



**WASHOE COUNTY SCHOOL DISTRICT  
SEXUALITY, HEALTH, AND RESPONSIBILITY EDUCATION (S.H.A.R.E.)  
ADVISORY COMMITTEE MEETING**

Monday, March 9, 2020 at 5:30 p.m.  
WCSD Administration Building  
425 East 9th Street, Board Room  
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 S.H.A.R.E. Advisory Committee meeting from January 29, 2020 (For Possible Action)
- 2.03 Presentation and Discussion of the Revisions Recommended by the Sexuality, Health, and Responsibility Education (S.H.A.R.E.) Advisory Committee on January 29, 2020 to the Proposed S.H.A.R.E. Eighth (8<sup>th</sup>) Grade Curriculum for Draft Lesson *Reproductive and Sexual Health*; and possible action to recommend adoption of the Proposed 8<sup>th</sup> Grade S.H.A.R.E Curriculum for Draft Lesson *Reproductive and Sexual Health*, to include Lesson Plans and Accompanying PowerPoint Presentation Materials, and the concepts proposed to include: Anatomy of the Male and Female Reproductive System, Functions of the Male and Female Reproductive System, Human Reproduction, Pregnancy, Abstinence, Sexual Health/Medical Visits, and Inclusion of Four Videos: Biological Male Anatomy (<https://youtu.be/G2ciOhidKpg>), Biological Female Anatomy (<https://youtu.be/j9QgcCK6FKM>), How Can I Reduce My Sexual Health Risk? (<https://youtu.be/24DR9GfYNcw>), Pregnancy and Reproduction Explained (<https://youtu.be/OejdOS4IqeE>), and Deletion of the Existing 8<sup>th</sup> Grade Curriculum related to *Reproductive and Sexual Health*, by the Board of

- Trustees or Recommend Further Edits to the Revisions to the S.H.A.R.E. Coordinator (For Possible Action)
- 2.04 Presentation and Discussion of the Revisions Recommended by the Sexuality, Health, and Responsibility Education (S.H.A.R.E.) Advisory Committee on January 29, 2020 to the Proposed S.H.A.R.E. Eighth (8th) Grade Curriculum for Draft Lesson *Abstinence, Contraceptives and Sexually Transmitted Infections (STIs)*; and possible action to recommend adoption of the Proposed 8th Grade S.H.A.R.E. Curriculum for Draft Lesson *Abstinence, Contraceptives and Sexually Transmitted Infections (STIs)*, and the concepts proposed to include: Abstinence, Birth Control Methods, Emergency Contraception, Sexually Transmitted Infections and HIV Transmission, Local Resources for STD Treatment and Testing, and the Inclusion of One Video: Sex Education for Middle School Video 3 - Sex, Contraception and STIs (<https://youtu.be/cml6eJNEyowz>), and Deletion of the Existing 8th Grade Curriculum related to *Abstinence, Contraceptives and Sexually Transmitted Infections (STIs)*, by the Board of Trustees or Recommend Further Edits to the Revisions to the S.H.A.R.E. Coordinator (For Possible Action)
- 2.05 Presentation and Discussion of the Revisions Recommended by the Sexuality, Health, and Responsibility Education (S.H.A.R.E.) Advisory Committee on February 10, 2020 to the Proposed S.H.A.R.E. Eighth (8th) Grade Curriculum for Draft Lesson *Consent Explained*, (as indicated on Attachment A to this agenda); and possible action to recommend adoption of the Proposed 8th Grade S.H.A.R.E. Curriculum for Draft Lesson *Consent Explained*, to include Lesson Plans and Accompanying PowerPoint Presentation Materials and a video, "Consent Explained" (<https://youtu.be/5vmsfhw-czA>), and Deletion of the Existing 8th Grade Curriculum related to *Consent*, by the Board of Trustees or Recommend Further Edits to the Revisions to the S.H.A.R.E. Coordinator (For Possible Action)
- 2.06 Presentation and Discussion of the Proposed Sexuality, Health, and Responsibility Education (S.H.A.R.E.) Eighth (8<sup>th</sup>) Curriculum, to include Lesson Plans and Accompanying PowerPoint Presentation Materials, for Draft Lesson *Healthy or Unhealthy Relationships*, and the concepts proposed to include: characteristics of healthy and unhealthy relationships, and the Inclusion of Two Videos: Healthy vs Unhealthy Relationships (<https://youtu.be/Gn7ZQ2x0cOE>) and The Signs (<https://vimeo.com/85676862>), 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)

### 3. CLOSING ITEMS

- 3.01 Announcement of Next Meeting: Monday, April 27, 2020, 5:30 p.m. at WCSD Central Administration Building, 425 East 9th Street, Board Room, Reno, Nevada 89512
- 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 three 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: The S.H.A.R.E. Advisory Committee 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 Rochelle Proctor, S.H.A.R.E. Administrator. Ms. Proctor can be contacted in writing by email at [RProctor@washoeschools.net](mailto:RProctor@washoeschools.net), at PO Box 30425, Reno, Nevada 89520-3425 or by telephone at 775-861-4476.

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

**Lesson Topic: Reproductive and Sexual Health****Objectives:**

- Identify the organs of the male and female reproductive systems.
- Describe the functions of the male and female reproductive systems.
- Describe how pregnancy occurs.
- Define abstinence
- Sexual Health-Doctor visits: reasons to go and what to expect

**Activities:**

Review reproductive anatomy and physiology

Biological Male Anatomy video (3:21): <https://youtu.be/G2ciOhidKpg>

Biological Female Anatomy video (2:01): <https://youtu.be/j9QgcCK6FKM>

How Can I Reduce My Sexual Health Risk? (7:16) Video <https://youtu.be/24DR9GfYNcw>

Pregnancy and Reproduction Explained (2:32): Video <https://youtu.be/OeidOS4lqeE>

When you should see the health care provider and what to expect

**Lesson Intro:**

- SHARE is important for everybody in the class.
- The goal is for every one of you to feel that these classes relate to you and your life.
- This curriculum and resulting class discussions are intended to be respectful and inclusive of many perspectives and allow all students to see themselves and understand their own health and sexuality.
- The purpose of SHARE is to assist you in making informed choices and avoid behaviors that put you at risk.
- All questions are welcome. If you don't feel comfortable asking in class, I've provided paper for anonymous questions or you may talk with me later.

Today we're going to review the organs of the biological female and biological male reproductive system, discuss their functions, how pregnancy occurs and when and why it's important to see the doc about reproductive health.

Why do you think it's important for you (students) to understand how the reproductive system works?

*Students can work either with a shoulder partner or individually to brainstorm some ideas.*

Have students share and list on the board.

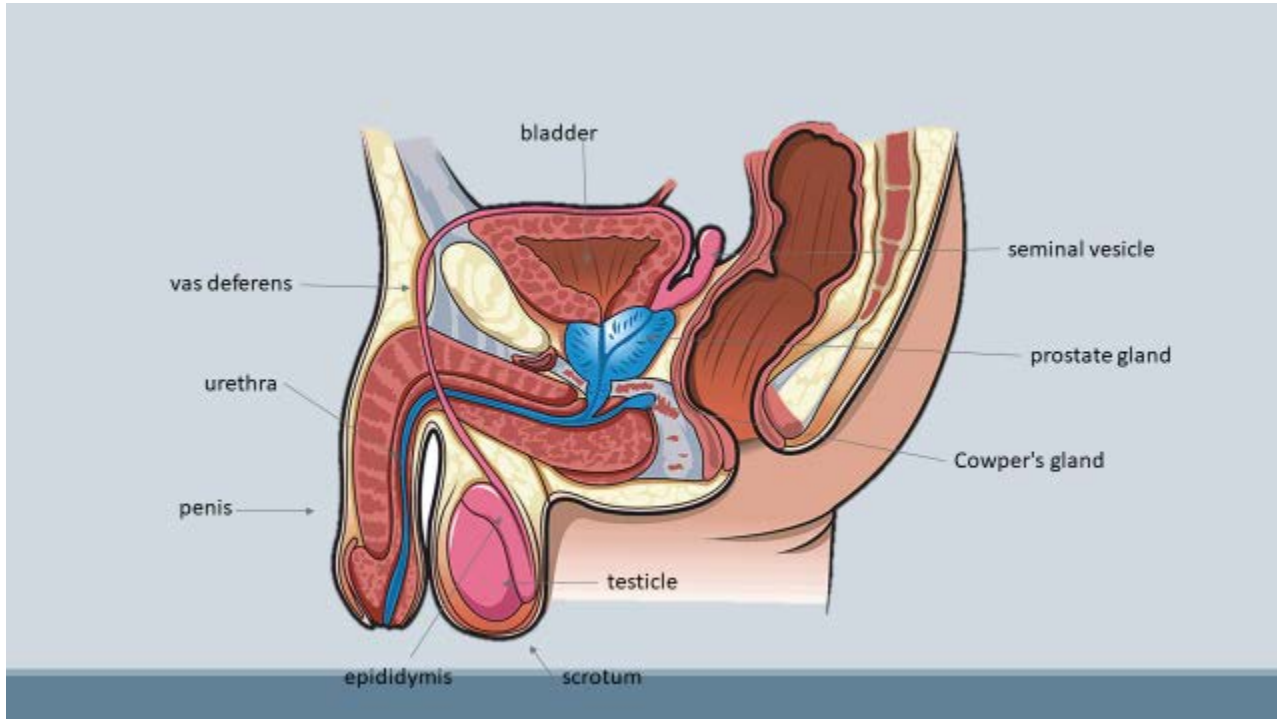
**Review the biological male reproductive system**

**Slide 2:** Biological Male Anatomy video link-play video



*Distribute the Male Reproductive Organs activity sheet.*

Students work independently for few minutes to fill in their responses. Have them turn to a partner and compare. Students make corrections as you go over the diagram.

**Slide 3: Male reproductive organs**

Review each organ and its functions, asking students to share what they know. Correct any misinformation, as needed, using the notes below to guide discussion.

The male reproductive system includes the penis, testicles, scrotum, epididymis, vas deferens, prostate gland, seminal vesicles, urethra and Cowper's glands.

**The Male Reproductive System****The penis**

- Is made up of a spongy tissue. Most of the time it's soft and limp.
- When a male becomes sexually excited, the tissue of the penis fills with blood and it becomes larger and firmer. This is called an erection.
  - It happens before sexual intercourse.
  - It can happen when a male has feelings of sexual attraction or thoughts about sex. It can happen when a male feels excited or nervous, or for no reason at all. It can also happen during sleep.

**The testicles**

- The 2 testicles are about the size and shape of small plums.
- They make the hormone testosterone and produce sperm, the male reproductive cells. Every day, a healthy male produces several hundred million sperm.
- The testicles make sperm best at a few degrees cooler than normal body temperature. This is why they hang outside the body in the scrotum.

### The scrotum

- Is a loose sac of skin that hangs behind the penis.
- It holds the testicles.
- If the testicles get cold, the scrotum hugs the body to warm them up to the best temperature for making sperm.
- If the testicles get too warm, the scrotum hangs low to cool them down.

### The epididymis

- Is a tightly coiled tube that curves over the top of each testicle.
- After sperm are made, they move into the epididymis for up to 6 weeks.
- There they mature and develop the ability to swim.

### The vas deferens

- Is the tube that leads out of the epididymis.
- There are 2 of them, one from each testicle.
- Each vas is about 17 inches long.
- Mature sperm move from the epididymis into the vas deferens, where they are stored until they leave the body.
- Unused sperm break down and get absorbed by the body.

### The prostate gland

- Is about the size and shape of a walnut.
- The prostate makes a thin, milky fluid that helps the sperm move.
- The prostate grows larger at puberty.

### The seminal vesicles

- Are pouches that connect to each vas deferens before it reaches the prostate gland.
- They make a sticky yellow liquid called seminal fluid that gives sperm energy and helps them move.
- Together, the fluid from the seminal vesicles and prostate gland make semen-the milky white liquid containing sperm that leaves the penis when a male ejaculates.
- Ejaculation is when the muscles of the reproductive organs contract and push the semen out of the male's body.

### The urethra

- Is a tube that starts at the bladder and runs through the penis to its end.
- It carries both urine and semen out of the body, but never at the same time.
- When a male is sexually excited, a valve closes off the bladder, so urine can't pass through the urethra.

