Positive Prevention *Plus*

Curriculum and Teacher's Guide

Sexual Health Education for America's Youth

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An Office of Adolescent Health (OAH) Evidence-Based Curriculum

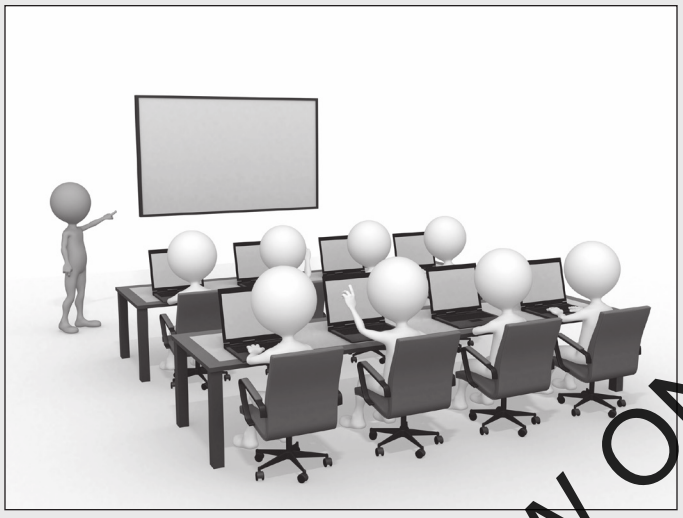


Middle School and Community Settings

MS-CUR21-AY-r052623

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Interested In Training?

Positive Prevention PLUS offers the option of a two-day in-person teacher training for school districts, district consortia, and county offices of education. Limited to no more than 30 middle and high school classroom teachers, the training includes a review of state requirements for comprehensive sexual health education, effective classroom management and instructional approaches, plus lesson-by-lesson content, activities, and resources. Particular emphasis is placed on actual teacher presentation skills.

For questions related to the P3 In-Person Training, please contact: asun@positiveprevention.com

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Sexual Health Education for America's Youth

for Middle School and Community Settings

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For directions on accessing the slides and support materials, please refer to the instruction sheet included at the front of the binder. Additional instructions can also be found at https://positivepreventionplus.com/2021-teacher-support-materials/

Positive Prevention *PLUS*

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The publication of the original high school version of the Positive Prevention *PLUS* curriculum was made possible by Grant number 6 TP2AH000007-01-02 from the Office of Adolescent Health (2010-2015).

This curriculum is aligned with the National Health Education Standards (NHES) and the National Sexuality Education Standards (NSES).

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Guidelines for Use of the Positive Prevention *PLUS* Curriculum

POSITIVE PREVENTION *PLUS* CURRICULA SHOULD BE PRESENTED ONLY:

- **to an audience of middle school students,** including students in school or community settings;
- **in a school or alternative educational program site**

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Preface

Adolescence is a critical period in life; a time for reinventing self-identity and renegotiating relationships with peers, family members, and the larger society. Personal, family, and cultural values are re-examined. Hopes and plans for the future are envisioned. Increasingly, adolescents are on their own to make critical life-altering decisions.

All adolescents develop at different rates, and some may feel awkward as hormonal changes continue to occur. Physiologically, some students are fully mature in high school while others continue to mature after high school. Some transgender students may be taking medications (puberty blockers or hormone therapy) to more closely align the physical characteristics of their body with their gender, while others may be transitioning socially without medical intervention. For all students, this is a period of great change (Bucher and Manning 2016).

Healthy and rational choices regarding interpersonal relationships and sexual behavior are among the most important decisions facing adolescents. Pressures to conform to media messages regarding relationships, love, and sex may at minimum confuse teens, if not actually endanger them. However, confining or judgmental views may also confuse, alienate, or discourage adolescents from forming healthy self-images and healthy lifelong relationships with others.

Although it may seem students' behaviors are well established, health education teachers continue to play a critical role in implementing standards-based instruction, applying evidence-based curriculum and programs, integrating medically accurate resources, and mentoring students to foster a lifetime of healthy behaviors.

It is not the purpose of this curriculum to supplant parental instruction or cultural expectations regarding sexual relationships and behavior, but rather to complement these values and expectations with the knowledge and skills necessary to choose healthy relationships and self-protective behaviors.

To that end, we believe it is critically important to implement all aspects of this evidence-based curriculum, **with special emphasis on the interactive classroom activities**.

We recognize that a brief unit of study presented just once during upper elementary, middle school and/or high school will not by itself instill the knowledge, attitudes, or skills for a lifetime of healthy relationships and responsible sexual choices. But, *in combination with* informed parental, school, and community guidance and support, including access to valid health information and resources, *Positive Prevention PLUS Sexual Health Education for America's Youth* will contribute to the mastery of this critical health content.

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About the New *Positive Prevention PLUS*: *Sexual Health Education for America's Youth (2021 ed.)*

Positive Prevention PLUS Sexual Health Education for America's Youth focuses on specific protective behaviors using a variety of peer-based and interactive strategies. Follow-up lesson activities which further extend instruction and reinforce student learning are also featured in each lesson, including a daily interview assignment with a parent or trusted adult.

Features of the 2021 edition include:

- alignment with the National Health Education Standards (NHES) and the National Sexuality Education Standards (NSES)
- updated nationwide data and sexual health resource information
- new streamable HTML slide decks for each lesson
- newly animated stories at the beginning and ending of each lesson
- clear notation of the slide number associated with the lesson text
- differentiation between the middle school and high school content and activities
- updated biomedical information
- a new Teacher Resource Page with URLs for accessing further information and updated statistics
- a supplemental lesson on suicide prevention (See online Appendix D)
- a replacement Lesson 7 Teen Pregnancy: Choices and Responsibilities Version 2 for those states in which a discussion of abortion is not allowed (included in this teacher binder)

In addition, the *Positive Prevention PLUS* curriculum incorporates the five foundational **Socio-Emotional Learning (SEL) Practices** necessary for success in school and in life:

- **Self-Awareness** (including self-confidence and self-efficacy in lesson 11)
- **Social Awareness** (including empathy, appreciating diversity, and respect for others in lesson 2 and 8)
- **Responsible Decision-Making** (including identifying and solving problems, and analyzing situations in lessons 3, 7 and 11)
- **Self-Management** (including self-discipline and goal-setting in lessons 1, 11 and 13)
- **Relationship Skills** (including communication and relationship building in lessons 2 and 11)

Source: www.casel.org

Positive Prevention PLUS is published in three levels: Upper Elementary, Middle/Jr. High School, and High School and Community Settings. An online independent study version is also available for home-bound students, charter schools, and alternative settings, as well as *Positive Prevention PLUS for Special Populations* (Special Education) for mild-to-moderate functioning students.

Information on ordering curriculum and additional support materials, including training

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Kim Clark is Professor Emeritus of Public Health Education in the Department of Health Sciences at California State University, San Bernardino. Dr. Clark became involved in HIV/AIDS prevention education in 1989 when he served as Program Coordinator for the California Department of Education's statewide HIV/AIDS education project, funded by the Centers for Disease Control and Prevention. In addition to serving as co-author for the *Positive Prevention PLUS* curriculum, Dr. Clark also served on the *National Health Education Standards* and *California Health Education Content Standards* committees, and was Project Director for the San Bernardino County Superintendent of Schools' Office of Adolescent Health (OAH) Tier II Research Project on Teen Pregnancy Prevention.

Christine Janet Ridley, RN, MEd

Christine Ridley has worked extensively in the field of nursing and education throughout the last 25 years. During that time, she worked as an elementary school teacher, school nurse, and District School Health Coordinator managing a variety of health programs. Christine also worked as the Project Director for the California Department of Education's *Putting It All Together: Program Guidelines and Resources for State-Mandated HIV/AIDS Prevention Education in California Middle and High Schools,* and in the establishment of the HIV/STD Project Center for the development, distribution and training of curriculum and media materials. During that time, she directed the development of the original *Positive Prevention: HIV/STD Prevention Education for Special Populations.* Christine also served as an instructor in the Health Science Department at California State University, San Bernardino, and in the Nursing Department at California State University, Fullerton, for over 20 years before her recent semi-retirement. She continues to enjoy working on the curriculum as its a co-author.

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About Our Partners

Cardea Services

The mission of Cardea Services is to improve organizations' abilities to deliver accessible, high quality, culturally proficient, and compassionate services to their clients. Cardea staff are active and highly respected participants in teen pregnancy prevention research and demonstration projects in California and nationwide. As a partner in the *Positive Prevention PLUS* program, Cardea provides teacher trainings and technical assistance to school districts and agencies in California and out-of-state. For more information call (510)835-3700 or email positive.prevention@cardeaservices.org.

The American Red Cross

The American Red Cross has been working to prevent HIV infection since 1985. It continues to reach out to communities nationwide with information and resources about HIV and AIDS. The Orange County Chapter of the American Red Cross was instrumental in launching earlier versions of this curriculum.

Contact your local chapter of the American Red Cross for more information about HIV/AIDS prevention materials and trainings they provide or visit the worldwide web at www.redcross.org.

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The **Curriculum Support Section** on our website positiveprevention.com may be accessed using the code packaged with this curriculum this curriculum. This folder contains the following:

- Appendices A-D
- Teacher Lesson Slides
- Selected Parent Materials in Spanish

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Introduction

Parents are confronted daily with facts and figures regarding the status of adult and adolescent health in the US. Accidents and suicide remain the leading causes of death in adolescents, and homicide is common in some young adult populations. HIV and AIDS continue to be serious health conditions in young adults, as do other sexually transmitted infections. Recent estimates reflect that these and other chronic diseases will cost the US economy over three trillion dollars by the year 2025, both in direct health care costs as well as lost productivity. Each one of these diseases involves a behavioral component which can be modified to prevent illness.

Nearly all teen pregnancies are unplanned—that is, teens themselves say they did not intend to get pregnant or cause a pregnancy. As a result of many factors—including increased access to sexual health information and birth control—the United States has seen a 70 percent decline in the teen birth rate since 1991, including profound declines in all 50 states and among all racial/ethnic groups.

However, each year about 194,000 teens still give birth, which is about 19 births for every 1,000 girls. Nearly two out of every 100 teen girls will have a child each year. Rates are higher among young people living in poverty, living in foster care, or facing persistent racism and discrimination.

The fact that teens don't want to get pregnant is reason enough to ensure that they have access to quality information and birth control. In addition, preventing teen pregnancy helps expand opportunity, create positive social change, and allow young people to be stronger contributors to their communities. (Source: https://powertodecide.org/what-we-do/information/why-it-matters)

Many young people also engage in sexual behaviors that can result in sexually transmitted infections (STIs), including HIV. Adolescents ages 15-24 account for half of new STD infections. Adolescents ages 15-24 account for nearly half of the 20 million new cases of STDs each year. Today, two in five sexually active teen girls have had an STD that can cause infertility and even death. Yet other sexual behaviors, such as condom use and hormonal birth control use, can protect against STIs, including HIV, and unintended pregnancy. (Source: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf)

For further information on trends in teen sexual health, see also:

- ***The Centers for Disease Control Adolescent and School Health***
  https://www.cdc.gov/healthyyouth/data/yrbs/results.htm
- ***Adolescent Development and STDs***
  https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/stds/index.html

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Training Qualified Teachers

Crucial to the successful implementation of effective health instruction is the assignment of this responsibility to **credentialed and qualified health science teachers**. Teachers should have a credential in the subject area to which they are primarily assigned, i.e., a Single Subject Credential with authorization in Health Science. Biology or physical education teachers may not be authorized to accept health education as their primary assignment, unless they hold an authorization in Health Science. School nurses, science and physical education teachers, and others (including outside speakers) may be assigned to teach the curriculum, **but should first attend a formal curriculum training**.

The Guidelines for Comprehensive Sexuality Education: Kindergarten – 12 Grade (SIECUS, 2004) are:

- Every person deserves to be treated with dignity and respect.
- Sexuality is a natural and critical dimension of adolescent development.
- Sexuality includes physical, emotional, psychological, ethical, social and spiritual dimensions.
- Sexuality and sexual behavior are defined and shaped by genetics, culture, tradition, race/ethnicity, and religion.
- Youth explore their sexual identity as a natural process in achieving sexual maturity.
- Youth have a right to access sexual and reproductive health services.
- Youth have a right to medically accurate information about sexuality.
- Healthy sexuality is more than reproductive health or the avoidance of HIV/STIs, or unintended pregnancy.
- Sexual relationships should be reciprocal, based on respect, and should never be coercive or exploitative.
- Adolescent sexuality education should be comprehensive, holistic, grounded in a youth-centered approach, and based on youth development principles.

These guiding principles and assumptions are also reflected in the *National Teacher Preparation Standards for Sexuality Education* (Future of Sex Education, 2014).

The *National Teacher Preparation Standards for Sexuality Education* were created to provide guidance to programs within institutions of higher education in order to better prepare undergraduate pre-service students to deliver sexuality education.

The development of the *Teacher Preparation Standards* are part of the ongoing Future of Sex Education (FoSE) Initiative, which has as its goal that every young person in public school has high quality, comprehensive sexuality education that is developmentally, culturally, and age appropriate.

In the United States, sexuality education is most commonly taught within the health and/or physical education (PE) curriculum at the middle and high school levels. In the elementary grades, individual classroom teachers teach health in addition to every other subject area. So while the overall FoSE initiative is focused on instruction in Grades K-12, the *Teacher Preparation Standards* focus specifically on preparation programs that train health and PE teachers most likely to be teaching in middle and high school. For further information, visit www.FutureofSexEd.org.

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Training Qualified Teachers CONTINUED

School districts should cooperatively plan and conduct in-service training for all school district personnel that provide HIV/STI and teen pregnancy prevention education, through regional planning, joint powers agreements, or contract services. In developing and providing in-service training, a school district should cooperate and collaborate with the teachers of the district who provide prevention education and with the department. Furthermore, in-service training should be conducted periodically to enable school district personnel to learn new developments in the scientific understanding of HIV/STI and teen pregnancy prevention.

School districts may contract with outside consultants or guest speakers, including those who have developed multilingual curricula or curricula accessible to persons with disabilities, to deliver comprehensive sexual health education or to provide training for school district personnel. All outside consultants and guest speakers should have expertise in comprehensive sexual health education education and have knowledge of the most recent medically accurate research on the relevant topic or topics covered in their instruction.

For teacher trainings, please contact Cardea Services (510) 835-3700 or email positive.prevention@cardeaservices.org.

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Rigor and Relevance: How Positive Prevention *PLUS* Supports Current Trends in Education

In recent years, a number of state and federal initiatives have provided guidelines and standards for higher quality sexual health education, including the National *Health Education Standards*, the *National Sexuality Education Standards*, and the *Next Generation Science Standards* (NGSS), and in California, the drive toward Local Control Accountability Planning (LCAP). *Positive Prevention PLUS* reflects these guidelines and initiatives in a number of ways, as described below.

National Health Education Standards

Standards for K-12 classroom health instruction are organized according to eight over arching standards (with examples of related *Positive Prevention PLUS* content listed in parentheses after each Standard). NOTE: Standards emphasized in each lesson are listed in the beginning of each lesson, and on the chart in Appendix A in the Curriculum Downloads on the positiveprevention.com website using the code in the beginning of this curriculum.

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health. (P3 lessons include healthy relationships, avoiding relationship violence and abuse, protection from unplanned STIs and pregnancy, HIV/STI transmission, accessing health care, planning a healthy future.)

Standard 2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors. (P3 lessons include media analysis, assertiveness skills, refuting peer pressure.)

Rigor and Relevance CONTINUED

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health. (P3 lessons include seeking advice and guidance from trusted adults, identifying local health providers and resources for HIV/STI testing and reproductive health care.)

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks. (P3 lessons include refuting peer pressure, assertiveness skills, condom negotiation skills.)

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health. (P3 lessons include protecting oneself from abusive relationships, selecting appropriate contraception, exploring reasons to abstain from sexual intercourse, and alternatives regarding an unplanned pregnancy.)

Standard 6: Students will demonstrate the ability to use goal setting skills to enhance health. (P3 lessons include life planning and goal setting, assessing personal readiness to take steps toward success.)

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce risks. (P3 lessons include protecting oneself from an unintended STI infection or pregnancy, protecting oneself from abusive relationships, including sex trafficking, using contraception if sexually active, accessing health services, seeking advice and guidance from trusted adults.)

Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health. (P3 lessons include assertiveness and negotiation skills, normative modeling and discussion regarding sexual abstinence, and ways to avoid abusive relationships.)

National Sexuality Education Standards

The goal of the *National Sexuality Education Standards: Core Content and Skills, K–12* is to provide clear, consistent and straightforward guidance on the essential minimum, core content for sexuality education that is age-appropriate for students in grades K–12.

The Standards are organized according to eight overarching concepts (with examples of related Positive Prevention *PLUS* content listed in parentheses after each Standard). NOTE: Standards emphasized in each lesson are listed at the beginning of each lesson, and referenced on the chart in Appendix A in the Curriculum Downloads on the positiveprevention.com website using the code in the beginning of this curriculum.

Standard 1: Core Concepts. Students will comprehend concepts related to health promotion and disease prevention to enhance health. (P3 lessons feature "essential information" on which students build their intrapersonal and interpersonal skills, including puberty, human reproduction, contraception, and disease transmission.)

Standard 2: Analyzing Influences. Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors. (P3 lessons examine peer, media, cultural, and family influences and practices that impact their attitudes and behaviors.)

Standard 3: Accessing Information. Students will demonstrate the ability to access valid information and products and services to enhance health. (P3 lessons include the identification of web-based and community-based services, including guidelines for safely using social media.)

Standard 4: Interpersonal Communication. Students will demonstrate the ability to use

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Rigor and Relevance CONTINUED

interpersonal communication skills to enhance health and avoid or reduce health risks. (P3 lessons include discussions with other students, parents and/or trusted adults; as well as practicing effective assertiveness and negotiation skills.)

Standard 5: Decision-Making. Students will demonstrate the ability to use decision-making skills to enhance health. (P3 lesson 6 incorporates decision-making practice for reproductive health-related problems.)

Standard 6: Goal-Setting. Students will demonstrate the ability to use goal-setting skills to enhance health. (P3 lessons include detailed life-planning and goal-setting exercises.)

Standard 7: Self-Management. Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks. (P3 lessons include forming healthy and positive relationships with others, identifying and avoiding risky sexual behaviors, protecting one's own and others' sexual health and well-being, and seeking care and advice from valid and reliable sources.)

Standard 8: Advocacy. Students will demonstrate the ability to advocate for personal, family and community health. (P3 lessons include expressing empathy for others, and committing to the sexual health and safety of self and others.)

Next Generation Science Standards

The goal of the *Next Generation Science Standards* (NGSS) is to move beyond content knowledge, i.e., to move from memorizing facts to "science literacy." (NOTE: The concept of science literacy is similar to the concept of "health literacy" discussed in earlier health education frameworks.)

Although there is some content congruence between HIV/STI prevention and teen pregnancy and the NGSS contents (e.g. reproductive structure and function, bacterial and viral infections, and the immune system), **it is the NGSS recommended instructional strategies that align so well with *Positive Prevention PLUS***.

Collaboration and problem-solving
Lessons include normative and brainstorming discussions surrounding group agreements, the advantages of delaying sexual activity, and suggesting individual and family responsibility for caring for self and others.

Applying and inferring
Lesson Previews emphasize the distinction between situational facts, and the subsequent interpretation of those facts.

Sorting
Lessons include ranking sexual risk behaviors, also categorizing STIs and contraceptive methods.

Formative and summative evaluation of student learning
Lessons include student worksheets and Lesson Wrap-ups, student engagement in class activities, and a curriculum pre-post test.

Again, it would not be appropriate to claim that *Positive Prevention PLUS* is aligned with the *Next Generation Science Standards*, but rather that **this curriculum supports and complements the NGSS and the work of those educators and schools striving toward engaging students in applying their knowledge and skills in an authentic and relevant context.**

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Characteristics of Effective HIV/STI and Teen Pregnancy Prevention Programs

Based on a number of early and more recent program evaluations, it is now known that the most effective HIV/STI and teen pregnancy prevention programs share common characteristics. These programs:

- Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or sexually transmitted infections, including HIV.
- Deliver and consistently reinforce a clear message about abstaining from sexual activity or using condoms or other forms of contraception. This appears to be one of the more important characteristics distinguishing effective from ineffective programs.
- Provide basic, accurate information about the risks of teen sexual activity and about ways to avoid intercourse or to use methods of protection against pregnancy and sexually transmitted infections.
- Include activities that address social pressures that influence sexual behavior.
- Provide examples and practice with communication, negotiation and refusal skills.
- Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students.
- Employ teaching methods designed to involve participants and have participants personalize the information.
- Are based on theoretical approaches that have been demonstrated to influence other health related behaviors and identify specific antecedents to be targeted.
- Select teachers and peer leaders who believe in the program and then provide them with adequate training.
- Last a sufficient length of time (i.e.) more than a few hours. Generally speaking, short-term curricula, whether abstinence-only or sexuality education programs, do not have measurable impact on the behavior of teens.

From: Kirby D. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy.* Washington, DC: National Campaign to Prevent Teen Pregnancy. (Source: Advocates for Youth, May 2008)

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Medical Accuracy of the Positive Prevention *PLUS* Curriculum

The *Positive Prevention PLUS* curriculum underwent its second medical review by staff from the federal Office of Adolescent Health in 2014 ("Medical Accuracy Review Form for Curricula and Educational Materials Proposed for Use by Teen Pregnancy Prevention (TPP) Grantees and Personal Responsibility Education Innovative Strategies (PREIS) Grantees"), and was deemed "meets the definition of medical accuracy with modifications" which were then made.

A more recent review for medical accuracy was conducted in September 2019 by Adagio Health, a federal grant recipient in Pennsylvania. The curriculum was deemed "medically accurate with modifications" which have also since then been made.

In addition, URLs are provided throughout the curriculum so teachers can access the latest updated information on a variety of topics.

Research Findings for Positive Prevention *PLUS*

In 2010 the federal Office of Adolescent Health (OAH) funded a 5-year research study to evaluate the impact of the *Positive Prevention PLUS* curriculum on sexual behaviors of high school freshman. Results of two independent randomized control trials (RCTs) involving 100 teachers and 3,000 students from six Southern California school districts indicated statistically significant improvements in:

- Delay in the onset of sexual activity
- Increase in contraceptive use among sexually active students
- Increase in access to reproductive health care services
- Increase in parent-child communication regarding sexual health

From: LaChausse R. A *Clustered Randomized Controlled Trial of the Positive Prevention PLUS Adolescent Pregnancy Prevention Program.* Washington, DC: American Journal of Public Health, Supplement 1, 2016, Vol. 106, No. 51

See also:

Office of Adolescent Health https://www.hhs.gov/ash/oah/sites/default/files/ash/oah/oah-initiatives/evaluation/grantee-led-evaluation/summary-researchdemonstration.pdf

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Trauma-Informed Instruction

Traumatic stress can arise from a variety of sources: bullying at school, school shootings, even the day-to-day exposure to events such as molest or assault, incest in the family, divorce or homelessness. Children and adults can be affected by traumatic stress. Having the tools to manage traumatic stress empowers the members of both students and staff.

Students who are being (re)traumatized may exhibit a wide range of behaviors, including emotional withdrawal, tears, disruptive behavior, or inability to focus. In a trauma-informed school, the adults in the school community are prepared to recognize and respond to those who have been impacted by traumatic stress, including students who have been bullied, assaulted or molested. Those adults include administrators, teachers, staff, parents, and law enforcement. In addition, students are provided with clear expectations and communication strategies to guide them through stressful situations. The goal is to not only provide tools to cope with extreme situations but to create an underlying culture of respect and support. This should apply to teachers as well as students.

A note to teachers is posted at the beginning of several lessons as a reminder to identify and discreetly refer to a school counselor any student who exhibits distress. An invitation for the student to excuse themselves is also sometimes posted in Lesson Slide #3 (Today's Objectives).

For more information, see: https://traumaawareschools.org/traumaInSchools.

Respect for Differences, Gender Equity and Human Rights

Respect for Differences

The authors of this curriculum strongly believe that communities, schools, families, and students should:

- Recognize that American society is and always has been pluralistic and multicultural, a single nation composed of individuals whose heritages encompass many different national and cultural backgrounds.
- Understand the American creed as an ideology extolling equality and freedom.
- Recognize the status of minorities and women in different times in American history.

The authors of this curriculum further believe that, in order to participate effectively in society, students need to:

Develop personal skills. Among the personal skills that students should develop are sensitivity to the needs, problems, and aspirations of others; expression of their personal convictions; recognition of personal biases and prejudices, such as the stereotyping of members of a particular group; understanding of people as individuals rather than as stereotypes; and the adjustment of one's behavior to work effectively with others.

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Develop group interaction skills. Among the group interaction skills that students should develop are willingness to listen to the differing views of others; ability to participate in making decisions, setting goals, …and resolving conflicts; and the ability to confront controversial issues in ways that work toward reasoned solutions free of aggressions that destroy group relations.

Develop social and political participation skills. Among the social and political participation skills that students should embrace, include …to accept social responsibilities associated with citizenship; …to preserve and extend justice, freedom, equity, and human rights; …and to accept the consequences of one's own actions. (Source: CA History and Social Science Framework, 2009)

Gender Equity

Studies from both developing and developed countries confirm that young people who believe in gender equality have better sexual health outcomes than their peers. In contrast, those young people who hold less egalitarian attitudes tend to have worse sexual health outcomes. **For example, young people who believe that males should be "tough" and should hold more power than females are less likely to use condoms or contraception and more likely to have multiple sex partners. They are also more likely to be in intimate relationships that involve violence.** Females in relationships with a high level of male control are also more likely to report HIV and unintended pregnancy.

Reflecting this constellation of gender inequality and poor sexual health are studies showing that intimate partner violence is associated with higher rates of unintended pregnancy, STIs, and HIV. These findings make clear that young people need chances to learn about gender. *(ref: It's All One Curriculum, p. 4)*

Human Rights

Why would sexuality and HIV/STI prevention education emphasize human rights? To enjoy safe and satisfying sexual lives, young people must be able to exercise their basic human rights. For example, everyone has a right to dignity, bodily safety, and access to health information and services. Only when people can exercise these rights can they really choose whether or not to have sex, negotiate condom and contraceptive use, and seek the services they need. Promoting sexual and reproductive rights also encourages young people to take responsibility for protecting the well-being and rights of others. *(ref: It's All One, p. 18)*

Every single person has a responsibility to respect the rights of every other person:

- When we grow up learning to respect every human being equally, we come to respect human rights.
- Often, when we grow up learning to hold negative attitudes toward certain groups of people, we may treat them unfairly and deny them their rights.
- Sometimes people attach a set of characteristics to a certain group of human beings. This is called "stereotyping." Common examples of stereotyping include the attitudes that boys are naturally better than girls at math and that certain groups are lazy or unclean. Stereotypes are typically inaccurate or highly distorted. Stereotyping makes us less able to see others as fully human. It makes us more likely to condone unfair treatment of others.

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Respect for Differences CONTINUED

- Some people may be subject to severe social disapproval because of their personal characteristics. This disapproval is called stigma. For example, in some places people may be subject to stigma because of their weight, their sexual behavior, their religion, their health status, or even their lack of ability in sports. When people are treated unfairly because of their presumed (or known) identity, such treatment is called "discrimination." People have a right to live free of discrimination. Discrimination occurs in families, at school, at work, in the community, and in society at large.
- Discrimination is not only an individual matter. Governments and whole social systems (such as schools, religions, or the job market) also discriminate.
- Regardless of our personal attitudes, we all have a responsibility to respect people's human rights. *(ref: It's All One, p. 26)*

For further information on *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education* (Population Council, 2009), https://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf.

Parent and Community Involvement

Critical to the successful implementation of effective health education programs is the **involvement of parents and community** in the review and approval of the course of study, as well as in the provision of supportive resources. An ideal mechanism for enhancing parent and community involvement is a school health advisory committee. Public Health Law Center at William Mitchel College of Law has outlined how to establish a **school health advisory committee** in its publication entitled *Creating and Sustaining a School Health Council (June 2011)*. Similar steps are also described in California Department of Education's document *Putting It All Together: Program Guidelines and Resources for State- Mandated HIV/AIDS Education in California Middle and High Schools (CDE, 2011).*

Positive Prevention PLUS Comprehensive Sexual Health Education deals with content which some might argue is better left to parental discussions within the context of diverse family or cultural values. We respect the right of parents or guardians to withdraw their child from instruction with the caveat that parents or guardians take an active and informed role in the sexual health education of their children. To that end, *Positive Prevention PLUS Comprehensive Sexual Health Education* also includes parent or trusted adult assignments to address sexual health topics with their child in each lesson. In addition, parent or other trusted adult background materials, discussion points, and other resources are provided in Appendix B.

For those parents who contend that limited, abstinence-only materials should be presented, refer them to the citations regarding research on the scientific and ethical shortcomings of the abstinence-only-until-marriage approach. Please see https://www.mailman.columbia.edu/public-health-now/news/abstinence-only-until-marriage-programs-and-policies-are-failure

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Getting Started

NATIONAL HEALTH EDUCATION STANDARDS
NHES *2.8.7, 3.8.2, 2.8.2. For further information see Appendix A.*

NATIONAL SEXUALITY EDUCATION STANDARDS
NSES *3.1-2.G; 4.1.G. For further information see Appendix A.*

SEL COMPETENCIES
Self-Management
Social Awareness
Relationship Skills

NOTE:
For directions on accessing the downloadable slides and support materials, please refer to the instruction sheet included at the front of the binder. Additional instructions can also be found at https://positivepreventionplus.

NOTE:
The school should notify parents regarding these sexual health education lessons. See Appendix B for Sample Parent Letter.

NOTE:
***Student Workbooks** containing all worksheets in Spanish and English may be ordered from www.positivepreventionplus.com.*



CONTENT

- Introduction
- Discussing Embarrassing Topics
- Group Agreements (W worksheet)
- The Sexual Health of Teens
- Lesson Wrap-Up and Pre-Test (W worksheets)

OBJECTIVES

- Identify and follow class guidelines for appropriate behavior.
- Complete a self-assessment of pre-existing knowledge (pre-test) related to interpersonal relationships and sexual health.
- Identify facts related to teen sexual health.
- Identify ways to improve teen sexual health.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **Group Agreements** and **Lesson Wrap-Up** worksheets and the **Pre-Test**
- Poster paper, markers, and tape

TERMS

confidentiality, agreements

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PART A

Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

NOTE:
Throughout the lesson point out how the information being presented could help the character's solve their problem.

1 Getting Started

Using the slides provided, display the title slide for this lesson before you begin instruction.

2 Meet Esther, Johnny, Aman, and their friends.

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

NOTE:
Designate a bulletin board or area of the room for websites, help lines, phone numbers, and addresses of agencies which provide reproductive-related services.

3 What will we be studying in this unit?

Explain to students that during the next few weeks you will be introducing a very important unit of instruction on "comprehensive sexual health education," including:

- puberty and human reproduction
- gender and sexual orientation
- friendship, dating, love, and commitment
- bullying and other risky behaviors
- human trafficking
- all FDA-approved contraceptive methods
- sexual abstinence and delayed sexual activity
- HIV/AIDS and STI prevention
- goal-setting and decision-making

State that sexuality, including all these topics, is a normal part of human development. Yet these topics may be awkward for teachers and parents as well.

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4 What will you learn today?

Review today's learning objectives.

5 How will this lesson help you?

Review today's evidence of achievement.

PART B Discussing Embarrassing Topics

NOTE:
Encourage students to use a question box as needed throughout the lessons.

6 Why is it difficult to talk about sex?

1. Ask why it is difficult for some people to discuss sexuality and sexual health, even though these are a normal part of human development. Responses may include:
   - These topics are personal or private.
   - These topics are sometimes associated with being "normal" or "not normal."
   - These topics have to do with family, culture, or religious beliefs.

2. When talking about embarrassing topics, what types of behavior do you sometimes observe? Possible responses include:
   - laughter
   - silence
   - side comments

3. Assure students that, as the teacher, it is your intention to help them understand their changing social, emotional, and human relationships.

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PART C

Group Agreements

NOTE:
*If your school has purchased the **Student Workbooks**, you can direct students to the correct workbook page instead of distributing the worksheet.*

NOTE:
This would be a good time to explain your responsibility as a "mandated reporter." For example: "We will certainly try to maintain confidentiality in and out of our classroom, just in case someone shares a personal story or accidentally discloses another's name. But I want you to know that if I suspect that any of you are being harmed or endangered by anyone, it is my job as your teacher to help you get help."

7 What group agreements should we follow? W

1. Distribute a **Group Agreements** worksheet to each student.

2. With the students' assistance, create and post a set of group agreements which will help the students act respectfully and appropriately during this unit of instruction. Group agreements may include:
   - One person speaks at a time.
   - No name calling or put downs.
   - Respect differences.
   - Use proper language.
   - All questions are okay.
   - No personal stories.
   - Protect privacy.

3. Post the **Group Agreements** for everyone to see. You may want to review them each day and encourage students to observe these agreements in and out of class.

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NAME _____

Group Agreements

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

I agree to follow
these Group Agreements
during our lessons on sexual health.

SIGNATURE _____ DATE _____

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PART D

The Sexual Health of Teens

8 How sexually healthy are teens in the US?

First ask students to guess these percentages of each of the student behaviors; then review the actual data related to teen sexual activity, the use of condoms and other birth control methods, teen births, and cases of STIs.

89.7% The percent of U.S. teens who report using birth control during their last episode of sexual intercourse.

27.4% The percent of U.S. teens who are currently sexually active.

39.5% The percent of U.S. teens who report ever having sexual intercourse.

54.3% The percent of U.S. teens who report using a condom during their last episode of sexual intercourse.

10.7% The percent of U.S. teens who report using no method of birth control during sexual intercourse.

181,607 The number of U.S. teens who give birth in 2018.

12,500,000 The number of new STI cases each year in the U.S. among young adults ages 15-24.

Source: https://www.cdc.gov/healthyyouth/data/yrbs//results.htm

https://www.cdc.gov/life-stages-populations/adolescents-youngadults.htm

www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/stds.html

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The Sexual Health of Teens

89.7% The percent of U.S. teens who report using birth control during their last episode of sexual intercourse.

27.4% The percent of U.S. teens who are currently sexually active.

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10.7% The percent of U.S. teens who report using no method of birth control during sexual intercourse.

181,607 The number of U.S. teens who gave birth in 2018.

12,500,000 The number of new STI cases each year in the U.S. among young adults ages 15-24

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How could teen sexual health be improved?

Source: https://www.cdc.gov/healthyyouth/data/yrbs//results.htm
https://www.cdc.gov/life-stages-populations/adolescents-youngadults.htm
www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/stds.html

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9 How can teens improve their sexual health?

1. Explore with the students some ideas about how to improve teen sexual health. Possible responses include:
   - Increase their sexual health knowledge.
   - Have more open discussions with their parents or trusted adults about sex.
   - Access sexual health and counseling services, when needed.
   - Become more aware of how to resist sexual pressures from peers and the media.
   - Develop personal attitudes and skills that support healthy sexual behaviors in themselves and others.

2. Remind students that these are the topics and issues we are going to discuss during the next 12 lessons. Encourage them to have good attendance, to pay attention and to take personal responsibility for incorporating what they learn into their daily lives and relationships.

10 What are some web-based resources for teens?

1. Caution students that random sex-related web searches may result in inaccurate and offensive content, and even the possibility of their becoming vulnerable to sex predators. PROCEED WITH CAUTION!

2. Explain that there are many web-based resources for teens that safely and accurately discuss reproductive health to sort fact from fiction, including::
   - The Centers for Disease Control: www.cdc.gov/sexualhealth/
   - The National Sexual Assault Online Hotline: www.rainn.org
   - Media Wise for Gen Z: www.poynter.org/mediawise-for-gen-Z

3. Also encourage students to speak honestly and openly with their parents, adult care providers, and youth leaders about these topics.

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PART E

Lesson Wrap-up

11 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

12 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

13 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

14 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

15 Ask yourself.

Direct students to indicate how positive they are that they can follow the group agreements.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

16 Ask a parent or trusted adult.

1. Pass out the **Pre-Test** to all students to take home and complete with a parent or trusted adult.

2. Remind students to share/discuss with their parent(s) or trusted adult:
   (1) their completed worksheets and **Pre-Test** from this lesson and
   (2) **ask them** if they are willing to talk about these lessons with them.

17 Remember to do your homework!

Remind students to take home their **Pre-Test** and complete their homework.

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NAME _____

Getting Started Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F More than half the teens in the US are sexually active.

T F It can be difficult to talk about sexual health because this topic is associated with being "normal" or "not normal."

T F Group agreements include protecting another student's privacy when statements are made during class.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How positive are you that you can follow the group agreements? Circle your answer below.

Not Positive *Very Positive*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Discuss/review with your parent(s) or trusted adult your **Group Agreements** and **Lesson Wrap-Up** worksheets and student **Pre-Test** and **ask them** if they are willing to talk about these lessons with you.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME _____

Positive Prevention *PLUS* Student Pre-Test

DIRECTIONS Read each statement and circle whether you Agree, Disagree, or Don't Know.

Agree	Disagree	I don't know	1. A good friendship involves honesty, openness, flexibility, and communication.
Agree	Disagree	I don't know	2. In most states, a newborn infant can be safely surrendered within 72 hours of being born.
Agree	Disagree	I don't know	3. When making important decisions, it is important to evaluate your options, seek advice from reliable resources, and take responsibility for your decisions.
Agree	Disagree	I don't know	4. Using PEP or PrEP can reduce the chances of becoming infected for a person exposed to HIV.
Agree	Disagree	I don't know	5. You should not develop friendships with people who are overly controlling, possessive, threatening, and/or abusive.
Agree	Disagree	I don't know	6. Contraception can greatly reduce the risk of unintended pregnancy when used consistently and correctly.
Agree	Disagree	I don't know	7. Everyone has the same sexual orientation and gender identity.
Agree	Disagree	I don't know	8. Sexual harassment is when you make someone else feel bad or uncomfortable because of something (sexual) you say or do.
Agree	Disagree	I don't know	9. It is important for all individuals to get regular check-ups and receive health care if needed.
Agree	Disagree	I don't know	10. Sexual abstinence is NOT an effective method for preventing pregnancy and the spread of sexually transmitted infections (STIs).
Agree	Disagree	I don't know	11. Antiretroviral therapy (ART) can keep HIV-infected persons healthy for many years, and greatly reduces their chance of transmitting HIV to their sexual partner(s).
Agree	Disagree	I don't know	12. It is possible for a person to have an STI and have NO symptoms.
Agree	Disagree	I don't know	13. ALL methods of birth control protect against HIV/STIs.

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Agree	Disagree	I don't know	14. I am confident that I can make good decisions about delaying sex, even if I am being pressured by others.
Agree	Disagree	I don't know	15. I know how and where to find accurate and reliable sexual health information and sexual health services.
Agree	Disagree	I don't know	16. Partners must agree to the sexual behaviors they engage in ("yes means yes").
Agree	Disagree	I don't know	17. Sometimes hormonal changes during puberty can cause anger and sadness.
Agree	Disagree	I don't know	18. An unplanned pregnancy or getting a sexually transmitted infection would not interfere with my life plans and goals.
Agree	Disagree	I don't know	19. For a person who is sexually active, a condom is most effective in preventing both HIV/STIs and pregnancy, if it is used consistently and correctly.
Agree	Disagree	I don't know	20. Sex trafficking involves forcing a minor to have sex for money and other benefits, and is illegal.

What are some things you would like to learn in this unit?

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME ANSWER KEY

Positive Prevention *PLUS* Student Pre-Test

DIRECTIONS Read each statement and circle whether you Agree, Disagree, or Don't Know.

(Agree)	Disagree	I don't know	1. A good friendship involves honesty, openness, flexibility, and communication.
(Agree)	Disagree	I don't know	2. In most states, a newborn infant can be safely surrendered within 72 hours of being born.
(Agree)	Disagree	I don't know	3. When making important decisions, it is important to evaluate your options, seek advice from reliable resources, and take responsibility for your decisions.
(Agree)	Disagree	I don't know	4. Using PEP or PrEP can reduce the chances of becoming infected for a person exposed to HIV.
(Agree)	Disagree	I don't know	5. You should not develop friendships with people who are overly controlling, possessive, threatening, and/or abusive.
(Agree)	Disagree	I don't know	6. Contraception can greatly reduce the risk of unintended pregnancy when used consistently and correctly.
Agree	(Disagree)	I don't know	7. Everyone has the same sexual orientation and gender identity.
(Agree)	Disagree	I don't know	8. Sexual harassment is when you make someone else feel bad or uncomfortable because of something (sexual) you say or do.
(Agree)	Disagree	I don't know	9. It is important for all individuals to get regular check-ups and receive health care if needed.
Agree	(Disagree)	I don't know	10. Sexual abstinence is NOT an effective method for preventing pregnancy and the spread of sexually transmitted infections (STIs).
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(Agree)	Disagree	I don't know	12. It is possible for a person to have an STI and have NO symptoms.
Agree	(Disagree)	I don't know	13. ALL methods of birth control protect against HIV/STIs.

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(Agree)	Disagree	I don't know	14. I am confident that I can make good decisions about delaying sex, even if I am being pressured by others.
(Agree)	Disagree	I don't know	15. I know how and where to find accurate and reliable sexual health information and sexual health services.
(Agree)	Disagree	I don't know	16. Partners must agree to the sexual behaviors they engage in ("yes means yes").
(Agree)	Disagree	I don't know	17. Sometimes hormonal changes during puberty can cause anger and sadness.
Agree	(Disagree)	I don't know	18. An unplanned pregnancy or getting a sexually transmitted infection would not interfere with my life plans and goals.
(Agree)	Disagree	I don't know	19. For a person who is sexually active, a condom is most effective in preventing both HIV/STIs and pregnancy, if it is used consistently and correctly.
(Agree)	Disagree	I don't know	20. Sex trafficking involves forcing a minor to have sex for money and other benefits, and is illegal.

What are some things you would like to learn in this unit?

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LESSON 1

Understanding Your Body

NATIONAL HEALTH EDUCATION STANDARDS
NHES *1.8.1, 2.8.1, 2.8.2*
For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARDS
NSES *SH.8.CC.11, AP.8.CC.1, GI.8.INF.1, GI.8.IC.1 SO.8.CC.1 SO.8.INF.1, SO.8.IC.1, SO.8.CC.2, GI.8.AI.1, SO.8.AI.1. For further information see Appendix A.*

SEL COMPETENCIES
Self-Awareness
Self-Management
Social Awareness
Relationship Skills

NOTE:
For directions on accessing the downloadable slides and support materials, please refer to the instruction sheet included at the front of the binder. Additional instructions can also be found at https://positivepreventionplus.com/2021-teacher-resources/

NOTE:
Student Workbooks *containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com.*



CONTENT

- Introduction
- Sexual Development (W worksheets)
- Reproductive Anatomy (W worksheets)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Describe the typical physical and psycho-social changes that occur during puberty.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate **Sexual Development** and **Lesson Wrap-Up** worksheets

TERMS

penis, scrotum, testicles, anus, bladder, vans deferens, epididymis, urethra, rectum, vagina, clitoris, labia, uterus, fallopian tubes, ovaries, eggs, menstruation

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PART A

Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

NOTE:
Throughout the lesson point out how the information being presented could help the character's solve their problem.

1 Understanding Your Body

Display the title slide for this lesson before you begin instruction.

2 How embarrassing!

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B

Sexual Development of the Human Body

5 How do bodies change during puberty?

W

Puberty, which is the onset of sexual development in a body with a vagina, typically occurs between the ages of 10 and 16.

1. Ask students to identify physical changes that occur during puberty.

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2. Have students fill in their blank worksheet as you discuss the following:
   - **Hormone Production.** The sex hormones, progesterone and estrogen, are produced in the ovaries and circulate through the blood stream to produce other changes during puberty. (NOTE: These bodies also produces a small amount of the hormone, testosterone.)
   - **Breast Development.** Increased estrogen levels stimulate breast tissue growth. Sometimes one breast enlarges more rapidly. Different sizes of breasts may be normal during puberty and may or may not eventually become symmetrical.
   - **Larger Pelvis.** Increased estrogen stimulates the broadening of the pelvis in anticipation of pregnancy and childbirth.
   - **Body Hair.** Hair appears in varying amounts on the body, underarms, and around the genitals.
   - **Body Odor.** Increased activity of the sweat glands, especially during high stress, causes body odor.
   - **Menstruation.** Usually referred to as a "period," menstruation is the monthly discharge of blood and fluid build-up from the endometrial lining of the uterus. Generally occurring 14 days after ovulation, this process varies with age, stress levels, exercise, and body weight.

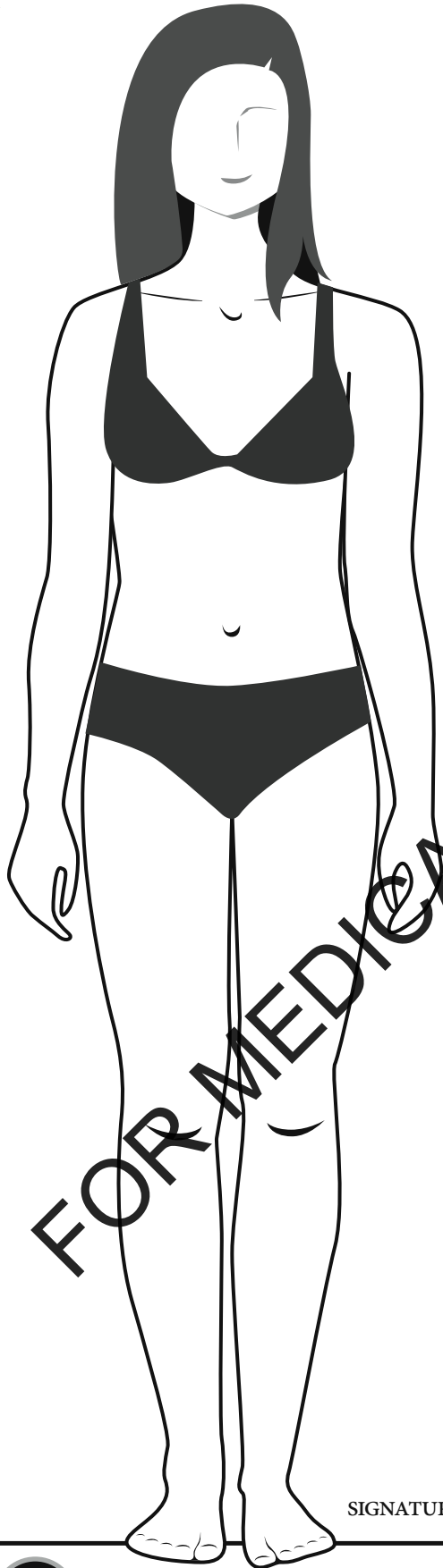
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NAME _____

Sexual Development



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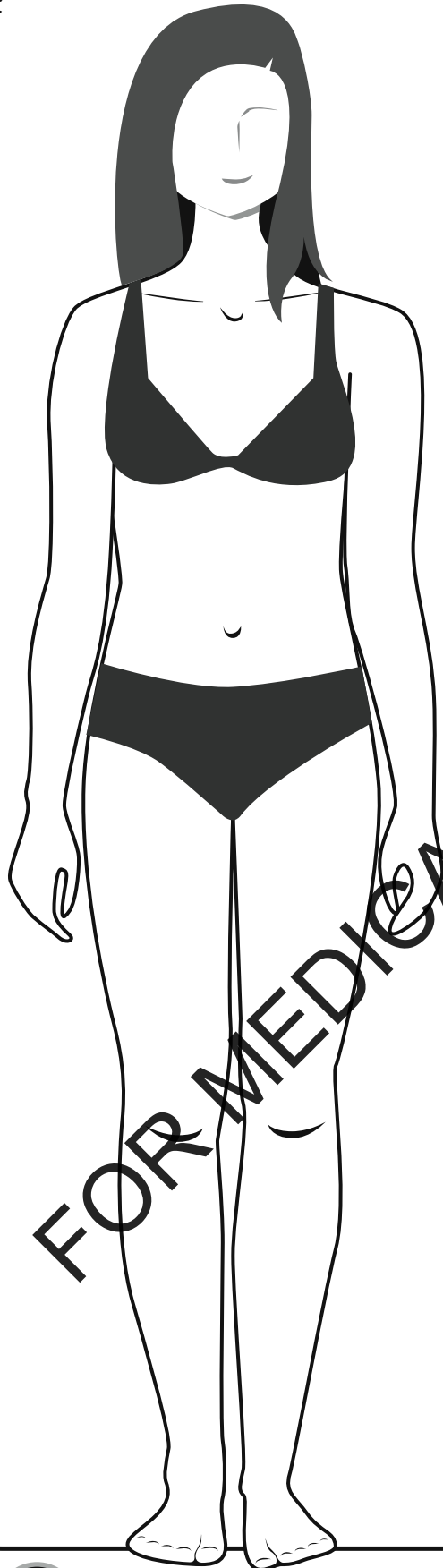
SIGNATURE OF PARENT OR TRUSTED ADULT _____

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ANSWER KEY

Sexual Development



Hormone Production

Body Odor

Breast Development

Larger Pelvis

Body Hair

Menstruation

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6 How do bodies change during puberty? W

Puberty, which is the onset of sexual development in a body with a penis, typically occurs between the ages of 12 and 18.

1. Ask students to identify typical physical changes that occur during puberty.

2. Have students fill in their blank worksheet as you discuss the following changes:
   - **Hormone Production.** The sex hormone, testosterone, is produced in the testicles and circulates through the blood stream to produce other changes during puberty. (NOTE: Bodies also produce a small amount of the hormone estrogen.)
   - **Deeper Voice.** Increased testosterone levels stimulate a thickening of the vocal cords, causing the voice to deepen. This may initially be sporadic.
   - **Muscular Development.** Increased testosterone levels stimulate muscle growth.
   - **Larger Genitals.** Increased testosterone stimulates the growth of the genitals.
   - **Body Hair.** Hair appears in varying amounts on the body, face, underarms, and around the genitals.
   - **Body Odor.** Increased activity of the sweat glands, especially during high stress, causes body odor.
   - **Nocturnal Emissions.** A person may experience a "spontaneous" ejaculation during sleep, which may or may not wake them. This is also known as a "wet dream."
   - **Slight Breast Enlargement (gynecomastia).** 40%-60% of teens with a penis experience breast enlargement, which may or may not continue into adulthood.

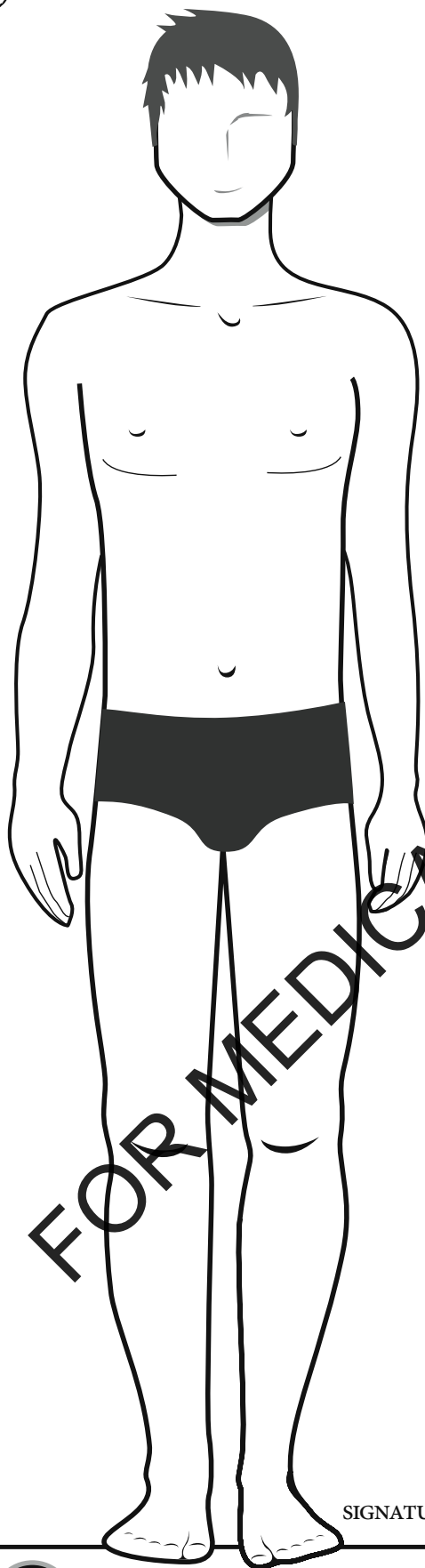
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NAME _____

Sexual Development



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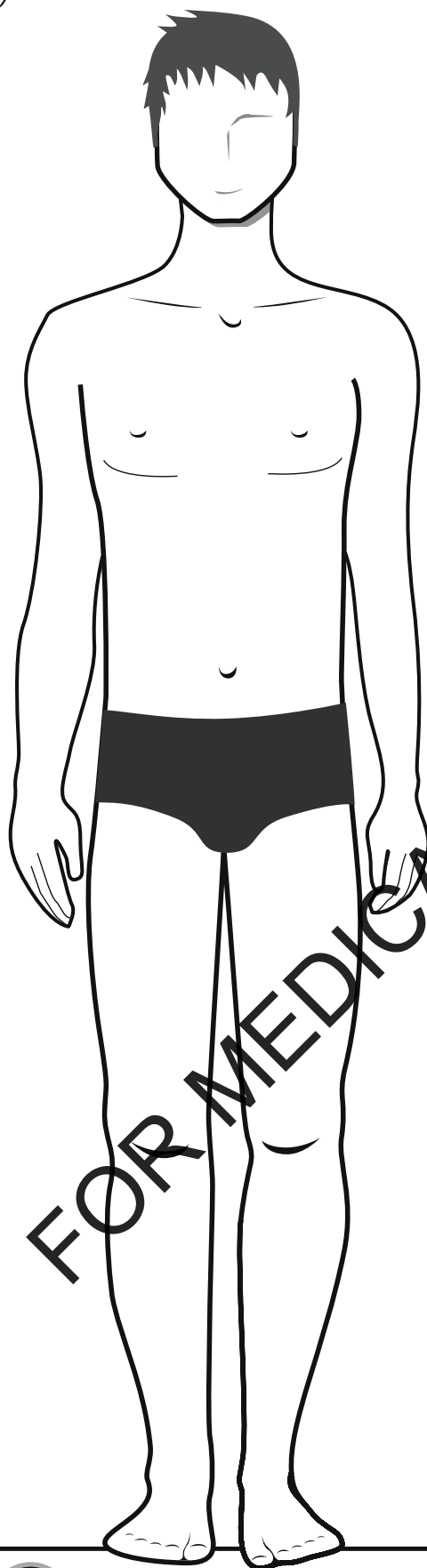
SIGNATURE OF PARENT OR TRUSTED ADULT _____

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ANSWER KEY

Sexual Development



Hormone Production

Body Odor

Muscular Development

Larger Genitals

Body Hair

Nocturnal Emissions

Deeper Voice

Slight Breast Enlargement

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PART C

External and Internal Structures

NOTE:
An erect penis put into a vagina is called vaginal sex, an erect penis put into an anus is called anal sex, and an erect penis put into a mouth is called oral sex.

NOTE:
Digital sexual contact involves the insertion of the finger(s) into vagina or anus.

NOTE:
The unlabeled worksheet serves as a good student handout and/or quiz.

7 What are the external structures?

W

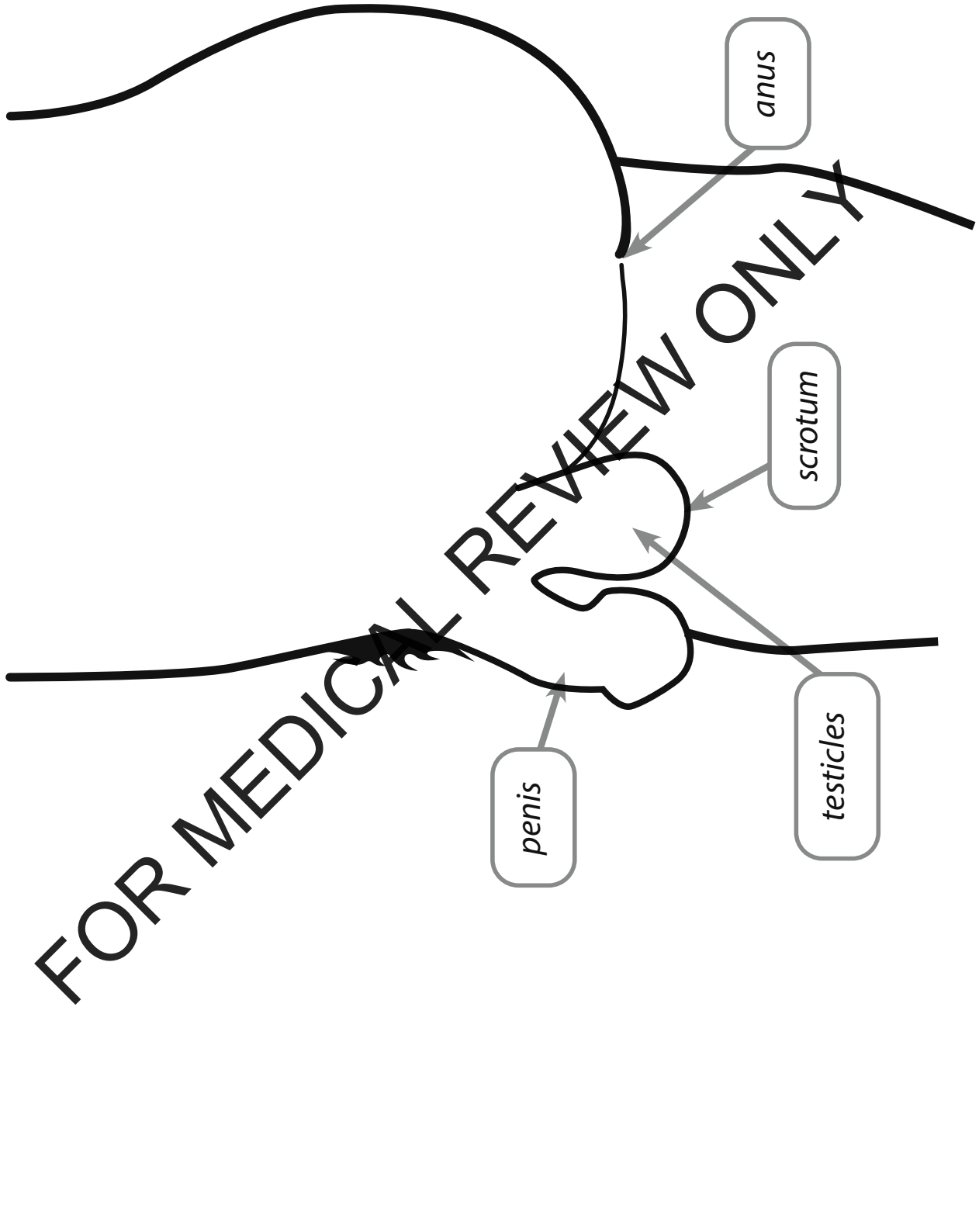
1. Distribute the diagram of the external structure, and point out the penis, scrotum, testicles, and anus.
   - **Penis** is the sex organ through which urine and semen come out. **Scrotum** is the sac that hangs behind and below the penis, containing the testicles.
   - **Testicles** are two small organs located inside the scrotum that make sperm and the hormone testosterone.
   - **Anus** is the ring of muscle that allows release of solid food waste or feces (i.e., a bowel movement) from the body. .

2. (OPTIONAL) Distribute a similar but unlabeled diagram and ask students to name the external structures.

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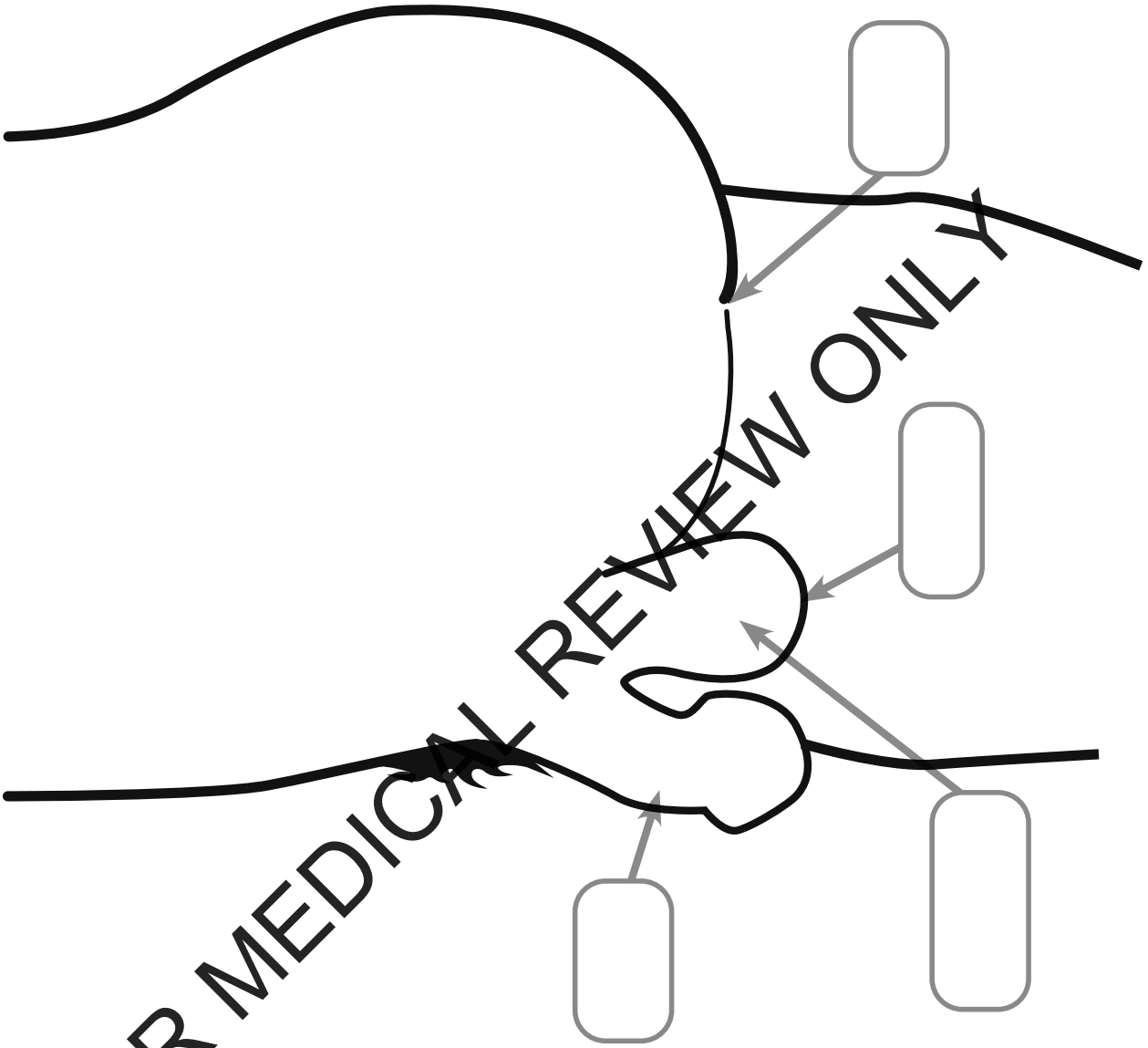


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8 What are the internal structures?

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1. Distribute a diagram of the internal structures. Point out the penis, scrotum, and anus. Then add the following structures:
   - **Bladder** is the sac that stores urine (urinary bladder).
   - **Testicles** are two small organs located inside the scrotum that make sperm and the hormone testosterone.
   - **Vas Deferens** are two tubes that carry sperm from the testicles and epididymis to the urethra.
   - **Epididymis** is the tightly coiled tube in each testicle where sperm is stored and matured until it is released during ejaculation.
   - **Urethra** is the tube that carries urine from the bladder and also semen from the testicles through the penis to the outside of the body.
   - **Rectum** is the tube that empties into the anus and carries waste out of the body.

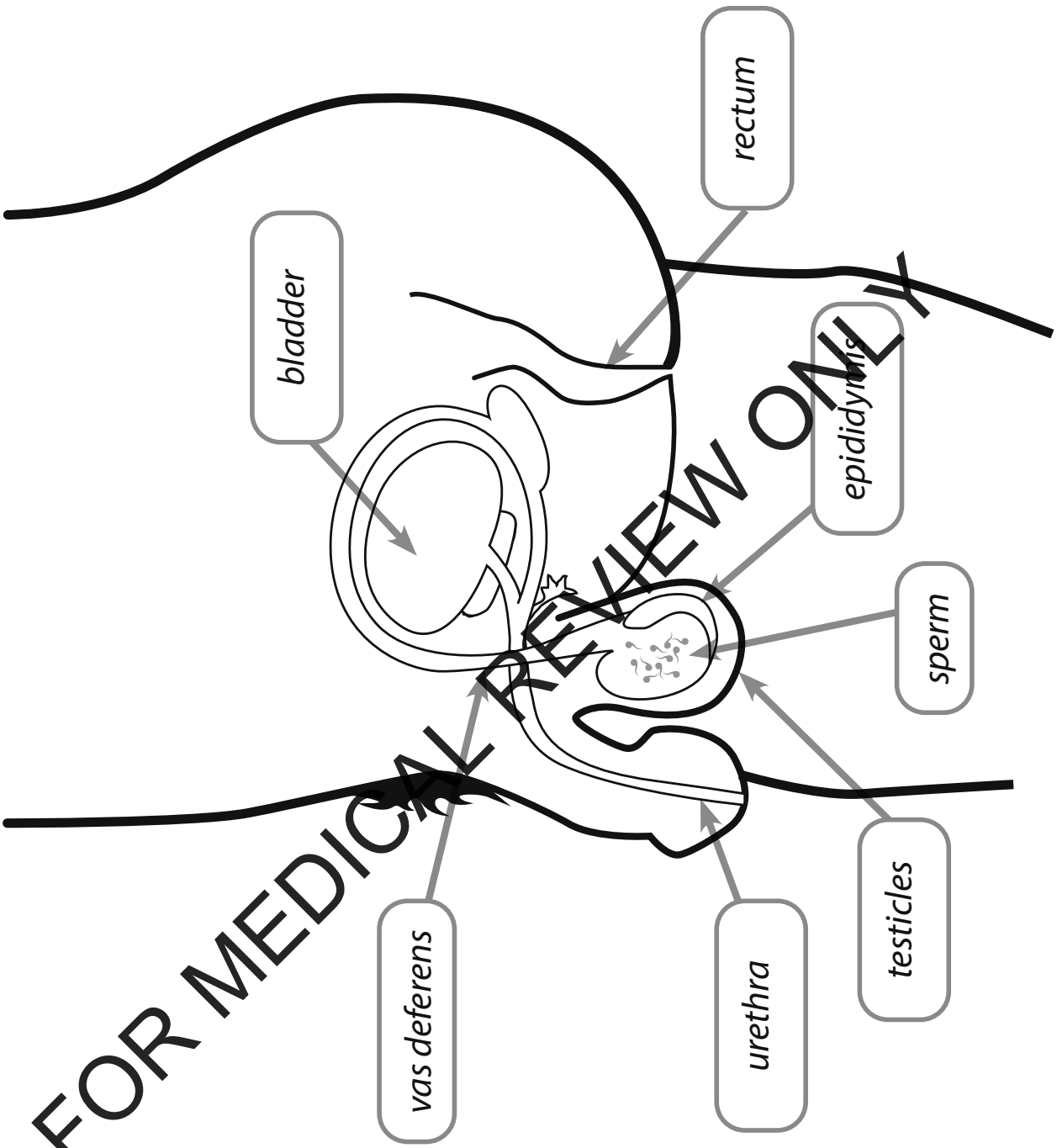
2. (OPTIONAL) Distribute a similar but unlabeled diagram and ask students to name the internal structures.

NOTE:
The unlabeled worksheet serves as a good student handout and/or quiz.

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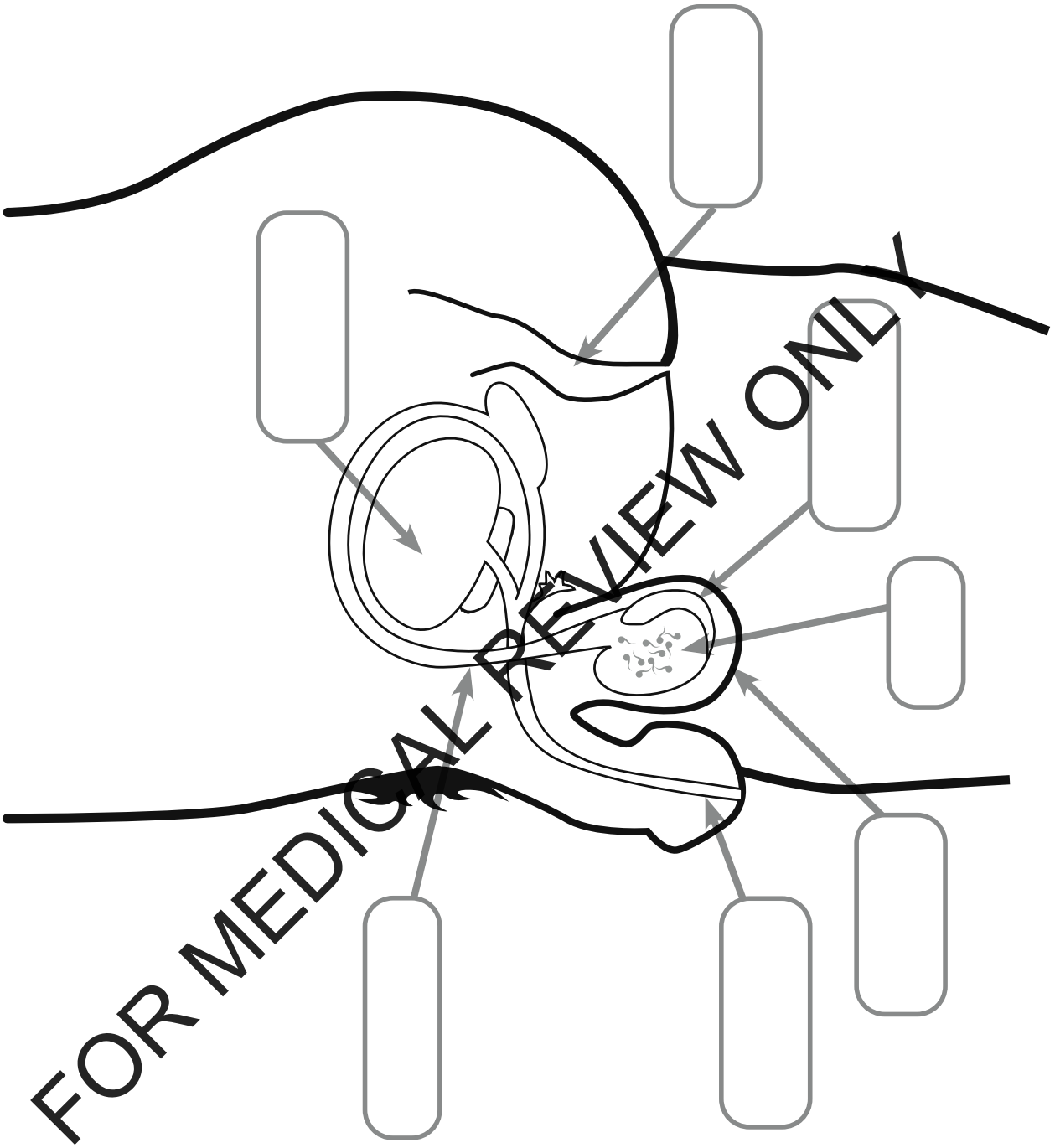


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NOTE:
Female circumcision also called female genital mutilation is the removal of some or all of the external female genitalia. This practice is most common in parts of the Middle East and Africa.

9 What is a circumcised and uncircumcised penis?

1. Explain that circumcision is the removal of the foreskin from a baby's penis. A doctor performs this operation a few days after a child is born.

2. Due to cultural or religious reasons some parents choose not to have their baby circumcised.

3. Everyone with a penis should wash it and people who have a foreskin should pull it back before washing it. It is okay to be circumcised or uncircumcised even though they look different.

10 What are erections and ejaculations?

1. Explain that at times, the penis gets long and hard. This is called an **erection** (because erect means to stand up). Many people make jokes about there being a bone in the penis. This is not true. An erection happens because blood flows into the spongy tissue of the penis. When blood flows out, the penis returns to its regular size. This is how an erection comes and goes.

2. The penis can become erect all throughout life. Even infants have erections. Erections happen especially during puberty.

3. The body can get an erection at any time of the day or night. They happen at night during sleep or when waking up. Erections can happen if the penis is touched or rubbed, or from thinking about sex, and sometimes for no reason at all!

4. Sometimes an erection can occur at an embarrassing time. Usually no one else will notice, so one should not be too alarmed. Having an erection can lead to the **ejaculation** (discharge of fluid) of semen (for example in the case of a wet dream or masturbation).

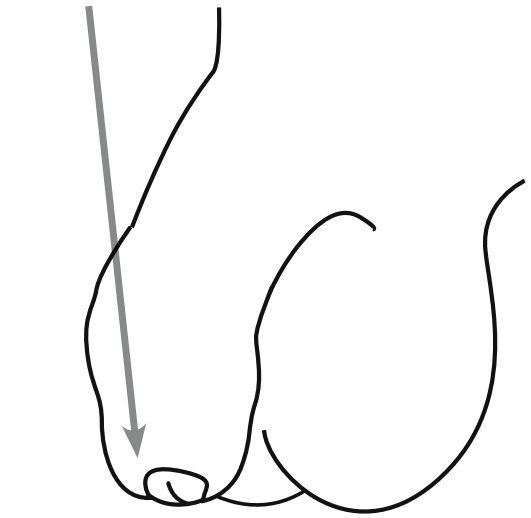
5. **Masturbation** involves touching, rubbing, or stroking one's own private parts. Masturbation for people with a penis usually involves rubbing the penis. This is a private behavior.

6. If semen is expelled during ejaculation (as a result of a wet dream or masturbation) it is important to wash the genitals, and to clean or change clothing and bedding.

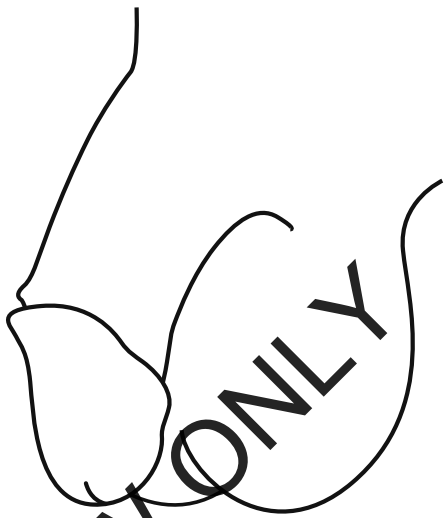
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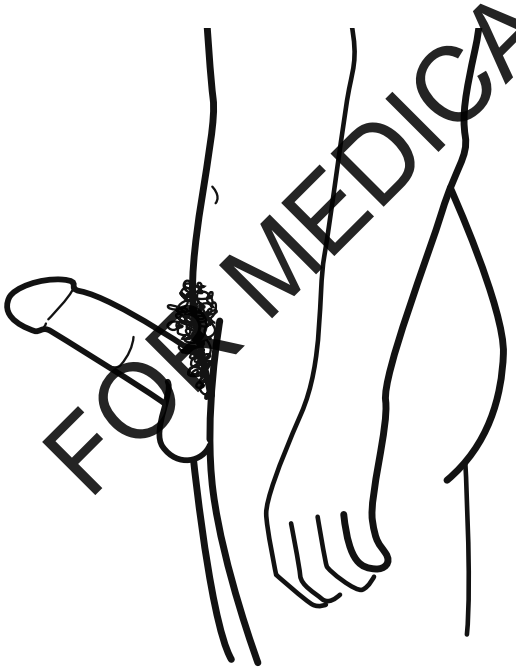


uncircumcised penis

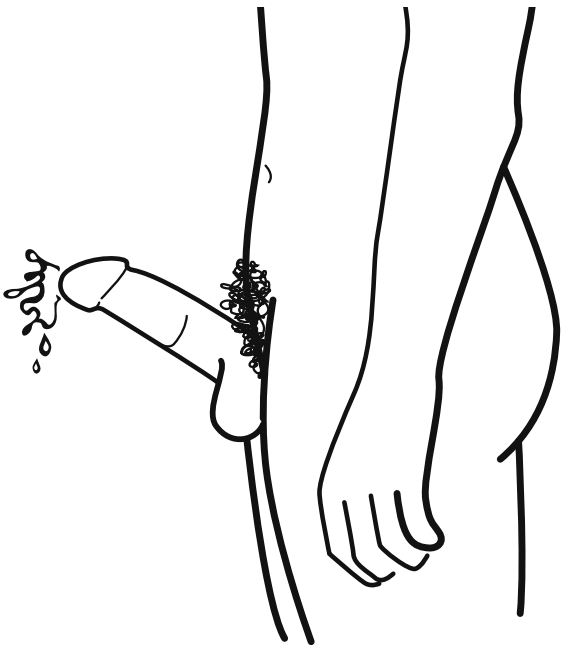


circumcised penis

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erection



ejaculation

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11 Can you name the external structures?

W

1. Distribute the diagram of the external structures, and define the following terms:
   - **Clitoris** is a small body of spongy tissue that is highly sensitive located between the top of the labia. The clitoris can become erect when touched or during sexual arousal.
   - **Anus** is the ring of muscle that allows release of solid food waste or feces (i.e., a bowel movement) from the body. An erect penis may be put into the anus during sexual intercourse (sex). Some people choose to put a penis, fingers, or an object into the anus during sex.
   - **Labia** are the folds of skin that surround the clitoris, the opening of the urethra, and the opening of the vagina.
   - **Vagina** is the opening leading from the outside of the body to the uterus; the birth canal.
   - **Urethra** is the tube which transports urine from the bladder to the outside.

NOTE:
The unlabeled worksheet serves as a good student handout or quiz.

2. (OPTIONAL) Distribute a similar but unlabeled diagram and ask students to name the external structures.

12 What are the changes during sexual arousal?

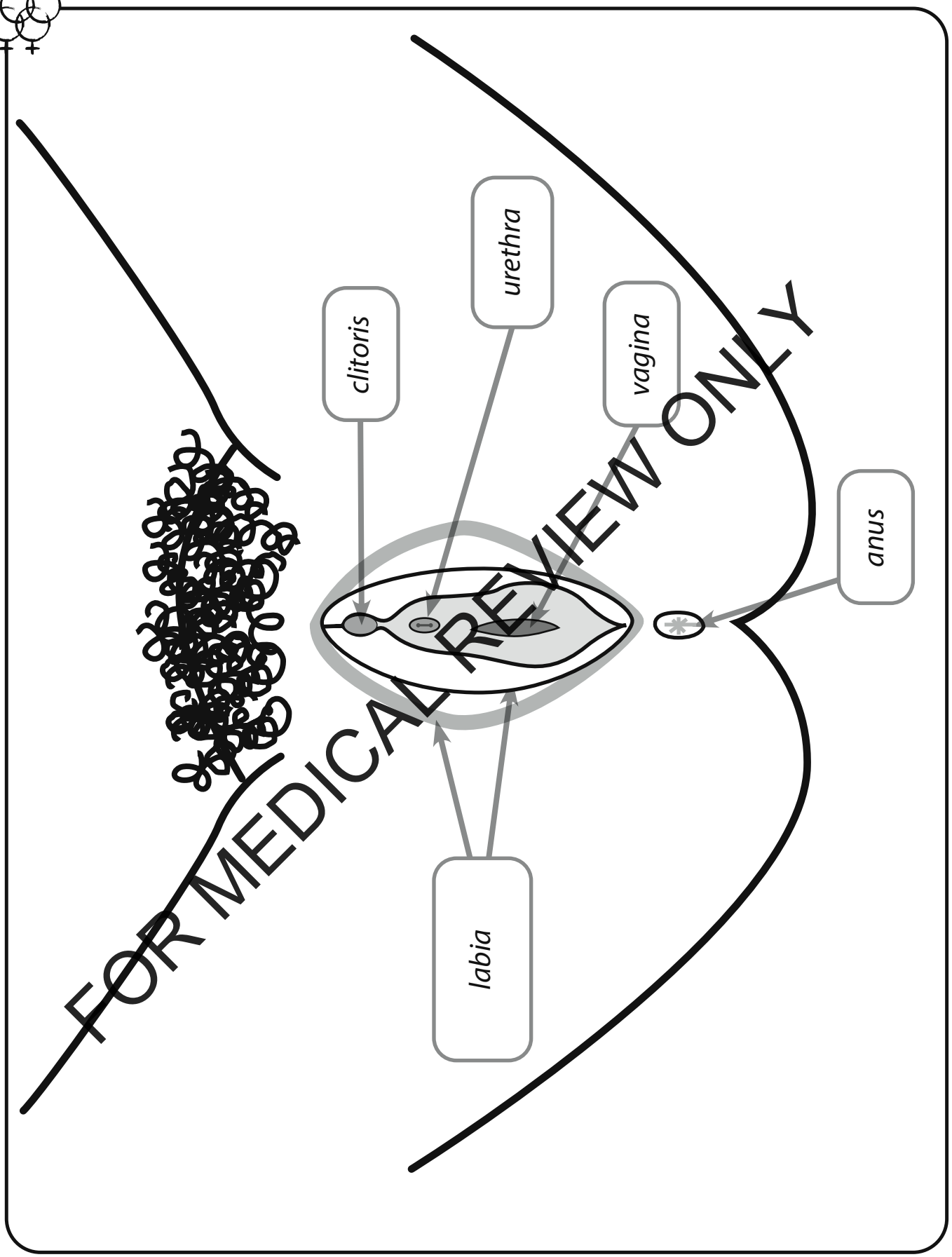
1. Changes include:
   - swollen labia
   - erect clitoris
   - swollen and enlarged opening
   - release of fluid

2. **Masturbation** may involve touching and rubbing of the clitoris, labia, and vagina. This is a private behavior.

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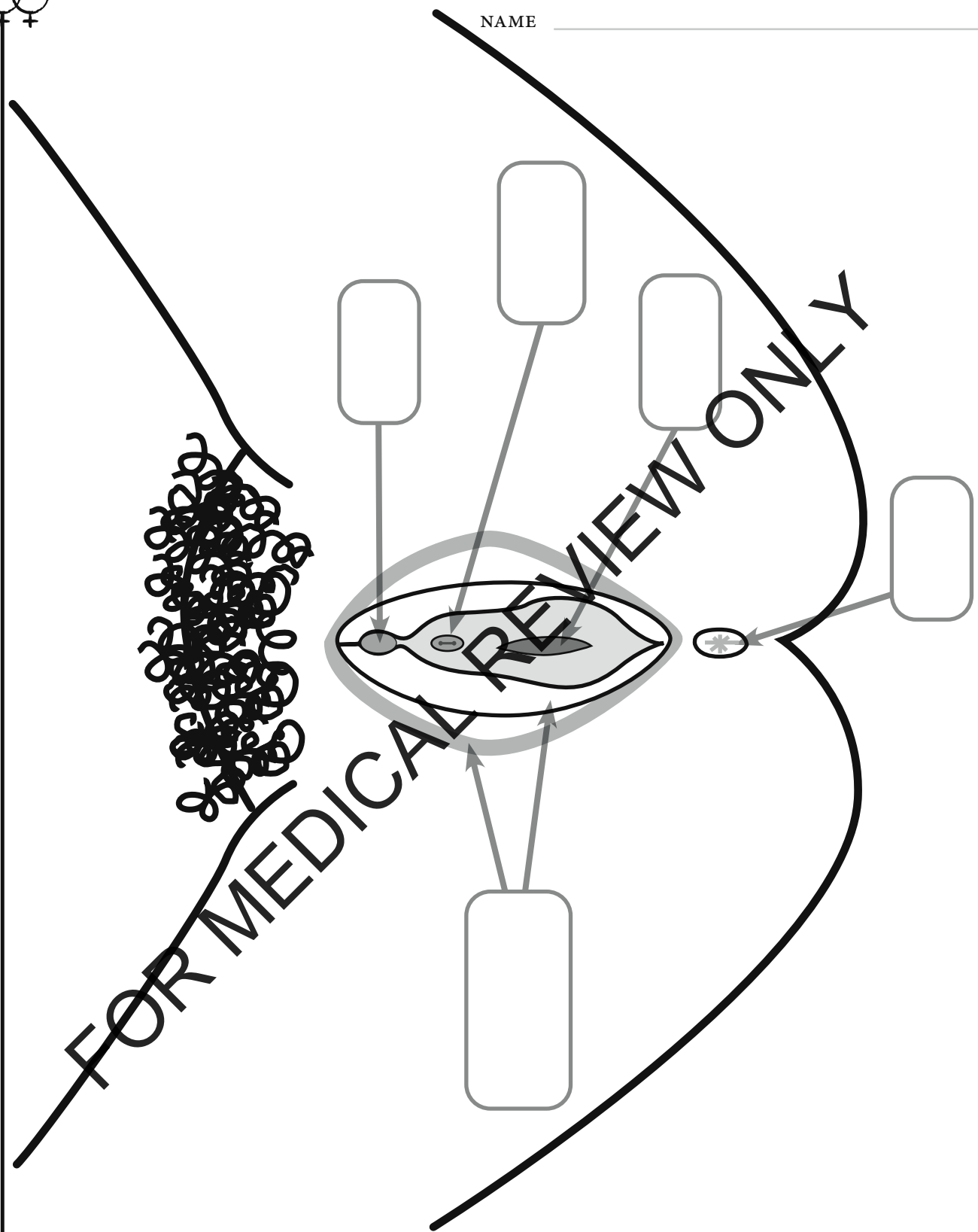


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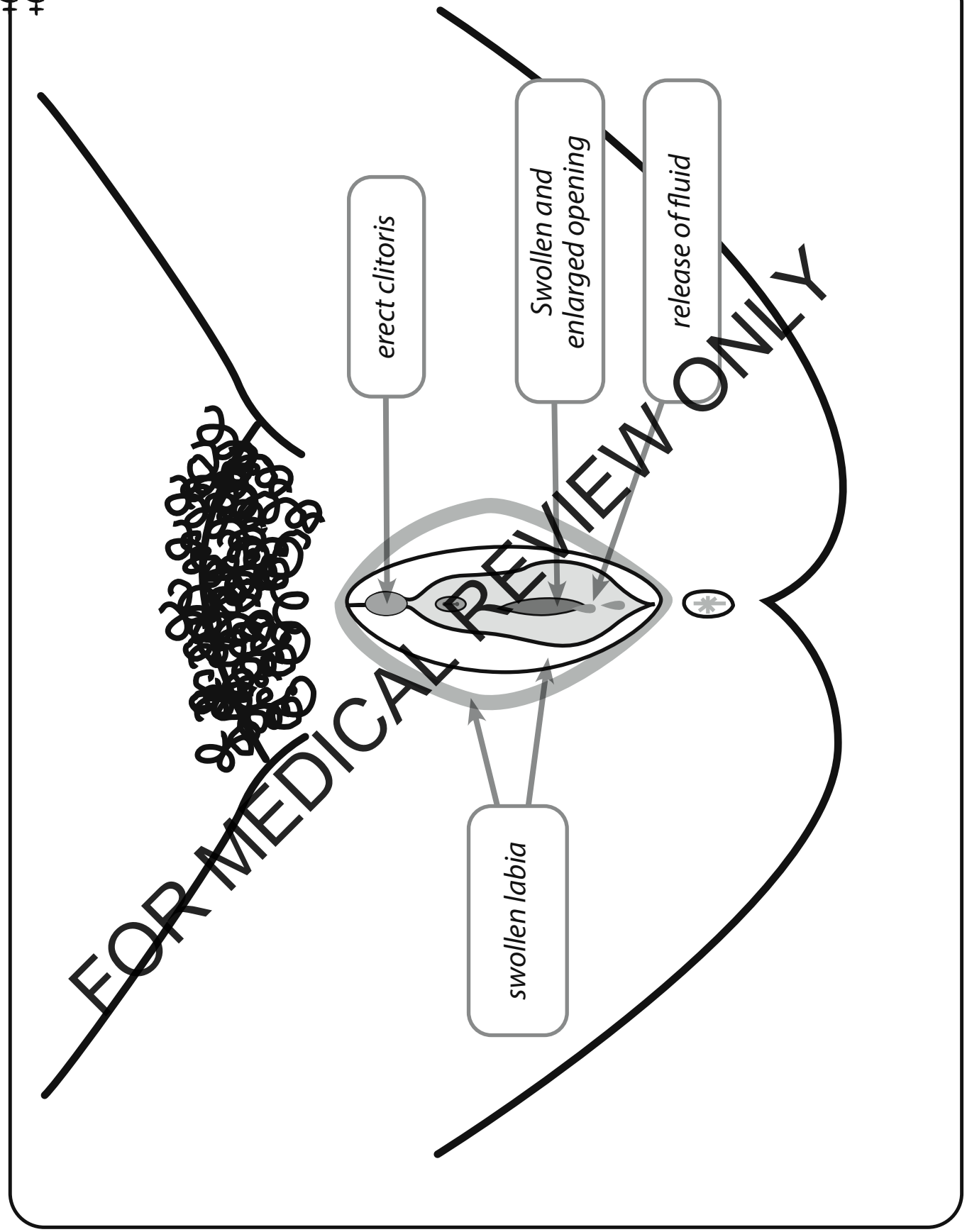


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13 What are the internal structures? W

1. Distribute the diagram of the internal organs and define the following terms:
   - **Uterus** is a major internal reproductive organ. It receives the fertilized egg, holds and protects the developing baby (fetus).
   - **Fallopian tubes** are the tubes are attached to each side of the uterus and allow eggs to move from the ovaries to the uterus.
   - **Vagina** is the canal leading from the uterus to the outside of the body; the birth canal.
   - **Ovaries** are the ovaries are two organs located on either side of the uterus. They produce hormones (estrogen and progesterone). They also produce eggs.
   - **Eggs** are produced in the ovary and travel from the ovary through the fallopian tube to the uterus approximately once a month. When joined (fertilized) by the male sperm could eventually produce a baby.

