HUMAN GROWTH AND DEVELOPMENT
HUMAN SEXUALITY
High School

TUCSON UNIFIED SCHOOL DISTRICT
TUCSON UNIFIED
SCHOOL DISTRICT

FAMILY LIFE CURRICULUM

GOVERNING BOARD
Adelita S. Grijlava President
Rachael Sedgwick Clerk
Leila Counts Member
Kristel Ann Foster Member
Dr. Mark Stegeman Member

Dr. Gabriel Trujillo
SUPERINTENDENT

Tucson Unified School District is committed to a policy of nondiscrimination based on disability, race, color, religion/religious beliefs, sex, sexual orientation, gender identity or expression, age, or national origin. This policy will prevail in all matters concerning Governing Board, District employees, students, the public, educational programs and services, and individuals with whom the Board does business.
TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM

Table of Contents

I. Acknowledgements .................................................. pg. 4
II. Philosophy .......................................................... pg. 5
III. Goal Statement ...................................................... pg. 6
IV. Curriculum Objectives ............................................. pg. 6
V. Course Overview ..................................................... pg. 7
VI. Classroom Climate/Parent Participation ....................... pg. 8
VII. Arizona State Guidelines .......................................... pg. 9
VIII. Grade Level Lessons Overview .................................. pg. 11
IX. Grade Level Lesson Plans .......................................... pg. 12
Acknowledgements

This curriculum was developed through the efforts and support of many individuals from the Tucson Unified School District and the community. A special thanks to all who worked so diligently.

2019 Revision and Update
Cindy Coleman
Cheryl Gerken
Dr. Ravi Grivois-Shah
Bernadette Gruber
Stephanie Hamilton
Adam Ragan

2017 Revision and Update
Andres Cano
Cindy Coleman
Deja Foxx
Bernadette Gruber
Stephanie Hamilton
Grace Liatti
Elisa Medina
Matt Merrill
Adrianna Moerkerken
Annabelle Nunez
Timoteio Padilla
Shaun Pfund
Kate Remlow Meyer
Kathy Shuppert
Magadelen Verdugo

Previous Revisions and Updates
Joe Abney
Lorraine Aguilar
Dr. Mary Alexander
Laura Almquist
Walter Altman
Linda Arzoumanian
Toni Ashenbrener
Dr. Linda Augenstein
Barbara Benton
Doug Bowman
Patti Caldwell
Kathy Carroll
Sharon Cherry
James Crawford
Dr. Chris Crowder
Linda Cunningham
Lou Ann Daldrup
Holly Davies
Virginia Dominguez
Dr. Marilyn Heins
Kristin Homan
Dr. Pi Irwin
Bill Ismay
Tamara Jackson
Marcella Kitt
Nancy Lebofsky
Marilyn Ludwig
Jan Mapother
Ann Mapother
Kathi Orr
Miguel Ortega
Amanda Phillips
Dr. Herb Pollack
Lois Prosser
Dr. Ralph Rohr
Liticia Romo
Rev. Larry Rosette
TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM

Philosophy

Education is a life long process that begins with parents as the primary teachers. It is the parent’s right and responsibility to initiate a child’s education in all areas including sexuality. From the time a child begins formal education, the responsibility becomes a shared effort among home, school, and community.

This curriculum is designed to supplement each student’s personal family life education inclusive of an understanding of healthy attitudes, interpersonal relationships, decision making, understanding consequences of decisions, and growth and development which arise with emerging sexuality. Additionally, it is intended to encourage open parent-child discussions.

All curricula convey a set of values that are supported in a democratic society. Thus, sensitivity and respect for individual beliefs are of critical importance in presenting a sex education curriculum. The main values espoused by this curriculum include:

- Show respect for the values and uniqueness of each individual.
- Show respect for every family unit.
- Accept responsibility for one’s own actions.
- Accept responsibility to protect self and others.
- Accept responsibility as a member of society.
TUCSON UNIFIED SCHOOL DISTRICT  
FAMILY LIFE CURRICULUM

Goal

Students will acquire scientifically accurate information about human maturation and will develop knowledge of physical, social and emotional aspects of personal maturation, human sexuality and family life. Students will develop critical thinking skills leading to positive self-esteem, effective communication skills, responsible decision-making, and personal safety strategies.

Curriculum Objectives

The purpose of the curriculum is to provide students with information to

- discuss the significance of parents’ roles and family life
- demonstrate an awareness of strategies for personal safety
- demonstrate self-worth, ownership of body, and rights of privacy
- explain the importance of human interdependence for mental, emotional, social, and physical health
- explain the different stages of human growth and development
- explain human reproduction
- describe the responsibilities involved in interpersonal relationships and in decision-making concerning sexuality
- identify abstinence/sexual risk avoidance as the only 100% effective method of preventing pregnancy and sexually transmitted infections
TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM

Overview

Growth is a life-long process. People grow in many different ways. Growth means positive change, and change brings challenge, excitement, apprehension and new problems to solve. Knowing what to expect eases anxiety, dispels misconceptions and facilitates adjustment to the changes that occur. This curriculum addresses these needs.

Sexuality is an inherent part of each individual’s personality and humanity. The Tucson Unified School District’s Family Life Curriculum (FLC) helps students learn more about themselves, refine communication skills and develop respect for themselves and others. Successful FLC are those that are a cooperative effort between parents, guardians, families and the school.

Tucson Unified School District’s curriculum encourages and stresses communication within the family to learn about sexuality and shared values that influence decisions. The concepts presented are based on the recommendations of the TUSD Family Life Curriculum Advisory Committees.

For those students who have open discussions about human maturation and sexuality with their families, this curriculum serves as a supplemental guide of factual information to be shared at home. For those students who do not have the same familial opportunities, this curriculum provides accurate information about sexuality and the growth processes, personal safety strategies and serves to foster respect for all people and their beliefs.
Classroom Climate

In order to create a climate conducive to effective learning within a comfortable, non-threatening environment:

- clear rules and regulations of behavior must be emphasized.
- teachers need to introduce themselves as trained and knowledgeable about human growth and development.
- all students’ questions will be considered valid and answered using age-appropriate, scientifically accurate information.
- proper terminology will be used by the teacher and student slang words or expressions will be interpreted to correct terminology.
- teachers will encourage students to discuss the course content and their questions with their parents, guardians and families.
- students’ questions or vocabulary that are not included in the grade-level lessons will be identified and the student will then be referred to their parents, guardians and family, if the questions cannot be answered using age-appropriate, scientifically accurate information.
- teachers will emphasize that students’ peers, social media, and the internet do not always have correct information about human growth and development.

Parent Participation

Parent participation is highly valued by TUSD. An informational meeting for parents, guardians and families will be held prior to classroom presentations to allow for a review of curriculum content, classroom processes and viewing of materials to be used in teaching the lessons. A content outline will be provided for parents/guardians with a letter requesting permission for students to participate. Information regarding alternative lessons will also be presented at this time.
Arizona State Guidelines (State Board of Education R7-2-303) for sex education:

- Lessons will not exceed the equivalent of one class period per day for four weeks of the school year (K-4).
- Lessons will not exceed the equivalent of one class period per day for nine weeks of the school year (5-8).
- Alternative elective lessons(s) from the state adopted optional subject list (K-8).
- Lessons will be taught to boys and girls separately (K-8).
- Lessons will not be graded and teachers may not require homework (K-8).
- Lessons will be a supplement to the Health Course of Study (K-8).
- Evaluations are anonymous and shall not be retained or recorded (K-8).
- Questions about the students’ or his/her parents’ beliefs, morals or practices shall not be asked (K-8).
- Written parental permission will be secured (K-8), TUSD requires this for (K-12).
THE QUESTION BOX

At the beginning of the Family Life Curriculum, introduce the question box. Explain to the students that people of all ages have questions about sexual matters. Some may feel uncomfortable asking questions in public although it is very natural to have questions about sex. The question box should be available to all class members throughout the lessons to help address concerns and questions of students in a non-threatening way.

Guidelines for submitting/answering questions in the question box:

1. There is no such thing as a “dumb” question.

2. All questions are valid except for personal questions about the teacher or other students.

3. Questions are anonymous, unless the student wants to be identified.

4. If a question is not answered in class, it may be considered inappropriate for class discussion. (Questions might be answered privately should the student choose to raise this topic with the teacher.)

5. Correct and appropriate vocabulary will be used in the course, but students may use words they know or may have heard. Answers will be translated from the slang words used to correct terminology.

6. Questions will be read by the teacher daily or periodically to insure a prompt response. (The teacher may read them one day and answer the next to give time for response.)

7. Teachers will answer questions simply and in a scientifically accurate manner.
TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM

High School
Grade Level Lessons

1. Healthy Relationships and Dating
2. Decision Making / Healthy Boundaries / Consent
3. Overcoming Peer Pressure / Problem Solving
4. Puberty & Gender
5. Reproductive Systems & Sexual Intercourse
6. Contraception
7. Sexually Transmitted Infections (STIs)
8. Pregnancy / Fetal Development
9. Teenage Pregnancy and Parenthood
10. Media Influence on Sex and Sexuality
11. Sexual Harassment and Abuse
12. Rape / Sexual Assault / Sexual Abuse
**Tucson Unified School District**  
**Family Life Curriculum**

<table>
<thead>
<tr>
<th>Grade: HS</th>
<th>Lesson Title/Focus: Healthy Relationships and Dating</th>
<th>Materials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson: 1</td>
<td>(may take 2-3 class sessions)</td>
<td>“A Hierarchy of Needs” – Teacher Info</td>
</tr>
</tbody>
</table>

**Lesson Objectives:**  
Students will be able to  
- define Maslow’s Hierarchy  
- discuss values and personal goals  
- improve self-awareness by identifying personal strengths and areas of growth  
- discuss how strengths can impact relationships  
- identify and choose behaviors that promote healthy relationships with family, dates, and friends  
- identify behaviors that might lead to toxic relationships  
- discuss reasons for not dating  
- discuss healthy and responsible approaches to dating and ending dating relationships

**Academic Vocabulary:**  
1. self-actualization  
2. Maslow’s Hierarchy  
3. esteem  
4. physiological

**Concepts:**  
1. Maslow’s theory states that individuals have needs that can be classified as physiological, safety, emotional, esteem and self-actualization. Understanding these needs is important for healthy and responsible friendships as well as dating.
2. Adolescents with high self-esteem may be less likely to succumb to peer pressure, tobacco, alcohol, or other drugs.
3. The family, as the basic unit of security, serves two essential functions;  
   A. The primary support system to which individuals turn in order to have their basic needs met.  
   B. Provide the essential mechanism by which a child develops the capability to survive and function as an adequate person in this world.
4. **Personal values** are reflections of our needs, desires, and what we care about most in life. **Values** are great cohesive forces for our identities, and can be thought of as decision-making guidelines that help us connect to our true selves. Defining your **values** will help you figure out what to pursue and what to avoid.  
**Here are some examples of core values from which you may wish to choose:**  
dependability, reliability, loyalty, commitment, open-mindedness, consistency, honesty, efficiency.

FLC HS Lesson 1: Healthy Relationships and Dating
## Tucson Unified School District
### Family Life Curriculum

### FLC HS Lesson 1: Healthy Relationships and Dating

#### Anticipatory Set:
- As a class, brainstorm personal strengths you admire in others (peers, family members, friends, teammates, etc.). Then, in partners, discuss how these strengths contribute to a positive and healthy relationship. Share out with the class.

#### Direct Instruction:
- Discuss what students perceive as basic needs. List these on the board. Have students prioritize needs and discuss examples of how the family may help meet these needs. How do friends meet these needs? How does dating meet these needs?
- Introduce Maslow’s Hierarchy of Needs.
- Have students compare their work with Maslow’s Hierarchy of Needs.

#### Guided Practice:
- Discuss self-actualization/self-fulfillment by identifying strengths and setting personal goals.
- On an index card, have each student create one or two goals and then post on a central chart. What are some of the common themes?
- Introduce the importance of choosing friends who contribute to wellness.
- Ask how one would know if a friendship is healthy. Answers might include: a healthy friendship emphasizes strong points, contributes to positive family relationships, and encourages one to put forth their best efforts in activities.
- Discuss the importance of being friends with members of both sexes.