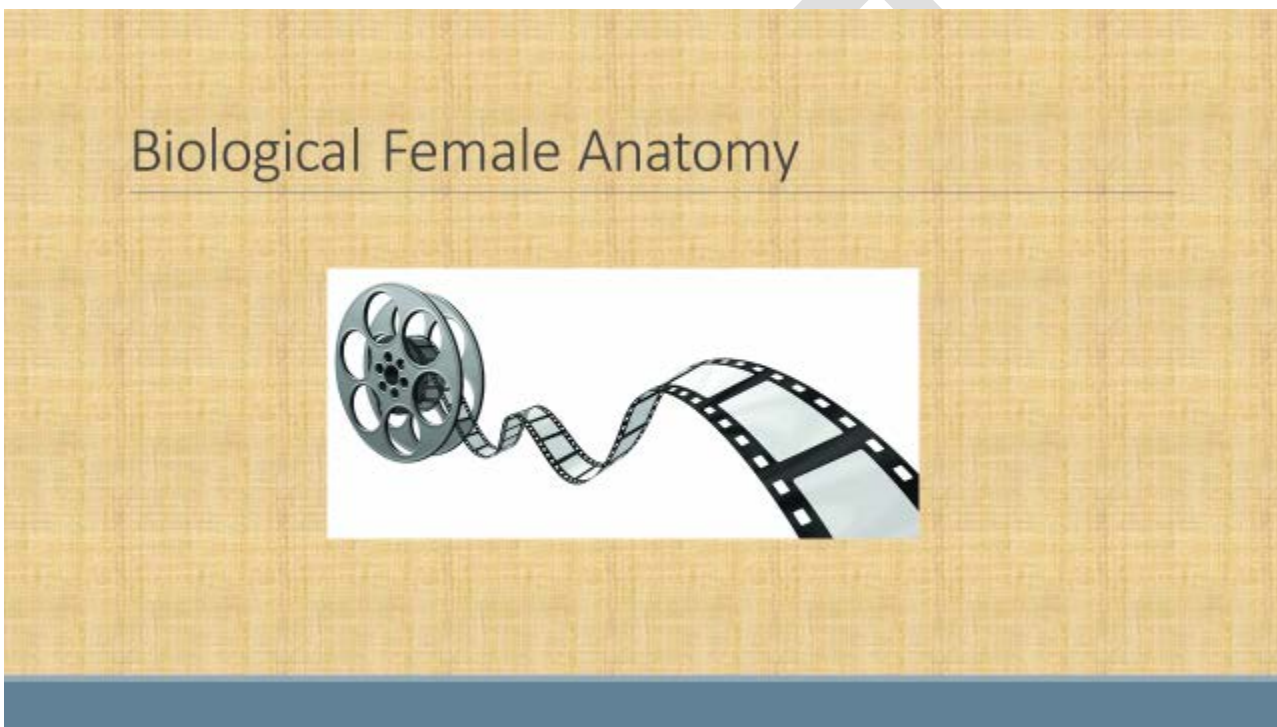


### The Cowper's Gland

- 2 small glands along the urethra.
- They make a clear fluid that passes through the urethra before a male ejaculates to flush out any traces of urine.
- This fluid is called pre-ejaculate.
  - Sometimes this fluid can contain sperm that have been left in the urethra from earlier ejaculations.

### The Biological Female Reproductive System

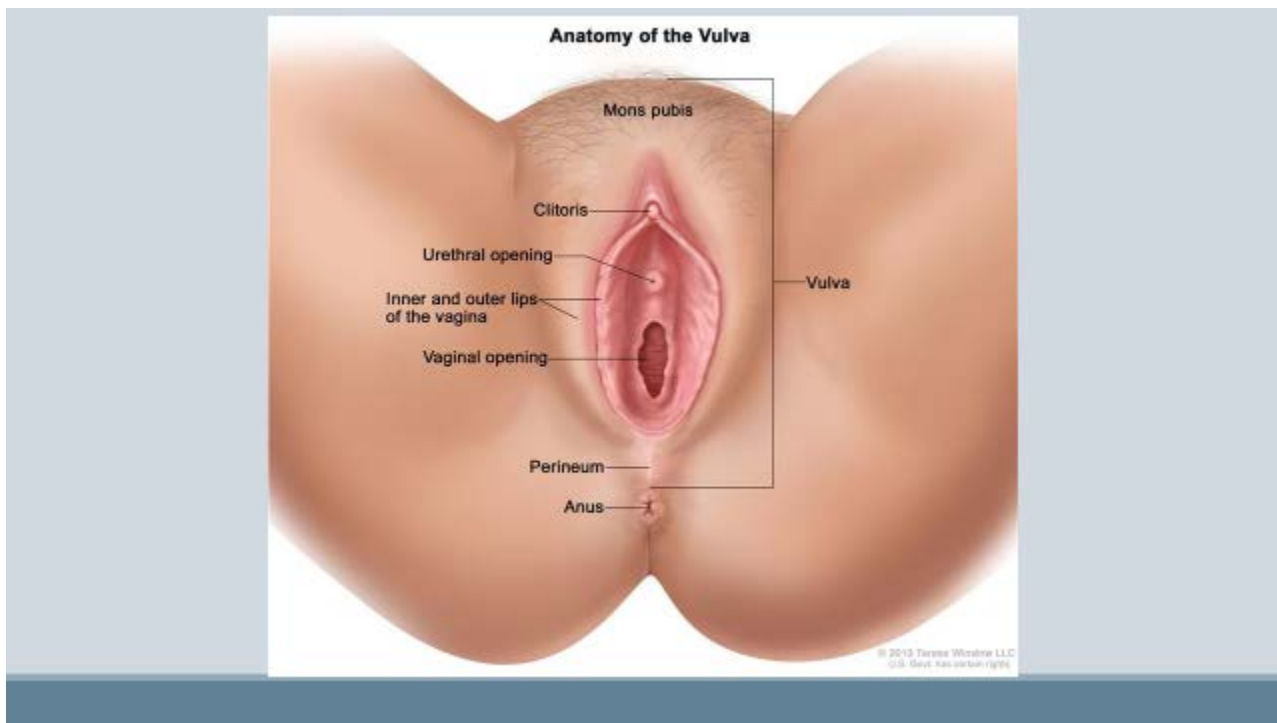
**Slide 4:** Biological Female Anatomy video link-play video



*Distribute the Female Reproductive Organs activity sheet.*

Students work independently for few minutes to fill in their responses. Have them turn to a partner and compare. Have students make corrections as you go over the diagram.



**Slide 5:** Female reproductive organs

The external female reproductive organs are the labia majora, labia minora, clitoris, urinary opening, and vaginal opening. Together with the mons pubis they are called the vulva.

**Mons pubis**

- Is the area where fat under the skin covers the pubic bone. Hair grows in this area during puberty.

**Labia majora (outer lips) and labia minora (inner lips)**

- Are folds of skin that surround and protect the clitoris, vaginal opening, and urinary opening.

**Clitoris**

- Is located at the top of your vulva, where the inner lips meet.
- Everyone's is a different size and can range in size from about the size of a pea to the size of a thumb.
- Made of spongy tissue and is full of sensitive nerve endings (more than any other part of the body).
- Its purpose is to provide sexual pleasure.
  - Clitoral hood- covers the tip of the clitoris which protects the clitoris throughout the day.

\*Important to note: when the fetus is forming in the womb, the penis and the clitoris are very similar in the way that they start

### Urethral opening

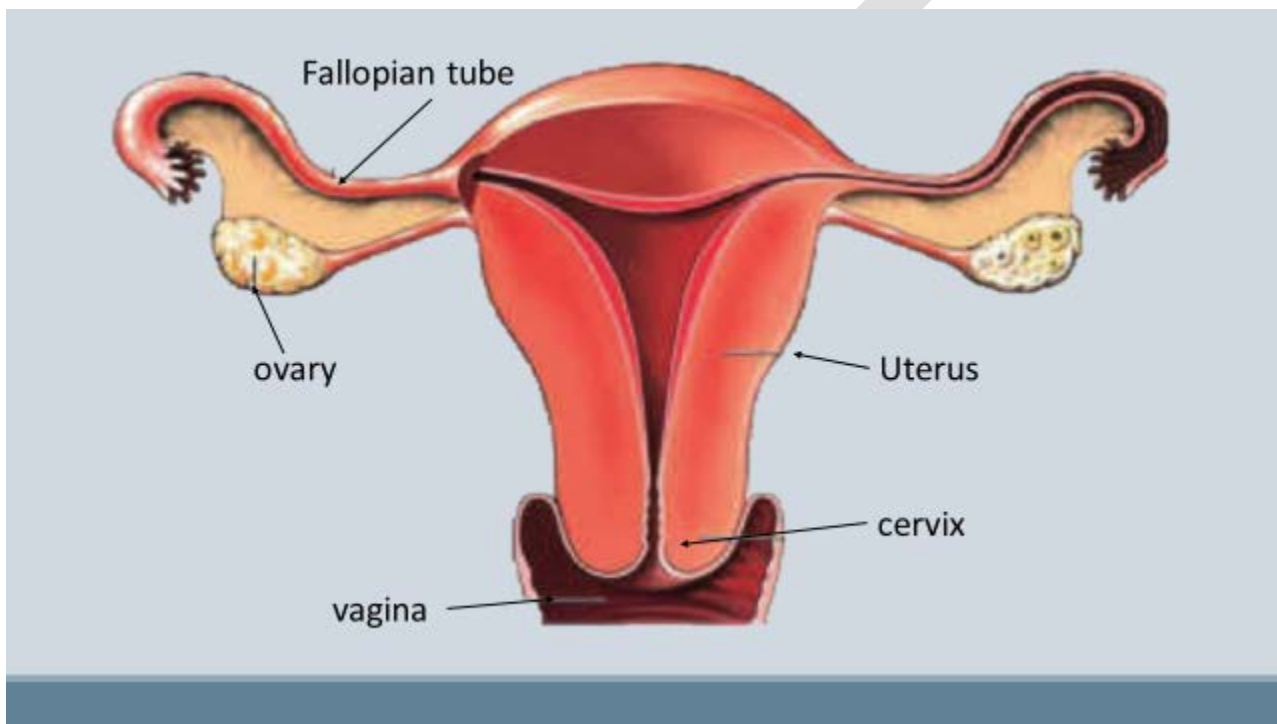
- Located below or behind the clitoris and this is where urine leaves the body.

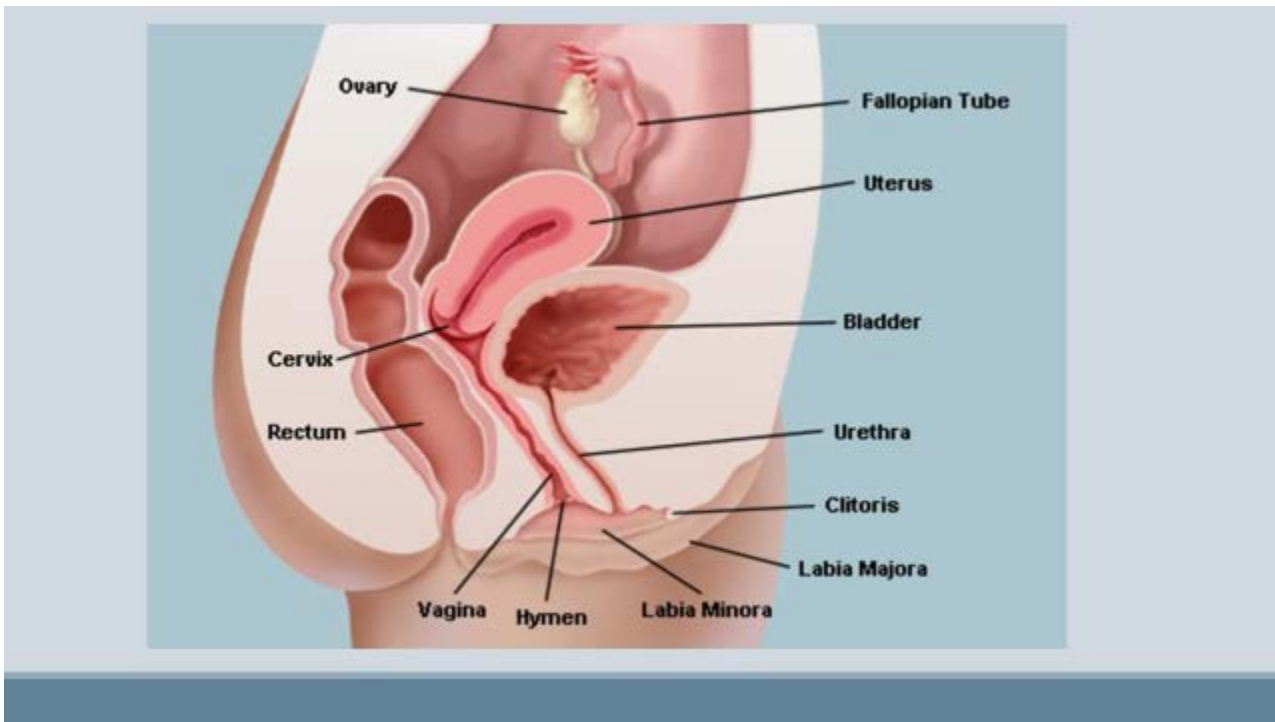
### Vaginal opening

- Below or behind the urinary opening and this is where menstrual fluid leaves the body
- Where a male's penis enters the female's body during vaginal sexual intercourse
- Where a baby comes out during childbirth.

### Biological Female Reproductive Organs-Internal

#### Slide 6: Internal female reproductive organs





The internal female reproductive organs include the vagina, uterus, ovaries, fallopian tubes and cervix.

