



**WASHOE COUNTY SCHOOL DISTRICT  
SEXUALITY, HEALTH AND RESPONSIBILITY  
EDUCATION ADVISORY COMMITTEE**

Wednesday, March 13, 2019 at 5:30 p.m.  
WCSD Administration Building Board Room  
425 E. 9<sup>th</sup> Street, Reno, Nevada 89512

## **AGENDA**

### **1. OPENING ITEMS**

- 1.01 Call to Order - 5:30 P.M., WCSD Administration Building, 425 East 9th Street, Board Room, Reno, Nevada 89512
- 1.02 Roll Call

### **2. DISCUSSION, PRESENTATION AND ACTION ITEMS** – Please note regarding public comment: any individual may address the public body concerning any action item listed below. A completed “Citizen’s Right to Speak” card must be submitted to the public body at the meeting. During the discussion of the action item, the Chair will invite the individual to come forward to speak. Individuals are limited to three minutes per item.

- 2.01 ACTION TO ADOPT THE AGENDA – Please Note: Items on this agenda may be taken out of order; the public body may combine two or more agenda items for consideration; and the public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. **The meeting will end at the conclusion of all items on the agenda, or the Chair will not entertain any new agenda items under Section 2 of this agenda at or near 8:00 PM. At or near 8:00 PM, the Chair will move to Section 3 of this agenda. Any items under Section 2 of this agenda not considered will automatically move to the next SHARE agenda.** (For Possible Action)
- 2.02 Approval of the minutes of the meeting of the Sexuality, Health, and Responsibility Education Advisory Committee from January 30, 2019 (For Possible Action)
- 2.03 Presentation and Discussion of the Proposed Sexuality, Health, and Responsibility Education (S.H.A.R.E.) High School Curriculum, to include Lesson Plans and Accompanying PowerPoint Presentation Materials, for Draft Lesson Five and the concepts proposed to include effective avoidance of sexually transmitted infections (STI) and human immunodeficiency virus (HIV); signs, symptoms, and treatments of STIs; and the transmission, prevention, and treatment of HIV; and inclusion of two videos: “What are STDs? #FACTCHECK” (<https://youtu.be/7Sbgg8icODY>) and “Let’s Talk about Sexual Health – seeing a medical provider” (<https://vimeo.com/43631114>); and revising and/or moving the concepts within the Current Lesson Five and Six, STI and HIV/AIDS, transmission, symptoms, and finding help, to elsewhere in the curriculum; and Possible Action to Either Recommend Adoption by the WCSD Board of Trustees or Recommend Revisions to the S.H.A.R.E. Coordinator (For Possible Action)
- 2.04 Presentation and Discussion of the Proposed Sexuality, Health, and Responsibility Education (S.H.A.R.E.) High School Curriculum, to include Lesson Plans and

Accompanying PowerPoint Presentation Materials, for Draft Lesson Six and the concepts proposed to include defining consent, coercion, and incapacitation; respectful relationships; relationship abuse; and resources for a rape, sexual or relationship abuse survivor, to elsewhere in the curriculum; and revising and/or moving concepts within the Current Lesson Seven, Sexual Assault, Statistics, Prevention, Awareness, to elsewhere within the curriculum; and Possible Action to Either Recommend Adoption by the WCSD Board of Trustees or Recommend Revisions to the S.H.A.R.E. Coordinator (For Possible Action)

- 2.05 Presentation of Next Steps for the Proposed Sexuality, Health, and Responsibility Education (S.H.A.R.E.) High School Curriculum Lessons 1-6 Previously Reviewed by the S.H.A.R.E. Advisory Committee to include Parent Preview(s) Opportunities, and the tentative date for Submission to the Board of Trustees for Adoption (For Presentation Only)

### **3. CLOSING ITEMS**

- 3.01 Announcement of Next Regular Meeting – Wednesday, April 10, 2019 at 5:30 p.m. at a location to be determined.
- 3.02 Public Comment - Comments from the public are invited at this time on topics not specifically addressed elsewhere in the agenda. A "Citizen's Request to Speak" card should be filled out and submitted to the Recording Secretary before speaking during the Public Comment section. All persons are limited to 3 minutes per item. In accordance with Open Meeting Law and on the advice of legal counsel, the public body is discouraged from discussing and precluded from deliberating and/or acting on items raised by Public Comment which are not already on the agenda. The public body may impose reasonable content-neutral restrictions on public comment such as willfully disruptive comments that are irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers. Correspondence or written materials submitted for public comment by the general public shall be attached to the minutes of the meeting.
- 3.03 Adjourn Meeting

Forum Restrictions and Orderly Conduct of Business: This public body conducts the business of the Washoe County School District during its meetings. The presiding officer may order the removal of any person whose statement or other conduct disrupts the orderly, efficient or safe conduct of the meeting. Warnings against disruptive comments or behavior may or may not be given prior to removal. The viewpoint of a speaker will not be restricted, but reasonable restrictions may be imposed upon the time, place and manner of speech. Irrelevant and unduly repetitious statements and personal attacks which antagonize or incite others are examples of speech that may be reasonably limited.

Members of the public wishing to request supporting materials for this meeting or who are disabled and require special accommodations at the meeting should contact Lisa Scurry, Board Services Department. Ms. Scurry can be contacted in writing at PO Box 30425, Reno, Nevada 89520-3425, by telephone at 775-789-4621, or by email at [committees@washoeschools.net](mailto:committees@washoeschools.net).

This agenda and supporting materials, when appropriate, have been posted at the following locations:

[www.washoeschools.net](http://www.washoeschools.net)

[www.boarddocs.com/nv/washoe/Board.nsf/Public](http://www.boarddocs.com/nv/washoe/Board.nsf/Public)

State of Nevada website (notice.nv.gov)

WCSD Central Administrative Building

Washoe County Administration Building

Washoe County Courthouse

Reno City Hall

Sparks City Hall

Sparks Library

Pyramid Lake Paiute Tribe Administration Building

Reno Sparks Indian Colony Administrative Office

**Meeting Minutes of the  
Sexuality, Health, and Responsibility Education (SHARE)  
Advisory Committee of the  
Washoe County School District Board of Trustees**

**January 30, 2019**

**1. OPENING ITEMS**

**1.1 CALL TO ORDER**

The meeting of the SHARE Advisory Committee was called to order at 5:35 p.m. at the WCSD Administration Building, 425 East 9th Street, Board Room, Reno, Nevada 89512

**1.2 ROLL CALL**

Chair Claudia Bessette, and Members Kelly Roper, Tiffany Hoffman, Ashley Sonderfan, Lydia DeFlorio, Victoria Lokke, Dariah Scott and Brent Brooks were present. Rochelle Proctor, WCSD staff liaison, was also present.

**2. DISCUSSION, PRESENTATION AND ACTION ITEMS**

**2.1 ACTION TO ADOPT THE AGENDA**

Pastor Brent Brooks expressed concern about the SHARE Committee process and the rolls of the committee members.

**Public Comment:**

- Time Oates spoke against the proposed SHARE curriculum.
- Karen England spoke against the WCSD SHARE curriculum adoption process.