#### Independent Practice:
- Use the Healthy vs Toxic Questionnaire to determine characteristics of a healthy relationship.
- Complete the Defining Toxic Relationships activity.

#### Closure:
- Have students generate a list of reasons why you might want to date during high school years and a list of reasons why you might not want to date during high school years.
- Discuss the types of dates (double, group, blind, party, etc) and the advantages and disadvantages of each.
- Discuss safety issues involved in dating. Emphasize that it is wise to let parents know the “details (where and when)” of the date.
- Have students brainstorm a list of respectful and disrespectful ways and what they might say if they want to end a relationship.
- Discuss the importance of showing mutual respect while maintaining healthy boundaries.
A Hierararchy of Needs

Teacher Information

Abraham Maslow, an American psychologist, presented human needs in the form of a triangle. His idea was that all have basic needs, but some are more basic than others. Consequently, there is a hierarchy of needs. The most basic needs come first. These needs must be met before becoming aware of the others.

Physiological Needs
1. The most basic human needs are the biological requirements for human survival – food, water, sleep, etc.
2. If the first level of physical needs is not satisfied, there is little awareness of other needs.

Safety Needs
1. Freedom from fear.

Emotional Needs
1. Feelings of belonging.
2. Friendship, intimacy, trust, acceptance.
3. Receiving and giving love and affection.

Esteem Needs
1. Esteem for oneself (achievement, independence, dignity, mastery)
2. Desire for reputation or respect from others (prestige, status)

Self-actualization Needs
1. Reach or strive for full potential as a person. This is a life-long process.
2. A desire “to become everything one is capable of becoming.” (Maslow)
Maslow’s Hierarchy of Needs

- **Self-actualization**: achieving one’s full potential, including creative activities
- **Esteem needs**: prestige and feeling of accomplishment
- **Belongingness and love needs**: intimate relationships, friends
- **Safety needs**: security, safety
- **Physiological needs**: food, water, warmth, rest
Healthy vs Toxic Relationship Questionnaire

Relationships, which include friendships, play an important role in everyone’s life and they come in all different shapes and sizes. They also can serve different purposes in your life.

This exercise is to help you reflect on:

- your strengths and
- areas in which you would like to grow
- how these relationships can help or hinder you in being who you desire to be

**Directions:** Read and respond to each statement.

**Think about one of your friends…**

1. Am I able to be myself with this person?

2. Do I feel comfortable and accepted around this person?

3. Does this person share the same values as me?

4. Is this relationship one-sided (one person giving and the other person receiving)?

5. Does this person criticize or judge me?

6. Does this person help me feel good about myself?

7. Does this person have the same level of commitment to the relationship as I do?

8. Does this person share my level of integrity?

9. Do I feel safe when I am with this person?

10. Are they happy for me when I succeed and there for me when I am discouraged?

11. Does this person help you achieve or accomplish your goals?

**After completing this inventory, do you think this friendship qualifies as a healthy relationship?**
Defining Toxic Relationships
(e.g., friends, dating, family)

Directions: Match the toxic relationship (e.g., friends, dating, family) with the definition. Write the letter on the blank space next to the matching definition.

| a. The Gossiper                  | f. The Controller                  |
| b. The User                     | g. The Competitor                  |
| c. The Judger                   | h. The Manipulator                 |
| d. The Taker                    | i. The Self-Centered               |
| e. The Betrayer                 | j. The Promise Breaker             |

_____ This person is a friend based on what YOU can do for them.

_____ This person tells others what you told them in confidence.

_____ This person is very bossy and likes to control everything.

_____ This person is excessively critical of you and others.

_____ This person rarely follows through and is not dependable.

_____ This person likes to spread rumors and share private information.

_____ This person is egocentric and only cares about themselves.

_____ This person likes to “one up” others and likes to compete all the time.

_____ This person is needy, may get jealous and often expects you to fulfill their every need.

_____ This person knows how to convince you to do things you normally would not do.
Defining Toxic Relationships
(Answer Key)

<table>
<thead>
<tr>
<th>a. The Gossiper</th>
<th>f. The Controller</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. The User</td>
<td>g. The Competitor</td>
</tr>
<tr>
<td>c. The Judger</td>
<td>h. The Manipulator</td>
</tr>
<tr>
<td>d. The Taker</td>
<td>i. The Self-Centered</td>
</tr>
<tr>
<td>e. The Betrayer</td>
<td>j. The Promise Breaker</td>
</tr>
</tbody>
</table>

**b** This person is a friend based on what YOU can do for them.

**e** This person tells others what you told them in confidence.

**f** This person is very bossy and likes to control everything.

**c** This person is excessively critical of you and others.

**j** This person rarely follows through and is not dependable.

**a** This person likes to spread rumors and share private information.

**i** This person is egocentric and only cares about themselves.

**g** This person likes to “one up” others and likes to compete all the time.

**d** This person is needy, may get jealous and often expects you to fulfill their every need.

**h** This person knows how to convince you to do things you normally would not do.

FLC HS Lesson 1: Healthy Relationships and Dating
**Lesson Title/Focus:** Decision Making / Healthy Boundaries / Consent

**Materials:**
- Activity Sheet “A Responsible Student’s Approach to Problem Solving and Decision Making.”

**Lesson Objectives:**
Students will be able to
- use problem-solving steps to solve problems and make decisions
- understand that one must be proactive and learn to make decisions and solve problems
- identify possible results of impaired decision-making on sexual behavior
- list commonly used specific drugs and their potential effects on behavior
- discuss reasons teens use drugs in a social situation
- define and understand consent in the context of relationships

**Academic Vocabulary:**
1. self-awareness
2. self-esteem
3. consent
4. impaired/impairment
5. implicit
6. explicit

**Concepts:**
1. The problem solving approach will assist students in making responsible decisions.
2. Realize that self-awareness is an important factor in making responsible decisions, including:
   - developing self-esteem.
   - utilizing responsible decision making to promote healthy relationships.
   - promote good health.
   - enable one to choose responsible sexual behavior.
   - promote responsible parenthood.
   - enable one to make choices that do not conflict with personal values.
3. Protect one’s health and the health of others.
4. Drugs, including alcohol, affect the brain’s decision-making abilities. (See chart)
   - Certain drugs can be given without the users consent to lower people’s inhibitions, causing impaired judgement, impaired motor skills, and amnesia that can lead to sexual assault.
   - Improper use of prescription medication, including sharing, is also drug abuse.
   - Alcohol (beer, wine, liquor) is a potentially addictive and a powerful drug that can impair decision making.
   - Mixing drugs can intensify the impairment and increase the risk of overdose.
5. Consent can be both implicit (perceived) and explicit (stated) and can be withdrawn at any time.

**Anticipatory Set:**
Option 1) What does it mean to make a healthy decision? What is involved in this process?
Option 2) Think about a time when you made a healthy decision. What helped you make this decision?
<table>
<thead>
<tr>
<th>Direct Instruction:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Discuss with the students the elements that go into making responsible decisions and solutions. (Think-Pair-Share)</td>
</tr>
<tr>
<td>- Write the steps in the problem solving approach on whiteboard or flip chart</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guided Practice:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Have students brainstorm a list of ideas for enhancing self-awareness. For example, how might studying hard to get good grades, striving to perfect a skill, or helping someone who is ill, enhance one’s self-awareness?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Independent Practice:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Small group work on specific, commonly misused drugs, and their effects.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Closure:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closing conversation questions:</td>
</tr>
<tr>
<td>- Why might drugs be appealing and conversely, why you would not want to do drugs?</td>
</tr>
<tr>
<td>- How might drugs influence your decision to engage in sexual activity?</td>
</tr>
<tr>
<td>- How might your decision-making process be altered under the influence of the different drugs?</td>
</tr>
</tbody>
</table>
A RESPONSIBLE STUDENT’S APPROACH TO PROBLEM SOLVING AND DECISION MAKING

Directions: Read the following scenario. Apply the problem solving approach and criteria for responsible decision making to this situation.

You and your date go to a party given by some students you do not know well. When you get to the party, you learn that there are a variety of drugs such as alcohol, marijuana, and cocaine available. You know your parents would prefer that you not attend parties with these drugs. Your date says, “As long as we don’t use drugs, what harm is there in staying?”

1. Identify the problem.

2. Identify ways to deal with the problem.

3. Apply criteria for responsible decision making to each alternative.

4. What are the possible consequences of each alternative?

5. Make a responsible decision and act upon it.

6. Evaluate actions.
# FLC HS Lesson 3: Overcoming Peer Pressure / Problem Solving / Refusal Strategies

<table>
<thead>
<tr>
<th>Grade: HS</th>
<th>Lesson: 3</th>
<th>Lesson Title/Focus: Overcoming Peer Pressure / Problem Solving / Refusal Strategies</th>
<th>Materials: Activity sheet “Refusal Strategies”</th>
</tr>
</thead>
</table>

## Lesson Objectives:
Students will be able to
- discuss examples of peer pressure
- identify reasons to abstain from sex
- identify sexual pressures that teenagers experience
- practice refusal strategies
- identify and discuss power differentials

## Academic Vocabulary:
1. power differential
2. refusal strategies
3. self-empowered
4. abstinence
5. peer pressure

## Concepts:
1. Every individual is self-empowered to make decisions based on their needs, preferences, and values.
2. The decision to engage in sexual activity is a personal one that requires self-introspection of your personal and family values.
3. Being able to understand and reject peer pressure is a vital skill.
4. There are power differentials in a variety of relationships, and being able to recognize and understand them will help you to make decisions based on your needs, preferences and values.
5. The development of problem-solving strategies enables one to confront situations in which the social dynamic goes against your values.
6. Refusal strategies are a way to stay true to your own values. Establishing boundaries .is a way to reinforce you own values in the context of any relationship.

## Anticipatory Set:
- The first step in dealing with pressure is learning how to recognize it. How can a person tell if they are being pressured? (Brainstorm and share out)

## Direct Instruction:
- Work with your students to identify examples of power dynamics in relationships and discuss how power differentials can influence your decisions.

## Guided Practice:
- Discuss the following (in small groups):
  - How can you communicate your boundaries when you are being pressured?
### Tucson Unified School District
### Family Life Curriculum

- Sometimes pressure can be sexual. If pressure has to do with sex, then it is sexual pressure. At what point does pressure become sexual?
- Give reasons that people have for becoming sexually active or for waiting (practicing abstinence). Discuss how you may feel pressured to become sexually active if you choose to be sexually abstinent.
- Some may feel they have no choices about becoming sexually involved. What are some of the situations where people feel they have no choices about becoming sexually involved? Brainstorm things you can do or say to navigate this situation.

#### Independent Practice:
- Have students complete “Refusal Strategies Activity”

#### Closure:
- On the back of the “Refusal Strategies Activity” have students summarize today’s learning in a short paragraph.
Refusal Strategies Activity

Directions: Use the refusal strategies steps to resolve the following pressures: These may be done by role-play or in written form.

a. “Let’s do it this one time.”

b. “No one will know if we ________.”

c. “Everyone is ________, why not us?”

d. “Being a virgin is obsolete.”

e. “You’ve already had sex before, so it’s no big deal.”

f. The partner refuses to use a condom.