The vagina

- Is a muscular tunnel about 4 inches long that goes from the vaginal opening to the opening of the uterus.
- It provides a way for menstrual fluid to leave the body, and receives a male's penis during vaginal intercourse.
- It is also the passage through which a baby is born, so it's sometimes called the birth canal.

The uterus (can also be referred to as the womb)

- Is a pear-shaped organ, about the size of a fist.
- It is one of the strongest muscles in the body because it has to be able to push a baby out during childbirth.
- It's where a fertilized egg grows and develops into a baby when a woman is pregnant.
- After a biological female reaches puberty, the uterus builds up a thick lining of blood and tissue approximately once a month, to support the growth of a fertilized egg. When the egg isn't fertilized this lining isn't needed, so it flows out of the body through the vagina. This is called menstruation or having a period.

The ovaries

- Are almond-shaped organs that make female hormones and hold the female's eggs.
- When a biological female is born, her ovaries contain more than 300,000 egg cells.
- After puberty, about once a month, an egg matures in one of the ovaries and is released into the fallopian tube.

### The fallopian tubes

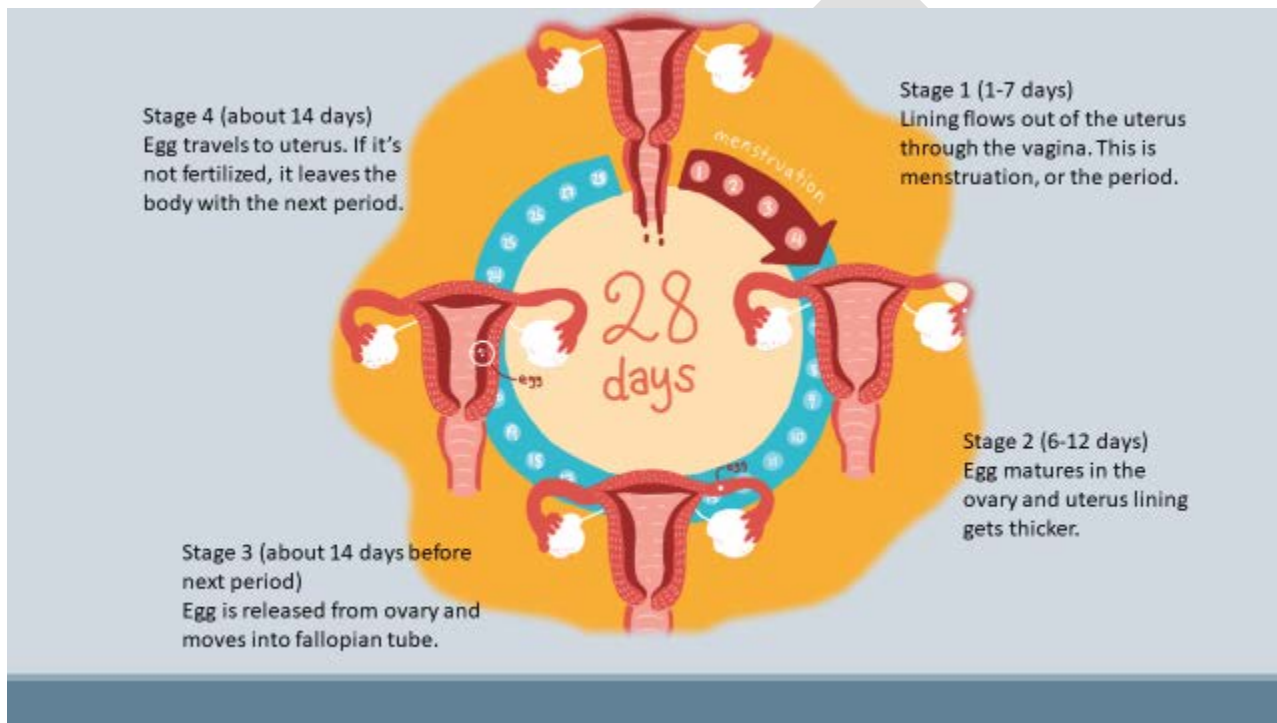
- Come out of each side of the uterus.
- An egg travels from an ovary through a fallopian tube to get to the uterus.
- Fertilization happens when a male sperm enters the female egg while it is in the fallopian tube.

### The cervix

- Is the narrow end of the uterus that opens into the vagina.
- During pregnancy, it stays tightly closed to help protect the developing fetus.

## Review of Menstrual Cycle

### Slide 7: menstrual cycle diagram



- One of the signs that a biological female has reached puberty is that she begins to menstruate, or have periods.
- The menstrual cycle is called a cycle because it happens over and over. It is one way the female body becomes physically ready to reproduce.
  - Important to note: For the first few years after a female starts her period, it may not come regularly. This is normal at first. By about 2-3 years after the first period, a biological females periods should be coming around once every 4-5 weeks.
  - Its also possible to become pregnant before a females first period.
- Emotional Changes
  - Premenstrual syndrome (PMS) is when a female has mood and body changes before or during their period. It usually at its worst during the 4 days before a period. PMS usually goes away 2-3 days after the period begins. But remember every body is different and the signs, symptoms and duration of PMS will vary between individuals.

- Signs and symptoms of PMS
  - Sadness
  - Mood swings
  - Crankiness
  - Anxiety
  - Tiredness
  - Food cravings
  - Pimples
  - Bloating
  - Backaches
  - Sore breasts
  - Headaches
  - Constipation
  - Diarrhea
- Period Cramps: are pain in the lower belly during a female's period. maley females have cramps during the first few days of their periods. Period cramps are caused by prostaglandin, a chemical in the body atthat makes the muscle in the uterus contract.
  - What can help alleviate period cramps
    - A warm heating pad on your belly
    - Taking ibuprofen (Advil, Motril or store brand) or naproxen (Aleve or store brand); this works best if the medicine is started at the first sign of cramps.

(TeensHealth.org)

Ask student volunteers to explain how the menstrual cycle works. Use the slides of the reproductive organs and the notes below, if needed, to reinforce and illustrate the following information.

- When a biological female's body is going through puberty, about once a month, an egg begins to mature in one of her ovaries.
- While this is happening, the uterus begins building up a lining of blood and tissue that could support a fertilized egg. The time this takes can vary from female to female.
- When the egg is mature, it is released from the ovary into the fallopian tube.
  - This is called ovulation.
  - Ovulation happens about 14 days before a females next period.
- The egg then travels down the fallopian tube to the uterus.
  - When the egg is in the fallopian tube, it can be fertilized by a male's sperm.
  - If the egg has been fertilized, it attaches to the lining of the uterus and begins to grow. This is the start of a pregnancy.
  - If the egg hasn't been fertilized, the uterus will begin to shed its lining. The blood and tissue leave the uterus and flow out the vagina, and the wo male has her period.

# Intersex

- “Intersex” is an umbrella term for people who are born with some combination of sex characteristics such as chromosomes, genitals, internal reproductive organs, or hormone levels that do not fit within the typical binary notion of male or female sex.



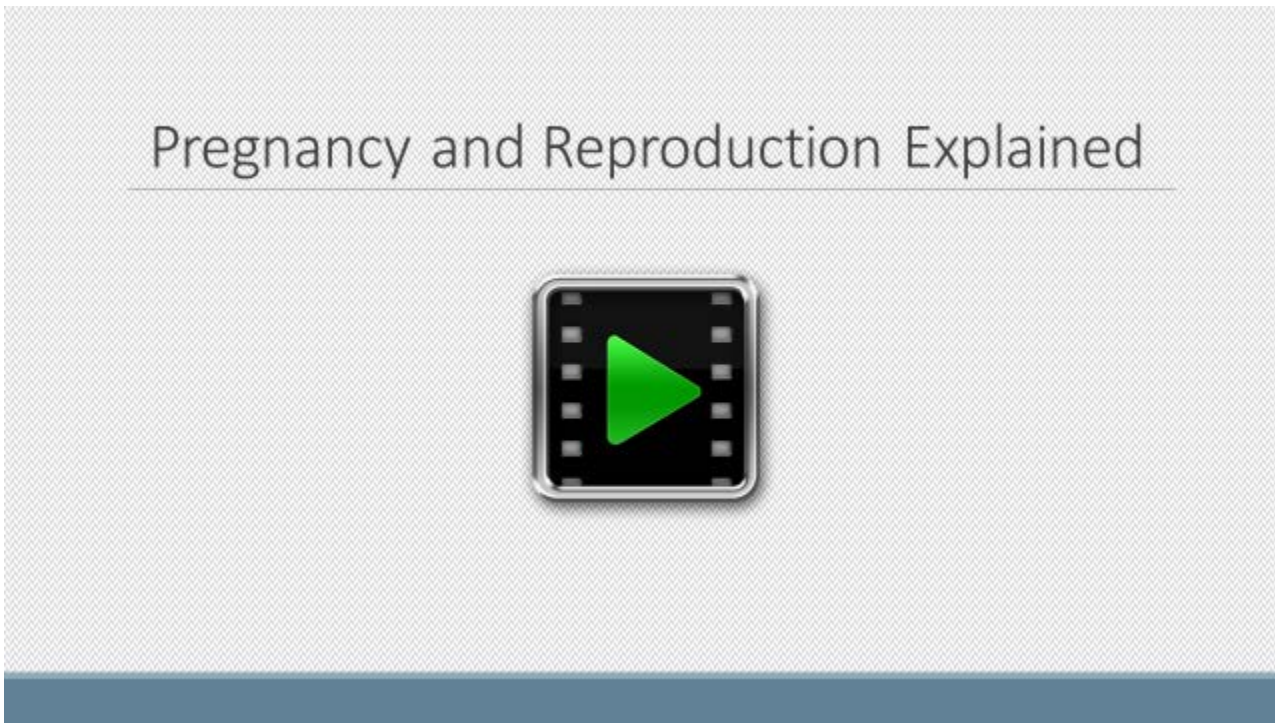
• <https://interactadvocates.org/>

- Intersex people are not that rare! Nearly 2% of the population is born intersex -- that's about as common as people born with red hair or green eyes!
- Intersex traits aren't always “visible” -- you can't tell that someone is intersex just by looking at them.
- Intersex is a variation of physical sex traits, not a gender identity or a sexual orientation. Intersex people exist across all orientation and gender categories!
- Being intersex is different than being transgender: transgender refers to someone whose gender is different from their birth assignment, while intersex refers to someone born with sex characteristics that are outside of binary male or female sex.



## Review of How Pregnancy Occurs

### Slide 8: Pregnancy and Reproduction Explained Video



- Once people reach puberty, anywhere from age 9 to 16, they're physically able to reproduce. Biological females can get pregnant, and biological males can fertilize an egg. However, usually young people are not prepared to raise and support a child until many years after puberty. When you know how pregnancy happens, you're better able to protect your reproductive health.
- About halfway through the menstrual cycle, one mature egg leaves the ovary — called ovulation — and travels through the fallopian tube towards your uterus.
- The egg hangs out for about 12-24 hours, slowly moving through the fallopian tube, to see if any sperm are around.
- If semen gets in the vagina, the sperm cells can swim up through the cervix and uterus and into the fallopian tubes, looking for an egg. They have up to 6 days to find an egg before they die.
- When a sperm cell joins with an egg, it's called fertilization. Fertilization doesn't happen right away. Since sperm can hang out in your uterus and fallopian tube for up to 6 days after sex, there's up to 6 days between sex and fertilization.
- If a sperm cell does join up with your egg, the fertilized egg moves down the fallopian tube toward the uterus. It begins to divide into more and more cells, forming a ball as it grows. The ball of cells (called a blastocyst) gets to the uterus about 3–4 days after fertilization.
- Implantation usually starts about 6 days after fertilization, and takes about 3-4 days to complete. The embryo develops from cells on the inside of the ball. The placenta develops from the cells on the outside of the ball.

- When a fertilized egg implants in the uterus, it releases pregnancy hormones that prevent the lining of the uterus from shedding — that's why people don't get periods when they're pregnant. If the egg doesn't meet up with sperm, or a fertilized egg doesn't implant in the uterus, the thick lining of the uterus isn't needed and it leaves the body resulting in a period.

Remind students that being abstinent is the only 100% effective way to prevent sexually transmitted HIV, other sexually transmitted diseases or infections and pregnancy.

**Slide 9:** WCSD def. of abstinence

## WCSD Definition of Abstinence

- ***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 sexually transmitted HIV, other sexually transmitted diseases or infections and pregnancy.
  - SEX – when a person's genitals touch another person's genitals, mouth or anus.

## Early Pregnancy Symptoms

**Slide 10:** early pregnancy symptoms



Many people notice symptoms early in their pregnancy, but others may not have any symptoms at all.