**On motion by Ashley Sonderfan, second by Tiffany Hoffman, The SHARE Advisory Committee approved the agenda as presented** (Yea: Tiffany Hoffman, Ashley Sonderfan, Lydia DeFlorio, Claudia Bessette, Victoria Lokke, Dariah Scott. Nay: Kelly Roper, Brent Brooks) Final Resolution: 5-2, Motion Carries.

**2.2 Presentation regarding the goals and objectives of the SHARE Advisory Committee based on direction of the Board of Trustees related to the adoption of curriculum that is non-discriminatory in nature and which provides equal protection to all students (For Presentation Only)**

Staff liaison, Rochelle Proctor, presented the WCSD BOT directive given to the SHARE committee in regards to the adoption of an inclusive curriculum, finishing the HS and MS curriculum in the 2018-19 SY and moving on the ES in the 2019-20 SY.

WCSD general counsel, Sara Montalvo, gave a brief presentation on the Equal Protection Clause.

### **2.3 Approval of the minutes of the meeting of the Sexuality Health and Responsibility Education Committee from October 16, 2018 (For Possible Action)**

Item 2.3 was removed from the agenda and be placed on the February 20, 2019 agenda.

### **2.4 Presentation, Discussion, and Possible Action to Recommend to the S.H.A.R.E Coordinator Revision to the Proposed Sexuality, Health and Responsibility Education (S.H.A.R.E.) High School Curriculum, to include Lesson Plans and Accompanying PowerPoint Presentation Materials, for Draft Lesson One, and concepts proposed to include the meaning of gender, gender identity, and sexual orientation; components of sexual orientation; and gender expectations; and moving and/or revising the concepts within the Current Lesson One, Reproductive Systems and Pregnancy, to elsewhere within the curriculum. (For Possible Action)**

Rochelle Proctor presented the proposed HS SHARE lesson 1 to the committee. The proposed objectives focused on the meanings of gender, gender identity, sexual orientation; describe three components of sexual orientation (orientation, behavior and identity); Define different gender expectations in our culture; and identify where students receive messages about gender expectations.

Concern was brought up from Kelly Roper in regards to the placement of this lesson and the controversial nature of the topic.

Brent Brooks expressed his concern that we are not dealing with something that looks like traditional sex education, rather the proposed lesson resembles diversity education. He stated that this lesson has moved away from science, but to a belief system.

Committee member Ashley Sonderfan felt this lesson sets the stage for acceptable discourse around human sexuality and around self and their peers.

Dariah Scott had a question around the percentage of intersex and whether high school students had been consulted as to what they felt was important. Ms Proctor explained

that indeed, she had gone before the student advisory council to seek their input of topics for SHARE.

Lydia DeFlorio stated that the American Psychological Association addresses the topic scientifically and not as a belief.

Victoria Lokke shared an article from the NY Times regarding the Trump administration and rolling back of the definition of transgender. Then went on to express her confusion on the topic and stated if the federal government was having difficulty defining it, how can we?

Ashley Sonderfan was concerned about relying on the federal government's ability to address the mental and physical health needs of transgender students.

Tiffany Hoffman listed several organizations including the American Academy of Pediatrics along with several other peer reviewed journals.

Committee questioned how to share information with the committee. Ms. Proctor explained that as long as the articles or information being shared was not deliberated upon within the committee, items could be shared BCC via email.

#### **Public Comment:**

- Dr. Tuttle spoke to the term of orientation, how it's applied and feels this is a belief system rather than scientifically backed.
- James Benthem spoke in opposition of the proposed lesson.
- Carol Youngman spoke in opposition of the proposed curriculum.
- Joe McHenry spoke in opposition to the proposed curriculum
- Dan Sitma feels the presented curriculum is a belief system.
- Pastor Roger Perry spoke against the idea of gender.
- Karen England spoke to the earlier presentation of protected class and stated that the district is not addressing the needs of armed service veterans as a protected class.
- Jeanie Turner spoke in opposition to the proposed curriculum.

- Brooke Maylath spoke in support of this lesson into the curriculum and that it was scientifically based according to every major scientific organization including the CDC.
- Tim Oates spoke in opposition of the proposed curriculum and that this is a mindset rather than sex education.
- Chuck Brim spoke in opposition of the proposed curriculum.
- Richard Gutierrez spoke in opposition of teaching sex ed.
- Andrea Thompson spoke in favor of the updated curriculum based on her experiences as a nurse practitioner in the community.
- Mr. Ramira spoke in opposition to teaching of the proposed curriculum
- Sandra Vasquez stated that she felt this curriculum is teaching beliefs.
- Malia Hoffman spoke as a student representative from the WCSD advisory council. Spoke in favor of the proposed curriculum based on conversations with fellow students.
- Vanessa Vancor spoke in support of the proposed curriculum.
- Gabriella does not believe the proposed lesson 1 should be included in this curriculum.
- Alan Sterling stated that students should be working on basic skills instead of sex ed.

**On motion by Ashley Sonderfan, second by Tiffany Hoffman, the S.H.A.R.E. Advisory Committee approve the changes presented here today and recommend them to the WCSD Board of Trustees.** (Yea: Tiffany Hoffman, Ashley Sonderfan, Claudia Bessette and Lydia DeFlorio. Nay: Brent Brooks, Kelly Roper, Victoria Lokke, Dariah Scott). Final Resolution: Motion Fails 4-4.

## **2.5 PRESENTATION, DISCUSSION, AND POSSIBLE ACTION TO RECOMMENT TO THE S.H.A.R.E COORDINATOR REVISION TO THE PROPOSED SEXUALITY, HEALTH AND RESPONSIBILTiy EDUCATION**

**(S.H.A.R.E.) HIGH SCHOOL CURRICULUM, TO INCLUDE LESSON PLANS AND ACCOMPANYING POWERPOINT PRESENTATION MATERIALS, FOR DRAFT LESSON TWO AND THE CONCEPTS PROPOSED TO INCLUDE DECISION MAKING; ABSTINENCE; ACCESSING INFORMATION, SUPPORT, AND RESOURCES; ADVOCACY; AND RELATIONSHIPS; AND REVISING AND/OR MOVING THE CONCEPTS WITHIN THE CURRENT LESSON TWO, PREGNANCY CHOICES: ADOPTION, ABORTION, AND TEEN PARENTHOOD, TO ELSEWHERE WITHIN THE CURRICULUM. (FOR POSSIBLE ACTION)**

District Liaison, Rochelle Proctor, presented the topics proposed for lesson 2. Students will understand abstinence is a conscious decision for any time and for any duration; identify steps involved in a decision making model; describe the impact people have on student's sexual decision making and; analyze source accuracy and reliability of sexual health information.

Some of the committee suggestions about lesson 2 were; more abstinence based resources be added to the resource list that students can access; rethinking of the abstinence continuum as it appears to frame student response as well as rewording of the decision making model and supporting scenarios. It was also noted to include the term, "trusted adult" as an option of who a student could speak to.