Refusal strategy steps for acting out or responding to each scenario:
1. Say “No.” It’s okay to say no.
2. Give a reason for your refusal. Be honest and direct. Say what you mean, mean what you say.
3. Stand up for one’s rights and values without putting the other person down
4. Look directly at the person and reinforce your boundaries.
5. Suggest alternative activities or options, but remember your “no” is non-negotiable.
6. Take a definite action; if pressure persists, tell the person that the relationship cannot continue. You can walk away.
7. Request more time.
Tucson Unified School District  
Family Life Curriculum

<table>
<thead>
<tr>
<th>Grade: HS</th>
<th>Lesson Title/Focus: Puberty &amp; Gender</th>
<th>Materials: (not for use as handouts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson: 4</td>
<td></td>
<td>• Adolescent Physical Development Chart</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Menstrual Cycle Chart</td>
</tr>
</tbody>
</table>

**Lesson Objectives:**
Students will be able to
- discuss the physiological (physical and hormonal), emotional, and social changes that occur during puberty
- understand the phases of the menstrual cycle
- recognize that some variations with an individual’s menstrual cycle may be normal and healthy, or could be abnormal and in need of further medical testing and treatment

**Academic Vocabulary:**
1. puberty  
2. menstruation  
3. menstrual Cycle  
4. ovulation  
5. gender  
6. sexuality

**Concepts:**
1. Puberty involves physiological (physical and hormonal), emotional and social changes over time.
   a. Each person’s growth is different and individualized, and can vary from average experiences.  
   b. Sometimes, puberty can occur outside of the expected range. For example:
      - Signs of puberty before age 8 in girls or age 9 in boys may not be healthy; or if there are NO signs of puberty by age 13 in girls or age 14 in boys, that may not be healthy either (see chart below for first signs of puberty); for girls that do have breast development or other secondary sex characteristics, no start of menstruation by age 15 may not be healthy.  
      - During normal visits with your doctor, they may check to see what stage of puberty you are in to ensure a healthy process.  
2. Physical development during puberty – see “Adolescent Physical Development” chart.
   a. Females  
   b. Males  
3. Emotional development during puberty:
   a. In addition to the physical changes of puberty, psychological changes can also occur. These are triggered by the production of the sex hormones, such as estrogen and testosterone. Interest in sex increases. Mood swings are also common during puberty, however extreme mood swings, irritability and other changes may be signs of depression or other health conditions, and you should speak with your doctor.

FLC HS Lesson 4: Puberty & Gender
4. Menstrual Cycle (see Menstrual Cycle chart)
   a. The four phases of the menstrual cycle: pre-ovulatory, ovulation, post-ovulatory, and the menstrual phase
   b. Healthy vs. unhealthy cycles
      - When periods first start, it is common for them to be irregular, and may take years for a regular cycle to develop.
      - Average bleeding throughout one menstrual cycle is about 1/3 cup; heavy bleeding may be if you are soaking a pad or tampon in 2 hours or less.
      - Some individuals experience severe pain during periods, heavy vaginal bleeding during periods, periods that are too frequent or too long apart, vaginal bleeding between periods, severe mood changes, headaches, abdominal cramps, or other symptoms during, before, or after periods, that may or may not be healthy.
      - Those concerned about their periods should talk with their doctor.

5. Gender, Sex and Sexuality
   - Sex
      a. Genetic sex = chromosomes someone has
         - XX (“female”), XY (“male”)
         - Variations may include: XO (Turner Syndrome), XXY (Klinefelter Syndrome)
      b. Anatomic sex = genitalia that someone has
         - Vagina, uterus, ovaries, mammary glands (female)
         - Penis, testicles (male)
         - Other (such as intersex, for example, a hormone exposure during fetal development leads to incomplete or variations in genitalia development)
   - Gender
      a. Gender identity = gender someone identifies as: Women, Man, other
      b. Gender expression = outward appearance (hair, clothing) and other expressions (such as mannerisms, personas, etc.) and the culture’s perception of that appearance as it relates to gender: Feminine, Masculine, other
   - Sexuality
      a. Sexual orientation = who someone is sexually and emotionally attracted to (often based on someone’s gender)
      b. Sexual identity = how someone identifies their sexuality
         ▪ Gay / Lesbian (someone who is sexually and emotionally attracted to someone of the same gender)
         ▪ Straight (someone who is sexually and emotionally attracted to someone of the opposite gender)
         ▪ Bisexual (someone who is sexually and emotionally attracted to someone of both genders)
      c. Sexual behavior = what someone does sexually and with whom
6. Medical Relationships/Support  
   a. As you enter adolescence, the importance of having a personal primary care physician with whom you have a long-term relationship is increasingly important. As you grow closer to adulthood, it is helpful to have someone you trust and can talk to about your body’s changes.

**Anticipatory Set:**  
- Introduce and assess prior knowledge of lesson vocabulary.

**Direct Instruction:**  
- Introduce and discuss the concepts listed above.  
- Discuss the physical changes that occur during puberty. Use the chart “Adolescent Physical Development.”  
- Understand the similarities and differences in male and female development.  
- Discuss the social and emotional changes that occur during puberty.

**Guided Practice:**  
- Think-Pair-Share: How is gender/sex/sexuality reflected in today’s media? Where and how does it not always align with societal expectations?  
- Have you ever seen or witnessed somebody being treated poorly because of these expectations? How could you support them?

**Independent Practice:**  
- Explore or compare/contrast masculine and feminine stereotypes, expectations, and archetypes from different time periods.

**Closure:**  
- Have you ever seen or witnessed somebody being treated poorly because of the way they look, the way they dress, or the way they express themselves? How could you support them? Complete a written response (exit ticket) or share out answers.

**Additional Resources:**  
The following examples are provided for teacher clarity and understanding of the concepts discussed in this lesson. The examples aren’t intended to be given directly to students.

1. Noah has a male sex, has short hair and wears clothes commonly worn by males in the culture, identifies as a man and uses male pronouns like he/him/his (“cisgender” is when birth sex and gender are the same), is attracted sexually and emotionally to women and identifies as straight, and has sex with a woman.

2. Maria has a female sex, has short hair and wears clothes commonly worn by males in her culture, but identifies as a woman (is cisgender, but may be considered by the culture as gender non-conforming). She is attracted sexually and emotionally to men and identifies as straight.
3. Lucas has a male sex, has the masculine gender expression based on his culture and identifies as a man. He is sexually and emotionally attracted to other men and identifies as gay.

4. Bobbie has a male sex, has long hair and wears jewelry and clothing commonly worn by females in the culture, and identifies as a women and uses female pronouns like she/her/hers (is “transgender”). She is sexually and emotionally attracted to men and identifies as a straight woman.

5. Mateo has a male sex, has a masculine gender expression based on his culture and identifies as a man. He is sexually and emotionally attracted to other men, but due to societal pressures does not identify as gay and has sex with women.
### Adolescent Physical Development Chart

<table>
<thead>
<tr>
<th>Aspects of Development</th>
<th>Age when change usually begins</th>
<th>Description of the change</th>
<th>Aspects of Development</th>
<th>Age when change usually begins</th>
<th>Description of the change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in height and weight</td>
<td>10-12</td>
<td>One of the earliest signs of puberty is an increase in height and weight gains. The growth spurt can last four years, but is most rapid during the first two.</td>
<td>Increase in height and weight</td>
<td>12-13</td>
<td>One of the earliest signs of puberty is an increase in height and weight gains. The growth spurt can last four years, but is most rapid during the first two.</td>
</tr>
<tr>
<td>Breast development</td>
<td>10-12</td>
<td>This stage begins with “budding,” an enlargement of the nipple and surrounding area. A year or so later the breasts will begin to enlarge.</td>
<td>Genital development and ejaculation</td>
<td>11-13</td>
<td>Hormonal activity at the start of puberty stimulates the growth of the testicles. The skin of the scrotum darkens and the penis lengthens and broadens. The ejaculation of the seminal fluid usually occurs within two years of this genital development.</td>
</tr>
<tr>
<td>Growth of pubic hair</td>
<td>10-11</td>
<td>Pubic hair first grows as light, soft hair in the external genital area. The hair darkens and covers a larger area during the next few years. Underarm hair begins to grow approximately 1-2 years after pubic hair.</td>
<td>Growth of pubic, underarm and facial hair</td>
<td>11-15</td>
<td>The growth of pubic hair normally starts first and is followed a year or so later by facial hair. Heredity will affect the growth of body and facial hair.</td>
</tr>
<tr>
<td>Development of apocrine sweat glands</td>
<td>12-13</td>
<td>Apocrine sweat glands become active in the underarm, in the groin and around the nipples. These glands produce a different type of sweat than other sweat glands (eccrine) that results in body odor if not regularly washed.</td>
<td>Development of apocrine sweat glands</td>
<td>13-15</td>
<td>Apocrine sweat glands become active in the underarm, in the groin and around the nipples. These glands produce a different type of sweat than other sweat glands (eccrine) that results in body odor if not regularly washed.</td>
</tr>
<tr>
<td>Onset of menstruation (First Period)</td>
<td>11-14</td>
<td></td>
<td>Deepening of the voice</td>
<td>13-15</td>
<td>The voice box (larynx) begins to enlarge. An “Adam’s Apple” may develop. The voice deepens about a year after the enlargement of the larynx.</td>
</tr>
</tbody>
</table>
Menstrual Cycle Chart

- Ovarian Histology
  - Follicle
  - Maturing Follicle
  - Ovulation
  - Corpus Luteum
  - Degenerate C. Luteum

- Body Temperature
  - 37°C
  - 36°C

- Estradiol
- Follicle-Stimulating Hormone
- Luteinizing Hormone
- Progesterone

- Follicular Phase
- Luteal Phase
- Menstruation
- Ovulation

Endometrial Histology

Day of Menstrual Cycle
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

(Average values. Durations and values may differ between different females or different cycles.)

FLC HS Lesson 4: Puberty & Gender
Lesson Title/Focus:
Reproductive Systems & Sexual Intercourse

Materials:
- Male reproductive system diagram
- Female reproductive system diagram

Lesson Objectives:
Students will be able to
- develop knowledge of the structures and functions of the female and male reproductive system
- be able to explain human reproduction

Academic Vocabulary:
1. Reference reproductive systems vocabulary.

Concepts:
1. It is important that everyone know and understand reproductive systems.
   a. Male reproductive system
   b. Female reproductive system
   c. Process of sexual intercourse
      i. Function of male and female reproductive organs.
      ii. When pregnancy is possible
2. Forms of sexual intercourse and stimulation
   A) What is required before any sexual activity with another individual
      1. Consent by all partners
         (1) Someone under the influence of drugs or alcohol, who feels coerced or pressured, or some intellectual disabilities cannot NOT give consent
      2. Plan to avoid pregnancy and infections
      3. (1) The only 100% (same phrase as previous lessons)
      4. (3) Privacy
   B) "Sexual intercourse" means penetration into the penis, vulva or anus by any part of the body or by any object or masturbatory contact with the penis or vulva.
   C) “Oral sexual contact” means oral contact with the penis, vulva or anus.
      1. Low risk of HIV but other /STIs may be possible
3. How prevalent is sexual intercourse among teens?
   1. More than half of students surveyed are not sexually active
   2. Statistics from the CDC:
      Among U.S. high school students surveyed in 2017:
      ● 40% had ever had sexual intercourse.
      ● 10% had four or more sexual partners.
      ● 7% had been physically forced to have sexual intercourse when they did not want to.
      ● 30% had had sexual intercourse during the previous 3 months, and, of these
         ○ 46% did not use a condom the last time they had sex.
         ○ 14% did not use any method to prevent pregnancy.
         ○ 19% had drunk alcohol or used drugs before last sexual intercourse.
Less than 10% of all students have ever been tested for human immunodeficiency virus (HIV).

STIs
- Half of the 20 million new STIs reported each year were among young people, between the ages of 15 to 24

Teen Pregnancy
- Nearly 194,000 babies were born to teen girls aged 15–19 years in 2017, down 7% from 2016.

Anticipatory Set:
- Review vocabulary for student understanding.

Direct Instruction:
- Present the information and statistics listed in the concepts section.

Guided Practice:
- Explain the path of the sperm as it travels in the male reproductive system and the structures that contribute to the formation of semen.
- Explain the functions of the male and female reproductive systems and how sexual intercourse and fertilization occurs.
- Review vocabulary for student understanding.
- Show and discuss an approved instructional resource.

Independent Practice:
- Label external and internal parts of the male and female reproductive systems.
- Have students discuss the statistics about teens and sexual activity. Are you surprised by these results?

