Workshops for LGBTQ Youth & Allies

Love Your Body,
Healthy Relationships,
&
Safer Sex

DEVELOPED BY SARAH ROUSH AND NICO STORROW
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INTRODUCTION

These lesson plans were developed for use in San Diego County schools and youth community centers in order to supplement existing comprehensive sex education and HIV prevention education and to reach LGBTQ youth, who are disproportionately impacted by HIV and other sexually transmitted infections (STIs). The lessons are designed to increase knowledge of STIs and safer sex methods, teach accurate risk perceptions, develop assertive communication skills to facilitate healthy relationships, and enhance self-esteem and body image.

The need for these lessons was identified through conversations with LGBTQ youth in San Diego County, who expressed frustration with sex education that focused primarily on heterosexual relationships and pregnancy prevention. A lack of discussion of other relationships and sexual practices leads many LGBTQ youth to feel unrepresented, excluded and lacking the knowledge needed to practice safer sex. Additionally, we are conscious of the unique body image pressures placed on LGBTQ and gender non-conforming youth, and LGBTQ youth of color who are underrepresented in popular media. We also recognized a need to address relationships, particularly regarding the concerns of LGBTQ youth who may feel isolated or pressured to remain in an unhealthy or abusive relationship due to a fear of being outed or a lack of social support. We believe that having curricula designed for a diverse group of LGBTQ youth and allies is crucial to promote their physical, mental and sexual health. Our intention was to create a curriculum where LGBTQ students not only felt represented, but also celebrated, supported, and empowered.

Lesson activities were adapted from a number of publicly available curricula. These include Seattle and King County Public Health’s Family Life and Sexual Health (F.L.A.S.H.) curriculum, Population Council’s It’s All One curriculum, and various resources published by ETR Associates. The lessons were reviewed by several content experts with diverse backgrounds in STD and HIV prevention, sexual health promotion, and working with LGBTQ youth. The workshops include links to short educational videos to assist with the lessons and encourage discussion. (We are in the process of captioning the videos in multiple languages in order to make them accessible to all students; we expect to have this completed by the fall of 2014. Please contact us for updated links.)

The lessons can be taught individually as standalone sessions, or as a complete series. Each lesson should take approximately one hour to facilitate. If you plan to facilitate these during a Gay Straight Alliance (GSA) meeting (which are generally held during 30 minutes lunch periods), facilitators are encouraged to schedule two meetings for each lesson, and use their discretion to find a natural stopping point in the lesson materials.

Lesson discussions and activities are designed to be highly interactive, age appropriate, and in line with California Education Code requirements for HIV/AIDS Prevention Education. It is the responsibility of the facilitator to maintain the fidelity of lesson content.

While the lessons are supplemental and designed to be taught to students and youth on a voluntary basis, if they are taught in California schools, facilitators should be aware of California Education Code requirements for sex education and HIV prevention education guest speakers. We encourage facilitators to consider these guidelines for working in a school environment. According to the California Education Code, guest speakers teaching sex education or HIV prevention education in public schools must:

- Be qualified and trained in current medically accurate knowledge about human sexuality, pregnancy and STDs.
- Provide instruction that is age appropriate (based on recommended age level specifications on the California Healthy Kids Resource Center website) and medically accurate. Instruction and materials should also encourage students to communicate with their parents/guardians about human sexuality, and teach respect for marriage and other committed relationships.
- Use materials that are appropriate for use with students of all races, genders, sexual orientations, ethnic and cultural backgrounds, and students with disabilities.
- Provide instruction that is free of bias or discrimination, and free from the teaching of any religious doctrine.
- Be prepared to make materials and speaker outlines available for review by the school prior to the lesson.

We hope these lessons will be a useful resource for teaching about sexual health, healthy relationships and positive body image. Please feel free to contact us to share your experience using the lessons, or to provide feedback and suggestions to strengthen lesson contents. Our contact information is listed on the final page of this packet.
LESSON SUMMARIES

The following summaries can be used to describe the contents of a lesson when writing to a GSA Advisor or community center director to schedule a lesson.

Love Your Body Workshop Basic Outline
1. Group Introductions and ground rules; create an affirming space for all participants.
3. Guided discussion about the video and participants’ reactions.
4. Activity: Participants draw a self-portrait and write down things they feel positive about/like about their bodies. Participants are allowed to write down one thing they dislike or feel negatively about.
5. Share: Students who feel comfortable can share their pictures and discuss body image.
6. Closing discussion: What did students like about this activity? Was this a new topic for them? Discussion questions and guided conversation about body image, media, and how to create a validating and affirming LGBTQ community with respect to body image.

Healthy Relationships Lesson Summary:
1. Group Introductions and ground rules; create an affirming space for all participants.
2. Group discussion: Healthy relationships and communication. Participants learn to define aspects of healthy relationships and are introduced to key concepts of healthy communication. (Adapted from King County’s Family Life and Sexual Health curriculum.)
3. Group Activity: Partner Communication Role Plays. In small groups, participants read a scenario about a couple. Groups plan and perform a role play that demonstrates a healthy resolution to the scenario, using the communication skills learned in the group discussion.
4. Video and Group Activity: "Understanding Consent". Participants watch Dr. Doe’s video explaining active consent, and then break into small groups to read a scenario, think critically and discuss whether the interaction described was consensual.
5. Final summary and questions.

Safer Sex Lesson Summary:
1. Group Introductions and ground rules; create an affirming space for all participants.
2. Group discussion: Have you had sex ed/HIV prevention ed in school? What does LGBT-inclusive sex ed mean to you? (To gauge current knowledge level of group.)
3. Presentation: Sexually Transmitted Infections 101. How STIs are spread, health risks, and how they can be prevented.
4. Group Activity: STI Risks. Interactive session that teaches participants what activities put them at higher risk for STIs, including HIV. (Skill emphasis: accurate risk perceptions.)
5. Presentation: Safer Sex. Discusses how appropriate prevention methods can be used to reduce risk of STI and HIV transmission; discussion includes the importance of STI testing, consent, and communication.
6. Final summary and questions.
LOVE YOUR BODY

Lesson Duration: 60 minutes. Different groups have meetings of different lengths; if you are dividing the lesson into two consecutive sessions, try to find a natural stopping point in the discussion to end on.

GOAL
To develop a liberating space for a diverse group of LGBTQ and allied participants to discuss body image, social pressure and other stresses that affect self-esteem.

OBJECTIVES
After completing the lesson, participants will be able to:
1. Identify and critically analyze factors that affect body image.
2. Understand the importance of a validating community in changing negative body image.
3. Identify ways to overcome stigma regarding LGBTQ bodies, gender and sexual variance in order to create a diverse, validating community.
4. Describe the connections between body image, self-esteem and sexual health. *(If Session 2 is completed.)*

LESSON OUTLINE
This lesson is designed to include all activities in the order listed below. However, based on the time limits and questions raised by participants, it may be necessary to alter the lesson. Please be sure to discuss the key messages outlined on the next page.

1. Lesson Introduction
2. Video Clip and Discussion
3. Group Activity: Positive Body Image
4. Closing Group Discussion
5. Summary, Questions, Evaluation

Additional Lesson Materials:
Body Image & Sexual Health Supplemental Activities

MATERIALS & PREPARATION
- Video Clips and AV Equipment
- Paper (for activity)
- Art Supplies (colored pencils, markers)
- Evaluation Sheets
- Lesson Handouts and cards/brochures about your organization’s services.
- Flip charts *(Optional)*
### KEY MESSAGES OF THE LESSON

- Everyone has insecurities. We are constantly bombarded with images of body and gender expectations that are Photoshopped and unrealistic, which puts unreasonable pressures on all of us. While no person is confident about their body at all times, these pressures can be especially difficult for LGBTQ individuals, people of color and differently abled people, who are exposed to limited positive images of themselves in popular media.
- It’s important to be critical of the images we see in the media and the ways those images affect how we feel about ourselves and our bodies.
- It’s okay to love your body, and this is a space where we can start imagining what it would be like to really love ourselves and our bodies. Body positivity is a process that we can each learn and practice.
- Creating body-positive spaces and challenging insensitive comments are ways to empower ourselves in the face of negative pressures from outside. They are great ways to build community and support a diverse and affirming LGBTQ community.
- Body image and self-esteem can impact our physical, sexual, and emotional health.

### GUIDANCE FOR INSTRUCTORS

Encourage participants to use “I” statements and speak from their own experiences rather than speaking about other people or groups of people.

If you notice participants criticizing or degrading themselves/their body during this workshop, try to use it as a teachable moment. Acknowledge that working on positive body image takes time, and encourage participants to focus on the things that they like about themselves. Don’t single out individual participants but remind the whole group of this periodically.

If participants make exclusionary or judgmental statements about other body types, it is important to encourage them to celebrate their own bodies without stigmatizing those of others.

Never assume the gender identity or sexual orientation of participants. Do not “call out” or direct questions at individual participants based on stated or assumed practices or identities. Even if you know a participant’s sexual orientation or gender identity, they may not be out to everyone in the group. Never ask a participant to speak on behalf of their community.

Be respectful of participants’ stated choices regarding terms and personal gender pronouns.

Use gender neutral terms throughout the lesson. For example, when discussing relationships refer to partners rather than boyfriends/girlfriends.

Participants may discuss experiences based on their identit(ies) and this should be validated. Facilitators should acknowledge the realities of stigma and discrimination and how this affects individuals differently.

Use your discretion in terms of how long to spend on each section. Different groups have meetings of different lengths. If you are presenting during a 30 minute session, focus on topics or activities that participants are most interested in and find a natural stopping point in the lesson. Make sure to leave time for a final discussion that emphasizes group empowerment. If you are presenting during an hour-long session, you can spend more time engaging the group in discussion and answering specific questions.
**1. INTRODUCTIONS (5-10 minutes)**

Introduce yourself as the facilitator and lead a round of introductions (name and preferred gender pronouns) with the group. If the session is longer, participants can add one thing they are hoping to get out of the session or why this topic interests them.

**GROUND RULES**

Ask the group for their ground rules, add any important rules that they have missed.

Suggestions:
- Respect *(One person speaks at a time)*
- Don’t Yuck My Yum *(Don’t be judgmental about what others like)*
- One Diva, One Mic *(No interrupting)*
- Step Up, Step Back *(If you tend to talk a lot, work on listening more. If you mostly listen, push yourself to share more.)*
- Confidentiality *(What is said here stays here, unless a participant shares thoughts about self-harm or harming someone else in which case the facilitator may have to break confidentiality)*
- Use “I” statements *(Speak from your own experiences, not about other’s experiences)*
- Oops and Ouch *(If someone says something that offends or upsets you, use “ouch” to let them know what you are feeling. If you say something that offends someone else you can use “oops” to acknowledge that.)*
- Don’t call anyone out or put someone on the spot in front of the group *(If you have a personal question for someone and you aren’t sure if it’s appropriate to ask in front of the group, talk with that person privately after the lesson.)*
Love Your Body Lesson Plan

2. OPENING DISCUSSION AND VIDEO (15-20 minutes)

Use this discussion to gauge the level of knowledge of the group, and what issues they are most interested in.

QUESTIONS TO GUIDE OPENING DISCUSSION

- What does “body image” mean to you? What factors influence body image? (*Use this discussion to generate a group consensus about the definition of body image. Body image encompasses how a person thinks and feels about their body and appearance, as well as their sense of control and how they feel in their body. For more information, visit the National Eating Disorders Association: nationaleatingdisorders.org/what-body-image*)
- Turn to a partner and discuss: What does a person who is lesbian, gay, bisexual, transgender, or queer look like?
- Reflect on the discussion you just had: how do you think it relates to body image? Did negative stereotypes about LGBTQ people come to mind? Where do these images/stereotypes come from? What are some issues related to body image that are unique to our community?

Play one of the following video clips that discusses body image. (*Preview the videos prior to the lesson and select one that best fits the interests of your participants.*)

- “I Sing the Body Electric Especially When My Power’s Out” by Andrea Gibson [http://youtu.be/tLP_oNmGiFs](http://youtu.be/tLP_oNmGiFs)
- Straightlaced: How Gender’s Got Us All Tied Up [http://youtu.be/qN5rPAAhSxU](http://youtu.be/qN5rPAAhSxU)
- Reteaching Gender and Sexuality [http://youtu.be/51kQQuVpKxQ](http://youtu.be/51kQQuVpKxQ)

QUESTIONS TO GUIDE VIDEO DISCUSSION

- What did participants notice about the video? What did they like or dislike about the messages of the video? What words or phrases stood out? Could participants relate to the person/people in the video?
- Do participants generally feel represented in media (TV, movies, music, etc)? Where do they see positive images of people that look like them: race, religion, size, sexuality, gender identity, ability?
- Do participants have a body-positive role model? (Someone that they can relate to, that represents them, that may talk about positive body image/loving themselves.)
  - If participants don’t, why not? What role might stereotypes and discrimination play? How might this be changed in the future?
- What is one small thing we can each do today, in our communities and for ourselves, to fight negative body image?

FINAL MESSAGES FOR DISCUSSION

When we discuss negative body image, some people may assume that it only affects people that don’t have the type of body or appearance that is idealized in our society. But this isn’t true. Everyone has insecurities: no person is confident about their body at all times. It can be especially difficult for those of us who are not represented in the media. Beauty is a social construction: the images we are bombarded with on a daily basis are designed to sell products, sell a lifestyle, and are often only achievable through manipulation like Photoshop. Larger bodies may be manipulated to look thinner; thin bodies may be edited to look “curvier” or eliminate prominent bones; skin is often lightened; wrinkles, pores and hairs are softened or erased. It’s important to be critical of the images we see, to reject and protest those that make us feel bad about ourselves and our bodies and think about ways we can empower ourselves.
### 3. GROUP ACTIVITY: POSITIVE BODY IMAGE (15 minutes)

This activity is designed to help participants identify aspects of their body that they feel positive about, communicate about their bodies in a positive way, and develop a body-positive space. The presenter should participate in the activity, to model body positivity and demonstrate that we all struggle with body image.