Common signs and symptoms of pregnancy can include:

- Missed period
- Swollen or tender breasts
- Nausea and/or vomiting
- Feeling tired
- Bloating
- Constipation
- Peeing more often than usual

**Slide 11:** How can I reduce my sexual Health Risk? Video

## How Can I Reduce my Sexual Health Risk?

**Slide 12:** Talk to a trusted adult

## Talk to a trusted adult

- Even if you're worried that talking to a trusted adult about your body and sexual health being awkward, it's a good idea to ask for their help (as long as you feel safe).
- They were your age once, and they know what it's like to be a teenager.
- They might even be proud of you for being responsible about your health

**Trusted Adults may be:** parent, guardian, relative, faith leader, school counselor, teacher, healthcare provider

**Slide 13:** Going to see a medical care provider

## Who are Healthcare Providers...

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- Medical Doctor (MD)
- Physicians Assistant (PA)
- Nurse Practitioner (NP)
- Midwife

## Why It's Important to See a Health Care Provider

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- It's an important part of making sure you stay healthy.
- They will be able to answer any questions you have about puberty, your body, and sex.
- And its important to talk to them when you are thinking about having sex.

Title X funding gives organizations the protection of providing services (such as reproductive health care and contraceptives) confidentially, and free, to any young person, regardless of age, without running their insurance or requiring parental consent. The law does impact this in that providers have to report if a 12 or 13 year old says they are having sex. Not if they are requesting contraception, but only if the minor states they are having sex.

**Slide 14:** Things to talk to your health care provider about

## Things to talk about with your healthcare provider

\*These are confidential conversations\*

- have had vaginal sex, oral sex, or anal sex
- have had unprotected sex (sex without a [condom](#) or dental dam)
- think you might have an [STD](#)
- feel any pain, itching, or discomfort in your genitals (penis, testicles, vagina, vulva, or anus)
- have really bad cramps, PMS, or other problems with your periods
- notice any lumps in your testicles
- Feel a lump in your breast or vulva
- think you might be pregnant
- don't feel safe in a relationship or at home

**Slide 15:** Things to remember during your visit

## Things to remember...

- Healthcare providers ask lots of questions so they can figure out if it's a good idea to give you certain tests, help you use birth control, or talk with you about your relationships.
- There's no need to be embarrassed about answering those questions
  - — there are no wrong answers!



**Slide 16:** Things to keep in mind

## Keep in mind:

**Your body? You're the boss.** If you don't want a particular exam or test, or you want them to stop something they've already started, it's OK to say stop.

**Ask why.** You're allowed to ask your healthcare provider why they want to do an exam, test, or procedure they say you need. You have a right to know, and to feel safe about what they're doing. This idea is called "informed consent." Plus, healthcare providers are usually happy to educate you about your body.

**You can change doctors.** Didn't feel safe with the healthcare provider you visited? Find out if there's someone else in your area you can go to for your health care. It's good to find someone you can trust — and it's OK if it takes a few tries.

*If anything happens during your appointment that doesn't feel right or makes you feel unsafe, let an adult you trust know about it.*

- **Your body? You're the boss.** If you don't want a particular exam or test, or you want them to stop something they've already started, it's OK to say stop.
- **It's important to be aware of your biology**
- **Ask why.** You're allowed to ask your health care provider why they want to do whatever exam, test, or procedure they say you need. You have a right to know, and to feel safe about what they're doing. This idea is called "informed consent." Plus, health care professionals are usually happy to educate you about your body.
- **You can change doctors.** Didn't feel safe with the health care provider you visited? Find out if there's someone else in your area you can go to for your health care. It's good to find someone you can trust — and it's OK if it takes a few tries.

If anything happens during your appointment that doesn't feel right or makes you feel unsafe, let an adult you trust know about it.

**Slide 17:** local resources ( Keep the slide up and suggest students take photos for reference)

## Local Resources

take a photo for future use

**Washoe County Health District:** Teen Health Mall/Clinic 775-328-2470

**Northern Nevada HOPES:** 775-786-4673

**Planned Parenthood:** 775-688-5555

**Crisis Call Center:** text “listen” to 839863

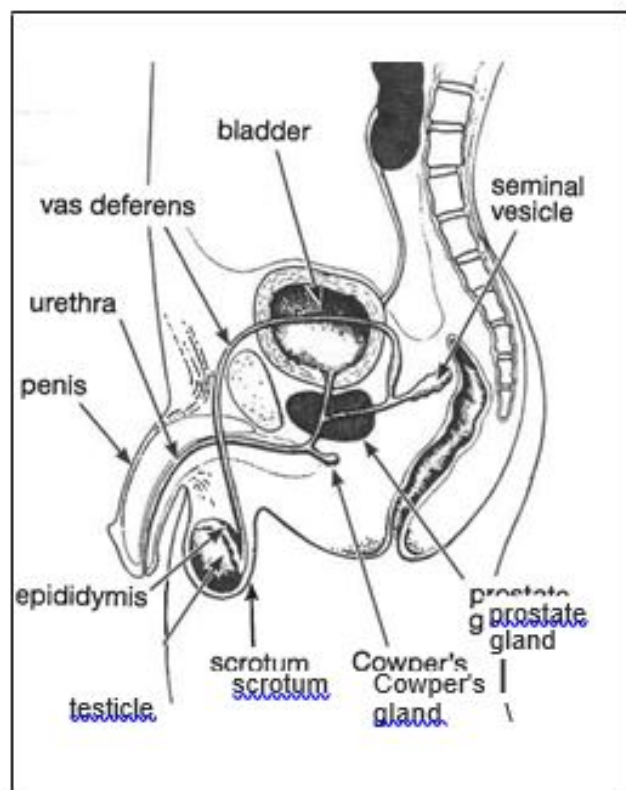
**Suicide Prevention Lifeline:** 1-800-273-8255

**LGBTQ+ Friendly Services:**

<https://www.nnhopes.org/patients/services/lgbtq/>

# Male Reproductive Organs

**Directions:** Write the name of the organ above its definition.



Egg-shaped organs that make testosterone and sperm.

A tightly coiled tube where sperm mature.

This pouch makes a fluid that gives sperm energy and helps them move.

This organ is made up of spongy tissue. When a man becomes sexually excited, the tissue fills with blood and becomes erect.

This loose sac of skin holds the testicles and keeps them at the right temperature for making sperm.

The tube that carries mature sperm away from the testicles and holds them until they leave the body.

This gland makes a clear fluid that cleans the urethra before sperm pass through it.

This walnut-sized gland makes fluid that mixes with the sperm to form semen.

The tube that carries sperm and urine out of the body.

## Self-Check

Did I write the name of each organ by its correct definition.

# Female Reproductive Organs

**Directions:** Write the name of the organ above its definition.

## External



The name for all of the external female reproductive organs.

The fatty tissue covering the pubic bone, above the vulva.

Inner folds of skin that cover and protect the vaginal and urinary openings.

Outer folds of skin that surround and protect the other external organs.

A pea-shaped organ full of nerve endings. Its purpose is to provide sexual pleasure.

Urine leaves the body through this opening.

A muscular tunnel that connects the external and internal reproductive organs.

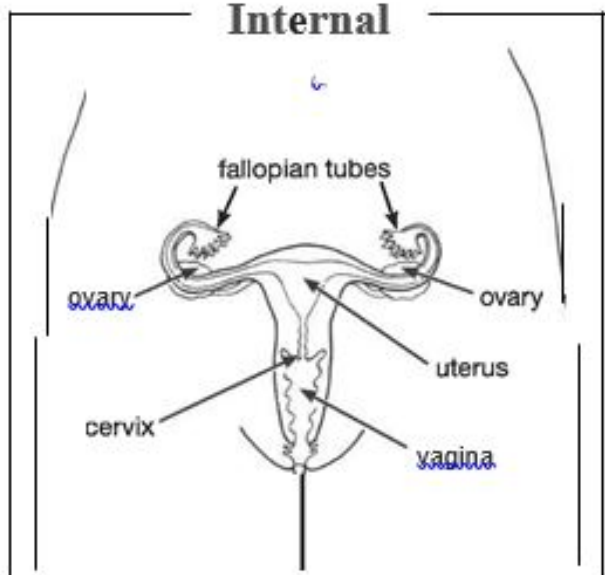
A pear-shaped organ, about the size of a fist. It's where a fertilized egg grows and develops while a woman is pregnant.

Almond-sized organs that make female hormones and hold eggs.

Tubes that carry eggs from the ovaries to the uterus.

The end of the uterus that connects it to the vagina.

## Internal



## Self-Check

☐ I wrote the name of each organ by its correct definition.

**Lesson Topic: Abstinence, Contraceptives and STIs****Objectives:**

- State that abstinence is the only 100% effective way to prevent pregnancy and STIs.
- Describe the impact of correct and consistent use of a birth control method on how effective it is at preventing pregnancy.
- Correctly recall that there is generally a gap between when a person may start to have vaginal sex and when they may wish to get pregnant, which makes using effective birth control important.
- State correctly what emergency contraception is.
- Describe at least two ways in which STIs, including HIV, can be transmitted.
- Name at least one step they plan to take personally to reduce or eliminate their chances of contracting an STI.
- Name at least one health center in the area to which they can go for STI testing and treatment that is affordable and confidential.

**Activities:**

Video: Sex Education for Middle School Video 3 - Sex, Contraception and STIs (stop at 18:27)

<https://youtu.be/cml6eJNEyow>

Types of Birth Control

True or False

STIs

Local Resources

Exit ticket

**WCSD Definition of Abstinence**

- ◇ **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 sexually transmitted HIV, other sexually transmitted diseases or infections and pregnancy.
- ◇ SEX – when a person's genitals touch another person's genitals, mouth or anus.



**Lesson Intro:**

- SHARE is important for everyone in the class.
- The goal is for every one of you to feel that these classes relate to you and your life.
- This curriculum and resulting class discussions are intended to be respectful and inclusive of many perspectives and allow all students to see themselves and understand their own health and sexuality.
- The purpose of SHARE is to assist you in making informed choices and avoid behaviors that put you at risk.
- All questions are welcome. If you don't feel comfortable asking in class, I've provided paper for anonymous questions or you may talk with me later.

**Lesson Topics:** abstinence, contraceptives and STIs.

# ABSTINENCE, CONTRACEPTIVES AND STIS

SEXUALITY, HEALTH AND RESPONSIBILITY EDUCATION- 8<sup>TH</sup> GRADE



Slide 2: Video: Sex Education for Middle School Video 3 - Sex, Contraception and STIs (stop at 18:27)

<https://youtu.be/cml6eJNEyow>



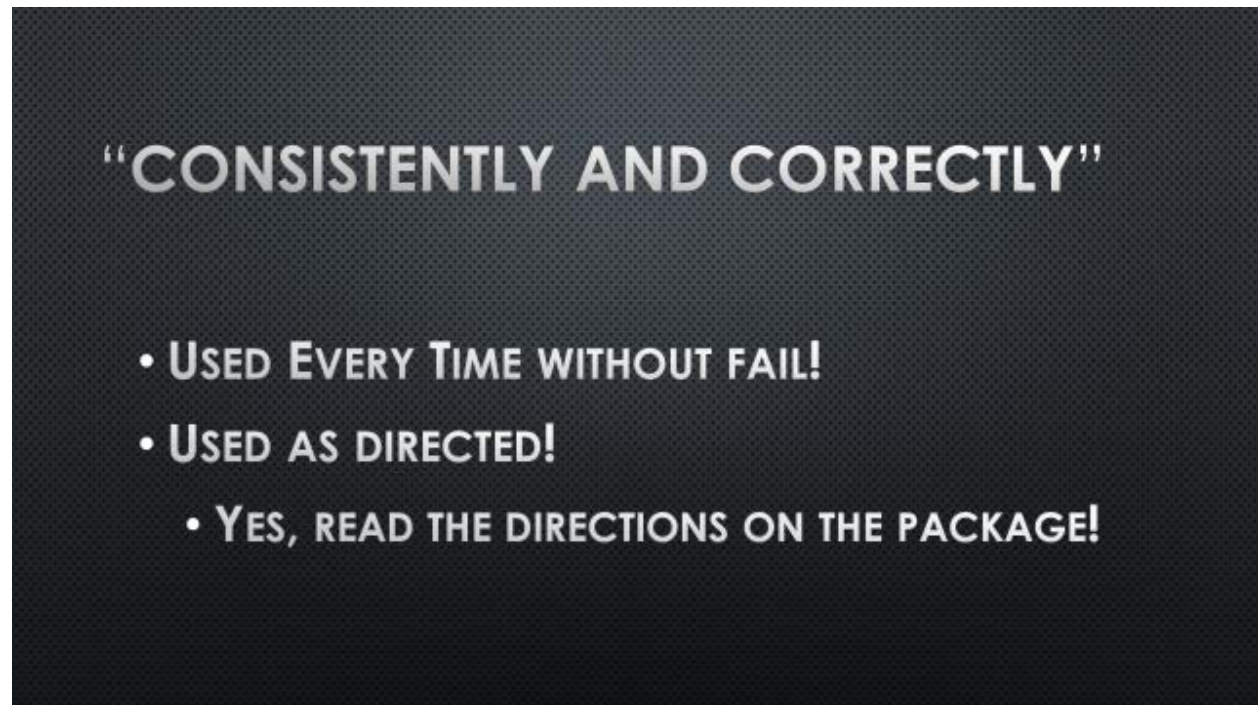
### Types of Birth Control/contraception

Slide 3



- Introduce the topic by explaining that birth control, sometimes referred to as contraception, is a way to prevent a pregnancy if a different sex people have vaginal sex. There are many different kinds of birth control that work by preventing the sperm and egg from joining in a variety of ways, if they are used consistently and correctly.
  - This means the method is used every time the way it was intended.