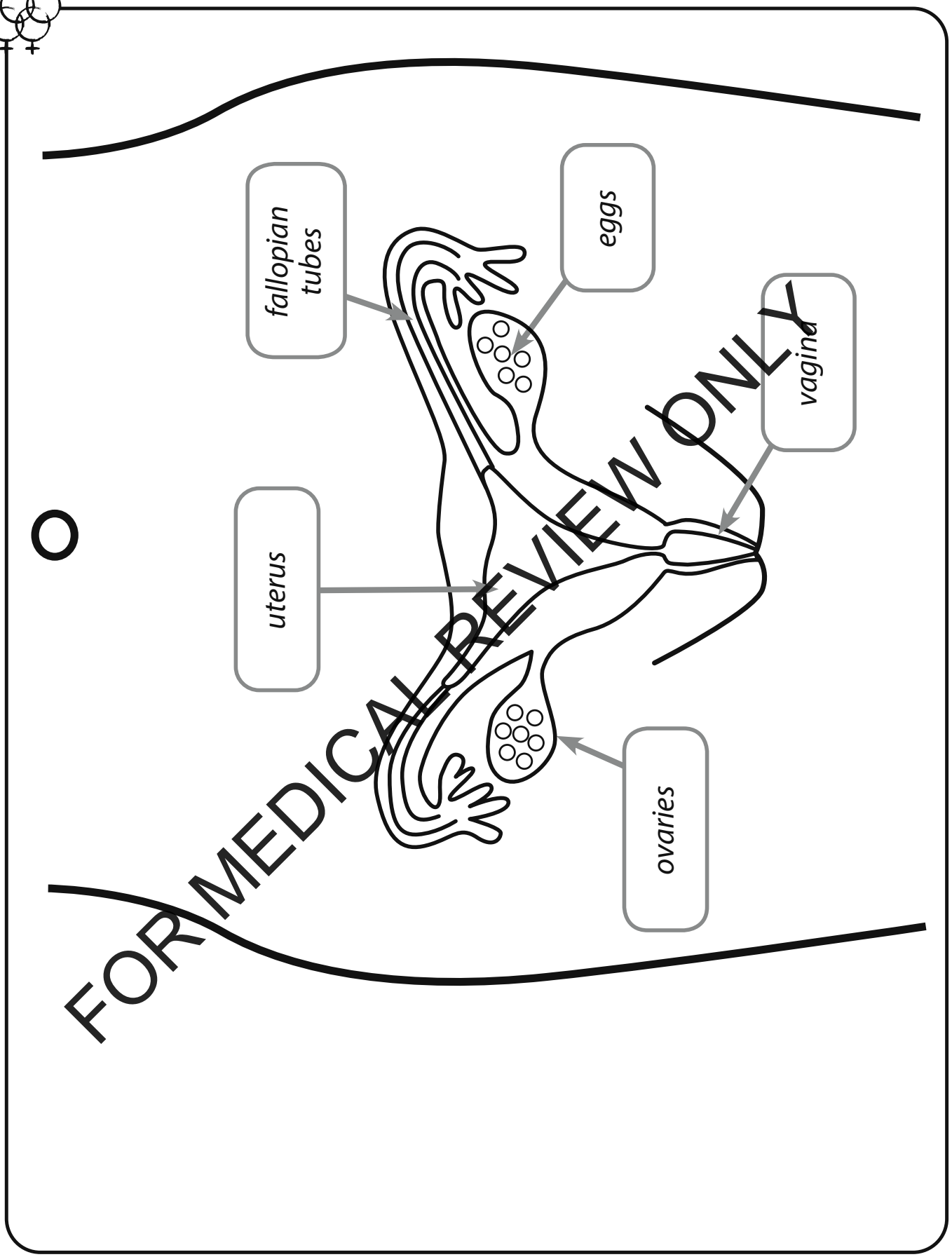
2. (OPTIONAL) Distribute a similar but unlabeled diagram and ask students to name the internal structures.

NOTE:
The unlabeled worksheet serves as a good student handout and/or quiz.

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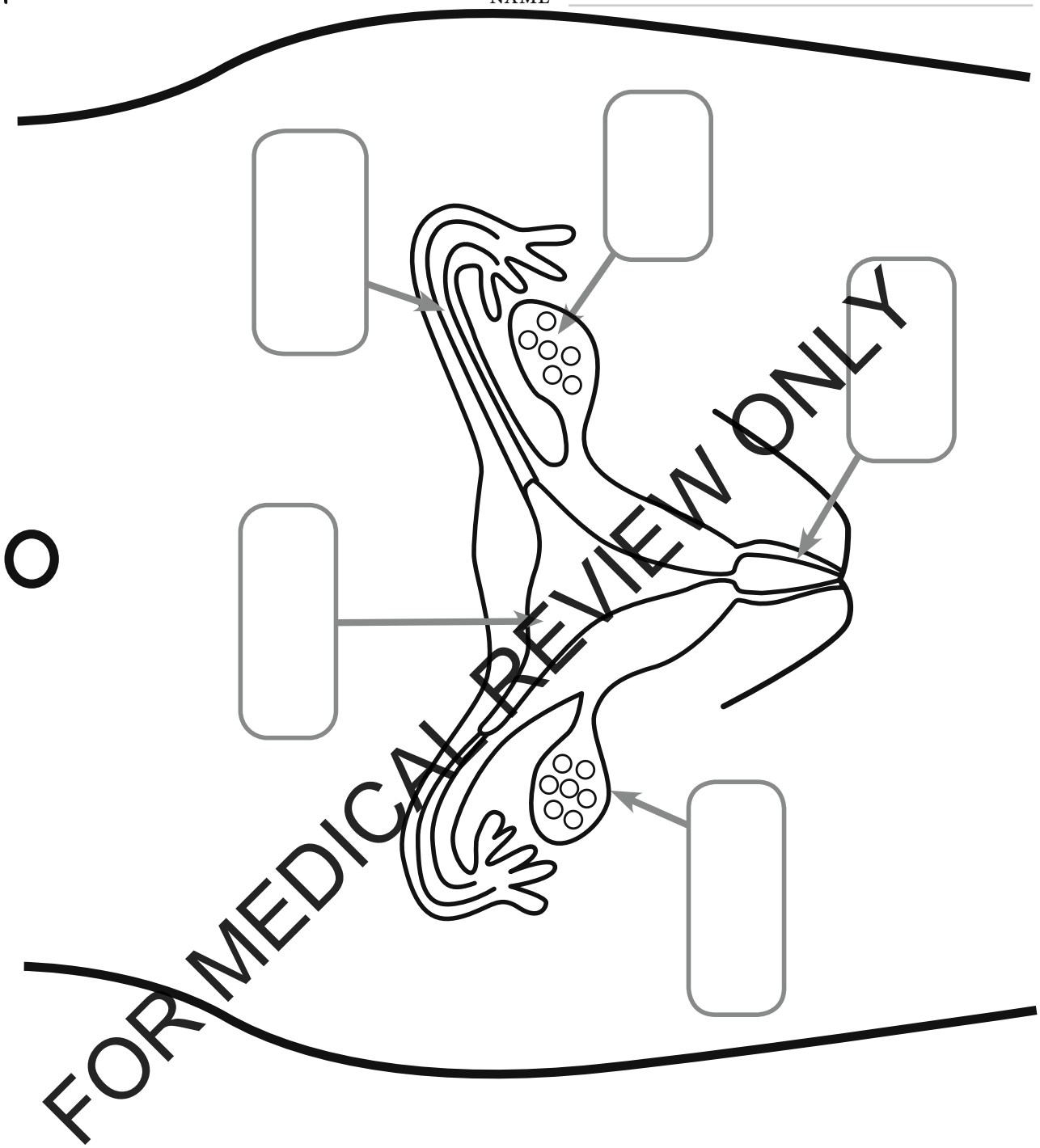


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PART D

The Menstrual Cycle

14 What is menstruation?

1. Distribute the simplified diagram of menstruation.
   - Menstruation begins during puberty.
   - The ovary releases an egg approximately every 28 days.
   - There is a build up of blood and tissue on the lining (endometrium) of the uterus during this time.
   - When the egg is not fertilized by sperm, the blood and tissue flow out of the body through the vagina.

2. Emphasize the importance of personal hygiene, bathing, and protecting private parts from germs or injury. Wash the labia with soap and water. It is not necessary to use sprays, deodorants, or douches to clean the inside. If there is a strong odor, talk to a doctor.

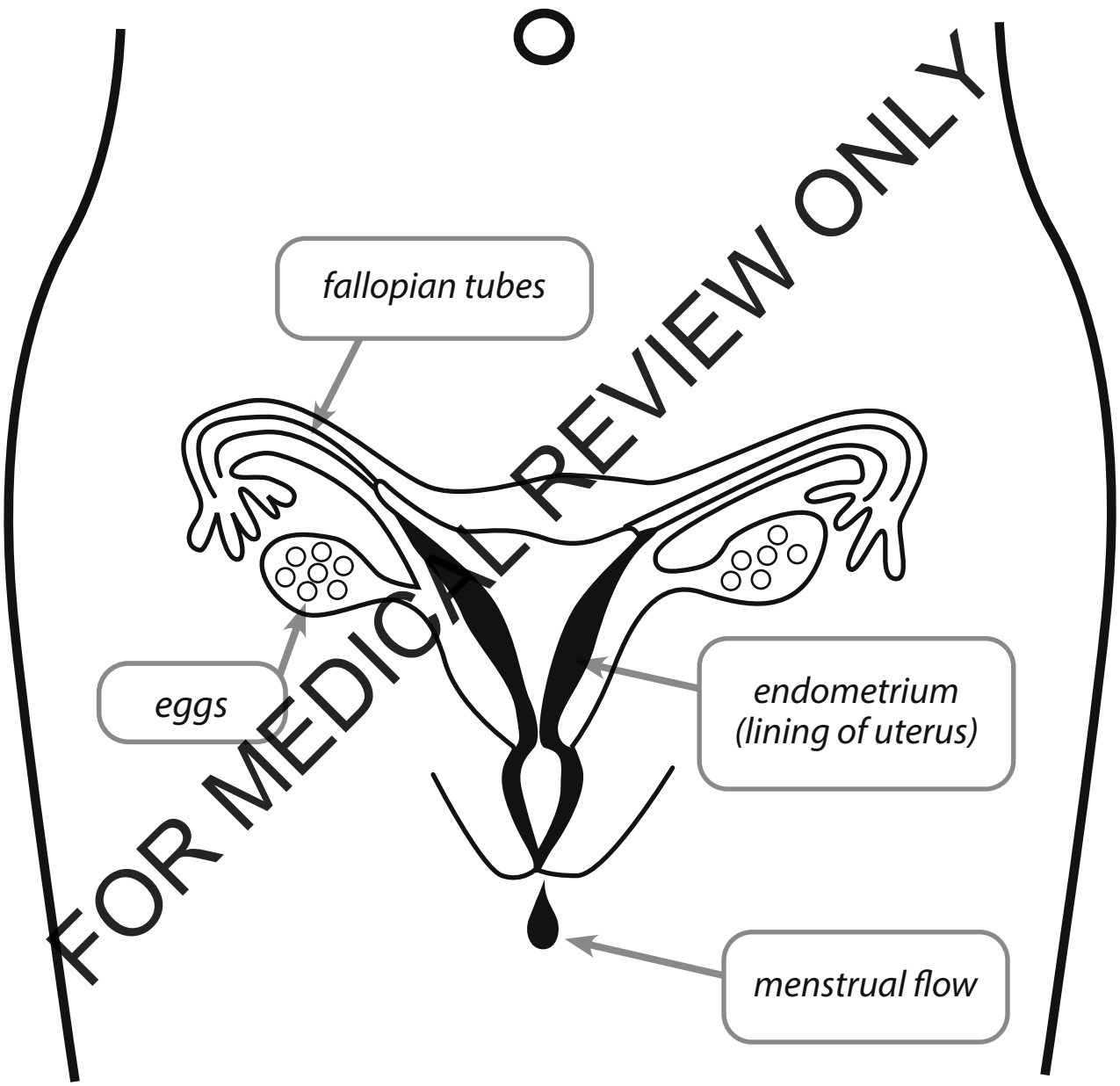
3. It is important to know how to manage your menstrual cycle. Keep track of your periods on a calendar, and be prepared with a tampon, pad, or menstrual cup.

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Menstruation



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PART E

Emotional Changes

15 How does puberty affect our emotions?

Explain that emotional changes can include:

- **Mood Swings.** Fluctuating hormone levels can produce changes in emotions, such as anger or sadness.
- **Interest in Sex.** Physical and emotional changes result in sexual excitability and attraction to others.
- **Changes in Parent-Child Relationships.** Physical and emotional changes impact parent-child relationships as the child grows into a more independent adult.
- **Concerns with Body Image.** Teens may be concerned with developing too early or too late, not being like others, or comparing themselves to media images.

16 Am I "normal?"

1. Ask the students to imagine that they just landed on a different planet where all the inhabitants appear to be very different from humans. You are shocked by how different they look and they are shocked by how different you look!

2. They want you to explain why you look the way you do! Ask the students, "How would you respond to this question?" Possible responses include:
   - Many people on our planet look like this.
   - This is normal for me.
   - This is the way I was born.
   - I don't know why, I just do!

3. How does this question make you feel? Possible responses include:
   - awkward
   - confused
   - uncomfortable
   - abnormal

4. Remind students that regardless of what others may ask them or say about them, they should feel comfortable with who they are and what they look like!

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PART F

Lesson Wrap-up

17 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

18 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

19 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

20 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

NOTE:
This question could trigger a different response in a transgender student.

21 Ask yourself.

Direct students to indicate how positive they are that they can be accepting of their own body and the changes that will occur?

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NOTE ON CULTURAL SENSITIVITY:

Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

22 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) **ask them** at what age they started seeing changes in their bodies.

23 Remember to do your homework!

Remind students to complete their homework.

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Lesson 1 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Not everyone goes through puberty at the same time.

T F Changes during puberty include hormone production, the appearance of body hair, and body odor.

T F It is important to be respectful of other people's bodies.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How positive are you that you can be accepting of your own body and the changes that will occur? Circle your answer below.

Not Positive *Very Positive*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Discuss/review with your parent(s) or trusted adult your **Sexual Development** and **Lesson Wrap-Up** worksheets from this lesson and **ask them** at what age they started seeing changes in their bodies.

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LESSON 2

Gender and Sexual Orientation

NATIONAL HEALTH EDUCATION STANDARDS
NHES *1.8.1, 2.8.1, 2.8.2*
For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARDS
NSES *SH.8.CC.11, AP.8.CC.1, GI.8.INF.1, GI.8.IC.1 SO.8.CC.1 SO.8.INF.1, SO.8.IC.1, SO.8.CC.2, GI.8.AI.1, SO.8.AI.1. For further information see Appendix A.*

SEL COMPETENCIES
Self-Awareness
Self-Management
Social Awareness
Relationship Skills

NOTE:
For directions on accessing the downloadable slides and support materials, please refer to the instruction sheet included at the front of the binder. Additional instructions can also be found at https://positivepreventionplus.com/2021-teacher-resources/

NOTE:
Student Workbooks *containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com.*



CONTENT

- Introduction
- Gender and Sexual Orientation
- LGBTQ+ Bias and Its Effects
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Define and discuss gender-related terms.
- Identify the importance of acknowledging and accepting diverse gender presentations and sexual orientations.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **Lesson Wrap-Up** worksheet

TERMS

male, female, masculine, feminine, sexual orientation, LGBTQ+, gender, gender role, gender expression, gender identity, cisgender, transgender, intersex, gender expansive, gender binary, bisexual, pansexual, biological sex

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PART A

Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

NOTE:
Throughout the lesson point out how the information being presented could help the character's solve their problem.

1 Gender and Sexual Orientation

Display the title slide for this lesson before you begin instruction.

2 Help us all understand!

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) can get their questions answered?

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

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PART B

Gender and Sexual Orientation

NOTE:
Background reading on gender and sexual orientation is featured in Appendices B and C.

5 What do the terms mean?

1. Define each term, and explain that the combination of biological sex, gender, and sexual orientation all contribute to a person's unique identity. Variations are normal in how we see ourselves as sexual beings, as are variations in whom we are attracted to sexually.

   Biological Sex. Sex is a term used to denote whether an individual is biologically male, female or intersex, as determined by a physician or other medical professional at the time of birth. This designation is often made solely based upon an examination of an infant's genitals, but may also involve an examination of chromosomes and gonads (testicles or ovaries).

   - **Intersex**. Intersex is a general term used for a variety of conditions where a person is born with biological variations (in hormones, chromosomes, reproductive, or sexual anatomy) that don't seem to fit the typical definitions of female or male.

   Gender. This term refers to the attitudes, feelings, characteristics, and behaviors that a given culture associates with being male or female and that are often labeled as "masculine" or "feminine."

   - **Gender Roles.** Gender roles are socially expected behaviors, activities, and attributes that a given society considers appropriate for people based on their biological sex or their gender identity.

   - **Gender Non-Conformity.** Behavior or appearance that doesn't conform to an expected gender role.

   - **Gender Identity.** A person's deeply-felt sense of being male or female, or something other or in-between (cisgender, transgender).

   - **Gender Expression.** Each of us expresses a particular gender every day – by the way we style our hair, select our clothing, or even the way we stand. Our appearance, speech, behavior, movement, and other factors signal that we feel – and wish to be understood – as masculine or feminine, or something other or in-between.

NOTE:
Students should learn in this lesson that it is NORMAL for a girl to be assertive, good at sports, and/or good at math, just as it is NORMAL for a boy to be a dancer, to be a nurse, or to show emotion. There is not one way to express gender roles.

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- **Gender Binary.** This term refers to a belief system that represents gender as to two distinct and opposite categories - male or female.
- **Gender Expansive.** This term refers to wider, more flexible range of gender identities and expressions instead of the binary gender system.

Sexual Orientation. This term refers to a person's romantic or sexual attraction to people of another and/or the same gender. Common terms used to describe sexual orientation include:

- **Heterosexual (straight).** Being sexually attracted to persons of the opposite sex.
- **Gay.** Being sexually attracted to persons of the same sex.
- **Lesbian.** A woman who is sexually attracted to other women.
- **Bisexual.** Being sexually attracted to persons of the same sex and persons of the opposite sex.
- **Pansexual.** Being sexually attracted to others regardless of their biological sex, sexual orientation, or gender identity.
- **Queer.** An umbrella term that describes the sexual orientations and gender identities of persons who do not identify as straight or cisgender.

2. Direct students who are seeking additional information, resources, and support regarding gender and sexual orientation to go to https://www.hrc.org/resources/resources-on-gender-expansive-children-and-youth

NOTE:
Avoid using "sexual preference" as it implies a choice, or "homosexual" as it is a dated term that focuses only on sex rather than love and relationships.

NOTE:
The usage of LGBTQ+ throughout this document is intended to represent an inclusive and ever-changing spectrum and understanding of identities. Historically, the acronym included lesbian, gay, bisexual, and transgender, but has continued to expand to include queer, questioning, intersex, asexual, allies, and alternative identities (LGBTQQIAA), as well as expanding terms that may fall under this umbrella term in the future.

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Understanding the Terms

Human sexuality is a combination of three distinct components.

- **Biological Sex:** A term used to denote whether an individual is male or female, as determined by a physician or other medical professional at the time of birth. This designation is often made solely based upon an examination of an infant's genitals, but may also involve chromosomes and gonads (ovaries or testicles). Related term: *intersex*.

- **Gender**: Attitudes, feelings, characteristics, and behaviors that a given culture associates with being male or female and that are often labeled as "masculine" or "feminine." Related terms include: *gender role, gender non-conformity, gender identity, cisgender, transgender, gender expression, gender binary, gender expansive.*

- **Sexual Orientation:** A person's romantic or sexual attraction to people of another and/or same gender. Common terms used to describe sexual orientation include, but are not limited to: *heterosexual, lesbian, gay, bisexual, pansexual, and queer.*

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Biological sex, gender, and sexual orientation vary with each individual. It is important to respect differences and appreciate diversity.

For more information on gender, see: https://www.hrc.org/resources/resources-on-gender-expansive-children-and-youth

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6 What is human sexuality?

1. Explain that there is often confusion about what the terms **biological sex**, **gender**, and **sexual orientation** mean. These are not the same things. But together these represent all the dimensions of human sexuality.

2. **Remind students that biological sex, gender, and sexual orientation vary with each individual. It is important to respect differences and appreciate diversity.**

7 What influences a person's identity?

1. A person's identity -- their self-concept, their body image, and their self-esteem --is influenced by a combination of factors including:
   - their sexuality (biological sex, gender, and sexual orientation)
   - the influence and expectations of their peers, family, culture, and the media
   - societal factors like poverty, racism, sexism, and reproductive justice (laws that allow or prevent access to reproductive services)

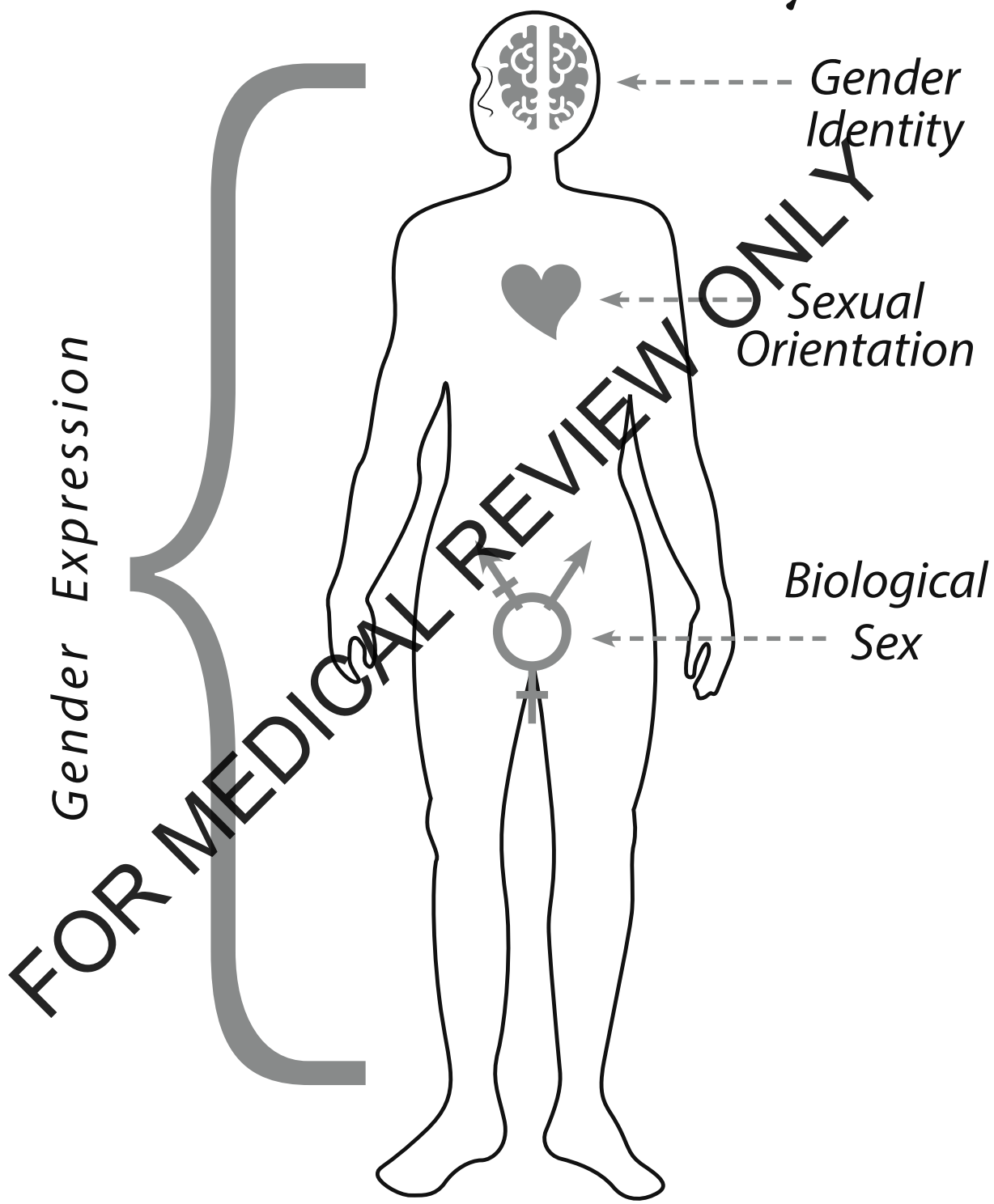
2. These factors can be the source of privilege or discrimination in a person's life. For example:
   - A person in poverty may be denied needed health care; a person with money may more easily access health care.
   - A transgender person may be denied retail services or employment; a cisgender person may receive services or be offered employment.

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The Many Dimensions of Human Sexuality



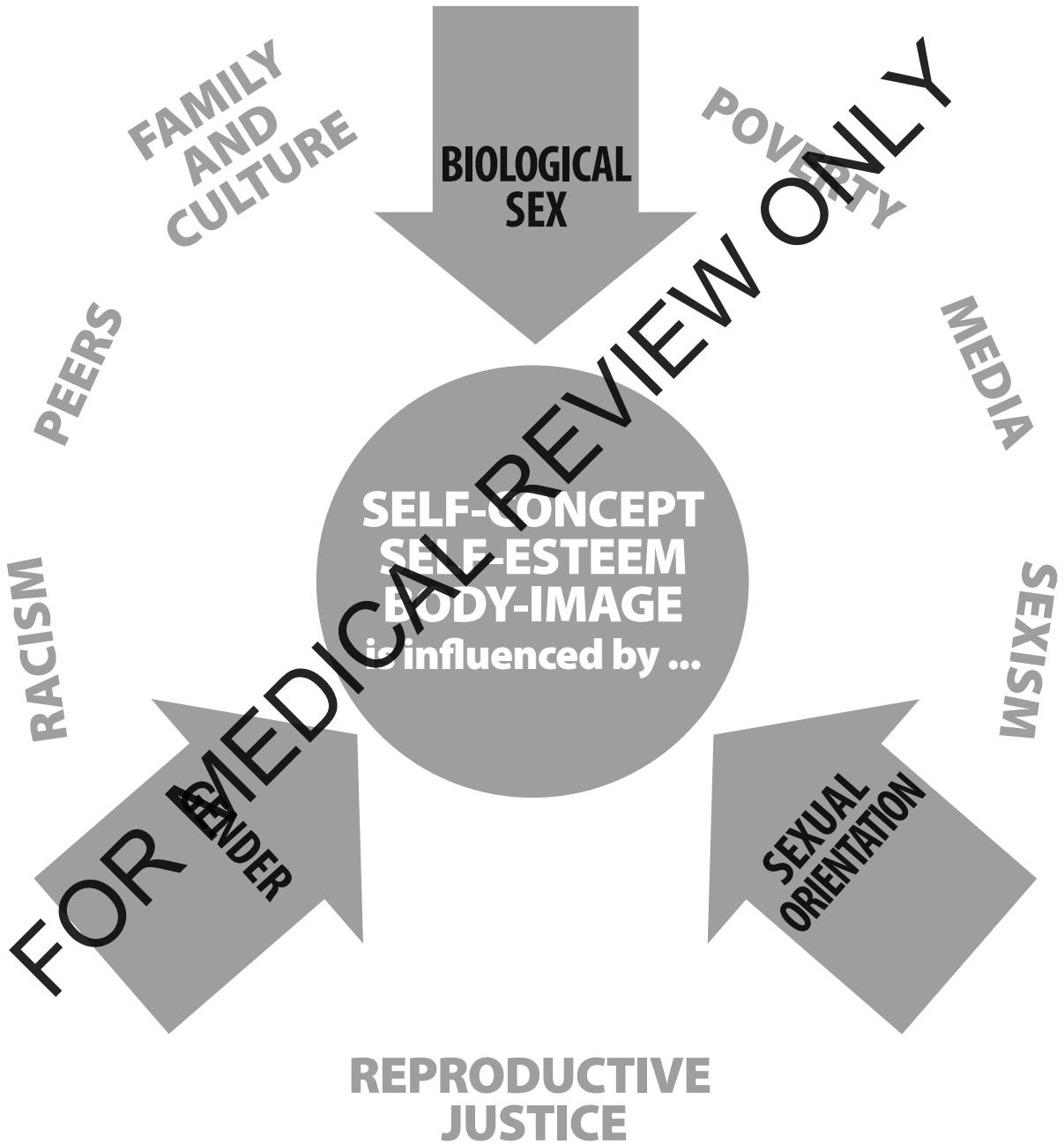
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Adapted from: Cristina González, Vanessa Prell, Jack Rivas, and Jarrod Schwartz.

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What influences a person's identity?



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PART C

LGBTQ+ Bias and Its Effects

NOTE:
Encourage LGBTQ+ students to seek LGBTQ+ friendly allies on campus, who are often identified by displaying buttons/banners/ posters.

NOTE:
Encourage the discussion of LGBTQ+ student bias as part of your school's annual sexual harassment awareness training.

NOTE:
Schools are obligated to appropriately respond to sexual violence and to assure a survivor's continued access to education regardless of the sexual orientation, gender identity, and gender presentation of a complainant or respondent. Schools must investigate and remedy instances of sexual violence against LGBTQ+ students using the same policies and procedures used in all complaints of sexual violence.

8 What does LGBTQ+ bias look like?

- Explain to the students that **LGBTQ+** originally stood for Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning. The plus (+) sign refers to the continually expanding terms that fall under this umbrella term.
- **Most LGBTQ+ students have experienced harassment and discrimination at school.** Over 8 in 10 experience verbal harassment. Nearly two-thirds experience LGBTQ+ discrimination. Due to feeling unsafe or uncomfortable, nearly a third miss at least one day of school each month.
- **Hostile school climates negatively affect LGBTQ+ students' educational outcomes and mental health.** LGBTQ+ students who are victims are twice as likely to NOT go on to college. LGBTQ+ students have lower GPAs, lower self-esteem, and higher levels of depression.
- **School staff often fail to intervene when they hear these negative remarks.**

9 What are some resources for LGBTQ+ students?

1. LGBTQ+ students are protected by Title IX.
   - They have the right to access education as all other students.
   - They have the right to expect that the school will investigate and resolve instances of sexual harassment, without retaliation.

2. Resources for LGBTQ+ youth and their friends and supporters can be found at:
   - https://www.cdc.gov/lgbthealth/youth-resources.htm
   - https://gsanetwork.org

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LGBTQ+ Bias and its Effects

Most LGBTQ+ students have experienced harassment and discrimination at school.

- Over 8 in 10 experience verbal harassment.
- Nearly two-thirds experience LGBTQ+ discrimination.
- Due to feeling unsafe, or uncomfortable, nearly a third miss at least one day of school per month.

Hostile school climates negatively affect LGBTQ+ students' educational outcomes and mental health.

- LGBTQ+ students who are victims are twice as likely to NOT go on to college.
- LGBTQ+ students have lower GPA's, lower self esteen, and higher levels of depression.

School staff often fail to intervene when they hear these negative remarks.

Associated problems include family rejection, homelessness, employment discrimination, homicide, and suicide.

Resources for LGBT youth and their friends and supporters can be found at: https://gsanetwork.org, and https://www.cdc.gov/lgbthealth/youth-resources.htm

Source: GLSEN School Climate Survey found at www.glsen.org

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10 Don't judge!

Remind students that many people in our community, and even in our own families or on campus, feel demeaned and excluded from full participation in our society because of not fitting the stereotypic "gender binary" (boy-girl, masculine-feminine) system.

- Biological sex, gender, and sexual orientation vary with EVERY individual.
- Each of us differs in some way(s) from everyone else.
- It is important to respect differences and to celebrate diversity.

PART D Lesson Wrap-up

11 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

12 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

13 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheet, and direct the students to complete the true-false questions in Part I.

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ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

14 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

15 Ask yourself.

Ask students to indicate how positive they are that they can be non-judgmental regarding other people's sexual orientation and gender roles.

NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

16 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheet from this lesson and

(2) **ask them** what they think you should do if a gay friend is being bullied or harassed.

17 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 2 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F "Sexual orientation" and "gender identity" mean the same thing.

T F LGBTQ+ students should expect to be picked on.

T F It is important to respect differences and appreciate diversity because everyone is unique.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How positive are you that you can be non-judgmental regarding other people's sexual orientation and gender roles?
Circle your answer below.

Not Positive *Very Positive*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Discuss/review with your parent(s) or trusted adult your **Lesson Wrap-Up** worksheet from this lesson and **ask them** what they think you should do if a gay friend is being bullied or harassed.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 3

Exploring Friendships

NATIONAL HEALTH EDUCATION STANDARDS NHES *6.8.1, 7.8.2, 2.8.1, 2.8.2. For further information see Appendix A.*

NATIONAL SEXUALITY EDUCATION STANDARDS NSES *CHR.8.INF.1, CHR.8.IC.1, CHR.8.CC.3, CHR.8.CC.1. For further information see Appendix A.*

SEL COMPETENCIES

Self-Awareness
Relationship Skills

CONTENT

- Introduction
- Friendship (W worksheet)
- Liking vs. Loving (W worksheet)
- Planning an Activity W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Assess the degree to which they have the traits and skills required for a quality committed friendship.
- Identify how ideas of friendship and quality human relationships might vary due to peer, family, or cultural influences.
- Identify and describe opportunities for building friendships.
- Differentiate between "liking" or "loving" something or someone.
- Plan a safe and healthy activity.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **Friendship Inventory**, **Liking vs. Loving**, **My Activity Planner** and **Lesson Wrap-Up** worksheets

TERMS

friendship, like, love, commitment, values, empathy

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PART A

Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

NOTE:
Throughout the lesson point out how the information being presented could help the character's solve their problem.

1 Exploring Friendships

Display the title slide for this lesson before you begin instruction.

2 Are we still friends?

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B

Friendship

5 What are the characteristics of a good friend?

1. Ask the students why friendship is important. Possible responses include:
   - for emotional support and advice
   - for help with completing tasks and assignments
   - for providing honest feedback
   - for companionship

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2. Ask the students, "What are some characteristics of a high-quality friendship?" Possible responses include:
   - fun
   - honesty
   - trust
   - openness
   - helpfulness
   - good communication
   - flexibility
   - forgiveness
   - common values
   - commitment

3. Ask students which characteristic they think is most important in a friendship? Why? These represent the many dimensions – skills and characteristics – needed for high-quality friendships, dating, committed relationships, and marriage.

4. Ask the students how people's ideas of friendship and human relationships might vary depending on a person's peers, family, and culture. Examples include:
   - men walking hand-in-hand in some cultures
   - women walking behind their husbands in some cultures
   - men thinking it is acceptable to hit or sexually assault women
   - friends encouraging (or discouraging) sexual behaviors

6 What kind of friend am I?

W

1. Distribute the **Friendship Inventory** worksheet. Have students list in the left-hand column any additional skills and characteristics they identified.

2. Using the same worksheet, have students assess the degree to which they believe they have the skills and characteristics needed for a high-quality friendship.

3. Assign students as an out-of-class take-home assignment to ask a minimum of two people (one friend, one family member) to also assess them on these skills and characteristics.

4. On the backside of the worksheet, assign students to suggest ways they could improve their friendship skills and characteristics based on comments they received.

5. Point out that these skills are important in any relationship, including straight or gay relationships, between parents and their children, among coworkers, and most certainly in long-term committed relationships and marriage.

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NAME _____

Friendship Inventory

DIRECTIONS Based on the class discussion of high-quality friendships, complete the list of characteristics needed. Then rate yourself on each characteristic by placing a "yes," "no," or "sometimes" next to each one.

Characteristics and Skills	Do I Have These?	1*	2**
Closeness			
Commitment			
Honesty			
Communication			
Understanding			
Empathy			
Flexibility			
Forgiveness			
Fun			

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1* = Ask a close friend to place a check mark if they think you have that skill or characteristic.
2* = Ask a trusted adult to place a check mark if they think you have that skill or characteristic.

On the back of this worksheet, write down several ways you could improve your own relationships with others.

Friendship/relationship skills can be learned and improved through experience and practice!

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART C

Liking vs. Loving

7 What is the difference between liking and loving?

W

1. Distribute the **Liking vs. Loving** worksheet. Have students list things they like. Possible responses include:
   - type of music
   - sleeping late
   - a certain movie
   - a friend

2. Next, have students list things they love. Possible responses include:
   - a pet
   - a family member
   - a lifelong friend

3. Discuss the difference between "liking" and "loving" something or someone. Some responses may be:
   - Liking is enjoying something or someone.
   - Love is a much more intense feeling such as the love for a husband, wife, or life partner as depicted by marriage.
   - Love may develop out of friendship.
   - Both liking and loving involve understanding the other person's feelings.

4. Finally, identify ways to show people you like them or show people you love them. Possible responses include:
   - Show respect.
   - Be honest.
   - Be caring.

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NAME _____

Liking vs. Loving

DIRECTIONS List items that apply to the following categories:

I Like... (Examples: music, sleeping late, a certain movie, a friend, etc.)	I Love... (Examples: a pet, a family member, lifelong friend, etc)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
How does it feel to like something or someone?	**How does it feel to love something or someone?**
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
How can I show someone I like them?	**How can I show someone I love them?**
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

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NAME _____ SAMPLE

Liking vs. Loving

DIRECTIONS List items that apply to the following categories:

I Like... (Examples: music, sleeping late, a certain movie, a friend, etc)	I Love... (Examples: a pet, a family member, lifelong friend, etc.)
1. listening to different music	1. my best friends
2. watching TV	2. my grandparents
3. playing football	3. my brother or sister
4. going to the beach	4. my dog
How does it feel to like something or someone?	**How does it feel to love something or someone?**
1. fun	1. warm
2. enjoyable	2. comforting
3. it/they make me happy	3. they make me happy
4. it/they make me smile	4. I like to be around them a lot
How can I show someone I like them?	**How can I show someone I love them?**
1. smile	1. give them a hug
2. send them a note/card	2. give them a kiss
3. give them a gift	3. tell them I love them
4. ask them to be friends	4. make a long-term commitment to them

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART D

Planning an Activity

NOTE:
*For the **Activity Planner**, make some suggestions for a few activities that can be done for community service in your local area. Discourage them from writing things like "going to the mall" or "playing video games." The activity could also be friend- or family-centered.*

8 Can you plan a fun group activity? W

1. Distribute the **Activity Planner** worksheet and have each student individually fill out the top half.

2. Have students pair up with another student to share ideas and negotiate which activity they can both agree on doing, or work together to create a new activity.

3. Select a volunteer from each group to report out to the class the activity they chose and what friendship skills (referring them back to the list made on the **Friendship Inventory** worksheet) they can practice during this activity.

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NAME _____

Activity Planner

Step 1. What activity would you like to do with a friend?

_____

Day: _____ Start time: _____ End Time: _____

Describe the activity completely:

_____

_____

_____

Is this activity: **Safe?** Yes ❑ No ❑ **Healthy?** Yes ❑ No ❑ **Legal?** Yes ❑ No ❑

Step 2. Share your idea with a classmate, and agree upon an activity you both would enjoy doing.

Day: _____ Start time: _____ End Time: _____

_____

Describe the activity completely:

_____

_____

_____

Is this activity: Safe? Yes ❑ No ❑ Healthy? Yes ❑ No ❑ Legal? Yes ❑ No ❑

What friendship skills can be developed by doing this activity?

_____

_____

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART E

Lesson Wrap-up

9 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

10 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

11 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

12 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

13 Ask yourself.

Direct students to indicate how positive they are that they can form safe and healthy friendships with others.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

14 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) **ask them** about their best friend in school and the activities they planned and did together.

15 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 3 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Friendship involves trust, honesty, and communication.

T F The skills and characteristics needed for a high-quality friendship are the same skills and characteristics needed in a committed long-term relationship or marriage.

T F Both liking and loving involve understanding another person's feelings.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How positive are you that you can form safe and healthy friendships with others? Circle your answer below.

Not Positive *Very Positive*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Discuss/review with your parent(s) or trusted adult your completed **Friendship Inventory**, **Liking vs. Loving**, **Activity Planner** worksheets from this lesson and **ask them** about their best friend in school and the activities they planned and did together.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 4

Bullying and Abuse

NATIONAL HEALTH EDUCATION STANDARDS
NHES *1.8.1, 2.8.6, 2.8.1, 2.8.2. For further information see Appendix A.*

NATIONAL SEXUALITY EDUCATION STANDARDS
NSES *CHR.8.CC.2, SH.8.IC.1, CHR.8.SM.1, CHR.8.INF.2, CHR.8.SM.2, CHR.8.INF.3, IV.8.CC.1, IV.8.CC.2, IV.8.AI.1. For further information see Appendix A.*

SEL COMPETENCIES
Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

NOTE:
Activity cards *can be duplicated on colored card stock or purchased from the website at wwwpositiveprevention.com.*

NOTE:
Suicide is the second leading cause of death in teens. The authors strongly recommend that you follow this lesson with the ***supplemental lesson on Suicide Prevention*** *posted in online Appendix D.*



CONTENT

- Introduction
- Bullying
- Consent
- Protecting Yourself (A activity and W worksheet)
- Lesson Wrap-up (W worksheet)

OBJECTIVES

- Commit to end bullying and inappropriate sexual behavior in self and others.
- Identify risky sex-related behaviors such as sexting, and making sexual advances without permission.
- Describe effective ways to communicate personal boundaries and consent.
- Identify a variety of ways to protect themselves.
- Demonstrate how to respond to inappropriate sexual behaviors.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **Protect Yourself** and the **Lesson Wrap-Up** worksheets
- **Protect Yourself** activity cards

TERMS

sexual harassment, bullying, intimate partner violence, non-verbal communication, impaired, sexting, "yes means yes," affirmative

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PART A

Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

NOTE:
Throughout the lesson point out how the information being presented could help the character's solve their problem.

NOTE:
These topics could cause extreme discomfort or could "trigger" re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up.

1 Bullying and Abuse

Display the title slide for this lesson before you begin instruction.

2 Where is your turban?

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives, and **remind students that if any of this content is upsetting to them for any reason, they may be excused to the counselor's office until the end of the period.**

4 How will this lesson help you?

Review today's evidence of achievement.

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PART B

Bullying

5 What are some examples of bullying?

Brainstorm examples of bullying. Possible responses include:

- participating in name calling
- putting others down
- picking on other person's sex, race, religion, or perceived sexual orientation
- sending rude e-mails and text messages
- spreading rumors
- posting negative messages about someone on Instagram, Twitter, etc.



6 Why do people bully others?

Brainstorm a list of why bullying happens. Possible responses include:

- wanting to control another person
- personal or family history of assault or abuse
- unwilling to control emotions and behavior
- peer pressure or seeking peer approval
- being uncomfortable or insecure about someone else's gender role or sexual orientation

7 What is sexual harassment?

1. Share with the students that **sexual harassment** can be **verbal** (taunts and name calling, also making sexual comments in public), **physical** (touches, pinches, pokes), and even **visual** (posting a sexually suggestive photo or drawing). **Sexual harassment can be grounds for punishment or dismissal from school or work, or even result in a lawsuit.**

2. Once again remind students that healthy relationships — both sexual and non-sexual — revolve around mutual respect, open communication, and consent. Relationships that contain any abusive behaviors are unhealthy and should be changed or ended.

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PART C

Protecting Yourself

8 Why is consent important?

1. Remind students that Lesson 3 identified the characteristics of a healthy relationship, including **open communication** and **mutual respect**.

2. Explain the need to add another important characteristic: **consent.**
   - Whether deciding what to do together or where to go together, shared activities should be negotiated and agreed upon.
   - Emphasize that no person should be forced to do anything without providing **active consent**.
   - When someone is the victim of human trafficking (including sex trafficking), sexting, or sexual harassment, **their right to consent is violated**.
   - Furthermore, the victim should NEVER BE BLAMED if assault occurs.

3. Forcing someone to engage in a sex act against their will is illegal, and can be prosecuted as sexual assault, molest, or rape. The person who commits this crime will be labeled a sex offender for life.

NOTE:
More information on human trafficking is provided in Lesson 5.

9 Yes Means Yes!

1. Discuss the phrase **Yes Means Yes**. Key points include:
   - Affirmative verbal consent must be given by sexual partners before and during the progression of sexual activity.
   - The absence of NO can no longer be interpreted as YES.
   - Consent given by an impaired (drunk, high, developmentally delayed) partner does not qualify as a YES.

NOTE:
For a brief and amusing explanation of Yes Means Yes, go to https://www.youtube.com/watch?v=IOS5_I3Yzog

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2. Ask several students (or the entire class) to read aloud the ways they could communicate their personal boundaries or preferences. Examples might include:
   - Before this goes any further....
   - I would rather...
   - It is okay with me if you...
   - It is NOT okay with me if you...
   - I am not ready for...

10 How do you report a sexual assault?

1. Whether a person has recently experienced a sexual assault or molestation or whether it happened months or years ago, it is important to report the sexual assault and seek and receive counseling.

2. Explain to students that there are four ways that they can report a sexual assault including:
   - Contact a school counselor, school nurse, or social worker.
   - Call 911.
   - Call the National Sexual Assault Hotline 1-800-656-HOPE (4673).
   - Go to https://hotline.rainn.org.

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Yes Means Yes!

- Affirmative consent must be given by sexual partners before and during the progression of sexual activity.
- The absence of NO can no longer be interpreted as YES.
- Consent given by an impaired (drunk, high, developmentally delayed) partner does not qualify as a YES.

To report unwanted sex and assault:

- Tell your school counselor, school nurse, or social worker.
- Call 911.

For additional support:

- Call National Sexual Assault Hotline: 1 (800) 656-HOPE (4673)
- Go to hotline.rainn.org.

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11 How can we stay safe on the internet?

1. Explain that internet safety is a growing concern. It is a place where some people troll to find vulnerable teens to engage in illegal acts (pornography, sex trafficking, and to set up a kidnapping). Many teens are not aware that they are a target until it is too late.

2. Caution students to be sure to maintain healthy and safe relationships online as well as in person. Guidelines for **Internet Safety** include:
   - Do not visit pornographic websites.
   - Do not participate in chat rooms where sexual or militant content is discussed.
   - Do not start a relationship with a stranger online.
   - Do not send or receive nude pictures of yourself or others (sexting).

3. Explain that the ground rules for using social media are as follows:
   - Tell a trusted adult if anyone online requests personal information or an inappropriate picture.
   - Share friendships made online with a trusted adult.
   - Never agree to meet someone in person who you have only talked to online without asking a trusted adult for permission, and to go with you.
   - Tell a trusted adult if anything online makes you feel uncomfortable or scared.
   - Do not respond to messages that are mean or rude.
   - Do not send rude or inappropriate messages.
   - Understand that what you say or do online impacts yourself and others.

WARNING! If you are spending hours and hours each day on social media, you may be addicted! Seek help from a parent or counselor.

NOTE:
Suicide is the second leading cause of death in teens. The authors strongly recommend that you follow this lesson with the ***supplemental lesson on Suicide Prevention*** *posted in online Appendix D.*

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12 What is sexting?

Emphasize that no one should engage in **sexting**, which is the sending of nude pictures of oneself or others over the phone or internet.

- Doing so is against the law, and is punishable with suspension, fine, or being charged with a felony for creating and distributing pornography.
- It can also result in being labeled a sex offender and not being able to apply for some jobs.

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Ground Rules for Using Social Media

- Tell a trusted adult if anyone online requests personal information or an inappropriate picture.
- Share friendships made online with a trusted adult.
- Never agree to meet someone in person who you have only talked to online without asking a trusted adult for permission, and to go with you.
- Tell a trusted adult if anything online makes you feel uncomfortable or scared.
- Do not respond to messages that are mean or rude.
- Do not send rude or inappropriate messages.
- Understand that what you say or do online impacts yourself and others.

WARNING! If you are spending hours and hours each day on social media, you may be addicted! Seek help from a parent or counselor.

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Internet Safety

- Do not visit pornographic websites.
- Do not participate in chat rooms where sexual or militant content is discussed.
- Do not start a relationship with a stranger online.

Sexting

- Sexting is the sending of nude pictures of yourself or others by phone or internet.
- Sexting is against the law and punishable by a school suspension, a fine, or being charged with a felony for creating and distributing pornography.
- A conviction can result in being labeled a sex offender and not being able to apply for some jobs.

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13 What would you do?

AW

1. Explain to students that youth who are victims of relationship violence are more likely to experience symptoms of depression and anxiety, engage in unhealthy behaviors (like using tobacco, drugs, and alcohol), or exhibit antisocial behaviors and think about suicide. They are also less likely to report ongoing violence and abuse.

2. Point out that some people in today's society feel entitled/empowered to sexually harass others, perhaps due to their:
   - exaggerated strength, aggression, and sexuality (hyper-masculinity)
   - professional status and power over others, for example manager-worker, teacher-student, owner-employee, older-younger
   - cultural beliefs that denigrate women

3. Post the following Protect Yourself activity cards around the room:
   - DO NOTHING
   - STRONGLY DISCOURAGE THE BEHAVIOR
   - SEEK HELP FROM A TRUSTED ADULT
   - END THE RELATIONSHIP

4. Have the students complete the **Protect Yourself** worksheet by checking what they would probably do in each of the situations.

5. Read each item one at a time, and direct students to stand under the sign of the response they selected.

6. Ask for volunteers to explain why they discouraged the behavior, asked for help, or ended the relationship.

NOTE ALTERNATIVE: *Students could merely raise their hands; however it is still very important to ask the students who object to the behavior (e.g., who would discourage the behavior, seek help, or end the relationship) to share their reasons with the class.*

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NAME _____

Protect Yourself

DIRECTIONS A healthy relationship is honest, equal, respectful, and responsible. Some people have identified the behaviors listed in the chart below as **warning signs** that a relationship is not honest, equal, respectful, and responsible. Check what you would probably do in each of the following situations.

Imagine Someone:	You Would Probably:			
	Do nothing	Discourage behavior	Seek help	End relationship
1. Makes negative comments about your clothes, body, or hair.				
2. Always decides where you will go together or what you should do.				
3. Puts you down in public.				
4. Asks you to send them nude pictures of yourself.				
5. Offers you alcohol or other drugs.				
6. Gets angry when you spend time with others.				
7. Asks you to help them bully another student.				
8. Hits you and then apologizes.				
9. Touches you inappropriately.				
10. Encourages you to join a chat room on a sex-related website.				

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Adapted from *Unequal Partners, 2nd Ed.* Sue Montfort and Peggy Brick, Planned Parenthood of Greater Northern New Jersey, 2000.

Suggest ways you can support a friend who is going through a similar situation.

_____

_____

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART D Lesson Wrap-up

14 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

15 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

16 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

17 Ask a friend.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

18 Ask yourself.

Direct students to indicate how positive they are that they can recognize and avoid from unsafe situations.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

NOTE:
*Suicide is the second leading cause of death in teens. The authors strongly recommend that you follow this lesson with the **supplemental lesson Suicide Prevention** posted in online Appendix D.*

19 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) **ask them** how they think you should handle bullying or inappropriate sexual advances.

20 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 4 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F If you are being bullied, you should do nothing and hope they stop.

T F Healthy relationships involve open communication, mutual respect, and consent.

T F Talking about other people's breasts and genitals is a form of sexual harassment.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How positive are you that you can recognize and avoid unsafe situations? Circle your answer below.

Not Positive *Very Positive*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

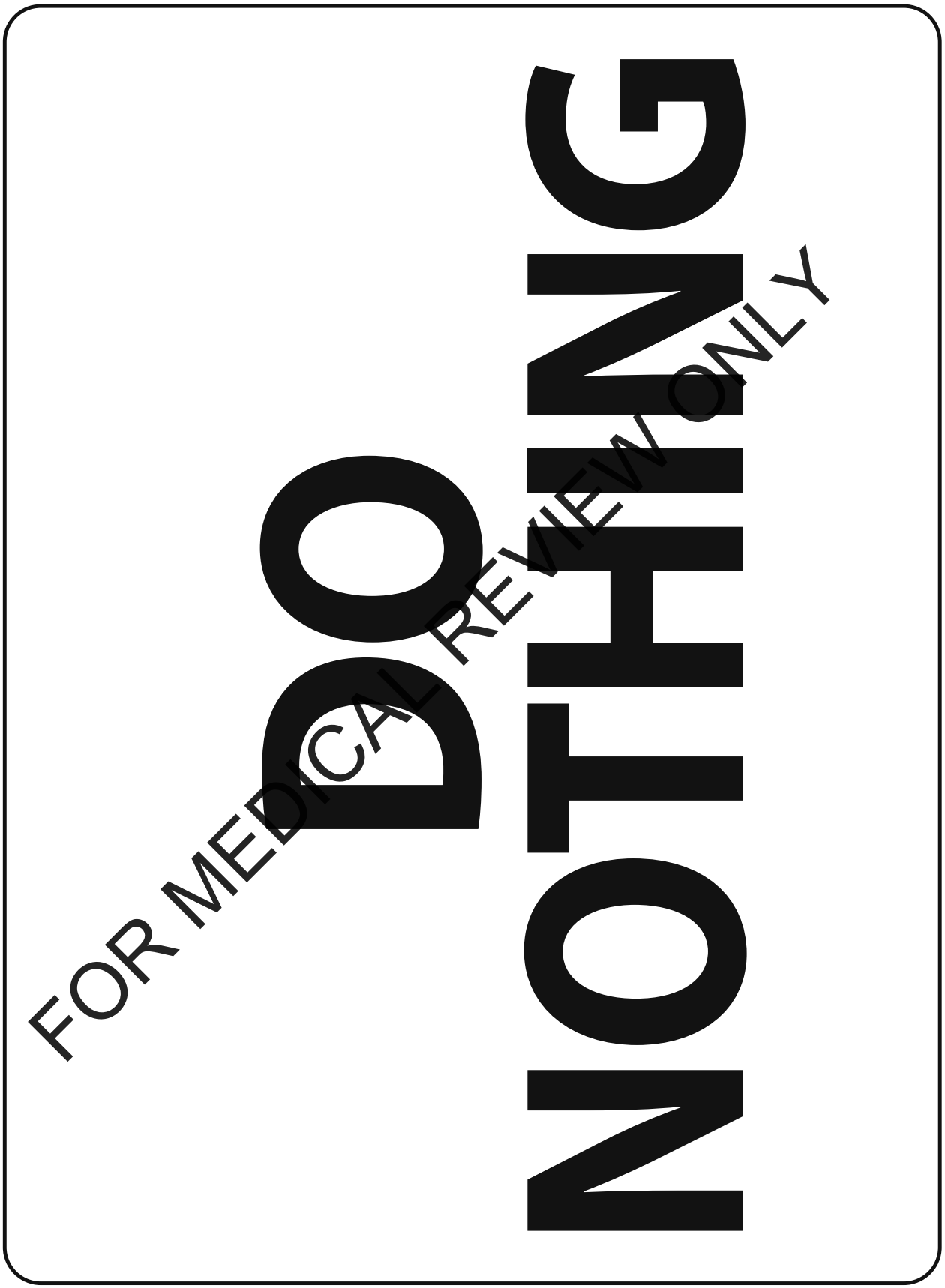
DIRECTIONS Discuss/review with your parent(s) or trusted adult your completed **Protect Yourself** and **Lesson Wrap-Up** worksheets from this lesson and **ask them** about how you should handle bullying or inappropriate sexual advances.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 5 Human Trafficking

NATIONAL HEALTH EDUCATION STANDARDS
NHES *2.8.1, 2.8.2. For further information see Appendix A.*

NATIONAL SEXUALITY EDUCATION STANDARDS
NSES *IV.8.INF.1, IV.8.AI.1I, IV.8.CC.3. For further information see Appendix A.*

SEL COMPETENCIES
Self-Awareness
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Human Trafficking
- Sex Trafficking
- What Would You Do (W worksheet)
- Resources and Services
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Define human trafficking, including sex trafficking.
- Describe how common human trafficking is in the US.
- Identify common victims of human trafficking.
- Identify the warning signs of human trafficking.
- Identify resources for reporting and escaping human trafficking.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate **What Would You Do?** and **Lesson Wrap-Up** worksheets

RELATED VOCABULARY

human trafficking, sex trafficking, labor trafficking, trafficker, fraud, coercion, grooming

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PART A

Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

1 Human Trafficking

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character's solve their problem.

2 Where is Michelle?

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

NOTE:
These topics could cause extreme discomfort or could "trigger" re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up.

3 What will you learn today?

Review today's learning objectives, and **remind students that if any of this content is upsetting to them for any reason, they may be excused to the counselor's office until the end of the period.**

4 How will this lesson help you?

Review today's evidence of achievement.

PART B

Human Trafficking

5 What is human trafficking?

1. Explain to the students that human trafficking is a form of modern slavery. It occurs when a person profits by using force, fraud, or coercion to make the victim engage in sex or work. Human Trafficking is a $32 billion-a-year industry on the rise in all 50 states.

2. There are two types of trafficking:
   - **Labor Trafficking** - individuals are forced to work or provide services without pay.
   - **Sex Trafficking** - individuals are forced to perform sex acts to profit the trafficker.

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6 Who are the victims of human trafficking?

1. Targeted individuals are not limited to any class, religion, culture, or ethnic group.

2. Vulnerable populations include:
   - individuals who have experienced childhood abuse or neglect
   - runaway and homeless youth
   - children involved in the foster care and juvenile justice systems
   - LGBTQ+ youth
   - migrant workers/undocumented immigrants
   - people with disabilities, low incomes, or history of substance abuse

3. Emphasize that the victims of sex trafficking are NOT criminals to be arrested, but victims who need to be rescued and supported.

7 Why don't the victims just leave?

1. Fear, trauma, drug addiction, threats against their family members, and lack of options due to poverty and homelessness, can all prevent victims from leaving.

2. Some victims may also be manipulated or believe that they are in love with their trafficker, which makes them resistant to seeking help.

3. Traffickers may also use the following methods to trap and control their victims:
   - isolate them from friends, family, and the public
   - control their money
   - confiscate passports or other identification
   - threaten to shame them publicly
   - threaten imprisonment or deportation if they contact authorities

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PART C

Sex Trafficking

NOTE:
A commercial sex act is when someone engages in sexual activity in exchange for payment either as money, goods, housing, services, or some other benefit agreed upon.

8 What is child sex trafficking?

Explain the following:

- Child sex trafficking is a form of child abuse.
- Child sex trafficking is defined as the recruiting, keeping, transporting, and obtaining someone under the age of 18 for commercial sex acts.

9 How common is child sex trafficking?

1. Up to 300,000 Americans under the age of 18 are lured into the commercial sex trade every year.

2. 1 out of 6 runaways is likely the victim of sex trafficking.

10 What are examples of sex trafficking?

The following are examples of sex trafficking:

- An adult providing a 16-year-old girl a place to stay in exchange for sex.
- A 17-year-old boy engaging in sex acts for a webcam or pornography business.
- A criminal gang bringing teenage girls to the US from Central America to have sex with customers.
- A parent arranging for buyers to have sex with his or her child in exchange for drugs, or food, or housing.

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11 What is the role of the internet?

Internet methods that predators use to capture victims include:

- befriending
- grooming
- recruiting
- advertising
- controlling
- stalking
- harassing

12 What would you do?

1. Distribute the worksheet entitled **What Would You Do?** Instruct the students to take a few minutes to complete the answers alone or in pairs/groups.

2. Ask for a show of hands for the students' responses to each situation.
   - How many of you would discourage the behavior and why?
   - How many of you would call the human trafficking hotline and why?
   - How many of you would report this to an adult and why?

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NAME _____

What Would You Do?

DIRECTIONS Put a check in the box (or boxes) to indicate what you would do in the following situations.

What would you do if...	Ignore the situation	Discourage behavior	Call the human trafficking hotline	Report to an adult
1. You notice that the neighbors have a young "housekeeper" who is very fearful to talk with people.				
2. Your friends ask you to go with them to "make some easy money" with their older cousin.				
3. You notice a man at the bus stop who tries to get young girls to go for a ride in his van.				
4. Your little brother tells you about being asked to go to a hotel with a stranger.				
5. You notice that your older sister is having constant cellphone communication with multiple men.				
6. Your friend tells you about talking with a stranger online who now wants to meet them at a hotel.				

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If you or someone you know is a victim of human trafficking:

- Tell your teacher, school nurse, or counselor.
- Call 911 or contact the police.
- Call the National Human Trafficking Hotline 1-888-373-7888.
- Call the National Runaway Hotline 1-800-RUNAWAY or go to: www.1800runaway.org.

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PART D

Resources and Services

13 What do victims need?

1. Reemphasize that the victims of sex trafficking are NOT criminals to be arrested, but victims who need to be rescued and supported.

2. The support services needed for victims of trafficking may include:
   - emergency shelter
   - food and clothing
   - legal services
   - medical care
   - transportation
   - mental health care
   - education and employment

14 How do you report human trafficking?

Tell students that if they or someone they know is a victim of human trafficking, there are several ways that they can get help.

- Tell your teacher, school nurse, or counselor.
- Call 911 or contact the police.
- Call the National Human Trafficking Hotline 1-888-373-7888.
- Call the National Runaway Hotline 1-800-RUNAWAY or go to: www.1800runaway.org.

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PART E

Lesson Wrap-Up

15 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

16 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

17 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

18 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

19 Ask yourself.

Direct students to indicate how committed they are to reporting any human trafficking they become aware of.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

20 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) **ask them** what they know about human trafficking, including sex trafficking.

21 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 5 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Human trafficking includes both labor trafficking and sex trafficking.

T F Child sex traffickers often "befriend" their victims by acting like their boyfriend, or like they really care about them.

T F Runaways and victims of sex trafficking can call 1-800-RUNAWAY for help.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to reporting any human trafficking you become aware of? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share your completed **What Would You Do?** and **Lesson Wrap-Up** worksheets from this lesson with your parent(s) or trusted adult and **ask them** what they know about human trafficking, including sex trafficking.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 6

Preventing an Unplanned Pregnancy

NATIONAL HEALTH EDUCATION STANDARDS NHES *1.8.6, 3.8.5, 2.8.1, 2.8.2. For further information see Appendix A.*

NATIONAL SEXUALITY EDUCATION STANDARDS NSES *SH.8.CC.2, SH.8.INF.2, SH.8.CC.3, SH.8.DM.1 SH.8.CC.7 For further information see Appendix A.*

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

NOTE:

Activity cards *can be duplicated on colored card stock or purchased from the website at: positiveprevention.com.*

CONTENT

- Introduction
- Family Planning
- Accessing Contraception (A activity)
- How do you DO abstinence? (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify reasons for family planning.
- Describe a range of contraceptive methods, including their effectiveness in preventing pregnancy and sexually transmitted infections.
- Identify community family planning and contraception services.
- Identify reasons for sexual abstinence.
- Identify the steps in deciding if you should have sex.

MATERIALS

- Teacher's slides for the lesson
- The **Over-the-Counter and Prescription** activity cards
- Chalkboard or whiteboard for class discussions
- Community clinic resource information
- Student workbooks, one per person, or duplicate **How Do You Do Abstinence?** and **Lesson Wrap-Up** worksheets

TERMS

abstinence, barrier method, non-barrier method, over-the-counter (OTC), prescription, emergency contraception, birth control pill, sexually transmitted infection (STI), digital intercourse, LARC (long-acting reversible contraception)



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PART A Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

1 Preventing an Unplanned Pregnancy

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character's solve their problem.

2 Sarah gets a checkup.

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B Family Planning

5 Have you heard of family planning?

1. Ask the students if they have heard the term "family planning?" What does the term "family planning" mean? Possible responses include:
   - deciding when to have a child(ren)
   - deciding how many children to have

2. These are important decisions for people in a committed relationship, including same-sex couples.

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3. Ask the students if they can name some reasons for delaying becoming a parent. Possible responses include:
   - You want to be in a committed relationship before deciding to raise a child.
   - You need a job and finances available to support a child's needs.
   - You are not ready emotionally to be a parent.
   - You do not plan on ever being a parent.

NOTE:
Emphasize that information on contraception is important for LGBTQ+ students. According to the US Department of Health and Human Services LGBTQ+ teens actually have higher than average rates of unintended pregnancy.

6 What is the best way to avoid a pregnancy?

1. Emphasize that **sexual abstinence** (refraining from penis vagina contact) is the only certain way to prevent an unplanned pregnancy.

2. Emphasize that choosing to abstain from sex is the only certain way to prevent an unplanned pregnancy or infection with a sexually transmitted infection.

3. Point out to students that while birth control methods will help protect someone from getting pregnant, most do NOT protect someone from getting an STI.

NOTE:
Long-acting reversible contraceptives (LARC) which are recommended for teens include injections, intrauterine devices (IUDs) and sub-dermal contraceptive implants. They are the most effective reversible methods because their efficacy does not rely on patient compliance.

7 What are the types of birth control?

- **Barrier methods** prevent the sperm from reaching the egg and include external condoms, internal condoms, diaphragms, cervical caps, sponge, and spermicide.
- **Hormonal methods** prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg and include oral contraceptives, patch, hormonal injections, long acting reversible contraceptives (LARC) and vaginal ring (NuvaRing).
- **Over-the-counter methods** can be purchased without a prescription (condoms, sponges, spermicidal foam or gel, emergency contraception).
- **Prescription contraceptive methods** require a doctor's prescription.

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Teacher's Note: Methods NOT recommended for teens.

- **Sterilization:** This is a term for a medical procedure typically unavailable to minors and may not be reversible later in life when a persons may choose to have children.
- **Rhythm Method:** More recently called natural family planning (NFP) has a failure rate of 4% in perfect use to 33% typical use, and relies on a woman's understanding and monitoring the times each month when she is fertile and when she is non-fertile.
- **Withdrawal/Pulling Out:** This may be difficult for a sexually aroused partner to ensure; also pre-ejaculate (pre-cum) most likely will be deposited in the vagina prior to ejaculation.

NOTE:
Emergency Contraception (also known as EC or Plan B) is not the same as the abortion pill RU486.

8 What is emergency contraception?

- Emergency contraception prevents pregnancy by stopping the egg from being released.
- Emergency contraception is often called the "morning after pill."
- It works best when started right away, but no later than 3-5 days after intercourse.
- In all states, people at any age can purchase some type of emergency contraception pills over-the-counter without parental consent and without a prescription.

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What are the Types of Birth Control?

- **Barrier methods** prevent the sperm from reaching the egg and include external condoms, internal condoms, diaphragms, cervical caps, sponge, and spermicide.
- **Hormonal methods** prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg and include oral contraceptives, patch, hormonal injections, long-acting reversible contraceptives (LARC) and vaginal ring (NuvaRing).
- **Over-the-counter methods** can be purchased without a prescription (condoms, sponges, spermicidal foam or gel, emergency contraception).
- **Prescription contraceptive methods** require a doctor's prescription.

What Is Emergency Contraception?

Just like regular birth control pills, emergency contraception can prevent a pregnancy by preventing the release of an egg.

Worried You Might Be Pregnant?

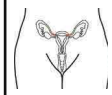
- **If you've had unprotected sex** within the last 5 days, it's not too late. You can do something NOW to prevent a pregnancy.
- **Emergency contraception** is often called the "morning after pill." It works best when started right away, and no later than 3-5 days after sex.
- **Act quickly. Don't wait.** Visit your pharmacy or public health clinic to get emergency contraception. In all states, people at any age can purchase some type of emergency contraceptive pills over-the-counter without parental consent and without a prescription.

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BIRTH CONTROL GUIDE

FDA Approved Methods	# of pregnancies expected (per 100 women)*	Use	Some Risks or Side Effects* This chart does not list all of the risks and side effects for each product.
 **Sterilization Surgery for Women**	Less than 1	Onetime procedure. Permanent.	Pain Bleeding Infection or other complications after surgery
 **Sterilization Implant for Women**	Less than 1	Onetime procedure. Permanent. The FDA-recommended alternative is tubal ligation or LARC.	Pain/cramping Pelvic or back discomfort Vaginal bleeding
 **Sterilization Surgery for Men**	Less than 1	Onetime procedure. Permanent.	Pain Bleeding Infection
 **IUD Copper (LARC)**	Less than 1	May be used as emergency contraception if placed within 5 days of unprotected intercourse. Inserted by a healthcare provider. Lasts up to 10 years.	Cramps Heavier, longer periods Spotting between periods
 **IUD with Progestin (LARC)**	Less than 1	Inserted by a healthcare provider. Lasts up to 3-5 years, depending on the type.	Irregular bleeding No periods (amenorrhea) Abdominal/pelvic pain
 **Implantable Rod (LARC)**	Less than 1	Inserted by a healthcare provider. Lasts up to 3 years.	Menstrual Changes Weight gain Headache Mood swings or depressed mood Acne
 **Shot/Injection (LARC)**	6	Need a shot every 3 months.	Loss of bone density Irregular bleeding/ Bleeding between periods Headaches Weight gain Nervousness Dizziness

MORE EFFECTIVE

*For more information on the chance of getting pregnant while using a method or on the risks of a specific product, please check the product label or Trussell, J. (2011). "Contraceptive failure in the United States." Contraception 83(5):397-404.

source: https://www.fda.gov/consumers/free-publications-women/birth-control-chart

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BIRTH CONTROL GUIDE

MORE EFFECTIVE

FDA Approved Methods	# of pregnancies expected (per 100 women)*	Use	Some Risks or Side Effects* This chart does not list all of the risks and side effects for each product.	
Oral Contraceptives "The Pill" (Combined Pill)	9	Must swallow a pill everyday.	Spotting / bleeding between periods Nausea	Breast tenderness Headache
Oral Contraceptives "The Pill" (Extended/Continuous Use Combined Pill)	9	Must swallow a pill everyday.	Spotting / bleeding between periods Nausea	Breast tenderness Headache Amenorrhea
Oral Contraceptives "The Mini Pill" (Progestin Only)	9	Must swallow a pill at the same time everyday.	Spotting / bleeding between periods Nausea	Breast tenderness Headache
Patch	9	Put on a new patch each week for 3 weeks (21 total days). Don't put on a patch during the fourth week.	Spotting / bleeding between periods Nausea Stomach pain	Breast tenderness Headache Skin irritation
Vaginal Contraceptive Ring	9	Put the ring into the vagina yourself. Keep the ring in your vagina for 3 weeks and then take it out for 1 week.	Vaginal discharge, discomfort in the vagina, and mild irritation Mood changes	Nausea Breast tenderness Headache
Diaphragm with Spermicide	12	Must use every time you have sex.	Irritation Allergic reactions	Urinary tract infection
Sponge with Spermicide	12-24	Must use every time you have sex.	Irritation	

*For more information on the chance of getting pregnant while using a method or on the risks of a specific product, please check the product label or Trussell, J. (2011). "Contraceptive failure in the United States." Contraception 83(5):397-404.
source: https://www.fda.gov/consumers/free-publications-women/birth-control-chart

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BIRTH CONTROL GUIDE

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MORE EFFECTIVE

FDA Approved Methods	# of pregnancies expected (per 100 women)*	Use	Some Risks or Side Effects* This chart does not list all of the risks and side effects for each product.
 **Cervical Cap with Spermicide**	17-23	Must use every time you have sex.	Irritation Allergic reactions Abnormal Pap test
 **External Condom (on a penis)**	18	Must use every time you have sex. **Provides protection against some STDs.**	Irritation Allergic reactions
 **Internal Condom (in a vagina)**	21	Must use every time you have sex. **Provides protection against some STDs.**	Discomfort or pain during insertion or sex. Burning sensation, rash or itching
 **Spermicide alone**	28	Must use every time you have sex.	Irritation Allergic reactions Urinary tract infection

Other contraceptives:

Emergency Contraceptives (EC): May be used if you did not use birth control or if your regular birth control fails (such as a condom breaks). It should not be used as a regular form of birth control. Emergency contraception prevents about 55 - 85% of predicted pregnancies.

Levonorgestrel 1.5mg (1 pill) **Levonorgestrel** .75mg (2 pill)	7 out of every 8 women who would have gotten pregnant will not become pregnant after taking this EC.	Available as an unrestricted over-the-counter purchase. Swallow the pills as soon as possible within 3 days after having unprotected sex.	Menstrual changes, Vomiting, Dizziness, Lower stomach (abdominal) pain, Nausea, Tiredness, Breast pain, Headache
Ulipristal Acetate	6 or 7 out of every 10 women who would have gotten pregnant will not become pregnant after taking this EC.	Available by prescription only. Swallow the pills as soon as possible within 5 days after having unprotected sex.	Dizziness, Abdominal pain, Nausea, Tiredness, Headache, Menstrual pain

*For more information on the chance of getting pregnant while using a method or on the risks of a specific product, please check the product label or Trussell, J. (2011). "Contraceptive failure in the United States." Contraception 83(5):397-404.

source: https://www.fda.gov/consumers/free-publications-women/birth-control-chart

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PART C

Accessing Contraception

9 Where can you get contraception? A

1. Post two categories of contraception (PRESCRIPTION and OVER-THE-COUNTER) on the classroom wall.

2. Distribute contraceptive method cards to groups of 2-3 students per card.

3. Ask a representative from each group to briefly describe the method to the class and post it in the correct category.

10 How do you locate family planning services?

1. Discuss and describe how and where to access contraception and family planning products and services in your community.
   - Students can locate a reproductive health clinic by visiting https://gettested.cdc.gov.
   - They can also go to Teen Source (www.teensource.org), click on Find A Clinic, and enter their zip code.
   - Most local drug stores provide non-prescription birth control (internal or external condom, sponge, foam) and pregnancy test kits.

2. **Remind students that abstaining from injection drug use is also important to avoid infection with HIV and other viral STIs.**

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PART D

Choices About Having Sex

11 What decision will you make?

Walk the students through the decision tree, and emphasize the importance of:

- involving their sex partner and a parent/trusted adult in this decision
- being honest in their response to "shall we have sex"
- considering their answers carefully at each step
- accepting the responsibility for the decisions they make

12 How do you DO abstinence?

W

1. Assign the students to groups of four.

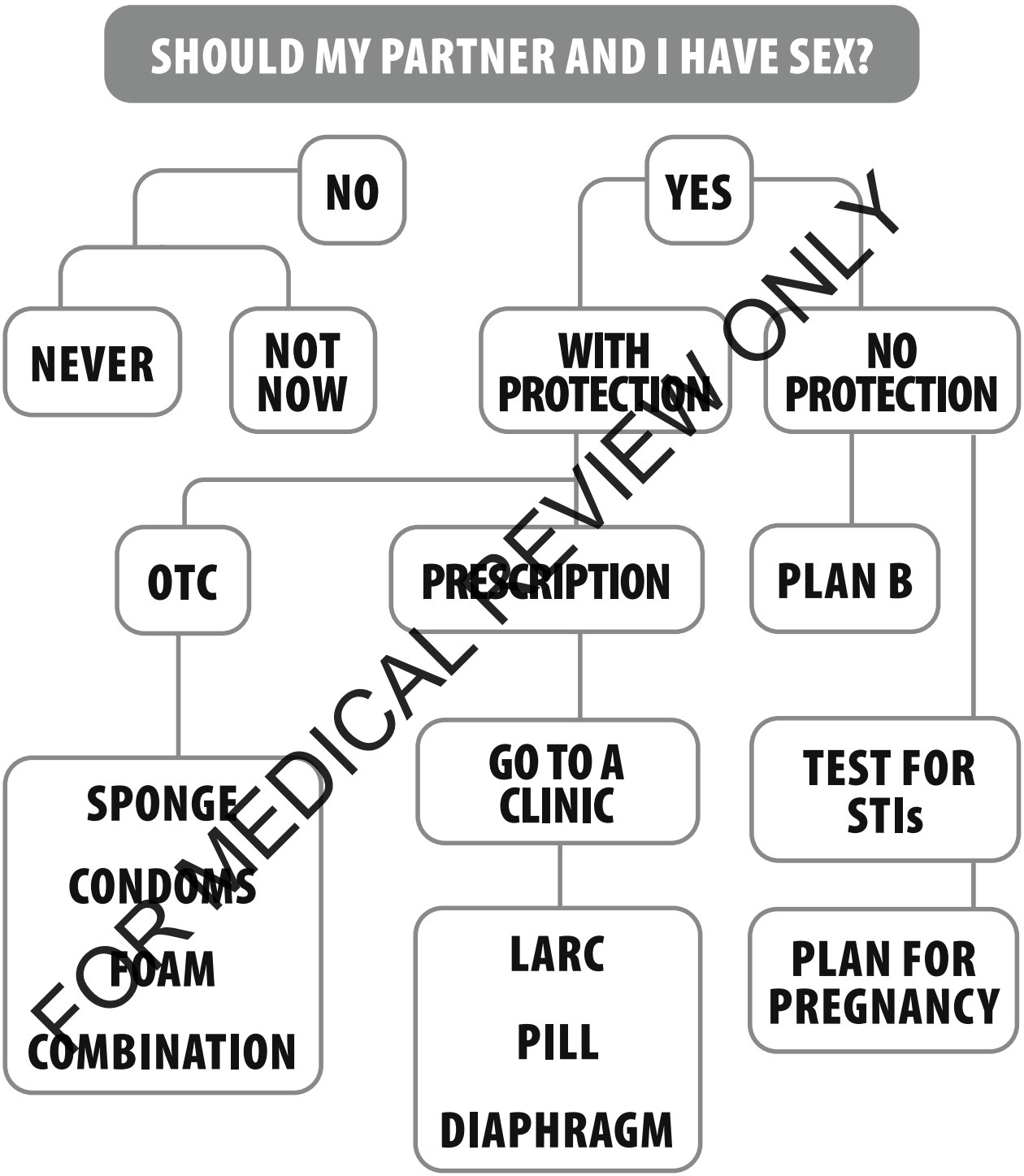
2. Distribute one How Do You DO Abstinence? worksheet to each group or if using workbooks have students fill in the group's ideas.

3. Have the students follow the directions on the worksheet, discuss each question and agree on a group answer for how to handle relationships without having sexual contact (anal, oral, vaginal, or digital).

4. Call on student groups to share and discuss their answers.

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What Decision Will You Make?



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NAME _____

How Do You DO Abstinence?

- Think of abstinence as a VERB.
- It's how you handle relationships without having sexual contact including anal, oral, vaginal and digital contact.

Step 1: Imagine someone has decided to be abstinent. Create your own definition (description) of what it means to be sexually abstinent.

Being sexually abstinent means:

_____

_____

_____

_____

Step 2: After creating a definition for what it means to be sexually abstinent, list reasons why being abstinent is important for you and your future.

Reasons why I want to be sexually abstinent:

_____

_____

_____

_____

Step 3: Brainstorm a list of all the safe, healthy, and legal activities you can do with someone without having sexual contact with them.

Activities that support our being abstinent are:

_____

_____

_____

_____

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SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART E

Lesson Wrap-up

13 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

14 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

15 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

16 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

17 Ask yourself.

Direct students to indicate how committed they are to preventing an unplanned pregnancy.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

18 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) **ask them** what are their family's values and beliefs regarding sexual activity.

19 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 6 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Sexual abstinence is the only certain way to prevent an unplanned pregnancy and to prevent an STI or HIV infection.

T F Planning if and when to have children is part of planning your life.

T F In many states, teens can access free or low-cost reproductive health services.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to preventing an unplanned pregnancy? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Discuss/review with your parent(s) or trusted adult your completed **How Do You DO Abstinence?** and **Lesson Wrap-Up** worksheets from this lesson and **ask them** about your family's values and beliefs regarding sexual activity.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY




PRESCRIPTION
FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY





FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



INTERNAL AND EXTERNAL

CONDOMS

BARRIER METHOD

BIRTH CONTROL PILLS

HORMONAL METHOD

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



SPERMICIDAL FOAM

BARRIER METHOD

DIAPHRAGM

BARRIER METHOD

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



SPERMICIDAL GEL

BARRIER METHOD

VAGINAL RING

HORMONAL METHOD

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



SPONGE

BARRIER METHOD

INTRAUTERINE DEVICE "IUD"

MAY BE BARRIER OR HORMONAL

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



EMERGENCY CONTRACEPTION

HORMONAL METHOD

INJECTION OR HORMONAL IMPLANT

HORMONAL METHOD

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



SEXUAL ABSTINENCE

AVAILABLE ALL THE TIME!

BIRTH CONTROL PATCH

HORMONAL METHOD

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



LESSON 7

Teen Pregnancy: Choices and Responsibilities

For those states that do not allow a discussion of abortion, Version 2 of this lesson is included in this teacher binder.

NATIONAL HEALTH EDUCATION STANDARDS NHES *5.8.4, 5.8.2, 5.8.5, 5.8.6, 2.8.1, 2.8.2. For further information see Appendix A.*

NATIONAL SEXUALITY EDUCATION STANDARDS NSES *SH.8.AI.2, SH.8.CC.4, SH.8.CC.10, SH.8.DM.1. For further information see Appendix A.*

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Prenatal Care and Parenting
- Additional Alternatives (Surrender, Adoption, Abortion)
- Decision-Making (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- List the key components of prenatal care and responsible parenting.
- Identify key components of your state's Safe Surrender (or Safe Haven) Law.
- Describe key components of both adoption and abortion.
- Demonstrate how to make an important decision.

MATERIALS

- Teacher's slides for the lesson.
- Downloadable brochures and posters in English and Spanish available at: http://www.babysafe.ca.gov
- Workbooks, one per person, or duplicate the **Making Healthy Decisions** and **Lesson Wrap-Up** worksheets

TERMS

options, consequences, confidential, voluntary, safe surrender, cooling off period, paternity, adoption, abortion



FOR MEDICAL REVIEW ONLY

PART A Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

NOTE:
Throughout the lesson point out how the information being presented could help the character's solve their problem.

NOTE:
These topics could cause extreme discomfort or could "trigger" re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up.

1 Teen Pregnancy: Choices and Responsibilities

Display the title slide for this lesson before you begin instruction.

2 Johnny's brother has a decision to make!

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives, and **remind students that if any of this content is upsetting to them for any reason, they may be excused to the counselor's office until the end of the period.**

4 How will this lesson help you?

Review today's evidence of achievement.

PART B Prenatal Care and Parenting

5 Do you remember?

1. Ask students if they remember from the Getting Started Lesson how many teen births occur each year in the US. (*Answer: over 194,000*)

2. Ask students to list reasons why so many teens are experiencing unplanned pregnancies. Possible responses include:
   - not abstaining from sexual intercourse
   - not communicating/not discussing sex with their partner
   - no access to, or cannot afford, birth control

FOR MEDICAL REVIEW ONLY

- not using birth control even if they have it
- not using birth control consistently and correctly
- sexual assault or date rape

6 How does someone know if they are pregnant?

1. Two main types of pregnancy tests are blood tests (in a clinic) and urine tests (in a clinic or using a home test kit).

2. Pregnancy tests check urine or blood for a hormone called human chorionic gonadotropin (hCG).
   - The body makes this hormone after a fertilized egg attaches to the wall of the uterus.
   - This usually happens about 6 days after fertilization. Levels of hCG rise quickly, doubling every 2 to 3 days.

3. Inform students that in regard to sexual and reproductive health care, California explicitly permits all younger than 18 to obtain contraceptive, prenatal and STI services without parental involvement.

7 What are the options?

1. If a young teen is experiencing an unplanned pregnancy, there are several options which include:
   - giving birth and raising the child
   - discussing with the parents of the mother or father if they would be willing to parent or co-parent the child.
   - giving birth and letting parents or relatives raise the child
   - surrendering the child to designated authorities
   - placing the child for adoption
   - getting an abortion (terminating the pregnancy)

2. Inform students that the next sections of this lesson will provide an overview of each option, and then finish with a personal decision-making activity.

FOR MEDICAL REVIEW ONLY

8 What are the stages of fetal development?

1. The development of a baby from conception to birth occurs in three stages called trimesters. Each trimester is usually 3 months.

First trimester

- The first trimester will span from conception to 12 weeks (the first 3 months of pregnancy.)
- The placenta develops and transfers nutrients from the mother to the embryo, and transfers wastes from the embryo.
- The brain, spinal cord and central nervous system are developing.
- After the second month the embryo is called a fetus.
- The heart of a fetus is fully developed by the 10th week of pregnancy.
- The organs and limbs including the reproductive organs are formed but the gender is difficult to determine.
- At the end of the third month, the fetus is about 4 inches long and weighs about 1 ounce.

Second trimester

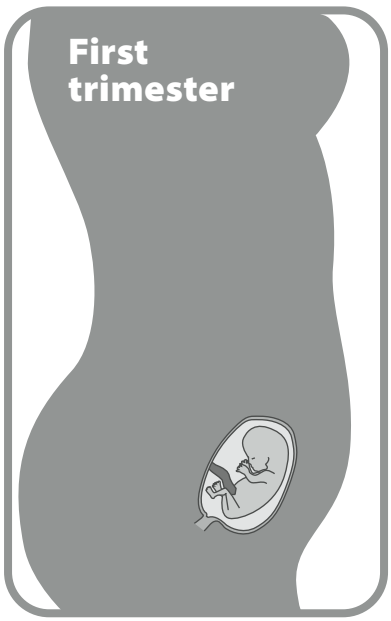
- The second trimester will span months 4-6.
- The reproductive organs and genitals develop, and can be seen on an ultrasound.
- The baby can suck it's thumb, yawn, stretch, and make faces.
- The baby's hiccups and movement can be felt.
- Hair begins to grow on the baby's head.
- The baby can respond to sound, pain, and light.
- By the end of the sixth month, the baby is about 12 inches long and weighs about 2 pounds.

Third trimester

- This is the final three months of the pregnancy and during this stage, the baby will continue to grow and mature.
- The brain is developing rapidly, and the baby can see and hear.
- Most internal systems are developed, but the lungs may still be immature.
- The baby can blink, close eyes, turn the head, grasp firmly, and respond to sounds, light, and touch.
- The baby is about 18 to 20 inches long and weighs about 7 pounds.

FOR MEDICAL REVIEW ONLY

Fetal Development



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FOR MEDICAL REVIEW ONLY



9 How do you prepare for a child?

1. Explain the importance of providing good prenatal care to help ensure that the baby is healthy.

2. Emphasize the importance of:
   - a healthy diet and exercise
   - no alcohol, tobacco, secondhand smoke, or other drugs including marijuana.
   - regular checkups including screenings for infections, counseling, and immunizations
   - childbirth classes
   - being free of infectious diseases including HIV

3. Also emphasize the importance of her partner (or other family members) supporting all aspects of prenatal care.

10 How do you care for a child?

1. Explain that if a young person chooses to keep the child and raise it (with or without the help of a partner or parents) there are things that must be done as a responsible parent.

2. To be a good parent for a newborn:
   - Take a parenting class.
   - Control emotions and any violent tendencies.
   - Find a good childcare provider.
   - Provide a safe and loving home.
   - Provide good nutrition and regular health care.

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FOR MEDICAL REVIEW ONLY



Prenatal Care and Parenting

Requires:

- a healthy diet and exercise
- no alcohol, tobacco, secondhand smoke, or other drug use including marijuana
- regular checkups including screenings for infections, counseling, and immunizations
- attending childbirth classes
- taking a parenting class
- controlling your own emotions (and violent tendencies)
- finding good childcare
- providing a safe and loving home
- providing regular health care

It is important that her partner (or other family members) support all aspects of prenatal care.

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FOR MEDICAL REVIEW ONLY



PART C

Alternatives to Keeping the Baby

NOTE:
Be sure to elicit participation and responses from male students regarding these topics.

11 What are other alternatives?

People who are faced with an unplanned pregnancy and who feel they are NOT emotionally, economically, or physically able to raise a child at this time in their life have three alternatives: surrender, adoption, and abortion.

12 What is Safe Surrender?

1. The key points include:
   - In some states this is called the Safe Haven or the Baby Moses law.
   - The mother **or father** can surrender the infant within 72 hours of its birth.
   - Hospitals and fire departments are "safe surrender sites." In some counties, so are police stations.
   - The parent does not have to give out personal information; if the surrendering parent chooses to give his or her name, it will be **confidential** (kept in a private file).
   - The infant is given food and medical care.
   - Both the parent and the infant are given an ID bracelet at the hospital. The parent can reclaim the child within 14 days (the "cooling off period"). Ask why this is important.
   - If the biological father decides to claim the infant, he will need to have received a bracelet from the hospital. Otherwise fatherhood will need to be established by taking a DNA test.
   - If the infant is not reclaimed by its biological (birth) parent, it is placed for adoption.

