is the oldest of five siblings, and since both her parents work, they rely on her to help with getting the kids to and from school, their homework, meals, and more. She knows that getting pregnant right now would affect everyone in her family, not just her.

Instructions: Go to http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me and, representing Tatiana, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods from the quiz results below.

1. _____

2. _____

3. _____

Our Recommended Method: _____

WRENCHES

WRENCH #1 – MARISSA

Doesn't feel comfortable touching her body

WRENCH #2 – CHANTAL

Doesn't have transportation

WRENCH #3 – NICOLE

Doesn't have any money

WRENCH #4 – YOLANDA

Afraid of parents/caregivers finding out

WRENCH #5 – MARCUS

Embarrassed to go to store to buy condoms

WRENCH #6 – TATIANA

Doesn't know what birth control methods are available or how Felix feels about using birth control

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Emergency Contraception Investigation
Homework (HS-6)

Name _____ Date _____

Emergency Contraception – sometimes referred to as "EC" or the "Morning After Pill" – is another birth control method that we did not explore in much detail in class today. This particular method is a bit different than the other methods that we explored, all of which would be used in advance of – or at the same time as – having vaginal sex. EC is a method that is used *after* having vaginal sex and only in cases when a back-up method is needed. If a pregnancy has started already, EC will not affect this existing pregnancy; EC can only decrease the chance of becoming pregnant if a pregnancy has not already occurred.

Instructions:

1. Please visit this website (or see the handout provided by your teacher) to answer the questions about EC below:
   www.your-life.com/static/media/pdf/educational-material/waiting-room/WCD-Contraception-Compendium-Screen.pdf (see pages 20 and 42)
2. Create two scenarios (like the ones you read in class today) in which you would recommend Emergency Contraception to a person.

Internet Research: *(Please write the answer to your questions below.)*

1) What is Emergency Contraception (EC)?

2) How does EC work?

3) If someone decides to take EC, how long after vaginal sex should they take it?

4) In what circumstances would someone take EC?

5) Does EC protect against STIs or HIV?

6) Should EC be used as a birth control method in a regular basis?

(Continued on back.)

Emergency Contraception Investigation
Homework (HS-6)

Scenarios: *(Create two scenarios in which you would recommend Emergency Contraception to a person.)*

- Scenario 1:

- Scenario 2:

METHOD: EMERGENCY PILL

(often known as the “morning after pill”)

HOW EFFICIENT IS IT?

Reasonable efficacy when used as directed.

HOW DOES IT WORK?

It typically contains hormones that are similar to oral contraceptives, but are much higher dosed. It changes the womb, that a fertilized egg cannot implant there.
It may prevent or delay an egg from being released. An emergency pill is to be taken as soon as possible after unprotected sex or if you suspect that your chosen method of contraception has failed, e.g. torn condom.

HOW DO I USE IT?

Take it ideally within 12 hours, but no later than 3 to 5 days after unprotected intercourse, depending on the type of pill. The sooner you take it the more efficient it will be.

WOULD THIS METHOD SUIT ME?

This emergency method of contraception is only intended as a back-up method. Do not use it regularly!

- It can be used if unprotected sex has taken place or if another method of contraception has failed, e.g. torn condom or forgotten pill.
- After using emergency contraception you should use another form of contraception for the rest of your cycle to protect yourself if you do not want to become pregnant.

HORMONAL METHODS

PLEASE TALK TO YOUR HEALTHCARE PROFESSIONAL TO FIND OUT IF THIS METHOD IS RIGHT FOR YOU

	Injection	Contraceptive Implant	Emergency Pill
Method	Progestogen injection. Prevents sperm reaching egg and egg from being released.	One or two small rods containing the hormone progestogen which is inserted under the skin in the arm by healthcare professionals. Prevents egg from being released and sperm from reaching egg.	Contains hormones that are similar to oral contraceptives, but are much higher dosed. It changes the womb, that a fertilized egg cannot implant there. It may prevent or delay an egg from being released.
Advantages	Lasts for 12 weeks. Can be used if you are breastfeeding.	Effective for three up to five years, but reversible. You don't have to remember to take a pill. Contraceptive implants are reversibel, but not easily reversible.	If you've had unprotected sex or a method of contraception has failed, this method can stop you from getting pregnant.
Considerations	Return to fertility may be delayed. Weight gain is possible. Not promptly reversible in case of side effects.	Requires a small surgical procedure and has to be applied and removed by a trained physician. Should be taken as soon as possible after unprotected intercourse.	Should be taken as soon as possible after unprotected intercourse. The sooner a woman takes it the more efficient it will be.
Efficacy	Over 99% efficient when used properly.	Over 99% efficient when used properly.	Risk of pregnancy is substantially reduced with highest efficientness when taken within 12 hours of unprotected intercourse.
STI and HIV Protection	No protection against STIs or HIV/AIDS.	No protection against STIs or HIV/AIDS.	No protection against STIs or HIV/AIDS.

Using Condoms Effectively

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

PR.8.SM.1/SH.8.SM.1 – Describe the steps to using a condom correctly.

TARGET GRADE:

High School – Lesson 7

TIME: 50 Minutes

MATERIALS NEEDED:

- Lesson PowerPoint
- *Condom Steps* cards (one set of cards per each group of 3-4 students)
- Envelopes for *Condom Steps* cards (one envelope per set of cards)
- Birth Control Kit for condom and dental dam demonstrations
- **Homework**: *"Media Hunt: Did They Use Condoms?"* (one per student)

ADVANCE PREPARATION FOR LESSON:

- If you have not performed a condom demonstration in front of a class before, it is a good idea to practice in advance.
- Print enough copies of the *Condom Steps* cards for each group of 3-4 students to have a full set. Cut out the individual cards (i.e., steps) and put each set into an envelope.

LEARNING OBJECTIVES:

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

1. Describe correctly, and in order, the steps to using an external condom. [Knowledge]
2. Describe how an internal condom is used. [Knowledge]

A NOTE ABOUT LANGUAGE:

Throughout this lesson and curriculum, we are using the language of "internal" and "external" rather than "female" and "male" condom. This is to emphasize the body parts the different condoms are used with rather than a particular gender. This makes your classroom more gender-inclusive—as well as more accurate, as the so-called "female" condom, for example, can be used for anal sex. A cut-open, flavored "male" condom can be used for oral sex.

PROCEDURE:

STEP 1: Tell students that you are going to focus today on condoms, which are the only methods that provide protection against both pregnancy and STIs. Tell students that if they do decide to have sex, and they are different sex partners, it's a healthy choice to use condoms in addition to another birth control method for double protection. Say, "**You are going to hear me use very specific language when we talk about condoms. People tend to use the word 'condom' to mean a latex condom that goes on a penis. But as you will see in a moment, there are different kinds of condoms that can be used in different ways on different people's bodies, regardless of their gender. For this reason, when we talk about a condom that goes on a penis, we will call it an 'external' condom. When we talk about a so-called 'female' condom or pouch, we'll call it an 'internal' condom. You'll see how this works in a minute!**" (6 minutes)

STEP 2: Explain that condoms are extremely effective when they are used consistenly and correctly—that means, every time a couple has oral, anal, or vaginal sex, from the beginning of the act to the end. Break the class into groups of 3 or 4 students. Once they are in their groups, explain that you will be providing each group with an identical

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set of cards that list each of the steps to using an external condom correctly. Instruct them to work together and put their cards in order from the beginning to the end of the sex act. Answer any questions and distribute the envelopes with the cards in them, advising the students that they have approximately 5 minutes in which to work together. (8 minutes)

STEP 3: After students have worked for five minutes, have the wooden penis model and several external (i.e., "male") condoms from the Birth Control Kit ready. Explain that you are going to model what the correct steps to using an external condom look like.

Go around the room and ask each group to provide one of the steps in order (so the first group would say, "Check expiration date on condom"). As each step is read in the correct order, model doing that step. Show the students, for example, where the expiration date is on the condom wrapper; demonstrate which way is the right way up to place the condom on the head of the penis; and so on. Be sure to highlight that you have several external condoms with you, which is a good idea in general; if one were to tear, fall on the floor, or if it was put on the wrong way, you could not re-use it. (YOU MAY THROW AWAY EACH EXTERNAL CONDOM AS YOU USE THEM. WE WILL SUPPLY NEW ONES EACH SCHOOL YEAR.)

The following represents the correct order in which to use a condom:

1. *Check expiration date on condom*
2. *Have erection*
3. *Take condom from wrapper*
4. *Put condom right side up on head of penis*
5. *Pinch the tip of the condom*
6. *Roll condom down penis*
7. *Begin intercourse*
8. *Ejaculation*
9. *Withdraw penis from partner, holding condom on at the base*
10. *Remove condom from penis*
11. *Throw condom away in trash*

If a group gets one of the steps incorrect, demonstrate that—and then ask another group to pick up where that group left off.

Next, talk about the common mistakes that can be made, probing for these:

- Not checking the expiration date
- Storing condoms someplace that's too hot or too cold
- Putting the condom on wrong side up
- Not putting the condom on before the penis goes inside the other person's body (some people put their penis inside then pull out and only put a condom on before ejaculation) (20 minutes)

STEP 4: Remind students that a new condom, should be used for each new act of sexual contact. If a couple switches between oral, vaginal, and anal sex, they should use a new condom for each of these acts even if ejaculation has not occurred. Say, "**When people**

refer to condoms, they usually refer to condoms that go on a penis, like the one we just modeled putting on correctly. But there is another kind of condom that is as effective at preventing pregnancy and providing some very good protection against STIs."