**DIRECTIONS**
1. Distribute paper and art supplies (colored pencils/markers) to all participants.
2. Tell participants to draw a picture of their body on the paper. It doesn’t matter how realistic or artistic the picture is – stick figures are fine. This activity is not about being a perfectionist!
3. After drawing their picture, each participant should make a list of all the things they like, love or appreciate about their body. (This may include aspects of their appearance as well as what their body can do; for example, “I love my legs because they are strong, and they allow me to run and play.”)
   - The “Things I Like” list can be as long as they want, but MUST include at least 5 items!
   - Participants can also list one (only one) thing that they don’t like as much about their body.
4. After allowing 5-10 minutes for drawing and listing, each participant should share their picture and explain what they like about their body, and why they like that aspect of themselves.

After everyone has shared, encourage participants to keep their pictures and to continue thinking about what parts of their body they feel most positive and confident about.

**FINAL MESSAGES FOR ACTIVITY**

Often the negative comments we make about others are reflections of our own insecurities. By learning to love ourselves we also learn to love others and to love and appreciate real people not just Photoshopped images. Body positivity is not always easy, but it is a process that we can learn and practice. It takes a conscious effort to fight against the media images we are bombarded with and it is easier when we have a community that supports us in this goal.

### 4. CLOSING DISCUSSION (5-10 minutes)

Lead a final discussion, emphasizing individual and collective action to overcome the factors that negatively impact body image and self-esteem. Raise any key messages of the lesson that have not yet been discussed.

**QUESTIONS TO GUIDE DISCUSSION**
- As an LGBTQ and allied community, why is it important for us to take a stand against degrading comments? Why is it important for us to be aware of the comments we make and the stereotypes or stigmas we might be perpetuating? Why is it important to strive towards positive body image, empowerment, and self-esteem among ourselves and our peers?
- What can we do when we hear comments that objectify or degrade people and their bodies?
- What action can we take as individuals and a group to overcome negative images and stigma imposed on our community?

**FINAL MESSAGES FOR DISCUSSION**

There is no quick fix or one answer. All of us are filled with images and opinions from when we are young. These are different for all of us based on our identities. Unlearning negative beliefs and images is a lifelong process that we can support each other in engaging with.
<table>
<thead>
<tr>
<th>6. SUMMARY AND QUESTIONS (5-10 minutes)</th>
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</thead>
<tbody>
<tr>
<td>Ask one participant to summarize the lesson briefly while you distribute the evaluation sheet.</td>
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<tr>
<td>While they are completing the evaluation, allow participants to ask questions.</td>
</tr>
<tr>
<td>Distribute the educational handouts and resource lists before dismissing the group.</td>
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</tbody>
</table>
BODY IMAGE AND SEXUAL HEALTH (30-45 minutes)

After completing the first Love Your Body lesson, we recommend leading a discussion about the connections between body image, self-esteem and sexual health. This discussion involves information discussed in the Safer Sex and Healthy Relationships lessons, and should ideally be held after completing these sessions.

INSTRUCTIONS
1. Divide participants into small groups of 5-8 individuals.
2. Distribute large sheets of paper to each group, prepared with a heading such as “Intercourse/Oral Sex,” “Sexually Transmitted Infections,” or “Contraceptives/Protected Sex”.
3. Ask participants to brainstorm and write down all the ways that having a negative body image and/or low self-esteem can impact sexual decisions related to the topic they are assigned.
   • For example: How could having a negative body image impact someone’s choices about whether or not to have sex? Or, how could low self-esteem impact their choice to use contraceptives/have protected sex?
4. Allow 5-10 minutes of brainstorming. Circulate between the groups and prompt them if they are having trouble coming up with ideas.
5. Ask participants to come back together. Each small group should present their paper and summarize their discussion. When all groups have presented, post papers on the wall.

Possible responses could include:
• Someone with negative body image/low self-esteem may have sex when they don’t want to, because believe that sex is the only reason their partner wants to be with them.
• They might have sex as a way to gain approval and boost their confidence about themselves.
• They might feel too insecure about their relationship to ask their partner to have protected sex, putting them at risk for an STI.
• They might stay in an unfulfilling or abusive relationship because they don’t think anyone else would want them.
• They might feel too uncomfortable or insecure to have a physical exam or discuss their sex life with their doctor, keeping them from receiving the services they need.

Note: it is important that participants understand this activity is not about judging people, but understanding how our self-image can impact our health.

QUESTIONS TO LEAD DISCUSSION
• Do the lists have anything in common? If so, what are they?
• Why is it important to discuss the connections between body image, self-esteem and sexual health?
• Have participants ever seen this negative body image/risky sexual behavior connection? (*Remind participants to keep any examples anonymous.)
• What are some concrete actions that we can take to fight negative body image?

VIDEO CLIP AND DISCUSSION (OPTIONAL)
Show the Planned Parenthood video clip “Different is Normal” (http://youtu.be/t9tFk835vjo).
• How did participants feel about this video?
• How do they think this relates to positive body image, self-esteem and sexual health?
### SUPPLEMENTAL ACTIVITIES

If your group requests additional activities around body image and self-esteem, these can be used to design additional sessions.

**1. MAGAZINE ACTIVITY**

**Materials needed:** magazines, scissors, paper, glue/tape/pens/markers *(optional)*

Bring a variety of magazines for the lesson, or ask participants to each bring a few magazines that they don’t mind cutting up – make an effort to choose magazines that portray people from a range of identities, sexualities, abilities, and races/ethnicities. If this is difficult, incorporate that into the conversation with participants.

Have each participant divide their paper in half and draw a line down the middle. Students can then cut images from the magazines to make a 2-sided collage. One side of the page should represent images and words that make them feel good about themselves or are representative of them. The other side should have images and words that make them feel insecure.

After allowing 10-15 minutes of creative time, invite participants to share their collages and then lead a group discussion.

**QUESTIONS FOR DISCUSSION**

- What makes us feel confident, and what makes us feel insecure?
- How does the media influence the way we feel about our bodies and self-image?
- How can we increase our exposure to images that feel better about ourselves? *(Positive images of “real” bodies as opposed to Photoshopped images that promote unhealthy/exclusionary standards of beauty.)*
- How are people affected by constantly seeing images that are portrayed as real but are actually Photoshopped? How does this affect our perception of reality?

**2. INTROSPECTION**

Invite participants to reflect silently for 5-10 minutes on their own connection with their bodies. On a sheet of paper write down one time you remember feeling strongly about your body, either positively or negatively.

- What specific comments or situations made you feel that way?
- How do you respond when you are feeling negatively about yourself? Is there anything you can do to help yourself think more positively or feel more confident?

In breakout groups of 3-5 individuals, instruct participants to go around in a circle and share the moment they wrote about. Participants who don’t want to share can pass. Focus on listening and sharing, rather than commenting on one another’s experiences. After groups have shared together, invite volunteers to share with the larger group.
3. CONFIDENT MOMENT

Ask participants to think about a time when they felt really good and comfortable in their body. It could have been a time when they were wearing something that made them feel really good about themselves; a time when they were doing an activity that made them feel confident (like playing a sport, dancing, etc.); or someone made a comment that made them feel good about them.

After a few minutes of reflection, go around the circle and ask each participant to share the time they felt good about themselves, as well as one physical attribute that they feel positive about.
DEVELOPED BY:

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Nico Storrow, Health Educator, Vista Community Clinic

April 2014

MATERIALS ADAPTED FROM:


LOVE YOUR BODY LESSON PLAN
LOVE YOUR BODY LESSON EVALUATION

Thank you for participating in today’s lesson! Your answers to this evaluation are anonymous and will be used to improve future lessons, so please be honest.

Please circle your answer to each of the items below.

1. When answering the items in the section below, please reflect back on what you knew about today’s topic before this lesson, and what you know now, after the lesson. Circle the number that best represents your knowledge before (left) and after (right) this lesson.

RATING SCALE: 1 = LOW  3 = MEDIUM  5 = HIGH

<table>
<thead>
<tr>
<th>BEFORE LESSON</th>
<th>AFTER LESSON</th>
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<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>a) I can identify and analyze factors in society that affect body image and self-esteem.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>b) I know at least one technique that I can use to improve my body image and self-esteem.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>c) I can explain the connections between body image, self-esteem and sexual health.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

2. Yes or No. Did you learn anything from this presentation?
   2a. If so, tell us what you learned!: _______________________________________________________________________

Please give your feedback on the overall lesson:

1. What did you like best about the lesson?

2. Do you recommend any changes to the lesson?

3. Did you feel represented/included and respected in the language and activities of the lesson?

4. What other topics would you like to discuss in future lessons?
20 WAYS TO LOVE YOUR BODY!!
Compiled by Margo Maine, Ph.D.

1. Think of your body as the vehicle to your dreams. Honor it. Respect it. Fuel it.
2. Create a list of all the things your body lets you do. Read it and add to it often.
3. Become aware of what your body can do each day. Remember it is the instrument of your life, not just an ornament.
4. Create a list of people you admire: people who have contributed to your life, your community, or the world. Consider whether their appearance was important to their success and accomplishments.
5. Walk with your head held high, supported by pride and confidence in yourself as a person.
6. Don’t let your weight or shape keep you from activities that you enjoy.
7. Wear comfortable clothes that you like, that express your personal style, and that feel good to your body.
8. Count your blessings, not your blemishes.
9. Think about all the things you could accomplish with the time and energy you currently spend worrying about your body and appearance. Try one!
10. Be your body’s friend and supporter, not its enemy.
11. Consider this: your skin replaces itself once a month, your stomach lining every five days, your liver every six weeks, and your skeleton every three months. Your body is extraordinary—begin to respect and appreciate it.
12. Every morning when you wake up, thank your body for resting and rejuvenating itself so you can enjoy the day.
13. Every evening when you go to bed, tell your body how much you appreciate what it has allowed you to do throughout the day.
14. Find a method of exercise that you enjoy and do it regularly. Don’t exercise to lose weight or to fight your body. Do it to make your body healthy and strong and because it makes you feel good. Exercise for the Three F’s: Fun, Fitness, and Friendship.
15. Think back to a time in your life when you felt good about your body. Tell yourself you can feel like that again, even in this body at this age.
16. Keep a list of 10 positive things about yourself—without mentioning your appearance. Add to it!
17. Put a sign on each of your mirrors saying, “I’m beautiful inside and out.”
18. Choose to find the beauty in the world and in yourself.
19. Start saying to yourself, “Life is too short to waste my time hating my body this way.”
20. Eat when you are hungry. Rest when you are tired. Surround yourself with people that remind you of your inner strength and beauty.

Don’t Weigh Your Self-Esteem. It’s What’s Inside That Counts!

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www.NationalEatingDisorders.org  Information and Referral Helpline: 800.931.2237

15
HEALTHY RELATIONSHIPS

Lesson Duration: 90 minutes. To be effective and allow for meaningful discussion, this lesson should be taught during three consecutive 30 minutes sessions. If you are presenting at a Gay Straight Alliance Club, this may require three separate meetings.

GOAL
Participants will develop skills and enhance their ability to communicate regarding relationships, sex and protective behaviors.

OBJECTIVES
After completing the lesson, participants will be able to:
1. Identify factors that contribute to a healthy relationship.
2. Demonstrate assertive communication with a partner about personal boundaries, condom or contraceptive use, and STI testing.
3. Identify ways to reduce sexual risk through partner communication and boundary setting.
4. Define sexual consent and understand their right to say no to sex.

LESSON OUTLINE
This lesson is designed to include all activities in the order listed below. However, based on the time limits and questions raised by participants, it may be necessary to alter the lesson. Please be sure to discuss the key messages outlined on the next page.

1. Lesson Introduction
2. Group Discussion: Healthy Relationships & Communication
3. Group Activity: Role Plays
4. Group Activity: Understanding Consent
5. Summary, Questions, Evaluation

MATERIALS & PREPARATION
- Lesson Handouts and cards/brochures about your organization’s services
- Printed scenarios for activity
- Evaluation Sheets
- Flip chart paper (or classroom chalk/white board)
- Markers or chalk
### KEY MESSAGES OF THE LESSON

- Healthy relationships are characterized by trust, respect, and honest communication. Jealousy, manipulation and abuse are warning signs of an unhealthy relationship.
- An important part of any healthy relationship is open, honest communication. In romantic and sexual relationships, open communication is important for both our emotional and physical health.
- It’s your partner’s responsibility to respect your boundaries, and your responsibility to respect theirs.
- Communicating about preventing STIs and pregnancy before having sex is important for protecting yourself and your partner. It is important to use clear, direct messages when discussing your relationship status, STI testing, and what contraceptives you plan to use.
- Use an assertive communication style. This includes making “I statements,” asking for what you want, saying no to what you don’t want, and expressing yourself honestly.
- You have the right to consent, or not consent, to any sexual behavior with a partner, regardless of the type of relationship you have and whether you have had sex together in the past.
- Open communication is the way to ensure that both partners actively consent to any sexual behavior.
**GUIDANCE FOR INSTRUCTORS**

Never assume the gender identity, sexual orientation, sexual experience level or practices of participants. Do not “call out”/direct questions at individual participants based on stated or assumed practices or identities.