2. Distribute a brochure (downloadable from the web) or similar information on your state's Safe Surrender Law. Encourage students to share this information with their family members and friends.

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13 How does adoption work?

The key points include:

- The decision to place an infant for adoption is not easy.
- A young teen may be able to move forward with the adoption without the other birth parent's consent.
- The adoptive family may be at the hospital while the baby is born.
- The birth parent may be able to know about the infant's health and well-being after the adoption.

14 What about abortion?

1. A third option is to have an abortion, which is also called terminating the pregnancy.

2. Two pieces of information are important for people to know before making a decision about an abortion.
   - How far along is the pregnancy? (This may determine whether an abortion can be performed.)
   - Has the mother been tested for an STI? (Having an abortion with an untreated STI can cause great risk to a person's future reproductive health.)

3. Explain that:
   - Abortion is a very safe procedure if done with proper medical care.
   - As with any other medical care, it is every patient's right to receive accurate information so they can provide informed consent prior to an abortion.
   - A pregnancy can be terminated through medication up to 10 weeks after the last menstrual period, or through other procedures to empty the uterus up until the fetus is viable (about 23 weeks).
   - In some states abortions may be performed after 23 weeks if the health or life of the mother is jeopardized.

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Alternatives to Keeping the Baby

The Safe Surrender (Safe Haven) Law

- Either birth parent can surrender the infant within 72 hours of its birth.
- Hospitals and fire departments are "safe surrender sites." In some counties, so are police stations.
- The parent does not have to give out personal information; if the surrendering parent chooses to give his/her name, it will be *confidential* (kept in a private file).

Adoption

- The decision to place an infant for adoption is not easy.
- A young parent may be able to move forward with the adoption without the other birth parent's consent.
- The adoptive family may be at the hospital while the baby is being born.
- The birth parent(s) may be able to know about the infant's health and well-being after the adoption.

Abortion

- In California, minors can access abortion without parental notification or consent. (However, these laws vary state-to-state for minors.)
- Abortion is a very safe procedure if done with proper medical care.
- A pregnancy can be terminated through medication up to 10 weeks after the last menstrual period, or through other procedures to empty the uterus later in the pregnancy if necessary for health reasons.

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PART D

Decision-Making

15 How do you make the choice? W

1. Point out that what to do about an unplanned pregnancy is a very difficult decision for anyone to make.
   - Such decisions require serious thought, including counseling with parents, family members, and other professionals before choosing what is right for the individual involved.
   - Of course, the best way to avoid having to make this decision is to not get pregnant or get someone pregnant in the first place!

NOTE:
Keep in mind that some families or cultures may welcome or even encourage their child to become pregnant. However, the possible harm to their health and to the health of the baby, as well as the effect on their future must still be considered.

2. Explain that when someone is making an important decision, with many options or alternatives, it can be very confusing.
   - Some people may not even consider some of the "options" acceptable, based on their family, cultural, or religious beliefs.
   - Should someone seek advice from others, and whose opinion should they listen to?

3. Display a blank **Making Healthy Decisions** worksheet, and walk the students through completing each step of the decision-making model (see sample of completed model).

   Step One: Define the problem. When is a person or couple ready to have a child(ren)?

   Step Two: Identify possible decisions. Guide students in brainstorming all the options. Options include:
   - while in high school
   - after high school, with a minimum wage job(s)
   - during college, with a part-time job(s)
   - after college with a higher paying job(s)
   - choosing not to have children

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Step Three: Evaluate each possible decision in this activity.

While in high school:

- They may be in a good relationship and love the child, but it will be difficult to finish school and provide for the child.

After high school, with a minimum wage job(s):

- They may be in a good relationship and love the child, but it will be difficult to provide for the child.

During college, with a part-time job(s):

- They may be in a good relationship and love the baby, but it will be difficult to finish college and provide for the child.

After college with a higher paying job(s):

- It can be very fulfilling to raise a child, but raising a child requires time, energy, love, and financial sacrifice.

Some people may choose not to have children.

- Some people may make this choice based on professional, economic, or lifestyle reasons.

Step Four: Identify resources. Guide students in brainstorming where a young person could seek advice prior to making a decision regarding an unplanned pregnancy. Possible responses include:

- parent(s) or other family member(s)
- an experienced adult
- counselor
- family doctor
- teen clinic
- religious leader

Step Five: Make the decision. When do you think a person or couple is ready to have a child? At this point, allow students to make their own decisions.

Step Six: Act on your decision, take RESPONSIBILITY for it, and RE-EXAMINE your decision from time to time.

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NAME _____

Making Healthy Decisions

Step 1: What is the problem?

When is a person or couple ready to have a child(ren)?

Step 2: List Possible Options

1. *While in high school.*
2. *After high school, with a minimum wage job (s).*
3. *During college, with a part-time job (s).*
4. *After college with a higher paying job (s).*
5. *Some people may choose not to have children.*

Step 3: Evaluate Each Option

1. _____
2. _____
3. _____
4. _____
5. _____

Step 4: List Resources

1. _____
2. _____
3. _____
4. _____

Step 5: Make the decision. What do you feel they ought to do?

Step 6:
Act on the decision, take responsibility for it, and re-examine it.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME _____ SAMPLE

Making Healthy Decisions

Step 1: What is the problem?

When is a person or couple ready to have a child(ren)?

Step 2: List Possible Options

1. *While in high school.*
2. *After high school, with a minimum wage job (s).*
3. *During college, with a part-time job (s).*
4. *After college with a higher paying job (s).*
5. *Some people may choose not to have children.*

Step 3: Evaluate Each Option

1. *They may have a good relationship and love the infant, but it will be difficult to finish school and provide for the child.*
2. *They may have a good relationship and love the infant, but it will be difficult to provide for the child.*
3. *They may have a good relationship and love the infant, but it will be difficult to have a part-time job, finish college, and provide for the child.*
4. *It can be very fulfilling to raise a child, but raising a child requires time, energy, love, and financial sacrifice.*
5. *Some people may make this choice based on professional, economic, or lifestyle reasons.*

Step 4: List Resources

- *Parent(s) or other family member(s)*
- *An experienced adult*
- *Counselor*
- *Family doctor*
- *Teen clinic*
- *Religious leader*

Step 5: Make the decision. What do you feel they ought to do?

Step 6:
Act on the decision, take responsibility for it, and re-examine it.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART E Lesson Wrap-up

16 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

17 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

18 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

19 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

20 Ask yourself.

Direct students to indicate how positive they are that they will use the decision-making model when making important decisions.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

21 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) **ask them** what were some important decisions they needed to make in their lives and how did they go about making those decisions.

22 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 7 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F The only alternative to raising an infant is adoption.

T F When making an important decision, it is critical to explore your options and consider the pros and cons of each option.

T F When making an important decision, it is not important to seek advice from your parent(s) or trusted adults.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How positive are you that you will use the decision-making model in this lesson when making important decisions in your life?
Circle your answer below.

Not Positive *Very Positive*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent(s) or a trusted adult your completed **Making Healthy Decisions** and **Lesson Wrap-Up** worksheets from this lesson and **ask them** what were some important decisions they needed to make in their lives and how did they go about making those decisions.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

FOR MEDICAL REVIEW ONLY

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LESSON 7
(VERSION 2)

Teen Pregnancy: Choices and Responsibilities

For those states that do not allow a discussion of abortion, Version 2 of this lesson makes no mention of terminating a pregnancy.

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OBJECTIVES

- List the key components of prenatal care and responsible parenting.
- Identify key components of your state's Safe Surrender (or Safe Haven) Law.
- Describe key components of adoption.
- Demonstrate how to make an important decision.

MATERIALS

- Teacher's slides for the lesson.
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NOTE:
Encourage students to use a question box as needed throughout the lessons.

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Throughout the lesson point out how the information being presented could help the character's solve their problem.

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Display the title slide for this lesson before you begin instruction.

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Review today's evidence of achievement.

PART B Prenatal Care and Parenting

5 Do you remember?

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FOR MEDICAL REVIEW ONLY

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   - surrendering the child to designated authorities
   - placing the child for adoption

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- At the end of the third month the fetus is about 4 inches long and weighs about 1 ounce.

Second trimester

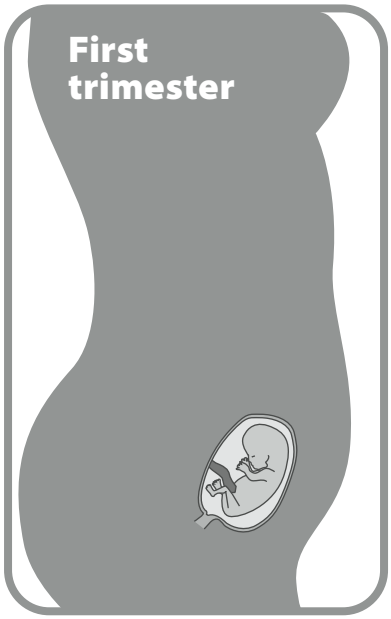
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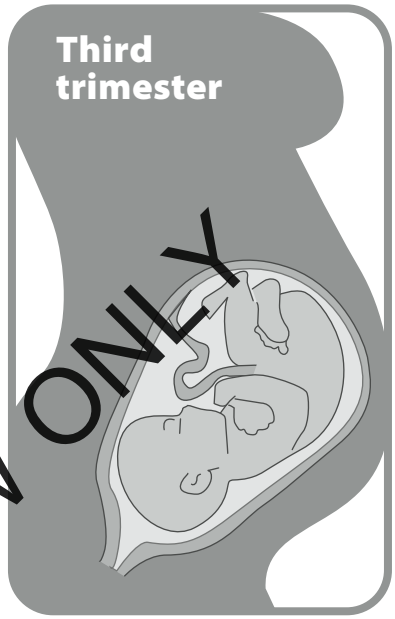
Fetal Development



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- The baby can respond to sound, pain, and light.
- By the end of the sixth month, the baby is about 12 inches long and weighs about 2 pounds.



- This is the final three months of the pregnancy and during this stage, the baby will continue to grow and mature.
- The brain is developing rapidly, and the baby can see and hear.
- Most internal systems are developed, but the lungs may still be immature.
- The baby can blink, close eyes, turn the head, grasp firmly, and respond to sounds, light, and touch.
- The baby is about 18 to 20 inches long and weighs about 7 pounds.

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9 How do you prepare for a child?

1. Explain the importance of providing good prenatal care to help ensure that the baby is healthy.

2. Emphasize the importance of:
   - a healthy diet and exercise
   - no alcohol, tobacco, secondhand smoke, or other drugs including marijuana.
   - regular checkups including screenings for infections, counseling, and immunizations
   - childbirth classes
   - being free of infectious diseases including HIV

3. Also emphasize the importance of her partner (or other family members) supporting all aspects of prenatal care.

10 How do you care for a child?

1. Explain that if a young person chooses to keep the child and raise it (with or without the help of a partner or parents) there are things that must be done as a responsible parent.

2. To be a good parent for a newborn:
   - Take a parenting class.
   - Control emotions and any violent tendencies.
   - Find a good childcare provider.
   - Provide a safe and loving home.
   - Provide good nutrition and regular health care.

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



Prenatal Care and Parenting

Requires:

- a healthy diet and exercise
- no alcohol, tobacco, secondhand smoke, or other drug use including marijuana
- regular checkups including screenings for infections, counseling, and immunizations
- attending childbirth classes
- taking a parenting class
- controlling your own emotions (and violent tendencies)
- finding good childcare
- providing a safe and loving home
- providing regular health care

It is important that her partner (or other family members) support all aspects of prenatal care.

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PART C

Alternatives to Keeping the Baby

NOTE:
Be sure to elicit participation and responses from male students regarding these topics.

11 What are other alternatives?

People who are faced with an unplanned pregnancy and who feel they are NOT emotionally, economically, or physically able to raise a child at this time in their life have two alternatives: safe surrender and adoption.

12 What is Safe Surrender?

1. The key points include:
   - In some states this is called the Safe Haven or the Baby Moses law.
   - The mother **or father** can surrender the infant within 72 hours of its birth.
   - Hospitals and fire departments are "safe surrender sites." In some counties, so are police stations.
   - The parent does not have to give out personal information; if the surrendering parent chooses to give his or her name, it will be **confidential** (kept in a private file).
   - The infant is given food and medical care.
   - Both the parent and the infant are given an ID bracelet at the hospital. The parent can reclaim the child within 14 days (the "cooling off period"). Ask why this is important.
   - If the biological father decides to claim the infant, he will need to have received a bracelet from the hospital. Otherwise fatherhood will need to be established by taking a DNA test.
   - If the infant is not reclaimed by its biological (birth) parent, it is placed for adoption.

2. Distribute a brochure (downloadable from the web) or similar information on your state's Safe Surrender Law. Encourage students to share this information with their family members and friends.

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13 How does adoption work?

The key points include:

- The decision to place an infant for adoption is not easy.
- A young teen may be able to move forward with the adoption without the other birth parent's consent.
- The adoptive family may be at the hospital while the baby is born.
- The birth parent may be able to know about the infant's health and well-being after the adoption.

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Alternatives to Keeping the Baby

The Safe Surrender (Safe Haven) Law

- Either birth parent can surrender the infant within 72 hours of its birth.
- Hospitals and fire departments are "safe surrender sites." In some counties, so are police stations.
- The parent does not have to give out personal information; if the surrendering parent chooses to give his/her name, it will be *confidential* (kept in a private file).

Adoption

- The decision to place an infant for adoption is not easy.
- A young parent may be able to move forward with the adoption without the other birth parent's consent.
- The adoptive family may be at the hospital while the baby is being born.
- The birth parent(s) may be able to know about the infant's health and well-being after the adoption.

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PART D

Decision-Making

14 How do you make the choice?

W

1. Point out that what to do about an unplanned pregnancy is a very difficult decision for anyone to make.
   - Such decisions require serious thought, including counseling with parents, family members, and other professionals before choosing what is right for the individual involved.
   - Of course, the best way to avoid having to make this decision is to not get pregnant or get someone pregnant in the first place!

NOTE:
Keep in mind that some families or cultures may welcome or even encourage their child to become pregnant. However, the possible harm to their health and to the health of the baby, as well as the effect on their future must still be considered.

2. Explain that when someone is making an important decision, with many options or alternatives, it can be very confusing.
   - Some people may not even consider some of the "options" acceptable, based on their family, cultural, or religious beliefs.
   - Should someone seek advice from others, and whose opinion should they listen to?

3. Display a blank **Making Healthy Decisions** worksheet, and walk the students through completing each step of the decision-making model (see sample of completed model).

   Step One: Define the problem. When is a person or couple ready to have a child(ren)?

   Step Two: Identify possible decisions. Guide students in brainstorming all the options. Options include:
   - while in high school
   - after high school, with a minimum wage job(s)
   - during college, with a part-time job(s)
   - after college with a higher paying job(s)
   - choosing not to have children

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Step Three: Evaluate each possible decision in this activity.

While in high school:

- They may be in a good relationship and love the child, but it will be difficult to finish school and provide for the child.

After high school, with a minimum wage job(s):

- They may be in a good relationship and love the child, but it will be difficult to provide for the child.

During college, with a part-time job(s):

- They may be in a good relationship and love the baby, but it will be difficult to finish college and provide for the child.

After college with a higher paying job(s):

- It can be very fulfilling to raise a child, but raising a child requires time, energy, love, and financial sacrifice.

Some people may choose not to have children.

- Some people may make this choice based on professional, economic, or lifestyle reasons.

Step Four: Identify resources. Guide students in brainstorming where a young person could seek advice prior to making a decision regarding an unplanned pregnancy. Possible responses include:

- parent(s) or other family member(s)
- an experienced adult
- counselor
- family doctor
- teen clinic
- religious leader

Step Five: Make the decision. When do you think a person or couple is ready to have a child? At this point, allow students to make their own decisions.

Step Six: Act on your decision, take RESPONSIBILITY for it, and RE-EXAMINE your decision from time to time.

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NAME _____

Making Healthy Decisions

Step 1: What is the problem?

When is a person or couple ready to have a child(ren)?

Step 2: List Possible Options

1. *While in high school.*
2. *After high school, with a minimum wage job (s).*
3. *During college, with a part-time job (s).*
4. *After college with a higher paying job (s).*
5. *Some people may choose not to have children.*

Step 3: Evaluate Each Option

1. _____
2. _____
3. _____
4. _____
5. _____

Step 4: List Resources

1. _____
2. _____
3. _____
4. _____

Step 5: Make the decision. What do you feel they ought to do?

Step 6:
Act on the decision, take responsibility for it, and re-examine it.

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NAME _____ SAMPLE

Making Healthy Decisions

Step 1: What is the problem?

When is a person or couple ready to have a child(ren)?

Step 2: List Possible Options

1. *While in high school.*
2. *After high school, with a minimum wage job (s).*
3. *During college, with a part-time job (s).*
4. *After college with a higher paying job (s).*
5. *Some people may choose not to have children.*

Step 3: Evaluate Each Option

1. *They may have a good relationship and love the infant, but it will be difficult to finish school and provide for the child.*
2. *They may have a good relationship and love the infant, but it will be difficult to provide for the child.*
3. *They may have a good relationship and love the infant, but it will be difficult to have a part-time job, finish college, and provide for the child.*
4. *It can be very fulfilling to raise a child, but raising a child requires time, energy, love, and financial sacrifice.*
5. *Some people may make this choice based on professional, economic, or lifestyle reasons.*

Step 4: List Resources

- *Parent(s) or other family member(s)*
- *An experienced adult*
- *Counselor*
- *Family doctor*
- *Teen clinic*
- *Religious leader*

Step 5: Make the decision. What do you feel they ought to do?

Step 6:
Act on the decision, take responsibility for it, and re-examine it.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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FOR MEDICAL REVIEW ONLY



PART E

Lesson Wrap-up

15 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

16 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

17 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

18 Ask a friend.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

19 Ask yourself.

Direct students to indicate how positive they are that they will use the decision-making model when making important decisions.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

20 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) **ask them** what were some important decisions they needed to make in their lives and how did they go about making those decisions.

21 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 7 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F The only alternative to raising an infant is adoption.

T F When making an important decision, it is critical to explore your options and consider the pros and cons of each option.

T F When making an important decision, it is not important to seek advice from your parent(s) or trusted adults.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How positive are you that you will use the decision-making model in this lesson when making important decisions in your life?
Circle your answer below.

Not Positive *Very Positive*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent(s) or a trusted adult your completed **Making Healthy Decisions** and **Lesson Wrap-Up** worksheets from this lesson and **ask them** what were some important decisions they needed to make in their lives and how did they go about making those decisions.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 8

The HIV/AIDS Epidemic

NATIONAL HEALTH EDUCATION STANDARDS
NHES *1.8.1, 1.8.8, 7.8.2, 2.8.8, 2.8.1, 2.8.2. For further information see Appendix A.*

NATIONAL SEXUALITY EDUCATION STANDARDS
NSES *SH.8.CC.1, SH.8.AI.1, SH.8.CC.5, SH.8.CC.7, SH.8.CC.9 For further information see Appendix A.*

SEL COMPETENCIES
Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making
Social Awareness

NOTE
Activity cards *can be duplicated on colored card stock or purchased from the website at wwwpositiveprevention.com.*



CONTENT

- Introduction
- HIV/AIDS Definitions (W worksheet)
- HIV Transmission
- Stop and Think (A activity)
- The Treatment of HIV Disease
- Persons Infected/Affected by HIV
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Describe the AIDS epidemic.
- Identify the fluids and body routes for HIV transmission.
- Identify behaviors that will and will not put a person at risk for HIV transmission.
- Describe how ART, PEP, and PreP are used in the prevention and treatment of an HIV infection.
- Identify myths or stereotypes regarding persons infected with HIV.
- Describe the impact of HIV/AIDS on individuals and their family life.
- Express concern for persons with disabilities or illness, including those infected with HIV.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **STI/HIV/AIDS Definitions** and **Lesson Wrap-Up** worksheets
- The **STOP and THINK** activity cards, one per person

TERMS

epidemic, immune system, semen, vaginal fluids, blood, breast milk, rectal fluids, antiretroviral therapy (ART), myth, stereotype, compassion

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PART A

Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

NOTE:
Throughout the lesson point out how the information being presented could help the character's solve their problem.

1 The HIV/AIDS Epidemic

Display the title slide for this lesson before you begin instruction.

2 Will Sarah be infected?

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B

The HIV/AIDS Epidemic

5 What do the letters HIV stand for? W

HIV is just one of many STIs (sexually transmitted infections.)

- **Human**: A disease in human beings not other animals.
- **Immunodeficiency**: Weakness in the body system that is supposed to fight disease.
- **Virus**: A very small living particle seen only through a microscope that causes serious infections.

FOR MEDICAL REVIEW ONLY

6 What do the letters AIDS stand for?

If left untreated, HIV can lead to the final stage of HIV infection called AIDS.

- **Acquired:** From some place or someone else, not from within yourself.
- **Immune:** Able to fight off infection.
- **Deficiency:** Not enough of something.

NOTE:
For updated statistics for HIV/AIDS in your state go to: https://map.aidsvu.org/map.

7 What are the numbers?

- Approximately 1.2 million people in the U.S. are living with HIV today. About 13 percent of them (1 in 7) don't know it and need testing.
- HIV continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities and gay and bisexual men.
- A large number of new cases are now appearing among women, teenagers, and non-white ethnic populations.
- The only way to know if someone has HIV is to get tested, yet less than 10% of teens report ever having been tested.

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PART C

HIV Transmission

NOTE:
Acknowledge that eyes are also a portal of entry and a concern in the medical setting.

8 How is HIV transmitted?

1. Explain that there are five body fluids which transmit HIV from one person to another: blood, semen, vaginal fluids, rectal fluids, and breast milk. These commonly enter another person's bloodstream through the mouth, genitals, anus, or breaks in the skin (including the use of infected injection drug needles).

2. In order for a person to avoid contact with HIV, they must keep infected blood, semen, vaginal fluids, rectal fluids, or breast milk out of their own or another person's mouth, genitals, anus, or broken skin.

3. Anyone who exposes their body openings to any of these fluids is at risk for becoming infected with HIV or other STIs.

NOTE:
This activity also allows students to openly practice discussing risk behaviors with each other.

9 Stop and think! A

1. Duplicate the activity cards with **body fluids in one color and body openings/parts in a different color.** Cut into half-sheets with one word per card. (If possible, laminate the cards.)

2. Organize the class into cooperative learning groups of four students per group.

3. Distribute four cards to each group (2 body fluids and 2 body openings).

4. Ask the students to make, if they can, one combination of cards that transmits HIV and/or one combination that will not transmit HIV.

5. Ask each group to display and discuss whether their combination(s) of cards could or could not transmit HIV.
   - **LOW RISK**: Oral sex, fluid onto skin cut or rash
   - **MODERATE RISK:** Vaginal sex, pregnancy and childbirth, breastfeeding, fluid into eyes or urethra
   - **HIGH RISK:** Anal sex, sharing injection drug needles

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NAME _____

STI/HIV/AIDS Definitions

S _____

T _____

I _____

H _____

I _____

V _____

A _____

I _____

D _____

S _____

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SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NOTE:
Students often believe using contraceptives will protect them against getting HIV/STIs. This is only true of male and female condoms if used consistently and correctly.

6. In each case where the match could lead to HIV transmission or infection, ask students how the risk of transmission could be eliminated or reduced. (Answer: By not engaging in that specific behavior or by using barrier protection.)

PART D

The Treatment of HIV Disease

10 What are the treatments for HIV/AIDS?

1. There is no cure for this disease, but with consistent and correct use of medication, it can be managed as a chronic illness and the infected person has a normal life expectancy.
   - HIV is a type of virus called a **retrovirus**.
   - The treatment for HIV/AIDS infection is called **Antiretroviral Therapy (ART)**.
   - Antiretroviral drugs can also be given to prevent someone from acquiring HIV after being exposed to it. This is called **post-exposure prophylaxis (PEP)**.
   - ART reduces the amount of virus (or viral load) in the blood and body fluids, thus prolonging the life of an infected person.

     ART is a long-term treatment to keep an infected person healthy for many years, and greatly reduces or prevents that person's chances of transmitting HIV to his or her partner(s) if taken consistently and correctly.
   - **Pre-exposure prophylaxis, or PrEP**, is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day. PrEP does not protect against other STIs and a condom is still needed for the prevention of HIV transmission.

2. Remind students that using a condom is important to prevent HIV transmission. None of these medicines or condoms are 100% effective, but using them together provides the greatest chance of avoiding an HIV infection.

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PART E

Persons Infected/Affected by HIV/AIDS

11 How does HIV affect people?

1. Ask students what they think it's like to have HIV. Responses may include:
   - angry that they became infected
   - fearful of infecting others or of dying
   - hopeful they will live longer with treatment

2. Ask how the friends and family members of an HIV-infected person might feel. Possible responses might include:
   - supportive
   - fearful
   - angry
   - sad

12 What are some HIV myths and stereotypes?

1. Ask students what myths or stereotypes regarding persons infected with HIV they can identify. Examples may include:
   - All people who get HIV will die.
   - People contract HIV only from gay relationships.
   - If you hug or kiss someone with HIV, you will get it.

2. How should people with HIV/AIDS be treated? Possible responses include:
   - with compassion
   - with respect
   - just like other friends and family members

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Antiretroviral Therapy (ART)

- HIV is a type of virus called a **retrovirus**.
- The treatment for HIV/AIDS infection is called **Antiretroviral Therapy** (**ART**).
- Antiretroviral drugs can also be given to prevent someone from acquiring HIV after being exposed to it. This is called post-exposure prophylaxis (**PEP**).
- ART is a long-term treatment to keep an infected person healthy for many years, and greatly reduces or prevents that person's chance of transmitting HIV to his or her partner(s) if taken consistently and correctly.
- Pre-exposure prophylaxis, or **PrEP**, is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day.

None of these medicines or condoms are 100% effective, but using them together provides the greatest chance of avoiding an HIV infection.

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(Source: http://www.cdc.gov/actagainstaids/campaigns/hivtreatmentworks/stayincare/treatment.html)

(Source: http://www.cdc.gov/hiv/prevention/research/prep/)

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PART F

Lesson Wrap-Up

13 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

14 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

15 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

16 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

17 Ask yourself.

Direct students to indicate how committed they are to avoiding behaviors that spread HIV.

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NOTE ON CULTURAL SENSITIVITY:

Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure not to hold one belief over all others.

18 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) **ask them** how they would support a friend or family member who was infected with HIV or another serious illness.

19 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 8 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F The Human Immunodeficiency Virus (HIV) prevents the body from being able to fight off infections.

T F Body fluids which can spread HIV include blood, semen, vaginal fluids, and urine.

T F The goal of antiretroviral therapy (ART) is to extend the infected person's life by keeping his or her HIV viral load low.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to avoiding behaviors that spread HIV? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

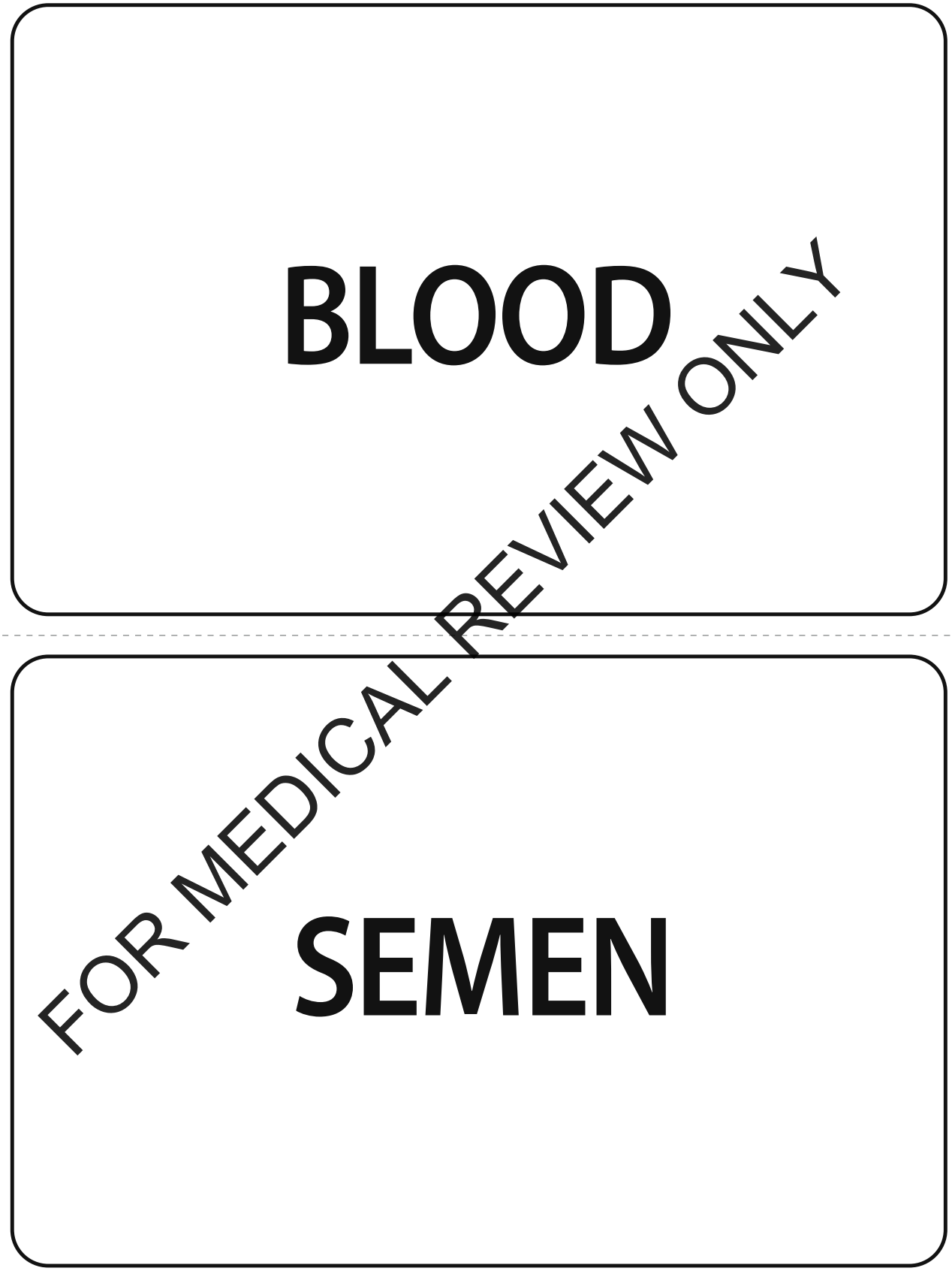
Directions Discuss/review with your parent(s) or a trusted adult your completed **Lesson Wrap-Up** worksheet from this lesson and **ask them** how they would support a friend or family member who was infected with HIV or another serious illness.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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BLOOD
SEMEN
FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY





FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



RECTAL FLUID

URINE

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



SALIVA

SWEAT

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



MOUTH

PENIS

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



EAR

NAVEL

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



VAGINA

ANUS

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



SKIN CUT OR RASH

INTACT SKIN

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



LESSON 9

Preventing Sexually Transmitted Infections

NATIONAL HEALTH EDUCATION STANDARDS
NHES *1.8.6, 1.8.9, 2.8.1, 2.8.2. For further information see Appendix A.*

NATIONAL SEXUALITY EDUCATION STANDARDS
NSES *SH.8.AI.1, SH.8.CC.5, SH.8.CC.7, SH.8.CC.8, SH.8.CC.10. For further information see Appendix A.*

SEL COMPETENCIES
Self-Management
Relationship Skills
Responsible Decision-Making

NOTE:
A brief set of slides is available from www.webmd.com/sexual-conditions/ss/slideshow-STD-pictures-and-facts.

CONTENT

- Introduction
- Overview of Sexually Transmitted Infections
- STI Testing
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify and describe common STIs and their symptoms.
- Describe ways that STIs can be transmitted.
- Identify community resources for STI testing and treatment.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate **Lesson Wrap-Up** worksheet
- A brief set of STI slides from WebMD or similar source
- STI brochures or STI informational handouts (if available)
- Teen clinic information for your area

TERMS

sexual contact, digital, oral, anal, vaginal, sexually transmitted, incubation period, symptoms, confidential testing, asymptomatic, viral, bacterial, parasitic, antibiotic, monogamous

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PART A

Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

1 Sexually Transmitted Diseases

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character's solve their problem.

2 Oh, NO! What is this?

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B

Overview of Sexually Transmitted Infections

NOTE:
Digital sexual contact involves the insertion of the finger(s) into the vagina or anus.

5 What is an STI?

Explain each term.

- **Sexually:** related to having sexual contact (oral, anal, genital, digital)
- **Transmitted:** passed from one person to another. With STIs, this can include skin-to-skin contact, injection needle sharing, and pregnant mother-to-child transmission
- **Infection:** an invasion of bacteria, viruses, or parasites not normally in the body

So, **"STI" means:** an infection you can get/give someone by having sexual contact with them.

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6 What STIs have you heard of?

1. Ask students to identify all of the sexually transmitted infections (STIs) they can name. Possible responses include:
   - chlamydia
   - syphilis
   - gonorrhea
   - herpes
   - HIV or AIDS
   - hepatitis C
   - human papilloma virus (HPV) or genital warts
   - hepatitis B
   - pubic lice ("crabs")
   - Trichomoniasis
   - Zika
2. Explain that there are actually over twenty different STIs! We will be focusing on the most common ones.
3. State that even though young people aged 15-24 years represent only 25% of the sexually experienced population, teens acquire nearly half of all newly diagnosed STIs. That's ten million newly infected teens each year!
4. Explain to students that non-insertive sexual activity, like genital-to-genital rubbing or digital intercourse (finger insertion) can also transmit STIs, as can the sharing of injection drug needles.
5. Remind students that sexual abstinence, long term mutually monogamous (one partner) relationships, and consistent and correct condom use are the best ways to avoid an STI infection.

7 A closer look at STIs!

1. Show an STI slide program of common sexually transmitted infections.
2. Point out that only bacterial infections can be treated with **antibiotics** (antibiotics are ineffective against viral infections). Hepatitis B and HPV can be prevented with a **vaccine**.

NOTE:
A brief set of slides is available from www.webmd.com/sexual-conditions/ss/slideshow-STD-pictures-and-facts.

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PART C

Symptoms and Testing

NOTE:
If possible, also distribute testing brochures or "local resource" cards.

NOTE:
STIs can sometimes cause death of a baby before or soon after birth, or permanent conditions such as brain damage or blindness. Therefore any woman who believes she is pregnant should always be checked to make sure she does not have any STIs.

8 When and where should you get tested?

1. Ask students: "When should you get tested or examined for STIs?" Possible responses include:
   - when you have had sexual contact (anal, oral, digital, vaginal, including nude genital-to-genital rubbing) with another person
   - when you are planning to have sexual contact
   - when you have symptoms
   - when they have been exposed (e.g., their partner is diagnosed with an STI, or has symptoms)
   - when you are pregnant (remind students that many STIs can affect newborn babies if the mother has an infection during her pregnancy or when the baby is born)

2. Explain that many STIs make it easier to GET and GIVE HIV (STIs which cause sores e.g., herpes create an open doorway for HIV to enter and exit the body.)

3. Explain that HIV/STI tests are available from private doctors and local health clinics. At doctor's offices, the tests are usually confidential, and may have a cost. HIV/STI testing at public health clinics is typically free. **Confidential means that the doctor will write down your name in their files, but not share the information with others, or with parents or guardians.**

4. Students can locate STI testing centers by visiting:
   - www.teensource.org/find-a-clinic
   - https://gettested.cdc.gov

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NOTE:
A person who had a previous outbreak of herpes or HPV (genital warts) is still infected with the virus and, often, can still pass it to others.

9 What are the signs and symptoms of STIs?

Explain to the students that:

- Symptoms, if present, may include: DRIP, ITCH, BUMP, PAIN (including BURNING).
- STIs are often asymptomatic (THE MOST COMMON SYMPTOM IS NOTHING!).

10 STI Warning!

1. Many sexually transmitted infections go undetected. A person who is sexually active should:
   - get a check-up for STIs (sexually transmitted infections)
   - get treated if they are infected
   - notify their sex partner(s) who may be unaware of their infection
   - reduce the risk of further infection by limiting the number of sexual contacts, and using condoms consistently and correctly
2. The Department of Health has staff who can:
   - notify your partner(s) of their risk status confidentially (without revealing your name)
   - provide counseling for you and your partner(s)

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Signs and Symptoms of STIs

Sexually Transmitted Infections

Anyone:

- Sore, blister, bump, or rash in genital, anal area, or oral area that may be painless or painful
- Burning or pain when urinating
- Swelling or redness in throat
- Fever, chills, aches
- Swelling of lymph nodes near genitals, or swelling of genitals
- Needing to urinate frequently

- A drip or drainage from penis
- Burning or itching in genital area
- Painful or swollen testicles

- Vaginal discharge or odor
- Deep pain in pelvis or vagina
- Burning or itching of the vagina
- Bleeding from the vagina at times other than regular menstrual flow
- Abdominal (stomach) pain, lower back pain, pain during sex

THE MOST COMMON SYMPTOM IS NOTHING

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STI WARNING!

Many sexually transmitted infections go undetected.

A person who is sexually active should ...

- *Get a checkup for STIs (sexually transmitted infections).*
- *Get treated, if they are infected.*
- *Notify their sex partner(s) who may be unaware of their infection.*
- *Reduce the risk of further infection by limiting the number of sexual contacts, and using condoms consistently and correctly.**

* *Note:* The Department of Health has staff who can:
1. Notify your partner(s) of their risk status confidentially (without revealing your name).
2. Provide counseling for you and your partner(s)

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11 What STIs are preventable?

1. Hepatitis B and HPV can be prevented with a **vaccine**.

2. Bacterial STIs can be treated with **antibiotics**.

3. Remind students that all STIs are preventable by not engaging in sexual contact (oral, anal, vaginal, digital).

12 How can you avoid getting an STI?

Ask students to suggest ways to prevent STI/HIV infection. Possible responses include:

- abstaining or postponing sex
- avoiding nude genital-to-genital rubbing
- reducing the number of sexual contacts
- using condoms consistently and correctly (which also helps prevent an unplanned pregnancy)
- asking your partner about previous STIs
- vaccinating against Hepatitis B and HPV
- abstaining from drug and alcohol use which could lead to poor decision-making
- using PrEP, PEP, or ART to lower the risk of HIV infection

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STI Summary Grid (page 1 of 3)

STI	Transmission	Signs/Symptoms	Health Consequences	Testing/Treatment
Chlamydia (bacteria)	• Chlamydia bacteria in sexual fluids or discharge passed from an infected person to an uninfected person by vaginal or anal sex. • Transmission may occur through oral sex (penis in mouth) with an infected person. • Transmission may occur from mother to infant during birth.	**Usually NO signs or symptoms!** **Women may experience:** Unusual vaginal discharge, frequent or painful urination, pain in lower abdomen, bleeding between menstrual periods or after intercourse. **Men may experience:** Discharge from penis, frequent or painful urination, burning at the tip of the penis.	Untreated or incompletely treated Chlamydia, can lead to: • Pelvic Inflammatory Disease (PID) • Tubal pregnancy • Infertility • Eye and lung infections in newborns • Increases risk for HIV transmission by 3-5 times	Chlamydia is detected through a urine test or swab of vaginal, cervical, ora, penile, or rectal discharge. **Curable with antibiotics**
Gonorrhea (bacteria)	• Gonorrhea bacteria in sexual fluids or discharge passed from an infected person to another by vaginal or anal sex. • Transmission through oral sex (penis in mouth) with an infected person is not uncommon. • Transmission may occur from mother to infant during birth.	**Usually NO signs or symptoms!** **Women may experience:** Unusual vaginal discharge, frequent or painful urination, pain in lower abdomen, bleeding between menstrual periods or after intercourse. **Men may experience:** Discharge from penis, frequent or painful urination, burning at the tip of the penis.	• Untreated or incompletely treated Gonorrhea, can lead to Pelvic Inflammatory Disease (PID) • Tubal pregnancy • Infertility • Eye and lung infections in newborns • Increases risk for HIV transmission by 2-5 times	Gonorrhea is detected through a urine test or swab of vaginal, cervical, oral, penile, or rectal discharge. **Curable with antibiotics**
Hepatitis B Virus (HBV)	• Hepatitis B virus in blood, semen or vaginal fluids is passed from an infected person to an uninfected person during vaginal or anal sex. • Hepatitis B is also transmitted by sharing infected needles or drug equipment. • Transmission may occur from mother to infant during birth.	**Common symptoms and signs include:** nausea, fever, loss of appetite, dark "brownish" urine, abdominal discomfort, jaundice (yellow eyes and skin), and enlarged liver. Over time these problems go away; however, some people have HBV for life.	About 6% of people infected with Hepatitis B are infectious for life and are likely to become severely ill with liver damage or liver cancer, resulting in death. 90% of infants affected at birth are affected for life. There are detection and treatment methods available for the infant if it is not curable later in life.	Hepatitis B is detected through a blood test. Hepatitis B is NOT curable, but the immune system usually gets rid of the virus. **There is a vaccine for HBV.**
Hepatitis A	Oral-anal sexual activity with an infected person.	May include: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay colored stool, joint pain, and yellowing of the skin or eyes.	Individual might feel sick for a few months before getting better.	The Hepatitis A test is a blood test. There is no treatment for Hepatitis A. The Hepatitis A vaccine can safely and effectively reduce risk of transmission.

Source: www.cdc.gov/std/default.htm

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STI Summary Grid (page 2 of 3)

STI	Transmission	Signs/Symptoms	Health Consequences	Testing/Treatment
Herpes Simplex Viruses (HSV) Estimated 45-60 million people in the US are infected with HSV-2	• HSV-1 and HSV-2 can both be transmitted by direct contact with infectious skin, mucous membrane, blisters, or sores during anal, vaginal and oral sex. • You can get Herpes even when there are no sores present. • Transmission may occur from mother to infant during birth.	Painful blisters or sores on the genitals, rectum, or mouth that break, crust over, and heal in 2-4 weeks. These sores usually will re-appear periodically for several years. Women may have sores on the cervix that are painless.	Herpes is a life-long infection. People infected with Herpes may have outbreaks for the rest of their lives. Herpes encephalitis is a rare consequence and can be fatal to newborns. • Increases risk of HIV transmission by 3-6 times.	HSV is commonly diagnosed by visual exam and a culture. Blood tests are sometimes available, but are costly. **Herpes is NOT curable** Medication can reduce the duration and number of outbreaks and may reduce the chance of transmission.
Human Immunodeficiency Virus (HIV) 39,500 new cases every year in the USA Estimated 1.1 million people in US living with HIV infection	• HIV is in blood, semen, and vaginal fluids. HIV can be passed from an infected person to another mainly during vaginal and anal sex. Though extremely rare, HIV can be transmitted via oral sex. HIV can be and by sharing needles and drug equipment. • Transmission may occur during pregnancy, childbirth, and breast-feeding	A person can have HIV for many years before developing symptoms or other serious complications.	HIV disease is characterized by a gradual deterioration of immune functions that may lead to opportunistic infections or AIDS, which may cause death.	• HIV antibodies can be detected through a blood test, oral swab or a urine test. **HIV is NOT curable.** Medication is available to treat HIV symptoms and slow the progression of HIV disease.
Human Papilloma viruses (HPV) Estimated 20 million people in the US are infected	• Approximately 40 strains of HPV are transmitted sexually. • Transmission occurs by direct skin to skin contact with infected genital area, or contact with actual genital warts — usually during vaginal or anal sex. Though extremely rare, it also can be transmitted via oral sex. • You can get HPV even if visible warts are not present.	Most people (9 of 10) with HPV do not have visible warts. If warts are present, they appear most commonly on the genital or anal area. • Males — penis, scrotum, anus • Females— vulva, cervix, vagina, anus	HPV can cause a variety of cancers such as cervical, vulva, penis, anus, and cancers of the throat. • Regular Pap testing (to detect cervical cancer in the early stages) is recommended beginning at age 21.	• Genital warts can be removed, but the virus is still present, and warts often will grow back. • HPV vaccines are recommended for everyone 11-12 years old to prevent strains of HPV that can cause some cancers. Some vaccines help prevent genital warts.
Pubic Lice External Parasites commonly called "crabs"	Close physical contact or using the clothing, bedding or towels of an infected person.	Intense itching in genital or anal region, and/or where there is body hair.	Discomfort and infection of others. Is not transferred during birth.	• Pubic Lice is detected by visual examination. Curable with over-the-counter shampoos & creams as well as washing all clothing and bedding. • Is not transferred during birth.
Trichomoniasis (protozoa)	Trichomoniasis is passed in sexual fluids or discharge from an infected person to an uninfected person by vaginal sex. The parasite can also be transmitted from one vagina to another vagina.	Women experience signs and symptoms more often the men. **Women may experience:** Frothy, smelly, yellow-green vaginal discharge, itching, burning or pain in vagina. **Men may experience:** Discharge from penis.	Untreated or incompletely treated Trichomoniasis can lead to pre-term births for infected pregnant women. • Increases risk of HIV transmission by 3-5 times.	• Trichomoniasis is detected with a swab of vagina or penis. **Curable with antibiotics**

Source: www.cdc.gov/std/default.htm

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STI Summary Grid (page 3 of 3)

STI	Transmission	Signs/Symptoms	Health Consequences	Testing/Treatment
Syphilis (bacteria) 74,702 New cases in 2015	Syphilis is transmitted from person to person by direct contact with a syphilitic sore, known as a chancre. Chancres can occur on or around the external genitals, in the vagina, around the anus, or in the rectum, or in or around the mouth. Pregnant women with syphilis can transmit the infection to their unborn child.	The appearance of a single chancre marks the first stage of syphilis, but there may be multiple sores. The chancre is usually (but not always) firm, round, and painless. These painless chancres can occur in locations that make them difficult to notice (e.g., the vagina or anus). The chancre lasts 3 to 6 weeks and heals whether a person is treated or not. Skin rashes or sores in the mouth, vagina, or anus mark the second stage of symptoms. This stage typically starts with the development of a rash on one or more areas of the body. The characteristic rash of secondary syphilis may appear as rough, red, or reddish-brown spots both on the palms of the hands and the bottoms of the feet.	Large, raised, gray or white lesions may develop in warm, moist areas such as the mouth, underarm or groin region. In addition to rashes, symptoms of secondary syphilis may include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. Syphilis will go away with or without treatment. However, without treatment death can occur. Untreated babies may become developmentally delayed, have seizures, or die.	Diagnoses are thus more commonly made using blood tests. There are two types of blood tests available for syphilis: 1) non treponemal tests and 2) treponemal tests. Both types of tests are needed to confirm a diagnosis of syphilis. An infected baby born alive may not have any signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks.
Zika (virus)	Zika is spread is spread through mosquito bites, from a pregnant woman to her fetus and through sexual contact.	None or only mild symptoms such as fever, rash, headache, joint or muscle pain, red eyes.	People usually don't get sick enough to go to the hospital and they rarely die of Zika. Zika infection during pregnancy can cause a birth defect of the brain called microcephaly, also miscarriage, still birth and other birth defects.	Diagnosis of Zika is based on a person's recent travel history, symptoms and test results. A blood or urine test can confirm a Zika infection. Women should not become pregnant for 8 weeks after possible exposure or after Zika symptoms; men should not participate in conception for 12 weeks after possible exposure or after symptoms and should use a condom throughout partner's entire pregnancy. **There is no cure.**
Hepatitis C (virus)	HCV is transmitted primarily through parenteral exposures to infectious blood or body fluids that contain blood. HCV is transmitted primarily through parenteral exposures to infectious blood or body fluids that contain blood.	People with newly acquired HCV infection usually are asymptomatic or have mild symptoms that are unlikely to prompt a visit to a health care professional. When symptoms do occur, they can include: fever, fatigue, dark urine, clay-colored stool, abdominal pain, loss of appetite, nausea, vomiting, joint pain, jaundice.	Many eventually develop chronic liver disease, which can range from mild to severe, including cirrhosis and liver cancer. Chronic liver disease in HCV-infected people is usually insidious, progressing slowly without any signs or symptoms for several decades. Infants and young children must be monitored as they can contract from mother after birth.	Several blood tests are performed to test for HCV infection. New drugs with different mechanisms of action have become and continue to become available. No vaccine for hepatitis C is available. Research into the development of a vaccine is under way.

Source: www.cdc.gov/std/default.htm

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PART D

Lesson Wrap-Up

13 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

14 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

15 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

16 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

17 Ask yourself.

Direct students to indicate how committed they are to protecting themselves and others from an STI.

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NOTE ON CULTURAL SENSITIVITY:

Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

18 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) **ask them** what STIs they were aware of as teens.

19 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 9 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Hepatitis B and HPV can be prevented with a vaccine.

T F The only way an STI can be spread from one person to another is through penis-vagina contact.

T F The most common symptom of an STI is nothing.

Part II. Ask a Partner.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to protecting yourself and others from an STI? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask A Friend or Trusted Adult.

DIRECTIONS Share your completed **STI** and **Lesson Wrap-Up** worksheets from this lesson with your parent(s) or a trusted adult and then **ask them** what STIs they were aware of as teens.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 10 Recognizing and Reducing Risks

NATIONAL HEALTH EDUCATION STANDARDS NHES *7.8.2, 1.8.1, 1.8.8, 1.8.9, 2.8.1, 2.8.2. For further information see Appendix A.*

NATIONAL SEXUALITY EDUCATION STANDARDS NSES *SH.8.INF.1, SH.8.SM.1 For further information see Appendix A.*

SEL COMPETENCIES

Self-Management
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- **HIV Red Light Green Light** (A activity and W worksheet)
- Universal Precautions (D demonstration)
- Latex Condoms
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify situations that put people at risk for HIV.
- Identify **abstinence** as the only 100% effective method to avoid an unplanned pregnancy, HIV, and STIs.
- Identify **abstinence** from alcohol and drug use, including needle sharing, as an effective method for avoiding HIV and other STIs.
- Describe the use of Universal Precautions to reduce HIV/STI transmission.
- Identify things that weaken a latex condom's ability to prevent HIV/STI transmission.

MATERIALS

- Teacher's slides for the lesson
- Three **traffic light signs** (activity cards)
- **HIV Red Light Green Light** activity cards (one set, on brightly colored paper, laminated if possible)
- Masking tape or thumb tacks
- Latex glove for **Universal Precautions** demonstration
- Student workbooks, one per person, or duplicate the **HIV Red Light Green Light** and the **Lesson Wrap-Up** worksheets

TERMS

universal (standard) precautions, abstinence, latex, polyurethane, deteriorate, oil-based lubricant, water-based lubricant

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PART A

Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

1 Recognizing and Reducing the Risks.

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character's solve their problem.

2 Why do they wear all that stuff?

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

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PART B

Identifying Risky Behaviors

5 Red light or green light? A W

1. Post three **traffic lights** on a bulletin board or wall, one painted or labeled **green** (GO), one painted or labeled **yellow** (CAUTION), and one painted or labeled **red** (STOP).

NOTE:
Risk cards may be distributed one per student, or to small student groups.

2. Distribute the **HIV Red Light Green Light** worksheet to each student, instructing them to complete it during the activity.

3. Ask students to pair up. Distribute one risk card to each pair of students. Ask students to discuss whether this behavior or situation could put someone at risk for **transmitting HIV**.

NOTE:
Remind students to focus on the behavior that is written on their card without talking about the "what ifs" of a given situation. Example: BUT, what if the dentist has forgotten to wash his hands from the patient before?! Don't get side-tracked, just focus on whether there is contact with blood, semen, vaginal fluid, breast milk, or rectal fluid.

NOTE:
None of the GREEN behaviors involve contact with blood, semen, vaginal fluids, breast milk, or rectal fluids.

All YELLOW behaviors have the potential of leading to higher risk sexual behavior or possible exposure to infected fluids.

All RED behaviors involve direct contact with blood, semen, vaginal fluids, breast milk, or rectal fluids.

4. Students should stand, pin, or tape their risk card under the appropriate traffic light: green (GO), yellow (CAUTION), or red (STOP).

5. Ask each team to explain or justify their choice. Move risk cards as necessary. Limit yellow (CAUTION) items to those which relate to blood exposure, or may lead to risk behaviors.

6. Ask students to examine the activities in each group and discuss ways they can keep themselves safe from infections.

7. Emphasize that there are many no-risk (GREEN) activities in which young people can engage as they form social relationships with one another.

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NAME _____

HIV Red Light / Green Light Activity

Oral sex	Yellow
Donate blood	Green
Anal Sex	Red
Go to the movies	
Work on a project together	
Be together at home alone	
Vaginal sex	
Hold hands	
Kiss	
Deep kissing	
Give mouth-to-mouth resuscitation	
Use alcohol	
Pierce ears	
Blood ritual	
Hug	
Wrestle	
Give first aid	
Share a needle	
Breastfeed a baby	
Go to the dentist	
Share injection drug equipment	
Share a straw	
Drink from the same glass	
Share a razor	

Share a toothbrush	
Get a tattoo	
Body piercing	
Bloody fight	
Being on ART (Antiretroviral Therapy)	
Share lipstick or chapstick	
Dog bite	
Mosquito bite	
Being bitten by an infected person	
Having an STI	
Sexual monogamy (one lifetime partner)	
Sex (using of birth control pills)	
Naked body-to-body rubbing	
Being an HIV-infected mother	
Inject drugs with a clean needle	
Using a spermicide to prevent pregnancy	

- *None of the GREEN behaviors involve contact with blood, semen, vaginal fluids, breast milk, or rectal fluids.*
- *All YELLOW behaviors have the potential of leading to higher risk sexual behavior or possible exposure to infected fluids.*
- *All RED behaviors involve direct contact with blood, semen, vaginal fluids, breast milk, or rectal fluids.*

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NAME **ANSWER KEY**

HIV Red Light / Green Light Activity

Oral sex	YELLOW	Share a toothbrush	GREEN
Donate blood	GREEN	Get a tattoo	YELLOW
Anal Sex	RED	Body piercing	YELLOW
Go to the movies	GREEN	Bloody fight	YELLOW
Work on a project together	GREEN	Being on ART (Antiretroviral Therapy)	YELLOW
Be together at home alone	YELLOW	Share lipstick or chapstick	GREEN
Vaginal sex	RED	Dog bite	GREEN
Hold hands	GREEN	Mosquito bite	GREEN
Kiss	GREEN	Being bitten by an infected person	GREEN
Deep kissing	YELLOW	Having an STI	RED
Give mouth-to-mouth resuscitation	YELLOW	Sexual monogamy (one lifetime partner)	GREEN
Use alcohol	YELLOW	Sex (using of birth control pills)	RED
Pierce ears	YELLOW	Naked body-to-body rubbing	YELLOW
Blood ritual	RED	Being an HIV-infected mother	YELLOW
Hug	GREEN	Inject drugs with a clean needle	YELLOW
Wrestle	GREEN	Using a spermicide to prevent pregnancy	YELLOW
Give first aid	YELLOW		
Share a needle	RED		
Breastfeed a baby	YELLOW		
Go to the dentist	GREEN		
Share injection drug equipment	RED		
Share a straw	GREEN		
Drink from the same glass	GREEN		
Share a razor	YELLOW		

Reference: www.iflscience.com/health-and-medicine/the-myths-and-facts-of-hiv-and-aids/

- *None of the GREEN behaviors involve contact with blood, semen, vaginal fluids, breast milk, or rectal fluids.*
- *All YELLOW behaviors have the potential of leading to higher risk sexual behavior or possible exposure to infected fluids.*
- *All RED behaviors involve direct contact with blood, semen, vaginal fluids, breast milk, or rectal fluids.*

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SIGNATURE OF PARENT OR TRUSTED ADULT

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PART C

Universal Precautions

6 Take precautions!

1. Explain that Universal Precautions are guidelines recommended to prevent transmission of blood-borne diseases.

2. Universal Precautions require treating everyone universally as if they have a blood-borne disease.

3. Always use barrier protection (waterproof gloves, compresses, plastic bags) when coming into contact with blood and other body fluids.

4. Ask for student volunteers to each read a precaution off the slide and explain why the precaution is important.
   - Avoid touching another person's blood or body fluids except in an emergency when no other barrier protection is available.
   - Use a breathing shield or mask when performing mouth-to-mouth resuscitation.
   - Encourage persons to clean and bandage their own minor cuts and scrapes.
   - Use waterproof gloves, compresses, or other barrier protection to prevent contact with blood when administering first aid.
   - Wear waterproof gloves to wash all objects or areas exposed to blood or body fluids.
   - Disinfect all objects and surfaces exposed to blood using freshly-mixed 1:10 bleach and water solution or other approved agent.
   - Remove (so as not to touch any of the fluids) and properly dispose of gloves and all waste.
   - Wash hands or use hand sanitizer when soap and water are not available.

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Universal Precautions













- Avoid touching another person's blood or body fluids except in an emergency when no other option is available.
- Use a rescue breathing shield or mask when performing mouth-to-mouth resuscitation.
- Encourage persons to clean and bandage their own minor cuts and scrapes.
- Use waterproof gloves, compresses, or other barrier protection to prevent contact with blood when administering first aid.
- Wear waterproof gloves to wash all objects or areas exposed to blood or body fluids.
- Clean and disinfect all objects and surfaces exposed to blood using freshly-mixed 1:10 bleach and water solution or other approved agent.
- Remove carefully, not touching any fluids, and properly dispose of gloves and all waste.
- Wash hands or use hand sanitizer if soap and water are not available.

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7 How do you do Universal Precautions? D

1. Show students the latex or polyurethane glove. Draw a comparison between the latex or polyurethane glove and a latex or polyurethane condom.

   Explain that ...

   - Latex is a rubbery material (the same material used to make latex condoms).
   - Up to 2% of the time, there may be manufacturer defects (holes) in the latex.
   - Latex is vulnerable to heat, to friction (wear and tear) in a wallet or purse, and to oils.

NOTE:
Once you have the glove on, consider dabbing it in a bit of ketchup on your desk and holding up a "bloody" glove, for a surprise emphasis.

2. Carefully put the glove on your hand, explaining the importance of ...

   - using a glove that is not old or worn
   - not tearing or puncturing the glove with fingernails, jewelry, or teeth
   - not exposing the latex to oil-based lotions which deteriorate (destroy) latex
   - unrolling the latex glove all the way over the hand to the wrist **before** coming into contact with anyone's body fluids (blood, vomit, other body fluids)

NOTE:
This is different than removing a condom which should always be slid off the penis so that the semen is captured inside the condom.

3. Demonstrate how to properly **remove** the latex glove by unrolling it inside-out off the hand, to capture any contaminated fluids **inside** the glove.

4. Discuss the proper disposal of the glove, by wrapping it in a tissue or paper towel and putting it in a plastic-lined trash can (**not** flushing it down the toilet).

5. Remind students that each glove **should be used only once**; and that for added protection, you should **always wash your hands** after removing/disposing of it.

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PART D

Latex Condoms

NOTE:
Condoms help to prevent pregnancy (15% failure rate with typical use) as well as STI's. ***Correct and consistent condom use is strongly encouraged for anyone who is sexually active.***

NOTE:
Although natural skin condoms are good for preventing pregnancy, they should ***not*** *be used for protection against diseases. Natural skin material has pores that are not large enough to allow the passage of sperm. But these pores do allow the passage of certain STIs, particularly viruses like HIV and herpes. (source: https://www.healthline.com/health/lambskin-condoms)*

8 Do condoms work the same way?

1. Remind students that condoms, like gloves, are barrier methods that help prevent the spread of HIV and other STIs.

2. External condoms cover the penis; internal condoms are inserted into the vagina. Both can be purchased over-the-counter.

3. People who are sensitive to latex can use polyurethane condoms instead.

4. Warn students that being drunk or being under the influence of drugs, will definitely hinder a person's ability to use condoms consistently and correctly!

9 Can condoms sometimes fail?

1. Also explain that condoms can fail when they are …
   - damaged by heat
   - old or torn
   - covered with oil
   - not put on correctly

2. The area around the base of the penis and the tissues that this area contacts on their partner (vulva, perianal, lips/oral) are not protected by the condom. Therefore, HPV could be transmitted, possibly syphilis, herpes, and other STIs.

3. Discuss why people may not use condoms consistently and correctly (e.g., awkwardness, inexperience, slippage, discomfort, poor storage, under the influence of alcohol or other drugs, etc.).

10 What is the best method for preventing STIs and pregnancies?

Remind students that **abstinence from sexual intercourse is the only 100% effective method for preventing the sexual transmission of HIV/STIs and unplanned pregnancies.**

FOR MEDICAL REVIEW ONLY

Latex Condoms

- Condoms help prevent pregnancy and the spread of HIV and other STIs.
- Condoms can **fail** when they are…

☑ **Damaged by heat**
☑ **Old or torn**
☑ **Covered with oil**
☑ **Not put on correctly**

Not having sexual contact is the best way to prevent HIV/STIs and an unplanned pregnancy.

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



PART E

Lesson Wrap-Up

11 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

12 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

13 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

14 Ask a friend.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

15 Ask yourself.

Direct students to indicate how confident they are that they can use Universal Precautions when touching another person's blood and body fluids.

FOR MEDICAL REVIEW ONLY

NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

16 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) **ask them** if they have heard of Universal Precautions and what they include.

17 Remember to do your homework!

Remind students to complete their homework.

FOR MEDICAL REVIEW ONLY

NAME _____

Lesson 10 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Sexual contact is a low-risk activity when it comes to transmitting HIV.

T F Universal Precautions help protect a person from coming into contact with someone else's blood and body fluids.

T F Worn packaging, oils, and storage at high temperatures can interfere with the effectiveness of latex condoms.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How confident are you that you can use Universal Precautions when touching another person's blood or body fluids? Circle your answer below.

Not Confident *Very Confident*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

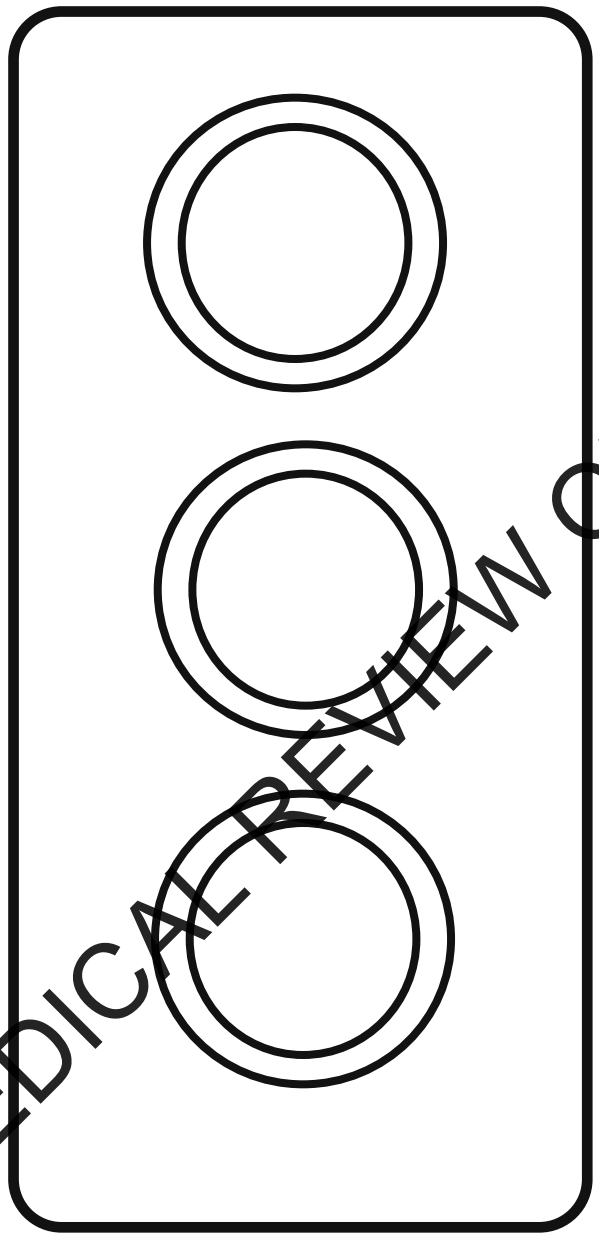
DIRECTIONS Share/discuss with your parent(s) or a trusted adult your completed **Red Light Green Light** and **Lesson Wrap-Up** worksheets and **ask them** if they have heard of Universal Precautions and what they include.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY





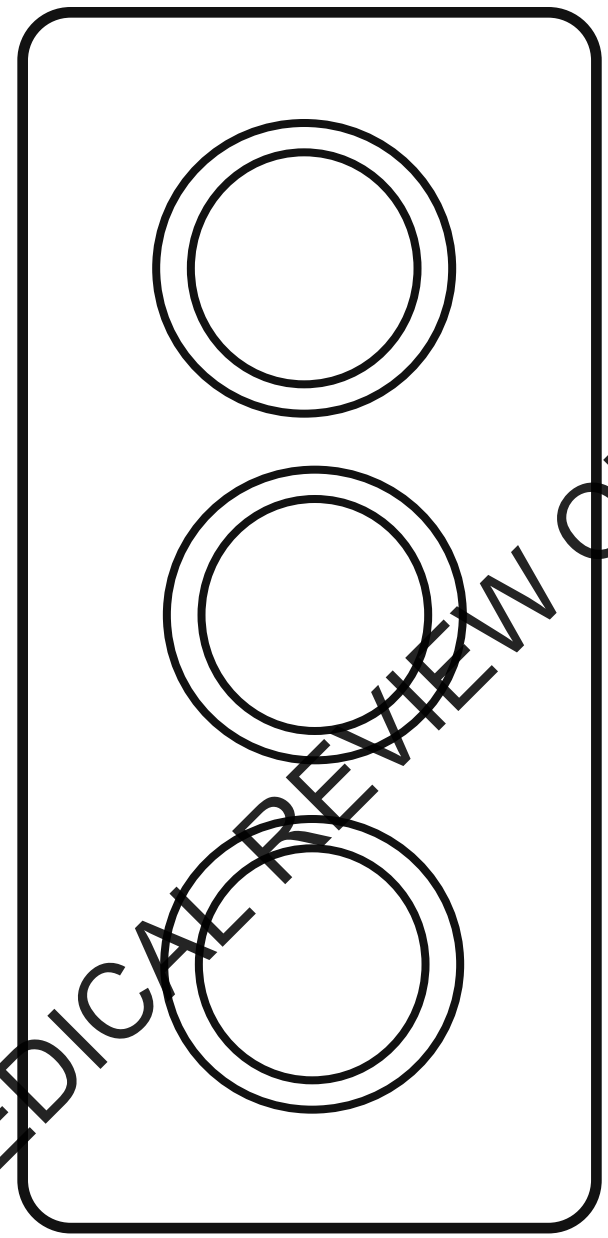
FOR MEDICAL REVIEW ONLY

GO

GREEN LIGHT

FOR MEDICAL REVIEW ONLY



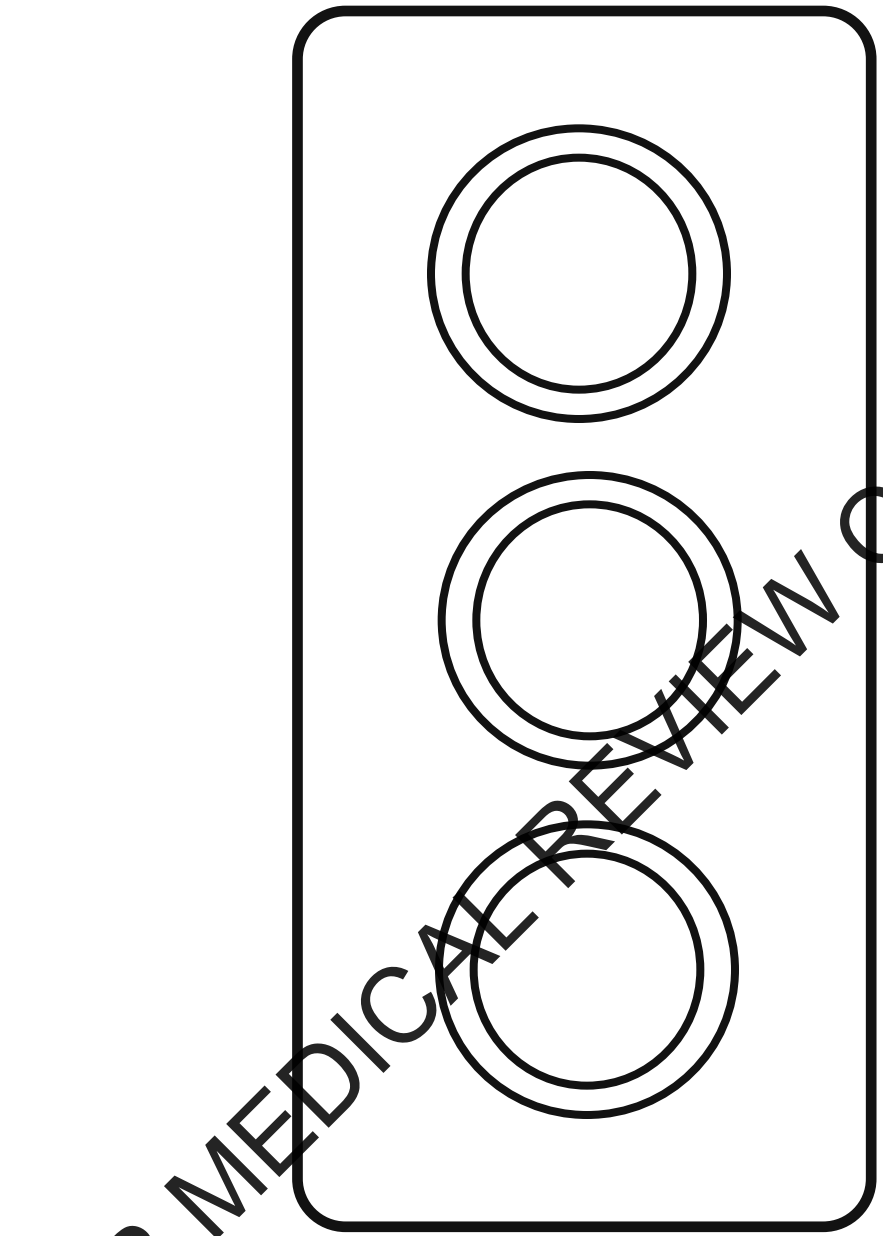


FOR MEDICAL REVIEW ONLY

CAUTION
YELLOW LIGHT

FOR MEDICAL REVIEW ONLY





FOR MEDICAL REVIEW ONLY

STOP

RED LIGHT

FOR MEDICAL REVIEW ONLY



A person has
ORAL SEX

John's mother
DONATES BLOOD

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



A couple has
ANAL
SEX

Cindy and Maria
GO TO THE
MOVIES

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



Luis and Tomas
WORK ON A PROJECT TOGETHER

Brian and his girlfriend are
TOGETHER AT HOME ALONE

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



Someone has
VAGINAL SEX

The boys
HOLD HANDS

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



Best friends
KISS

A couple is seen
DEEP
KISSING

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



The EMT gives
MOUTH-TO-MOUTH
RESUSCITATION

The kids at the party
USE ALCOHOL

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



Ginny and her friend decide to **PIERCE EARS**

The gang members all share in a **BLOOD RITUAL**

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



He wants to give his boyfriend a **HUG**

The teammates **WRESTLE**

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



You give someone with a deep cut

FIRST AID

Two people who inject insulin

SHARE A NEEDLE

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



The young mother
BREASTFEEDS
HER BABY

Carl and his brother
GO TO THE
DENTIST

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



Two users
SHARE
INJECTION DRUG
EQUIPMENT

Sally and her girlfriend
SHARE A STRAW

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



All the children
DRINK FROM
THE SAME GLASS

Two roommates
SHARE A RAZOR

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



The sisters
SHARE A
TOOTHBRUSH

Bea goes to her
neighbor to
GET A TATTOO

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



Gang members do BODY PIERCING

The girls got into a BLOODY FIGHT

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



She is sexually active while

BEING ON ART

The pregnant young woman

DID NOT GET AN HIV TEST

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



Your little brother got a

DOG BITE

You got a

MOSQUITO BITE

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



People fear

BEING BITTEN BY AN INFECTED PERSON

He thinks

HAVING AN STI

is no big deal

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



The young couple is committed to

SEXUAL MONOGAMY

(ONE LIFETIME PARTNER)

The girl has

SEX

USING BIRTH CONTROL PILLS ONLY

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



The baby has
AN HIV-INFECTED MOTHER

They are doing
NAKED BODY-TO-BODY RUBBING

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



Nurses
INJECT DRUGS WITH A CLEAN NEEDLE

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



LESSON 11 Media and Peer Pressures

NATIONAL HEALTH EDUCATION STANDARDS NHES *1.8.1, 1.8.3, 2.8.3, 2.8.4, 2.8.5, 2.8.1, 2.8.2 For further information see Appendix A.*

NATIONAL SEXUALITY EDUCATION STANDARDS NSES *SH.8.IC.1, SH.8.CC.12, CHR.8.IC.2 For further information see Appendix A.*

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Media and Peer Pressures
- Assertiveness Skills Practice (A activity and W worksheet)
- Personal Escape Plans (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify pressures from peers, media, or society to engage in high-risk behaviors.
- Recognize that not all students participate in high-risk behaviors.
- Demonstrate skills to refuse/avoid the pressure to engage in high-risk behaviors.

MATERIALS

- Teacher's slides for the lesson
- Magazines featuring sexy ads for clothing. perfume, jewelry, etc.
- Student workbooks, one per person, or duplicate the **Sample Pressure Lines**, **Personal Escape Plan,** and **Lesson Wrap-Up** worksheets

TERMS

assertive, negotiation, analysis, media, pressures

FOR MEDICAL REVIEW ONLY



PART A

Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

NOTE:
Throughout the lesson point out how the information being presented could help the character's solve their problem.

1 Media and Peer Pressures

Display the title slide for this lesson before you begin instruction.

2 Want to party?

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B

Media and Peer Pressures

NOTE:
It is important to show students examples from magazines that demonstrate how sex is used to sell various products.

5 Does SEX sell?

Show students how publishers and manufacturers use sex to sell their products. What is the underlying message in these advertisements? Possible responses include:

- Be Sexy!
- Drink!
- Everyone is doing it!
- Be like us!

FOR MEDICAL REVIEW ONLY



6 What are they REALLY selling?

1. Discuss with the students:
   - What product is being advertised?
   - What specific information about the product is provided?
   - Describe the people and/or images used in the advertisement.
   - What does the appearance of these people and/or images imply (suggest) about the product?
   - What is the advertiser trying to get you to do?

2. Pose the question, "How do movies, television, magazines, social media, and the internet influence teens to engage in risky behaviors?"

3. Emphasize that not all students engage in these behaviors, but these behaviors can result in being infected with HIV/STIs, a pregnancy, being sex trafficked, molested or assaulted.

7 What pressures do you face?

1. Ask students to identify pressures in their lives. Possible responses include:
   - From school: "study hard," "go to college"
   - From parents: "we expect the best," "you can do better"
   - From friends: "we like you," "act like us," "earn our acceptance," "prove yourself"

2. Ask students when is it okay to be pressured by another person? Possible responses include:
   - The person is more knowledgeable and responsible than you.
   - It keeps you healthy.
   - No harm to you or anyone will occur.
   - It doesn't cost too much.
   - You are sure it is legal.
   - You know your parent(s) would approve.

FOR MEDICAL REVIEW ONLY

3. Ask students when it is not okay to give in to outside pressures. Possible responses include:
   - Someone is trying to benefit from you, like selling you something.
   - It is dangerous.
   - It is illegal.
   - You could become pregnant, or impregnate someone, or be infected with an STI.

8 So why do people give in to pressure?

1. A person with low self-esteem, a weak self-concept, and/or a poor body image may become more vulnerable to pressures to engage in risky behaviors in order to gain love or acceptance.

2. Threats of violence, sexual assault, and/or abandonment may also scare or force a person into engaging in risky behaviors.

3. It is important for everyone to take pride in who they are, and value their uniqueness, and NOT feel pressured to do something or be someone they are not.

FOR MEDICAL REVIEW ONLY

PART C

Assertiveness Skills Practice

9 What does it mean to be assertive? A

1. Emphasize the importance of clear and **assertive communication** when faced with a pressure situation. Ask for student volunteers to each read and explain one of these items.
   - Communicate clearly.
   - Know your limits.
   - Make eye contact.
   - State your limits and expectations.
   - Negotiate an alternative.

2. Challenge the students to repeat the word "**NO**" in chorus, with increasing emphasis.

NOTE:
If you notice a team that is exceptionally good at being assertive, have them stand and model this for the class.

3. Ask students to form pairs.

   Person A states, "**I want it!**"
   Person B responds, "**You can't have it.**"
   Have person A and B repeat with increasing emphasis.

   Then have students switch roles and repeat the exercise.

4. Point out to students that the last step in assertive communication is to **negotiate an alternative.** For example, instead of just ending the discussion or the relationship with the other person, identify and negotiate a safer activity.

10 Practice being assertive! W

1. Distribute the **Sample Pressure Lines** worksheet. Direct students to take a few minutes to work with a partner to write in their own assertive responses or suggested alternative activities (negotiations). Point out to the students that they should create their own pressure line and response at the end of the worksheet.

NOTE:
If you notice a team that is exceptionally good at being assertive, have them stand and model this for the class.

2. Read a pressure line, and ask several different students to share their responses. Do this several times. Then transition to having a student read the pressure line, and another read their response. **Remind students to answer firmly and assertively!**

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



Assertive Communication

Communicate clearly.

Know your limits.

Make eye contact.

State your limits and expectations.

Negotiate an alternative.

Person A: *I want it!*

Person B: *You can't have it!*

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



NAME _____

Sample Pressure Lines

PRESSURE LINE : "Come to the party with me. There won't be any parents and we can get totally loaded!"

NEGOTIATION RESPONSE: _____

_____

PRESSURE LINE: "If you were really my friend, you would go with me."

NEGOTIATION RESPONSE: _____

_____

PRESSURE LINE : "You can forget being my friend."

NEGOTIATION RESPONSE: _____

_____

PRESSURE LINE: "You will be totally safe whatever you do."

NEGOTIATION RESPONSE: _____

_____

PRESSURE LINE: "Nobody will know."

ASSERTIVE RESPONSE: _____

_____

PRESSURE LINE: "Come on, it will be a really great time."

ASSERTIVE RESPONSE: _____

_____

Write your own pressure line here: _____

Write an assertive response: _____

_____

PRACTICE THESE LINES WITH YOUR PARENT OR TRUSTED ADULT

SIGNATURE OF PARENT OR TRUSTED ADULT _____

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



PART D

Personal Escape Plans

11 How can you escape a bad situation? W

1. Ask students to identify some risky situations to avoid. Responses may include:
   - a party where alcohol is being served
   - with strangers in an unfamiliar setting
   - where someone is about to commit a crime (for example, stealing something or attacking someone)

2. Distribute the **My Escape Plan** worksheet.

3. Guide students through completing the worksheet, step by step or assign as homework.

4. If time permits, ask several students to share their responses.

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



NAME _____

My Escape Plan

Sometimes you may find yourself in a situation from which you need to escape. For example:

- You are at a party where older kids are drinking or using drugs. You want to leave.
- You are at a shopping mall with some friends who ask you to help shoplift some clothes. You want to leave.

Step 1. Know your limits. Be clear and honest in your own mind about what you **will** and **will not** do.

When it comes to using drugs or alcohol, I refuse to:

_____

When it comes to helping someone shoplift an item in a store, I refuse to:

_____

Step 2. Say how you feel. Do not be embarrassed or shy about letting others know you don't feel right about something. For example, say how you feel about going someplace without telling your parents.

_____

Step 3. Have someone to call. Use your phone (or borrow a phone) to call someone who can come pick you up. People I could call include:

Name: _____ Phone: _____

Name: _____ Phone: _____

Step 4. Have some place to meet. Don't just wander around. Have a pre-determined **safe location** where you could stay with other people, or where you could meet your support person in public.

Safe places I could stay or meet someone include:

_____

Step 5. Share your plan with a trusted adult. Have that person sign on the line below.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



PART E Lesson Wrap-Up

12 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

13 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

14 Time for a quiz!

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

15 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

16 Ask yourself.

Direct students to indicate how confident they are that they can resist peer and media pressures.

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NOTE ON CULTURAL SENSITIVITY:

Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

17 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) **ask them** what they would want you to do when you are being pressured to do something risky.

18 Remember to do your homework!

Remind students to complete their homework.

FOR MEDICAL REVIEW ONLY



NAME _____

Lesson 11 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Sometimes pressure to do something can actually be good like, "stay in school," "don't use drugs," and "avoid an unplanned pregnancy."

T F Using drugs or alcohol can prevent you from making safe decisions.

T F Ways to avoid a risky situation include using assertive communication to firmly state your limits and expectations.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How confident are you that you can resist peer and media pressures? Circle your answer below.

Not Confident				*Very Confident*
1	2	3	4	5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent (s) or a trusted adult your completed **Sample Pressure Lines**, **My Escape Plan**, and **Lesson Wrap-Up** worksheets from this lesson and **ask them** what they would want you to do when you are being pressured to do something risky.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY



LESSON 12

HIV/STI Testing and Community Resources

NATIONAL HEALTH EDUCATION STANDARDS
NHES *1.8.6, 2.8.1, 2.8.2*
For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARDS
NSES *SH.8.AI.1 For further information see Appendix A.*

SEL COMPETENCIES
Self-Awareness
Relationship Skills
Responsible Decision-Making

NOTE:
Designate a bulletin board or area of the room for websites, help lines, and phone numbers and addresses of agencies which provide reproductive-related services.

CONTENT

- Introduction
- How Viruses are Spread (A activity)
- Testing and Community Resources
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Describe how an HIV infection can spread through a population.
- Identify resources for HIV/STI testing, counseling, and information.

MATERIALS

- Teacher's slides for the lesson
- Handouts, brochures, etc. regarding local antibody testing and sexual health services
- Index cards (one per student)
- Student workbooks, one per student, or duplicate the **Lesson Wrap-Up** worksheet

TERMS

confidential testing, HIV antibody test, window period, epidemic, chain of infection

FOR MEDICAL REVIEW ONLY



PART A Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

1 HIV/STI Testing and Community Resources

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character's solve their problem.

2 It takes only once!

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B How Viruses are Spread

5 How do viruses spread?

A

1. Place a very small "z" on the back of two or three index cards.
2. On several write the large number "1"; on several others write the large letter "A"; on several write the large letter "G."
3. Hand out the index cards, one per student.
4. Take the students who have an "A" or "1" aside. Instruct the students with an "A" to abstain from handshaking and students with a "1" to only shake hands with one other person.

FOR MEDICAL REVIEW ONLY

5. Instruct all students to move about the room, find and shake hands with three people. Students should have those people sign their names on their card.

6. After several minutes, ask the students to return to their seats.

7. Explain that a virus "z" has been spread around the room by handshaking.

8. Ask the students to now examine the back of their cards; those who have the "z" on their card should stand up.

9. Inform the class that the students with the "z" are infected with the virus "z" which they may have spread to others by shaking hands.

10. Ask the students who shook hands with the infected students to stand up also. However, students with the letter "G" (for glove) on their card were protected from the virus, and may now sit down.

11. Repeat step 10 until all possible students are standing.

12. Point out how rapidly the disease spread throughout the class.

6 What happened?

1. Ask whether anyone who has an "A" on his or her card became infected. Why or why not?

2. Ask whether anyone who has a "1" on his or her card became infected. Why or why not?

3. Ask whether anyone who has a "G" on his or her card became infected. Why or why not?

4. Ask how this infectious disease exercise is **similar to** the spread of HIV/AIDS. Possible responses include:
   - It spreads as a result of specific behaviors.
   - You can't tell who has it.
   - There are ways to protect yourself (by abstaining, limiting partners, and/or using protection).

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5. Ask how this infectious disease exercise **differs from** the spread of HIV/AIDS. Possible responses include:
   - HIV/AIDS is not spread by casual contact (handshaking, hugging, even kissing).
   - HIV/AIDS is not a game!

PART C Testing & Community Resources

7 What is a "Window Period"?

1. Remind students that in Lesson 8 they learned that persons who are infected with the Human Immunodeficiency Virus (HIV) begin to build up *antibodies* in their system in response to this invading virus. These antibodies can usually be detected by an *HIV antibody test* from 3 to 12 weeks after infection occurs (i.e., window period).

2. The only way for a person to know if they are infected with HIV is to get tested.

8 How does HIV/STI testing work?

1. The testing experience in most clinics is as follows:

Before you go ...
- You can call your local public health department or AIDS service organization for the location and hours of a nearby clinic.
- You may or may not need to make an appointment — check with the clinic.

When you arrive ...
- Upon arrival at the clinic, you will notice many people there for a variety of reasons. No one will know why you are at the clinic.
- Check in, and tell them you are there for an HIV/STI Test. They will probably give you a number, and ask you to be seated.
- Someone will call you and take you to a small private room.

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- A counselor will talk to you about why you think you are at risk for HIV/STIs, and give you information on protecting yourself from HIV/STIs. If you decide to proceed with the testing, the counselor may draw a small amount of blood from your arm using a sterile needle and syringe to test for HIV antibodies. The counselor may also request a urine sample, make a visual examination of your genitals and/or take a sample of cells from the lining of your mouth or genitals to test for other STIs.

Before you leave ...

- At a test site you may be given the results immediately, or you may be given a slip of paper with your code number on it. You will need this slip to obtain your results, so don't lose it.
- They may ask you to return in one or two weeks for the results of your antibody test. During that time, they will also ask you to refrain from any behaviors that might infect you with HIV/STIs or that might infect others.

If you need to return ...

- Report back to the front desk, and show them your code number. Someone will call you into the private counseling area.
- You will be told the result of your HIV/STI test.

2. **If the STI test results are positive,** you will receive treatment.

   If the **HIV test results are positive**, *this means you have the HIV virus in your body and further lab work must be completed to confirm the positive status. If in fact HIV is in your body, this does not mean you have AIDS yet.*

   The counselor will give you additional information on how to get medical follow-up and counseling, including receiving effective life-prolonging PrEP medications, and antiretroviral therapy (ART) and counseling, plus how to avoid spreading the virus to others.

3. **If the HIV antibody test results are negative,** this may mean that (1) you do not have HIV, or (2) you are still in the "window period" of HIV infection when antibodies are not yet detectable.

   They may ask you to repeat the test in three months just to be sure you are negative. During the time before the next visit you will be asked to refrain from any behaviors that might infect you with HIV, such as sharing injection drug equipment or having unprotected sex.

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9 What services do clinics provide?

1. Many public health clinics offer HIV/STI and pregnancy tests that are free or inexpensive.

2. These services (including test results) are confidential.

NOTE:
Students can find an HIV/STI testing site near them by visiting: https://gettested.cdc.gov www.teensource.org/find-a-clinic/

10 Find your local clinic.

Post local clinic information for your students.

Clinic name: _____

Phone number: _____

Location: _____

_____

Hours: _____

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PART D

Lesson Wrap-Up

11 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

12 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

13 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

14 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

15 Ask yourself.

Direct students to indicate how strongly they are committed to using reproductive health services when needed.

FOR MEDICAL REVIEW ONLY

NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

16 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) **ask them** where you should go to receive medical care if needed.

17 Remember to do your homework!

Remind students to complete their homework.

FOR MEDICAL REVIEW ONLY



NAME _____

Lesson 12 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F There are clinics in the community where you can get confidential, low-cost, or free HIV/STI and pregnancy tests.

T F Ways to avoid an HIV/STI infection or an unplanned pregnancy include not having sex or making sure you use latex condoms consistently and correctly.

T F Limiting sexual contact to only one person does not eliminate the risk of HIV/STI infection.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How strongly are you committed to using reproductive services when needed? Circle your answer below.

Not Committed				*Very Committed*
1	2	3	4	5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent(s) or trusted adult your completed **Lesson Wrap-Up** worksheet from this lesson and **ask them** where you should go to receive medical care if needed.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 13 Goal-Setting

NATIONAL HEALTH EDUCATION STANDARDS
NHES *1.8.1, 6.8.1, 6.8.2, 2.8.1, 2.8.2 For further information see Appendix A.*

NATIONAL SEXUALITY EDUCATION STANDARDS
NSES *SH.8.GS.1 For further information see Appendix A.*

SEL COMPETENCIES
Self-Management
Relationship Skills

CONTENT

- Introduction
- The Path to Personal Goals
- Setting Goals for the Future (W worksheet)
- Personal Contracts (W worksheet)
- Lesson Wrap-Up and Post-Test (W worksheets)

OBJECTIVES

- Identify personal goals, including steps for achieving these goals.
- Describe how an unplanned pregnancy or HIV infection would change personal goals and life plans.
- Identify ways to protect their sexual health.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **Goal Setting**, **Personal Contract**, **Lesson Wrap-Up** worksheets and **Post-Tests**

TERMS

goal, plan, strategy, healthy, responsible, alternatives, consequences

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PART A Introduction

NOTE:
Throughout the lesson point out how the information being presented could help the character's solve their problem.

1 Goal-Setting

Display the title slide for this lesson before you begin instruction.