Have the internal (i.e., "female") condom and the speculum from the Birth Control Kit ready. Explain that while there are fewer steps to using this type of condom, it is still important to do them correctly.

Hold up the internal condom and check the expiration date of the wrapper. Open the condom and hold it up for the students to see. Open the speculum explaining that the opening will represent the opening of a vagina and the two ends of the speculum represent the vulva. Gently squeeze the smaller ring, explaining what you are doing as you do it, and place the ring inside the speculum opening to mimic placing in within the vaginal opening, and hook the outer ring around the ends of the speculum, which represent the vulva, to hold it in place. Hold the model up so the students can see how the pouch of the condom is inside the vagina, and how the outer ring of the condom is on the outside. Explain that once intercourse is over the condom should come out of the vagina. Take the condom off of the speculum and talk about throwing it away. (DO NOT THROW AWAY THE INTERNAL CONDOM. PLEASE RETURN IT TO THE BIRTH CONTROL KIT.)

Say, "**People have referred to this condom as a 'female' condom, but this can be used by someone of any gender for either penis-vagina sex or during anal sex if the couple removes the interior ring.**" (6 minutes)

Tell students that there is one last barrier method that can protect against STIs during oral sex on a vulva or rectum of another partner. Take out the dental dam from the Birth Control kit and take it out of the package. Hold one of your hands to form an "O" and place the dental dam over this hand, and explain to students that this represents placing the dental dam being placed over a vulva or rectum. Tell students that dental dams are flavored because they are designed specifically for safer oral sex, and just like the condoms you talked about today, they are designed to be used just once and thrown away. (DO NOT THROW AWAY THE DENTAL DAM. PLEASE RETURN IT TO THE BIRTH CONTROL KIT.)

STEP 5: Explain to students about their legal right to access condoms by saying, "**In California, people of any age and any gender may legally and confidentially obtain condoms to protect themselves from STIs, HIV, and pregnancy. One source of free condoms is our School Nurse. They will give you a plain-looking package that includes condoms, condom-compatible lubricant, and instructions on correct condom use, and your request will be confidential.**" Remind students that they can also go to the Student Support website (www.sandiegounified.org/Support) to find local health clinics and online programs that offer condoms to young adults for no or low cost.

Answer any questions that came up during the class session about either kind of condom. Remind students that since condoms are the only method of birth control that protect against STIs, it is a good choice to use them in addition to another method of birth control—for different sex couples—for double protection. Explain and distribute the *"Media Hunt: Did They Use Condoms"* homework sheet, telling them that they have a week in which to complete and return it. (10 minutes)

Answer any questions that came up during the class session about either kind of condom. Remind students that since condoms are the only method of birth control that protect against STIs, it is a good choice to use them in addition to another method of birth control—

for different sex couples—for double protection. Explain and distribute the *"Media Hunt: Did They Use Condoms"* homework sheet, telling them that they have a week in which to complete and return it. Remind students that the media that they view for this assignment should be age-appropriate and should not include adult content. (10 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The individual small group practice, along with the modeling by the teacher, will enable the teacher to determine whether students understand the steps to using a condom and will accomplish Learning Objectives 1 and 2.

HOMEWORK:

In the the *"Media Hunt: Did They Use Condoms"* homework sheet, students will be asked to find examples in the media of when a couple refers to having sex and say whether the couple discussed or used condoms. The media that the students view should be age-appropriate and should not include adult content.

Check expiration date on condom

Have erection

Take condom from wrapper

Put condom right side up on head of penis

Pinch the tip of the condom

Roll condom down penis

Begin intercourse

Ejaculation

Withdraw penis from partner, holding condom on at the base

Remove condom from penis

Throw condom away in trash

Exit Slip: Before You Go …

Name _____

1. Over the last few days you've learned about STIs, condoms, and other birth control methods. What is one thing you learned that was new to you or that clarified something you already knew?

2. One question I still have about condoms, birth control, or STIs is…

Exit Slip: Before You Go …

Name _____

1. Over the last few days you've learned about STIs, condoms, and other birth control methods. What is one thing you learned that was new to you or that clarified something you already knew?

2. One question I still have about condoms, birth control, or STIs is…

Media Hunt: Did They Use Condoms?

Homework (HS-7)

Name _____ Date _____

Instructions:

- Over the next week when you are watching TV shows, videos, or movies, please keep this sheet with you.
- Your media choices should be mainstream media and not adult in nature.
- Share three examples of couples that are either in a sexual relationship or talking about being in that relationship.
- Describe whether and how they talk about or actually use condoms.
- In each case, answer the questions that follow.

Example One:

Name of Show/Video:_____

Characters in a relationship:_____

Did they talk about using condoms? [] YES [] NO

Did they actually use them? [] YES [] NO

Describe the scene(s):_____

_____

_____

Do you think they did a good job? Why or why not?_____

_____

_____

Example Two:

Name of Show/Video:_____

Characters in a relationship:_____

Did they talk about using condoms? [] YES [] NO

Did they actually use them? [] YES [] NO

Describe the scene(s):_____

_____

_____

Do you think they did a good job? Why or why not?_____

_____

_____

(Continued on back.)

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Example Three:

Name of Show/Video:_____

Characters in a relationship:_____

Did they talk about using condoms? [] YES [] NO

Did they actually use them? [] YES [] NO

Describe the scene(s):_____

_____

_____

Do you think they did a good job? Why or why not?_____

_____

_____

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What Are My Reproductive Rights?

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

PR.12.CC.6 – Compare and contrast the laws relating to pregnancy, adoption, abortion and parenting.

TARGET GRADE:
High School – Lesson 8

TIME: 50 Minutes

MATERIALS NEEDED:

- Lesson PowerPoint
- White board and markers
- 8 (or more) computer or tablets with Internet access
- *"What Are My Reproductive Rights?"* Scenarios 1-4 (two copies of each scenario)
- *"Reproductive Rights Research Guide"* (one per student)
- *"What Are My Reproductive Rights?"* Answer Key
- *California Minor Consent Laws* cards (one per student)

ADVANCE PREPARATION FOR LESSON:

- Review the websites on the *"Reproductive Rights Research Guide,"* along with the scenarios, so you are prepared for the class discussion.

LEARNING OBJECTIVES:

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

1. Apply existing laws relating to reproductive decision-making and rights to scenarios in which teens face an unplanned pregnancy and are weighing their options. [Knowledge, Skill]

2. Describe at least three inherent rights teens have relating to their sexual and reproductive decision-making. [Knowledge]

A NOTE ABOUT LANGUAGE:

Language is important and we've intentionally been careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar, such as using the pronoun "they" instead of "her" or "him," using gender neutral names in scenarios and role-plays and referring to "someone with a vulva" vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Say, "**Today we will talk about your legal rights, as teens, when it comes to pregnancy and pregnancy options. If someone your age has an unplanned pregnancy or has a partner that becomes pregnant, we encourage communication with parents, caregivers, and trusted adults to help find a safe and healthy** plan.

California law protects teenagers' choices and their confidentiality in the case of pregnancy, whether parents are involved with these decisions or not. We're going to start by looking at some of these laws, and then we'll look at some implications of these laws."

Divide the class into eight groups and have each group gather around one of the computers in the classroom.

Note to the Teacher: *If you are able to, providing more than one computer per group allows for multiple students in a group to help with the online research; feel free to ask students to bring in tablets*

or even use smart phones if it is permitted at your school. And since students will be on computers anyway, consider providing paperless copies of the worksheets and/or share the links on the classroom assignments with your students ahead of time or post them in your online classroom (i.e., Google Classroom).

Give each group one of the *"What Are My Reproductive Rights?"* scenarios and each student in each group a copy of the *"Reproductive Rights Research Guide."*

Explain that the scenario will have some guiding questions. Tell them that they will have fifteen minutes, as a group, to come up with the answers to their questions, which they will be able to find online on the sites listed on the *"Reproductive Rights Research Guide."* Tell them that once they are done, they will need to discuss what they found as a group and be ready to present and defend their opinions with the larger class.

Answer any questions and ask students to begin their work. As they are doing their research, walk around the room to see whether they have any questions and are doing their work correctly. (18 minutes)

STEP 2: After 15 minutes, have the groups come back together. Go through *Scenario 1*, discussing each of the questions. Ask students from both groups with the first scenario for their reactions to the legal aspects and whether they agree. Ask who else can and should play a role in the situation, and why they should or should not do so.

Go to *Scenario 2* and go through students' responses, again asking what they thought about the situation and whether they agree with the laws. After a few minutes of discussion, continue with the remaining scenarios and do the same. (15 minutes).

Note to the Teacher: *This activity typically generates debate amongst students, so it might be helpful to refer to your class's Group Agreements prior to starting this activity.*

STEP 3: Say, "**All of these scenarios demonstrated just some of the laws relating to reproductive rights. Some of you agreed with these laws, and some of you didn't. What I'm going to ask you to do now is pretend, in your same small groups, that you are members of Congress, and you want to create a Bill of Rights relating to teens and pregnancy, abortion, and/or adoption. What would it look like?**"

On the white board, write: "When it comes to pregnancy and parenting, teens have the right to… ." Instruct students to write this same sentence stem on the back of their scenario, and together, come up with five rights that they think are critical for teens. Tell them they need to specify any important characteristics—is gender a factor? Age? Relationship status?