**Public Comment:**

- Tim Oates feels the lesson is missing the point that abstinence can be beautiful and definitions used throughout the lesson seem to be too fluid and need to be concrete.
- Alan Sterling spoke to the lack of mentioned consequences related to sexual activity.
- Andrea Thompson suggested adding, "speak to your health care provider" as an option for students and to reference up to date evidence based resources.

**On motion by Kelly Roper, second by Brent Brooks, the S.H.A.R.E. Advisory Committee recommends changes in lesson two to reflect: language changed from past tense, the acronym DOGMA be removed, Webster's definition be looked at, include more resources regarding abstinence and return the lesson to the committee at the next Advisory. (Yea Brent Brooks, Kelly Roper, Victoria**



Lokke, Dariah Scott, Claudia Bessette and Lydia DeFlorio. Nay: Tiffany Hoffman, Ashley Sonderfan) Final Resolution: Motion Passes 6-2.

### **3. CLOSING ITEMS**

#### **3.1 ANNOUNCEMENT OF NEXT MEETING**

The next meeting date and location of the SHARE Advisory Committee is Wednesday, February 20, 2019 at the WCSD Administration Building, 425 East 9<sup>th</sup> Street, Board Room, Reno Nevada.

#### **3.2 Public Comment:**

- Andraya Dickens spoke in favor of the proposed SHARE HS curriculum.
- Karen England spoke to the committee about Open Meeting Law and emails between committee members.
- Alan Sterling spoke to the topic of Open Meeting Law.
- Jay Caffereta spoke in favor of the proposed curriculum.
- Brooke Maylath spoke in support of the proposed curriculum.

#### **3.3 ADJOURN MEETING**

There being no more business, Chair Bessette adjourned the meeting at 8:38pm.

## Lesson 5: Sexually Transmitted Diseases and HIV

### Objectives:

- State that abstinence from sexual activity and needle sharing are the only ways that are 100% effective at avoiding STI and HIV Transmission
- Understand communication is an fundamental part of sexual health
- Describe the signs, symptoms and treatments of most common STIs
- Describe the nature of HIV and how it is transmitted, prevented and treated

### Activities:

#### Video:

What Are STDs? #FACTCHECK: <https://youtu.be/7Sbgg8icODY>

Let's Talk about Sexual Health (seeing a medical provider):  
<https://vimeo.com/43631114>

Get Tested (HIV,STD, and hepatitis testing): <https://gettested.cdc.gov/>

STD/HIV Jeopardy game

PowerPoint slides 2-4

### Abstinence

#### WCSD Definition

- **Sexual Abstinence is defined as refraining from all forms of sexual activity and genital contact such as vaginal, oral and anal sex.**
- **An abstinent person is someone who has either never had sex or someone who's had sex but who has decided not to continue having sex for a period of time.**
- **Abstinence is the only 100% effective way to prevent HIV, other sexually transmitted diseases or infections and pregnancy.**
  - SEX-when a person's genitals touch another person's genitals, mouth or anus.

#### Slide 4:

Communication- partners must communicate about their individual definitions/thoughts on abstinence.

Slide 6- What Are STDs#Factcheck video

- What do you recall about STDs/STIs from your previous years of SHARE?

Play video clip

STDs/HIV

Go over slides 7-38

Slide 39- Let's Talk About Sexual Health

Discuss possible options of who students can to in regards to their sexual health

Play video <https://vimeo.com/43631114>

Slide 40- Where to go for testing

List student responses

Go to <https://gettested.cdc.gov/>

Walk students through how to use the resource

Time permitting

Jeopardy-STD Smarts PowerPoint

# SEXUALLY TRANSMITTED INFECTIONS AND HIV

SHARE Lesson 5

## WCSD ABSTINENCE DEFINITION

- **Sexual Abstinence** is defined as refraining from all forms of sexual activity and genital contact such as vaginal, oral and anal sex.
- **An abstinent person** is someone who has either never had sex or someone who's had sex but who has decided not to continue having sex for a period of time.
- **Abstinence is the only 100% effective way to prevent HIV, other sexually transmitted diseases or infections and pregnancy.**
  - SEX-when a person's genitals touch another person's genitals, mouth or anus.

# COMMUNICATION



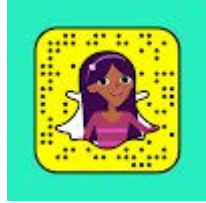
# TALK!!!

- **Abstinence-** must **clearly communicate** personal definitions of abstinence with your partner.
- **Talk BEFORE** you have sex
  - “Let’s get tested before we have sex. That way we can protect each other.”
  - “Many people who have an STD don't know it. Why take a chance when we can know for sure?”
  - There are other things you may want to talk to your partner about, such as:
    - Sexual history – the number of partners you’ve had and what kind of protection you used (for example, condoms or dental dams)
    - Risk factors – like whether you’ve had sex without a condom or used drugs with needles

SEXUALLY TRANSMITTED INFECTION  
(STI)  
SEXUALLY TRANSMITTED DISEASE  
(STD)

STI and STD are used interchangeably





AMAZE.ORG

WHAT ARE STDs? #FACTCHECK

## WHAT ARE SEXUALLY TRANSMITTED DISEASES (STDs)?

- STDs are diseases that are passed from one person to another through sexual contact. These include chlamydia, gonorrhea, genital herpes, human papillomavirus (HPV), syphilis, and [HIV](#). Many of these STDs do not show symptoms for a long time. Even without symptoms, they can still be harmful and passed on during sex.

## HOW ARE STDs SPREAD?

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

# STIs

## BACTERIAL (CURABLE)

✓ ***Chlamydia***

✓ **Gonorrhea**

✓ **Syphilis**

✓ **Reportable to the Health Department**

## VIRAL (TREATABLE)

▪ Genital Herpes (HSV)

▪ Genital Warts (HPV)

✓ Hepatitis B ( HBV)

✓ HIV

✓ Hepatitis C (HCV)

## “THE OTHERS”

- Trichomoniasis “Trich”
- Bacterial Vaginosis
- Pelvic Inflammatory Disease
- Vaginitis
- Crabs (Pubic Lice)
- Scabies
- <https://www.cdc.gov/std/>

# BACTERIAL STIs

## *CHLAMYDIA*

- Most common reportable STD in the United States
- Estimated 3-4 million new cases/year in the US
- Females ages 15-19 and males ages 20-24 have the highest rates
- Many infections are asymptomatic
- Serious complications for women, including PID which can lead to infertility, ectopic pregnancy and chronic pelvic pain
- Untreated disease in males can cause swelling, pain, and infertility
- Easily treated and cured

## SYMPTOMS

### **Men: 40-50% *asymptomatic***

- 7-21 days after contact
- Thin clear to milky discharge from urethra
- Burning with urination
- Pain or swelling of the testicles
- Swollen lymph nodes in the groin area

### **Women: 70-90 % *asymptomatic***

- Abnormal vaginal discharge
- Burning with urination
- Spotting in between periods
- Pain with intercourse
- Lower abdominal pain

*Asymptomatic*: showing **no** evidence of disease



# SYMPTOMS OF GONORRHEA

## ***Most men are symptomatic***

- Incubation: usually 3-5 days after exposure
- Yellow or green pus from penis
- Burning with urination
- Pain or swelling of the testicles

