INFORMED AND IN CHARGE:

A TOOLKIT FOR DELIVERING

HEALTHY SEXUALITY PROGRAMMING

FOR GIRLS 12-14

Girls Inc.

Inspiring all girls to be strong, smart, and bold
Girls Inc. inspires all girls to be strong, smart, and bold, providing more than 140,000 girls across the U.S. and Canada with life-changing experiences and solutions to the unique challenges girls face. The Girls Inc. Experience consists of people, an environment, and programming that, together, empower girls to succeed. Trained staff and volunteers build lasting, mentoring relationships in girls-only spaces that are physically and emotionally safe and where girls find a sisterhood of support with shared drive, mutual respect, and high expectations. Hands-on, research-based programs provide girls with the skills and knowledge to set goals, overcome obstacles, and improve academic performance. Informed by girls and their families, Girls Inc. also works with policymakers to advocate for legislation and initiatives that increase opportunities for girls. At Girls Inc., girls grow up healthy, educated, and independent.

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# TABLE OF CONTENTS

Acknowledgments ...............................................................................................................................................11

Foreword ..........................................................................................................................................................13

**A GUIDE TO USING THE *INFORMED AND IN CHARGE* PROGRAM TOOLKIT** ..........................................................................................................................19

- Updates and Revisions to Girls Inc. Sexuality Programming .................................................................19
- Values Supported in *Informed and In Charge* ......................................................................................20
- Informed and In Charge Program Facilitators .......................................................................................21
- Informed and In Charge Participants .....................................................................................................24
- Setting the Stage for the *Informed and In Charge* Program ..................................................................26
- Program Preparation ...................................................................................................................................28
- Creating a Supportive Environment for Learning .....................................................................................35
- Cultural Competence in Girls Inc. Healthy Sexuality Programming .....................................................41
- Considering Sexual Orientation and Gender Identity .............................................................................44
- Sexual Abuse and Dating Violence ..........................................................................................................46
- Conducting Evaluations .............................................................................................................................47
- Introductory Session: Welcome to *Informed and In Charge!* ..............................................................57
- Introductory Session, Option B: Welcome to *Informed and In Charge!* .............................................69
- Closing Session: Reflect and Remember the *Informed and In Charge* Program .............................79
- Closing Session, Option B: Reflect and Remember the *Informed and In Charge* Program .............83
- Parent Orientation Meeting .......................................................................................................................89

**MODULE ONE: HEALTHY RELATIONSHIPS** ..................................................................................103

**Session 1: Me, Myself, and I** .................................................................................................................105
  - Warm-Up: One Thing You Wouldn’t Know about Me
  - Personal Diagram
  - What Builds You Up? What Tears You Down? How to Tell the Difference
  - Closing

**Session 2: It’s My Future** .......................................................................................................................115
  - Warm-Up: Your Past Life, Your Future Life
  - When I’m an Adult, I Want To. . .
  - How S.M.A.R.T. Are Your Goals?
  - Closing
Session 3: Introduction to Relationships..........................................................125
  Warm-Up: Relationship Brainstorm Activity
  Exploring Sisterhood
  Closing

Session 4: Healthy 7 Card Game........................................................................131
  Warm-Up: Being Like H.E.R.R.
  Healthy 7 Card Game
  Closing

Session 5: Communication Skills.....................................................................143
  Opening Demonstration
  Introducing Assertiveness
  Practicing Assertiveness
  Closing

Session 6: So You Like Someone… Now What? .................................................153
  Opening Discussion
  “Love Styles” Classification Exercise
  Optional Activity: Managing Out-of-Control Love
  Closing

Session 7: When Somebody Likes You Back......................................................163
  Opening Discussion
  Say What?: Shelby & Dylan
  Closing

Session 8: Letting Them (and You) Down Easy ................................................179
  Experience Bingo
  “Ask Amelia” Activity
  Closing

Session 9: Taking It There, Part One.................................................................191
  Opening Activity
  Ready or Not? Teen Situation Assessments
  Closing

Session 10: Taking It There, Part Two...............................................................197
  Opening Discussion: Ready or Not?
  Ready or Not?: Eliza & Matthew
  Closing
<table>
<thead>
<tr>
<th>Session 11: Standing Up Against Sexual Harassment</th>
<th>209</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Harassment: Myth vs. Fact Game</td>
<td></td>
</tr>
<tr>
<td>Sexual Harassment Bill of Rights</td>
<td></td>
</tr>
<tr>
<td>Bystander Intervention via #YouOKSis</td>
<td></td>
</tr>
<tr>
<td>Closing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 12: Sex: A Decision for Two</th>
<th>219</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Discussion</td>
<td></td>
</tr>
<tr>
<td>Sexual Behavior Attitude Survey</td>
<td></td>
</tr>
<tr>
<td>Exploring Consent</td>
<td></td>
</tr>
<tr>
<td>Closing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 13: Hey, Mom? Hey, Dad? (Hey . . . Gram?) Can We Talk?</th>
<th>231</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Gauge</td>
<td></td>
</tr>
<tr>
<td>Making the Parent Connection</td>
<td></td>
</tr>
<tr>
<td>Closing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 14: Encouraging Communication with Askable Adults</th>
<th>237</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anonymous Sexuality Q&amp;A</td>
<td></td>
</tr>
<tr>
<td>Categorical Brainstorm Activity</td>
<td></td>
</tr>
<tr>
<td>Asking Askable Adults</td>
<td></td>
</tr>
<tr>
<td>Closing</td>
<td></td>
</tr>
</tbody>
</table>

**MODULE TWO: THE SEXUALITY THUMBPRINT**

<table>
<thead>
<tr>
<th>Session 1: You Soup: Examining Stereotypes</th>
<th>245</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warm-Up</td>
<td></td>
</tr>
<tr>
<td>Stereotypes or Snowflakes?</td>
<td></td>
</tr>
<tr>
<td>You Soup</td>
<td></td>
</tr>
<tr>
<td>Closing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 2: Something about Sexuality</th>
<th>261</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploring Sexuality</td>
<td></td>
</tr>
<tr>
<td>Something about Sexuality</td>
<td></td>
</tr>
<tr>
<td>Closing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 3: The Sexualitree</th>
<th>281</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploring Sexuality Messages</td>
<td></td>
</tr>
<tr>
<td>The Sexualitree</td>
<td></td>
</tr>
<tr>
<td>Closing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 4: Making Sense of Sexual Identity</th>
<th>293</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Genderbread Person Introduction</td>
<td></td>
</tr>
<tr>
<td>Alex and Samantha</td>
<td></td>
</tr>
<tr>
<td>Closing</td>
<td></td>
</tr>
</tbody>
</table>
Session 5: Coming Out .................................................................................................................. 307
  Warm-Up
  Coming Out Video
  Helping Someone Out
  Closing

Session 6: Understanding Gender Non-Conforming Identities ................................................. 317
  Introductions
  Understanding More
  Gendered Spaces
  Closing

Session 7: Breaking Down Bullying ............................................................................................ 325
  Defining Bullying
  Increasing Awareness of Types of Bullying
  Being an Ally and Closing

MODULE THREE: SEXUAL HEALTH AND REPRODUCTION .................................................. 335

MINI-MODULE 3.1 .......................................................................................................................... 337

Session 1: Anatomy Academy: Learning the Names of Your Body Parts .................................... 339
  This and That
  What’s It Called? Sexual and Reproductive Anatomy
  Alternative Activity: Sexual and Reproductive Anatomy Word Puzzle
  Name It!
  Closing

Session 2: Deciphering Fact from Fiction about the Sexual and Reproductive Anatomy .......... 353
  Anatomy Term Review
  Menstruation and Seminal Emission Overview
  Closing

Session 3: Pop Goes Puberty ....................................................................................................... 379
  Pop Goes Puberty
  Closing

Session 4: Go with the Flow: Learning about Menstruation ....................................................... 391
  Feelings about Menstruation
  Facts about Menstruation
  Menstrual Care Products
  Closing
Session 5: Body Image: Real vs. Ideal .................................................................407
  Forbidden! Words of Body Image
  Body Image: Real vs. Ideal
  Closing

MINI-MODULE 3.2 ........................................................................................................415

Session 6: The Sexual Health Auction .................................................................417
  Sexual Health Auction
  Closing

Session 7: What’s Your Take on Abstinence? .......................................................427
  Defining Abstinence
  What’s Your Take?
  Yes? No? Maybe So?
  Closing

Session 8: Masturbation: A Touchy Subject .......................................................437
  Masturbation Words
  Defining Masturbation
  The Facts about Masturbation
  Closing

Session 9: Examining the Role of Intimacy in Sexual Decisions .........................449
  Opening Up about Intimacy
  Intimacy Continuum
  Intimacy and Decision-Making
  Closing

MINI-MODULE 3.3 ........................................................................................................457

Session 10: It’s the Truth: The Facts about Personal Sexual Health ....................459
  Defining Sexual Health
  The Facts about Personal Sexual and Reproductive Healthcare
  Personal Sexual and Reproductive Health
  Closing

Session 11: High Risk, Low Risk, No Risk ..........................................................475
  Personalizing Risk
  High Risk, Low Risk, No Risk
  Playing It Safer and Closing
# TABLE OF CONTENTS

**Session 12: Choices and Consequences—Making Decisions about Contraception Part One**…………483
- Decisions!
- Contraceptive Overview
- Closing

**Session 13: Choices and Consequences—Making Decisions about Contraception Part Two**…………499
- Contraceptive Recall
- Making Decisions about Contraception
- Closing

**Session 14: STI Bingo**..........................................................................................................................505
- Defining Sexually Transmitted Infection
- STI BINGO
- Closing

**Session 15: Girls Choose Prevention!**.................................................................................................513
- Ways to Prevent STIs
- What Should They Do?
- Closing

**Session 16: Condom Comfort**.............................................................................................................525
- Condom Lineup
- Bringing Up the Subject
- Closing

**Session 17: It’s Your Right: How to Access Reproductive Health Services** ...........................................539
- Places for Sexual Healthcare
- Seeking Sexual Healthcare Profiles
- Steps to Sexual Healthcare
- Closing

**MODULE FOUR: SEX, MEDIA, AND TECHNOLOGY**.................................................................................553

**Session 1: Analyzing Media Messages**..................................................................................................555
- Warm-Up
- Media Analysis
- Closing

**Session 2: Media and Me**......................................................................................................................563
- Digital Media Brainstorm/Warm-Up
- How Media Talks about Sex
- Campaigning for Healthy Sexuality
- Closing
Session 3: The Things that Make It Different .................................................................569
  Warm-Up
  Digital vs. IRL
  Closing

Session 4: How IRL Is It? ..............................................................................................577
  Warm-Up
  Telling Digitally
  Closing

Session 5: Behind the Music: Music Literacy and Healthy Relationships ..................583
  Warm-Up
  Rewriting Music
  Closing

Session 6: The Resource Adventure: Navigating Your Way through the World Wide Web ....589
  Warm-Up
  Searching for Resources
  Closing

Session 7: Sex, Sex, Everywhere! Sexually Explicit Media and Youth ....................599
  Warm-Up
  Myth and Facts about SEM
  Consequences of SEM
  Closing

Session 8: Safety First! Thinking about F2F after Meeting Online ..........................611
  Meeting Up
  Practicing
  Closing

APPENDIX .............................................................................................................................................621
Appendix B: Speaking Up . . . Without Putting Others Down............................................625
Appendix C: Sexually Transmitted Infections Summary ......................................................627
Appendix D: Contraceptive Options Chart ...........................................................................631
Appendix E: How to Use Role-Play ......................................................................................637
Appendix F: Guidelines for Answering Questions about Sexuality ........................................643
Appendix G: Resources .............................................................................................................645
Appendix H: Girls Inc. Preventing Adolescent Pregnancy Acknowledgments ..................649
ACKNOWLEDGMENTS

Work on the original Girls Inc. Preventing Adolescent Pregnancy began in the early 1980s with the development and evaluation of the program’s four components followed, about a decade later, by revision of the three curricula to ensure that the program strengthened its attention to issues such as HIV, cultural relevance, and sexual orientation. None of this work would have been possible without the support of funders and other partners and the dedicated involvement of affiliates and the girls they served. The full list for acknowledging those who supported or significantly participated in our efforts through 2001 is provided in the Appendix.

Due to the generous support of the Sherwood Foundation, we have been able to build upon the earlier groundbreaking work of Girls Inc. Preventing Adolescent Pregnancy (P.A.P.), resulting in Girls Inc. Healthy Sexuality, programming that embraces a broader and more comprehensive approach that recognizes sexuality as a key element of the whole girl. The development of Girls Inc. Healthy Sexuality benefited immeasurably as well from affiliates that participated in meetings early on, answered surveys about implementing P.A.P., and hosted focus groups of girls to talk about their perspectives. In particular, we thank those affiliates and staff who participated as thinking partners and pilot sites for the structure, direction, and content of Informed and In Charge: A Toolkit for Delivering Healthy Sexuality Programming for Girls 12–14:

Girls Inc. of Durham, ON (Canada): Tracey McCannell
Girls Inc. of Lynn, MA: Bridget Brewer
Girls Inc. of Metro Denver, CO: Alba Valerdi
Girls Inc. of Omaha, NE: Kristen Lilla

We gratefully acknowledge the leadership, insight, support, and encouragement provided by Girls Inc. staff during the program’s development. In particular, we thank former Program Manager Tracy Windeknecht, who championed the need for a major overhaul of P.A.P. to more comprehensively address the sexual health of girls today, including a more forthright and respectful integration of sexual orientation and diversity. For this volume, Sandi Skwor-Gatlin, Assistant Director of Learning Central, managed the project and spearheaded the toolkit’s development. We also thank Judy Vredenburgh, President and CEO; Patricia Driscoll, COO; Brenda Stegall, former Director of Program and Training Services; Penn Sheppard, Director of Learning Central; Cristin Rollins, Ph.D, Director of Research and Evaluation; Veronica Vela, Director of Marketing and Communication; Bernice Humphrey, Associate Director of Learning Central; Damary Bonilla-Rodriguez, Ed.D, Project Manager, Latina Initiative; Eliza Cowan, Research Assistant; Arnaldo Jiménez, Design/Production Coordinator; Lynne Tsuda, Associate Director of Institutional Giving; Telisa Lloyd, Senior Learning Manager; Theresa Crawford, Administrative Assistant; and Amanda Zimmerman, former Research Associate.

We worked closely with a team from the Center for Sex Education (CSE) as our program development consultant and principal author of the toolkit (Melissa Keyes DiGioia, C.S.E., manager and lead writer, and contributing writers Tracie Q. Gilbert, M.S.Ed., and Karen Rayne, Ph.D.). Eliza Buyers, M.D., FACOG, reviewed the content for medical best practice and accuracy. Laura Levin copy edited the content and Shawn Newton created the toolkit’s design and layout.

Opinions expressed in this toolkit are those of Girls Inc. and not necessarily those of the funder or consultants.
Girls Inc. affiliates have been formally addressing the sexual health of girls since the late 1970s. In the mid-1980s, Girls Inc. began developing Girls Inc. Preventing Adolescent Pregnancy, a comprehensive program to support girls in acquiring the knowledge, skills, and motivation to avoid teen pregnancy and sexually transmitted infections (STIs). We updated this programming in 2001. About a decade later, after listening to affiliates and looking at recent research and social trends, we realized that our approach and programming for this content needed to be deepened to encompass healthy sexuality from a youth development perspective rather than a prevention perspective. We felt it was time to strengthen our programming to incorporate new learnings, update information, and address the fast pace of today’s technology in the diverse world of the girls we serve.

In particular, we saw that, with rapidly changing technology and new media, girls are now confronted with many more messages from a variety of sources that convey all sorts of notions of relationships, gender, intimacy, privacy, attitudes, and even the politics of gender and sex. It was also troubling to us that some of the sources girls turn to or that cross their paths do not have a foundation of belief in girls’ rights and abilities. In addition, the information provided would often be rife with errors, myths, and harmful stereotypes.

Guided by our mission to inspire all girls to be strong, smart, and bold and consistent with the essential elements of the experience we provide girls, we wanted to ensure that our healthy sexuality programming would go beyond providing girls with accurate information. The programming also needed to assist girls in developing a strong sense of their personal power and self-worth, and in understanding the ways in which their decisions related to healthy sexuality would impact their future choices.

Girls Inc. believes that it is incumbent upon us all to do what we can to ensure that girls grow up healthy in all aspects of their lives, including their sexuality. As true today as it was when we first presented our findings from the evaluation of the original Girls Inc. Preventing Adolescent Pregnancy program, we know that girls deserve truth, trust, and technology to be sexually healthy, including avoiding pregnancy during their teen years and sexually transmitted infections, including HIV:

Truth: Accurate information

Trust: Support of caring adults and communities who believe in young people’s ability to make good, responsible decisions

Technology: Having the know-how and resources readily available for acting on good decisions
Since our last look at how well our program met the needs of girls, much has happened concerning girls, the
world in which they live, and the Girls Inc. network. When considering the trends and changes, it became
clear that we needed to take a fresh look at sexual health issues for girls today and how we can best help
affiliates address those issues going forward.

What has happened in the world: There has been increasing emphasis on replicating evidence-based
programs to help young people reduce their risks for pregnancy and STIs. The National Campaign to
Prevent Teen and Unwanted Pregnancy has issued a number of publications that looked at evaluations of
teen pregnancy prevention programs, finding some answers about what appears to work. Additionally,
federal funding has supported specific programs with evidence of effectiveness and research to evaluate
other programs.

However, approaches that more holistically address girls’ sexual health from a positive youth development
perspective rather than a perspective of preventing disease, pregnancy, or other adverse occurrences are not
only rare, but also rarely evaluated. Stepping into this void is the Future of Sex Ed Initiative, a collaborati on of
four U.S. health and education organizations. The collaborative worked with an advisory committee of leading
U.S. sexuality experts to create the National Sexuality Education Standards, a document that sets forth
content and skills to guide teachers in creating or selecting high-quality sexuality programming.

Even as our society has stepped up efforts to learn from and invest in evaluated programs, there has been an
explosion of technology and the central role that technology plays in life today, particularly among young
people who readily adapt to rapidly changing hardware and software and increasingly use it to interact with
each other, manage relationships, access media, and look for clues about sexuality and sexual behavior.
Recent research in the Journal of Adolescent Health shows that adolescents who communicate with their
partners through technology may be more likely than those who do not to make safer sexual decisions. The
researchers conclude that programming aiming to improve sexual communication among youth may need to
include both technology-based and in-person communication skills. Additionally, much has happened to draw
attention to the need for understanding of, sensitivity to, and respect for diversity in sexual orientation, gender
identity, and gender roles. Recent examples include legalization of same-sex marriages and efforts to address
bullying of non-conforming individuals.

What has happened with girls: With such an explosion of technology, girls are growing up in a complicated,
fast-paced world where they have unprecedented access to or are bombarded with sexual information,
messages, and images, many of which promote behaviors, relationships, or attitudes that pose challenges to
their sexual health, often by increasing their risks for early pregnancy, STIs, and unhealthy relationships. The
media in particular has drastically influenced attitudes and conversations around sexuality in positive as well as
negative ways. The content of Preventing Adolescent Pregnancy had broadly addressed several major areas
while leaving some existing and emerging issues untouched (many that spoke to the realities of girls’ lives
today). Access to technology and a myriad of sources and influences concerning sexuality and sexual
behaviors, however, has not diminished the importance of parents and supportive adults in helping young
people make healthy decisions. Still, while girls consider parents their most important source of help and influence concerning sexuality, parents often do not feel up to the task or have many questions of their own.

To increase our understanding of what is going on with girls, we conducted focus groups of girls ages 12–18 at our Girls Inc. affiliates. The girls talked to us about a variety of concerns and wishes for helping them be sexually healthy. The information provided by the girls guided the writing of the revised Girls Inc. Healthy Sexuality programming.

**What has happened within the Girls Inc. network:** At one time, every affiliate operated its own center. Although the vast majority of affiliates still operate their own centers, they also deliver programming in non-center settings, usually through partnership with schools and other organizations and limited to one or two programs at a time. These non-center settings presented serious challenges to faithfully following the curricula of Preventing Adolescent Pregnancy (original and revised). To assist our affiliates with the challenges and support their programming needs, affiliate program staff and executives completed surveys and served as thinking partners in helping us determine how to structure a program that would address most of their needs.

In 2010 our network began a movement to ensure that we could say with confidence that Girls Inc. makes a measurable difference in the lives of the girls we serve. We developed a Logic Model that identified the specific outcomes for which we would hold ourselves accountable, codified the experience that our network provides girls, and developed a framework of Core Essential Services for achieving the outcomes. It was critical, therefore, that whatever we did to address girls’ healthy sexuality would be consistent with the Girls Inc. Logic Model and fit within one of our three Core Essential Services for achieving our priority outcomes for girls.

For us, the fit was an easy one; healthy sexuality is a key aspect of the Core Essential Service, Healthy Living. This meant that our approach to healthy sexuality needed to be positive and empowering and built on a foundation of accurate information, encompassing cultural norms, valuing diversity, and infused with inclusivity and acceptance. Above all, we knew that whatever we did would have to be grounded in the belief in girls’ rights and abilities that lies at the core of the experience we provide girls.

**The new Girls Inc. Healthy Sexuality program**

We have built on and intensified our existing pregnancy prevention programming by embracing a broader and more comprehensive approach that recognizes sexuality as a key element of the whole girl and encompasses four focus areas:

- **Healthy Relationships:** Goal setting, interpersonal relationships, healthy relationship qualities, communication skills, managing attraction and sexual decision-making, and engaging adults.

- **Sexuality:** Aspects of human sexuality (distinctions between gender identity, biological sex, and sexual orientation); understanding and providing support for individuals who are transgender or gender nonconforming, including those who may experience bullying.
- **Sexual Health and Reproduction**: Names and functions of the sexual and reproductive anatomy, puberty, the menstrual cycle, body image, sexual behaviors and risks, reproductive health concerns, and sexual healthcare services.

- **Sex, Media, and Technology**: Analysis of media messages, critical thinking and social media, communicating online, navigating online sexual health information and sexually explicit imagery, safety concerns related to meeting people online and in real life.

Based on all that we heard and learned, we determined that a toolkit approach would best meet the needs of Girls Inc. affiliates for formats and functional components that would be most responsive to a changing world, the changing needs of girls, and the communities in which they would provide programming.

The toolkit provides affiliates with carefully thought-out session plans and activities that give them the flexibility to create programs and events to suit the particular needs of the girls they serve and their program partners given an overarching program plan for sexuality education that is guided by specific values and clear objectives for content.

The foregoing explains the how and why the toolkit came to be. The Guide section provides more detailed information about the values that guided the development of the programming for girls ages 12–14, the content of the toolkit, and how to use it to best meet the needs of girls to be served, the affiliate, and any program partners.
References:


Welcome to Informed and In Charge: A Toolkit for Delivering Healthy Sexuality Programming for Girls 12–14. Informed and In Charge revises and greatly expands upon the content of the former Will Power/Won’t Power component of Girls Inc. Preventing Adolescent Pregnancy (also renamed Girls Inc. Healthy Sexuality to reflect our broader, more comprehensive approach). Consultation with young women, Informed and In Charge facilitators, and experts in the field of sexuality education were critical in the development of this publication.

Facilitators and Girls Inc. girls both expressed interest in expanding the topical areas of Will Power/Won’t Power, the predecessor of Informed and In Charge. In response, this program toolkit contains four modules with a total of 45 session plans to create a custom multi-session program series to deliver to 12–14 year old girls. This program toolkit features sessions plans that, when implemented, are intended to deepen girls’ personal understanding of human sexuality and sexual health. As a component of Girls Inc. Healthy Sexuality, there is content for girls to gain the knowledge, skills, and attitudes to be sexually healthy, including the delay of sexual intercourse.

Young people’s experience receiving sexuality education in a school setting can be inconsistent, which can result in differences in knowledge and awareness of sexuality content for Girls Inc. girls across all territories. The National Sexuality Education Standards: Core Content and Skills, K–12 was used as a guide to help inform the inclusion of session plan content in this program toolkit that is age appropriate for girls 12–14. The Future of Sex Education Initiative (FoSE), a collaboration of Advocates for Youth, Answer, and the Sexuality Information and Education Council of the United States published these standards in 2011. The National Sexuality Education Standards: Core Content and Skills, K–12, provides “clear, consistent and straightforward guidance on the essential minimum, core content for sexuality education that is developmentally and age-appropriate for students in grades K–12.”¹ For additional information about The National Sexuality Education Standards: Core Content and Skills, K–12 visit www.futureofsexed.org/nationalstandards.html.

The Informed and In Charge program toolkit contains four distinctive modules with an overarching theme that is an aspect of sexuality and/or sexual health. Each module contains session plans with specific content that addresses concepts related to the theme of the module.

- **Module 1: Healthy Relationships** session plans focus on goal setting, interpersonal relationships, healthy relationship qualities, communication skills, managing attraction, sexual readiness, sexual consent, sexual harassment, and communicating about sexuality with trusted adults.

Module 2: Sexuality Thumbprint session plans delve into aspects of human sexuality; stereotypes; distinctions between gender identity, biological sex, and sexual orientation; support for people as they continually come out; understanding people who are transgender and gender nonconforming; exploring types of bullying; and ways to be an ally.

Module 3: Sexual Health and Reproduction session plans address the names and functions of the sexual and reproductive anatomy, transformations that accompany puberty, the menstrual cycle, body image, abstinence, setting sexual boundaries, masturbation myths, intimacy, sexual and reproductive health concerns, risk behaviors for pregnancy and sexually transmitted infections (STIs), safer sex, and sexual healthcare services.

Module Four: Sex, Media, and Technology session plans focus on analyzing media messages, critical thinking and social media, communicating online, navigating sexual health information online, sexually explicit imagery, and safety concerns related to meeting people online and in real life.

Each module can be delivered as a cohesive multi-session program series. The session plans within the module are intentionally placed in a sequence that when implemented in order, builds on previously presented content. However, facilitators have the flexibility to implement a program series utilizing plans from one, some, or all of the modules in a sequence that seems fitting for the audience and setting. Facilitators can also implement the session plans independently and not as part of a session series. Further guidance and suggestions for creating a multi-session program series can be found in the Program Preparation section of this guide.

Each session plan is designed for a 45-minute delivery, however the actual time needed will depend on the participants’ maturities, abilities, life experiences, and on the importance the facilitator wants to give to the topic or specific activity. As you prepare for and deliver the session plans, pay attention to timing to help you determine whether an individual activity or overall session plan might take longer to deliver. Completing an entire session plan in less than 45 minutes is unlikely, and with thorough discussion may take even more time. We recommend that you review the entire program toolkit to choose session plans to be a part of your multi-session program series. Once you have selected session plans to be a part of your series, we recommend that you read each one carefully and decide what, if any, modifications to the activities might be necessary for your audience.

If your site allows for a 90-minute session, you may choose to combine overall session plans or add individual activities from a different session plan. Each session plan contains an agenda with timing of activities to help inform program planning. Should you add activities or combine session plans, make sure the session plan content is cohesive and will make sense to your audience.

VALUES SUPPORTED IN INFORMED AND IN CHARGE

The Informed and In Charge program is not “value-free.” It embraces many values that are widely accepted in our society. It is important for you to be aware of the program toolkit’s point of view and to be able to communicate the underlying values not only to participants but also to parents, potential partner agencies, community members, media, current and potential funders, and other concerned individuals.
Stress the following values implicitly and, when appropriate, explicitly throughout the program:

- Sexuality is a natural, positive aspect of being human and of human growth and development.
- At every stage of their development, all girls should have access to age-appropriate information about the physical, psychological, social and moral aspects of sexuality.
- Parents/caregivers are the primary educators of their children. Girls Inc. affiliates and other organizations should function as partners with parents/caregivers in providing sexuality education.
- The worth and dignity of all individuals are recognized; all individuals are treated with respect, regardless of their sex, gender identity/expression, race, faith, culture, ability, socioeconomic status, or sexual identity.
- It is wrong to exploit, take unfair advantage of others, use pressure, or physical force to make people do things against their will or values.
- People should be responsible for their own behavior and the consequences of that behavior.
- The body (as well as all of the associated bodily functions) is natural and good. Girls have the right to accept and enjoy their bodies. It is important for people to know the proper terms for genital, sexual, and reproductive organs and be able to use those terms appropriately.
- It is normal for girls to have sexual feelings. Until they are older and more sexually responsible, early adolescents, should seek ways other than sexual intercourse to express their romantic and sexual feelings.
- Girls have the right to choose friends who accept and support positive healthy sexual decisions.
- Open communication is an important part of maintaining healthy relationships with others.
- It is important to be able to talk openly and comfortably about sexuality with peers, parents/caregivers, and trusted adults (such as the Informed and In Charge facilitator), and romantic partners.

Although facilitators need to emphasize program values, facilitators must never impose their personal values on group member in the course of the Informed and In Charge sessions. We remind you to recognize the diversity of values held by girls and families in the community.

INFORMED AND IN CHARGE PROGRAM FACILITATORS

Criteria for Facilitator Selection

The Informed and In Charge program leader, or facilitator, is a critical variable in determining the success of the program. It takes a person with very specific characteristics to promote learning, skill development, and positive attitudes of sexuality among young teenagers. Some of these characteristics, such as comfort in using sexual terminology, can be developed with good training. Others are more basic qualities that a person either does or does not have—such as warmth and a sense of humor.

It is crucial that the person selected to conduct the Informed and In Charge program be well-trained. Many facilitators who are quite effective with other topics may not be as good in the area of sexuality and sexual health education. If the facilitators are not fully trained, additional training is often necessary. We recommend providing training opportunities for all staff interested in leading the Informed and In Charge programs, either
by having staff participate in national or on-site training by qualified Girls Inc. trainers or by using experienced *Informed and In Charge* facilitators to conduct in-service workshops. Be sure to include sufficient funds in your budget for the training strategy that best meets your needs. If necessary, reach out to Learning Central at the Girls Inc. National Resource Center for assistance.

Other organizations provide professional development workshops that can help facilitators acquire the knowledge, attitudes and group facilitation skills needed to teach effectively. The American Association of Sexuality Facilitators, Counselors and Therapists lists upcoming trainings on their website: [www.aasect.org](http://www.aasect.org)

And each year, the Center for Sex Education hosts a National Sex Ed Conference: see [www.SexEdConference.com](http://www.SexEdConference.com). Further, since sexual health information and recommendations may change, it is important for facilitators to keep themselves updated with respect to current data and resources.²

Make sure that the training content and organization’s perspective is consistent with those of *Informed and In Charge* and Girls Inc.

When selecting a facilitator for the *Informed and In Charge* program, look for someone who:

- is committed to helping girls and young women be strong, smart, and bold in responsibly managing their sexual behavior
- has participated in comprehensive sexuality training
- is knowledgeable about sexual topics
- conveys warmth and a sense of humor
- has explored her (or his) own attitudes about a variety of sexual issues
- accepts and welcomes differing values and points of view
- respects parents’ right to communicate sexuality-related values to their children
- feels enthusiastic about conducting *Informed and In Charge*
- is comfortable using sexual terminology and discussing sexuality issues with early adolescents
- has experience leading groups of 12- to 14-year-olds and is familiar with that age group’s needs and sensibilities
- has good communication and group facilitation skills
- is at ease with, and adept at using, a variety of lively program techniques (brainstorming, role-playing, etc.)
- believes that it is best for early adolescents to postpone having sexual intercourse and is also sensitive and nonjudgmental of those who have had sexual intercourse (whether wanted or not)

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Principles for Implementation of Sexuality Education

Experts in the field of sexuality education recognize these important principles for facilitators to follow and act upon, since they illustrate basic philosophical and pedagogical approaches to comprehensive sex education. Facilitators who are mindful of these principles and examples will likely find additional ways to implement them as they implement the sessions.

ALL PARTICIPANTS NEED AND DESERVE RESPECT. This respect includes an appreciation for the difficulty and confusion of addressing sexual issues and a recognition of the constellation of factors that contribute to those issues. It means treating all persons, both young people and adults, as intelligent individuals who are capable of making good decisions in their lives.

PARTICIPANTS NEED TO BE ACCEPTED WHERE THEY ARE. This means listening and hearing what girls have to say, though we as facilitators might sometimes disagree. In general, we can more effectively facilitate learning when we help individuals explore the possible pitfalls of their attitudes rather than telling them what they ought to believe.

PARTICIPANTS LEARN AS MUCH OR MORE FROM EACH OTHER AS FROM THE FACILITATOR. Often, if we let participants talk, allow them to respond to each other’s questions and comments, and ask for others’ advice, they feel empowered and take responsibility for their own learning. It is much more powerful for a participant to challenge a peer’s belief or attitude than for the facilitator to do so.

HONEST, ACCURATE INFORMATION AND COMMUNICATION ABOUT SEX AND SEXUALITY IS ESSENTIAL. For most of their lives participants may have received messages suggesting that sex is hidden, mysterious and something not to be talked about in a serious and honest way. Limiting what individuals can talk about and using vague terminology perpetuates the unhealthful “secrecy” of sex. It is critical, therefore, to present sexual information in an honest, accurate way.

A POSITIVE APPROACH TO SEXUALITY EDUCATION IS THE BEST APPROACH. This means moving beyond talking about the dangers of sex and acknowledging in a balanced way the pleasures of sex. It means associating things that are open, playful, and humorous with sexuality, not just things that are grave and serious. It means offering a model of what it is to be sexually healthy rather than focusing on what is sexually unhealthy.

YOUNG PEOPLE HAVE A FUNDAMENTAL RIGHT TO SEXUALITY EDUCATION. They have a right to know about their own bodies and how they function. They have a right to know about any sexual changes that are occurring now and any others that may occur during their lifetimes. They have the right to have their many questions answered. People who have explored their own values and attitudes and have accurate information are in the best position to make healthy decisions about their sexual lives.

GENDER EQUALITY AND GREATER FLEXIBILITY IN SEX-ROLE BEHAVIOR HELP ALL PEOPLE REACH THEIR FULL POTENTIAL. This program toolkit strongly advocates for the right of all people—regardless of their gender—to achieve their full human potential. Strict adherence to traditional gender-role behavior limits people’s choices and restricts their potential.

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ALL SEXUAL ORIENTATIONS AND GENDER IDENTITIES MUST BE ACKNOWLEDGED. Consistent with our organizational value of inclusiveness, this program toolkit recognizes that there are diverse sexual orientations and gender identities, and some participants may identify as lesbian, gay, bisexual, transgender, intersex or questioning. It is important to create an environment that recognizes the needs of these often isolated and invisible individuals. Teaching frankly about diverse identities can benefit everyone, as participants may have concerns or fears about their feelings and perceptions of their gender and/or sexual orientation.

SEX INVOLVES MORE THAN SEXUAL INTERCOURSE. Acknowledging this concept reminds participants that not only are there many ways to be sexual with a partner besides vaginal, oral and anal intercourse, but also that most of these other behaviors are safer and healthier than sexual intercourse.

INFORMED AND IN CHARGE PARTICIPANTS

Recruitment

Informed and In Charge is a structured, multi-session sexuality education program. Recruitment can be extremely easy or somewhat challenging, depending on such variables as:

- **The Organizational Environment**: Are structured programs an integral and exciting component of your organization’s overall program for 12- to 14-year-olds? Are the girls open to the idea of attending a multi-session program?

- **Interest in the Topic**: Are your potential participants eager to discuss sexuality issues? Have they already attended other programs similar to this one in your organization or at school?

- **Competing Programs**: Do your potential participants have scheduling conflicts at your sites or elsewhere? Are they being asked to choose between Informed and In Charge and some other action-oriented program or activity that sounds at least as interesting to them?

- **The External Setting**: Will the program be offered in other community-based settings or schools? Does the external site currently provide programming like this? Does the site have the capacity to support girls’ attendance over a multi-session series?

Informed and In Charge is usually easy to recruit for if girls (a) like structured programs, (b) have not participated in similar programs, and (c) do not have to give up some other exciting opportunity or family obligation to participate.

The Target Audience

Will Power/Won’t Power, the predecessor of Informed and In Charge, was originally designed for early adolescents, ages 12–14, who were likely to be facing decisions about sexual intercourse but who had not yet become sexually active. Though young people on average have sex for the first time around age 17, a little more than 15% of young people have had sex by age 15. Girls that have earlier first intercourse are at increased risk of sexually transmitted infections, teen pregnancy, increased sexual partners, and experiences

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with intimate partner violence. This program toolkit has revised Will Power/Won’t Power to include more
issues addressing sexual decision-making and risk reduction to help girls feel more prepared to set limits and
make safe sexual decisions.

Please remember that the content and activities of this toolkit are age- and developmentally appropriate for ages
12–14. If your organization serves any 10- or 11-year-old girls who fit this description, consider recruiting them
for future programming. If some of the 14-year-olds seem too grown up for the rest of the group, you may want
to think about conducting the 15–18 component of Girls Inc. Healthy Sexuality for them. There are no strict rules
about who can participate; facilitators should use their own judgment. A useful guideline, however, is to see to it
that your group members’ level of maturity is fairly similar.

Recruitment Strategies

Recruitment takes energy, patience, and time. Use your knowledge of the community to select the best
strategies. Above all, believe that you can make this program happen.

- **Communicate the program to parents/caregivers.** Have conversations with parents/caregivers either in
  person, by telephone, or through email to discuss the goals and content of your Informed and In Charge
  program series. Encourage them to “sell” the program to their daughters and to reinforce the program’s
  messages at home. Parents/caregivers who get excited about the program can make excellent allies.
  Parents/caregivers who have participated in our 9–11 component of Girls Inc. Healthy Sexuality are often
  eager for their daughters to take this next level of program.