Say, "**For example, you might decide that teens have the right to receive financial support from the government if they or their partner becomes pregnant, chooses to carry the pregnancy to term, and become a young parent.**" Tell students they will have about 8 minutes in which to come up with this list. (10 minutes)

STEP 4: After about 8 minutes, ask volunteers from each group to share one response from their lists. As they read them, record responses on the board. As you go around the class, ask groups to indicate whether they had a similar right listed and place a check mark for each time it was listed on another group's list.

Once you are finished, ask students to take a look at the list on the board and the number of check marks. Discuss the outliers, or those that did not have many—or any—check marks next to them. Refer to the "*What Are My Reproductive Rights*" Answer Key if needed for clarifying the answers to any questions.

Say, "**No matter how you feel about any of these rights, or the laws governing them, the fact is that laws exist relating to whether, when, and sometimes even how we as human beings can reproduce. There are unique laws that specifically pertain to all of you who are under the age of 18. The best thing you can do is to hold on to this list of organizations as a reference, so that if you are in a situation where you need to choose what to do about a pregnancy, you know what your rights are.**" (7 minutes)

STEP 5: Explain that you are going to distribute a *California Minor Consent Laws* card to each student and that the card contains information on the legal rights of minors to access sexual health services in California. As you distribute a card to each student and students examine the card, say "**In California, any student of any age may legally and confidentially obtain birth control, including condoms, without notifying or getting permissions from parents or guardians if they do not wish to. Anyone of any age may also consent to their own pregnancy care, including pregnancy testing, pre-natal care, and abortion. Minors 12 years and older may also consent to their own STI and HIV testing and treatment without notifying parents if they do not wish to. This includes being able to consent to their own HPV vaccine as well as accessing PrEP medication for HIV prevention.**

In addition, students in California may also leave school during school hours to attend a sexual health care appointment for any of these reasons. If a student wishes to pursue this option, please talk with the School Nurse or Counselor to arrange this appointment." Remind students to talk with a parent, caregiver, or trusted adult if possible if they need any of these services; however, if they need to seek care without telling their parent/guardian they are legally able to do so.

Remind students that free condoms are available confidentially from their School Nurse.

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The computer-based activity will fulfill Learning Objective 1 and the small group activity and subsequent discussion will fulfill Learning Objective 2.

HOMEWORK:

None.

What Are My Reproductive Rights
Answer Key

Scenario 1

1) What are Damien's rights as one of the people involved in the creation of the pregnancy?

Damien does not have the legal right to stop Kyra from having an abortion. He does have some rights regarding adoption, such as being notified and being able to petition to stop the adoption.

2) Can he stop Kyra from having an abortion?

No, the father's consent is not legally required. A woman may choose to terminate a pregnancy against the objections of the father and she does not need to notify him of the abortion. The legal reasoning for this is based on a woman's right to privacy in her medical decisions and in the fact that the mother is more directly affected by pregnancy than the father.

3) What does Kyra need to do in order to get an abortion in her home state, California?

She simply needs to make an appointment at a licensed doctor's office or health clinic and make sure that has arranged transportation to bring her home safely afterwards. There is no waiting period and she does not need to notify anyone, including her parents, of the procedure if she does not wish to.

4) If Kyra does decide to have an abortion, what are her options for paying for it?

California provides Medicaid coverage (Medi-Cal) for medically necessary abortions. Most private insurance companies provide some coverage for elective abortion procedures. There are some funds available that people can apply to for financial assistance, and some clinics offer a sliding scale fee for abortion services based on income. Most clinics require payment up front or proof of insurance prior to performing the procedure. People can call the National Abortion Federation Hotline at 1-800-772-9100 for more information.

5) If Kyra chooses to place the baby for adoption, can Damien stop her so he can raise the baby?

To gain parental rights, including the right to object to the adoption, biological fathers unmarried to the mother must establish paternity and also demonstrate a commitment to parenting the child. If Kyra gives birth to the baby, and if Damien is present at the place of birth, he shall be provided with the opportunity to be listed as the birth father on the birth certificate, which establishes his legal paternity. He has the right to be notified if Kyra decides to put the baby up for adoption, and he could petition the court to fight the adoption. Depending on state law, fathers who do not consent to the adoption of their child should file an objection to the adoption in court. Often, an objection to adoption must include an indication of intent to petition for custody of the child in a short period of time, such as 30 days. Since they were not married or living together, it is unlikely that he would be successful in blocking the adoption.

Scenario 2

1) What are Amanda's rights in this situation? Does the state she lives in matter?

Title IX makes it illegal to exclude students who may be, are, or have been pregnant from an educational program. Pregnant students must have equal access to classes and activities. If a school has special services for students with temporary medical conditions, they have to offer the same services to pregnant students. Title IX is a federal law so it applies to students no matter which state they live in.

2) Is the school right to be concerned about her safety?

Amanda is allowed to go to school and participate in activities for as long as she wants. The school cannot stop her from joining in any activity that wishes to, including P.E. class, and the school cannot ask for a doctor's note, unless the school has the same rules for all students who have a medical condition that requires treatment by a doctor.

3) Should she be shown special treatment because she is pregnant?

Title IX requires that schools provide pregnant students with any special services they provide to temporarily disabled students. If temporarily disabled students get at-home tutoring to help them keep up with work, so must students who miss school because of pregnancy or childbirth. Amanda's school must excuse her absences for as long as her doctor says it is necessary for her to be absent, and her school must let her make up the work she missed while she was out.

4) Since Daniel is the father, should he be allowed to miss school in order to join her at her doctors' appointments? Does have a legal right to do so?

Title IX allows excused absences due to pregnancy or childbirth for as long as the doctor says it is necessary. Title IX applies to both pregnant and parenting students, so yes, Daniel does have a legal right to miss school to attend Amanda's doctor's appointments with her. Since Amanda and Daniel live in California, if their parents did not know about the pregnancy, or if they were not supportive, they would still be able to attend these appointments – even during the school day – without notifying or getting permission from their parents.

5) What are some things that Amanda can do to stay healthy while she is pregnant?

Amanda should get prenatal care throughout her pregnancy, which means getting regular checkups from a doctor, nurse, or midwife to help keep her and her future baby healthy. During her regular check-ups, she might receive certain tests to help determine the health of the baby. She should also takes vitamins regularly.

<u>Scenario 3</u>

1) How can Claire legally find out who the father is?

Paternity determinations typically take the form of civil lawsuits which utilize DNA testing to establish the identity of the child's father. Establishing paternity is necessary before child support will be ordered by a court. Claire can ask the judge for child support as part of a case that establishes the child's paternity. If a father does not admit that he is the parent, the court may order the alleged father, mother, and child to submit to genetic testing.

2) Can that person refuse to pay child support if he never wanted to be a father and assumed she was taking care of pregnancy prevention by being on the pill?

Assuming Claire will be the sole custodial parent and has established legal paternity by having her partners take DNA tests, she must go to family court in order to apply for child support from the legally established father. California courts take into consideration the time each parent has custody of the child, so if Claire has sole custody, then she can ask for more child support from the biological father.

3) Can one of her boyfriends who is not the biological father claim paternity and take custody of the child?

No. If one of Claire's partners is determined by DNA testing not to be the biological father, and they are not married, and he is not listed on the birth certificate as the father, then he does not have any legal rights to claim paternity of the child or to take custody of the child.

4) If several weeks into her pregnancy Claire changes her mind, even after finding out who the father is and getting him on board, can she still get an abortion? Can the father actually force her to have one, or keep her from getting one?

Yes, Claire may still choose to legally have an abortion at that point in her pregnancy even after notifying the father and establishing paternity. In California, Claire does not need anyone's permission to have an abortion; the father's or her parents' consent is not legally required. A woman may choose to terminate a pregnancy against the objections of the father and she does not need to notify him of the abortion. The legal reasoning for this is based on a woman's right to privacy in her medical decisions and in the fact that the mother is more directly affected by pregnancy than the father. The father also cannot force her to have abortion, since the decision is hers alone.

5) What are some things that Claire can do to stay healthy while she is pregnant if she decides to have the baby?

Claire should get prenatal care throughout her pregnancy, which means getting regular checkups from a doctor, nurse, or midwife to help keep her and her future baby healthy. During her regular check-ups, she might receive certain tests to help determine the health of the baby. She should also takes vitamins regularly.

Scenario 4

1) Can Samantha legally obtain an abortion now if her health is not at risk?

Samantha may not receive an elective abortion in California since the baby is considered "viable" at 8 months, meaning that if the baby was born at that age then it could have the ability to survive or live successfully outside of the mother's uterus. If an abortion was necessary at 8 months pregnant "to preserve the life or health" of Samantha, then she could legally obtain one in California.

2) What would Samantha have to do if she wanted to put her baby up for adoption? Would she have to tell her parents if she chose this option?

Even though Samantha is a minor, she still has the right to put her baby up for adoption. In California, she can legally make this decision alone and does not have to tell her parents. She can also make medical decisions for herself and her baby during the pregnancy and after birth.

3) Would Samantha be able to stay in high school if she chose to keep her baby and raise it herself? What rights would she have to assist her in graduating from high school?

Yes, Samantha would be able to stay in high school if she chose to keep and raise the baby herself. Title IX, which is a federal law, states that pregnant and parenting students must have equal access to classes and activities as other students, and if a school has special services for students with temporary medical conditions, schools must offer these same services to pregnant students. Title IX allows excused absences due to pregnancy or childbirth for as long as the doctor says it is necessary.