## ***80% of women are asymptomatic***

- Abnormal vaginal discharge
- Burning with urination
- Spotting in between periods
- Pain with intercourse
- Lower abdominal pain
- Nausea and fever

*Symptomatic:* showing symptoms of disease/infection

## BOTH MEN AND WOMEN CAN GET CHLAMYDIA AND GONORRHEA IN THEIR THROATS, RECTUMS AND EYES

### ***Rectal infections:***

- Discharge
- Anal itching
- Soreness
- Bleeding
- Painful bowel movements
- No symptoms

### ***Throat infections:***

- Sore throat
- No symptoms

### ***Eye infections:***

- Redness, itching and discharge from the eye  
(conjunctivitis)

## TESTING FOR CHLAMYDIA AND GONORRHEA

- Swab sample from:
  - the cervix or vagina
  - urethra-opening of the penis
  - throat
  - rectum
- Urine sample



## TREATMENT FOR CHLAMYDIA AND GONORRHEA

- Two separate drug treatments for each disease
- Consider co-treat for other disease
- No sex for 7 days after treatment
- Sexual partners need to be treated
- No sex with untreated partner



# SYPHILIS

# SYPHILIS

- CAUSE: *Treponema pallidum*, a spirochete bacterium that penetrates skin via abrasions
- Known as “Syph”, “bad blood”, “the great pox”, “the great imposter” (mimics other diseases)
- An estimated 70,000 infections/year in the US
- Recent outbreaks among MSM
- Remains chronic without treatment
- Curable but any damage that has been done may not be reversed



**MSM:** men who have sex with men

## TRANSMISSION

- Direct contact with syphilis sore/chancere
- Sores occur mainly on the external genitals, vagina, anus, lips and mouth
- Spread during vaginal, anal, and oral sex
- Infected mother to child during pregnancy

## PRIMARY SYPHILIS:

### Ulcer called *chancre* ("*shan-ker*")

- Typically painless, but may have discomfort due to location, environment
- Single sore or kissing sores
- Appears 10-90 days after infection (average 2-6 wks)
- Disappears within a few weeks even without treatment
- May go unnoticed

### Sites

- **Women:** Vulva, labia, vagina, cervix, rectum
- **Men:** Penis, scrotum, groin, rectum, under foreskin of uncircumcised penis
- Other: tongue, lips, fingers





## SECONDARY SYPHILIS:

### **Rash:**

- Usually appears 3-6 weeks after the chancre appears
- Characterized by brown sores about the size of a penny, does not itch
- Typically seen on the palms of the hands and soles of the feet, can be on other parts of the body
- Flu-like symptoms, patchy hair loss, swollen lymph glands
- Resolves even without treatment in 2-6 weeks



## *TERTIARY (latent) SYPHILIS:*

- No signs and symptoms
- Disease no longer contagious
- Infection detected only by a blood test
- Disease progresses to final stage
- Bacterial damage to the heart, eyes, brain, nervous system, bones, joints, or almost any other part of the body
- This stage can last for years, or even decades
- The final stage can result in mental illness, blindness, other neurological problems, heart disease and death

## CONGENITAL SYPHILIS

- A woman passes the infection to her baby during pregnancy (primary or secondary syphilis)
- Can result in miscarriage or stillbirth
- Surviving babies may have serious problems of the brain, liver, and other organs
- Fatal or cause lifelong disabilities
- Nevada requires testing in first and third trimesters

## TESTING FOR SYPHILIS

- Fluid from chancre (sore) can be examined using a dark field microscope
- **Blood tests** for syphilis (most commonly used test)

# TREATMENT FOR SYPHILIS

## Primary, Secondary, and Early Latent Syphilis

- Bicillin LR 1 time injection

## Late Latent or Latent Syphilis of Unknown Duration

- Bicillin LR injection 1 time a week x 3 weeks

## Neurosyphilis and Congenital Syphilis

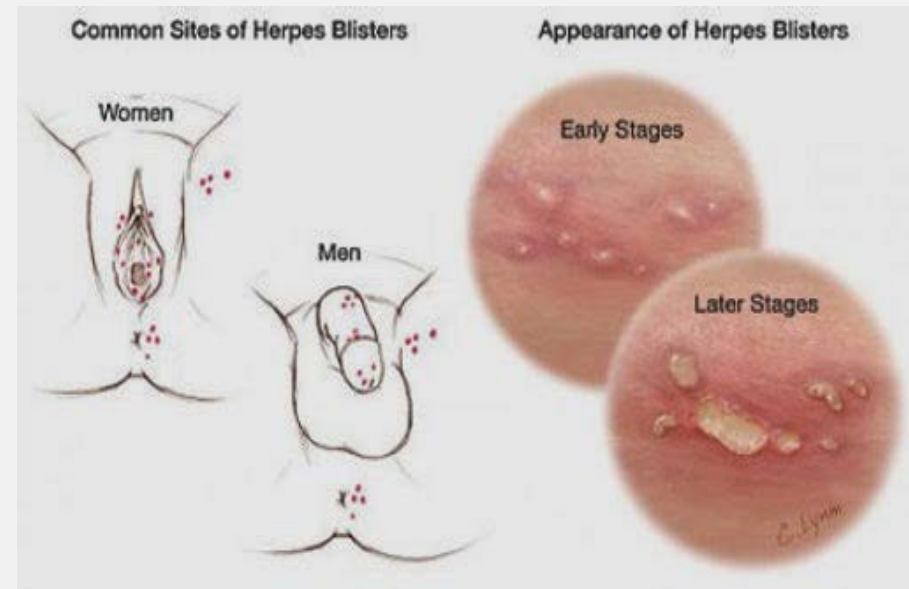
- IV or IM in the hospital

\*Oral antibiotics can be taken if allergic to penicillin

# VIRAL STIs

# HERPES

- Ulcerative infection (breaks the skin)
- Contagious before, during and after an outbreak
- One of the hardest diagnosis for a patient to receive



# HUMAN PAPILLOMAVIRUS (HPV)

- **Most common** viral STD
- Don't forget the males!
- An estimated 20 million people in the US are infected with HPV
- As many as 5.5 million new infections occur each year
- HPV is the primary cause of reproductive organ cancers
- Emerging cause of oral cancer
- Approximately 100 types of HPV, 30 of which infects the genital tract
  - 4 are most closely linked to genital cancers
- Not all HPV infections cause visible warts
- **Vaccine up to age 26 to protect against 4 strains of HPV**