- **Communicate the program to key contacts at external community-based organizations or school
  based settings.** Increasingly, the Informed and In Charge program is being delivered outside of the affiliate
  setting in community-based organizations or schools. Communicate with key contact(s) at the site either in
  person, by telephone, or through email to discuss the goals and the possible content of the Informed and In
  Charge program series. A key contact could be an administrator, a health teacher, a counselor, nurse, or
  other health official. Work with your key contact(s) to determine what content areas seem to resonate with
  their population. Establish the content of the program series with your key contact(s), but be mindful of
  compromising program values and key messages. Encourage the key contact(s) to promote the program
  and help to identify possible group members. For additional information and resources for working with
  schools, please visit Girls Inc. Affiliate Central, Working in Partnership with Schools.

- **Advertise the program.** Make attractive posters and signs. Include information about the program on
  your website and other social media sites available at your organization. Talk to girls informally. Tell them
  about some of the activities that are part of the Informed and In Charge program series. Convey your
  enthusiasm to the girls.

- **Mail/Email confirmation letters to participants.** Once girls have registered, send them a letter that
  says, “You have been selected to participate in the Informed and In Charge program.” This makes
  participation seem more special.

- **Institute a “Bring-a-Friend” policy.** Ask girls who have agreed to be a part of the program series to
  bring a friend along. However, discourage new members from joining once the second session has been
  completed, so as to protect your group’s cohesiveness.
A GUIDE TO USING THE
INFORMED AND IN CHARGE PROGRAM TOOLKIT
SETTING THE STAGE

- **Give Informed and In Charge special status.** Treat the program as something grown-up and special—a real opportunity. If you plan to provide certificates to those who complete the program, promote the concept of a graduation ceremony. Discuss the opportunity for participants to join, or form, an Informed and In Charge sorority.

- **Provide incentives.** If possible, serve refreshments, organize a closing field trip or party, and arrange for other small rewards for participating in the program. Local merchants may be willing to donate small items, coupons, or other merchandise. Girls Inc. logo items may be available through the National Resource Center or the Girls Inc. website.

### SETTING THE STAGE FOR THE INFORMED AND IN CHARGE PROGRAM

Following are several administrative and content-preparation tasks to be completed during the planning stage of the Informed and In Charge program.

#### Communicate with Parents/Caregivers

Whenever you conduct any sexuality education effort, it is important to inform parents/caregivers about the specific content, aims, and underlying values of the program. By involving parents/caregivers, you communicate the value that your organization is functioning as their partner in the provision of sexuality education. Your goals should include to:

- be clear and up-front about the overall content to be covered in the multi-session program series.
- suggest ways that parents can support Informed and In Charge messages when interacting with their daughters at home.

Here are some recommended strategies for achieving these goals:

1. **Send a written notice to parents/caregivers describing the content, format and schedule of the Informed and In Charge program.** Mail/email the notice directly to parents or hand it to them in person. (Do not send notices home with girls, because they may forget to deliver them.) The notice can ask for parental consent in one of two ways:

   - **Formal Consent:** The bottom of the notice describing the Informed and In Charge program series serves as a consent form that the parent/caregiver signs and returns to your organization. Only those girls with signed forms may participate in the program. (Note that this kind of consent procedure is time-consuming and excludes those girls whose parents/caregivers forget to return the form.) Formal Consent is especially important, and possibly required, in schools or partner setting.

   - **Negative Consent:** The notice describing the program tells parents/caregivers that their daughters have been automatically enrolled in the Informed and In Charge program series. It also encourages parents/caregivers to contact the Informed and In Charge facilitator if they have any questions or concerns. In this scenario, “No news is good news.” (This method works fine in most communities, especially when staff have already made personal contact with parents/caregivers to discuss the program.)
Before deciding on a method of written notification, make sure that what you have in mind is in agreement with your organization’s policy on communication with parents/caregivers.

2. **Include information about the Informed and In Charge program in the general permission slip used by your organization.** If you use this method, there is no need to send a specific notice describing *Informed and In Charge* to parents. However, make a point of talking informally with parents/caregivers of girls who have registered for the program. Let them know when the sessions are to be conducted, and suggest ways that they can reinforce *Informed and In Charge* concepts at home.

3. **Include information about the Informed and In Charge program in a Parent Orientation Meeting.** Review the content of your program series and encourage parent/youth communication in a parent orientation meeting. A session plan for delivering a Parent Orientation Meeting is included in this guide.

**Conduct Participant Recruitment**

You want to get a reasonable number of girls to implement the *Informed and In Charge* program series. Although the ideal group size is 10–15, you can manage the program with as many as 20 or as few as six members. With fewer than six girls participating, group interaction can become tedious and boring. The most vocal girls may end up dominating the group process, and many of the small-group activities will not work as effectively. (Keep in mind, too, that when only six girls register, one or two are likely to drop out.) On the other hand, with a group larger than 20, it is more difficult to develop cohesiveness, and there may be more behavior management problems to overcome.

If you partner with an outside organization, community-based organization, or school to deliver the program, communicate with the site in advance to determine what, if any, approvals or consent are necessary for the girls’ participation, and the size of the group. This is important to know in case the site limits the group to those who have provided consent to participate in the program. Sites may prearrange times in which you can meet with the girls. Still others may restrict participation based on the age of the girls. Communicate with the site in advance to aid in program planning.

**Select a Comfortable Space**

Choose a room that is quiet, attractive, and private. People not involved in the program should be asked to stay out of the group space during each session. Decorate the walls with posters and key messages to be used during the program, or with other related visuals. Make sure the area is an appropriate size for your group. Participants should have enough room to sit comfortably in a circle and then easily move around to form small groups. Avoid holding the program in a large area, such as an auditorium, because the space will tend to feel cold and cavernous, and participants’ voices will not carry well. If you have a space that is too large, bring in room dividers or bookshelves to make the program area feel more intimate.

The space suggestions above may be limited to what the program partner, such as a community-based organization or school, provide to you. Communicate with the site in advance of program delivery, including the suggestions above, to determine a consistent place at the site to conduct the sessions. Review the content and materials with the site. Consider asking if it is possible to store programmatic items such as medical models, handouts, or diagram enlargements, at the site.
PROGRAM PREPARATION

Planning Your Program Series

As part of the expansion of *Informed and In Charge* into a program toolkit, facilitators now have the flexibility to select session plans from each of the modules, Module 1: Healthy Relationships, Module 2: Sexuality Thumbprint, Module 3: Sexual Health and Reproduction, and Module 4: Sex, Media, and Technology to create a custom multi-session program series. We recommend that you review the entire toolkit and decide which session plans would be most suitable for your audience to form a program series.

Here are some factors to consider when planning your program series:

1. **Get to know your group.** If possible, try to get to know the girls who will be a part of the group in advance of program delivery. Get a sense of their backgrounds, their knowledge areas, and possible experiences with bullying, interpersonal violence, or sexual violence. Conduct a needs assessment of the girls’ topical areas of interest or need to help inform the multi-session educational program. This will be useful for overall planning such as selecting session plans to be a part of the program, increase your awareness of topics that can be possibly triggering, and to prepare materials accordingly. Some of the session plans contain trigger warnings, but consider giving the girls a heads-up on session topics, models or pictures to help manage the possibility of triggering participants.

If you are partnering with a school or community-based organization, communicate with your key contact(s) to gain more information about potential group members during program planning. You may communicate with your key contact(s) in person, over the phone, or through email to gain insight into how the girls learn best, their backgrounds, what sexuality and sexual health topics they have already learned about, suggestions on possible topics, and what restrictions, if any, there may be in delivering particular topics at the site.

The number of sessions to be part of a series may be dependent on group members’:

- availability
- needs
- interest in topic
- learning style needs
- personal backgrounds and experiences
- schedule
- sexual experience

2. **Review the session plans in the toolkit.** The session plans in this program toolkit are very detailed and easy to follow. It is critical that you study them carefully to determine what plans to include in your program series that are most appropriate to deliver to the girls who are likely to participate. Each session plan contains particular components that are described in detail below:
- **Purpose:** A short description of why the session plan would be implemented.

- **Objectives:** A few participant outcomes intended to occur as a result of delivering the session plan. The objectives are designed to be specific, attainable, and realistic for a 45-minute time period.

- **Key Messages:** A few important takeaway points that participants will gain as a result of implementation of the session plan. Ideally these messages should be emphasized at the end of, as well as throughout, as appropriate, the session in girl-friendly language.

- **Agenda:** A short outline of activities to be implemented as part of the session. The agenda includes approximate times needed to conduct each activity for a total of 45 minutes. As reminder, the actual time to implement activities can depend on factors such as the maturity of the audience, group size, and what (if any) previous knowledge and experience the group members’ have with regards to the topic. A critical aspect of planning a series is considering which activities would be most beneficial for your audience. You may decide to dedicate more time to some activities than others depending on the needs of your group.

- **Materials:** A list of items, such as index cards, pens, deck of playing cards, or handouts necessary to implement the session. Materials for participants like index cards or pens will need to be gathered. However, other materials may require advance preparation such as photocopying handouts, creating a deck of playing cards, or writing headings on chart paper. Instructions for preparing materials may be included in the Planning Notes and Facilitator Resource(s) of the session plan.

- **Planning Notes:** Instructions for preparation of materials to deliver the session plan. Also included is guidance for facilitators to consider prior to implementation such as what previous content would be necessary to present, suggestions for delivering the activities or special advisory notes.

- **Procedure:** A step-by-step guide for implementing the session plan. The procedural steps include a series of questions typically after an activity and/or at the conclusion of a session to ask the group. Discussion questions may be included for participants to personally reflect on an activity, but also to assess participants’ understanding, and encourage participants to apply session concepts to their personal lives.

There may be times when you will need to cut the discussion short, particularly if the time available for the session is less than 45 minutes. Use your judgment when cutting discussion questions. For example, skip discussion questions that might have already been addressed throughout the activity or have already received responses during the discussion. Avoid cutting discussion questions that lead to meeting the learning objectives of the session plan. You may also provide responses to discussion questions instead of eliciting responses from the group in order to save time.

- **Facilitator Resource:** A special resource for facilitators to implement the session plan. A Facilitator Resource is generally after the end of the Procedure of the session plan.

Session plans that contain an activity that requires the facilitator to provide more factual, or more in-depth information will contain a Facilitator Resource with content to impart appropriate information or to guide a discussion during the session. For session plans that contain a True/False activity or a trivia game, a Facilitator Resource with an answer key will be included to clarify information. The Facilitator Resource should be reviewed in advance of the session in order provide information, answer questions, or cultivate a conversation.
Session plans may also include a Facilitator Resource with explicit instruction to prepare special materials for the session such as scenarios or game pieces. The appropriate number of materials will need to be prepared in advance of implementation of the session plan. Facilitators should review the Planning Notes and the Facilitator Resource(s) in the session plan to prepare the appropriate materials.

- **Handout:** Specially designed material that is photocopied and distributed to participants during the session. Handouts to be used during delivery of the session plan are listed under Materials; the handouts themselves are located at the end of the session plan. Be sure to make the appropriate number of copies as delineated in the Planning Notes of the session plan.

Consider the information that you have gained from conducting a needs assessment of the girls’ topical areas of interests/needs or from consulting the key contact(s) content suggestions and/or preferences (if working with an external site such as a school-based setting or community-based organization). Review the Purpose, Objectives, and Key Messages of the session plans to help inform what to include in the multi-session series.

3. **Think about the order or of the session plans.** A major benefit of delivering a multi-session program is the ability to implement topics in a sequential way that is reflective of and responds to participants’ knowledge and understanding. Once you have identified what sessions will be a part of your multi-session series, determine the order in which the session plans will be delivered.

Consider selecting and planning the order of the multi-session program in a way that allows group members to continually access their prior knowledge as a point of reference to help them understand new information and stay motivated. As an example, the session plans within each module are intentionally placed in a sequence that when implemented in order, builds on previously presented content. Additional guidance on precursory session plans will at times be explicitly stated in the Planning Notes section of the session plans when applicable.

4. **Plan an Introductory and Closing Session for each multi-session program created.** Due to the flexible nature of the toolkit format, each module does not contain its own Introductory Session. However, we encourage that when creating your multi-session program, an introductory session welcoming girls to and explaining the program be planned. Therefore, we have included a “general” Introductory Session that can be used at the beginning of each multi-session program created. The Welcome to *Informed and In Charge!* activity is located at the end of this Guide. The Welcome has special opening activities to welcome girls and introduce them to the program and each other. In addition, we have included an Introductory Session, Option B; this option includes the instruction and time for including a pre-survey with the girls.

Likewise, when creating your multi-session program, this Guide includes a Closing Activity that can be used at the conclusion of your customized multi-session program. As with the Introductory Session, we have included a Closing Session, Option B, which includes a post-survey matching the pre-survey. The Reflect and Remember *Informed and In Charge* activity is also located at the end of this Guide.

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Sample Custom Series

We recognize that facilitators may be accustomed to following a predesigned program series instead of creating a custom program series. If you are more comfortable following a predesigned program series, review the *Informed and In Charge* program toolkit Core Program Series session below. It consists of twelve session plans to be delivered in the stated sequence as a program series. The session plans of the Core Program Series are derived from the four modules of the *Informed and In Charge* program toolkit.

**Core Program Series for Girls 12-14**

- Session 1: *Welcome to Informed and In Charge!*
- Session 2: *Me, Myself, and I* (Module 1)
- Session 3: *Healthy 7 Card Game* (Module 1)
- Session 4: *Communication Skills* (Module 1)
- Session 5: *Something about Sexuality* (Module 2)
- Session 6: *Making Sense of Sexual Identity* (Module 2)
- Session 7: *Deciphering Fact from Fiction about the Sexual and Reproductive Anatomy* (Module 3)
- Session 8: *Pop Goes Puberty* (Module 3)
- Session 9: *High Risk, Low Risk, No Risk* (Module 3)
- Session 10: *Media & Me* (Module 4)
- Session 11: *Hey, Mom? Hey, Dad? (Hey . . . Gram?) Can We Talk?* (Module 1)
- Session 12: *Reflect and Remember the Informed and In Charge Program*

Additionally, facilitators may be accustomed to including a pre-/post-survey to help determine how the girls responded to the content and guide future program delivery. If you plan to include a pre-/post-survey as part of your programming, refer to the latter section in this guide, **Conducting Evaluations**, which provides instructions on delivering the survey. The pre-/post-survey in this guide was designed to accompany the Core Program Series.

As previously mentioned, the expansion of *Informed and In Charge* into a program toolkit affords you the ability to choose session plans to create a custom program series to maintain group members’ interest. Below are different sample program series that are a departure from the Core Series and derived from the four modules:

**Custom Series for Younger Girls (12–13)**

- Session 1: *Welcome to Informed and In Charge!*
- Session 2: *Me, Myself, & I* (Module 1)
- Session 3: *Introduction to Relationships* (Module 1)
- Session 4: *Communication Skills* (Module 1)
Custom Series for Older Girls (13–14)

- Session 1: Welcome to Informed and In Charge!
- Session 2: Me, Myself, & I (Module 1)
- Session 3: Sexuality Thumbprint (Module 2)
- Session 4: Healthy 7 Card Game (Module 1)
- Session 5: Making Sense of Sexual Identity (Module 2)
- Session 6: How IRL Is It? (Module 4)
- Session 7: Deciphering Fact from Fiction about the Sexual and Reproductive Anatomy (Module 3)
- Session 8: Masturbation: A Touchy Subject (Module 3)
- Session 9: Taking It There (Part 1) (Module 1)
- Session 10: Sex: A Decision for Two (Module 3)
- Session 11: Choices & Consequences (Part 1) (Module 3)
- Session 12: Reflect and Remembering the Informed and In Charge Program

Custom Abstinence-Stressed Program Series

- Session 1: Welcome to Informed and In Charge!
- Session 2: It’s My Future (Module 1)
- Session 3: Introduction to Relationships (Module 1)
- Session 4: Communication Skills (Module 1)
- Session 5: Something About Sexuality (Module 2)
Session 6: Breaking Down Bullying (Module 2)
Session 7: Deciphering Fact from Fiction about the Sexual and Reproductive Anatomy (Module 3)
Session 8: Pop Goes Puberty (Module 3)
Session 9: Go with the Flow: Learning about Menstruation (Module 3)
Session 10: What's Your Take on Abstinence (Module 3)
Session 11: Media and Me (Module 4)
Session 12: Reflect and Remember the Informed and In Charge Program

Custom Sexual Health and Decision-Making Series
- Session 1: Welcome to Informed and In Charge!
- Session 2: It's My Future (Module 1)
- Session 3: Communication Skills (Module 1)
- Session 4: When Somebody Likes You Back (Module 1)
- Session 5: Taking It There (Module 1)
- Session 6: Sex: A Decision for Two (Module 1)
- Session 7: Deciphering fact From Fiction about the Sexual and Reproductive Anatomy (Module 3)
- Session 8: Choices & Consequences: Making Decisions about Contraception (Part One) (Module 3)
- Session 9: STI Bingo (Module 3)
- Session 10: It's Your Right: How to Access Reproductive Health Services (Module 3)
- Session 11: Sexually Explicit Everything (Module 4)
- Session 12: Reflect and Remember the Informed and In Charge Program

Prepare Thoroughly
After you have decided what session plans will be a part of your program series, you will need to prepare to deliver the series. Before starting to implement the program series we recommend that you:

1. **Read the session plans and become familiar with the topics.** Go back and reread the selected session plans more carefully to prepare and help ensure a smooth delivery. Conduct research on the information in the session plan particularly if it is new or unfamiliar to you. Become familiar with any terminology that is part of the session plan. This will be important to answer questions that can arise and to provide up-to-date information. Also, be sure to read the general Facilitator Resource, “Guidelines for Answering Questions about Sexuality,” located in Appendix F, to assist you in carrying out your role as sexuality education facilitator more effectively.
2. **Prepare the materials for the sessions.** Review the Materials section of the session plans for guidance on what, if anything, needs to be prepared or gathered prior to delivery of the session plan. We suggest that facilitators:

- **Review the Planning Notes carefully for necessary steps to prepare materials.** Prepping materials for a session may involve gathering index cards, writing implements, tape, etc. It may entail copying handouts, recording content on chart paper, creating signs to cue the girls, or developing pieces for a game. It may also involve enlarging diagrams, securing medical models, or searching for specific videos. Some of the Facilitator Resources that accompany the session plan will have more detailed guidance.

- **Gather demonstration models in advance of the session.** This may mean ordering a contraceptive kit, picking up menstrual hygiene products, condoms, or other safer sex items at a pharmacy, or making enlargements of Facilitator Resources. Review the Planning Notes section of the session plan for advice on ways to gather demonstration models.

- **Preview any videos that are to be used in the sessions (either those listed in the session plans or others of your choosing) prior to delivery to determine their appropriateness for the girls’ age level and for the cultural composition of your group.** Audiovisuals may require an Internet connection, so be sure to plan accordingly. Contact local agencies such as Planned Parenthood, the health department, your school system, the Red Cross, and public library branches to borrow or rent resources. If you are unable to locate a specific video, or if you lack the necessary equipment, you can always plan to conduct an alternative activity. Remember to adapt discussion questions so that they are relevant to the video you have selected.

3. **Accomplish the following before the start of each session:**

- **Become thoroughly familiar with all of the activities in the session plan.** Each session plan is designed to be delivered in 45 minutes. The ability to stay within the 45-minute time frame depends on factors such as the maturity of the audience, group size, and what (if any) previous knowledge the group members have with regards to the topic. Review the session plan in advance to determine what, if any, modifications may be necessary given the group’s needs and size. For example, activities commonly include discussion, writing, and light physical movement. Standing and movement may be challenging for some girls or in some settings. In these instances it can be better to have the group raise their hands in agreement to items on the board instead. For participants with substantial mobility limitations, it can be helpful to check in with them to establish a response mechanism that works best with their movement capacity.

- When alternative activities are listed, select the one that you think best suits your facilitation style and the group’s learning style.

- Complete any tasks listed in the Planning Notes, such as preparing chart papers or creating materials from Facilitator Resources.
• Print off a copy of the session plan and make notes for your comfort and ease of delivery. Consider making notes outlining:
  - your introduction
  - any instructions you will need to give to the group
  - additional or modified discussion or “processing” questions (Feel free to adapt these so that they fit your own communication style.)
  - transitions linking one activity to the next

Study your notes until you feel comfortable with the content and format of each activity to deliver the session with ease.

• Gather any additional materials needed for the session, such as tape, pad of chart paper, pens/pencils, markers, blank paper, scissors, and so on.

• Get to the setting for program delivery at least 30 minutes before the session is scheduled to start. If you intend to use audiovisual equipment, set up the video (including your computer and Internet connection) and check to be sure that it is working properly. Put your handouts and facilitator resources in order and review your notes.

CREATING A SUPPORTIVE ENVIRONMENT FOR LEARNING

A supportive group atmosphere and a supportive non-judgmental facilitator are essential for sexuality education. Participants may be nervous, cautious, even suspicious as they address these sensitive issues, which require a serious examination of their own behaviors as well as values and beliefs. Since much of the learning occurs during interactions among group members, facilitators need to be effective group facilitators, creating a safe, non-threatening environment in which people can talk openly and honestly about sexuality. The goal is to provide experiences that strengthen people’s motivation and ability to take responsibility for their own sexual safety. Below are a few basic interaction guidelines for facilitators to follow.

Establish Group Agreements

It is important that as the facilitator, you help the group establish, and adhere to, clear guidelines for how the group will work together during the first session, so that everyone will feel safe and comfortable. There is guidance in the session plan, Welcome to Informed and In Charge!, for the group to collectively generate the Group Agreements.

We recommend that you make the point regarding events that do not fall under confidentiality rules such as situations that seriously threaten a participant’s safety, including sexual abuse or assault. Be prepared to describe how your site requires you to handle this to the girls.

Group Agreements can be helpful when working with parents, professionals, and other adults. Here are some additional ideas for older groups:

- Assume that a group member’s words or actions have “good intentions.”
- Listen to hear and understand . . . not just respond.
- Limit side conversations.
- Speak from your own experience.
- Use time thoughtfully and engage in your own way.
- Set your own boundaries for personal sharing.
- Recognize participants are all in different places (personally and professionally).

Images can enhance the fun, importance, and retention of group guidelines and can be incorporated into a guessing game in a later session. Online sources of images include www.clipart.com and Google Images www.images.google.com.

Use a Question Box.

Anonymous questions protect privacy and avoid embarrassment. A Question Box in a known but private place allows participants to submit concerns privately. Facilitators can also distribute small index cards and pencils, assuring anonymity, and ask everyone to write, even if it’s only, “I do not have a question at this time.” Facilitators may then approach each person to put questions in without anyone seeing what’s on the cards. There is seldom a lack of questions in the box when a group is encouraged to learn about sexuality in this way. It is a good idea to wait a day before answering questions because it gives you time to research factual answers, eliminate the effect of shock value questions, and develop a response. A resource for facilitators, Guidelines for Answering Questions about Sexuality, can be found in Appendix F.

Think about Ways to Manage Time.

As already noted, the timing of the session plan is 45 minutes, so staying on topic will be essential. Use your judgment in managing moments in which the girls’ questions or enthusiastic comments can be off topic, or on topic but going beyond the allotted time. It may be essential at times to address a question or comment in the moment such as correcting misinformation or to emphasize personal safety. However, there may be other times when it is more appropriate to address a question or comment at a different time, or in a different session. In these instances, be sure to acknowledge the person’s participation, and let her know if and when the question or comment might be addressed. For example, you might encourage participants to put written questions into the Question Box or put up a chart paper poster to serve as a “Parking Lot” in which questions are stored until a later session.

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8 Ideas adapted with permission from many experienced facilitators and trainers, including Nora Gelperin, Maureen Kelly and Melissa Keyes DiGioia, and from Hedgepeth and Helmich.

or comments could be addressed at a different time, when appropriate. You might also designate a period of time in each session to address questions that come up regardless of the topic.

It is also important to remember that sometimes questions or comments that arise might be beyond the scope of the program series or your capacity as a facilitator. You may suggest age-appropriate resources—such as books or websites, or other source—such as a counselor or nurse, for the participant to gain information outside of the *Informed and In Charge* program.

**Encourage comfort and communication.**

To the extent that it is in your control, try to ensure that the room is private and comfortable. Discourage interruptions that may distract and/or violate privacy. If possible, arrange chairs or desks in a circle or semi-circle so that participants can look at each other while talking. Balance the tone of the discussion so it is open, but not inappropriately personal for either the facilitator or the participants. Interactions that are humorous but not silly, fun but also serious, can increase comfortable communication.

**Pay attention to language.**

Group members may have greater comfort communicating about sexuality and sexual health concepts using slang, particularly when asking questions. Use your judgment in allowing the girls to do so. Some settings, such as a school, may have restrictions in what language is allowed. Should a participant use slang, model using “medical or appropriate” language, where warranted, and encourage the participants to do so as well (for example boobs, breasts; cunt, vulva, etc.)

Group members need to hear language they can understand. Sometimes using slang can be a very effective way to clarify information, as in “after the male *ejaculates*, or *cums*.” It can also be helpful to use sexual vernacular that is common among your participants. Phrases such as *hooking up* and *having sex* may assist you in meeting participants where they are. However, be aware that such language is often vague, and may need follow-up clarification, for example “What do you think is meant by *hooking up*?”

Inclusive, gender-neutral terms that do not imply everyone is heterosexual is critical. Examples such as, “A guy and his *partner* went to a party,” rather than “a man and his *girlfriend* . . .” or “What if a woman were going out with *someone* who wouldn’t use protection?” rather than “with a *man* who wouldn’t use protection?” or “What if a *woman* refused to get tested at the same time as her partner?” are important for everyone to hear. Heterosexual individuals may not notice the difference but lesbian, gay, bisexual, and transgender people will, and may feel safer, and more included, than they might otherwise.

**Start where the group is…and plan from there.**

Each *Informed and In Charge* group will have its own “personality.” Individual girls with strong personalities and leadership skills can often influence the receptivity and participation of other participants. Try to gain the cooperation of natural leaders so that they work toward, rather than against, the goals of the program.
Given the way groups vary, you will almost certainly need to adapt some parts of the *Informed and In Charge* program. Pay special attention to what the girls share about their familiarity with your chosen program series topics solicited as part of the *Welcome to Informed and In Charge* Introductory Session plan. Also as part of this Introductory Session, participants record program series topics they are excited and nervous to learn about on an index card. It is strongly suggested that you review their responses that can be critical for ongoing planning such as making adjustments to the possible order of session plan topics or perhaps enhancing the session plans already chosen. With a less mature group, for example, you may want to substitute less sophisticated topics or sexually involved case studies, role-play situations, or videos. Take your cues from the girls.

Along this line, it is likely that one or more of the girls in your program will have already had sexual intercourse. Your goal should be to communicate in a manner that will enable all girls, regardless of sexual experience, to trust you and to speak honestly about their thoughts and concerns. This is tricky, because you do not want group members to reveal such personal information. If you think that some girls have already had intercourse, it may be especially important to include activities in this toolkit that provide opportunities to help them think through sexual decisions and consent, and clarify their attitudes and beliefs about sexual activity. Consider implementing session plans that allow the girls to reflect on sexual readiness, sexual decision-making, and risk reduction. In Module 1 session plans *Taking It There* and *Sex a Decision for Two* could be beneficial. Also, *What’s Your Take on Abstinence*?; *Examining the Role of Intimacy in Sexual Decisions*; and *Choices and Consequences: Making Decisions about Contraception* in Module 3 would also be useful.

You may find it helpful to make a group-level statement, such as: “I can tell some of you aren’t buying the message to delay intercourse until you’re older. Tell me what you think.” Or “I know from past experience that some girls feel they’re ready for sex in spite of all the possible consequences. If any of you feel this way, PLEASE come see me during your free time here at the center or after group. Girls who have decided to have intercourse need information and counseling to help them avoid pregnancy and disease. I’m willing to listen and help. Remember that every decision is a new opportunity to protect your sexual health.” Statements such as these help you speak with authority without being authoritarian. It is a fine but important distinction.

When providing sexual health information, particularly about visiting a sexual health provider, or using a contraceptive or safer sex method to prevent pregnancy or sexually transmitted infections, give examples of local resources to seek services. Remember, one of the major aims of Girls Inc. is to enable girls to live responsibly and comfortably as sexual beings. We want them to avoid pregnancy and parenthood as teenagers, and to avoid sexually transmitted infections, including HIV, throughout their lives. A major goal of *Informed and In Charge* is pregnancy and disease prevention. If you determine that any of your group members are sexually active, please make sure they get connected to the health and contraceptive services they need. The National Campaign to Prevent Teen and Unplanned Pregnancy operates a website, [www.bedsider.org](http://www.bedsider.org) which is a great source to find your local resources. Also, consider implementing Health Bridge, if not already in place, to assist this process.

**Help participants think for themselves.**

Education is supposed to help people **think**, not tell them what to think or do. The strategies in these sessions are designed to help the girls examine their own knowledge, attitudes, values, and behaviors. Ideally, every
response will demonstrate the facilitator’s respect for the participant’s potential to make healthful sexual
decisions and build the self-efficacy needed to protect their sexual health. For facilitators to moralize or attempt
to impose their own values is counterproductive. Here are some open-ended questions facilitators might ask:

- What do you think?
- What are some alternatives?
- What might/will happen if . . . ?
- What are the advantages? The disadvantages?
- What would you do?
- What thoughts or ideas do others have?

**Tips for Facilitators**

In addition to thinking about your audience and content that will be a part of the program, think about your role
as facilitator. Below are some suggestions as you deliver an *Informed and In Charge* multi-session program:

- **Use Teachable Moments.**
  Young people are especially interested in learning when they have initiated the interaction (i.e. asking a
  question or seeking your help in a clinic, office, etc.). There are also opportunities for you to initiate a
  conversation. Certain life experiences can be excellent learning opportunities, such as a negative pregnancy
  test or an STI scare. Take advantage of the countless sexual images and messages in the media, the family,
  and the community to ask what the teen thinks about the situation, and to affirm healthy messages.

- **Be Approachable.**
  Keep your tone of voice calm and matter-of-fact and watch that your body language reflects your words.
  For example, it’s important to make direct eye contact and have an neutral or open rather than closed-off
  posture (arms crossed, leaning away) when you say, “I’m glad you asked me that question.” Avoid
  showing shock, judgment, criticism, frustration, condescension and disapproval. Convey empathy,
  respect, warmth, and authenticity.

- **Remember that It’s Okay to Feel Embarrassed.**
  You may not always feel totally comfortable talking about every sexuality and sexual health issue with
  teens and still be effective. You might say, “It isn’t easy for me to answer that question, but I’ll try,”
  Young people appreciate honesty, and they can then acknowledge their own embarrassment.

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It’s Okay Not to Know the Answer.

It is better to admit not knowing than to give wrong information. You might say, “I don’t know the answer to that, but I’ll find out and let you know,” or “Let’s see if we can find the answer together.” Then remember to provide the answer at the next opportunity. If it is more appropriate to suggest a book, website, or other source, do so.

Choose to Address a Situation Later.

There are times when a question or comment may need to be addressed at a different time or session. However, be sure to let participants know when the topic will be addressed. There may also be times when it seems inappropriate to talk about a question or situation at the moment. You can say, “That’s an important question (affirming the person’s right to ask). This is something I’d really like to talk about with you at a later time.” Then DO!

Recognize Your Own Limits.

We all have limits to our capabilities and our responsibilities. Communicate with your Girls Inc. leadership to get a sense of your role as a facilitator and the legal and professional policies your affiliate upholds. Seek advice and help from your supervisor or others when you feel stumped, and if a situation goes beyond your limits, refer the teen to another advocate. Some serious problems, such as disclosure of sexual abuse, may have to be referred to the appropriate authority. Be aware of your state and local laws about who is a mandated reporter.

Avoid Making Assumptions.

It is easy to jump to conclusions about people based on limited information. We may misinterpret something a teen says or does because we have made an incorrect assumption. For example, we may hear a question, assume we know what is being asked, and then jump into an answer that is not what the teen was looking for at all. Instead of assuming anything about a person’s sexual behavior, experience, beliefs, knowledge, sexual orientation, relationships, goals, ask open-ended questions to find the reality.

Combat Myths or Misinformation without Belittling.

Provide facts that let the girls know that why what they said is false and what the truth is. Use examples to illustrate facts: “I know a teen your age who got pregnant. She told me that she believed that she couldn’t get pregnant, so she didn’t use birth control. She really wished she had known the truth.” Normalize mistakes so that the individual doesn’t feel stupid: “That is a common misunderstanding that lots of people have....”

Be Sensitive to Cultural Differences.

Ask the girls to tell you how people in their family, ethnic or religious group think about a topic or issue. However, do not assume that all people from that group think the same way. Remember that there are many ways to approach a problem or decision, and people are most successful when they find a way that complements their own worldview, rather than attempting to adjust to someone else’s worldview.
CULTURAL COMPETENCE IN GIRLS INC. HEALTHY SEXUALITY PROGRAMMING

Girls Inc. serves diverse girls in communities across the United States and Canada. Therefore, diversity and inclusion are an important part of the Girls Inc. culture, especially as it pertains to programming. Our diversity encompasses girls of all backgrounds, lifestyles, and preferences relating but not limited to their family upbringing and values, religious beliefs and practices, sexual orientation and preference, geographic and/or ethnic culture, etc. Inclusivity involves ensuring that we are thinking of all girls and their backgrounds when we develop and/or implement programs.

According to the Girls Inc. Overarching Cultural Considerations, “As leaders in the field of developing and empowering girls, it is essential that facilitators and trainers not only be aware, but also respectful, of the diversity that exists within the communities they serve.” There are several steps involved in the process of becoming culturally competent to ensure we provide girls with a safe, supportive environment of acceptance so they can enjoy the full Girls Inc. experience.

Source:
https://affiliatecentral.girlsinc.org/sites/default/files/inline_resources/resources/Latinas%20Overarchin g%20Cultural%20Considerations.pdf

The Girls Inc. Cultural Competency Definitions document highlights the steps one should take toward the goal of becoming culturally competent:

- **Cultural Awareness**: Knowledge about a particular group primarily gained through reading or studies.
- **Cultural Sensitivity**: Knowledge as well as some level of experience with a group other than one’s own.
- **Cultural Competence**: A mixture of beliefs/attitudes, knowledge, and skills that help establish trust and communication with others. Skill development is a must so the culturally competent person can move beyond just being sensitive to ethnic differences and/or not being a bigot. It is a long-term, developmental process of expanding horizons, thinking critically about issues of power and oppression and then acting appropriately.

Source:
https://affiliatecentral.girlsinc.org/sites/default/files/inline_resources/resources/Latinas%20definitions %20for%20diversity%20terminology.pdf

It is key for Girls Inc. staff at all levels but especially program facilitators, to become culturally aware and competent to the extent that they feel prepared to work with girls from diverse backgrounds.

Further, we understand the importance of broadening how we support girls in their environments. A crucial step is for Girls Inc. facilitators to connect with parents/families on a level that enables them to learn about the girl’s environment to support her in reconciling her home, school, and Girls Inc. experiences. There are various opportunities to connect the parents/families with Girls Inc. programming such as: 1) organizing orientations to introduce key themes and delicate subjects, 2) sharing sample activities and program content with them, 3) keeping them engaged by encouraging them to ask questions, etc. Content and activities focused on sexuality can be especially delicate to introduce in communities that uphold certain religious traditions, conservative views, and/or ethnic-specific taboos. In these scenarios, it is key to build
relationships with the parents/families to ensure there is trust that Girls Inc. is exposing their girl to information and experiences that will enable her to make good choices about relationships and sexuality for her own well-being.

To build relationships with parents/families, you will need to go to places that they frequent and are comfortable in such as: churches, community organizations, and local events. Being visible in the community, talking about the work of Girls Inc. and the benefits of their girls participating in the Girls Inc. experience, will help build trust with parents/families so you can serve their girls. You can access more information and examples in the **Girls Inc. Consejos #3: Connecting with Parents, Guardians, and Families.**

**Source:**

A recent study conducted by Child Trends highlighted that while various factors lead to teen pregnancy, there are dynamics that can inhibit the issue. Positive strategies to deal with teen pregnancy may involve improving the communication between youth and their parents, as well as ensuring youth have access to information and resources about sexuality and relationships that are appropriate for their age, etc. The Girls Inc. identity programs address these areas by considering elements relating to the whole girl and how to support her. This component supports girls in an age-appropriate way and encourages girls to share with their parents/families what they learn at Girls Inc.

The 2015 study conducted by Child Trends titled: *An Evidence-Based Approach to Reducing Teen Pregnancies among Latinos,* pointed to a societal dilemma that even though there has been some decline in teen pregnancy rates of Latinas, “Hispanic girls have the highest teen birth rate in the U.S.” (Child Trends, 2015). This is still a major issue for which Child Trends suggested holistic approaches to continue improving. The Girls Inc. experience is just such a holistic approach that we know has a positive impact in the lives of all girls, particularly when we are aware of specific needs relating to girls’ diverse backgrounds and can prepare to meet those needs. When working in communities with a large group of Latinas, there are specific things to keep in mind. **Girls Inc. Consejos #3: Connecting with Parents, Guardians, and Families** provides tips and resources for working effectively with Latinas and their families:

1. Learn about the local Latino community.
2. Develop relationships with influential local Latino organizations.
3. Help parents become comfortable with Girls Inc. programming by including them.
4. Diversify your staff.
5. Use culturally relevant informational materials.
6. Continually update parents about their daughters’ experiences at Girls Inc.
7. Offer assistance with other aspects of the girls’ lives.

**Source:**
To ensure the organization’s programs were relevant to Latinas, Girls Inc. conducted a program review; the process resulted in a series of Cultural Considerations specific to each identity program. According to the Girls Inc. Overarching Cultural Considerations created by the University of Georgia in partnership with Girls Inc.:

Girls Inc. programs and the core values they present to girls are relevant to Latina girls living in the U.S. and Canada today. Whether the topic is dealing with teen pressure, portrayal of girls and women in the media, or teen sexuality, Latina girls can relate. Staff preparation is key to ensuring Girls Inc. programs “reach and speak to” Latina girls. The Latino culture is quite diverse in terms of heritage, country of origin, and the length of time the family has been in the country. A critical first step in serving Latina girls is understanding the culture specific to them. Understanding their culture and their needs will help you decide which programs to provide first.