4) If Samantha had her baby privately and knew that she could not keep it or take the steps to arrange for an adoption, what else could she do to ensure that her baby would receive proper medical care and be placed in a home with a family that could take care of it?

In California, Samantha can follow the steps to safely surrender her infant within 72 hours of birth, with no questions asked, to a person at a Safe Surrender site such as a hospital or fire station.

5) What are some things that Samantha can do to keep her and her baby healthy while she is pregnant if she decides to have the baby?

Samantha should get prenatal care throughout her pregnancy, which means getting regular checkups from a doctor, nurse, or midwife to help keep her and her future baby healthy. During her regular check-ups, she might receive certain tests to help determine the health of the baby. She should also takes vitamins regularly.

What Are My Reproductive Rights?

Scenario 1

Damien and Kyra are both 16 and live in California. Kyra gets pregnant, decides she is too young to be a parent, and does not want to carry a pregnancy to term if she's not going to parent the baby. She does not want to place the baby for adoption because she doesn't think she would be able to deal with knowing that her baby was out there in the world if she is not going to raise it herself. Damien is really against abortion and tells her he would raise the baby if she didn't want to, but Kyra refuses. Things get heated, and they break up.

Using the following websites, please answer the questions listed below:

- **Adoption and Father's Rights** – www.legalmatch.com/law-library/article/adoption-and-fathers-rights.html
- **Father's Rights and Abortion** – http://family.findlaw.com/paternity/fathers-rights-and-abortion.html
- **Sex, Etc.** – http://sexetc.org/action-center/sex-in-the-states
- **Unmarried Fathers and Adoption** – http://family.findlaw.com/paternity/parental-rights-unmarried-fathers-and-adoption.html

1) What are Damien's rights as one of the people involved in the creation of the pregnancy?

2) Can he stop Kyra from having an abortion?

3) What does Kyra need to do in order to get an abortion in her home state, California?

4) If Kyra does decide to have an abortion, what are her options for paying for it?

5) If Kyra chooses to place the baby for adoption, can Damien stop her so he can raise the baby?

What Are My Reproductive Rights?

Scenario 2

Amanda lives in California, is 14 years old, and pregnant. Her mother and father know about the pregnancy and are wiling to support their daughter and her boyfriend Daniel, who is 16 years old and wants to support Amanda and be an active part in this baby's life. His parents are equally as supportive as Amanda's. Amanda's P.E. teacher tells her she cannot be a part of class, because he is concerned about how exercise will affect her pregnancy. Instead, she has to sit in the gym and do homework. She also was recently told by the Vice Principal that if she continues missing school because of her pregnancy, she will be suspended and could even be required to repeat that year of school. Amanda has tried to explain that her pregnancy is challenging, and she brings in doctors' notes every time she has to go to an appointment. She is trying to stay healthy and follow her doctor's advice on how to take care of herself while she is pregnant.

Using the following websites, please answer the questions listed below:

- **Medical Care During Pregnancy**– http://kidshealth.org/en/parents/medical-care-pregnancy.html
- **National Women's Law Center: Pregnant and Parenting Students' Rights** – https://nwlc.org/resources/pregnant-and-parenting-students-rights-2/
- **Pregnant or Parenting? Title IX Protects You From Discrimination At School** – www2.ed.gov/about/offices/list/ocr/docs/dcl-know-rights-201306-title-ix.html
- **Title IX: Pregnant and Parenting Students' Rights** – www.nwlc.org/sites/default/files/pdfs/pregnantandparentingstudentrightsonepager_6.14.12.pdf

1) What are Amanda's rights in this situation? Does the state she lives in matter?

2) Is the school right to be concerned about her safety?

3) Should she be shown special treatment because she is pregnant?

4) Since Daniel is the father, should he be allowed to miss school in order to join her at her doctors' appointments? Does have a legal right to do so?

5) What are some things that Amanda can do to stay healthy while she is pregnant?

What Are My Reproductive Rights?

Scenario 3

Claire, a teenager in California, has had several boyfriends, but she has always been careful in the past to protect herself from pregnancy and STIs. She is on the pill, and in the past she typically did not have sex unless her partners used condoms. She was getting over being sick recently and was on antibiotics, and she didn't know that they can reduce the effectiveness of the pill. She has had several sexual partners since then, and when her partners said that they didn't feel like they needed to use condoms with her anymore, she agreed—and then she found out a few weeks later that she was pregnant. But by whom? Claire has decided she wants to keep the baby, and wants to be sure the biological father helps out financially.

Using the following websites, please answer the questions listed below:

- **Are You Eligible for Child Support?** – http://family.findlaw.com/child-support/are-you-eligible-for-child-support.html
- **Father's Rights and Abortion** – http://family.findlaw.com/paternity/fathers-rights-and-abortion.html
- **Fathers' Rights and Adoption** – http://family.findlaw.com/paternity/parental-rights-unmarried-fathers-and-adoption.html
- **Legal Significance of Paternity** – http://family.findlaw.com/paternity/legal-significance-of-paternity.html
- **Medical Care During Pregnancy**– http://kidshealth.org/en/parents/medical-care-pregnancy.html

1) How can Claire legally find out who the father is?

2) Can that person refuse to pay child support if he never wanted to be a father and assumed she was taking care of pregnancy prevention by being on the pill?

3) Can one of her boyfriends who is not the biological father claim paternity and take custody of the child?

4) If several weeks into her pregnancy Claire changes her mind, even after finding out who the father is and getting him on board, can she still get an abortion? Can the father actually force her to have one, or keep her from getting one?

5) What are some things that Claire can do to stay healthy while she is pregnant if she decides to have the baby?

What Are My Reproductive Rights?

Scenario 4

Samantha, who is a sophomore in a California high school, is 8 months pregnant and she still can't decide what to do. She has not told her former partner, parents, friends, teachers, or anyone else that she is pregnant. She has been dressing in very loose clothing that hides her pregnancy and she's usually very shy anyway so keeping to herself hasn't seemed to cause anyone to be suspicious of her circumstances. Her parents are rarely home and don't seem to take much interest in her these days. She can feel cramping now and again and she knows her baby will be born very soon. She's scared and just can't think about what to do, and she's worried that when the baby comes she still won't have made a decision.

Using the following websites, please answer the questions listed below:

- **California's Safely Surrendered Baby Law** – www.babysafe.ca.gov
- **Guttmacher Institute: An Overview of Abortion Laws** – www.guttmacher.org/state-policy/explore/overview-abortion-laws
- **Guttmacher Institute: Minors' Rights as Parents** www.guttmacher.org/state-policy/explore/minors-rights-parents
- **Medical Care During Pregnancy**– http://kidshealth.org/en/parents/medical-care-pregnancy.html
- **Title IX: Pregnant and Parenting Students' Rights** – www.nwlc.org/sites/default/files/pdfs/pregnantandparentingstudentrightsonepager_6.14.12.pdf

1) Can Samantha legally obtain an abortion now if her health is not at risk?

2) What would Samantha have to do if she wanted to put her baby up for adoption? Would she have to tell her parents if she chose this option?

3) Would Samantha be able to stay in high school if she chose to keep her baby and raise it herself? What rights would she have to assist her in graduating from high school?

4) If Samantha had her baby privately and knew that she could not keep it or take the steps to arrange for an adoption, what else could she do to ensure that her baby would receive proper medical care and be placed in a home with a family that could take care of it?

5) What are some things that Samantha can do to keep herself and her baby healthy while she is pregnant if she decides to have the baby?

Reproductive Rights Research Guide

Adoption and Fathers' Rights
www.legalmatch.com/law-library/article/adoption-and-fathers-rights.html

California's Safely Surrendered Baby Law
www.babysafe.ca.gov

FindLaw: Are You Eligible for Child Support?
http://family.findlaw.com/child-support/are-you-eligible-for-child-support.html

FindLaw: Fathers' Rights and Abortion
http://family.findlaw.com/paternity/fathers-rights-and-abortion.html

FindLaw: Unmarried Fathers and Adoption
http://family.findlaw.com/paternity/parental-rights-unmarried-fathers-and-adoption.html

Guttmacher Institute: An Overview of Abortion Laws
www.guttmacher.org/state-policy/explore/overview-abortion-laws

Guttmacher Institute: Minors' Rights as Parents
www.guttmacher.org/state-policy/explore/minors-rights-parents

Legal Significance of Paternity
http://family.findlaw.com/paternity/legal-significance-of-paternity.html

Medical Care During Pregnancy
http://kidshealth.org/en/parents/medical-care-pregnancy.html

National Women's Law Center: Pregnant and Parenting Students' Rights
https://nwlc.org/resources/pregnant-and-parenting-students-rights-2/

Pregnant or Parenting? Title IX Protects You From Discrimination At School
www2.ed.gov/about/offices/list/ocr/docs/dcl-know-rights-201306-title-ix.html

Sex, Etc.: Sex in the States
http://sexetc.org/action-center/sex-in-the-states

Title IX: Pregnant and Parenting Students' Rights
www.nwlc.org/sites/default/files/pdfs/pregnantandparentingstudentrightsonepager_6.14.12.pdf

Is It Abuse If...?

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

PS.12.CC.1 – Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence.

PS.12.IC.2 – Identify ways in which they could respond when someone else is being bullied or harassed.