Slide 4:



Slide 5:



- Explain, There are many methods of birth control available to people who want to wait to have children until later in life or who may never want to have children.
- There are three categories of contraception
  - **Protects Right Now**
  - **Protects for a Month** (short acting methods)
  - **Protects for a Few Years** (long acting methods)

Say, "All of these methods work a little differently but some protect right now, some protect for a short time, like one month, and some protect for a long-time, sometimes even a few years."

Review the following 7 methods of birth control one at a time.

Abstinence:

Slide 6: WCCSD definition of abstinence- the only 100% effective way to prevent sexually transmitted HIV, other sexually transmitted diseases or infections and pregnancy.

## WCSD DEFINITION OF **ABSTINENCE**

- *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 sexually transmitted HIV, other sexually transmitted diseases or infections and pregnancy.*
  - Sex – when a person's genitals touch another person's genitals, mouth or anus.

- Abstaining from vaginal sex is the only 100% effective way to prevent pregnancy when done consistently and correctly. In fact, it is the method used by most 8th graders. Ask students what you mean by “when done consistently and correctly.” Affirm or correct their statements until you feel satisfied that they understand that abstinence only works when people use it every time. This means a penis not going inside another person's vagina. Tell them that most people are not abstinent forever but choosing to delay having sex until you are a bit older can be a very healthy choice.

### External Condoms:

- External condoms (sometimes called male condoms) are worn on a penis. Anyone can buy them at the store (including 8th graders) and they are very effective at preventing pregnancy when used consistently (meaning every time a couple has vaginal sex) and correctly. They also have the added bonus of protecting against most sexually transmitted diseases or STDs.



## Slide 7: Important Do's and Don'ts about condom use



*Note to the Teacher: You will notice that we use the phrases “external and internal” condom. Explain that, while students may be familiar with the terms “male or female” condom, you are using these terms to reflect how the methods are used, rather than to assign a gender to them.*

## Internal Condoms:

- Internal condoms (sometimes referred to as female condoms) protect from unplanned pregnancy and STIs when worn consistently and correctly.
- They can be put in ahead of time (unlike the male condom)
  - Internal and external condoms cannot be used together.

## The pill, patch and ring:

- The birth control pill, the patch and the ring all contain hormones that are very effective at preventing pregnancy. The patch and the ring work for a month at a time and then have to be replaced. The patch you replace once a week and the ring you replace once a month. The pill needs to be taken once a day, at the same time every day. A pack of pills lasts one month and then you need to start the next pack. These are called short-acting methods that you can get from a clinic.

## IUDs, the shot and implant

- Most IUDs, the shot and the implant contain hormones that are very effective at preventing pregnancy for anywhere between a few months (3 months for the shot) and many years (up to 10 for some IUDs). These are called long-acting methods that you can get from a clinic too.

## Withdrawal:

- Withdrawal, often called pulling out, is when a penis is removed from a vagina before sperm are ejaculated to prevent pregnancy and while it is not as effective as some other methods, it is definitely better than not using anything. It is not, however, the same thing as abstinence.

#### Emergency Contraception:

- Emergency contraception, often called Plan B, is medicine that is taken after unprotected vaginal sex to prevent pregnancy and the sooner it is taken after vaginal sex, the more effective it is.

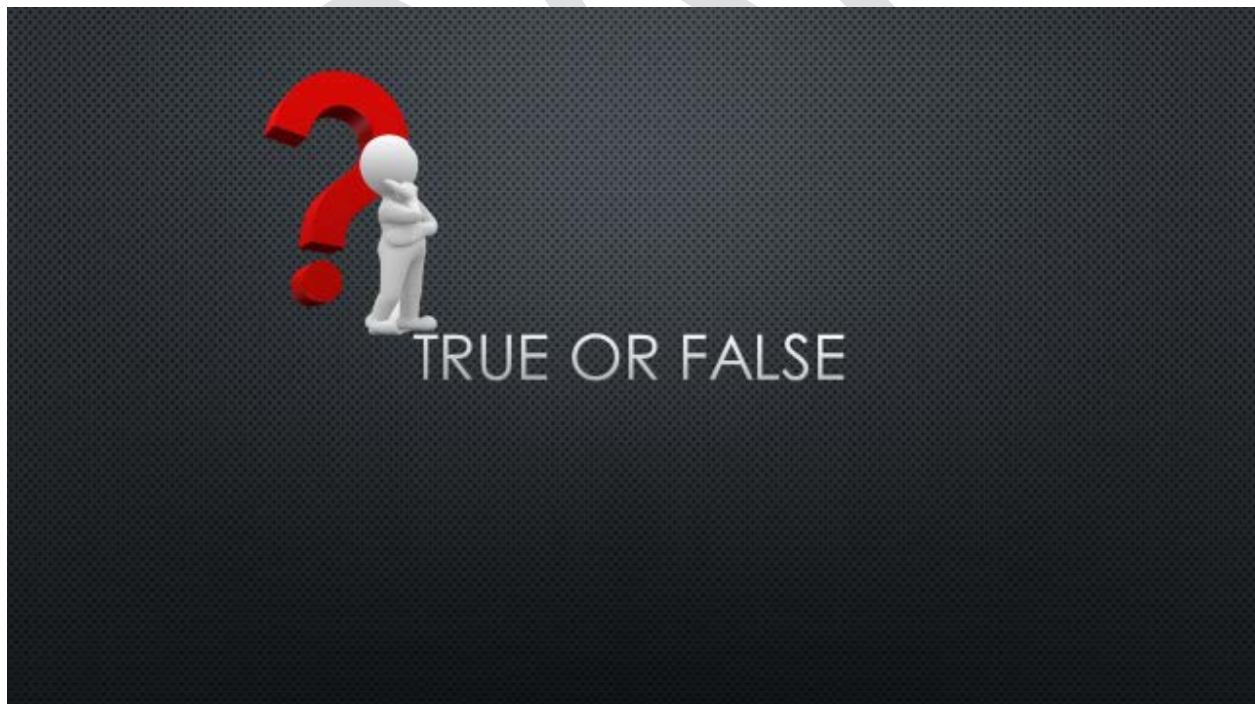
#### Dual Use:

- Dual use is when people who have vaginal sex want to get the most effective protection possible by using a condom in addition to another method (a condom and the pill, a condom and the IUD). This doubles their protection and helps protect them against both unintended pregnancy and sexually transmitted diseases. But this does not apply to using two condoms at the same time, which should not be done, as that can cause the latex to break.

Let's see what we know...

Slides 8-16: True or False Activity

Walk students through slides.





## ABSTINENCE

- ABSTINENCE, IF USED CONSISTENTLY AND CORRECTLY, IS 100% EFFECTIVE AT PREVENTING PREGNANCY.
  - TRUE!
- ABSTAINING FROM VAGINAL, ORAL, AND ANAL SEX CAN ALSO PROTECT AGAINST STIs.
  - TRUE!

## EXTERNAL CONDOMS

- CONDOMS, IF USED **CONSISTENTLY AND CORRECTLY**, ARE 98% EFFECTIVE AT PREVENTING PREGNANCY
  - TRUE!
- YOU MUST BE 16 YEARS OLD TO PURCHASE CONDOMS
  - FALSE!

CONDOMS CAN BE LEGALLY BOUGHT FROM ANY STORE AT ANY AGE. WHILE THEY MAY BE PLACED BEHIND A COUNTER, ANYONE AT ANY AGE IS LEGALLY ALLOWED TO BUY CONDOMS.

## INTERNAL CONDOMS

- INTERNAL CONDOMS PROTECT FROM UNPLANNED PREGNANCY AND STIs WHEN WORN CONSISTENTLY AND CORRECTLY.
  - TRUE!
- INTERNAL AND EXTERNAL CONDOMS CAN BE USED TOGETHER.
  - FALSE!- THEY CAN NOT BE USED TOGETHER
- THEY CAN BE PUT IN AHEAD OF TIME (UNLIKE THE EXTERNAL CONDOM)
  - TRUE!

## PILLS/PATCH/RING

- The pill, patch and ring can help reduce menstrual cramps and make menstrual periods shorter.
  - TRUE!
- The pill, patch and ring, if used consistently and correctly, are each 99% effective at preventing pregnancy.
  - TRUE!
- The pill, patch and ring, if used consistently and correctly, are also really effective at preventing STIs
  - FALSE-
    - the pill, patch and ring only provide protection from pregnancy but do not provide any protection against STIs So using a condom along with one of these methods will help increase the protection against pregnancy and protect against STIs.)



## WITHDRAWAL

- WITHDRAWAL OR PULLING OUT, PREVENTS MOST STIs.
  - FALSE– SINCE WITHDRAWAL DOES NOT PREVENT SKIN-TO-SKIN TOUCHING OR FLUID EXCHANGE, IF ONE PERSON IS INFECTED WITH AN STI IT CAN STILL BE PASSED TO THEIR PARTNER EVEN IF THEY USED WITHDRAWAL PERFECTLY.)
- WITHDRAWAL IS MORE EFFECTIVE AT PREVENTING PREGNANCY THAN DOING NOTHING IF SOMEONE HAS UNPROTECTED SEX.
  - TRUE!
- PRE-EJACULATORY FLUID (OR "PRE-CUM"), WHICH COMES OUT OF A PENIS WHEN IT IS ERECT, MAY CONTAIN SOME SPERM. WITHDRAWAL CANNOT PREVENT THIS "PRE-CUM" FROM GETTING INSIDE A VAGINA.
  - TRUE!

## DUAL USE

- DUAL USE GENERALLY MEANS USING A CONDOM IN ADDITION TO ANOTHER METHOD OF BIRTH CONTROL FOR STI AND PREGNANCY PREVENTION.
  - TRUE!
- A PERSON WOULD NEED TO GET A HEALTH CARE PROVIDERS PERMISSION BEFORE THEY USED DUAL USE WITH THEIR PARTNER.
  - FALSE
    - DUAL USE IS SOMETHING TWO PEOPLE CAN DECIDE ON THEIR OWN IF THEY WANT TO INCREASE THEIR PROTECTION.

## EMERGENCY CONTRACEPTION

- **ANYONE** OF ANY AGE CAN BUY EMERGENCY CONTRACEPTION FROM A DRUGSTORE LIKE TARGET, CVS, RITE AID OR WALGREENS.
  - TRUE!
- THE SOONER AFTER UNPROTECTED VAGINAL SEX A PERSON TAKES EMERGENCY CONTRACEPTION, THE MORE EFFECTIVE IT IS. IT MUST BE TAKEN WITHIN FIVE DAYS AFTER UNPROTECTED SEX.
  - TRUE! -WITHIN 24 HOURS OF UNPROTECTED SEX IS THE MOST EFFECTIVE
- EMERGENCY CONTRACEPTION WORKS BY FORMING A BARRIER IN THE FALLOPIAN TUBE WHICH PREVENTS SPERM FROM PASSING THROUGH.
  - FALSE!-
    - EMERGENCY CONTRACEPTION WORKS MOSTLY BY TELLING THE OVARIES TO NOT LET ANY EGGS OUT AND SOMETIMES BY PREVENTING THE EGG FROM BEING FERTILIZED.)

## NEED TO KNOW... EMERGENCY CONTRACEPTION

- EMERGENCY CONTRACEPTIVE PILLS- MOST EFFECTIVE TAKEN ASAP
  - **WITHIN 24 HOURS AFTER UNPROTECTED SEX – 95% EFFECTIVE**
  - 48 HOURS AFTER UNPROTECTED SEX – 85% EFFECTIVE
  - 72 HOURS AFTER UNPROTECTED SEX – 58% EFFECTIVE
- COPPER IUD- CAN BE INSERTED (BY A HEALTH CARE PROVIDER) WITHIN 5 DAYS OF UNPROTECTED SEX.

Slide 17:

## SEXUALLY TRANSMITTED INFECTIONS-STIS

We've reviewed some contraceptive methods and as we've learned some are effective in preventing STIS.

- We're going to look at little closer at two ways in which STIs, including HIV, can be transmitted.
- Name at least one step they plan to take personally to reduce or eliminate their chances of contracting at STI.
- Name at least one health center in the area to which they can go for STI testing and treatment that is affordable and confidential.



Slide 18:

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

- THE TERMS ARE USED INTERCHANGEABLY
- MOST WOULD SAY AN STD DESCRIBES A CONDITION WITH VISIBLE SIGNS AND DESCRIBABLE SYMPTOMS- AN ITCH, DRIP, BUMP, FATIGUE,
- STI COVERS A BROADER SPECTRUM OF CONDITIONS BOTH WITH OR WITHOUT SYMPTOMS.

- STI-Sexually Transmitted Disease
- STD-Sexually Transmitted Disease
- Often times the acronyms, STI and STD are used interchangeably.