Source:

Girls Inc. Consejos #1: Reflections from the Girls Inc. Latina Initiative provides advice on getting to know the Latino/Hispanic community to reach and effectively serve Latinas:

1. Latino/Hispanic “culture” comprises many subcultures.
2. There are some common values in Latino culture.
3. Latina girls are often navigating two cultures.
4. Sexuality is a sensitive topic.
5. Local adaptation is key.

Source:

Once specific programs have been selected for implementation with Latinas, the programs and its activities need to be assessed for possible adaptation. When assessing programs and activities for possible adaptation, the Girls Inc. Overarching Cultural Considerations notes that: “A better understanding of these values and other cultural elements and how to connect with them is crucial to providing effective, relevant sexuality education to Latina girls and gaining essential support and involvement of their families and communities.” Other information available in this resource about implementing programs with Latinas includes:

- Engaging Parents
- Handling Myths/Misinformation
- Values that Influence Beliefs
- Male Roles

Source:
Specifically around sexuality programming that is a taboo topic for Latinos, there might be strong cultural values related to the role of females, family, and relationships. To recruit Latinas for Girls Inc. programming, it will be important to prepare before implementing programs, as well as to build trusting relationships with girls and their families. Keep in mind the importance of being knowledgeable about the specific demographic groups represented in your community to ensure that you are culturally aware and building competence to effectively serve a diverse population of girls. This work is ongoing, so as demographics shift we need to stay abreast of diversity trends and be inclusive in all we do to inspire all girls to be strong, smart, and bold.

CONSIDERING SEXUAL ORIENTATION AND GENDER IDENTITY

Sexual orientation and gender identity are ideas that are evolving and expanding quickly. This mini-guide includes an overview of language and theories as they stand at the writing of this Informed and In Charge program toolkit (2015), along with guidance on how to find more up-to-date information should there have been an evolution in the intervening time.

Language and Theory

The language around sexual identity (also referred to as sexual orientation) and gender identity is most publically based on the acronym LGB, which has expanded in recent years to LGBTQ and is sometimes even referred to as LGBTQQAAI.

Each of these letters refers to an identity about either sexual identity or gender identity. Gender identity refers to a person’s internal sense of their gender. Sexual identity refers to the patterns of romantic and sexual attraction that a person has toward other people.

The letters included in the longer acronym LGBTQQAAI have the following meanings:

- **Lesbian** – A woman who is romantically and sexually attracted to other women.
- **Gay** – Usually a man who is romantically and sexually attracted to other men. Can also, although less frequently, be used to refer to lesbians.
- **Bisexual** – A person who is romantically and sexually attracted to both men and women, although not necessarily in equal measure.
- **Transgender** – A person whose sex as assigned at birth is not in alignment with their gender identity.
- **Queer** – A person whose gender identity and/or sexual orientation does not fit into traditional models.
- **Questioning** – A person who is uncertain of either their sexual or gender identity and is learning more about themselves in order to more fully understand their identity.
- **Asexual** – A person who is not sexually attracted to others and may or may not be romantically attracted to others.

11 Cisgender refers to people who identify as the gender associated with the sex they were assigned at birth. This word is not included in the LGBTQ acronym because it describes the dominant population rather than a smaller community of people who struggle with rights, access, and awareness of their sexual identity and gender identity.
**Ally** – A heterosexual, cisgender person who is an advocate for LGBTQAI people and their rights.

**Intersex** – A person whose biological sex is not easily identifiable as either male or female.

*People who identify as LGBOQA* are describing their sexual identity.

*People who identify as TQI* are describing their gender identity.

*Someone who is LGBOQA* can also identify as TI.

There are additional sexual and gender identities that are not included in this acronym. For example, grey sexual refers to a person who is primarily asexual until they have built a strong emotional attraction to someone, at which point they may develop a sexual attraction. Grey sexuality is typically considered to be a subset of asexuality.

The evolution of language and ideas of the many different ways that people can understand their own identities continues to evolve at an increasing pace. Maintaining the *Informed and In Charge* programmatic language around these topics is difficult. Our best effort has been put forth to integrate generalizable theories such as Sam Killermann’s Genderbread Person in order to allow for participant groups to bring their own unique perspective and language around identity as a starting place for the dialogue. Orienting yourself around your participants’ awareness will be very important. If they bring language that you are unfamiliar with, ask for definitions. If they are unaware of the language presented in the program, it is usually sufficient to teach only what is included in these lessons rather than branching out further.

If you feel your knowledge around sexual identity or gender identity may be lacking, Sam Killermann’s body of work provides an excellent primer up to a nuanced discussion. His book *The Social Justice Advocate’s Handbook: A Guide to Gender* is available in hardcopy on Amazon and is also available for free for digital download. Killermann’s website (itspronouncedmetrosexual.com/) is always up-to-date with new sexuality and gender theory.

**Maintaining a Safe Space**

The language that you, as the facilitator, use and also the language that you support the girls using in the session has an impact on the degree to which LGBTQQAII participants will feel comfortable and included in the *Informed and In Charge* program. It is important that you understand homophobia, heterosexism, and their impact on the girls in your group.

- **Homophobia** – Fear of and/or anger at people who are LGBTQQAII.
- **Heterosexism** – A tendency to prefer heterosexual, cisgender identities (often not consciously).

While it is typically clear to facilitators why homophobia is problematic in creating a safe space for discussions of sexuality and gender, heterosexism can be more difficult and nuanced to be fully aware of and to take steps to avoid.
As an example of the problematic nature of heterosexism, here is a potential dialogue between an adult and a teenage lesbian:

**Adult:** Are you interested in starting to date someone?

**Teen:** Well…yes…there is this one person…

**Adult:** Tell me about him! Is he someone you know well?

While the adult in this scenario may be very well intentioned and have no issue at all if the teenager were to come out as lesbian, coming out in such an overt way can be very difficult. Sharing a sexual or romantic interest is already requesting a high degree of self-disclosure. To correct a misunderstanding about sexual identity requires an even higher degree of self-disclosure that will likely not come easily to most young people.

An alternative way of asking the same follow-up question in a way that is responsive to LGBTQQAAI young people’s needs might have been:

**Adult:** Tell me about them! Is this someone who you know well?

The shift is small, but the impact can be dramatic and will be noted by the girls in your group who are questioning or wanting to affirm their sexual and gender identities.

For more guidance on heterosexism, language, and LGBTQQAAI populations, consult the following strong resource from the American Psychological Association: www.apa.org/pi/lgbt/resources/language.aspx

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**SEXUAL ABUSE AND DATING VIOLENCE**

**Concern about Sexual Abuse**

During implementation of *Informed and In Charge*, a participant may disclose that she is being or has been sexually abused. Alternatively, she may make statements or behave in ways that suggest sexual abuse. A disclosure can be a critical step in getting support and treatment. Ensure that your organization has in place appropriate policies and procedures for reporting suspected sexual abuse (or physical abuse, neglect, or sexual harassment) and a list of trusted resources for referrals if a qualified professional is not on staff.

Become thoroughly familiar with the procedures, including how to inform young women about reporting responsibilities before they reveal additional information. Policies and procedures will need to be consistent with state requirements and any legal definition of sexual abuse, including any minimum age differences between sexual partners when one or both are minors.

The Rape, Abuse, & Incest National Network (RAINN) has suggestions for responding to a survivor. Visit their online resource https://rainn.org/get-information/sexual-assault-recovery/respond-to-a-survivor in advance of delivering the program series. Know the number for your local sexual assault center. RAINN has a national hotline (800) 656-HOPE (4673) to be connected with a trained staff member from the sexual assault service provider in your area. They also host a National Sexual Assault Online Hotline: https://hotline.rainn.org/online/terms-of-service.jsp.

If a group member chooses to opt out, or requests to leave the session early, be prepared to manage these circumstances if they arise. Identify an “on-site professional” for participants. This would be someone with clinical experience who would be available during and after the session if further debriefing or additional support is needed.
If a participant discloses or you suspect abuse, follow up with her in private rather than during the session while other participants are present. Be sympathetic and assure her that you are most concerned with her welfare. Understand, however, that your role is not to investigate whether abuse has actually occurred but to gain enough information to reasonably suspect that abuse may have occurred. If conducting this component in a setting other than one operated by your organization, clarify with the hosting organization or agency before the program starts what the procedures will be for reporting suspected abuse. Contact the Girls Inc. National Resource Center for additional help.

Concerns about Intimate Partner Violence

Many girls and young women experience partner violence in dating or romantic relationships. The violence may be physical (such as hitting), sexual, verbal, and/or emotional. Due to family history, peer group norms, cultural norms, or other influences, some girls and young women come to view violence as an acceptable or even normal part of romantic relationships. Consistent with Girls Inc. Healthy Sexuality program values, this toolkit encourages girls to reject violence in dating relationships. Module 1 features several session plans that encourage the formation of healthy relationships and communication skills. For example, the session plan entitled Healthy 7 Card Game allows the girls to identify characteristics that make a relationship healthy or harmful. Whereas, session plans such as Communication Skills, When Someone Likes You Back, Letting You and Them Down Easy are designed to build participants’ assertiveness and negotiation skills so that they can better avoid or manage conflict with partners. Additionally, the session plan Taking It There (Part 2) in Module 1 and Condom Comfort and Choices & Consequences: Making Decisions about Contraception (Part Two) in Module 3 allow participants to explore communication around sexual intercourse and using contraception and protection.

Still, comments that indicate acceptance or experience of dating violence can be made at any time. As part of your preparation for implementing the Informed and In Charge program, identify local resources for assisting girls and partners involved in violent relationships. Be aware that many domestic violence services and shelters may exclude dating violence situations. If you suspect that a participant is involved in a violent relationship, talk with her in private, be supportive and nonjudgmental, and provide referrals to appropriate resources.

CONDUCTING EVALUATIONS

As an organization committed to using data to improve service and program delivery, Girls Inc. includes useful evaluation materials in each program package. The evaluation tool included in the Informed and In Charge program toolkit is a pre-/post-survey that assesses girls’ knowledge, skills, and beliefs before and after their participation in the program. The pre-/post-survey is not a required part of the program, but the information collected in the surveys may aid your organization in several ways. Reviewing the information provided in these surveys will be useful for a program facilitator to gauge the success of the program delivery and to determine if the girls received and comprehended certain areas of content more or less effectively. It is not, however, intended to evaluate program impact or program effectiveness.
The pre-/post-surveys have identical questions, which allows facilitators to see whether or not participants’ answers changed or stayed the same before and after the program. As an example, if the post survey shows a majority of girls answering STRONGLY DISAGREE to a question like, “Being able to identify healthy and unhealthy behaviors in a relationship can help me make safer relationship choices in the future,” then that facilitator may want to dedicate more time delivering activities that address healthy relationships, risky behaviors, and making healthy choices. Similarly, if an increased number of girls answer TRUE to the question, “Messages about sexuality are commonly featured in music, television, movies, and other forms of media,” on the post-survey than on the pre-survey, then the facilitator can feel comfortable that that girls really “got” that section of the program, and she should repeat the strategies she had used the next time she delivers it. The data will also be useful for responding to funders. For instance, the data could be used to justify a need for additional programming or materials.

The pre-/post-survey offered here was designed to measure the program delivery of the Core Program Series as described in the Program Preparation section of this guide. This measurement tool complements the Girls Inc. Strong, Smart, and Bold Outcomes Measurement Strategy (SSBOMS) in that it assists program facilitators to improve their delivery of a program within the STRONG priority outcome area and the Healthy Living Core Essential Service. For more information on the Girls Inc. Strong, Smart, and Bold Outcomes Measurement Strategy, see the Research section of Affiliate Central or contact rande@girlsinc.org.

Before administering the survey, review the following tips to help you effectively gather useful, reliable, and valid information from your survey participants.

- Plan a sufficient amount of time for surveys to be completed, so the girls do not feel rushed. If at all possible, avoid administering the survey to girls right after they get out of school. Give them a little time to move around, get some exercise or a snack, and switch gears after a day at school. This will help the survey seem more like a Girls Inc. activity than a test.

Tell participants why they are taking this survey. For example, explain to the participants that their feedback will help Girls Inc. deliver the program as effectively as possible so that future participants will fully understand the material.

- Gain consent from participants’ parents and assent from participants. Children under the age of 18 must have parental consent in order to take the survey. Once parents give consent, then the participant can agree or decline to take the survey. Since this survey is not required, participants may refuse to take the survey for any reason.

- Consider providing survey incentives or games to involve girls. Providing girls with a small incentive to take the survey is not necessary, but can increase the fun for both girls and staff. Think about ways that you can drum up excitement and enthusiasm for the survey. Pieces of candy, healthy treats, a pizza or cupcake party, or inexpensive prizes like completion ribbons go a long way to setting the tone for your survey, and incorporating it into the fun girls have at Girls Inc. each day!

- Ensure that you have a sufficient number of computer stations or pens and pencils for each participant. If the survey is being administered online, be sure to test internet connection and the survey link before participants arrive.
Highlight that the survey is confidential, meaning that nobody will be able to connect her answers to her name.

Encourage participants to answer honestly.

Ask participants if they have any questions before they begin.

**During Survey Administration:**

- Read all instructions verbatim to the survey participants to reduce confusion.
- Create a supportive survey environment for survey takers. Provide ample space between the girls to ensure privacy, or if space is limited, try placing folders between the girls as dividers. Provide a distraction-free survey room so that girls can be thoughtful about their answers. Discourage talking and sharing of answers. Provide balanced assistance that allows you to be available to answer questions without hovering over girls as they take the survey.
- Encourage participants to answer all of the questions. More complete surveys increase the validity of the data.
- Encourage participants to ask the administrator questions during the survey if they do not understand a survey item. It is important that participants correctly interpret the survey questions.
- Do not answer questions for them. However, if they do not understand a word, or how to use the computer mouse, please assist them. If someone is having difficulty with reading or needs other types of assistance, you may schedule a separate time for her to take the survey with assistance. This will avoid her being singled out from the other girls publicly.
- Offer the survey during a one-week span of time. It is important to allow enough time for participants to take the survey, but not so much time that participants taking it last have forgotten the program content. A smaller survey window increases survey validity.

**After Survey Administration:**

- Thank participants for taking the survey and for their time and participation. Demonstrate that you appreciate their time and responses.
- Provide an opportunity for participants who did not take the survey, such as those that were absent during the survey, a make-up day the following week.
- If possible, communicate results to participants. Make your girls your chief stakeholders in this survey process by sharing the survey results with them.
- Take action by using the results from the survey to alter and improve program delivery.
Informed and In Charge

Pre-/Post-Survey

Please check the best responses to the questions or statements below. Your responses will help us make Informed and In Charge better.

Module 1:

1. If I were in an unhealthy relationship, I would know whom to go to for help.
   ____ Not true for me at all
   ____ Not true for me
   ____ True for me
   ____ Very true for me

2. I value honesty, equality, respect, and responsibility in a relationship.
   ____ Not true for me at all
   ____ Not true for me
   ____ True for me
   ____ Very true for me

3. My communication style is...
   ____ Passive communication: You have feelings, needs, or desires, but don’t express them directly.
   ____ Aggressive communication: You express feelings, needs, or desires in a mean way, without thinking of other people’s feelings, needs, or desires.
   ____ Assertive communication: You express feelings, needs, or desires in an open and direct, but respectful manner to others.

4. Being honest with each other, being accepted for who you are, and using assertive communication are all qualities I look for in relationships.
   ____ Not true for me at all
   ____ Not true for me
   ____ True for me
   ____ Very true for me
Module 2:

5. Sexuality and sex mean the same exact thing.
   _____ True  _____ False

6. It doesn’t bother me if someone has a different sexual orientation than me (for instance gay or straight).
   _____ Not true for me at all
   _____ Not true for me
   _____ True for me
   _____ Very true for me

7. I feel comfortable expressing my gender identity.
   _____ Not true for me at all
   _____ Not true for me
   _____ True for me
   _____ Very true for me

8. If one of my friends came out to me as gay, I would still have their back no matter what.
   _____ Not true for me at all
   _____ Not true for me
   _____ True for me
   _____ Very true for me

Module 3:

9. If my friend wanted to know what happens in a woman’s body during her period, I know I could describe it to her accurately.
   _____ Not true for me at all
   _____ Not true for me
   _____ True for me
   _____ Very true for me
10. Birth control pills can be used to prevent sexually transmitted infections.
   ____ True  ____ False

   ____ True  ____ False

Module 4:

12. I am good at detecting hidden messages about sexuality in music, television, movies, etc.
    ____ Not true for me at all
    ____ Not true for me
    ____ True for me
    ____ Very true for me

13. It is important to question and challenge media that present unhealthy messages about sex and sexuality.
    ____ Strongly Disagree
    ____ Disagree
    ____ Agree
    ____ Strongly Agree

14. I try not to be influenced by sexual messages suggested in the media (for instance, music, television shows, movies).
    ____ Not true for me at all
    ____ Not true for me
    ____ True for me
    ____ Very true for me
Survey Codebook

Module 1:
1. Not true for me at all = 0, Not true for me = 1, True for me = 2, Very true for me = 3
2. Not true for me at all = 0, Not true for me = 1, True for me = 2, Very true for me = 3
3. Passive Communication = 0, Aggressive Communication = 0, Assertive Communication = 1
4. Not true for me at all = 0, Not true for me = 1, True for me = 2, Very true for me = 3

Module 2:
5. True = 0, False = 1
6. Not true for me at all = 0, Not true for me = 1, True for me = 2, Very true for me = 3
7. Not true for me at all = 0, Not true for me = 1, True for me = 2, Very true for me = 3
8. Not true for me at all = 0, Not true for me = 1, True for me = 2, Very true for me = 3
9. Not true for me at all = 0, Not true for me = 1, True for me = 2, Very true for me = 3

Module 3:
10. Not true for me at all = 0, Not true for me = 1, True for me = 2, Very true for me = 3
11. True = 0, False = 1
12. True = 1, False = 0

Module 4:
13. Not true for me at all = 0, Not true for me = 1, True for me = 2, Very true for me = 3
14. Strongly Disagree = 0, Disagree = 1, Agree = 2, Strongly Agree = 3
15. Not true for me at all = 0, Not true for me = 1, True for me = 2, Very true for me = 3

Total:
0–12 = Needs Improvement
13–24 = Satisfactory
25–37 = Outstanding
INTRODUCTORY SESSION:
WELCOME TO INFORMED AND IN CHARGE!12

PURPOSE:
To introduce the girls to the Informed and In Charge program topics, the facilitator(s), and fellow group members.

OBJECTIVES:
By the end of this session, participants will be able to:

1. State two topics that are part of the Informed and In Charge program.
2. Identify feelings associated with learning about sexuality concepts.
3. Discuss personal interests and/or experiences with fellow group members.

KEY MESSAGES:
- Informed and In Charge is a program designed to help girls in their early teens better understand sexuality, so that they can make healthy decisions.
- Group agreements help us create a safe space to share and learn about sexuality.

AGENDA:

ACTIVITY 1: Introduction to Informed and In Charge 15 minutes
ACTIVITY 2: Group Agreements 10 minutes
ACTIVITY 3: Getting Acquainted BINGO13 15 minutes
ACTIVITY 4: Closing 5 minutes

MATERIALS:

- Chart paper, markers
- Index cards
- Pencils or pens
- Optional: Prize for Bingo Winner
- Facilitator Resource: Sexuality-Related Terms
- Handout: Getting Acquainted BINGO

PLANNING NOTES:

- This session introduces the girls to the Informed and In Charge program series topics. Prior to this session, decide which session plans will be part of your program series. A Core Program Series and other sample program series are included in the Program Preparation section of the Guide.

- An alternate version of this session plan, Introductory Session, Option B: Welcome to Informed and In Charge contains a pre-survey as part of the agenda. This alternate session plan is expected to take longer than 45 minutes due to the administration of the pre-survey. Use the alternate session plan if you plan to include a survey as part of your program series.

- Review Facilitator Resource: Sexuality-Related Terms to clarify sexuality related terms that might come up for the participants.

ACTIVITY 1:

- Prepare to explain the logistics of the program to participants. You may want to write up a few talking points to explain to the group:
  - the number of times participants will be meeting with you
  - when and where they will be meeting
  - a brief sentence or two about each session topic within your program series to inform participants of the content

  **Facilitator Note:** Review the purpose and objectives of the session plans that will be a part of your program series to guide your talking points.
Write a numerical list of topics that you intend to cover in your program series on a piece of chart paper. List the topics in simple language. See below for example:

1) goal setting
2) healthy relationship qualities
3) communication skills
4) puberty and having a period
5) sexual orientation
6) abstinence (avoiding sexual intercourse)
7) preventing pregnancy
8) preventing sexually transmitted infections
9) analyzing media messages

Post the chart paper in the front of the room for everyone to see. Cover it up until it is needed in the session.

The girls will be sharing their experiences and thoughts about learning about sexuality topics. They will respond on index cards. Be sure to collect their completed index cards and review them after the session for future program planning.

ACTIVITY 2:

Label the top of a piece of chart paper with “Group Agreements.” Write the following statements underneath:

Respect people’s right to express their own opinions, even if you disagree.

It’s okay not to know the answer.

Post the chart paper in the front of the room. Fold up and tape the chart paper so only “Group Agreements” can be seen.

ACTIVITY 3:

Photocopy the Handout: Getting Acquainted BINGO, one per participant.

Optional: Gather a prize to give to the winner.

ACTIVITY 4:

Prepare a piece of chart paper with the following statements:

One thing that happened today that helped me feel comfortable being in this program...

One thing I look forward to in this program…
PROCEDURE:

ACTIVITY 1: INTRODUCTION TO INFORMED AND IN CHARGE PROGRAM

1. Welcome the girls to the first session of the Informed and In Charge program. If the group does not know who you are, introduce yourself to them. Then, ask each girl to share her first name with the group. Note that they will get to know each more in the later part of this session.

2. Briefly explain the following logistics of the program:
   - the number of times they will be meeting
   - when and where they will be meeting

3. Tell the participants that the reason for the program is that girls their age are usually curious about sexuality and have a lot of questions. You hope that during the program they will feel open to ask questions and share ideas with each other so that they can learn together.

4. Explain that the program contains sexuality topics to help them better understand themselves, their relationships with others, and to make good decisions for their sexual health. Uncover the prepared chart paper with the list of program series topics to be covered, as stated in the Planning Notes. Read each topic aloud and provide brief information about what would be covered as part of each session.

5. Tell the girls that people have different experiences learning about these sexuality topics at school or at home with parents/caregivers. Some families and schools talk openly about these topics, while others may not.

6. Ask the girls to share aloud which topics listed on the chart paper they have learned about from their family and/or at school. As the girls respond, put a + next to these topics. Then, ask them which topics they have not learned about from their family and/or at school. As they respond, put a – next to these topics.

7. Thank the girls for being honest and emphasize that you hope that by the end of the program they all will become more familiar with all of the sexuality topics. Be sure to point out that you believe it is important that they have information so that they can be strong, smart, and bold especially as they face decisions about sex and their sexual health. Add that parents/caregivers are an important source for talking about these topics. Encourage them to discuss what they are learning about in the program with their parents/caregivers.

Facilitator Note: It’s possible that participants may want additional topics to be included in the program series. This can be really essential to know for program engagement. Should girls offer topics, notate their interests. If you have limitations on what topics can be addressed in a specific location, use your judgment in affirming whether or not the topics can be addressed as part of the series. Regardless, thank them for their suggestions. You might also tell them that you will take it into consideration for future programming, if that is a possibility.
8. Pass out the index cards and pencils or pens. Ask the girls to draw a 😊 on one side of the index card and then write down at least two numbers next to the topics they are excited to learn about. Ask them to draw a ☹ on the other side of the index card and write down at least two numbers next to the topics they are nervous to learn about. Encourage the girls to be honest, and that you will be collecting the cards so they should not write their name on the card.

9. Tell the girls they have 2 minutes to list topical numbers on both sides of the index card. Provide assistance as needed for the girls to list topics.

10. After 2 minutes, collect the completed index cards. Set them aside to review carefully later after the session is over.

11. Lead a discussion using the following questions:
   a. What have you heard about the topics listed on the chart paper?
   b. When are these topics typically talked about? Why?
   c. Why might it be helpful to talk about these topics?
   d. Who could you talk to about these topics? (If it is not explicitly stated, encourage the girls to talk with their parents/guardians about the topics shared in the sessions.)

ACTIVITY 2: ESTABLISHING GROUP AGREEMENTS

1. Explain to the girls that discussions about sex and decision-making are not always talked about openly, but are likely to come up during the program. Talking about sexuality topics can sometimes feel a bit embarrassing or uncomfortable. Affirm that it is okay to feel embarrassed, and that the goal for your time together is for those feelings to lessen and hopefully disappear over time. Then, point out the prepared chart paper with the heading “Group Agreements.” Explain that Group Agreements are intended to help lessen some of the discomfort and provide guidance for how the group will work together during session, so that everyone will feel safe and comfortable.

2. Uncover the statements prepared on the chart paper and review with the group. Affirm that everyone is clear about these two guidelines:
   • Respect people’s right to express their own opinions, even if you disagree.
   • It’s okay not to know the answer.

3. Ask if they can think of anything else they can do to make conversations about sexuality and interactions with each other during the sessions more comfortable. Write down any suggestions provided, asking for clarification as needed. Suggest the following guidelines to be included if not offered by the group:
   • No teasing or putting a group member down
   • Don’t Yuck Others’ Yum (This means to respect diverse preferences, don’t judge what others like, even if you don’t like it.)
• **Use “I” Statements** (This means that they will avoid opinion phrases that include “Everybody,” “Nobody,” “All,” etc. Instead they will say, “I think,” or “I feel,” or “I believe,” etc.)

• **Right to Pass** (This means they can choose not to answer a question or provide a response, particularly if something seems too personal or makes them feel uncomfortable.)

• **What’s Said Here Stays Here but What’s Learned Here Leaves Here** (This means that any personal information that a participant might share with the group should remain confidential within the group; however, general facts that can help others outside the group make informed and healthy choices can be shared.)

Explain that certain events cannot fall under the confidentiality rules such as situations that seriously threaten a participant’s safety, including sexual abuse or assault. Very briefly describe how your organization requires you to handle this.

4. Tell the group that the list they created are guidelines for how they will participate throughout the program. Ask the participants to collectively agree to follow their Group Agreements. Leave the list posted up for the rest of the session.

   If there is safe space available, store the Group Agreements away after each session, and re-post it at the beginning of each new session. If there is no safe space available, prepare to take a picture and repost for each new session.

**ACTIVITY 3: GETTING ACQUAINTED BINGO**

1. Inform the girls that you would like to provide some time for them to get to know one another. They are going to do this as an interactive activity. Distribute the **Handout: Getting Acquainted BINGO** to everyone.

2. Explain that over the next 10 minutes they will participate in a large group icebreaker. Review the instructions on the handout with the girls and provide additional instructions below:

   • They are to move around and ask a group member, “Are you someone who” followed by a statement on the BINGO board. If the group member answers “yes,” that person should put their first name on the blank line underneath the question. If they say “no,” they can ask another question from the board until the group member can sign.

   For a large group (10 or more): A group member can sign only one item on the BINGO board.

   For a small group (less than 10): A group member can sign up to two items on the BINGO board.

   • They must ask the question rather than just handing the sheet to a fellow group member to find an item to sign.

   • The winner is the group member who fills a line of signatures (across, down, diagonal) by the time 10 minutes is up. (Alternatively the winner could be a group member with the most signatures in the time allotted.)
3. After reviewing the instructions, tell the girls to begin. Provide assistance as necessary as the girls interact with each other.

4. After 10 minutes, or sooner if there is a winner, ask the girls to return to their seats. Determine and announce the winner and provide a prize (if you have set one aside).

5. Lead a discussion using the following questions:
   a. What was it like to do this activity? Explain.
   b. Which items on the board seemed easiest to get signatures? Hardest? Why?
   c. What do you know about our group after doing this activity?
   d. This activity was intended to bring the group together. How do you think this activity can help us come together as a group?
   e. What else could we do to continue to do to come together as a group?

   **Facilitator Note:** Since the group members’ information could be helpful in preparing for future sessions, consider collecting the BINGO boards. Use your best judgment in making the request of the group.

6. Conclude by pointing out that it is a rewarding experience to identify things we have in common with those around us, but that it is also important to recognize and take pride in one’s unique combination of interests, personal characteristics, likes, and dislikes. It is also important that we respect this uniqueness in others.

**ACTIVITY 4: CLOSING**

1. Conclude by explaining to the girls that this session was intended to help them get a sense of the *Informed and In Charge* program and to get to know each other. Tell them that today’s session is a big step toward creating a space of comfort to discuss the sexuality topics that will be addressed in the program. Post the prepared chart paper with the closing reflective statements and encourage volunteers to share responses aloud with the group.

   *One thing that happened today that helped me feel comfortable being in this program . . .
   *One thing I look forward to in this program . . .

2. Once volunteers have shared, congratulate everyone for contributing to the session and adjourn.
Below is a short glossary of terms that can come up when talking about sexuality. Paraphrase as needed to facilitate understanding but don’t spend too much time trying to develop full understanding. These concepts are discussed in greater depth in another session. They are included in this session plan in case questions arise from the group.

**Cisgender** – term to describe people whose gender identity, gender expression, and biological sex all align (such as girl, feminine, female).

**Gender Expression** – how people demonstrate their gender identity. The way we dress, the pronouns we use, the way we act, and the way we speak are just a few examples of how we express our gender. Expectations about behavior and appearance for one’s gender are largely socially constructed.

**Gender Identity** – the internal perception of one’s gender, and how they label themselves, based on how much they align or don’t align with what they understand their options for gender to be. Common identity terms include man, woman, genderqueer.

**Gender Expectations/Roles** – society’s expectations about how we should think and act; often from the idea that there are only two genders (male/female or man/woman) and that a person must be strictly gendered as either/or; our biological, social, and legal status as women and men.

**Gender Non-Conforming** – a term to describe people who do not follow the ideas, expectations, and stereotypes about how a person should look or act based on the sex they were assigned at birth. Also an umbrella term to describe people who are not cisgender.

**Sexual Orientation** – the type of sexual, romantic, physical, and/or spiritual attraction one feels for others, often labeled based on the gender relationship between the person and the people they are attracted to (often mistakenly referred to as sexual preference).

**Sexual Preference** – attraction to particular types of people, sexual behaviors (such as intercourse, masturbation, etc.), and things that turn a person on.

**Transgender** – a term that is used to describe people whose gender identity differs from the sex they were assigned at birth. A transgender girl identifies as a girl but was assigned male at birth. It is important to use the words “trans” or “transgender.” The words “transgendered” and “transsexual” are not considered thoughtful or appropriate language. Also an umbrella term to describe people who are not cisgender.

Sources:


**GETTING ACQUAINTED BINGO**

**Directions:** Ask a group member, “Are you a person who...?” followed by a statement in the BINGO board. If the person says, “yes,” ask them to write their first name in the box. If the person says, “no,” ask them another question until they can sign. Then go to another group member.

<table>
<thead>
<tr>
<th>Knows more than one language?</th>
<th>Has a pet?</th>
<th>Lives with another relative besides your parents?</th>
<th>Plays a sport?</th>
<th>Is an only child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name________</td>
<td>Name________</td>
<td>Name________</td>
<td>Name________</td>
<td>Name________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has ovaries?</th>
<th>Likes to eat veggies?</th>
<th>Has grown an inch in the past year?</th>
<th>Has ever won an award?</th>
<th>Goes regularly to church, temple, mosque, or other religious services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name________</td>
<td>Name________</td>
<td>Name________</td>
<td>Name________</td>
<td>Name________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has a brother?</th>
<th>Knows what menstruation is?</th>
<th>Plays an instrument?</th>
<th>Likes to read?</th>
<th>Knows someone who is in a healthy relationship?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name________</td>
<td>Name________</td>
<td>Name________</td>
<td>Name________</td>
<td>Name________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Likes to use technology to connect with others?</th>
<th>Likes to dance?</th>
<th>Plays an instrument?</th>
<th>Likes to read?</th>
<th>Knows someone who is in a healthy relationship?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name________</td>
<td>Name________</td>
<td>Name________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Has ever traveled?</th>
<th>Has a hobby?</th>
<th>Is glad to be in a class about sexuality?</th>
<th>Knows a person who is lesbian, gay, or bisexual?</th>
<th>Likes to watch music videos?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name________</td>
<td>Name________</td>
<td>Name________</td>
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INTRODUCTORY SESSION, OPTION B:
WELCOME TO INFORMED AND IN CHARGE!

PURPOSE:
To introduce the girls to the Informed and In Charge program topics, the facilitator(s), and fellow group members.

OBJECTIVES:
By the end of this session, participants will be able to:

1. State two topics that are part of the Informed and In Charge program.
2. Identify feelings associated with learning about sexuality concepts.

KEY MESSAGES:
- Informed and In Charge is a program designed to help girls in their early teens better understand sexuality, so that they can make healthy decisions.
- Group agreements help us create a safe space to share and learn about sexuality.

AGENDA:

ACTIVITY 1: Introduction to Informed and In Charge
ACTIVITY 2: Group Agreements
ACTIVITY 3: Pre-Survey
ACTIVITY 4: Closing
MATERIALS:

- Chart paper, markers
- Index cards
- Pencils or pens
- **Facilitator Resource: Sexuality-Related Terms**
- *Informed and In Charge Pre-/Post-Survey*

PLANNING NOTES:

- This session introduces the girls to the *Informed and In Charge* program series topics. Prior to this session, decide which session plans will be part of your program series. A Core Program Series and other sample program series are included in the Program Preparation section of this Guide.
- This is the alternate version of Introductory Session: Welcome to *Informed and In Charge* with administration of a survey as part of the agenda. The session is expected to take longer than 45 minutes due to the administration of the pre-/post-survey. If you are not planning to include a pre-/post-survey as part of your program series, review and deliver Introduction Session: Welcome to *Informed and In Charge* instead.
- The *Informed and In Charge Pre-/Post-Survey* in the Conducting Evaluations section of this Guide is designed for use with the Core Program Series. If you are delivering a program series different than the Core Program Series, review the *Informed and In Charge* Pre-/Post-Survey and decide if the questions still apply to your overall content. If the questions do not apply to your content, you will need to design a different survey.
- Review **Facilitator Resource: Sexuality-Related Terms** to clarify sexuality related terms that might come up for the participants.

ACTIVITY 1:

- Prepare to explain the logistics of the program to participants. You may want to write up talking points to explain to the group:
  - the number of times participants will be meeting with you
  - when and where they will be meeting
  - a brief sentence or two about each session topic within your program series to inform participants of the content

**Facilitator Note:** Review the purpose and objectives of the session plans that will be part of your program series to guide your talking points.
Write a numerical list of topics that you intend to cover in your program series on a piece of chart paper. List the topics in simple language. See below for example:

1) goal setting
2) healthy relationship qualities
3) communication skills
4) puberty and having a period
5) sexual orientation
6) abstinence (avoiding sexual intercourse)
7) preventing pregnancy
8) preventing sexually transmitted infections
9) analyzing media messages

Post the chart paper in the front of the room for everyone to see. Cover it up until it is needed in the session.

**ACTIVITY 2:**

- Label the top of a piece of chart paper with “Group Agreements.” Write the following statements underneath:
  
  “Respect people’s right to express their own opinions, even if you disagree.”
  “It’s okay not to know the answer.”

Post in front of the room. Fold up and tape the chart paper so only “Group Agreements” can be seen.

**ACTIVITY 3:**

- Review the instructions and tips for delivering the Pre-/Post-Survey in the Conducting Evaluations section of the Guide.
- Determine how you will administer the survey. For example, you may decide to provide the survey in a traditional paper and pencil or pen format, or administer the survey using an online response system.
- Photocopy the *Informed and In Charge Pre-/Post-Survey*, one per participant if you plan to have the girls complete it by paper and pencil or pen. The *Informed and In Charge Pre-/Post-Survey* can be found in the Conducting Evaluation section of the Guide.

Ensure that you have a sufficient number of computer stations if you plan to have the participants take the survey using a computer. If the survey is being administered online, be sure to test internet connection and the survey link before participants arrive.
• Decide on an alternative activity and temporary alternative setting for participants who are unwilling to take the survey.

• Optional: Gather an incentive for participants who complete the survey. Pieces of candy, healthy treats, a pizza or cupcake party, or inexpensive prizes like completion ribbons are examples of incentives you may choose to give to participants who complete the survey.

**ACTIVITY 4:**

• The girls will be sharing their thoughts about learning about sexuality topics. They will respond on index cards. Be sure to collect their completed index cards and review for future program planning.

• Prepare a piece of chart paper with the following statements:
  
  *One thing that happened today that helped me feel comfortable being in this program…*

  *One thing I look forward to in this program…*

**PROCEDURE:**

**ACTIVITY 1: INTRODUCTION TO INFORMED AND IN CHARGE PROGRAM**

1. Welcome the girls to the first session of the *Informed and In Charge* program series. If the group does not know who you are, introduce yourself to them. Then, ask each girl to share her first name with the group. Note that they will get to know each other better throughout the program series.

2. Briefly explain the following logistics of the program:
   - the number of times they will be meeting
   - when and where they will be meeting

3. Tell the participants that the reason for the program is that girls their age are usually curious about sexuality and have a lot of questions. You hope that during the program they will feel open to ask questions and share ideas with each other so that they can learn together.

4. Explain that the program contains sexuality topics to help them better understand themselves, their relationships with others, and to make good decisions for their sexual health. Uncover the prepared chart paper with the list of program series topics to be covered, as stated in the Planning Notes. Read each topic aloud and provide brief information about what would be covered as part of each session.

5. Tell the girls that people have different experiences learning about these sexuality topics at school or at home with parents/caregivers. Some families and schools talk openly about these topics, while others may not.