Closure:
- Why might the rate of unprotected sex be so high? Think about the decision making lesson and the problem solving lesson. How might this rate of unprotected sex be lowered? Respond in writing (exit ticket) or share out responses.
### Lesson Title/Focus:
Contraception

### Materials:
- Worksheet “Myth or Facts”
- Worksheet “Myth or Facts” Answer Key
- Birth Control Choices Information Sheets (for teacher reference, not for use as hand-out)

### Lesson Objectives:
Students will be able to
- make educated choices about their family planning / birth control methods

### Academic Vocabulary:
1. abstinence
2. contraceptives
3. douching
4. prescription barrier methods
5. spermicide

### Concepts:
1. It is important to make decisions about sexual behavior before becoming involved in a relationship where there is a desire to express physical affection.
2. Learning about birth control and having birth control access does not increase a teen’s chances of being sexually active.
3. Before someone starts exploring sexual activity, they should have a plan in place on how to avoid unintended pregnancy.
4. Emergency contraception (Plan B) is a safe and effective way to reduce the chances of unintended pregnancy if taken within 3 days after penile/vaginal intercourse.
5. The contents contained in this lesson address pregnancy and contraception, for more information about STIs see Lesson 7 of this curriculum.

### Anticipatory Set:
- Assess understanding of vocabulary

### Direct Instruction:
- Discuss abstinence as the only 100% effective method of preventing pregnancy and sexually transmitted infections.
- Discuss methods of birth control and prevention of unintended pregnancies.

### Guided Practice:
- Using the information in the “Contraception Choices” document discuss the effectiveness, side effects, timing and convenience of birth control methods. Also discuss access to birth control, such as which are over-the-counter and which are prescription items.

### Independent Practice:
- Complete the “Myth and Fact” worksheet.

### Closure:
- Review the answers and explanations for the “Myth and Fact” worksheet.
MYTH OR FACT?

**Directions:** Read each statement. Write FACT on the line if you think the statement is true. Write MYTH on the line if you think the statement is false.

_________ THE BEST WAY TO USE A CONDOM IS TO PUT IT ON TIGHTLY

_________ IF A MALE REMOVES THE PENIS FROM THE VAGINA BEFORE EJACULATION OCCURS, HE CAN BE SURE TO PREVENT PREGNANCY.

_________ ABSTINENCE IS THE MOST EFFECTIVE METHOD OF AVOIDING STI’S.

_________ DOUCHING OR PEEING AFTER SEX WILL WASH THE SPERM OUT OF THE VAGINA AND PROTECT AGAINST PREGNANCY AND DISEASE.

_________ BIRTH CONTROL PILL USE ALONE IS EFFECTIVE IN PREVENTING SEXUALLY TRANSMITTED INFECTIONS (STI’S)

_________ A WOMAN IS PROTECTED FROM PREGNANCY THE DAY SHE BEGINS TAKING THE PILL

_________ HORMONAL BIRTH CONTROL CAN INCREASE MY RISK OF CANCER AND MAY CAUSE ME TO BE INFERTILE.
MYTH OR FACT?

Answer Key

__MYTH__  THE BEST WAY TO USE A CONDOM IS TO PUT IT ON TIGHTLY
A condom shouldn’t be worn tightly because one needs to prevent the thin
sheath of rubber from damage or breakage as well as to prevent sperm from
entering the vagina. The tip of the condom must be positioned correctly to
receive the sperm following ejaculation.

__MYTH__  IF A MALE REMOVES THE PENIS FROM THE VAGINA BEFORE
EJACULATION OCCURS, HE CAN BE SURE TO PREVENT PREGNANCY
Pregnancy can still occur because prior to ejaculation there are sperm
present in the pre-ejaculate (“pre-cum”) fluid.

__FACT__  ABSTINENCE IS THE MOST EFFECTIVE METHODS OF AVOIDING STI’S
AND INFECTIONS
Abstinence IS the only 100% guaranteed effective method of avoiding STIs
and infections.

__MYTH__  DOUCHING OR PEEING AFTER SEX WILL WASH THE SPERM OUT OF
THE VAGINA AND PROTECT AGAINST PREGNANCY AND DISEASE
Douching or peeing after sex will NOT protect one against pregnancy and
STIs. Douching can actually lead to vaginal infections and is not
recommended. Peeing after vaginal intercourse may help reduce the risk of
bladder infections (UTIs) but NOT prevent pregnancy or STIs

__MYTH__  BIRTH CONTROL PILL USE ALONE IS EFFECTIVE IN PREVENTING
SEXUALLY TRANSMITTED INFECTIONS (STI’S)
Birth control pills will not prevent Sexually Transmitted Infections.

__MYTH__  A WOMAN IS PROTECTED FROM PREGNANCY THE DAY SHE BEGINS
TAKING THE PILL
A woman may need to take birth control pills for the full cycle before it can
help prevent pregnancy.

__MYTH__  HORMONAL BIRTH CONTROL CAN INCREASE MY RISK OF CANCER
AND MAY CAUSE ME TO BE INFERTILE.
Hormonal birth control pills, patches, Depo shot, arm implant, IUD, and
other forms of hormonal birth will NOT increase the risk of cancer and will
NOT cause infertility. However, there can be risks involved with taking
medication. Certain methods of birth control may not be appropriate for
you. Talk to you doctor about the risks and benefits of each method.
<table>
<thead>
<tr>
<th>Method</th>
<th>How well does it work?</th>
<th>How to Use</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Implant</td>
<td>&gt; 99%</td>
<td>A health care provider places it under the skin of the upper arm. It must be removed by a health care provider</td>
<td>Long lasting (up to 5 years)</td>
<td>Can cause irregular bleeding. After 1 year, you may have no period at all. Does not protect against human immunodeficiency virus (HIV) or other sexually transmitted infections (STIs)</td>
</tr>
<tr>
<td>Progestin IUD</td>
<td>&gt; 99%</td>
<td>Must be placed in uterus by a health care provider. Usually removed by a health care provider</td>
<td>May be left in place 3 to 7 years, depending on which IUD you choose. No pill to take daily. Often decreases cramps. Can be used while breastfeeding. You can become pregnant right after it is removed.</td>
<td>May cause lighter periods, spotting, or no period at all. Rarely, uterus is injured during placement. Does not protect against HIV or other STIs.</td>
</tr>
<tr>
<td>Copper IUD</td>
<td>&gt; 99%</td>
<td>Must be placed in uterus by a health care provider. Usually removed by a health care provider</td>
<td>May be left in place for up to 12 years. No pill to take daily. Can be used while breastfeeding. You can become pregnant right after it is removed.</td>
<td>May cause more cramps and heavier periods. May cause spotting between periods. Rarely, uterus is injured during placement. Does not protect against HIV or other STIs.</td>
</tr>
<tr>
<td>The Shot</td>
<td>94%</td>
<td>Get a shot every 3 months.</td>
<td>Each shot works for 12 weeks. Private. Usually decreases periods. Helps prevent cancer of the uterus. No pill to take daily. Can be used while breastfeeding.</td>
<td>May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive. May cause delay in getting pregnant after you stop the shots. Side effects may last up to 6 months after you stop the shots. Does not protect against HIV or other STIs.</td>
</tr>
<tr>
<td>The Pill</td>
<td>91%</td>
<td>Must take the pill daily</td>
<td>Can make periods more regular and less painful. Can improve PMS symptoms. Can improve acne. Helps prevent cancer of the ovaries. You can become pregnant right after stopping the pills.</td>
<td>May cause nausea, weight gain, headaches, change in sex drive – some of these can be relieved by changing to a new brand. May cause spotting the first 1-2 months. Does not protect against HIV or other STIs.</td>
</tr>
<tr>
<td>Progestin-Only Pills</td>
<td>91%</td>
<td>Must take the pill daily</td>
<td>Can be used while breastfeeding. You can become pregnant right after stopping the pills.</td>
<td>Often causes spotting, which may last for many months. May cause depression, hair or skin changes, change in sex drive. Does not protect against HIV or other STIs.</td>
</tr>
<tr>
<td>The Patch</td>
<td>91%</td>
<td>Apply a new patch once a week for three weeks. No patch in week 4.</td>
<td>Can make periods more regular and less painful. No pill to take daily. You can become pregnant right after stopping patch.</td>
<td>Can irritate skin under the patch. May cause spotting the first 1-2 months. Does not protect against HIV or other STIs.</td>
</tr>
<tr>
<td>The Ring</td>
<td>91%</td>
<td>Insert a small ring into the vagina. Change ring each month.</td>
<td>One size fits all. Private. Does not require spermicide. Can make periods more regular and less painful. No pill to take daily. You can become pregnant right after stopping the ring.</td>
<td>Can increase vaginal discharge. May cause spotting the first 1-2 months of use. Does not protect against HIV or other STIs.</td>
</tr>
</tbody>
</table>

FLC HS Lesson 6: Contraception
## Tucson Unified School District
### Family Life Curriculum

<table>
<thead>
<tr>
<th>Method</th>
<th>How well does it work?</th>
<th>How to Use</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>External Condom</strong></td>
<td>82%</td>
<td>Use a new condom each time you have sex</td>
<td>Can buy at many stores</td>
<td>Can decrease sensation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use a polyurethane condom if allergic to latex</td>
<td>Can put on as part of sex play/foreplay</td>
<td>Can cause loss of erection</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can help prevent early ejaculation</td>
<td>Can break or slip off</td>
</tr>
<tr>
<td><strong>Internal Condom</strong></td>
<td>79%</td>
<td>Use a new condom each time you have sex</td>
<td>Can put on as part of sex play/foreplay</td>
<td>Can decrease sensation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use extra lubrication as needed</td>
<td>Can be used for anal and vaginal sex</td>
<td>May be noisy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>May increase pleasure when used for anal and vaginal sex</td>
<td>May be hard to insert</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Good for people with latex allergy</td>
<td>May slip out of place during sex</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Protects against HIV and other STIs</td>
<td>Requires a prescription from your health care provider</td>
</tr>
<tr>
<td><strong>Withdrawal</strong></td>
<td>70%</td>
<td>Pull penis out of vagina before ejaculation (that is, before coming)</td>
<td>Costs nothing</td>
<td>Less pleasure for some</td>
</tr>
<tr>
<td><strong>Diaphragm</strong></td>
<td>80%</td>
<td>Must be used each time you have sex</td>
<td>Can last several years</td>
<td>Does not work if penis is not pulled out in time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Must be used with spermicide</td>
<td>Costs very little to use</td>
<td>Does not protect against HIV or other STIs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>May protect against some infections, but <strong>not HIV</strong></td>
<td>Must interrupt sex</td>
</tr>
<tr>
<td><strong>Fertility Awareness</strong></td>
<td>76%</td>
<td>Predict fertile days by taking temperature daily, checking vaginal mucus</td>
<td>Costs little</td>
<td>Using spermicide may raise the risk of getting HIV</td>
</tr>
<tr>
<td><strong>Spermicide</strong></td>
<td>72%</td>
<td>Insert spermicide each time you have sex</td>
<td>Can be used while breastfeeding</td>
<td>Should not be used with vaginal bleeding or infection</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can be used while breastfeeding</td>
<td>Raises risk of bladder infection</td>
</tr>
<tr>
<td><strong>Emergency Contraception Pills</strong></td>
<td>50 - 94%</td>
<td>Works best the sooner you take it after unprotected sex</td>
<td>Can be used while breastfeeding</td>
<td>May raise the risk of getting HIV</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Available at pharmacies, health centers, or health care providers: call ahead to see if they have it</td>
<td>Can be used while breastfeeding</td>
<td>May irritate vagina, penis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>People of any age can get progesterin EC without a prescription</td>
<td>May cause stomach upset or nausea</td>
<td>Cream, gel, and foam can be messy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If pack contains 2 pills, take both together</td>
<td>May cause spotting</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Does not protect against HIV or other STIs</td>
<td></td>
</tr>
</tbody>
</table>

Reproductive Health Access Project / August 2018

www.reproductiveaccess.org

**FLC HS Lesson 6: Contraception**
Tucson Unified School District
Family Life Curriculum

<table>
<thead>
<tr>
<th>Grade: HS</th>
<th>Lesson Title/Focus: Sexually Transmitted Infections (STIs)</th>
<th>Materials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson: 7</td>
<td></td>
<td>- Teacher resource: STI Information Pages (9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Worksheet “Causes and Transmission of Sexually Transmitted Infection Study Guide”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Worksheet “Vocabulary Activity”</td>
</tr>
</tbody>
</table>