Be respectful of participants’ preferred language regarding personal gender pronouns and identity terminology.

Use gender neutral terms throughout the lesson (unless otherwise indicated, as in the scenarios). For example, when discussing relationships refer to partners rather than boyfriends/girlfriends.

Don’t push individual participants to share information about their identity(ies) or experiences, but if they choose to, validate and support them. Facilitators should acknowledge the realities of stigma and discrimination and how this may affect individuals differently.

Avoid ever giving misinformation. If you are unsure of the answer to a question, look it up and report back to participants during your next session together.

If you are uncomfortable with the content of a participant’s question, validate the importance of the question and your limitations in answering it. Refer them to one of the local clinics or youth programs listed on the resource handout.

Use your discretion in terms of how long to spend on each section. If you are presenting at a GSA, be aware that different GSAs have meetings of different lengths; if you are dividing the lesson into two sessions, try to find a natural stopping point in the discussion to end on.

**NOTE ON LANGUAGE IN HANDOUTS:** This workshop includes a variety of handouts. These materials are useful resources, but we recognize that some of the language and terminology used may be somewhat outdated. Additionally, some of the handouts may use language that reinforces a gender binary. We believe that learning to engage critically with material is an important skill for young people, and we encourage you to discuss the language used in the handouts with participants as necessary and appropriate. It is important to remind participants that many people exist outside of the male/female dichotomy, and to examine the social and gender norms or stereotypes associated with generalizations about gender.

Terms related to sexuality and gender identity are constantly evolving, and terms may have different meanings or significance to individuals. For example: the term “transsexual” is used in one of the handouts. While some individuals may identify with this term, it is becoming outdated and many people prefer the term “transgender.” Additionally, while the term “queer” has previously held negative connotations, it has more recently been reclaimed by the LGBTQ community and become popular among youth. For many people it also indicates a rejection of heteronormativity. When it comes to terms, it is important to respect an individual’s right to self identify by using the term(s) they prefer and to ask respectfully when unsure.

*For more definitions and terminology please refer to “LGBTQIA Terms and Definitions” on pages 55-57, the link to UCSD’s “LGBTQIA Terminology Guide”, as well as “Erin’s Trans Glossary” in the local resources guide on page 54.
1. INTRODUCTIONS (5-10 minutes)

Introduce yourself as the facilitator and lead a round of introductions (name and preferred gender pronouns) with the group.

GROUND RULES
Ask the group for their ground rules, add any important rules that they have missed.

Suggestions:
- Respect (One person speaks at a time)
- Don’t Yuck My Yum (Don’t be judgmental about what others like)
- One Diva, One Mic (No interrupting)
- Step Up, Step Back (If you tend to talk a lot, work on listening more. If you mostly listen, push yourself to share more.)
- Confidentiality (What is said here stays here, unless a participant shares thoughts about self-harm or harming others in which case the facilitator may have to break confidentiality.)
- Use “I” statements (Speak from your own experiences, not about others’ experiences)

2. GROUP DISCUSSION: HEALTHY RELATIONSHIPS & COMMUNICATION (10-15 minutes)

To open the lesson, ask the group what today’s topic, “Healthy Relationships”, means to them. (Love is Respect handouts can be distributed now or after the lesson). Key concepts that should be discussed:

- Your partner respects you and your individuality. This includes respecting your chosen gender pronouns or name.
- You can communicate honestly about your relationship, without fearing negative consequences.
- You set and respect boundaries within your relationships.
- Your partner doesn’t try to physically, emotionally or financially manipulate or control you.
- Your partner doesn’t threaten you or physically hurt you.
- Your partner doesn’t pressure, manipulate or force you to have sex or do anything else you aren’t comfortable with (Emphasize to participants that forcing someone to have sex when they don’t want to is rape: a person’s gender, the gender of their partner, or their sexual orientation does not change this.)

Once the group reaches a consensus on the definition of healthy relationships, distribute the Assertiveness Handout (printed prior to the lesson). Explain that an important part of any healthy relationship is communication. In romantic and sexual relationships, open communication is important for both our emotional and physical health.

Ask for volunteers to each read one of the “Four Types of Communication Styles” and “Important Assertive Skills” from the Assertiveness Handout. Invite questions and ensure that participants understand the content of the handout before moving on to the next activity.

FACILITATOR NOTE: Communication styles vary between cultures, and individuals have different personal communication styles. The four styles of communication discussed in this lesson are designed to broadly distinguish between healthy and unhealthy types of communication. If you feel it would enhance your group’s discussion and understanding of these issues, encourage your participants to explore what healthy, “assertive” communication means within their culture. For more information, visit Advocates for Youth.
Divide participants into small groups of 2-5 individuals. Distribute the Scenarios and “Talking to Partners” handout (printed prior to the lesson). Explain that they will have 5-10 minutes to discuss their scenario as a group, and plan a short (2-3min) role play to act it out. They should use the communication skills described in their handouts. After allowing time for planning, invite the groups to act out their scenarios and then lead a group discussion. (Note: if participants are too embarrassed to act out a scenario, allow them to read the scenario and share what their group discussed. Do not force any participants to act.)

QUESTIONS FOR DISCUSSION
- Was the couple able to resolve their problem?
- What communication or assertiveness skills did they use?
- What could they have done differently?
- Is this an example of a healthy relationship? Why or why not?

Ensure that the major themes of each are discussed and participants understand a way to resolve the situation in a positive, healthy manner.

FACILITATOR DISCUSSION POINTS FOR SCENARIOS
- **Scenario 1:** This scenario demonstrates why using concrete language is important. Asking “Are you clean?” is unclear – a partner may not understand what it means, or it may create stigma for partners who have an STD/HIV. It’s better to ask “Have you been tested for STDs? How recently?” José and Travis can have a happy, healthy relationship if they communicate honestly and always practice safer sex to prevent HIV transmission. For more information about mixed-status relationships, visit aids.gov.
- **Scenario 2:** Is Lisa cheating on Wanda, or are they in an open relationship? What does the group think? This scenario demonstrates why communication is important for our physical/sexual health as well as our emotional health. Both Wanda and Lisa might be at risk for STDs because they haven’t defined their relationship, discussed safer sex, or gotten tested together.
- **Scenario 3:** It is Jake’s right to decide how, when and who he wants to come out to. Note that Jake mentions safety, which is always an important factor to consider when coming out. Did participants brainstorm ways for Jake to come out to Kyle? What does he need to consider?
- **Scenario 4:** It’s healthy that Sarah and Aaron have defined their relationship and discussed how they’re going to prevent pregnancy. But another sign of a healthy relationship is being able to communicate honestly without fear of negative consequences: do you think Sarah and Aaron have a healthy relationship? (Remind the group that hormonal birth control won’t prevent STDs: Sarah and Aaron should have discussed testing and condoms before starting a sexual relationship.)
- **Scenario 5:** Explain that the sexual relationship between the Michael and Rob is considered statutory rape under California law, because of their difference in age. Encourage participants to discuss the risk involved in the power dynamics of a relationship between a teen and an older person. Rob is controlling and not respectful of Michael’s boundaries: these are warning signs of an unhealthy relationship. What should Michael do?
- **Scenario 6:** In a healthy relationship, partners are respectful of one another’s identity and preferred name, pronouns and terminology. Why does the group think Sam is still referring to Jamie with feminine pronouns? How can Jamie start a healthy conversation about hir preferences?

**ACTIVITY FINAL MESSAGE**
Communicating openly and effectively is a part of every healthy relationship. Both partners always have the right and the responsibility to protect their own health and the health of their partner. Every person has the right to say no to any activity that they are not comfortable with, under any circumstances.
Scenario 1: José and Travis met when they both tried out for their college track team at the beginning of freshman year. José has had a crush on Travis for a long time and was really excited when he asked him out on a date. After a few dates, Travis asks José if he wants to have sex. José gets nervous and asks if they should talk about it first, but Travis says “No, it’s ok - we’re both clean, right?” José wasn’t sure how to tell Travis that he is HIV-positive. Now he’s worried that Travis will think he’s “dirty” and not want to date anymore if he tells him his status. He doesn’t know what to say.

Scenario 2: Lisa and Wanda have been dating for about 8 months, but they aren’t out as a couple to their friends or family. They met in 11th grade English class, where Wanda started sending poems to Lisa. They are both questioning their sexuality and don’t know any other same-sex couples at school. Lisa had 2 male partners before she met Wanda. Wanda is worried that Lisa still hooks up with one of those guys, but she isn’t sure how to bring it up.

Scenario 3: Jake, who is a trans guy, has been dating Kyle for a few weeks. So far they’ve been taking things slow and having fun getting to know each other. Jake hasn’t come out as trans to Kyle yet, but lately he’s been feeling like he wants to. Jake feels safe coming out to Kyle, but he’s still worried about Kyle’s reaction. Jake isn’t sure if Kyle has dated other transguys before, and isn’t sure how to start the conversation.

Scenario 4: Sarah and Aaron have been dating for a month. They started having sex soon after they became a couple, and decided not to see other people. In the beginning, Sarah said she was on the pill, so they didn’t have to worry about her getting pregnant. Aaron knows that Sarah can be a little forgetful; in fact, she forgot to bring her pills when they went on a weekend ski trip. He wants to start using condoms, but is worried she will think he is cheating if he suggests them. He is not interested in hooking up with other girls.

Scenario 5: Michael and Rob met online a few weeks ago, and are talking about having sex. Michael is 16 and in high school. Rob is 20 and in college. When Michael asked about getting tested for STIs, Rob told him that he’s “clean” so it’s ok. Michael wants to go to the local clinic to get tested together before they have sex. Michael hasn’t had sex before, but he knows that Rob has had other partners. Rob is insisting that they don’t need to worry about it. Michael sometimes feels like Rob tries to control what he does.

Scenario 6: Jamie identifies as genderqueer and prefers gender neutral pronouns like zhi and hir. Jamie has been dating hir girlfriend, Sam, for a few months. Sam frequently uses feminine pronouns to refer to Jamie when they hang out with their friends. It makes Jamie uncomfortable, particularly since zhi told Sam hir PGPs a few months ago. Jamie isn’t sure if Sam is being forgetful or doing it on purpose. Jamie isn’t sure how to bring this up.
4. GROUP ACTIVITY: UNDERSTANDING CONSENT (30-45 minutes)

Facilitator Note: Please be aware that talking about consent and discussing non-consensual scenarios could bring up uncomfortable or upsetting emotions for some students. Participation should always be voluntary and any student who is uncomfortable or would rather not participate can observe or sit out. Check in with students to see how they are feeling afterwards. Make sure students are aware of mental health resources and support such as school counselors or local mental health groups (see resources section at the back of this guide for additional support) in case these conversations bring up painful emotions.

MATERIALS
Board & chalk or large paper & markers
Consent Guidelines Handout (printed prior to lesson)
Scenarios (printed and cut prior to lesson)
Answer Key

1. Introduce the activity with the following explanation and discussion questions:
   - **What does it mean to consent to something?** *(To agree, to indicate/express willingness to do something).*
   - We consent to do things for different reasons:
     - Sometimes we consent to do something because we want to do it, for example, if a friend invites you to play football and you want to play.
     - Or we might consent to do something we don’t really want to do but that we agree to because it is important to us for another reason. For example, when your teacher assigns homework that you don’t want to do, but you do it because you want to get a good grade.
     - Sometimes, however, we do something that we do not want to do just because it is difficult to stand up for ourselves, or we don’t want to be rude. This situation might concern a matter that is not very important, like eating something you don’t like because someone cooked it for you. Other times, it may concern a more serious matter, with serious consequences. **What are examples of serious things that a young person might consent or not consent to do?**
       - Write participants’ suggestions on the board/paper. If they do not mention sex, ask about adding it to the list.
       - **What are some reasons that a person might agree to do something that they really do not want to do?** Write responses on the board/paper.
   - Today we’re going to discuss what it means to give truly free and informed consent in a situation involving sex.

2. Show Dr. Lindsey Doe’s video “What is Consent?” [http://www.youtube.com/watch?v=Q5H6QvNmjiY](http://www.youtube.com/watch?v=Q5H6QvNmjiY)
   - After viewing the video, encourage participants to discuss their thoughts on the messages of the video, and topics such as “non-verbal” vs. “verbal” consent.
   - For many students and even for adults talking about safe sex and consent can feel tricky and awkward. Explain to students that the more you practice the easier it becomes once you are actually in the situation. Ask students to get into pairs or small groups. Assign each group a sexual activity such as oral sex, mutual masturbation, vaginal sex, anal sex, etc. The scenario is that one of the individuals is interested in having sex and has not had any kind of conversation with their partner about it before. Ask students to practice actively asking for and giving (or not giving) verbal consent. The conversation MUST include discussion of safe sex (ie some form of protection/conversation about being tested etc) and discussion of consent. Do both people actively WANT to engage in this activity?
• Lead a discussion about how this activity felt for students. Was it uncomfortable? Why? Talk about how we can change/create a new conversation around this in our communities.

3. Distribute the Consent Guidelines Handout and ask participants to take turns reading each point out loud. Encourage students to share their opinions about the handout. Have participants form small groups (4-5 individuals) and distribute one scenario per group (scenarios are on next page).

- Facilitator Note: The scenarios can be adapted to meet the needs of your group by changing names, gender swapping characters or altering other details. As facilitator, feel free to change examples or language used in the lesson content to make the discussion more authentic for your participants. Use your discretion for structuring the timing of the lesson, depending on the length of your meeting.