Ask the students to remind you what an STI is. Probe for diseases that can be passed from one person to another through sexual contact. Remind students that to get an STI one person has to have one, STIs are not created spontaneously by doing something sexual with another person.

Explain that we will be using STI throughout this lesson



Slide 19:

## WHAT ARE SEXUALLY TRANSMITTED INFECTIONS (STI)?

- STIs ARE INFECTIONS 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 STIs DO NOT SHOW SYMPTOMS FOR A LONG TIME. EVEN WITHOUT SYMPTOMS, THEY CAN STILL BE HARMFUL AND PASSED ON DURING SEX.
- LEFT UNTREATED, CAN HAVE LONG TERM EFFECTS ON YOUR BODY.
  - TROUBLE GETTING PREGNANT, NEUROLOGICAL DEFICITS (SYPHILIS)

<https://www.cdc.gov/std/general/default.htm>

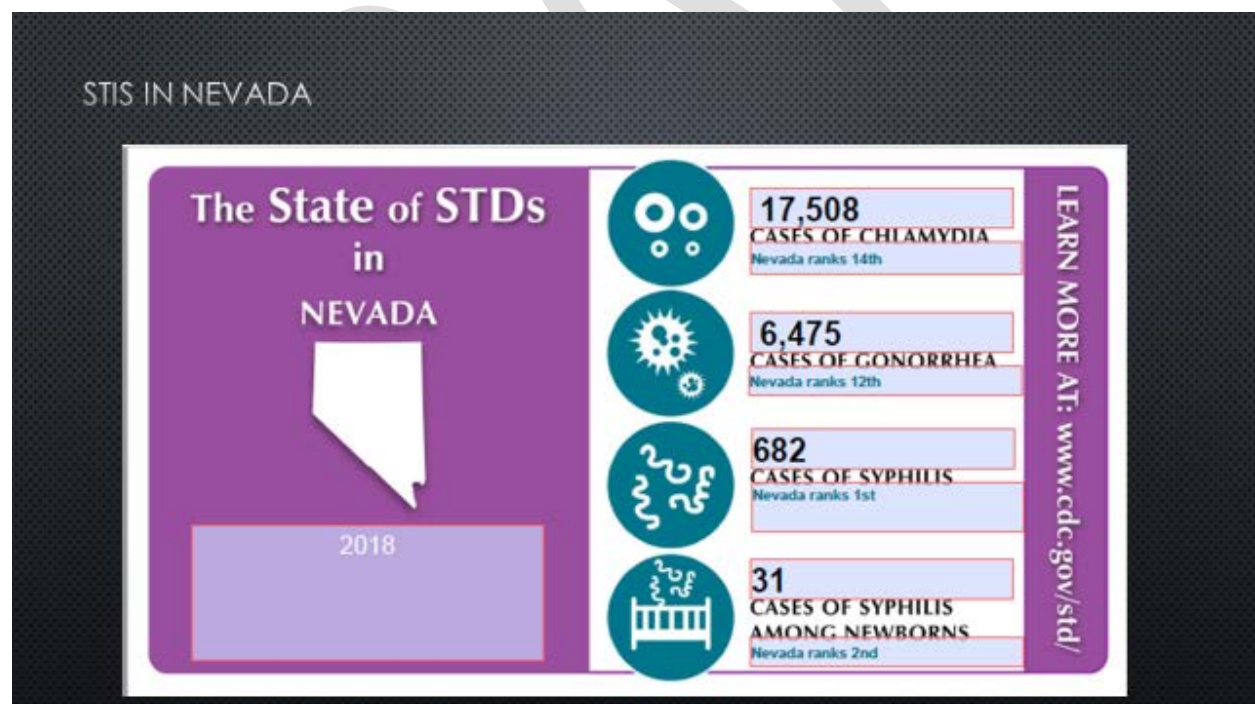
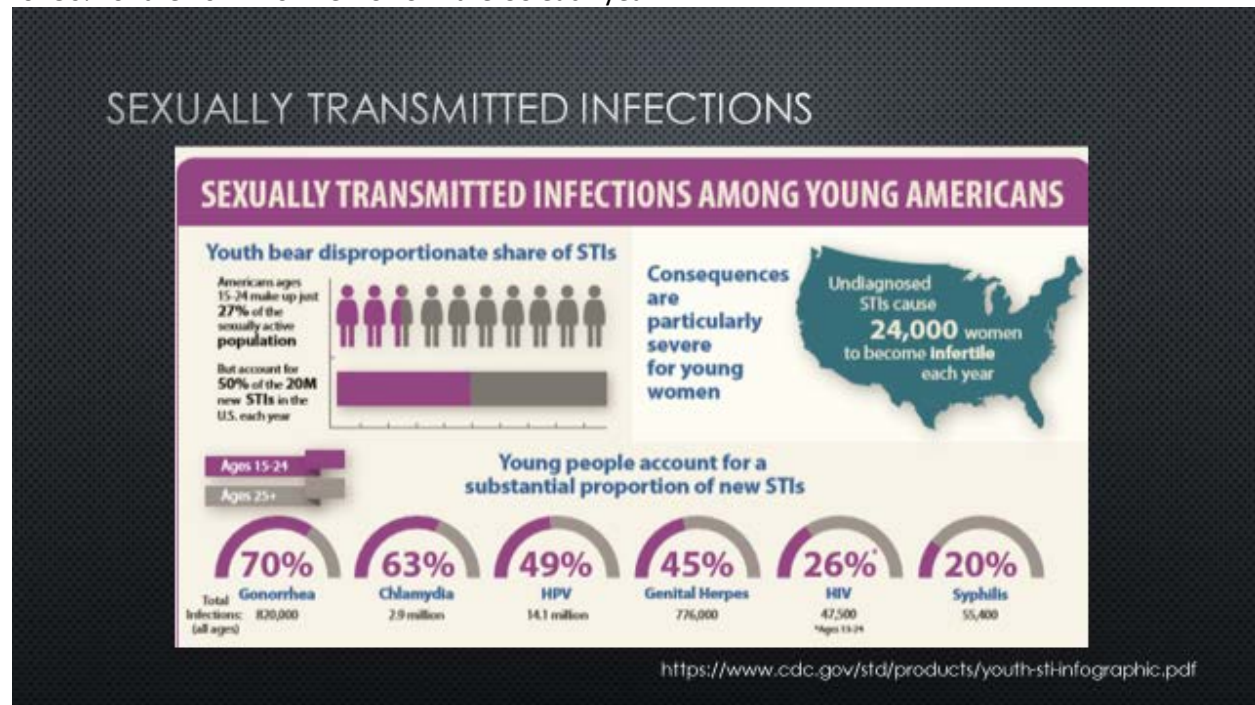
Slide 20: How are STDs spread?

## HOW ARE STIs SPREAD?

- YOU CAN GET AN STI BY HAVING VAGINAL, ANAL OR ORAL SEX WITH SOMEONE WHO HAS AN STI.
- ANYONE WHO IS SEXUALLY ACTIVE CAN GET AN STI.
- YOU DON'T EVEN HAVE TO HAVE ANAL OR VAGINAL SEX TO GET AN STI.
  - THIS IS BECAUSE SOME STIs, LIKE HERPES AND HPV, ARE SPREAD BY SKIN-TO-SKIN CONTACT.

Slides 21-22: STD data

Note that young people between 15-24 make up just 24% of the sexually active population, but account for 50% of the 20 million new STIs in the US each year.





## Slide 23: Bacterial and Viral STIs

# STIS

BACTERIAL (CURABLE)	VIRAL (TREATABLE)
✓ CHLAMYDIA	▪ GENITAL HERPES (HSV)
✓ GONORRHEA	▪ GENITAL WARTS (HPV)
✓ SYPHILIS	✓ HEPATITIS B (HBV)
	✓ HIV
	✓ HEPATITIS C (HCV)

✓ Reportable to the Health District-  
means the health district collects data  
on these STIs


<https://www.washoecounty.us/health/faq/cchs/teen-health-mall/index.php>

Curable with antibiotics.

Treatable-treat the symptoms, but disease is not curable and will have for a lifetime.

## Slide 24: How to find out if your partner has had an STI?

## HOW COULD YOU FIND OUT IF YOUR PARTNER HAS AN STI?



Ask them and suggest getting tested together before engaging in any sexual activity.

Slide 25: Ways to Reduce or Eliminate Your Risk

## WAYS TO REDUCE OR ELIMINATE YOUR RISK...

Before abstinence or safer sex comes...

**Let's Talk!**

Abstinence means different things to different people and partners need to communicate that

Knowing your partners disease status

Safer sex is a negotiation between partners




Slide 26: Where to go for testing and local resources

## WHERE TO GO FOR TESTING

# GETTESTED

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.™



Slides 27-28: Whom students can talk to and where to go for services

## WHO TO TALK TO...

- PARENT OR GUARDIAN
- TRUSTED ADULT
- FAITH BASED LEADER
- TEACHER
- SCHOOL COUNSELOR
- SCHOOL NURSE
- HEALTH CLINIC
- HEALTH CARE PROVIDER

Leave the Local Resources up so they can get a photo

## LOCAL RESOURCES- PLEASE TAKE A PICTURE FOR FUTURE REFERENCE

- **WASHOE COUNTY HEALTH DISTRICT:**
  - TEEN HEALTH MALL/CLINIC 775-328-2470
- **NORTHERN NEVADA HOPES:** 775-786-4673
- **PLANNED PARENTHOOD OF NORTHERN NEVADA:** 775-688-5555
- **CRISIS CALL CENTER:** TEXT "LISTEN" TO 839863
- **SUICIDE PREVENTION LIFELINE:** 1-800-273-8255
- **LGBTQ+ FRIENDLY SERVICES:**  
[HTTPS://WWW.NNHOPES.ORG/PATIENTS/SERVICES/LGBTQ/](https://www.nnhopes.org/patients/services/lgbtq/)

Slide 24: Exit Ticket

## EXIT TICKET

- LIST 3 WAYS AN STI CAN BE SPREAD FROM ONE PERSON TO ANOTHER.
- IF YOU WERE TO FIND OUT YOU HAD AN STI, WHAT COULD YOU DO TO MAKE SURE YOU DON'T PASS IT TO SOMEONE ELSE?
- EXPLAIN WHY THE FOLLOWING THREE STRATEGIES CAN BE THE MOST EFFECTIVE WAY TO PROTECT YOURSELF OR SOMEONE ELSE FROM GETTING AN STI.
  - ABSTINENCE
  - USING CONDOMS/BARRIER METHODS CORRECTLY EACH TIME YOU HAVE SEX
  - GETTING TESTED FOR STIs (AND MAKING SURE YOUR PARTNER DOES TOO) BEFORE YOU HAVE SEX TOGETHER.



**Lesson Topic: Consent**

- The content of this lesson could be triggering for some students.

**Objectives:**

- Define the term consent

**Activities:**

Video: Consent Explained (1:46) <https://youtu.be/5vmsfhw-czA>

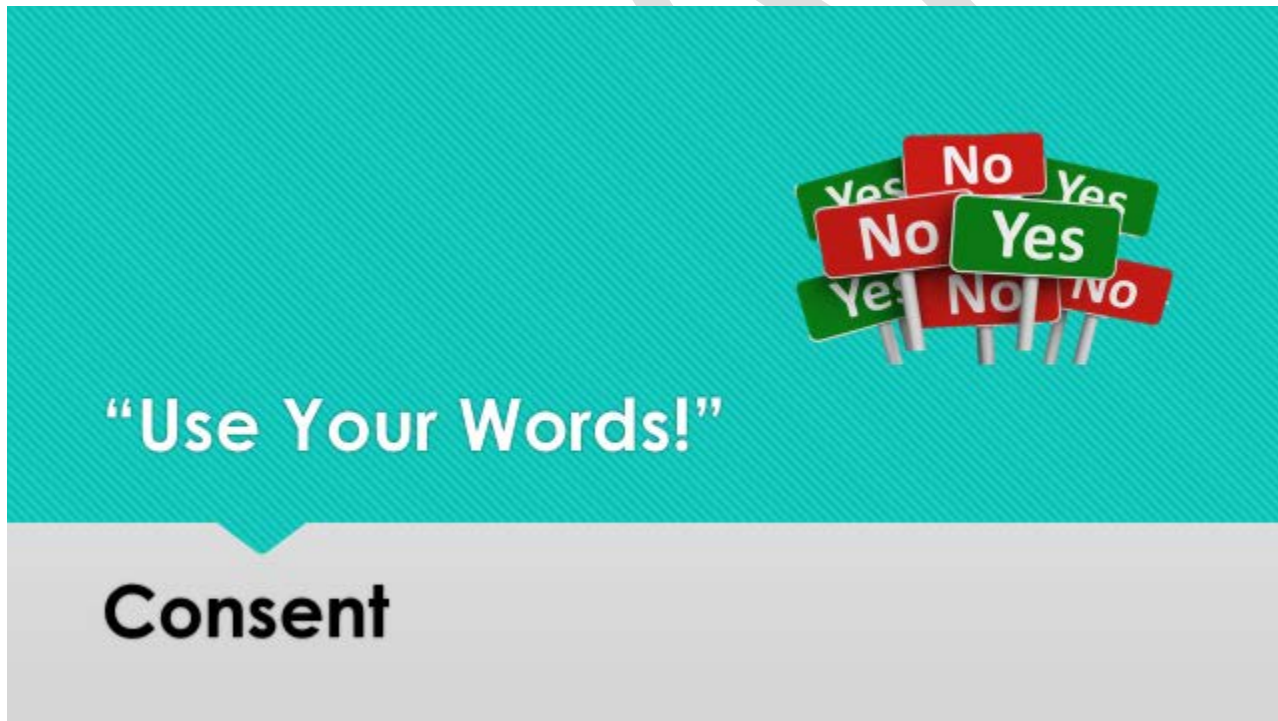
**Lesson Intro:**

- SHARE is important for everyone in the class.
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- This curriculum and resulting class discussions are intended to be respectful and inclusive of many perspectives and allow all students to see themselves and understand their own health and sexuality.
- The purpose of SHARE is to assist you in making informed choices and avoid behaviors that put you at risk.
- All questions are welcome. If you don't feel comfortable asking in class, I've provided paper for anonymous questions or you may talk with me later.