2 What are my goals?

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B The Path to Personal Goals

5 Why have a map?

Ask students to explain the purpose of a map using. Possible responses include:

- to know how to get somewhere
- to have clear landmarks to follow
- to know when you are getting close
- to know how to avoid dangers

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6 Why have a goal?

Have students identify reasons for having personal goals and life plans. Possible responses include:

- You have something to look forward to in your future.
- They will help you through difficult times in your life.
- Goals help guide your choices and decisions.
- They provide a path to your desired future.

PART C Setting Goals for the Future

7 Do you have a plan?

W

1. Distribute the **Goal-Setting** worksheet to each student.

2. First, on the backside (or margin) of the worksheet, have students write three separate goals they have for their future when they graduate from high school.

3. Ask volunteers to share one of their goals with the rest of the class.

4. Have the students look at their goal(s) and circle which one(s) would be **difficult to achieve with an unplanned pregnancy**. Invite students to share and discuss what they circled.

5. On the front of the worksheet, have the students write one of their goals in Step 1.

6. Guide the students through each step of the goal-setting worksheet.

7. Remind students that it is important to set their goals and make decisions to help them achieve their goals, including the decision to avoid risky sexual situations.

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PART D

Personal Contracts

8 Protect your sexual health!

W

Distribute a **Personal Contract** worksheet to each student. Guide the students through each section of the worksheet, reminding them to:

- Include their specific life plans and goals as reasons to avoid an HIV/STI infection or an unplanned pregnancy.
- Identify both friends and family members who will be able to support them in fulfilling their **Personal Contract**.
- Sign it and also have it signed by a witness (friend or fellow student) and parent or other trusted adult.

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NAME _____

Goal-Setting Worksheet

Step 1: Write one of your goals here:

_____

_____

Step 2: List, in order, several things you must do to achieve this goal.

1. _____
2. _____
3. _____

Step 3: List several life events (or personal habits) which could make it difficult to achieve your goal.

1. _____
2. _____
3. _____

Step 4: List several people or resources that could help you achieve your goal.

1. _____
2. _____
3. _____

Step 5: Identify the very first things you need to do now, to put you on the path to reaching your goal.

1. _____
2. _____
3. _____

Step 6:
Get started on your goal, take responsibility for your actions, and regularly assess your progress.

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My Personal Contract To Protect My Sexual Health

Step 1: **Name:** _____ **Age:** _____

Step 2: **Reasons why I want to protect myself from HIV/STIs and an unplanned pregnancy.** *(Hint: Think about your skills, your appearance, your family, your career plans, and life goals.)*

_____

_____

_____

_____

_____

_____

Step 3: **I pledge to protect my sexual health by:**

_____

_____

_____

_____

_____

Step 4: **One person I will talk to about protecting my sexual health is:**

_____

Step 5: **One person who will support me is:**

_____

STUDENT SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT OR TRUSTED ADULT _____ DATE _____

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PART E Lesson Wrap-Up and Post-Test

9 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

10 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

11 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

12 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

13 Ask yourself.

Direct students to indicate how confident they are that they will pursue their life plans and goals.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

14 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets and **Post-Test** from this lesson and

(2) **ask them** how they can help you fulflll your Personal Contract.

15 Congratulations!!

1. Congratulate students for completing this very important unit. Remind students:
   - "This is a time in your life when your ability to control your own future is increasing." (For example, making choices about your education and your future.)
   - "Protecting your for sexual health is part of your new responsibilities."

2. Let the students know that your hope for each of them is that they never do anything that jeopardizes their own sexual health or the sexual health of others.

   You also hope that they will apply what they have learned about relationships, HIV/STIs, pregnancy prevention, and decision-making throughout their entire life.

3. Let students know that you welcome their ongoing questions, and encourage them to have discussions with their parents about this topic. You will update them on new information or resources as they become available.

NOTE:
If time permits, have the students begin working on their Post-Test.

16 Remember to do your homework!

Remind students to take home their **Post-Test** and complete their homework.

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NAME _____

Lesson 13 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Knowing your plans and goals for the future may help you make safe and healthy decisions now.

T F Experiencing an unplanned pregnancy or becoming HIV infected will not have an impact on your overall plans and goals.

T F Protecting the sexual health of yourself and others is a life-long responsibility.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How confident are you that you will pursue your life plans and goals? Circle your answer below.

Not Confident *Very Confident*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent(s) or trusted adult your completed **Goal Setting**, **Personal Contract**, and **Lesson Wrap-Up** worksheets from this lesson and the **Post-Test** and **ask them** how they can help you fulflll your Personal Contract.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME _____

Positive Prevention PLUS Student Post-Test

DIRECTIONS Read each statement and circle whether you Agree, Disagree, or Don't Know.

Agree	Disagree	I don't know	1. A good friendship involves honesty, openness, flexibility, and communication.
Agree	Disagree	I don't know	2. In most states, a newborn infant can be safely surrendered within 72 hours of being born.
Agree	Disagree	I don't know	3. When making important decisions, it is important to evaluate your options, seek advice from reliable resources, and take responsibility for your decisions.
Agree	Disagree	I don't know	4. Using PEP or PrEP can reduce the chances of becoming infected for a person exposed to HIV.
Agree	Disagree	I don't know	5. You should not develop friendships with people who are overly controlling, possessive, threatening, and/or abusive.
Agree	Disagree	I don't know	6. Contraception can greatly reduce the risk of unintended pregnancy when used consistently and correctly.
Agree	Disagree	I don't know	7. Everyone has the same sexual orientation and gender identity.
Agree	Disagree	I don't know	8. Sexual harassment is when you make someone else feel bad or uncomfortable because of something (sexual) you say or do.
Agree	Disagree	I don't know	9. It is important for all individuals to get regular check-ups and receive health care if needed.
Agree	Disagree	I don't know	10. Sexual abstinence is NOT an effective method for preventing pregnancy and the spread of sexually transmitted infections (STIs).
Agree	Disagree	I don't know	11. Antiretroviral therapy (ART) can keep HIV-infected persons healthy for many years, and greatly reduces their chance of transmitting HIV to their sexual partner(s).
Agree	Disagree	I don't know	12. It is possible for a person to have an STI and have NO symptoms.
Agree	Disagree	I don't know	13. ALL methods of birth control protect against HIV/STIs.

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Agree	Disagree	I don't know	14. I am confident that I can make good decisions about delaying sex, even if I am being pressured by others.
Agree	Disagree	I don't know	15. I know how and where to find accurate and reliable sexual health information and sexual health services.
Agree	Disagree	I don't know	16. Partners must agree to the sexual behaviors they engage in ("yes means yes").
Agree	Disagree	I don't know	17. Sometimes hormonal changes during puberty can cause anger and sadness.
Agree	Disagree	I don't know	18. An unplanned pregnancy or getting a sexually transmitted infection would not interfere with my life plans and goals.
Agree	Disagree	I don't know	19. For a person who is sexually active, a condom is most effective in preventing both HIV/STIs and pregnancy, if it is used consistently and correctly.
Agree	Disagree	I don't know	20. Sex trafficking involves forcing a minor to have sex for money and other benefits, and is illegal.

What did you LIKE MOST about this unit of study?

How could this unit be IMPROVED?

SIGNATURE OF PARENT OR TRUSTED ADULT

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NAME ANSWER KEY

Positive Prevention PLUS Student Post-Test

DIRECTIONS Read each statement and circle whether you Agree, Disagree, or Don't Know.

(Agree)	Disagree	I don't know	1. A good friendship involves honesty, openness, flexibility, and communication.
(Agree)	Disagree	I don't know	2. In most states, a newborn infant can be safely surrendered within 72 hours of being born.
(Agree)	Disagree	I don't know	3. When making important decisions, it is important to evaluate your options, seek advice from reliable resources, and take responsibility for your decisions.
(Agree)	Disagree	I don't know	4. Using PEP or PrEP can reduce the chances of becoming infected for a person exposed to HIV.
(Agree)	Disagree	I don't know	5. You should not develop friendships with people who are overly controlling, possessive, threatening, and/or abusive.
(Agree)	Disagree	I don't know	6. Contraception can greatly reduce the risk of unintended pregnancy when used consistently and correctly.
Agree	(Disagree)	I don't know	7. Everyone has the same sexual orientation and gender identity.
(Agree)	Disagree	I don't know	8. Sexual harassment is when you make someone else feel bad or uncomfortable because of something (sexual) you say or do.
(Agree)	Disagree	I don't know	9. It is important for all individuals to get regular check-ups and receive health care if needed.
Agree	(Disagree)	I don't know	10. Sexual abstinence is NOT an effective method for preventing pregnancy and the spread of sexually transmitted infections (STIs).
(Agree)	Disagree	I don't know	11. Antiretroviral therapy (ART) can keep HIV-infected persons healthy for many years, and greatly reduces their chance of transmitting HIV to their sexual partner(s).
(Agree)	Disagree	I don't know	12. It is possible for a person to have an STI and have NO symptoms.
Agree	(Disagree)	I don't know	13. ALL methods of birth control protect against HIV/STIs.

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(Agree)	Disagree	I don't know	14. I am confident that I can make good decisions about delaying sex, even if I am being pressured by others.
(Agree)	Disagree	I don't know	15. I know how and where to find accurate and reliable sexual health information and sexual health services.
(Agree)	Disagree	I don't know	16. Partners must agree to the sexual behaviors they engage in ("yes means yes").
(Agree)	Disagree	I don't know	17. Sometimes hormonal changes during puberty can cause anger and sadness.
Agree	(Disagree)	I don't know	18. An unplanned pregnancy or getting a sexually transmitted infection would not interfere with my life plans and goals.
(Agree)	Disagree	I don't know	19. For a person who is sexually active, a condom is most effective in preventing both HIV/STIs and pregnancy, if it is used consistently and correctly.
(Agree)	Disagree	I don't know	20. Sex trafficking involves forcing a minor to have sex for money and other benefits, and is illegal.

What did you LIKE MOST about this unit of study?

How could this unit be IMPROVED?

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Glossary of Terms

For teacher reference only – not to be distributed directly to students.

Abortion – *the deliberate termination of a human pregnancy, most often performed during the first 8 weeks of pregnancy.*

Abstinence – *The fact or practice of restraining oneself from indulging in something, like sex.*

Acne – *A disease of the oil-secreting glands of the skin that often affects adolescents, producing blackheads and pimples on the face, neck, and shoulders that can leave pitted scars.*

Acquired Immunodeficiency Syndrome (AIDS) – *A result of human immunodeficiency virus (HIV) infection, which makes the immune system less able to fight infection.*

Adolescence – *the period following the onset of puberty during which a young person develops from a child into an adult.*

Adoption – *The action or fact of legally taking another's child and bringing it up as one's own.*

Affirmative - *Agreeing with or consenting to a statement or request.*

AIDS – *See acquired immunodeficiency syndrome.*

Alternatives – *One of two or more available possibilities.*

Ambiguous Genitalia – *A set of medical conditions that feature congenital anomalies of reproductive and sexual systems. That is, people who are born with sex chromosomes, external genitalia, or internal reproductive systems that are not considered "standard" for either male or female (formerly referred to as inter-sex). For more information, go to the Intersex Society of North America www.isna.org*

Anal – *Involving, relating to, or situated near the anus.*

Anal Intercourse – *Sexual intercourse in which the penis enters the rectum.*

Analysis – *Detailed examination of something.*

Androgynous – *Partly male and partly female in appearance; of indeterminate sex.*

Antibiotic – *A medicine (such as penicillin) that inhibits the growth of or destroys microorganisms.*

Antibody – *A blood protein produced in response to a specific antigen. Antibodies combine chemically with substances which the body recognizes as alien, such as bacteria, viruses, and foreign substances in the blood.*

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Antiperspirant – *A substance that is applied to the skin, especially under the arms, to prevent or reduce perspiration.*

Antiretroviral Therapy *(ART) – Treatment that suppresses or stops a retrovirus. One of the retrovirus is the human immunodeficiency virus (hiv) that causes aids.*

Anus – *The ring of muscle that allows release of solid food waste or feces (i.e., a bowel movement) from the body.*

Apocrine Glands – *Glands mainly responsible for body odor.*

Assault – *Make a physical attack on someone or something.*

Assertive – *Having or showing a confident and forceful personality.*

Asymptomatic – *Producing or showing no symptoms*

Bacteria – *Infectious microorganism, germ; can be cured with antibiotics.*

Bacterial – *Relating to or caused by bacteria.*

Barrier Method – *Contraception methods that prevent pregnancy by physically preventing sperm from entering the uterus through the penis in the cervix.*

Biological Sex - *A term used to denote whether an individual is biologically male, female or intersex, as determined by a physician or other medical professional at the time of birth. This designation is often made solely based upon an examination of an infant's genitals, but may also involve an examination of chromosomes and gonads (testicles or ovaries).*

Birth Control – *Voluntary limitation or control of the number of children conceived, especially by planned use of contraceptive techniques.*

Birth Control Pill – *A contraceptive pill to prevent a pregnancy.*

Bisexual – *Sexually attracted not exclusively to people of one particular gender; attracted to both men and women.*

Bladder – *A triangular shaped, hollow organ or other body part for storing a liquid or gas, especially the sac that stores urine (urinary bladder) or the sac that stores bile (gallbladder).*

Blood – *The red liquid that circulates in the arteries and veins of humans carrying oxygen to and carbon dioxide from the tissues of the body.*

Bloodborne disease – *An infection carried in the bloodstream.*

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Blood-to-blood contact – *The mixing together of blood from two or more people. The primary ways HIV is spread through blood-to-blood contact are the use of shared needles and syringes, blood transfusions, receipt of blood components or clotting factors, and organ transplants (all rare since 1985), and transmission from mother to child during birth.*

Boundaries – *Personal boundaries are guidelines, rules or limits that a person creates to identify reasonable, safe and permissible ways for other people to behave towards them.*

Breast Milk – *Milk produced by a woman's breasts after childbirth as food for her child.*

Bullying – *Intimidating another by means of force or coercion.*

Calendar Method – *An unreliable method of contraception which involves predicting a "safe period" for intercourse derived from the dates of a woman's menstrual cycle (aka rhythm method).*

Casual contact – *Ordinary social contact, such as being around someone; sharing utensils, office space, bathrooms, phones and swimming pools; shaking hands; and kissing on the cheek. People cannot get HIV from casual contact.*

CD4+ cell – *See T-cell.*

Cervix – *Narrow lower opening into the uterus.*

Cervical Cap – *A silicone cup that's inserted into the vagina up to six hours before sex to prevent pregnancy. To work effectively, it needs to be used with spermicide.*

Child Abuse – *Mistreatment of a child by a parent, guardian, or other adult responsible for his or her welfare, including physical violence, neglect, sexual assault, or emotional cruelty.*

Chain of Infection – *Spread of a pathodgen from person to person through a population.*

Characteristic – *A feature or quality belonging typically to a person, place, or thing and that can to identify it.*

Choice – *An act of selecting or making a decision when faced with two or more possibilities.*

Circumcision – *The removal of the foreskin from the human penis.*

Cisgender – *Relating to a person whose sense of personal identity and gender corresponds with their birth sex.*

Clitoris – *A small body of spongy tissue that is highly sensitive located between the top of the labia minora and the clitoral hood.*

Coercion – *Persuading someone to do something by using force or threats.*

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Commitment – *Being dedicated to a cause, activity, etc.*

Communicable – *transmitted from one infected person to another; contagious or infectious.*

Compassion – *Sympathy and concern for the sufferings or misfortunes of others.*

Compromise – *An agreement or a settlement of a dispute that is reached by each side making concessions.*

Conception – *The action of conceiving a child or of a child being conceived.*

Condom – *A sheath made of latex, polyurethane, or lamb intestine, that fits over an erect penis. When used correctly and consistently, latex condoms have been shown to greatly reduce the risk of HIV infection. See also Internal Condoms.*

Confidential – *Done or communicated in confidence; secret.*

Confidential testing – *Testing in which name and results are recorded, but are not given out without permission of the person tested, except as required by state law.*

Consequences – *Something that follows logically or naturally from an action or condition.*

Consent – *Permission for something to happen or agreement to do something.*

Contraception – *The deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse.*

Contract – *Catch or develop (a disease or infectious agent).*

Cooling Off Period – *A period arranged by agreement to allow for the reconsideration of a decision.*

Deteriorate – *Become progressively worse.*

Diaphragm – *A thin contraceptive cap fitting over the cervix.*

Digital Intercourse – *The use of fingers to penetrate the vagina or the anus.*

Discharge – *Pus, mucus, or other liquid coming from a body opening.*

Eccrine Glands – *The major sweat glands of the human body, found in virtually all skin, with the highest density in palm and soles, then on the head, but much less on the trunk and the extremities.*

Ectopic Pregnancy – *A pregnancy that occurs outside of the uterus, usually in the fallopian tube (oviduct) often due to infection-related scarring of the tube.*

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Egg - *Produced in the ovary and travel from the ovary through the fallopian tube to the uterus approximately once a month. When joined (fertilized) by the male sperm could eventually produce a baby.*

Ejaculation – *The action of ejecting semen from the body through the penis.*

Embryo – *a human offspring during the period from approximately the second to the eighth week after fertilization.*

Emergency Contraception (Plan B) – *A backup plan that helps to prevent pregnancy after unprotected sex or birth control failure.*

Empathy – *The ability to understand and share the feelings of another.*

Emotional – *relating to a person's emotions.*

Endometrium – *The mucous membrane lining the uterus, which thickens during the menstrual cycle in preparation for possible implantation of an embryo.*

Endometriosis – *An irregularity of the endometrium (lining of the uterus) that can result in pain and possible infertility.*

Epidemic – *A widespread occurrence of an infectious disease in a community at a particular time.*

Epididymis – *Thr sperm ducts (tubules) on the surface of the testicle.*

Erection – *The stiffening and engorgement with blood of the penis or clitoris during sexual arousal.*

Estrogen – *hormones which promote the development and maintenance of female characteristics of the body.*

External condom – *An external condom fits over an erect penis and is made of very thin latex (rubber), polyurethane (plastic) or polyisoprene.*

Fallopian tube – *Oviduct connecting the ovary with the uterus.*

Family Planning – *Contraception; birth control.*

Female – *A biological term usually assigned at birth based upon an examination of an infant's genitals, but may also involve an examination of chromosomes and gonads (ovaries).*

Feminine –*Having qualities or an appearance traditionally associated with women.*

Fertilization – *the joining of male and female sex cells (sperm and egg).*

Fetus – *An unborn human baby more than eight weeks after conception.*

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Foreskin – *A roll of skin that covers the head of the penis in uncircumcised men. Also, is the hood on the clitoris.*

Fraud – *Wrongful or criminal deception intended to result in financial or personal gain.*

Friendship – *A friendly relation or intimacy.*

Gay – *Homosexual (a slang term used especially of a man).*

Gender - *Attitudes, feelings, characteristics, and behaviors that a given culture associates with being male or female and that are often labeled as "masculine" or "feminine."*

Gender Binary – *Classification of gender into two distinct, opposite forms of masculine and feminine, whether by social system or cultural belief.*

Gender Expansive – *A wider, more flexible range of gender identities and expressions than those typically associated with the binary gender system.*

Gender Expression – *A person's behavior, mannerisms, interests, and appearance that signal that we feel – and wish to be understood – as masculine or feminine, or something other or in-between.*

Gender Identity – *AA person's internal, deeply-felt sense of being male or female, or something other or in-between.*

Gender Non-Conformity – *Exhibiting behavioral, cultural, or psychological traits that do not correspond with the traits typically associated with one's sex*

Gender Role – *A social role encompassing a range of behaviors and attitudes that are generally considered acceptable for people based on their biological sex or their gender identity.*

Genes – *A unit of heredity which is transferred from a parent to offspring and determines some characteristic of the offspring.*

Goal – *An objective or desired outcome.*

Grooming – *The action by a pedophile of preparing a child for a meeting, especially via an internet chat room, with the intention of committing a sexual offense.*

Harassment – *To disturb persistently, bother continually, or pester.*

Healthy – *A condition of physical, mental, and social well-being and of absence of disease or other abnormal condition.*

Heredity – *The passing on of physical or mental characteristics genetically from one generation to another.*

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Heterosexual – *Being sexually attracted to persons of the opposite sex.*

HIV – *See human immunodeficiency virus.*

HIV/AIDS – *Human Immunodeficiency Virus attacks the T cells of the immune system with debilitating effects, causing a syndrome called Acquired Immune Deficiency Syndrome.*

HIV Antibody Test – *Measures the presence of antibodies in response to the presence of HIV.*

Hormonal Implant – *A long-term birth control option for women. A contraceptive implant is a flexible plastic rod about the size of a matchstick that is placed under the skin of the upper arm.*

Hormonal Method – *A type of birth control (contraception) containing either estrogen and progestin, or progestin only*

Hormone – *A substance produced transported in blood to stimulate specific cells or tissues into action.*

Human Immunodeficiency Virus (HIV) – *The virus that causes AIDS. HIV weakens several body systems and destroys the body's immune system, making it easier for life-threatening opportunistic infections and cancers to invade the body.*

Human Papilloma Virus (HPV) – *A virus that infects the genital areas, anus, mouth, throat, or have no symptoms at all for both men and women.*

Human Trafficking – *The action or practice of illegally transporting people from one country or area to another, typically for the purposes of forced labor or sexual exploitation.*

Hysterectomy – *An operation to remove a woman's uterus.*

Immune system – *A system of the body that helps it resist germs.*

Impair – *Weaken or damage something (especially a human faculty or function).*

Impaired – *Affected by alcohol or drugs to the extent of losing control over one's faculties or behavior.*

Incest – *Sexual intercourse between two people too closely related to be legally married, e.g. father/daughter, uncle/niece, brother/sister. In many countries, including the U.S., incest is illegal and the law also applies to step relations and foster families.*

Incubation – *a time process of incubating eggs, cells, bacteria, a disease, etc.*

Incubation Period – *The period between exposure to an infection and the appearance of the first symptoms.*

Infertility – *The inability to have children.*

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Injection Drug Use – *The use of a needle and syringe to inject drugs into the body.*

Intercourse – *Any sexual act that can result in preganancy or disease.*

Internal condom – *A female (or internal) condom is a pouch that's inserted in the vagina or anus before sex for birth control and protection against sexually transmitted infection. It works like other condoms, except that it's worn on the inside.*

Intersex – *A general term used for a variety of conditions where a person is born with biological conditions (such as hormones, chromosomes, reproductive or sexual anatomy) that don't seem to fit the typical definitions of female or male.*

Intimacy – *A close, familiar, and usually affectionate or loving personal relationship with another person or group.*

Intimate Partner Violence – *physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse.*

Intrauterine Device (IUD) – *A birth control device, such as a plastic or metallic loop, ring, or spiral, that is inserted into the uterus to prevent implantation.*

Labia Majora – *The two thick outer folds of skin that surround the clitoris, the opening of the urethra, and the opening of the vagina of women and girls.*

Labia Minora – *The two small folds of skin that lie immediately inside the labia majora of women and girls and join at the front to form the hood of the clitoris.*

Labor Trafficking – *A form of modern-day slavery in which individuals perform labor or services through the use of force, fraud, or coercion.*

Latex – *Most internal (female) and external (male) condoms are made from latex, a type of rubber. Some people have a latex allergy that causes skin rashes, itching and other problems.*

Latex Barrier – *A type of contraception using latex as a barrier to keep semen from reaching the egg.*

Lesbian – *A woman who is sexually attracted to other women. However, many women who are attracted to other women may choose to use the terms "gay" or "queer" to call themselves.*

LGBTQ+ – *Historically, the acronym included lesbian, gay, and bisexual, but has continued to expand to include transgender, queer, questioning, intersex, asexual, allies, and alternative identities (LGBTQQIAA).*

Life Partner – *One who lives with another person and who is emotionally and financially connected in a supportive manner with another*

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Like – *Find agreeable, enjoyable, or satisfactory.*

Love – *An intense feeling of deep affection.*

Male – *A biological term usually assigned at birth based upon an examination of an infant's genitals, but may also involve an examination of chromosomes and gonads (testicles).*

Masculine – *Having qualities or appearance traditionally associated with men.*

Masturbation – *Rubbing or massaging genitals for sexual pleasure*

Masculinity/Femininity – *Gender role stereotypes, differing from culture to culture. Across cultures, these roles are not innate to sexual orientation or gender-identity.*

Media – *The main means of mass communication (broadcasting, publishing, and the internet) regarded collectively.*

Media Images – *Imagery used in television, internet, and magazine publications*

Medically Accurate – *Verified or supported by research conducted in compliance with accepted scientific methods and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal centers for disease control and prevention.*

Menstruation – *The monthly discharge of blood and other matter from the womb as part of the menstrual cycle.*

Militant – *Combative and aggressive in support of a political or social cause, and typically favoring extreme, violent, or confrontational methods.*

Molest – *To force unwanted sexual attentions on somebody, especially a child or physically weaker adult.*

Monogamy – *Having sex with only one partner. Describes an HIV prevention strategy in which two people, who do not have HIV or inject drugs, have sex only with each other over a period of time.*

Mucous Membranes – *Moist lining of the body openings, susceptible to small abrasions and infections.*

Mutually Monogamous Relationship – *A sexual relationship between two individuals who are committed to a long-term relationship with each other, and have no other sexual partners.*

Myth – *A widely held but false belief or idea.*

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Natural condoms – *Condoms made from the intestinal lining of sheep. Adequate for birth control, but not for disease prevention.*

Negotiation – *Discussion aimed at reaching an agreement.*

Nocturnal Emission – *The involuntary ejaculation of semen during sleep.*

Non-barrier Method – *Contraception methods that prevent pregnancy other than by physically preventing sperm from entering the uterus through the penis in the cervix. Includes birth control pills and intrauterine devices.*

Non-Verbal Communication – *Using your body or facial expressions to communicate.*

Oil-based lubricant – *personal lubricant made of oil like petroleum jelly, mineral oil, baby oil*

Options – *Two or more things that serve as other possible choices.*

Oral – *Relating to the mouth.*

Oral Sex – *Sexual activity that involves using the mouth to stimulate a partner's genitals.*

Orgasm – *The involuntary neuro-muscular contractions of the genitals during sexual stumulation.*

Ovaries – *Either of the two female reproductive organs that produce eggs and also produce the sex hormones estrogen and progesterone.*

Over the Counter (OTC) – *Medications that can be legally bought without a physicians prescription.*

Ovum – *An egg produced by the ovary.*

Pad – *An absorbent item worn in the underwear when menstruating or in any other situation where it is necessary to absorb a flow of blood from the vagina.*

Pandemic – *Spreading over the entire continent or the whole world.*

Pansexual – *Being sexually attracted to others regardless of their biological sex, gender, or gender identity.*

Parasite – *An organism that lives in or on an organism of another species (its host) and benefits by deriving nutrients at the other's expense.*

Parasitic – *(of an organism) living as a parasite.*

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Partner – *Either member of an established couple in a relationship either gay, heterosexual or bisexual.*

Passion – *Strong amorous feeling of desire, love, or lust.*

Patch – *An adhesive piece of drug-impregnated material worn on the skin so that the drug can be absorbed gradually over a period of time.*

Pathogen – *A bacterium, virus, or other microorganism that can cause disease.*

Paternity – *The state of being someone's biological father.*

Pelvic Inflammatory Disease (PID) – *Infection of the female upper reproductive organs (uterus, fallopian tubes, ovaries) which can cause inflammation and scarring.*

Penetrative Sex – *Vaginal or anal intercourse.*

Penis – *The male sex organ through which urine is eliminated and semen is ejaculated.*

PEP (Post-Exposure Prophylaxis) – *Antiretroviral medicines (art) after being potentially exposed to hiv to prevent becoming infected.*

Perpetrator – *A person who carries out a harmful, illegal, or immoral act.*

Perspiration - *The process of sweating.*

Physical Abuse – *Any intentional act causing injury or trauma to another person or animal by way of bodily contact.*

Pituitary Gland – *The major endocrine gland. A pea-sized organ attached to the base of the brain, the pituitary is important in controlling growth and development and the functioning of the other endocrine glands.*

Placenta – *A flattened circular organ in the uterus which nourishs and maintains the fetus through the umbilical cord.*

Plan – *A detailed proposal for doing or achieving something.*

PLWA – *Person living with AIDS.*

Polyurethane – *A synthetic material used in place of latex (condoms).*

Pre-Exposure Prophylaxis (PrEP) – *Is a way for people who do not have hiv but who are at very high risk of getting hiv to prevent hiv infection by taking a pill every day.*

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Prenatal – *Before birth; during or relating to pregnancy.*

Prescription – *An order, especially by a physician, nurse practitioner, or physician assistant, for the preparation and administration of a medicine, therapeutic regimen, assistive or corrective device, or other treatment.*

Pressures – *Attempt to persuade or coerce (someone) into doing something.*

Progress – *Forward or onward movement toward a destination or goal.*

Prostate Gland – *A sex gland in males, which surrounds the neck of the bladder and urethra. The prostate gland secretes a slightly alkaline fluid that forms part of the seminal fluid, a fluid that carries sperm.*

Protozoa – *Microorganisms resembling a one-celled plant or animal.*

Puberty – *The stage of pre-teen physical development during which increased production of sex hormones results in secondary sex characteristics, as well as changes in emotions and social relationships.*

PWA – *Person with AIDS.*

Queer – *Denoting or relating to a sexual or gender identity that does not correspond to established ideas of sexuality and gender, especially heterosexual norms.*

Questioning – *The questioning of one's sexual orientation, sexual identity, gender, or all three is a process of exploration by people who may be unsure, still exploring, and concerned about applying a social label to themselves for various reasons.*

Rape – *The crime of forcing someone to have sexual intercourse against their will.*

Rectal Fluids – *The mucus that lines the rectum to help in the elimination of waste*

Rectum – *The lower end of the large intestine, leading to the anus.*

Relationship – *The way in which two or more concepts, objects, or people are connected, or the state of being connected.*

Reliable - *Consistently good in quality or performance; able to be trusted.*

Replicate – *Used here to describe the ability of HIV to make copies of itself.*

Reproductive System – *the biological system made up of all the organs involved in producing offspring.*

Responsible – *Morally accountable for one's behavior.*

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Rhythm Method – *A method of birth control in which the couple abstain from sexual intercourse during the period when ovulation is most likely to occur (aka calendar method).*

Safe Haven Site – *A location where a parent may legally surrender a newborn infant without having to face any criminal prosecutions. A hospital, police station, or manned fire station.*

Safe Surrender – *A state law that permits a parent, within 72 hours of birth, to legally and confidentially surrender a newborn infant without the fear of arrest or prosecution of child abandonment.*

Safer Sex – *Sexual practices (anal, oral, or vaginal) that involve no exchange of blood, semen, or vaginal fluid; often characterized by correct and consistent condom use.*

Scrotum – *The external pouch of skin and muscle containing the testes.*

Sebum – *An oily secretion of the sebaceous glands.*

Semen – *Whitish fluid containing sperm and white blood cells, which is pre-ejaculated/ejaculated from the penis during orgasm. HIV can be spread through semen that is infected.*

Sex - *A term used to denote whether an individual is male or female, as determined by a physician or other medical professional at the time of birth. This designation is often made solely based upon an examination of an infant's genitals.*

Sex (also sexual activity) – *Oral, genital, or digital contact between individuals; contact with a partner's vagina, penis, or anus (male-female, female-female, or male-male). Also, another term for sexual intercourse.*

Sexual Contact – *The touching of another person's intimate parts, or the intentional touching of the clothing covering the immediate area of a person's intimate parts, if that intentional touching can be reasonably construed as being for the purpose of sexual arousal or gratification.*

Sexual Harassment – *Making unwanted sexual advances to someone; causing sex-related discomfort in another through words or actions.*

Sexual Intercourse – *penatrative sexual contact (anal, oral or vaginal)*

Sexual Orientation - *A person's enduring romantic or sexual attraction to people of the other and/or same gender. Common terms used to describe sexual orientation include, but are not limited to, heterosexual, lesbian, gay, and bisexual.*

Sexuality – *The complex range of components which make us sexual beings; includes emotional, physical, and sexual aspects, as well as self-identification (including sexual orientation and sex), behavioral orientations and practices, fantasies, and feelings of affection and emotional affinity.*

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Sex Trafficking – *The action or practice of illegally transporting people from one country or area to another for the purpose of sexual exploitation.*

Sexting – *Send someone sexually explicit photographs or messages via mobile phone.*

Sexual – *Relating to the instincts, physiological processes, and activities connected with physical attraction or intimate physical contact between individuals.*

Sexual Abuse – *Abusive sexual behavior by one person upon another, often perpetrated using force or by taking advantage of another.*

Sexually Transmitted – *Spread during sex, or through genital or close body contact between people.*

Sexually transmitted infection (STI) – *A disease that is spread during sex, or through genital or close body contact between people. STI's include but are not limited to diseases such as gonorrhea, syphilis, HIV infection (which in advanced stages leads to AIDS), Chlamydia, HPC, herpes, pubic lice, Hepatitis B and C, and Trichomonaisis.*

Siblings – *Two or more children or offspring having one or both parents in common; a brother or sister.*

Sperm – *The male reproductive cells, produced in the testicles from puberty throughout the male life cycle.*

Spermicidal Foam/Gel – *An agent that kills spermatoza, especially as a contraceptive.*

Standard Precautions – *Guidelines that combine universal precautions and body substance isolation procedures in hospitals.*

STI – *See sexually transmitted infection.*

Stereotype – *A widely held but fixed and oversimplified image or idea of a particular type of person or thing.*

Sterilization – *Surgery to make a person or animal unable to produce offspring.*

Strategy – *A plan of action or policy designed to achieve a major or overall aim.*

Surrender – *Give up or hand over (a person, right, or possession), typically on compulsion or demand.*

Symptoms – *A feature which is regarded as indicating a condition of disease.*

Syndrome – *Used here to describe a group of related medical problems or symptoms.*

T-cell – *a lymphocyte of a type produced or processed by the thymus gland and actively participating in the immune response.*

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T-cell count (CD4+) – *A marker that measures the effect of HIV infection on a person's immune system.*

T-helper cell – *See T-cell.*

Tampon – *A plug of soft material inserted into the vagina to absorb menstrual blood.*

Testes/Testicles – *The male gonad or sperm-producing gland (testes) usually with its surrounding membranes.*

Testosterone – *A steroid hormone that stimulates development of male secondary sexual characteristics, produced mainly in the testes, but also in the ovaries and adrenal cortex.*

Trafficker – *A person who deals or trades in something illegal such as trafficking drugs or sex.*

Trait – *A distinguishing quality or characteristic, typically one belonging to a person.*

Transgender – *Denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex.*

Transmission – *The spread of a microorganism from one person to another.*

Transsexual – *A person who has undergone surgical and hormonal treatment to change his or her anatomical sex.*

Trusted Adult – *an adult other than a parent that can be trusted to provide guidance and support.*

Tubal Ligation – *A sterilization technique in which a woman's fallopian tubes are tied to prevent ova entering the uterus.*

Universal Precautions – *Is an approach to infection control to treat all human blood and certain human body fluids to prevent someone from getting hiv, hbv, and other bloodborne pathogens.*

Urethra – *The tube which transports urine from the bladder to the outside; in males, the urethra also transports semen.*

Uterus – *Womb; pear-shaped organ in which a developing fetus grows.*

Vagina – *The passageway from the uterus to the outside of a woman's body through which a baby is born; the penis enters the vagina during vaginal intercourse.*

Vaginal Fluid – *Fluid that provides moisture and lubrication in the vagina; vaginal fluid of an HIV-infected woman can spread HIV.*

Valid – *Having a sound basis in logic or fact; reasonable; legally binding due to having been executed in compliance with the law.*

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Values – *The importance, worth, or usefulness of something, with the aim of determining what actions are best to do or what way is best to live..*

Vas deferens – *The tube that carries the sperm out of the scrotal sac located between the epididymis and urethra.*

Vasectomy – *A male sterilization technique, in which the vas deferens are cut and cauterized.*

Venue – *The place where something happens, especially an organized event such as a concert, conference, or sports event.*

Verbal Abuse – *The act of forcefully criticizing, insulting, or denouncing another person.*

Verbal and Non-Verbal Communication – *Using either words or your body movement to communicate*

Victim – *A person harmed, injured, or killed as a result of a crime, accident, or other event or action.*

Viral – *Caused by or related to a virus.*

Viral load – *The amount of HIV RNA in the blood; as viral load increases, the chance of illness increases.*

Virgin – *Someone who has never had sexual intercourse (oral, anal, or vaginal).*

Virus – *A germ, much smaller than a bacterium, whose survival depends on cells in the host; a virus such as HIV destroys host cells.*

Visualization – *The formation of a mental image of something.*

Voluntary – *Done, given, or acting of one's own free will.*

Vulva – *The external female genitals.*

Water-Based Lubricant – *Water-soluble sexual lubricants.*

Window Period – *The early period of infection before antibodies can be detected.*

Withdrawal Method – *An unreliable method of contraception in which the man withdrawals his penis from the vagina before he ejaculates.*

Yes Means Yes – *Requires sexual participants to obtain a verbal declaration of consent, yes, to each sexual act.*

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Teen PEP Peer Educator Application (Semester/Year)

You must be able to meet the following requirements in order to be eligible to apply:

Application Requirements:

- ☐ Participation in the group interview to be held at (location) on (date) from (time) – (time)
- ☐ Participation in an individual interview to be scheduled after your application is received

Program Requirements:

- ☐ Attendance at a three-day overnight retreat to be held at (location) on (dates)
- ☐ Attendance at Teen PEP classes, workshops, and other program events
- ☐ Attendance at a one-day, mid-program retreat to be scheduled after the program begins
- ☐ Signature of your parent or guardian to participate in state-required entry/exit surveys which include anonymous questions on knowledge, attitudes, and behaviors related to sexual health and the Teen PEP program.

Name: _____ _____
First Last

Mailing Address: _____
PO Box or Street

_____ _____ _____
City State Zip Code

Cell Phone: _____ Home Phone: _____

Email: _____ Grade: _____

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As a Teen Prevention Education Program (Teen PEP) peer educator, I will be aware that I am a role model in my school and community, and I will behave accordingly. Specifically, I will uphold the rules of my school both in and out of school.

_____ _____
Your Signature Date

My child has my permission and full support to participate in Teen PEP as a peer educator and in any program evaluation activities, which may involve participation in focus groups and completion of anonymous pre-program and post-program surveys about knowledge, attitudes, and behaviors related to sexual health. I also give my consent to the use of my child's appearance, voice, and picture in publicity and advertising concerning the Teen Prevention Education Program.

_____ _____
Parent or Guardian Signature Date

Complete both sides of this application and return to (location/person) by (date).

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Teen PEP Peer Educator Application (page 2 of 2)

Why do you want to be a Teen PEP peer educator? What do you think you can contribute to the program? How do you think you will benefit from participating?

What do you think teenagers need to know about sexual health? Please explain.

What three words would your best friend use to describe the type of person you are?		

List any extracurricular and/or volunteer activities including jobs and sports that you will be involved with on weekdays between (month) and (month), and approximately when these activities will take place.

Activity	Months of the Year	Days of the Week	Times of the Day

Complete both sides of this application and return to (location/person) by (date).

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Teen Prevention Education Program (Teen PEP)
Peer Educator Contract of Commitment

Peer Educator Guidelines

1. I will make a commitment of time and dedication to Teen PEP.
2. I will participate in the three-day overnight retreat experience or its equivalent.
3. I will attend all Teen PEP (classes/weekly meetings).
4. I will attend all workshops for which I am scheduled unless an emergency situation arises.
5. I will arrive on time to all Teen PEP functions, including (classes/weekly meetings) and workshops. I will talk to an advisor ahead of time if I am unable to attend or will be late to a program function.
6. I will participate in the one-day mid-program retreat to be scheduled when the program begins.
7. I will respect confidentiality regarding personal information disclosed by members of the group and by participants in workshops.
8. I will do my best to maintain my current level of academic performance, and I will abide by the attendance policy at my school.
9. I will do my best at all times to model responsible behavior within my school and community

First Name _____

Last Name _____

Date of Birth _____

School _____

Survey Consent

Teen PEP is funded by the New Jersey Department of Health. As a contingency of this funding, the NJDOH asks that program participants complete an anonymous entry survey and exit survey that include questions about your knowledge, attitudes, and behaviors related to sexual health. Please indicate below whether you consent or not to receive these surveys.

- ○ I consent
- ○ I do not consent

Image Release

Center for Supportive Schools staff will be organizing and assisting schools during various workshops and events throughout the year. We may potentially use your appearance, voice, and written statements in publicity and advertising, including publications related to Teen PEP and other CSS student programming. Please indicate below whether you consent or not to allow us to use your likeness for these purposes.

- ○ I consent
- ○ I do not consent

Signature

_____

Teen Prevention Education Program (Teen PEP)
Parent/Guardian Consent Form

Dear Parents/Guardians,

We're thrilled to have your child participate in our program as a Peer Educator 🥳! They will be provided with comprehensive educational training that addresses a range of health topics and will be developing themselves as leaders in hosting workshops and learning events within their school community. We would like to capture information about you and your consent related to features of our programming below.

Your Name:

First Name _____ **Last Name** _____

Your Child's Name:

First Name _____ **Last Name** _____

Date of Birth _____ **School** _____

Survey Consent

Teen PEP is funded by the New Jersey Department of Health. As a contingency of this funding, the NJDOH asks that program participants complete an anonymous entry survey and exit survey that include questions about their knowledge, attitudes, and behaviors related to sexual health. These surveys can be referenced in the provided hyperlinks. Please indicate below whether you consent or not for them to receive these surveys.

- ○ I consent
- ○ I do not consent

Image Release

Center for Supportive Schools staff will be organizing and assisting schools during various workshops and events throughout the year. We may potentially use your or your child's appearance, voice, and written statements in publicity and advertising, including publications related to Teen PEP and other CSS student programming. Please indicate below whether you consent or not to allow us to use your or your child's likeness for these purposes.

- ○ I consent
- ○ I do not consent

Signature

_____

High School Students Equipping Middle School Students with the Knowledge and Skills to Make Healthy Decisions

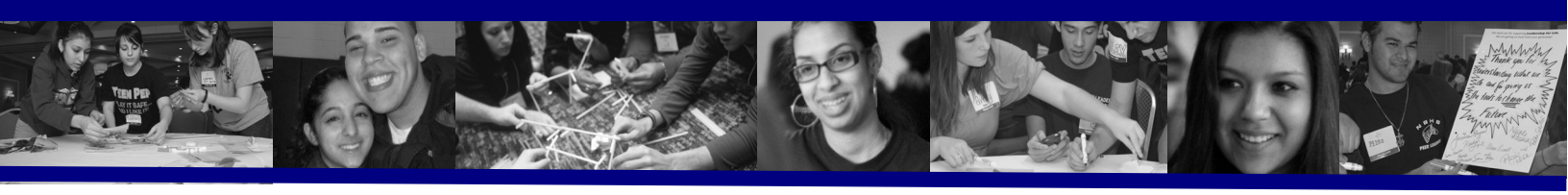
TEEN PEP-BRIDGE

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Teen Prevention Education Program

Curriculum & Workshops Handbook

2021 Edition



The Teen Prevention Education Program (Teen PEP) is a collaboration among the Center for Supportive Schools and the primary program sponsor, the New Jersey Department of Health.

TEEN PEP-BRIDGE

TEEN PREVENTION EDUCATION PROGRAM-BRIDGE Curriculum & Middle School Workshops

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Let's Get Started!

What You'll Find in This Guide

Welcome to the Teen Prevention Education Bridge Program (Teen PEP-Bridge)! To support Teen PEP-Bridge faculty in creating an engaging and effective program, the curriculum is designed to provide both structure and flexibility. This section offers a number of tips and tools for planning successful Teen PEP classes and workshops and provides information about the best ways to use this curriculum.

Teen PEP Program Objective

Teen PEP's program objective is to *equip students with the knowledge and skills to make healthy decisions and have healthy relationships.*

To achieve this objective, Teen PEP-Bridge develops the leadership skills of high school juniors and/or seniors so that they can effectively provide outreach to middle school students. Both peer educators and 6th, 7th, and 8th graders benefit as a result. Some of the skills and attitudes that peer educators will develop through Teen PEP include:

- Knowing accurate sexual health information
- Improving decision-making skills
- Exploring their attitudes and values about sex and sexuality (both independently and with family)
- Increasing communication about sexual health issues with parents/guardian, friends, and partners
- Facilitating inclusive and engaging group discussions
- Developing an appreciation for differences among peers
- Learning how to collaborate effectively
- Becoming positive role models for peers
- Understanding a wide variety of leadership styles

Program Goals

We also achieve the *Teen PEP Objective* by:

- Offering stakeholder teams effective resources and strategies to create a culture of positive peer pressure where responsible sexual decisions are valued

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- Providing advisors with increased knowledge and abilities to effectively teach sexual health to students in an atmosphere of mutual respect
- Giving peer educators the information, communication skills, and confidence to be effective sexual health advocates and leaders among their peers
- Providing parents/guardians with the knowledge and skills to appropriately discuss sex and sexuality with their children

Teen PEP Theoretical Foundations

Comprehensive Sexuality Education

Teen PEP-Bridge is a comprehensive sexual health education program in which we teach adolescents about the benefits of abstinence, as well as providing factual information on the ways sexually active individuals can protect themselves from unintended pregnancy, HIV, and other sexually transmitted infections (STIs). Comprehensive sexuality education includes scientifically-based and factual information about abstinence, condoms, and other birth control methods.

Core Philosophy

At its core, Teen PEP is a youth development program. We endorse the principles of positive youth development and believe all Teen PEP advisors should:

- Avoid labeling and making assumptions about students
- Be non-judgmental and have respect for all students
- Believe students can make healthy and responsible decisions when provided with the correct information and resources
- Engage students in the discovery of *their own* values
- Seek to shift unhealthy social norms, and avoid language that is offensive to anyone

Public Health Approach

Teen PEP employs a public health approach to its work. This means that our ultimate goal is to ensure that our students have the information, skills, attitudes, and behaviors to avoid pregnancy, HIV, and other sexually transmitted infections.

Key Messages

We want our students to:

- Understand that abstinence is the only 100% effective way to prevent pregnancy, most STIs, and sexually transmitted HIV.
- Delay first intercourse.

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- Use condoms (or other barrier method) consistently and correctly. Use an additional reliable method of birth control for pregnancy prevention.
- Limit the number of sexual partners.
- Get routine STI and HIV testing if sexually active.

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Teen Prevetion Education Program

Implementation Timeline

A Two-Phase Approach to Implementing an Effective Program

Implementing Teen PEP is a two-phase process, with the first phase focused on preparation and planning and the second phase focused on effective implementation.

PHASE ONE: Preparing for Program Implementation *Spring/Summer Prior to Student Participation*		
Timeline	**Activity**	**Description**
Winter	**Stakeholder Team Meeting & Stakeholder Team Institute**	Teen PEP Technical Assistance Providers meet with stakeholders to prepare for launching Teen PEP. The goal is to ensure that all Stakeholder Team members are knowledgeable about the initiative, can assist in troubleshooting school-based questions and concerns, and are ultimately committed to the implementation of the program.
Winter	**3-Day Residential Training**	Participate in a 3-day residential conference focused on teambuilding, program planning, and learning the Teen PEP curriculum through a hands-on, experiential approach. Training also prepares Advisors to conduct their 3-day retreat with peer educators and acclimates the Stakeholder Team Coordinator to their critical role.
Ongoing	**Ongoing Technical Assistance**	Technical assistance is provided both onsite and by phone to support Stakeholders and Advisors in planning for program implementation.
Spring	**Selection of Peer Educators**	Stakeholders and Faculty Advisors select peer leaders who will be enrolled in the daily peer education course.
Summer	**3-Day Residential Training**	Participate in a second 3-day residential conference focused on deeper learning of the Teen PEP curriculum and how to prepare for workshops through a hands-on, experiential approach.
August/ September	**Overnight Retreat for Peer Leaders**	Advisors lead a 3-day overnight retreat to ensure that peer educators form a cohesive and cooperative group. Peer educators focus on developing their relationships and learning healthy practices for communication, collaboration, and problem solving through engaging, hands-on activities as they learn about Teen PEP.

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PHASE TWO: Implementing the Program		
Timeline	**Activity**	**Description**
Between September & June	**Stakeholder Team Meetings**	Teen PEP Technical Assistance Providers co-facilitate (with the Stakeholder Team Coordinator) regularly scheduled meetings of the stakeholder team throughout the year to customize and implement the program according to their community's specific needs, ensure coordination of existing programs, overcome implementation obstacles as they arise, review progress and evaluation data, and ensure long-term sustainability.
September	**Middle School Orientation**	Especially important in the first year of implementation, peer educators facilitate a 60-minute orientation workshop to all middle school students who will receive Teen PEP-Bridge workshops and faculty/staff in the middle school. This orientation should happen as close to the start of the school year as possible to help create understanding of and buy-in for the program at the middle school level.
September - June	**Daily Peer Educator Class & Workshops**	Class: Advisors co-teach the peer educator class in which peer educators learn to serve as mentors, positive role models, and activity facilitators for workshop participants. Advisors meet weekly during a common planning period to prepare together for daily peer educator classes. Workshops: Throughout the year, peer educators facilitate 5-7 60- to 90-minute engaging, hands-on workshops to build the workshop participants' knowledge, skills, and attitudes related to puberty, human reproduction, healthy relationships, postponing sexual involvement, and pregnancy prevention.
October/November	**One-Day Training**	Attend a one-day training focused on troubleshooting program obstacles, enhancing facilitation skills, and continuing to learn key program components.
January/February	**Midyear Retreat for Peer Leaders**	Faculty Advisors lead a 1-day retreat to reaffirm group connections, assess progress, and clarify direction for the rest of the year.
February/March	**Family Night Event**	Peer educators facilitate an evening event focused on improving communication between parents and their children.
April/May	**Selection of Peer Educators for the Next Year & Orientation**	Faculty Advisors and Stakeholders guide a thorough process for recruiting and selecting a representative group of rising juniors/seniors to become next year's peer educators.

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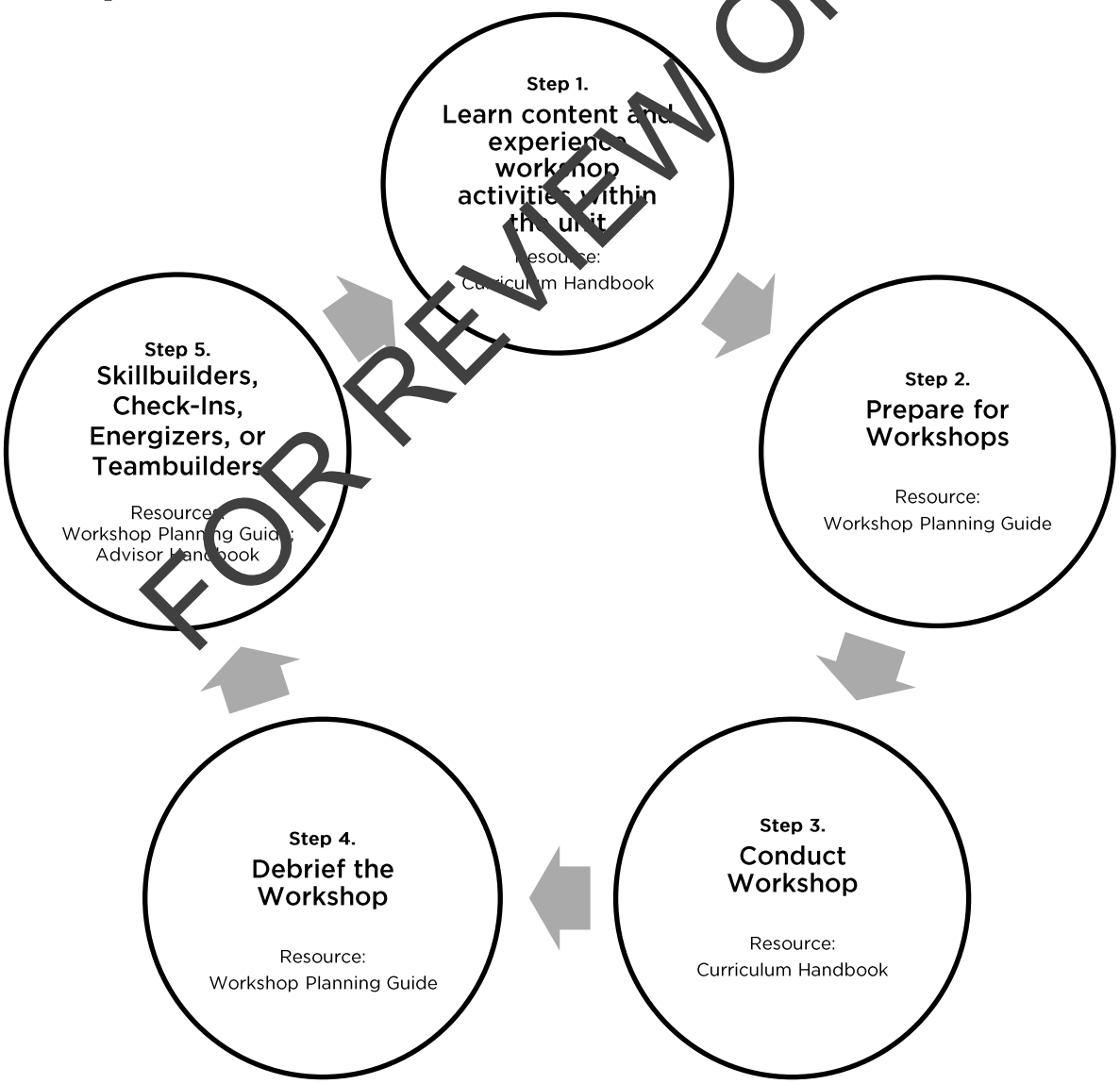
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Understanding the Workshop Preparation Process

How the Peer Educator Class Units and Workshops Work Together

Teen PEP's peer educator class is structured so that peer educators follow the same process each and every time they facilitate a workshop. This process is based on the principles of experiential learning, and cover the time period of before, during, and after peer educators facilitate a workshop. The diagram below illustrates the process for preparing for workshops.

This process should be utilized for each unit that has a corresponding workshop for the 6 or more workshops that will be delivered. Note that units 1-6 should be completed in order, with the first 3 workshops also completed in order, before advisors select the remaining units and workshops to cover in class as time allows. The Family Night unit and workshop can be delivered any time after unit 5 is completed.



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Purpose & Use of the *Workshop Planning Guide*

The purpose of the skill-building section of this packet is to prepare peer educators with the organization and facilitation skills they need to conduct effective workshops. While it is important for peer educators to master the content knowledge provided in the units, it is of equal importance for them to develop the facilitation skills that will be necessary to deliver that information during small group activities in each workshop. The *Workshop Planning Guide* accomplishes this skill-development in 2 ways:

1. The first section provides skill-building activities to help peer educators develop the necessary facilitation skills for effective workshop delivery. The activities in this section should be completed before the first workshop is delivered (note that some were done on the retreat) and can be repeated throughout the year depending on the skills peer educators need to build as identified in each workshop debrief.

2. The second section in the *Guide* provides the 11-step workshop preparation guide that should be used every time you prepare for a workshop.

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Scope & Sequence of Unit & Workshop Topics for Your Program

Teen PEP-Bridge offers 9 units, 5 workshops, a middle school-wide orientation, and a Family Night workshop event. Every school should complete a minimum of 4 workshops, the middle school orientation in at least their first year of implementation, and the Family Night event. Outlined below is the breakdown of required units and the workshops from which schools can select based on their community need. Family Night is a required workshop every year for Teen PEP schools.

- **Required units and workshops, in the order they are to be conducted:**
  - Units are to be completed, in order, with selected workshops also completed in order:
    1. Building Our Foundation
    2. Preparing for Middle School Orientation *(either in the first year of implementation, or every year based on community need)*
    3. Understanding Gender & Sexuality
    4. Puberty *(and workshop for 6th graders)*
    5. Healthy Relationships *(and workshop for 6th graders)*
    6. Postponing Sexual Involvement *(and workshop for 7th graders)*
    7. Human Reproduction *(and workshop for 7th graders)*
    8. Pregnancy Prevention *(and workshop for 8th graders)*
    9. Preparing for Family Night *(and workshop, required)*
    10. Closure & Celebration *(this unit should come last before the class ends for the year/semester)*

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Tailoring Is Important, and Your Teen PEP Technical Assistance Staff Can Help

Working closely with your Teen PEP Technical Assistance (TA) provider will help you to make sure that your decisions are the best for your school and will help ensure the program objectives are met.

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A Summary of the Units in This Curriculum

Teen PEP curriculum is divided into a series of units, with each unit located at a separate tab. The table below will begin to familiarize you with the contents of each unit.

Unit Title	Objectives (Workshop Take Home Messages are Listed for Units that have Corresponding Workshops)
Unit 1. Building Our Foundation	It's important that you start the year off right and set the appropriate expectations of your group. This unit includes activities that will give the group the opportunity to reconnect and refocus for the year ahead. It also provides an overview of the Teen PEP course requirements and what students can expect from their year in Teen PEP. By the end of the unit, it is expected that each peer educator will be able to: • Re-form as a group, building on the foundations started in the retreat • Establish a set of ground rules • Describe the seven areas for which they will be graded • Articulate what the responsibilities and commitment of being a peer educator look like • Distinguish between leadership and role modeling as concepts, and understand how they can manifest in those important aspects of peer education • Create and commit to a standard Code of Ethics
Unit 2. Preparing for Middle School Orientation *Workshop for 6th, 7th, and 8th graders and middle school faculty and staff*	This unit includes activities and resources to help students plan and prepare for *Middle School Orientation*. In that short introductory workshop, peer educators introduce themselves and perform short skits to sixth, seventh, and eighth graders, with the purpose of introducing them to Teen PEP and the topics they will cover throughout the year. **Workshop Objectives** After participating in this workshop, participants will be able to: • Describe the topics that will be covered and explain the basic components of a workshop • Become familiar with the peer educators they will be working with this year
Unit 3. Understanding Gender & Sexuality	The goal of this unit is to raise students' awareness about the issue of gender, and to begin to explore and discuss how gender role expectations shape our self-concept, our behavior, our goals, and our intimate relationships. By the end of the unit, it is expected that each peer educator will be able to:

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Unit Title	Objectives (Workshop Take Home Messages are Listed for Units that have Corresponding Workshops)
	• Build understanding and empathy for people inclusive of their gender identity, gender expression, and sexual orientation • Use appropriate terminology, inclusive language, and affirming pronouns • Name at least five gender stereotypes • Describe three ways that gender boxes can be harmful • Describe three ways gender stereotypes influence expectations related to sexual behavior • Describe three ways that heteronormative views influence relationships • Recognize the media's influence and representation of gender and sexuality • Articulate why understanding gender and sexuality are critical foundational elements for sexuality education
Unit 4. Puberty *Workshop for 6th graders*	Boys and girls between the ages of eleven and fourteen are very self-conscious about their appearance and worry about their ability to fit in with their peers. The goal of this unit is to build students' knowledge about and empathy for the changes adolescents face during puberty so that they can deliver to 6th graders a workshop that explores what to expect during puberty and to reassure them that these changes are predictable and normal on the path to becoming an adult. **Workshop Objectives** After participating in this workshop, students will be able to: • Identify the parts of the biological female reproductive system • Identify the parts of the biological male reproductive system • Define the correct terminology for reproductive anatomy • Explain the emotional changes of puberty • Explain the physical changes of puberty
Unit 5. Healthy Relationships *Workshop for 6th graders*	The goal of this unit is to help students identify the qualities they want in a relationship and to give them the skills and confidence to ensure that all of their relationships are healthy. In order to build the skills necessary for protecting one's sexual health, this topic begins to build a foundation by which students can think about their values, learn how to communicate their needs, and ensure their relationships are healthy. Peer educators also learn foundational knowledge about dating violence to build their own knowledge and help prepare them to facilitate workshops with middle school students, especially so they can recognize if any red flags for abuse come up in small group conversations. **Workshop Objectives** After participating in this workshop, students will be able to: • Describe how they want to be treated in any relationship (friendship and romantic)

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Unit Title	Objectives (Workshop Take Home Messages are Listed for Units that have Corresponding Workshops)
	• Explain why it's important to uphold one's values and standards in relationships • Identify 5 characteristics of healthy relationships • Demonstrate the use of effective communication skills through the use of I messages
Unit 6. Postponing Sexual Involvement *Workshop for 7th graders*	The goal of this unit is to help you reach your *own* conclusions about if and/or when you will become sexually involved. By the end of the unit, it is expected that each peer educator will be able to: • Describe the benefits of postponing sexual involvement • Explain the difference between virginity and abstinence • Describe the reasons why some teens have sex and why some teens wait to have sex • Identify the qualities that need to be in place in a relationship *before* beginning sexual activity • Identify the ways you are comfortable expressing physical affection in a relationship • Understand the concept of consent and be able to explain how to both give and seek explicit consent in sexual situations **Workshop Objectives** After participating in this workshop, students will be able to: • Describe at least three reasons why teens become sexually involved • Describe at least three reasons why teens do not become sexually involved • Describe at least three possible consequences of early sexual involvement • Identify at least five relationship qualities that are important to have before beginning a sexual relationship • Demonstrate three negotiation and refusal skills
Unit 7. Human Reproduction *Workshop for 7th graders*	Understanding sex, sexuality, and pregnancy prevention cannot happen with firm foundational knowledge about the reproductive systems and processes. Thus unit will review human reproduction in a level of detail that will prepare peer educators to deliver the workshop with 7th graders. This information builds upon puberty and will continue to build a foundation for both peer educators and the 8th graders to better understand the content of the pregnancy prevention unit and workshop. **Workshop Objectives** After participating in this workshop, students will be able to: • Review the parts of the biological female and biological male reproductive system • Describe how the female and male reproductive systems function • Understand the process of spermatogenesis

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Unit Title	Objectives (Workshop Take Home Messages are Listed for Units that have Corresponding Workshops)
	• Understand the process of menstruation • Explain how fertilization occurs • Explain how to prevent fertilization from occurring
Unit 8. Pregnancy Prevention *Workshop for 8th graders*	This unit provides solutions to common barriers and provides information on abstinence, the best way to prevent pregnancy, as well as other reliable methods. In addition, peer educators will explore the consequences of teen pregnancy and parenthood. By the end of the unit, it is expected that each peer educator will be able to: • Identify at least five solutions to barriers that get in the way of teens using condoms, other birth control methods, and going to a clinic • List at least five qualities that are important to consistently using abstinence as a method of birth control • Describe how to correctly use ten birth control methods *(for sexually active couples)* • Identify the location of a local clinic • Describe three ways becoming a teen parent would negatively impact one's life **Workshop Objectives** After participating in this workshop, students will be able to: • Identify at least five solutions to barriers that get in the way of some teens using condoms, other birth control methods, or going to a clinic • Describe at least three methods for preventing pregnancy • Identify the location of a local clinic • Describe three ways becoming a teen parent would negatively impact one's life
Unit 9. Preparing for Family Night *Workshop for families of peer educators and middle school students*	Family Night provides parents/guardians and young people with a forum that encourages open communication on issues of sexual health. The goal of this workshop is to decrease some of the fears and discomfort surrounding talking about puberty, sex, and sexuality. Peer educators present dramatic skits to explore examples of common situations between parents/guardians and teens. The skits are used as a catalyst for exploring attitudes and values about sexuality. In small group discussions, participants examine the messages they received on these topics and identify the messages they would like to communicate with their children. The workshop also includes a panel discussion where parents/guardians can pose questions to Teen PEP peer educators about various issues confronting teenagers. **Workshop Objectives** After participating in this workshop, participants will be able to: • Identify the ways they learned about puberty • Communicate at least one message they want their children to receive about puberty

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Unit Title	Objectives (Workshop Take Home Messages are Listed for Units that have Corresponding Workshops)
	• Demonstrate increased comfort in talking about sexual health issues with teens • Describe one way they can initiate conversations about a sexual health issue with teens
Unit 10. Closure	This unit includes activities that will give your group an opportunity to reflect on your year and your accomplishments. By the end of the unit, it is expected that each peer educator will be able to: • Describe three ways the group was successful in achieving the goals of Teen PEP • Identify 1 example of how the group progressed through each of the stages of group development • Share what they are taking away from their Teen PEP experience • Celebrate the work that's been accomplished individually and collectively as a group

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What You'll Find in Each Unit

This section will provide you with important information for understanding the structure of the Teen PEP curriculum and helpful tips for conducting class activities within each unit effectively.

Before Each Unit

Agendas

Unit agendas are created purposefully to ensure that objectives and take home messages are communicated in the most effective way possible. Thus, it is imperative that you complete each activity in the unit in the order presented in the agenda. Basic timeframes for each activity are given, though we recognize that slight deviations are possible. You may do more than one activity in one class session depending on your school's schedule and the pace of the activity.

Icons



It is necessary to read through each activity in the unit before beginning it with students. The preparation needed icon appears next to activity names where advisors should pay particular attention to prep work needed before the class session begins, such as conducting research for an activity or booking a speaker. This icon will appear both in the agenda and in the directions for the activity.



Many units have homework assignments for peer educators. This icon will appear both in the agenda and in the directions for the activity that requires homework. There are some instances where the advisors have the discretion to have that assignment completed during class time, if the schedule permits.

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Within Each Unit: The Activities

Reinforcement of the Activity-Based Learning Cycle

- **Bridge**
  At the top of each activity, there is a prompt to remind you to build a bridge from the previous activity. Students need to remember where they have been in the last activity in order to understand where they are going.

- **Theme**
  This section explains the purpose of the activity in order to help students and advisors know what they need to accomplish by the end of that activity.

- **Directions**
  Each activity contains step-by-step directions to ensure the success of each activity.

- **Reflections**
  Each activity contains reflection questions to help tie together themes and bridge back to its objectives to drive home takeaway messages.

Icons

- **Materials**
   This icon is located on the right-hand side of the first page of each activity in the materials box. Most templates for activities are provided at the end of the activity, though some will need to be made. Templates that are provided include directions for how to prepare them (i.e. how many to copy, what color paper to copy onto, etc.). If you prefer color materials, they can be accessed through the Teen PEP website.

- **Time**
   This icon is located on the right-hand side of the first page of each activity above the materials box. It indicates the approximate time allotment for that activity.

- **Workshop Activities**
   When this icon appears in the right-hand side of the first page of an activity within the unit, it means that the activity is one the peer educators will conduct during their workshop.

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- **Handouts**

  Handout This handout icon is displayed at the top of any page that needs to be photocopied and distributed to peer educators. Instructions on how to reproduce handouts will be found in the activity's directions.

- **Notes**

  Note Note boxes draw attention to different considerations, tips, or other important points to be aware of in conducting the given activity. Text in note boxes should be read in preparation for the activity.

- **Templates**

  Whenever a provided template features scissors and dashed borders, this signifies that after reproducing the master template, copies should be cut out on the dotted lines.

- **Sample Lists**

  Sample lists illustrate common examples you can expect peer educators to give during group brainstorms and other activities. These lists are not meant to be exhaustive, but instead provide an expectation to advisors before conducting the activity.

Unit End Quiz

It is important that peer educators understand key messages from each unit and have retained accurate information before presenting the corresponding workshop to their peers. Unit end quizzes both give an opportunity for a grade-based assignment and ensure peer educators are ready to deliver content during their workshop.

Parent/Guardian-Teen Homework

After each unit that corresponds with a workshop, there is a one-page homework assignment for peer educators to take home and complete with a parent. This is the same handout that workshop participants will receive to do with their own parents. It is important that peer educators participate in the parent/guardian-teen homework, not only because Teen PEP believes that dialogue with parents is an essential part of prevention education, but because it will also help them encourage their younger peers to do the same as they lead by example.

Facilitator's Guides

Some activities require advisors to know an abundance of detailed information and/or discussion questions. To make this accessible, *Facilitator's Guide*s may appear for some activities. These guides should be followed as written.

Understanding Italics

In the course curriculum, italics will appear for three reasons. First, italicized words, phrases, or sentences positioned in their own paragraph or line are scripted language that advisors should read

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to students verbatim. Second, names of handouts and activities are italicized for directional emphasis, serving as cues to advisors for when to refer to or distribute them. Third, italicized words, phrases, or sentences that are contained within parentheses denote correct answers to discussion questions.

Unit References

A list of references used throughout each workshop will be found under this heading after the evaluation prompt.

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What You'll Find in Each Workshop

This section will provide you with important information for understanding the structure of the Teen PEP workshops and helpful tips for conducting them effectively.

Before Each Workshop

Workshop Objectives and Take Home Messages

At the beginning of every workshop, you'll find workshop objectives and take home messages listed. These signify what peer educators should be able to communicate to participants by the end of each workshop.

Workshop Agendas

- **90-minute workshops (Pregnancy Prevention and Family Night)**
- **45-minute workshops (All 6th and 7th grade workshops)**

Workshop agendas are created purposefully to ensure that take home messages are communicated in the most effective way possible. Thus, it is imperative that you stick to the workshop agenda provided. The agendas must be followed as outlined in the chart.

Workshop Materials

Workshop material checklists are provided to help you plan for each workshop. Some templates have been created and are located at the end of each workshop. The templates that are provided are denoted by a ✓ in the far right column, including signs, cards, and handouts. You can use what is provided at the back of the workshop or make your own.

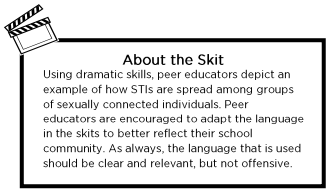
Workshop Statistics

You'll notice that many workshop skits include statistics on the given topic. We encourage you to select peer educators to use credible websites such as the Centers for Disease Control (CDC) to ensure they are up-to-date before performing a workshop.

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About the Skit



About the skit boxes appear in every workshop to remind advisors of the purpose of skits and that the language in each skit can be adapted to reflect the school community. Using language they are familiar and comfortable with, peer educators will be able to establish more credibility with the audience in delivering their messages. We strongly encourage peer educators to adapt the language to be more appropriate to their school community.

Within Each Workshop

In each workshop, there are 11 essential components:

1. Attention-Getting Activity
2. Presenter Introduction
3. Workshop Introduction
4. Bridge to Skits
5. Skits
6. Bridge to Small Groups
7. Small Group Activities
8. Large Group Activity
9. Closure
10. Evaluation
11. Parent-Teen Homework

The following pages will help you understand each of these components, as well as the icons and symbols you'll find throughout each workshop.

For complete information on how to prepare for workshops, you should refer to the *Workshop Planning Guide*, found in its own tab in this handbook, at least 2 weeks before you start preparing for your first workshop and each time you prepare for a subsequent workshop.

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Attention-Getting Activity

At the beginning of each workshop is either an attention-getting skit or activity. The purpose of these attention-getters is to engage the audience and get their buy-in before moving on to the purpose and introductions.



Presenter Introduction

In every workshop presenters introduce themselves to the participants, making the workshop more personal.

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Workshop Introduction

Once peer educators have gotten the attention of their audience and have introduced themselves, they will briefly explain the topic and purpose of the workshop before moving on to the next skit or activity.



Bridge (To Skits or to Activities)

Bridges are used to effectively transition between workshop components. These bridges help keep the audience informed as they move between activities and skits, and connects what was just done with what is happening next.



Skit

Skits are used throughout each workshop to deliver important messages to the audience while keeping them engaged in an entertaining way.

Processing the Skit: Sometimes you'll see a processing segment after the conclusion of a skit. At this point, peer educators talk through what happened in their skit with the audience to ensure take home messages were received.

Scene: The scene appears at the beginning of most skits, and gives performers important information about setup, props, and other key stage directions.

Bold: Whenever you see a word **bolded** within a skit, it signifies to the actor that they should emphasize that word.

(Italics): In the skits, whenever you see a word or phrase in italics and parentheses, these are stage directions for the actor(s) performing in that skit.



Small Group Activity

Small group activities give participants and peer educators the opportunity to discuss in-depth the issues that were presented in the attention-getting activities and skits. This essential workshop component is where most of the learning takes place.

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Small group activities are scripted in the workshops to ensure peer educators relay the most accurate information to participants. Peer educators should have copies of each activity to refer to as they lead their small groups.

(Italics): In small group activities, whenever you see words or phrases in italics and parentheses, these are answers to a discussion question.

Large Group Activity

Some activities require the participation of the group as a whole. In these instances, large group activities are incorporated into a workshop.

Closure

Every workshop ends with a closure, tying all of what was learned together and leaving the audience with take home messages before departing.

The two 45-minute version workshops will contain two closures. One at the conclusion of the first session, and one at the conclusion of the second session. For these two 45-mintue versions, there will also be a **reintroduction** at the beginning of the second session.

Evaluation

Feedback from participants is important so that advisors and peer educators can gauge how effective they were in meeting their objectives and delivering take home messages. Moreover, they are an important tool in processing the workshop so performers can hear feedback from the audience regarding their performances in skits and activities.

Workshop References

A list of references used throughout each workshop will be found under this heading after the evaluation prompt.

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Course Pacing Guide
Traditional/Year-Long Scheduling

Volume I • 2018

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TEEN PEP-BRIDGE

High School Students Equipping Middle School Students with Knowledge and Skills to Make Healthy Decisions

Teen Prevention Education Program

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Course Pacing Guide Tips



This document is a **guide** for how to move through the Teen PEP-Bridge course curriculum. Although we have based the guide on the time allotted for activities in the curriculum, some activities may take less time and some may take more time. If an activity takes less time than allotted, feel free to move on to the next activity. If it takes more time, be careful about letting the activity go on for too long. Use your judgment.

Throughout the guide, there are **Catch-Up Days** where no specific activities are scheduled. These days allow extra time to get through activities and account for days where other things may come up (fire drills, snow days, assemblies, etc.) that may change your class time. If you come to a Catch-Up Day, but do not need that time to catch-up, move on to the next activity, rehearse for a workshop, or spend part of the class doing an energizer or team building activity.





For each workshop, we have allotted almost 2 weeks of prep time. It is important that by the first day of rehearsal, students have their lines memorized. Keep this in mind when assigning memorization deadlines.

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For each workshop, we have also allotted 4 days of class time to perform the outreach (in case of a reschedule or if you need to outreach to your target population on more than one day). Some groups may use this time for workshops, and others may not, as they are reaching middle school students outside of their Teen PEP class period. If you do not need this time, please continue on with the curriculum. If you need more class time to present workshops during your class period, you can add days to that time. There are plenty of flex days in this guide if you need to add time for workshops. Just be sure it doesn't send you too far off track. Contact a Teen PEP staff person at HiTOPS or CSS for assistance.



Middle School Course Pacing Guide for a Yearlong Schedule

Insert Date(s)	Tasks to Complete
Prior to Day 1	Three-day Overnight Training Retreat (follow retreat packet agenda)
Day 1	*Debrief the retreat as needed* Unit 1: Building Our Foundation • Since We Saw You Last (20 minutes)
Day 2	Unit 1: Building Our Foundation • Where Are We? (30 minutes) • Class Ground Rules & Rituals (15 minutes)
Day 3	Unit 1: Building Our Foundation • Expectations & Responsibilities (15 minutes) • Role-Modeling: Creating A Code of Ethics (Steps 1-3; 20 minutes)
Day 4	Unit 1: Building Our Foundation • Role-Modeling: Creating A Code of Ethics (Steps 4-7; 25 minutes) • A Snapshot of Our School (15 minutes)
Day 5	Unit 1: Building Our Foundation • Practice in Active Listening (45 minutes)
Day 6	Unit 1: Building Our Foundation • Spread the Word: A School-Wide Campaign (15 minutes)
Day 7	Catch-Up Day
Day 8	Unit 2: Preparing for Middle School Orientation • Overview (20 minutes) • Body Part Name Game (10 minutes) • Preparing for Orientation Day 1 (10 minutes) - Distribute copies of Middle School Orientation (5) *Skill Building Section of Workshop Planning Guide:* 11 Essential Workshop Components *(5)*
Day 9	Prepare for Outreach #1 *Middle School Orientation* • Skill Building Section: Presentation Skills (45 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 10	Prepare for Outreach #1 *Middle School Orientation* • Skill Building Section: Activity Based Approach Model- The Learning Cycle (30 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 11	Prepare for Outreach #1 *Middle School Orientation* • Skill Building Section: Group Facilitation Skills (30 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 12	Prepare for Outreach #1 *Middle School Orientation*

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	• Skill Building Section: Get the Ball Rolling (30 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 13	Prepare for Outreach #1 *Middle School Orientation* • Skill Building Section: The Art of Active Listening (60 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 14	Prepare for Outreach #1 *Middle School Orientation* • 11 Step Workshop Preparation Process Section: Step 1 Overview of Workshop (40-60 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 15	Prepare for Outreach #1 *Middle School Orientation* • 11 Step Workshop Preparation Process Section: Step 2 Look and Learn DVD (15-20 minutes) • 11 Step Workshop Preparation Process Section: Step 3 Assign Roles for Large Group Components (10 minutes) • 11 Step Workshop Preparation Process Section: Step 4 Identify Components of Activity Based Model in Small Group Activities (10 minutes) *These activities are found in the *Workshop Planning Guide* packet.
Day 16	Prepare for Outreach #1 *Middle School Orientation* • 11 Step Workshop Preparation Process Section: Step 5 Review Small Group Activities and Assign Small Group Roles (30-60 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 17	Prepare for Outreach #1 *Middle School Orientation* • 11 Step Workshop Preparation Process Section: Step 6 Independent Small Group Preparation (30+ minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 18	Prepare for Outreach #1 *Middle School Orientation* • 11 Step Workshop Preparation Process Section: Step 7 Round Robin Small Group Facilitation Practice (60-90 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 19	Prepare for Outreach #1 *Middle School Orientation* • 11 Step Workshop Preparation Process Section: Step 8 Large Group Rehearsal Day 1 (45 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 20	Prepare for Outreach #1 *Middle School Orientation* • 11 Step Workshop Preparation Process Section: Step 8 Large Group Rehearsal Day 2 (45 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 21	Prepare for Outreach #1 *Middle School Orientation*

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	• 11 Step Workshop Preparation Process Section: Step 9 Full Large and Small Group Rehearsal Day 1 (45 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 22	Prepare for Outreach #1 *Middle School Orientation* • 11 Step Workshop Preparation Process Section: Step 9 Full Large and Small Group Rehearsal Day 2 (45 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 23	Implement Outreach #1: *Middle School Orientation Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 24	Debrief Outreach #1 *Middle School Orientation Workshop* • 11 Step Workshop Preparation Process Section: Step 11 Processing the Workshop (20 Minutes) *This activity is found in the Workshop Planning Guide packet.
Day 25	Unit 3: Understanding Gender & Sexuality • Overview (20 minutes)
Day 26	Unit 3: Understanding Gender & Sexuality • Gender Fishbowl (45 minutes)
Day 27	Unit 3: Understanding Gender & Sexuality • Terminology Mix Up (45 minutes)
Day 29	Unit 3: Understanding Gender & Sexuality • What's in a Pronoun? (15 minutes) • Gender Boxes (30 minutes)
Day 30	Unit 3: Understanding Gender & Sexuality • Gender Stereotypes: A/D/NS (45 minutes)
Day 31	Unit 3: Understanding Gender & Sexuality • Advertising & Gender (30 minutes)
Day 32	Unit 3: Understanding Gender & Sexuality • Advertising & Gender: Homework Presentations (45 minutes)
Day 33	Unit 3: Understanding Gender & Sexuality • Comfort Continuum (30 minutes) • Stand by Me-Steps 1-3 (15 minutes)
Day 34	Unit 3: Understanding Gender & Sexuality • Stand by Me (complete activity) (30 minutes) • School-Wide Campaign Check-In (15 minutes)
Day 35	Unit 3: Understanding Gender & Sexuality • Reflecting on the Unit: Chalk Talk (15-30 minutes) • Gender & Sexuality Unit End Quiz (15-30 minutes)
Day 36	 Catch-Up Day
Day 37	Unit 4: Puberty • Overview (15 minutes) • Puberty Pre-Tests (15 minutes)
Day 38	Unit 4: Puberty • Puberty with Sam & Sydney (30 minutes)
Day 39	Unit 4: Puberty • Name It (30 minutes)

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Day 40	Unit 4: Puberty • Everything Changes (30 minutes)
Day 41	Unit 4: Puberty • Dear Diary (30 minutes)
Day 42	Unit 4: Puberty • Revisiting the Puberty Pre-Tests (15 minutes) • School-Wide Campaign Check-in (5 minutes) • Parent/Guardian-Teen Homework (5 minutes)
Day 43	Catch-Up Day 
Day 44	Prepare for Outreach #2 *When It's Time to Change: Puberty Workshop for Middle School* • Distribute copies of Puberty Workshop • Skill Building Section: Review Presentation Skills as needed (45 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 45	Prepare for Outreach #2 *When It's Time to Change: Puberty Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 1 Overview of Workshop (40-60 minutes)
Day 46	Prepare for Outreach #2 *When It's Time to Change: Puberty Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 2 Look and Learn DVD (15-20 minutes) • 11 Step Workshop Preparation Process Section: Step 3 Assign Roles for Large Group Components (10 minutes) • 11 Step Workshop Preparation Process Section: Step 4 Identify Components of Activity Based Model in Small Group Activities (10 minutes)
Day 47	Prepare for Outreach #2 *When It's Time to Change: Puberty Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 5 Review Small Group Activities and Assign Small Group Roles (30-60 minutes)
Day 48	Prepare for Outreach #2 *When It's Time to Change: Puberty Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 6 Independent Small Group Preparation (30+ minutes)
Day 49	Prepare for Outreach #2 *When It's Time to Change: Puberty Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 7 Round Robin Small Group Facilitation Practice (60-90 minutes)
Day 50	Prepare for Outreach #2 *When It's Time to Change: Puberty Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 8 Large Group Rehearsal Day 1 (45 minutes)
Day 51	Prepare for Outreach #2 *When It's Time to Change: Puberty Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 8 Large

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	Group Rehearsal Day 2 (45 minutes)
Day 52	Prepare for Outreach #2 *When It's Time to Change: Puberty Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 9 Full Large and Small Group Rehearsal Day 1 (45 minutes)
Day 53	Prepare for Outreach #2 *When It's Time to Change: Puberty Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 9 Full Large and Small Group Rehearsal Day 2 (45 minutes)
Day 54	Implement Outreach #2- *When It's Time to Change: Puberty Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 55	Implement Outreach #2- *When It's Time to Change: Puberty Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 56	Implement Outreach #2- *When It's Time to Change: Puberty Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 57	Implement Outreach #2- *When It's Time to Change: Puberty Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 58	Debrief Outreach #2 *When It's Time to Change: Puberty Workshop for Middle School* 11 Step Workshop Preparation Process Section: Step 11 Processing the Workshop (20 Minutes)
Day 59	Unit 5: Healthy Relationships • Overview (20 minutes)
Day 60	Unit 5: Healthy Relationships • My Sixth Grade Self (30 minutes)
Day 61	Unit 5: Healthy Relationships • Characteristics of Healthy Relationships (30 minutes)
Day 62	Unit 5: Healthy Relationships • Healthy or NOT (30 minutes)
Day 63	Unit 5: Healthy Relationships • My Relationship Wheel (45 minutes)
Day 64	Unit 5: Healthy Relationships • I messages (30 minutes)
Day 65	Unit 5: Healthy Relationships Part 2 - Dating Violence • Overview (15 minutes) • Understanding Dating Violence (30 minutes)
Day 66	Unit 5: Healthy Relationships Part 2 - Dating Violence • Cycle of Abuse (30 minutes)
Day 67	Unit 5: Healthy Relationships Part 2 - Dating Violence • Red Flags (60 minutes)
Day 68	Unit 5: Healthy Relationships Part 2 - Dating Violence

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	• How to Help a Friend (45 minutes)
Day 69	Unit 5: Healthy Relationships Part 2 - Dating Violence • School-Wide Campaign Check-in (5 minutes) • Parent/Guardian-Teen Homework (5 minutes)
Day 70	Catch-Up Day 
Day 71	Prepare for Outreach #3 *Don't Settle For Less: Healthy Relationships Workshop for Middle School* • Distribute copies of Healthy Relationships Workshop • Skill Building Section: Review Presentation Skills as needed (45 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 72	Prepare for Outreach #3 *Don't Settle For Less: Healthy Relationships Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 1 Overview of Workshop (40-60 minutes)
Day 73	Prepare for Outreach #3 *Don't Settle For Less: Healthy Relationships Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 2 Look and Learn DVD (15-20 minutes) • 11 Step Workshop Preparation Process Section: Step 3 Assign Roles for Large Group Components (10 minutes) • 11 Step Workshop Preparation Process Section: Step 4 Identify Components of Activity Based Model in Small Group Activities (10 minutes)
Day 74	Prepare for Outreach #3 *Don't Settle For Less: Healthy Relationships Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 5 Review Small Group Activities and Assign Small Group Roles (30-60 minutes)
Day 75	Prepare for Outreach #3 *Don't Settle For Less: Healthy Relationships Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 6 Independent Small Group Preparation (30+ minutes)
Day 76	Prepare for Outreach #3 *Don't Settle For Less: Healthy Relationships Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 7 Round Robin Small Group Facilitation Practice (60-90 minutes)
Day 77	Prepare for Outreach #3 *Don't Settle For Less: Healthy Relationships Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 8 Large Group Rehearsal Day 1 (45 minutes)

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Day 78	Prepare for Outreach #3 *Don't Settle For Less: Healthy Relationships Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 8 Large Group Rehearsal Day 2 (45 minutes)
Day 79	Prepare for Outreach #3 *Don't Settle For Less: Healthy Relationships Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 9 Full Large and Small Group Rehearsal Day 1 (45 minutes)
Day 80	Prepare for Outreach #3 *Don't Settle For Less: Healthy Relationships Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 9 Full Large and Small Group Rehearsal Day 2 (45 minutes)
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Day 83	Implement Outreach #3- *Don't Settle For Less: Healthy Relationships Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 84	Implement Outreach #3- *Don't Settle For Less: Healthy Relationships Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 85	Debrief Outreach #3 *Don't Settle For Less: Healthy Relationships Workshop for Middle School* 11 Step Workshop Preparation Process Section: Step 11 Processing the Workshop (20 Minutes)
Day 86	Unit 6: Postponing Sexual Involvement • Overview (15 minutes)
Day 87	Unit 6: Postponing Sexual Involvement • Virginity: What Does it Mean (45 minutes)
Day 88	Unit 6: Postponing Sexual Involvement • Abstinence: What Does it Mean (30 minutes)
Day 89	Unit 6: Postponing Sexual Involvement • Understanding Consent (30 minutes)
Day 90	Unit 6: Postponing Sexual Involvement • Sexual Decision Making Part 1- Why Teens Have Sex/Why Teens Wait (20 minutes) • Sexual Decision Making Part 2- Characteristics of a Responsible Couple (10 minutes)

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Day 91	Unit 6: Postponing Sexual Involvement • Sexual Decision Making Part 3- Are They Ready (30 minutes)
Day 92	Unit 6: Postponing Sexual Involvement • Every Time is a Decision (30 minutes)
Day 93	Unit 6: Postponing Sexual Involvement • Levels of Expressing Physical Affection (40 minutes)
Day 94	Unit 6: Postponing Sexual Involvement • Negotiation and Refusal Skills (30-45 minutes)
Day 95	Unit 6: Postponing Sexual Involvement • Postponing Sexual Involvement Quiz (20 minutes) • School-wide Campaign Check-In (5 minutes) Parent/Guardian-Teen Homework (5 minutes)
Day 96	• Catch-Up Day
Day 97	Prepare for Outreach #4 *Let's Wait Awhile: Postponing Sexual Involvement Workshop* • Distribute copies of Healthy Relationships Workshop • Skill Building Section: Review Presentation Skills as needed (45 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 98	Prepare for Outreach #4 *Let's Wait Awhile: Postponing Sexual Involvement Workshop* 11 Step Workshop Preparation Process Section: Step 1 Overview of Workshop (40-60 minutes)
Day 99	Prepare for Outreach #4 *Let's Wait Awhile: Postponing Sexual Involvement Workshop* • 11 Step Workshop Preparation Process Section: Step 2 Look and Learn DVD (15-20 minutes) • 11 Step Workshop Preparation Process Section: Step 3 Assign Roles for Large Group Components (10 minutes) • 11 Step Workshop Preparation Process Section: Step 4 Identify Components of Activity Based Model in Small Group Activities (10 minutes)
Day 100	Prepare for Outreach #4 *Let's Wait Awhile: Postponing Sexual Involvement Workshop* • 11 Step Workshop Preparation Process Section: Step 5 Review Small Group Activities and Assign Small Group Roles (30-60 minutes)
Day 101	Prepare for Outreach #4 *Let's Wait Awhile: Postponing Sexual Involvement Workshop* • 11 Step Workshop Preparation Process Section: Step 6 Independent Small Group Preparation (30+ minutes)
Day 102	Prepare for Outreach #4 *Let's Wait Awhile: Postponing Sexual Involvement Workshop* • 11 Step Workshop Preparation Process Section: Step 7 Round Robin Small Group Facilitation Practice (60-90 minutes)
Day 103	Prepare for Outreach #4 *Let's Wait Awhile: Postponing Sexual Involvement Workshop* • 11 Step Workshop Preparation Process Section: Step 8 Large