HR.12.IC.1 – Demonstrate effective strategies to avoid or end an unhealthy relationship.

TARGET GRADE:
High School – Lesson 9

TIME: 50 Minutes

MATERIALS NEEDED:

- Lesson PowerPoint
- Projector and screen
- Computer with Internet connection and audio equipment
- White board and markers
- Butcher paper (5 sheets)
- Five markers
- Masking tape
- *"Is It Abuse If...?"* worksheet (one per student)
- *"Is It Abuse If...?"* Answer Key

Homework: *"Trafficking Prevention" homework sheet for each student. (Copies of the articles for students who prefer not to watch a video)*

ADVANCE PREPARATION FOR LESSON:

Note to the Teacher: *Please let students know ahead of time that you will be addressing this topic in the next lesson. This gives those who may be survivors of abuse or trauma, who may wish to miss this class session, the opportunity to avoid being triggered and re-traumatized. For resources on how to support the mental health of your students, please see SDUSD's Mental Health Resource Center.*

- Inform the school counselor that you will be addressing this topic in class in case a student discloses any current or past abuse or is triggered by what is discussed. If the counselor is not available, you may wish to follow up with them after the class as needed to let them know whether you observed anything in any of the students that would make you feel concerned and merit follow-up.
- If a student appears to be particularly distressed during the lesson, please send that student to see the school counselor immediately.
- Log into YouTube with your district ID and password so that you may preview the following video and have it ready to play: "Teen Dating Violence PSA" **www.youtube.com/watch?v=Wss6CvUVe68**.

LEARNING OBJECTIVES:

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

1. Describe at least two characteristics of five different types of relationship abuse. [Knowledge]
2. Explain what, in their own opinion, does and does not constitute relationship abuse. [Knowledge, Affect]
3. Name one online and one hotline resource teens can use to get help if they or someone they know is in an abusive relationship.[Knowledge]
4. Demonstrate an understanding of the warning signs of sexual harassment and sex trafficking. [Knowledge]
5. Demonstrate an understanding of how to report a sexual assault or abusive relationship. [Knowledge, Skill]

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www.advocatesforyouth.org

A NOTE ABOUT LANGUAGE:

Language is important and we've been careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar —using the pronoun "they" instead of "her" or "him," using gender neutral names in scenarios and role-plays and referring to "someone with a vulva" vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Say**, "There are a lot of myths out there about sexuality and relationships, particularly as it relates to teens. One myth is that relationship abuse doesn't happen in teen relationships. That's what we're going to talk about today. Actually, statistics show that relationship abuse of all kinds is just as prevalent in teen relationships as it is in adult relationships.**

Often, people can't always tell whether their relationship is abusive or whether they're just going through a rough time with a partner. We're going to try to figure that out today, along with what to do when you realize you or someone you know is in an unhealthy or abusive relationship. Our goal is to be able to recognize and foster healthy relationships based on mutual respect and affection that can lead to a committed relationship, such as marriage."

Before you begin the activity, remind students that you are a mandated reporter in California, which means that if you hear any comments from students that suggest that they might have been a victim of abuse you are required to report this to the police so that they may conduct an official investigation.

Say, **"There are a number of different categories of relationship abuse: Physical, Emotional, Psychological, Sexual, and Financial."** As you name these, write these five categories of abuse on the board. **"Physical abuse is exactly what it sounds like—hurting someone physically in some way. Emotional abuse is making someone feel bad about themselves, such as taking away their sense of self or self-esteem, or harassing someone so that they feel bad about themselves. Psychological abuse is using threats or intimidation to frighten someone or make them feel like they're losing touch with reality. Sexual abuse is similar to physical abuse, although the abuse is sexual in nature. This includes sex trafficking, though people who are trafficked experience other categories of abuse as well. Finally, financial abuse is when the finances in a relationship—or a person's potential to earn or have money—are controlled by one person. Let's explore what each of these mean."** (5 minutes)

STEP 2: Separate the class into five groups and assign each group one type of abuse. Give each group a blank sheet of butcher paper and a marker. Say, **"Given the definitions I just shared, please work in your groups to come up with some specific behaviors that would come under your category. For example, 'hitting' would be in the Physical Abuse category. Each group will come up with their own unique lists, but there may be some overlap from time to time."** Answer any questions and tell the class they have about five minutes in which to complete their brainstorms. (8 minutes)

STEP 3: Stop the groups after about 5 minutes. Ask each group to present what is on their sheet. If there is more than one group with the same category, you can ask the second group to share only unique ideas. Groups may debate about categories if a particular behavior is suggested for more than one category. Sample responses should include:

PHYSICAL
- Hitting
- Kicking
- Slapping
- Punching
- Pinching
- Restraining
- Choking
- Blocking their way

EMOTIONAL
- Criticizing the person's appearance or intelligence
- Telling the person that no one else would ever want to be with them
- Flirting with other people in front of the person
- Using what they know makes the other person feel vulnerable to make them feel worse
- Sharing sexy photos of the other person without their consent [it is illegal for anyone to share naked or sexual photos of people under the age of 18]

PSYCHOLOGICAL
- Threatening to hurt the other person
- Threatening to hurt people they know or care about (or pets)
- Texting nonstop and expecting the other person to text back by a certain time
- Threatening to hurt yourself if the other person doesn't do what you want
- Spreading rumors about the person

SEXUAL
- Rape
- Physically forcing the other person to do anything sexual they don't want to do
- Coercing, intimidating, or pressuring the other person to do something sexual that they do not want to do, including sex trafficking.
- Making the other person watch porn
- Sharing sexy photos of the other person without their consent
- Refusing to practice safer sex

FINANCIAL
- Controlling the money in the relationship
- Stealing from the other person
- Telling the other person they need to spend time with you instead of going to work
- Keeping the other person from going to or finishing school, which limits their ability to earn money

As you go through the lists, ask other groups if they have anything they would add. Ask students what they notice about the lists. Say, "**It can be relatively easy to come up with a list of behaviors—especially when we're not in the relationship in the moment. But sometimes abusive situations aren't so clear.**

For instance, other types of relationship abuse can include sexual harassment, sexual assault, and sex trafficking. Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature such as unwanted sexual notes or texts. If the recipient tells someone to stop this type of harassment even once, and it continues, then it is sexual harassment and is illegal. If someone is touching you in a sexual way without your consent, that could be considered sexual assault." Ask students if they can offer some examples of sexual harassment. Remind students not to name names and to report to you privately if they need to.

"Human trafficking, which includes labor and sex trafficking, is a form of modern day slavery. Sex trafficking is when a person uses force, fraud, or coercion, which means tricking or pressuring someone, to control another person for the purpose of engaging in sex acts for money or other goods, including food and housing. If a person is under 18, there does not have to be force, fraud, or coercion for it to be sex trafficking. Minors are protected under the law and can safely seek help without fear of legal consequences. Traffickers may take a person by force, but are more likely to befriend someone through social media or gaming sites, schools, or other places teens hangout to try and gain their trust. The trafficker could also be a family member, friend, "boyfriend," or other romantic partner. The person being trafficked has sex with other people to please the person that is trafficking them, because they are in fear of being injured, or of their family being hurt, or for the promise of a certain lifestyle or basic needs. Sometimes it might even be another teenager who is trafficking people. Most people who are trafficked are targeted as young teens, on average 15 years old, but it can happen to anyone, regardless of gender,race, socio-economic status, or location. Studies estimate between 3,000 to 8,000 people are sex trafficked in San Diego County each year. In any form that it takes, sex trafficking—someone forcing or pressuring someone else to have sex with others—is illegal." (14 minutes)

STEP 4: Ask students to return to their original seats. Distribute the "*Is It Abuse If...?*" worksheet. Tell students to read each statement and decide whether they think what is described is abusive, and indicate their decision by circling the response on the sheet. Tell them they have about 5 minutes in which to do this.

Once everyone has finished, divide the class into groups of four. Instruct students to go through each situation on the "*Is It Abuse If...?*" worksheet and discuss their answers. Tell them they can change their answers if they wish. Allow for about 10 minutes for their small group discussions.

Start processing the activity by asking, "**What was it like to do that? What was** [fill in students' responses] **about it?**" Ask whether they found any of the statements particularly easy to discuss or agree on and why. Then ask them to talk about some that were more challenging to discuss and/or agree upon. Point out that the gender(s) of the partners were not revealed in the examples. Ask the students, "**What did you picture in these relationships? Who was an abuser? Who was being abused? Would your responses have changed based on whether the characters were one gender or another?**" (17 minutes).

STEP 5: Show the *"Teen Dating Violence PSA"* (**www.youtube.com/watch?v=Wss6CvUVe68**), stopping it at 1:55 so the students can write down the hotline number on the screen, which is the National Teen Dating Abuse Hotline (866-331-9474).

Say, **"What are some examples from the video that people said to their abusive partner?"** After hearing student responses, ask what else a young person can do if they find that they or a friend are in an unhealthy or abusive relationship. Probe for: they can ask for help from parent(s)/caregiver(s), teachers, coaches, friend's parent/caregiver, etc.