**Sexual Consent- "Use Your Words"**

The lesson focus we have today is on the topic of Consent.

Slide 1:



Sexual consent is an agreement to participate in a sexual activity. Before being sexual with someone, you need to know if they want to be sexual with you too. It's also important to be honest with your partner about what you want and don't want.

Slide 2:

## Consent...

- Is a clear and **ENTHUSIASTIC** "Yes"
- Any signs of discomfort should be read as a "No"
- Only meaningful if it is NOT coerced
- A shared responsibility of everyone engaging in or who wants to engage in any kind of sexual interaction.
  
- Must be...
  - freely given, reversible, enthusiastic, informed and specific with both words and behaviors matching.

### Slide 3: Age of Consent

Important to note: **Nevada does not have a close-in-age exemption.** [Close in age exemptions](#), commonly known as "Romeo and Juliet laws", are put in place to prevent the prosecution of individuals who engage in consensual sexual activity when both participants are significantly close in age to each other, and one or both partners are below the age of consent.

Because there is no such "Romeo and Juliet law" in Nevada, it is possible for two individuals both under the age of 16 who willingly engage in intercourse to [both be prosecuted for statutory rape](#), although this is rare. Similarly, no protections are reserved for sexual relations in which one participant is a 15 year old and the second is a 16 or 17 year old. <https://www.ageofconsent.net/states/nevada>

## What is consent?

- In a healthy relationship, both partners are able to openly talk about and agree on what kind of activity they want to engage in.
- Whether it's holding hands, kissing, touching, intercourse, or anything else, it's really important for everyone in the relationship to feel comfortable with what's happening.



Consenting and asking for consent are all about setting your personal boundaries and respecting those of your partner — and checking in (throughout), if things aren't clear. Both people must agree to sex — every single time — for it to be consensual.

Slide 3-5:

# Age of consent



- The legal age at which an individual is considered mature enough to consent to sex.

○ **NV: 16**

## Consent → Communication



- In a healthy relationship, both partners are able to openly talk about and agree on what kind of activity they want to engage in.
- Whether it's holding hands, kissing, touching, intercourse, or anything else, it's really important for everyone in the relationship to feel comfortable with what's happening.

## Consent looks like...

- When you're engaging in sexual activity, **consent is about communication.**
- And it should happen every time - continuously checking in with your partner.
- Giving consent for one activity, one time, does not mean giving consent for increased or recurring sexual contact.
  - For example, agreeing to kiss someone doesn't give that person permission to remove your clothes or touch your genitals.
  - Having sex with someone in the past doesn't give that person permission to have sex with you again in the future.
  - Sexual activity should only occur at the pace at which everyone is comfortable with.

<https://www.rainn.org/articles/what-is-consent>

## You can change your mind at any time



- You can withdraw consent at any point.
- It's important to clearly communicate to your partner that you are no longer comfortable with this activity and wish to stop.
- The best way to ensure both parties are comfortable with any sexual activity is to talk about it.



## Slide 7: Video- "Consent Explained"



Without consent, sexual activity (including oral sex, genital touching, and vaginal or anal penetration) is sexual assault or rape.

## Slide 8: What Consent is not

## Consent is **NOT** ...

- Refusing to acknowledge "no"
- Assuming that wearing certain clothes, flirting, or kissing is an invitation for anything more
- Someone being under the legal age of consent, as defined by the state
- Someone being incapacitated because of drugs or alcohol
- Pressuring someone into sexual activity by using fear or intimidation
- Assuming you have permission to engage in a sexual act because you've done it in the past



## Slides 9-10 Sexual Assault

## About Sexual Assault

- Sexual violence happens in every community and affects people of all genders and ages.
- Sexual violence is any type of unwanted sexual contact. This includes words and actions of a sexual nature against a person's will and without their consent.
- A person may use force, threats, manipulation, or coercion to commit sexual violence.

## What it may look like...

- Rape or sexual assault
- Child sexual assault and incest
- Sexual assault by a person's spouse or partner
- Unwanted sexual contact/touching
- Sexual harassment
- Sexual exploitation and trafficking
- Exposing one's genitals or naked body to other(s) without consent
- Masturbating in public
- Watching someone engage in private acts without their knowledge or permission
- Nonconsensual image sharing (sexting)

**WCSD Admin Reg 5701:** 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.

Slide 11: What should I do...

Important to note: remind students to seek a trusted adult if anyone is in danger

## What should I do if I see someone being assaulted?

**C**reate a distraction: Do what you can to interrupt the situation. A distraction can give the person at risk a chance to get to a safe place.

**A**sk directly: Talk directly to the person who might be in trouble.

**R**efers to an authority: Sometimes the safest way to intervene is to refer to a neutral party with the authority to change the situation, like a teacher or other trusted adult.

**E**nlist others: It can be intimidating to approach a situation alone. Enlist another person to support you.

RAINN (Rape, Abuse & Incest National Network) is the nation's largest anti-sexual violence organization. RAINN created and operates the National Sexual Assault Hotline (800.656.HOPE, [online.rainn.org](https://online.rainn.org) y [rainn.org/es](https://rainn.org/es))

Slide 12: Remember...

## Remember...

Unless it's an **ENTHUSIASTIC YES** for both you and your partner, it's an absolute no.



Slide 13: Leave up and encourage students to take pics for future reference

## Who to contact for help... take a pic!

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

- **Call (775) 221-7600 & ask to speak with an Advocate**
- **Text: "SASS" to 839863**

- **Domestic Violence Resource Center:** 775-329-4150
- **Safe Embrace:** 775-322-3466
- **Crisis Support Services:** 1-800-273-8255
  - Text "care" to 839863
- **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/>
- Awaken- 775-393-9183
- Love Is Respect hotline: 1-866-331-99474 (24/7)  
or Text "loveis" 22522
- Step Up! Nevada, Stop Violence!  
<http://www.stepupstopviolence.org/>

## Lesson Topic: Healthy Relationships

### Objectives:

- Compare and contrast characteristics of healthy and unhealthy relationships

### Activities:

Video: Healthy vs Unhealthy Relationships (2:16) <https://youtu.be/Gn7ZQ2x0cOE>

Video: The Signs (3:51) <https://vimeo.com/85676862>

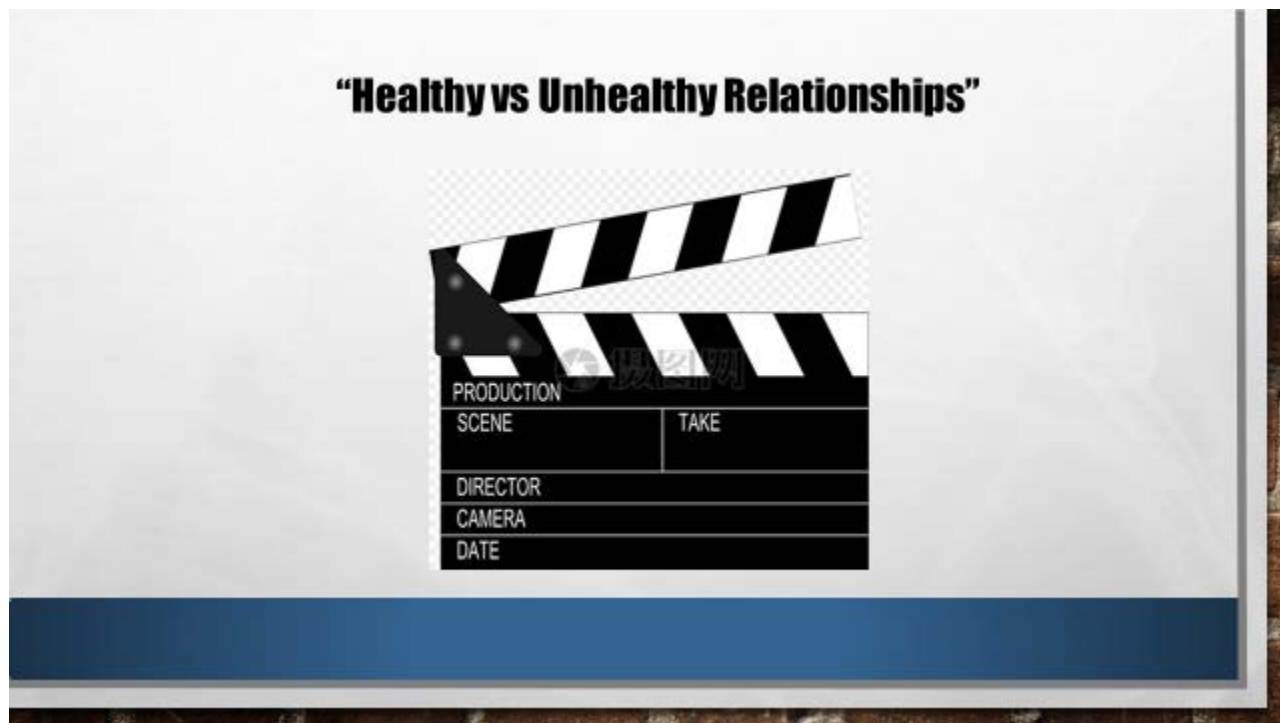
Healthy vs Unhealthy Relationship Continuum

### Lesson Intro:

- SHARE is important for everyone in the class.
- The goal is for every one of you to feel that these classes relate to you and your life.
- This lesson and resulting class discussions are intended to be respectful and inclusive of many perspectives and allow all students to see themselves and understand their own health and sexuality.
- The purpose of SHARE is to assist you in making informed choices and avoid behaviors that put you at risk.
- All questions are welcome. If you don't feel comfortable asking in class, I've provided paper for anonymous questions or you may talk with me later.

Slide 2:

Video: Healthy vs Unhealthy Relationships (2:16) <https://youtu.be/Gn7ZQ2x0cOE>



Slide 3: Why is this important...to identify characteristics of healthy relationships?

## WHY IS THIS IMPORTANT?

- **1:3** ADOLESCENTS IN THE U.S. IS A VICTIM OF EMOTIONAL, PHYSICAL OR SEXUAL ABUSE FROM A DATING PARTNER
  - FAR EXCEEDS OTHER TYPES OF YOUTH VIOLENCE
  - ONLY 33% OF TEENS WHO WERE IN A VIOLENT RELATIONSHIP EVER TOLD ANYONE ABOUT THE ABUSE
  - DATING ABUSE AFFECTS AROUND 1.5 MILLION TEENS ANNUALLY.



Slide 4:

Self-Respect: Teacher info: While it's important to respect your partner in a relationship, it's also really important to have respect for yourself, whether single or dating. Self-respect is the key to building confidence and maintaining healthy relationships with other people throughout your life.



So, what is self-respect? Self-respect is acceptance of yourself as a whole person. It doesn't mean you think you're perfect; in fact, we all deserve respect even though we are NOT perfect. You have worth and value just because you're you. Self-respect means you hold yourself to your own standards, and you try not to worry too much about what other people think of you. <https://www.loveisrespect.org/content/respect-in-healthy-relationships/>

Slide 5: What is a Healthy Relationship?

## **WHAT IS A HEALTHY RELATIONSHIP?**

**A RELATIONSHIP WHERE YOU BOTH FEEL...**

- **SAFE EXPRESSING YOUR FEELINGS**
- **SAFE BEING YOURSELF**
- **AND YOU RESPECT EACH OTHERS BOUNDARIES**

Slide 6: Have students brainstorm people (friends, family members, TV characters etc...) that are

- 1) in a healthy relationship –what makes it healthy?
- 2) in an unhealthy relationship – what makes it unhealthy?

**CAN YOU THINK OF A COUPLE ...**

**IN A HEALTHY RELATIONSHIP?**

**IN UNHEALTHY RELATIONSHIP?**

Slide 7: Video: The Signs (3:51) <https://vimeo.com/85676862>

How would you categorize the relationship in the video and why?



Slide 8: Healthy Boundaries

Do you agree with the following?