**Lesson Objectives:**
Students will be able to
- discuss the cause and transmission of sexually transmitted infections (STIs)
- define the term sexually transmitted infection
- identify and describe the symptoms and treatment for the most common STIs
- discuss the importance of seeking medical attention for any sign of a STIs
- describe consequences of STIs if left untreated
- discuss abstinence as the only 100% effective method of preventing pregnancy and STIs

**Academic Vocabulary:**
1) sexually transmitted infections (STIs)
2) AIDS (taught separately in Health Education Curriculum under communicable diseases)
3) chlamydia
4) gonorrhea
5) hepatitis
6) herpes
7) HPV
8) pelvic inflammatory disease (PID)
9) pediculosis (pubic lice)
10) syphilis
11) trichomoniasis
12) bacterial vaginosis
13) vaginitis

**Concepts**
1. STIs are diseases that are passed from person to person during sexual contact. Most STIs can only be transmitted through intimate sexual contact, but there are a few exceptions. Students must be aware of the causes, signs, symptoms, treatment and complications of STIs, and when to seek medical care.
2. All sexual partners of anyone treated for an STI must be tested and/or treated.
3. Many people with an STI may not have any symptoms at all, but can still transmit the infection to another person or have symptoms in the future themselves. Teens (or adolescents) who are sexually active should be tested for STIs regularly even if they don’t have symptoms.
4. Abstinence is the only 100% effective way to prevent STI transmission.
5. Using a condom or other barrier method reduces the risk of STI transmission.
6. For individuals at higher risk for HIV transmission, they should talk to their doctor about using medicine to prevent HIV (“Pre-exposure prophylaxis” or PrEP)
7. The HPV vaccine can help prevent the highest risk of HPV and reduce the risk of cervical cancer

FLC HS Lesson 7: Sexually Transmitted Infections (STIs)
### Tucson Unified School District
### Family Life Curriculum

#### Anticipatory Set:
- Have students make a T chart, listing everything they already know about STIs on the left and everything they want to know on the right.
- Use their charts as a way of teaching. Dispel misinformation and help students learn what they want to know.

#### Direct Instruction:
- Use the Teacher Resource: STI Information Pages to present this information to your students.

#### Guided Practice:
- Choose from the approved media list on STIs to show to students. Discuss issues presented in the films.
- Invite speaker from Pima County Health Department to discuss STIs as covered in this curriculum.
  A. Have students prepare questions ahead of time.
  B. Review questions before giving them to the speaker. If time allows, have speaker talk a few minutes on careers in public health.

#### Independent Practice:
- Have students complete the “Causes and Transmission of Sexually Transmitted Infections Vocabulary and Study Guide.”
- Have students complete the “Vocabulary Activity” worksheet.

#### Closure:
- Have each student pick one STI and write a paragraph about what they have learned.
### AIDS (Acquired Immune Deficiency Syndrome)

**Cause:** virus

<table>
<thead>
<tr>
<th>How is it contracted?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>It is spread through contact with someone who has the HIV virus by:</td>
<td></td>
</tr>
<tr>
<td>• Sharing needles</td>
<td></td>
</tr>
<tr>
<td>• Mother to unborn child</td>
<td></td>
</tr>
<tr>
<td>• Breast milk (low risk)</td>
<td></td>
</tr>
<tr>
<td>• Blood to blood contact</td>
<td></td>
</tr>
<tr>
<td>• Sexual contact (most commonly anal or vaginal)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptoms:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute HIV (weeks to months after transmission)</td>
<td></td>
</tr>
<tr>
<td>• Flu-like feelings that do not go away</td>
<td></td>
</tr>
<tr>
<td>• General rash</td>
<td></td>
</tr>
<tr>
<td>AIDS</td>
<td></td>
</tr>
<tr>
<td>• Unexplained weight loss</td>
<td></td>
</tr>
<tr>
<td>• Long-term otherwise unexplained diarrhea</td>
<td></td>
</tr>
<tr>
<td>• Frequent and recurrent infections</td>
<td></td>
</tr>
<tr>
<td>• Infections in the mouth</td>
<td></td>
</tr>
<tr>
<td>• Unusual changes to the skin</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment:</th>
<th>If not treated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No cure</td>
<td>• It can be spread to sexual partners and anyone who has blood to blood contact</td>
</tr>
<tr>
<td>• Medication suppresses HIV to slow the progressions of the infection</td>
<td>• AIDS can be deadly</td>
</tr>
<tr>
<td></td>
<td>• Mothers can pass the virus on to their unborn children</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicines:</th>
<th>Prevention:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• HAART may be used so that HIV is no longer detectable in the blood</td>
<td>• Medication (pre-exposure prophylaxis or PReP) may be used in those with higher risk of acquiring HIV to help prevent HIV</td>
</tr>
</tbody>
</table>
Sexually Transmitted Infections: Information Page (2)

<table>
<thead>
<tr>
<th>CHLAMYDIA (the most common STI)</th>
<th>Cause: bacterium (Chlamydia Trachomatis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is the primary cause of Pelvic Inflammatory Disease (PID)</td>
<td></td>
</tr>
</tbody>
</table>

How is it contracted?
- Spread during sexual intercourse, oral sex or anal sex with someone who has chlamydia

Symptoms:
- Symptoms usually begin 7-21 days after having sex with an infected person
- Most people have no obvious symptoms but may still transmit the infection and they may still get complications of the infection
- Discharge (usually white/watery/pus) from the vagina or penis
- Burning pain during urination or sex
- Throat pain (similar to strep throat)
- Anal/rectal pain or discharge

Diagnosis:
- Testing of the urine or a special swab of the source area

Treatment:
- Oral antibiotics
- Treatment should always be for both the infected individual and their partner(s) to prevent reinfection

If not treated:
- Can be passed on to sexual partners
- Can lead to more serious infection, such as Pelvic Inflammatory Disease, which can cause infertility

---

<table>
<thead>
<tr>
<th>GONORRHEA</th>
<th>Cause: bacterium (Neisseria gonorrhoea, more commonly called gonococcus)</th>
</tr>
</thead>
</table>

How is it contracted?
- Spread during sexual intercourse, oral sex or anal sex with someone who has gonorrhea

Symptoms:
- Symptoms usually begin 2-5 days after having sex with an infected person
- Discharge (usually white/yellow/pus) from the vagina or penis
- Burning pain during urination or sex
- Throat pain (similar to strep throat)
- Anal/rectal pain or discharge
- Most people have no obvious symptoms but may still transmit the infection and they may still get complications of the infection

Diagnosed by: Testing the urine or a special swab of the source area

Treatment:
- Antibiotics (usually injection)
- Treatment should always be for both the infected individual and their partner(s) to prevent reinfection

If not treated:
- Can be passed on to sexual partners
- Can lead to more serious infection, such as Pelvic Inflammatory Disease, which can cause infertility
- Can cause more serious complications by spreading throughout the body
### Sexually Transmitted Infections: Information Page (3)

<table>
<thead>
<tr>
<th></th>
<th>HEPATITIS A (HAV)</th>
<th>HEPATITIS B (HBV)</th>
<th>HEPATITIS C (HCV)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cause:</strong></td>
<td>virus</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How is it contracted?</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral contact with fecal matter (poop) through:</td>
<td>Spread in semen and blood</td>
<td>Spread through blood</td>
</tr>
<tr>
<td></td>
<td>o Unsafely prepared food</td>
<td>o Sexual contact</td>
<td>o Sexual contact (less common than HBV)</td>
</tr>
<tr>
<td></td>
<td>o Poor hand washing</td>
<td>o Mothers to unborn children</td>
<td>o Sharing needles for intravenous drug use</td>
</tr>
<tr>
<td></td>
<td>o Oral-rectal sexual contact</td>
<td>o Transfusions (rare)</td>
<td>o Mothers to unborn children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Organ transplants (rare)</td>
<td>o Transfusions (rare)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>o Organ transplants (rare)</td>
</tr>
<tr>
<td><strong>Symptoms:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>May be invisible during its most contagious phase</td>
<td>Extreme fatigue, headache, fever, hives</td>
<td>May be invisible during its most contagious phase</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extreme fatigue, headache, fever, hives</td>
<td>Lack of appetite, nausea, vomiting, tenderness in the right upper abdomen</td>
<td>Extreme fatigue, headache, fever, hives</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of appetite, nausea, vomiting, tenderness in the right upper abdomen</td>
<td>May progress to dark urine, clay-colored stool, yellowing of the skin and whites of the eyes (jaundice)</td>
<td>Lack of appetite, nausea, vomiting, tenderness in the right upper abdomen</td>
</tr>
<tr>
<td><strong>Treatment:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No treatment</td>
<td>Can sometimes be treated with medication</td>
<td>medications can cure the virus</td>
</tr>
<tr>
<td></td>
<td>Often clears in 4-8 weeks, but sometimes does not</td>
<td>Unlikely to clear spontaneously</td>
<td>Unlikely to clear spontaneously</td>
</tr>
<tr>
<td><strong>Prevention:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>series of vaccinations</td>
<td>series of vaccinations</td>
<td>no vaccination to prevent infection</td>
</tr>
<tr>
<td><strong>If not treated:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HAV, HBV, and HCV are all contagious</td>
<td>Can lead to severe or even permanent liver damage</td>
<td>HAV, HBV, and HCV are all contagious</td>
</tr>
<tr>
<td></td>
<td>Can lead to severe or even permanent liver damage</td>
<td>Some people remain infected and contagious for the rest of their lives</td>
<td>Can lead to severe or even permanent liver damage</td>
</tr>
</tbody>
</table>
**HERPES**

**Cause:** virus

<table>
<thead>
<tr>
<th>How is it contracted?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Spread during contact with an open sore/blister – can be from oral/vaginal/anal sexual intercourse or general contact.</td>
<td></td>
</tr>
<tr>
<td>• Highest risk of transmission is during the active phase when a sore or blister is present, but it can be spread at other times too</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptoms:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Symptoms show up 2-21 (average 6) days after having sex with an infected person</td>
<td></td>
</tr>
<tr>
<td>• Initial breakout can be accompanied by flu-like feelings, run-down body, swollen glands, fever and chills, muscle ache, nausea</td>
<td></td>
</tr>
<tr>
<td>• Blisters that last 1-3 weeks, often break and become open sores</td>
<td></td>
</tr>
<tr>
<td>• Itching or burning before the blisters appear, followed by small, painful blisters on the sex organs, buttocks, or mouth (cold sores)</td>
<td></td>
</tr>
<tr>
<td>• Blisters go away, but herpes virus remains in the body</td>
<td></td>
</tr>
<tr>
<td>• Blisters reoccur</td>
<td></td>
</tr>
<tr>
<td>• Possible triggers for breakouts include emotional stress, poor diet, menstruation, sunburn, friction from tight clothing and vigorous sexual intercourse</td>
<td></td>
</tr>
<tr>
<td>• Some people have no symptoms</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment:</th>
<th>If not treated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• There is no cure</td>
<td>• Can be spread to sexual partners</td>
</tr>
<tr>
<td>• Treatment can help symptoms</td>
<td>• A mother with an active herpes breakout may deliver early or miscarry. If the baby contracts herpes during delivery, they may suffer severe illness or death. Is there is an active breakout in the mother, she will usually deliver cesarean section.</td>
</tr>
</tbody>
</table>
**HUMAN PAPILLOMA VIRUS (HPV), GENITAL WARTS, CERVICAL/PENILE/ANAL CANCER**

**Cause:** virus

**Information:**
- Over 100 strains of HPV exist. Different strains cause warts on the hands and feet but these strains are not STIs. Other strains only infect human genital organs and some of these strains can lead to cancer.