6. Ask the girls to share aloud which topics listed on the chart paper from Activity 1 they have learned about from their family and/or at school. As the girls respond, put a + next to these topics on the chart paper. Then, ask them which topics they have not learned about from their family and/or at school. As they respond, put a – next to these topics on the chart paper.
7. Thank the girls for being honest and emphasize that you hope that by the end of the program they all will become more familiar with these sexuality topics. Be sure to point out that you believe it is important that they have information so that they can be strong, smart, and bold especially as they face decisions about sex and their sexual health. Add that parents/guardians are an important source for talking about these topics. Encourage them to talk about what they are learning about in the program with their parents/guardians.

Facilitator Note: It’s possible that participants may want additional topics to be included in the program series. This can be really essential to know for program engagement. Should girls offer topics, notate their interests. If you have limitations on what topics can be addressed in a specific location, use your judgment in affirming whether or not the topics can be addressed as part of the series. Regardless, thank them for their suggestions. You might also tell them that you will take it into consideration for future programming, if that is a possibility.

8. Lead a discussion using the following questions:

a. What have you heard about the topics listed on the chart paper?
b. When are these topics typically talked about? Why?
c. Why might it be helpful to talk about these topics?
d. Who could you talk to about these topics? (If it is not explicitly stated, encourage the girls to talk with their parents/guardians about the topics shared in the sessions.)

ACTIVITY 2: ESTABLISHING GROUP AGREEMENTS

1. Explain to the girls that discussions about sex and decision making are not always talked about openly, but are likely to come up during the program. Talking about sexuality topics can sometimes feel a bit embarrassing or uncomfortable. Affirm that it is okay to feel embarrassed, and that the goal for your time together is for those feelings to lessen and hopefully disappear over time. Then, point out the prepared chart paper with the heading “Group Agreements.” Explain that Group Agreements are intended to help lessen some of the discomfort and provide guidance for how the group will work together during session, so that everyone will feel safe and comfortable.

2. Uncover the statements prepared on the chart paper and review with the group. Affirm that everyone is clear about these two guidelines:

• Respect people’s right to express their own opinions, even if you disagree.
• It’s okay not to know the answer.

3. Ask if they can think of anything else they can do to make conversations about sexuality and interactions with each other during the sessions more comfortable. Write down any suggestions provided, asking for clarification as needed. Suggest the following guidelines to be included if not offered by the group:

• No teasing or putting a group member down
• **Don’t Yuck Others’ Yum** (This means to respect diverse preferences, don’t judge what others like, even if you don’t like it.)

• **Use “I” Statements** (This means that they will avoid opinion phrases that include “Everybody,” “Nobody,” “All,” etc. Instead they will say, “I think,” or “I feel,” or “I believe,”, etc.)

• **Right to Pass** (This means they can choose not to answer a question or provide a response, particularly if something seems too personal or makes them feel uncomfortable.)

• **What’s Said Here Stays Here but What’s Learned Here Leaves Here** (This means that any personal information that a participant might share with the group should remain confidential within the group; however, general facts that can help others outside the group make informed and healthy choices can be shared.)

  Explain that certain events cannot fall under the confidentiality rules such as situations that seriously threaten a participant’s safety, including sexual abuse or assault. Very briefly describe how your organization requires you to handle this.

4. Tell the group that the list they created are guidelines for how they will participate throughout the program. Ask the participants to collectively agree to follow their Group Agreements. Leave the list posted up for the rest of the session.

   If there is safe space available, store the Group Agreements away after each session, and re-post it at the beginning of each new session. If there is no safe space available, prepare to take a picture and repost for each new session.

**ACTIVITY 3: PRE-SURVEY**

1. Explain to the girls they are being asked to complete a survey in this session and the final session to find out what they have learned as program participants. No one will be graded or judged on their answers. They will not be asked any personal questions. Explain that you hope that everyone will be willing to take the pre- and post-survey, though it is not required.

   Ask those who are unwilling to take the survey to raise their hands. If you have decided to provide an alternate activity or temporary change in setting for those unwilling to take the survey, as stated in the Planning Notes, let the participants with their hands up know at this time what they will be doing instead.

2. Give instructions on how the participants should take the [Informed and In Charge Pre-/Post-Survey](#) based upon how you decided to administer the survey. If you planned to administer the survey included in this toolkit by paper and pen or pencil, distribute a [Informed and In Charge Pre-/Post-Survey](#) and a pen or pencil to the participants. Review the instructions at the top of the [Informed and In Charge Pre-/Post-Survey](#).

3. Ask if the participants have any questions. Instruct the participants to start the survey. Provide assistance to the participants as needed, to complete the survey. For example, you may read each question aloud, allowing time after each question for the participants to provide a response. Do not answer questions for them. If they do not understand a word, or the instructions for completing the survey, assist them.
4. After the participants have completed the survey, collect them from the participants. (If the participants completed the survey by paper and pencil or pen.)

5. If you are offering an incentive for the girls to complete the survey, distribute at this time.

**ACTIVITY 4: CLOSING ACTIVITY**

1. Conclude by explaining to the girls that this session was intended to help them get a sense of the *Informed and In Charge* program and to get to know each other. Tell them that today’s session is a big step toward creating a space of comfort to discuss the sexuality topics that will be addressed in the program.

2. Draw the participants’ attention back to the list of topics from Activity 1. Explain that in the last few minutes, you would like them to share their thoughts about learning about the program series topics. They will do so by responding privately on an index card. Pass out the index cards to the participants.

   **Facilitator Note:** Distribute pens or pencils if participants did not use them to complete the pre-survey.

3. Ask the girls to draw a ☺ on one side of the index card and then write down at least two numbers next to the topics on the chart paper they are excited to learn about. Ask them to draw a ☹ on the other side of the index card and write down at least two numbers next to the topics they are nervous to learn about. Encourage the girls to be honest, and that you will be collecting the cards so they should not write their name on the card. Tell the girls they have 2 minutes to complete the lists on both sides of the index card. Provide assistance as needed for the girls to list topics.

4. After 2 minutes, collect the cards. Explain that you will look at their responses later for planning purposes. Set aside to review them carefully later.

5. Post the prepared chart paper with the closing reflective statements and encourage volunteers to share a response aloud with the group.

   *One thing that happened today that helped me feel comfortable being in this program…*

   *One thing I look forward to in this program…*

6. Once volunteers have shared, congratulate everyone for contributing to the session and adjourn.
Below is a short glossary of terms that can come up when talking about sexuality. Paraphrase as needed to facilitate understanding but don’t spend too much time trying to develop full understanding. These concepts are discussed in greater depth in another session. They are included in this session plan in case questions arise from the group.

**Cisgender** – term to describe people whose gender identity, gender expression, and biological sex all align (such as girl, feminine, female).

**Gender Expression** – how people demonstrate their gender identity. The way we dress, the pronouns we use, the way we act, and the way we speak are just a few examples of how we express our gender. Expectations about behavior and appearance for one’s gender are largely socially constructed.

**Gender Identity** – the internal perception of one’s gender, and how they label themselves, based on how much they align or don’t align with what they understand their options for gender to be. Common identity terms include man, woman, genderqueer.

**Gender Expectations/Roles** – society’s expectations about how we should think and act; often from the idea that there are only two genders (male/female or man/woman) and that a person must be strictly gendered as either/or; our biological, social, and legal status as women and men.

**Gender Non-Conforming** – a term to describe people who do not follow the ideas, expectations, and stereotypes about how a person should look or act based on the sex they were assigned at birth. Also an umbrella term to describe people who are not cisgender.

**Sexual Orientation** – the type of sexual, romantic, physical, and/or spiritual attraction one feels for others, often labeled based on the gender relationship between the person and the people they are attracted to (often mistakenly referred to as sexual preference).

**Sexual Preference** – attraction to particular types of people, sexual behaviors (such as intercourse, masturbation, etc.), and things that turn a person on.

**Transgender** – a term that is used to describe people whose gender identity differs from the sex they were assigned at birth. A transgender girl identifies as a girl but was assigned male at birth. It is important to use the words “trans” or “transgender.” The words “transgendered” and “transsexual” are not considered thoughtful or appropriate language. Also an umbrella term to describe people who are not cisgender.

Sources:


CLOSING SESSION:

REFLECT AND REMEMBER THE INFORMED AND IN CHARGE PROGRAM

PURPOSE:
To celebrate and reflect upon what the girls have learned as Informed and In Charge program participants and consider how they will apply it to their own lives and relationships. To bring closure to their experience as program series participants.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Express feelings associated with learning and communicating about sexuality.
2. Identify at least one thing they have learned and want to remember as program participants.
3. Share how they will apply what was learned in the program to their personal life.

KEY MESSAGES:

- Informed and In Charge is a program intended to increase your understanding and appreciation of your sexuality.
- Sexual development and learning is lifelong, and will not end when this group ends.
- There are sources to continue learning such as parents/guardians, askable adults, and health professionals.

AGENDA:

ACTIVITY 1: Inventory Exercise 15 minutes
ACTIVITY 2: Reflecting on the Experience 20 minutes
ACTIVITY 3: Final Wishes & Parting Thoughts 10 minutes

MATERIALS:

- Chart paper
- Markers, crayons, or colored pencils
- Index cards
- Pens or pencils
- Handout: Finding Help: A Resource List (Appendix A)

PLANNING NOTES:

- An alternate version of this session plan, Closing Session, Option B: Reflect and Remember the Informed and In Charge Program contains a post-survey as part of the agenda. The session is expected to take longer than 45 minutes due to the administration of the post survey. Use the alternate session plan if you administered the pre-survey as part of your program series.

ACTIVITY 1:

- Write a list of topics that were covered throughout your Informed and In Charge program series. This will be used to help remind the girls of topics if they are having difficulties. You can choose to list the topics on chart paper in advance of the session on a standard piece of paper.

ACTIVITY 2:

- Write “Informed and In Charge Reflections” on the top of piece of chart paper. Underneath write the following sentence starters:
  1. Something new I learned from Informed and In Charge is…
  2. Something I want to remember from the program is…
  3. Something I think other girls my age should now know is…

Post the chart paper on the wall and cover until it is to be used in the session.

- As part of this activity, each small group of 3–4 girls will create a drawing or written graffiti to celebrate what they learned on a piece of chart paper. Gather writing implements such as markers, crayons, or colored pencils for the girls to draw or write on the chart paper.

ACTIVITY 3:

- Photocopy the Handout: Finding Help: A Resource List (Appendix A), one per participant. It can be found in the Appendix section of this program toolkit.

PROCEDURE:

ACTIVITY 1: INVENTORY EXERCISE

1. Welcome participants to the session and remind the girls of Group Agreements from the Introductory Session. Then, tell the girls that in this last session of Informed and In Charge they are going to think about and discuss their overall experience as members of the group.

2. Remind the girls that as part of the Introductory Session, they were introduced to the program topics and they shared their overall feelings about the possibility of learning about the sexuality topics. Now that the program is coming to a close, you would like them to think again about their overall experience learning
about the sexuality topics. Ask the girls to share topics that were a part of the Informed and In Charge program. List the girls’ responses on the chart paper as they are provided. Use your prepared topical list, as stated in the Planning Notes, to help remind the girls of topics if they are having difficulties.

3. After the topic list is complete, tell the girls you would like them to think about the experience of learning with others in the group. Lead a discussion using the following questions:
   a. What was it like to learn and talk about these sexuality topics with the group? Explain.
   b. What topics were easier to discuss than others? Explain.
   c. Did your feelings about learning and talking about sexuality change over the course of the program? Explain.
   d. What benefit(s) do you think there are to learning and communicating about sexuality?
   e. What do you think you can do to continue to learn and communicate about sexuality in the future?

4. Note that at the start of the program there were some topics that were more familiar to them than others. This program contained facts intended to increase their understanding of these topics and to build appreciation of their sexuality. It’s important that they continue to become informed so that their personal appreciation can continue beyond this program.

**ACTIVITY 2: REFLECTING ON THE EXPERIENCE**

1. Tell the girls that you would like them to think personally about what they have learned and want to remember from being a part of the Informed and In Charge program. Uncover the chart paper prepared with the heading “Informed and In Charge Reflections” only revealing the heading. Tell the girls that you will read aloud the beginning part of three sentences that relates to their experience in the program. They will finish each sentence on an index card. Afterward they will share with other group members.

2. Distribute an index card and a pencil or pen to each participant. Ask the girls to write the numbers 1, 2, 3 on their index card on different lines with enough room to write full sentences next to each number.

3. Uncover and read the first sentence starter aloud and allow time for the girls to complete the sentence next to the number 1. Repeat with the other sentence starters asking them to complete the sentence next to corresponding number on their index card.

   Informed and In Charge Reflections (Sentence Starters)
   1. *Something new I learned from Informed and In Charge is…*
   2. *Something I want to remember from the program is…*
   3. *Something I think other girls my age should now know is…*

4. After the girls have completed their responses, tell them to hold onto their index cards and explain that they will now share with other group members. Break the group up into smaller groups of 3–4 girls.

5. After the groups are formed, have the small groups spread out to different areas within the room so each small group has space around it.
6. Distribute a piece of chart paper and the writing implements, as suggested in the Planning Notes, to each small group. Explain that they have 10 minutes to share their responses to the sentence starters with each other. They will also create a drawing or write graffiti on the paper provided that reflects their responses and celebrates what they have learned in the program.

Check in with the groups as they discuss the sentence starters and create their artwork. Provide assistance as necessary.

7. After 10 minutes, distribute tape to the small groups and ask them to post their artwork on the wall. Ask the groups to select a group member to describe what program learning is being celebrated by the artwork and/or written graffiti.

8. Ask for one group to volunteer to go first and then have the remaining small groups take turns sharing their artwork with the larger group.

9. Lead a discussion using the following questions:
   a. How would you describe your overall experience being a part of Informed and In Charge?
   b. How do you think being in this program will help you to become strong, smart, and bold?
   c. How has the program affected areas of your life, such as your personal relationships?
   d. How will you use what you have learned in your life?
   e. Who is someone you can talk to about the sexuality topics covered after this program?

10. Explain to the girls that it is strongly suggested that they talk with their parents/guardians about what they covered in the program. They might also talk with trusted adults such as an aunt, grandparent, counselor, or doctor. Encourage the participants to bring their completed index cards home to begin the conversation.

**ACTIVITY 3: FINAL WISHES AND PARTING THOUGHTS**

1. Explain to the girls that before the program ends, they will share final wishes and/or thoughts for the future. Ask the girls to form a circle.

2. After the circle has formed, in your own words, give congratulations, good wishes for the future, and parting thoughts to your participants. Let the girls know how much you enjoyed working with them.

3. Encourage the girls to share a final wish or parting thought with the group. Ask if there is a volunteer who would like to start. Allow as many volunteers to share as wish to.

4. Congratulate everyone for a special end-of-program session. Remind the girls that their sexuality is growing and changing and it is common to have questions. Talking with parents/guardians and other trusted and askable adults is a great way to get answers to questions and to address any possible concerns. Distribute the Handout: Finding Help: A Resource List (Appendix A) to the girls and let them know there are some sources that are also helpful.

5. Adjourn the session.
CLOSING SESSION, OPTION B:

REFLECT AND REMEMBER THE INFORMED AND IN CHARGE PROGRAM

PURPOSE:
To celebrate and reflect on what the girls have learned as Informed and In Charge program participants and consider how they will apply it to their own lives and relationships. To bring closure to their experience as program series participants.

OBJECTIVES:
By the end of this session, participants will be able to:
1. Express feelings associated with learning and communicating about sexuality.
2. Identify at least one thing they have learned and want to remember as a program participant.
3. Share how they will apply what was learned in the program to their personal life.

KEY MESSAGES:
- Informed and In Charge is a program intended to increase your understanding and appreciation of your sexuality.
- Sexual development and learning is lifelong, and will not end when this group ends.
- There are sources to continue learning such as parents/guardians, askable adults, and health professionals.

AGENDA:

ACTIVITY 1: Inventory Exercise and Post-Survey 30 minutes
ACTIVITY 2: Reflecting on the Experience 20 minutes
ACTIVITY 3: Final Wishes and Parting Thoughts 10 minutes

MATERIALS:
- Chart paper
- Markers, crayons, or colored pencils
- Index cards
- Pens or pencils
- Informed and In Charge Pre-/Post-Survey
- Handout: Finding Help: A Resource List (Appendix A)

PLANNING NOTES:
- This is the alternate version of Closing Session: Reflect and Remember the Informed and In Charge Program with administration of a survey as part of the agenda. The session is expected to take longer than 45 minutes due to the administering of the survey. If you are not planning to include a pre-/post-survey as part of your program series, review and deliver Closing Session: Reflect and Remember the Informed and In Charge Program instead.

If you used the Informed and In Charge Pre-/Post-Survey, designed for use with the Core Program Series, you will use it again for this session. If you administered a different survey, use that as your post-survey for this session.

ACTIVITY 1:
- Write a list of topics that were covered throughout your Informed and In Charge program series. This will be used to help remind the girls of topics if they are having difficulties. You can choose to list the topics on chart paper in advance of the session or a standard piece of paper.
- Review the instructions and tips for delivering the pre-survey in the Conducting Evaluations section.

In the same manner that you delivered the pre-survey, you will administer the post-survey. For example, if you provided the survey on paper you will need to photocopy the survey, one per participant. If you used an online response system, you will need to ensure that you have a sufficient number of computer stations. If the survey is being administered online, be sure to test internet connection and the survey link before participants arrive.

- Decide on an alternative activity and temporary alternative setting for participants that are unwilling to take the survey.
- Optional: Gather an incentive for participants who complete the survey. Pieces of candy, healthy treats, a pizza or cupcake party, or inexpensive prizes like completion ribbons are examples of incentives you may choose to give to participants who complete the survey.
**ACTIVITY 2:**

- Write "Informed and In Charge Reflections" on the top of piece of chart paper. Underneath write the following sentence starters:
  
  1. *Something new I learned from Informed and In Charge is…*
  
  2. *Something I want to remember from the program is…*
  
  3. *Something I think other girls my age should now know is…*

  Post the chart paper on the wall and cover until it is to be used in the session.

- As part of this activity, each small group of 3–4 girls will create a drawing or written graffiti to celebrate what they learned on a piece of chart paper. Gather writing utensils such as markers, crayons, or colored pencils for the girls to draw or write on the chart paper.

**ACTIVITY 3:**

- Photocopy the Handout: Finding Help: A Resource List (Appendix A), one per participant. It can be found in the Appendix section of this program toolkit.

**PROCEDURE:**

**ACTIVITY 1: INVENTORY EXERCISE AND POST SURVEY**

1. Welcome participants to the session and remind the girls of Group Agreements from the Introductory Session. Then, tell the girls that in this last session of *Informed and In Charge* they are going to think about and discuss their overall experience as members of the group.

2. Remind the girls that as part of the Introductory Session, they were introduced to the program topics and they shared their overall feelings about the possibility of learning about the sexuality topics. Now that the program is coming to a close, you would like them to think again about their overall experience learning about the sexuality topics. Ask the girls to share topics that were a part of *Informed and In Charge*. List the girls’ responses on the chart paper as they are provided. Use your prepared topical list, as stated in the Planning Notes, to help remind the girls of topics if they are having difficulties.

3. After the topic list is complete, explain to the girls they are being asked to complete a post-survey to find out what they have learned as program participants. No one will be graded or judged on their answers. They will not be asked any personal questions. Explain that you hope that everyone will be willing to take the post-survey, though it is not required.

Ask those who are unwilling to take the survey to raise their hands. If you have decided to provide an alternate activity or temporary change in setting for those unwilling to take the survey, as stated in the Planning Notes, let the participants with their hands up know at this time what they will be doing instead.
4. Give instructions on how the participants should take the post-survey based upon how you decided to administer the survey. If you planned to administer the survey included in this toolkit by paper and pen or pencil, distribute the *Informed and In Charge Pre-/Post Survey* and a pen or pencil to the participants. Review the instructions at the top of the *Informed and In Charge Pre-/Post-Survey*.

5. Ask if the participants have any questions. Instruct the participants to start the survey. Provide assistance to the participants as needed, to complete the survey. For example, you may read each question aloud, allowing time after each question for the participants to provide a response. Do not answer questions for them. If they do not understand a particular word, or the instructions for completing the survey, assist them.

6. After the participants have completed the survey, collect them from the participants. (If the participants completed the survey by paper and pencil or pen.)

7. If you are offering an incentive for the girls to complete the survey, distribute at this time.

8. Note that at the start of the program there were some topics that were more familiar to them than others. This program contained facts intended to increase their understanding of these topics and to build appreciation of their sexuality. It’s important that they continue to become informed so that their personal appreciation can continue beyond this program.

**ACTIVITY 2: REFLECTING ON THE EXPERIENCE**

1. Tell the girls that you would like them to think personally about what they have learned and want to remember from being a part of the *Informed and In Charge* program. Uncover the chart paper prepared with the heading “*Informed and In Charge Reflections*,” revealing only the heading. Tell the girls that you will read aloud the beginning part of three sentences that relate to their experience in the program. They will finish each sentence on an index card. Afterwards they will share with other group members.

2. Distribute an index card and a pencil or pen to each participant. Ask the girls to write the numbers 1, 2, 3 on their index card on different lines with enough room to write full sentences next to each number.

3. Uncover and read the first sentence starter aloud and allow time for the girls to complete the sentence next to the number 1. Repeat with the other sentence starters asking them to complete the sentence next to corresponding number on their index card.

   *Informed and In Charge Reflections (Sentence Starters)*
   
   1. Something new I learned from Informed and In Charge is…
   2. Something I want to remember from the program is…
   3. Something I think other girls my age should now know is…

4. After the girls have completed their responses, tell the girls to hold onto their index cards and explain that they will now share with other group members. Break the group up into smaller groups of 3–4 girls.

5. After the groups are formed, have the small groups spread out to different areas within the room so each small group has space around it.
6. Distribute a piece of chart paper and the writing implements, as suggested in the Planning Notes, to each small group. Explain that they have 10 minutes to share their responses to the sentence starters with each other. They will also create a drawing or write graffiti on the paper provided that reflects their responses and celebrates what they have learned in the program.

Check in with the groups as they discuss the sentence starters and create their artwork. Provide assistance as necessary.

7. After 10 minutes, distribute tape to the small groups and ask them to post their artwork on the wall. Ask the groups to select a group member to describe what program learning is being celebrated by the artwork and/or written graffiti.

8. Ask for one group to volunteer to go first and then have the remaining small groups take turns sharing their artwork with the larger group.

9. Lead a discussion using the following questions:
   a. How would you describe your overall experience being a part of Informed and In Charge?
   b. How do you think being in this program will help you to become strong, smart, and bold?
   c. How has the program affected areas of your life, such as your personal relationships?
   d. How will you use what you have learned in your life?
   e. Who is someone you can talk to about the sexuality topics covered after this program?

10. Explain to the girls that it is strongly suggested that they talk with their parents/guardians about what they covered in the program. They might also talk with trusted adults such as an aunt, grandparent, counselor, or doctor. Encourage the participants to bring their completed index cards home to begin the conversation.

**ACTIVITY 3: FINAL WISHES AND PARTING THOUGHTS**

1. Explain to the girls that before the program ends, they will share final wishes and/or thoughts for the future. Ask the girls to form a circle.

2. After the circle has formed, in your own words, give congratulations, good wishes for the future, and parting thoughts to your participants. Let the girls know how much you enjoyed working with them.

3. Encourage the girls to share a final wish or parting thought with the group. Ask if there is a volunteer who would like to start. Allow as many volunteers to share as are willing.

4. Congratulate everyone for a special end-of-program session. Remind the girls that their sexuality is growing and changing and it is common to have questions. Talking with parents/guardians and other trusted and askable adults is a great way to get answers to questions and to address any possible concerns. Distribute the Handout: Finding Help: A Resource List (Appendix A) to the girls and let them know there are some sources that are also helpful.

5. Adjourn the session.
PARENT ORIENTATION MEETING

PURPOSE:
To increase parents’ and caregivers’ understanding of their important role as their daughter’s first sexuality educator; and to increase their confidence and comfort level in communicating with the facilitator about the program and their daughter’s learning.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Identify at least two ways that sexuality education is critical to the decision-making process for girls in their early teens.
2. Describe the Informed and In Charge program series.
3. Know how to contact the facilitator when they have questions.

KEY MESSAGES:

- Parents play a critical role in their children’s sexual education. From the first moments of life, parents provide information and values about bodies, identity, relationships, and sexuality to their children often based on their personal beliefs, their values, and their culture.

- The Informed and In Charge program series is not a substitute for your own conversations with your daughter, but a supplement to those conversations.

- Sexuality education, both at home and in programs like these, provides culturally sensitive information and guidance that allows girls to make sexual decisions more safely.

AGENDA:

ACTIVITY 1: Welcome 15 minutes
ACTIVITY 2: Reflections 10 minutes
ACTIVITY 3: Sex Ed Values 20 minutes
ACTIVITY 4: Making the Parent Connection 15 minutes
ACTIVITY 5: Informed and In Charge Content 15 minutes
ACTIVITY 6: Questions and Answers 10 minutes
ACTIVITY 7: Closing 5 minutes

MATERIALS:

- Informed and In Charge program toolkit (or the booklet created for the series that you will be conducting with their daughters)
- Chart paper, markers
- Index cards
- Pens/pencils
- Handout: Facilitator Contact Information
- Handout: Values Supported In Informed and In Charge
- Handout: Making the Parent Connection

PLANNING NOTES:

- Review the section on establishing Group Agreements of this Guide to make sure you provide a safe, open space for parents/guardians to communicate during this session.
- It is best if all of the facilitators who will be presenting the Informed and In Charge program along with any key point people at the local Girls Inc. affiliate are all present for the Parent Orientation.
- If some parents speak little or no English, consider having handouts translated or having an interpreter (or even a language-specific orientation).
- Identify strategies and actions to take that will make it easier for parents to attend the orientation. Some potential actions include providing babysitting, serving a snack or meal, and ensuring that your setting has posters, signage, and other “touches” that make the setting itself welcoming and accessible. The following resources may be helpful and can be found on the Latina Initiative page under the Programming tab of Affiliate Central: Implementing Girls Inc. Programs with Latinas: Overarching Cultural Considerations and Healthy Sexuality Cultural Considerations.
- Familiarize yourself with the Informed and In Charge program toolkit and prepare to respond to questions about the program in general (example questions: “Do you talk about abstinence?” and “How much do you talk about technology?”) and specifically (example questions: “I hear you’re going to talk about pornography. Do you show any pornography in class?” and “What do you tell girls about penises?”). Have copies of the session plans that you will be using as part of your program series on hand to answer questions that arise from the parents/caregivers.

ACTIVITY 1

- Complete the Handout: Facilitator Contact Information with the names and contact information for the facilitators and other appropriate Girls Inc. staff. Photocopy one per participant.
ACTIVITY 2:
- Write “Reflections” at the top of a piece of chart paper. Underneath write the following sentence starters:
  - The first time I talked with someone about sex, it was…
  - As a child, most of my information about sex came from…
  - As a teenager, most of my information about sex...
  - In my home, sex was addressed as…

Post the chart paper and cover it up until use during the session.

ACTIVITY 3:
- Photocopy the Handout: Values Supported In Informed and In Charge, one per participant.

ACTIVITY 4:
- Photocopy the Handout: Making the Parent Connection, one per participant.

ACTIVITY 5:
- Prepare an overview of the content you intend to cover as part of your multi-session program series to share with the parents/caregivers. Read the session plans you plan to deliver, especially the Purpose, Objectives, and Key Messages, to prepare talking points about the program series.
- Prepare a document to give to the parents/caregivers with session plan titles. Photocopy the document, one per participant.

PROCEDURE:

ACTIVITY 1: WELCOME
1. Welcome the parents/caregivers to the Parent Orientation Meeting for the Girls Inc. Informed and In Charge program series. Tell them that in the next hour and a half they are going to cover sexuality education in general and a little bit about the program series that will be delivered to their girls.

2. Tell the group that it is important that they know who will be facilitating the sessions with their daughters and who to go to if they have questions or concerns throughout the program. Introduce yourself, any program presenters, and describe:
   - your role(s) in the program and Girls Inc.
   - educational histories
   - your experience (if any) working with sexuality programming or this age group
3. Pass out **Handout: Facilitator Contact Information** and encourage the parents/caregivers to reach out to you with any questions or concerns they have about the program. (Let parents know if you have specific hours of availability.)

4. Tell the parents that you would like to get to know them a little before going into much detail about the program. Ask everyone to introduce themselves by saying their name, their children’s ages and names.

   **Facilitator Note:** If you do not know all of the parents, be sure and take notes on their names and the daughters who will be participating in the program’s names so that you can use them throughout the orientation session.

5. After the introductions are complete, ask the group if there is anything they hope to learn from the parent orientation.

**ACTIVITY 2: REFLECTIONS**

1. Explain to the group that you would like them to think back and consider their own experiences with sex education growing up. Uncover the chart paper with the heading “Reflections” posted on the wall.

2. Pass out index cards and pens/pencils to everyone. Ask the parents to complete the sentence starters on their index cards without writing their name or any other identifying information as part of their answer.

   - The first time I talked with someone about sex, it was…
   - As a child, most of my information about sex came from…
   - As a teenager, most of my information about sex...
   - In my home, sex was addressed as…

3. After they have finished writing their entire sentence, gather the index cards, shuffle them, and redistribute randomly back to the group. Explain that they should have received another group member’s response, but if they had their own returned to them, they should pretend like it belongs to someone else. Ask them to silently read the index cards provided to them so that they will be able to read them aloud to the full group.

4. Once all the index cards have been redistributed, read the first sentence starter aloud and invite volunteers to share responses on the index card provided to them aloud. Continue with the second, then the third, and the fourth sentence starter.

   **Facilitator Note:** If there are fewer than six participants, gather the index cards and read them aloud yourself rather than redistributing.

5. Then, lead a discussion using the following questions:

   a. How would you describe the responses overall?
   
   b. What similarities and differences did you notice? Why might this be?
c. What sources, if any, were shared for information about sex?

d. How do you feel about being a source of information about sexuality for your daughter(s)?

**ACTIVITY 3: SEX ED VALUES**

1. Tell the parents that there are many reasons why people are nervous about sex education programs. Ask if there is anything that they are nervous about in relation to their daughter being a part of the Girls Inc. sex education program *Informed and In Charge*. Validate participants’ concerns.

2. Explain that while conversations about sexuality can sometimes be difficult for parents to have with youth, and vice versa, it is important for young people to learn about sexuality. The information they learn may be critical for understanding and appreciating changes to their body and relationships, recognizing unhealthy relationship qualities, delaying the onset of sexual activity, and making safe sexual decisions.

3. Tell the group that one of the reasons parents may be nervous about their daughter’s participation is not knowing the program’s values. Reinforce that it is normal to have these concerns and that you are available to talk with the participants in more depth before, during, and after this session about the values presented in the program.

4. Tell the parents that you want to make sure that they understand the values of the *Informed and In Charge* program. Pass out **Handout: Values Supported In Informed and In Charge**. Moving around the room, ask participants to read one value each until they have all been read.

5. Lead a discussion using the following questions:
   
a. What do you think about the program values?

b. What values about sexuality have you already shared with your child(ren)?

c. How have you shared your personal values with your child(ren)?

6. Emphasize that as parents and/or caregivers, they have the right to share their values around sex and sexuality and that young people commonly report wanting to know their parents’ values.

   **Facilitator Note:** If a parent specifically disagrees with a program value, explain that they still have the right to share their values. One reason why we’re up-front about program values is so that parents/caregivers can be better prepared to talk with their daughters about the values.

7. Ask participants to arrange themselves in pairs, ideally with someone who they did not know when they arrived at the parent orientation. Assign each pair one of the values listed on **Handout: Values Supported In Informed and In Charge**. (If there are fewer pairs than there are values, give some pairs more than one so that all values are assigned to a pair.)

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Ask the pairs to consider how their assigned value has the power to support girls’ healthy sexual decision-making as teens and in the future as adults. Tell them that they will be presenting their answers to the large group.

8. Check in with the pairs and provide guidance as needed.

9. After about ten minutes, regain the attention of the large group. Ask each pair to read their assigned value(s) and describe how they feel the value will affect the short- and long-term healthy sexual decision-making of their daughters. Then, lead a discussion using the following questions:
   a. How do you feel about your daughter being in a program with these values?
   b. What do you think about the suggestions about how these values might affect girls’ healthy sexual decision-making?
   c. Which values would you want to discuss with your daughter? Why?

**ACTIVITY 4: MAKING THE PARENT CONNECTION**

1. Direct participants’ attention to the second and last values on Handout: *Values Supported In Informed and In Charge*:
   - *Parent(s) or guardian(s) are the primary educators of their children.* *Girls, Inc. affiliates function as partners with parents or caregivers in providing sexuality education.*
   - *It is important to be able to talk openly and comfortably about sexuality with peers, parents, trusted adults (such as the Informed and In Charge facilitator), and romantic partners.*

   Note that both of these values highlight the importance of girls talking with their parents about sex and sexuality. Tell them you want them to explore parent/child conversations about sexuality in greater depth.

2. Pass out Handout: *Making the Parent Connection* and pencils. Ask the group to complete it silently and privately. Let them know you will talk about their answers as a group afterward.

3. Assess progress of the group as they complete the handout. When they have completed the handout, regain the attention of the large group.

4. Lead a discussion using the following questions:
   a. Which statements were easiest to make a decision about? Hardest? Explain.
   b. Which statements did you feel the most strongly about your answer?
   c. Which of the statements did you feel uncertain about your answer?
   d. Are there any statements that are jumping out as particularly important to address with your child(ren)? Which ones and why?

5. Tell parents that research shows that most young people wish they were able to talk with their parents more easily about sexuality and that when those conversations do happen, they reduce risky behavior. Encourage the parents or caregivers to talk with their daughter(s) after each session to review what was discussed.
ACTIVITY 5: INFORMED AND IN CHARGE CONTENT

1. Tell the group that you want to present them with the *Informed and In Charge* program series so that they will have a full understanding of what their daughters will be learning. Their awareness of the topics can also serve as conversation starters with their daughter(s). Give the participants the document you prepared with the session plan titles, as stated in the Planning Notes. Briefly explain the content of the session plans that will be delivered to the girls.

2. Conclude the overview by telling parents that the session plans will be available for them to read and review in the Girls Inc. offices if they are curious about more details.

ACTIVITY 6: QUESTIONS AND ANSWERS

1. Explain that in this final part of the parent orientation, you would like to address any further questions they have about the program. Encourage the group to ask questions. Provide answers as best as possible. In instances where an answer cannot be provided on the spot, explain that you will get an answer and encourage the parent to speak with you afterward to come up with a plan to reconnect.

   **Facilitator Note:** Parents may have specific questions about a wide range of topics and they need to be given time to ask. If you are at all unsure of the answer, write the question down and let the participant know you will get back to them with the answer. You will need to provide any additional information to all of the participants, not just the one who asked the question. One of the benefits of doing the orientation as a group is for participants to hear others’ questions and the answers to questions they may also have but did not feel comfortable asking or did not think to ask.

ACTIVITY 7: CLOSING

1. Acknowledge again that talking about sexuality can be emotional and difficult and say that you applaud their engagement and bravery in coming and participating. Affirm again that you are here as their partner for promoting their daughters’ healthy sexuality. Thank parents for their time coming together to hear about *Informed and In Charge*.

2. Ask the parents to share ways they can help their daughter(s) achieve the sexuality education they hope for her to have. Encourage volunteers to share aloud with the group.

3. Offer to stay for a few more minutes in case any of the participants has additional questions or concerns that they would rather bring to you privately than raise in the large group setting.
Facilitators who will be presenting the *Informed and In Charge* curriculum:

Name:_________________________________________________________________________________________
Preferred method of contact:_____________________________________________________________________
Best time to reach me:___________________________________________________________________________

Name:_________________________________________________________________________________________
Preferred method of contact:_____________________________________________________________________
Best time to reach me:___________________________________________________________________________

Name:_________________________________________________________________________________________
Preferred method of contact:_____________________________________________________________________
Best time to reach me:___________________________________________________________________________

Primary contacts at Girls Inc. affiliate to answer curricular and other concerns:

Name:_________________________________________________________________________________________
Preferred method of contact:_____________________________________________________________________
Best time to reach me:___________________________________________________________________________

Name:_________________________________________________________________________________________
Preferred method of contact:_____________________________________________________________________
Best time to reach me:___________________________________________________________________________
• Sexuality is a natural, positive aspect of being human and of growth and development.

• All girls should have access to age-appropriate, culturally sensitive information about the physical, psychological, social and moral aspects of sexuality.

• Parent(s) or guardian(s) are the primary educators of their children. Girls Inc. affiliates are partners with parents or caregivers in providing sexuality education.

• All individuals should be treated with respect, regardless of their sex, gender, race, faith, culture, ability, socioeconomic status, or sexual orientation.

• It is wrong to exploit, take advantage of others, use pressure, or physical force to make people do things against their will or values.

• People should be responsible for their own behavior and the consequences of that behavior.

• The body is natural and good.

• It is normal for girls to have sexual feelings.

• Until they are older, girls should seek ways other than sexual intercourse to express their romantic and sexual feelings.

• Girls have the power to choose friends who accept and support healthy sexual decisions.

• Open communication is an important part of maintaining healthy relationships with others.

• It is important to be able to talk openly and comfortably about sexuality with peers, parents, trusted adults, and romantic partners.
**Directions:** Parents have different opinions about the role they should have in talking about sex with their children. What do you think? Check the appropriate box for each question.