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	Group Rehearsal Day 1 (45 minutes)
Day 104	Prepare for Outreach #4 *Let's Wait Awhile: Postponing Sexual Involvement Workshop* • 11 Step Workshop Preparation Process Section: Step 8 Large Group Rehearsal Day 2 (45 minutes)
Day 105	Prepare for Outreach #4 *Let's Wait Awhile: Postponing Sexual Involvement Workshop* • 11 Step Workshop Preparation Process Section: Step 9 Full Large and Small Group Rehearsal Day 1 (45 minutes)
Day 106	Prepare for Outreach #4 *Let's Wait Awhile: Postponing Sexual Involvement Workshop* • 11 Step Workshop Preparation Process Section: Step 9 Full Large and Small Group Rehearsal Day 2 (45 minutes)
Day 107	Implement Outreach #4- *Let's Wait Awhile: Postponing Sexual Involvement Workshop* • *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 108	Implement Outreach #4- *Let's Wait Awhile: Postponing Sexual Involvement Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 109	Implement Outreach #4- *Let's Wait Awhile: Postponing Sexual Involvement Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 110	Implement Outreach #4- *Let's Wait Awhile: Postponing Sexual Involvement Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 111	Debrief Outreach #4 *Let's Wait Awhile: Postponing Sexual Involvement Workshop* 11 Step Workshop Preparation Process Section: Step 11 Processing the Workshop (20 Minutes)
Day 112	Unit 7: Human Reproduction Overview (15 minutes)
Day 113	Unit 7: Human Reproduction • Form and Function (30 minutes)
Day 114	Unit 7: Human Reproduction • Menstruation: How Does it Work (20 minutes) • Spermatogenesis: How Does it Work (20 minutes)
Day 115	Unit 7: Human Reproduction • Putting it All Together (45 minutes)
Day 116	Unit 7: Human Reproduction • The Real Thing: Prep Models (15 minutes) • The Real Thing: Construct Models Day 1 (30 minutes)
Day 117	Unit 7: Human Reproduction • The Real Thing: Construct Models Day 2 (60 minutes)
Day 118	Unit 7: Human Reproduction • Human Reproduction Video (30-60 minutes)

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Day 119	Unit 7: Human Reproduction • Human Reproduction Quiz (20 minutes) • School-wide Campaign Check-in (5 minutes) • Parent/Guardian-Teen Homework (5 minutes)
Day 120	• Catch-Up Day 
Day 121	Prepare for Outreach #5 *Where Did I Come From?: Human Reproduction Workshop* • Distribute copies of Human Reproduction Workshop • Skill Building Section: Review Presentation Skills as needed (45 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 122	Prepare for Outreach #5 *Where Did I Come From?: Human Reproduction Workshop* 11 Step Workshop Preparation Process Section: Step 1 Overview of Workshop (40-60 minutes)
Day 123	Prepare for Outreach #5 *Where Did I Come From?: Human Reproduction Workshop* • 11 Step Workshop Preparation Process Section: Step 2 Look and Learn DVD (15-20 minutes) • 11 Step Workshop Preparation Process Section: Step 3 Assign Roles for Large Group Components (10 minutes) • 11 Step Workshop Preparation Process Section: Step 4 Identify Components of Activity Based Model in Small Group Activities (10 minutes)
Day 124	Prepare for Outreach #5 *Where Did I Come From?: Human Reproduction Workshop* • 11 Step Workshop Preparation Process Section: Step 5 Review Small Group Activities and Assign Small Group Roles (30-60 minutes)
Day 125	Prepare for Outreach #5 *Where Did I Come From?: Human Reproduction Workshop* • 11 Step Workshop Preparation Process Section: Step 6 Independent Small Group Preparation (30+ minutes)
Day 126	Prepare for Outreach #5 *Where Did I Come From?: Human Reproduction Workshop* • 11 Step Workshop Preparation Process Section: Step 7 Round Robin Small Group Facilitation Practice (60-90 minutes)
Day 127	Prepare for Outreach #5 *Where Did I Come From?: Human Reproduction Workshop* • 11 Step Workshop Preparation Process Section: Step 8 Large Group Rehearsal Day 1 (45 minutes)
Day 128	Prepare for Outreach #5 *Where Did I Come From?: Human Reproduction Workshop* • 11 Step Workshop Preparation Process Section: Step 8 Large Group Rehearsal Day 2 (45 minutes)
Day 129	Prepare for Outreach #5 *Where Did I Come From?: Human Reproduction Workshop* • 11 Step Workshop Preparation Process Section: Step 9 Full

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	Large and Small Group Rehearsal Day 1 (45 minutes)
Day 130	Prepare for Outreach #5 *Where Did I Come From?: Human Reproduction Workshop* • 11 Step Workshop Preparation Process Section: Step 9 Full Large and Small Group Rehearsal Day 2 (45 minutes)
Day 131	Implement Outreach #5- *Where Did I Come From?: Human Reproduction Workshop* • *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 132	Implement Outreach #5- *Where Did I Come From?: Human Reproduction Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 133	Implement Outreach #5- *Where Did I Come From?: Human Reproduction Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 134	Implement Outreach #5- *Where Did I Come From?: Human Reproduction Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 135	Debrief Outreach #5 *Where Did I Come From?: Human Reproduction Workshop* 11 Step Workshop Preparation Process Section: Step 11 Processing the Workshop (20 Minutes)
Day 136	Unit 8: Pregnancy Prevention Overview (15 minutes)
Day 137	Unit 8: Pregnancy Prevention • Learning Contraceptive Methods Homework (5 minutes) • Pregnancy Prevention Barriers (20 minutes) • Problem Solving the Barriers (20 minutes)
Day 138	Unit 8: Pregnancy Prevention • Teen Pregnancy: The Real Deal (40 minutes)
Day 139	Unit 8: Pregnancy Prevention • The Price of Parenthood (60 minutes)
Day 140	Unit 8: Pregnancy Prevention • Presenting Contraceptive Methods Day 1 (45 minutes)
Day 141	Unit 8: Pregnancy Prevention • Presenting Contraceptive Methods Day 2 (45 minutes)
Day 142	Unit 8: Pregnancy Prevention • Presenting Contraceptive Methods Day 3 (30 minutes)
Day 143	Unit 8: Pregnancy Prevention • What is Abstinence (30 minutes)
Day 144	Unit 8: Pregnancy Prevention • Creating a Resource List (15 minutes) • Contraceptive Methods Quiz (20 minutes) • School-wide Campaign (5 minutes) • Parent/Guardian-Teen Homework (5 minutes)

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Day 145	• Catch-Up Day 
Day 146	Prepare for Outreach #6 *Later, Baby: Pregnancy Prevention Workshop for Middle School* • Distribute copies of Pregnancy Prevention Workshop • Skill Building Section: Review Presentation Skills as needed (45 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 147	Prepare for Outreach #6 *Later, Baby: Pregnancy Prevention Workshop for Middle School* 11 Step Workshop Preparation Process Section: Step 1 Overview of Workshop (40-60 minutes)
Day 148	Prepare for Outreach #6 *Later, Baby: Pregnancy Prevention Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 2 Look and Learn DVD (15-20 minutes) • 11 Step Workshop Preparation Process Section: Step 3 Assign Roles for Large Group Components (10 minutes) • 11 Step Workshop Preparation Process Section: Step 4 Identify Components of Activity Based Model in Small Group Activities (10 minutes)
Day 149	Prepare for Outreach #6 *Later, Baby: Pregnancy Prevention Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 5 Review Small Group Activities and Assign Small Group Roles (30-60 minutes)
Day 150	Prepare for Outreach #6 *Later, Baby: Pregnancy Prevention Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 6 Independent Small Group Preparation (30+ minutes)
Day 151	Prepare for Outreach #6 *Later, Baby: Pregnancy Prevention Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 7 Round Robin Small Group Facilitation Practice (60-90 minutes)
Day 152	Prepare for Outreach #6 *Later, Baby: Pregnancy Prevention Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 8 Large Group Rehearsal Day 1 (45 minutes)
Day 153	Prepare for Outreach #6 *Later, Baby: Pregnancy Prevention Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 8 Large Group Rehearsal Day 2 (45 minutes)
Day 154	Prepare for Outreach #6 *Later, Baby: Pregnancy Prevention Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 9 Full Large and Small Group Rehearsal Day 1 (45 minutes)
Day 155	Prepare for Outreach #6 *Later, Baby: Pregnancy Prevention Workshop for Middle School* • 11 Step Workshop Preparation Process Section: Step 9 Full

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	Large and Small Group Rehearsal Day 2 (45 minutes)
Day 156	Implement Outreach #6 Part 1- *Later, Baby: Pregnancy Prevention Workshop* • *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 157	Implement Outreach #6 Part 1- *Later, Baby: Pregnancy Prevention Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 158	Implement Outreach #6 Part 1- *Later, Baby: Pregnancy Prevention Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 159	Implement Outreach #6 Part 1- *Later, Baby: Pregnancy Prevention Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 160	Implement Outreach #6 Part 2- *Later, Baby: Pregnancy Prevention Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 161	Implement Outreach #6 Part 2- *Later, Baby: Pregnancy Prevention Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 162	Implement Outreach #6 Part 2- *Later, Baby: Pregnancy Prevention Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 163	Implement Outreach #6 Part 2- *Later, Baby: Pregnancy Prevention Workshop* *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
Day 164	Debrief Outreach #6- *Later, Baby: Pregnancy Prevention Workshop* 11 Step Workshop Preparation Process Section: Step 11 Processing the Workshop (20 Minutes)
Day 165	Unit 9: Family Night Overview (15 minutes)
Day 166	Unit 9: Family Night • Preparing for Family Night (40 minutes)
Day 167	Unit 9: Family Night • Spread the Word (30 minutes) • Where Do We Learn About Puberty? (20 minutes)
Day 168	Unit 9: Family Night • Preparing for Family Night Panel (30 minutes)
Day 169	• Catch-Up Day
Day 170	Prepare for Outreach #7

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	Let's Talk: A Middle School Family Night Workshop • Distribute copies of Middle School Family Night Workshop • Skill Building Section: Review Presentation Skills as needed (45 minutes) *This activity is found in the *Workshop Planning Guide* packet.
Day 171	Prepare for Outreach #7 *Let's Talk: A Middle School Family Night Workshop* 11 Step Workshop Preparation Process Section: Step 1 Overview of Workshop (40-60 minutes)
Day 172	Prepare for Outreach #7 *Let's Talk: A Middle School Family Night Workshop* • 11 Step Workshop Preparation Process Section: Step 2 Look and Learn DVD (15-20 minutes) • 11 Step Workshop Preparation Process Section: Step 3 Assign Roles for Large Group Components (10 minutes) • 11 Step Workshop Preparation Process Section: Step 4 Identify Components of Activity Based Model in Small Group Activities (10 minutes)
Day 173	Prepare for Outreach #7 *Let's Talk: A Middle School Family Night Workshop* • 11 Step Workshop Preparation Process Section: Step 5 Review Small Group Activities and Assign Small Group Roles (30-60 minutes)
Day 174	Prepare for Outreach #7 *Let's Talk: A Middle School Family Night Workshop* • 11 Step Workshop Preparation Process Section: Step 6 Independent Small Group Preparation (30+ minutes)
Day 175	Prepare for Outreach #7 *Let's Talk: A Middle School Family Night Workshop* • 11 Step Workshop Preparation Process Section: Step 7 Round Robin Small Group Facilitation Practice (60-90 minutes)
Day 176	Prepare for Outreach #7 *Let's Talk: A Middle School Family Night Workshop* • 11 Step Workshop Preparation Process Section: Step 8 Large Group Rehearsal Day 1 (45 minutes)
Day 177	Prepare for Outreach #7 *Let's Talk: A Middle School Family Night Workshop* • 11 Step Workshop Preparation Process Section: Step 8 Large Group Rehearsal Day 2 (45 minutes)
Day 178	Prepare for Outreach #7 *Let's Talk: A Middle School Family Night Workshop* • 11 Step Workshop Preparation Process Section: Step 9 Full Large and Small Group Rehearsal Day 1 (45 minutes)
Day 179	Prepare for Outreach #7 *Let's Talk: A Middle School Family Night Workshop* • 11 Step Workshop Preparation Process Section: Step 9 Full Large and Small Group Rehearsal Day 2 (45 minutes)
	Implement Outreach #7: Let's Talk: A *Middle School Family Night Workshop*

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	• *11 Step Workshop Preparation Process Section: Step 10 Conduct Workshop (45min)*
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Day 181	Unit 10: Closure An Evaluation of Teen PEP (20 minutes)
Day 182	Unit 10: Closure • Our Stages of Group Development (15 minutes) • What I'll Miss Most About Teen PEP (15 minutes)
Day 183	Unit 10: Closure • What I'll Miss Most About You (45 minutes)
Day 184	Unit 10: Closure • The Web (20-30 minutes) • Spiral Out (5 minutes) • Certificates (5 minutes)

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TEEN PEP-BRIDGE

High School Students Equipping Middle School Students with Knowledge and Skills to Make Healthy Decisions

TEEN PREVENTION EDUCATION PROGRAM

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Workshop Planning Guide

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Workshop Planning Guide
Advisor Planning

Before Your First Workshop

- ❑ **Confirm your decision to use one or two performance teams.** The number of performance teams will depend on a number of factors. Please see the *Peer Educator Selection Packet* or your TA provider for more information.
- ❑ **Select co-leader pairs.** Peer educators will work in teams of two to facilitate small group activities in workshops throughout the year. Keep the co-leader pairs the same throughout the year for the small group activities. Using the following considerations, select co-leader pairs that are in the same performance team (*if applicable*) and mix gender when possible:
  - Pair students who you think will work well together, but do not pair best friends or romantic couples together, or an extremely shy person with a very dominant person
  - Have the qualities of peer educators in each pair complement each other
  - Consider diversity, including race, ethnicity, gender, and social group
- ❑ **Meet with the teachers of your workshop participants** to plan dates, and back-up dates, for all of the workshops. Put these dates in writing and hand in to your department supervisor.
- ❑ **Post workshop dates in the classroom** and make students aware of the timeline. Do not push a workshop date back because the peer educators are not ready. Students often wait until the last minute to prepare, so more time is not likely to result in a better performance. A less than perfect workshop can also motivate peer educators to dedicate themselves to making the next workshop better.
- ❑ **Prepare workshop materials.** Gather workshop props and make small group packets for each workshop. Have a different carrying case (small suitcase or fabric bag) to hold materials for each workshop, so that materials can be used year after year.
- ❑ **Anticipate possible disruptions or last-minute changes** based on the audience, the time of year, peer educators' other commitments, etc. Plan for these contingencies by scheduling an alternate date.

Before Each Workshop

- ❑ **Notify/remind the teachers of your outreach participants** of the scheduled date and back-up date for the next workshop.
- ❑ **Repost or update workshop dates in the classroom** as necessary.
- ❑ **Prepare and organize all materials needed** for the workshop at hand.

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Workshop Planning Guide

Skill-Building

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Skill Building:
Bridging into Workshop Prep

Bridging into this Guide

The purpose of the skill-building section of this packet is **to prepare peer educators with the organization and facilitation skills they need to conduct effective workshops.** It's important to provide an overview of what the peer educators are going to do in preparation for their first workshop.

Explain to students that in the classroom, they have participated in activities and discussion in order to master a sexual health topic. Now it is time for them to prepare a workshop and teach this material to their peers. In order for peer educators to conduct effective workshops, they must learn the components of a workshop, use effective presentation skills, understand the steps for conducting an activity, and master effective facilitation skills.

Further explain that students will be participating in the following activities in order to learn the presentation and facilitation skills that they will need to present their workshops:

- Eleven Essential Workshop Components
- Presentation Skills
- The Activity-Based Approach for Small Group Facilitation
- Facilitation Skills
- The Art of Active Listening
- Get the Ball Rolling *(Open-Ended Questions)*
- Red, Yellow, Green

Note that you should have done some of these activities, such as the Art of Active Listening, on retreat. If so, you can choose to do them again before your first workshop, in order to build skills for your group or can revisit them later in the year to continue to work on a particular skill.

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The Eleven Essential Workshop Components

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is **to understand the essential components of every Teen PEP workshop.**

Directions
Step 1
Focus students' attention on the *Eleven Essential Workshop Components* poster and explain that all workshops will follow this format. Point out that participants will move between large group and small group activities. Continue to refer to this poster as students prepare so they can understand the flow of the workshop.

Step 2
Explain to students that the first 6 components of a workshop are performed in front of the large audience of participants. The purpose of the introductions, skits and bridges in large group is to get the attention of the audience and to give factual information about the topic of the workshop. Peer educators will need to learn **Presentation Skills** in order to effectively teach the information.

Peer educators will then divide participants into small groups in order to lead inter-active lessons about the workshop topic. Peer educators will need to learn **Facilitation Skills** in order to effectively teach the small group activities.

Total Time:
5 minutes

Materials
- A poster with the *Eleven Essential Workshop Components* (posted in room)

Eleven Essential Workshop Components

1. Attention-Getting Activity
2. Presenter Introduction
3. Workshop Introduction
4. Bridge to Skits
5. Skits
6. Bridge to Small Groups
7. Small Group Activities
8. Large Group Activity
9. Closure
10. Evaluation
11. Parent-Teen Homework

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Presentation Skills

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is **to help students present themselves in a professional manner in order to command the attention and respect of their audience.**

Total Time:
45 minutes

Materials
- ❑ A copy of the *Presentation Skills Checklist* handout for each peer educator

Directions
Step 1
Explain to students that the following activity will help them to develop effective **Presentation Skills** for the large group presentation.

Step 2
Distribute copies of the *Presentation Skills Checklist* handout to peer educators. Go around, having students take turns reading each question aloud. Pause after each question is read to ask them **how** they accomplish that task and **why** it is important. Use the *Facilitator's Guide* to review each skill.

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Presentation Skills Checklist: Facilitator Guide

☑ Are you prepared?

How: Memorize your lines; know the timing and order of the workshop.

Why: The quickest way to lose the respect of an audience is to fumble lines or look like you don't know what you're doing.

☑ Do you look professional?: *Appropriate dress*

How: Wear group t-shirts, casual pants or skirts. No overtly sexual clothing.

Why: Inappropriate clothing detracts from the message.

☑ Do you look professional?: *Appropriate body language*

How: Stand up straight; face your audience when performing or speaking. Those not "on stage" should have backs turned, or off to the side, frozen in place.

Why: Slouching on-stage implies you don't care about what you are saying. Lying on the floor, hanging on or talking to one another off-stage is distracting to the audience.

☑ Are you focused?

How: Gather together before the workshop to focus the group. It could be a chant, song, or physical activity.

Why: Focusing pulls the group together, raises the energy level and helps members concentrate on the common goals of the workshop.

☑ Have you set the stage?

How: Clear the stage area and have needed furniture in position and props readily available. Plan where students will go for small group discussions.

Why: The workshop will appear more professional and will run more smoothly if those details are taken care of ahead of time.

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☑ Do you look directly at your audience and make good eye contact?

Why: You are more likely to keep the group interested and deliver your message if you look directly at them.

☑ Do you speak slowly, clearly, and loudly?

How: Practice. Have someone stand at the front of the room to be sure they can hear each group member.

Why: You are giving a lot of information and it is critical that the audience be able to process what you are saying. This seems obvious, but it is one of the hardest things for peer educators to do. If the audience can't hear or understand you, they will miss the message.

☑ Do you pay attention? Are you observant?

How: Listen to what your co-leaders are saying, and the audience response. Notice the body language of the participants.

Why: If one of your co-leaders forgets a line or gives inaccurate information, you need to be able to step in and help out. If participants are acting confused or bored, you can re-direct the discussion or ask a question.

☑ Do you utilize the resources on your team and in your audience?

How: If someone asks you a question you don't know, ask for help from your co-leaders or the audience.

Why: It is much better to get help with an answer rather than fake it and give misinformation or ignore the question. Getting help with an answer shows you have questions (just like them) and aren't afraid to get help for the purpose of learning.

☑ Are you relaxed, friendly, and calm? Are you enjoying what you are doing?

Why: If you are enjoying what you are doing, your participants will too. You can be prepared and command respect and still create a fun and a relaxed atmosphere for your audience.

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The Activity-Based Approach: The Learning Cycle

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

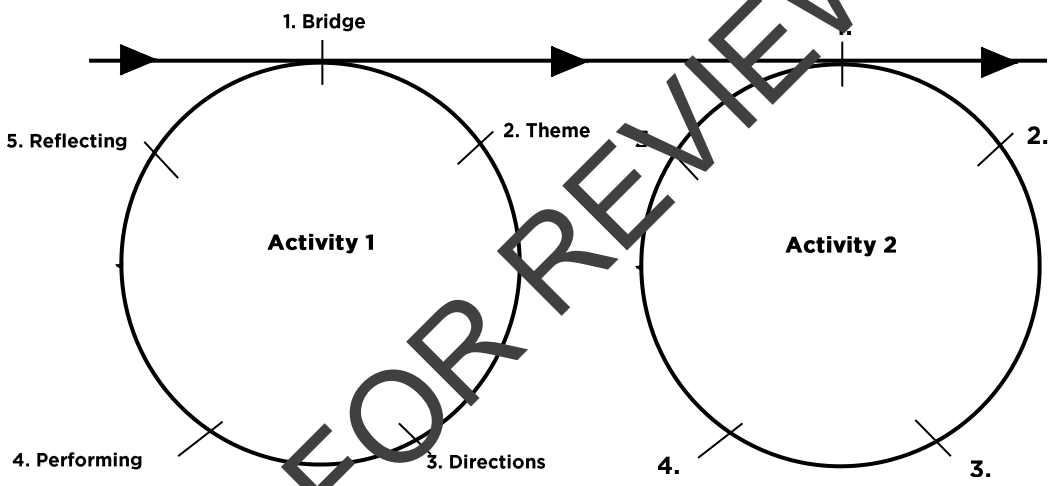
Theme

The purpose of this activity is **to learn (or review) the steps of the *Learning Cycle*, which peer educators will be using to conduct small group activities in the workshops.**

Directions

Step 1

Remind students that the Activity-Based Model was discussed on the retreat. Draw the model on the board or newsprint.



Step 2

Discuss the following questions.

1. What is a bridge? *(The way to get from one activity to the next)*
2. Why do you need to state the theme? *(So the audience knows the purpose of the activity)*
3. In which step do you set up how the activity will run? *(Directions)*
4. In which step to do you the activity? *(Performing)*

Total Time:
30 minutes

Materials

- ☐ Newsprint with the *Learning Cycle* drawn on it
- ☐ A copy of the *Tips for a Successful Small Group* handout for each peer educator

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5. What is the last step in the cycle and why is it important? *(Reflecting; to know what worked, what didn't work, and to answer questions)*

6. What do you do when you have ended one activity and are moving on to the next activity? *(Bridge)*

Step 3

Have students refer to the *Tips for a Successful Small Group* handout and read each tip aloud.

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Tips

For a Successful Small Group

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★ Have two peer educators per small group of 8-10 participants.

★ Have peer educators sit across from each other in a circle with participants.

★ Have everyone in the group introduce themselves.

★ **Be sure that all members understand the task and purpose of the activity.** (Ask, "Is there anyone who does not understand what we're doing and why we're doing it?")

★ **Listen to individual members using active listening skills.** You are actively listening when your eyes and your body language are paying attention to the speaker. You can ask for more information or summarize their point.

★ **Draw in people who are not talking.** You can ask that the next question be answered by someone who hasn't spoken yet or call on someone new.

★ **Focus on asking questions and reflecting, rather than providing all of the information to members of the group.** If leaders give all of the information, the group will tune out. Help participants come to their own understanding by getting them actively involved in the activity.

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Group Facilitation Skills

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to increase peer educators' ability to use the skills necessary for facilitating activities with peers.**

Directions

Step 1

Ask peer educators to brainstorm a short list of differences between being a facilitator and being a lecturer or presenter. Record responses on newsprint. Once you have a few responses, display Teen PEP's definition of facilitator on newsprint:

A facilitator enhances learning by asking questions and helping individuals in the group come to their own understanding.

Step 2

Distribute a copy of the *Group Facilitation Skills* handout to peer educators. For each of the 5 sections on the handout, complete the following two steps:

- Go around the circle and have a volunteer read each skill in that section aloud.
- Ask the following question: Of the skills listed, what are examples you have observed advisors demonstrate in the classroom or on the retreat?

Step 3

Discuss the following questions.

1. What did you learn about group facilitation from this activity?
2. What skill(s) do you think will come most naturally to you?
3. What skill(s) do you think you'll need to work harder to accomplish?
4. What are some strategies that can help you draw quieter group members in? *(Try a "four before more" rule where four people in the group need to answer a question before you move on to the next one. To help regulate more dominant group members, try "three before me" where you task everyone in the group to wait for three new people to respond before they raise their hand again.)*
5. If a facilitator responds negatively to a member's view, how can that affect that person? The group? *(The person can feel shut down and it can make group members more reluctant to offer their own views)*

Total Time:
30 minutes

Materials

- ❑ One set of *Group Facilitation Skills* posters
- ❑ A copy of *Group Facilitation Skills* handout for each participant
- ❑ *Facilitator Definition* printed largely on newsprint or a PowerPoint slide

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Group Facilitation Skills

To make sure your group members:	Try these skills!
Are engaged in an activity or discussion	• Ask open-ended questions to keep the conversation moving. • After a question has been answered, ask other group members for different points of view. • If a member asks a question, ask the group to respond instead of answering it yourself. • Make sure everyone in the group participates. Invite responses from group members who haven't spoken and don't allow a few people to dominate.
Get the most learning from an activity or reflection	• Ask group members to elaborate on their responses to get more information and clarify what's being said. • Rephrase or reflect back what was said to ensure you understood what was being said. • Be aware of *the group's* non-verbal communication so you can gauge how the group is feeling in order to respond to their needs. • Keep the group focused on the topic.
Feel heard and appreciated	• Acknowledge all *questions* from group members. • Acknowledge and appreciate all *responses* from group members.
Feel safe and supported	• Appreciate members' views without judgment. • When there is a disruption in the group, call a "Time Out" and ask several group members to describe what is happening. You may need to ask your advisor for help.
Have accurate factual information	• Respectfully correct inaccurate factual information given by a member.



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Get the Ball Rolling: Open-Ended Questions

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is **to practice the art of asking open-ended questions to help "get the ball rolling."**

Directions
Step 1
Discuss the difference between a closed-ended question and an open-ended question. Write the closed-ended and open-ended questions below on newsprint. Then discuss the questions that follow.

Closed-ended question: *Do you think it is important to be a role model for younger students?*

Open-ended question: *What makes it important to be a role model for younger students?*

- What is the difference between these two questions?
- Which question is more likely to foster a rich and lively discussion? How come?

Step 2
Divide peer educators into pairs. If there are an odd number of students that day, three can work together in a triad.

Distribute copies of the *Open Up* handout to students. Give the group 10 minutes to re-write the closed-ended question to create an open-ended question that will elicit meaningful responses.

Step 3
Ask for a few volunteers to read their responses. Try to elicit different responses from the group to illustrate the multiple ways a question can be phrased. Continue this process until all the questions have been discussed.

Total Time:
30 minutes

Materials
- ☐ Newsprint & markers
- ☐ A copy of the *Open Up* handout for each peer educator

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Step 4

Ask a few volunteers to complete the following sentence stem:

When it comes to asking open-ended questions, I used to think_____, now I think_____.

Then, discuss the following questions.

1. What was challenging about this process?
2. What can you do if you ask an open-ended question and it falls flat? *(You can re-phrase the question and try again; you can say, "Can you say more about that?" or "Does anyone have any other ideas?")*
3. What can you do if you ask a question and then realize it was closed-ended when someone answers "yes" or "no"? *(You can ask "why?". For example: "Do you think most teens use condoms the first time they have sex?" The participant answers "no" and you can add, "Why do you think that?")*

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Open Up

1. Was there someone you looked up to as a freshman?

2. Do you know someone who has good leadership skills?

3. Is there a reason you decided to become a peer educator?

4. Do you think that students are capable of transforming the culture and climate of their school?

5. Can you imagine going to a school where students had access to accurate information about sexual health?

6. Do you have a vision for what our school should look like?

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The Art of Active Listening

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is **to practice the skill of active listening.**

Directions
Step 1
Explain that there are specific skills we can use when actively listening. Ask for volunteers to read the *Active Listening Guidelines* handout out loud. Discuss the following question.

1. Which traps do you think you might be most likely to fall into? Why?

Step 2
On a blank index card, have students write down a concern they have about leading their first workshop.

Step 3
Divide the group into triads. Explain that each person will have the opportunity to play the role of Speaker, Listener, and Observer. Further explain that the Speaker will talk about the challenge they wrote on the card for three minutes, while the Listener actively listens and the observer takes notes on the *Observation Chart*. After three minutes, use the questions on the *Active Listening Reflection* handout to guide a discussion. Rotate so that each member of the triad gets to play each of the three roles.

Facilitators will keep time and indicate when to rotate roles.

Step 4
Discuss the following questions.

1. What do you realize gets in the way of being an active listener? What distracts you?
2. What was it like having someone actively listen while you talked about a concern that you have?
3. How can you continue to develop your listening skills and become a more active listener?
4. As a member of this group, what agreements can you make now to support one another in listening more actively?

Total Time:

60 minutes

Materials

- ☐ An index card for each peer educator
- ☐ A copy of *Active Listening Guidelines* for each peer educator
- ☐ A copy of *Active Listening Observation Chart* for each peer educator
- ☐ A copy of *Active Listening Reflection* handout for each peer educator
- ☐ Timer

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Active Listening Guidelines

Active listening allows you to put yourself "in the shoes of another person," and pay attention to their concerns.

▶Practice the following active listening skills:

1. **Paraphrasing:**
   "This is what I hear you saying…is that right?"
2. **Asking for elaboration:**
   "Could you say some more about that?"
3. **Making supportive comments:**
   "You seem to be very frustrated." **or** *"I can see how difficult this has been for you."*
4. **Giving nonverbal support:**
   Good eye contact. Nodding in understanding. Sympathetic expression.
5. **Asking probing questions:**
   "What do you mean by that?"
6. **Summarizing:**
   "I hear you saying several things: first _____, second _____, and finally_____."

▶Avoid the following traps:

1. **Giving your own opinions:**
   "If it were up to me, I would…"
2. **Making generalizations:**
   "Oh, that's common for many people."
3. **Interjecting your own story:**
   "Oh, me too! I remember when…"
4. **Agreeing or disagreeing with what the speaker is saying. This includes making judgments:**
   "I agree with you, they should (not)…" **or** *"He never should have…!"*
5. **Giving advice:**
   "You ought to…" or *"Have you thought about doing…?"*

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Active Listening Observation Chart

Jot down an example of each of the active listening skills that you observe.

Active Listening Skill	Examples
Paraphrasing	
Asking for Elaboration	
Making Supportive Comments	
Giving Nonverbal Support	
Asking Probing Questions	
Summarizing	

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Active Listening Reflection

In triads, each person, in the order listed below, shares their responses to the following:

Speaker

- Was the listener actively listening to you? What are some examples of how the listener was actively listening to you?
- Did you have complete control over what you did/did not discuss? What happened that leads you to this conclusion?
- What was the experience like having the time to talk about whatever you wanted?

Listener

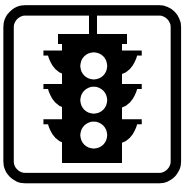
- What did you enjoy about actively listening to the speaker? What did you find difficult? Provide one or two examples.
- Share any examples of when you interjected or wanted to interject your own opinions or stories.
- What did you learn about the speaker that you did not know before this conversation?

Observer

- What did you learn about active listening by being the observer?
- Report your observations, remembering to provide examples and to avoid generalizations or advice.

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Red, Yellow, Green

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BRIDGE

In the space below, fill in the Bridge you will establish for your peer leaders:

_____

_____

_____

THEME

Today's activity is focused on learning ways to foster meaningful discussions.

Our objectives for today are to:

- Explore different ways that we, as facilitators, can respond to challenging comments from group members
- Understand the 3 different kinds of facilitation statements that can (a) help a group share rich conversation, (b) leave a group unsure of how to keep moving forward, or (c) stop a group from being a safe place where people want to be
- Practice making statements that support the group in sharing rich conversation

Along the way, we'll explore questions such as:

- How does what we say as facilitators affect our group?
- How can we respond to group members' statements so that they feel encouraged to contribute to the conversation?
- What might we do that would make group members feel unsafe and no longer want to participate?

Time

- **Activity:** 35 minutes
- **Reflections & Takeaways:** 5 minutes

Materials

Gather the following prior to the activity.

- ☐ 3 tables or designated areas—each one should be labeled RED, YELLOW, or GREEN.
- ☐ One copy of *Red, Yellow, Green* handout for each peer leader
- ☐ Paper for each of the 3 tables or areas
- ☐ A marker for every subgroup of 3-4 peer leaders

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DIRECTIONS

▶NOTE ◀
Before the activity begins, make sure that you have designated 3 tables or areas around the room and clearly labeled each one with RED, YELLOW, or GREEN. You will be dividing the class into 3 groups that will rotate among the tables or areas.

1. Explain that peer educators are in the role of group facilitators, leading their groups of workshop participants – and that this role gives you the power to make a group feel safe enough to share what's on their minds. It also gives you the power to do the opposite – create an environment in which people don't want to speak up.

2. Ask and briefly discuss with your group the following question:
   - What can a teacher do to get you speaking up in class? What can a teacher do that stops you from speaking up?

3. Distribute a copy of the *Red, Yellow, Green* handout to each peer leader. Ask for volunteers to take turns reading each key statement and the examples of each kind of statement, using the tone they think is required for each example.

4. Divide peer educators into 3 groups. Assign one group to start at the *Red* area, the second group to start at the *Yellow* area, and the third group to start at the *Green* area. Within these 3 groups, ask students to get into smaller subgroups of no more than 3-4 students per subgroup (this might mean that *Red* has 2 subgroups, *Yellow* has 2 subgroups, and *Green* has 2 subgroups). Ask students to bring their handouts with them as they travel, for easy reference.

5. Explain that you will be speaking as if you are a workshop participant who's making a challenging statement like those that peer educators might hear from a workshop participant at any point during any workshop. Some of the workshop participant challenges might be mild; some might be tougher. The job of each color team, working separately within their subgroups, is to respond to the 9th grade challenge statement as if they were the peer educators facilitating that workshop. They have just *one minute* to come up with a facilitation response that reflects their team color. Remind peer educators of the following:
   - The team at the *Red* station responds with a statement that stops the discussion

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- The team at the *Yellow* station responds with a neutral statement that fails to keep the conversation going
- The team at the *Green* station responds with a facilitator comment or question that keeps the conversation going

6. Below are statements you can use – one at a time – for a series of *3 rounds*, so that each team has the chance to try out red, yellow, and green responses. Choose statements that you think will ring truest for your peer educators as something a workshop participant might say; start with 1 easier statement and then try 2 harder ones. Begin round 1 with whatever you choose from the following:

Statements from workshop participants:

- Why do we need to come to these workshops anyway?
- I don't like working with other people. I like to work alone.
- The best part of this whole thing is getting out of class.
- I don't like talking about personal stuff.
- I never get a chance to talk in here.
- This is really stupid.

7. After hearing the student statement, each subgroup thinks together and within 1 minute, writes down one response that reflects the color of their station.

8. Once all groups have written down their responses:

- Read the student statement again and ask a reporter from one of the *Red* subgroups to share their response. If it's funny, it's great and fine if everyone enjoys themselves! Hear a response from one *Yellow* subgroup, then from one *Green* subgroup – before each response, once again re-read the statement aloud so that their responses sound like a real dialogue in response to a workshop participant.
- After each group offers its response, (a) you can show that you're enjoying what you're hearing (since this activity can be really comical at moments!), and then (b) briefly name or discuss (as needed) the characteristics of each response that make it appropriate for that color category. Pay special attention to *Green* responses—sometimes statements that sound *Green* may not be truly effective, and you'll want to help your group hear the difference between a good *Green* statement and a mediocre one that doesn't really open up dialogue.

Notes

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9. After the process above is complete, give the subgroups that have NOT had a chance to share their statements a quick moment to share the response they wrote – but just at their own station, with the others in their color group.

►Facilitation Tip ◄

This activity works well if it's lively and fun. That's why the directions above are written so that only ONE subgroup of each color gets to report out to everyone – so that the pace remains quick and interest remains high. At the same time, use your discretion – you don't want so many report-outs that it gets dull, but you also don't want to squelch sharing if the energy is up and group members are really listening to and enjoying one another's responses.

10. Next, have color groups rotate to the next color – in other words, all the subgroups that were at *Red* can go to *Yellow*, *Yellow* to *Green*, and *Green* to *Red*. Repeat the process above for 2 more rotations, with a new workshop participant statement for Round 2 and a new statement for Round 3. Note the following:
    - Each group should practice writing each type of response at least once – more, if you have time and everyone is enjoying themselves.
    - Make sure to choose different subgroups to report out each time; make it clear to students that not every subgroup will report out every time, but everyone will alternate turns.
11. Before you spend the last 5 minutes of your class facilitating *Reflections & Takeaways* (see below), very briefly summarize the objectives that your peer educators have accomplished so far:
    - Today we've learned that some statements made by a facilitator may encourage group members to speak more (*Green*); some are positive, but limit the discussion (*Yellow*); and others can shut a discussion down immediately (*Red*).
    - We now know that using *Green* statements can help encourage rich discussion among group members and make us feel good as facilitators, too!

REFLECTIONS & TAKEAWAYS

Allow at least 5 minutes to explore the following questions with your peer educators:

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1. If a facilitator made a *Red* response to something you shared in a group, how would it make you feel?
2. What might happen in a group discussion if members do not effectively use *Green* responses?
3. What kind of response – *Red*, *Yellow*, or *Green* – might be most effective in getting yourself out of an unpleasant or even dangerous situation in your life outside of PGC?

Notes

To end the activity, share the takeaway ideas below with your peer leaders. Make sure to acknowledge ideas that group members already shared during Reflections ("As John said, …" or "As Angela offered just a minute ago, …"):

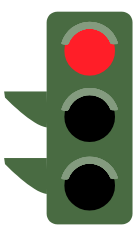
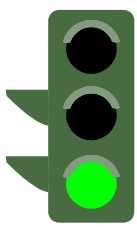
1. Language is a powerful tool that we can use to shape the course of a conversation and the experience of being in a group.
2. By using *Green* statements, we can help group members feel encouraged, appreciated, and safe enough to share openly with us.
3. What makes the difference between a lively, comfortable group and a group that won't speak up? It's you and the facilitation skills you bring!
4. As facilitators and role models for our peers, it's important that we always strive to use *Green* statements. As with the other skills we are learning in Teen PEP, *Green* communication skills will come more naturally as we continue to practice using them.
5. In your life outside of Teen PEP, think carefully about *Red* statements in rough situations – they may or may not really keep you safe, so make careful judgment calls when you're in a tight spot.

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Red, Yellow, Green

Common facilitator responses can be broken down into three categories:

Red	Yellow	Green
Brings productive conversation to a stop by ignoring, discouraging, or alienating the speaker *Examples:* • Disagreeing and/or injecting your own opinion *"Oh, that's not right. I think…"* • Ignoring the comment *"Anyone else?"* • Making generalizations *"Everyone knows that."* or *"That happens to everyone."* • Becoming defensive or judgmental *"I don't think you understand what we're talking about."* 	Remains positive, but contributes little to keep the discussion moving in the right direction *Examples:* • Responding frequently with only one word answers *"Yes;" "OK;"* or *"Uh-huh"* • Agreeing without following up *"That's good"* • Getting caught up in one person's ideas and/or letting the discussion move off-track *"You're right, they should…"* 	Enhances the discussion and maintains the flow of conversation *Examples:* • Asking for clarification *"I'm not clear what you mean by that. Could you say a little more?"* • Playing back what you have heard to check for accuracy *"It seems like you're saying…Is that right?"* • Asking the person to elaborate; ask specific questions for follow-up *"It would be helpful if we could hear more about…"* • Asking the group to respond *"What do other people think about that?"* 

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Workshop Planning Guide

The 11-Step Workshop Preparation Process

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The Eleven-Step Workshop Preparation Process

Bridge

In the past few class sessions together, we spent time developing skills to help us effectively conduct workshops. Now, we are going to follow an *Eleven-Step Workshop Preparation Process* as we prepare to conduct our first workshop. We will follow this same preparation process for every workshop that we will conduct.

Theme

The purpose of these activities are **to prepare peer educators to conduct effective workshops.**

Reminder: Before each workshop, be sure to do the following:

- ❑ Notify/remind the teachers of your outreach participants of the scheduled date and back-up date for the next workshop.
- ❑ Repost or update workshop dates in the classroom as necessary.
- ❑ Prepare and organize all materials needed for the workshop at hand.

Directions

Step 1: Overview of Workshop

(40-60 minutes)

1. Distribute copies of the workshop packet to each peer educator.
2. Review the Workshop Objectives and Take Home Messages, and ask students to explain why they think each of the objectives and take home messages is important for their peers to learn.
3. Review the Workshop Agenda, ask students to identify the 11 essential workshop components, observe the timing of each component, and identify activities they participated in during class time.

Total Time:

Number of class periods to complete workshop preparation:

- 10-12 for 45-minute class periods
- 8-10 for 60-minute class periods
- 5-6 for 90-minute class periods

Materials

- ❑ A poster with the *Eleven Essential Workshop Components* posted in room
- ❑ A poster of the *Objectives* and *Take Home Messages* for the workshop you'll be conducting posted in the room
- ❑ A copy of the appropriate workshop for each peer educator
- ❑ Materials for small group activities as outlined in the workshop packet
- ❑ A copy of the *How Did We Do*? handout for each peer educator
- ❑ Look and Learn DVD

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4. As a group, take turns reading aloud all of the large group components of the workshop. Note the transitions between large group and small group activities. Do not review the small group activities at this point.

5. Ask for volunteers to state which objective or take home message each large group activity or skit addresses.

6. Encourage students to brainstorm potential changes to the skit language (e.g., character names, use of non-offensive slang, references to the current trends). Changes should not modify the core message of a skit and must be approved by the advisors.

Step 2: View & Discuss *Look & Learn* DVD

(15-20 minutes)

Look & Learn is a video tool that helps prepare peer educators for the large group components of workshops. It includes all of the workshops in the Teen PEP Core Curriculum except for *Don't Pass It On: Preventing Sexually Transmitted Infections* and *Sex on the Rocks: Alcohol, Other Drugs, and Sexual Decision-making*. While some of the skits have changed since it was created, viewing the DVD helps students get an idea of the presentation skills that are required for an effective workshop.

The remainder of this section provides questions you can ask for each of the workshops featured on the DVD.

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Let's Wait Awhile: Postponing Sexual Involvement Workshop

Group Entrance

Pause the video and discuss the following:

- How did the group enter the room? *(From outside the room where the workshop will take place, in a line, moving quickly, without talking)*
- Why is it important that the group come to the "stage" in a quick and orderly fashion? *(The peer educators set the tone of the workshop in the first 30 seconds of their presentation. Entering the space in this way commands respect from the audience and helps them get ready to listen.)*

Attention-Getting Skit: Casey at Bat

Pause the video and discuss the following:

- What did the group do well?
- What could they have done better?

Presenter Introduction

Pause the video and discuss the following:

- What needs to be included in the presenter introduction? *(Who the group is, some information*

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about Teen PEP, names of the peer educators)

- What could they have done to make the presenter introduction better? *(They could have moved through names of peer educators quicker, with more animation. It is important to set the tone with high energy and excitement about the workshop.)*

Workshop Introduction

Pause the video and discuss the following:

- Why is it important that there be a quick transition between the presenter introduction and the workshop introduction? *(The students are excited to see what will happen next; if there is a lag before it starts, the energy will drop.)*
- What did you notice about how the peer educators spoke? *(They spoke slowly, clearly, and loudly enough to be heard.)*
- Why is it important to make eye contact with the audience? *(The audience will be more engaged if they feel the presenter is speaking directly to them.)*
- What did you notice about the group behind the speakers? *(The group stands silently behind them without moving.)*
- Why is standing still important? *(When the group remains on the stage during a skit or introduction they must be still and quiet so as not to distract from the message.)*

Bridge to Skits

Pause the video and discuss the following:

- What did you notice about how this bridge was delivered? *(The peer educator was animated, clear and made good eye contact. She made you want to see the skit.)*

Skits: Help!, The Last Virgin, Boy/Girl Monologues

Pause the video and discuss the following:

- What presentation skills did you notice? *(Lines memorized but did not seem stiff, spoke clearly, slowly, and loudly enough, came close to audience, good eye contact, used animation, quick transitions)*
- Why did peer educators pause in position for a few seconds before they began speaking? *(To get the attention of the audience and/or to wait for the effect of what they said)*
- What factors can make one performance more effective than another? *(Facial expression, eye contact, timing–pausing for effect, becoming the character rather than just reciting lines)*

Later, Baby: Pregnancy Prevention Workshop

Attention-Getting Skit: Monologues

Pause the video and discuss the following:

- What do you notice about how the couples are standing? *(Three separate couples face one another, look at floor, and stand still. The first couple turns smoothly to their right so that the girl is facing the*

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audience. She pauses and then speaks.)

- What differences do you notice in the delivery styles of the female and male in the first couple? *(The female says her lines correctly but there is little expression. The male is animated and connects with the audience to deliver his message.)*
- After watching the three couples, what factors make one performance more effective than another? *(Facial expression, eye contact, asking questions, timing/pausing for effect)*

Workshop Introduction

Pause the video and discuss the following:

- What do you notice about the posters? *(They are big enough for the audience to read, they are all alike, they are colorful and attractive, the peer educators are holding them still in a uniform manner)*
- What do the peer educators holding posters do to get the audience's attention? *(Say "FACT!" before they say their particular fact)*
- What could they do to make their fact come alive? *(Say it with animation and enthusiasm; to convey the importance to the audience)*

Skit: Talk About It

Pause the video and discuss the following:

- What do you first notice about the props in this skit? *(One person is missing his halo. It is important to be uniform if you are using props – otherwise it is distracting.)*
- What did the actors do well? *(The couple delivered their lines with enthusiasm, as if they meant them; they paused for effect; they all used the freeze technique)*
- Which conscious was most effective? What did the actor do? *(Leaned in to talk to the couple; used props; got excited and used humor.)*

Activity: Why Some Teens Don't Use Condoms, Birth Control, or go to the Clinic

Pause the video and discuss the following:

- Why were the signs effective? *(Big enough to see; were held still)*
- What did the peer educator do well in facilitating this discussion? *(He repeated what the audience member said so everyone could hear; paraphrased–made the point clear; moved around, used hand gestures, and kept audience engaged)*

Talk to Me: Family Night Workshop

After watching the whole video, pause it and discuss the following:

- Which skits do you think are the most effective? Why?
- Why are the peer educators who are not involved in a skit standing at the back of the stage with their backs to the audience? *(Transitions between skits can then go quickly, without having to wait*

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for characters to walk on and off stage).

- Why are signs with names of skits so important in this workshop? *(The skits are short and move quickly from one to the next. Signs and introductions help differentiate between skits, showing when one begins and one ends.)*

Note that the Stop the Madness skit can be found in the Let's Wait Awhile: Postponing Sexual Involvement Workshop portion of the DVD.

Step 3: Assign Roles for Large Group Components

(10 minutes)

Assign roles (in separate performance teams if applicable) by reviewing the large group components one at a time and asking for volunteers for each role. Explain that students are expected to memorize their role(s) by the date of the large group rehearsal (Step 8). It is strongly recommended that students receive a grade for memorization.

Step 4: Identify Components of Activity Based Learning Cycle

(10 minutes)

Explain that the next activity will help them review the steps of the Activity-Based Learning Cycle by identifying examples from the small group activities in the workshop.

Bridge

- Direct students' attention to the Eleven Essential Workshop Components poster. Point out that after large group introductions and skits is the Bridge to Small Group Activities. Have students turn to the Bridge to Small Group Activities in the designated workshop. Ask for a volunteer to read the bridge aloud.
- Note that the bridge is the first step in the Learning Cycle. Bridges are used in the workshop to connect large group activities, small group activities, and skits in a variety of ways. Discuss the following question:
- What is the purpose of this bridge? *(To connect the large group skits to the small group activities)*

Theme

- Direct students to the first small group activity in the workshop. Ask for a volunteer to locate the theme of the activity and read it aloud.

Directions

Discuss the following question.

- Why is it so important that directions be simple and clear? *(If participants don't understand the directions, they will not be able to participate and learn from the activity.)*
- Ask for a volunteer to find the first directions for this activity and read them aloud.

Performing

Discuss the following question.

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- Where in the workshop can you find description of how to perform the activity?
- Note that each activity in every workshop has very clear guidelines for leading the activity.

Reflecting

Discuss the following question.

- Why is it important to reflect on the activity? (Reflecting is a way of looking back at an activity to summarize lessons and make sure the exercise accomplished its purpose.)

Ask for a volunteer to read an example of reflection at the end of the activity.

Ask students what comes after reflection. *(Bridge to Part 2)* Note that the bridge will lead them right into the second small group activity.

Note: *Prior to class make a note of the page numbers where the following components of the Activity Based Learning can be found in the workshop you are preparing.*

Step 5: Review Small Group Activities and Assign Roles

(30-60 minutes)

With co-leader pairs sitting beside one another and sharing a packet of small group materials, review each small group activity step-by-step.

- Point out how much time is allotted for each activity, review the mechanics of the activity and discuss key points to communicate when your students facilitate the activity. At the end of each activity, pause and give peer educators time with their co-leader to decide who will facilitate each portion of the activity.
- Repeat this process for each small group activity in the workshop. By the end co-leaders will know their role for each activity.

Note: *If there is only one performance team, and you have a large class, it may be more effective to divide the class in half with one adviser in each group for this step.*

Step 6: Independent Small Group Preparation

(30+ minutes)

- During remaining class time after completing Step 5, co-leaders should sit with one another and talk through the small group activities as if they have a group of participants around them (i.e., each doing their parts and using the materials). They should pay attention to how much time they have for each part, so they will be able to complete all the activities in the time allotted.

- Describe the "Round-Robin" small group facilitation practice for the next class period and explain that they will be graded on their preparation. During the round robin, they should be able to provide a bridge, establish the purpose/theme, and give clear directions for the activity without reading verbatim from the packet. The packets should be used only as a guide and for discussion questions. Any preparation that cannot be done by the end of this class period should be done as homework.

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Step 7: Round-Robin Small Group Facilitation Practice

(60-90 minutes)

- In large group (or in separate performance teams if applicable) with all co-leader pairs sitting across the circle from each other, an advisor randomly chooses one pair to begin facilitating as if they just sat down with a small group of workshop participants. The rest of the peer educators play the role of participants.
- After a few minutes of allowing the first pair to facilitate and at a good place to transition, the advisor randomly chooses another pair to pick up facilitation of the activity where the previous pair left off. This pair facilitates until the advisors call another pair take over.
- This process continues until all of the small group activities for the workshop have been completed. Advisors and students should note how much time is allotted for each activity.

Step 8: Large Group Rehearsal

(90 minutes)

- Rehearse the large group components of the workshop. Students should be able to recite their lines from memory as the advisors coach them on the logistics of the presentation (i.e., stage set-up, use of materials and props, movement, clarity of voice, acting in skits).

- Determine what props will be needed to liven up the workshop. Be creative and encourage your peer educators to get involved in the process of designing and creating workshop props. Costume shops and dollar stores can be a great source for fun, inexpensive items.

- After the logistics are worked out during the first run-through, continue rehearsing as your pacing guide allows in order to fine tune the large group presentation to be as sharp as possible. Groups with more than one performance team should consider performing for each other at this point.

Note: *Depending on when your workshops are scheduled to be conducted, you may need to move on to the next unit in the curriculum before performing the workshop while setting aside class time prior to the workshop for Step 9.*

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Step 9: Full Large and Small Group Rehearsal

(90 minutes)

A day or two before the workshop is to be conducted for the first time, practice the whole workshop from beginning to end, including large group rehearsal and a round-robin practice of small group facilitation.

Step 10: Conduct the Workshop

(90 minutes)

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Step 11: Process the Workshop

(20 minutes)

Reflect on a workshop as soon as possible after it is conducted (i.e., immediately afterwards or during the next class period).

1. Distribute copies of the *How Did We Do?* handout *(found on page 29)* to each peer educator and have them take a few minutes to write down a response to each question. Discuss the workshop, encouraging peer educators to offer self-reflection, as well as feedback to the group. They should be specific in giving examples and offering suggestions about how to improve.
2. Have students meet with their co-leader for three minutes to give feedback regarding their facilitation and discuss any changes needed for the next workshop.

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Processing Each Workshop: A Structure & Tools for Debriefing Success

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Total Time:
20 minutes

Theme

The purpose of this activity is **to help peer educators process the strengths and weaknesses of their presentation.**

Materials

- ❑ A copy of the *Tips for Giving & Receiving Feedback* handout for each peer educator
- ❑ A copy of the *How Did We Do?* handout for each peer educator

Directions

Step 1

Explain to peer educators that immediately after **each** workshop, or the next class period, they will convene to reflect on their performance. Distribute copies of the *Tips for Giving & Receiving Feedback* handout to each peer educator. Go around, having each peer educator read one tip at a time.

Discuss the following questions:

- Why is it important to process each workshop? *(it helps to improve our skills and do better next time)*
- Give an example of general vs specific feedback.
- Why is specific feedback more helpful? *(it gives the person concrete things they can do to improve)*

Step 2

Distribute copies of the *How Did We Do?* handout to each peer educator and explain that this is the format they will use to process each workshop. Note that small group co-leaders will also have an opportunity to give feedback to one another.

►NOTE ◄
Based on the areas of strength and areas for growth that peer educators surface at this debrief session, select activities from the skill-building section of this packet to build facilitation skills, or select a teambuilder or energizer from the Advisor Resources Handbook to reform and reenergize the group before starting the next unit.

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Tips for Giving & Receiving Feedback

Tips for Giving Feedback

- Share specific observations
  Describe exact behaviors that you saw, things that were said, and the effect that the facilitators had on the participants. Avoid making general comments that cannot be supported by an example.
- Avoid making judgments
- Be clear, concise, and caring



Tips for Receiving Feedback

- ❑ Listen without reacting or becoming defensive
  Let the person who is giving feedback speak without interrupting.
- ❑ Decide what information will be useful to you
  Make note of the feedback; let go of any feedback that will not be helpful to you.
- ❑ Share what you heard
  Make sure that you understood the feedback once the speaker is finished. (For example, summarize what you heard by saying, "It sounds like we need to make the transitions faster to keep the 9th graders engaged.")
- ❑ Thank the feedback giver

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How Did We Do?
Group Processing Questions

Provide specific examples to answer the following questions:

1. What worked well?

2. What do you need to work on for next time?

3. How did the small groups go? What worked; what didn't?

4. What group facilitation skills did you use; what traps did you fall into?

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Unit One

Building Our Foundation

Volume I • 2018

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TEEN PEP-BRIDGE

High School Students Equipping Middle School Students with Knowledge and Skills to Make Healthy Decisions

TEEN PREVENTION EDUCATION PROGRAM

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Teen Prevention Education Program

Unit One

Building Our Foundation

- ★ **Introduction for Advisors** 1
- ★ **Since We Saw You Last** 2
  (15 minutes)
- ★ **Where Are We?** 3
  (30 minutes)
- ★ **Group Ground Rules & Rituals** 5
  (45 minutes)
- ★ **Expectations & Responsibilities** 11
  (15 minutes)
- ★ **A Snapshot of Our School** 15
  (15 minutes)
- ★ **9 Styles of Leadership** 19
  (45 minutes)
- ★ **Peer Educators as Role Models** 26
  (60 minutes)
- ★ **Spread the Word: Introduction to the School-Wide Campaign** 33
  (15 minutes)

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Introduction for Advisors

Welcome to Teen PEP! During this year, you will train a team of peer educators who will conduct educational workshops addressing a wide range of sexual health issues with their peers and parents/guardians. Through these workshops, your peer educators will be seen as valuable resources and role models in your school. You will find that your peer educators will learn and develop tremendously over the year. While the information and skills they gain are critical to the success of the program, their ultimate goal is to make sure the workshop participants walk away with correct information and the motivation necessary to have healthy relationships, make healthy decisions, and behave in ways that prevent unintended pregnancy, HIV, and other sexually transmitted infections.

It's important that you consider group stages as you facilitate your peer educator group through the year. Thus, this unit provides critical activities to help the group continue to form and norm from what was started on the retreat. These activities will also help set leadership, role modeling, and academic expectations of the peer educators in your group, while providing information and context for the content of the program.

By the end of this unit, your peer educators should be able to:

- Re-form as a group, building on the foundations started in the retreat.
- Establish a set of ground rules and group rituals.
- Describe the seven areas on which they will be graded.
- Articulate what the responsibilities and commitment of being a peer educator look like.
- Distinguish between leadership and role modeling as concepts, and understand how they can manifest in those important aspects of peer education.
- Create and commit to a standard Code of Ethics.

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Since We Saw You Last

Total Time:
15 minutes

Materials
- ❑ Index cards
- ❑ Pens/Pencils

Bridge
Build a bridge from the retreat. For example, "As you might remember from the retreat…" or "the last time we were together we…" and connect it to the theme.

Theme
The purpose of this activity is **to reestablish our Teen PEP team and reconnect as a group.**

Directions
Step 1
Make sure students and advisors are sitting in a circle with advisors positioned across from one another to model co-facilitation.

Step 2
Pass out index cards and give students 60 seconds to write down their favorite memory from the retreat on one side, and one thing they'd like to share with the group that's new for them since the last time the group was together *(Went on vacation, worked at a camp, visited friends, etc.)* on the other side. Advisors should participate in the activity as well.

Step 3
Starting with an advisor to model, go around the circle and have each group member share their favorite retreat memories first. After everyone has shared, go back around the circle and share the thing that's new for them since the retreat.

Reflections
Step 4
Reflect on the activity by asking the following questions:

1. What was it like to reconnect with your peers?
2. What commonalities did you notice in our group?
3. Is there anything else you would like to say to the group before we dive into the unit activities?

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Where Are We?

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is **to check in about our experiences since the retreat and to prepare for the year ahead**

Directions
Step 1
Post the printed pieces of newsprint around the room.

Step 2
Divide peer educators into three groups. Instruct the groups to rotate among each of the three posters, and have peer educators **individually** complete the sentence stems on each list.

Sample responses

By the end of the retreat, I felt...
- Excited
- Optimistic
- Scared
- Happy
- Sad

As we start the first week of school, I feel...
- Excited
- Anxious
- Depressed
- Eager
- Tired

As a graduate of Teen PEP, I will feel...
- Excited
- Proud
- Empowered
- Grateful
- Informed

Total Time:
30 minutes

Materials
- ❑ 3 pieces of newsprint
- ❑ Write the following 3 sentence stems – one per sheet:
  - By the end of the retreat, I felt...
  - As we start the first week of school, I feel...
  - As a graduate of Teen PEP, I will feel...
- ❑ Markers

Reflections
Step 3
Reflect on the activity by discussing the following questions.

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1. What do you notice about how people are feeling?

2. Think back to how you felt at the beginning of the retreat compared to now. What is different?

3. Let's compare how you feel now with what you anticipate feeling as a Teen PEP graduate. What do you notice? What is it going to take to get you to that place?

Step 4

Close by informing peer educators that with practice and teamwork they are going to be well-prepared facilitators…and have fun in the process!

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Group Ground Rules & Rituals

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is **to create guidelines, together, for how we will participate in this group and intentionally designate rituals to meet our needs for structure and connection.**

Total Time:
45 minutes

Materials
- ❑ One set of *Group Ground Rules Scenarios* cards
- ❑ Chart paper or newsprint
- ❑ Markers

Directions
Step 1
Explain that establishing group ground rules provides us with guidelines for how to participate in the group and what we can expect from one another. Guidelines that we all agree upon will protect individual members of the group and ensure that everyone's rights are respected.

Discuss the following questions:

1. Why do you think ground rules are important?
2. What do you think our group would be like if we didn't have any rules to follow? Our school? Our community?

Step 2
Place the *Group Ground Rules Scenarios* cards face down in a pile in the center of the group. Have one person select a card, read it aloud, and suggest a rule or guideline that would prevent this situation from occurring.

Then open the situation up to the rest of the group. They should collaborate to reach consensus on the ground rule.

1. Once consensus is reached, write the ground rule down on a piece of chart paper or newsprint.
2. Repeat this process until the group has discussed all of the cards. Then, compare the group's list with the list of suggested ground rules below. Decide together if there are any from the list that are missing.

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Suggested Ground Rules

- Participate fully and give your best in the group.
- Ask questions when you don't understand something.
- Respect confidentiality. Don't talk about the people in your group to those who are not in your group. In other words, don't gossip.
- No "put-downs"—either verbally or through facial expressions or gestures. "Put-ups" – compliments to or praise for your group members – are always welcome.
- Share verbal space – be aware of how much you're talking in comparison to others, and don't interrupt when others are speaking.
- Treat everyone in the group with respect.
- Group members have the right to "pass" or choose not to answer a question.
- Use correct terminology when appropriate.
- Do not ask for or share personal sexual information.
- Have fun.

Step 3

After the group has decided upon all of their ground rules, each person signs the newsprint with the ground rules on it, indicating that each agrees to abide by these guidelines.

Step 4

Remind students that group rituals are practices that are valued and used by a group whenever they are together. Discuss the following question.

1. What rituals were used in the retreat? *(Sitting in a circle, advisors across from one another, attending all activities on time, cleaning up the campsite each day)*

2. What daily rituals can we agree upon? How can we honor social milestones in our group?

Note that some of those rituals will be the same for the class. Have students brainstorm rituals they would like to have in the classroom. Write answers on the board or newsprint.

Suggested Group Rituals

- First people to class begin to move desks into circle
- Advisors sit in circle, across from one another
- Begin class on time
- Check in
- Raise hands to speak
- Listen to one another
- Put desks back in rows at the end of class / Help clean up
- Special group cheers, handshakes, etc.
- Recognize and celebrate special events (birthdays, holidays)

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Reflections

Step 5

Reflect on the activity by discussing the following questions:

1. Which ground rule is most important to you? Why is it so important?
2. In what ways was it helpful to establish rules for our work together?
3. Which rule do you think is most important for our group to keep in mind? Why?
4. Why do you think rituals are important to discuss at the beginning of the year?
5. Which ritual are you most excited about participating in this year?

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Group Ground Rules Scenarios

When we arrive for Teen PEP, we sit down in pairs or small groups, talking with our friends.

Group Ground Rules Scenarios

While someone is sharing a personal story, two of us are whispering to each other and laughing.

Group Ground Rules Scenarios

One of the louder members of our group often interrupts or talks over others.

Group Ground Rules Scenarios

A group member shared about a parent who was in rehab, and heard some of us joking about it at lunch.

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Group Ground Rules Scenarios

While talking about abstinence, one of the group members asks the group how many people have had sex.

Group Ground Rules Scenarios

One of us asks inappropriate questions, just to make other peer educators uncomfortable.

Group Ground Rules Scenarios

Some of us always wander in late to class.

Group Ground Rules Scenarios

A Teen PEP activity runs over the time limit and many of us are late to our next class.

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Group Ground Rules Scenarios

Some of us talk negatively about others outside of the group, using their names.

Group Ground Rules Scenarios

There are a couple of us who always disagree with each other – loudly. Our discussions turn into arguments.

Group Ground Rules Scenarios

Some of us tease others in the group, and a few of us roll our eyes when we disagree with what has been said.

Group Ground Rules Scenarios

When learning about the reproductive organs, one of the group members keeps using slang to describe the different body parts.

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Expectations & Responsibilities

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to provide peer educators with an understanding of what will be expected of them in this program.**

Directions

Step 1

Distribute copies of the *Introduction to Teen PEP for Peer Educators* handout to each peer educator. Have students read it aloud, one paragraph at a time.

Step 2

Discuss the following questions.

1. At this moment, which of the topics are you most interested in learning about and why?
2. What skills are you looking forward to developing and why?

Step 3

Distribute copies of the *Overview of the Peer Educator Role* handout to each peer educator. Discuss expectations of peer educators throughout the year.

Total Time:
15 minutes

Materials

- ❑ A copy of the following handouts for each peer educator:
  - *Introduction to Teen PEP for Peer Educators*
  - *Overview of the Peer Educator Role*

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Introduction to Teen PEP-Bridge for Peer Educators

Thank you for choosing to be a sexual health advocate and making a difference in your school and community. As a Teen PEP peer educator, you are now part of a network of thousands of young people taking an active role in educating your peers about sexual health issues. The Teen Prevention Education Program (Teen PEP) began in New Jersey in 1995 as a way to get students all over the state talking to each other about the dangers of risky sexual behavior and how to stay safe. Teen PEP has since expanded outside of New Jersey and continues to grow each year, and so have our goals to promote positive youth development. Our focus has shifted from just talking about risk to examining personal and family values, developing appreciation for differences among peers, and increasing communication around sexuality with parents/guardians, friends, and partners. You'll have the chance to be a positive role model for your peers and help equip them with the knowledge and skills they need by encouraging them to make healthy decisions and form healthy relationships.

Throughout the year, you will build on the positive working relationships you began to develop on your retreat and continue to discover the skills, talents, and knowledge each person brings to the team. The activities in this course will help you become an effective facilitator, gaining vast knowledge of sexual health information and developing communication, listening, and problem-solving skills so you can conduct successful workshops with middle school students in your community and in your own school, too. In a role that will be challenging and rewarding, you will find that by the end of the year you will become skilled at facilitating inclusive and engaging group discussions with your peers while helping them explore their values about sex, gender, and sexuality and learn factual information to guide healthy decision-making.

The topics advisors may select for you to consider may include *(items marked with an asterisk (*) have corresponding workshops):*

- Building our Foundation
- Preparing for Middle School Orientation*
- Understanding Gender & Sexuality
- Puberty*
- Healthy Relationships*
- Postponing Sexual Involvement*
- Human Reproduction*
- Pregnancy Prevention*
- Parent/Teen Communication*
- Closure & Celebration

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Overview of the Peer Educator Role

To most effectively assess the progress of a peer educator, seven areas have been targeted as crucial to this observation. These areas include:

Attendance

- Attend class/group meetings (or provide advance notice of absences)
- Arrive on time for class/group meetings (or provide advance notice of absences)
- Attend outreach workshops and other special performances (or provide advance notice of absences)

Teamwork & Participation

- Work effectively with other team members to perform presentations
- Communicate openly with others on team
- Accept other team members
- Resolve conflicts constructively
- Give and receive constructive feedback (Straight Talk)
- Complete assigned tasks on time
- Participate in class discussions

Role-Modeling & Leadership

- Follow school rules
- Use good judgment both within and outside of school
- Assist peers who need help and show compassion for others
- Respect individuality and avoid prejudging others
- Take responsibilities seriously and advocate responsible decision-making
- Maintain confidentiality
- Commit to the Code of Ethics you establish in this unit

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Content Knowledge	• Demonstrate an understanding of course topics • Serve as a factual resource to other peers • Answer participants' questions with accurate information • Refer students to the appropriate resources, especially when you don't have an answer to a question asked
Facilitation Skills	• Begin small group activities with brief introduction of group members • Ask open ended questions and make clarifying statements • Use active listening skills and give positive feedback to participants • Encourage all group members to speak • Share facilitation responsibilities with co-facilitator • Sit in a circle with the group and across from co-facilitator • Demonstrate a clear understanding of each activity and its steps • Pay attention to timing, and pace small group activities appropriately • Utilize the activity-based approach (bridge, establish theme, give directions, perform activity, reflection activity)
Presentation Skills	• Perform with high energy, animation, and expression • Keep the audience/participants engaged • Project voice loudly, clearly, and slowly • Memorize lines and actions on time • Look professional
Self-Assessment	• Able to evaluate own participation and development • Identify areas of personal strengths and areas in need of improvement • Set goals and work toward addressing areas in need of improvement

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A Snapshot of Our School

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to begin thinking about the current school climate and discuss how Teen PEP can have an impact.**

Total Time:
15 minutes

Materials

- ❑ A copy of the *Snapshot of Our School* handout for each peer educator, printed double-sided
- ❑ Markers

Directions

Step 1

Distribute a copy of the *Snapshot of Our School* handout to each peer educator. Ask students to imagine that they have taken a snapshot of our school to share with others in the group. In the first box on the front page, have students sketch signs and symbols that capture the essence of our school, including: the way students, teachers, and administrators interact; the general mood of the environment; and attitudes and behaviors regarding teen sexual health issues.

Step 2

Next, ask them to imagine how the scene might differ after they have implemented Teen PEP at their school for a whole year. Direct them to turn to the back of the handout and follow the same process –to draw signs and symbols that capture the essence of their school in the future. How will the school be different? What problems will Teen PEP help to solve? The second snapshot should illustrate these changes.

Step 3

Divide students into four to six small groups, and have them share their snapshots, describing and comparing their before and after pictures. Have them also note common themes within their group.

Reflections

Step 4

Return to large group and discuss the following questions.

1. What similarities were present in your groups snapshots?

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2. What stood out to you about what your peers offered in their snapshots?
3. What are you taking away from this activity related to the impact you can have as a peer educator in our school?

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A Snapshot of Our School

The essence of our school now:



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A Snapshot of Our School

Our school after having Teen PEP-Bridge:



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9 Styles of Leadership

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to discuss how different styles of leadership can - be useful in different situations and name at least one leadership style we each have.**

Directions

ACTIVITY 1. What Does Leadership Mean?

Step 1

Ask group members the following question:

1. What do you think of when you hear the word *leader*?

After hearing the group's responses, give each participant a copy of the handout *9 Styles of Leadership*. Ask for volunteers to read each style aloud and offer what they think it means. Once each style has been reviewed briefly, discuss the following questions:

1. Which of these styles are you surprised to think of as a leader? Why is it surprising?
2. What, if any, styles of leadership do you think are missing from this handout?

ACTIVITY 2. 9 Leadership Styles

Step 1

Give each group member a token. Place the 9 *Styles of Leadership Game Board* and the *Here's the Issue* cards in the middle of the group.

Explain that we are going to think about some situations in which a particular style of leadership might be useful. Let students know that there are no correct answers to any of the scenarios they'll read, only different perspectives on the situation.

Step 2

Ask a volunteer to choose a card from the set of *Here's the Issue* cards and read it aloud to the group. Next, ask this question of the group:

1. If you were in that situation, which style of leader would you like to have in your corner to help you through?

Total Time:
40 minutes

Materials

- ❑ One copy of *9 Styles of Leadership* handout for each participant
- ❑ One game board for *9 Styles of Leadership* – ideally this handout is blown up large and printed on cardstock, but the game board can also be an extra copy of the handout
- ❑ One chip or small token for each participant
- ❑ One deck of *Here's the Issue* cards

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Step 3
Tell group members to take a moment and privately read through the 9 *Styles of Leadership* handout to choose which style of leader they would choose to have on hand.

Once everyone has chosen a style, ask all group members to place their tokens – all at the same time, on the count of 3 – on the 9 *Styles of Leadership Game Board* on the spot that matches the chosen style.

Step 4
Ask the volunteer who read the original statement to share why they made the selection they made. Next, ask one representative from each of the other leadership styles that were selected to describe the rationale for that selection. Avoid hearing from every person in every round, or you won't be able to play numerous rounds. It's a fine line, though, as you also don't want to rush through!

Step 5
After the first round is complete, ask participants to pick up their tokens from the board. Repeat the process described in steps 3-5 for as many rounds as you have time to play, still allowing 10 minutes at the end of the session for Activity 3 and Final Reflections.

> **► Facilitation Tip ◄**
> Listen to make sure that all of the leadership styles are being named throughout these scenarios – not in every round, but over the course of several rounds. If any of the styles are *not* being named, do your best to name that style as a valuable one for one of the scenarios. In Activity 3, below, all students will be naming their leadership style, and we want to make sure that every style has been named so that whoever picks a style feels like it is valued in the group.

ACTIVITY 3. What's Our Style?

Step 1
Ask participants to review the 9 *Styles of Leadership* handout one last time and, without showing or telling anyone else, choose the one that is closest to their personal style of leadership and circle the box. Explain that there may be several styles that might fit, but to choose the one that is most fitting.

Step 2
Once each person has privately selected the style that feels most representative, ask the group to wait until your count of 3, and then all at the same time place their handouts face out, so that others in the circle can see each person's selection.

As the group observes the chosen styles, ask the group the following questions:

1. What do we observe about the leadership styles in our group? Do we have a wide variety of styles, or are a lot of us similar to one another?
2. What are the benefits of having different styles of leadership within our group?
3. How much do you think people can choose to develop certain styles of leadership, if they put their minds to it? What can you actually do to keep developing yourself as a well-rounded leader?

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Reflections

Final Reflections

Allow at least 5 minutes to discuss the following questions with your group:

1. What was it like to hear people talk about your leadership style? What did you learn about the different ways you can help people, given your own particular style?
2. What is a leadership style that you would like to develop further in yourself?
3. What are some opportunities we have for practicing leadership in our daily lives? As peer educators?
4. From participating in this activity, what have you learned about leadership?

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9 Styles of Leadership

The Helper

I am always willing to lend a hand. I work well with other people.

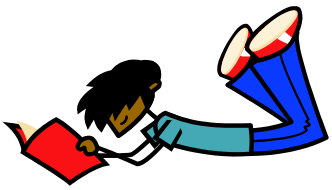


The Team Player

I am comfortable with kids from all different social groups.



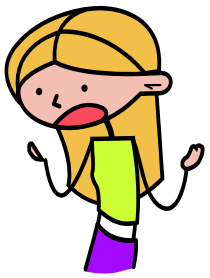
The Rock



I may not talk a lot, but I am always there for you.

The Lawyer

I speak up for my beliefs, even if other people disagree.



The Rebel



I march to the beat of my own drum.

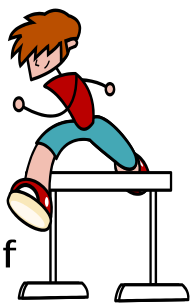
The Negotiator



I am good at solving conflicts between people.

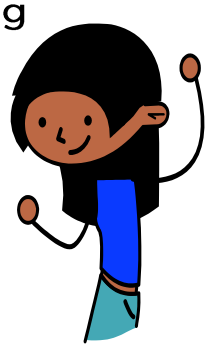
The Comeback Kid

I stay upbeat, even in the face of adversity.



The Crusader

I am driven by strong feelings to right the wrongs of the world.



The Task-Master

I am very organized and focused on the assignment at hand.



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Here's the Issue

Your English teacher has had it with you. You really meant to do the homework last night, but you must have forgotten to write it down, or maybe you forgot *where* you wrote it down, or something like that...

If you were in this situation, which style of leader would you like in your corner to help you through?

Here's the Issue

You've had the same friends since freshman year, but it seems like your interests are changing and pulling you to spend more time with different groups of peers

If you were in this situation, which style of leader would you like in your corner to help you through?

Here's the Issue

You can't figure out why that cashier at the drug store is always watching you when you come in to buy something. You've never done anything wrong, and it's really starting to get to you.

If you were in this situation, which style of leader would you like in your corner to help you through?

Here's the Issue

You've had a big argument with your parent, and you're really upset. You don't want to talk about it right now but you don't feel like being by yourself, either.

If you were in this situation, which style of leader would you like in your corner to help you through?

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Here's the Issue

You're really upset. On this morning's news you saw interviews with people who can't even feed their kids because they lost everything in a recent hurricane. You'd like to do something to help, but you don't know what to do or how to do it.

If you were in this situation, which style of leader would you like in your corner to help you through?

Here's the Issue

You're in way over your head. You promised your aunt you'd watch your little cousins; you promised your little brother you'd walk over to get him after school; and you promised your friend you'd help her get caught up in math. You meant well when you made these promises, but you just can't be everywhere at once!

If you were in this situation, which style of leader would you like in your corner to help you through?

Here's the Issue

You're sick of it. Some kids at the bus stop keep pushing you to smoke with them. You're just not interested – but you don't want to make any enemies, either.

If you were in this situation, which style of leader would you like in your corner to help you through?

Here's the Issue

A close relative of yours has been ill for what seems like forever. Most of the time you can handle it, but sometimes you feel like you're going to crack.

If you were in this situation, which style of leader would you like in your corner to help you through?

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Here's the Issue

You're really upset because you and your partner just got into a disagreement because your partner wants to do more sexually than you do. The conversation went okay, but you are still feeling upset about what to do so you can both feel comfortable in the relationship. You just need someone to talk this through with!

If you were in this situation, which style of leader would you like in your corner to help you through?

Here's the Issue

One of your friends has decided to talk to their parents about their sexuality. You know this is going to be a hard conversation for your friend because their parents aren't always the most understanding, but you're just not sure how to be supportive.

If you were in this situation, which style of leader would you like in your corner to help you through?

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Peer Educators as Role Models

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Total Time:
60 minutes

Materials

- ❑ One set of *Quotes from a Peer Educators* cards
- ❑ Poster board and markers
- ❑ One blank copy of the *Contract of Commitment* handout for each peer leader

Theme

The purpose of this activity is **to identify characteristics of a positive role model and consider some difficult choices that may arise with being a role model.**

Directions

Step 1

Explain that earlier, we examined individual leadership styles as a way to start looking at what we bring to the peer educator role, and now we are going to take a look at an important aspect of our leadership—role modeling.

Step 2

Discuss the following questions:

1. What is the difference between a leader and a role model?
2. What have you valued in having a role model to look up to, if you have had one? Who were those people for you? What made them good role models?
3. Why is it important for peer educators to also be role models?

Step 3

Explain that the rest of the activity will give the group an opportunity to talk through the possible challenges peer educators may encounter as role models.

Place the stack of quote cards in the center of the circle. Explain that the quotes—which came from actual peer educators from other schools—were given in response to two questions:

1. In your opinion, what difficult choices might a peer educator have to make?
2. How do you anticipate handling the responsibility of being a role model?

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Step 4
Have volunteers take turns selecting a card and reading it as if they are the authors of that quote. Have them elaborate on why they are making the statement, as they continue to play the role of the quote's author. Once a volunteer has finished explaining, open it up to the rest of the group for discussion—asking for 1-3 other peer educators to add new or different ideas to the conversation rather than repeating what has been already said, to ensure you can get through multiple cards.

Step 5
Discuss the following questions:

1. Which statements resonated most with you? Which were the hardest to support? What made them difficult?
2. What, if any, topics related to role modeling were missing for you that you think the group should talk about?
3. How can the behaviors of peer educators, both in school and outside of school, affect the success of our program?
4. What agreements can we make regarding our own standards of conduct and reasonable expectations for behavior in and out of school?

Step 6
Distribute blank copies of the *Contract of Commitment* handout and remind participants that they signed a copy when they were selected. Explain that it's important they name, for themselves, the specific ways they will commit to being a role model as peer educators.

Step 7
Distribute a piece of newsprint or poster board and give the group 10 minutes to come up with a Code of Ethics—a list of role-modeling behaviors or quotes that they can all agree to live by. Once the list is complete, have everyone sign the poster and let them know you'll hang it up in the Teen PEP classroom for the school year.

Sample Code of Ethics

1. Follow school rules
2. Keep confidentiality
3. Assist peers who need help
4. Resolve conflicts within the group
5. Use good judgment in and out of school
6. Show compassion for others
7. Try our best to lead by example
8. Be knowledgeable
9. Be professional
10. Stand up for what is right

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Reflections

Step 8

Reflect by discussing the following questions with your group:

1. Which aspect of being a role model will come easiest to you? Which might be challenging?
2. What issues around role modeling were raised for you in this activity, which you hadn't thought about previously?
3. What are you looking forward to about being a role model in our school?

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Role-Modeling Statements

Peer educators must sacrifice most of their free time. A difficult choice, in my opinion, may be choosing between a Teen PEP function, writing a paper, or going to a party. The latter two may have to be sacrificed in order to meet the expectations of a peer educator.

Role-Modeling Statements

There is a lot of confidentiality associated with the Teen PEP group which is not to be broken except in extreme cases where someone is in jeopardy.

Role-Modeling Statements

The difficult choices in being a role model will be conflicts between what you want to do and what is the correct thing to do.

Role-Modeling Statements

In our age group, there's tremendous pressure exerted on people to do things that are not intelligent. These include going out and drinking excessively, doing drugs, or just acting rowdy in the halls. But younger kids look up to us and even mimic our actions, so we must be in control.

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Role-Modeling Statements

Since a peer educator is a role model for the whole school, not just the freshman class, a leader might have to advise a good friend to stop doing something at the risk of looking bossy.

Role-Modeling Statements

Throughout the school, you'd have to follow the rules and you would definitely have to uphold the honor code. We'd also have to watch little things about our behavior like being courteous to everyone and not being condescending towards younger students.

Role-Modeling Statements

I feel that as a role model it's important that I—or any other leader—should not smoke, use drugs, use alcohol, or use bad language.

Role-Modeling Statements

I have to understand that people, especially freshmen, will take what I do as acceptable and correct.

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Role-Modeling Statements

To become a better role model, I will be more sociable and friendly to others who may dislike me.

Role-Modeling Statements

I think the responsibility of being a role model could be somewhat of a burden, limiting your actions in certain situations. But also it would help in a way because you'd think more carefully about what you decide to do. Instead of just diving in, you might think not only about what the other person may think, but is this *really* what I want to do.

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Teen PEP-Bridge Contract of Commitment

1. I will make a commitment of time and dedication to Teen PEP from start to finish.
2. I will participate in the three-day overnight retreat to be held at _____ (location) from _____ (date) to _____ (date).
3. I will attend all Teen PEP classes.
4. I will attend all workshops for which I am scheduled unless an emergency situation arises.
5. I will arrive on time to all Teen PEP functions, including classes and workshops. I will talk to an advisor ahead of time if I am unable to attend or will be late to a program function.
6. I will participate in the one-day mid-program retreat to be scheduled when the program begins.
7. I will respect confidentiality regarding personal information disclosed by members of the group and by participants in workshops.
8. I will do my best to maintain my current level of academic performance, and I will abide by the attendance policy at my school.
9. I will do my best at all times to model responsible behavior within my school and community.

I, _____ (print name), hereby pledge my commitment to the guidelines above and accept the position of Teen PEP Peer Educator.

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x_____ _____
Signature of Peer Educator Date

x_____ _____
Signature of Parent or Guardian Date

x_____ _____
Signature of Teen PEP Advisor Date

x_____ _____
Signature of Teen PEP Advisor Date

TEEN PEP-BRIDGE

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Spread the Word: Introduction to The School-Wide Campaign

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to brainstorm ideas for the school-wide campaign and create an implementation plan for the year.**

Total Time:
15 minutes

Materials

- ☐ Flip chart paper
- ☐ Markers
- ☐ A copy of the *School-Wide Campaign Guidelines* handout for each peer educator

Directions

Step 1

Discuss the following question.

1. Think about something you learned a while ago that you still remember. What helped you remember the information?

Explain to students that they will be doing workshops for 6th, 7th, and 8th graders throughout the year. As a class, they will be responsible for continuously reinforcing the take home messages and objectives from their workshops in the middle school (and can choose to do so in the high school, too!). Ask students to think of creative ways to reach middle schoolers in their building after each workshop to help them remember these messages. Write responses on newsprint.

Sample List

- Door decorating contest
- Bulletin board
- Facebook page
- Advice column in school newspaper
- Announcements
- Text messages
- Instagram, Twitter, or other social media sites
- Themed days

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Step 2
Have the class vote for their favorite ideas and pick the top three. These are the structures that will be used throughout the year to spread the messages.

Step 3
Divide the class into five or more groups and assign each group one of the required workshop topics for which they will be responsible. Explain to students they are responsible for using the three structures they selected to disseminate the messages for their assigned workshop. Distribute copies of the *School-Wide Campaign Guidelines* handout to each peer educator and remind them that they must adhere to those guidelines when planning.

Important Notes:
- Advisors need to get proper approvals for student plans at both the high school and the middle school level. For example: reserve a bulletin board, get approvals for a social media (Facebook, Twitter, Instagram, etc.) page, and have announcements approved by appropriate school personnel. It's a good idea to get approvals from the middle school administration before allowing peer educators to brainstorm and plan so you can set appropriate guidelines for them.

- While the planning process happens early in the year, the messages will be reinforced throughout the year. At the end of each unit is a *School-Wide Campaign Check-In.* Advisors may assign grades for the campaigns that follow each workshop to ensure students continue to update their content.

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School-Wide Campaign Guidelines

Evaluation of peer educators is based on the following five areas:

1. Take home messages and workshop objectives from each workshop should be reinforced.
2. Each group must come up with a plan of how they will disseminate their messages and get it approved by the advisors the week before the workshop.
3. After each workshop, the responsible group will begin the campaign to reinforce the messages. This campaign can continue until the next workshop. Individual groups can decide frequency (*Once a week, twice a week, every other day, etc.*). For example, the first group will reinforce the messages and objectives from the puberty workshop until the healthy relationships workshop is presented. Then the second group will reinforce those messages until the postponing sexual involvement workshop is presented, and so on.
4. Messages must be accessible and visible to the majority of the middle school students in the school. You can also choose to present the messages in the high school!
5. Use catch phrases from workshops to help students remember the messages.

If you submit successful workshop campaigns to the Teen PEP staff, you might be featured on our website or entered into contests! To submit, either:

- Email your submission to teenpep@supportiveschools.org
- Mail your submission to your local Center for Supportive Schools office
- Call the Center for Supportive Schools for more information: 609-252-9300

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Curriculum Feedback Form

Unit 1: Building Our Foundation

Name of Advisor: _____ School: _____

Today's Date: _____ Length of your class periods: 45 60 80 90 ____

No. of class periods to complete unit: ____

Please indicate the month the unit was taught:

September	*October*	*November*	*December*	*January*	*February*	*March*	*April*	*May*
❑	❑	❑	❑	❑	❑	❑	❑	❑

Advisor feedback is critically important in developing and revising curricular resources that work for schools. We appreciate you completing this form (or logging into www.TeenPEP.org to complete it online) so we can use your feedback in our process!

Please consider responding to any or all of the following questions in your feedback:

- *How effective were the activities in increasing students' knowledge?*
- *How engaging were the activities for students?*
- *How clear are the objectives and directions for each activity?*
- *What, if anything, did you do differently for a particular activity? Why? What was the result for your group?*

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Please scan and email to info@supportiveschools.org ◆ Attn: Teen PEP Research & Administrative Associate
or complete online at www.TeenPEP.org

Unit Two

Preparing for Middle School Orientation Session

Volume I • 2020

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TEEN PEP-BRIDGE

High School Students Equipping Middle School Students with Knowledge and Skills to Make Healthy Decisions

TEEN PREVENTION EDUCATION PROGRAM

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TEEN PREVENTION EDUCATION PROGRAM-BRIDGE

Unit Two

Preparing for Middle School Orientation Session

★ **Overview** 1
(15 minutes)

★ **Body Part Name Game** 3
(10 minutes)

★ **Preparing for the Orientation** 4

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Middle School Orientation Session Overview

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is to **provide peer educators with a general overview of the topics to be discussed in the unit.**

Total Time:
15 minutes

- ❑ A copy of the Middle School Orientation Session: Overview handout for each peer educator

Directions

Step 1

Distribute copies of the handout, *Middle School Orientation Session: Overview* to each peer educator. Have students go around, reading aloud one paragraph at a time.

Reflections

Step 2

Discuss the following question.

1. Why is it important that we spend the time to orient middle schoolers to Teen PEP-Bridge before we start delivering workshops? *(To prepare students for the topics that will be covered; to get them excited for the workshops)*
2. What can we as peer educators gain from doing the Orientation session? *(Reminds us of what middle schoolers are like; helps us get excited to provide excellent workshops to these students)*
3. What does Teen PEP-Bridge at this school have to gain from hosting a successful Orientation session? *(Student buy-in, faculty and administrative support, a more successful first workshop with participants from each grade)*

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Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:

https://docs.google.com/presentation/d/1zuwfK8seRfJQkaRzGLr2V2dXrvtK3NuOfqZ4lO1Z46g/copy#slide=id.g968bb8a6d4_0_0

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Overview

We spent some time on the retreat learning about **group stages.** Much of what we've done so far as a peer educator group—both on the retreat and in the first weeks of school—has been centered around the ***forming and norming stages.*** As you know, it's important that a group is able to come together and get a sense of how they will work together. Thus, just as we did activities to form and norm, it's also important that the sixth, seventh, and eighth grade workshop participants have an opportunity to do the same.

In this orientation, workshop participants will learn about the topics that will be covered in their respective Teen PEP-Bridge workshops. They will get a chance to meet peer educators and advisors and have an opportunity to share what they are excited about Teen PEP-Bridge. Peer educators will also benefit from meeting the students they'll be working with in the upcoming year.

The key benefits of orientation include the ability for workshop participants to:

- Meet and interact with peers.
- Meet peer educators.
- Meet high school advisors.
- Learn more about how Teen PEP-Bridge workshops run.
- Learn about the topics they will receive in their workshops.
- Share expectations and excitement.

The following unit includes activities and resources to help you plan and prepare for your *Middle School Orientation session.*

Objectives

By the end of this unit, you should be able to:

- Describe two reasons why it's important to have an *Orientation session.*
- Understand the ways in which working with middle school students is different than working with high school peers.
- Feel well equipped to introduce Teen PEP-Bridge to workshop participants.