Say**, "Sometimes, people don't feel they can talk with someone face-to-face. It can be hard to speak up when these things happen to you or someone you care about for many reason, such as fear, shame, or confusion. Depending on the gender or genders of the people involved in the relationship, the person being abused may be even less likely to disclose that they'd been abused and to seek help.Identifying a safe and trusted adult is the first step in getting help. This could be a family member, someone at school, a neighbor, a medical professional, a faith leader, or someone else in your community. An anonymous website or hotline can also encourage people get the help they need. The one you see on the screen is one example of a hotline that can help.**

You can also use the www.loveisrespect.org website and other resources on the Student Support website www.sandiegounified.org/Support to help in situations of relationship abuse, sexual harassment, or sex trafficking." Write the phone number (866-331-9474) and these website addresses on the board. Tell students, **"In California, anyone of any age may consent to their own care and treatment for sexual assault confidentially, meaning without notifying parents if you do not wish to. Please see the "California Minor Consent Laws" card that I gave to you during the last lesson for more details."** Answer any questions, and let students know that you and the School Counselor are available to talk if they have any questions that they would prefer to ask one-on-one.

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

Defining and categorizing the types of relationship abuse will accomplish Learning Objective 1. The *"Is It Abuse If...?"* worksheet will accomplish Learning Objective 2. The teacher sharing the hotline information at the end will accomplish Learning Objective 3.

HOMEWORK:

Answer the questions on the worksheet "Trafficking Prevention." The same questions can be answered using the video "Human Trafficking in San Diego" or by reading the articles "5 Common Trafficking Recruitment Methods" and "10 Facts About Sex Trafficking."

Note: The activity, "Is It Abuse If...?" was created by Elizabeth Schroeder, EdD, MSW, and then subsequently published in the American Journal of Sexuality Education in 2005. This is an adaptation of that activity.

Is It Abuse If...?
Answer Key

1. A couple are arguing, and when one partner begins to freak out, the other gives them a light slap to calm them down?

YES NO

Comments: It's never okay to hit someone else, especially when you're in a relationship with them. This is an example of Physical Abuse.

2. A person walks their partner to school every morning, meets them for lunch every day, and picks them up at the end of each afternoon?

YES COULD BE EITHER NO

Comments: If these actions are wanted and appreciated by the person being walked to/from and met at school, then this is not abuse. If these actions are not wanted by that person, they need to clearly state that – and the partner needs to respect their wishes. If the partner doesn't respect their wishes and keeps doing it, that would be considered Psychological Abuse.

3. Every time a same-gender couple argues, one of the partners threatens to "out" the other to their family?

YES NO

Comments: This is an example of intimidation and Psychological Abuse and using threats in a relationship is never okay.

4. Before a couple decides to have sex, they talk about boundaries and safer sex, and agree to get tested together?

YES NO

Comments: Open and honest communication, especially about decisions regarding sexual health, is an important part of any healthy relationship. By having a conversation about sex beforehand, this couple was able to prepare to make safer sex choices, and are more likely to have conversations about sex or other relationship issues as they come up. It is important to remember that talking about relationships, sex, and especially consent, is not a one-time conversation, and that people should check in with their partner regularly.

5. A couple starts play-fighting and they wrestle around on the floor, resulting in bruises on one of their arms?

YES COULD BE EITHER NO

Comments: Perhaps the play-fighting was mutually consensual and enjoyed by both partners and the bruising was truly an accident. But if one of the partners was not enjoying the wrestling, told the other person to stop, and/or was intimidated or physically hurt, then this is an example of Physical Abuse.

6. One partner says they want to have sex, their partner says they're not ready, but after talking about it, the couple decides to have sex?

YES COULD BE EITHER NO

Comments: We don't know how Partner One is talking with Partner Two; it could be that Partner Two felt more comfortable after talking and simply changed their mind. But did Partner One pressure the other? Were threats used? Intimidation? Agreeing under pressure is not the same as enthusiastic consent. And if Partner One gives any ultimatums—such as, "Fine, then let's break up"—then it would definitely be considered Emotional Abuse.

Is It Abuse If...?
Answer Key (Cont.)

7. Someone expects to be able to check their partner's cell phone/texts anytime they wish and demands to know their password?

YES COULD BE EITHER NO

Comments: It is never a good idea to share electronic passwords, unless it is with your parent or caregiver, and no one except a parent or caregiver should have unlimited access to someone's phone. While access to each other's phones may seem fine at first, it can be unsafe if the relationship becomes abusive. If a person's partner insists on being able to check their partner's phone, that is controlling behavior and is Psychological Abuse.

8. One partner pressures their partner to have sex with another person in exchange for money?

YES NO

Comments: This is an example of Financial, Emotional, and Sexual Abuse and constitutes Sex Trafficking. Sex Trafficking is when a person is forced, compelled, or coerced to engage in commercial sex acts, meaning having sex in exchange for money, and it is illegal.

9. One partner teases and jokes with the other about sexuality-related things while they're at school, even though their partner has asked them to stop?

YES NO

Comments: Since the partner has already asked the other person to stop and the behavior continues, this is an example of Emotional Abuse and sexual harassment.

Is It Abuse If...?

Name _____ Date _____

1. A couple are arguing, and when one partner begins to freak out, the other gives them a light slap to calm them down?

YES NO

Comments:

2. A person walks their partner to school every morning, meets them for lunch every day, and picks them up at the end of each afternoon?

YES NO

Comments:

3. Every time a same-gender couple argues, one of the partners threatens to "out" the other to their family?

YES NO

Comments:

4. Before a couple decides to have sex, they talk about boundaries and safer sex, and agree to get tested together?

YES NO

Comments:

5. A couple starts play-fighting and they wrestle around on the floor, resulting in bruises on one of their arms?

YES NO

Comments:

6. One partner says they want to have sex, their partner says they're not ready, but after talking about it, the couple decides to have sex?

YES NO

Comments:

7. Someone expects to be able to check their partner's cell phone/texts anytime they wish and demands to know their password?

YES NO

Comments:

8. One partner pressures their partner to have sex with another person in exchange for money?

YES NO

Comments:

9. One partner teases and jokes with the other about sexuality-related things while they're at school, even though their partner has asked them to stop?

YES NO

Comments:

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Trafficking Prevention

Homework (Lesson HS-9)

Student Name_____

INSTRUCTIONS:

- Watch the following video on Human Trafficking in San Diego **https://vimeo.com/155869265.**
- *Non tech option:* Read "5 Common Trafficking Recruitment Methods" and "10 Facts about Sex Trafficking."
- Answer the following questions below.

1) How many people fall victim to sex trafficking in San Diego County each year?

_____

2) What part of the county is seeing the most trafficking?

_____

3) Describe in your own words some of the strategies traffickers are using to recruit young people.

_____

_____

_____

_____

4) What are the hotline numbers you can call or text to report trafficking or seek assistance?

_____

_____

5) What are some strategies you can use to protect yourself or others from trafficking?

_____

_____

_____

6) Do you have any questions for your teacher about healthy relationships or trafficking?

_____

_____

_____

PACT
PARTNERS AGAINST CHILD TRAFFICKING

National Human Trafficking Hotline
1.888.373.7888

5 Common Trafficking Recruitment Methods

1. Personal Social Networks

Personal social networks and relationships are a powerful recruitment tool. Traffickers commonly recruit friends of family members, friends of other girls they have trafficked, and others in their neighborhood. Sometimes, they will throw “turnout parties” within their social network to recruit. They recruit in many places such as malls, transit stations, beaches, gas stations, campuses, clubs, and restaurants. Schools, malls, and transit locations in particular are associated with minors. Young traffickers who are often gang-involved traffickers use their networks in their school and in their community, often recruiting their classmates.

2. Romantic Relationships

Many traffickers engage in romantic or physical relationships with the recruits to appeal to their victims’ emotional and economic needs. They use a sort of bait and switch tactic, building a relationship with the victim, then asking the victim to engage in commercial sex to help the two of them accomplish their dreams of being together.

3. Online ads

Ads for recruitment often pose as a legitimate employment opportunity, calling for “models” and presenting the opportunity for a photo shoot. Traffickers also search existing online advertisements on sites like Craigslist and Backpage for women and girls who might be working independently.

4. The Lure of Wealth

Former traffickers said that pointing out to victims that they were “already doing it for free” was particularly influential with those who were economically disadvantaged. The traffickers offer the victim economic security. For traffickers, prominently displaying their wealth was key to recruiting with many citing their outward displays of wealth as a primary means of attraction for victims.

5. Current Victims

Girls already involved with the trafficker are often made to help with recruiting, especially from train stations, bus stops, bus stations, clubs, detention facilities, group homes, continuation schools, homeless shelters, and from social media. These girls are typically called “bottoms”. Although the bottom is both a victim and an offender, law enforcement takes the position that if the person is actively involved in recruitment, they will be charged with trafficking.

Full list of sources at pact.city/facts

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SAN DIEGO YOUTH SERVICES

10 Facts About Sex Trafficking

1.

The FBI has classified San Diego as a "High Intensity Child Prostitution Area" on a list of the top 13 cities for prostituting children.

2.

There are at least 3,000 trafficking victims per year in San Diego County, according to a study released in 2016 by the University of San Diego and Point Loma Nazarene University. The number may be as high as 8,000.

3.

The average age of entry into sex trafficking is 16.

4.

When a victim is a minor under the age of 18, sex trafficking does not require force, fraud or coercion. Minors cannot legally consent to sexual activity

5.

Victims often have backgrounds of child physical or sexual abuse and domestic violence but span every socioeconomic and family background.

6.

The average victim is trafficked for about three years before reaching the attention of law enforcement.

7.

100 percent of high schools that participated in a recent study reported recruitment of their students for sex trafficking.

8.

About 90 percent of high schools surveyed reported cases of their students becoming victims of sex trafficking.