**How is it contracted?**
- Almost always spread through genital contact or during oral, anal, or vaginal sex with someone who has HPV
- Being exposed to HPV leads to a greater than 50% chance of contracting the virus

**Symptoms:**
- Usually appear within three months but can begin anywhere from six weeks to eight months after exposure
- Genital warts are white or gray in color, appear in clusters and may be described as “cauliflower-like”. Sometimes they are the same color as the person’s skin tone
- Sometimes there are no symptoms

**Prevention:**
- The HPV strains that are most likely to lead to cancer can be prevented by a vaccine
- Cervical cancer can be prevented if women get regular screening (called a Pap smear) starting at age 21 and every 3-5 years after.

**Treatment:**
- Cannot be cured without medication
- Warts can be removed by a doctor using freezing, medication, or surgical methods, but they can regrow
- Penile and anal cancer are treated by removing cancerous cells

**If not treated:**
- Can be spread to another person
- Can lead to cervical, penile, or anal cancer

---

**PELVIC INFLAMMATORY DISEASE (PID)**

**Cause:** bacteria

**How is it contracted?**
- Spread during sexual intercourse
- Usually caused by an infection such as chlamydia that moves into the uterus (in women)

**Symptoms:**
- Occurs in both men and women
- Pelvic pain, chills, fever, irregular menstrual periods (women), lower back pain (women), pain and swelling of scrotum (men)

**Treatment:**
- Usually antibiotics based on the specific infection

**If not treated:**
- Scar tissue in the fallopian tubes resulting in dangerous tubal pregnancy later in life
- Sterility
- Scar tissue in vas deferens
- May move into the abdomen and blood stream, causing an even more serious infection
PEDICULOSIS PUBIS (pubic lice, crabs, lice)  
**Cause:** parasite

**Information:**
- Crab-like parasites that live in the pubic hair and feed on tiny human blood vessels.
- They attach to the hair follicles and deposit their eggs near the base of the hair shaft.
- They reproduce quickly and cannot be washed off.
- The louse is a tiny white organism that looks like a crab. It has claws that enable it to attach itself to the hairs of the genitals, chest, armpits or scalp.
- Once secured to the hairs, the louse inserts its mouthpiece into the skin and feeds on blood. During feeding, it injects saliva into the skin which causes irritation and severe itching

**How is it contracted?**
- Spread by intimate physical contact with infected person
- Could get from infected bedding, clothing or towels, hairbrush (as eggs can live up to 6 days)

**Symptoms:**
- Symptoms usually show up 25-30 days after exposure
- Small bumps at the base of the hair
- Intense itching in pubic area
- Bloodstains may be noticed on underwear

**Diagnosis:**
- usually diagnosed by sight

**Treatment:**
- special shampoos such as K-Well, A-200, and Cuprex, are available from the pharmacy without a prescription

**If not treated:**
- Can be spread to sexual partner(s)
- Continued symptoms
SYPHILIS

**Cause:** bacterium (treponema pallidum)

<table>
<thead>
<tr>
<th>How is it contracted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Spread during sexual intercourse, oral sex or anal sex with someone who has syphilis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptoms:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary syphilis – usually detected as a painless sore on the penis or vagina</td>
</tr>
<tr>
<td>1. Incubation period is from 10 days to three months</td>
</tr>
<tr>
<td>2. Symptoms show up 1-2 weeks after having sex</td>
</tr>
<tr>
<td>3. A painless, reddish-brown sore (chancre) on the mouth or sex organs (penis, vagina, or cervix)</td>
</tr>
<tr>
<td>4. Sore goes away, but syphilis remains</td>
</tr>
<tr>
<td>Secondary syphilis</td>
</tr>
<tr>
<td>1. Symptoms show up within 10 weeks after primary stage</td>
</tr>
<tr>
<td>2. An itchless, painless rash anywhere on the body caused by the infection as they enter the bloodstream on their way to the vital organs</td>
</tr>
<tr>
<td>3. Flu-like symptoms</td>
</tr>
<tr>
<td>4. Rash and flu-like symptoms go away within 2-6 weeks, but syphilis remains</td>
</tr>
<tr>
<td>Late syphilis is the final stage, during which the infection is reactivated, often years later, which can cause brain / neurologic symptoms and even death</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Antibiotics, injection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If not treated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Syphilis can be spread to sexual partners</td>
</tr>
<tr>
<td>- Infected mothers can spread it to their babies during childbirth or a stillbirth may occur</td>
</tr>
<tr>
<td>- Complications as described above</td>
</tr>
<tr>
<td>- Syphilis can be serious, even deadly, if left untreated.</td>
</tr>
<tr>
<td>- Modern health care and screening methods almost always detect the disease before it progresses far enough to be fatal.</td>
</tr>
</tbody>
</table>
## TRICHOMONIASIS (Trich)

**Cause:** parasite

**How is it contracted?**
- A microscopic one-celled organism called a trichomonad.
- It is pear shaped and has a whip like tail
- It moves by swimming
- Sexually transmitted and can be passed to another person even if no symptoms appear
- Usually contracted through sexual contact, but it can be transmitted through moist materials such as wet swim suits, wash cloths or towels

**Symptoms:**
- Usually appears between 4-28 days after contact
- Itching and burning in the vaginal area, pain during intercourse, redness or red marks on the vaginal walls and a frothy, yellow green discharge that has an odor

**Diagnosis:**
- Diagnosed by an inflamed vagina or with a wet mount slide of vaginal or penile discharge

**Treatment:**
- oral antibiotic
- Your partner(s) should be treated as well, even if they have no symptoms, to help prevent reinfection

**If not treated:**
- Infects the bladder or urinary tract in women and the prostate, bladder and urethra in men.

## BACTERIAL VAGINOSIS (BC)
(Not an STI, but may be confused for an STI, and has similar symptoms)

**Cause:** bacteria

**How is it contracted?**
- Pregnancy, antibiotics, birth control pills, menstruation, diabetes, can lead to vaginitis due to change in bacterial level
- Spread during sexual intercourse, oral sex or anal sex. Men can carry vaginitis

**Symptoms:**
- Some women have no symptoms
- Itching, burning, or pain in the vagina
- More discharge (creamy white, white, yellow, watery, or blood tinged) from the vagina than normal
- Discharge smells and or looks different (sometimes has a fishy odor)

**Diagnosis:**
- Usually diagnosed by a smear of vaginal or cervical discharge or by a culture

**Treatment:** (depends on the type)
- antibiotic suppositories
- sulfa creams
- Flagyl
- antibacterial douche.

**If not treated:**
- Can be spread to sexual partners
- Uncomfortable symptoms will continue
- Men can get infections in the prostate gland and urethra
### Sexually Transmitted Infections: Information Page

<table>
<thead>
<tr>
<th>VAGINITIS (yeast infection)</th>
<th>Cause: yeast-like fungus called Candida Albicans</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Is NOT a sexually transmitted infection. It is a common vaginal infection that is especially frequent in women who are pregnant, diabetic, on antibiotics or birth control pills.)</td>
<td></td>
</tr>
</tbody>
</table>

**How is it contracted?**
- Usually brought on by pregnancy, diabetes, poor diet, stress, excessive douching, antibiotics

**Symptoms:**
- Severe itching, redness, or soreness, and cruddy, white vaginal discharge
- The fungus is normally present in healthy mouths, intestines and vaginas

**Diagnosis:**
- Diagnosed by a vaginal swab examined under a microscope
- When viewed under a microscope, the fungi look like long fibers attached to tiny buds

**Treatment:**
- Various prescription drugs
- Over the counter medicines
Tucson Unified School District
Family Life Curriculum

Causes and Transmission of Sexually Transmitted Infections Study Guide

<table>
<thead>
<tr>
<th>STI</th>
<th>ORGANISM RESPONSIBLE (CAUSE)</th>
<th>SIGNS &amp; SYMPTOMS (MALE)</th>
<th>SIGNS &amp; SYMPTOMS (FEMALE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herpes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PID</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediculosis Pubis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trichomoniasis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FLC HS Lesson 7: Sexually Transmitted Infections (STIs)
## Vocabulary Activity

<table>
<thead>
<tr>
<th>STI</th>
<th>What I Know</th>
<th>Slang Terms</th>
<th>What I Now Know is Correct</th>
<th>Clear Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herpes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PID</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediculosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pubis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trichomoniasis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Grade:** HS  
**Lesson:** 8  
**Lesson Title/Focus:** Pregnancy / Fetal Development  
**Materials:**  
- Materials to facilitate student research and presentations  
- Pre-natal development chart (not for use as student hand-out)

### Lesson Objectives:
Students will be able to
- discuss how pregnancy occurs  
- discuss prenatal care and development in each trimester  
- determine factors that influence prenatal development such as diet, lifestyle, and care  
- describe the development of the fertilized egg through pregnancy  
- explain the physical changes that occur in the body from conception through birth

### Academic Vocabulary:
1. pregnancy  
2. pre-natal care  
3. fertilization  
4. immunizations  
5. infant mortality  
6. vertical transmission

### Concepts:
1. The stages of development from fertilization to birth are divided into weekly and monthly stages, from implantation to birth.  
2. Pre-pregnancy and during pregnancy nutrition, stress and mood, lifestyle exposures (such as tobacco use, alcohol, caffeine, and other drugs), and other factors have significant impacts on the healthy growth and development of the fetus.  
3. Pre-natal care by a doctor is important for the health of the mother and the baby.

### Anticipatory Set:
- Introduce and assess prior knowledge of vocabulary.

### Direct Instruction:
- Discuss the fact that when planning to become pregnant, a female should be in optimum physical health to increase chances of a healthy baby. Some health precautions to take before pregnancy:  
  A. Avoid pregnancy until adulthood  
  B. make sure immunizations are current  
  C. maintain a healthy, well balanced diet including the proper vitamins and minerals (especially folic acid)  
  D. maintain a healthful level of physical fitness  
  E. abstain from harmful substances  
  F. manage chronic illnesses  
  G. treat minor infections  
  H. avoid closely spaced pregnancies  
- Discuss the factors surrounding infant mortality and vertical transmission of STIs.
Guided Practice:
- Divide the class into groups. Assign each group one stage of development starting with the first week after fertilization and continuing for nine months. Assist students with research as needed.

Independent Practice:
- Have students create a presentation based on their research regarding the stage of development assigned. Include the impact of the mother’s health and behavior on the developing baby.

Closure:
- Student presentations. If time, allow for questions, reflection and feedback.

https://www.flickr.com/photos/11304375@N07/7178272407

FLC HS Lesson 8: Pregnancy / Fetal Development
# Lesson Title/Focus:
Teenage Pregnancy and Parenthood

## Materials:
- Materials to facilitate student research.

## Lesson Objectives:
Students will be able to
- demonstrate knowledge of life management skills
- discuss disadvantages of teenage pregnancy
- discuss abstinence as the only 100% effective method of preventing pregnancy and sexually transmitted infections
- take responsibility for making decisions and choosing actions consistent with personal values
- understand advantages and disadvantages of the choices available to pregnant teens
- discuss Arizona Laws as they pertain to the duties, responsibilities and rights of parenting
- discuss Arizona Laws as they pertain to the financial responsibilities of parenting
- understand the Arizona state statute giving preference to childbirth and adoption as preferred options to abortion

## Academic Vocabulary:
1. pre-natal care
2. custodial arrangements
3. paternity
4. adoption

## Concepts:
1. Personal, religious, cultural, familial and moral values affect decisions regarding pregnancy, please refer your students to their parents
2. Decisions around pregnancy can be difficult, please seek out support (e.g., physically, spiritually, mentally, and emotionally).
3. Options when pregnant
   A. Carrying to term and parenting
      a. Parental / family and partner involvement and support
   B. The rights and responsibilities of a mother
      i. A pregnant teen under 18 is able to make medical decisions for her pregnancy and for her child(ren)
      ii. Options for prenatal care (obstetrician, family doctor, nurse midwife)
   C. The rights and responsibilities of a father
      i. Establishing paternity (this could be court ordered)
   D. Shared rights and responsibilities
      i. Custodial arrangements
      ii. Co-parenting
      iii. Financial responsibilities
   B. Carrying to term and placing child for adoption
      a. Shared rights and responsibilities

FLC HS Lesson 9: Teenage Pregnancy and Parenthood
### C. Terminating the pregnancy (elective or induced abortion)
- a. Options include medication-induced abortion and surgical abortion
- b. Legality, consent for minors (i.e., parental consent, ultrasound, waiting period). The laws regarding abortion can be found in the AZ revised statute as well as the AZ Department of Health Services.
- c. As a medical procedure, there are potential financial costs.