Take Home Messages

As peer educators, you will also be expected to make sure Orientation session participants understand the following Take Home Messages:

- Teen PEP-Bridge peer educators will conduct two workshops for students in each grade level: 6th graders will receive puberty and healthy relationships; 7th graders will receive postponing sexual involvement and human reproduction; and 8th graders will receive pregnancy prevention.
- Young people want and need guidance from older peers and trusted adults regarding information related to and decisions about sexual health issues.
- It is important to have access to accurate information and be able to ask questions in a safe environment so every young person can be equipped with the knowledge, skills, attitude, and behaviors to be healthy and prevent unintended pregnancy, HIV/AIDS, and other STIs.

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Body Part Name Game

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is to **experience a Teen PEP-Bridge twist on the Name Game activity for use at orientation.**

Directions
Step 1
Explain to students that in Teen PEP-Bridge it is important to know each other's names when working together as a team. Let students know that while some may know each other, it is important that as a group we take a few minutes to learn each other's names in a fun way.

Step 2
Ask participants to take a moment to think about the first letter of their first name and a body part that also begins with the same letter. Instruct students to use proper terminology for their body parts, and not slang. They should also think of a body part that has not been used, and if they have trouble the group can help them.

Step 3
Beginning with a peer educator, go around and have everyone introduce themselves by saying their body part followed by their first name. For instance, Jason might say, "Hello, I'm Jugular Jason."

Step 4
When everyone has had a turn, ask for a volunteer(s) to try and say everyone's name and the body part they chose. If the volunteer struggles, the group can help by pantomiming (*theatrically acting out*) the body part so they can guess.

Total Time:
30 minutes

This activity appears in the workshop

Materials
No materials are needed.

Materials for Virtual Learning
If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1UNvJNtJaLHhemTZb1sF8O2unf0D0o4rXBecL3Dq32V0/copy#slide=id.g955c090608_0_0

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Preparing for Middle School Orientation

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is to **plan and prepare for Middle School Orientation.**

Directions

Step 1

Explain to students that *Middle School Orientation* is a mini-workshop designed to get participants more comfortable with the peer educators and the Teen PEP-Bridge topics they'll be addressing throughout the year.

Distribute copies of the *Middle School Orientation session* to peer educators and go around, reading it aloud as a class.

Step 2

Discuss the following questions.

1. What are you looking forward to most about Orientation?
2. What questions or concerns, if any, do you have about Orientation?

Step 3

Refer to the *Workshop Planning Guide* and spend the next several class periods going through the Skill Building section of the Guide to build presentation and facilitation skills. Then continue on in that guide with the 11-Step Workshop Preparation Process.

Step 4

See the T*hings for Advisors to Consider* on page 1 of the *Orientation Workshop* and be sure to have done the background work needed to prepare for Orientation.

Total Time:
3-5 class sessions

Materials

- ❑ The Workshop Planning Guide for advisors
- ❑ A copy of the Orientation

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Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1Ex8vzZwZSXlPLv70T0AHrVZWOap_iLuGS7qbbuR2rWw/copy#slide=id.g968a335bea_0_0

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Curriculum Feedback Form

Unit 2: Preparing for Middle School Orientation

Name of Advisor: _____ School: _____

Today's Date: _____

Length of your class periods: 45 60 80 90 ____
No. of class periods to complete unit: ____

Please indicate the month the unit was taught:

September	*October*	*November*	*December*	*January*	*February*	*March*	*April*	*May*
❑	❑	❑	❑	❑	❑	❑	❑	❑

Advisor feedback is critically important in developing and revising curricular resources that work for schools. We appreciate you completing this form (or logging into www.TeenPEP.org to complete it online) so we can use your feedback in our process!

Please consider responding to any or all of the following questions in your feedback:

- *How effective were the activities in increasing students' knowledge?*
- *How engaging were the activities for students?*
- *How clear are the objectives and directions for each activity?*
- *What, if anything, did you do differently for a particular activity? Why? What was the result for your group?*

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Please scan and email to info@supportiveschools.org ◆ Attn: Teen PEP Research & Administrative Associate or complete online at www.TeenPEP.org

Middle School Orientation

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High School Students Equipping Middle School Students with Knowledge and Skills to Make Healthy Decisions

Teen Prevention Education Program

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TEEN PREVENTION EDUCATION PROGRAM BRIDGE

Middle School Orientation Session

- ★ Orientation: Things for Advisors to Consider 1
- ★ Orientation Agenda 2
- ★ Orientation Materials List 2
- ★ Orientation Skits & Activities 3
- ★ Orientation Materials & Templates 12
- ★ Orientation Evaluation 18

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Middle School Orientation Session

Things for Advisors to Consider

►Objectives

- To orient middle school workshop participants to Teen PEP-Bridge, including topics that will be covered and an overview of how workshops will be administered
- To introduce middle school outreach participants to the peer educators they will be working with this year

►Options for Implementation

- **Scheduling**

  This orientation session is designed to be implemented in one 45-minute session, and should be scheduled during the school day.

  Coordinate the date and location with school administrators.

  Be sure to avoid scheduling *Orientation* on a date where other major school activities are taking place. Be sure transportation is available for peer educators to get to the middle school.

- **Participants**

  In your first year, it is recommended that you invite sixth, seventh, and eighth grade workshop participants to attend this orientation. In subsequent years, you only need to invite sixth graders to attend, but might find it advantageous for your population to have seventh and eighth graders attend *Orientation* each year to meet the new peer educators and get reintroduced to the curriculum.

  You should also consider inviting stakeholders and the teachers of your workshop participants to *Orientation*.

- **Materials and Preparation**

  Be sure to read through the packet and prepare all materials in advance. It might also be helpful to have microphones for peer educators and participants for the *Orientation*, especially if you have a large audience or conduct the workshop in a space with poor acoustics.

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Orientation Agenda & Materials

▶45-Minute Orientation Agenda

	Time
Welcoming Participants	5 minutes
Attention Getting Skit: Round of Questions	2 minutes
Presenter Introduction & Teen PEP Introduction	7 minutes
Orientation Introduction	4 minutes
Bridge to Skit	1 minute
Skit: Stop the Madness	3 minutes
Bridge to Large Group Activity	1 minute
Large Group Activity: Sharing Excitement	10 minutes
Closure	2 minutes
Evaluation	10 minutes

Activity	Materials	Template Provided
Skit: Intro to Topics	❑ Five signs that read: ★ 6th Grade: Puberty ★ 6th Grade: Healthy Relationships ★ 7th Grade: Human Reproduction ★ 7th Grade: Postponing Sexual Involvement ★ 8th Grade: Pregnancy Prevention	✓ ✓ ✓ ✓ ✓
Skit: Stop the Madness	❑ Television frame (made from cardboard) & Remote	
Sharing Our Excitement	❑ Blank index cards for ***each*** participant ❑ Newsprint and markers ❑ Pens or pencils for ***each*** participant	
Evaluation	❑ Evaluation form for ***each*** participant ❑ Pens or pencils for ***each*** participant	✓

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Middle School Orientation



Attention-Getting Skit: *Round of Questions*

Scene: *Peer educators enter from off stage and form a line across the presenting area with their backs to the audience. From left to right, each student turns and says their line in a clear and loud voice and remains facing forward. When the last student delivers their line, the first student on the left begins to say the same line as before, this time* "stepping" *on the line of the person before by starting the line when the last person is halfway through their line. The second round continues in this manner down the line. After this round, students continue to repeat their lines all at once with increasing volume. An advisor stands in the back and* "conducts," *allowing this to continue for five seconds or so and then cuts it off with a pre-arranged hand signal. All presenters become silent at the same time.*

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▶ A Round of Questions

1. What's Teen PEP-Bridge all about?
2. How does my body work?
3. Why are my friends acting this way?
4. How do I know if my body is normal?
5. Am I ever gonna grow?
6. When am I going to get my period?
7. How do I know if I'm ready for sex?
8. Why don't my parents trust me?
9. Why does my face keep breaking out?
10. How do I know if I'm gay?
11. What am I gonna do if my dad finds out?
12. Why does my girlfriend always get so jealous?
13. Why can't I have some privacy?
14. How do I know if I'm in love?
15. Is sex a sin?
16. Why does my boyfriend push me around?
17. Why am I so moody?
18. Does my mom have **any** idea what's going on?
19. _____
20. _____

Note:
If you have fewer than 18 peer educators, select the lines that are most relevant for your school. If you have more than 18, add enough lines about puberty and /or relationships so that each peer educator has one.

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Presenter Introduction

Scene: ***Students stand in a line across the stage.***

(One peer educator steps forward.)

Peer Ed.: Hi. We are Teen PEP-Bridge from _____ High School. Teen PEP stands for Teen Prevention Education Program. We are ____ juniors/seniors who have been trained in leadership and sexuality issues. We're here today to introduce ourselves to you and give you an overview of the topics we'll be covering in our workshops this year. My name is _____.

(Peer educator steps back in line and all students introduce themselves to the audience)

Teen PEP Introduction

Peer Ed. 1: You might be wondering who we are, what Teen PEP-Bridge is, how does it work, and how is this different from a regular class or assembly. Well to start, like we said in our introduction, we're all juniors/seniors from _____ High School.

Peer Ed. 2: We all applied and were selected to be peer educators. For this school year at the high school, our Teen PEP-Bridge group meets [*every day*] as a class. In the class we learn information about different health and sexuality topics such as puberty, healthy relationships, and sexual decision-making. We also get to examine our own personal values to help clarify some of the complicated issues that we all, as teens, face.

Peer Ed. 3: Our training also prepares us to come here to your middle school and provide you with workshops, like this one, which includes accurate information, as well as activities that will give you the skills you need to make healthy decisions and have healthy relationships.

Peer Ed. 4: We want teens and pre-teens to know that it's okay to think about our bodies, our relationships, and our sexuality. And it's okay to ask questions. In fact, all of these issues can be made less frightening and confusing just by talking about them together.

Peer Ed. 5: We look forward to coming here to talk with you, and we hope you do too. So, I bet you're wondering what are the topics we will cover this year through our Teen PEP-Bridge workshops? Let's take a look.

Orientation Introduction

(Five peer educators step forward and present the topics, holding up signs above their head for the audience to see as they speak, then lowering them to chest-level before the next person speaks)

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Peer Ed. 1: *(Holds up Puberty sign)* We will work with sixth graders in a workshop called *When It's Time to Change: Puberty*. In this workshop, we'll answer questions such as, Is what my body is going through normal? What's puberty all about anyway? How does my body work?

Peer Ed. 2: *(Holds up Healthy Relationships sign)* The second sixth grade workshop is called *Don't Settle for Less,* and it's all about thinking through how we can have healthy relationships with the people in our lives.

Peer Ed. 3: *(Holds up Postponing Sexual Involvement sign)* The first workshop we'll do with seventh graders is called *Where Did I Come From?: Human Reproduction* to better understand how our bodies work and how we can prevent unintended pregnancy.

Peer Ed. 4: *(Holds up Human Reproduction sign)* We'll then spend some time with seventh graders in our workshop *Let's Wait Awhile: Postponing Sexual Involvement.* In this workshop, we'll answer questions such as, Why do some teens have sex? Why do some teens decide to wait? It's really important to think about **who we are** and **what we want** before becoming sexually active, and we'll do that in this workshop.

A note on props:
Peer educators should find their own props to make their character(s) inside the frame as humorous and expressive as possible. For example, Peer Educator 5 could hold fake flowers; Peer Educator 11, the teacher, could have granny glasses and a pointer; Peer Educator 14, the parent, could look over a newspaper, etc.

Peer Ed. 5: *(Holds up Pregnancy Prevention sign)* With a great foundation in the first two years of middle school, eighth graders will learn more about the impacts teen pregnancy can have on your life and will gain the knowledge and skills to prevent pregnancy in our two part series called *Later Baby: Pregnancy Prevention.*

(Peer educators step back into line.)

Bridge to Skit

(One peer educators steps forward.)

Peer Ed.: Now that you have a sense of the topics we'll cover, we want you to also get a feel for how workshop skits and activities will work. First, we'll do a skit from one of our workshops. Then, we'll head into small groups to do an activity together.

*(Peer educator steps back into line and all peer educators turn their backs to the audience. Peer educators who are not performing in a skit should remain **frozen and silent** in line with their backs to the audience.)*

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Skit: *Stop the Madness-Middle School*

Scene: ***The frame of a large television is set up facing a chair that is sideways to the audience. Peer educators will line up behind the TV and come up one by one, stand inside of the frame, and recite their line to Erica, who is sitting in a chair facing the television. After a peer educator speaks inside the frame, they move to the end of the line. Peer educators may have more than one line in the skit.***

Erica: I guess I've got a little time to watch TV before dinner. *("Clicks" on the TV. Erica says "click" and clicks after each peer educator speaks.)*

Peer Ed. 1: In today's episode of *Ask the Doctors,* we'll explore the changes young people go through during puberty…

Erica: Hmmm… Nah, we have a Teen PEP-Bridge Workshop on that next month.
CLICK!

(Peer Ed. 1 steps out and goes to the back of the line and the next peer educator is in place behind the frame.)

Peer Ed. 2: Hip girl tampons…for the cool girl in you.

Erica: Oh no! *(turns her head away; reaches out with the clicker to turn the channel.)*
CLICK!

Peer Ed. 3: Come on Erica, you know you're thinking about this **all** the time.

Erica: *(Jumps up and stares at TV) Uh* What?!
CLICK!

Peer Ed. 4: Grow up Erica.

Erica: *(Sits back down in chair)* **This** is weird.
CLICK!

Peer Ed. 5: *(In a dramatic voice, like a soap opera)* Cammie, when you treat me that way, you make me feel so special and loved.

Erica: Ugh. Ew.
CLICK!

Peer Ed. 6: If you or someone you know is in an abusive relationship, dial 1-800…
Erica: (*Shakes head)* Oh dear.
CLICK!

Peer Ed. 7: I don't understand why my daughter never talks to me anymore!

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Erica: Ha now that's funny!
CLICK!

Peer Ed. 8: I think we should take our relationship to the next level.

Erica: What does **that** even mean?
CLICK!

Peer Ed. 9: I love him, I mean her, I mean him. *(Spoken with a bit of embarrassment — as if not sure how the audience will respond)*

Erica: *(Leans forward looking confused)* Wait what?!!

Peer Ed. 10: *(In a deep, serious voice)* Today, on National Geographic, we'll talk about the human reproductive system.

Erica: Ah. Nope.
CLICK!

Peer Ed. 11: Okay class, today we're going to be talking about FERTILIZATION.

Erica: (*Puts head in hands and groans)* Oh no.
CLICK!

Peer Ed. 12: I told her if she loved me, she'd wait to have sex until **I** was ready.

Erica: *(Nods)* Okay, cool.
CLICK!

Peer Ed. 13: Sex is a sin!

Erica: Is it?
CLICK!

Peer Ed. 14: Sex is something that only happens between two people who love each other very much.

Erica: Wow. Okay.
CLICK!

Peer Ed. 15: If you do it, you'll get a reputation!

Erica: Really??
CLICK!

Peer Ed. 16: Seriously, I think you have to be married to have sex.

Erica: That's what my mom says.
CLICK!

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Peer Eds. 17 & 18 *(Say/sing a suggestive lyric to a popular song while dancing provocatively)*

Erica: *(Gets up and starts dancing with Peer Eds. 17 & 18, then sits back down and changes the channel)*
CLICK!

Peer Ed. 19: *(In an announcer's voice)* Tonight's feature film: *She Was Too Young to be a Mom.*

Erica: Oh no not again.
CLICK!

Peer Ed. 20: I thought you couldn't get pregnant the first time!

Erica: Wait, you **can**?
CLICK!

Peer Ed. 21: Too embarrassed to buy a condom? Order online now and get a bonus gift!

Erica: (*Puts hands in front of face)* Yup I'm embarrassed now!
CLICK!

Peer Ed. 22: Today on the Alex show…are you the baby's daddy?

Erica: (*Groans*) For real?
CLICK!

Mom: *(Walks in from side)* Erica? *(Walks closer)* Erica!

Erica: *(Jumps)* Yeah, Mom!

Mom: Are you alright? You look a little confused; what's going on?

Erica: Uh, no Mom! I mean, I'm okay; it's nothing.

Mom: Okay, well dinner's ready.

(Erica gets up and starts to follow her mother. All the peer educators fall in behind her, saying their lines all at once over and over.)

Mom: *(Mom stops and turns around. Everybody freezes and stops talking.)* Are you sure? It doesn't **look** like everything is okay.

Erica: *(With irritation)* I just have a lot on my mind.

(Mom, Erica, and the group of other peer educators keep walking. Peer educators continue saying their lines over and over, until they are off the stage area.)

(Erica comes back to face the audience)

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Erica: Many people don't realize the sexual messages that young people see and hear every day. But that's where we come in! Over the next year, we'll work together to sort through all these messages and give you the knowledge and skills you need to better understand your body, to make healthy decisions, and have healthy relationships.

Bridge to Large Group Activity

(A peer educator steps forward and speaks to the audience while 2-5 other peer educators distribute index cards and pencils to participants.)

Peer Ed. 1: Thank you to our actors. We hope the skit helped you understand better what Teen PEP-Bridge is all about and what you can look forward to this year. Skits like these are one of the ways we get an audience's attention at the beginning of a workshop.

Peer Ed. 2: Our skits are intended to raise issues that are common to teens…but they don't tell you what to do. The purpose is to get everyone thinking so we can do hands-on activities to further explore the issues raised.

Peer Ed. 3: The activities we do in workshops are important to help promote healthy behaviors and knowledge. In all of our workshops you will experience small group activities where you'll get to work with about 10 of your peers and 2 Teen PEP-Bridge peer educators. Today, we are going to do a short small group activity so you can share what you are looking forward to or hoping to get out of Teen PEP. Count with me while I number you off, and then go with the peer educator who is holding your number.

Small Group Activity: *Sharing Our Excitement*

Peer Ed.: Together, we're going to spend some time thinking about what we are most looking forward to from our participation in the Teen PEP-Bridge workshops. First, let's go around the circle and introduce ourselves with a fun name game.

Step 1

On one side of an index card that participants just received, have them respond to the following:

What excites you most about being a part of Teen PEP?

On the other side of the card, have participants respond to the following:

What is one thing you hope to learn this year through your workshops.

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Step 2
Go around the circle and have each person share one thing they are excited about and record responses on newsprint. Be sure to repeat answers as they are called out. Ask if any volunteers would like to share something they are hoping to learn more about this year. Collect all cards before returning to large group.
Google Jamboard version

Closure

Scene: ***In large group, all peer educators stand in a line across the stage, as in the introductions. Six peer educators step forward and say the following:***

Peer Ed. 1: We hope this orientation session has been helpful to you and has gotten you excited about working with us this year!

Peer Ed. 2: If you're a sixth grader, you can expect to see us for ***your*** first workshop [*insert estimated month of first workshop for sixth graders*].

Peer Ed. 3: Seventh graders, you can expect to see us for ***your*** first workshop [*insert estimated month of first workshop for seventh graders*].

Peer Ed. 4: And to our eighth graders, you can expect to see us for ***your*** first workshop [*insert estimated month of first workshop for eighth graders*].

Peer Ed. 5: It's been great getting to see everyone and share our excitement about Teen PEP-Bridge with you all! We cannot wait to get started and look forward to seeing you all again soon.

Peer Ed. 6: Now we need you to take a few minutes and fill out this evaluation to provide feedback on today's orientation. Thank you for your time, and for your participation today.

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Evaluation

Pass out evaluations and pencils. Ask all participants to fill out an evaluation and hand it in before leaving the orientation.

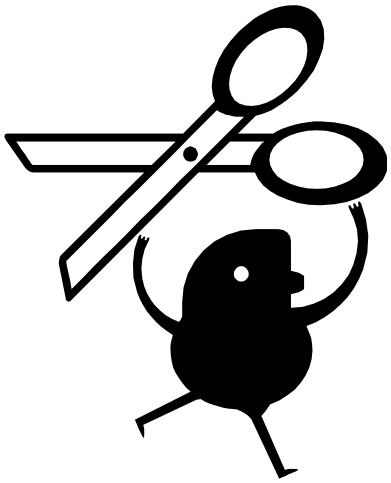
Materials for Virtual Learning
If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1UNvJNtJaLHhemTZb1sF8O2unf0D0o4rXBecL3Dq32V0/copy#slide=id.g955c090608_0_0

https://docs.google.com/presentation/d/16g1jifI3hoIIRALRNWeLSOi8VbjNCHtNac3de8XZfVg/copy#slide=id.g9032666003_0_322

Google Jamboard:
https://jamboard.google.com/d/1Gbsp6RpNrWqk3C97PFMIjBTtEoJSuxJTlSyCkmwBoIc/viewer?f=0

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Orientation Materials & Templates

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6th Grade:

Puberty

FOR REVIEW ONLY

6th Grade: Healthy Relationships

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7th Grade: Postponing Sexual Involvement

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7th Grade: Human Reproduction

FOR REVIEW ONLY

8th Grade:

Pregnancy Prevention

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Teen PEP-Bridge Middle School Orientation Evaluation

School/Organization Name:_____

I am a:
(Check one response)

- ❑ 6th Grader
- ❑ 7th Grader
- ❑ 8th Grader
- ❑ Teacher
- ❑ School Administrator
- ❑ Other: _____

Please check (✓) one box for how much you agree or disagree with each statement below:

	Strongly Agree	Agree	Disagree	Strongly Disagree
Because of today's orientation, I understand what our Teen PEP-Bridge Workshops will be like.				
Because of today's orientation session, I am looking forward to this year's workshops.				
Because of today's orientation session, I am looking forward to working with the peer educators.				
After today's orientation session, I am more excited about Teen PEP.				
The presenters were well-prepared and organized.				
The presenters were able to keep the group focused on the topic/task.				

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What do you think is the most important information you learned during this orientation session?

_____

_____

_____

_____

In what ways do you think Teen PEP-Bridge will be good for your school?

_____

_____

_____

_____

Use the back of this survey for additional comments or suggestions. Thank you for completing this evaluation!

Unit Three

Understanding Gender & Sexuality

Volume I • 2020

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TEEN PEP-BRIDGE

High School Students Equipping Middle School Students with Knowledge and Skills to Make Healthy Decisions

TEEN PREVENTION EDUCATION PROGRAM

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Unit Three

Understanding Gender & Sexuality

★ Overview 1
(15 minutes)

★ Gender Fishbowl 3
(45 minutes)

★ Terminology Mix Up 6
(45 minutes)

★ What's in a Pronoun? 22
(15 minutes)

★ Gender Boxes 24
(30 minutes)

★ Gender Stereotypes: Agree/Disagree/Unsure 30
(45 minutes)

★ Advertising & Gender 36
(30 minutes) Homework

★ Advertising & Gender: Homework Presentations 39
(45 minutes)

★ Comfort Continuum 41
(30 minutes)

★ Stand by Me: Allyship in Action 47
(45 minutes)

★ School-Wide Campaign Check-In 56
(15 minutes)

★ Reflecting on the Unit: Chalk Talk 60
(30 minutes)

★ Gender & Sexuality Unit End Quiz 62
(30 minutes)

★ Parent/Guardian-Teen Homework 70
(5 minutes)

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Understanding Gender & Sexuality Overview

Note: When you went on your retreat, you should have completed two activities, Sex vs. Gender vs. Sexuality and Where Do We Learn about Sex, Gender, & Sexuality?

If you did not do these activities with your group, they must be done as part of this unit. Discuss with your TA provider how to scaffold them into this unit.

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to provide peer educators with a general overview of the topics to be discussed in the unit.**

Directions

Step 1

Distribute copies of the handout, *Understanding Gender & Sexuality: Overview* to each peer educator. Have students go around, reading aloud one paragraph at a time.

Reflections

Step 2

Discuss the following questions:

1. What feels familiar to you in what you just read?
2. What do you hope to learn or explore in this unit?

Total Time:

45 minutes

Materials

- ❑ A copy of the *Understanding Gender Overview* handout for each peer educator

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Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1UdLwKmuoWISd6N-AJmt1aFV4brEXf4_gGYhjFgHt05E/copy?pli=1#slide=id.g9461003a18_0_0

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Understanding Gender & Sexuality: Overview

Society often dictates the ways in which individuals are expected to behave in the world based on gender stereotypes, and this can influence how we see and express ourselves in our relationships with parents/guardians, siblings, friends, and especially dating partners. Understanding these dynamics is an essential foundation for understanding human development and sexuality.

While gender roles have become somewhat less confining in the last 20 years, particularly for women, gender bias and stereotyping still exists. In addition, our world is surrounded by heteronormative messages (a view that promotes heterosexuality as the normal). The activities in this unit open the door for critically evaluating societal gender roles, stereotypes, and the potential for bias, harassment, and violence.

The goal of this unit is to raise students' awareness about the issue of gender and sexuality and to begin to explore and discuss how gender role expectations, stereotypes, and the media shape our self-perception, behavior, goals, and intimate relationships. While there are no right or wrong answers, Teen PEP promotes certain core values that are a part of healthy relationships, including equality and respect for one another's feelings, values, choices, gender identity, gender expression, sexual orientations, and sexual decisions. A healthy and mutually respectful relationship enables partners to communicate, set boundaries, and take responsibility for the sexual decisions they make inclusive of their identities, expressions, and orientations.

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Objectives

By the end of this unit, you should be able to:

- Build understanding and empathy for people inclusive of their gender identity, gender expression, and sexual orientation
- Use appropriate terminology, inclusive language, and affirming pronouns
- Name at least five gender stereotypes
- Describe three ways that gender boxes can be harmful
- Describe three ways gender stereotypes influence expectations related to sexual behavior
- Describe three ways that heteronormative views influence relationships
- Recognize the media's influence and representation of gender and sexuality
- Articulate why understanding gender and sexuality are critical foundational elements for sexuality education

Take Home Messages

The essential messages from this unit, to take home:

- Every person has the right to make sexual decisions regardless of societal norms and expectations
- Individuals in any relationships have the right to equal decision making and treatment
- Every person has the right to be safe and free from harassment and violence

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Gender Fishbowl

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to provide an opportunity for participants to listen and verbalize some feelings about gender related stereotypes and beliefs.**

Directions

Step 1

Explain the purpose of a fishbowl to participants by reading the following three bulleted items:

- This activity—a Fishbowl Conversation—will provide an opportunity for peer educators to speak to their own experience and to exchange ideas and feelings about issues related to gender, stereotypes, and beliefs.
- It will also be an opportunity to listen to another point of view and to be heard by your peers.•
- We hope you can all place an emphasis on respect for one another and the importance of confidentiality. When we leave this room, you may want to talk about the ideas that are shared in this room, but please do not attach any names to those ideas. If you do, please keep in mind our ground rules and respect each other's privacy by not attaching any names to those ideas.

Step 2

Have peer educators self-select into one of three groups that they **personally identify with** – *Female Identified, Male Identified, or Gender Expansive.*

> **Important Note:** Peer educators should only join the group that they personally identify with. If no peer educators identify as gender expansive, save that group for last in the fishbowl and use the videos provided in Step 6 to represent the missing identity. It may be helpful to give peer educators a heads up prior to this activity so no one feels put on the spot or uncomfortable.

Total Time:
45 minutes

Materials

- ❑ Newsprint and markers
- ❑ A copy of the *Gender Fishbowl Small Group Questions for Conversation* handout for each small group

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Step 3

Give each group 2-3 sheets of newsprint and markers. In their small groups, have students discuss the questions found in the *Gender Fishbowl Small Group Questions for Conversation* handout. Have a member from each group volunteer to be the reporter and write down responses to those questions on newsprint.

Step 4

Have one group sit in a circle with the others in a larger circle surrounding them. Explain to the group that while the group in the inner circle is speaking, the members of the outer circle must remain silent and just listen. Once groups are settled and silent, have the members of the inner circle read and explain their answers to *Step 3*.

Step 5

Switch seating arrangement and repeat *Step 4* for the remaining groups. Return to large group circle. *(You will do this step twice so that all groups have the opportunity to be in the center.)*

Step 6

To provide perspectives into the lives of gender expansive and intersex teens who may not be represented in your group, watch one or both of the first two videos **AND** the third video.

- *What's The Difference Between Gender & Sexual Orientation, Again?*
  - https://www.youtube.com/watch?v=3RWWvO5SQqU
- *What It's Really Like To Go Through High School As A Trans Person*
  - https://www.youtube.com/watch?v=EQPgSUGAOk
- *These Activists Get REAL About Being Intersex*
  - http://video.teenvogue.com/watch/these-activists-get-real-about-being-intersex

Reflections

Step 7

Discuss the following questions:

1. What did you learn from this activity?
2. What surprised you about the experiences that were shared?
3. What, if anything, will you do differently now that you have this information?
4. How has this activity increased your empathy toward your peers?



Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1pssk18Pm2nqIlY9gxomw9OXp1w7xjcA0Bh-NrudTbGw/copy?pli=1#slide=id.g9461003a18_0_0

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Gender Fishbowl Small Group Questions for Conversation

In your small groups, discuss the following questions and have a recorder write down responses on your newsprint.

1. What do those who identify as this gender like best about being a part of this group?

2. What myths/stereotypes about this group are seemingly the most frustrating?

3. What accurate information should replace the myths?

4. What do you wish others understood about members of this group?

5. How would you like others to treat this group differently? What would it look like if this group was treated with more empathy and respect?

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Terminology Mix-Up[1,2]

Note: *Preparation Needed!* Review the resources provided at the end of this activity for your own understanding. Having a well-rounded understanding of the terms in this activity will help you best facilitate it.

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to provide students with a language for discussing LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer) topics and to clarify their understanding of various terms and concepts regarding gender and sexuality.**

Directions

Step 1

Distribute at least one *Definition Card* to each peer educator. Starting with *Word Card #1*, place the card face up in the center of the circle. If the pair thinks they have the correct definition for that word, they should lay their card down in the center of the circle.

Using the *Terminology Mix-Up Facilitator's Guide*, go over the terms one at a time with the students **in the order listed in the guide.** Be sure to leave time for the final activity reflection questions, which are also found in this *Facilitator's Guide.*

For additional information and further reading, consider:

Note: *These resources have not been created for or with Teen PEP, nor does Teen PEP explicitly endorse any of them. It is the responsibility of the advisors to ensure the appropriateness of information shared with their audience.*

- GLSEN Key Concepts and Terms: *https://www.glsen.org/sites/default/files/GLSEN%20Terms%20and%20Concepts%20Thematic.pdf*
- GLAAD Glossary of Terms: *https://www.glaad.org/reference/lgbtq (this link also includes discussion of why several terms are considered outdated)*
- Genderbread Person: *https://www.genderbread.org/*
- Gender Unicorn: *http://www.transstudent.org/graphics*

Materials

- ❑ 1 set of *Word Cards* printed on one color paper, arranged in a pile in order from 1-20

  **Word Cards are color-coded by category. If possible, print these cards in color ink. If you cannot, it will not affect the activity.)*

- ❑ 1 set of *Definition Cards* printed on another color paper

Facilitation Note:

It is important to review the word cards in order since they build a foundation of knowledge needed to understand the separate concepts of sex, gender, and orientation. Completing the word cards out of order may cause unnecessary confusion. Some terms will be very familiar to group members and require little discussion. Other terms will need more clarification or explanation.

Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1cHyqEaFoOc9eHRBldy9wA3gupXVVm4qns_IRphUg-5A/copy?pli=1#slide=id.g9461003a18_0_0

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Terminology Mix-Up: Facilitator's Guide

*Use this guide to go over the terms one at a time with students **in the following order.***

Consider the following points in leading an affirming discussion with your group:

- Explain how/why Teen PEP defines the terms
- Ask participants to clarify the terms they are comfortable using
- Be open to hearing other examples of preferred terms
- Respect potential differences that may arise
- Watch out for potential confusion of terms and concepts – particularly with gender identity and sexual orientation
- Correct and replace outdated, offensive, or inaccurate language/information
- Validate questions that come up for the group
- Seek support from an advisor if unsure of correct answer or in need of resources
- Try to use gender-inclusive language wherever appropriate
- Model being open, non-defensive, patient, and kind

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1. Have students match the following cards:

1. **Biological Sex / Sex Assigned at Birth:** Assignment of babies at birth, by medical professionals and/or family, as either female, male, or intersex, usually based on their sexual anatomy and/or chromosomes.

2. **Intersex:** An umbrella term used to describe a variety of conditions in which people are born with reproductive and/or sexual anatomy that doesn't seem to fit the medical definitions of female or male.

Then, discuss the Sex Assigned at Birth and Intersex cards using the following questions:

1. What physical characteristics are used to determine the label male at birth? *(Penis, scrotum and testes; XY chromosomes; testosterone.)*
2. What physical characteristics are used to determine the label female at birth? (*Vulva, vagina, uterus, and ovaries; XX chromosomes; estrogen.)*
3. Who typically determines these labels at birth? (*Doctors, parents, family; some may choose to make no determination at birth allowing the child to self-identify later in life.)*
4. How common do you think it is for someone to be born intersex *(with aspects of both sexes)*? (*1 per every 1,500-2,000 births*[1]) ***Note:*** *Intersex individuals may be born with combination of chromosomes such as XXY;*

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external genitals that don't match internal organs or hormones developed during puberty; or genitalia or internal sex organs that don't easily fit traditional definitions of female or male.

2. Have students match the following cards:

3. **Gender Identity:** A sense of one's gender, which may or may not correspond with the sex and gender one is assigned at birth.	4. **Gender Expression:** How one expresses oneself, in terms of dress, appearance, and/or behaviors.
5. **Cisgender:** A person whose gender identity and expression are aligned with the sex they were assigned at birth.	6. **Transgender:** An umbrella term that describes a wide range of identities of people whose gender identity and/or expression differs from society's norms based on their assigned sex at birth.
7. **Gender Expansive/Gender Non-Conforming:** Anyone whose gender in some way is seen to be stretching the surrounding society's idea of gender.	8. **Gender Fluid:** A person whose gender identification and expression shifts among gender-based expectations. Being fluid in motion between two or more genders.

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Then, discuss the Gender Identity, Gender Expression, Cisgender, Transgender, and Gender Non-Conforming Gedner Fluid cards using the following questions:

1. In what ways do people express their gender? *(Clothing, hairstyle, makeup, speech, body language, pronouns, etc.)* ***Note:*** *How a person expresses their gender is not necessarily an indication of sexual orientation. Gender and sexuality are separate concepts. All people have a gender identity, gender expression, and sexual orientation that are separate parts of what make them who they are.*
2. What is the "gender binary"? What is the "gender spectrum"? (*The idea that gender can only be an either/or option of male/masculine or female/feminine based on sex assigned at birth, rather than a continuum or spectrum of gender identities and expressions.)* Why might it be valuable to consider gender as something that can be fluid rather than binary?
3. What are other examples of terms included on the gender spectrum? *(Cisgender, transgender, non-binary, gender non-conforming, gender fluid, genderqueer, agender)*

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4. What are some ways a transgender person might express their gender? (*Social transition: name change, pronouns; Medical transition: hormonal, surgical.)*

5. Why might people who identify as transgender not make a physical transition? (*Transitioning in any way is a very personal decision that allows individuals the opportunity to be their authentic selves in ways that reflect their gender identity. Reasons why some people decide not to transition include feeling it's not the right fit for them, financial issues, limited access to care, and fear of discrimination.)*

6. Why is it important to use someone's chosen name and affirming pronouns? (*It shows respect; values their gender identity; helps create a supportive, affirming, and inclusive environment; and it's the law.*)

> **Note:** The term *affirming* pronouns is used because affirming means to accept, confirm, and declare strong support for something—in this case, a person's pronouns.

3. Have students match the following cards:

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9. Sexual Orientation: Emotional, romantic, or sexual attraction to other people, or non-attraction to others. • Lesbian • Gay • Bisexual • Pansexual • Queer • Asexual • Heterosexual	**10. Lesbian:** A person who identifies as female whose primary emotional, romantic, or sexual orientation is toward people of the same gender.
11. Gay: A person whose primary emotional, romantic, and/or sexual orientation is toward people of the same gender.	**12. Bisexual:** A person whose primary emotional, romantic, or sexual orientation is toward people of the same and other genders.
13. Pansexual: A person whose primary emotional, romantic, or sexual desire is toward people of all genders and sexes.	**14. Queer:** A term that can be used to express that sexuality and gender can be fluid and change over time. It is a term people use within the LGBTQ community with pride to identify themselves.
15. Asexual: A sexual orientation generally characterized by not feeling sexual attraction or desire.	**16. Heterosexual:** A person whose primary emotional, romantic, and/or sexual orientation is toward people of a gender other than their own.

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Then, discuss the Sexual Orientation, Lesbian, Gay, Bisexual, Pansexual, Queer, Asexual, and Heterosexual cards using the following questions:

1. How is sexual orientation different from gender identity? (*Gender Identity is who you are and how you feel about yourself; Sexual Orientation is who you're attracted to and want to be with. Both Cisgender and Transgender people can be attracted to others who identify anywhere on the spectrum of gender identities.)*
2. Lesbian, gay, bisexual, queer, pansexual, asexual, and heterosexual are all examples of what? *(Terms to describe sexual orientation.)* ***Note:*** *Just because someone is LGBQPA doesn't mean they are attracted to ALL people in the gender category to whom they are usually attracted, just like all heterosexual people are not attracted to ALL members of different/opposite genders.*
3. How can you determine which sexual orientation term/label is appropriate to use for someone? (*Ask the person which labels they use to describe themselves; use the label that reflects and affirms their gender identity and the gender identity of their partner.)* ***Note:*** *It's important to recognize that some people don't think these labels describe themselves, some feel comfortable with certain labels and not others, and others don't like the idea of labels at all.*

4. Have students match the following cards:

17. Ally: A member of the dominant group who works to end oppression by recognizing their own privilege and supporting or advocating for the oppressed population.

For example, a heterosexual cisgender person who supports the equality of LGBTQ people.

Then, discuss the Ally card using the following questions:

1. What does it mean to be a member of the **dominant group**? *(A group in society who holds power, privilege, and social status.)*
2. What does it mean to be **oppressed**? *(Groups who are singled out for unequal treatment in society.)*
3. What does it mean to have **privilege**? *(When members of a group have a set of unearned benefits/rewards because of certain aspects of their identity.)*
4. Why are allies important?
5. What are examples of how we can all be allies in our schools and communities? *(Ensuring everyone has access to sexual health information inclusive of their sexual orientation and gender identity; supporting or joining a GSA in your school; attending a rally or peaceful protest; contacting your representatives; listening empathetically to peers and believing their experiences)*

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Reflections

6. Be sure to use the following reflection questions to wrap up the discussion:

1. Why is it important for people to know and use accurate terminology, inclusive language, and affirming pronouns when discussing people who are lesbian, gay, bisexual, or transgender, and issues important to their lives and wellbeing? (*Using correct language shows respect, dispels myths and stereotypes, and educates others. Inclusive language and affirming pronouns acknowledge diversity and help LGBTQ people feel safe and valued.*)
2. Why is it important for peer educators to know and use accurate terminology when discussing people who are lesbian, gay, bisexual and transgender? *(By modeling the use of correct terminology and respectful behavior, it helps set an example for middle schoolers and makes the information being delivered more accessible to whomever is in your audience or small group. This is one small step toward being allies for LGBTQ people in your community.)*
3. Why do you think some people reject labels all together? *(There are many reasons this may be true. Some examples may include: some people think how they identify and express themselves and who they're attracted to is very personal, so they may not relate to the labels; which labels they feel comfortable using may change over time so they don't want to be labeled; others think a step toward equality will come when no one is labeled.)*
4. In your experience, how has LGBTQ terminology been used in our school? How can we be a part of improving the culture of our school in this area?

Important Note:

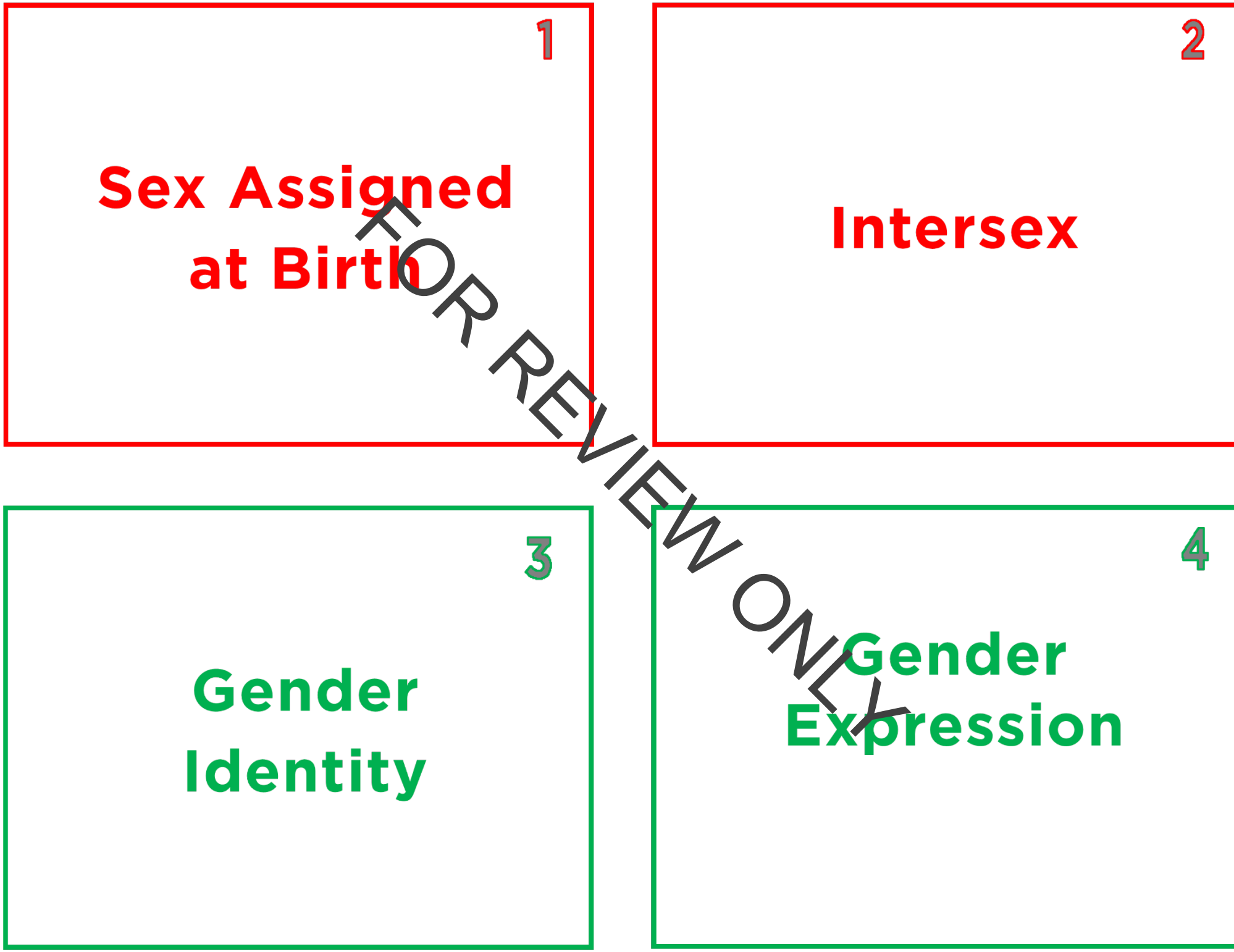
There are some outdated terms that are no longer used because they are hurtful and potentially put others at risk. If they come up in the conversation, be sure to let students know that they should use the words included in the activity in their place.

- Transgender**ed**
- Straight
- Hermaphrodite
- Transvestite
- Homosexual

This curriculum intentionally doesn't use words like "transphobic," "homophobic," and "biphobic" because (1) they inaccurately describe systems of oppression as irrational fears, and (2) for some people, phobias are a very distressing part of their lived experience and endorsing this language can be perceived as disrespectful to their experiences.

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6

Transgender
(Trans)

8

Gender Fluid

5

Cisgender
(Cis)

7

Gender
Non-Conforming
(GNC)

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10

Lesbian

12

Bisexual

9

Sexual Orientation

11

Gay

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14

Queer

16

Heterosexual
(Hetero)

13

Pansexual/
Omnisexual

15

Asexual

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WA -0021380

An umbrella term used to describe people who are born with chromosomes, or reproductive or sexual anatomy, that doesn't seem to fit the traditional definitions of female or male.

Assignment of babies at birth, by medical professionals and/or family, as either female, male, or intersex, usually based on their sexual anatomy and/or chromosomes.

How one expresses oneself, in terms of dress, appearance, and/or behaviors.

A sense of one's gender, which may or may not correspond with the sex and gender one is assigned at birth.

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An umbrella term that describes a wide range of identities of people whose gender identity and/or expression differs from society's norms based on their assigned sex at birth.

A gender identity, role, and/or expression that matches the person's assigned sex at birth.

A person whose gender identification and expression shifts among gender-based expectations. Being fluid in motion between two or more genders.

Anyone whose gender in some way is seen to be stretching the surrounding society's idea of gender.

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WA -0021381

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A person who identifies as female whose primary emotional, romantic, or sexual orientation is toward people of the same gender.

Emotional, romantic, or sexual attraction to other people, or non-attraction to others.

A person whose primary emotional, romantic, or sexual orientation is toward people of the same and other genders.

A person whose primary emotional, romantic, and/or sexual orientation is toward people of the same gender.

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WA -0021382

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A term that can be used to express that sexuality and gender can be fluid and change over time. It is a term people use within the LGBTQ community with pride to identify themselves.

A person whose primary emotional, romantic, or sexual desire is toward people of all genders and sexes.

A person whose primary emotional, romantic, and/or sexual orientation is toward people of a gender other than their own.

A sexual orientation generally characterized by not feeling sexual attraction or desire.

FOR REVIEW ONLY

WA -0021383

A member of the dominant group who works to end oppression by recognizing their own privilege and supporting or advocating for the oppressed population.

For example, a heterosexual cisgender person who supports the equality of LGBTQ people.

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What's in a Pronoun?

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to build understanding for the importance of correctly identifying a person's gender and using their pronouns.**

Total Time:

15 minutes

Materials

- ❑ Technology to play online video

Directions

Step 1

Ask students to think back to your retreat, when you started to form as a group and get to know each other's names. Ask the following questions:

1. What were some of the things we identified as important in remembering someone's name? *(Using the correct name when we see someone, pronouncing it correctly, trying to remember a person's name)*
2. Why are those things important? *(It shows we care and helps a person feel valued, it is a sign of respect, because a person's name is a part of who they are)*

Step 2

Explain that just as important as getting names correct, getting a person's pronouns correct is of equal importance. Watch the following video on pronouns:

- 5-Minute What are Pronouns? video, accessed at https://www.youtube.com/watch?v=3xpvricekxU.

Step 3

Discuss the following questions:

1. What did this video reinforce for you as the importance of using the right pronouns?
2. In your own words, what is misgendering? (*When someone is labeled by others as a gender other than one that person identifies with*)
3. What do you see as being so harmful in misgendering another person?
4. If you misgender someone, what can you do to correct that?
5. What steps can you take in making sure you use the right pronouns for others?

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6. The video interviewed people who are gender nonbinary and/or transgender…but how is correct pronoun use an important practice for everyone, regardless of their gender identity?

Reflections

Step 4

Go around the circle, having each person share their pronouns with the group. Reflect by asking the following question:

1. What are you taking away from this activity that you hadn't been thinking about or doing previously?



Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1suttvkkWeJcH69cH2cmjg8KBiATxIz68bBYN0lt3xl4/copy#slide=id.g924a574143_0_97

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Adapted from GLSEN's Misgendering and Respect for Pronouns. 2018.

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Gender Boxes

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is **to identify common gender stereotypes, the pressures to conform to those stereotypes, and the consequences of not conforming.**

Total Time:
30 minutes

Materials
- ❑ Newsprint and markers

Directions
Step 1
Remind peer educators that during the *Gender Fishbowl* activity they spent some time talking about gender in terms of their own experiences and built empathy for members of other genders. In this lesson, they will evaluate messages that come from the media, parents, and friends about what it means to be male or female in our society.

Explain to students that they are going to spend this class period talking about the concept of gender. By the end of the activity, you will have looked closely at gender roles and characteristics and will better understand how these play into gender stereotypes in society.

Make sure to explain that the use of binary (*the classification of sex and gender into two distinct, opposite, and disconnected forms of masculine and feminine*) language in this activity is intentional in order to teach these concepts, even though Teen REP embraces the gender spectrum *(the continuum of gender that includes masculine and feminine as well as gender fluid, androgynous, transgender, etc.).*

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Step 2
Discuss the following questions:

1. What do you think of when you hear the term "gender"? *(Typical answer is male and female; other answers from previous learning may include gender identity, gender expression, gender expansive, gender non-binary, gender fluid, gender queer, gender non-conforming, gender neutral, cisgender, or transgender.)*

2. What colors are often associated with male and female? Gender neutral? (*Male – blue & green; female – pink & purple; neutral – yellow.)*

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Step 3
Read the following:

When a baby is born, the biological or assigned sex is determined by how the baby looks on the outside. Doctors look at the babies external reproductive organs. If the baby has a penis, the assigned sex is male and you'll hear "It's a boy!" If the baby has a vulva, the assigned sex is female and you'll hear "It's a girl!" That initial sex identification ignites many expectations that will continue for the person's entire life, determining how society interacts with them.

To begin with, the parents typically receive pink or blue clothing and gender specific toys. Comments like, "She's so beautiful, I bet she's going to break a lot of hearts one day!" or "Wow, he looks strong like he's going to be a football player," are common.

These are stereotypes about how males and females should behave in society. This classification is called "binary." Bi means two—two genders: male and female.

Step 4
Discuss the following question:

1. What are some other terms you learned in the previous activity beside "male" and "female?" (*Other answers from previous learning may include gender identity, gender expression, gender expansive, gender non-conforming, gender fluid, gender queer, non-binary, gender neutral, cisgender, or transgender.)*

Write responses on flipchart or board and ask students to briefly recall the definitions to those terms as a review from the prior activity. *(Discuss terms that are offered, then add any from the following list.)*

- Cisgender
- Transgender
- Non-binary (and/or the following terms may be used by individuals who consider themselves non-binary):
    - Gender expansive
    - Gender non-conforming
    - Gender neutral
    - Gender fluid
    - Gender queer
    - Questioning *(People who may be unsure, still exploring, or concerned about applying a label to themselves)*

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Step 5
Explain that for the rest of the activity, you are going to learn about the binary stereotypes that society has about being male and female.

Read to the group:
Imagine you are at a family gathering and your little brother falls and skins his knee and starts to cry. Your uncle says to him, *"Stop crying and act like a man."*

Write on the board/newsprint:
"Act Like a Man" across the top of the board or on newsprint.

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Discuss and record responses in a line as shown in the diagram:

1. What do you think your uncle meant when he said, "Act like a man?"
2. What other messages do males get in our society about how they're expected to act?

"Act Like a Man"

Tough
In control
Hide your feelings
Don't cry
Don't be a sissy/wimp
Don't act like a girl
Be a leader
Make the first move
Make money
Sex with many partners

Note: The following lists contain common items that might be offered by students. If they do not come up, ask probing questions or ensure these are named on the lists before moving on.

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Step 6

Read to the group:

Imagine that your little sister runs into the kitchen and yells, "The boys won't let me play football." Your aunt says, *"Stop that; you need to act like a lady."*

Write on the board/newsprint:

"Act Like a Lady" next to the other list.

Discuss and record responses in a line as shown in the diagram:

1. What do you think your aunt meant when she said "Act like a lady?"
2. What other messages do females get in our society about how to act?

"Act Like a Lady"

Sweet/good
Passive
Listener
Smart, but not too smart
Caretaker
Motherly
Feminine
Hot, but not too hot
Don't play "boys sports"
Don't have sex

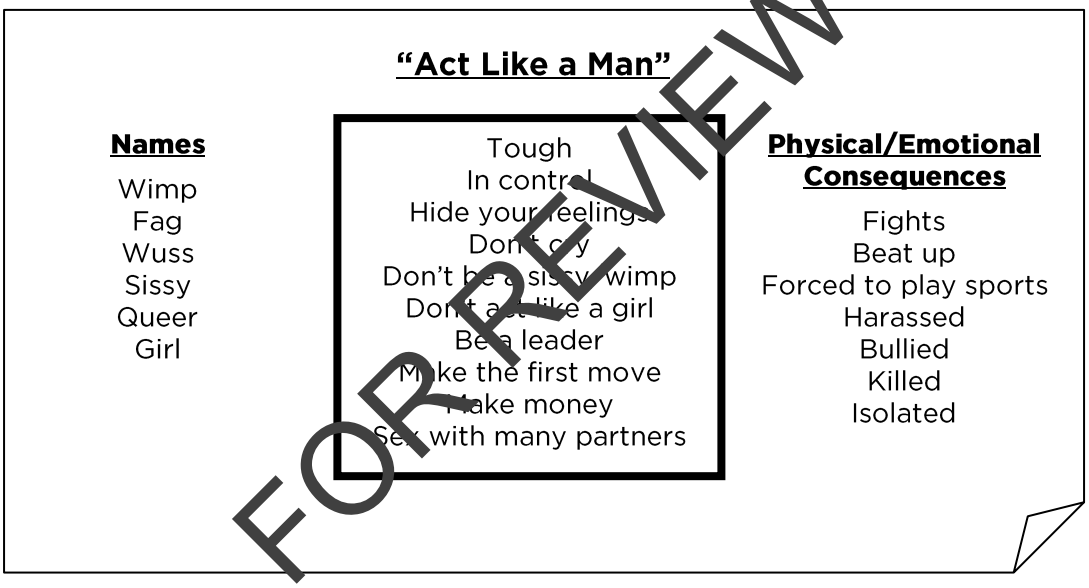
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Step 7
Draw boxes around each of the lists.

Read to the group:
These are *gender boxes*. They are society's rules for how it says we should act based on our gender. If you fit into your gender box, everything is relatively comfortable for you; but some people just don't fit into a box, or don't want to, and society works to make them feel uncomfortable.

Step 8
Discuss and record responses outside the "Act Like a Man" box as shown in the diagram:

1. What names are males called who don't fit into the gender box?
2. What physical and emotional consequences are there for males who don't fit in the gender box?
3. What names and consequences are there for non-binary/gender expansive individuals who don't identify as male?



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Read the following summary statement before moving on:
We named the physical and emotional consequences people who identify as male might feel when living outside the gender box. It is also important to understand that even males who live within the gender box can feel enormous pressure to conform in ways that can create feelings of shame, confusion, depression, or anger. Moreover, our culture promotes a lack of awareness among males about these possible negative outcomes to conform to a gender stereotype, which can make them feel even more isolated when they are facing the physical and emotional effects, making them less likely to seek or accept help.

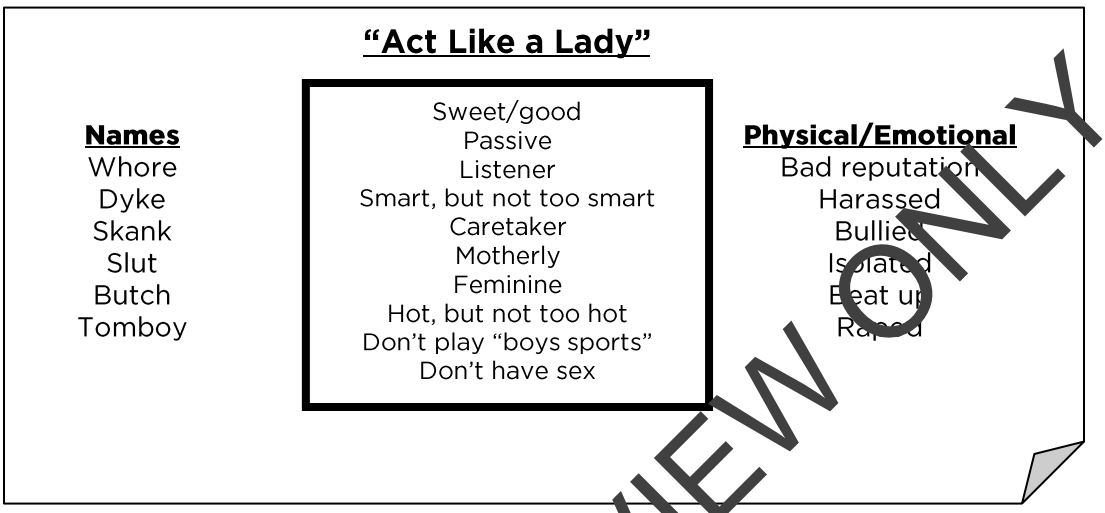
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Step 9

Discuss and record responses outside the "Act Like a Lady" box as shown in the diagram:

1. What names are females who don't fit into the gender box called?
2. What physical and emotional consequences are there for females who don't fit in the gender box?

   What names and consequences are there for gender expansive individuals who don't identify as female?



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Read the following summary statement before moving on:

The pressure to conform to this stereotypical ideal of what a female should be contributes to a culture that devalues females and forces people who identify as female to find their worth in how they look or act rather than what they can contribute. The pressure to conform to a sexual ideal also contributes greatly to our society's rape culture, whereby these prevailing attitudes about "a woman's place" have the effect of trivializing sexual assault, harassment, and domestic violence.

Reflections

Step 10

Discuss the following questions.

1. What is the purpose of these names and actions? *(They force people into the gender box and make them afraid to be themselves.)*
2. Why do people care whether or not we stay in the gender boxes? (*They are threatened by people that are different and these names and actions make them feel superior.)*
3. What messages around gender roles exist in your family or culture?
4. What ways do you think gender expectations have changed? *(It is not as shameful for men to show emotion, take care of children, or be in more traditionally female careers. Females can find support for stepping out of the box in terms of career or how they look as long as it is not too extreme, but the box seems more rigid for males. More people feel comfortable disclosing that they identify as non-binary, gender expansive, and/or transgender.)*

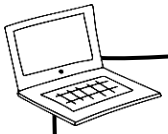
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5. How do these gendered messages from gender boxes and the gender binary impact people who identify as transgender, gender expansive, gender non-binary, or gender non-conforming? *(They often face stereotypes and mistreatment based on their gender expression. Those who identify outside of these binary boxes are more likely to experience harassment and other forms of abuse.)*

6. How do gender stereotypes affect expectations regarding relationships and sexual behavior? *(There is an expectation that males will be assertive or make the first move. There is an expectation that females will be passive and do what her partner wants. Males are expected to have sex with multiple partners, while females are expected not to have sex. Expectations can be cis- and heteronormative, leaving many LGBTQ individuals to feel excluded from these conversations or misrepresented.)*

7. What can you do if you don't fit in the gender box? (*Look for support and like-minded people within your family and community.)*

8. What can we do as peer educators to decrease harassment and violence against all people regardless of their gender identity, gender expression, and sexual orientation?



Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1_y
VAR9C1pVRMydGi7nmu6cuzizuCDxnBCuu6_JVu3o/copy?pli=1#slide=id.g9461003a18_0_395

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For additional information and further reading, consider:

Note: *These resources have not been created for or with Teen PEP, nor does Teen PEP explicitly endorse any of them. It's the responsibility of the advisors to ensure the appropriateness of information shared with their audience.*

- http://www.jacksonkatz.com/publications/

This activity was adapted from Helping Teens Stop Violence, by Allan Creighton and Paul Kivel, Hunter House Publishers, Alameda, CA, 1992

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Gender Stereotypes: Agree/Disagree/Not Sure

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Total Time:

40 minutes

Theme

The purpose of this activity is **to provide a safe structure by which participants can discuss and explore common gender stereotypes.**

Materials

- ❑ 3 posters that read
  - Agree
  - Disagree
  - Not Sure
- ❑ Facilitator's Guide

Directions

Step 1

Tape posters to a wall: *Agree* on the far left, *Disagree* on the far right and *Not Sure* in the middle. Have participants stand up in the center of the room.

Step 2

Read the following directions to participants:

- We've spent time diving deeply into various issues around gender in this unit, and we are now going to explore reactions to some common messages we get about gender in our culture.
- This activity is going to give you an opportunity to consider your thoughtful reactions related to certain statements. I will read a statement, **two times**, to the group.
- When I read the statement the **first time**, stay still and consider **your** personal beliefs about this statement. Silently decide whether you agree with, disagree with, or are not sure about the statement.
- When I read it a **second time**, you should move to the poster that corresponds with your opinion.
- Once everyone is at a poster, I will give 2-3 people at each poster an opportunity to share why they chose the poster they did. You should use *I statements* when you share ("I think…" or "I feel…").The goal is for participants to explain their position well enough for others to understand their point of view—there are no right or wrong answers, but everyone should share in a respectful way. If there are any comments I think could harm members of the group, I may step in to reframe in order to keep the group safe.
- As you listen, if you are swayed by a particular opinion, you may move to another poster in the room.

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Step 3
Using your *Facilitator's Guide*, read the first statement aloud. Read it a second time, and allow participants to move. Use the *Facilitator Tips* on your guide to lead your discussion.

Step 4
Close the discussion by making a summarizing statement and move on to the next statement.

Reflections
Step 5
Discuss the following questions.

1. What was it like to participate in this structure?
2. What, if anything, are you left thinking about that's different from when you came to class today?
3. Where do people learn about gender issues?
4. Why is it important to discuss values about gender issues in Teen PEP-Bridge?

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Tips for Facilitators
- Think ahead of time about which statements you will use in your class. It is likely you will only have time for 3-4 statements in this activity, but could refer back to this activity to process the remaining statements throughout the year as time allows in other class periods.
- When you begin each discussion, start with the largest group—either agree, disagree, or unsure—to ensure that one person doesn't feel "put on the spot." Ask 2-3 participants from each group to state why they hold that opinion. Encourage participants to use "I" statements (I think; I feel).
- Thank each speaker before asking for another volunteer to comment. Ask other participants within the same group to speak only if their point adds a new perspective to the conversation.
- Repeat what has been said if it is difficult to hear or participants are not paying attention; restate and clarify as needed. It is best if participants bring up all of the important issues in their debate. If they don't, ask pertinent questions to be sure that all of the issues on a topic are addressed.
- Move to another group and repeat the same process until each group has been heard from. Ask other groups if they would like to respond with additional thoughts.
- Do not express your own views or opinions while facilitating the discussion, either verbally (with words or tones of encouragement or discouragement) or nonverbally (head nods or shakes, or facial expressions).



Materials for Virtual Learning
If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1dKh721GM8CCXT9eZVhuxF1AfBDeO0ihJi4j4tjLU3yo/copy?pli=1#slide=id.g9461003a18_0_0

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Statement 1

On a date, both people should pay equally.

Questions to help raise key issues:

- What are some of the reasons you [agree/disagree/are not sure] with this statement?
- Does this statement change if the couple is heterosexual versus same-sex? If so, how? If not, why not?
- Why might a male want to pay for a date?
- Why might a female want to pay for a date?
- How might a couple talk about this so that both parties are clear?
- What are some assumptions about a male who pays for a date?
- What are some assumptions about a female who pays for a date?
- Why does it matter who pays?
- What are some of the thoughts around a couple where both pay?

Facilitation Note: These are sample questions for use as necessary in your discussions. Ask these questions if they do not come up in the initial conversation.

Points to include in your *Summary Statement* before moving on:

★ Our societal gender stereotypes, though loosening over the past decades, still suggest that in heterosexual relationships, a male is "supposed to pay" for dates and a female might then "owe him something" in return. When couples don't talk about these issues, it can lead to potentially harmful assumptions.

★ It is important for couples to discuss their values related to dating and decide what they are comfortable with, so that mixed messages from media or other sources don't interfere.

Statement 2

People should be virgins when they get married.

Questions to help raise key issues:

- What are some of the reasons you [agree/disagree/are not sure] with this statement?
- What are the "rules" for males as it relates to this statement? What are the "rules" for females? Do these "rules" apply in both heterosexual and same-sex relationships? Are the rules different for males and females?
- How might have people responded to this statement 30 years ago? Why?
- What if a couple doesn't agree on this issue?
- How do people's definitions of virginity (having oral, vaginal, and/or anal sex) affect how they might respond to the statement?
- Can a person believe this statement, yet also be sexually active? Why or why not?
- Why, in this statement, is there even an assumption that people should get married?

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Points to include in your *Summary Statement* before moving on:

★ The overwhelming stereotypes in our society suggest that females should abstain from sexual activity before marriage, but don't dictate the same things for males. The stereotype also dictates that people should strive to get married, but that's not something everyone values or wants.

★ The values we learn from family, friends, religion,and media, might influence how we feel about this subject—which is okay. What's important is not to impose our values on others, which plays into a stereotype that can harm individuals.

★ Talking with, listening to, and respecting our partners around issues like virginity is important. We will explore virginity more in the next unit.

Statement 3

Males always want to have sex.

Questions to help raise key issues:

- What are some of the reasons you [agree/disagree/are not sure] with this statement?
- What does this statement say about males?
- How does this stereotype have an impact on people who don't identify as male?
- If this statement were "females always want to have sex," would your opinion change? If so, how?
- How could this assumption have an impact on a relationship? How could it influence how a couple looks at or talks about consent?
- How does this stereotype have an impact on couples in the LGBTQ community?

Points to include in your *Summary Statement* before moving on:

★ A societal gender stereotype is that males want to have sex all the time—but this is not true. A variety of factors can affect the sexual desire of anybody—none of which are based on gender.

★ This stereotype is harmful because it can hurt people in relationships by putting them in gender boxes. If people believe this stereotype, they can feel "abnormal" or disconnected from their partners. It is important to talk to your partner about how you are feeling about sex and never make assumptions about someone based on their gender.

Statement 4

In a sexual situation, the partner who identifies as female is responsible for protection.

Questions to help raise key issues:

- What are some of the reasons you [agree/disagree/are not sure] with this statement?
- If this statement were "a female is responsible for hormonal birth control," would your opinion change? If so, how?

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- If this statement were "a male is responsible for protection," would your opinion change? If so, how?
- Why is it important for everyone to feel equally responsible for protection in a sexual situation?
- How could this assumption have an impact on someone staying safe in a sexual situation?
- Why would someone need to think about protection if they are not worried about getting pregnant?

Points to include in your *Summary Statement* before moving on:

★ Protection—which may include male/external condoms, female/internal condoms, hormonal methods of birth control, latex dental dams, spermicides, etc.—are the responsibility of both partners regardless of their gender. Using protection to avoid unwanted pregnancy and/or sexually transmitted infections is a shared responsibility of everyone involved in a sexual relationship, regardless of gender.

★ When people buy into gender stereotypes like this, it can put them more at risk for unintended pregnancy, HIV, or other STIs, because we assume it's someone else's responsibility to protect us. It's important to take our health into our own hands, and to talk to your sexual partners about protection before engaging in any sexual behaviors.

Statement 5

Only people who identify as male need to ask for consent.

Questions to help raise key issues:

- What are some of the reasons you [agree/disagree/are not sure] with this statement?
- What does this statement say about who is responsible for consent?
- What are the assumptions about who holds power in a sexual situation?
- How could this assumption be dangerous for people engaging in sexual behavior with a partner?

Facilitation Note:
If students don't know the definition of consent, be sure to tell them when you read the statement. *Consent* is defined as having active permission for any sexual behaviors.

Points to include in your *Summary Statement* before moving on:

★ There are a variety of gender stereotypes that influence how males, females, and non-binary individuals seek or give consent.

★ When people believe one partner is more powerful in a relationship, communication around sexual consent gets more difficult.

★ It's important that every person—regardless of their gender—both give and ask for explicit consent before and during any sexual behaviors they engage in with a partner.

★ We will talk more about consent in the next unit.

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Statement 6

You can tell as soon as you meet someone if they are heterosexual.

Questions to help raise key issues:

- What are some of the reasons you [agree/disagree/are not sure] with this statement?
- Why might people feel a need to know someone's sexual orientation just by looking at them?
- In what ways can assumptions about a person's sexuality create unsafe spaces?

Points to include in your *Summary Statement* before moving on:

★ Sexual orientation is different from gender and gender identity. People often confuse the terms, and think that by knowing who a person is sexually attracted to, they can also know how they identify their gender (which is not possible to know without being told).

★ The human brain likes to categorize things in order to learn, but people's sexuality and sexual orientation is much more complex than that. The only way to know someone's gender, or sexual orientation, is to get to know that person and learn about them—if they choose to share that information with you.

Statement 7

All parents should raise their young children in strict gender boxes.

Questions to help raise key issues:

- What are some of the reasons you [agree/disagree/are not sure] with this statement?
- What could be pros to this approach? Cons?
- What are some alternatives to raising children without gender boxes? What would that look like?
- What would make it safer for people to express their gender identity freely?

Points to include in your *Summary Statement* before moving on:

★ There is a variety of ways that parents can allow children to embrace their true identities without adhering to confining gender boxes. For instance, allowing children to play with all kinds of toys, choosing how they want to dress or style themselves, and deciding what kinds of interests and activities they embrace can help tear down gender boxes and allow children to be who they want to be.

★ There are proven benefits to exposing children to different toys and activities. Children—regardless of gender—who play with dolls, for instance, are more likely to be nurturing adults. Children who play with blocks build skills toward spatial awareness, math, and problem-solving. Limiting boys' access to dolls or girls' access to blocks can actually deprive them of important skill-building opportunities.

★ When parents, caregivers, and teachers challenge themselves to think about whether they would talk to, or make decisions for, a child of a different gender differently, it is a good test as to whether we are pushing gender boxes on young people.

★ Sometimes, parents have an idea of what their children should be or like or do—but it's important to recognize that interests grow and change over a person's lifetime regardless of what their gender may be. A child who loves to paint and dance today may not be an artist or dancer tomorrow—and that's okay!

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Advertising & Gender

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to help peer educators become a critical consumer of popular culture by identifying the role of advertising in establishing and reinforcing gender stereotypes.**

Directions

Step 1

Remind students that in the *Gender Boxes* activity there was discussion about society imposing certain roles based on gender. Media is a part of society and this lesson will explore how advertising (print and online) reflects gender roles and stereotypes.

Display one ad and use the questions below to analyze this ad with the whole group. This discussion will serve as a model to the students for how they will analyze ads in their small groups.

1. What is this ad selling?
2. What genders are shown in the ad?
   a. How are the genders represented? (What are masculine identities doing vs. feminine identities? Gender expansive, gender neutral?)
   b. Who is active vs. passive?
   c. Who has the power? How is the power depicted?
3. What gender stereotypes do you see, if any? For example, how do the people look? What are they doing? Do you see anybody outside of a gender box?
4. What is the underlying message of this ad? *(For example, this is how men/women "should" look; this is how they "should" act towards one another; this is what it means to be masculine, feminine, or gender expansive, etc.)*

Step 2

Divide the class into 5 small groups and distribute three ads to each group. Have each group answer the questions on their handout.

Total Time:

30 minutes

*This activity can be omitted or turned into a project or group assignment if you need to for course pacing purposes.

Materials

- ❑ A variety of print ads that use gender stereotypes to promote products
- ❑ Three copies of *Advertising & Gender* handout for each small group

Note:
Ads do not need to be overtly sexual but should illustrate implied gender roles or stereotypes of masculine identities, feminine identities and other gender identities and expressions. Advisors may provide the ads or ask students to bring in ads the day before the class. If possible, save ads for use in future classes.

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Step 3
Have each group show their ads and briefly report back to the large group about the most significant findings from their ads.

Reflections
Step 4
Discuss the following questions:

1. What groups of people and identities are not represented in these ads?
2. What are the major messages that we saw about gender roles?
3. Give some specific examples of other media (TV or music) that portray gender stereotypes.
4. What do you think is the cumulative effect of messages about gender in media?

Step 5 Homework
Assign students to bring in one example of media that portrays a **positive message** about gender and prepare a 2-3 minute presentation to be delivered in the next class. Examples can include:

- A print ad
- TV episode summary
- Song lyrics
- A commercial
- Current events/headline news stories

Students will be expected to show or read their example of media and briefly describe the positive messages that are portrayed, such as:

- Respect
- Equal power
- Communication
- Positive role models
- Diversity
- Inclusion
- Physical health

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Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1tJKNKFrcQRf5aR7ywpXAcYLZLeZEno2SzlAdL3Wjme8/copy?pli=1#slide=id.g924a574143_0_97

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Advertising & Gender

Directions

Step 1

Review the print ad and answer the following questions as a group:

1. What is this ad selling?

2. What genders are shown in the ad?
   a. What are the masculine identities doing vs. feminine identities? Gender expansive? Gender neutral?

   b. Who is active vs. passive?

   c. Who has the power? How is the power depicted?

3. What gender stereotypes do you see, if any? For example, how do the people look? What are they doing? Do you see anybody outside of the gender box?

4. What is the underlying message of this ad? *(For example, if you wear these clothes you will get the man; this is how men/women are "supposed to" look; this is masculine, feminine, gender expansive etc.)*

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Advertising & Gender: Homework Presentations

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to reinforce positive messages regarding gender roles.**

Directions

Step 1

Remind students of the homework assignment they were given during the last activity. Ask volunteers to give their 2-3 minute presentations of positive media messages with the group.

Step 2

Ask the large group to name the values portrayed in their presentations and write them on newsprint.

Sample responses:

Respect
Equal Power
Communication
Positive role models
Diversity
Physical health

Reflections

Step 3

Discuss the following questions:

1. Why is positive representation important in media messages? *(Without diverse and positive media messages, people can be left feeling like they are without value if they don't conform to the strict archetypes they repeatedly see)*

2. What can happen when people in a relationship do not have respect, equal power, or good communication? *(Decreased self-esteem; no voice to make own decisions; increase in risk-taking behavior; increase in dating or sexual abuse; etc.)*

Total Time:
45 minutes

*This activity can be omitted or turned into a project or group assignment if you need to for course pacing purposes.

Materials

- ❑ Newsprint and markers
- ❑ *Message in the Media* presentations prepared for homework from last class

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3. When we did the *Gender Boxes* activity, we talked about how hard it is for people who are different to come "out of the box." How does promoting respect for all help teens have healthy relationships? *(Ability to choose what is right for him-or herself, set boundaries, be respected; ability to be open about relationships will decrease risk-taking behaviors; etc.)*

4. How can equal power contribute to a healthy relationship? *(Increased self-esteem; good communication leads to increased positive decisions—can talk about values, abstinence, or using birth control if sexually active; you have a right to decide your own future.)*



Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1Gf_lxOpKr9CdKhJJ7TD8smnEmWDqmqKIy_S4MTwvcw/copy?pli=1#slide=id.g924a574143_0_97

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Comfort Continuum

Total Time:
30 minutes

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is **to enable individuals' to assess their comfort levels with different issues that can get in the way of affirming environments, and talk about what connections these issues have to understanding heterosexual privilege.**

Materials
- ☐ Signs that read:
  - Very Comfortable
  - Very Uncomfortable

Directions
Step 1
Bridge into the activity by explaining that you've spent so much time learning about gender and sexuality in this unit because the work in Teen PEP-Bridge cannot be done unless we strive for equality and respect for everyone.

Ask students to define the term privilege in their own words. Then, read the following definition:

Privilege *refers to the unearned and unchallenged rights, advantages, or rewards people who identify as heterosexual and/or cisgender receive solely as a result of their sexual orientation and/or gender identity.*

Discuss the following questions:

1. How does the definition just read compare to the definitions we offered earlier?
2. What are some examples of privilege people who identify as heterosexual receive in our society? *(Talking about a partner without worry about safety or judgment, assuming people are heterosexual unless otherwise known, not feeling fear of rejection from friends or family because of sexual orientation, legal protections, etc.)*
3. What are some examples of privilege people who identify as cisgender receive in our society? *(Not worrying about whether how they dress or act will impact how others perceive their gender; not being addressed with the wrong pronouns, using public restrooms or locker rooms without fear of abuse, etc.)*

Step 2
Explain that in this activity, group members are going to think about levels of comfort in response to different questions, and talk about how this relates to privilege.

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Place signs on two opposite ends of the front of the room, with the *Very Comfortable* sign on the far left and the *Very Uncomfortable* sign on the far right, and space in between. Read the following directions:

- You will be asked to think about and respond to a series of questions, one at a time.
- When a question is read the first time, think about how you would place yourself on the continuum—anywhere from very comfortable all the way to very uncomfortable. When I read the question the second time, you may move to the place on the continuum that represents how comfortable you are in response.
- After everyone has moved to their place on the continuum, we will talk about our placements before moving on to the next question.
- During our discussion, know that there are no right or wrong answers to the statements. All students' opinions are welcome.

Step 3

For each question asked, use discussion questions provided in the *Comfort Continuum Facilitator's Guide* and read the summary statements provided before moving on to the next question.

Model how students should place themselves on the continuum after reading the first question by saying something like, "If you feel very comfortable in response to this question, you would stand here *(demonstrating standing at the very comfortable end of the continuum)*. If you feel less comfortable, you would stand here *(moving toward the middle)*. If you were very uncomfortable with that, you would stand somewhere down here *(moving to other end)*."

Reflections

Step 4

Discuss the following questions:

1. What is the value in thinking about our levels of comfort in response to the questions asked?
2. What are you thinking about in terms of the level of acceptance and safety in our school community based on what we learned together today?
3. What are you walking away thinking about as it relates to privilege that you weren't thinking about before? What else are you walking away thinking about?



Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1J9g1lbr5tUNg8gNCiFux6suVSXBQhNviisK_FBFcF6U/copy?pli=1#slide=id.g924a574143_0_97

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Comfort Continuum: Facilitator's Guide

How comfortable are you when your friends use the phrase, *"That's so gay?"*

Discussion Questions

1. What do people actually mean when they say something is "gay?"
2. How do you think it would feel to frequently hear "that's so gay" to describe something undesirable or stupid, when you or someone you care about also identifies as gay?
3. How can frequently hearing phrases like "that's so gay" in the hallways impact our school culture?
4. Where would you put yourself on the continuum if it was someone you didn't know using the phrase "that's so gay" rather than a friend? What if your friend used other homophobic or transphobic slurs or insults?
5. When we think about heterosexual privilege, what unearned advantages come to mind with this scenario? Why is it so important to combat this?

Summary Statement: *It is important to remember that statements like "that's so gay," "no homo," and other derogatory slurs are very harmful and offensive. Using these words or phrases creates an unsafe environment for us all, even if some people seem to not care in the moment. You can make our school community safer by speaking up against the use of "gay" as a synonym for "bad", or against any hateful speech you hear.*

Imagine that you needed to tell people your sexuality for the first time. How comfortable would you be to "come out" in your school?

Discussion Questions

1. How might you be treated?
2. When we think about heterosexual privilege, what unearned advantages come to mind with these questions?
3. What would need to happen for your school to be safer and more affirming for all students?
4. When we think about heterosexual privilege, what unearned advantages come to mind with these questions?

Summary Statement: *High school can be a very hard place for LGBTQ students to come out without fear of retribution. Students who are heterosexual and cisgender have privilege in not having to think about safety of coming out, but they still have a stake in creating an affirming environment for everyone at their school.*

How comfortable are you with LGBTQ couples being able to marry and raise children?

Discussion Questions

1. What other groups in society live or have lived under laws that prevent them from getting married?
2. Would your comfort change if this question was about other groups? Why or why not?
3. What makes a family? What determines if someone should be able to raise children?
4. Why do you think people care about a LGBTQ couple getting married?
5. When we think about privilege, what unearned advantages for heterosexual and cisgender people come to mind related to marriage and families?

Summary Statement: *Not all American families have a mother, father, and their biological children. There are many single parents, blended families, and adopted children. There is more than one way to define a family. It's*

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important that we challenge heterosexual privilege in our society and help fight to break down barriers that can make it hard for people to express love through marriage and family when we all deserve that regardless of our sexual orientation or gender identity.

How comfortable are you when couples show affection in public?

Discussion Questions

1. If we asked you to now respond to the statement that says, "how comfortable are you when LGBTQ couples show affection in public", where might you stand?
2. Why might affection between LGBTQ partners make people feel uncomfortable?
3. What might be the risks to a LGBTQ couple who shows affection in public? What connection do you make to privilege here?

Summary Statement: *Heterosexual privilege impacts what we are exposed to as "the norm" in media, families, religion, and other institutions. As we have more exposure to people who are different from ourselves, and we challenge our assumptions about what is "normal," we can all grow to understand that sexual orientation and gender identity are not factors in one's ability or right to express affection in a safe way.*

Imagine that someone used an incorrect pronoun when addressing you; in other words, they misgenderd you. How comfortable would you be to correct them in your school?

Discussion Questions

1. What factors influence your comfort?
2. How might you be treated?
3. When we think about privilege among cisgender people, what unearned advantages come to mind with these questions?
4. What would need to happen for your school to be safer and more affirming for all students?

Summary Statement: *Using the correct pronouns is a sign of respect and shows people you care about them. Students who identify as cisgender have privilege in not having to think about correcting someone who misgenders them, but they still have a stake in creating an affirming environment for everyone at their school.*

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Very Comfortable

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Very Uncomfortable

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Stand By Me: Allyship in Action

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to help peer educators think through the reasons people might act or choose not to act in a given situation and gain tools to become effective allies for their LGBTQ peers and promote social justice in their school/community.**

Directions

Step 1

Discuss the following questions.

1. Based on what you've learned so far in this unit, what are the differences between being a friend and being an ally? *(An ally is someone who commits to a lifelong process of building relationships and standing up against discrimination to support marginalized individuals and groups)*
2. What personal benefits are there for being an ally? *(Self-esteem, making a difference, fighting inequality, forging meaningful connections with others)*
3. What benefits are there for your school? *(Helping curb violence and discrimination, making the school a safer place for everyone, increasing appreciation for diversity and self-expression)*
4. What are some things that could make it difficult to be an effective ally for LGBTQ youth at your school?

Step 2

Place the *Action game board* in the center of the circle, and give each peer educator a unique token or chip. Then read the following directions:

- Explain to students that being an ally can be very hard for anyone, adults as well as teens. This part of the activity will explore some of the reasons it's hard to stand up for others and the potential outcomes for different actions.
- You will be asked to think about and respond to a series of statements, one at a time.

Total Time:
45 minutes

Materials

- ☐ Action Game Board
- ☐ A unique token or chip for each peer educator
- ☐ A copy of the Strategies for Intervening handout for each peer educator
- ☐ A set of three Scenario Posters with the following headings:

  Name what is happening

  Visibly support the victim

  Say "stop" and walk away

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- When a statement is read the first time, think about how you would respond. When the statement is read the second time, ***all*** group members should place their token in the section of the game board that best represents ***what you think you would do if this scenario actually occurred***—not what you think the "right answer" is, because there is no right answer!
- Explain that this activity is not about being judged for one's decisions—it's about really exploring how hard it is to intervene in these situations. **Let students know they can move their token to a new position if they are influenced by someone's explanation.**
- After everyone has placed their token, we will talk about our placements before moving on to the next question.

Step 3

Read, in the order listed, each scenario one at a time. For **each scenario**, once all participants have placed their tokens, discuss following questions:

1. Why did you place your token where you did?
2. If you wanted to act, but weren't sure, what was getting in the way for you?
3. What are some possible outcomes of your decision to act or not act?
4. If you have chosen to move your token, what made you do so?

Scenarios

1. You see a new student lost in the hallway in between classes.
2. One of your classmates tells a transphobic joke.
3. A group of popular students are verbally harassing your friend, who is rumored to be gay.
4. You see a student you know being shoved by a bully in PE class.

Step 4

Return to large group and discuss the following questions.

1. What is different about being a friend versus being an ally in situations like these?
2. In what ways did you find it easier to act as an ally when you were part of a group?
3. Which of the scenarios was hardest for you to make a decision about? Why?
4. From participating in this activity, what's something you learned about yourself?
5. From participating in this activity, what's something you learned about this group?

Step 5

Hang the three *Scenario Posters* in the front of the room. Have a volunteer read the three strategies from the posters, and tell peer educators that in this activity, they will explore ways in which they can use these three strategies to be effective allies.

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Step 6

Distribute a copy of the *Strategies for Intervening* handout to each peer educator. Divide students into pairs and have them write examples of things they could say in the middle column using the scenario in the left-hand column and the rationale for that strategy in the right-hand column.

Once everyone has completed their handout, ask for volunteers to briefly act out the different scenarios using their own words next to the corresponding strategy poster. Refer to the *Strategies for Intervening Facilitator's Guide* for ideas/examples of responses.

Reflections

Step 7

Return to large group and discuss the following questions.

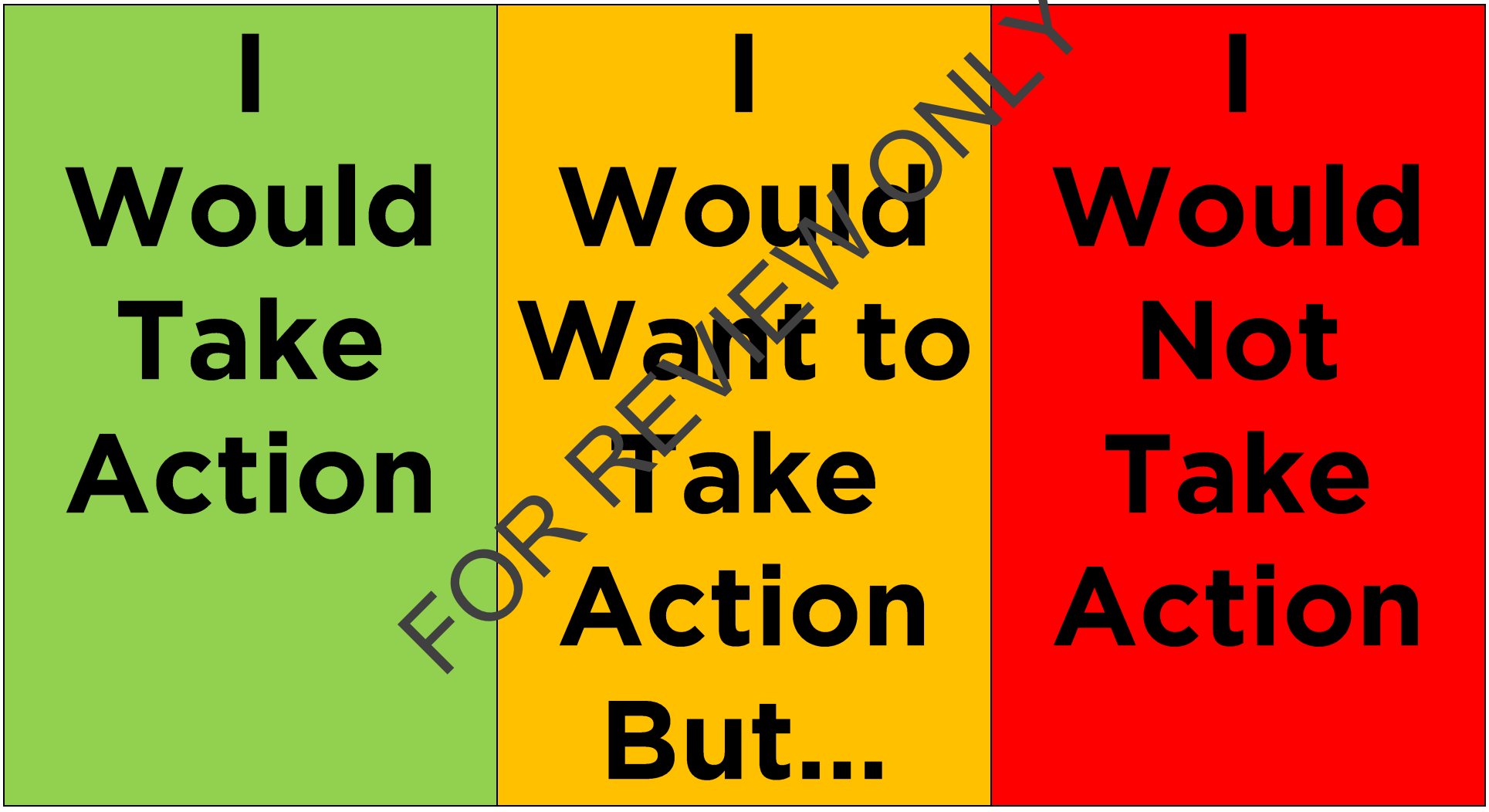
1. Which of these strategies for intervening did you find easiest to use? Why?
2. Which of these strategies for intervening did you find most difficult? Why?
3. From participating in this activity, what's something you learned about being an ally? Which of the skills do you think will be most useful in your role as peer educators?

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Adapted from GLSEN's The Safe Space Kit: Guide to Being an Ally to LGBTQ Students. 2009.

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Action Game Board



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Strategies for Intervening Facilitator's Guide

1. Name what is happening

Scenario	Strategy in Action	Rationale
Your brother says *"That's so gay" after* you refuse to give him money for pizza.	You say, *"Do you know what that even means?"*	Usually, people use the term "that's so gay" in place of "stupid". Educating them on the meaning of the word gay, how is offensive to others, and how it promotes homophobia may get them to think before they say it again.

2. Visibly support the victim

Scenario	Strategy in Action	Rationale
You see a classmate verbally harassing their partner in science class, using aa homophobic slur.	Walk over to the person being picked on and ask a question about the homework. Ask the science teacher if you can switch science partners with the bully.	Sometimes, just sticking up for the person without making a scene can be enough to change behavior. Either way, the target of the harassment may feel better knowing they have someone supporting them.