<table>
<thead>
<tr>
<th>Teens Would Make More Responsible Decisions about Sex If Parents:</th>
<th>Agree Strongly</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Disagree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Start talking about sexuality with their children when they are young.</td>
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<tr>
<td>2. Start talking about safer sex with their children before 7th grade.</td>
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<tr>
<td>3. <em>Only</em> talk about abstinence and do not talk about safer sex at all.</td>
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<tr>
<td>4. Share examples of times they were sexually responsible as teens.</td>
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<tr>
<td>5. Discuss the pros and cons of different methods of birth control and safer sex with their children.</td>
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<tr>
<td>6. Discuss going to the doctor with a daughter involved in a relationship that seems likely to lead to sex.</td>
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<tr>
<td>7. Discuss purchasing condoms with a daughter involved in a relationship that seems likely to lead to sex.</td>
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<tr>
<td>8. Offer to help their daughter pay for birth control and condoms if she is having sex.</td>
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<tr>
<td>9. Encourage their daughter to abstain from sex, but use a method of birth control and a condom if she has sex in the future.</td>
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<tr>
<td>10. Talk about sexual orientation in an understanding and accepting way.</td>
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</tbody>
</table>
Learning to identify, establish, and cultivate healthy relationships represents one of the most important developmental tasks of most adolescent’s lives. Whether in friendships, with parents, or potential romantic partners, young people often experience these years as ones of tremendous negotiation of boundaries relative to who they are and want to be, and with whom they want to become relationally connected. The ability to see one’s self as a valuable addition to the world, and to extend that sense of value to appropriate significant others are key characteristics of individuals who grow to become life-long positive social contributors. As such, Module 1: Healthy Relationships contains session plans for participants to begin consciously creating the kinds of personalities, relationships, and relationship standards that serve them throughout the remainder of their lives, whether or not they become sexually active, and regardless of the relationship formations they ultimately create.

The ability to focus on one’s future and goal-oriented priorities is considered an important factor in helping young people avoid a variety of negative outcomes associated with sexual engagement. Module 1 begins with *Me, Myself, & I*, a session in which participants learn about the benefits of healthy self-assessment and self-celebration, as well as identify differences between constructive and destructive criticism for self-evaluation. In the next session, *It’s My Future*, the girls will explore future goals and conceptualize strategies to achieving a future life goal. With support from the facilitator, participants will leave having identified at least three positive aspects of their personality, and one to two areas representing opportunities for continued growth and development with an opportunity for self-awareness to reflect on their cultural views about relationships, themselves, and their future.

Though relationships can be a large part of a girl’s life, she may not often be clear about the many types of relationships that can exist, leading to potential misunderstanding when navigating between them. Module 1 continues with sessions that focus on effective communication, interpersonal relationships, and establishing clear boundaries with others. In *Introduction to Relationships* participants will have the opportunity to examine various types of relationships (friendships, associates, steady/casual romantic partners, etc.), and consider positive relationship possibilities among group members. Participants learn core qualities of healthy relationships and identify healthy qualities they value in a potential relationship partner through game play in *Healthy 7 Card Game*. Participants will explore ways to deal with pressure situations and learn how to communicate assertively in the *Communication Skills* session. In *So You Like Someone . . . Now What?* participants will be introduced to types of love, romantic feelings and attractions, and explore strategies for effectively managing emotions related to crush experiences. Participants will explore the importance of assertive communication to navigate situations involving romantic interest in a session aptly titled *When Someone Likes You Back* and apply assertive communication to compassionately address romantic rejection in the session *Letting Them (and You) Down Easy.*
It is imperative that young women have information about sexual harassment, sexual coercion and consent, and cultural taboos relating to sexual assault/pressures in order to get support. In *Taking It There Part One* and *Part Two* participants will assess factors associated with sexual readiness and discuss what conditions would indicate whether or not someone is ready for sexual intercourse. In the session *Standing Up Against Sexual Harassment*, participants will learn facts about sexual harassment and a bystander intervention approach to address sexual and street harassment. In *Sex: A Decision for Two*, participants will examine guidelines for free and informed consent.

Module 1 concludes with sessions that highlight the benefits of communication about sexuality and relationships between girls and the trusted adults in their lives. In *Hey, Mom? Hey, Dad? (Hey…Gram?) Can We Talk?,* participants will focus on strategies to aid in communication with their parents or caregivers around sexuality. Module 1 concludes with the *Encouraging Communication with Askable Adults*, a session in which participants learn about askable adults and identify trusted adults in their lives for support.

Module 1 session plans can be delivered as a cohesive program series. The session plans are intentionally ordered in the module for concepts and information to be gradually introduced to participants. Concepts in latter sessions may build on content within earlier sessions. While any session plan can be delivered as a stand-alone, if you deliver the session plans in a different order, it is important to recognize that you may need to introduce background information that the session plan assumes the girls know but may not have been delivered. Participants that receive the entire content from Module 1 will be able to:

- Identify healthy and unhealthy relationship qualities.
- Recognize the importance of establishing clear boundaries for beginning and maintaining healthy relationships.
- Establish clear boundaries within relationships that effectively reflect their desires and values.
- Exhibit increased capacity in their ability to assert their boundaries as needed.
- Experience increased confidence in their ability to be a good relationship partner.
- Have an awareness of personal family beliefs and values and the influence of those views on relationships.
SESSION 1: ME, MYSELF, & I

PURPOSE:
To learn the benefits of healthy self-assessment, by learning how to practice self-celebration, identifying differences between constructive and destructive criticism, and developing habits for engaging in honest, yet compassionate self-evaluation.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Identify at least five characteristics that accurately describe themselves, including three that do not involve physical appearance.
2. Identify and explain why they feel proud of three personal characteristics.
3. Explain at least two differences between constructive and destructive criticism.
4. Identify one personal characteristic that they may want to work on further to improve.

KEY MESSAGES:

- Self-awareness is an important part of a girl’s growth and development.
- Self-awareness comes through self-reflection. This includes celebrating personal sources of pride, understanding the role of family or cultural perspectives in her life, and acknowledging more uncomfortable, challenging areas of personal growth.
- Self-criticism is not the same as tearing yourself down. It helps you identify the positive as well as challenging aspects of yourself as areas of personal growth.

AGENDA:

ACTIVITY 1: Warm-Up: One Thing You Wouldn’t Know About Me 5 minutes
ACTIVITY 2: Personal Diagram Exercise 15 minutes
ACTIVITY 3: What Builds You Up? What Tears You Down? How to Tell the Difference 20 minutes
ACTIVITY 4: Closing 5 minutes
MATERIALS:
- Chart paper, markers
- A variety of regular and colored pencils, crayons, and/or thin markers
- Tape
- 8.5”X 11” white copy paper or card stock
- Facilitator Resource: *Criteria for Constructive vs. Destructive Criticism*
- Handout: *Personal Diagram*

PLANNING NOTES:

ACTIVITY 1:
- Prepare a piece of chart paper with the heading “One Thing You Wouldn’t Know about Me” and the following bulleted list underneath:
  - Your name
  - Your age
  - A fun fact about you (school name, favorite color, favorite hobby)
  - Something others wouldn’t know just by looking at you

ACTIVITY 2:
- Write the definition of a diagram on chart paper and cover the preprinted definition:
  
  *Diagram: A simplified drawing of the appearance and/or inner workings of a person, place, or thing*  
  *(Source: www.dictionary.com)*
- Photocopy the Handout: *Personal Diagram*, one per participant. Complete an example and have it on hand to provide the girls with a clear example of how to complete the exercise.

ACTIVITY 3:
- Prepare the Constructive and Destructive signs by writing each word in large letters onto separate sheets of 8.5”X 11” paper. Post each sign on opposite ends of the room.
- Review the Facilitator Resource: *Criteria for Constructive vs. Destructive Criticism* to prepare for discussion with girls.
- Optional: Write the Constructive vs. Destructive Criteria on Facilitator Resource: *Criteria for Constructive vs. Destructive Criticism* on chart paper.
PROCEDURE:

ACTIVITY 1: ONE THING YOU WOULDN'T KNOW ABOUT ME

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Explain to the group that you will begin with a warm-up activity to familiarize everyone with each other and the session topic (this should occur whether or not the girls already know each other).

2. Point out the chart paper with the heading “One Thing You Wouldn’t Know about Me” and explain that you would like them to share the following about themselves:
   - their name
   - their age
   - a fun fact about themselves (like school name, favorite color)
   - one thing others would not know just by looking at them

3. Begin with an age-appropriate self-introduction as an example, and then ask each of the group members to do the introduction.

   Facilitator Note: For groups larger than ten, have the participants share their name and one item on the list with a person sitting next to them to save time.

4. Acknowledge the girls for their effort after everyone has completed the task.

ACTIVITY 2: PERSONAL DIAGRAM

1. Inform participants that they will now dig deeper into understanding and expressing who they are as individuals. Ask the group if anyone can define a “diagram.”

2. After soliciting 2–3 responses, display the definition of a diagram preprinted on the chart paper and read aloud.

   Diagram: A simplified drawing of the appearance and/or inner workings of a person, place, or thing.

3. Explain that diagrams are most commonly known for the way they show parts coming together to represent a whole concept or idea. Inform students that they too represent a diagram of parts (physical/personality characteristics, social roles, hobbies, skills, etc.), and will be creating their own personal diagram to represent them.

4. Pass out one copy of the Handout: Personal Diagram and a writing implement to each participant. Review the instructions at the top of the handout and then show the example that was prepared in advance to the group.

5. Ask the girls to come up with at least five ways to describe themselves to other people to include in the diagram. For example, a participant might come up with the following: short afro, green eyes, poetry writer, comedian, inquisitive, sports lover. In her diagram, she would draw pictures or words that
represented each of these things on the petals of the flower. Encourage participants to include a minimum of five aspects of themselves on their diagrams, including at least three that are not about their physical appearance. Explain that they have 5 minutes to complete the diagram.

Facilitator Note: If you are short on time and have participants who wish to draw, encourage them to write down the words, draw as much as they can, and finish the rest on their own time.

6. Once participants have had some time to develop their list, lead a discussion using the following questions:

   a. What descriptions did you select for yourself, and why?
   b. Was your family or culture an aspect that you included in describing yourself? How?
   c. Was it easy or hard to share the descriptions you selected? Why or Why not?
   d. Which of the descriptions you selected make you feel most proud? Why? What about descriptions that make you feel less proud? Why?
   e. How does it feel to talk about something you feel proud about? How does it feel to talk about something that you don’t feel as proud?

ACTIVITY 3: WHAT BUILDS YOU UP? WHAT TEARS YOU DOWN? HOW TO TELL THE DIFFERENCE

1. Tell the girls that sometimes it can be tough to talk about things about ourselves that don’t make us feel personal pride, especially when we feel they could be better. Ask participants to share examples of when it would be okay, even healthy, to describe something about ourselves as not being the best it could be. Solicit as wide of a range of responses as possible from participants, and encourage them to remain as unbiased as possible about what first comes to mind.

Facilitator Note: You may wish to make a brainstorm list with the group for memory’s sake; however, this is optional.

2. Using your own words, explain to the girls that throughout life you will receive feedback and criticism from others in a variety of ways. Some of the feedback will be helpful and sometimes it can be hurtful. For example, when a teacher explains how to make an essay better, they are trying to improve your writing. On the other hand when a peer says, “Your hair looks terrible,” it is meant to hurt more than help. It is important to know the difference between constructive criticism that is intended to help you and destructive criticism that is intended to hurt you. By understanding when criticism is meant to help, it will allow you to be more open-minded to it to making changes. And by understanding when criticism is meant to hurt, it will allow you to disregard the comment and not let it affect your personal pride or self-esteem.

Continue the discussion using the Facilitator Resource: Criteria for Constructive vs. Destructive Criticism regarding the differences between constructive and destructive criticism. Invite participants to share any thoughts, questions, agreements, or disagreements they may have. Encourage them to consider the idea that both self-celebration and constructive criticism are important in helping girls create and express their best selves.
3. Explain to the girls that self-criticism can be constructive or destructive. They are going to do an exercise that will allow them to decide whether a self-description is constructive or destructive. Point out the prepared “Constructive” and “Destructive” signs posted on the walls. Explain that you will read a list of self-descriptions and they will move underneath the sign that is posted on the wall based on whether they believe the statement is an example of constructive or destructive criticism.

4. Read the first statement aloud and allow girls to move around the room. Allow participants time to discuss their reason for choosing their position in the room with others standing around them. Then, open the conversation up for participants to share with both groups out loud. Use the Facilitator Resource: Criteria for Constructive vs. Destructive Criticism to help guide the conversation and manage debate and/or disagreement. As the activity progresses, feel free to add additional statements of your own (or solicit additional statements from the group) to consider, as time allows.

Self-Description Statements:

- I have a great idea for a story but have trouble writing it out. (Constructive)
- I am not as pretty as the other girls in my class. (Destructive)
- I should think about a person’s feeling before I say what is on my mind. (Constructive)
- I care more about how my clothes feel than how they look or if they match. (Either)
- I don’t care what people think. (Either)
- I’m too fat. (Destructive)
- My grades would be better if I spent more time on my homework. (Constructive)
- I don’t know anything. (Destructive)
- I’m not important. (Destructive)
- My opinion doesn’t matter. (Destructive)
- I do the best I can with what I have. (Constructive)

5. Once all statements have been completed, acknowledge the girls for their great effort, and allow them to return to their seats. Lead a discussion using the following questions:

   a. What differences did you notice between the statements that were considered constructive and destructive?
   b. Were there any statements you had trouble deciding were constructive or destructive? Explain.
   c. Was it easier to recognize the constructive or destructive self-descriptions? Explain.
   d. Why is it important to use constructive descriptions?
   e. Why is it important to discuss and understand the role of family and/or cultural views and the influence they have on girls’ perspective of self?
ACTIVITY 4: CLOSING

1. Beginning with a volunteer, invite the girls to close the session by identifying one thing they want to celebrate about themselves as a result of the session, and one thing they feel confident about working to improve in the future. Remind participants that self-assessment is something that can happen daily, or whenever a person feels motivated.

2. When everyone has completed the exercise, congratulate participants for a great session, and affirm all that has been stated.
## Constructive vs. Destructive Criticism Criteria

<table>
<thead>
<tr>
<th>Constructive</th>
<th>Destructive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides advice or suggestions on ways to make something better</td>
<td>Points out faults or mistakes but does not offer ways to improve</td>
</tr>
<tr>
<td>Is delivered in a way that takes the recipients’ feelings into consideration</td>
<td>Is delivered in a harmful, hurtful, or disrespectful manner, with no regard to the recipients’ feelings</td>
</tr>
<tr>
<td>Helps build pride and self-esteem by making the project or idea better in the long run</td>
<td>Destroys pride and self-esteem by only focusing on the negative</td>
</tr>
<tr>
<td>Usually provides a clear idea of the issue or concern and ways to approach it in a different way</td>
<td>Usually offered in a general way that has no real meaning, is not clear, and devalues the person</td>
</tr>
<tr>
<td>Reflects information that is true and can be confirmed</td>
<td>Reflects opinions that may be inaccurate or untrue</td>
</tr>
<tr>
<td>Delivers solutions for addressing the issue that are realistic and possible</td>
<td>Delivers solutions are not offered or not possible for the issue or concern</td>
</tr>
</tbody>
</table>
Directions: Write your name in the center of the flower. Think about five different things that make you who you are. Draw pictures or words that represent each of these things on the petals of the flower. Bonus points if you can name at least THREE things not related to your physical appearance!
SESSION 2:
IT’S MY FUTURE

PURPOSE:
To raise girls’ awareness of their goals for the future, by helping them practice goal creation, identify barriers to those goals, and conceptualize strategies for addressing those barriers.

OBJECTIVES:
By the end of this session, participants will be able to:
1. Identify at least one S.M.A.R.T. personal life goal.
2. Identify at least one action step for reaching that goal.
3. Discuss at least one strategy for addressing potential setbacks or challenges to one’s goal achievement.

KEY MESSAGES:
- Goals are a great way to keep your future in a clear, positive perspective.
- Goals are easier to reach when they are SMART: Specific, Measurable, Achievable, Realistic, and Timely.
- When you know what you want for your own future, you will be less likely to let others make those decisions for you!

AGENDA:

ACTIVITY 1: Warm-Up: Your Past Life, Your Future Life 5 minutes
ACTIVITY 2: When I’m An Adult, I Want To... 10 minutes
ACTIVITY 4: Closing 5 minutes

MATERIALS:
- Chart paper, markers
- Stickers
- Pencil or pen for each participant
- Handout: *When I’m an Adult, I Want To...*
- Handout: *Steps Toward Reaching One Life Goal*

ACTIVITY 1:
- Create the *Birth/Your Future Life* graphic on the chart paper and review the steps in the session plan to be prepared to explain it at the beginning of the session:

```
Birth  Your Future Life
```

ACTIVITY 2:
- Photocopy *Handout: When I Am an Adult, I Want To...* one per participant.

ACTIVITY 3:
- Write the following acronym down on chart paper. Cover it up until it is addressed in the session.

```
“S: Specific”
“M: Measurable”
“A: Attainable”
“R: Realistic”
“T: Timely”
```
- Participants will also be working during this session to create *S.M.A.R.T.* goals of their own. Write the two examples of goals on chart paper to share at the appropriate time in the session:

```
“A. By the end of this school year, I will earn an A grade on at least 3 mathematics tests.”
“B. One day I am going to be rich and famous”
```
ACTIVITY 4:
- Create a chart with the heading: “To begin TOMORROW to reach my goal(s), I can…”

PROCEDURE:

ACTIVITY 1: WARM-UP: YOUR PAST LIFE, YOUR FUTURE LIFE

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, direct participants’ attention toward the Birth/Your Future Life graphic on the chart paper. Explain that this graphic represents one’s lifetime and will be used to chart where everyone in the room feels she is in life. The left, or “Birth” side of the lifeline, is a part of life that we have already lived. The line continues toward “Your Future Life,” which represents all the life that each has left to live.

Ask participants to think about where they are along the lifeline and share aloud. Encourage participants to take a sticker and adhere it the lifeline. As an example, mark your own spot to represent to participants how much farther along in life you are.

Facilitator Note: If you are in a smaller space with little moving space, you may also mark an X for each participant, based on the responses they provide.

2. Ideally, participants will place themselves in areas that represent major space between “Birth” and “Your Future Life.” Whether or not this happens, however, note to participants that being alive even in this moment means that there is still time to experience many possibilities and choices for their future. Each of them plays an active role in determining what happens for them, along with what they will become.

ACTIVITY 2: “WHEN I’M AN ADULT, I WANT TO . . . ”

1. Tell participants that they will now have a chance to think about the things they want to do throughout their lifetime. Pass out a copy of the Handout: When I Am An Adult, I Want To… and a pen or pencil to everyone. Read the directions on the handout aloud and one or two of the items on the sheet to provide participants clarity on how they are to complete it. Ask if they have any questions, then give the girls 5 minutes or so to finish up.

2. After about 5 minutes, bring the group back together. If there are those who have not completed the sheet, encourage them to complete it when they go home, or on their own time.

3. Ask participants how easy or difficult it was for them to complete the handout. Then, explain that these items represent things that people may choose as goals for their lives. While they are not the ONLY things people could work toward, explain that these are useful examples of goals. They represent areas in their life that are very important to them.
4. Ask the group if anyone knows what a “goal” is. Solicit two or three answers. Then, share the following definition:

   **Goal:** The object of a person’s aim or desire.

5. Explain to participants that goals are things we want to accomplish or acquire in life. Goals are the stepping-stone to how most successful people get things done. Lead a discussion using the following questions:

   a. Which of the items/goals on this worksheet is most important to you, and why?
   
   b. What role might family and/or your culture play in reaching a goal?
   
   c. What are some things that might help you better reach your most important goals?

**ACTIVITY 3: HOW S.M.A.R.T. ARE YOUR GOALS?**

1. Once you have finished discussing the **Handout: When I Am an Adult, I Want To…** use your own words to explain to participants that one great way to make goals easier to reach is to make sure that they are **S.M.A.R.T.** Uncover the chart paper with the prepared S.M.A.R.T. acronym, created in the Planning Notes, and read each word within it. Though these words may be easy for adults to define, use the descriptions below to clarify for the girls as needed:

   **Specific:** what you want to focus on
   
   **Measurable:** another person can easily determine that you reached the goal or how much you have accomplished
   
   **Attainable:** what you are focusing on can be achieved but needs work and effort
   
   **Realistic:** what you are focusing on is something you can do and want to do
   
   **Timely:** how long it will take to complete the goal


2. Show the two examples of goals prepared on the chart paper created in the Planning Notes. Ask them which of the two goals is a S.M.A.R.T. goal and why.

   Tell the girls that goal A is the S.M.A.R.T. goal and then ask them to identify what is specific, measurable, attainable, realistic and timely about the prepared goal.

3. Explain that they are going to practice creating a S.M.A.R.T. goal from an item listed on the handout. Ask the group to select and agree on one item on **Handout: When I’m an Adult, I Want To…** Write it up on the chart paper for everyone to see. Then work with the group to re-write the item so that it is a S.M.A.R.T. goal. Use the example below if the girls are having trouble deciding which one to re-write.

   **Item 10:** Continue my education after high school.

   **S.M.A.R.T. goal:** I will complete an Associate’s degree at a community college two years after graduating high school.
4. Now, tell the girls that in order to attain a goal, there are action steps one must take. Ask the girls to come up with two action steps that could be taken to reach the new S.M.A.R.T. goal. Remind participants that no step is too big or too small, to reach the S.M.A.R.T. goal. Feel free to identify steps with the group if they are struggling.

5. Explain that they are now going to practice coming up with a S.M.A.R.T. goal and list steps to achieving the goal. Pass out the **Handout: Steps Toward Reaching One Life Goal** to everyone. Then tell the girls that they have 10 minutes to:

   - Pick a different item they rated as “Very Important” on **Handout: When I’m an Adult, I Want To . . .**
   - Re-write the item as a S.M.A.R.T. goal at the top of **Handout: Steps Toward Reaching One Life Goal**
   - Write down at least one step to achieving the S.M.A.R.T. goal.

   **Facilitator Note:** Consider having the girls pair up or work as a large group if you think the girls will have trouble completing it privately.

6. Give participants 10 minutes to complete and provide assistance, as needed. Then, bring the group back together. Ask for a few volunteers to share their S.M.A.R.T. goal and two action steps with the group.

7. Lead a discussion using the following questions:

   a. What was it like to pick an item on the handout and then make it a S.M.A.R.T. goal?
   b. What do you think could happen if a person didn’t identify goals for her life, or if she didn’t believe she had a future?
   c. What are some other things you might want to be careful of as you work toward your goals? What are some things that could get in the way achieving goals? How might you best avoid them?

   **Facilitator Note:** Prepare to provide examples of circumstances that could get in the way of goal achievement for girls, including teen pregnancy, unwanted sexually transmitted infections, abusive relationships, low self-esteem, etc.

   d. On a Scale from 1 (I Don’t Think So) to 10 (Absolutely Confident), how confident do you feel being able to complete the action step(s) you created? What could you do, to become more confident?
   e. Who is someone you could call on, such as a family member or friend, to help you make your goals a reality?
ACTIVITY 4: CLOSING

1. Conclude the session by saying that today they focused on goal setting and thinking through steps to achieving a goal. Show the chart created in the Planning Notes and ask the girls to think about how they would respond:

   To begin TOMORROW to reach my goal(s), I can...

2. Beginning with a volunteer, invite the girls to close the session by completing the sentence for themselves. If someone feels stuck in providing an answer, encourage others to help her out. Remind the participants that they should always be willing to support each other in achieving their dreams, communicate with their parents/caregivers, as well as see you as the facilitator as a supportive adult.

3. When everyone has completed the exercise, congratulate the girls for a great session, and affirm all that has been stated.
Directions: What things would you like to accomplish in your future? Put a check mark in the box next to each item below to show how important you believe it is to your future.

<table>
<thead>
<tr>
<th>HOW IMPORTANT TO ME?</th>
<th>Very</th>
<th>Sort of</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Live in a different place from where I live now.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Raise one or more children.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Graduate from high school.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have a job I like to go to every day.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have good friends.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Help clean up the environment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Have a job that pays enough to buy everything I need to live (like food, housing, clothes, etc.).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Invent something to make the world a better place.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Spend my life with someone I love.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Graduate from college or complete other education after high school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Be a valued member of a religious group.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Be closely connected to my family.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Travel to different parts of the country, or the world.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Become good at my favorite activity (sports, instrument, computer, etc.).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Join the armed forces.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One of my own additional items:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Directions: Think about what you will do to reach a life goal. Use this sheet to practice making S.M.A.R.T. (Specific, Measurable, Attainable, Realistic, and Timely) Goals & Action Steps!

MY GOAL IS: _____________________________________________________________________________________
_________________________________________________________________________________________________

STEP #1: ________________________________________________________________________________________
_________________________________________________________________________________________________

STEP #2: ________________________________________________________________________________________
_________________________________________________________________________________________________

STEP #3: ________________________________________________________________________________________
_________________________________________________________________________________________________

STEP #4: ________________________________________________________________________________________
_________________________________________________________________________________________________

STEP #5: ________________________________________________________________________________________
_________________________________________________________________________________________________
SESSION 3:
INTRODUCTION TO RELATIONSHIPS

PURPOSE:
To increase participants’ understanding of relationships, as well as distinguish between relationships of high and low commitment. To encourage participants to work toward cultivating the possible bonds that exist between them.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Evaluate at least one difference between idealized and real relationships.
2. Critique at least one contemporary attitude about girls and women exhibited by their peers.
3. Identify one way that negative attitudes about girls can affect relationships among them.
4. Establish and commit to at least one strategy for cultivating positive friendships within the group.

KEY MESSAGES:
- Relationships are universal, and take on a variety of different forms.
- All healthy relationships have value, regardless of their type. Some relationships may be better for us than others at different points in our lives, which is okay.
- Relationships are healthiest when they exhibit clear standards and boundaries.
- Relationships between girls can be especially powerful!

AGENDA:

ACTIVITY 1: **Warm-Up: Relationship Brainstorm Activity**  
20 minutes

ACTIVITY 2: **Exploring Sisterhood**  
20 minutes

ACTIVITY 3: **Closing**  
5 minutes

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MATERIALS:

- Chart paper, markers
- 4 Colored Markers (one for each small group)
- Tape
- Pencils or pens
- **Handout:** *Finish this Sentence*

PLANNING NOTES:

**ACTIVITY 1:**

- Label four separate sheets of chart paper with the following titles: “Friend (Girl & Girl),” “Friend (Girl & Boy),” “Hang-Out Partner,” and “Romantic Partner.”

**ACTIVITY 2:**

- Photocopy **Handout:** *Finish this Sentence* for each participant and gather the same color pens or pencils for everyone to use.

PROCEDURE:

**ACTIVITY 1: WARM-UP: RELATIONSHIP BRAINSTORM ACTIVITY**

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Inform the group that they will explore relationships outside of the family. Referring to the chart paper with the heading “Types of Relationships,” ask the girls to describe each type of relationships listed.
   
   If short on time or have a younger/less-experienced group, use the text below to describe each type of relationship:
   
   - **Friendship** is a close relationship in which the people involved have emotional closeness but do not have romantic closeness and do not engage in sexual activity such as sexual intercourse or making out. Sometimes friends are the same gender and sometimes they are different genders.
   - **Hang-Out Partnership** is a relationship in which the people involved engage in casual sexual behaviors but do not have emotional or romantic closeness.
   - **Romantic Partnership** is a relationship in which the people involved have emotional and romantic closeness. Sexual activity may or may not be a part of romantic partnership.
Facilitator Note: Participants may point out that friends can develop romantic feelings toward one another. Acknowledge that this can happen and that sometimes friends may decide to date or become romantic partners. Participants may also point out that they hang out with friends with no sexual activity involved. Again, acknowledge, but note that for this activity you want to talk about the sexual relationship. If girls have another term for that, feel free to use that term.

2. Form four small groups of similar number of participants. Allow time for the girls to move if necessary.

3. Provide each small group with a different colored marker and one of the four sheets of chart paper with the heading “Friend (Girl & Girl),” “Friend (Girl & Boy),” “Hang-Out Partner,” or “Romantic Partner.” Have the small groups select one person in the group to be the recorder, who will be responsible for writing down all answers offered by their group members.

4. Explain in your own words that you would like the girls, over the next 5 minutes, to list as many words or phrases as they can for an ideal person for that type of relationship. The words or phrases should describe behaviors or personality traits; as much as possible, encourage participants to stay away from phrases that describe physical characteristics.

Facilitator Note: The group responsible for creating the ideal “Hang-Out Partner” might experience confusion in their task, which will likely come up in the discussion. Often, young people (and girls in particular) may find themselves in casual relationships like these that lack clarity or standards; an important point for participants to consider may be this lack as a good sign of potentially unhealthy relationship encounters in the making.

Give the groups about 5 minutes to work. Check in with groups and provide assistance, as necessary.

5. After 5 minutes has passed, ask the small groups to stop writing. Collect the sheets from the small groups and use the tape to post their sheets of chart paper side-by-side on the wall.

6. Have each group select one member to read through each response list on the paper out loud. Ask for clarification of ideas as needed.

7. Once the small groups are finished reporting out, ask the girls to point out any differences or similarities that existed between lists, and solicit any comments from the group on why they believe those differences and similarities exist. Lead a discussion using the following questions:

   a. How easy or difficult was it to create a description of the ideal? Why?

   b. Compare the descriptions of an ideal friend vs. an ideal romantic partner. What do you think are the most important similarities? What do you think are the most important differences?

   c. Compare the descriptions of an ideal hang-out partner vs. ideal romantic partner. What are the most important similarities and differences there?

   d. Are there differences between an ideal friend that is a boy and ideal friend that is a girl? Do you think these differences apply to romantic relationships? Why might this be?

   e. Do you think the ideals listed would remain the same or change as you get older? Explain.
ACTIVITY 2: EXPLORING SISTERHOOD

1. Point to the chart paper labeled with “Friend (Girl & Girl).” Explain to the girls that they just discussed different types of relationships; now they are going to explore friendships between girls in greater depth.

2. Ask participants the following, “Have you ever heard a negative comment be made about girls working with or being friends with other girls? What are some of the things you’ve heard?” After soliciting 2–3 responses, inform participants that they will now assess their own attitudes about relationships with girls.

3. Pass out one copy of the Handout: Finish this Sentence and a pencil or pen to each participant. Tell participants they have 5 minutes to finish the statements listed with the first thing that comes to their minds. Let participants know that they should not write their names down. Encourage them to be honest with their answers, even if they find it uncomfortable. If you find that participants appear particularly uncomfortable with doing this, remind them that they should not write their names on the handout.

4. When they have all completed the handout, have them crumple their sheets up and toss them into the middle of the room. Have each participant pick up another person’s sheet. Explain that they will hear responses to statements on the handout. Remind them of the importance of respecting possible differences and each other’s personal privacy.

5. Read each statement and ask for a 2–3 volunteers to read aloud the responses on their new handout. Encourage different volunteers for each statement if possible. Then, lead a discussion using the following questions:
   a. Did any of the responses stand out to you, and why? Did you find yourself agreeing or disagreeing more with the responses?
   b. Would you describe the responses as positive or negative? Why?
   c. How might negative attitudes affect relationships between girls? Can negative attitudes about girls harm friendships between them?
   d. What are some things girls can do to show their support of other girls?
   e. What is one thing YOU can do to support other girls in this group?

ACTIVITY 3: CLOSING

1. Conclude by reminding participants that as group members they should try to cooperate and support each other. Encourage each participant to see each other as a friend, and to treat each other as one might a sister, cousin, or someone else she cares greatly about.

2. Beginning with a volunteer, have each participant share one thing that they will do (or stop doing) to promote unity among other girls, whether in the group, or in other areas of her life.

3. Congratulate the group for a great session, and affirm the positive interactions that have occurred.
Directions: Finish each of these sentences with the first thing that comes to your mind. Please print clearly.

1. I like girls who:

2. I’m most likely to trust a girl who:

3. I don’t trust girls who:

4. I get jealous of girls who:

5. I would choose a girl over a boy as a best friend because:

6. If you asked a group of girls to solve a problem, they would probably:

7. Girls often help each other by:

8. Girls sometimes hurt each other by:
SESSION 4:
HEALTHY 7 CARD GAME

PURPOSE:
To introduce participants to qualities of healthy relationships, and to help them begin to identify standards for the types of relationships—romantic and otherwise—they wish to have in their own lives moving forward.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Name and explain the corresponding qualities found within the H.E.R.R. acronym for healthy relationships.
2. Explain at least one reason why a behavior might be categorized as a healthy or unhealthy aspect of a relationship.
3. Identify at least seven examples of healthy behaviors they might want to be a part of their personal relationships.
4. State key perspectives of family and/or cultural views about healthy relationships.

KEY MESSAGES:
- Honesty, Equality, Respect, and Responsibility (H.E.R.R.) are four core qualities of healthy relationships.
- It is important that any relationship you choose to have has healthy qualities such as honesty, equality, respect, and responsibility.
- Knowing what is healthy and unhealthy can help you make choices for your health and safety in relationships now and in the future.

AGENDA:

ACTIVITY 1: Warm-Up: Being Like H.E.R.R 15 minutes
ACTIVITY 2: Healthy 7 Card Game 25 minutes
ACTIVITY 3: Closing 5 minutes

MATERIALS:
- Chart paper, markers
- Card stock paper
- Index cards
- Pencils or pens
- Facilitator Resource: HEALTHY 7 Deck Game Preparation

PLANNING NOTES:
- The activities in this session plan build on concepts discussed in Session 3: Introduction to Relationships session of this module. It is STRONGLY suggested that this session plan not be conducted until after delivering Session 3: Introduction to Relationships session has been completed with your group.
- Activities for this session include a card game and discussion. Each group will need a playing surface around which to gather; the surface could be a table, a group of tables or even the floor.

ACTIVITY 1:
- Create a chart with the H.E.R.R. acronym, “Honesty,” “Equality,” “Respect,” and “Responsibility,” written vertically down the left side a sheet of chart paper.

ACTIVITY 2:
- Each small group of 4–5 girls will need a deck of Healthy 7 cards to play the game. Preparing each deck involves copying and cutting the cards found on Facilitator Resource: Game Preparation HEALTHY 7 Deck. Review the instructions to create enough decks for the size of your group.
  - You may want to consider using multicolored cardstock paper to make the deck more visually appealing and laminate the cards so they last longer. It may save some time to shuffle each new deck prior to the session.
  - There are three possible variations for determining a winner of the Healthy 7 Card Game listed in the procedure. Decide which variation you use for the session and read that variation of game play only aloud to the group when explaining the instructions for game play.

PROCEDURE:

ACTIVITY 1: WARM-UP: BEING LIKE H.E.R.R.
1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Begin by directing participants’ attention toward the H.E.R.R. acronym prepared chart paper. Explain that people who study relationships have found that healthy relationships contain four core qualities
that begin with these letters. Solicit ideas from participants for what the four qualities of healthy relationships could be. Encourage the girls to think about healthy relationship qualities that might have been suggested by their family and/or culture. Complete the respective letter with any correct guesses provided.

2. After soliciting possible responses, complete any remaining open letters of the H.E.R.R. acronym with the words Honesty, Equality, Respect, and Responsibility. Ask the group to explain or give examples of what Honesty, Equality, Respect, and Responsibility means to them.

3. Lead a discussion using the following questions:
   a. What have you learned about healthy relationships from your family and/or culture?
   b. What do you think about honesty, equality, respect, and responsibility as core healthy relationship qualities?
   c. Why is it important to know about healthy and unhealthy relationship qualities?

**ACTIVITY 2: HEALTHY 7 CARD GAME**

1. Tell the participants they will now play a card game that reviews characteristics of healthy relationships. Explain that some cards will illustrate honesty, equality, respect, or responsibility, while others will demonstrate potentially unhealthy characteristics. The goal of the card game will be to end up with seven cards that are all examples of healthy relationship behaviors.

2. Hold up a Healthy 7 deck to show the girls and give instructions for how they will play:
   - They will break into small groups, and each group will receive a deck of cards.
   - The small group will select one member to serve as the “dealer” for the card game. The chosen dealer will give seven cards to each player in their small group (dealing one card to each person, seven times around), with the “Healthy 7” side facing up. The players throughout the game will use all the remaining cards after the deck is dealt.
   - Before the game starts, players will look at the seven cards and personally decide which cards are healthy (demonstrating honesty, equality, respect, and responsibility) and which are not.
   - Game play will begin with the player to the left of the dealer. The player will pick up a card from the deck and then select one of their cards with an unhealthy characteristic and put the card statement side up into a discard pile. The player will discuss why the card is unhealthy. If there is a card that is difficult to decide upon, the players will talk and vote whether the characteristic is healthy or unhealthy. The decision will be made by the majority vote by the small group members.
   - Players will continue to pick up and discard cards as desired at each turn until the first player in the group has seven cards in hand that all describe healthy relationship qualities shouts “Healthy 7!” That person is verified as the winner by one of the following game variations:

   **Variation #1:** The winner holds seven “healthy” cards, which may contain duplicates of the same healthy statement.
Variation #2: The winner holds seven “healthy” cards, though each must have seven different healthy statements.

Variation #3: The winner holds the most “healthy” cards gained within the time allotted for game play.

- As facilitator you have the final say if there is disagreement.

3. Ask the girls if they have any questions on the instructions.

4. Break participants up into small groups of 4–5 girls.
   - Have the small groups select one person to serve as the “dealer” for the card game and give the dealer the HEALTHY 7 Card Deck to shuffle if not done prior.
   - Give the groups 10 minutes to play the game.
   - Circulate around the room and provide assistance as necessary.

5. After each group has a winner, lead a discussion using the following questions:
   a. How easy or difficult was it to figure out whether a card featured healthy or unhealthy relationship quality? Explain.
   b. Were there some cards that were harder to figure out than others? Explain.
   c. How were you able to distinguish between statements that were healthy and those that were unhealthy? How can that strategy help you assess relationship behaviors in real life?
   d. How could you help a friend in an unhealthy relationship?

ACTIVITY 3: CLOSING

1. Distribute an index card to all the girls. Instruct them to think about what they learned in the session and write down seven healthy qualities they would want to see in their own relationships.

2. Ask each the participants to share one item from their list out loud.

   *Facilitator Note:* Alternatively, brainstorm healthy relationship qualities together as a group.