- INSTRUCTIONS Each group has 10 minutes to discuss the case study and consider which of the guidelines for consent are met or not met in this situation.
- When they present their scenarios, one participant will read the case study out loud to the group, 1-2 will give a summary of their group discussion process, and 1-2 others will explain which guidelines for consent are met or not met.
- As each small group presents, ask the larger group who agrees, and who disagrees, with the presenting group’s opinion of whether the consent guidelines were met. Discuss until an agreement is reached about the correct answer.

4. Close by facilitating a discussion. We know that circumstances exist in which a person does not have the control or power to say no. This is a violation of their human rights.
- In many cases, the degree of control or power a person has may seem unclear or open to negotiation. It can make a difference to understand that you always have the right to consent or not consent to having sex. Violation of this is wrong and illegal. This is an example of knowledge as power.
- Can a person know for certain if his or her partner is consenting without talking with that person? Why or why not? What can someone do to be sure that a person who is “consenting” to sex is doing so freely and in an informed way?
- Consent is not like a light switch: you don’t just turn it on and off. Active consent involves ongoing and honest communication with your partner.
### SCENARIOS: CAN THIS PERSON GIVE MEANINGFUL CONSENT?

<p>| Scenario 1 | Ana is 16 and her boyfriend, Albert, is 17. They have been going out for 6 months and started having sex a few weeks ago. Ana usually enjoys sex, but sometimes she doesn’t feel like having it. Those times that she says she isn’t in the mood, Albert often says things like, “If you really loved me, you would want it” or “If you don’t have sex with me, maybe I’ll have to find someone else who will.” She doesn’t want to lose him, so often she gives in. Is Ana giving free and informed consent? Can Ana freely consent? |
| Scenario 2 | Carla, who is pansexual, and Claire, who is bisexual, recently started dating and have talked openly about their past relationships. They both want to have sex. They’ve discussed it and agreed to go to a clinic to get tested together. Can Claire give free and informed consent? |
| Scenario 3 | Josh and Oscar are close friends. They’ve had sex once before. Tonight, Oscar tells Josh that he can’t wait to do it again. Josh would rather just hang out and watch a movie, but he feels that since they already had sex once, there’s no going back. When Oscar starts taking off his clothes, Josh says nothing about his feelings; they have sex again. Is this an example of free and informed consent? |
| Scenario 4 | Ben knows that he is living with HIV but he hasn’t told anyone. He has been dating Bea, and recently they have been talking about having sex. Ben plans to use a condom rather than tell Bea his HIV status. Can Bea give free and informed consent? |
| Scenario 5 | Mikaela is a 20-year-old trans woman. She has been dating her current partner, AJ for a couple months, and doesn’t feel ready to have sex yet. Her ex-boyfriend pressured her often and was verbally abusive. He broke up with her when she refused to have sex with him. AJ has always been respectful and supportive of her decisions. However, because of her past experiences Mikaela is worried that he might break up with her too if she doesn’t sleep with him soon. She is thinking of having sex with AJ even though she doesn’t want to. Can Mikaela give free and informed consent? |
| Scenario 6 | Gia, 21, is at a party at the house of some students, and she is drinking a lot. Her girlfriend, with whom she has had sex before, pulls her into a bedroom and starts taking off her clothes. She is fading in and out of consciousness. Can Gia give free and informed consent? |
| Scenario 7 | Chris is 19 and Joseph is 18. They have been casually dating for about 3 months. Chris recently asked Joseph if he wanted to have sex. Joseph told Chris that he wanted to wait until they were in a relationship and not dating other people. Chris really wanted to have sex, but he agreed to wait. This weekend, Chris told Joseph that he really likes him, and wants to date exclusively. Joseph is excited, and feels ready to begin having sex with Chris. Can Joseph give free and informed consent? |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>NO</td>
<td>Albert does not respect Ana’s decision when she says that she does not want to have sex. She does not have enough of a sense of power in the relationship to stand up for her choice. Albert is being manipulative of Ana, which is not a sign of a healthy relationship.</td>
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<td>2</td>
<td>YES</td>
<td>Both have decided for themselves and are in agreement; they are making the decision when their minds are clear; they are communicating honestly about their past relationships and current decision; and they are making an informed choice. This is a good example of healthy communication within a relationship.</td>
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<tr>
<td>3</td>
<td>NO</td>
<td>Josh and Oscar are not communicating; because of this, Josh ends up having sex when he does not want to. He does not believe that he has a right to decide for himself whether or not to have sex. Because of their lack of communication about sex, Oscar doesn’t know how Josh feels, and doesn’t recognize his lack of active consent.</td>
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<tr>
<td>4</td>
<td>NO</td>
<td>Bea does not have accurate information about her partner’s sexual health status.</td>
</tr>
<tr>
<td>5</td>
<td>NO</td>
<td>Mikaela is afraid to communicate honestly with AJ about her feelings because of her abusive past relationship. She does not have enough sense of power or control within her relationship to freely make her own decisions about whether to have sex. AJ is also unable to make an informed decision because of this lack of communication – he doesn’t know how Mikaela feels about sex.</td>
</tr>
<tr>
<td>6</td>
<td>NO</td>
<td>Gia is drunk and nearly unconscious. She is unable to decide for herself, and her girlfriend is not communicating with her.</td>
</tr>
<tr>
<td>7</td>
<td>YES</td>
<td>Joseph believes he has the right to decide for himself; he is able to communicate his decision and his partner respects it. The partners are open and honest with each other, and there is no manipulation or coercion in their relationship.</td>
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<tr>
<td><strong>5. SUMMARY AND QUESTIONS (5-10 minutes)</strong></td>
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<td>Ask one participant to summarize the lesson briefly while you distribute the evaluation sheet.</td>
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<td>While they are completing the evaluation, allow participants to ask questions.</td>
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<td>Distribute any additional educational handouts, resource lists and cards/brochures for your organization’s programs before dismissing the group.</td>
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</table>
DEVELOPED BY:

Sarah Roush, MSPH Candidate, Johns Hopkins Bloomberg School of Public Health
Nico Storrow, Health Educator, Vista Community Clinic

April 2014

MATERIALS ADAPTED FROM:

http://www.youtube.com/watch?v=Q5H6QvNmfiY.
Love is Respect. Healthy Relationships Quiz. 
http://www.loveisrespect.org/pdf/Healthy_Relationship_Quiz.pdf
Love is Respect. Healthy LGBTQ Relationships. 

HEALTHY RELATIONSHIPS LESSON PLAN
HEALTHY RELATIONSHIPS LESSON EVALUATION

Thank you for participating in today’s lesson! Your answers to this evaluation are anonymous and will be used to improve future lessons, so please be honest.

Please circle your answers to each of the items below.

1. When answering the items in the section below, please reflect back on what you knew about today’s topic before this lesson, and what you know now, after the lesson. Circle the number that best represents your knowledge before (left) and after (right) this lesson.

<table>
<thead>
<tr>
<th>BEFORE LESSON</th>
<th>AFTER LESSON</th>
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<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>a) I can explain what a healthy relationship is.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>b) I can describe why communication is an important part of an emotionally and physically healthy relationship.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>c) I can use assertive communication with a partner (now or in the future) to discuss our relationship and safer sex.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>d) I know what sexual consent means and why it’s important.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

2. Yes or No. Did you learn anything from this presentation?
   2a. If so, tell us what you learned!: ____________________________________________________
   ____________________________________________________________________________________

Please give your feedback on the overall lesson:

1. What did you like best about the lesson?

2. Do you recommend any changes to the lesson?

3. Did you feel represented/included and respected in the language and activities of the lesson?

4. What other topics would you like to discuss in future lessons?
Assertiveness Handout

Four Types of Communication Styles

1. **Aggressive**: taking what you want, threatening or forcing a person to give you something, or saying “no” in a way that puts the other person down or violates his or her rights.

2. **Passive**: not speaking up when you’d like something or giving in and saying “yes” when you don’t really want to, in order to be liked or not hurt the other person’s feelings.

3. **Manipulative**: getting what you want or turning someone down in a dishonest way, or doing something for somebody only so they will give you what you want.
4. **Assertive**: asking for what you want or giving people an honest “no” to things you don’t want; not using people and not letting yourself be used by others

**Important assertive skills include**
- Making “I” statements (“I think …,” “I want …”)
- Expressing opinions (“I believe …”)
- Saying “No” firmly but respectfully
- Asking for what you want
- Initiating conversations
- Expressing positive feelings
- Expressing appreciation
- Stating your strengths and abilities (“I can …”)
- Making statements that express one’s identity, culture, sexual orientation, etc. when one chooses to do so
- Pay attention to word choice, tone of voice, and body language

**Examples of some “I” statements**
- I don’t like the way you are talking to me.
- I really appreciate that you care enough to stay with me even though I am not ready to have sex yet.
Talking to Partners about Sex, STDs, and Birth Control Handout

Before talking to a partner:

Think about your approach

- **Plan what to say.** Make a list of pros and cons. Think about what you need for yourself and from your partner.

- **Be ready to listen:** Stop texting, talking, and other activities. Really hear what your partner has to say.

- **Share your decision with friends and family:** Practicing or rehearsing helps you figure what you want to say and how others may interpret it.

How to begin:

Think about your timing and intent

- **Choose a good time:** Be sure it is BEFORE you have sex, not during or after.

- **Choose a good place:** Limit distractions and interruptions. A party is probably not the best place.

- **Say what you value about your partner:** This way you can say yes to the relationship even if you say no to sex without condoms or birth control.
What to talk about:

Make sure you are being clear

- **Be honest**: If you think you should both get tested for STDs before having sex, say so. Do not let embarrassment stand in the way of your health!

- **Share reasons for using condoms and / or birth control**: Think ahead what your values, feelings, and goals are. How would having sex without protection harm any of these?
  
  - **Plan ways to spend time together that don’t involve unprotected sex**: Agree with your partner on things you can do to avoid STDs and pregnancy like getting tested or using condoms and other forms of birth control.
  
  - **Ask your partner for support**: Stress that mutual care means taking care of the health of both people.

Be aware of:

Think about body language and the tone and volume of your voice

- **Communication styles of your partner**: Males and females have different anatomy, different levels of hormones, and different ways of being socialized to interact with others. Be aware that males and females may think different things in their heads when they say the same words. However, even in same sex partnerships, there may still be very different communication styles between the two people even though they share gender. And obviously, every individual is different, so do not stereotype that “all guys” or “all girls” act a certain way.

- **Culture and family upbringing**: The way we communicate has a lot to do with the home we grew up in, the role models we had when learning to talk, and the culture we are surrounded by. If you are dating across cultures, try to notice any different communication styles when your partner interacts with other people. Talk about it!

Parts of this handout were adapted from Stang, et al. (2004). *Health Facts: Reproductive Health & Pregnancy Prevention.*
Relationships exist on a spectrum, from healthy to unhealthy to abusive -- and everywhere in between. It can be hard to determine where your relationship falls, especially if you haven't dated a lot. Explore this section to learn the basics of dating, healthy relationships and drawing the line before abuse starts.

Is My Relationship Healthy?
In a healthy relationship:
• Your partner respects you and your individuality.
• You are both open and honest.
• Your partner supports you and your choices even when they disagree with you.
• Both of you have equal say and respected boundaries.
• Your partner understands that you need to study or hang out with friends or family.
• You can communicate your feelings without being afraid of negative consequences.
• Both of you feel safe being open and honest.

A good partner is not excessively jealous and does not make you feel guilty when you spend time with family and friends. A good partner also compliments you, encourages you to achieve your goals and does not resent your accomplishments.

My Partner Doesn’t Physically Hurt Me
Just because there is no physical abuse in your relationship doesn’t mean it’s healthy. It’s not healthy if your partner:
• Is inconsiderate, disrespectful or distrustful.
• Doesn’t communicate their feelings.
• Tries to emotionally or financially control you by placing your money in their banking account.
• Keeps you from getting a job or gets you fired.
• Humiliates you on Facebook or in front of your friends.
• Threatens to out you to your family.

So, Is My Relationship Unhealthy?
Everybody deserves to be in a healthy relationship free from violence. Drawing the line between unhealthy and abusive can be hard. If you think your relationship is going in the wrong direction, check out the warning signs of abuse at loveisrespect.org.

Remember, there are many types of abuse and while you may think some of them are normal -- they are not. Even though teen and 20-something relationships may be different from adult ones, young people do experience the same types of physical, sexual, verbal and emotional abuse that adults do. You should take violence in your relationship seriously.
If you think are in an abusive relationship, you're probably feeling confused about what to do. You may fear what your partner will do if you leave or how your friends and family will react when you tell them. If you are financially or physically dependent on your partner, leaving may feel impossible. You may also think that the police and other adults won't take you seriously.

These are all understandable reasons to feel nervous about leaving your partner, but staying in the abusive relationship isn't your only option.
Communication is a key part to building a healthy relationship. The first step is making sure you both want and expect the same things – being on the same page is very important. The following tips can help you create and maintain a healthy relationship:

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

**Healthy Boundaries**
Creating boundaries is a good way to keep your relationship healthy and secure. By setting boundaries together, you can both have a deeper understanding of the type of relationship that you and your partner want. Boundaries are not meant to make you feel trapped or like you’re “walking on eggshells.” Creating boundaries is not a sign of secrecy or distrust -- it’s an expression of what makes you feel comfortable and what you would like or not like to happen within the relationship. Remember, healthy boundaries shouldn’t restrict your ability to:
• Go out with your friends without your partner.
• Participate in activities and hobbies you like.
• Not have to share passwords to your email, social media accounts or phone.
• Respect each other’s individual likes and needs.