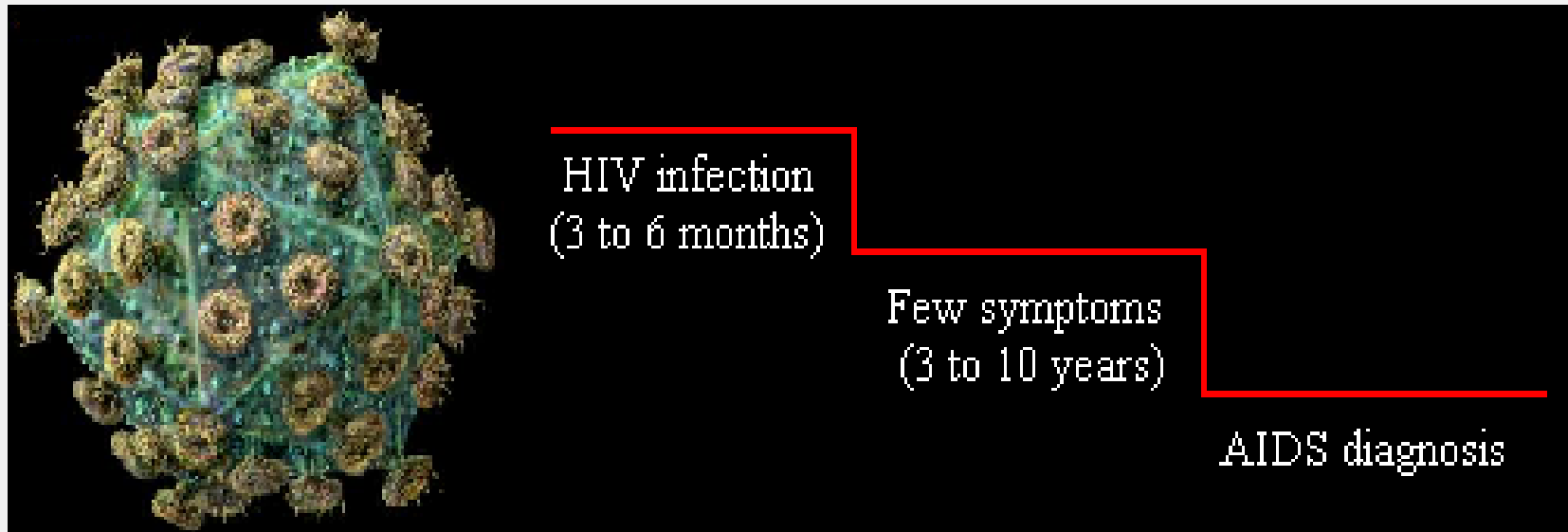
# GENITAL WARTS (HPV)



# HIV

## HUMAN IMMUNODEFICIENCY VIRUS

- Window Period: Time it takes for antibodies to become detectable: usually within three months



- Maximum survival is not known

## HIV TESTING

- Blood Testing
  - other testing can be done with the same sample
- Rapid Testing – results available in 1-20 minutes depending on test

## POINTS ABOUT PREVENTION

- Before abstinence or safer sex comes...

### COMMUNICATION

- Abstinence
  - Abstinence means different things to different people at different times of the day
- Safer sex is a negotiation between partners
- Knowing your partners disease status



# PREVENTION

- Condoms
  - Male and Female
  - Used properly for each sexual act
  - Options are available – find what works
- Oral barriers
  - Dental dams
  - Saran wrap
- LUBE!!!
  - Water-based, silicone, glycerin
  - NO OIL BASED!



## PREVENTION

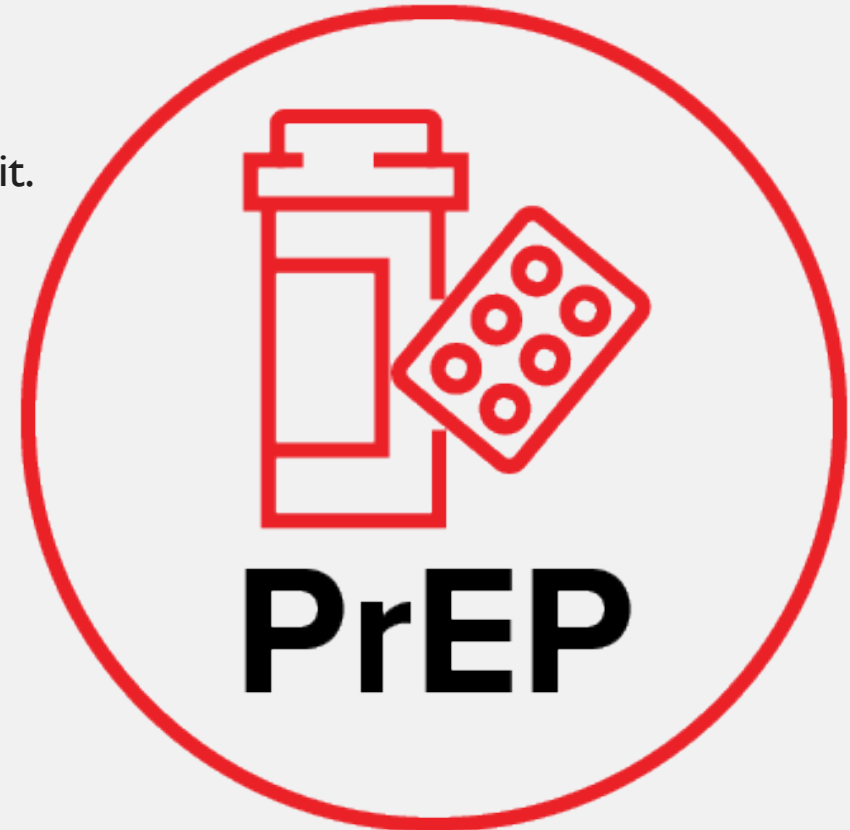
- Avoid sharing needles and equipment for any reason
  - If needles are shared, clean between uses
  - Syringe Access Programs (needle exchange)
- Know your HIV, STD status
  - If a person is negative, engage in activities to stay negative
  - If a person is positive, get the appropriate care to be healthier and avoid transmission



# PREVENTION

## PrEP

- **PrEP: Pre-Exposure Prophylaxis**
- For individuals who do not have HIV, but are at a substantial risk of acquiring it.
- Truvada (brand name); contains tenofovir and emtricitabine.
- Must be taken daily.
- When **taken daily**, it has been shown to reduce the risk of HIV infection in high risk people by 92%.
- Must see a health care provider for follow-up every 3 months.





U = U signifies that individuals with HIV who receive antiretroviral therapy (ART) and have achieved and maintained an undetectable viral load cannot sexually transmit the virus to others.

This concept, based on strong scientific evidence, has broad implications for treatment of HIV infection from a scientific and public health standpoint, for the self-esteem of individuals by reducing the stigma associated with HIV, and for certain legal aspects of HIV criminalization.