### Anticipatory Set:
- Discuss vocabulary for student understanding

### Direct Instruction:
- Discuss the following topics:
  - goal setting prior to parenthood
  - unique challenges of teenage parenthood
  - awareness of healthy behaviors for a pregnant woman
  - advantages of prepared childbirth
  - choices available to both parents in the event of pregnancy
  - expenses involved in prenatal care and childbirth
  - the legal responsibilities and rights of the father and the mother

### Guided Practice:
- Assign groups and/or or topics (pros and/or cons) for student research. Assist student with their research as needed.

### Independent Practice:
- Research potential pros and cons for parenting, placing for adoption and elective abortion.

### Closure:
- Have students present or discuss what they found in their research.

### Additional Information:

#### Relevant Arizona Laws:
**ARS 15-115 Preference for childbirth and adoption; allowable presentations**

A. In view of the state’s strong interest in promoting childbirth and adoption over elective abortion, no school district or charter school in this state may endorse or provide financial or instructional program support to any program that does not present childbirth and adoption as preferred options to elective abortion.

B. In view of the state’s strong interest in promoting childbirth and adoption over elective abortion, no school district or charter school in this state may allow any presentation during instructional time or furnish any materials to pupils as part of any instruction that does not give preference, encouragement and support to childbirth and adoption as preferred options to elective abortion.
Grade: HS  
Lesson: 10  
Lesson Title/Focus:  
- Media Influence on Sex and Sexuality

Materials:  
- “Myth or Fact” Worksheet  
- “Myth or Fact” Answer Key

Lesson Objectives:  
Students will be able to  
- identify and understand the roles that media play in sex and sexuality

Academic Vocabulary:  
1. depersonalization  
2. decontextualization  
3. perpetuate  
4. cyber sexual harassment

Concepts:  
1. Emotional consequences and effects on relationships.  
2. Depersonalization and decontextualization that can lead to riskier sexual behavior.  
3. How media shapes views of healthy relationships.  
4. Stereotypes can be perpetuated across all media.  
5. Negative impacts:  
   a. representations of types of relationships (false expectations)  
   b. expected sexual experiences  
   c. increased cyber sexual harassment and bullying (online gaming, social media, dating apps, sexting - online experiences)  
   d. can cause increased anxiety, stress and depression  
6. An awareness of laws regarding the recording and distribution of sexual content (and possible legal ramifications).  
7. Review decision-making and problem-solving strategies.

Anticipatory Set:  
- Brainstorm examples of TV commercials, magazine ads, social media ads, and advertising jingles that pressure the consumer to buy a product. What messages do they give about sex and sexual relationships? Do they stereotype, give unhealthy messages, give incorrect messages?

Direct Instruction:  
- Review decision-making and problem solving strategies from previous lessons.

Guided Practice:  
- Discuss pros and cons of different social media.  
- Discuss how does social media, media, and pornography shape views around consent?  
- What are some examples of positive and negative representations of sexual relationships found in media (TV, movies, music)?  
- Have students work through the following scenarios through writing, discussion or role playing:
Tucson Unified School District  
Family Life Curriculum

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>FLC HS Lesson 10: Media Influence on Sex and Sexuality</strong></td>
</tr>
</tbody>
</table>

- Someone sent a screenshot of a compromising photo of a friend and it has begun to go viral at school. What do you do?
- You are in a chat room in an online game. One player begins to harass another player by calling them inappropriate names and using abusive language. What would / should you do?
- Your current partner watches pornography and it makes you feel sexually pressured. How would you tell them how you feel?
- Your friend posted an inappropriate video or photo on social media. What would some of the social and emotional ramifications be?
- You are at a party. Someone approaches you and asks if you would be willing to participate in a photo shoot. How do you respond?

**Independent Practice:**
- Complete the “Myths or Facts” worksheet

**Closure:**
- Review the answers to the “Myths or Facts” worksheet and answer any questions that arise.
MYTH OR FACT?
Consent, Online Dating and Other Media Influences

Directions: Read each statement. Write FACT on the line if you think the statement is true. Write MYTH on the line if you think the statement is false.

_________ MEDIA HAS NO INFLUENCE ON HOW WE VIEW OURSELVES

_________ MUSIC ALWAYS PORTRAYS RELATIONSHIPS IN A POSITIVE LIGHT

_________ IT IS IMPORTANT TO VIEW MEDIA WITH A CRITICAL LENS.

_________ YOU WILL ALWAYS KNOW HOW MANY SEXUAL PARTNERS YOUR ONLINE DATE HAS HAD

_________ IT IS POSSIBLE THAT PEOPLE ON DATING APPS DO NOT ALWAYS PRESENT THE TRUTH IN THEIR PROFILE

_________ EVERYTHING SEEN IN INTERNET PORN IS SOMETHING YOUR PARTNER WILL ENJOY

_________ WHEN Sexting, Only your partner will see it

_________ Sharing a photo or video of yourself or other Minors without clothing is illegal and a felony

FLC HS Lesson 10: Media Influence on Sex and Sexuality
MYTH OR FACT?
Answer Key

MYTH_ MEDIA HAS NO INFLUENCE ON HOW WE VIEW OURSELVES

MYTH_ MUSIC ALWAYS PORTRAYS RELATIONSHIPS IN A POSITIVE LIGHT

FACT_ IT IS IMPORTANT TO VIEW MEDIA WITH A CRITICAL LENS.

MYTH_ YOU WILL ALWAYS KNOW HOW MANY SEXUAL PARTNERS YOUR ONLINE DATE HAS HAD

FACT_ IT IS POSSIBLE THAT PEOPLE ON DATING APPS DO NOT ALWAYS PRESENT THE TRUTH IN THEIR PROFILE

MYTH_ EVERYTHING SEEN IN INTERNET PORN IS SOMETHING YOUR PARTNER WILL ENJOY

MYTH_ WHEN SEXTING, ONLY YOUR PARTNER WILL SEE IT

FACT_ SHARING A PHOTO OR VIDEO OF YOURSELF OR OTHER MINORS WITHOUT CLOTHING IS ILLEGAL AND A FELONY
Lesson Title/Focus: Sexual Harassment and Abuse

Materials:
- “Could It Be?” Worksheet
- Do’s and Don’ts Reference Sheet

Lesson Objectives:
Students will be able to
- understand what constitutes sexual harassment and abuse
- learn the prevalence of child abuse and why victims/survivors do not speak out
- learn that abuse is never the victims/survivors fault
- understand the harmful effects of sexual harassment and abuse
- know that harassment is against the law
- know how where to report and get help for sexual harassment and abuse
- apply boundary setting and assertiveness skills for achieving life goals to avoid and respond to sexual harassment and abuse
- understand the social implications of sexual abuse and harassment and the individual and collective roles and responsibilities

Academic Vocabulary:
1. sexual harassment
2. sexual abuse
3. consent

Concepts:
1. Sexual Harassment
   A) Sexual harassment is a serious problem among youth.
   - According to research by the Harvard School of Education many youth report being victims of sexual harassment.
   B) According to TUSD’s policy, Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal, graphic, written, or physical conduct of a sexual nature, where:
      - Submission to such conduct is made either explicitly or implicitly; or
      - Such conduct has the purpose or effect of substantially interfering with an individual's educational performance, or creating an intimidating, hostile, or offensive educational environment.
   C) According to TUSD’s policy, sexual harassment may include, but is not limited to:
      - Suggestive or obscene letters, notes, invitations, derogatory comments, slurs, jokes, epithets, impeding or blocking movement, leering, gestures, display of sexually suggestive objects, posters or cartoons.
      - Continuing to express romantic or sexual interest after being informed that the interest is unwelcome.
      - Implying that grades would be withheld or affected; or suggesting a scholarship recommendation or college application will be denied.
   D) Sexual harassment is not limited to the educational setting, but may occur in one or more of the following settings:
      - The workplace
Tucson Unified School District
Family Life Curriculum

- The public arena
- The home
- extracurricular activity

E) Unfortunately, sexual harassment is often ignored or excused
- Some say that harassment is “just flirting” or “boys will be boys.” They may even blame the victim because of the way they dressed or they could say that they can’t take a joke. Relationships should be mutual and built on respect of one another’s boundaries. When one person is offended, it is harassment, not flirting.
- Power Plays/Sexual harassment/sexual abuse are unhealthy power dynamics. Many individuals grow up believing in being competitive and in exercising power-especially over others. When subjected to harassment-or worse, sexual assault or rape-victims/survivors often wrongly assume it is their fault.
- Stereotypes play into the power dynamic and exist across cultures and across media: treating males and females the way they are portrayed in the media.

F) Anyone can sexually harass others or be the target of harassment.
- Sexual harassment can occur among peers or between faculty and students.

G) Sexual harassment is against the law. Title VII of the Civil Rights Act of 1964 and Title IX of the Educational Amendments of 1972 prohibit sexual harassment.
- TUSD has a policy that prohibits sexual harassment and stipulates consequences for such acts.

H) Sexual harassment could cause someone to:
- Become physically ill
- Withdraw from social or public situations
- Turn to drugs
- Feel unable to have comfortable relationships with others
- Be limited in their academic choices
- Feel angry, afraid, embarrassed, degraded, or intimidated

I) Sexual abuse is never the victims/survivors fault.

2. Why Don’t Some Abuse victims/Survivors Speak Out, Get Help, Run Away from their Abuser?

A) They may be under the control of their abuser, who mentally and/or emotionally brainwashes victims/survivors into believing what they want them to believe.
- Traumatic bonding to the abuser: “He loves me. He’s my boyfriend.”
- Abuser may make the victim/survivor feel responsible for satisfying their sexual needs, relieving stress, - that the child is the only one that can do this for them.

B) They may not be old enough to understand they are being abused. It may seem normal or loving.

C) They do not see themselves as being abused: “It’s my choice.” or “It’s my fault.”

D) Their abuser may use fear and threaten them or their friends/family members. Threats may include physical, emotional, or financial harm.

E) They may experience feelings of shame and/or humiliation.
- They may blame themselves for allowing the abuse, and not saying “no”
The abuse may “feel good” and they may not understand that the body responds in a pleasurable way to stimulation even when it is abusive. This can be confusing.

F) Distrust or fear of law enforcement, those in authority, or service providers.
   - This may be due to immigration status or involvement in the juvenile justice system

G) Abuse may be normalized

H) Fear of harming or losing their family
   - Disappointing their parents that they have somehow "allowed" the abuse to occur, that they are to blame (abusers may tell them this is how their family will respond)
   - Reporting a family member – which could cause a parent or other family member to have to leave
   - Feel obligated to keep it a secret to keep the family together and to avoid retaliation by family members.
   - fear of being abandoned
   - fear of not being believed

3. **Harmful effects of sexual harassment or abuse can cause the survivor to:**
   A) Become physically ill, i.e. frequent headaches, stomach aches
   B) Withdraw from social or public situations, lose interest in favorite activities, runaway
   C) Turn to drugs, cutting, burning, sexual acting out/promiscuity, eating disorders
   D) Feel unable to have comfortable relationships with others
   E) Be limited in their academic choices, drop in grades, drop out of school
   F) Feel angry, afraid, embarrassed, degraded, intimidated
   G) Experience frequent nightmares, bed-wetting
   H) Hate themselves, put themselves down
   I) Experience anxiety, depression, and/or suicidal thoughts or a
   J) Assume a victim mentality, believing they lack the power to say “no,” to resist those who are domineering, controlling, abusive
   K) Become more susceptible to further abuse, assault, exploitation
   L) Have a lack of appropriate boundaries

4. **Applying boundary setting and assertiveness skills to identify red flags of sexual harassment and abuse**
   A) The majority of abuse occurs in private one to one situations. Should an unsafe situation arise, trust your intuition and leave.
   B) The majority of abuse involves someone you know. You have the power and permission to set and maintain personal boundaries even with people you love and trust.
   C) Be aware of tactics abusers may use such as excessive attention or flattery and unwarranted or frequent gifts.
   D) Be especially careful with sleepovers. They may increase opportunity for abuse.
5. Responding to sexual harassment or abuse – regarding yourself or someone you know

A) Reporting harassment or abuse
- DO NOT STAY SILENT. Tell a responsible adult – not just a peer.
- When possible, talk with your parents, guardians or other family members
- If safe, you have the power to tell the harasser or abuser that you don’t like the behavior and tell them to stop!
- If you confront the harasser or abuser face to face, ask a trusted adult to join you.
- Professionals such as physicians, nurses, psychologists, teachers, school personnel, social workers, and police officers are obligated to report sexual molestation, abuse, or physical neglect to law enforcement or the Department of Child Safety (DCS)
- Tell law enforcement yourself by dialing 911. If you are not sure it is something that needs to be reported, or if you are not yet prepared to identify yourself, there are ways to make anonymous reports through some of the resources listed.
- Don’t feel guilty. You didn’t cause harassment and you are not responsible for it.