**Healthy Relationship Boosters**
Even healthy relationships can use a boost now and then. You may need a boost if you feel disconnected from your partner or like the relationship has gotten stale. If so, find a fun, simple activity you both enjoy, like going on a walk, and talk about the reasons why you want to be in the relationship. Then, keep using healthy behaviors as you continue dating.

**What Isn’t a Healthy Relationship?**
Relationships that are not healthy are based on power and control, not equality and respect. In the early stages of an abusive relationship, you may not think the unhealthy behaviors are a big deal. However, possessiveness, insults, jealous accusations, yelling, humiliation, pulling hair, pushing or other negative, abusive behaviors, are -- at their root -- exertions of power and control. Remember that abuse is always a choice and you deserve to be respected. There is no excuse for abuse of any kind.
If you think your relationship is unhealthy, it’s important to think about your safety now. Consider these points as you move forward:

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

Even though you cannot change your partner, you can make changes in your own life to stay safe. Consider leaving your partner before the abuse gets worse. Whether you decide to leave or stay, make sure you use our safety planning tips or take our Healthy Relationship Quiz on loveisrespect.org.
A healthy relationship is a healthy relationship regardless of your sexual orientation. If you’re wondering about yours, take our relationship quiz at loveisrespect.org and see how you score.

Abusers may say that disrespectful or violent behavior in a LGBTQ relationship is normal, but it’s not. Lesbian, gay, bisexual, transgender, questioning and queer (LGBTQ) youth have healthy relationships at similar rates and in much the same way as heterosexual couples.

**LGBTQ: What the Letters Mean**

- **Lesbian:** A woman who is physically, romantically and/or emotionally attracted to other women.
- **Gay:** A man who is physically, romantically and/or emotionally attracted to other men.
- **Bisexual:** An individual who is physically, romantically and/or emotionally attracted to men and women.
- **Transgender:** An inclusive term for people whose gender identity and/or expression differs from the sex they were assigned at birth. Transgender people may or may not decide to alter their bodies hormonally or surgically.
- **Transsexual:** A person who experiences a mismatch between the sex they were assigned at birth and the sex they identify as being. A transsexual person sometimes undergoes medical treatment to change their physical sex to match their gender identity. Not all transsexual people can or desire to alter their bodies.
- **Queer:** In the past, “queer” was a derogatory term, but now some LGBTQ people use it to describe themselves and their community. Others still find it offensive so it’s best to use this word only if the person you are referring to has already identified as queer.
- **Questioning:** People still in the process of exploring their sexual identity who are not ready to apply a label to themselves.

**A Few More...**

- **Out:** Being open about your sexual orientation and/or gender identity.
- **Outing:** Revealing a person’s sexual orientation without their permission.
- **Sex:** The “male” or “female” label assigned at birth.
- **Sexual Orientation:** Who you’re physically attracted to.
- **Gender:** The general public’s ideas about the differences in proper behavior and roles between men and women.
- **Gender Identity:** The set of behaviors or roles associated with the gender a person identifies with and presents to the public.
- **Gender Expression:** The way people express their gender identity to others through behavior and appearance. Transgender people may match their gender expression to the way they feel and not the sex label they were given at birth.
- **Ze:** Gender neutral pronoun that can be used instead of “he” or “she.”
I Am LGBTQ. Is My Relationship Healthy?
You know your relationship is probably healthy if your partner:

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

My Relationship is Unhealthy or Abusive
If you’re LGBTQ, you can face unique obstacles to seeking help. Know that you are not alone and there are places that can help. Chat with a peer advocate or check out our referrals at loveisrespect.org. If you’re in an unhealthy or abusive relationship, you have many options -- including obtaining a domestic violence restraining order. Laws vary from state to state so chat with a peer advocate to learn more. Whether or not you’re ready to end the relationship, consider creating a safety plan.

For more information, visit www.loveisrespect.org
Repurposing is allowed and encouraged. Please contact Break the Cycle or the National Dating Abuse Helpline for more information.
Healthy Relationship Quiz

Everyone deserves to be in a safe and healthy relationship. Do you know if your relationship is healthy? Answer yes or no to the following questions to find out. Make sure to check the boxes to record your responses. At the end, you’ll find out how to score your answers.

The Person I’m With

1. Is very supportive of things that I do. □ Yes □ No
2. Encourages me to try new things. □ Yes □ No
3. Likes to listen when I have something on my mind. □ Yes □ No
4. Understands that I have my own life too. □ Yes □ No
5. Is not liked very well by my friends. □ Yes □ No
6. Says I’m too involved in different activities. □ Yes □ No
7. Texts me or calls me all the time. □ Yes □ No
8. Thinks I spend too much time trying to look nice. □ Yes □ No
9. Gets extremely jealous or possessive. □ Yes □ No
10. Accuses me of flirting or cheating. □ Yes □ No
11. Constantly checks up on me or makes me check in. □ Yes □ No
12. Controls what I wear or how I look. □ Yes □ No
13. Tries to control what I do and who I see. □ Yes □ No
14. Tries to keep me from seeing or talking to my family and friends. □ Yes □ No
15. Has big mood swings, getting angry and yelling at me one minute but being sweet and apologetic the next. □ Yes □ No
16. Makes me feel nervous or like I’m “walking on eggshells.” □ Yes □ No
17. Puts me down, calls me names or criticizes me. □ Yes □ No
18. Makes me feel like I can’t do anything right or blames me for problems. □ Yes □ No
19. Makes me feel like no one else would want me. □ Yes □ No
20. Threatens to hurt me, my friends or family. □ Yes □ No
21. Threatens to hurt him or herself because of me. □ Yes □ No
22. Threatens to destroy my things. □ Yes □ No
23. Grabs, pushes, shoves, chokes, punches, slaps, holds me down, throws things or hurts me in some way.
   □ Yes □ No

24. Breaks or throws things to intimidate me.
   □ Yes □ No

25. Yells, screams or humiliates me in front of other people.
   □ Yes □ No

26. Pressures or forces me into having sex or going farther than I want to.
   □ Yes □ No

**Scoring**

Give yourself one point for every no you answered to numbers 1-4, one point for every yes response to numbers 5-8 and five points for every yes to numbers 9 and above.

Now that you're finished and have your score, the next step is to find out what it means. Simply take your total score and see which of the categories below apply to you.

**Score: 0 Points**

You got a score of zero? Don’t worry -- it’s a good thing! It sounds like your relationship is on a pretty healthy track. Maintaining healthy relationships takes some work -- keep it up! Remember that while you may have a healthy relationship, it’s possible that a friend of yours does not. If you know someone who is in an abusive relationship, find out how you can help them by visiting loveisrespect.org.

**Score: 1-2 Points**

If you scored one or two points, you might be noticing a couple of things in your relationship that are unhealthy, but it doesn’t necessarily mean they are warning signs. It’s still a good idea to keep an eye out and make sure there isn’t an unhealthy pattern developing.

The best thing to do is to talk to your partner and let them know what you like and don’t like. Encourage them to do the same. Remember, communication is always important when building a healthy relationship. It’s also good to be informed so you can recognize the different types of abuse.

**Score: 3-4 Points**

If you scored three or four points, it sounds like you may be seeing some warning signs of an abusive relationship. Don’t ignore these red flags. Something that starts small can grow much worse over time. No relationship is perfect -- it takes work! But in a healthy relationship you won’t find abusive behaviors.

**Score: 5 or More Points**

If you scored five or points, you are definitely seeing warning signs and may be in an abusive relationship. Remember the most important thing is your safety -- consider making a safety plan.

You don’t have to deal with this alone. We can help. Chat with a trained peer advocate to learn about your different options at loveisrespect.org.

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For more information, visit [www.loveisrespect.org](http://www.loveisrespect.org)

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guidelines for giving meaningful consent in a situation involving sex

**Believe that you have the right** to decide for yourself whether or not you want to participate in a particular sexual activity.

**Have a sufficient sense of power** and control over your own life to be able to communicate and implement your decision.

**Have the maturity** to understand what an activity entails and what consequences it might bring, and the maturity to communicate with your partner about these issues.

**Be in a situation** or relationship where your decision will be recognized and respected by your partner.

**Know what the activity involves** and what your feelings are about it; what the risks are; and how to protect yourself and your partner from unwanted pregnancy and infection.

**Have a clear mind**, not impaired by alcohol or drugs at the time of decisionmaking.

**Have accurate information** about your partner’s current sexual health status (including about any previous sexual exposure or drug use that could present a risk to you).

**As best you can, avoid situations** where you are likely to experience pressure to have unwanted sex for material or financial reasons.
SAFER SEX

Lesson Duration: 60 minutes. Different groups have meetings of different lengths; if you are dividing the lesson into two consecutive sessions, try to find a natural stopping point in the discussion.

GOAL
Participants will increase their knowledge of and perception of risk for STIs/HIV and learn how to protect themselves through safer sex methods.

OBJECTIVES
After completing the lesson, participants will be able to:
1. Describe the transmission and symptoms of STIs/HIV.
2. Accurately assess the risks associated with unprotected sex.
3. Identify other aspects of safer sex, including regular testing and partner communication.

MATERIALS & PREPARATION
- Index Cards: STI Risks Activity
- Evaluation Sheets
- Lesson Handouts and cards/brochures about your organization’s services.
- Flip charts (optional)
- Markers (optional)

LESSON OUTLINE
This lesson is designed to include all activities in the order listed below. However, based on the time limits and questions raised by participants, it may be necessary to alter the lesson. Please be sure to discuss the key messages outlined on the next page.

1. Lesson Introduction
2. Group Discussion: What is LGBTQ-inclusive Sex Ed?
3. Presentation: STI 101
4. Group Activity: STI Risks
5. Presentation: Safer Sex
6. Summary, Questions, Evaluation
### KEY MESSAGES OF THE LESSON

- While the prevalence of STIs varies across communities, every sexually active person is at risk for STIs regardless of race, class, gender, sexual orientation, or that of their partners.
- STIs spread through unprotected sex (oral, anal, vaginal, skin-to-skin contact) with an infected person.
- Some STIs can be cured with antibiotics; viral STIs, including HIV, can be treated but not cured.
- Having any STI puts a person at higher risk for contracting HIV.
- STIs are very common: 1 in 4 young people in California will contract an STI this year.
- The most common symptom of an STI is no symptom(s) at all.
- The only way to be 100% safe from STIs and HIV is to not have sex (abstinence).
- If a person decides to have sex, condoms and other barriers methods (such as dental dams) are highly effective for preventing many serious STIs including HIV.
- Regular STI/HIV testing and partner communication, along with the correct and consistent use of a condom or other barrier method, are important for safer sex.

### GUIDANCE FOR INSTRUCTORS

Never assume the gender identity, sexual orientation, sexual experience level or practices of participants. Do not “call out”/direct questions at individual participants based on stated or assumed practices or identities.

Be respectful of participants’ preferred personal gender pronouns and identity terminology.

Use gender neutral terms throughout the lesson. For example, when discussing relationships refer to partners rather than boyfriends/girlfriends.

Keep risk reduction messages general rather than directed at individuals. For example, say “It is important for a person to use a condom every time they have sex.” rather than “You need to use a condom...”. Additionally, discussions of risk factors should focus on sexual practices rather than sexual orientations or gender identities in order to avoid generalizations or stigmatization.

Don’t push individual participants to share information about their identit(ies) or experiences, but if they choose to share, validate and support them. Facilitators should acknowledge the realities of stigma and discrimination and how this may affect individuals differently.

Ensure that messages are inclusive for all participants. For example, refer to barrier methods (which can be used by partners of any gender) rather than just condoms when discussing safer oral sex.

Use your discretion in terms of how long to spend on each section. Different groups have meetings of different lengths; if you divide the lesson into two sessions, try to find a natural stopping point to end on.

Avoid giving misinformation. If you are unsure of the answer to a question, look it up and report back to participants during your next session. If you are uncomfortable with the content of a participant’s question, validate the importance of the question and your limitations in answering it. Refer them to one of the local clinics or youth programs listed on the resource handout.

The purpose of this lesson is to teach the basic information that participants need to identify and avoid sexual risk practices. Content that may be interpreted as instruction on how to have sex should be avoided.
1. INTRODUCTIONS (5-10 minutes)

Introduce yourself as the facilitator. Lead a round of group introductions (name and preferred gender pronouns) and one question students have about safer sex. If there is not enough time to include questions, explain that because time is very limited, you will have to move quickly through the material but participants can submit questions via email that will be answered.

GROUND RULES
Ask the group for their ground rules, add any important rules that they have missed.

Suggestions:
- Respect (*One person speaks at a time*)
- Don’t Yuck My Yum (*Don’t be judgmental about what others like*)
- One Diva, One Mic (*No interrupting*)
- Step Up, Step Back (*If you tend to talk a lot, work on listening more. If you mostly listen, push yourself to share more.*)
- Confidentiality (*What is said here stays here unless a participant shares thoughts about self-harm or harming someone else, in which case the facilitator may have to break confidentiality*)
- Use “I” Statements (*Speak from your own experiences. Don’t ask or volunteer sensitive personal information about other people*)
- There are no dumb questions!

2. GROUP DISCUSSION: WHAT DOES LGBTQ-INCLUSIVE SEX ED MEAN TO YOU? (5-10 minutes)

Use this discussion to gauge the level of knowledge of the group, and what issues they are most interested in.