3. Say "stop" and walk away

Scenario	Strategy in Action	Rationale
Your best friend starts laughing at a 9th grader who is rumored to be transgender.	Say "it's not funny" and walk away from your friend.	There are times when you've already stated your opinion on homophobic and transphobic behavior, but it happens again. In these cases, or when you're trying to avoid a confrontation, you can choose to just say "stop" and walk away from that person.

4. Follow Up

After you've intervened, it is usually a good idea to follow up with the person who has been affected by the incident. Let them know you can be an ally for them and are available if they need you. Be sure they are aware of support services in your school/community and offer to go with them. If you want to report what you witnessed, talk to the victim first.

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Strategies for Intervening

1. Name what is happening

Scenario	Strategy in Action	Rationale
Your brother says *"That's so gay" after* you refuse to give him money for pizza.		Usually, people use the term "that's so gay" in place of "stupid". Educating them on the meaning of the word gay, how it is offensive to others, and how it promotes homophobia may get them to think before they say it again.

2. Visibly support the victim

Scenario	Strategy in Action	Rationale
You see a classmate verbally harassing their partner in science class, using aa homophobic slur.		Sometimes, just sticking up for the person without making a scene can be enough to change behavior. Either way, the target of the harassment may feel better knowing they have someone supporting them.

3. Say "stop" and walk away

Scenario	Strategy in Action	Rationale
Your best friend starts laughing at a 9th grader who is rumored to be transgender.		There are times when you've already stated your opinion on homophobic or transphobic behavior, but it happens again. In these cases, or when you're trying to avoid a confrontation, you can choose to just say "stop" and walk away from that person.

4. Follow Up

After you've intervened, it is usually a good idea to follow up with the person who has been affected by the incident. Let them know you can be an ally for them and are available if they need you. Be sure they are aware of support services in your school/community and offer to go with them. If you want to report what you witnessed, talk to the victim first.

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Name what is happening

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Visibly support the victim

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Say “stop” and walk away

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School-Wide Campaign Check-In

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to equip peer educators with tools to become effective allies for their LGBTQ peers and promote social justice in their school/community.**

Directions

Step 1

Let students know that a final strategy for being an ally is to create or support initiatives that promote acceptance of and equality for LGBTQ youth in their school/community. Students will be working together to implement one of these strategies as part of the unit end *School Wide Campaign*.

Divide the class into groups of 4-5 peer educators. Have one student from each group volunteer to be the recorder. Distribute a copy of the *Ally Action Plan* handout to each group. Give the class 10 minutes to complete their handout.

Step 2

Ask for a student from each group to report out to the large group what action plan ideas they came up with. Continue until each group has reported out. Be sure the following ideas are added for consideration:

Ally Action Ideas

- Host an LGBTQ dance or other social event
- Promote gender-inclusive awards at your prom instead of "king" and "queen"
- Start a GSA or work with an existing GSA to host an event
- Create an LGBTQ awareness article in a school newspaper
- Organize a Day of Silence (www.dayofsilence.org)
- Ensure your library has up-to-date books and publications on lesbian, gay, bisexual, and transgender people
- Celebrate LGBTQ history month in October
- Create pins for the student body to encourage people to use correct pronouns

Total Time:
15 minutes

Materials

- ☐ A copy of the Ally Action Plan handout for each small group
- ☐ A copy of the School-Wide Campaign Check-In handout for appropriate peer educators
- ☐ Newsprint and markers

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Step 3

After each group has reported out, have students vote on the ideas presented. From the top three ideas, allow students to choose which idea(s) they'd like to implement and assign roles using the *School-Wide Campaign Check-In* handout.

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School-Wide Campaign: Ally Action Plan

Directions
As a group, come up with a list of 5 strategies you could employ as peer educators at your school.

Strategy	Resources Needed
1.	
2.	
3.	
4.	
5.	

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School-Wide Campaign Check-In

Workshop Topic: Gender & Sexuality

Group Members:

Structures:

1.

2.

3.

Plan for each structure: (Include Frequency)

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Reflecting on the Unit: Chalk Talk

Total Time:
30 minutes

*This activity can be omitted or turned into a journaling assignment if you need to for course pacing purposes.

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is **to reinforce positive messages regarding gender roles.**

Directions
Step 1
Write the following on the center of the sheet of paper, or chalk board:

When it comes to gender and sexuality, I used to think_____ and now I think_____.

Step 2
Explain that together, the group will be creating a kind of interactive bulletin board, with everyone writing and drawing in response to the topic and in response to whatever anyone else is writing or drawing.

Read the following guidelines to the group:

- Chalk Talk is a completely silent activity. No one, including the advisors, may talk at all, and anyone may add to the Chalk Talk as they please.
- We will gather around the Chalk Talk paper/board, and whenever is ready can go up and write down his or her thoughts anywhere on the paper.
- Be sure to write large enough so that others in the group can see what you've written.
- You may respond directly to the question/quote/topic written on the Chalk Talk paper or build upon, comment on, or question other people's ideas simply by drawing a line and writing your response.
- Anyone can write or draw on the Chalk Talk as many times as he or she likes. Everyone should be sure to read others' ideas, as they may spark another interaction.
- Again, remember that this is a silent activity.

Materials

- ❑ A 6' long piece of newsprint and markers (or chalkboard and chalk)

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Step 3

After you've read the guidelines, and ensured everyone understands them, begin the activity. When it seems like all ideas have been exhausted or time is up, have students take a couple of minutes to look at all the comments and think about what might be some big or important ideas to take away from the activity.

Step 4

Ask peer leaders to return to their seats and write down one big idea that emerged from the Chalk Talk. First, share your own big idea. Then, go around and have each peer leader share their big idea and record all responses on newsprint.

Reflections

Step 5

At the conclusion of the session, discuss the following questions:

- What was the Chalk Talk experience like for you?
- What insights did you gain from today's session?
- How similar or different were all of our big ideas? What does that tell you?
- What have we gained, as a group, from participating in Chalk Talk?
- When do you think it is important for groups to take time to work things out together?
- Is there anything else you want to say to this group before we finish Unit 3?

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Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/drawings/d/15ALWQuAKs71CcLbQeVINyEzmn_Yq1_UmL4RpG8NUc3c/copy?pli=1

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Gender & Sexuality | Unit End Quiz

Name:_____ Date:_____

Match the definitions with the correct term

____ 1. Biological sex/Sex Assigned at Birth	a. A sexual orientation and/or identity of a person who is female identified and who is sexually and/or emotionally attracted to some other females
____ 2. Intersex	b. A sexual orientation and/or identity of a person who is either sexually and emotionally attracted to some members of the same sex and/or one who identifies as male and is sexually and/or emotionally attracted to someone who identifies as male
____ 3. Gender Identity	c. An umbrella term used to describe a sexual orientation, gender identity or gender expression that does not conform to heteronormative society.
____ 4. Gender Expression	d. A person whose gender identity and expression are aligned with the sex they were assigned at birth
____ 5. Cisgender	e. The identity of someone who is not interested in or does not desire sexual activity, either within or outside of a relationship
____ 6. Transgender	f. A person who is emotionally and/or physically attracted to some members of another gender (specifically, a male-identified person who is attracted to some females or a female-identified person who is attracted to some males)
____ 7. Gender Expansive/Gender Non-Conforming	g. An individual's physical characteristics, behaviors and presentation that are linked, traditionally, to either masculinity or femininity, such as: appearance, dress, mannerisms, speech patterns and social interactions
____ 8. Sexual Orientation	h. A sexual orientation and/or identity of a person who is sexually and/or emotionally attracted to some males and some females
____ 9. Lesbian	i. The sex a person is labeled as at birth by medical professionals or relatives, usually determined by examination of reproductive or sexual anatomy, chromosomes or hormones produced
____ 10. Gay	j. How we identify ourselves in terms of our gender
____ 11. Bisexual	k. An identity of a person whose gender identity is not aligned with their sex assigned at birth and/or whose gender expression is non-conforming
____ 12. Pansexual	l. A sexual orientation and/or identity of a person whose sexual and emotional attractions are not limited to people of a particular gender identity or sexual orientation
____ 13. Queer	m. An umbrella term used to describe a variety of conditions in which a person is born with reproductive and/or sexual anatomy that doesn't seem to fit the medical definitions of female or male
____ 14. Asexual	n. An identity of a person who has gender characteristics and/or behaviors that do not conform to traditional or societal gender expectations.
____ 15. Heterosexual	o. A person's sense of who they feel sexually, romantically, and/or emotionally attracted to: Gay, Lesbian, Bisexual, Pansexual, Queer, Asexual, Heterosexual; The inner feelings of who we are attracted or oriented to sexually and/or emotionally

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Short answer

16. In your own words, define homophobia, biphobia and transphobia:

17. What is heterosexism? How is this term different from but related to the term heteronormative?

18. What are some ways homophobic stereotypes harm an entire community?

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List

19. Name three intervention strategies for addressing a homophobic/transphobic slur or behavior.

    a.

    b.

    c.

20. Name two reasons it could be hard for someone to "come out" or correct someone if they are misgendered:

    a.

    b.

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Gender & Sexuality Unit End Quiz
Answer Key

Match the definitions with the correct term

i 1. Biological sex/Sex Assigned at Birth	The sex a person is labeled as at birth by medical professionals or relatives, usually determined by examination of reproductive or sexual anatomy, chromosomes or hormones produced
m 2. Intersex	An umbrella term used to describe a variety of conditions in which a person is born with reproductive and/or sexual anatomy that doesn't seem to fit the medical definitions of female or male
j 3. Gender Identity	How we identify ourselves in terms of our gender
g 4. Gender Expression	An individual's physical characteristics, behaviors and presentation that are linked, traditionally, to either masculinity or femininity, such as: appearance, dress, mannerisms, speech patterns and social interactions
d 5. Cisgender	A person whose gender identity and expression are aligned with the sex they were assigned at birth
k 6. Transgender	An identity of a person whose gender identity is not aligned with their sex assigned at birth and/or whose gender expression is non-conforming
n 7. Gender Expansive/Gender Non-Conforming	An identity of a person who has gender characteristics and/or behaviors that do not conform to traditional or societal gender expectations.
o 8. Sexual Orientation	A person's sense of who they feel sexually, romantically, and/or emotionally attracted to: Gay, Lesbian, Bisexual, Pansexual, Queer, Asexual, Heterosexual The inner feelings of who we are attracted or oriented to sexually and/or emotionally
a 9. Lesbian	A sexual orientation and/or identity of a person who is female identified and who is sexually and/or emotionally attracted to some other females
b 10. Gay	A sexual orientation and/or identity of a person who is either sexually and emotionally attracted to some members of the same sex and/or one who identifies as male and is sexually and/or emotionally attracted to someone who identifies as male
h 11. Bisexual	A sexual orientation and/or identity of a person who is sexually and/or emotionally attracted to some males and some females
l 12. Pansexual	A sexual orientation and/or identity of a person whose sexual and emotional attractions are not limited to people of a particular gender identity or sexual orientation

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c 13. Queer	An umbrella term used to describe a sexual orientation, gender identity or gender expression that does not conform to heteronormative society.
e 14. Asexual	The identity of someone who is not interested in or does not desire sexual activity, either within or outside of a relationship
f 15. Heterosexual	A person who is emotionally and/or physically attracted to some members of another gender (specifically, a male-identified person who is attracted to some females or a female-identified person who is attracted to some males)

Short answer

16. In your own words, define homophobia/biphobia and transphobia:

Homophobiabiphobia An irrational fear of or aversion to homosexuality or people who identify as lesbian, gay, or bisexual

Transphobia The irrational fear or aversion to transgender people or those who are perceived to break or blur societal norms regarding gender identity or gender expression

17. What is heterosexism? How is this term different from but related to the term heteronormative?

Heterosexism applies to attitudes, bias and discrimination in favor of heterosexual sexuality and relationships. It includes the presumption that everyone is heterosexual or that malefemale attractions and relationships are the norm and therefore superior. It is the belief that everyone is or should be straight.

Heteronormative is a viewpoint and set of societal expectations that express heterosexuality as the norm instead of being one of many possibilities on a spectrum

18. What are some ways homophobic stereotypes harm an entire community?

Contributes to violence and discrimination, makes schools and other places unsafe for some, decreases appreciation for diversity and selfexpression, separatesisolates people in the community

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List

19. Name three intervention strategies for addressing a homophobic/transphobic slur or behavior.

a. Name what is happening

b. Visibly support the victim

c. Say "stop" and walk away

20. Name two reasons it could be hard for someone to "come out" or correct someone if they are misgendered:

Fear of rejection from family, job, friends, etc.

Fear of violence and harassment

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🕮 Unit References

1. Intersex Society of North America. 2017. How Common is Intersex? Accessed at http://www.isna.org/faq/frequency.

2. GLSEN. 2017. Key Concepts and Terms. Accessed at https://www.glsen.org/sites/default/files/GLSEN%20Terms%20and%20Concepts%20Thematic.pdf.

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Parent/Guardian-Teen Homework

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to provide a structure for communication between parents/guardians and teens on the topic of gender and sexuality.**

Directions

Step 1

Upon completion of the unit, distribute copies of the *Parent/Guardian-Teen Homework* handout to each peer educator.

In advance of the workshop, peer educators should complete the homework assignment with a parent/guardian, have it signed, and turn it back into advisors.

Total Time:
5 minutes

Materials

- ❒ A copy of the *Parent/Guardian-Teen Homework* handout for each peer educator

Note:
Having peer educators complete this homework assignment before the workshop can help them create buy-in among workshop participants when asked to do the same.

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Homework

Understanding Gender & Sexuality

Parent/Guardian – Child Homework

Student name:_____ Date:_____

Purpose

To provide a structure for communication between parents/guardians and teens on the topic of gender & sexuality

Directions

Step 1

Together, read out loud the workshop objectives, listed below.

Workshop Take Home Messages

- People are the experts in their own gender and sexual orientation.
- Healthy and supportive communities are built upon mutual respect and understanding.
- Gender and sexuality are not binary – there are more than two genders and more than two sexualities.
- Every person has the right to be safe and free from harassment and violence
- Individuals in any relationships have the right to equal decision making and treatment
- Every person has the right to make sexual decisions regardless of societal norms and expectations

Step 2

Teens should share with parents/guardians their answers to the following questions.

1. What was the most important thing you learned in this unit?

Step 3

Teens and parents/guardians should discuss together their responses to the following questions:

1. Why do you think it's so important that schools be safe and affirming communities for all students, regardless of gender identity or sexual orientation?
2. How might gender stereotypes impact our ability to have happy and healthy relationships?
3. What is the importance of understanding sexuality and gender in order to be effective peer educators?

Step 4

Parents/guardians should share with teens their answer to the following question.

1. What values do you want your child to receive from you regarding this topic?

Step 5

Please sign and date below, indicating to the advisor that this assignment has been completed.

x_____ _____

Parent/Guardian signature Date

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Please scan and email to info@supportiveschools.org ◆ Attn: Teen PEP Research & Administrative Associate
Or complete online at www.TeenPEP.org

Curriculum Feedback Form

Unit 3: Understanding Gender & Sexuality

Name of Advisor: _____ School: _____

Today's Date: _____ Length of your class periods: 45 60 80 90 ____

No. of class periods to complete unit: ____

Please indicate the month the unit was taught:

September	*October*	*November*	*December*	*January*	*February*	*March*	*April*	*May*
❑	❑	❑	❑	❑	❑	❑	❑	❑

Advisor feedback is critically important in developing and revising curricular resources that work for schools. We appreciate you completing this form (or logging into www.TeenPEP.org to complete it online) so we can use your feedback in our process!

Please consider responding to any or all of the following questions in your feedback:

- *How effective were the activities in increasing students' knowledge?*
- *How engaging were the activities for students?*
- *How clear are the objectives and directions for each activity?*
- *What, if anything, did you do differently for a particular activity? Why? What was the result for your group?*

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Or complete online at www.TeenPEP.org

Unit Four

Puberty

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TEEN PEP-BRIDGE

High School Students Equipping Middle School Students with Knowledge and Skills to Make Healthy Decisions

TEEN PREVENTION EDUCATION PROGRAM

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TEEN PEP

TEEN PREVENTION EDUCATION PROGRAM BRIDGE

Unit Four

Puberty

★ **Overview** 1
(15 minutes)

★ **Puberty Pre-Tests** 3
(15 minutes)

★ **Puberty with Sam & Sydney** 6
(45-60 minutes)

★ **Name It!** 21
(30 minutes)

★ **Everything Changes** 27
(30 minutes)

★ **Dear Diary** 36
(30 minutes)

★ **Revisiting the Puberty Pre-Tests** 38
(15 minutes)

★ **School-Wide Campaign Check-In** 41
(5 minutes)

★ **Parent/Guardian-Teen Homework** 43
(5 minutes)

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Puberty Overview

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is **to provide peer educators with a general overview of the topics to be discussed in the unit.**

Total Time:
15 minutes

Materials
- ❑ A copy of the Puberty Overview handout for each peer educator

Directions
Step 1
Distribute copies of the handout, *Puberty: Overview* to each peer educator. Have students go around, reading aloud one paragraph at a time.

Step 2
Discuss the following questions.

1. What are some of the emotional changes young people struggle with during puberty?
2. Why is empathy emphasized as a skill for peer educators leading the *Puberty Workshop*?
3. What is something you remember wanting to know more about when you were going through puberty?

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Materials for Virtual Learning
If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1az9Exd5a15sqSMFo9-ctPUAQvf6n1WN2sZxnkH7xAFI/copy?pli=1#slide=id.g9461003a18_0_0

Google Doc:
https://docs.google.com/document/d/1r0bCJwqocbGEesCGOgnNqUtNzfWtvcW1zHtQ3J3e3cg/copy

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Puberty Overview

Throughout this unit we intentionally use the binary language of "biological male body" and "biological female body" when referring to anatomy and reproductive systems only, not for gender identity. These terms are used for clarity to refer to a person's biological sex or the sex assigned at birth. As we discussed in the Gender & Sexuality unit, biological sex—including intersex—sex assigned at birth, and gender identity are separate concepts that can be hard to parse out when talking about reproductive anatomy. It is important to recognize and avoid assumptions that all students' gender identities and gender expressions will line up with their reproductive systems; thus, efforts to use more inclusive language like "bodies with testicles", "bodies with ovaries" and gender neutral names/pronouns have been made whenever possible to help make the information accessible to everyone. In addition, it's important to remember that all peer educators need to understand how all bodies work in order to better understand reproduction, pregnancy and STI/HIV prevention, and provide accurate sexual education outreach to peers. In addition, having the right language and information to talk about our bodies helps eliminate embarrassment and leads to open and honest communication with friends, partners, health care providers, and parents/guardians/caregivers.

Puberty is the period of time when the body goes through profound physical, mental, and emotional changes as the reproductive organs mature. It begins typically between the ages of 10 and 13 and progresses over several years. Biological female bodies usually begin puberty about a year ahead of biological male bodies and finish the process earlier.

What causes the onset of puberty is unknown but researchers note that people with ovaries are beginning puberty and menstruating earlier each decade. Some possible explanations are childhood obesity, stress, and hormones in food. The changes of puberty begin in all bodies when a hormone produced in the hypothalamus of the brain stimulates production of estrogen in the ovaries of biological female bodies and testosterone in the testicles of biological male bodies. These hormones circulate in the blood and cause what is known as the "secondary sex characteristics" (breast and penis enlargement, pubic hair growth, voice deepening, and increase in height and body mass). Following these changes, ovulation, menstruation, and spermatogenesis begin.

As hormones surge, emotional changes occur as well. Young people may experience intense feelings of happiness, anger, sadness, and excitement in rapidly changing mood swings. Conflicts with friends and family are common as teens struggle to cope with changes and also establish their independence. Puberty is often a physically awkward and emotionally confusing time.

Puberty Objectives

By the end of this unit, you should be able to:

- Identify the parts of the female reproductive system.
- Identify the parts of the male reproductive system.
- Define the correct terminology for everyone's reproductive anatomy.

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- Explain the hormonal changes of puberty.
- Explain the emotional changes of puberty.
- Explain the physical changes of puberty.

Puberty Take-Home Messages

While conducting the workshop, peer educators should keep in mind the major messages for participants to take home:

- Puberty happens on an individual timetable over a period of several years.
- There is a wide range of "normal" in each change of puberty.

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Puberty Pre-Tests

Total Time:
15 minutes

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is **to test peer educators' knowledge about puberty.**

Materials
- ❑ A copy of the Puberty Pre-Test: Female Bodies for peer educators
- ❑ A copy of the Puberty Pre-Test: Male Bodies for peer educators

Directions
Step 1
Hand out a copy of both *Pre-Tests* to peer educators and give them 10 minutes to answer both sets of questions. Instruct students to put their quizzes into their folder when they have finished, as you will go over the answers later.

Note: *This activity intentionally uses the binary language of* ***"biological male body"*** *and* ***"biological female body"*** *when referring to anatomy and reproductive systems only, not for gender identity purposes. These terms are used for clarity to refer to a person's biological sex or the sex assigned at birth. As we discussed in the Gender & Sexuality unit, biological sex—including intersex—sex assigned at birth, and gender identity are separate concepts that can be hard to parse out when talking about reproductive anatomy. It is important to recognize and avoid assumptions that all peoples' gender identities and gender expressions will line up with their reproductive systems; thus, efforts to use more inclusive language like* ***"bodies with testicles"***, ***"bodies with ovaries"*** *and gender neutral names/pronouns have been made whenever possible to help make the information accessible to everyone.*

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Materials for Virtual Learning
If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1zUZP_kwOjyrowePxzFnBYj2Nh0K4fcTdNWR0O42_QKM/copy?pli=1#slide=id.g9461003a18_0_0

Google Forms:
https://docs.google.com/forms/d/e/1FAIpQLSdT3SqsdKTv9MPBaAzf_auO0aLS_V2M4XQ_gsfm1vT8howbzg/viewform?usp=sf_link

https://docs.google.com/forms/d/e/1FAIpQLSf11P8CbPs3eXl4F9bV7L9RLhwBNMb6Lz5rIgngLZvO7lP-1g/viewform?usp=sf_link

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Puberty Pre-Test: Biological Female Bodies

Circle T if you believe the statement is true. Circle F if you believe the statement is false.

T	F	1. A biological female should avoid swimming and reduce the amount of exercise during menstruation (also known as "having your period").
T	F	2. Dysmenorrhea (cramping during menstruation) is related to prostaglandin release and can be relieved by medication.
T	F	3. A biological female cannot get pregnant by having sex during menstruation.
T	F	4. A biological female can figure out an absolutely safe time between menstrual periods to avoid getting pregnant.
T	F	5. The average menstrual cycle lasts 28 days with ovulation occurring on day one.
T	F	6. 3-5 eggs are usually released each month during ovulation.
T	F	7. Exercise helps to reduce unpleasant symptoms of menstruation, like cramps, for some biological females.
T	F	8. The endometrium, or lining of the uterus, is reabsorbed if a biological female does not become pregnant.
T	F	9. If a teenage biological female has irregular menstrual periods, it may be a sign of uterine cancer.
T	F	10. Masturbation is a normal behavior for females.
T	F	11. A biological female cannot use a tampon if a virgin.
T	F	12. If one breast is bigger than the other, a female should see a doctor.
T	F	13. The primary female hormone is called estrogen.

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Puberty Pre-Test: Biological Male Bodies

Circle T if you believe the statement is true. Circle F if you believe the statement is false.

T	F	1. The hormone which causes puberty changes in biological males is called progesterone.
T	F	2. Sperm are made in the penis.
T	F	3. Wet dreams (ejaculating during sleep) are normal and will decrease as a biological male gets older.
T	F	4. Masturbating several times a day will cause physical and psychological damage.
T	F	5. The tubule inside the testes, if stretched end-to-end, would be the length of a yard stick.
T	F	6. Fresh sperm is made every 24 hours in the testicles.
T	F	7. The maturation of sperm in the epididymis takes about 4-6 weeks.
T	F	8. If a biological male masturbates before having vaginal sex with a biological female, then a pregnancy can't occur.
T	F	9. The testicles are positioned outside the body because sperm cannot be produced at body temperature.
T	F	10. The amount of semen expelled in one ejaculation is about ¼ of a cup.
T	F	11. The sperm are mixed with fluids from the seminal vesicles, prostate gland, and bladder before passing out of the penis.
T	F	12. Having sex in a hot tub will decrease the risk of pregnancy due to heating of the testicles.
T	F	13. There are about 100 million sperm in each ejaculation.

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Puberty with Sam & Sydney

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to (a) identify and describe the hormonal, physical, and emotional changes associated with puberty and (b) identify the internal and external organs of the male and female reproductive systems.**

Directions

Step 1

Introduce your cutout figures to the class. One is Sydney, a young biological female, assigned female at birth, going through puberty and one is Sam, a young biological male, assigned male at birth, going through puberty. Make sure Sam has penis and scrotum #1 on. Tell students that as you discuss the hormonal, physical, and emotional changes of puberty, you will be adding the internal and external parts to Sam and Sydney, showing how they mature.

Step 2

Using the *Facilitator's Guide* that follows, engage students in the process by asking them the following questions, in order. Whenever you see a body part bolded in the guide, introduce the model body parts and apply them to the correct model.

Note: *This activity intentionally uses the binary language of "**biological male**" and "**biological female**" when referring to anatomy and reproductive systems only, not for gender identity. These terms are used for clarity to refer to a person's biological sex or the sex assigned at birth. As we discussed in the Gender & Sexuality unit, biological sex—including intersex—sex assigned at birth, and gender identity are separate concepts that can be hard to parse out when talking about reproductive anatomy. It is important to recognize and avoid assumptions that all peoples' gender identities and gender expressions will line up with their reproductive systems; thus, efforts to use more inclusive language like **"bodies with testicles", "bodies with ovaries"** and gender neutral names/pronouns have been made whenever possible to help make the information accessible to everyone*

Total Time:

45 minutes

- ❑ Two cutout figures on different color poster board or felt:
  - Figures should be about 36" tall, 16" elbow to elbow, and 9" across the waist
  - Template provided for enlargement, if desired
- ❑ Body part cutouts
  - Actual-size templates provided
  - Small, round red stickers for acne
- ❑ Biological female reproductive organs
- ❑ Biological male reproductive organs

Note:
The mastery of this material is essential for students to be able to understand reproductive physiology and birth control. It is presented in a lecture format so that all students receive the same information and have all of their questions answered. You can make the presentation interactive by asking the students questions about the processes of puberty as you add body parts to Sam and Sydney.

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Sam & Sydney Facilitator's Guide

Use this guide to help you facilitate the Sam & Sydney activity from start to finish. Take note of the following facilitator's directions, marked by four distinct symbols throughout:

- Read aloud to students the text that follows this symbol.
- Point out the body part that is bolded as you read the information pertaining to it whenever you see this symbol.
- Place the body part listed on Sam or Sydney when prompted by the symbol.
- ? Ask the questions that follow this symbol. For each question, make sure students know the correct answers, and make sure to give any information that follows a question before moving on.

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Read:

Meet Sam and Sydney. Sam is a biological male, which means they were assigned male at birth, and Sydney is a biological female, which means they were assigned female at birth. We don't know how they identity or express their genders, but we do know that their bodies are about to change. Sam and Sydney are between the ages of 9 and 11 and haven't yet started the process of puberty.

? Ask:

1. Can someone define puberty? *(Puberty is the period of time when the body matures physically and reproduction becomes possible.)*

2. What do you notice about Sam and Sydney's bodies? What similarities do they share? (*Body shape is straight up and down. They share body parts, including belly buttons and nipples.)* What differences? (*Sam has a **penis** and **testicles**. Sydney has a **vulva**.)*

Read:

A lot of people say, "Sydney has a vagina." That's true, but you can't see the vagina from the outside; you can only see the opening to the vagina between Sydney's legs. The outside part of Sydney's genitals is called the vulva, which protects the urethra and vaginal opening. You can also see the clitoris on the outside of Sydney's body. The clitoris is a small projection of erectile tissue that is filled with nerve endings making it sensitive to touch.

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? Ask:

3. Can you identify the parts of Sydney's **internal** reproductive organs? *(Vagina, cervix, uterus, fallopian tubes, ovaries)*

Read and point:

☞ The **uterus** in an adult biological female body is about the size of my fist. The uterus is where menstrual fluid is accumulated and expelled each month, or where a baby grows if Sydney gets pregnant. The cells that line the uterus are known as the **uterine lining**. This tissue is normally shed monthly as the menstrual period. In pregnancy, this tissue stays to support and shelter the growing fetus.

☞ The **cervix** is the opening to the uterus where the menstrual fluid comes out and someday, possibly, a baby will come through.

☞ These are the **fallopian tubes**, one on each side of the uterus, and two **ovaries**, one at each end of the tubes. The fallopian tubes help transport eggs/ovum from the ovaries to the uterus. The **ovaries**produce hormones and store immature eggs, which is the female sex cell, until they can be released during ovulation.

☞ This is the **vagina,** the female sex organ. It is a channel that extends from the opening between Sydney's legs up to the cervix. The vagina is about 3 inches long in an un-aroused state. The vagina is stretchy muscle tissue. If you put your finger or a tampon into it, the muscle conforms around it. The vagina elongates during arousal and can accommodate a penis with vaginal sexual intercourse and stretches enough in childbirth to deliver an average 7-8 pound baby.

? Ask:

4. Can you identify the parts of Sam's **external** reproductive organs? *(Penis, scrotum, testicles)* Sam's **internal** reproductive organs? *(Epididymis, vas deferens, seminal vesicle, prostate gland, urethra)*

Read and point:

☞ The **penis** is the male sex organ. The urethral tube inside the penis transports urine and semen out of the body. The penis is made of stretchy muscle tissue, becoming harder during erections. As a reproductive organ, the penis becomes erect during sexual intercourse and delivers semen during ejaculation.

☞ The **scrotum** is a protective sac of skin that supports the testicles as well as serves to help regulate body temperature to support sperm production.

☞ The **testicles** are stored within the scrotum. There are usually two. The testicles produce hormones and sperm, the male sex cell.

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☞ The **epididymis,** a long tube connected to each testicle, stores and transports mature sperm until they can be released during ejaculation.

☞ The **Vas Deferens**, another set of tubes, transport and propel sperm/semen from the epididymis to the urethra during ejaculation.

☞ The **seminal vesicles** are two glands that secrete fluid to combine with sperm to form semen. This fluid helps the sperm swim and provides nourishment.

☞ The **prostate gland** also secretes fluid to combine with sperm to form semen, helping sperm to swim and provides them nourishment.

? Ask:

5. Can somebody tell me the difference between Sam and Sydney and the openings in their reproductive organs? *(Sam has 2 openings: the urethra at the tip of the penis where urine and semen come out and the anus from where bowel movements occur. Sydney has 3 openings: the urethra is at the top of the vulva where urine comes out, the vaginal opening is in the middle where menstrual fluid comes out and the anus for bowel movements is in the back.)*

6. As a group, who starts puberty first, male bodies or female bodies? (*Female bodies)*

Read

There are exceptions, but as a group, female bodies begin puberty one to two years earlier than male bodies. That's why they are often much taller than the males in elementary and middle school before the males catch up.

Let's start looking at the hormonal changes that happen with Sydney. It all begins in the pituitary gland in the brain. The pituitary gland makes a hormone that goes to the ovaries and tells the ovaries to produce the female hormone.

? Ask:

7. Who knows the name of the female hormone that begins to cause changes in Sydney's body? *(Estrogen)*

Read:

The ovaries begin to produce higher levels of estrogen and this chemical circulates around Sydney's body and starts to make changes.

? Ask:

8. What are the first changes that Sydney will probably experience? *(Breast development and under arm hair.)*

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Read:

The first changes to the breasts are not very dramatic. Usually a female body will have a little bump under the nipple that feels sensitive and itchy. These are called breast buds.

Give Sydney breast buds.

Hair grows in new places: pubic hair and underarm hair. The first pubic hair is soft and straighter than more mature pubic hair. There may only be a few strands in the beginning.

Give Sydney pubic hair #1.

Underarm hair is something Sydney will get too. This often makes students laugh because women often shave the hair under their arms, but it does grow there and in many cultures it is left alone.

Give Sydney underarm hair.

Ask:

9. Does anybody know what else is starting to happen? *(The growth spurt)*

Read:

The growth spurt usually occurs about a year after the first changes. It is the most rapid growth period since Sydney was a baby. This is when Sydney may pass Sam in height.

Menstruation usually doesn't start until two and a half years after the first changes. So if a female body gets breast buds at 10, the first menstrual period will probably start at about 12 ½ years old. Female bodies usually stop growing a year or two after the onset of menstruation.

Read:

Now let's take a look at Sam. It all begins in the pituitary gland in the brain for Sam, too. The pituitary gland makes a hormone that goes to the testicles and tells the testicles to produce the male hormone.

Ask:

10. Who knows the name of the male hormone that begins to cause changes in Sam's body? (*Testosterone)*

Read:

The testicles begin to secrete higher levels of testosterone and the chemical circulates around Sam's body and begins to make changes.

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? Ask:

11. What is usually the first sign that Sam will experience? (*Penis and testicles will get bigger.)*

Read:

The testicles begin to produce sperm and the penis gets longer.

Give Sam penis and testicles #2.

? Ask:

12. What's the next thing that will probably happen to Sam? (*Pubic hair and underarm hair. Again, first pubic hair is thinner and softer and becomes curlier and courser with time.)*

13. What happens next to Sam, about a year after all this begins? (*Growth spurt.*)

Read:

Male bodies start growing on average at around 14 and can keep growing until they are 20. Ages vary depending on the person.

Let's look now at the body shape of Sam and Sydney. Before puberty, we noticed that they were both relatively straight up and down.

? Ask:

14. What changes occur in body shape during puberty? *(Sydney gets wider hips and Sam gets broader shoulders.)*

Read:

Sydney begins to get rounder, as fat tissue forms around the hips, buttocks, and thighs. Sam's shoulders broaden and his hips seem narrower in comparison. Shoulders and arms become more muscular and muscles all over the body get bigger.

Give Sydney hips. Give Sam shoulders and biceps.

Read:

Remember that puberty is a period of time, and it begins at different times for different people. So, it would be normal if a female body started puberty changes anywhere between 8 and 14 and a male body anywhere between 9 and 15. It's hard to be the first of your friends to start puberty and it's hard to be the last; but it doesn't mean that there is anything wrong with a person because they start changing early or late.

The changes of puberty are very gradual. Over the next few years, the beginning changes get more pronounced. The breasts continue to get larger.

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Give Sydney breast size #1.

What Sydney ends up with in terms of breast size depends on weight and genetics. Some female bodies have very small breasts and some have very large breasts. You may not be happy with what you get, but it is normal for you. It is not unusual for one breast to be larger or a different shape than the other. Sam's testicles continue to get bigger and Sam's penis grows longer as well.

Give Sam penis and testicle size #3.

? Ask:

15. Does anyone know how long the average erect penis is? (*Six and one half inches; a flaccid, adult male penis is 3½ to 4½ inches long, and with erection it enlarges to about 5-7 inches.)*

Read:

As puberty progresses over time, changes increase. With time, breasts get larger.

Give Sydney breast size #2.

Pubic and underarm hair matures and becomes thicker and courser.

Give both Sam and Sydney pubic hair #2.

? Ask:

16. What are some other changes that happen for all bodies? *(Acne/pimples, body odor, emotions [mood swings, anxiety, sensitivity], voice deepens, weight changes, bone growth and mineralization, wanting more independence, developing personal identity and attraction.)*

Read:

Acne/Pimples. During puberty, oil glands in the skin become more active and an oily substance can block pores in the skin causing pimples. Acne is a severe case of infected pimples and can be treated by a dermatologist. Good hygiene and a healthy diet can sometimes help to control pimples.

Give both Sam and Sydney pimples.

Body odor. The sweat glands in the body become more active in puberty. All bodies sweat more under their arms and in general during physical activity or nervousness. Good hygiene and deodorant can help control body odor.

Give both Sam and Sydney body odor excretions.

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Emotions. Puberty is a time of extreme emotional fluctuation. Young teens can feel bored, stressed, elated, depressed, loved, hated, rebellious, and needy. One minute they can feel great and the next minute like crying. This is a normal response to the ebb and flow of increased hormones.

✋ Give both Sam and Sydney emotions.

Body hair. During puberty, body hair on arms and legs may become a little heavier and darker. General body hair increases for male bodies, with some having heavy hair growth on their chest. This varies from person to person.

✋ Give Sam chest hair.

Male bodies also start growing facial hair. The heaviness of the beard varies from person to person. Chest hair and body hair are later developments of puberty.

✋ Give Sam a mustache.

Voice changes. Both Sam and Sydney will have a deepening of their voices, though Sam's will be much more pronounced. As the bodies voice goes deeper, the voice may crack and squeak when least expected.

Independence and Identity. As adolescents mature they develop a stronger sense of self and begin to seek out opportunities for independence and forge their own identities separate from their parents. Emotional attachments, physical attractions, and social relationships with their peers become increasingly more important.

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Reflections

? Ask to close the activity:

17. Are there any other questions or comments about the internal and external changes of puberty for Sam and Sydney?

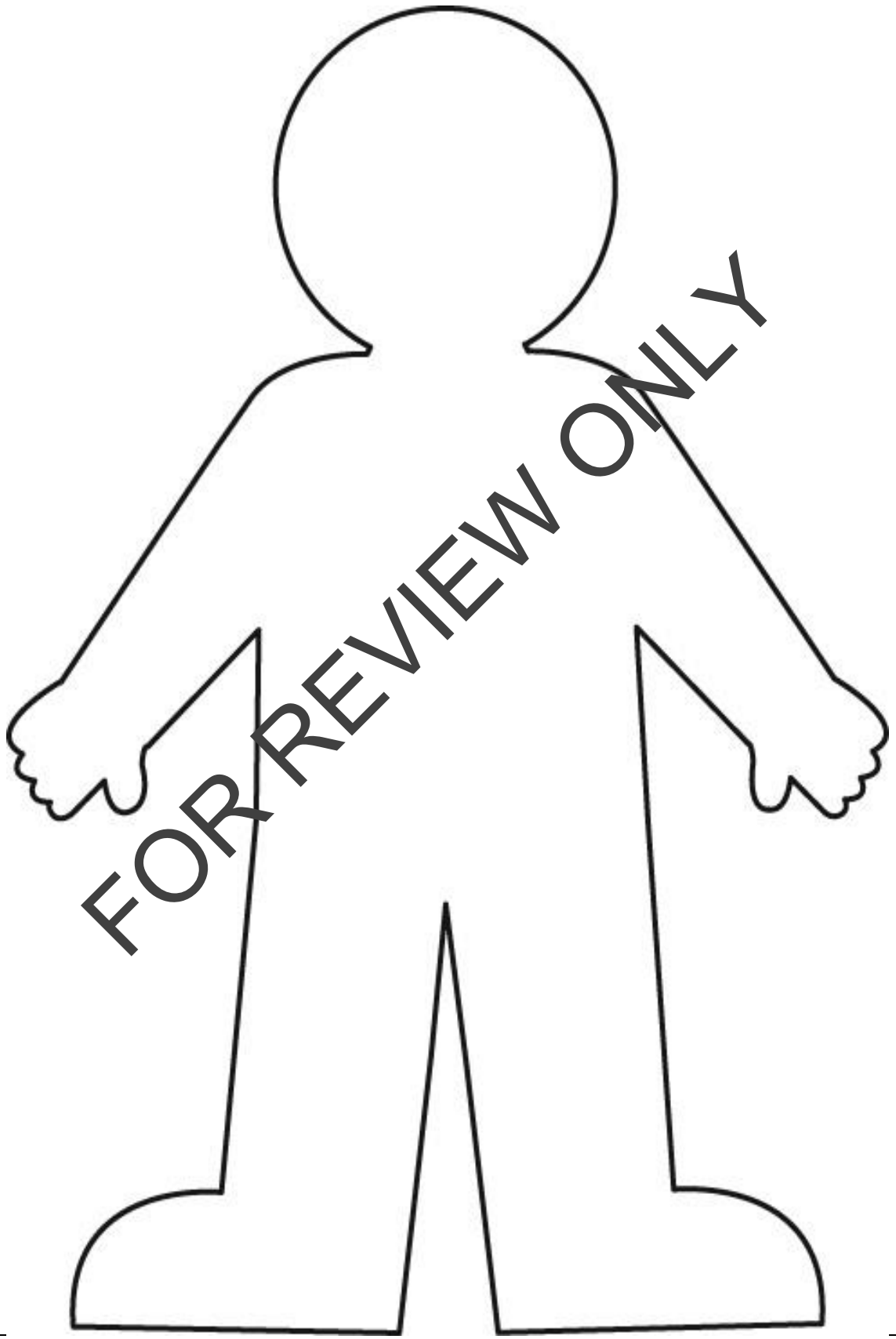
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Sam & Sydney Body Template

(Enlarge 4 times and cut out to use as traceable template for paper or felt)



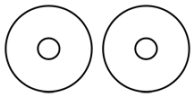
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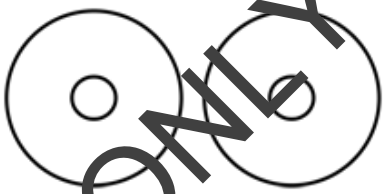
Sydney Body Part Templates

(Enlarge 4 times and cut out to use as traceable templates for paper or felt.
The parts for pubic hair are shown in thick and thin lace, which is another option for fabric.)

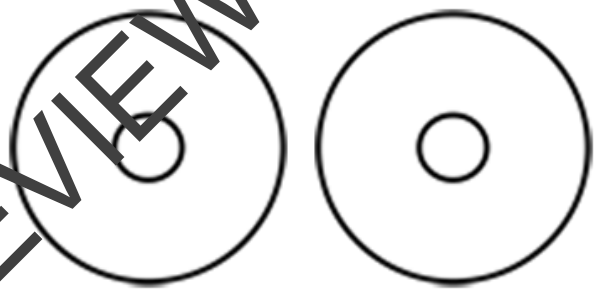
Sydney Breast Buds



Sydney Breasts #1



Sydney Breasts #2



Sydney Hips



Sydney Thinner Pubic Hair



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Sydney Body Part Templates

(Enlarge 4 times and cut out to use as traceable templates for paper or felt)

Sydney Thicker Pubic Hair



Sydney Reproductive System



Sydney Underarm Hair (print 2)



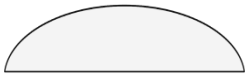
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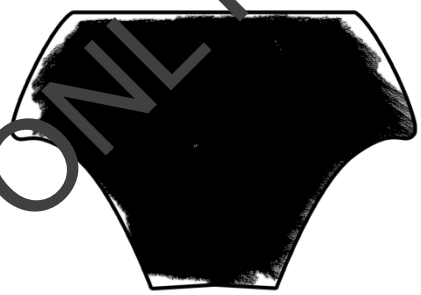
Sam Body Part Templates

(Enlarge 4 times and cut out to use as traceable templates for paper or felt)

Sam Bicep (print 2)



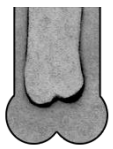
Sam Chest Hair



Sam Moustache



Sam Penis & Scrotum #1



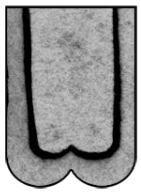
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Sam Body Part Templates

(Enlarge 4 times and cut out to use as traceable templates for paper or felt)

Sam Penis & Scrotum #2



Sam Pubic Hair Thicker



Sam Pubic Hair Thinner



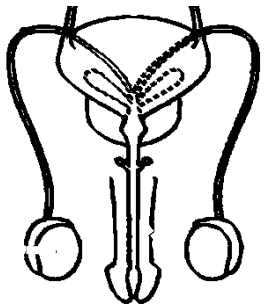
Sam Underarm Hair (print 2)



Sam Shoulder (print 2)



Sam Reproductive Organs



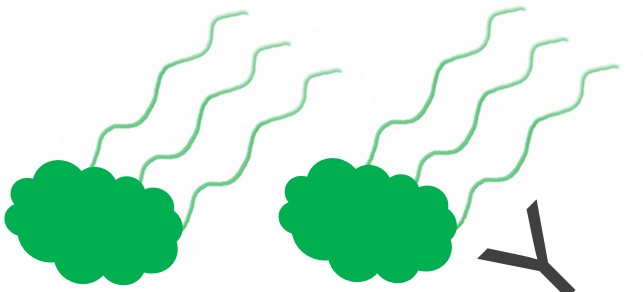
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Sam & Sydney Body Part Templates

(Enlarge 4 times and cut out to use as traceable templates for paper or felt.
The parts for pubic hair are shown in thick and thin lace, which is another option for fabric.)

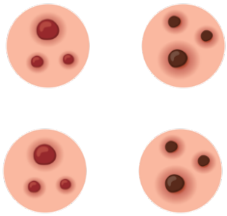
Sam & Sydney Body Odor Excretion (print one set for each)



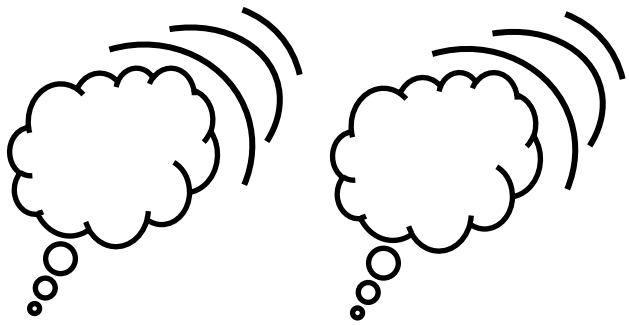
Sam & Sydney Emotions (print one for each)



Sam & Sydney Pimples/Acne (print one set for each or use small red dot stickers)



Sam & Sydney Voice Changes (print one for each)



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Name It!

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to identify correct terminology, establish common language, and review the parts of the male and female reproductive system.**

Directions

Step 1

Discuss the following questions.

1. When you talk about your elbow, what do you call it? *(Elbow)*
2. When you talk about your knee, what do you call it? *(Knee)*
3. When you talk about your arm what do you call it? *(Arm)*
4. When you talk about your penis what do you call it? *(Silence, laughter)*
5. When you talk about your vagina what do you call it? *(More laughter)*
6. We do not have any trouble naming most of our body parts but when we talk about reproductive body parts we often say words like "down there" or silly slang words instead of proper words. Why do you think it's hard to say those words? *(Embarrassed, don't know the right words)*
7. Why is it important to use proper names when talking about private parts? *(So we can all have a common language, it shows respect for our bodies, and the more you use proper terminology, the less awkward you'll feel talking about your body)*

Step 2

Distribute a copy of the *Male Reproductive Anatomy* handout, the *Female Reproductive Anatomy* handout, and a pencil to each peer educator.

Instruct peer educators to take a couple of minutes and write down the proper names for the different male and female reproductive parts on their handouts. Tell them not to worry if they don't know them all or are unsure about some, as you will go over each of them all in the next part of the activity.

Total Time:
30 minutes

This activity appears in the workshop

Materials

- ❑ A copy of the Male Reproductive System handout for each peer educator
- ❑ A copy of the Female Reproductive System handout for each peer educator

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Note: *This activity intentionally uses the binary language of "**male reproductive anatomy**" and "**female reproductive anatomy**" when referring to anatomy and reproductive systems only, not for gender identity purposes. These terms are used for clarity to refer to a person's biological sex or the sex assigned at birth. As we discussed in the Gender & Sexuality unit, biological sex—including intersex—sex assigned at birth, and gender identity are separate concepts that can be hard to parse out when talking about reproductive anatomy. It is important to recognize and avoid assumptions that all peoples' gender identities and gender expressions will line up with their reproductive systems; thus, efforts to use more inclusive language like **"bodies with testicles", "bodies with ovaries"** and gender neutral names/pronouns have been made whenever possible to help make the information accessible to everyone.*



Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen REP-Bridge curriculum website:

Google Slides:

https://docs.google.com/presentation/d/1gvyMNJi5YaobF-Y-NQuw197El8yCwD1LX11-ttf-qJdM/copy?pli=1#slide=id.g9461003a18_0_0

Google Docs:

https://docs.google.com/document/d/1qDgGSkcO4HjGUyB0JSz-g0Phf1VaZdSxhjPT96epgWg/copy

https://docs.google.com/document/d/1CjuGz4L3SeXIBWeVOGVLlqcZB6gPrmEPh4qeg_QDqQs/copy

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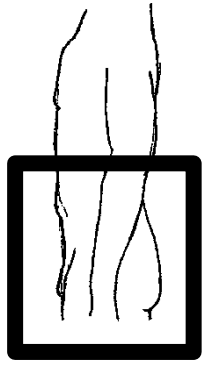
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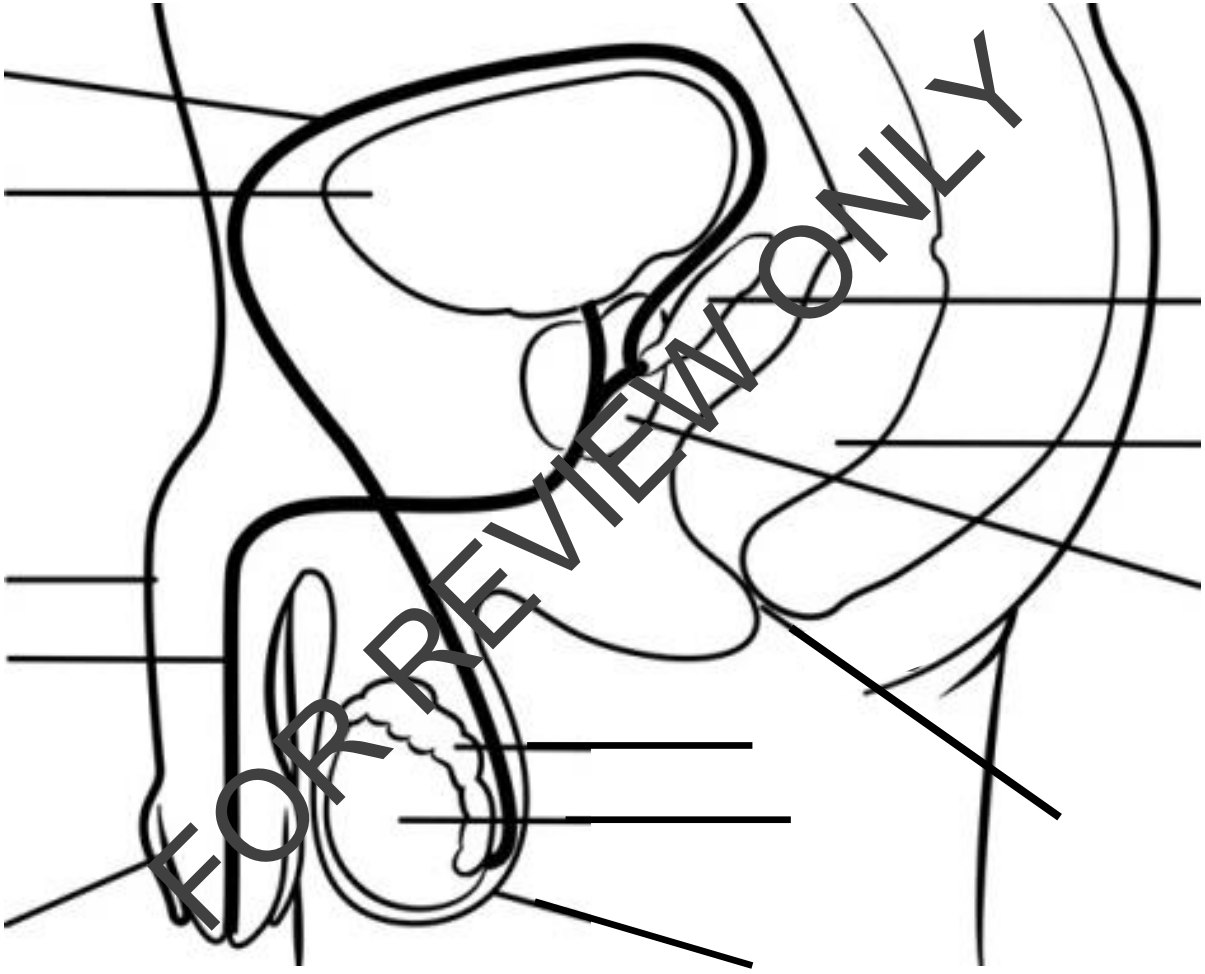
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Male Reproductive Anatomy (Side View)



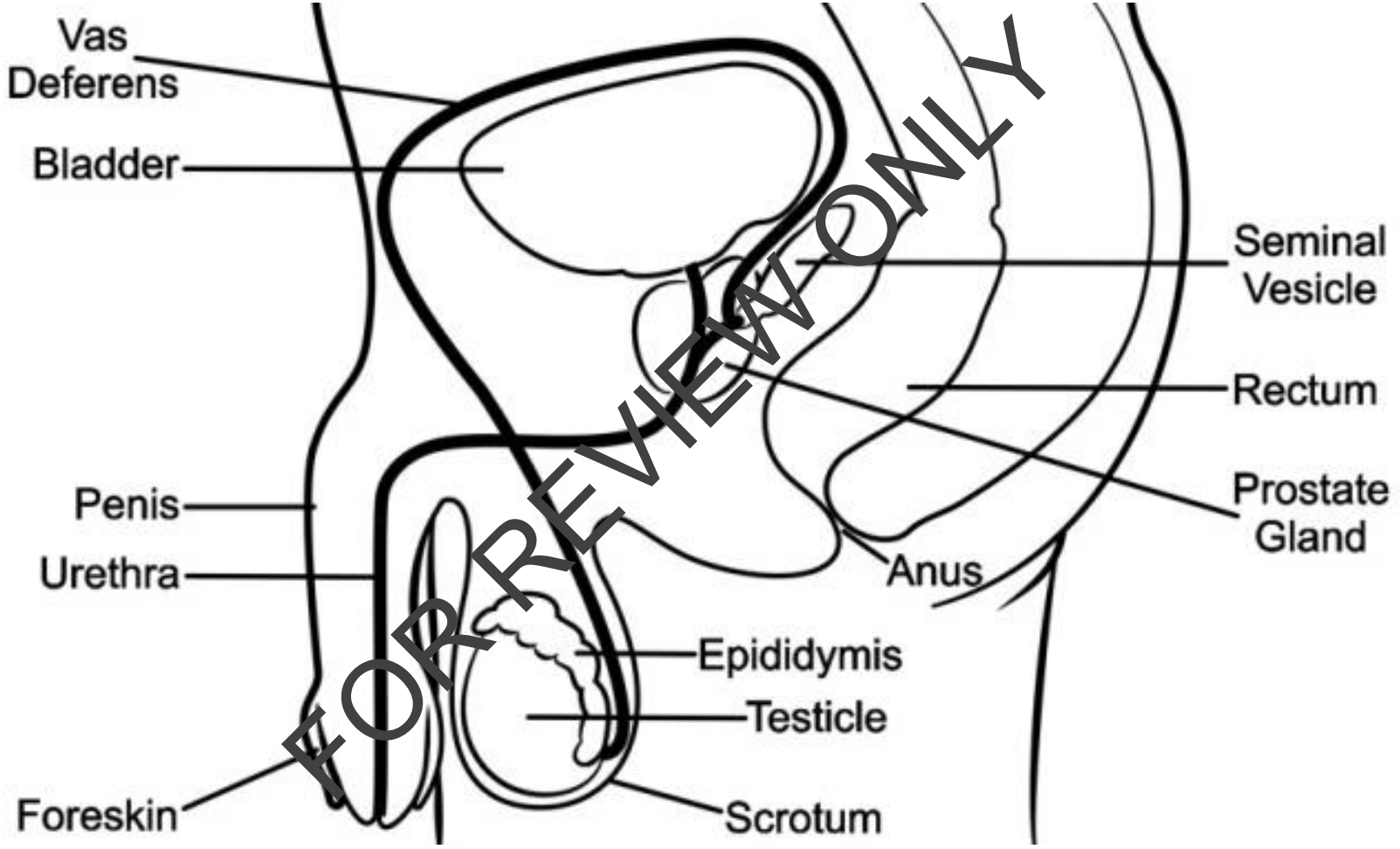


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Diagrams adapted from Western Australia Department of Health GDHR

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Male Reproductive Anatomy
Facilitator's Guide

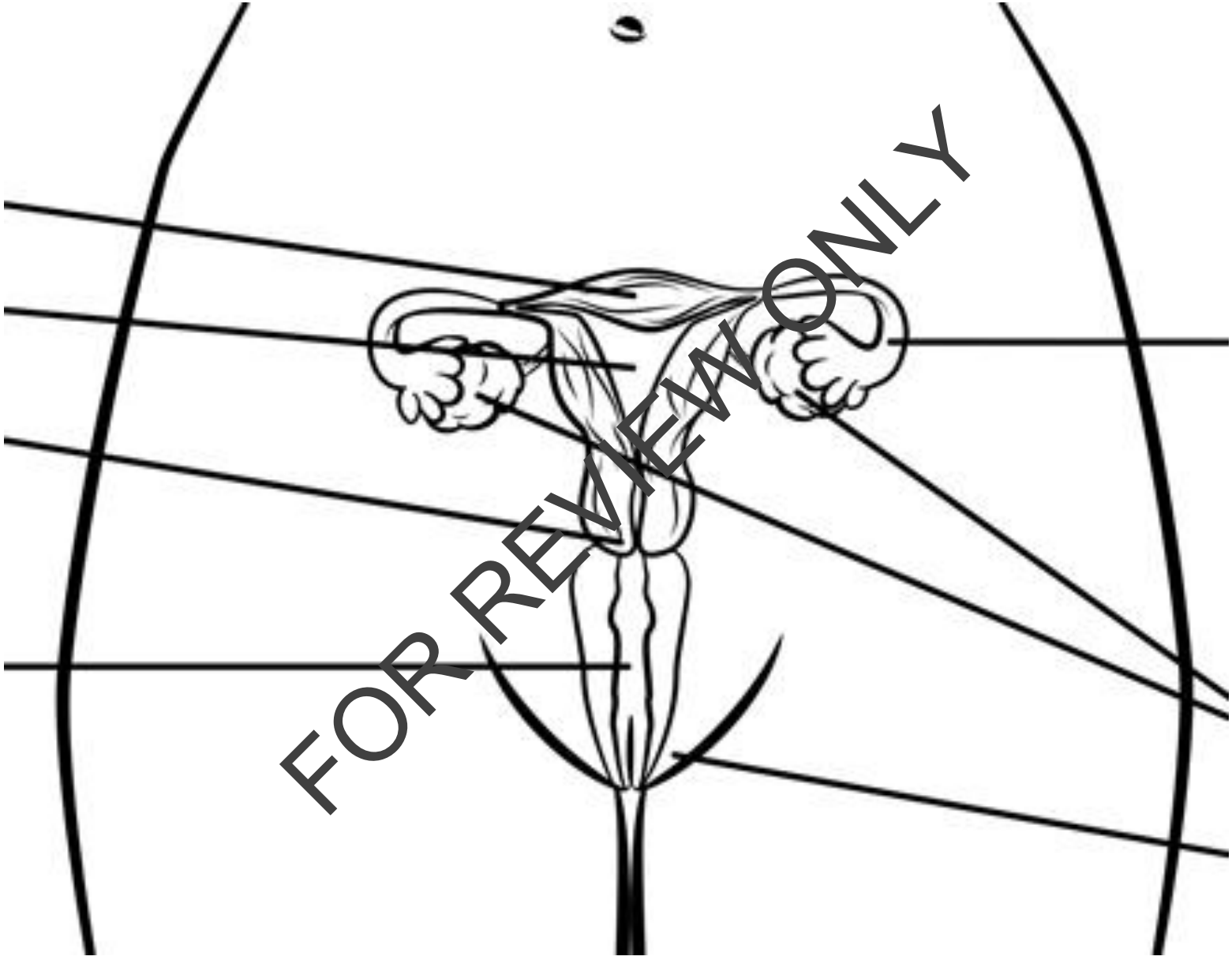


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Diagrams from Western Australia Department of Health GDHR

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Female Reproductive Anatomy

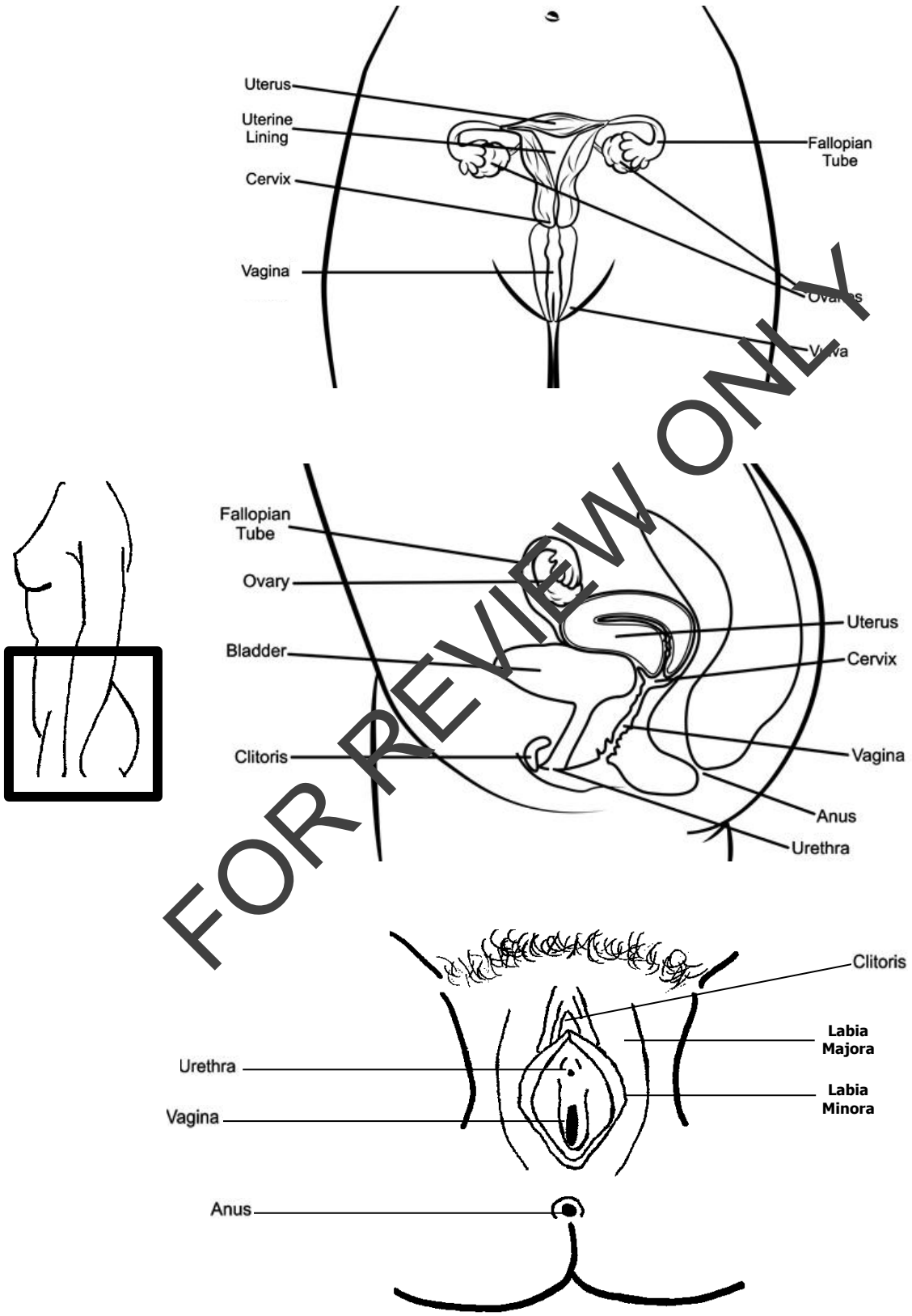


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Diagrams from Western Australia Department of Health GDHR

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Female Reproductive Anatomy Facilitator's Guide



Diagrams adapted from Western Australia Department of Health GDHR

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Everything Changes

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to look at the changes of puberty.**

Directions

Step 1

Place three signs labeled *Female Body with Ovaries, Male Body with Testicles, and ALL Bodies (Female, Male & More)* in the middle of the circle. Then, discuss the following questions.

1. How long do the changes of puberty usually take? *(Several years; it may start anywhere between 9 and 15)*
2. As a group, who usually begins puberty first, female bodies or male bodies? *(There are exceptions, but as a group female bodies, by about one to two years)*
3. What is one of the big differences you often see between female bodies and male bodies in the early years of puberty? *(Female bodies are taller than male bodies. Note that once males begin puberty they catch up quickly.)*

Step 2

Distribute the *Everything Changes* cards equally amongst the group. Participants may have more than one card. Using the three signs as categories, have students place their cards under the sign that best fits the puberty changes represented.

Then, one at a time, have volunteers read the cards in each category aloud to the class. Ask the group to decide whether this is a change that only ***Female Body with Ovaries*** experience, only ***Male Body with Testicles*** experience, or ***ALL Bodies (Female, Male & More)*** experience during puberty.

Review all the cards using the *Facilitator's Guide* that follows on the next pages. Be sure to go in order by section as listed in the guide.

Total Time:
30 minutes

Materials

- ❑ Three 8.5x11 signs that say:
  - Female Body with Ovaries
  - Male Body with Testicles
  - ALL Bodies
- ❑ One set of Everything Changes cards

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Read all summary statements, answer any questions, and clarify any information that is unclear.

Reflections

Step 3

Discuss the following questions.

1. What do you notice about the three lists? *(There are more cards under **ALL Bodies (Female, Male & More)***
2. What do you think it means that there are so many cards under the ***ALL Bodies (Female, Male & More)*** category? *(The changes of puberty are very similar for females and males.)*
3. What are some important differences to remember between ***Female Bodies with Ovaries*** and ***Male Bodies with Testicles***? *(The hormones that start the puberty process are different – Estrogen for females and Testosterone for males; The physical changes for females prepare their bodies for Ovulation and Menstruation; The physical changes for males prepare their bodies for Spermatogenesis.)*

Note: *This activity intentionally uses the language of "**female body with ovaries**", "**male body with testicles**", "**all bodies (female, male & more)** when referring to anatomy and reproductive systems only, not for gender identity purposes. These terms are used for clarity to refer to a person's biological sex or the sex assigned at birth. As we discussed in the Gender & Sexuality unit, biological sex—including intersex—sex assigned at birth, and gender identity are separate concepts that can be hard to parse out when talking about reproductive anatomy. It is important to recognize and avoid assumptions that all peoples' gender identities and gender expressions will line up with their reproductive systems; thus, efforts to use more inclusive language like "**bodies with testicles**", "**bodies with ovaries**", "**all bodies (& more)**", and gender neutral names/pronouns have been made whenever possible to help make the information accessible to everyone.*



Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/14vnOJRFuxnk6K7aoozNft6_koiha0yeo6zLkBPP5-Qo/copy#slide=id.g9bf1b35029_0_0

Google Docs:
https://docs.google.com/document/d/1OgDQFU78U5FZpGQrZbGIudnVSb7O6yOSmhWvVUyW1QU/copy

Google Jamboard:
https://jamboard.google.com/d/1oz-oVbhEFIzdmZxvwDsqNW-XbwEEgUTokqu7lSYtrJ4/viewer?f=0

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Everything Changes Facilitator's Guide

1. Female Body with Ovaries
Facilitator's Guide

1. Have a student read all cards aloud.
2. Ask if anyone disagrees with the card placement for this category.
3. Using the *Discussion Questions & Clarifying Statements* below, ask the questions or read the italicized statement that corresponds with each card in the order they are listed below.

Female Body with Ovaries
Discussion Questions & Clarifying Statements

▸ Discussion Question

1. What is usually the first sign that people with female bodies notice at the start of puberty? *(Breast development and body hair; Menstruation is not the start of puberty)*

Card: Ovaries produce Estrogen

The pituitary gland in the brain makes a hormone that goes to the ovaries and tells them to produce the hormone Estrogen. Estrogen circulates in the blood, causing the changes of puberty for a female body.

Card: Uterus and Vagina grow larger

The uterus and vagina grow in preparation for ovulation and menstruation, eventually making it possible for female bodies to become pregnant and have babies.

Card: Breasts Develop

Breasts start as a small bump under the nipple, called breast buds, which can be sensitive and itchy. Breasts continue to grow throughout puberty.

Card: Ovulation

Each month egg cells mature and one, or occasionally more than one, egg is released from the ovary. At the same time, the lining of the uterus builds up in case one of those eggs is fertilized by sperm.

Card: Menstruation

If an egg is not fertilized by sperm, it breaks down and the uterine lining is shed. This is also referred to as "getting your period". Menstruation begins about two and a half years after the first signs of puberty.

Card: Hips get wider

The female pelvis and hips widen to make pregnancy and childbirth possible.

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2. Male Body with Testicles
Facilitator's Guide

1. Have a student read all cards aloud.
2. Ask if anyone disagrees with the card placement for this category.
3. Using the *Discussion Questions & Clarifying Statements* below, ask the questions or read the italicized statement that corresponds with each card in the order they are listed below.

Male Body with Testes
Discussion Questions & Clarifying Statements

▸ Discussion Question

1. What is usually the first sign that people with male bodies notice at the start of puberty? *(Penis and testicle development and body hair)*

Card: Testicles produce Testosterone

The pituitary gland in the brain makes a hormone that goes to the testicles and tells them to produce the hormone Testosterone. Testosterone circulates in the blood, causing the changes of puberty for a male body.

Card: Penis and Testicles grow larger

The penis and testicles grow in preparation for sperm production (spermatogenesis), eventually making it possible for a male body to get a female body pregnant.

Card: Spermatogenesis

Spermatogenesis is the process where testicles make, store, and eventually release sperm during ejaculation. This happens so sperm are available to fertilize eggs.

Card: Erections

Erections occur when the penis fills with blood, making it larger and firmer. Erections can be caused by sexual arousal or can be spontaneous.

Card: Wet Dreams

When ejaculation (the release of sperm) occurs during sleep.

Card: Shoulders and Chest broaden

Testosterone causes muscle mass to develop.

▸ Discussion Question

2. Why do all these changes of puberty happen for all bodies (male, female, & more)? *(So that our bodies become capable of reproduction.)*

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3. ALL Bodies (Female, Male & More)
Facilitator's Guide

1. Have a student read all cards aloud.
2. Ask if anyone disagrees with the card placement for this category.
3. Using the *Discussion Questions & Clarifying Statements* below, ask the questions or read the italicized statement that corresponds with each card in the order they are listed below.

ALL Bodies (Female, Male & More)
Discussion Questions & Clarifying Statements

Card: Body Odor

Sweat glands are more active in puberty, which causes sweat and body odor. Practicing good hygiene like taking showers and using deodorant can help reduce problems with odor.

Card: Pimples

Oil glands are more active in puberty, which causes oily skin and pimples. Practicing good hygiene, like washing your face with special soaps or creams, and eating a healthy diet can help control acne. Severe cases can also be treated by a dermatologist.

Card: Growth Spurts/Weight Gain

Female bodies tend to start growing before male bodies, but male bodies often grow taller than female bodies later in puberty. Weight gain is a normal part of puberty.

Card: Mood Swings

The fluctuation in hormones causes mood swings, including feelings of sadness, loneliness, and anger. Although these feelings might not feel very good, it is all normal.

Card: Voice Changes

While deepening voices are more dramatic for some bodies over others, everyone's voices deepen as well.

Card: Increased Body Hair

Body hair grows longer and thicker on arms, underarms/armpits, legs and around the genitals (called pubic hair); also on the face and chest for male bodies.

Card: Romantic Feelings for Others

Who you have romantic feelings for is called sexual orientation. Heterosexual means being attracted to members of the opposite sex and Gay/Lesbian means being attracted to members of the same sex.

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Everything Changes Cards

(Print and cut out)

Ovaries Produce Estrogen	Uterus and Vagina Grow Larger
Ovulation	Breasts Develop
Menstruation	Hips Widen

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Testicles Produce Testosterone	Penis and Testicles Grow Larger
Spermatogenesis	Erections
Wet Dreams	Shoulders and Chest Broaden

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Body Odor	Pimples
Growth Spurts/ Weight Gain	Voice Changes
Mood Swings	Romantic Feelings for Others

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Body Hair

FOR REVIEW ONLY

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Female Body with Ovaries

FOR REVIEW ONLY

Male Body with Testicles

FOR REVIEW ONLY

ALL Bodies (Female, Male & More)

FOR REVIEW ONLY

Dear Diary

Total Time:
30 minutes

Materials
- ❑ A copy of the Dear Diary handout for each peer educator

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is **to create empathy for a middle school person going through puberty.**

Directions
Step 1
Distribute a copy of the Dear Diary handout to each peer educator. Ask a volunteer peer educator to read the story to the class.

Step 2
Discuss the following questions.

1. What are some of the common issues of middle school that Breanna is describing? *(School is harder, has romantic thoughts and feelings for several people, daydreams, friends are leaving her out, family doesn't seem to understand her)*
2. What are some emotions that Breanna is feeling? (*Frustration, sadness, romantic longing, sadness, irritation*)

Step 3
Have peer educators think back to their own experiences as adolescents going through puberty. Explain that the *Puberty Workshop*, they will each share one line that describes something they remember about their own experience.

Give peer educators a few moments to come up with a line they would feel comfortable reading in the workshop, then share. Examples include:

- I felt like I was never gonna grow!
- I wondered if my face would ever stop breaking out!
- I think I was the first/last girl in my class to wear a bra…

Facilitator's Note:

Be sure to approve each line for the workshop before concluding this activity (making sure no lines are too personal or inappropriate in nature). Have each peer educator write down their line so they don't forget by the time you begin to prepare for the workshop.

Materials for Virtual Learning
If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1gpXbDWEn8bDDEnDraKK3TT88ICSCmraFKE6xvcaicqs/copy#slide=id.g53b406e961_0_0

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Handout

Dear Diary,…

Seventh Grade is a lot tougher than I thought it would be. Last year was so much fun. I barely had homework; my teachers were nice, and I even got a later bedtime. But now, I have to stay up late just to get my homework done.



Oh, and Diary, there is this great boy in my class. He's new. He's from Arizona. His name is Chris Taylor. I think of Chris all the time. Dreaming of what could be. Time seems to fly when I think of him. I imagine being in love with him and having a house and a dog. And kids! But I think about Billy Hernandez too even though he's going out with Erica.

At school my friends have rejected me. They don't like me anymore because they think I dumped my boyfriend just to get back at him for flirting with my best friend. But it isn't true! I dumped him because he is stupid.

My friends really hurt me. At lunch I sit by myself and watch them laughing and having fun. I try not to show how sad I feel but I can't really hide it. My parents aren't helping at all. They're so annoying. Mom is always all over me asking how I'm doing and I just want to be left alone. I hear my brother complaining to my dad about how moody I am. But it's not my fault. Why doesn't anybody understand?

Middle school is a lot harder than I expected. I hope high school is better. It's gotta be, right?

Love, Breanna

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Revisit Puberty Pre-Tests

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to ensure that students have the correct information about the processes of menstruation and spermatogenesis.**

Directions

Step 1

Have peer educators retrieve the *Puberty Pre-Tests (for male bodies and female bodies)* they completed earlier. Go around, having volunteers read quiz questions aloud one at a time. Use the provided answer key to discuss each answer. Ensure every student understands the correct answers before moving on to the next question.

Total Time:

15 minutes

Materials

- ❑ A copy of the *Puberty Pre-Test: Female Bodies* and the *Puberty Pre-Test: Male Bodies* that peer educators completed at the beginning of the unit

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Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1Gho7OcvwQI9DDb86I_QBRpIJJPoyq5pQILgis6xyiks/copy#slide=id.g9461003a18_0_214

https://docs.google.com/presentation/d/1-vNNDZr_NdW4PLh4vGb6hR2B0M5kHOUl05CBEYJ9n0Q/copy#slide=id.g9461003a18_0_0

https://docs.google.com/presentation/d/1fuId5vx3IcxmI0Dbo8nQn0zNc4970w8RT6r4fpEipbI/copy#slide=id.g9461003a18_0_0

Google Docs:
https://docs.google.com/document/d/1-gfloBb_17XLouvz0UrjsnFrgTFDkw6gR22EC_3T_xY/copy

https://docs.google.com/document/d/10bHvIoQZMrtdET84kJ7Ms8vsoaWFjZsqAAZQHG-0EsA/copy

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Puberty Pre-Test: Biological Female Bodies with Ovaries Answer Key

False

1. A biological female should avoid swimming and reduce the amount of exercise during menstruation (also known as "having your period").
Menstruating women may exercise or swim as much as they choose.

True

2. Dysmenorrhea (cramping during menstruation) is related to prostaglandin release and can be relieved by medication.
Advil or Motrin are anti-prostaglandin medications and are very useful for relieving cramps.

False

3. A biological female cannot get pregnant by having sex during menstruation.
Suppose a female's period lasts 7 days and then that female has sex at the end of the period. The sperm can live inside for 5 days, which means sperm could be present at ovulation on day 14.

False

4. A biological female can figure out an absolutely safe time between menstrual periods to avoid getting pregnant.
A female should never assume it is "safe" to have sex without protection. Cycles can be irregular and ovulation can be unpredictable.

False

5. The average menstrual cycle lasts 28 days with ovulation occurring on day one.
Day one is the first day of menstruation (bleeding). Ovulation usually occurs mid-cycle which would be on day 14 of a 28-day cycle.

False

6. 3-5 eggs are usually released each month during ovulation.
One egg is usually released each month. Occasionally, more than one egg may be released and, if fertilized by sperm, could result in twins or other multiples.

True

7. Exercise helps to reduce unpleasant symptoms of menstruation, like cramps, for some biological females.
Exercise is especially helpful in decreasing cramps.

False

8. The endometrium or lining of the uterus, is reabsorbed if a biological female does not become pregnant.
The endometrium or lining of the uterus is shed as menstrual fluid if the female does not become pregnant.

False

9. If a teenage biological female has irregular menstrual periods, it may be a sign of uterine cancer.
Irregular periods are very normal for teenagers.

True

10. Masturbation is a normal behavior for females.
Masturbation can be a normal and healthy experience for anyone who chooses to masturbate.

False

11. A biological female cannot use a tampon if she is virgin.
With practice, anyone can use a tampon. It will not affect virginity.

False

12. If one breast is bigger than the other, a female should see a doctor.
It is very common for women to have one breast that is somewhat smaller or different shape than the other. It is especially common when females are growing and is perfectly normal.

True

13. The primary female hormone is called estrogen.
Estrogen is essential to the growth and development of the female reproductive system.

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Puberty Pre-Test: Biological Male Bodies with Testicles Answer Key

False	1. The hormone which causes puberty changes in males is called progesterone. *The male hormone is called testosterone.*
False	2. Sperm are made in the penis. *Sperm are made in the testicles.*
True	3. Wet dreams (ejaculating during sleep) are normal and will decrease as a male gets older. *Nocturnal emissions (wet dreams) are a common and normal experience during adolescence.*
False	4. Masturbating several times a day will cause physical and psychological damage. *Masturbation does not cause physical or psychological damage. However, anything that interferes with daily living can become a problem.*
False	5. The tubule inside the testes, if stretched end-to-end, would be the length of a yard stick. *It would be the length of a football field.*
True	6. Fresh sperm is made every 24 hours in the testicles. *This process of spermatogenesis is continuous from puberty until death.*
True	7. The maturation of sperm in the epididymis takes about 4-6 weeks. *This is known as the regeneration cycle.*
False	8. If a male masturbates before having sex with a female, then she won't get pregnant. *Masturbation before sex will decrease sperm count but does not ensure that a female will not get pregnant.*
True	9. The testicles are positioned outside the body because sperm cannot be produced at body temperature. *Optimal sperm production requires a lower temperature than body temperature by 1-2 degrees Celsius.*
False	10. The amount of semen expelled in one ejaculation is about ¼ of a cup. *The amount of semen in one ejaculate is about 1.5-5 milliliters (up to about a teaspoon).*
False	11. The sperm are mixed with fluids from the seminal vesicles, prostate gland and the bladder before passing out of the penis. *Semen does not travel through the bladder.*
False	12. Having sex in a hot tub will decrease the risk of pregnancy due to heating of the testicles. *Keeping the testicles too warm will decrease current sperm production, not sperm that is ready for ejaculation.*
False	13. There are about 100 million sperm in each ejaculation. *There is a range of about 20-150 million sperm per milliliter of semen (a range of 300-500 million sperm per ejaculation).*

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School-Wide Campaign Check-In

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to ensure peer educators responsible for implementing a school-wide campaign following this unit's corresponding workshop are on track.**

Directions

Step 1

Upon completion of the unit, distribute copies of the *School-Wide Campaign Check-In* handout to each peer educator in the group responsible for this unit's topic. Students should start formulating ideas for their campaign as you begin preparing for the workshop. Review the *School-Wide Campaign Guidelines* handout the peer educators received in *Unit One* to ensure they are on task. Remind students that they will need to submit ideas to you for approval. As advisors, be sure to get the proper approvals from the school or community before students implement their campaign ideas.

Total Time:
5 minutes

Materials

- A copy of the School-Wide Campaign Check-In handout for each peer educator in the group assigned to this topic

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Handout

School-Wide Campaign Check-In

Workshop Topic: Puberty

Group Members:

Structures:

1.

2.

3.

Plan for each structure: (Include frequency)

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Parent/Guardian-Teen Homework

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to provide a structure for communication between parents/guardians and teens on the topic of puberty.**

Directions

Step 1

Upon completion of the unit, distribute copies of the *Parent/Guardian-Teen Homework* handout to each peer educator.

In advance of the workshop, peer educators should complete the homework assignment with a parent/guardian, have it signed, and turn it back into advisors.

Total Time:
5 minutes

Materials

- ❑ A copy of the Parent/Guardian-Teen Homework handout for each peer educator

Note:
Having peer educators complete this homework assignment before the workshop can help them create buy-in among workshop participants when asked to do the same.

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Homework

Puberty

Parent/Guardian – Teen Homework

Student name:_____ Date:_____

Purpose

To provide a structure for communication between parents/guardians and teens on the topic of puberty.

Directions

Step 1

Together, read out loud the workshop take home messages below.

Take Home Messages

- Puberty happens on an individual timetable over a period of several years.
- There is a wide range of "normal" in each change of puberty.

Step 2

Teens should share with parents/guardians their answers to the following questions.

1. What was the most important thing you learned in this workshop?

Step 3

Teens and parents/guardians should discuss together their responses to the following questions:

1. What are some of the ways our bodies change physically and emotionally during puberty?
2. What are some of the anatomy terminology you learned in this workshop that you didn't already know?

Step 4

Parents/guardians should share with teens their answer to the following question.

1. What values do you want your child to receive from you regarding this topic?

Step 5

Please sign and date below, indicating to the advisor that this assignment has been completed.

x_____ _____

Parent/Guardian/Caregiver signature Date

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Curriculum Feedback Form

Unit 4: Puberty & Human Reproduction

Name of Advisor: _____ School: _____

Today's Date: _____

No. of (40-45 min.) class periods to complete unit: ___
No. of (80 min.) class periods to complete unit: ____

Please circle the month the unit was taught:

September October November December January February March April May

Advisor feedback is critically important in developing and revising curricular resources that work for schools. We appreciate you completing this form (or logging into www.TeenPEP.org to complete it online) so we can use your feedback in our process!

Please consider responding to any or all of the following questions in your feedback:

- *How effective were the activities in increasing students' knowledge?*
- *How engaging were the activities for students?*
- *How clear are the objectives and directions for each activity?*
- *What, if anything, did you do differently for a particular activity? Why? What was the result for your group?*

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Please scan and email to info@supportiveschools.org ◆ Attn: Teen PEP Research & Administrative Associate
Or complete online at www.TeenPEP.org

When it's Time to Change

Puberty Workshop for 6th Graders

Volume I • 2020

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TEEN PEP-BRIDGE

High School Students Equipping Middle School Students with Knowledge and Skills to Make Healthy Decisions

TEEN PREVENTION EDUCATION PROGRAM

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TEEN PREVENTION EDUCATION PROGRAM BRIDGE

When it's Time to Change

Puberty Workshop for 6th Graders

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When it's Time to Change:

Puberty Workshop Overview

►Workshop Objectives

After participating in this workshop, students will be able to:

- **Identify** the parts of the female reproductive system.
- **Identify** the parts of the male reproductive system.
- **Define** the correct terminology for everyone's reproductive anatomy.
- **Explain** the emotional changes of puberty.
- **Explain** the physical changes of puberty.

►Take Home Messages

Everyone between the ages of eleven and fourteen are very self-conscious about their appearance and worry about their ability to fit in with their peers. The goal of this workshop is to give students an idea about what to expect during puberty and to reassure them that these changes are predictable and normal on the path to becoming an adult.

While conducting the workshop, peer educators should keep in mind the major messages for participants to *take home*:

- Puberty happens on an individual timetable over a period of several years.
- There is a wide range of "normal" in each change of puberty.

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Note: *The activities in this workshop intentionally use the language of "**male reproductive anatomy"** / "**female reproductive anatomy",** and "**female body with ovaries"**, "**male body with testicles", "all bodies (female, male & more)** when referring to anatomy and reproductive systems only, not for gender identity purposes. These terms are used for clarity to refer to a person's biological sex or the sex assigned at birth. As we discussed in the Gender & Sexuality unit, biological sex—including intersex—sex assigned at birth, and gender identity are separate concepts that can be hard to parse out when talking about reproductive anatomy. It is important to recognize and avoid assumptions that all peoples' gender identities and gender expressions will line up with their reproductive systems; thus, efforts to use more inclusive language like **"bodies with testicles", "bodies with ovaries", "all bodies (& more)"** and gender neutral names/pronouns have been made whenever possible to help make the information accessible to everyone.*

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Workshop Agenda

▶45-minute workshop

	Time
Attention-Getting Skit: *Round of Questions*	1 minute
Presenter Introduction	1 minute
Workshop Introduction	1 minute
Bridge to Skits	1 minute
Skits:	3 minutes
★ Changing	1 minute
★ Monologues	2 minutes
Bridge to Small Group Activities	1 minute
Small Group Activities	30 minutes
★ Name It!	15 minutes
★ Everything Changes	15 minutes
Bridge to Skit	1 minute
Skit: *My Name is Chris*	2 minutes
Closure	1 minute
Evaluation & Homework	3 minutes

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Workshop Materials

Activity	Materials	Template Provided
Name It!	❑ 2 - 8.5 x 11 (or larger) *Female Reproductive System* and *Male Reproductive System* diagrams for ***each*** small group	✓
	❑ A copy of the *Female Reproductive System* and *Male Reproductive System* handout for ***each*** participant	✓
	❑ Pens or pencils for ***each*** participant	
Everything Changes	❑ 3 - 8.5 x 11 signs for ***each*** small group that say: ★ Male Body with Testicles ★ Female Body with Ovaries ★ ALL Bodies (Female, Male & More)	✓
	❑ 1 set of *Everything Changes* cards for ***each*** small group	✓
Evaluation	❑ Evaluation form for ***each*** participant	✓
	❑ Pens or pencils for ***each*** participant	
Homework	❑ *Parent-Teen Homework* handout for each participant	✓

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When it's Time to Change:

Puberty Workshop

Attention-Getting Skit: *Round of Questions*

Scene: *Peer educators enter from offstage and form a line across the presenting area with their backs to the audience. From left to right each peer educator turns and says their line in a clear and loud voice and remains facing forward.*

When the last peer educator delivers their line, the first peer educator on the left begins to say the same line as before. Halfway through that line, the next peer educator "steps" on the line being spoken by beginning their line.

The second round continues in this manner down the line.

After the second round, peer educators continue to say their lines all at once with increasing volume. An advisor stands in the back and "conducts," allowing this to continue for five seconds or so and then cuts it off with a prearranged hand signal. All peer educators become silent at the same time.

PE 1: I hate my body. Why am I so small?

PE 2: I hate my body. Why am I so big?

PE 3: Why is everybody always looking at me?

PE 4: Why do I get so angry?

PE 5: How do I know if I'm in love?

PE 6: Why can't I just have some privacy?

PE 7: Why are my parents so annoying?

PE 8: Why do I feel so sad?

PE 9: Why don't I have any friends?

PE 10: Why can't I concentrate on school?

PE 11: When am I going to grow?

PE 12: When am I going to start my period?

PE 13: Why does my voice crack?

About this skit:
Each peer educator should have one line. They may use the lines provided or make up their own line that is relevant to their experience as a 6th grader.

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PE 14: Why is everybody changing?

PE 15: I just want to be left ALONE!

Presenter Introduction

Scene: ***Students stand in a line across the stage.***

(One peer educator steps forward.)

Peer Ed.: Hi. We are Teen PEP-Bridge from _____ High School. Teen PEP stands for Teen Prevention Education Program. We are ____ juniors/seniors who have been trained in leadership and sexuality issues. Today, we're going to do a workshop for you that looks at what we go through during puberty. Our workshop is called *When It's Time to Change*. My name is _____.

(Peer educator steps back in line and all students introduce themselves to the audience)

Workshop Introduction

(Two peer educators step forward and present the introduction, trading off paragraphs.)

Peer Ed. 1: Puberty is a time when kids' bodies begin to change and grow into adult bodies.

Peer Ed. 2: For some kids, it starts at age nine, for others not until fourteen or fifteen. It's different for everybody.

Peer Ed. 1: Changes happen gradually, not all at once. Like your feet get bigger and then later, you start to grow taller.