# LET'S TALK ABOUT SEXUAL HEALTH

- Parent
- Trusted Adult
- School Counselor
- Health Clinic
- Primary Care Physician
- “Let’s Talk About Sexual Health”
  - <https://vimeo.com/43631114>

## WHERE TO GO FOR TESTING

# Get Tested

[National HIV, STD, and Hepatitis Testing](#)

Find free, Fast, and Confidential Testing Near You



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People.™

# STD Smarts

Which One Is Riskiest?	Testing, Testing	Can I Be Cured?	What Should They Do?	I Don't Feel So Good...	Myth or Fact?
<a href="#">10 points</a>	<a href="#">10 points</a>	<a href="#">10 points</a>	<a href="#">10 points</a>	<a href="#">10 points</a>	<a href="#">10 points</a>
<a href="#">20 points</a>	<a href="#">20 points</a>	<a href="#">20 points</a>	<a href="#">20 points</a>	<a href="#">20 points</a>	<a href="#">20 points</a>
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<a href="#">50 points</a>	<a href="#">50 points</a>	<a href="#">50 points</a>	<a href="#">50 points</a>	<a href="#">50 points</a>	<a href="#">50 points</a>

10 points

[Category](#)

**Which One Is Riskiest?**

Tongue kissing, mutual masturbation, using a public toilet



20 points

Category

**Which One Is Riskiest?**

Abstinence, mutual masturbation, dry sex



30 points

Category

**Which One Is Riskiest?**

Performing oral sex on another person, receiving oral sex from another person, having penis-vagina sex with a condom



40 points

Category

**Which One Is Riskiest?**

Having unprotected penis-vagina sex in a swimming pool, having protected oral sex, mutual masturbation



50 points

Category

**Which One Is Riskiest?**

Unprotected oral sex, penis-vagina sex with a condom, unprotected anal sex



10 points

Category

**Testing, Testing**

True or False: there is one type of test that can screen for the most common STDs



20 points

Category

**Testing, Testing**

True or False: Minors (age 18 and younger) must have a parent or guardian's consent to be tested for STDs





30 points

Category

## Testing, Testing

Name two types of places where people can go to get tested for STDs



40 points

Category

## Testing, Testing

True or False: If a person thinks they might have been exposed to an STD, they should get tested within 24 hours





50 points

Category

**Testing, Testing**

Girls and women are tested for HPV when they get pap tests; how are boys and men tested?



10 points

Category

**Can I Be Cured?**

Chlamydia



20 points

Category

**Can I Be Cured?**

Syphilis



30 points

Category

**Can I Be Cured?**

HIV



40 points

Category

**Can I Be Cured?**

Gonorrhea



50 points

Category

**Can I Be Cured?**

Genital Warts



10 points

Category

**What Should They Do?**

A person has never had sex before. Their partner has, but only once. Do they need to use condoms?



20 points

Category

**What Should They Do?**

A couple is making out and it looks like they may have sex. One partner takes out a condom and the other says, "I don't use those." What should the other partner do?



30 points

Category

**What Should They Do?**

A couple is about to have sex for the first time. They know they need to use condoms but don't want to be seen buying them in a store. What are two other places they can go to get condoms?



40 points

Category

**What Should They Do?**

A couple is having penis-vagina sex, and the condom breaks. They don't have any more condoms with them.



50 points

Category

**What Should They Do?**

A person notices small red bumps on the outside of their genitals. They don't look like the gross slides they saw in science class at school so maybe it's a heat rash. They've had sex before and used condoms a few times. What THREE THINGS should they do?



10 points

Category

**I Don't Feel So Good...**

True or False: One way to tell if someone has an STD is to stick earwax inside their vagina. If doing this stings, they have an STD.





20 points

Category

**I Don't Feel So Good...**

Name three common symptoms of most STDs



30 points

Category

**I Don't Feel So Good...**

True or False: A common symptom of STDs is bruising more easily



40 points

## Category

### **I Don't Feel So Good...**

Two weeks after being infected with this virus, a person may experience a sudden, intense onset of severe flu-like symptoms



50 points

## Category

### **I Don't Feel So Good...**

What is the MOST common symptom of an STD?





10 points

Category

**Myth or Fact?**

Basketball player Magic Johnson, previously diagnosed with HIV, no longer has the virus



20 points

Category

**Myth or Fact?**

Once a person has genital warts removed, they can no longer give the virus to someone else



30 points

Category

**Myth or Fact?**

If a person gets chlamydia, takes the entire course of antibiotics and is cured, they cannot get chlamydia again



40 points

Category

**Myth or Fact?**

There is currently a vaccine available for two STDs



50 points

Category

**Myth or Fact?**

A baby born to an HIV+ mother will always be HIV+



## Lesson 6: Consent and the Law

### Objectives:

- Define consent, coercion and incapacitated
- Differentiate between a situation in which consent is clearly given and one in which it is not
- Demonstrate understanding that clear consent is part of a respectful relationship
- Describe characteristics of relationship abuse
- Name at least two resources a rape, sexual or relationship abuse survivor can access for more information and support

### Activities:

#### Videos:

- "2 Minutes Will Change the Way You Think About Consent"  
<https://www.youtube.com/watch?v=laMtr-rUEmY>
- "Tea Consent" <https://www.youtube.com/watch?v=fGoWLWS4-kU&t=84s>
- "Pitch Perfect 2 Trailer-Ellen Show Version" (2:10-2:27)  
<https://www.youtube.com/watch?v=KBwOYQd21TY>

Develop a working definition of consent, coercion and incapacitated

Review Sexual Assault, Statutory Rape, and Sexual Harassment in accordance with NV law.

5 Types of Relationship Abuse

Makings of a Healthy Relationship

If you Think Your Relationship is Unhealthy

Is it Abuse If...? T/F activity

### Slide 2

#### Consent-

- What does it mean?
- What does it mean to 'give consent?'
  - Possible responses:
    - It's when someone says they want to do something
    - When someone gives permission to another person

- Saying “yes” to or being okay with something

It seems like consent is a pretty straightforward idea, but is it?

Slide 3

- Play video: “2 Minutes Will Change the Way You Think About Consent”  
<https://www.youtube.com/watch?v=laMtr-rUEmY>

Ask for student reactions to the video

Slide 4

Process using the following:

The ConsentBot says her first attempt was “**coercion**.” What does that mean? (Probe for getting someone to do something by threatening or forcing them). What did she do that was coercive? Remind the students that, as the ConsentBot says, “Consent must be voluntary,” which means a person has to want to give consent.

- When she goes to visit her friend, Jonathan, Jonathan is half asleep when she asks for his phone and he says yes. The ConsentBot says it’s not consent because he’s “**incapacitated**.” What does that mean? (Probe for when someone doesn’t have the capacity or ability to do things – or say they want to do things). Jonathan was asleep, so he would not have been completely aware of what he was saying. The same thing goes if someone were drunk or using drugs.

- What do you think of the example when she is in the library and asks the person wearing the headphones for their phone and they don’t respond -- and she assumes she has consent because that person didn’t say no? Ask, “Why isn’t that the same as having consent?” Probe for the importance of getting a clear “yes” or “no” from someone to know for sure whether you have (or have not gotten) consent.

- Has anyone ever been in a situation where they haven’t wanted to do something, but a friend has said, “It’s fine, just do it.” How has that felt? Why did the ConsentBot say it wasn’t consent? (Probe for the fact that the middle person seemed to have felt intimidated – meaning, pressured to do it, even if he wasn’t being pressured by the person asking for consent).

- What did you notice in the last exchange, which the ConsentBot finally agrees is consent? Probe for the fact that she asked – and he said yes, while also clarifying his conditions: “You can use my phone, but no texts or international calls.” She clarified by asking about his phone’s game center, and he responded. The ConsentBot said that this was clear consent – and it was also healthy, clear communication.

“That was about using someone’s phone. Now, let’s take a look at a brief clip that has to do with sexuality and consent.”