QUESTIONS TO GUIDE DISCUSSION
- Have you had sex education or HIV prevention education in school?
- If yes: How relevant was the information for you? Did you feel that your concerns, experiences and needs were addressed through the program? (For example, were diverse romantic/sexual relationships discussed that everyone could relate to?)
  - If not: what made you feel excluded?
  - What would have made you feel more included? How can we ensure that everyone feels welcomed in this space?
- What do you think “LGBTQ-inclusive sex ed” means? What sex ed information is important to you, as individuals and members of this community?
3. PRESENTATION: SEXUALLY TRANSMITTED INFECTIONS 101 (5-10 minutes)

Ask the group what they know about sexually transmitted infections. Based on the level of accurate knowledge among participants, you may either move quickly through this section or need to spend more time explaining the basics of transmission, symptoms and prevention.

KEY MESSAGES FOR DISCUSSION
Sex can be a fun, meaningful part of a healthy relationship with someone you care about and trust. But if you aren’t practicing safer sex, it can impact your sexual health. One consequence of unprotected sex is the possibility of catching a sexually transmitted infection (STI).

Transmission:
- **STIs are transmitted (spread) through unprotected sex with an infected person.** They can be spread through oral, anal or vaginal sex where bodily fluids (blood, semen, vaginal fluids) are exchanged. Some (herpes, HPV, syphilis) can also be spread through skin-to-skin contact (genital-genital or oral-genital).
- **STIs that are caused by bacteria (chlamydia, gonorrhea, and syphilis) can be cured with antibiotics.** If these STIs are not diagnosed and treated, they can cause serious health problems (infertility, chronic pain, organ damage).
- **STIs that are caused by viruses (herpes, HPV, and HIV) can be treated with medication but not cured.** Testing and treatment is important to prevent serious health problems like cancers (caused by HPV) and keep the immune system strong (HIV weakens the immune system, and can lead to death if not treated). *(Make sure participants understand that when properly treated with medication, people living with HIV can have healthy lifespans comparable to individuals without HIV.)*
- **Having any STI increases a person’s risk for HIV by 3-5 times.** STIs that cause sores (herpes, syphilis) create “open doors” that let in the virus. Other STIs make the immune system more vulnerable to HIV infection.

Symptoms:
- **The most common symptom of an STI is to have no symptoms at all.** The only way to tell if a person has an STI is by getting regularly tested. This is an important part of being a responsible and healthy sexually active person.
- **STIs are very common:** 1 in 4 young people in California will get an STI this year.
- **Because they often have no symptoms, many people are infected with STIs and do not know it.** 3 in 5 young people who are infected with HIV do not know that they are positive. This puts their health and the health of their partner(s) at risk.

Prevention:
- **The only way to be 100% safe from STIs is to not have sex.** On average, only half of teens have had sex by the time they graduate from high school – it’s totally normal and healthy for a young person to wait until they’re older and feel ready for sex.
- **It’s important to remember that a person always has the right to say no to sex, under any scenario.** “Losing your virginity” doesn’t mean you have to keep having sex if it doesn’t feel right.
- **A person never has to perform any sex act that they don’t feel comfortable with or ready for.** We all deserve a partner who respects our boundaries and comfort level.
- **If a person does decide to have sex, condoms and other barriers methods are highly effective for preventing many serious STIs including HIV.**
4. GROUP ACTIVITY: STI RISKS (15-20 minutes)

Distribute index cards (prepared in advance of lesson) that each list a sexual practice. Instruct the participants to organize the cards in a continuum, ordered by risk level of the practice on their card. Encourage them to discuss and help one another.

Once the participants have finalized the order, discuss each card with the group. Why is this activity no risk/low risk/high risk? Correct any activities that have been miscategorized.

**Little to No Risk**
- Hugging
- Masturbation (alone)
- Touching/foreplay (clothed)
- Kissing

These activities are **not risky** because there is no chance of bodily fluid (blood, semen, vaginal fluid) exchange or skin-to-skin contact. Kissing can spread oral herpes (cold sores), but this is not an STI.

**Lower Risk**
- Touching/foreplay (unclothed, no bodily fluids exchanged)
- Mutual masturbation
- Oral sex with a barrier (condom/dental dam)

These activities are **lower risk**, but it is still possible to spread an STI. Herpes, HPV and syphilis can be spread through skin-to-skin contact that occurs during mutual masturbation or foreplay.

**Moderate Risk**
- Sharing sex toys
- Vaginal sex with condom
- Anal sex with a condom
- Oral sex with no barrier (bodily fluids exchange)

While using a barrier method greatly reduces the chance of spreading an STI, there is always **some risk** of infection (and pregnancy, if one partner can become pregnant). This is primarily due to inconsistent or incorrect use, allowing the exchange of bodily fluids. Sharing sex toys can also spread STIs through bodily fluids. If a herpes or syphilis sore is outside the area covered by the condom/barrier, the infection can be transmitted. HPV is difficult to prevent with barrier methods, which is why vaccination is very important. Oral sex (vagina) is fairly low risk although STI transmission is still possible. However, oral sex (penis) can easily spread STIs to the throat. Analingus (rimming or oral-anal sex) is also a **higher risk** activity for STIs (herpes, syphilis), parasites and hepatitis A (due to the potential presence of feces).

**High Risk**
- Vaginal sex without a condom
- Anal sex without a condom

Unprotected vaginal and anal sex are **extremely high risk** activities for STIs. Unprotected anal sex is particularly risky due because the lack of natural lubrication may result in tearing of delicate tissues; these micro-tears along with the presence of blood greatly increase the risk for HIV.
SAFER SEX LESSON PLAN

5. PRESENTATION: SAFER SEX (10-15 minutes)

Once the group has an understanding of the basics of STI transmission and the risk of various sexual activities, transition the discussion to a presentation on how to practice safer sex. If you have extra time remaining in the session, you may want to open a discussion: how can individuals can protect themselves from STIs if they choose to engage in oral, vaginal or anal sex?

SAFER SEX METHODS

Regardless of the gender of our partners, every sexually active person needs to protect themselves from STIs, including HIV – we are all at risk.

The first step in safer sex is communication. Partners need to first discuss whether they are ready for sex, how they are going to protect themselves, and when they were last tested for STIs. Condoms and other barrier methods are highly effective for preventing STIs, including HIV, because they prevent the exchange of body fluids and give some protection against skin-to-skin contact.

**Oral Sex:** this is a lower risk activity than penetrative sex, but if a barrier method (condom/dental dam) is not used during oral contact with a vagina, penis or anus, there is a risk for herpes and syphilis (through skin to skin contact). There is also a risk for chlamydia, gonorrhea and HPV in the throat if performing oral sex on a penis, and hepatitis A and parasites if performing oral sex on an anus (rimming). While the risk of HIV transmission through oral sex is low, the chance of infection increases if an individual has another STI.

- **Safer Oral Sex:** Use a barrier method (condom/dental dam) correctly and consistently – every time, before oral sex begins. Flavored condoms, dental dams and lube are available for this reason. Some educators also recommend plastic (saran) wrap as an accessible alternative to dental dams for oral sex; while not FDA-approved, this can be considered harm reduction.

**Vaginal Sex:** if unprotected, this is a high risk activity for STIs, including HIV, and pregnancy if it is penis-vagina sex.

- **Safer Vaginal Sex:** Use a condom (male or female) as well as hormonal birth control if pregnancy is possible.

**Anal Sex:** if unprotected, this is a very high risk activity for STIs, including HIV, particularly because the tissues of the anus are not self-lubricating and are more vulnerable to tearing during sex.

- **Safer Anal Sex:** Use a condom (male or female) as well as a water-based lubricant (like KY or Astroglide). Oil-based lubricants (like Vaseline, lotion, etc) break down the latex in condoms – do not use these!

If an individual and their partner use sex toys, it is important to either not share toys or to use a condom on the toy (a new condom any time the toy is exchanged between partners.) Toys must also be cleaned appropriately, and those made of non-porous materials (such as medical grade silicone) are safest and easiest to clean.

**HOW ELSE DO WE PRACTICE SAFER SEX?**

**Testing regularly for STIs and HIV:** at least once every year, and before beginning a sexual relationship with a new partner. Testing with a new partner before having sex for the first time is the best way to know each other’s status – suggest going to the clinic together. Remember: the most common symptom of an STI is no symptoms, and the only way to tell if a person has an STI is by getting tested.
Treatment: If an individual does test positive for an STI, it is important to receive treatment. Bacterial STIs like chlamydia, gonorrhea and syphilis can be cured with medication. Viral STIs like herpes, HPV and HIV cannot be cured, but they can be managed with medication. People living with HIV (or any other incurable STI) can lead long, healthy lives that include romantic and sexual relationships.

Communication: It is important for partners to discuss safer sex and STIs before having sex for the first time. These issues can be awkward for anyone to talk about, but if you can’t have an honest conversation about it, you are probably not ready to have sex with them.

- What do partners need to talk about? Their status (“When were you last tested for STIs?”) and how they are going to protect themselves (“I want us to use condoms.”) (The “Understanding Consent” activity in the Healthy Relationships Workshop also addresses this.)

Only having one partner, and being their only partner. One of the biggest risk factors for STIs and HIV is having a high number of partners, particularly multiple partners at the same time, because increases the chances of STIs spreading rapidly between partners especially when protection is not being used.

Vaccination: There are vaccines to prevent HPV, hepatitis A and hepatitis B.

Avoiding sex under the influence of alcohol and drugs. Alcohol and drugs impair judgment and decision-making, decreasing the likelihood of correctly using safer sex methods.

CONCLUDING MESSAGE
Sex can be a fun, meaningful part of a healthy relationship with someone you care about and trust. But as we’ve discussed today, STIs and HIV can seriously affect your health. That is why it is important to practice safer sex and get tested regularly. If a person does test positive for an STI or HIV, they have options. Many STIs can be cured with medication; others like HIV can be managed with medication. People living with HIV (or any other incurable STI) can lead long, healthy lives that include romantic and sexual relationships.

FACILITATOR NOTE: While sexual consent is not specifically addressed in this lesson, it is a critical concept for participants. If you are not facilitating the Healthy Relationships lesson for this group, please consider integrating one of the videos and/or activities from that lesson that defines and discusses consent here.

6. SUMMARY AND QUESTIONS (5-10 minutes)
Ask one participant to summarize the lesson briefly while you distribute the evaluation sheet.

While they are completing the evaluation, allow participants to ask questions.

Distribute the educational handouts and resource lists before dismissing the group.
DEVELOPED BY:

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April 2014

MATERIALS ADAPTED FROM:

Advocates for Youth. *STDs & HIV: Get the facts, learn the risks, protect yourself.*
SAFER SEX LESSON EVALUATION

Thank you for participating in today’s lesson! Your answers to this evaluation are anonymous and will be used to improve future lessons, so please be honest.

Please circle your answers to each of the items below.

1. When answering the items in the section below, please reflect back on what you knew about today’s topic before this lesson, and what you know now, after the lesson. Circle the number that best represents your knowledge before (left) and after (right) this lesson.

<table>
<thead>
<tr>
<th>BEFORE LESSON</th>
<th>AFTER LESSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>a) I can describe how STDs and HIV are spread between partners.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>b) I can identify the most common symptoms of a sexually transmitted infection.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>c) I know the risks of STDs of different sexual acts (like protected vs. unprotected oral, vaginal and anal sex).</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>d) I can describe what “safer sex” means.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

2. Yes or No. Did you learn anything from this presentation?
   2a. If so, tell use what you learned!: ____________________________________________________
      ____________________________________________________

3. As a result of this presentation, are you more likely to:
   a. Engage in safe sex practices, like using a condom during sex? Yes No
   b. Get tested for HIV/STDs? Yes No
   c. Communicate your sexual history with your current or future sexual partner(s)? Yes No

Please give your feedback on the overall lesson:

1. What did you like best about the lesson?

2. Do you recommend any changes to the lesson?

3. Did you feel represented/included and respected in the language and activities of the lesson?

4. What other topics would you like to discuss in future lessons?
how to use a condom

Talk to your partner about safer sex. Then, follow these steps for correct condom use.

1. Check the expiration date on the individual condom packet.

2. Once the penis is erect, open condom package with your fingers. Don’t use your teeth, or any sharp object, because you might accidentally tear the condom!

3. Squeeze the tip of condom with your fingers and place the rolled condom on the head of the penis.

4. Leave a half-inch space at the tip of the condom to collect semen.

5. Hold the tip of condom and unroll until the penis is completely covered.

6. After ejaculation, while the penis is still erect, hold the condom at base of penis and carefully remove the condom without spilling any semen.

7. Wrap the condom in tissue, or tie it in a knot and throw it away. (Don’t flush the condom down the toilet.)

8. Use a NEW condom for every act of vaginal, oral, and anal intercourse. Never use a condom more than once.

9. If using lubricant, use a water-based one like KY Jelly or Astroglide, NOT Vaseline or baby oil.

It is also helpful to practice — you can always use a banana!

Be prepared! Use protection the first time you have sex.

Teens’ Rights to Reproductive and Sexual Health Services

What are my rights to birth control, HIV and STD testing, and privacy?

Young people’s access to birth control, confidential visits with a healthcare provider, and HIV and STD testing vary from state to state. Visit www.plannedparenthood.org to find your nearest Planned Parenthood clinic. Or Google your state, county, and/or community name and “Health Department” to find a local sexual health clinic.

In some states a doctor may have the right to inform your parents of the services they have provided you. Find the law in your state by visiting www.sexetc.org/state.

Clinics that receive a certain type of government funding are required by law to offer confidential services, including HIV and STD testing and prescriptions for birth control, to all young people. Over 4,600 clinics nationwide receive this type of funding. Planned Parenthood clinics, and many state and local health departments, hospitals, community health centers, and independent clinics offer confidential services. Some services offered by these clinics include:

• Pelvic exams and pap tests
• Safer sex counseling
• Prescriptions for birth control
• Administering Depo-Provera (the shot) or inserting an IUD
• Counseling about abortion and abortion services

Many clinics offer free or reduced services, and you can pay in cash. If you pay for your bill by using your family’s health insurance, the bill may be sent to your parents. Some steps to make sure you are paying for the services you need:

• Call the clinic or healthcare provider before you go to ask about its policies.
• Tell the clinic staff how to contact you personally.
• Ask about reduced pricing, and pay in cash.