Peer Ed. 2: Some of the changes are fun and exciting and some may be embarrassing at first. *(Peer educators step back into line.)*

Peer Ed. 1: The hardest part is when you're different from your friends. If you develop early, people may stare at you. Or if you develop later, you may feel like a little kid next to your friends.

Peer Ed. 2: Today we're going to give you a chance to learn about and talk about some of the physical and emotional changes of puberty. Eventually, everybody changes. The important thing to remember is that it's all normal.

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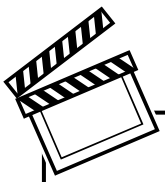
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Bridge to Skits

(One peer educators steps forward.)

Peer Ed.: Now we're going to do some skits for you about puberty.

*(Peer educator steps back into line and all peer educators turn their backs to the audience. Peer educators who are not performing in a skit should remain **frozen and silent** in line with their backs to the audience.)*



About the Skits

Using dramatic skills, peer educators will present examples of relationship pressures common to teens. Peer educators are encouraged to adapt the language in the skits to better reflect their school community. As always, the language that is used should be clear and relevant, but not offensive.

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Skit: *Changing*

Scene: ***A group of "girls" are sitting around talking on one side of the stage; a group of "boys" on the other. When one group is speaking, the other freezes. The students are on different levels: some lying on floor, sitting in chairs. One standing looking over someone's shoulder. One or two girls are reading a teen magazine; boys are playing a video game, others looking at their phones.***

Tyanna: *(Zips up their sweatshirt and crosses arms over chest)* I was so embarrassed in phys. ed yesterday…bouncing all over the place when we were running.

(Everyone laughs. Tyanna hunches shoulders and slouches down, embarrassed.)

Gina: At least you have something to bounce…I am never going to get out of this sports bra.

Cameron: Oh poor you, Gina!

Priscilla: Leave her alone. I've got bigger problems. Look at my face! I skipped school last week for a huge pimple and now I have three. **What** am I going to do?

Tyanna: Here, let me try some make-up.

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Cameron: Hey, look at this. *(Holds up the magazine; others lean over to look)* She's my favorite model. Isn't she beautiful? I wish I were that tall; I am never gonna grow; I'm going to be short and fat forever.

Gina: Oh stop. Your mom's tall. You'll grow…**eventually**.

Cameron: Ugh… Don't talk about my mom. I can't **stand** my mom. She is **so** annoying.

(Everyone Freezes)

Bobby: (*Walks over to group*) Hey guys, what's up*? (Voice cracks on "up")*

(Everyone laughs)

Raj: Bro, your voice is what's up. What's up with that?

Bobby: It's so embarrassing… It's cracking all the time.

Jamal: Not me, I just *(Switches to very deep voice)* turned into a man overnight.

Johan: (*Laughs*) Yeah, right. You're still the shortest guy on the team.

Jamal: Whatever.

Johan: Hey, look. *(Holds up phone to show)* They posted the date for the dance on the school page. I wanna ask Deborah. She is so hot.

Raj: Ha. She wouldn't give you the time of day. First of all she's about 3 feet taller than you. And, she likes to dance. Your feet are so big you trip over them. Way out of your league, buddy.

Johan: *(Looks hurt)* Whatever.

(Everyone freezes.)

► Processing the Skit

(Two peer educators come forward.)

Peer Ed. 1: Thank you to our actors *(Applause).*

What you just saw is very common among kids who are going through puberty. The girls were worried about breast size and their skin breaking out. They compared themselves to people much older who had already reached their adult height and bodies.

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Peer Ed. 2: The guys were also worried about their size – most want to be taller than they are, especially during puberty. They laughed about voice changes and they talked about how hard it is when you like someone who is more mature than you.

Peer Ed. 1: The next skit shows some more common issues people deal with during puberty.

Skit: *Monologues*

Scene: ***Three peer educators stand far apart across the stage facing the audience and looking at the floor. One at a time they look up and speak to the audience.***

Jackie: You probably think this is really stupid, worrying about this and all? But I don't think I'm **ever** going to get my period. My mom says I will and my doctor says I will. "Be **patient**," they say. But I'm the last one of my friends – even Steph ran up to me today. "I got it; I got it," she said. I wanted to stuff a sock in her mouth. It's not that I really want it – I mean I'm nervous. It sounds like it's a lot of trouble and I'm mostly really worried about **when** it's going to happen. Like if I'll wake up in the morning and there it will be. Or, I'll be walking down the hall and somebody will yell, "Hey, Sharon's got her period." I go to the bathroom about 50 times a day just to check. I just want to get that part over with and then I'll be just like my friends. Hurry **up!**

Joe: I gotta tell you. The first time it happened to me, I thought I wet the bed. It freaked me out. Then I went to my doctor for a physical and when he asked me about wet dreams, I found out it's happens to almost **all** guys. He said the testicles start to make sperm and a fluid called semen; it just comes out sometimes at night. When I get older it will stop. I asked him about erections too – it's like they happen **all** the time and I can't stop them. Sometimes it's embarrassing. He said that was normal too – just the body getting everything working so I can have kids someday. That's hard to imagine. Anyway, he also said that when I get worried about changes like this or have questions, I should ask my dad or another adult. "They've been through it too," he said. Yeah, ok; I guess I could do that.

Jane: Okay. Don't tell anybody, but I **like** someone. I'm not saying who. This person is really cool–smart, friendly, and an awesome soccer player. When I get a smile in the hall I feel kind of excited and warm inside. But I get really nervous when we talk. I know my face gets all red and stupid stuff comes out of my mouth. How are you supposed to talk to someone you have feelings for? Those shows on TV make it look so **easy**. I think about this person all the time but it seems impossible to make the first move. What if I get laughed at or I hear "you've got to be kidding." (*Pause*) Okay, take a breath. Slow down and just be nice; smile back. I think I'll make the second move.

(Peer educators return to line.)

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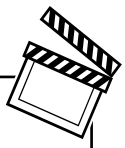
► Processing the Skit

(One peer educator steps forward.)

Peer Ed. 3: Some of these issues may sound familiar to you. That's because they are completely normal for kids your age. All of us can remember what it felt like to go through puberty. Personally, I _____*(Peer educator inserts something they remember from going through puberty).*

(Turns to peer educators in line.)

Various Peer Eds:
I looked like a 3rd grader.
I was a giant.
I was the original "pizza face"
I was so moody.
I felt really alone.
I was so flat.
I cried all the time.
I got left out a lot.
I was embarrassed in the locker room.
I was so uncoordinated.
I _____.
Hey, I've **always** been this cool.



About this skit:
Each peer educator should have one line. They should use the approved lines they came up with in the unit that describe their own experience as a 6th grader.

Peer Ed. 4: It may not make you feel any better, but everybody goes through puberty, and everybody, at some point, feels uncomfortable. Remember that puberty happens over time. You don't get to choose when it starts or when it's done. You also don't get to choose what you look like in the end. But it's normal—you are simply yourself. And that's good.

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Bridge to Small Group Activities

(A peer educator steps forward and speaks to the audience.)

Peer Ed.: We hope these skits helped you identify some of the changes that start to happen during puberty. We are now going to break into small groups and do some activities to learn more about those changes. The first activity will give us the opportunity to practice using accurate terminology. Please count with me while I number you off. Then look for the peer educator holding your group number and go with that peer educator to your small group location.

Small Group Activity: *Name It!*

(After introductions, a peer educator in each small group says:)

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Peer Ed. 1: In the large group, we saw skits that showed some of the common questions and concerns teens have when beginning puberty. Before we begin talking more on this subject, we want to take a minute to define puberty so everybody can use a common vocabulary.

Can someone define puberty for us in their own words? (*Puberty is the period of time when the body matures physically and emotionally and reproduction becomes possible.)*

Right. During this time a person's body, feelings and emotions change from a child's into an adult's. Now we're going to get more comfortable talking about body parts.

Peer Ed. 2: When you talk about your elbow, what do you call it? *(Elbow)*

When you talk about your knee, what do you call it? *(Knee)*

When you talk about your arm what do you call it? *(Arm)*

When you talk about your penis what do you call it? *(Silence, laughter)*

When you talk about your vagina what do you call it? *(More laughter)*

We don't have any trouble naming most of our body parts but when we talk about our reproductive body parts we often say words like "down there" or silly slang words instead of proper words. Why do you think it's hard to say those words? *(Embarrassed, don't know the right words)*

Peer Ed. 1: Now, we're going to practice using the real words for reproductive body parts, sperm production, and menstruation (having your period). We know that you may have learned about this before in health class or from your parents. So, we're going to see what you remember.

Step 1

A peer educator places the *Male Reproductive System* and *Female Reproductive System* signs in the middle of the circle. Another peer educator distributes copies of the *Reproductive Systems* handout and pencils to participants.

Peer Ed. 1: Why is it important to use proper names when talking about private parts? *(So we can all have a common language, it shows respect for our bodies, and the more you use proper terminology, the less awkward you'll feel talking about your body)*

Peer Ed. 2: Take a couple of minutes and write down the proper names for the different reproductive parts on both of your handouts. Don't worry if you don't know them all or are unsure about some—we will go over them all today.

Step 2

Starting with the *Female Reproductive System*, ask volunteers to identify each part of the body in numerical order. Refer to the *Facilitator's Guide* to ensure accuracy. If anyone offers an incorrect response, ask the rest of the group if someone has a different guess and ensure each body part is correctly revealed before moving on to the next. Write the answers on the larger sign, and have participants change any incorrect answers they may have on their handouts. Repeat this process for the *Male Reproductive System.*

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Peer Ed. 1: Nice job everyone! Now we're going to talk about specific changes that happen during puberty just to male bodies, changes that happen just to female bodies and changes that happen to everyone.

Name It! Google Slides version

Small Group Activity: *Everything Changes*

Step 1

One peer educator places 3 signs labeled *Female Body with Ovaries, Male Body with Testicles, and ALL Bodies (Female, Male & More)* in the middle of the circle.

Ask the following questions:

1. How long do the changes of puberty usually take? *(Several years; it may start anywhere between 9 and 15. Whenever you start and finish, it's all normal.)*
2. As a group, who usually begins puberty first, female bodies or male bodies? *(There are exceptions, but as a group biological females [people with ovaries], by about one to two years.)*
3. What is one of the big differences you often see between female bodies and male bodies in the early years of puberty? *(At first, like in elementary school and early middle school, female bodies are often taller than male bodies. Note that once male bodies begin puberty they catch up quickly. Whatever your height becomes, it's all normal.)*

Step 2

Peer Ed. 2: We're going to pass out an ***Everything Changes Card*** to everyone. Take a minute to read your card. Then, using the 3 categories signs we have in the middle of the circle, decide where your card best fits. For example, if you think you have a card that belongs in the ***Female Body with Ovaries*** category, place your card under that sign. Once all the cards have been placed in either the ***Female Body with Ovaries, Male Body with Testicles, or All Bodies (Female, Male & More)***, we will decide as a group which cards fit best in each category.

One peer educator distributes the ***Everything Changes*** cards equally amongst the group. Participants may have more than one card. Using the 3 signs as categories, have students place their cards under the sign that best fits the puberty changes represented.

Then, one at a time, have volunteers read the cards in each category aloud to the class. *(Or depending on the reading level of the group, the facilitator reads the cards.)* Ask the group to decide whether this is a change that only a person with a ***Female Body with Ovaries*** experiences, only a person with a ***Male Body with Testicles*** experiences, or that ***All Bodies (Female, Male & More)*** experience during puberty.

Review all the cards using the *Facilitator's Guide* that follows on the next pages. Be sure to go in order by section as listed in the guide. Read all summary statements, answer any questions, and clarify any information that is unclear.

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Everything Changes Google Slides version

1. Female Body with Ovaries
Facilitator's Guide

1. Have a student read all cards aloud.
2. Ask if anyone disagrees with the card placement for this category.
3. Using the *Discussion Questions & Clarifying Statements* below, ask the questions or read the italicized statement that corresponds with each card in the order they are listed below.

Female Body with Ovaries
Discussion Questions & Clarifying Statements

Discussion Question

1. What is usually the first sign that female bodies notice at the start of puberty? *(Breast development and body hair; Menstruation [getting your period] is not the start of puberty)*

Card: Ovaries produce Estrogen

The pituitary gland in the brain makes a hormone that goes to the ovaries and tells them to produce the hormone Estrogen. Estrogen circulates in the blood, causing the changes of puberty for a female bodied person.

Card: Uterus and Vagina grow larger

The uterus and vagina grow in preparation for ovulation and menstruation [having your period], eventually making it possible for female bodies to become pregnant and have babies if they choose to.

Card: Breasts Develop

Breasts start as a small bump under the nipple, called breast buds, which can be sensitive and itchy. Breasts continue to grow throughout puberty.

Card: Ovulation

Each month egg cells mature and one, or occasionally more than one, egg is released from the ovary. At the same time, the lining of the uterus builds up in case one of those eggs is fertilized by sperm.

Card: Menstruation

If an egg is not fertilized by sperm, it breaks down and the uterine lining is shed. This is also referred to as "getting your period". Menstruation [period] begins about two and a half years after the first signs of puberty.

Card: Hips get wider

The female body's pelvis and hips widen to make pregnancy and childbirth possible.

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2. Male Body with Testicles
Facilitator's Guide

1. Have a student read all cards aloud.
2. Ask if anyone disagrees with the card placement for this category.
3. Using the *Discussion Questions & Clarifying Statements* below, ask the questions or read the italicized statement that corresponds with each card in the order they are listed below.

Male Body with Testicles
Discussion Questions & Clarifying Statements

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Discussion Question

1. What is usually the first sign that male bodies notice at the start of puberty? *(Penis and testicle development and body hair)*

Card: Testicles produce Testosterone

The pituitary gland in the brain makes a hormone that goes to the testicles and tells them to produce the hormone Testosterone. Testosterone circulates in the blood, causing the changes of puberty for a male bodied person.

Card: Penis and Testicles Grow Larger

The penis and testicles grow in preparation for sperm production (spermatogenesis), eventually making it possible for a male bodied person to get a female bodied person pregnant.

Card: Spermatogenesis

Spermatogenesis is the process where testicles make, store, and eventually release sperm during ejaculation. This happens so sperm are available to fertilize eggs.

Card: Erections

Erections occur when the penis fills with blood, making it larger and firmer. Erections can be caused by sexual arousal or can be spontaneous.

Card: Wet Dreams

When ejaculation (the release of sperm) occurs during sleep.

Card: Shoulders and Chest Broaden

Testosterone causes muscle mass to develop.

Discussion Question

2. Why do all of these physical changes of puberty happen for everyone? *(So that our bodies become/are capable of reproduction)*

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3. ALL Bodies (Female, Male & More)
Facilitator's Guide

1. Have a student read all cards aloud.
2. Ask if anyone disagrees with the card placement for this category.
3. Using the *Discussion Questions & Clarifying Statements* below, ask the questions or read the italicized statement that corresponds with each card in the order they are listed below.

ALL Bodies (Female, Male & More)
Discussion Questions & Clarifying Statements

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Card: Body Odor

Sweat glands are more active in puberty, which causes sweat and body odor. Practicing good hygiene like taking showers and using deodorant can help reduce problems with odor.

Card: Pimples

Oil glands are more active in puberty, which causes oily skin and pimples. Practicing good hygiene, like washing your face with special soaps or creams, and eating a healthy diet can help control acne. Severe cases can also be treated by a dermatologist.

Card: Growth Spurts/Weight Gain

Female bodies tend to start growing before male bodies, but often grow taller than them later in puberty. Weight gain is a normal part of puberty for everyone.

Card: Mood Swings

The fluctuation in hormones causes mood swings, including feelings of sadness, loneliness, and anger. Although these feelings might not doesn't feel very good, it's all normal.

Card: Voice Changes

While deepening voices are more dramatic for some, everyone's voices deepen as well.

Card: Increased Body Hair

Body hair grows longer and thicker on arms, underarms/armpits, legs and around the genitals (called pubic hair); also on the face and chest for some bodies.

Card: Romantic Feelings for Others

Who you have romantic feelings for is called sexual orientation. Heterosexual means being attracted to members of the opposite sex and Gay/Lesbian means being attracted to members of the same sex.

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▸Discussion Questions

1. What do you notice about the three lists? *(There are more cards under **All Bodies [Female, Male & More]**.)*
2. What do you think it means that there are so many cards under the ***All Bodies (Female, Male & More)*** category? *(The changes of puberty are very similar for everyone.)*
3. What are some important differences to remember between ***Female Bodies with Ovaries*** and ***Male Bodies with Testicles***? *(The hormones that start the puberty process are different – Estrogen for female bodies and Testosterone for male bodies; The physical changes for people with ovaries prepare their bodies for Ovulation and Menstruation [having their period]; The physical changes for people with testicles prepare their bodies for Spermatogenesis.)*

Peer Ed. 1: Nice job everybody! Now we're going to go back to large group for our final skit.

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Bridge to Skits

(One peer educators steps forward.)

Peer Ed. 1: We hope you enjoyed talking about puberty in your small groups and learned some new information.

Peer Ed. 2: As we mentioned in the introduction we all go through puberty on our own timetable. We know it may be hard to look different from everyone else, but we need to remember that our bodies change when and how they need to.

Peer Ed. 1: Our last skit is called "Hi, my name is Chris."

*(Peer educator steps back into line and all peer educators turn their backs to the audience. Peer educators who are not performing in a skit should remain **frozen and silent** in line with their backs to the audience.)*

My Name is Chris

Scene: ***One male peer educator and one female peer educator walk out and stand facing the audience several feet apart. They trade off saying lines.***

Male Peer Ed.: *(Serious)* Hi, my name is Chris.

Female Peer Ed.: *(Serious)* Hi, my name is Chris.

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Male
Peer Ed.: I just can't believe what's happening to me.

Female
Peer Ed.: It seems that every day brings a new change. It's almost like I'm getting a new body!

Male
Peer Ed.: They tell me I'm going through puberty.

Female
Peer Ed.: One thing that's happening – there's **hair** growing in places it's never been before.

Male
Peer Ed.: Like under my arms.

Female
Peer Ed.: And other places.

Male
Peer Ed.: I don't mind some of the changes I'm seeing.

Female
Peer Ed.: In fact, some things I even like. I'm taller than I was last year.

Male
Peer Ed.: I'm almost as tall as my parents.

Female
Peer Ed.: My body is changing in other ways too.

Male
Peer Ed.: Some you can see…and some you can't.

Female
Peer Ed.: They tell me I'm going through puberty.

Male
Peer Ed.: Some of the changes are not so good,

Female
Peer Ed.: Like the pimples.

Male
Peer Ed.: And there's another thing I'm embarrassed about.

Female
Peer Ed.: It's even hard for me to say this. When I was at a party the other night,

Male
Peer Ed.: I was with someone I like.

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Female Peer Ed.: Maybe you know who I mean.

Male Peer Ed.: I got this new feeling.

Female Peer Ed.: It was strange, but kind of nice.

Male Peer Ed.: I liked it…. They tell me I'm going through puberty…

Female Peer Ed.: That means I have to go to school with my pimples.

Male Peer Ed.: And my cracking voice.

Female Peer Ed.: But it's getting better. I like being older.

Male Peer Ed.: It's getting better. I like being bigger.

Female Peer Ed.: *(Cheerfully) Hi, My name is Chris.*

Male Peer Ed.: *(Cheerfully) Hi, My name is Chris.*

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Closure

(All peer educators form a line across the stage facing the audience. Five peer educators step forward and say their lines.)

Peer Ed. 1: We hope you've enjoyed our workshop today and that you feel better about the changes of puberty. Remember:

Peer Ed. 2: Puberty is a stage that everybody goes through.

Peer Ed. 3: It happens over a period of time and is different for everyone.

Peer Ed. 4: When you're going through puberty, it's normal to feel happy one minute, and sad or angry the next.

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Peer Ed. 5: If you are feeling awkward, you're not alone.

Peer Ed. 6: Hang in there; it definitely gets better.

Peer Ed. 1: Thank you for your attention and participation. Please take a few minutes to complete the evaluation form. We will also pass out a homework assignment that you can do with a parent, guardian, or other trusted adult.



Evaluation

Pass out evaluations and pencils. Ask all participants to fill out an evaluation and hand it in before leaving the workshop.



Homework

Pass out the *Parent/Guardian-Teen Homework* handout to all participants. Instruct participants to complete this handout for homework with their parent/guardian, obtain a signature from their parent/guardian, and return it the next day to their classroom teacher.



Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

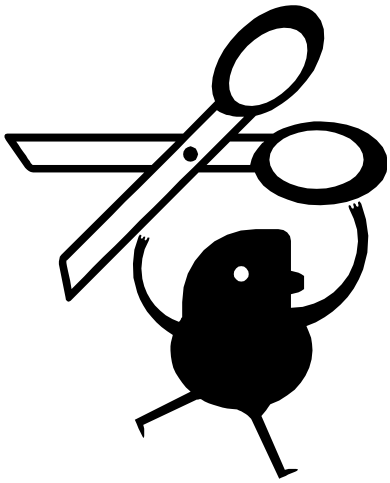
Google Slides:

https://docs.google.com/presentation/d/1gvyMNJf5YeobFY-NQuw197El8yCwD1LX11-ttf-qJdM/copy#slide=id.g9461003a18_0_0

https://docs.google.com/presentation/d/14vnOJRFuxnk6K7aoozNft6_koiha0yeo6zLkBPP5-Qo/copy#slide=id.g9bf1b35029_0_0

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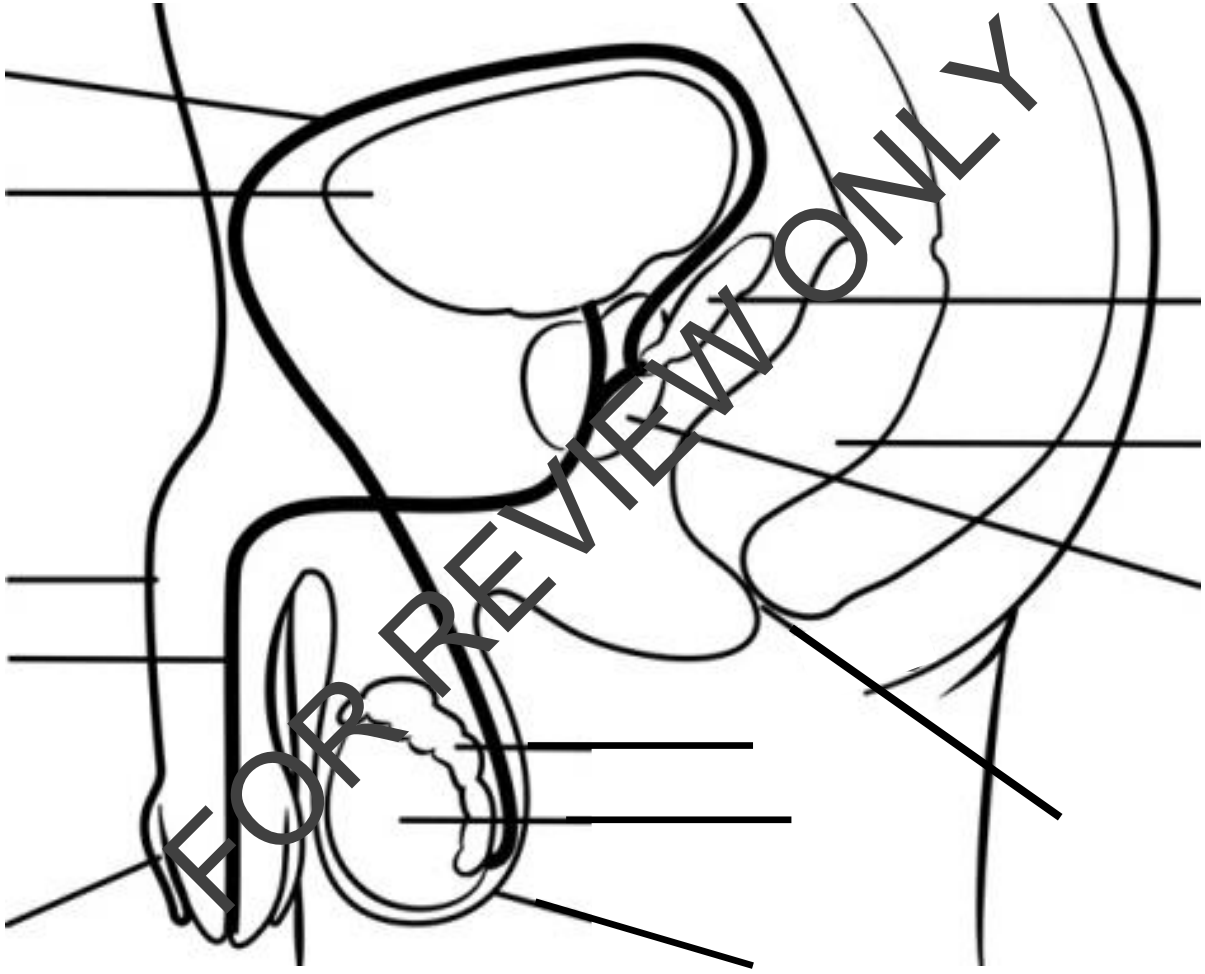
Workshop Materials & Templates

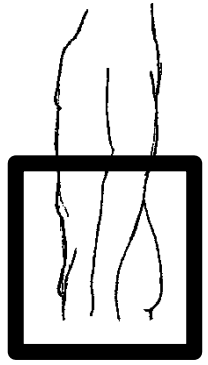
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Handout

Biological Male Reproductive System (Side View)



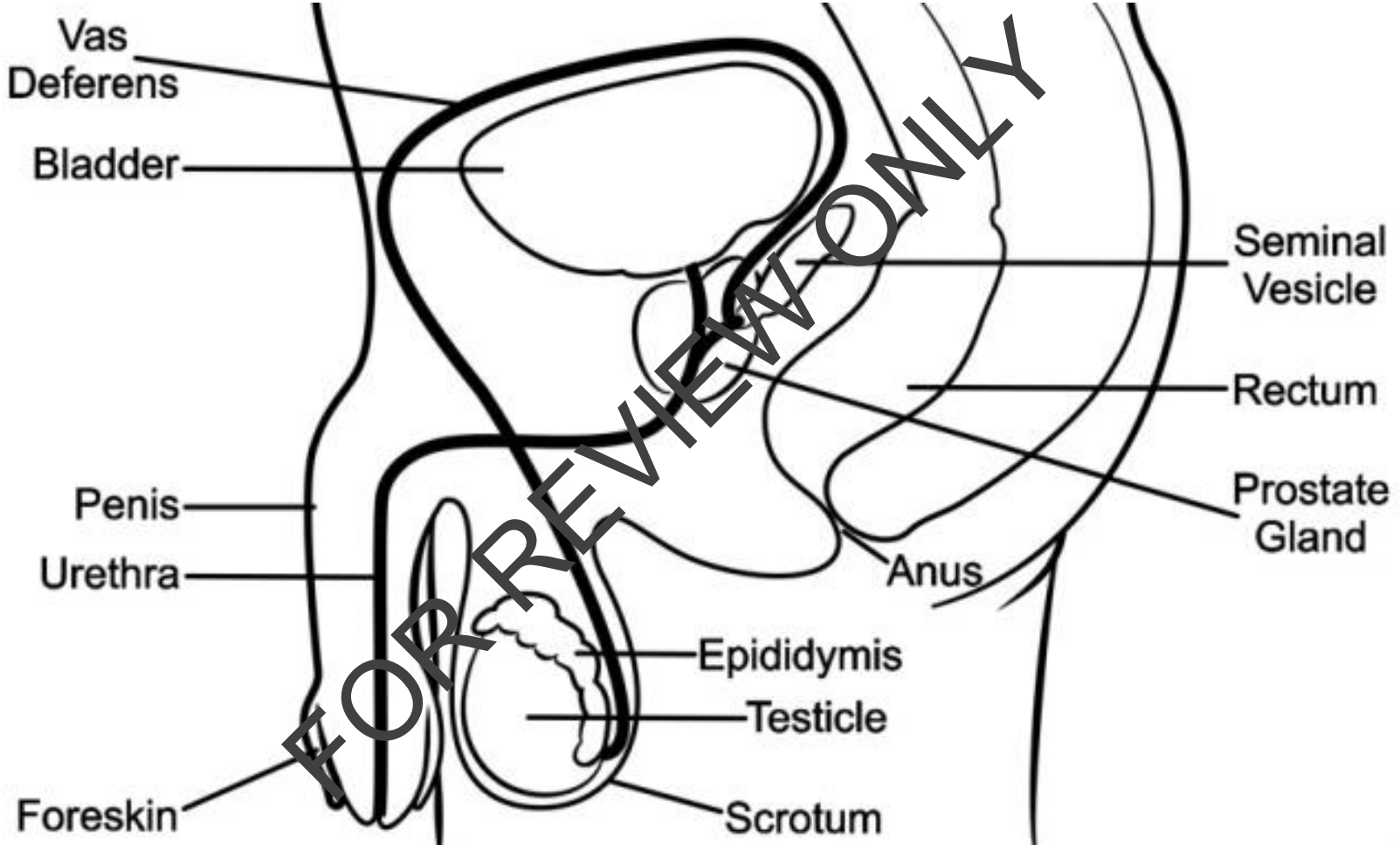


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Diagrams adapted from Western Australia Department of Health GDHR

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Biological Male Reproductive System
Facilitator's Guide



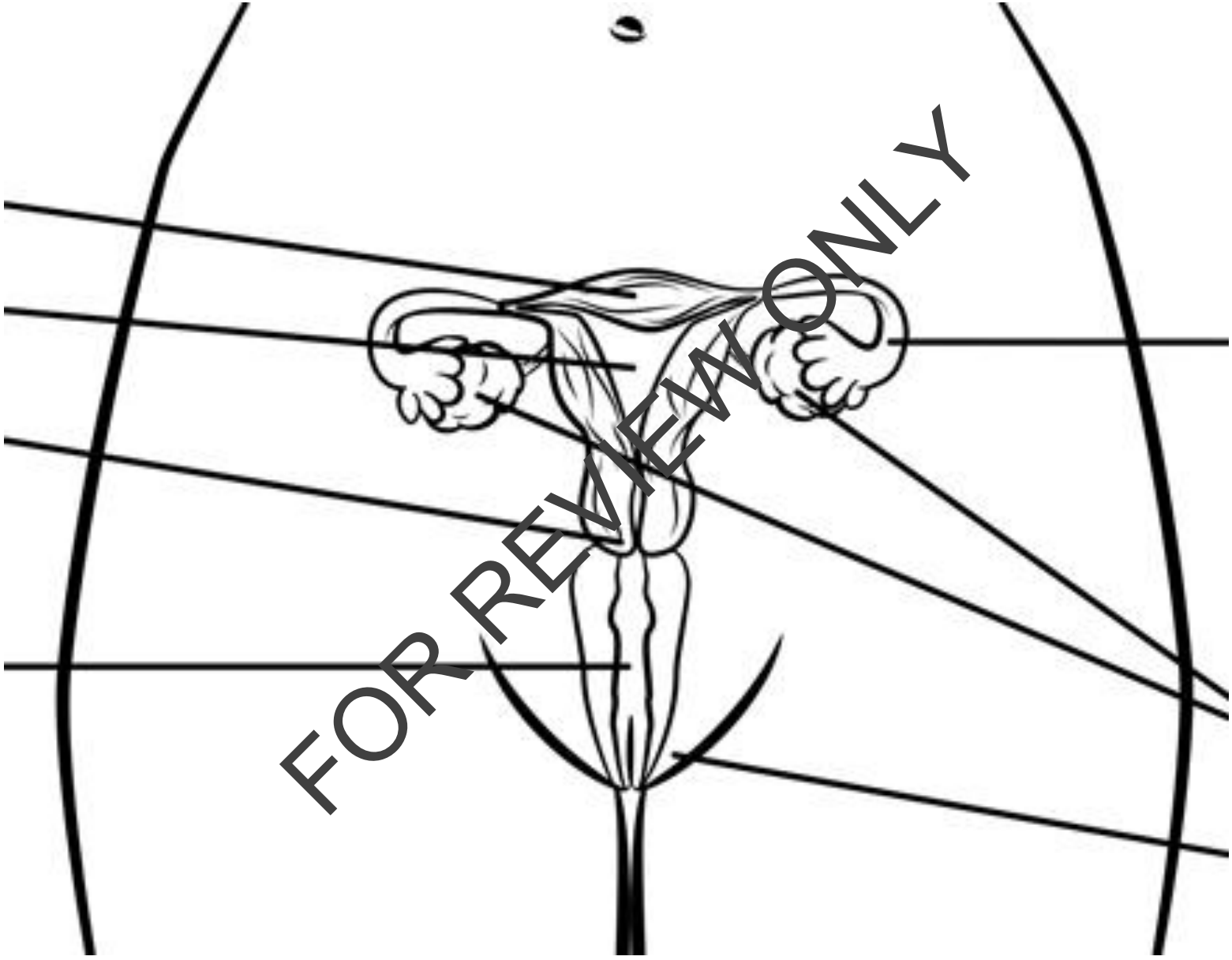
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Diagrams from Western Australia Department of Health GDHR

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Handout

Biological Female Reproductive System

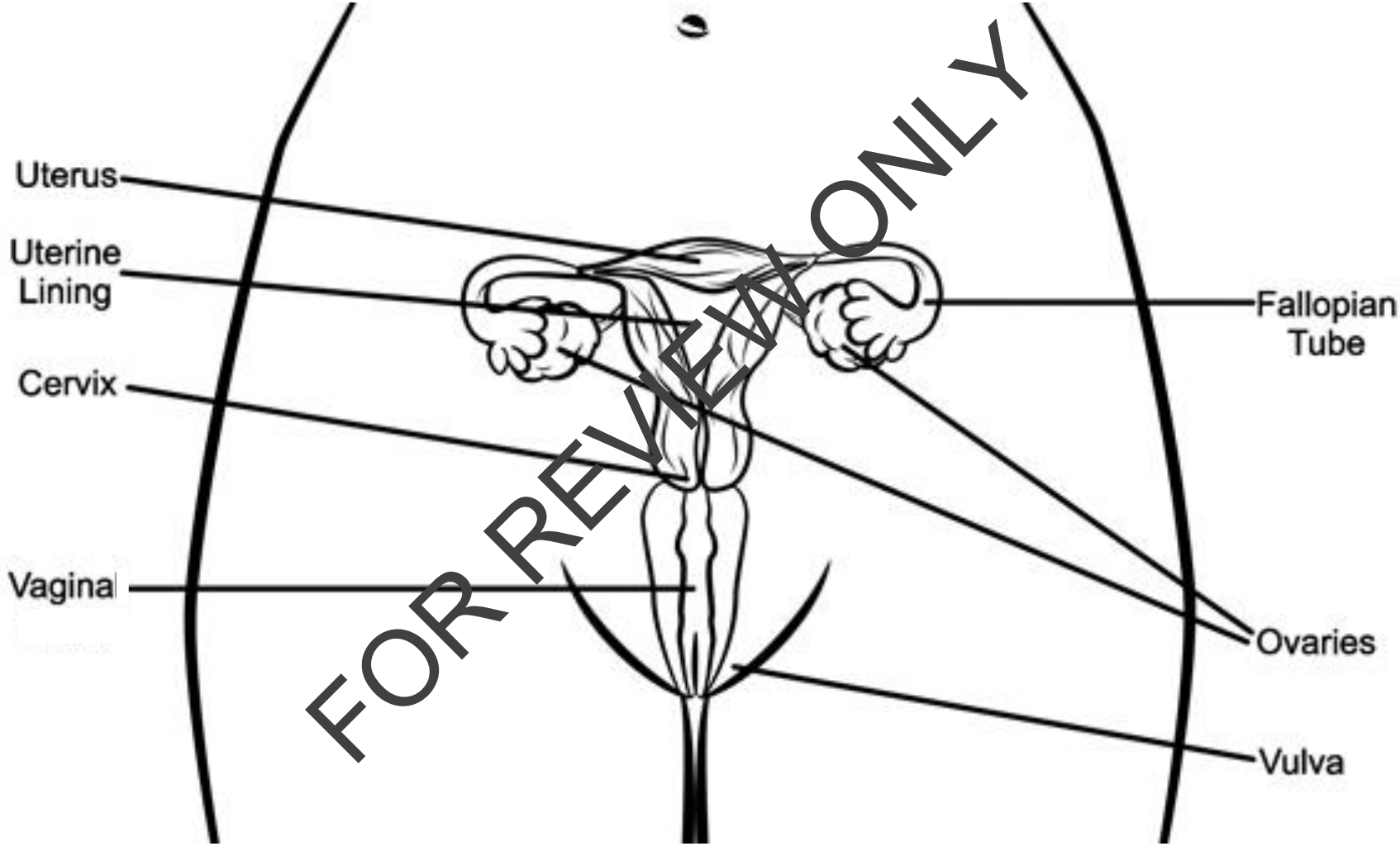


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Diagrams from Western Australia Department of Health GDHR

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Biological Female Reproductive System
Facilitator's Guide



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Male Body with Testicles

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Female Body with Ovaries

FOR REVIEW ONLY

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ALL Bodies (Female, Male & More)

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Puberty Cards

(Print and cut out)

Ovaries produce Estrogen	Uterus and Vagina Grow Larger
Ovulation	Breasts Develop
Menstruation	Hips Widen

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Testicles produce Testosterone	Penis and Testicles Grow Larger
Spermatogenesis	Erections
Wet Dreams	Shoulders and Chest Broaden

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Body Odor	Pimples
Growth Spurts/ Weight Gain	Voice Changes
Mood swings	Romantic Feelings for Others

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Body Hair

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Homework

Puberty
Parent/Guardian – Teen Homework

Student name:_____ Date:_____

Purpose
To provide a structure for communication between parents/guardians and teens on the topic of puberty

Directions
Step 1
Together, read out loud the workshop take home messages below.

Take Home Messages

- Puberty happens on an individual timetable over a period of several years.
- There is a wide range of "normal" in each change of puberty.

Step 2
Teens should share with parents/guardians their answers to the following questions.

1. What was the most important thing you learned in this workshop?

Step 3
Teens and parents/guardians should discuss together their responses to the following questions:

1. What are some of the ways bodies change during puberty?
2. What is some of the anatomy terminology you learned in this workshop that you didn't already know?

Step 4
Parents/guardians should share with teens their answer to the following question.

1. What values do you want your child to receive from you regarding this topic?

Step 5
Please sign and date below, indicating to the advisor that this assignment has been completed.

x_____ _____
Parent/Guardian signature Date

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When It's Time to Change: Puberty
Workshop Evaluation

Please rate how much you agree or disagree with each statement by placing a check mark in the appropriate column.	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
This workshop has helped me better understand the physical changes my body is going through during puberty.					
This workshop has helped me better understand the emotional changes my body is going through during puberty.					
Because of this workshop, I better understand that everyone goes through puberty on their own timetable, and that it's all "normal".					

Name 3 physical changes a female body with ovaries goes through during puberty.

1. _____
2. _____
3. _____

Name 3 physical changes a male body with testicles goes through during puberty.

1. _____
2. _____
3. _____

Name 3 physical and/or emotional changes ***that all bodies*** go through during puberty.

1. _____
2. _____
3. _____

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Please rate the presenters on the following by placing a check mark in the appropriate box.	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
The presenters clearly explained the directions for each activity.					
The presenters were well prepared and organized.					

Please use the back of the page to write any comments and suggestions. Thank you for completing this evaluation

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Unit Five

Healthy Relationships

Volume I • 2020

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TEEN PEP-BRIDGE

High School Students Equipping Middle School Students with Knowledge and Skills to Make Healthy Decisions

TEEN PREVENTION EDUCATION PROGRAM

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TEEN PEP

TEEN PREVENTION EDUCATION PROGRAM BRIDGE

Unit Five

Healthy Relationships

Part One: Healthy Relationships

★ **Healthy Relationships Overview** 1
(15 minutes)

★ **My Sixth Grade Self** 3
(30 minutes)

★ **Characteristics of a Healthy Relationship** 6
(30 minutes)

★ **Healthy or Not?** 10
(30 minutes)

★ **My Relationship Wheel** 14
(45 minutes)

★ **I Messages** 19
(30 minutes)

Part Two: Dating Violence

★ **Dating Violence Preparation for Advisors** 25

★ **Dating Violence Overview** 27
(15 minutes)

★ **Understanding Dating Violence** 30
(30 minutes)

★ **Cycle of Abuse** 32
(30 minutes)

★ **Red Flags** 39
(60 minutes)

★ **How to Help a Friend** 49
(45 minutes)

★ **School-Wide Campaign** 54
(5 minutes)

★ **Parent/Guardian-Teen Homework** 56
(5 minutes) Homework

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Healthy Relationships Overview

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to provide peer educators with a general overview of the topics to be discussed** in the unit.

Total Time:
15 minutes

Materials

- A copy of the *Healthy Relationships Overview* handout for each peer educator

Directions

Step 1

Distribute copies of the handout, Healthy Relationships: Overview to each peer educator. Have students go around, reading aloud one paragraph at a time.

Step 2

Discuss the following questions.

1. Why is it so important to have healthy friendships? Other healthy relationships?

2. What can young people gain from taking the time to evaluate the health of their relationships?

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Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1FSsND3gqy2f6yOR69VazxoZHGR--NjygY2GspP7BJQE/copy#slide=id.ga6e92785b1_0_398

Google Docs:
https://docs.google.com/document/d/1iKPsvSdjVE636ncPkr5OqixOb8muqL84pGy8THIV8Rc/copy

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Healthy Relationships: Overview

People have all kinds of relationships—with parents/guardians/caregivers and other trusted adults, with friends, and with dating partners. In this unit, we will focus on friendships and dating relationships.

Studies have shown that sixth graders who have good friendships are more likely to succeed academically than students who don't[1]. Friendships, in fact, are very important to middle-schoolers, and having skills to communicate with peers is essential to their overall well-being.

In addition, when young people have open and honest communication with their parents/guardians, they are more likely to reap academic and emotional benefits[2]. The same is true of open, respectful relationships with teachers[1].

When it comes to romantic relationships, about half of all young people between ages 11-14 report having had a dating partner[3]. To middle-schoolers, these relationships involve mostly texting or hanging out in groups and can be very short-lived[3]. Young people often report feeling unsure about how to communicate with their partners, and are largely unaware of how to handle themselves in a dating relationship, especially when it comes to privacy and setting boundaries[3]. Moreover, these same young people admit to keeping information on their dating behavior from their parents and other trusted adults.

Knowing what a healthy relationship looks like, identifying personal values, and learning skills to communicate are all steps necessary to ensure that young people achieve healthy, meaningful relationships will all the people in their lives.

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Objectives

By the end of this unit, you should be able to:

- Describe how you want to be treated in any relationship (friendship and romantic).
- Explain why it's important to uphold one's values and standards in relationships.
- Identify 5 characteristics of healthy relationships.
- Demonstrate the use of effective communication skills through the use of I messages.

Take Home Messages

The essential message from this unit, to take home:

- In a relationship, don't settle for less than you deserve. Be clear about what you want and how you expect to be treated.
- Healthy communication skills are critical in any relationship and enable you to express how you feel and what you need.
- A healthy relationship is possible when both people invest the time and commitment to develop trust, communication, and respect for each other's needs and values.

1. Dittman, M. (2004). Friendships Ease Middle School Adjustment. Retrieved from http://www.apa.org/monitor/julaug04/friendships.aspx.
2. Cheung, C., Pomerantz, E. & Dong, W. (2013). Does Adolescents' Disclosure to their Parents Matter for Academic Adjustment? Child Development, 84:2, pp. 693-710.
3. Shellenbarger, S. (2013). Tween D8-ing: It's All About Texts. Wall Street Journal.

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My Sixth Grade Self

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to recall our experiences as sixth graders, specifically around relationships.**

Directions

Step 1

Discuss the following questions:

1. When you think about what it was like to be in sixth grade, what comes to mind?

Step 2

Instruct peer educators to close their eyes and picture themselves in 6th grade—How did you dress? (**pause**) What was your hair like? (**pause**) Who did you hang out with? (**pause**) How did you spend your free time? (**pause**) What do you remember about school? (**pause**)

Distribute a copy of the *Introducing My 6th Grade Self* handout to each peer educator. Have them use the blank figure to draw their 6th *Grade Self*.

Then, have them complete each of the four sentence stems listed using symbols, pictures, or words to represent how they felt as sixth graders.

Step 3

Once everyone has completed their drawings, go around the circle, starting with a volunteer, and have each participant present their *6th Grade Self* to the group by showing their figure.

Then, go through each sentence stem and allow volunteers to offer responses by explaining what words, symbols, or pictures they selected and what they represent.

Total Time:
30 minutes

Materials

- ❑ A copy of *My 6th Grade Self* handout for each peer educator
- ❑ Markers for each peer educator

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Step 4

Discuss the following questions.

1. What was it like to remember yourself as a sixth grader?
2. What feelings came up as you were sharing your *6th Grade Self* with the class?
3. How can recalling the challenges we faced in the past help us lead the *Healthy Relationships Workshop* with our sixth graders?

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Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1HnmAXcyPZZQLZbumd4wjSZklYevGymcsbud_5mh8Y2s/copy#slide=id.gae4edf85c7_0_0

https://docs.google.com/presentation/d/1l696QvQ28Ofr2hX18vClpqrwSVPloVArsHSRYz4YrZ8/copy#slide=id.p

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When I was in 6th grade, my friends would have described me as…

When I was in 6th grade, my dating life could have been described as…



In 6th grade, my relationship with my parents/guardians could have been better if….

In 6th grade, my friends made me feel…

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My Sixth Grade Self

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Characteristics of a Healthy Relationship

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to explore personal values and look at the qualities which are necessary for a healthy, respectful relationship.**

Directions

Step 1

Tell students that they are going to do an activity that will help them to think about the qualities they want in their own relationships. Discuss the following question.

1. What kinds of relationships do you have in your life? *(Family, friendships, romantic or dating, teacher-student, etc.)*

Explain that for right now, they are going to spend some time talking about friendships. Ask students to brainstorm the qualities of a healthy friendship. Record on newsprint.

*The following are common items for lists. If students don't come up with most items themselves, ask appropriate questions to help them generate complete lists, rather than giving them the "answers."

Qualities of Healthy Friendships

- Open and honest communication
- Can depend and count on each other
- Shared decision-making, one person doesn't always have it their way
- Help each other feel good about themselves
- Care about each other
- Trust
- Don't share secrets/private information with others
- Respect
- Accept each other for who they are
- Listen to each other and hear each other's opinions
- Solve conflicts in a fair and respectful way
- Support each other in good times and bad
- Enjoy spending time together

Total Time:
30 minutes

This activity appears in the workshop

Materials

- ❑ One sheet of newsprint with the heading:
  - Qualities of Healthy Friendships
- ❑ Tape
- ❑ Markers

Facilitator's Note

The most effective approach to this discussion is that there are no hard and fast "right" answers. The purpose of this activity is to:

- *Generate thoughtful discussion*
- *Prompt students to think through their own feelings, values, and opinions*
- *Provide the opportunity for students to listen to others' opinions in a respectful atmosphere*

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Step 2

Discuss the following questions.

1. What does open and honest communication mean?
2. Why is it important for friends not to share private information with others?
3. What does it look like to have respect for a friend?
4. How does someone solve conflict in a positive way? *(Listen to one another, explore all sides of the issue without being judgmental, no name-calling or violence)*
5. What are some examples of shared decision-making? *(Decide together where to go, what to do).* Why is it important for both people to decide things together? *(So both people feel equal in the relationship.)*
6. How common is it to have these qualities in friendships?
7. How do you know someone is your friend?

Step 3

Explain to students that even if they are not in a romantic relationship right now, it's a good idea to think about the qualities that contribute to a healthy and respectful relationship, either now or in the future.

Looking at the list of *Qualities of Healthy Friendships*, discuss the following question.

1. If you have a romantic relationship, which of these qualities would you want? (Have student call them out, and place an asterisk (*) by the ones they call out. You should end up starring all of these qualities)

Step 4

Ask students to consider any additional qualities would be important to have in a healthy romantic relationship and write them on the newsprint in a different color.

Additional Qualities for Healthy Romantic Relationship

- Love
- Privacy
- Both want to be in a committed relationship
- Set clear expectations for what you want from the other person
- Monogamy
- Respecting boundaries when it comes to any sexual behavior; establish consent

Discuss the following questions.

1. Why is love important in a healthy relationship?
2. Open and honest communication is very important in all types of healthy relationships. For a dating relationship, what types of things should people talk about? *(How they feel, what makes them happy, boundaries within the relationship, why they want to be in a relationship, consent and protection if they decide to become sexually active)*
3. What things would you want kept private in a dating relationship that may differ from a friendship? *(In all relationships, it's important to keep personal information confidential. In a dating relationship, this would also include any sexual behavior.)*

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4. How can you be sure both want to be in a committed relationship? *(Talk about it and don't settle for a person who doesn't want to commit if that's what you value.)*
5. Why is setting clear expectations for what you want from your partner part of a healthy relationship? *(It helps establish boundaries so there is no confusion about what a person wants in a relationship. This includes consent for any sexual behavior.)*
6. Why is monogamy important in a dating relationship? *(It shows respect for your partner, if you're sexually active, limiting your number of partners reduces your risk for STIs and HIV.)*
7. What should you do if the other person wants to do more sexually than you feel comfortable doing? *(Be clear about your values; tell your partner how you feel; don't do anything sexual that you do not want to do.)*

Step 5

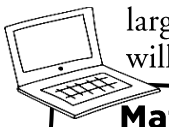
Ask participants to review the two lists. To reflect on the activity, discuss the following questions.

1. Why might it be hard to have a healthy relationship if your friend/partner is much older than you are? *(The older partner may make all the decisions or pressure the other person to do things they don't want to do.)*
2. What might happen if many of these qualities are not present? *(Your friendship/relationship might become unhealthy or even abusive; you might be settling for less than you deserve.)*
3. What's the harm in staying in an unhealthy relationship? *(It can ruin your self-esteem and have negative effects on your academics, health, and other relationships. It can also make it more likely that you will get into unhealthy relationships in the future.)*
4. Is it possible to have all these characteristics? (Yes) How do you get there? *(Take your time to get to know your partner and communicate your values and expectations to each other.)*

Step 6

Divide peer educators into 4-5 smaller groups. Give groups 5 minutes to come up with their own personal slogan or motto that describes what they consider to be a healthy relationship and reinforces the idea that someone should never settle for less. The slogans will be shared with sixth graders during the workshop and everyone in the group should contribute to the final product. For example: "Love is Respect."

After 5 minutes, have a reporter from each team write their slogan on newsprint. Then, lead the large group through a vote or other democratic process to reach consensus about which motto will be incorporated into the workshop.



Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1Vj22qyjrOU0wMR6HCUSAnKeRZDxkLZDFuoVHvzZC_kQ/copy#slide=id.gb639bd6cd3_0_0

Google Jamboard:
https://jamboard.google.com/d/1BQhuXNHQWH0P-zpHmvO5wRAcmTYE-40G9pMED7gBkok/viewer?f=0

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Healthy or Not?

Total Time:
15 minutes

Materials
- One set of *Relationship Scenario* cards
- One set of *Quality Cards* for each small group

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is **to provide students with an opportunity to identify and advocate for healthy relationships.**

Directions
Step 1
Divide the class into 5 small groups. Distribute one of the Relationship Scenarios and one set of *Quality Cards* to each group. Each group should spread the *Quality Cards* out so that all members of the group can see them. One person in each group will volunteer to read the *Relationship Scenario* to the other members of their small group.

Step 2
After the group has heard the scenario, have the members:

- Make one group of *Quality Cards* that they think applies to the scenario
- Make a second group of *Quality Cards* that they think represents what is missing and that the couple should work on

Participants should make assumptions about the qualities their couple has, based on the information given in the scenario.

Step 3
Ask all participants to return to large group. Have a volunteer from each small group read the group's *Relationship Scenario* aloud to the large group. Other members of the small group will explain which *Quality Cards* applied to their couple and report whether or not they thought this was a healthy relationship.

Reflections
Step 4
After all scenarios have been reported out, discuss the following questions.

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1. What do you notice about these scenarios? *(There are clear signs that some of these relationships are unhealthy and potentially harmful if they stay together.)*

2. Oftentimes, people don't realize when they are in unhealthy relationships. Why might it be hard for them to see what's happening?

3. If a friend was in an unhealthy relationship, what would you say or do?

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Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1CgezAYoh6YCfTvFQWJZlosatF9LTpuoNLy2XBzyUxjE/copy#slide=id.gae438e93ea_0_0

Google Jamboard:
https://jamboard.google.com/d/18UzhSGJzD3xVh8AaAKuGBEq5tj2SfGCdGziGri3ktz0/viewer?f=0

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Healthy or Not? Scenarios

(Copy and cut into strips the following set of scenarios for each small group)

Jordan and Ang, who are both 14, have been dating for 4 months. They really care about each other and spend a lot of time together both at school and on weekends. Neither of them really hang out with their other friends and there's no time for sports or other activities. Ang usually decides what they will do together, and doesn't consider any of the things Jordan wants to do. When Jordan has spent time with other friends, Ang gets jealous and angry. Jordan really cares about Ang and doesn't want to break up.

Kai is 15 and Jamie is 12. They have been together for about 4 weeks. Jamie has never been in a relationship before and is really getting attached to Kai. Kai gives Jamie a lot of attention and is always bringing little gifts. Jamie likes how things are going with Kai when they are alone but Kai won't make their relationship official and pretends it doesn't exist when they are in school. This makes Jamie feel badly but Jamie doesn't say anything out of fear of losing Kai.

Jesse and Max are both 13. They really care about each other and enjoy doing the same things. A while ago, Jesse told Max a secret that no one else knew. Last week, Jesse overheard some of their friends talking about this secret. Jesse confronted Max and at first denied saying anything, but then finally confessed. Jesse is very hurt and angry and it's clear that Max doesn't understand why Jesse is so upset.

Chris and Jamie are both 15 years old and have been in a relationship for 2 months. They are both athletes and go to each other's games when they can. Chris really likes Jamie but can be very critical about things Jamie does or says. Some of their friends have noticed that they are sometimes disrespectful to each other, even though they make up quickly and act like nothing ever happened.

Remy and Jules have been together for two years. They have a lot of mutual friends and mostly do activities in a group. They also hang out with each other's families quite a bit. Jules is having trouble with basketball and needs to do extra practice. Remy is very supportive of Jules' hard work and gives lots of encouragement. Today Remy needs to go to the nursing home to visit family and Jules offered to go along, since it's so hard for Remy to go on these visits.

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Healthy or Not?
Quality Cards

(Copy and cut qualities, making one set for each small group)



Mutual Respect	Love/ Care about Each Other
Trust	Confidentiality
Shared Decision-Making	Support Each Other
Open and Honest Communication	Accept Each Other for Who You Are
Fairness	Independence

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My Relationship Wheel

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to evaluate how we feel about our current relationships and identify ways we can improve them.**

Directions

Step 1

Discuss the following question.

1. What are some of the qualities of healthy relationships we have discussed in previous activities? (*Trust, love, respect, care, communication, etc.*)

Then, have participants think about one person they are in a close relationship with. It could be a dating partner, parent/guardian, best friend, or sibling.

Step 2

Distribute copies of the *My Relationship Wheel* handout. Have everyone look at the list of qualities on the wheel and think for a moment about how those qualities look or feel in the relationship with the person they selected.

Step 3

Have peer educators flip their handout to look at the completed sample wheel. Explain that this is an example of a completed wheel. Then discuss the following questions.

1. Would you say this relationship is mostly healthy, somewhat healthy, or somewhat unhealthy?

2. What aspect of the wheel do you think this person could try to improve upon?

Next, ask participants to think about how satisfied they are with those qualities in their own relationship and fill in the blank wheel. They will rate the qualities on a scale of 1-5, where one is extremely dissatisfied and five is extremely satisfied. For each line, they should fill in the bubble that corresponds with the number they've selected.

Total Time:
45 minutes

Materials

- ❑ A copy of the *My Relationship Wheel* handout for each peer educator (Double-sided with the blank wheel on one side and the sample wheel on the other side)
- ❑ A copy of the *My Relationship: Start/Stop* handout

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Finally, have participants connect the dots to form a circle within the larger wheel and color in that inner shape.

Step 4

Explain to participants that the original wheel represents a perfect balance, where all the things we value in a healthy relationship are accomplished by both people. That perfect wheel will help us roll along smoothly no matter how bumpy the road may be. But in life, sometimes there are things that can get in the way of our perfect wheel. Have participants think silently for a moment about what their completed wheel looks like – is it small or misshapen? If so, what are the parts of the wheel that need some work to reach a "5"?

Facilitator's Notes:
[1] The purpose of this brainstorm is to think of all ways a person could improve upon an aspect of a relationship, and should not become a personal therapy session for students' issues.

[2] If a student discloses any information from their own wheel, be sure that names are not revealed!

Step 5

Remind participants that while you cannot change another person, you can work on aspects of your relationship to make it healthier. In the next part of this activity, peer educators will have time to think about their own relationship and ways they can improve a quality within it. But first, they will think about this as a group.

Together, pick one quality from the wheel that commonly needs work in a relationship. Brainstorm a list of all the possible things someone could do if they wanted to work on that part of the wheel by either starting a new practice or stopping an old habit that might get in the way.

For example, if your students select to brainstorm ideas for improving open and honest communication in a relationship, your brainstorm list might look like this:

Start...
- Maintaining confidentiality
- Using I Messages or Straight Talk language
- Scheduling regular time to talk to each other
- Actively listening

Stop...
- Name calling
- Bringing up past problems
- Giving the other person unwanted advice
- Imposing your own values
- Being judgmental
- Telling lies/ Being dishonest
- Accusing the other person of always behaving in a certain way

If time allows, continue with another brainstorm.

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Step 6
Distribute a copy of the *My Relationship Start/Stop* handout to peer educators. Have students complete their own start/stop brainstorm for one aspect of the wheel they would like to improve upon in their own relationship.

Step 7
Discuss the following questions.

1. Why is it important to take time to evaluate our current relationships?
2. What is one thing you've committed to trying to help improve a current relationship and get a "rounder wheel"?
3. How can working on one aspect of the wheel help improve others?
4. How might this activity help prepare us to deliver the Healthy Relationships Workshop with our sixth graders?
5. What did you learn about yourself and your relationships that you didn't already know?

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Materials for Virtual Learning
If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1odjF0aOFK3yYdD2lErddAYF1HsnxK06ZnG7UFZ5UNN8/copy#slide=id.gae55d91eac_0_0

https://docs.google.com/presentation/d/1eWJOk2ESV0ex-iBIr9OzL26kHHvXoKVILmv7LUKVCGc/copy#slide=id.p

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My Relationship Wheel

Directions: *Select ONE person you are in a relationship with (friend, dating partner, parent, etc.) and use the following wheel to fill in the circle on the line that corresponds with the relationship quality, (1 is low/poor, and 5 is high/excellent). Once you've filled in a circle on every line, connect the dots to form an inner circle and color it in.*



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My Relationship Wheel: Sample

Directions: *Select ONE person you are in a relationship with (friend, dating partner, parent, etc.) and use the following wheel to fill in the circle on the line that corresponds with the relationship quality, (1 is low/poor, and 5 is high/excellent). Once you've filled in a circle on every line, connect the dots to form an inner circle and color it in.*



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My Relationship: Start/Stop

Start	Stop

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I Messages in Relationships

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to practice using I Messages to improve communication in personal relationships.**

Directions

Step 1

Ask the group if anyone has ever heard of an I Message. If so, allow a few volunteers to describe what I Messages are in their own words. Then show the *Teen PEP I Message Definition* card and place it in the middle of the circle. Ask a volunteer to read the card out loud. Next, place the two *I Messages* cards in the circle. Explain that these sentence stems are great ways to use I Messages in a conversation with a friend or partner. Explain that in this activity you are going to first model how I Messages can be used and then give the group time to practice using them for some common scenarios they may face in relationships.

Total Time:
30 minutes

This activity appears in the workshop

Materials

- ❑ One *I Messages Definition* sign
- ❑ One *I Messages Sentence Stems* sign
- ❑ Enough sets of *I Messages Scenarios* so that each pair has one strip

▸ Example 1, Modeled by Advisors

Advisor 1: Are you serious? We're going to hang out with your friends again today?

Advisor 2: So what? My friends are awesome…and we always have such a good time.

Advisor 1: It's not that…but I would really like to hang out with my friends as much as we hang out with yours. Or sometimes it could be just the two of us.

Advisor 2: Ok, that seems fair. I already told them we'd go hang out today, but why don't you see what your friends are up to this weekend.

Advisor 1: (To participants) What I Message sentence stem did I use in this scenario? ***(I would really like to…)***

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▸ Example 2, Modeled by Advisors

Advisor 2: Hey! The coolest thing happened…

Advisor 1: (Cuts Peer Ed. 1 off) Oh wait, the coolest thing happened to ME the other day! I was walking down the street, right…

Advisor 2: (Politely cuts Peer Ed. 2 off) Wait. Chris, when you interrupt me I feel like you don't care what I have to say.

Advisor 1: Oh! I'm sorry. (Sits straight up and looks Peer Ed. 1 in the face). Okay, you go…I'll listen. What happened?

Advisor 2: (To participants) What I Message sentence stem did I use in this scenario? (***When you…I feel…)***

Step 2

Have students pair up with someone else. Give each pair a scenario card. Explain that they should read the scenario and, using one of the sentence stems in the circle, use an I Message to talk to their "partner".

After each person in the pairs have gone, ask for volunteers to demonstrate their I Messages by reading the scenario first and then giving their response.

Reflections

Step 3

Discuss the following questions.

1. Which "I" messages were the most difficult to deliver? What made it difficult? What would make it easier?
2. Why do you think it can be hard to talk to people in this way?
3. How can using "I" messages strengthen a relationship?

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Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1M1XhrykWS7uxXv-RrzeHe38AQ6keepvB9VIrn3igZcw/copy#slide=id.gb7535b81b6_0_0

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I Message Definition

An *I Message* is a non-judgmental, personal statement that lets people know what you want, how you feel, or what you need.

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An *I Message* communicates:

- How you feel
- What you like/dislike
- What you believe/value
- What you want to do or don't want to do
- What you need from others
- How other people make you feel

An *I Message* should not:

- Use offensive language
- Put other people down
- Start with "you"
- Contain the word "hate"

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I Message Sentence Stems

1. When you_____, I feel_____.
2. I would like_____.
3. I don't like when_____ because_____.
4. I need_____ so I can _____.

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I Messages Scenarios

You and your partner/friend spend a lot of time together after school and on the weekends, so you rarely get to see your family or friends. Your partner is always deciding what you two do when you hang out, and a lot of the time it's stuff you're not really into.

You have been dating someone a couple of years older than you for the past month. Your partner gives you so much attention and lots of gifts. You are really falling for them, but they don't want to "officially" commit. It's like you're a perfect couple when no one else is around, but at school or out with friends your partner acts like you aren't even there.

Your partner/friend has been trying to get you to change the way you dress. The last time it was brought up it caused a huge argument. You don't want to change the way you look, and you're really tired of fighting about it.

A few weeks ago, you shared a secret with your partner/friend that you never told anyone. Then, a few days ago, you overheard someone talking about it! Your friend admitted telling the secret, but never apologized.

Even though you have an otherwise good relationship, your partner/friend is always getting mad at you because you don't answer text messages fast enough. It's not that you don't answer at all...it's just that sometimes you aren't by your phone or can't text back right away.

Your partner/friend is always talking to you on social media and texting, and you two are very close. But it seems like whenever they make plans to hang out with you, something comes up and you never end up getting together. You found out from someone that your friend is ditching you whenever a certain more popular student is around to hang out.

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TEEN PREVENTION EDUCATION PROGRAM

Unit Five

Healthy Relationships

Part Two: Dating Violence

★ **Dating Violence Preparation for Advisors** 25

★ **Dating Violence Overview** 27
(15 minutes)

★ **Understanding Dating Violence** 30
(30 minutes)

★ **Cycle of Abuse** 32
(30 minutes)

★ **Red Flags** 39
(60 minutes)

★ **How to Help a Friend** 49
(45 minutes)

★ **School-Wide Campaign** 54
(5 minutes)

★ **Parent/Guardian-Teen Homework** 56
(5 minutes)

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Dating Violence Preparation for Advisors

The remainder of this unit is to help peer educators better understand the other side of relationships—specifically, unhealthy or abusive relationships. While dating violence will not come up during the workshop via skits or activities, it is important that peer educators are equipped with the knowledge to recognize signs of abuse—either in their own relationships or in what peers may reveal—and have the tools to be able to get help.

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Before You Begin

Discussing the topic of dating violence and prevention with adolescents is important, powerful, and sometimes upsetting. It is possible that you will have students who have experienced or know someone who has experienced dating violence or domestic violence and participating in the unit activities and workshop may bring up difficult memories. To ensure the most effective learning experience, consider the following suggestions before beginning this unit.

Consider your own history

Sometimes advisors have their own history with abuse. Be sure you think through your own values, attitudes, and experience regarding dating violence. Seek support and/or counseling if you have unresolved issues and ask your co-advisor to take the lead on this unit.

Read through the entire unit

Think through the activities and discussion questions and consider how your students may react. Make sure you are well-prepared to handle issues that arise.

Prepare support

Establish the necessary support structure from the counseling department or school psychologist. Inform them of the content before beginning the unit and make sure someone is available during and after your class in case a student needs to talk to a counselor.

Know the limits of confidentiality

Review your school's policy on confidentiality in case a student confides in you. Be sure to let students know ahead of time what you can and cannot keep confidential.

Referrals

Ensure students will have access to a referral list of therapists and support groups in your area that have experience with dating violence.

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Disclaimer at the beginning of the unit

Tell students about the content and scope of the Dating Violence Unit. Explain that it is common in a group of this size for someone to have experienced or know someone who has experienced dating violence. If at any time someone feels uncomfortable with the material or the conversation, they may leave the class and go to their school counselor. They may also speak with you privately after class.

Student reactions

Be aware of student reactions and responses. Jokes, disruptive behavior, withdrawal, and silence are all possible examples of behaviors students may exhibit to indicate their discomfort with the topic. Address these issues with care. Be aware of any indications that a student is having difficulty, and seek assistance from a trusted colleague, counselor, or other mental health professional to decide how best to approach the student (privately) in a supportive way.

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Dating Violence Overview

Total Time:
15 minutes

Materials
- A copy of the *Dating Violence* handout for each peer educator

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is **to provide peer educators with a general overview of the topics to be discussed in the rest of this unit.**

Directions
Step 1
Distribute copies of the Dating Violence: Overview handout to each peer educator. Have students go around, reading aloud one paragraph at a time.

Step 2
Discuss the following questions.

1. What was the most surprising fact you learned from the Dating Violence: Overview?
2. Respond to the statement, "Dating violence is linked to power and control?" Do you agree? Why or why not?
3. What is something you're hoping to get out of this unit?

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Materials for Virtual Learning
If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1FV79wjmIRdg5mxQTyp886ttA7ITxDPOzrpWIr0cHtm4/copy#slide=id.ga6e92785b1_0_0

Google Docs:
https://docs.google.com/document/d/1tmsWLvMXHJ2ZhscfrSZ-nXux06su3NwFOtG5g51Mms0/copy

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Dating Violence: Overview

One in three adolescents in the United States is a victim of physical, emotional or sexual abuse from a dating partner – a figure that is far higher than other types of violence affecting youth[1]. Teens in same-sex relationships experience rates of violence and abuse similar to rates experienced by teens in heterosexual relationships[2]. These statistics are particularly alarming given that teen dating violence is among the most underreported crimes in the United States.

Many teens find it difficult to admit when abuse is happening or has happened to them, whether because of shame, confusion, denial or a desire to protect their partners, and are therefore unlikely to seek help. But getting help is critical, as the effects of dating violence on adolescents can be long lasting and often devastating. Victims of dating abuse are more likely to have low self-esteem, eating disorders, sexual dysfunction, depression, withdrawal, anger, and may even attempt suicide.

The incidence of teen dating violence doesn't stop after high school. Research shows that while violent behavior typically begins at ages 12-18, people who were in abusive relationships as teenagers suffer increased violence in their adult relationships.[3]

It is important to recognize that the victim of dating violence is never at fault. Regardless of the circumstances, nobody deserves to be physically, emotionally or sexually abused. The person who is to blame is the abusive partner, who is using their power to control the other person's actions, thoughts and beliefs. Power and control are at the center of all abusive relationships.

To combat this problem, teens need to be educated to identify warning signs, recognize patterns of abuse, and know what to do if they experience or witness abuse in a relationship. When discussing prevention, it is important to be clear that both males, females, and all gender identities can be victims or perpetrators of dating violence. Everybody deserves a relationship that is safe, respectful, and loving.

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Objectives

The goal of this unit is to provide you with important information and resources that can reduce the incidence of dating violence. Specifically, by the end of this unit you should be able to:

- Define the three types of dating violence and related behaviors.
- Describe three effects of dating violence.
- Describe the cycle of abuse.
- Identify at least five red flags of abuse.
- Describe the legal consequences of dating violence.
- Identify three strategies teens can use to address dating violence if it is happening to them or a friend.

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Take Home Messages

As peer educators, you will also be expected to make sure workshop participants understand the following Take Home Messages:

- Dating violence is about power and control and can include emotional, physical, and sexual abuse.
- Violence in a relationship is never the victim's fault.
- Oftentimes, abusers are not able to stop on their own and need to get help from a professional.
- There are several things you can do if a victim comes to you for support.

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1. Davis, Antoinette, MPH. 2008. Interpersonal and Physical Dating Violence among Teens. The National Council on Crime and Delinquency Focus. Available at http://www.nccdcrc.org/nccd/pubs/Dating%20Violence%20Among%20Teens.pdf

2. Halpern CT, Young ML, Waller MW, Martin SL & Kupper LL. 2004. Prevalence of Partner Violence in Same-sex Romantic and Sexual Relationships in a National Sample of Adolescents. Journal of Adolescent Health. 35(2): 124-131.

3. Love is Respect. 2013. Dating Abuse Statistics. Retrieved from http://www.loveisrespect.org/is-this-abuse/dating-violence-statistics.

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Understanding Dating Violence

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is **to define dating violence and increase awareness about the three main types of abusive behavior.**

Directions
Step 1
Discuss the following questions.

1. What comes to mind when you hear the term dating violence?
2. How would you define dating violence in your own words?

Step 2
After discussing the above questions, display the following definition to students and read it aloud, emphasizing the words marked in bold and underlined as you read.

> A pattern of **physically**, **emotionally**, or **sexually** abusive behavior in which one person in a dating relationship attempts to gain and maintain power and control over the other person.

Step 3
Hang the sheets of newsprint (Physically Abusive, Emotionally Abusive, Sexually Abusive) around the room. Divide students into three groups and have one group stand in front of each sheet of newsprint. Give each team one marker. Have students in each group consider the definition of dating violence and write examples of abuse on their newsprint.

Step 4
After 5 minutes, have groups rotate so each group is at a different sheet of newsprint. Have students write down examples of abuse on their newsprint, adding to what was already written by the previous group. Repeat this process again until each group has visited each newsprint.

Total Time:
30 minutes

Materials
- ❑ 3 pieces of newsprint with the following headings:
  - Physically Abusive
  - Emotionally Abusive
  - Sexually Abusive
- ❑ *Dating Violence Definition* written on newsprint, with key words underlined as seen below
- ❑ Markers

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Step 5

After all of the groups have visited each newsprint once, take the sheets down and hang them side by side as illustrated below to review them in large group. Have group members clarify any items that may not be clear to others.

Use the following sample lists to prompt students to think of any behaviors that they have not thought of:

Physically Abusive	**Emotionally Abusive**	**Sexually Abusive**
Pushing/shoving	Criticizing	Calling partner sexually derogatory names
Pinching	Threatening	
Scratching	Lying	
Biting	Name-calling	Pressuring for sex after being told "no"
Slapping/Punching	Putdowns	
Kicking	Mind Games/Manipulation	
Hitting with Something	Publicly humiliating	Unwanted or uncomfortable touching
Grabbing/Restraining	Extreme jealousy	
Holding partner to keep her/him from leaving	Possessiveness (controlling behavior)	Rape/sexual assault (forced sex)
	Isolating partner from others	
	Ignoring partner's feelings	
	Destroying partner's possessions	Refusing to use or tampering with condoms or other forms of birth control

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Reflections

Step 6

Discuss the following questions:

1. What surprised you when doing this activity?
2. What makes these behaviors abusive? *(They are abusive because they are painful, humiliating, disrespectful, which makes the relationship unhealthy)*
3. Why would someone in a relationship do these things to their partner? *(To have power, because they don't not know appropriate ways to cope with anger or frustration or may be under the influence of drugs or alcohol)*
4. What does an abusive partner get out of doing these things? *(A sense of power and control)*

Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1RjxIcRhUH7hviNFzc25lZPhfKFuXaVW9ys8E8frTYjc/copy#slide=id.gb3fdf929a3_0_53

Google Jamboard:
https://jamboard.google.com/d/1pkN5o_annnWX4qIbfCvqYTwpJ5IgyjcXzI0_HsUPy2M/viewer?f=0

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Cycle of Abuse

Bridge

Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme

The purpose of this activity is **to explain and discuss the cycle of abuse.**

Directions

Step 1 Preparation Needed

Choose five students to read the parts in *Amari and Kai's Story* aloud. You should give the students the story in advance and ask them to practice reading it aloud at home.

Step 2

Distribute copies of *Amari and Kai's Story* to each peer educator after the story has been read. Ask students for their reactions to the story. Have them name the facts in the story *(Who was the abuser? What type of abuse did you see? What happened, etc.)*. Record responses on newsprint. Be sure the list is complete before moving on to the next step.

Total Time:
30 minutes

Materials

- ❑ Newsprint and markers
- ❑ A copy of *Amari and Kai's Story* for each peer educator

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Story Facts

- Kai was the abuser
- In this story, Kai identifies as female and Amari identifies as male
- Kai abused Amari emotionally and physically
- Amari didn't do anything back to Kai
- Amari stayed in the relationship
- Kai got mad at Amari all the time
- They loved each other
- Kai kept Amari away from their family and friends
- Kai gave Amari stuff/gifts after a fight

Note:
The gender identities of Kai and Amari are intentionally set in this story to have students challenge the gender stereotype that all or only male identified partners are or can be abusive. Another option could be to have Kai and Amari be presented as a same-sex couple.

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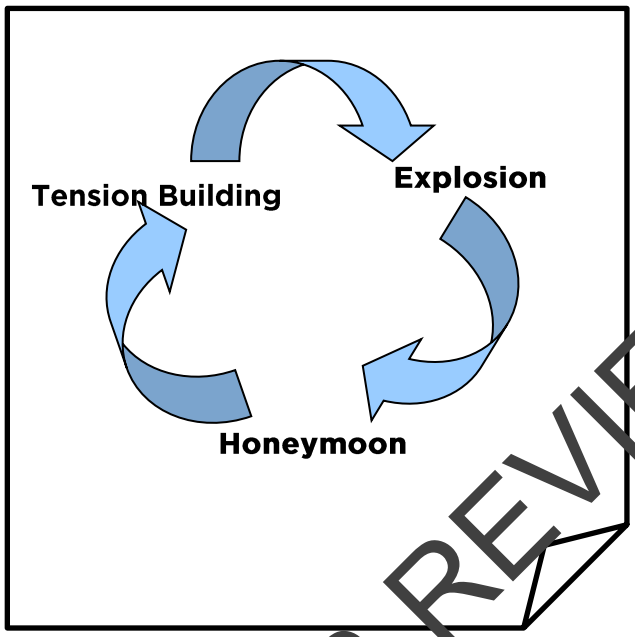
Step 3

Discuss the following questions.

1. While you were listening to the story, did you consider Kai's behavior abusive? Why or why not?
2. What assumptions did you make about the couples' gender identities? What did it feel like to have the abuser be a person who identifies as female?
3. What would it feel like if the abuser had identified as male? Non-binary?

Step 4

Draw the *Cycle of Abuse* on newsprint.



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Explain to students that in order to understand abuse in relationships, it is important to understand the Cycle of Abuse. Discuss the following three phases:

1. **Tension Building Period:** The abusive partner is easily irritated, starts fights, yells and makes the victim feel like they can't do anything right
2. **Explosion Period:** The abusive partner attacks their partner becoming emotionally, physically or sexually abusive.
3. **Honeymoon Period:** The abuser apologizes and blames something or someone else for the abuse. The abuser will also try to make up with their partner, and promises the abuse won't happen again.

Explain that the cycle now starts over with **Tension Building**, and that the violence usually gets worse with each cycle. Emphasize that most abusive relationships follow this pattern.

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Reflections

Step 5

Discuss the following questions.

1. What are some examples of tension building in this story? *(Kai starts controlling Amari's behavior – who they can be with; Kai is jealous, suspicious, and angry for no reason)*
2. What are examples of explosive incidents? *(When Kai shoves Amari, the scratch on his neck, screaming at them)*
3. What kinds of things did Kai do in the honeymoon period? *(Brought ice cream to Amari's house, interacted with their family, bought him a shirt, took him to a concert)*
4. How might Amari feel during the honeymoon period? *(Happy, more relaxed, hopeful)*
5. What is the purpose of the honeymoon period? *(To make-up for the abuse and keep the victim believing that it will get better, to keep their partner from leaving)*
6. Toni went to speak to their school counselor. How could this be helpful? *(Gives Toni someone to talk to, shares the burden, school counselor might be able to talk with Amari and show support, might be able to get Kai some help)*

Step 6

Read the following summary statement.

In this scenario, the gender identity of Kai is intentionally kept unrevealed. Although statistics show that females are more commonly the victims of dating violence, they can also be the abusers and all teens—regardless of sexual orientation or gender identity—can find themselves in unhealthy dating relationships. Pay attention to your relationships and those around you. If you recognize the Cycle of Abuse – talk to an adult.

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Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/1qcOj2s4QE99MY8Lz4cQLcMlqouVyUSlqYhnM5NSfmK0/copy#slide=id.gb7b9aed9d2_0_53

Google Docs:
https://docs.google.com/document/d/1U-XvmTUlQ551IcCjOzHa30tz3PgBOziXaRNh_S0eWKU/copy

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Amari and Kai's Story

**Lines in italics represent past conversations Toni is recalling with the counselor.*

Mr. Anderson: Hi Toni.

Toni: Hey Mr. Anderson, thanks for letting me come talk to you. I'm worried about my brother, Amari. He seems kind of depressed and I don't know what to do about it. His grades have been going down and my dad is on him all the time; Amari gets mad easy and just isn't around very much anymore. He's been with his partner Kai most of junior year and they are together almost all the time now.

Mr. Anderson: How did it all start?

Toni: Things were cool in the beginning. He fell for Kai at the beginning of the year. Kai's really good looking and a great basketball player. Amari couldn't believe Kai liked him too; he's kinda shy and it's his first relationship. Anyway, he started going to Kai's games and hanging out after to talk and stuff. Kai started coming over, and pretty soon was there every day. Our mom started complaining that they were always up in his room and nobody ever saw them. Amari told me that Kai didn't like my mom and how she was always raggin' on them to spend time with the family. You know, like:

Mom: *Amari, you and Kai come on down here and have dinner.*
Amari, I think you and Kai spend way too much time together.
Amari, let's do something together as a family.

Mr. Anderson: So, what happened?

Toni: So they stopped being at our house at all. He hung out with me sometimes--we'd watch a game on TV or go get pizza, but Kai called him constantly—it was like I wasn't even there. One day when Kai called I listened in…

Kai: *What are you doing?*

Amari: *I'm with Toni – we're watching the game.*

Kai: *Where are you?*

Amari: *At home – do you want to come over?*

Kai: *No, I want you to come here.*

Amari: *Well, I promised Toni.*

Kai: *I don't care what you promised her. I want to see you.*

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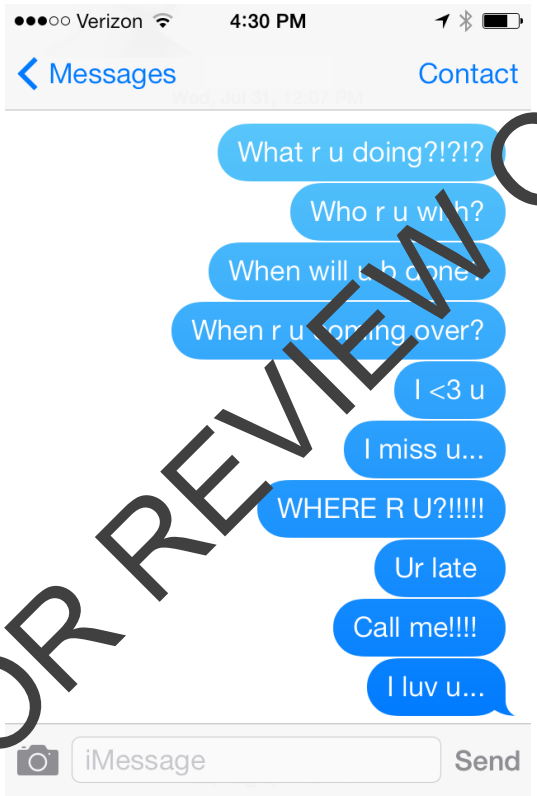
Amari: *Kai, sorry but, I...*

Kai: *Amari, baby, I need to see you. Today. Now. I know you don't like to see me mad.*

Amari: *Okay, okay; I'll get there as soon as I can.*

Toni: Amari just stared out the window for a few minutes and then he looked at me and shrugged. Like, "What do you want me to do?" And then he left. The only time I see him now is in school. If he's not **with** Kai then he's looking at his phone. His friend said the coach finally took it away at practice. I snuck a look at it once:

Kai:



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Mr. Anderson: Is it just with family that you're noticing this? What about his friends?

Toni: No. His friends have backed off because Kai never lets him hang out with them. But it doesn't stop there; my friend said she saw them in the gym and Kai started yelling at him.

Kai: *Why are you talking to Jo?*
I told you not to talk to Jo.
What's wrong with you?
How could you be so stupid?

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You better not EVER talk to Jo again. Do you hear me?

Toni: Amari just stood there looking at the floor.

Kai: *Do you HEAR me?*

Toni: And then Kai shoved him.

The next day I passed him going into my room and I saw this scratch on his neck. "What's that?" I asked. He told me to shut up and left the house.

That night Kai came over with ice cream and was being real sweet to my mom and tried to hang out with me. They were laughing and joking around and Amari looked happy for once. The next day at school started out all good. I saw them holding hands and kissing in front of their lockers. But later on…Kai was talking real loud to her friends, right in front of Amari.

Kai: *What is wrong with him?*
He is such a terrible boyfriend.
He can be so stupid; I don't know why I put up with him.

Toni: Amari just stood there looking embarrassed. I tried to talk to him after that.

Toni: *Amari, why are you still with Kai? It seems like you're always getting talked down to.*

Amari: *You don't know Kai, Toni.*

Toni: *I see what Kai says to you and how that makes you feel. It's not right.*

Amari: *Look, Kai gets mad sometimes but is really trying…and is a good person. Like when we were all hanging at the house together the other night, remember? Most of the time things are a lot of fun; I'm happy that we're together.*

Toni: *Amari, you deserve to be treated better.*

Amari: *Stop, Toni. I love Kai and it's really none of your business.*

Mr. Anderson: Have things gotten any better?

Toni: No…it just keeps going. After the big fights Kai brings him gifts and stuff. He had a new shirt on the other day and I know my mom didn't buy it for him. In December I thought maybe they had broken up because he was home a lot and in a really bad mood. But then Kai took him to a concert and paid for everything. I heard them talking when they got back:

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Kai: *I'm sorry. I'm just under a lot of stress.*
It won't happen again.
I promise. I love you
Please, Amari, I need you.

Toni: So I guess they got back together…again. I'm worried about him and I don't know what to do.

Mr. Anderson: *(Leans forward)* Toni, you did the right thing by coming to talk to me. Let's talk about how we can help Amari.

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Red Flags

Bridge
Build a bridge from the last activity. For example, "In the last activity we…" or "Yesterday, we learned…" and connect it to the theme.

Theme
The purpose of this activity is **to practice identifying the red flags of dating abuse.**

Total Time:
60 minutes

Materials
- ❑ *Red Flags Scenarios*
- ❑ Newsprint and markers

Directions
Step 1
Discuss the following questions.

1. What comes to mind when you think of a red flag? *(A warning)*
2. How would you define a red flag in a relationship? *(Red flags are warning signs that a person may have a tendency to be abusive.)*

Note:
Explain to students that red flags are not always indicative of an abusive person but that they are behaviors to pay attention to as they often point to aspects of an unhealthy relationship.

Step 2
Divide students into pairs and distribute a *Red Flags Scenario* to each pair. Have each pair read and discuss their scenario, and respond to the following:

1. Name the red flag(s).
2. What makes this a red flag?
3. Would this be a problem if it only happened once?
4. What would you do if this person you were with behaved this way?

Remind students that the scenarios may have more than one red flag.

Step 3
In large group have pairs read scenarios and report out the red flags they identified. Record the red flags on newsprint. Ask students if they can identify some that are missing. Be sure the list includes the following red flags:

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Red Flags

1. Quick to anger
2. Impatient
3. Put downs
4. Jealous
5. Wants all your time
6. Isolation: Doesn't want you to be with your friends
7. Isolation: Doesn't want you to be with your family
8. Tells you what to do
9. Makes choices for you
10. Tells you how to look

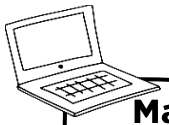
Reflections

Step 4

Discuss the following questions.

1. Why is it important to pay attention to red flags? *(They are warning signs that this may be an unhealthy relationship)*
2. If you repeatedly saw red flags in a person's behavior what should you do? *(Discuss their behavior and how it is unacceptable to you; you may want to leave the relationship; seek an adult for help)*
3. What are some red flags that you noticed in the *Amari and Kai story*? *(Kai was jealous, controlling, and wanted constant contact; Kai tried to isolate Amari and blamed him for her behavior)*

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Materials for Virtual Learning

If your group is meeting virtually, use modified directions and materials found at one of the following links. You can also access these links from the Teen PEP-Bridge curriculum website:

Google Slides:
https://docs.google.com/presentation/d/17-MfKjIfITLXWvnGTnNYIMIZVtTySmGpcootG0bMbZg/copy#slide=id.gb7c3c2f622_0_417

Google Docs:
https://docs.google.com/document/d/1dkN_jEKoeaw9xQxOS5Jdz3dn4mtPTa3QDTrwd1TApmw/copy

https://docs.google.com/document/d/1fPn0Y2kEC5umFD9SNW_7G51M1GA1Z_HBpOQevUP-5KQ/copy

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Red Flag Scenarios

(Print out and cut into strips)

1. Jailyn was washing a car and Jesse was helping out. "Would you hurry up?!" Jailyn yelled. "You are so slow; I could do it faster myself."
   a. Name the red flags.
   b. What makes this a red flag?
   c. Would this be a problem if it only happened once?
   d. What would you do if the person you were with behaved this way?

2. Cam showed Alex the project for science that had taken weeks to complete. Alex laughed. "You are so dumb Cam, but I love you anyway. Who else would love you but me?"
   a. Name the red flags.
   b. What makes this a red flag?
   c. Would this be a problem if it only happened once?
   d. What would you do if the person you were with behaved this way?

3. Peyton was talking to a friend, Jo, when Charlie walked up looking angry. Peyton greeted Charlie but before being able to introduce Jo, Charlie grabbed Peyton's arm and twisted hard, and pulled them down the hallway away from Jo.
   a. Name the red flags.
   b. What makes this a red flag?
   c. Would this be a problem if it only happened once?
   d. What would you do if the person you were with behaved this way?

4. Al told Yuri that they couldn't hang out on Saturday because of work. "No way", Yuri said. "Get out of it; you're with me on Saturdays."
   a. Name the red flags.
   b. What makes this a red flag?
   c. Would this be a problem if it only happened once?
   d. What would you do if the person you were with behaved this way?

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5. Para wanted to go to a movie with friends. When Ryann acted hurt, Para said, "It's a romantic comedy; you wouldn't like it." Ryann responded, "I don't like your friends. Tell them you have other plans."
   a. Name the red flags.
   b. What makes this a red flag?
   c. Would this be a problem if it only happened once?
   d. What would you do if the person you were with behaved this way?

6. Cass invited Kanan to go to a family 4th of July picnic. "Your family is annoying" Kanan said. "I don't want to be with a bunch of people anyway; it'll be a lot more fun to watch the fireworks alone."
   a. Name the red flags.
   b. What makes this a red flag?
   c. Would this be a problem if it only happened once?
   d. What would you do if the person you were with behaved this way?

7. Ricky was so excited about getting into the afterschool art class and couldn't wait to share the news. "Art is for weirdos" Ricky's partner said. "You're not going to hang out with those people."
   a. Name the red flags.
   b. What makes this a red flag?
   c. Would this be a problem if it only happened once?
   d. What would you do if the person you were with behaved this way?

8. "I can't decide whether to take Spanish or French this year," said Sam. "Spanish," said Taylor. "We'll take it together."
   a. Name the red flags.
   b. What makes this a red flag?
   c. Would this be a problem if it only happened once?
   d. What would you do if the person you were with behaved this way?

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