Slide 5

- Play video: "Pitch Perfect 2 Trailer-Ellen Show Version" (2:10-2:27)  
<https://www.youtube.com/watch?v=KBwOYQd21TY>

After the clip ask...

- What did you just see? (possible responses: two people flirting at a party, miscommunication)
- When he asked her if she wanted to have sex, how did she respond? (She said she didn't want to, but then winked at him; she said a clear no, but how she said it made him think she wanted to).
- How was he feeling then? (confused, hopeful, worried)
- Did she give her consent to him to have sex? (no)
- What do you think he should do next? (Walk away, ask her again, try something to see whether she's interested).
- The smartest thing he can do is take her no as her answer. It doesn't matter how she said it, but he has to go with what she actually said.
  - This is also a good example of why talking about consent at a party – where there is alcohol and/or drugs- isn't the best place to talk about consent. What impact could alcohol or other drugs have on a person's ability to clearly understand what someone is communicating to them?
  - It's good to remember that anything other than a clear and enthusiastic 'yes' means NO.

Consent is about reaching and being in agreement about which things we want to do or explore with others sexually and how we want to do or explore those things.

It's also about what we don't want to do and how we don't want to do something.

Active consenting is a shared responsibility of everyone engaging in or who want to engage in any kind of sexual interaction.

And consent is only meaningful if it isn't coerced.

**S.E.X., second edition: The All-You-Need-To-Know Sexuality Guide to Get You Through Your Teens and Twenties**  
by [Heather Corinna](#)

## Slide 6

Given what we've talked about, let's watch:

Play video: "Tea Consent" <https://www.youtube.com/watch?v=fGoWLWS4-kU&t=84s>

How does this relate to the law?

Let's talk about the law (information provided from Nevada Public Health Foundation)

## Slides 7-15

Statutory Rape

Sexual Assault

Sexual Harassment

Who to call for help

## Slide 16-17

Did you know? – Teen Dating Abuse Statistics

(Loveisrespect.org: <https://www.loveisrespect.org/resources/dating-violence-statistics/>)

## Slide 18

5 types of Relationship Abuse

Complete activity...

- As a whole group-brainstorm responses to each type and list responses on the board.
- If in groups, break class into 5 groups.

Post 5 posters around the room with one of the five types of abuse listed on each poster.

\*either each group can work solely on their assigned topic or could do a "museum walk" and add something to each topic.

*Sample poster responses*

## **PHYSICAL**

Hitting

Kicking

Slapping

Punching

Pinching

Restraining

Choking

Blocking their way

## **EMOTIONAL**

Criticizing the person's appearance or intelligence

Telling the person that no one else would ever want to be with them

Flirting with other people in front of the person

Using what they know makes the other person feel vulnerable in an attempt to make them feel worse

Sharing sexy photos of the other person without their consent

## **PSYCHOLOGICAL**

Threatening to hurt the other person

Threatening to hurt people they know or care about (or pets)

Texting nonstop and expecting the other person to text back by a certain time

Threatening to hurt yourself if the other person doesn't do what you want

Spreading rumors about the person

## **SEXUAL**

Rape

Forcing the other person to do anything sexual they don't want to do

Making the other person watch porn

Sharing sexy photos of the other person without their consent

Refusing to practice safer sex

## **FINANCIAL**

Controlling the money in the relationship

Stealing from the other person



Telling the other person they need to spend time with you instead of going to work

Keeping the other person from going to or finishing school, which limits their ability to earn money

Say, "It can be relatively easy to come up with a list of behaviors – especially when we're not in the relationship in the moment. However, sometimes abusive situations aren't so clear."

Slides 19-21

What is a Healthy Relationship?

Slide 22

If You Think Your Relationship is Unhealthy

Slide 23

Who to Contact for Help

Slide 24-25

Is It Abuse If...?

*Note: The activity, "Is It Abuse If...?" was created by Elizabeth Schroeder, EdD, MSW, and then subsequently published in the American Journal of Sexuality Education in 2005. This is an adaptation of that activity. This activity has also been adapted and used as part of the Advocates for Youth curriculum.*

# CONSENT AND THE LAW

SHARE

Lesson 6



## CONSENT

- What does it mean?
- What does it mean to 'give consent'?
- Seems pretty straightforward, but is it?
  - "2 Minutes Will Change the Way You Think About Consent"  
<https://www.youtube.com/watch?v=laMtr-rUEmY>





# **2 MINUTES WILL CHANGE THE WAY YOU THINK ABOUT CONSENT**



## **CONSENT, COERCION, INCAPACITATED**

- **Consent**
- **Coercion**
- **Incapacitated**





# “PITCH PERFECT 2 TRAILER-ELLEN SHOW VERSION”

Play from (2:10-2:27)



# “TEA CONSENT”

## **STATUTORY RAPE is legally called... STATUTORY SEXUAL SEDUCTION**

- NRS 200.364
- “Statutory Sexual Seduction” means ordinary sexual intercourse, anal intercourse, or sexual penetration committed by a person 18 years of age or older with a person who is 14 or 15 years of age and at least 4 years younger than the person who is 18 years or older (defined by law as a perpetrator).



## **STATUTORY RAPE is legally called... STATUTORY SEXUAL SEDUCTION**

- Are you in a sexual relationship and someone is under the age of 16?
  - If one person in the consensual relationship is under 16 years old (14 or 15) and the other person is 18 years or older;
    - Than the older individual is committing a crime of statutory sexual seduction.
    - The older person can be arrested and sent to prison



## WAIT! IS THAT SEX LEGAL

### **Age 18: LEGALLY AN ADULT**

You cannot have sex with anyone 4 years younger than you.

### **Age 17: ABOVE AGE OF CONSENT**

You cannot have sex with anyone under the age of 14.

### **Age 16: AGE OF CONSENT**

You can now legally consent to having consensual sex.

### **Age 15: UNDER AGE OF CONSENT**

You cannot legally consent to having sex with anyone 4 years older than you..

### **Age 14: UNDER AGE OF CONSENT**

You cannot legally consent to having sex with anyone 4 years older than you.

**Age 13: YOU CANNOT HAVE SEX WITH ANYONE 2 OR MORE YEARS OLDER THAN YOU.**

They can be charged with sexual assault



## CONSENT IS NEVER A DEFENSE

- If the minor is under the age of 16 and the adult is 18 or older, the sex is a crime, even when both people have consented. The minor is not legally old enough to give permission/consent for any sexual act!
- A parent CANNOT give permission to a minor under the age of 16 to have sex with someone 18 or older.
- **The law has the overall authority!**



## PENALTIES FOR STATUTORY RAPE

- The adult can be arrested and faced with penalties based on the age of the adult.
- If the adult is **21 years or older**:
  - A category B Felony
  - 1-10 years in prison
  - \$10,000 fine
- If the adult is **under 21 years old**:
  - 1<sup>st</sup> offense- A gross misdemeanor.
  - 2<sup>nd</sup> offense- A category D felony.
- If the **victim is under the age of 14**, this can be considered sexual assault! The older individual will face possibility of being charged with a category A felony, and life in prison.