9.

Homeless and foster youth are at the greatest risk for recruitment.

10.

Most of the sex trafficking activity is controlled by street gangs, some of which have turned to prostitution as their top source of income.

My Life, My Decisions

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

PD.12.CC.1 – Analyze how brain development has an impact on cognitive, social and emotional changes of adolescence and early adulthood.

PR.12.INF.1 – Analyze influences that may have an impact on deciding whether or when to engage in sexual behaviors.

TARGET GRADE:
High School – Lesson 10

TIME: 50 Minutes

MATERIALS NEEDED:

- Lesson PowerPoint
- Projector and screen
- Computer with PowerPoint
- White board and markers
- *"Considering Others' Opinions"* worksheet (one per student)
- Optional sheets of lined or plain paper to supplement worksheet
- **Homework**: *"Values and Beliefs Interview"* (one per student)

LEARNING OBJECTIVES:

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

1. Name at least three messages they receive about sexuality from different people in their lives. [Knowledge]
2. Describe the extent to which these people have an impact on students' decision-making. [Knowledge]
3. Identify at least two other factors that have an impact on sexual decision-making. [Knowledge]

A NOTE ABOUT LANGUAGE:

Language is important and we've intentionally been careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar—using the pronoun "they" instead of "her" or "him," using gender neutral names in scenarios and role-plays and referring to "someone with a vulva" vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Introduce the lesson by asking the students, "**Have you ever said or done something to someone that afterwards you just asked yourself, 'Holy smokes, why on earth did I just say or do that?' It could be something really minor like walking in the room and calling a friend a nickname you never have before, and once it's out, it sounds really dumb. Or it could be something more significant like someone asking you to keep something just between the two of you, and it being too good to keep to yourself, so you just tell one person and immediately regret it.**"

After a few students have responded, ask, "**What does it feel like in that moment right after we've realized that what we did was the wrong thing to do?**" Answers will vary, but more often than not students will either physically put their hands on their stomach or refer to that area —that it does not feel good and can make you almost feel sick to your stomach.

Say, "**We all go through this—and not just once, it's something we all experience throughout our lives. We sometimes make decisions without thinking, and sometimes—even when we think them through really well at first—we still sometimes make a decision we wish we had not made.**"

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Ask, "**Can anyone think of a time when you made a decision that really paid off for you, or that you knew was the right thing to do?**" Ask for a few examples.

Say, "**Clearly, there are just as many opportunities to make positive decisions as there are to make bad ones. Today, we're going to talk about sexual decision-making and what and who can have an impact on the decisions we make.**" (4 minutes)

STEP 2: Say, "**In a moment, I'm going to hand you each a worksheet that lists a number of things people need to think about when they're in sexual relationships. Across the top, you'll see categories of people we might have in our lives."** Show the students the worksheet and read the categires of people aloud. Tell them that having the support of family and loved ones can be very important and communicating with other adults can be beneficial when they are trying to make important decisions in their lives.

Say, "**What I'd like you to do is read each statement and think about what these different people in your life might say in response. For example, say you were interested in someone and wanted to ask them out—or you knew they were going to ask you out. Who would you talk with about that? What would you expect them to say? Write those things in the boxes provided. Because some categories can apply to more than one person—like a close friend—feel free to decide on who that person will be for the purposes of this activity and write their name in that box. Even if you wouldn't discuss one of the topics with a particular person, please write what you imagine they'd say, as our perceptions are sometimes just as important as what we actually hear from people!**"

Tell them that they will be discussing their responses with at least one other student in the class, but how much of what they share will be up to them. Distribute the worksheets and additional lined or plain paper, as needed, and ask students to complete them individually. Tell them they will have 8 minutes in which to complete the worksheet. (12 minutes)

STEP 3: After about 8 minutes, ask everyone to stop what they are doing and pair up with another student. Say, "**I'm going to ask you to talk in pairs about what that experience was like for you. Please use the following questions to discuss what you just did:**

- **How did you know what these people in your lives would say?**
- **What did you think of these messages? Were they mostly positive, negative or a mix?**
- **In what ways do you think the people listed on your sheet affect or would affect the decisions you make about sexuality? Why?**"

After a few minutes, ask students to stop their paired discussions and share responses in the larger group by reviewing their answers to the three discussion questions. After going through the three discussion questions, say, "**People in our lives have influence over us, no matter who they are. Some have more than others. Let's look a little deeper at this.**"

Refer to the PowerPoint slides with the title phrase *"What Would You Do If...?"* Read the first statement on the first *"What Would You Do If...?" slide* and ask the students to respond. Then reveal the second statment on the slide and ask whether they would change their minds—

based on who the second person is—or stick with their original decision. Discuss why or why not. Continue with Slides 2 and 3. (16 minutes)

STEP 4: Say, "**Aside from the people in our lives, when it comes to making decisions about sex and sexuality, what other things come into play? For example, 'past experience'** [write that word on the board in a different color] **may have an impact on whether I choose to do or not to do something. What else comes to mind?**" As students respond, write their answers on the board. Each list will be different, but in general, probe for:

- Past experience (positive)
- Past experience (negative)
- Whether I know anyone who has done this behavior and how it went for them
- What my personal/religious values are about a particular behavior or having sex
- How I feel about my body
- My understanding of my sexual orientation
- What I see depicted in the media
- What I have seen on the Internet

Say, "**We often hear from people, 'I'm not influenced by other people or the media; I make up my own decisions.' The reality is that it is impossible to make decisions about anything —let alone something as important as sex and sexuality—in a vacuum. We are definitely influenced by the people and the world around us—and sometimes we're not even aware of what that influence is.**

It feels a bit simplistic to say that, above all, what you want and think is right is the most important thing—but it's actually true. In the end, you are the one who benefits from your positive decisions, and you're the one who has to deal with the negative consequences if there are any. So no matter what you hear, or what you think you know about others, you have the right to think and make decisions for yourself."

Explain to students that they do not always have to be alone when making important decisions, including decisions about sex and sexuality, and that finding trusted adults in their life that they can talk to is very important. The *"Values and Beliefs Interview"* homework assignment will help them think about which adults in their life they can talk to about sex and sexuality and a brief interview with this person will help them begin the steps to creating open and honest communication. This homework is available in English and Spanish. (12 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The worksheet activity and paired discussion will achieve Learning Objectives 1 and 2, and the brainstorm and discussion relating to other influences will achieve Learning Objective 3.

HOMEWORK:

The *"Values and Beliefs Interview"* homework sheet, in which students select a trusted adult to interview about their beliefs on sex and sexuality and begin a conversation about these topics. This homework is available in English and Spanish since there is a parent/ trusted adult component.

Considering Others' Opinions

Name _____ Date _____

When making decisions about sex and sexuality, it can be really useful to hear what other people have to say. (Then again, sometimes it's not!) Who would you talk with, and what would you expect them to say?

In the table below, or on another sheet of paper, write some of the messages you would expect to hear from these key people in your life. Feel free to write in their names to help you focus on one specific person if you have several people that could fit in the same column. If you don't have one of these categories of people in your life, just leave it blank, or you can change it to a category that's not here.

	PARENT/ CAREGIVER	SIBLING	PARTNER/ BF/GF	BEST FRIEND	RELIGIOUS/ FAITH LEADER	OTHER? _____
1. Whether you should ask out or go out with someone that you've liked for a long time						
2. Whether you're ready to have sex						
3. Which types of safer sex or birth control/contraceptive methods to use						
4. Whether it's weird that you want to wait to have sex						
5. What you or a partner should do about an unplanned pregnancy						
6. Whether you should get tested for STIs before starting a new relationship						

Values and Beliefs Interview
Homework (HS-10)

Name _____ Date _____

Instructions: Think about the adults in your life that you might be able to talk to about important things, like sex and sexuality. Pick someone such as a parent, caregiver, family member, teacher, or mentor to interview about their thoughts and feelings about sex and relationships. This interview might start a conversation about your own thoughts, feelings, values and beliefs and might lead to more conversations in the future.

Ask your trusted adult:

1. Briefly describe the messages that your parent(s)/caregivers gave you about the following topics:
    - Sexuality
    - Women
    - Men
    - Heterosexual (Female/Male) Relationships
    - Same Sex Relationships
    - Premarital Sex
    - Birth Control
    - Teenage Pregnancy
    - STIs and HIV/AIDS

2. How do you feel about your parent(s)/caregiver(s) messages? Do you agree with these messages now? Disagree?

3. If your own values and beliefs are different from your parent(s)/caregiver(s)' values and beliefs about these topics, what do you think caused the difference in beliefs?

4. What messages would you like your own child (or me) to receive? What changes might you make?

5. If your values and beliefs are different than my own, how would you feel if I came to you for advice on one of these topics?

6. What advice could you give me, based on your own experiences and reflections, on how I can become a healthy adult and have healthy relationships?

Entrevista de valores y creencias
Tarea (HS-10)

Nombre_____Fecha _____

INSTRUCTIONNES: Piensa sobre los adultos en tu vida con quien puedas hablar sobre cosas importantes, como el sexo y la sexualidad. Escoge a alguien, como uno de tus padres o tutores, un familiar, maestro o mentor, para hacerle una entrevista sobre sus pensamientos sobre el sexo y las relaciones. Esta entrevista puede comenzar una conversación sobre tus propios pensamientos, sentimientos, valores y creencias y puede llevar a más conversaciones en el futuro.