B) Get the help you need to heal and re-establish your life goals and boundaries
- Get referrals from your parents, guardians, other family members, school counselor, clergy
- Speaking out is the first step to healing.

C) Be an advocate for someone you believe is being harassed or abused. Friends don’t stay silent, they believe and support one another in finding safety.

D) Resources available
- School counselor
- Abuse at home – The Mama Bear Effect: 1-888-428-0101
- DCS Child Abuse Hotline: 1-888-767-2445 (1-888-SOS-CHILD)
- RAINN Rape and Incest National Network: (1-800-656-HOPE)

Anticipatory Set:
- Have students make a T chart, listing everything they already know about sexual harassment and abuse on the left and everything they want to know on the right.
- Use their charts as a way of teaching. Dispel misinformation and help students learn what they want to know.

Direct Instruction:
- Introduce and discuss the concepts presented in this lesson.

Guided Practice:
- Before discussing the definitions of sexual harassment and abuse, have students complete the “Could it Be?” worksheet individually.
Tucson Unified School District
Family Life Curriculum

- Discuss with the class their answers to “Could it Be?” and see if any of their answers change after viewing approved media
- Show and discuss approved media.
- Discuss with the class the causes of sexual harassment and abuse, and why most victims do not report harassment or abuse

**Independent Practice:**
- Before discussing the definitions of sexual harassment and abuse, have students complete the “Could it Be?” worksheet individually.

**Closure:**
Have students respond in writing (exit ticket) to one of the closing questions below:
- Why most victims do not report harassment or abuse?
- List 3 things you learned in today’s lesson?
- What are some of the resources available to survivors sexual harassment and/or abuse?

**Additional Information:**

**Applicable Arizona Laws**

13-1401. Definitions
5. "Without consent" includes any of the following:
   (a) The victim is coerced by the immediate use or threatened use of force against a person or property.
   (b) The victim is incapable of consent by reason of mental disorder, mental defect, drugs, alcohol, sleep or any other similar impairment of cognition and such condition is known or should have reasonably been known to the defendant.
   (c) The victim is intentionally deceived as to the nature of the act.

13-1402. Indecent exposure; classifications
A. A person commits indecent exposure if he or she exposes his or her genitals or anus or she exposes the areola or nipple of her breast and another person is present, and the defendant is reckless about whether such other person would be offended or alarmed by the act.
B. Indecent exposure to a person under the age of fifteen years is a class 6 felony [1 yr].

13-1403. Public sexual indecency; public sexual indecency to a minor; classifications
A. A person commits public sexual indecency by intentionally or knowingly engaging in any of the following acts, if another person is present, and the defendant is reckless about whether such other person would be offended or alarmed by the act:
   1. An act of sexual contact.
   2. An act of oral sexual contact.
   3. An act of sexual intercourse.
B. A person commits public sexual indecency to a minor if he intentionally or knowingly engages in any of the acts listed in subsection A and such person is reckless whether a minor under the age of fifteen years is present.
C. Public sexual indecency to a minor is a class 5 felony [1.5 yrs.]
### 13-1404. Sexual abuse; classifications

A. A person commits sexual abuse by intentionally or knowingly engaging in sexual contact with any person fifteen or more years of age without consent of that person or with any person who is under fifteen years of age if the sexual contact involves only the female breast.

B. Sexual abuse is a class 5 felony [1.5 yrs] unless the victim is under fifteen years of age in which case sexual abuse is a class 3 felony [3.5 yrs].

### 13-1417. Continuous sexual abuse of a child; classification

B. Continuous sexual abuse (three or more acts over three months or more) of a child under fourteen years of age is a class 2 felony [5 yrs].

### 13-3553. Sexual exploitation of a minor

A. A person commits sexual exploitation of a minor by knowingly:

1. Recording, filming, photographing, developing or duplicating any visual depiction in which minors are engaged in exploitive exhibition or other sexual conduct.

2. Distributing, transporting, exhibiting, receiving, selling, purchasing, electronically transmitting, possessing or exchanging any visual depiction in which minors are engaged in exploitive exhibition or other sexual conduct.

B. Sexual exploitation of a minor is a class 2 felony [5 yrs].
COULD IT BE?

Place an X beneath agree if the statement is an example of sexual harassment or abuse and an X below the disagree if the statement is not an example of sexual harassment or abuse.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Discussing or “rating” another person’s body or sex appeal.</td>
</tr>
<tr>
<td></td>
<td>Unwelcome touching of breasts, buttocks, or genitals.</td>
</tr>
<tr>
<td></td>
<td>Calling other students derogatory names.</td>
</tr>
<tr>
<td></td>
<td>Exposing someone by removing clothing against their will.</td>
</tr>
<tr>
<td></td>
<td>Using an electronic device to send unwanted sexual messages. (sexting)</td>
</tr>
<tr>
<td></td>
<td>Being best friends with someone of the opposite sex.</td>
</tr>
<tr>
<td></td>
<td>Spreading a sexual rumor about someone.</td>
</tr>
<tr>
<td></td>
<td>Kissing someone.</td>
</tr>
<tr>
<td></td>
<td>Girls using vulgar language to a boy.</td>
</tr>
<tr>
<td></td>
<td>A teacher offering a better grade in exchange for sex.</td>
</tr>
<tr>
<td></td>
<td>Writing something sexual about another person on the bathroom wall.</td>
</tr>
<tr>
<td></td>
<td>Continuing to follow someone around or communicate with them after they have asked you to stop.</td>
</tr>
<tr>
<td></td>
<td>Bra snapping.</td>
</tr>
<tr>
<td></td>
<td>Mooning someone.</td>
</tr>
<tr>
<td></td>
<td>Encouraging someone by patting them on the butt.</td>
</tr>
<tr>
<td></td>
<td>Unwanted hugging.</td>
</tr>
<tr>
<td></td>
<td>Blocking a doorway or grabbing someone’s arm to keep them from leaving.</td>
</tr>
<tr>
<td></td>
<td>Using sexual language or derogatory language in an online game.</td>
</tr>
</tbody>
</table>
DO’S AND DON’TS

DON’T
● Make unwanted sexual demands or advances.
● Touch a person who doesn’t want to be touched.
● Make sexually demeaning remarks or gestures to or about others.
● Laugh at or repeat other’s sexually harassing words or behavior.
● Pressure someone to say or do something they don’t want to do.
● Make someone feel like you are hindering their ability to leave.
● Keep pursuing someone who doesn’t want you to.

DO
● Put yourself in the other person’s shoes. How would you feel?
● Ask if you would want this said or done to someone you care about - or if you would want them to see or hear your comment or behavior.
● Treat others in a fair and respectful way.
● Think about how you want others to treat you.
● Stand up for yourself and others.
● Report harassment or abuse and get help.
Tucson Unified School District
Family Life Curriculum

| Grade: HS |
| Lesson: 12 |
| Lesson Title/Focus: |
| Rape / Sexual Assault / Sexual Abuse |
| Materials: |
| • Drawing paper/poster paper |

Lesson Objectives:
Students will be able to

- define rape, sexual assault, and abuse
- identify and dispel common myths about rape
- know ways to increase personal safety and awareness
- understand rape, sexual assault and sexual abuse as crimes of violence not just as sexual acts
- identify medical, legal, and social resources available to victims of sexual assaults
- discuss the psychological processes involved for victims & survivors of sexual assault

Academic Vocabulary:
1. date rape
2. acquaintance rape
3. rohypnol
4. consent

Concepts:
1. Rape is a violent crime which should be reported to parents/guardians, counselor/teacher, doctor/nurse and the police (any adult you trust).
2. Anyone can be a victim of rape, sexual assault, or abuse, regardless of gender, race or socioeconomic status.
3. Rape/sexual assault/sexual abuse victims should seek medical and psychological support regardless of whether or not a crime is reported to authorities.
4. Rape is never a victim’s fault.
5. Regardless of how well a person knows the rapist, if sex is forced against a person’s will, it is rape.
6. Consent is always required for sexual activity.
   a. Consent can be implicit or explicit
   b. Consent can be implicit or explicit
   c. Consent can be withdrawn at any time, even if sexual activity has started. This means both partners must stop.
   d. A person who is sleeping, intoxicated, underage or otherwise unable to actively consent is unable to consent.
7. Males can be victims of rape or sexual assault and abuse. Views on masculinity often mean these crimes go unreported.
8. Rape/sexual assault/sexual abuse victims usually experience psychological and emotional reactions like guilt, anger, fear, helplessness, feeling responsible, isolation, and depression. It is important for the victim to seek support.

Date Rape/Acquaintance Rape:
1. Rape and sexual assault can happen with someone that a victim knows. Often this person is in a position of trust. The perpetrators may groom the victim, so sometimes the rape/abuse/assault does not appear to the victim as rape/assault.
2. Rape and sexual assault can also happen in dating situations. This can include when one person pressures another into engaging in sexual activities against their will or refusing to stop when their partner indicates they no longer consent to sexual activity. You can say no
after you have been kissing someone...pressure to engage after “no” is coercion. Nobody is “owed” sex because of a date. Date rape can happen in relationships. For example, a partner may continue to pressure to engage in other activities that their partner does not wish to engage in.

3. Rape and sexual assault can also happen with acquaintances, such as a “friend of a friend” or someone met at a party/social event.

4. Regardless of the degree to which the victim knows the perpetrator, the victim is never to blame. The way that a person is dressed does not indicate that they are agreeing to have sex or are to blame.

5. There are safety and awareness measures that can be taken such as, not taking rides, being aware of your surroundings (situational awareness), such as not leaving your beverage unattended or accepting a beverage.

6. The drug Flunitrazepam or brand name Rohypnol (ruffies, roche, R-2, rib, and rope) is also known as the “date rape” or “club drug.” Often taken to enhance other drugs, it is typically taken orally and has the effects of a sleeping pill. It is a physically and psychologically dangerous drug. Rohypnol is being used to lower inhibitions causing impaired judgement, impaired motor skills, and amnesia. Many people have reported waking up and having been sexually assaulted while under the influence of the drug and having no memory of events.

7. A victim should report date/acquaintance rape or assault.

**Anticipatory Set:**
- Discuss the fact that “Everyone has the right to say no, or to change their mind.” No one has the right to force themselves upon another.

**Direct Instruction:**
- Using an instructional method of your choice, discuss/review the concepts presented above.
- Invite a speaker from the Rape Crisis Center to speak to the class. Have the class make a list of questions they might want to ask. (Question box questions that have been submitted)

**Guided Practice:**
- Practice assertiveness skills to handle a situation where one student changes their mind about sexual activity.

**Independent Practice:**
- Have students make posters illustrating assertiveness skills

**Closure:**
- Discuss with students that date rape is a growing concern and occurs more frequently than many people realize; often it is not reported. It is critical that students consider ways to protect themselves and avoid getting into situations where they have less chance to get help or get away if necessary.