## SEXUAL ASSAULT

### NRS 200.366

- **A person is guilty of sexual assault if he or she:**
- Commits sexual penetration upon a *child 13 years old or younger* or causes a child 13 years old or younger to make a sexual penetration on himself or herself or another, or on a beast.
- *Especially if the perpetrator is 18 or older.*
- NOTE: Sexual Assault includes other acts committed as a crime against a person. This definition is relevant to acts involving a child in relation to statutory sexual seduction laws. Hence, if an adult 18 or older or a child 14 or older commits a sexual act with a child 13 years or younger, whether consensual or not, he/she can face sexual assault charges.



# SCHOOL LAWS

## NRS 201.540

Sexual Conduct Between Certain Employees of School or Volunteers At School and Pupil

**A person who:**

- Is *21 years of age or older*;
- Is employed by or volunteering at a public or private school
- Engages in sexual conduct with a *student who is 16 years of age or older*, who has not received a high school diploma, a GED certificate or equivalent and:
- Who is or was enrolled in or attending the public school or private school at which the person is or was employed or volunteering; or
- With whom the person has had contact in the course of performing his or her duties as an employee or volunteer,
- Is *guilty of a category C felony*.



# SEXUAL HARASSMENT

- Sexual Harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to or rejection of this conduct explicitly or implicitly affects an individual's ability to receive an education, unreasonably interferes with an individual's educational performance or creates an intimidating, hostile or offensive educational environment. The term sexual harassment includes sexual violence under Title IX.





## WHO TO CALL FOR HELP

- **If you have been a victim of non-consensual sexual assault and are seeking services call**
  - **SASS – Sexual Assault Support Services**
    - **Call (775) 221-7600 & ask to speak with an Advocate**
- **Suicide Prevention and Crisis Hotline:**  
1 (800) 273-8255
- **SASS Line:**  
(775) 221-7600
- **National Suicide Prevention Lifeline:**  
1 (800) 273-8255
- **EMERGENCY:**  
**CALL 9-1-1**
- **Text:**  
"SASS" to 839863



## TEEN DATING ABUSE STATISTICS

- **Did you know?**
- Nearly 1.5 million high school students nationwide experience physical abuse from a dating partner in a single year.
- One in three adolescents in the U.S. is a victim of physical, sexual, emotional or verbal abuse from a dating partner, a figure that far exceeds rates of other types of youth violence.
- One in 10 high school students has been purposefully hit, slapped or physically hurt by a boyfriend or girlfriend.

Teen Dating Abuse Statistics

<https://www.loveisrespect.org/resources/dating-violence-statistics/>



## TEEN DATING ABUSE STATISTICS CONT'D

- According to the CDC: lesbians and gay men experience equal or higher levels of intimate partner violence (IPV) as heterosexuals, with bisexual women suffering much higher rates of IPV in comparison to lesbians, gay men and heterosexual women.
- One of the only studies on LGBTQ teens, released by the Urban Institute, showed significantly higher rates of dating violence among LGB youth than among non-LGB youth. While 29 percent of heterosexual youth surveyed reported being physically abused by dating partners, for example, 42.8 percent of LGB youth reported the same. The rates of sexual victimization for LGB respondents was 23.2 percent, nearly double that of heterosexual youth, of whom 12.3 percent reported sexual coercion. Transgender youth reported the highest rates of dating violence, with 88.9 percent reporting physical dating violence.

<https://www.hrc.org/resources/teen-dating-violence-among-lgbtq-youth>



## TYPES OF RELATIONSHIP ABUSE

- **Physical-** hurting someone physically in some way
- **Emotional-** making someone feel bad about themselves by taking away their sense of self or self-esteem.
- **Psychological-** using threats or intimidation to frighten someone or make them feel like they're losing touch with reality.
- **Sexual-** similar to physical abuse, but sexual in nature.
- **Financial-** when the finances or a person's potential to earn or have money are controlled by one person.



## WHAT IS A HEALTHY RELATIONSHIP?

### OPEN, HONEST AND SAFE COMMUNICATION

- It is a fundamental part of a healthy relationship.
- It's making sure you both understand each other's needs and expectations-being on the same page is very important.
- **That means you have to talk to each other!**



## I AM LGBTQ. IS MY RELATIONSHIP HEALTHY?

Some signs of a healthy relationship include a partner who:

- Respects your chosen gender pronouns or name.
- Respects your boundaries.
- Gives you space to hang out with friends and family without thinking you're cheating.
- Doesn't take your money or tell you what to buy.
- Never threatens to out you to people.
- Never tells you you're not a real lesbian, gay man, trans person or whatever you identify as because you don't have sex the way they want you to.



## THE MAKINGS OF A HEALTHY RELATIONSHIP...

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

Loveisrespect.org



## IF YOU THINK YOUR RELATIONSHIP IS UNHEALTHY...

It's important to think about your safety now.

Consider these points as you move forward:

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



## WHO TO CONTACT FOR HELP...

### **SASS – Sexual Assault Support Services**

- **Call (775) 221-7600 & ask to speak with an Advocate**
- **Text: “SASS” to 839863**
- Crisis Support Services: 1-800-273-8255
  - Text “**care**” to **839863** if you or a loved one is suffering from depression/grief/loss, domestic violence, sexual assault, substance abuse, thoughts of self-harm.
- love Is Respect hotline: 1-866-331-99474 (24/7) or Text “loveis” 22522
- **Wingspan**– serves people who are LGBTQ  
Hotline 520-624-0348 or 1-800-553-9387 Bilingual 24/7
- **The Anti-Violence Project**– serves people who are LGBTQ  
Hotline 212-714-1124 Bilingual 24/7
- GLBT National Help Center  
Hotline 1800-246-PRIDE (1-800-246-7743) or  
Online Chat at <http://www.volunteerlogin.org/chat/>
- National Sexual Assault Hotline – supports LGBTQ people  
1-800-656-HOPE (4673) 24/7 or  
Online Counseling at <https://ohl.rainn.org/online/>



## IS IT ABUSE IF...?


1. ...a couple is arguing and when one partner begins to freak out the other gives them a a light slap to calm them down?
2. ...a person walks their partner to school every morning, meets them for lunch every day, and picks them up at the end of each afternoon?
3. ...every time a same-sex couple argues, one of the partners threatens to “out” the other to their family?



## IS IT ABUSE IF...? cont'd


4. ...an 18 year-old has sex with a 14 year old?
5. ...a couple starts “play-fighting” and they wrestle around on the floor resulting in bruises on one of their arms?
6. ...one partner wants to have sex. Their partner says they’re not ready, but after talking about it, gives in and has sex anyway, even though they really don’t want to?
7. ...someone expects to be able to check their partners cell phone/texts anytime they wish?






**S.H.A.R.E.**  
Sexuality, Health and Responsibility Education

**Proposed High School Curriculum**  
**Lessons 5-6**




Washoe County School District  
Ensuring a bright future for every student




**Lesson Presentation**

- Lesson 5
- Lesson 6




Washoe County School District  
Ensuring a bright future for every student



**Next Steps for Proposed HS Curriculum**

- Districtwide Parent Preview
- Presentation to the Board of Trustees



Washoe County School District  
Ensuring a bright future for every student