Pregúntale al adulto en quien confías:

1. Describe brevemente los mensajes que tú y tus padres o tutores te dieron sobre los siguientes temas:

    - Sexualidad
    - Mujeres
    - Hombres
    - Relaciones heterosexuales (hombre/mujer)
    - Relaciones entre personas del mismo sexo
    - Sexo antes del matrimonio
    - Control natal
    - Embarazo en adolescentes
    - STDs y VIH/SIDA

2. ¿Cómo te sientes con los mensajes de tus padres/tutores? ¿Estás de acuerdo con estos mensajes?

3. Si tus propios valores y creencias sobre estos temas son diferentes de los valores y creencias de tus padres/tutores, ¿qué piensas que ocasionó esta diferencia?

4. ¿Qué mensajes quisieras que tus propios hijos (o yo) recibiera? ¿Qué cambios harías?

5. Si tus valores y creencias son diferentes a los míos, ¿cómo te sentirías si yo acudiera a ti por consejos sobre alguno de estos temas?

6. ¿Qué consejo me darías, con base a tus propias experiencias y reflexiones, sobre cómo puedo convertirme en un adulto saludable y tener relaciones saludables?

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Name:_____ **Date:**_____

INSTRUCTIONS: Circle the letter of the best answer to each question.

1. **A parent may surrender custody of a newborn to an employee at a safe surrender site within how many hours of birth?**
   A. 24 hours
   B. 72 hours
   C. Any time
   D. Never

2. **Assuming that all males or females act a certain way because of their gender is called:**
   A. Gender differentiation
   B. A gender gap
   C. Gender stereotyping
   D. Harassment

3. **If you want to have sex or engage in sexual behavior with someone, but they aren't clear about whether or not they're interested, you should:**
   A. Just do it; don't think about it too much.
   B. Stop. Consent should be enthusiastic and mutual.
   C. Keep asking until you get the answer you want.
   D. Pour them a drink and see if that changes their mind.

4. **True or False: A person can choose their gender expression.**
   A. True
   B. False

5. **True or False: A person can choose their sexual orientation.**
   A. True
   B. False

6. **Which method of contraception is an example of a barrier method?**
   A. Birth control patch
   B. Depo-Provera
   C. Abstinence
   D. Condoms

7. **Which method of contraception is 100% effective in preventing pregnancy and STIs?**
   A. Condoms
   B. Birth control pills
   C. Abstinence
   D. Spermicides

8. Which method of contraception requires a prescription from a doctor?

A. Birth control patch
B. Spermicides
C. Condoms
D. Abstinence

9. What is the age at which a student may begin to receive medical treatment for STIs or HIV without parental consent?

A. No age requirement
B. 12 years old
C. 18 years old
D. You always need parental consent

10. What is the age at which a student may begin to receive reproductive care (such as birth control, pregnancy tests, prenatal care, or abortion) without parental consent?

A. No age requirement
B. 12 years old
C. 18 years old
D. You always need parental consent

11. Which statement is not an effective step in the use of a condom?

A. Check the expiration date
B. Pinch the tip to leave room for semen
C. Use two condoms at once to double your protection
D. Use a new condom for each act of vaginal, anal, or oral sex

12. What are the best ways to prevent contracting HIV?

A. Abstain from sex and injection drug use.
B. If you are at high risk, take PrEP to reduce your risk.
C. Use a condom for each act of sex when you do choose to have sex.
D. All of the above

13. What is the most common symptom of STIs?

A. Blisters or warts
B. Discharge
C. Rash
D. No visible symptoms

14. What impact does HIV have on the immune system?

A. It becomes infected with bacteria
B. It becomes stronger to fight disease
C. It is weakened and unable to fight infection
D. It has no impact

15. Which behavior would likely occur in a respectful relationship?

A. A person wants to spend all of their time with their partner.
B. A person gets jealous when their partner talks to other people.
C. A person can tell their partner when they are upset or angry.
D. A person hides the truth from their partner to protect them.

16. Under which condition is sexual intercourse considered rape?

A. When someone is under the influence of drugs or alcohol and unable to consent
B. When someone is passed out
C. When it is between an adult and a child
D. All of the above

17. Which type of abuse involves criticism and threats?

A. Physical abuse
B. Sexual abuse
C. Psychological and Emotional abuse
D. Sexual assault

18. Once you make a decision about your relationship or sexual health, you should:

A. Communicate the decision to your partner
B. Stick with it for your entire life
C. Keep the information private
D. Tell everyone but your partner

19. Constance forgot to take her birth control for several days in a row and had unprotected sex with her partner. She wants to use the emergency contraception pill, Plan B. Within how many days does she have to take this pill so that it is the most effective?

A. Up to 3 days
B. Up to 5 days
C. Up to one week
D. There is no time window; she can take this pill as many days after having unprotected sex as she wants to and it will be just as effective.

Read the following scenarios and answer the related questions beneath each scenario.

Tomás recently noticed a cluster of small sores on his penis. He and his partner have not always taken the time to use a condom when having sex. Tomás figured that since they did not have any other sex partners, using a condom was not necessary. Now he is worried that he has an STI.

20. Based on his symptoms, which STI does Tomás have?

A. Herpes
B. Human Papilloma Virus (HPV)
C. Syphilis
D. No way of knowing without a medical exam

21. What should Tomás do?

A. Tell his partner and then wait to see if the sores go away.
B. Tell his partner and avoid sex until he has seen a doctor.
C. Go to the doctor but keep it to himself until he finds out what he has.
D. Use a condom until the sores go away.

22. If Tomás can't go to a clinic to get an STI test and treatment after school due to family and school obligations, what should he do?

A. Talk with a parent or other trusted adult who can help him attend a clinic appointment during school hours and excuse his appointment.
B. Make an appointment with a local clinic during school hours and arrange with a school nurse or counselor to be confidentially released from school during the time of his appointment.
C. Use the Student Support website to locate a local clinic that is open on weekends.
D. Any of the above.

Sheila and her boyfriend Paul have been dating for about five weeks. He calls her every afternoon at three o'clock. He asks her what she did at school and who she talked to or hung out with.

23. Sheila likes Paul but is uncomfortable being called every day as soon as she gets home from school. What would be the most respectful way for her to handle this situation? Sheila should:

A. Tell him she needs a little time to herself and discuss other options.
B. Screen her calls and call him back when she feels like it.
C. Get home on time to answer the calls so he doesn't break up with her.
D. Complain to her friends and maybe the information will get back to him.

24. If Sheila asks Paul not to call at three o'clock everyday, what would be a respectful response to her request? Paul should:

A. Assume she is not really interested in him and break up.
B. Get angry and let her know that she better be home for the calls.
C. Figure out a convenient time to call that works for both of them.
D. Continue to call at three o'clock to let her know he is in charge.

25. Of the following list, which is a legitimate reason for Paul wanting to call Sheila every day at three o'clock?

A. He starts work at 3:30 and can't call at any other time.
B. He wants to make sure she isn't with any other guy.
C. He really loves her and can't stand to be without her.
D. He wants to make sure she comes right home after school.

Devon and Jesse have been dating for three months. Jesse wants their relationship to "move a little faster." Devon really likes Jesse but isn't sure if they are ready to have sex.

26. Which best describes Devon's problem?

A. Devon is in the wrong relationship.
B. Devon and Jesse have different feelings about having sex.
C. Devon isn't mature enough to be dating.
D. Devon doesn't love Jesse.

27. Which is Devon's best alternative for handling this problem?

A. Devon can break up with Jesse.
B. Devon can get protection and have sex.
C. Devon can talk to Jesse about boundaries and sex.
D. Devon can ignore Jesse and hope the problem goes away.

28. Which response would indicate that Jesse respects Devon?

A. Jesse listens to what Devon says and agrees to wait until they are both ready.
B. Jesse breaks up with Devon because Devon won't have sex.
C. Jesse listens to what Devon says, but continues to push for them having sex.
D. Jesse forces Devon to have sex.

Read the following questions and circle the best answer to each question.

29. Your friend Joanna feels like she is ready to have sex with her partner, but she is worried about the possibility of getting pregnant. She knows that there are a variety of different birth control methods available. What would you tell Joanna to do first?

A. Use someone else's birth control.
B. Go to a clinic and discuss all the methods with a doctor and her partner.
C. Do not use birth control because it seems too difficult to choose a method.

30. Who can legally purchase and use condoms?

A. Only people 16 years and older
B. Only people who have a prescription from a doctor or parent permission
C. Anyone of any age without a prescription and without parent permission

31. Do you know where there is a nearby clinic to receive confidential sexual health services (such as contraception, pregnancy testing, and STI testing and treatment)?

A. Yes
B. No, but I'd like someone to show me how to locate these services.
C. No, and I'll reach out to someone in the future if I need this information.

32. If you are a victim of bullying or a witness to bullying at your school, do you know who to report the incident to at your school?

A. Yes
B. No, but I'd like someone to show me how to report these incidents.
C. No, and I'll reach out to someone in the future if I need this information.

33. Something I'm still not sure about is ...

_____

_____

_____

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Answer Key

1. B
2. C
3. B
4. A
5. B
6. D
7. C
8. A
9. B
10. A
11. C
12. D
13. D
14. C
15. C
16. D
17. C
18. A
19. A
20. D
21. B
22. D
23. A
24. C
25. A
26. B
27. C
28. A
29. B
30. C
31. Any answer
32. Any answer
33. Any answer