3. Congratulate the girls for a great session, and affirm all that has been said.
Conducting this activity requires the construction of the **Healthy 7 Card Deck**. Follow the instructions below to create one deck of 144 cards which can be used for up to eight participants. Create additional decks to suit group size.

**Materials:**

- Healthy 7 – Front Side
- Healthy 7 – Back Side 1
- Healthy 7 – Back Side 2
- Healthy 7 – Back Side 3
- Healthy 7 – Back Side 4
- 16 sheets of cardstock paper
- Lamination for card deck durability (optional)

**Making a Healthy 7 Card Deck:**

1. Use a photocopier to make four double-sided copies of Healthy 7 – Front Side and Healthy 7 – Back Side 1, four double-sided copies of Healthy 7 – Front Side and Healthy 7 – Back Side 2, four double-sided copies of Healthy 7 – Front Side and Healthy 7 – Back Side 3, and Healthy 7 – Back Side 4. This will result in 16 double-sided pages, each with 9 boxes per page.

2. Optional: Laminate each sheet.

3. Cut around each box on the cardstock to make the cards for the deck. Continue until all 144 cards are cut out.

4. Shuffle the cards.
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy 7</td>
<td>Healthy 7</td>
<td>Healthy 7</td>
</tr>
<tr>
<td>Healthy 7</td>
<td>Healthy 7</td>
<td>Healthy 7</td>
</tr>
<tr>
<td>Healthy 7</td>
<td>Healthy 7</td>
<td>Healthy 7</td>
</tr>
<tr>
<td>You believe your partner cares more about their friends than you.</td>
<td>You don’t have to pretend to be someone you’re not.</td>
<td>You feel energized being with the person.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>You feel worn out and tired being with the person.</td>
<td>One person usually decides what to do and where to go.</td>
<td>You have fun being with the person.</td>
</tr>
<tr>
<td>You are constantly fighting and making up.</td>
<td>You tell each other the truth about how you really feel.</td>
<td>You’re embarrassed or uncomfortable being with the person in a group.</td>
</tr>
<tr>
<td>Your partner accepts you the way you are.</td>
<td>You feel closer to the person as time goes on.</td>
<td>Your time with your partner interferes with your studies or work.</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Your partner is okay with you spending time by yourself.</td>
<td>You like being seen with the person.</td>
<td>Your partner respects your thoughts and feelings about being sexual.</td>
</tr>
<tr>
<td>You are not afraid to talk about what’s bothering you.</td>
<td>You keep the relationship because it’s better than being alone.</td>
<td>You talk about each other behind the other’s back.</td>
</tr>
</tbody>
</table>
Your partner accuses you of talking about them behind their back, when you are not.

Your partner texts you non-stop, and expects a response right away.

You are occasionally left out of special events, without warning.

Your partner accuses you of cheating when you are not.

You get jealous when your partner hangs out with others without you.

You always tell each other the truth about what you think and feel.

You try to work out issues without hurting each other’s feelings.

Your partner posted pictures of you on social media without telling you.

**WILD CARD!**
(You name a healthy behavior in a relationship.)
<table>
<thead>
<tr>
<th>Your partner uses things of yours without asking.</th>
<th>Your partner takes time to find out how you are doing.</th>
<th>Your partner recognizes special occasions in your life.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your partner encourages you to be who you truly are.</td>
<td>You often think of ways to share fun things with each other.</td>
<td>You celebrate each other when you do well in school or other activities.</td>
</tr>
<tr>
<td>You actively root for each other’s happiness.</td>
<td>You talk about this person in positive ways when they’re not around.</td>
<td>You invite this person to spend time with you and other important people in your life.</td>
</tr>
</tbody>
</table>
SESSION 5:
COMMUNICATIONS SKILLS

PURPOSE:
To introduce participants to passive, aggressive, and assertive forms of communication and practice communication skills to apply to various interpersonal situations.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Explain the difference between assertive, aggressive, and passive communication.
2. Identify at least one benefit of using assertive communication, and one situation in which assertive communication is useful.
3. Practice at least three strategies for utilizing assertive communication in a pressure-based situation.

KEY MESSAGES:
- Being assertive means standing up for yourself. It’s saying how you really feel, or doing what you think is best, even when other people disagree.
- Assertive people stand up for their own rights without interfering with the rights of others.
- Assertiveness is a skill that can be practiced. It can feel really good to communicate assertively!
- Be careful with passive and aggressive communication! With your peers, passiveness can keep you from getting what you really want. When you act aggressively you may cause others to act aggressively toward you, whether or not you accomplish what you originally intended.

AGENDA:

**ACTIVITY 1: Opening Demonstration**
10 minutes

**ACTIVITY 2: Introducing Assertiveness**
10 minutes

**ACTIVITY 3: Practicing Assertiveness**
20 minutes

**ACTIVITY 4: Closing**
5 minutes

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**MATERIALS:**
- Chart paper, markers
- 3 envelopes
- Paper
- Optional: 3 pieces of candy, stickers, or other treats to serve as prizes
- Index cards
- Pencils or pens
- **Facilitator Resource: Pressure-Based Situations**
- Appendix B: *Speaking Up Without Putting Others Down*
- Handout: *Assertiveness Rights and Behaviors*

**PLANNING NOTES:**

**ACTIVITY 1:**
- Secure three small prizes (pieces of candy, stickers, or other treats) for the volunteers participating in the opening activity if you plan to give each one a prize.
- Gather three envelopes and put a slip of paper inside with one of the following comments written on it:
  - Say this like you might be getting into a fight: “It’s obvious I should get the prize, so you should stop playing and just GIVE IT TO ME!!”
  - Say this out loud, but to yourself, as if you’re being shy. “I could really use something nice in my life...maybe if I stand here and smile, she’ll give me the prize for being a nice person.”
  - Calmly walk over to me, and look me in my eyes and say: “Excuse me, may I have the prize please? I’d really like it, and would really appreciate having it.”

**ACTIVITY 2:**
- On a sheet of chart paper create three columns. Write “Passive,” “Aggressive,” and “Assertive” at the top of each column.
- Photocopy the handouts, one per participant: Appendix B: *Speaking Up Without Putting Others Down* and Handout: *Assertiveness Rights and Behaviors.*
ACTIVITY 3:

- On a sheet of chart paper create two columns. Write, “Making a Request” and “Refusing a Request” at the top of each column.

- Review the Facilitator Resource: Pressure-Based Situations and select a different Pressure-Based Situation for each small group to role-play. Adapt the scenarios or substitute others to suit the needs of the group.

Prepare a Pressure-Based Situations Card for every small group. Photocopy Facilitator Resource: Pressure-Based Situations and cut across the dotted lines between each situation. Tape or glue each selected situation onto a separate index card. Set aside the cards until needed in the session.

- The procedural steps include text to lead a role-play. Consider reviewing Appendix E: How to Use Role-Play for additional tips on leading a role-play located in the Appendix section of this program toolkit.

PROCEDURE:

ACTIVITY 1: OPENING DEMONSTRATION

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, announce that you are going to do an experiment with the group, and would like three volunteers. Clarify that you are looking for three individuals who are good at “acting on the spot.” If the group appears reluctant to volunteer, select three individuals you know would be able to read and absorb instructions quickly.

2. Give each of the three volunteers (or selected participants) an envelope with one of the previously prepared comments in it. Explain to the group that you have a prize and that each individual is now responsible for reading the statement in their envelope in an attempt to collect the prize for today’s activity.

3. Go one by one to each volunteer, and instruct them to read their statements out loud, as if they are really saying them. When they have finished, turn to the group, and lead a discussion using the following questions:

   a. What do you all think? Who should get the prize, and why?

   b. What differences did you notice between the three approaches? (Encourage them to think about tone of voice, the words that were used, and any body language they noticed.)

   c. In the real world, which one of these communication styles is most likely to produce the desired result of getting a prize? Explain.

   **Facilitator Note:** Here you may wish to note that while the volunteers have a right to make a request for the prize, you also had the right to refuse.

4. Thank the volunteers and have them return to their seats. If you have planned to give out actual prizes, make sure that all three volunteers receive one.
ACTIVITY 2: INTRODUCING ASSERTIVENESS

1. Explain to the participants that there are three main types of communication that most people use when attempting to get something they want. In the opening activity the three volunteers demonstrated these three main forms of communication. Ask the participants to guess what style of communication each volunteer was demonstrating first.

2. Point out the chart paper with the headings “Passive,” “Aggressive,” and “Assertive” and tell the participants that the volunteers at the beginning demonstrated these styles of communication. Ask the participants to raise their hands if they have ever heard the terms. Ask for volunteers to explain what the terms mean. Then, distribute Appendix B: Speaking Up Without Putting Others Down to the girls. Read or recite the following definitions (below):

   **Passive**: When someone is mainly interested in avoiding conflict. They may have feelings, needs, or desires, but they don’t express them directly.

   **Aggressive**: When someone expresses their feelings, needs, or desires in a hostile manner, with no regard for other people’s feelings, needs, or desires.

   **Assertive**: When someone expresses their feelings, needs, or desires in an open and direct, but respectful manner.


3. Ask for examples of behaviors and forms of expression the volunteers displayed that were passive, aggressive, or assertive in making the request for the prize. As participants provide examples, record their responses underneath the appropriate heading of Passive, Aggressive, and Assertive.

4. Lead a discussion using the following questions:

   a. Which style(s) and or examples of communication are common for you? Your family? Your friends?

   b. What has affected the style of communication you tend to use? Explain. (Encourage the participants to think about their cultural or familial upbringing. Their friendship or peer relationships. Their experiences at school, Girls Inc., their faith-based traditions, etc.)

   c. How easy or difficult is it for you to communicate assertively? With whom is it easiest? How about most difficult?

5. Explain that while all people have the ability to express all three forms of communication, assertiveness is often the most difficult one for young women to express, making it the most important one to learn to practice on a regular basis. For advice on a specific statement to use, consider the following:

   “Behaving assertively is not always easy. Many girls are taught that asking for what they want is inappropriate behavior, or “unladylike.” Some girls are also taught that they should always respect the wishes of others, and never refuse their requests. At the same time, all of us have certain rights, including the right to stand up for what you want and believe. Behaving assertively is a critical way to protect that right, and it’s something that can be learned!”
6. Pass out a copy of the Handout: *Assertiveness Rights and Behaviors* to each participant. Ask for a volunteer to read each line out loud to the rest of the group.

**ACTIVITY 3: PRACTICING ASSERTIVENESS**

1. Return to the word ASSERTIVE on the chart paper and explain that people use assertive communication for a variety of reasons including making a request of someone and/or refusing a request of someone. Point out the chart paper with the headings, “Making a Request” and “Refusing a Request.” Explain that making a request can simply mean asking for what you want or need. Refusing a request can be saying “no” to things that you know aren’t in your best interest.

Ask participants for more examples of how someone might communicate in an assertive way, when making a request of someone else and/or refusing a request from someone. They can use the Handout: *Assertiveness Rights and Behaviors* to provide examples they may have seen among friends or in the media. Record the participant responses underneath the appropriate heading.

2. Tell participants that in the final part of the session they will work in small groups to practice using assertive behavior in pressure-based situations. Provide them with the instructions:

   • The group leader is responsible for making sure other members stay on task, and for organizing the group’s finished product.

   • Each group will receive a pressure-based situation to role-play. They will have time to prepare and rehearse together as a small group. Then they will perform their role-play for the whole group.

   • Everyone in the small group will participate in the role-play as an actor or coach. An actor will play a character in the situation. A coach will stand on the sidelines and give advice to those acting.

   • The goal of the role-play is to show an example of someone being as assertive as possible in a high-pressure situation. Make sure that the person being pressured in the scenario responds as assertively as possible!

3. Divide participants into small groups of no more than four girls. Have them select a group leader.

4. Give each group a prepared *Pressure-Based Situations Card*, pens or pencils, and paper. Tell the participants that they have 5 minutes to prepare a 2-minute script to role-play with their small group. Encourage them to use the Handout: *Assertiveness Rights and Behaviors* to help plan. Circulate among the groups and offer assistance while they are working, as needed.

5. After about 5 minutes, call time. Bring the small groups back together and have as many small groups share their role-plays, as time allows leaving time for the final round of discussion questions. After each role-play, ask other groups to provide constructive feedback on the strengths and areas for growth. (Possible prompts: How assertive was the person making the request? What else could have been done or said to be more assertive?)
6. After the role-plays have concluded, lead a discussion using the following questions:

   a. What was it like to use assertive communication in the situation? What benefits were there to using assertive communication in the situation?

   b. Have you ever used the assertiveness techniques discussed in this session? What was that like, and how did the situation work out?

   c. Have you ever had a situation where you wish you had been more assertive, but weren’t? What was that like, and how did it work out?

   d. What are some situations in which assertive communication is particularly important for young people your age?

   **Facilitator Note:** Some excellent examples for discussion may include being pressured to engage in sexual behavior, being catcalled while walking down the street, being pressured to smoke, drink, or use other drugs, etc.

   e. What recommendations do you have for others your age to communicate assertively?

**ACTIVITY 4: CLOSING**

1. Conclude the session by reminding the participants that the focus of the session was on passive, aggressive, and assertive communication. They reviewed ways to communicate assertively and applied the suggestions to a pressure-based situation. Ask the girls to share one thing they want to remember about assertive communication after being a part of the session.

2. After two or three responses, congratulate everyone for their great session and adjourn.
Situation One: **Duke it Out**

**The Set-Up:** Duke and Kim are friends from the same neighborhood, and attend the same school. Duke has started to like Kim as more than a friend, but hasn’t said anything to her. When they are alone, Duke tends to be a very thoughtful, caring person. But recently Duke has been making jokes and other rude comments about Kim’s developing body. When he’s around the other neighborhood boys, Duke pulls out the stops, and has even laughed at attempts by the boys to grab at Kim when she walks by. Kim is self-conscious of her maturing body and doesn’t like it when they try to grab her. She is officially fed up, and knows she doesn’t deserve to be treated in such a disrespectful way.

**The Role-Play:** Duke and Kim are talking about their plans for the new school year on Kim’s front porch, when Duke confesses his feelings and desire to be Kim’s boyfriend. Kim thinks Duke is a nice person, but refuses to consider him as serious boyfriend material until he learns to be respectful both alone and in front of others. How can Kim respond assertively to Duke?

Situation Two: **Show or Tell**

**The Scene:** Raven has a boyfriend, Kyle, who is older. They keep their relationship private because Raven’s mom and dad would freak out if they knew she was dating an older guy. Raven’s friends don’t understand why Kyle would like someone Raven’s age. Raven however says that Kyle tells her she’s so mature for her age, which makes her feel like a grownup. Raven and Kyle don’t spend much in-person time together. They mostly connect online or video chat through their cell phones. During one nightly encounter, Raven asks Kyle to take her to the movies for her birthday. Kyle agrees, on the condition that Raven send him a naked picture, “to hold him over until they meet up.” Raven is terrified by the idea, and doesn’t want to do it. Kyle tells Raven not to worry, and promises to send her one also “to make it even.” Raven is not sure what to do. She doesn’t want to exchange pictures at all, but doesn’t want to miss out on seeing him and the upcoming movie.

**The Role-Play:** Raven stares at Kyle’s face on her screen, and says that she feels uncomfortable sending him something so personal. She is pretty emotional, and has trouble sounding strong. He responds very sweetly and lightly, saying how much he cares for her, and would never do anything to hurt her. Kyle leans into his screen and says “Hey…are you a baby or my woman?” How can Raven respond assertively to Kyle?
Situation Three: Growing Up . . . and Apart?

The Scene: Kelsey and Dominique have been best friends since kindergarten, and are now in the 7th grade. They grew up in the same neighborhood together as kids, but Kelsey’s family recently moved to another part of town. As a result, they attend different middle schools, and have made new friends who don’t know each other. This has started to affect Kelsey and Dominique’s friendship, especially since they do not spend as much time together. In addition, Dominique’s new friends are a bit older, and do things that make Kelsey uncomfortable, like using extra makeup, shoplifting, and hanging around older boys.

The Role-Play: Kelsey’s 13th birthday is coming up, and Dominique has already promised to spend time with her during the birthday weekend. Two days prior to the birthday weekend with Kelsey, Dominique receives an invitation to a sleepover by a friend from school. The sleepover is the same time Dominique agreed to hang with Kelsey. Dominique really wants to attend the sleepover, but doesn’t want to back out on Kelsey, nor leave her out. What does Dominique do? How could Dominique respond assertively to Kelsey or her school friend?

Scenario Four: Kicking the Habit

The Scene: Tonya has a lot of friends, and works hard to entertain them and keep them happy. It’s very important to her that she gets along with everyone and is popular. Recently some of her friends started smoking. Tonya didn’t try it at first, but after they did it more often she started to feel pressure. One of them eased, “You don’t even know how to smoke.” Another said, “Girl, you should try it…it feels SO good.” So Tonya tried it . . . and almost choked the first time! Wanting to fit in, Tanya practiced in the bathroom until she finally learned to inhale. Unfortunately, now she has an expensive habit that she hates. She finds herself coughing all the time, doesn’t like the way her hair and clothes smell, and has started to develop stains on her teeth. Worried that her grandmother is close to finding out about her habit, Tonya finally decides to change her mind and stop smoking altogether.

The Role-Play: Tonya receives a mass text about a smoke session afterschool during class. When the bell rings, Tonya goes to her locker to find her two friends, Kayla and Renéé, all prepared to go. Tonya says that she has stopped smoking and that the smoke bothers her. Her friends are shocked at her resistance. They keep trying to persuade her that smoking is not as bad as it seems. What does Tonya do? How could Tonya respond assertively to Kayla and Renéé?
ASSERTIVENESS RIGHTS:

You have a right to express yourself honestly.

You have a right to ask for what you want.

You have a right to agree, or disagree with another’s perspective.

You have a right to say “no,” even when...

- someone buys you gifts
- someone says they love you
- someone threatens to leave you
- you’ve said “yes” before
- someone judges what you wear
- everyone else says “yes”
- you’ve gotten in trouble before
- you’re in love, but don’t feel ready

You have the right to say “yes,” even when...

- others have said “no”
- your “yes” is unpopular
- someone tries to make you feel bad
- you’ve said “no” before

You have a right to change your mind.

You have a right to do what’s best for you!
ASSERTIVENESS BEHAVIORS:

Making a Request:
- Tell the other person how you feel.
- Be clear! Say what you want or need, without apologizing or beating around the bush.
- Use assertive body language (a clear and decisive voice, standing up straight, head up, eye contact) to signal that you are strong!
- Be smart! Don’t threaten, pressure, or put down the other person.
- Respect other people; allow them their points of view while you stick to your own.

Accepting a Request:
- Know what you want, and speak from your truth.
- Speak your “yes” clearly and enthusiastically!
- Use assertive body language (a clear and decisive voice, standing up straight, head up, eye contact).
- Never apologize for your “yes”! Own your right to use it, and take responsibility for it.
- Encourage others to be honest, and be honest with them.

Refusing a Request:
- Say “no” when you feel pressure, using “I” statements.
- Ask questions to find out what is really going on.
- Stick to your reasons, even if they’re unpopular.
- Be firm! Say “no” with your voice, and don’t be afraid to repeat it.
- Be bold! Say “no” with your body also (standing away from the person, eye contact, body erect, head up).
- Stay calm and hold your ground.
- Be smart! If you have to, stop talking and leave the situation.
- Offer a positive alternative.
SESSION 6:
SO YOU LIKE SOMEONE...NOW WHAT?

PURPOSE:
To introduce various types of romantic feelings and attractions (practical, flirtatious, companionable), engage participants in a comparative critique of healthy vs. unhealthy “crush” behaviors, and explore strategies for effectively managing emotions related to crush experiences such as infatuation and jealousy.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Identify and define at least three of the Six Ways to Love.
2. Consider at least two ways that a love style or love style imbalance can create problems in a relationship.

KEY MESSAGES:
- There are at least six different ways to feel or show love for someone. Not all of them are romantic.
- There is a time and place for every kind of love. Not every kind of love is for every kind of relationship.
- It is important to know what kind of love we’re giving and receiving, so we can avoid imbalanced or unloving experiences.

AGENDA:

ACTIVITY 1: Opening Discussion 20 minutes
ACTIVITY 2: “Love Styles” Classification Exercise 20 minutes
OPTIONAL ACTIVITY: Managing Out-of-Control Love 10 minutes
ACTIVITY 3: Closing 5 minutes
MATERIALS:
- Chart paper, markers
- Pens or pencils
- 3” X 3” Post-it Notes (3–6 packs)
- Paper
- Tape or push pins
- Handout: *Six Ways to Love*
- Handout: *Managing Out-of-Control Love* (Optional Additional Activity)

PLANNING NOTES:

ACTIVITY 1:
- Write “What are some things a person might do when they love or really like someone?” on the top of a piece of chart paper.

ACTIVITY 2:
- Review the Handout: *Six Ways to Love*, based on Canadian psychologist John Lee’s assertion, and is one of a number of ways of thinking about the different types of love. Be prepared to explain it in the session.
- Create a set of Six Ways to Love signs by writing or typing one of each of the following ways to love onto separate pieces of paper: Romantic Love, Playful Love, Friendly Love, Practical Love, Out-of-Control Love, and Selfless Love. Post the signs along one wall.
- Using the Handout: *Six Ways to Love*, write several of the sample Examples of Behavior/Activity under each love style onto Post-it Notes. Write one example per Post-it Note. Keep them organized by their corresponding love style, and set them aside until use for step one of Activity 2.
- Photocopy Handout: *Six Ways to Love*, one per participant.

OPTIONAL ADDITIONAL ACTIVITY:
- *Managing Out-of-Control Love* is an activity that involves a special emphasis on how to manage manic feelings and behaviors that occur when in romantic relationships. It is offered as an optional addendum for groups that are able to meet for longer than 45 minutes. Photocopy Handout: *Managing Out-of-Control Love* for the girls if you plan to lead this activity.
PROCEDURE:

ACTIVITY 1: OPENING DISCUSSION

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Explain to the participants that you will begin with a brainstorm activity. Give a pen or pencil and small stack of Post-it Notes to every participant.

2. Point out the prepared chart paper with heading, “What are some things a person might do when they love or really like someone?” Ask participants to write down as many answers as they can to the question on the Post-it Notes. They are to write one response per note, and without including their name. Encourage participants to think as widely as possible, considering not just their own lives, but the lives of their friends or family, or even examples of love they’ve seen in the media. Remind participants that in the case of a brainstorm, there is no such thing as a “wrong” answer.

   **Facilitator Note:** Participants may have questions regarding the vagueness of the opening question. This vagueness is intentional, to encourage a wide array of possible answers. As such, encourage participants to worry less about getting the “right answer” versus writing down the answers that organically come to their mind.

3. After 5 minutes, stop the group and ask them to turn in their Post-it Notes to you. Shuffle the stack of notes as best as possible, then place them to the side to return to later.

4. Lead a discussion using the following questions:
   a. What was it like to do this exercise? What, if anything did you think about?
   b. Did you think of a type of relationship when doing this exercise? If so, which one(s), and why?
   c. If someone younger asked you to give just ONE definition for “love,” what would you say?
   d. After doing this brainstorm would you say there is more than one way to love? Explain.
   e. What if I told you there were at LEAST six different ways that people in the world love others?

   **Facilitator Note:** To add more interactivity, ask the group to respond with how many different types of love they can think of before moving on. Offer congratulations to anyone who guesses styles that are similar or exact to those noted on the Handout: Six Ways to Love.

ACTIVITY 2: “LOVE STYLES” CLASSIFICATION EXERCISE

1. Distribute the Handout: Six Ways to Love to the girls. Share the brief fact that the list was created by a Canadian psychologist John Lee and is one of a number of ways of thinking about the different types of love. Read the list out loud to the group, or allow volunteers to read it out-loud. Address any questions the group has about the handout after it has been read.
2. After reading about each love style, point out the Six Ways to Love Signs posted along the wall, as stated in the Planning Notes. Then, place underneath each sign the corresponding set of examples prepared on the Post-it Notes. If any Post-it Notes represent answers mentioned by participants in earlier discussion, congratulate them for their accurate guess.

3. Now tell the girls they are going to revisit the examples of ways to love they recorded on the Post-It Notes in Activity 1 and apply it to the six ways to love they just discussed. Redistribute the pile of Post-it Notes created by the participants by giving each participant about the same number of Post-it Notes.

4. Review the instructions with the participants:
   - Look at each Post-it Note and decide which of the six ways to love the statement on the Post-it Note best represents.
   - Place each Post-it Note under one of the Six Ways to Love Signs on the wall they believe it best fits. If they believe the Post-it Note could fall into multiple ways to love, they should put it underneath the sign that they believe would be the best fit.
   - You can provide clarification for written items they do not understand.
   - Save any outright confusion they have for the larger discussion.

5. Give the girls 5 minutes to post their Post-it Notes underneath the Six Ways to Love Signs. Provide assistance to the girls, if needed.

6. After all Post-it Notes have been posted, reconvene the group. Begin with any of the Six Ways to Love Signs and read aloud the responses on the Post-it Notes sorted underneath. Allow participants to debate and/or offer objections to item placement as it comes up, and make adjustments as appropriate (for example a Post-it Note with “kissing” written on it, being moved from the “Friendly” to the “Romantic” category).

7. Once all Post-it Notes are reviewed, lead a group discussion using the following questions:
   a. What do you think of these different ways to love? Are there any you like more or less than others? Why?
   b. Which types of love do you think are more common for your age? Explain.
   c. Do you think any of the types of love discussed today might be appropriate for some relationships than others? Explain.
   d. Are there any examples of behaviors discussed today that could strengthen a relationship? Are there any examples of ways to love that could be a problem? Which ones, and why?

   Facilitator Note: Encourage the group to consider, as some examples, relationships with extreme Out-of-Control, Playful, or Selfless personalities, or relationships where love styles are more generally imbalanced—for example Practical + Playful.

   e. Why might it be helpful to know about these different types of love?
OPTIONAL ACTIVITY: MANAGING OUT-OF-CONTROL LOVE

Facilitator Note: This activity involves a special emphasis on how to manage manic feelings and behaviors that occur when in romantic relationships. It is offered as an optional addendum for groups that are able to meet for longer than 45 minutes. Proceed to the final activity below if you do not have the time.

1. Direct the group’s attention to the section of Post-It Notes designated as the “Out-of-Control” love style, and review the general description for it. Lead a group discussion using the following questions:
   a. By a show of hands, who has observed behaviors like these in a relationship? (Ask for examples of behaviors exhibited from those with their hands up.)
   b. Would you say this sort of behavior is healthy in a relationship, or unhealthy? Why or why not?
   c. There is research to suggest that, more than any other group, teens tend to express this love type with people they like. Would you agree or disagree, and why?
   d. What consequences do you think could occur as a result of someone using this love style all the time—especially in their romantic relationships?
   e. If you had a friend who expressed this type of love style, what advice would you have for them on how to manage it?

2. After you have solicited all ideas from the group on how they would manage a mania love style, give each participant Handout: Managing Out-of-Control Love. Explain to the group that the items listed represent examples of ways that people can effectively manage this love type when it becomes overwhelming. Review the entire handout with the girls.

3. Lead a discussion using the following questions:
   a. What do you think about the suggestions?
   b. Which suggestion(s) would you recommend to use? Why?
   c. Are there other suggestions would you recommend? Explain.
   d. How could you use these suggestions in your life?

ACTIVITY 3: CLOSING

1. Conclude by instructing participants to imagine someone they love—either a relative, best friend, or current romantic partner. Instruct them to imagine three different, appropriate ways they may show one of the Ways to Love with that individual. For example, one participant may pick her mother, and decide that she will cook a meal with her (Friendly Love), run an errand for her (Practical Love), and rub her scalp (Selfless Love). Invite 2–3 people to share their ideas, then encourage the group to commit to carrying out their love actions prior to the next session.

2. Congratulate everyone for a great session and adjourn.
**Six Ways to Love**

**Romantic Love:** Love characterized by passion, romance, and physical attraction.

- **Examples of Behavior/Activity:** holding hands, sending love letters, buying gifts “just because,” celebrating relationship milestones (such as anniversaries), having sexual intercourse

**Playful Love:** Love played like a game, where the thrill of the experience is more important than the relationship.

- **Examples of Behavior/Activity:** flirtatious messages (in person or via text), “liking” multiple social media posts at once, dressing a certain way to get attention, dating more than one person on a regular basis, having casual sexual intercourse

**Friendly Love:** Love that is based on friendship as its central theme.

- **Examples of Behavior/Activity:** sleepovers, playing video games together, participating in the same school clubs, taking group selfies, sharing outfits you both like

**Practical Love:** Practical love, based on a person’s ability to meet particular, pre-established needs.

- **Examples of Behavior/Activity:** dating the best friend of your best friend’s significant other, helping someone study for a class, giving a guide to colleges as a birthday present

**Out-of-Control Love:** Love that is possessive, dependent, and based on controlling the other person.

- **Examples of Behavior/Activity:** non-stop text/phone calls/chat messages, thinking about the person all the time, never giving each other any personal space or time, being jealous of the person’s other friends and/or family, making threats to harm one’s self to prevent a breakup

**Selfless Love:** Love that is based on giving without expecting anything in return.

- **Examples of Behavior/Activity:** changing a diaper, making food for someone when they are sick, avoiding a group trip to the mall when someone doesn’t have money, standing up for a friend who’s being made fun of, sharing lunch with someone who doesn’t have any

Overview: Sometimes, it can be really tough to handle times when we REALLY, REALLY, REALLLLLLLY like someone! Instead of going overboard, here are a few strategies you could use to help manage those manic emotions:

1. Breathe!!! When you find yourself getting overwhelmed by the idea of how cute or popular or excited that love interest of yours makes you feel, take a pause, close your eyes, and take five DEEEEEEEP breaths.

2. Exercise!!! Excitement is usually just a rush of nervous energy that needs a place to be released. Redirect that energy by taking a jog, jumping some rope, or dancing! Exercise can be a tremendous way to calm you down and keep everything in balance.

3. Consider Gratitude. YES, you’re in love, but you still have a life to lead. While you’re anxiously waiting on that answer to your last text, sit still and count the many blessings you’ve already been able to have with your boo!

4. Journal It! There’s no greater support than someone (or, in this case, something) that will listen more than speak. A journal provides virtually endless space to pour out all that’s going on in your head and heart. Best of all, it won’t share your secrets with anyone else, and never misunderstand what you’ve said!

5. And FINALLY . . . Don’t Forget Your Friends! One of the most common complaints that many people have about their friends is how often they disappear when they’ve begun a new romantic relationship. Just because you’ve found someone doesn’t mean you have to leave behind all the cool friends you’ve gained along the way. Grab a friend and go do something fun! You’ll keep your network that much stronger!
SESSION 7:
WHEN SOMEBODY LIKES YOU BACK

PURPOSE:
To review healthy and unhealthy romantic relationship characteristics, reemphasize distinctions between assertive, aggressive, and passive styles of communication, and practice assertive communication.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Identify and explain at least two qualities that support healthy romantic relationship development.
2. Identify and explain at least two qualities that are barriers to healthy romantic relationship development.
3. Identify at least three ways to negotiate various romantic situations that represent assertive forms of communication.
4. Establish one reason why it is important to discuss relationship conflict.

KEY MESSAGES:
- Relationships may have healthy and unhealthy qualities. Healthy relationship qualities help make a relationship run smoothly.
- Communication is a key component of any healthy romantic relationship.

AGENDA:

ACTIVITY 1: Opening Discussion 20 minutes
ACTIVITY 2: Say What?: Shelby & Dylan 20 minutes
ACTIVITY 3: Closing 5 minutes


MATERIALS:
- Chart paper, markers
- Drawing or enlargement of Facilitator Resource: RelationShip
- Pencils or pens for each participant
- Optional: Two different color sticky notes
- Handout: Say What?: Shelby & Dylan (Scenarios #1–#6) one per small group
- Handout: Letter for a Friend
- Appendix B: Speaking Up . . . Without Putting Others Down

PLANNING NOTES:
- Much (if not all) of the activities in this session plan build on concepts introduced in Session 5: Communication Skills of this module. It is STRONGLY suggested that this session plan be delivered after Session 5.
- Activities for this session include discussion and script-writing about romantic relationships, particularly as they are defined by participants. To assist in your awareness of the terms designated by your group for romantic or other types of sexual relationships, you may wish to include a quick brainstorm activity prior to beginning the Opening Activity.
- This session deals particularly with a romantic relationship between Shelby, a young girl, and Dylan, who has no gender designation. This is done intentionally to provide a safe space for LGBT girls to understand how these concepts also apply to them, and to encourage critical thinking about the realities of gender and sexual diversity. Please take extra care to review the scenarios prior to the session, become familiar with the story and avoid potential misgendering.

ACTIVITY 1:
- On a large area sheet of chart paper recreate a large replica of the ship found on the Facilitator Resource: RelationShip. Be sure your ship has a large hull (body of the ship) and sail (flag-like, cloth part of the ship), as you will need the space for writing. Above the ship, write the following prompt: “An Ideal Relationship Partner Is . . . “. Beneath the letters “ship,” draw a crescent-waved line representing the ocean or sea. Alternatively, print and enlarge the Facilitator Resource: RelationShip to use in the session.
- As an alternative procedural step #2, gather two different color sticky notes for the girls to record healthy and unhealthy relationship qualities. Decide in advance which color sticky note they will use to record the healthy and unhealthy relationship qualities. Set aside for use in the opening activity.
ACTIVITY 2:

- Review scenarios on the Handout: Say What?: Shelby & Dylan Scenario #1–#6 and determine the level of your group and which are appropriate. Photocopy the Handout: Say What?: Shelby & Dylan Scenario #1–#6 that you plan to use in the session. Ideally each small group should receive a different scenario number.

- Optional: Photocopy Appendix B: Speaking Up . . . Without Putting Others Down, one per participant.

- Optional: Create a chart with the words “Passive,” “Aggressive,” and “Assertive” in advance of session.

ACTIVITY 3:

- Photocopy the Handout: Letter For a Friend, one per participant.

PROCEDURE:

ACTIVITY 1: OPENING DISCUSSION

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then direct participants’ attention to the drawing of the ship you prepared in the Planning Notes. Explain that there are lots of different types of “ships”—sailing ships, cruise ships, and relationships. Like any ship, a romantic relationship needs certain things to make it run smoothly.

2. Invite the girls to think about the relationships they have observed in their personal life, on television, in the movies, over social media, etc. and then encourage them to answer the prompt, An Ideal Relationship Partner Is . . . prepared above the ship suggested in the Planning Notes. If you have already completed the Introduction to Relationships session, remind participants that they have already thought about the qualities someone might want in a relationship, including romantic ones. As participants share their answers, list their responses on the ship drawing, either inside the hull (the body of the ship), or on the sail. Be sure to edit participants’ descriptions to create nouns (such as “good looking” into “physical appearance”), to effectively represent essential vs. descriptive characteristics.

3. Review the list that the group has created. If they are not listed yet, encourage participants to consider (and add to the drawing) the following additional qualities:

   —trust  
   —communication  
   —honesty

   —equality  
   —respect  
   —responsibility (keeping promises)

   —shared interests  
   —happiness  
   —humor

   —love and affection  
   —understanding  
   —friendship

   —caring for each other  
   —support  
   —freedom or space (not crowding each other)
Clarify to the group that these are just some of the things that can help keep a romantic relationship “afloat,” even in stormy situations.

4. Ask the group to think of issues or challenges that might damage a romantic relationship, or make it unstable. Write the responses to this question among the waves, underneath the ship. Participants may offer one or two of the same answers—responsibility—as both a quality and challenge, which should be allowed. If they are not offered initially, encourage participants to consider the following additions:

—jealousy  —sexual demands or sexual pressure
—miscommunication  —abuse or violence
—immaturity  —unplanned pregnancy
—age (too old)  —HIV/other sexually transmitted infection
—disagreements about sexual limits  —drugs or alcohol use

Facilitator Note: Alternatively, distribute pencils/pens and the two different color sticky notes, as stated in the Planning Notes to the girls. Instruct the girls to write down a healthy quality onto the color you designated as healthy and an unhealthy quality onto the other sticky note. Have the girls share their healthy or ideal qualities to the body or hull of the ship. Repeat with the unhealthy qualities listed on the other sticky note color. Have them discuss and post the unhealthy qualities in the wave section of the RelationShip recreated image.

5. Lead a discussion using the following questions:

a. Which of the items written in/around the RelationShip are most important in an ideal romantic relationship? Explain.

b. Which of the items underneath the RelationShip do you think is most likely to sink a romantic relationship? Explain.

c. What do you think someone could do if their relationship has qualities that are unhealthy? What do you think someone could do to build healthy qualities in a relationship?

d. What role would you say that communication plays in healthy romantic relationships?

Facilitator Note: This question should only be asked if “communication” is not offered as an answer to Discussion Question c.)

6. Encourage participants to consider communication as the most important part of a healthy romantic relationship.
ACTIVITY 2: SAY WHAT?: SHELBY & DYLAN

1. Write the words “Passive,” “Aggressive,” and “Assertive,” on a sheet of chart paper. If you have already completed the session Introduction to Relationships, invite participants to share what they remember these words to mean. Otherwise, recite the definitions noted below:

   **Passive:** When someone is mainly interested in avoiding conflict. They may have feelings, needs, or desires, but they don’t express them directly.

   **Aggressive:** When someone expresses their feelings, needs, or desires in a hostile manner, with little or no regard for other people’s feelings, needs, or desires.

   **Assertive:** When someone expresses their feelings, needs, or desires in an open and direct, but respectful manner.


Remind participants that while passive and aggressive communication are valid forms of communication, assertive communication is the style that is most successful in helping to maintain positive healthy relationships.

2. Inform the group that you will now engage in an activity that clarifies the importance of assertive communication in romantic relationships. Divide participants into small groups of about four girls each.