Where Can I Get Help?

Talk to your doctor or visit a clinic where they do STD screening. Or get info online:

• Use the testing site locator at www.hivtest.org (locates sites which test for HIV, STDs, or both)
• Search for your city or county health department
• Find your local Planned Parenthood (www.plannedparenthood.org)

Visit www.plannedparenthood.org for more information about STDs and to get involved in youth activism around sexual and reproductive health and rights.

Where can I get condoms

You can get condoms for free at most clinics but you can also purchase them at any drug store regardless of how old you are. Condoms cost between $5-$20 per box. Make sure you check the expiration date on the box! The most common kind of condom is made out of latex. But if you or your partner is allergic to latex, you can also get condoms made out of polyurethane. Lambskin condoms do not protect against STDs.

How can I talk about condoms with my partner?

It can be hard to talk to a partner about condoms. But unprotected sex puts you both at risk. Here are a few tips to make the conversation a success:

Know what you want and don’t want. Don’t engage in any sexual behavior that makes you uncomfortable, but always protect yourself. Remember, consistent and correct condom use reduces your risk of STDs and pregnancy.

Discuss abstinence, sex, and safer sex. Be honest about your sexual history and your sexual health. Discuss and make mutual decisions on your safer sex options. Go together to get tested for STDs. Educate yourself about safer sex options and make sure you are prepared to discuss them.

State what you want, and don’t want, clearly. Don’t be afraid! You have the right to protect yourself and to state your needs. If your partner doesn’t respond in a supportive way, then think about the relationship as a whole and if your partner respects and cares about you. No one should ever ask you to compromise your health and well-being!

Vaccine

There is a vaccine for HPV which can protect from genital warts and from the types of HPV that cause cancer. It is approved for both males and females ages 9-26 and must be given by a doctor.

Advocates for Youth

Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.

Check out Advocates for Youth’s websites:

Advocates for Youth
www.advocatesforyouth.org

Amplify

An online youth activism hub with information, resources, and advocacy opportunities www.amplifyourvoice.org

MySistahs

Information and support by and for young women of color www.mysistahs.org

YouthResource

Information by and for gay, lesbian, bisexual, transgender, and questioning youth www.youthresource.org

Advocates for Youth shall not be liable for any direct, indirect, incidental, consequential, or any other damages resulting from the use of the information contained herein.
HOW TO BE SAFE
methods you can use that reduce the risk of STDS, including HIV

anSTence
100% EFFECTIVE
in preventing STD including HIV when used consistently and correctly every time

STDs
an STD stands for Sexually Transmitted Disease. They are sometimes called STIs (sexually transmitted infections).

An STD is passed by body fluids or genital contact during anal, oral, and vaginal sex.

Human Immunodeficiency Virus (HIV)
is a virus that can be transmitted by anal, oral, or vaginal sex with an infected person, as well as through breast milk, during childbirth, and by coming into contact with the blood of an HIV positive person. Untreated, HIV can lead to AIDS, which compromises the immune system and puts the person at risk of illness and death. HIV cannot be transmitted by casual contact like hugging or sharing utensils.

SIGNS/SYMPTOMS
In its early stages HIV has no symptoms.

Once the illness has progressed, the first symptoms may include fever, rash, and sores. In its final stage a person with AIDS may suffer a variety of illnesses, including pneumonia and cancer.

TESTING
Get tested:
• if you have had unprotected sex
• if you have had oral sex with infected male
• if you have a new sexual partner you should both get tested for blood or urine test allows the doctor to determine if you have HIV.

A positive test result means you are infected with HIV. It doesn’t mean you have AIDS or will get sick soon. A negative test result means no HIV antibodies were found in your body. But, you could still be infected if you have been exposed to HIV in the last three months. Your body may not have made enough HIV antibodies to show up yet. Get tested again in three months.

TREATMENT
Medications, called anti-retrovirals, can prevent the virus from reproducing and extend the lives of HIV positive people for decades.

Start treatment as early as possible in order to stay healthy for as long as possible.

There is No Cure for HIV.

Pelvic Inflammatory Disease (PID)
is an infection in the womb, ovaries, and fallopian tubes. PID affects WOMEN ONLY. Chlamydia, gonorrhea, and other STDs left untreated can cause PID.

SIGNS/SYMPTOMS
• Pain during intercourse
• Pain in lower abdomen
• Fever
• Smelly vaginal discharge
• Irregular bleeding

TREATMENT
PID can be treated and cured with antibiotics.

Chlamydia
is a bacterial STD. Chlamydia can be transmitted by having anal, oral, or vaginal sex with an infected person.

SIGNS/SYMPTOMS
• Pain during intercourse (females)
• Abdominal and lower back pain
• Burning sensation during urination (males/females)
• Abnormal discharge from vagina or penis

TREATMENT
Chlamydia can be treated and cured with antibiotics.

Gonorrhea
is a bacterial STD that can infect the genital tract, mouth, or anus. Gonorrhea can be transmitted by having anal, oral, or vaginal sex with an infected person.

SIGNS/SYMPTOMS
• Pain when urinating (males/females)
• Pus-like discharge from penis or vagina
• Anal irritation and painful bowel movements
• People who are infected may have NO SYMPTOMS

TREATMENT
Gonorrhea can be treated and cured with antibiotics.

Herpes
is a viral infection caused by Herpes Simplex Virus (HSV1 or HSV2). Herpes can be transmitted through anal, oral, or vaginal sex with an infected person. Herpes can be transmitted between outbreaks and when there are no symptoms.

SIGNS/SYMPTOMS
• Cold sores around the mouth
• Sores or blisters around the genitals, buttocks, or anal area
• Flu-like symptoms, including fever and swollen glands
• Some people have NO SYMPTOMS

TREATING
A blood test helps to determine if someone is infected with Herpes.

TREATMENT
• Antiviral medications can shorten and prevent outbreaks during the period of time the person takes the medication.
• Treatment can lessen symptoms and decrease outbreaks but you can still spread herpes under treatment.
• There is No Cure for Herpes.

Syphilis
is a bacterial STD passed on by a syphilis sore through anal, oral, or vaginal sex with an infected person. Syphilis has three stages: the primary, secondary, and the late and latent stage.

SIGNS/SYMPTOMS
• The primary stage begins with a single sore (called a chancre), but there can also be multiple sores. If not treated at this stage it will progress to the secondary stage.
• The secondary stage consists of skin rash and lesions that usually appear on the palm of the hands or bottom of feet. If not treated at this stage it will progress to the late or latent stage.
• The late or latent stage, also called the hidden stage, begins when primary and secondary symptoms disappear, but the disease is still present. Without treatment, syphilis can lead to blindness and death.

TESTING
A microscopic test for a lessened sore or a blood test will be used.

TREATMENT
Treatment can include a single antibiotic injection for someone infected less than a year. Additional doses are needed to treat someone infected longer than a year.

Human Papillomavirus (HPV)
is a common viral STD that can be transmitted by anal, oral, or vaginal sex with an infected person. The body can fight off many other STDs when used consistently and correctly every time.

SIGNS/SYMPTOMS
• Genital Warts are small bumps or groups of bumps in the genital area. They can be small or large, raised or flat, or shaped like a cauliflower.
• Some HPV types can cause normal cells in the body to turn abnormal, and might lead to cancer over time.

TREATMENT
• People who have NO SYMPTOMS

TESTING
A pap smear allows the doctor to be made of abnormal cervical cells which might indicate HPV; an HPV test can determine if you have HPV.

SIGNS/SYMPTOMS
• Genital Warts or can be removed or treated with medicine.
• Abnormal Cervical Cells (found on a Pap test) can usually be treated to prevent cervical cancer from developing.

TREATMENT
• There is No Cure for HPV.

Syringia
is a bacterial STD passing on by a syringe sore through anal, oral, or vaginal sex with an infected person. Syringia has three stages: the primary, secondary, and the late and latent stage.

SIGNS/SYMPTOMS
• The primary stage begins with a single sore (called a chancre), but there can also be multiple sores. If not treated at this stage it will progress to the secondary stage.
• The secondary stage consists of skin rash and lesions that usually appear on the palm of the hands or bottom of feet. If not treated at this stage it will progress to the late or latent stage.
• The late or latent stage, also called the hidden stage, begins when primary and secondary symptoms disappear, but the disease is still present. Without treatment, syphilis can lead to blindness and death.

TESTING
A microscopic test for a lessened sore or a blood test will be used.

TREATMENT
Treatment can include a single antibiotic injection for someone infected less than a year. Additional doses are needed to treat someone infected longer than a year.

Female condom may reduce the risk of STDS, including HIV when used consistently and correctly every time.

Monogamy
having a long-term mutually monogamous relationship with one partner who has been tested and is known to be uninfected can lower your risk of getting STDs including HIV.

Latex or polyurethane male condom
99% EFFECTIVE against HIV, and also reduces the risk of many other STDS when used consistently and correctly every time.
Protect yourself when having oral sex, or when using your hands or fingers. Always use a latex barrier to guard against exchanging body fluids!
Remember, even when using barriers with your partner, make sure to stay away from open sores. Check expiration dates on all latex products and do not store them in extreme hot or cold locations.

barriers 101

**Barriers**

**Latex Barriers** (also known as Dental Dams) are six-inch square pieces of latex. An alternative is to use plastic wrap cut to fit your needs.

**When and how to use**

When going down on someone, put lube on one side of the barrier, your tongue on the other. Use a new latex barrier each time you have oral-vaginal or oral-anal sex, then throw it away.

**Gloves** are made of latex and come in different sizes. To make a Dam from a glove: Cut the 4 fingers off the glove but do not cut off the thumb. Cut the glove on the seam along the pinky. Rinse any talcum off. Now you have a latex barrier.

You can stick your tongue in the thumb area for oral/anal sex – it makes it easier on your tongue!

**Condoms** come in different sizes and should be made of latex. Do not use lambskin condoms, and ribbed or textured condoms tend to tear easily.

Female Condoms provide protection against the transmission of STIs, HIV/AIDS and unwanted pregnancies.

To make a dam from a condom: Unroll a non-lubricated condom and cut off the tip, then cut up along one side. Unfold and place lube on the side that goes in her vagina.

Lube: Always use water-based lube such as Astroglide, Probe, WET, K-Y.
IMPORTANT: all oil-based lubricants break down latex, including plastic wrap – Vaseline, Crisco, baby oil, mineral oil, grease, suntan or hand lotions contain oil and petroleum which can weaken condoms and dams. Don't use them!

Condoms and lube for penises: place small amount of lube inside the tip of condom, roll condom on erect penis. Place more lube on outside of condom once it is on the penis and enjoy!

How to use a condom (rubber)

1. Hold the tip of the condom to squeeze out the air. This leaves some room for the semen when you ejaculate.
2. Put the condom on the end of your penis. Keep holding the tip of the condom. Unroll it onto your erect penis, all the way down to the hair.
<table>
<thead>
<tr>
<th>Sexually transmitted infections</th>
<th>Type of infection and how transmitted</th>
<th>Symptoms</th>
<th>Symptoms appear</th>
<th>Treatment or cure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia* &amp; Gonorrhea*</td>
<td>Bacterial infection transmitted by bodily fluids: vaginal fluids, semen, pre-ejaculate</td>
<td>Burning with urination, frequent urination, discharge or itching</td>
<td>Chlamydia: 7-21 days after exposure Gonorrhea: 2-14 days after exposure</td>
<td>Both easily curable</td>
</tr>
<tr>
<td>HPV (Papilloma virus) Genital Warts</td>
<td>Viral infection transmitted by skin-to-skin contact with the infected area</td>
<td>Fleshy bumps or flat discolorations on the genitals, anus or mouth</td>
<td>1-8 months after exposure</td>
<td>Treatable</td>
</tr>
<tr>
<td>Herpes</td>
<td>Viral infection transmitted by skin-to-skin contact with the infected area</td>
<td>Painful sores on genitals, anus or mouth</td>
<td>2-14 days after exposure</td>
<td>Treatable</td>
</tr>
<tr>
<td>Syphilis*</td>
<td>Bacterial infection transmitted by skin-to-skin contact with the infected area</td>
<td>Many women do not notice the symptoms, but can still spread the disease. Some women notice painless, open sores and then a rash.</td>
<td>Sores appear 10-90 days after exposure and last for 3-6 weeks. A rash may appear 4-10 weeks after the sore and last for 2-6 weeks.</td>
<td>Symptoms usually go away but syphilis is still present unless there is treatment. It is curable.</td>
</tr>
<tr>
<td>Hepatitis A, B*, C*</td>
<td>All three viruses cause inflammation of the liver. Transmitted via: Hep A: contaminated feces is orally ingested either through eating, drinking, or oral/anal sex (rimming) Hep B: blood, semen, and other sexual fluids that contain blood Hep C: primarily blood</td>
<td>Some women have no symptoms, but can still spread disease. Others have flu-like feelings, diarrhea, yellowish skin or eyeballs.</td>
<td>1-6 months after exposure</td>
<td>Hepatitis A and B can be prevented with a vaccine. Hepatitis B and C are treatable.</td>
</tr>
<tr>
<td>HIV* Human Immunodeficiency Virus</td>
<td>Virus that causes AIDS, and is spread by blood, semen, pre-ejaculate, vaginal fluid and breast milk. Your risk of getting HIV is much higher if you or your partners share drug &quot;works&quot; or needles (home tattoos), or if you have had sexual contact with men who have had sex with other men, IV drug users, or people whose sexual history you do not know.</td>
<td>Some women have no symptoms, but can still spread the infection. Others have flu-like feelings, sweats, chills, diarrhea, yeast infection, unexplained weight loss, or tiredness.</td>
<td>Within a few months of infection</td>
<td>There is no cure for HIV but there are drug therapies that can keep people alive for many years, even decades.</td>
</tr>
</tbody>
</table>
LOCAL RESOURCES GUIDE