Slide 9: Healthy or Unhealthy Activity



- Place the “Healthy” and “Unhealthy” Relationship signs on the front board with a good distance between them to create a continuum.

Step 1:

- Students will work as pairs or however would work best for your group of students.
  - Give each pair one of the healthy vs unhealthy relationship cards.
  - Ask them to talk together about whether they think what they have describes a healthy relationship or an unhealthy relationship.
  - Once they’ve decided, they should turn their sheet over and write down why they think it is unhealthy, healthy or somewhere in between.
  - Explain that they are “Team One,” and so should only complete the first line on the back of the sheet, not the second.
  - Once they’ve finished writing their reason(s), they can bring their piece of paper up to the front of the room and tape it up where they feel it goes (on the continuum).
  - Point out that there is a lot of space between the Unhealthy and Healthy Relationship signs, so they can put their card under one of the signs, or somewhere in between if they feel like it has some healthy or unhealthy characteristic, but isn’t completely one or the other.
- After about 5 minutes, if all of the cards are not up, encourage students to stick their cards up on the board. Ask them to stay in their same pairs.

Step2:

- Starting at one end of the continuum, read each of the cards. Once you have read them all, ask the students to look at what’s up on the board and comment on what they notice. Their responses will depend on where the cards have been placed (the activity is intentionally opinion-based, so the board will likely look different each time).
  - For example, students might say, “These all seem really unhealthy,” or “None of the cards are either completely unhealthy or healthy.”
  - Ask, “Are there any up here that you would want to move? Which one(s) and why?” As students indicate particular cards, take them down and read on the back why the pair of students who had each card

chose to place it where they did. Ask whether that changed their view. Because this is an opinion-based activity, do not actually move any of the cards, just discuss a few.

**Note to the Teacher:** Go through up to five of the cards, adjusting for student engagement in this part of the activity. If the discussion lags, stop after three; if it is still vibrant and connected, you may choose to continue beyond the five.

- Here are some suggestions for a few in which there is a lot of grey area and about which you will likely have extensive discussion:
  - A guy walks his girlfriend to school every morning, meets her for lunch every day, and picks her up to walk her home at the end of each afternoon.
  - A girl notices her girlfriend is getting a lot of attention from two different people at school. She goes up to each of them separately and warns them to stay away from her, “or else.”
  - A couple has an agreement that they won’t put passwords on their phones and can check each other’s texts and social media accounts whenever they feel like it.

Step 3:

- Ask, “In which of these relationships do you feel like one person has more power than the other person?” Point to the example of a girl who has a girlfriend who is ten years older than she is. Ask, “In what ways could the older girlfriend have more power than the younger one?” Write a “P” on that card to indicate that there’s the potential for one partner to have more power than the other.
  - As students mention other examples where they feel like there could be a power difference, write a “P” on each of those.

Step 4:

- Ask one student from each pair to come up to the board and take one of the cards, not the one they originally worked on, and return to sit with their partner.
  - Tell them that they should talk about what’s on the card, turn the card over and read why the other students labeled it as they did.
  - Ask them to discuss what would need to change in order for them to feel like this card could go underneath the “Healthy Relationship” sign.
  - Have them write their answers in the space provided. Tell them they have about 5 minutes in which to do this.
  - As they are working, take the “Healthy Relationship” sign and move it to a more centered location on the board.

Step 5:

- Go around the room and ask the pairs to share what they came up with as specific steps or things their couple needs to do to make their relationship healthy.
  - Paraphrase the characteristics they share and write them on the board beneath the “healthy relationship” sign.
  - For example, if students were to say, “They need to stop checking each others’ phones,” you might write “Trust” on the board and “cell phones” in parentheses next to that. If any of the next pairs repeat something that was already said, put a check mark next to that characteristic.



Step 6:

- Ask students to look at the list they generated and what they think of what they see. Again, because this list is generated from the students, it may look different each time. Process the list by asking the following questions
  - Are you surprised by what's received the most check marks here? Why or why not?
  - Is there anything missing? Is there anything else that would help make a relationship healthy that wasn't mentioned?
  - How easy or challenging is it to do some or all of these? For the ones labeled as "challenging," ask why they think that is.
  - Ask, "What about the idea of power? Where do you see power reflected in this list?"
- Say, "What relationships look like and how they work can be different – but as you see here, there are certain characteristics that people will agree mean that a relationship is healthy. When a relationship is healthy, it's good for both people involved – and it doesn't have a negative impact on the people outside of the relationship who are still a part of the couple's lives, like friends and family members."
- Distribute the Before You Go exit slips to the students and ask them to complete them and hand them to you on the way out of class.

Slide 10:

## WHEN A RELATIONSHIP IS HEALTHY

- **IT'S GOOD FOR BOTH PEOPLE INVOLVED**
- **PARTNERS COMMUNICATE WITH EACH OTHER**
- **BOUNDARIES ARE RESPECTED**
- **IT DOESN'T HAVE A NEGATIVE IMPACT ON THE PEOPLE OUTSIDE OF THE RELATIONSHIP**
  - **LIKE FRIENDS AND FAMILY MEMBERS**

Slide 11: Resources- have them take a pic for future reference

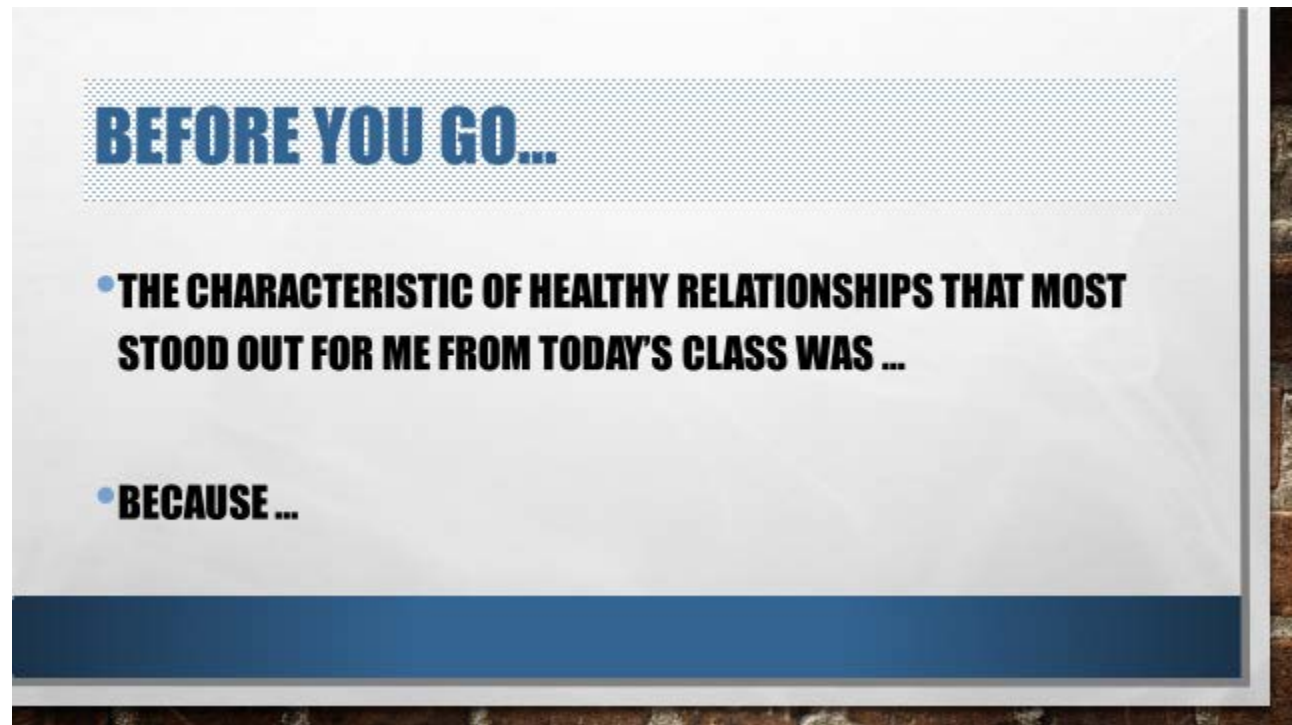
## RESOURCES- TAKE A PIC!



- SASS – sexual assault support services
  - Call (775) 221-7600 & ask to speak with an advocate
  - Text: “SASS” to 839863
- Domestic violence resource center: 775-329-4150
- Safe embrace: 775-322-3466
- Crisis support services: 1-800-273-8255
  - Text “care” to 839863
- 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/>
- Awaken- 775-393-9183
- Love is respect hotline: 1-866-331-99474 (24/7) or text “loveis” 22522
- Step up! Nevada, stop violence! [Http://www.Stepupstopviolence.Org/](http://www.Stepupstopviolence.Org/)

Slide 12:

Exit slip activity

A presentation slide titled "BEFORE YOU GO..." in large blue letters. Below the title, there are two bullet points in bold black text. The first bullet point asks for the characteristic of healthy relationships that stood out most from the class. The second bullet point asks for the reason. The slide has a light blue background with a darker blue footer bar.

**BEFORE YOU GO...**

- **THE CHARACTERISTIC OF HEALTHY RELATIONSHIPS THAT MOST STOOD OUT FOR ME FROM TODAY'S CLASS WAS ...**
- **BECAUSE ...**

**Exit Slip Activity:**

**BEFORE YOU GO...**

The characteristic of healthy relationships that most stood out for me from today's class was \_\_\_\_\_

because \_\_\_\_\_

\_\_\_\_\_

**BEFORE YOU GO...**

The characteristic of healthy relationships that most stood out for me from today's class was \_\_\_\_\_

because \_\_\_\_\_

\_\_\_\_\_

**BEFORE YOU GO...**

The characteristic of healthy relationships that most stood out for me from today's class was \_\_\_\_\_

because \_\_\_\_\_

\_\_\_\_\_

Healthy vs Unhealthy Relationship Cards

**After spending a lot of time together, a couple wants to start having sex. They talk about safer sex and decide to use condoms every time.**

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Healthy vs Unhealthy Relationship Cards

**A guy walks his girlfriend to school every morning, meets her for lunch every day, and picks her up to walk her home at the end of each afternoon.**



Healthy vs Unhealthy Relationship Cards

**A girl notices her girlfriend is getting a lot of attention from two different people at school. She goes up to each of them separately and warns them to stay away from her, “or else.”**

---

Healthy vs Unhealthy Relationship Cards

**A couple have been together for a month and are talking about having sex. One has had sex before, but the other hasn't - but says they have because they're embarrassed.**

Healthy vs Unhealthy Relationship Cards

**A couple has an agreement that they won't put passwords on their phones and can check each others' texts and social media accounts whenever they feel like it.**

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Healthy vs Unhealthy Relationship Cards

**Partner one wants to have sex. Partner two says they're not ready, but after talking about it, gives in and has sex, even though they didn't really want to.**

Healthy vs Unhealthy Relationship Cards

**One partner usually decides when, where, and what they do together. The other partner says they don't like making decisions and is fine with this.**

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Healthy vs Unhealthy Relationship Cards

**A guy and a girl have been together for six months, and things haven't been going so well. She decides to stop taking her birth control without telling him, because she thinks if she gets pregnant, he won't break up with her.**

Healthy vs Unhealthy Relationship Cards

**A guy has been with his boyfriend for five months. They've said "I love you" to each other, but when they're around other friends at school, one guy pretends they're not a couple. He says it's because he hasn't yet told his family that he's gay.**

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Healthy vs Unhealthy Relationship Cards

**A couple text all the time. But when they get together, whether alone or with friends, they feel uncomfortable talking to each other.**



Healthy vs Unhealthy Relationship Cards

**A guy and a girl have been together for six months and are having sex. Whenever the guy does something the girl doesn't like, she tells him that she won't have sex with him until he does something nice for her.**

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Healthy vs Unhealthy Relationship Cards

**A guy has a very strong religious background. He's having sex with his girlfriend, but after each time, he says he feels disgusting. His girlfriend tells him to get over it.**

Healthy vs Unhealthy Relationship Cards

**A girl tells her partner that they're in a one-on-one relationship, but she is having sex with other people. Her partner does not know; she figures she's sparing their feelings by not telling them.**

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Healthy vs Unhealthy Relationship Cards

**A guy finds out he has an STD. Since it's easily cured with a shot, he doesn't tell his partner about it and figures that if they get it, they can just get treated, too. They continue to have sex without using condoms.**

Healthy vs Unhealthy Relationship Cards

**A guy notices his partner is getting a lot more texts than usual. When he mentions it, the partner says he's imagining things. When his partner goes to use the bathroom, he checks their phone and reads their texts**

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Healthy vs Unhealthy Relationship Cards

**A girl has a girlfriend who is ten years older than she is. Her older girlfriend has a job, a car and a place to live where they can be alone together. When they go out, the older partner always pays.**

**(Back of) Healthy vs Unhealthy cards**

Team One: Why we rated this the way we did:

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Team Two: How this could be a healthier relationship?

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Team One: Why we rated this the way we did:

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Team Two: How this could be a healthier relationship?

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Continuum cards

Healthy  
Relationships

Unhealthy  
Relationships