3. Give each group one of the scenario variations of the **Handout: Say What?: Shelby & Dylan.** (There are six different scenarios involving Shelby and Dylan. Be sure each group has a different scenario number. If there are six or less girls in the group, hand out the numbered scenarios in consecutive order until each participant has one.) Tell participants that each handout has a different beginning statement, with either Shelby or Dylan initiating the encounter.

   *Facilitator Note: Distribute the optional handout **Appendix B: Speaking Up . . . Without Putting Others Down** to participants to aid in developing responses for Shelby and Dylan.*

4. Give each group 5–7 minutes to create a conversation on the version of the handout provided to them. While they are working, provide help as needed.

5. After all groups have finished, ask for one group to volunteer to read their script out loud. Continue with other groups as time permits. If groups are willing, and time permits, ask for groups to act their scripts out. Then, lead participants in a discussion using the following questions:

   a. How did it feel to create these conversations? Was it easy or difficult, and why?
   
   b. Was it easier to write for Shelby, or for Dylan? Explain.
c. In this story, Shelby is identified as a girl, but Dylan’s gender identity is not revealed. Did you have any expectations about Dylan’s gender while reading your group’s portion of the story? What do you think about the idea that situations could happen for relationships with any gender?

d. Which statements in your conversations would you say best represented assertive communication?

e. How assertive do you think someone could be in real-life situations like this?

**ACTIVITY 3: CLOSING**

1. Explain that in the last few minutes you would like them to think about the importance of what they learned today for other girls their age. Pass out the Handout: *Letter for a Friend* and explain that they are to complete it as if they were to send it to another girl who was not in attendance during the session. This could be a relative, or classmate, but it should be a real person in their age range with whom they will eventually share the letter.

2. Review each statement in the letter, allowing approximately 1 minute for the girls to develop a group response. Once they have completed their letters, ask for a few volunteers to read their letter aloud.

3. Answer any remaining questions the girls have about the session, then end by congratulating everyone for work well done. Optional: If there is time, send participants home with a copy of Appendix B: *Speaking Up . . . Without Putting Others Down*, if they have not already received it in session, and encourage the girls to discuss with a parent/caregiver.
Relationship
Shelby & Dylan (Scenario #1)

**Directions:** Read the scenario below and create a conversation between the two characters. Use assertive communication in your conversation.

Shelby and Dylan are classmates who have liked each other for the last three months. They’re currently friends, and they both want to be more to each other. They have not talked about their feelings for each other. While texting during their favorite TV show, Shelby receives a text from Dylan. She is DEFINITELY interested in dating Dylan . . . but she wants to establish clear standards for how she wants to be treated first.

**Dylan:** So . . . I bet you wouldn’t go out with someone like me, huh?

**Shelby:**

________________________________________________________________________________________

________________________________________________________________________________________

**Dylan:**

________________________________________________________________________________________

________________________________________________________________________________________

**Shelby:**

________________________________________________________________________________________

________________________________________________________________________________________

**Dylan:**

________________________________________________________________________________________

________________________________________________________________________________________

**Shelby:**

________________________________________________________________________________________

________________________________________________________________________________________

**Dylan:**

________________________________________________________________________________________
Shelby & Dylan (Scenario #2)

**Directions:** Read the scenario below and create a conversation between the two characters. Use assertive communication in your conversation.

Shelby & Dylan have officially gone out on their first date! Shelby got permission from her parents to accompany Dylan to dinner and a movie. Now they’re heading back to Shelby’s house. Shelby is hoping for a good-night kiss, but doesn’t know how to ask, and is kind of afraid that she might get in trouble for doing so.

**Shelby:** You have a really nice smile!

**Dylan:**

____________________________________________________________________________________

____________________________________________________________________________________

**Shelby:**

____________________________________________________________________________________

____________________________________________________________________________________

**Dylan:**

____________________________________________________________________________________

____________________________________________________________________________________

**Shelby:**

____________________________________________________________________________________

____________________________________________________________________________________

**Dylan:**

____________________________________________________________________________________

____________________________________________________________________________________

**Shelby:**

____________________________________________________________________________________

____________________________________________________________________________________
SAY WHAT?

Shelby & Dylan (Scenario #3)

Directions: Read the scenario below and create a conversation between the two characters. Use assertive communication in your conversation.

Shelby and Dylan have been going out for several weeks, and have been really enjoying their time together. Rumors have started circulating around school that they are officially a couple, though neither one has said anything publically. Dylan officially raises the issue, after becoming frustrated with seeing Shelby’s social media post as being “in a relationship” with her best friend, Kelsey.

Dylan: Why are you out here making me look stupid?!

Shelby: ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

Dylan: ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

Shelby: ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

Dylan: ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

Shelby: ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

Dylan: ____________________________________________________________

________________________________________________________________________

________________________________________________________________________
Shelby & Dylan (Scenario #4)

**Directions:** Read the scenario below and create a conversation between the two characters. Use assertive communication in your conversation.

It’s been 6 months, and Shelby & Dylan are the most popular couple around. Each day seems to bring them closer to each other, and their feelings have become stronger than ever. Shelby’s birthday is coming up, and though she is really nervous, she is thinking of celebrating in a special way. She’s thinking about going farther physically than they have before without having sex with Dylan.

**Shelby:** So my birthday’s coming up . . . will you come over after school then, to help me celebrate?

**Dylan:**

____________________________________________________________________________________

____________________________________________________________________________________

**Shelby:**

____________________________________________________________________________________

____________________________________________________________________________________

**Dylan:**

____________________________________________________________________________________

____________________________________________________________________________________

**Shelby:**

____________________________________________________________________________________

____________________________________________________________________________________

**Dylan:**

____________________________________________________________________________________

____________________________________________________________________________________

**Shelby:**

____________________________________________________________________________________

____________________________________________________________________________________
Shelby & Dylan (Scenario #5)

**Directions:** Read the scenario below and create a conversation between the two characters. Use assertive communication in your conversation.

Shelby and Dylan have been going out for a while and have had unprotected sex a few times. Dylan, however, has a friend who just found out they have chlamydia. Now, Dylan is also concerned about contracting a sexually transmitted infection, particularly since Dylan’s friend had no noticeable symptoms. Dylan wants to start using protection now, but Shelby doesn’t want to.

**Shelby:** You know I’m clean, and I know you’re clean. What’s the big deal?

**Dylan:**

____________________________________________________________________________________

____________________________________________________________________________________

**Shelby:**

____________________________________________________________________________________

____________________________________________________________________________________

**Dylan:**

____________________________________________________________________________________

____________________________________________________________________________________

**Shelby:**

____________________________________________________________________________________

____________________________________________________________________________________
Shelby & Dylan (Scenario #6)

Directions: Read the scenario below and create a conversation between the two characters. Use assertive communication in your conversation.

Shelby joined a teen development program that focuses on delaying sex and being in close relationships while still being abstinent. Shelby has decided she would like to delay having anymore sex until after she graduates from high school. Shelby and Dylan, however, have already started having sex a few times prior to Shelby’s decision. Dylan loves Shelby, but is frustrated and confused by Shelby’s choice.

Dylan: What’s the big deal? We’ve already done it!

Shelby: ____________________________________________________________________________________
____________________________________________________________________________________

Dylan: ____________________________________________________________________________________
____________________________________________________________________________________

Shelby: ____________________________________________________________________________________
____________________________________________________________________________________

Dylan: ____________________________________________________________________________________
____________________________________________________________________________________

Shelby: ____________________________________________________________________________________
____________________________________________________________________________________

Dylan: ____________________________________________________________________________________
____________________________________________________________________________________
Directions: Fill in the blanks below and offer this letter to a friend, as a way to share what you’ve learned during this session!

Dear ______________________________________________________,
(Print Your Friend’s Name)

I have to tell you about the really fun time I had today with Girls Inc. today! We talked about Communication Skills, and I learned that:

_________________________________________________________________________________________________

This is obviously very important and a helpful skill to learn, because:

_________________________________________________________________________________________________

Now that I have this information, I know without a doubt that I can:

_________________________________________________________________________________________________

And I’m glad to share this new information with someone like you!

_________________________________________________________________________________________________

Your Friend,

_______________________________________________________
(Print Your Name)
SESSION 8:
LETTING THEM (AND YOU) DOWN EASY

PURPOSE:
To understand feelings associated with romantic rejection and to practice using assertive communication for dealing compassionately with romantic rejection—both when it happens to them, and when they reject others.

OBJECTIVES:
By the end of this session, participants will be able to:
1. Identify and explain at least one situation in which one might turn down an undesired romantic interest.
2. Identify at least one way to assertively turn down an undesired romantic interest.
3. Identify at least one way to effectively recover from rejection from others.

KEY MESSAGES:
- Turning down unwanted romantic attention is an extension of assertive communication, and a right of all human beings.
- Not everyone we like will always like us back, or in the same way, and that’s okay!
- Not liking someone romantically does not give us permission to be rude to them, and vice versa.
- There are many healthy ways to bounce back from rejection.

AGENDA:
ACTIVITY 1: Experience Bingo 20 minutes
ACTIVITY 2: “Ask Amelia” Activity 20 minutes
ACTIVITY 3: Closing 5 minutes
MATERIALS:

- Chart paper, markers
- Pens or pencils for participants
- Handout: *Experience Bingo*
- Handout: *Assertiveness Rights and Behaviors* (See Session 5: Communication Skills)
- Handout: *Ask Amelia Website Letter #1–#4*, one letter for each small group
- Optional: Feelings Chart (See Planning Notes)

PLANNING NOTES:

- Much (if not all) of the activities in this session plan build on concepts introduced in *Session 5: Communication Skills* of this module. It is STRONGLY suggested that this session plan be delivered after completion of the *Session 5: Communication Skills*.
- As part of this session participants will be asked to share their feelings. If your group is not adept at identifying multiple types of emotions, you might opt to share copies of any standard “Feelings Chart” which can found on and printed out from Google.

ACTIVITY 1:

- Photocopy the Handout: *Experience Bingo*, one per participant.

ACTIVITY 2:

- Photocopy the Handout: *Assertiveness Rights and Behaviors*, one per participant.
- There will be a small group exercise in which the girls will give advice as “Ask Amelia.” The small groups should consist of no more than four girls. There are four different versions of the Handout: *Ask Amelia Website Letter (#1–#4)*. Each small group should receive a differently numbered letter. It’s okay for multiple groups to have the same scenario, particularly if the size of your group is larger than sixteen. Photocopy the appropriate amount of handouts given the size of the group.
- Prepare a sample response for one of the letters to provide as an example for the girls.
- Optional: Consider creating your own Ask Amelia Letter if there is a particular type of rejection you feel would be important for the girls to discuss.
PROCEDURE:

ACTIVITY 1: EXPERIENCE BINGO

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Tell the girls that today they are going to focus on rejection and assertive communication. Distribute the Handout: Experience Bingo to the girls, and review the directions at the top. Explain that they have 5 minutes to collect as many signatures as they possible.

2. After 5 minutes, reconvene the group, and determine the winner who is the group member with the most unique signatures. As an additional option, offer a prize of some kind to the winner.

3. Ask the girls to think of the situations listed on the Handout: Experience Bingo and lead a discussion using the following questions:
   a. What was it like to do this activity?
   b. Do you notice anything in common about experiences listed on the Handout? (Each scenario includes a situation of being rejected for something.)
   c. Think back to the situations on the sheet, or any other situation you can think of where someone gets rejected. How did it feel to experience that rejection? How might it feel for someone to experience that type of rejection?

   Facilitator’s Note: If using a “Feelings Chart” ask participants to identify possible feelings from the chart. (See Planning Notes.)

4. Now, ask the group to put themselves in the position of the person who had to give out the bad news. Ask participants to share aloud how that person might have felt giving out the news. Create a second list of expressed emotions on a different part of the board or new piece of flip chart paper.

5. Once the two lists have been created, ask the group to imagine how these experiences and emotions might relate to the experience of turning down someone, or being turned down romantically. Specifically, lead a discussion using the following questions:
   a. Is there a difference between being turned down for a romantic relationship and being turned down for a different kind of object or experience? How might it be different, and how might it be the same?
   b. Is there a difference between turning down someone for an object or other opportunity, and turning down someone for a romantic relationship? How might it be different, and how might it be the same?
   c. What might be some emotional things to keep in mind when turning down someone’s romantic interests? What might be some emotional things to keep in mind in relation to being turned down?
   d. What might be a good way to manage the feelings of being turned down?

6. Conclude the opening discussion by asking the group to consider the idea that rejection is challenging for most people, including those who are doing the rejecting. Inform them that the goal of today’s session is to learn how to practice empathy and effective communication when it comes to both giving and receiving rejection, particularly when it is romantic in nature.
ACTIVITY 2: “ASK AMELIA” ACTIVITY

1. Explain that for the next activity they will be providing suggestions using assertive communication. Ask for a volunteer to describe assertive communication. If necessary, remind the group of what assertive communication is, using the description below:

   **Assertive:** When someone expresses her feelings, needs, or desires in an open and direct, but respectful manner.

2. Distribute the Handout: **Assertiveness Rights and Responsibilities.** Tell the group that assertiveness is important to return to as it specifically relates to the topic being discussed—letting someone down romantically, or accepting romantic rejection. Ask the group if they can name two other forms of communication besides assertive communication and the differences between them. If necessary, remind the group of passive and aggressive forms of communication using the descriptions below:

   **Passive:** When someone is mainly interested in avoiding conflict. They may have feelings, needs, or desires, but they don’t express them directly.

   **Aggressive:** When someone expresses their feelings, needs, or desires in a hostile manner, with no regard for other people’s feelings, needs, or desires.


   Reiterate to the group that while all three forms of communication have their place at particular times, assertive is the most important one when it comes to handling rejection, as it is the most effective at solving issues while preventing unnecessary negative emotional outcomes.

3. Ask participants if they have any questions about the Handout: **Assertiveness Rights and Responsibilities.** Then, inform group that it will now conduct an activity that incorporates these concepts.

4. Divide the group into small groups of four. Give each small group one of the Handouts: **Ask Amelia Website Letter #1, Letter #2, Letter #3** or **Letter #4.** Tell the girls they will now serve as assistants for “Ask Amelia,” a popular online advice columnist. As a small group they will receive a letter explaining an experience with rejection and as a group they will create an assertive rejection response for the letter they’ve been given. Afterward they will share with the larger group. Tell them they have 10 minutes to create a response. While the groups are working, feel free to circulate and assist groups as needed.

   **Facilitator Note:** If you find the group needs less than 10 minutes to complete the exercise, feel free to cut down to an appropriate time length. As an additional strategy, encourage participants to imagine themselves as the recipient of the response letters they write, and consider how they might wish to receive the news being shared.
5. After 10 minutes, bring the smaller groups back together. Ask groups to share the letter and response. If more than one group focused on the same scenario, ask all the groups that also had that scenario to share their responses. As each group reads their response letter, solicit feedback from others on how successfully they believe assertive communication was achieved. Lead a discussion using the following questions:

   a. Did these situations feel like real ones girls your age face? Are there other instances involving rejection that girls your age might experience that we haven’t talked about?

   b. Do you feel like the responses that were given were ones that would be easy or difficult to give? Why or why not?

   c. What do you think might be important to remember about letting people down, or being let down?

   d. Let’s say you were on the receiving end of these letters. How might they make you feel, and what might be one strategy you would use to bounce back from them?

**ACTIVITY 3: CLOSING**

1. Close by instructing the group to think of one thing they would share with someone else from today’s session. Use the following prompt: “If there is one thing I would tell you about relationships as a result of this session, it would be....”

2. Once everyone has had a chance to share, congratulate everyone for a great session.
**Directions:** Approach a group member and ask, “Are you someone who,” followed by a statement on the BINGO board. If the statement applies, ask the group member to write her first name on the line provided in the box. You may ask each group member more than one statement on the BINGO board, but each group member can sign your board only once. Continue until the board is complete or the facilitator says that time is up.

<table>
<thead>
<tr>
<th>has tried out for a sport and not made it</th>
<th>has tried out for a play and not made it</th>
<th>has liked someone romantically who didn’t like you back</th>
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<tr>
<td>has had a friend stop liking you unexpectedly</td>
<td>didn’t get picked for a special job or other opportunity you really wanted</td>
<td>got an unexpectedly low grade on a test or special assignment</td>
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<tr>
<td>wanted a particular gift for your birthday that you didn’t get</td>
<td>had a romantic relationship end unexpectedly</td>
<td>wanted to buy something special at the mall, but didn’t have enough money</td>
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</table>
Dear Amelia,

I am a 14-year-old who’s in the 8th grade. I like to read, swim, and play basketball. What I am not interested in is sex. However many of my friends are interested! They are always talking and joking about it—including Riley, one of my teammates who I REEEEEAAAALLLLLLLY like!

The other day I got a message from Riley on my phone, asking me out to a movie. I haven’t responded yet, bcuz I don’t know what to say. I’d like to go out with Riley but I don’t want to have sex. I want to wait until I’m AT LEAST in college, or doing something better with my life besides middle school. What should I say?

Signed,

Bound for a Better Future

Dear BABF,

Good Luck!

Sincerely,

Amelia
Dear Amelia,

I feel SO terrible! I am a 8th grader, and the other day the 6th grade cousin of one of my classmates asked me for my number. I was so embarrassed that I made fun of him in front of all his friends . . . I think I made him feel bad.

I know I wasn’t right, but what could I do? How could I have been nicer, and what should I say now to help smooth things over? He’s a nice person and I didn’t mean to hurt his feelings. I just don’t like him, “like that.” Please help!

Thanks,

Underclassmen Upsetter

Dear UU,

Good Luck!

Sincerely,

Amelia
Dear Amelia,

Words cannot express how sad I feel right now. I have been dating someone for the past three months . . . well, I was until this morning when they BROKE UP with me! Everyone—even my PARENTS—think we make a cute couple. However, my ex feels like they’re under too much pressure to be in a romantic relationship, instead of just being an individual person.

My ex wrote me a letter, and I want to write one back. What can I say that won’t be too much drama? I wouldn’t mind us still being friends . . . but it’s really hard to not either. a.) beg ‘em to stay, or b.) tell ‘em to go kick rocks! Tell me what to say . . . please?

Signed,

Putting the Pause on “Perfection”

Dear PPP,

Good Luck!

Sincerely,

Amelia
Dear Amelia,

Have you ever had the feeling you are not who other people think you are? That’s how I feel about myself. I’m a 14-year-old boy who has been told my whole life I should “like” girls. The only problem is that I don’t “like” girls, and I don’t know what to do about it. I actually have a BIGGER issue, because my best friend Jamilah just told me that she wants us to be more than friends.

So what should I do? I want to write her a letter. What should I put in it that would make it clear that I only like her as a friend? I mean, she’s beautiful, but I really like boys instead. Thank you for your response in advance!

Signed,

Feelings for Different Kinds of Friends

Dear FDKF,

Good Luck!

Sincerely,

Amelia
SESSION 9:
TAKING IT THERE, PART ONE

PURPOSE:
To assess the many factors associated with sexual readiness and discuss the conditions that would indicate whether or not someone is ready.

OBJECTIVES:
By the end of this session, participants will be able to:
1. Identify at least three factors that help determine whether or not a person is ready for sexual activity.
2. Assess sexual readiness in at least five teen scenarios.

KEY MESSAGES:
- It is not uncommon to be confused about whether or not you’re ready to have sex.
- Sexual readiness includes a lot of different factors, including physical, psychological and emotional.

AGENDA:

ACTIVITY 1: Opening Activity 10 minutes
ACTIVITY 2: Read or Not? Teen Situation Assessments 25 minutes
ACTIVITY 3: Closing 10 minutes

MATERIALS:
- Chart paper, markers
- Tape
- 8.5”X 11” paper
- Pens or pencils for each participant
- Facilitator Resource: Ready or Not? Teen Situations

PLANNING NOTES:

- Activities in this session include discussion, handout completion, and light physical movement. As such, it is suggested that participants be arranged in a circle, if possible. Also, if space is available please mark off an open area for participants to move around with ease.

ACTIVITY 2:

- Write “Ready,” “Not Ready,” and “Not Sure” at the top of three different pieces of chart paper. Post along the wall.
- Review the Facilitator Resource: Ready or Not? Teen Situations prior to the session. One of the situations mentions the contraceptive implant and sexually transmitted infections (STIs). Information about contraceptive options and STIs can be found in the Appendix of this program toolkit.

PROCEDURE:

ACTIVITY 1: OPENING ACTIVITY

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, explain to the group that this session will be about “being ready.” Split the group into two separate teams. Give the teams paper and a pencil or pen. Then, instruct each team to come up with a list of various activities that people get ready for (such as going to school, going outside in the rain, taking a test). Give the teams 5 minutes to come up with their list on the paper.

2. After 5 minutes has passed, ask the teams to share the list they created. As the teams share, write their responses on the chart paper.

3. Ask the girls to select one activity from the list that is the most commonly experienced among the group. Then, ask the group these follow-up question(s): “How is being ready for the activity you all selected the same as being ready to have sexual intercourse? How is it different?” Solicit three to five responses.

4. Inform the group that it is not uncommon for young people their age to wonder when the “right” time is for having sexual intercourse. As one example, read out loud to the group the following:

   “At times I get all hot with my partner and I feel like I really want to have sex. At other times, I know that I shouldn’t have sex until I’m ready. The problem is that sometimes I feel like I’m ready and other times I feel like I’m not ready. What should I do?”


5. Ask participants, “If this were your friend, and she was asking you how a person can tell that they’re ‘ready,’ what would you say?” Record their responses on the chart paper.

   Facilitator Note: Please keep this list and bring it back to review for Part 2 of this session.
ACTIVITY 2: READY OR NOT? TEEN SITUATION ASSESSMENTS

1. Ask the group to stand in a circle facing inward toward each other.

2. Give the following directions to the girls, “I will read a situation in which a teen talks about being ready or not for sexual intercourse. After I read each situation you will silently vote with your thumbs, without talking. If you think the teen is ready for sex you will put your thumb up. If you think they are not ready you will put your thumb down. If you are unsure about the teen’s readiness, you will put your thumb horizontal. Then you will look around to see whose voting matches yours (no changing allowed) and stand together. In your grouping you will discuss why you voted the way you did and other factors that played a part in your decision.” Ask the girls if they have any questions about the instructions.

3. Read the first situation on the Facilitator Resource: Ready or Not? Teen Situations, then tell the girls to share their opinion using the signs from step 1. Give the girls a moment to show their sign. Once everyone has voted, tell the girls to find and join up with the people in the circle whose votes match with theirs. Give each smaller matched group 2–3 minutes to discuss the factors that played a part in their decision.

4. Solicit one or two responses from each small group about what was discussed among them. As the girls share, list their responses underneath the chart paper with the heading that corresponds with their position of whether they think the teen is ready, not ready, or are not sure.

5. Continue in the same way with the remaining situations on the Facilitator Resource: Ready or Not? Teen Situations.

   Facilitator Note: As an additional option, you may wish to take a numerical record of the direction of votes made for each statement, to be used for discussion later.

6. After voting on all the situations, bring the large group back together. Ask the girls if there was a common factor for why they said a teen was ready or not that came up throughout the activity. Continue to list responses on the appropriately labeled (Ready, Not Ready, Unsure) chart paper.

ACTIVITY 3: CLOSING

1. Conclude with the following discussion questions:
   a. Did any of the votes people made surprise you? Why or why not?
   b. Were there any situations that were difficult to make a decision about? Explain.
   c. Was there anything shared today that you think girls your age should think about when making a decision about sexual intercourse? Is there anything else we should add to the list?
   d. Who do you think could a girl talk to if she is thinking about having sex? (Encourage the girls to think about parents/caregivers, trusted adults, health professionals, etc.)

2. Once discussion has concluded, congratulate everyone for a great session and adjourn.
Amber, 14: I’ve been going out with this guy—he’s 18. Everything was romantic at first, but now he’s gotten real pushy. Last time we were alone, he gave me molly (a party drug). I don’t take drugs, but he kept on pushing it on me, so I did it that one time just to shut him up. Now he’s pushing the sex thing on me. It’s like we don’t talk about anything but sex. I know he’s tired of waiting for me, but I think things are getting out of hand.

Jessica, 17: I’m so lucky! I think I have found true love! Mike really loves me and I love him too. We’ve started talking about having intercourse. At first, I was worried about getting pregnant, but Mike’s been a good listener. He says there’s not much risk if I use an Implant to prevent pregnancy and we use condoms. He says he’ll go along with whatever I decide, and help me find a doctor that can insert the Implant.

Jana, 18: My boyfriend and I have been going out for about a year. We’ve made out a lot, and have had intercourse sometimes too. Last week, we were at a party and he wanted us to do it in an upstairs bedroom. I said no, but I wish we had talked about it before the party, instead of him putting me on the spot like that.

Avida, 16: I admit it—I’ve never done it. I told my friends I’ve had sex lots of times, and I said the same thing to my new girlfriend too. She’s “experienced” for real. Now I think she expects it of me too! Even worse, she’s gonna expect me to be a pro, and I’m not even sure what to do!

Shannon, 14: I like my boyfriend. He treats me real well, and I used to feel comfortable with him. But lately he’s started to feel me up under my skirt, even when we’re in public. I started wearing jeans instead, but that hasn’t stopped “Mr. Wandering Hands.” I don’t know what to say to make him stop, but I really wish he would.

Keene, 15: Stacey and I have been dating for about 6 months, and everything is going GREAT! We do just about everything together, and always a great time. There’s just one thing we haven’t done yet . . . I know we would enjoy sex, because we’ve talked about it, and are on the same page about practicing safe sex to avoid sexually transmitted infections (STIs). We’ve even gone to our local health center to get tested for STIs together! I really care about Stacey. If we didn’t do it that’d be cool . . . but I think we’re both ready to take it to the next level.

SESSION 10:
TAKING IT THERE, PART TWO

PURPOSE:
To assess the many factors associated with sexual readiness and discuss what conditions would indicate whether or not someone is ready.

OBJECTIVES:
By the end of this session, participants will be able to:
1. Examine and assess one case study in sexual decision-making.
2. Identify at least two personal boundaries for sexual engagement in the future (private).

KEY MESSAGES:
- The decision to become sexually active should never be pressure-based, forced or taken lightly.
- You have the power and responsibility to determine your own sexual readiness.

AGENDA:

ACTIVITY 1: Opening Discussion: Ready or Not? 15 minutes

ACTIVITY 2: Ready or Not?: Eliza & Matthew 25 25 minutes

ACTIVITY 3: Closing 5 minutes

MATERIALS:
- Chart paper, markers
- Pens or pencils for each participant
- 8.5” X 11” paper
- “Readiness” brainstorm list (from Session 9: Taking It There, Part One)
- Facilitator Resource: Ready or Not? Issues to Raise
- Handout: How Do You Know Whether or Not You’re Ready?
- Handout: Ready or Not?: Eliza & Matthew
- Handout: Ready or Not?

PLANNING NOTES:

- This is the second part of the Taking It There session plan. It is STRONGLY suggested that you deliver this session after Session 9: Taking It There, Part One.

ACTIVITY 1:

- Gather the Readiness brainstorm list from Session 9: Taking It There, Part One.
- Photocopy the Handout: How Do You Know Whether or Not You’re Ready?, one per participant.
- The Facilitator Resource: Ready or Not?: Issues to Raise contains a question referring to the term Outercourse. For participants who are unfamiliar, this term is most often defined as “sexual activity that avoids penetration of any kind.” You may wish to avoid this specific topic during group discussion, based on the age and current sexual experience levels of your group; however, please be prepared to share the definition as needed if the topic is raised.

ACTIVITY 2:

- Photocopy Handout: Ready or Not? and Handout: Ready or Not?: Eliza & Matthew, one per participant.
- On three pieces of 8.5”X 11” paper write “YES,” “NO,” and “I DON’T KNOW.” Post the signs on different walls within the room.

PROCEDURE:

ACTIVITY 1: OPENING DISCUSSION: READY OR NOT?

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Inform the group that it will now return to the subject of readiness, then re-post the original readiness brainstorm list from the last session. Invite the girls to share any additional thoughts they’ve considered since the last session, adding them to the sheet as appropriate.

2. Inform participants that out of every factor that could be used to determine a person’s readiness for sexual activity, sexual health researchers have identified six as being among the most important to consider when attempting to avoid negative outcomes. Pass out the Handout: How Do You Know Whether or Not You’re Ready? to each participant.

3. Break the larger group into pairs and tell the girls to review the handout together with their partner. After a few minutes of the girls reading and discussing the Handout, ask them to decide upon the top three things girls their age should consider about being ready or not ready for sexual intercourse. Give them another 2–3 minutes to discuss.

4. Regain attention of the group, and then ask for volunteers to share their top three lists. As the girls share, record their responses on the chart paper. Should repetition in response arise, encourage volunteers who have different views to share aloud.
5. Then, lead a discussion using the following questions:
   a. What informed your top three list of considerations? Why?
   b. What are some examples of goals or values that could affect whether someone feels ready or not?
   c. Why might relationship partners decide not have sex? Why might they be interested in having sex?
   d. What are some ways a person might pressure someone into having sex? What might they say or do? Emphasize that being pressured to do something sexually is not okay. If they ever feel pressured, it is important to tell a parent/caregiver, or a trusted adult, or older sibling they trust.
   e. How can someone be clear about their feelings about being ready or not for sex?

6. Inform participants that they will return to this sheet before the end of the session, and instruct them to keep it out and handy for the next activity.

ACTIVITY 2: READY OR NOT?: ELIZA & MATTHEW

1. Inform participants that they will now consider and evaluate the sexual readiness of two individuals in one particular situation. Distribute the Handout: Ready or Not?: Eliza & Matthew. Ask a volunteer to read the story aloud to the participants, or read it aloud to them. Once the story is read, ask the girls to share their initial reactions or feelings about the story.

2. Distribute the Handout: Ready or Not? Read the instructions, and clarify to participants that the handout contains suggestions that come from professional sex educators and therapists. Instruct half of the pairs to complete the handout while focused on Eliza’s readiness for sexual intercourse in the story, and the other half of the pairs to complete it while focused on Matthew’s readiness. Tell the girls that they should complete the sheet as if they are that character, not themselves. Give the group approximately about 5–7 minutes to complete the handout.

3. After the time has passed, point out the Yes, No, I Don’t Know signs posted around the room as prepared in the Planning Notes. Tell the girls that they will share their answers by moving underneath or near the sign that represents their response on the handout. Then, lead the activity by doing the following:
   - Read each item one by one, allowing time afterward for movement.
   - Ask one or two volunteers at each position in the room to share reason for placement after the girls have moved.

   Facilitator Note: For helpful discussion points to raise during the handout review, consult one or more prompting questions from the Facilitator Resource: Ready Or Not? Issues to Raise.

4. Reconvene the group, and invite the girls to guess about what they believe Eliza and Matthew would decide if they were to talk later on in the scenario.
5. Continue the discussion using the following questions:
   a. Which statements were easiest to make decisions about? Hardest?
   b. After doing this activity would you say that Eliza and Matthew have similar or different perspectives?
   c. What do you think Eliza and Matthew should talk about with regard to being ready or not for sexual activity?
   d. What sources would you recommend for Eliza and Matthew to get helpful advice in deciding whether or not they are ready? What sources in your life would be helpful?
   e. What advice would you give to a friend who was thinking about having intercourse?

**ACTIVITY 3: CLOSING**

1. To conclude the session, return to the Handout: *How Do You Know Whether or Not You’re Ready?* and ask the girls if they have any questions about the sheet, or the session in general.
2. Post one final sheet of chart paper and write the word “Readiness.” Ask the girls to share one word or phrase that she will take away from the session. Write their responses on the chart paper.
   Encourage the girls to consider the items on the sheet for their own personal lives, and pick three to five things they believe might be most important to consider personally.
3. Congratulate everyone on a great session, and adjourn the group.
1. Think about YOUR requirements before you will have intercourse with someone. Are these conditions met?
   - What were Eliza’s conditions? Matthew’s?
   - What other conditions might someone have?
   - Does the particular situation in which intercourse occurs matter? How?

2. Is having intercourse now what YOU want, not what someone else wants?
   - Were Eliza or Matthew wanting intercourse for themselves?
   - What could a person’s reasons for having intercourse be?
   - How does a person figure this out?
   - How might a person feel after having intercourse for the first time?

3. Are you able to make this decision at your own pace, without feeling rushed?
   - Did Eliza or Matthew feel rushed?
   - What could make a person feel “rushed”?
   - Could age difference make a person feel rushed? How?
   - How do people sometimes pressure or manipulate a partner?
   - How does a person know their partner is consenting?

4. Do you trust your partner?
   - How did trust develop for Eliza and Matthew?
   - How else could trust develop?
   - Why are people sometimes dishonest in relationships?

7. Are you comfortable enough with your partner to talk clearly about sexual intercourse?
   - How did you evaluate Eliza and Matthew’s communication?
   - Why is it so important to talk clearly about your sexual decisions ahead of time?
   - How does a person communicate clearly?
   - How can a person speak honestly without hurting a partner’s feelings?
   - What are some ways to handle a disagreement?

8. Would you be able to give and receive sexual pleasure?
   - How were Eliza and Matthew able to learn about giving and receiving sexual pleasure?
   - How does a person learn about their body’s responses?
   - Why is it important to be aware of both partners’ responses to sexual touch?
   - What happens if the sexual behavior felt different than a person expected?

9. Before deciding to have intercourse, have you and your partner tried other sexual experiences?
   - What other sexual activities do you think Eliza and Matthew might have tried?
   - What is outercourse?
   - Why might outercourse be important in a relationship?
10. Do you understand the risks of oral, anal, and vaginal intercourse?
   • How did Eliza and Matthew learn about these risks?
   • What are the risks?
   • Where could a person get more information about protection?

11. Are you ready to use contraception and safer sex every time to prevent unplanned pregnancy and sexually transmitted infections?
   • How did Eliza and Matthew show they were ready to protect themselves?
   • Why is it important for a person to protect himself or herself every time?
   • What are a person’s options for preventing pregnancy? Sexually transmitted infections?
   • How can a person find out how to use these methods of protection, or where to get them?
   • How can a person raise these issues with a partner?

12. Have you decided what you would do if a pregnancy or infection occurs?
   • How could Eliza and Matthew get help if they had an infection, or if there was a pregnancy?
   • What could a person do if protection fails, or doesn’t get used?
   • What could a person do if a pregnancy occurs?
   • What could a person do if an infection occurs?

13. Are you able to have intercourse without getting drunk or high first?
   • Why do you think Matthew’s friend suggested he have a drink before having intercourse?
   • How could alcohol or other drugs affect sexual decisions, or sexual feelings?
   • How common is the use of drugs in conjunction with sex among people you know?

14. Could you handle breaking up and other emotional aspects of sexual intercourse?
   • How did thoughts of breaking up affect Eliza or Matthew’s decisions?
   • What are some of the other emotional aspects of sexual relationships, besides breaking up?
   • How might a person’s feelings change after intercourse occurs in a relationship? Why?
   • How important is it to discuss breaking up?
   • What signals might a person get that a relationship may be coming to an end?
Sexuality is a natural and normal part of life. And so is sex. Being sexual with a partner—from masturbation to flirting, from kissing to touching, from oral sex to intercourse—is a big decision. It involves many feelings and responsibilities. Making decisions about sexual behaviors is something that people do throughout life—in their teens, 20s, 30s, 40s, 50s, and beyond—every time a sexual situation develops. Choosing to be in an ongoing sexual relationship is another big decision. There is a lot to consider.

PERSONAL VALUES & GOALS
The messages we get about sex can be confusing and it can be hard to sort out what we really feel and believe. Parents may say one thing; one’s faith may share a different message; and media formats say something else.

Think about:
• What messages have you gotten from your family about sexual intercourse?
• What are your religious, spiritual, or moral views?
• Do you want a committed relationship before you have sexual intercourse?
• Will having intercourse now affect your plans for the future?
• Is having sex at your age with your partner legal where you live?
• What are your other conditions for having sexual intercourse?

EMOTIONAL READINESS
Being sexual with a partner can be wonderful—whether or not it includes intercourse. But it can also make people feel very vulnerable, and they can get hurt.

Think about:
• Do you feel excitement and desire when you’re close to your partner?
• What if having sex with your partner turns out to be different than you expect?
• Will having sex make you feel differently about yourself? If so, how?
• How might your feelings about your partner change?
• Will you expect more commitment from your partner? What if you don’t get it?
• What if having sex ends your relationship?
• What if having sex changes your relationship with your family and friends?

PHYSICAL READINESS
Having sexual intercourse with a partner can be a meaningful way to express yourself. But there are two important risks—sexually transmitted infections and unintended pregnancy.

Think about:
• Do you and your partner agree on what the words “having sex” mean?
• Do you understand how the body responds sexually?
• Do you feel sexual pleasure together?
• Do you know how to reduce the risk of sexually transmitted infections?
• Are you able to get and use condoms?
• Do you know how to prevent unplanned pregnancy?
• Are you able to get and use reliable contraception?
• Do you know how you and a partner would handle an infection or unplanned pregnancy?
• Will you go for regular checkups to take care of your sexual health?
HOW DO YOU KNOW WHETHER OR NOT YOU’RE READY FOR SEX?

PRESSURE

It may seem as though everyone your age is having sex—especially intercourse. This can make you feel that you should be, too. But the truth is that only about half of high school students have ever had intercourse.

Think about:
- Would you feel pressured if your friends were having sex sooner than you did?
- Do you want to just “get it over with”?
- Does your partner want to have sexual intercourse when you don’t?
- Would your partner break up with you if you decide not to have intercourse?
- Do you think having intercourse will make you feel more popular or more mature?
- Are you having intercourse to be independent from your parents?
- Would you be comfortable saying “no” at the last minute if you change your mind?
- Would your partner stop if you said “no”?

BEING CLEAR

It is important to let your partner know what you want, and what you don’t want, before things get sexual. This may not be easy. Maybe it seems like sex is something that should “just happen.” In fact, you need to be clear about what you want. Your partner can’t read your thoughts. Talking with your partner is very important.