Health Services

Condom Access Project (CAP) is a project of the California Family Health Council that provides teens ages 12-19 with free condoms and educational materials. www.TeenSource.org/Condoms/Free

Don’t Think, Know: Women 25 years old and younger living in San Diego County can order a free home test kit for chlamydia and gonorrhea. Don'tThinkKnow.org

Family Health Centers of San Diego has clinics throughout central San Diego, as well as a teen health center in Logan Heights. Call (619) 515-2300 for more information. www.fhcsd.org

Family PACT (Planning, Access, Care, Treatment) works with California doctors and clinics to provide free and confidential family planning services, including birth control and STD testing, to men, women and teens. Enrollment is simple and can be done at the clinic at the time of service. www.FamilyPACT.org

Planned Parenthood has 13 clinics located throughout the county. Services, including HIV and STD testing, are confidential and free or low-cost. (888) 743-PLAN (7526) Planned.org

San Ysidro Health Center has clinics throughout South Bay, as well as a teen clinic in Chula Vista which offers free and low cost confidential reproductive health services for teens. Call or text for more information: (619) 800-TEEN (8336) www.syhc.org

Vista Community Clinic has 5 clinics in North County. CHOICES Teen Clinic provides free, confidential reproductive health visits to teens ages 12 – 19, with locations in Vista and Oceanside. (760) 631-5000 x 7148 vistacommunityclinic.org. Students can also call or text CHATncsd for more information: (760) 533-3130.

Community Centers

The Hillcrest Youth Center (The San Diego LGBT Community Center) offers support services to the LGBT community, including HIV testing and support groups for LGBT youth. (619) 692-2077 www.TheCenterSD.org

North County LGBT Resource Center provides services including HIV and STD testing, case management, and youth support groups. (760) 994-1690 www.NCResourceCenter.org

South Bay LGBTQI Youth Group was founded by Kelly Hutton to address LGBTQI needs in South Bay. Contact Kelly J. Hutton, Hutton.kelly@gmail.com

Student Resources

GSA Network (Gay-Straight Alliance) is a national youth leadership organization that connects school-based Gay-Straight Alliances (GSAs) to each other and community resources through peer support, leadership development, and training. www.gsanetwork.org

GLSEN (Gay Lesbian Straight Education Network) is a national organization for students, parents, and teachers that seeks to end discrimination, harassment, and bullying based on sexual orientation, gender identity and gender expression in K-12 schools. www.glSEN.org

Parent/ Family Resources

PFLAG (Parents, Families and Friends of Lesbians and Gays, Inc.) promotes the health and well-being of gay, lesbian, bisexual and transgender persons, their families and friends through Support, to cope with an adverse society, Education, to enlighten an ill-informed public and Advocacy, to end discrimination and to secure equal civil rights. www.pflag.com.
Online Support/ Terminology Resources

Scarleteen takes a frank, nonjudgmental approach to talking about sex, describing itself as "Sex Education for the Real World". The site provides medically accurate information and advice on bodies, sexual feelings, relationships and emotional health. www.Scarleteen.com


Erin’s Trans Glossary is an online resource that includes trans specific information and terminology. www.erinhoudini.com/transgender-glossary.html

Terminology Guide was created by the UCSD LGBTQ Resource Center and has a list of some commonly used LGBTQIA terms and definitions lgbt.ucsd.edu/education/terminology.html

Healthy Relationships

Love is Respect is a safe space for teens to find information about healthy relationships and dating abuse. The site includes live chat with peer advocates, and numbers that teens can text or call for support. www.LoveisRespect.org

Center for Community Solutions (CCS) helps to heal and prevent relationship and sexual violence. CCS operates the only rape crisis center in the city of San Diego along with a countywide 24-hour bilingual crisis helpline. (888)385-4657 www.ccssd.org

Stay Here With Me has online support and resources for LGBTQ youth. stayherewithme.com

Mental Health/Suicide Prevention

Mental Health of America of San Diego County is dedicated to promoting mental health, preventing mental disorders and achieving victory over mental illnesses through advocacy, education, research and service. www.mhasd.org

The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth. They offer a Lifeline, chat/messaging service, and a social networking community for LGBTQ youth (13-24 years old) + allies. www.thetrevorproject.org
Trevor Lifeline: 866.488.7386

Our Circle is an LGBT youth support group located in the North County area of San Diego, CA with the goal of providing Lesbian, Gay, Bi, Transgender, and Questioning youth and young adults with a safe and positive environment in which to socialize and get to know other young people who are in the same situation in life. www.ourcircle.org

Legal/Know Your Rights

American Civil Liberties Union of Southern California (ACLU) works to defend the Bill of Rights and apply them equally to all who live in our society. Their website includes a variety of “Know Your Rights” guides for interacting with police, being an LGBTQ/gender non-conforming student and a variety of other topics. www.aclusocal.org

Silvia Rivera Law Project works to guarantee that all people are free to self-determine gender identity and expression, regardless of income or race, and without facing harassment, discrimination or violence. srlp.org

Transgender Law Center is a San Francisco based civil rights organization advocating for transgender communities. transgenderlawcenter.org

*Please note this is by no means intended to be an exhaustive list. These are merely some of the resources we have found helpful for LGBTQ students in San Diego County.
Basic LGBTQIA Terms and Definitions:

Agender—a person who has no internal sense of gender identity. Another term is genderless.

Ally—Someone who advocates for and supports members of a community other than their own, reaching across differences to achieve mutual goals. Allies look to the marginalized community for direction about what actions to take. Allies to the LGBTQIQ community might correct others’ pronoun mistakes, vote in support of equal marriage, use neutral language like “partner”, challenge the assumptions others make about bisexuality being a “phase”, etc.

Asexual—describes a person who is not sexually attracted to others or does not desire sexual activity. A person might be gray-sexual, meaning there might be a person with whom they would engage in some sexual interaction, but rarely or reserved for specific activities. Similarly, a person might be Aromantic, meaning they might have sex, but prefer not to have romantic relationships.

Biphobia—the fear or disgust of love and/or sexual attraction between members of all genders. This can be perpetrated by gay and lesbian people, as well as heterosexuals. It can include thinking bisexuality is a phase, that it isn’t real, that a person must decide on one gender to love, that a gay or lesbian who has sex with a bisexual person is taking a risk, erasing or making bisexual people invisible within the community by assuming they are either straight or gay/lesbian, etc.

Bisexual (Bi)—describes a person who is attracted to the same gender as well as another gender.

Cisgender—a person who identify with the gender they were assigned at birth.

Cissexism—the belief that cisgender people are more normal or natural, or the assumption that every person is cisgender. Binarism is the belief or assumption that male and female are the only sexes, and that there are only two genders (man and woman.)

Coming Out—Coming out is a complex, difficult, and life-long process of telling others about one’s sexuality and/or gender identity. Coming out and disclosing gender identity is a different experience from coming out about sexual orientation.

Gay—a man who is predominately or exclusively attracted to men. Sometimes used as an umbrella term to include all LGBTQIQ people.

Gender Identity—describes the gender with which a person identifies, not to be confused with sex which relates to a person’s biological sex through their anatomy (ex: testicles, penis, ovaries, vagina, etc.), chromosomes, and/or hormones. E.g., someone assigned female at birth (sex) may identify as a man (gender identity).

Genderqueer—a term describing a person whose gender is not binary (one of the two commonly recognized genders—man or woman), has more than one gender at the same time, has fluid gender that fluctuates at different times, or refuses gender labels and/or roles altogether. It may also describe someone who is gender-non-conforming. Other related terms include neutrois, bigender, trigender, non-binary transgender, two-spirit (specifically Native communities), genderfluid, androgyne, gender-neutral, and gender-variant.

Heterosexism—the belief that male and female sexuality and male/female relationships are the only natural or moral mode of sexual behavior. It is also the assumption, intentional or unintentional, that every person is heterosexual. This might include asking a lesbian what her boyfriend’s name is, thinking
all women survivors were assaulted by men, etc.

**Heterosexual**—describes a man who is attracted to a woman or a woman attracted to a man.

**Homophobia**—the fear or disgust of same-sex love and/or sexual attraction. The fear, prejudice, and/or hatred of those not heterosexual. Homophobia can be internal (personal belief that homosexuality is wrong or repulsive) or external (supporting societal and institutional heterosexism like the prohibition of same-sex marriage).

**Intersex**—refers to people whose sex, on a genetic, hormonal, or anatomic level, are neither male nor female. Their sex chromosomes may not be xx or xy, or they may be born with ambiguous genitalia (hermaphrodite is an outdated term) or variations in internal reproductive organs. Surgery performed in infancy, without consent, leaves some individuals feeling incomplete or altered. Intersex people may or may not identify as transgender or genderqueer.

**Lesbian**—a woman who is predominately or exclusively attracted to women.

**LGBTIQ**—stands for Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer or Questioning.

**Man**—the social and/or legal status of a person who identifies with the male sex.

**Pansexual**—describes a person who is attracted to all genders and/or sexes. As a word, bisexual only recognizes two genders. Pansexual is a more inclusive term.

**Queer**—complex term that can describe attraction for people of any/all genders & recognizes the non-binary or sexual identity that rejects hetero-normativity (desire to get married, have children, settle down, etc.), or indicates engagement in non-normative sex/relationships (like BDSM and polyamory.) It has a more explicitly political meaning. Historically it is an offensive term that has been reclaimed by some but not all in the community. With caution, it can also be used as an umbrella term referring to all LGBTIQ people.

**Sexual Orientation**—a person’s emotional, spiritual, romantic, and/or sexual attraction to others

**Transgender Man** (trans man, Female to Male, FtoM, FtM, F2M)—a transgender person assigned female at birth who identifies as a man. He may have transitioned or be in the process of transitioning hormonally and/or surgically to male OR may never go through surgery or hormonal reassignment.

**Transgender Woman** (trans woman, Male to Female, MtoF, MtF, M2F)—a transgender person assigned male at birth who identifies as a woman. She may have transitioned or be in the process of transitioning hormonally and/or surgically to female OR may never go through surgery or hormonal reassignment.

**Transgender**—a broad term used to describe a range of individuals whose gender identity and expression, to varying degrees, does not correspond to their biological sex or the sex they were assigned at birth. Can be shortened to trans or trans* (the star tends to be most broadly inclusive.) Transition can include: coming out to one’s family, friends, and/or co-workers; changing one’s name and/or sex on legal documents; hormone therapy; and possibly (though not always) some form of surgery.

**Transition**—The complex process of leaving behind one’s assigned birth sex/gender.

**Transphobia**—the fear or disgust of people who transgress social expectations of gender conformity. This can come from cisgender people who are straight as well as those who are LGBQI. It can include
thinking that trans people are deceitful if they do not disclose their transition history, creating or supporting restrictions on people’s ability to medically, socially, or legally transition, policing people’s choice in use of public accommodations like bathrooms and locker rooms, believing that a person is no longer truly gay if he has sex with a trans man, lesbian if she has sex with a trans woman, or straight if they have sex with any trans people, using incorrect names and pronouns, asking what a person’s “real” name is, or dehumanizing trans people with words like tranny, she-male, it, he-she.

**Woman**—the social and/or legal status of a person who identifies with the female sex.

*Note: This list is not all inclusive, and definitions are not set in stone. It’s important to remember that only the person can know what their sexual orientation and gender identity are and the only way for us to know how they identify is to hear it from that person.*

*Thank you to the Center for Community Solutions, the Gender Equality Resource Center from the department in the Division of Equity and Inclusion and The Center in Northern Colorado for their help with terms. http://geneq.berkeley.edu/lgbt_resources_definiton_of_terms and www.glbtcolorado.org*
Sarah Roush has worked in public health with an emphasis on STD and HIV prevention since 2006. She is currently completing her MSPH in Health Education and Health Communication at the Johns Hopkins Bloomberg School of Public Health. While pursuing her degree, she interned at the HIV, STD and Hepatitis Branch of Public Health Services, County of San Diego. Sarah is passionate about providing evidence-based, culturally appropriate health education and tools to promote sexual and reproductive health.

Nicole (Nico) Storrow grew up in North County San Diego and got her Bachelors in Psychology from UC Davis in 2011. Since then she has been working with youth in a variety of capacities. She currently works in North County as a Health Educator at Vista Community Clinic where she co-facilitates a weekly support group for LGBTQ youth and facilitates educational workshops at High School Gay Straight Alliance Clubs and in alternative educational settings. Nico also works closely with Project Youth, a committee of the North County LGBTQ Resource Center, planning events to promote community building and health access for youth across North County. Nico is passionate about youth empowerment, social justice, sexual health and inclusive spaces for LGBTQ youth across race, sexuality, age, ability, class, and spirituality.

We would love to hear about your experience implementing these lessons! We also welcome feedback and suggestions to strengthen the lessons. Additionally, if you are interested in hosting a “Train the Trainer” workshop in San Diego County, please contact Nico.

You can reach Sarah at sroush@gmail.com and Nico at nastorrow@gmail.com.