Think about:
- Would you be comfortable talking with your partner about safer sex or contraception?
- Would you avoid using alcohol or other drugs, so that it is easier to talk to your partner?
- Do you know how to say “no” to your partner?
- Could you say “no,” even if it might hurt your partner’s feelings?
- Are you comfortable letting your partner know what sexual behaviors you like and do not like?
- Could you tell your partner if you were confused or uncertain about a sexual behavior?

YOUR RELATIONSHIP

People who care about and trust each other become intimate—close. But sex is just one part of a whole relationship. It is just one way to be intimate.

Think about:
- Do you treat each other as equals?
- Do you trust each other?
- Are you honest with each other?
- Do you respect each other’s needs and feelings?
- Do you and your partner take care of each other?
- Do you share similar interests and values?
- Do you have fun together?
- Do you both accept responsibility for what you do?
- Do you care about each other’s pleasure?
- Do you both know and talk about what sexual behaviors you like?
- Do you decide together what you will do sexually?
- Do you both want to have sexual intercourse at this time?

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Eliza & Matthew

Eliza and Matthew have been dating for just over six months. They spend a lot of their free time together and are happy with their very special relationship. They are best friends. They trust each other. They tell each other everything, and they’ve decided not to go out with anyone else.

When they had been dating for about a month, Matthew’s parents talked with him. They felt it was important for Matthew to abstain from sexual intercourse until marriage. Eliza felt differently. She thought it was okay if a couple were together for a long time. But after Eliza and Matthew talked it over, they agreed to wait until they were both ready.

As their relationship got more serious, Eliza and Matthew decided that while they wouldn’t have intercourse, they would engage in other sexual behaviors that did not put them at risk for sexually transmitted infections (STIs) or pregnancy (cuddling, holding hands, self-masturbation, and dry humping). They talked about what felt good, and what didn’t. In health class, they also learned about contraception and preventing STIs. After thinking about all the problems a pregnancy or disease would cause, Eliza and Matthew decided they would definitely use condoms and see a doctor at a health clinic for a reliable contraceptive, like the hormonal implant, if they ever decided to have intercourse.

Recently, however, Eliza has felt a little bit jealous of her friends because some of them say they’ve already had sex. Eliza feels like she’s ready to have intercourse and has started to put pressure on Matthew. Eliza doesn’t want to push Matthew into doing something that he doesn’t want to do. But she feels that as long as they’re in love, they shouldn’t have to wait until marriage. At the same time, Eliza is a little worried that if she pushes too hard, Matthew will break up with her.

Matthew loves Eliza a lot, and worries that their relationship will change if they have intercourse. He also worries about disappointing his parents. Matthew is also scared that Eliza will break up with him.

Matthew decides to talk with his friend Justin, who says, “I don’t know why you’re making such a big deal about this— everyone has sex! Just drink a little liquor first if you’re feeling so uptight.” Matthew doesn’t really believe that everyone is doing it. But sometimes he feels like he is the only one who’s not. Matthew is trying to decide whether or not he’s ready to have intercourse and wants to talk with his parents about it, but he doesn’t know what to say.

Both Eliza and Matthew are feeling confused, but want to work things out. They decide it’s time to talk again.

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**Directions:** Circle the name of the character assigned to your group, and imagine you are that character in the story. Check the boxes that describe how ready that character seems to be right now.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
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<tbody>
<tr>
<td><strong>Eliza or Matthew</strong></td>
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<tr>
<td>1. Is having intercourse now what YOU want, not what someone else wants?</td>
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<td>2. Are you able to make this decision at your own pace, and not feel rushed?</td>
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<td>3. Do you trust your partner?</td>
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<td>4. Are you comfortable enough with your partner to talk clearly about sexual intercourse?</td>
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<td>5. Would you be able to give and receive sexual pleasure?</td>
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<td>6. Before deciding to have intercourse, have you and your partner tried other sexual experiences?</td>
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<td>7. Do you understand the risks of oral, anal, and vaginal intercourse?</td>
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<td>8. Are you ready to use contraception and safer sex every time to prevent unplanned pregnancy and sexually transmitted infections?</td>
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<td>9. Have you decided what you would do if a pregnancy or infection occurs?</td>
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<td>10. Are you able to have intercourse without getting drunk or high first?</td>
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<tr>
<td>11. Could you handle breaking up and other emotional aspects of sexual intercourse?</td>
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<tr>
<td>12. Think about YOUR requirements before you will have intercourse with someone. Are these conditions met?</td>
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SESSION 11:
STANDING UP AGAINST SEXUAL HARASSMENT

PURPOSE:
To teach participants the basics around identifying, understanding, and safely addressing street, school, and other sexual harassment when it occurs in their daily surroundings. Participants will revisit assertive communication tactics, and learn bystander intervention as two effective strategies for supporting themselves and other girls when issues arise.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Describe and give an example of sexual harassment.
2. Identify at least two ways to assertively respond to sexual harassment.
3. Explain one benefit of using bystander intervention to help handle sexual harassment with one’s peers.

KEY MESSAGES:
- Sexual harassment is not the same as an unwanted romantic advance.
- You have every right to protect yourself from unwanted aggression from others.
- You have the opportunity to help out your sisters when they become targets of sexual harassment.
- Bystander intervention is a great way to safely help out when your friends experience harassment.

AGENDA:

ACTIVITY 1: Sexual Harassment: Myth vs. Fact Game 15 minutes
ACTIVITY 2: Sexual Harassment Bill of Rights 15 minutes
ACTIVITY 3: Bystander Intervention via #YouOKSis 15 minutes
ACTIVITY 4: Closing 1 minute
**MATERIALS:**
- Chart paper, markers
- A large beach ball, or other ball with smooth surface (like soccer)
- Post-it Notes
- Pens or pencils for all participants
- YouOKSis: Ending Street Harassment video
- Wi-Fi or other Internet access and speakers
- **Facilitator Resource: Sexual Harassment Trivia Statements**
- **Handout: Sample Bill of Rights Against Sexual Harassment**

**PLANNING NOTES:**
- Several of the activities in this session plan build on concepts introduced in the Session 5: Communication Skills plan of this module. It is STRONGLY suggested that this session be led after you have delivered Session 5: Communication Skills.
- It is very possible that a group member has a history of being a target of sexual harassment. Discussions about sexual harassment may be triggering for targets. Be sure to give a heads-up that this session will be happening in advance, and respect participants’ right to opt out of the session, or to leave the session early. Be prepared to manage these circumstances if they arise. Identify an “onsite professional” to be the “go-to” for participants. This would be someone with clinical experience who would be available during and after the session if further debriefing or additional support is needed. Make sure you are aware of any policy and procedures for reporting should a personal disclosure arise.

**ACTIVITY 1:**
- Write “Sexual Harassment” on the top of a piece of chart paper, followed by the definition found in procedure one of Activity 1. Cover the definition until needed.
- Participants will be tossing around a large smooth ball containing trivia statements about sexual harassment. To create the trivia ball, copy each statement from the Facilitator Resource: Sexual Harassment Trivia Statements list onto an individual Post-it Note. Tape each Post-it Note onto various areas of a beach ball.
- Review the Facilitator Resource: Sexual Harassment Trivia Statements list to familiarize self with statements and answers.
ACTIVITY 2:
- Write “Bill of Rights Against Sexual Harassment” at the top of a piece of chart paper and the first two rights listed on Handout: Sample Bill of Rights Against Sexual Harassment.

ACTIVITY 3:
- Prepare a chart paper with the descriptions of Passive, Aggressive, and Assertive communication styles. This may be a reminder or may be new to the girls depending on whether or not you have already delivered Session 5: Communication Skills session plan:
  - **Passive**: When someone is mainly interested in avoiding conflict. They may have feelings, needs, or desires, but they don’t express them directly.
  - **Aggressive**: When someone expresses their feelings, needs, or desires in a hostile manner, with little or no regard for other people’s feelings, needs, or desires.
  - **Assertive**: When someone expresses her feelings, needs, or desires in an open and direct, but respectful manner.

- As part of this session you will share a YouTube Video from NewsOne.com, entitled #YouOKSis: Ending Street Harassment. Confirm the video’s availability and review it in advance of the session by visiting the following web address: https://www.youtube.com/watch?v=L5DA2MjNb-E. An Internet connection will be needed to access it, as well as speakers. Additionally, check in advance to see if your facility’s connection has any firewalls that may prevent you from showing the video.

If you do not have internet access there is a written article on the #YouOKSis movement that can be accessed from the following web address: www.hln.tv/article/2014/08/06/youoksis-you-ok-sis-street-harassment-feminista-jones. The video is recommended, but the article can be used instead.

PROCEDURE:

**ACTIVITY 1: SEXUAL HARASSMENT: MYTH VS. FACT**

1. Welcome participants to the session and remind the girls of Group Agreements from the Introductory Session. Post the sheet of chart paper labeled with “Sexual Harassment” as created in the Planning Notes. Ask the group if anyone has seen the term before. Then, ask the group if anyone knows what the term means. Solicit two or three responses. Then share the following definition:

   **Sexual Harassment**: any type of aggressive pressure or intimidation that involves unwanted sexual attention, behavior, or obscene remarks.

2. Ask if anyone can give an example of sexual harassment. Solicit two to three examples.

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3. Instruct participants to form a large circle among them, with ample space for arm and body movement. Once the circle has been created, review the instructions with the group:
   • A trivia ball will be tossed around the circle.
   • When you say, “stop” the group member holding the ball will pick off the Post-it Note that is nearest to their right thumb and read the statement out loud.
   • The group member will have up to 30 seconds to respond whether they think the statement is a myth or fact.
   • You will let them know the correct answer.

4. Begin by throwing the beach ball to a group member in the circle and encourage the group to throw the ball around. Let the ball be tossed around for about 10 seconds and then say, “Stop!” Have the group member read the statement aloud. Use the Facilitator Resource: Sexual Harassment Trivia Statements to clarify the answer and provide additional details. Continue game play in the same way making sure to say “Stop” at different times so that various group members read statements aloud.

5. Lead a discussion using the following questions:
   a. What was it like to do the activity?
   b. What, if any, new information did you learn?
   c. Which facts do you think are most important to remember? Why?

**ACTIVITY 2: SEXUAL HARASSMENT BILL OF RIGHTS**

1. Ask the group for a show of hands for individuals of those who believe that girls should have rights against sexual harassment. Ask two or three participants to share why they believe girls should have rights against sexual harassment.

2. Direct the girls’ attention to the chart paper a prepared with the heading Bill of Rights Against Sexual Harassment. Pass out a copy of the Handout: Sample Bill of Rights Against Sexual Harassment to everyone. Read the two examples listed. Ask for any general feedback participants have on them.

3. Now, ask the group the following: “If you had the opportunity to create your own bill of rights with statements like these, what would they say, exactly?” Ask the group to take 2–3 minutes to create and write down at least one additional statement they would put in a “Bill of Rights” addressing sexual harassment.

   **Facilitator Note:** Alternatively, this activity can be done as a general brainstorm. If you decide to do as a brainstorm, the girls will not need to have the handout.

4. After 3 minutes has elapsed, have volunteers report out to the larger group. As they share responses, record them onto a sheet of chart paper.

5. Once all responses have been written, ask the group to vote on whether they would want this Bill of Rights to be law by a show of hands. If you have time, give each one of the girls a marker and encourage
them to sign the newsprint in support of the bill. Encourage the group to write the remaining rights down on their own handouts, or to take a picture of the group-created document to share with others not currently present.

**ACTIVITY 3: BYSTANDER INTERVENTION VIA #YOUOKSIS**

1. Ask the girls to share ideas of what they think a person could do to address sexual harassment. Create a new brainstorm list from their responses on the chart paper.

2. Use the chart paper prepared in the Planning Notes with the descriptions of Passive, Aggressive, and Assertive communication styles. Review the styles of communication, if needed, with the group. Have the girls classify the brainstormed responses as examples of Assertive, Passive, and Aggressive communication styles. (Below is a description of the communication styles for your reference.) Discuss the potential outcomes that could occur as a result of each strategy, based on the benefits and drawbacks that have already been established about each communication type. Reemphasize assertiveness to the group as the most effective method for communicating, particularly during experiences of conflict.

   **Passive:** When someone is mainly interested in avoiding conflict. They may have feelings, needs, or desires, but they don’t express them directly.

   **Aggressive:** When someone expresses their feelings, needs, or desires in a hostile manner, with little or no regard for other people’s feelings, needs, or desires.

   **Assertive:** When someone expresses her feelings, needs, or desires in an open and direct, but respectful manner.


3. Explain to the group that you will now take a deeper look into bystander intervention, a strategy to address several forms of sexual harassment when they happen. While there are several different ways the term can be defined, share an easier one with the group, similar to the following:

   **Bystander Intervention** is interrupting a potentially harmful situation by supporting the victim over confronting the perpetrator.²⁸

   Solicit any questions participants have about the meaning of the term. Explain to the group that bystander intervention has been shown to be more effective than any other form of intervention attempted against sexual harassment, including fighting the perpetrator, arguing, etc.

4. Cue up the YouTube video *YouOKSis: Ending Street Harassment,* or pass out copies of the #YouOKSis article if video is unavailable as stated in the Planning Notes. Explain this is a social media campaign to end street harassment by Feminista Jones. Though street harassment may or may not be common for girls their age, Feminista is sharing a bystander intervention approach. Encourage the girls to make a mental note of any ideas or experiences discussed in the video that seem familiar to them while they are watching.

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5. When the video is finished, lead a discussion using the following questions:

a. What feelings were expressed about being a target of harassment?

b. What examples of bystander intervention were shared? (Checking in with the target, taking a stand against the attacker, be a witness, be present with the target.) Do you think these suggestions could be used to support a target of sexual harassment in school setting, at a program, or other settings?

c. How might it feel to receive support like “You Okay Sis” from a friend if you were experiencing harassment?

d. What concerns do you have about intervening as a bystander? What might be one strategy that could address that concern?

e. What might be a few other ways to step in when sexual harassment happens, that still keep both you and the target safe?

**Facilitator Note:** If there is enough time, ask for 2–3 volunteers to demonstrate a bystander focused intervention with each other in front of the larger group. Serve as the “harasser” in each case, allowing them to alternate between being the victim and being the intervener. As an optional added treat, offer a prize to anyone who volunteers.

f. What other ideas do you have for addressing sexual harassment? (Examples might include alerting a parent, teacher, coach, or police officer; organizing a poster campaign or educational program for one’s school; talking to a friend of the perpetrator; reporting or blocking harassing online behavior; etc.)

**Facilitator Note:** If you are using the article instead of video, replace “video” in your discussion questions with the proper terminology.

### ACTIVITY 4: CLOSING

1. Conclude the session by asking if anyone in the group uses Twitter. Encourage the group to consider visiting the #YouOKSis hashtag on the site, and using it to share words of encouragement and enthusiasm about what they’ve learned during the session.

   **Facilitator Note:** You may wish to have participants post a picture of your Bill of Rights to the hashtag too if you still have Internet access in the room.

2. End by congratulating everyone for work well done.
1. Sexual harassment is a common experience.

Answer: FACT – At least one in four middle school youth report having experienced sexual harassment at some point in their lives. By other estimates, that number is nearly 50%.

2. The average age of girls’ first experience with sexual harassment is between 12 and 14 years old.

Answer: FACT – It is estimated that most young people’s first experience with sexual harassment occurs between the 6th and 9th grades.

3. Catcalling, jokes, and obscene language are all forms of sexual harassment.

Answer: FACT – Reported instances of sexual harassment among many different groups include unwanted touching, verbal comments, name-calling, gestures, and having someone spreading rumors about them.

4. Boys who sexually harass others are really attempting to be funny.

Answer: FACT – Most of the time, young people who sexually harass others say they are doing it to be funny. They don’t realize how their behavior negatively impacts others, and they may not actually be attracted to the person at all.

5. Sexual harassment can occur to any kind of person, regardless of how they dress.

Answer: FACT – There is no scientific evidence that a person’s attire plays any role in whether or not a person becomes a victim of sexual harassment.

6. Anybody can be sexually harassed, regardless of sex or gender.

Answer: FACT – Girls are consistently found more likely to experience sexual harassment than boys. However, boys can also be victims of sexual harassment, and are less likely than girls to report it. Transgender and gender non-conforming youth are often at higher risk for sexual harassment.
7. Sexual harassment can cause a lot of harm.

Answer: FACT – Sexual harassment can cause physical, mental, and emotional harm to those affected by it. In fact, 87% of young people who have been harassed report the experience as having a negative effect on them. In some cases, victims may be moved to skip school, drop their friends or other school activities, or even cause themselves physical harm.

8. Harassment is not limited by the age of the harasser or recipient.

Answer: FACT – Peer-to-peer sexual harassment is the number one type of harassment most young people report giving AND receiving.

Sources:


Directions: Use the examples below as inspiration for creating your own Bill of Rights Against Sexual Harassment!

Right #1: I have the right to feel safe at all times.

I have the right to walk into any area I please—my neighborhood, my school, and my community. No one has the right to violate my safety.

Right #2: I have the right to be treated well.

I have the right to expect that I be treated with care and humanity, as well as the right to demand respect and positive treatment.

Right #3:

Right #4:

Right #5:
SESSION 12:
SEX: A DECISION FOR TWO

PURPOSE:
To define sexual coercion, explore aspects of being able to give free and informed sexual consent, and examine traditional sex-role expectations that may program girls to be victims of sexual coercion.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Establish being safe from unwanted sexual activity as a core aspect of “safer sex.”
2. Identify at least one way that traditional sex-role expectations may set girls up to be victims of sexual coercion, and boys to be perpetrators.
3. Identify and explain at least two rights that girls have to sexual safety in sexually coercive situations.

KEY MESSAGES:
- Safe sex is not just about contraception. It includes being free from all unwanted sexual activity or sexual coercion.
- It is everyone’s responsibility to respect the sexual boundaries of others, regardless of gender. Knowing how to give consent (and clearly giving it) is a fundamental part of any healthy sexual experience.
- Giving consent for sex is as much about saying “yes” as it is about saying “no.”

AGENDA:

ACTIVITY 1: Opening Discussion  
10 minutes

ACTIVITY 2: Sexual Behavior Attitude Survey  
10 minutes

ACTIVITY 3: Exploring Consent  
20 minutes

ACTIVITY 4: Closing  
5 minutes


MATeRIALS:

- Chart paper, markers
- Pens or pencils
- Envelopes
- Facilitator Resource: Consent Situations
- Handout: Sexual Attitudes Behavior Survey
- Handout: Guidelines for Free and Informed Consent

PLANNING NOTES:

- Given average rates for sexual abuse and sexual assault among women and girls, it is very likely that a participant in your group has had a history with sexual trauma. In such cases, a session like this could be potentially emotionally triggering. Be sure to give a heads-up that this session will be happening, ideally at least one session in advance. Ample awareness provides a safe space for participants to opt out, or request to leave the session early. Be prepared to manage these circumstances if they arise, including normalizing the right to opt out, and encouraging other participants to avoid judgment for those not present. Identify an “onsite professional” the go to for participants. This would ideally be someone with clinical experience available during and after the session if further debriefing or additional support is needed. This may also be someone who could stay with the participant away from the group until a qualified individual is available or can be contacted.

- Talking about coercion and consent can prompt a group member’s disclosure with sexual violence. This disclosure can be a critical step in getting support and treatment. The Rape, Abuse, & Incest National Network (RAINN) has suggestions for responding to a survivor. Visit their online resource https://rainn.org/get-information/sexual-assault-recovery/respond-to-a-survivor in advance of the session. Make sure you are aware of your organization’s policy and procedures for reporting. Know the number for the local sexual assault center. RAINN has a national hotline (800) 656-HOPE (4673) to be connected with a trained staff member from the sexual assault service provider in the area. They also have a National Sexual Assault Online Hotline: https://hotline.rainn.org/online/terms-of-service.jsp.

- Several terms that will be discussed during this session may be new to participants. As such, their definitions are listed below, and you are encouraged to share them with the group as appropriate:
  - Sexual coercion: using pressure—including intimidation, blackmail, drugs and/or alcohol—to influence someone’s decision to engage in sexual behavior.
  - Consent: approval for sexual activity that is sober, freely given, and fully informed

Source: http://www.loveisrespect.org/
ACTIVITY 1:

- The opening exercise for this session involves what is known as a Big Paper exercise. Participants are responsible for creating a written conversation about the overarching topic, versus an oral one. Responses to the original Big Paper question can be in any form, including words, phrases, or other questions. As people add responses, those responses can be to the original question, or to other thoughts and questions shared. Connector lines should be drawn between related ideas for easier conversation flow. For best results, the entire conversation should be conducted in absolute silence. More details on how to facilitate a Big Paper discussion can be found here: https://www.facinghistory.org/resource-library/teaching-strategies/big-paper-silent-conversation.

To create the Big Paper exercise, set aside a large space on the chart paper for the overarching question to be written. Gather a number of markers, depending on the group size, for this activity. Before the session decide whether to give each participant a marker, or leave several at the base of the writing space for participants to use when they are ready to “speak.” Inform participants at the beginning of the activity of the method you plan to use.

- Write the question, “What is ‘Safe Sex’?”, in the middle of the chart paper, leaving ample space for additional writing all around it.

ACTIVITY 2:

- It’s very likely that girls will bring up rape during this session. One way to respond if a participant begins to focus on rape, is to acknowledge that rape is a specific type of sexual coercion that happens without consent. And explain that this session focuses on bigger concepts that can apply to many sexual situations.

- Prepare the scenarios for small groups of four to discuss from Facilitator Resource: Consent Situations. Review and select the scenarios you want to use in the session. Copy and cut out the selected scenarios, and put each one into a separate envelope.

ACTIVITY 3:

- Photocopy Appendix A: Finding Help . . . A Resource List, one per participant.

PROCEDURE:

ACTIVITY 1: OPENING DISCUSSION

1. Welcome participants to the session and remind the girls of Group Agreements from the Introductory Session. Display the chart paper with the question, “What is ‘Safe Sex’?.” Inform the group that they will be engaging in a “Big Paper” discussion. This involves silently writing words, phrases, or other questions in relation to an overall topic.

Make the markers available to the girls, as indicated in the Planning Notes, and encourage them to begin by writing all the terms and questions that come up in their minds when the term “safe sex” is raised. Allow 3–5 minutes for the activity to proceed.
**Facilitator Note:** Some participants may not have heard the term “safe sex” before. In this case, feel free to support the activity by writing common terms first such as using birth control, preventing sexually transmitted infections, etc.

2. After about 5 minutes, write the question “What about CONSENT?” in bold letters underneath the answers already given. If the word has already been offered, circle it with a bold colored marker, and proceed from there. Transition back to verbal conversation, and ask the group what they believe consent is. Solicit two or three examples from the group of ways in which people give consent to a person, thing, or event. Read the definition of consent, restated below, and explain that more will be considered on this shortly. Follow up by asking individuals to think about how consent might be related to safe sex. Solicit two or three ideas.

   Consent: approval for sexual activity that is sober, freely given, and fully informed.
   Source: [http://www.loveisrespect.org/](http://www.loveisrespect.org/)

3. If it has not been suggested at this point, encourage the group to consider the idea that consent is an inherent aspect of safe sex, even though most mainstream conversations about safe sex don’t focus on it. Inform the group that you will continue to think about and build on this idea as you proceed through the rest of the session. Solicit any final comments or questions participants have about the Big Paper exercise, and share any other themes or patterns you noted as facilitator before moving forward.

**ACTIVITY 2: SEXUAL BEHAVIOR ATTITUDE SURVEY**

1. Write sexual coercion on a new piece of chart paper. Ask if anyone had heard the term before and if they know what it means. Share the definition below to clarify meaning for the participants.

   Sexual coercion: using pressure—including intimidation, blackmail, drugs and/or alcohol—to influence someone’s decision to have sex.
   Source: [http://www.loveisrespect.org/](http://www.loveisrespect.org/)

2. Explain that many sexuality and gender studies researchers believe that stereotypical socialization around gender roles is what most sets girls up to be the targets of sexual coercion and boys to be the ones doing the coercing. (Keith, 2011; Kilbourne & Rabinovitz, 2010; Katz, 1999). Take a show of hands from the group of those who know what gender roles are and then share the definition below to clarify meaning for the participants.

   Gender roles: a set of cultural norms or rules that dictate how people of a specific sex “should” behave (for example boys only play with trucks, girls only play with dolls)

3. Explain that family, culture, society, and the media often foster many widely held beliefs about gender roles. Ask for a few examples of gender roles they might have heard. If the group does not provide any, explain that they will learn a few examples during the session.

4. Distribute the Handout: Sexual Behavior Attitude Survey and a writing implement to each participant. Explain that the statements on the handout are examples of gender role-based attitudes. They are going

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to read each statement and decide whether they believe, do not believe, or are not sure about each statement. Tell them they have 5 minutes to complete the Handout.

5. After 5 minutes, bring the group back together and discuss the results using the following questions:
   a. What was it like filling out this survey?
   c. How do you think attitudes like this can affect a girl’s ideas about consent? Explain.
   d. Why is it important to think about how attitudes like these can affect a girl’s ideas about consent?
   e. Which attitude statements do you think should be challenged?

**ACTIVITY 3: EXPLORING CONSENT**

1. Explain to the group that the common denominator for all of the items noted on the Handout: Sexual Behavior Attitude Survey is that they are myths, and do not represent absolute truths about sexuality, even if many people claim to believe them. Explain to the group that even though girls cannot always control the bad things others do against them, each of them still has the power and right to give or take away consent during a sexual encounter.

2. Tell the girls that free, fully informed, and unpressured consent is important for many shared behaviors and activities in all relationships and that you would like them to consider factors to being able to do so. Pass out the Handout: Guidelines for Free and Informed Consent to each participant and review together as a group. Emphasize a few points:
   - Communication is key for expressing and understanding people’s interests and limits to sexual behavior.
   - It’s important to respect that when a person doesn’t say “no,” it doesn’t mean, “yes.”
   - Dressing sexy, flirting with someone, or going out on a date does not mean a person is consenting to anything more.
   - Consent to sexual behavior is ongoing. It’s not okay to assume consenting to an activity once means consenting to an activity anytime in the future.
   - Consenting to sexual activity only if a condom is used is different than agreeing to sexual activity that is unprotected. It’s important to talk about consent to engage in sexual activity that includes protection from pregnancy and STIs and respect feelings about risk reduction and sexual activity.
   - It’s not okay to be pressured, threatened, or forced into doing any sexual activity. It’s important to talk with a parent/caregiver, or trusted adult like a counselor, about experiences navigating consent, especially if we feel our boundaries are being violated.

3. Afterwards, lead a discussion with the following questions:
   a. These guidelines are suggested in order to achieve free, fully informed, and unpressured consent. What do you think about these three overarching goals?
b. What factors might affect a person being able to achieve these goals? (Encourage participants to examine the handout for guidance such as communicating with a partner, respecting personal boundaries, being knowledgeable of pregnancy/STI and risk reduction, awareness of one’s feelings about sexual behaviors in general and also in the moment, the law, etc.)

c. What feelings might be associated with consent that can be given freely, fully informed, and without pressure?

Emphasize again that it’s not okay to be pressured, threatened, or forced into doing any sexual activity and the importance of communicating with a parent/caregiver, or trusted adult like a counselor to get support.

4. Tell the girls they will explore the concept of free and informed consent by engaging in a small group activity. In their small groups they will receive a scenario that involves consent and they will use the guidelines to decide which guideline(s) is/are not being met in order for the character to give free and informed consent.

5. Now, break the larger group into smaller groups of four to five girls. Give each small group an envelope with the selected scenarios, as stated in the Planning Notes, from *Facilitator Resource: Consent Situations*. Instruct each group to identify, based on the limited information given, what the character may still need in order to give free and informed consent. Tell the groups they have about 7 minutes to complete the exercise.

6. After the 7 minutes has passed, reconvene the larger group, and ask for a few small groups to report out their discussion about the guidelines.

7. Lead the group through the following questions:
   a. What was it like to do this activity?
   b. What did you consider as you did the exercise?
   c. Are there any guidelines that you think are particularly important?
   d. What is one lesson that a girl could take away from this exercise about consent?

**ACTIVITY 4: CLOSING**

1. Pass out *Handout: Appendix A: Finding Help . . . A Resource List*. Explain that it is important to let someone know, such as a parent/caregiver, trusted adult, or professional if an instance of sexual coercion or sexual assault happens. This is important so that a person can receive support and possible treatment. Ask participants to identify possible sources from the handout for support.

2. Solicit any additional questions or comments participants have about the material covered. Encourage them to keep their handouts to discuss with a friend or relative not present today.

3. End by congratulating everyone for work well done. Provide the number and web address for the RAINN national hotline in the Planning Notes for participants.
1. **Angelina** is in love. She has been going out with her boyfriend for six months, and they both want to start having sexual intercourse. Angelina has never had intercourse before. She is afraid that it will hurt and she is not sure exactly where the penis goes during intercourse.

2. **Pati** has been with Sam, her boyfriend, for almost a year. Recently, he has become very demanding, dictating everything from what she should wear to when they should have sexual intercourse. Though Pati enjoys having sex, she does not like being forced to do it. Sam has threatened to break up with her if she protests.

3. **Seo Hee** wants to have sexual intercourse with an older guy she has danced with a few times at parties. She is worried about getting a sexually transmitted infection, and feels strongly that if she has sex that a condom be used. She is not as concerned about pregnancy because she is using an intra-uterine contraceptive (IUC).

4. **Jody and Tabitha** are not dating, but are sexually involved. Jody has asked Tabitha on several occasions to send nude pictures. Although Tabitha is comfortable with her body, she is unsure that it would be a good idea. Tabitha has seen naked pictures of Jody’s ex-girlfriends on her phone.

5. **Latoya** is a sophomore in college and she’s going to the junior high school prom with a boy she used to date. He wants to have sexual intercourse, but she tells him that a she can get in trouble with the law if she has intercourse with someone who is too young. He’s not sure what she is even talking about and suggests that it’s not a big deal.

6. **Maria** has been tutoring Theresa for a month. During a tutoring session Theresa tells Maria she would really like to kiss her. Maria’s unsure because she just broke up with her long-term girlfriend and is not sure she is ready to start a relationship right now.

7. **Mike and Jessica** love and trust each other. They have been an in an exclusive relationship with each other that has included sexual intercourse on multiple occasions. On their upcoming one year anniversary, Mike tells Jessica that he would like to try a sexual behavior they have never done.

8. **Natasha’s** senior prom is next week. She and her boyfriend have never had sexual intercourse but she knows he expects it on prom night. She wants to tell him how nervous she is and that maybe she doesn’t want to do it that particular night. She doesn’t know how to bring the subject up and is afraid that he will break up with her if she backs out.

9. **Amber** is hanging out alone with her boyfriend Andy for the first time. After a few beers together, Andy and Amber start making out. Suddenly Andy stands up and starts to remove his clothes and tells Amber that she should get naked too.
Directions: Please circle the response that most accurately describes your beliefs about each statement.

1. A boy’s body has a mind of its own. Once it’s aroused it can’t be controlled.
   Strongly Believe       Not Sure       Strongly Do Not Believe

2. Once a girl has sexual intercourse, she can’t say no in the future.
   Strongly Believe       Not Sure       Strongly Do Not Believe

3. A guy isn’t a real man if he is a virgin.
   Strongly Believe       Not Sure       Strongly Do Not Believe

4. Girls need to be in a relationship if they want to be respected and popular with their friends.
   Strongly Believe       Not Sure       Strongly Do Not Believe

5. A guy will stay with a girl only if she has sexual intercourse with him.
   Strongly Believe       Not Sure       Strongly Do Not Believe

6. Girls want sex as much as boys, but they have to say “no” to maintain their reputations.
   Strongly Believe       Not Sure       Strongly Do Not Believe

7. A guy has the right to force sex if he gets so excited he can’t stop.
   Strongly Believe       Not Sure       Strongly Do Not Believe
8. Girls are the ones who decide how far sexual touching will go. They are responsible for setting limits.

   Strongly Believe  Not Sure  Strongly Do Not Believe

9. If a guy goes to a girl’s house and her parents aren’t home—that means she is willing to have sex.

   Strongly Believe  Not Sure  Strongly Do Not Believe

10. When a girl says “no” she really means “maybe” or “yes.” Girls want to be persuaded and are expected to struggle a little bit.

    Strongly Believe  Not Sure  Strongly Do Not Believe
If a person is considering engaging in a sexual behavior, the following checklist may be helpful in determining whether or not she is able to give free and informed consent in a particular relationship at a particular time in a particular place:

1. **KNOW exactly what the sexual behavior involves.**
   - Does this person know what they’re being asked to do?
   - Do they know exactly what the behavior involves?

2. **Be ABLE TO DECIDE whether or not to engage in that PARTICULAR sexual behavior, with a PARTICULAR partner, at a PARTICULAR time, in a PARTICULAR place.**
   - Is this person fully awake, alert, and sober to make a decision, with this partner, at this time and place?
   - Is this person able to freely change their mind at any point during this encounter without receiving backlash for it?

3. **UNDERSTAND his/her own REAL feelings about engaging in a particular behavior with a particular partner at a particular time and place.**
   - Is this person experiencing pressure, threat, physical force, or a guilt trip by the partner?
   - Does this person feel any guilt about saying “no” in this situation?
   - Do they fear what might happen if they say “no”?

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32 Reprinted with permission from Taverner, W.J. & DeMarco, C. (2006). *Verbal informed sexual consent assessment tool (VISCAT).* For further information contact Taverner@ptd.net.
4. Be ABLE TO COMMUNICATE his/her feelings and decisions to the partner.

- Has this person communicated about the sexual behavior(s) and whether they want to engage in the behavior(s)?
- Does this person feel like their partner listens to them?
- Does the person understand exactly how they feel about what’s going on?
- Would this person be able to clearly share their feelings without experiencing backlash?

5. KNOW how to prevent unwanted pregnancies and sexually transmitted infections.

- Does the person know how to prevent unwanted pregnancies and sexually transmitted infections?
- Does this person know what they would do if a pregnancy or sexually transmitted infection occurred?

6. KNOW which sexual relationships are illegal in his/her state.

- Does this person meet the minimum age requirements for consent in their geographic region?

7. BE ABLE to identify when a situation may be harmful.

- Is this person able to recognize when a situation or person might be harmful to hang around?

8. KNOW some ways a person could avoid being used and/or harmed by a partner.

- Does this person have a strategy for speaking up in an instance of harm or abuse?

Note: This handout does not intend to suggest that the responsibility for sexual assault belongs to anyone except the assailant.
SESSION 13:
HEY, MOM? HEY, DAD? (HEY . . . GRAM?)
CAN WE TALK?

PURPOSE:
To examine the benefits of communicating about sex with their parents, caregivers, or other trusted adults in their lives.

OBJECTIVES:
By the end of this session, participants will be able to:

1. State three reasons for communicating about sexuality with a parent/caregiver.
2. Identify at least three questions that could be posed to a parent/caregiver about sexuality.
3. List three suggestions for starting a conversation about sexuality with a parent/caregiver.

KEY MESSAGES:

- Having a conversation about sexuality with parents/caregivers may be difficult to begin but parents/caregivers are an importance source for information and advice.
- Parents, grandparents, and other caregivers may be just as nervous as you are to discuss interests and concerns about sexuality/sex.
- Parents/caregivers may be waiting for you to start a conversation. It’s okay for you to take lead by asking questions and letting them know what you want to learn or understand.

AGENDA:

ACTIVITY 1: Communication Gauge 15 minutes
ACTIVITY 4: Making the Parent Connection 25 minutes
ACTIVITY 3: Closing 5 minutes

MATERIALS:
- Chart paper, markers
- 3”X 5” Index cards
- Pens or pencils

PLANNING NOTES:
- This session addresses parent/caregiver and child communication. Though parents are a child’s primary sexuality educators, they may be reluctant to communicate with their child about sexuality for a variety of reasons. This session is intended to create space for the girls to acknowledge the challenges around communication and inspire the girls to actively communicate with their parents/caregivers.
- If you collected the Handout: Making the Parent Connection from the parent orientation meeting, consider selecting some of the highlights on their perspectives to share with the girls before Activity 2.

ACTIVITY 1:
- Recreate the graphic on a piece of chart paper:

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0 1 2 3 4 5 6 7 8 9 10

VERY DIFFICULT  VERY EASY
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ACTIVITY 2:
- Label the top of three pieces of chart paper with "Ways to Start a Conversation," "Topics to Discuss," and "Questions to Ask."
- Prepare one to two examples of potential responses that participants could list on the assigned chart paper to share if participants are having difficulty. See below for examples:
  - **Ways to Start a Conversation**: Say to a parent/caregiver, “I heard that pregnancy can result from having sexual intercourse. Is that true?”
  - **Topics to Discuss**: Menstruation and the menstrual cycle
  - **Questions to Ask**: What do you think about teens having sex?
PROCEDURE:

**ACTIVITY 1: COMMUNICATION GAUGE**

1. Welcome the participants to the session and remind the girls of Group Agreements from the Introductory Session. Explain that this session will focus around communicating about sexuality with parents/caregivers. Tell the girls that as part of the program, the parents/caregivers participated in a session to learn about this program, and to discuss the importance of parent-child communication. (Leave this part out if a parent orientation was not conducted.)

2. Distribute an index card and a pencil or pen to everyone. Show the continuum, as suggested in the Planning Notes, on the chart paper.

   ![Continuum Diagram]

3. Ask participants to think about how easy or difficult they believe it would be to talk with parents or trusted adults in their home about sexuality. Ask them to write down a number on the index card that corresponds with how easy or difficult it would be to communicate. Give a few moments for the girls to record a response.

4. Ask participants to share what they recorded on their index card and why. Pay special attention to any numbers that represent outliers, and if they are willing, solicit more clarification from those respondents. Acknowledge any patterns existing among the numbers, as well as the reality that most people—whether representing the present group or society in general—would express having at least some fear or anxiety when discussing sex with a parent or caregiver. Then, lead a discussion using the following questions:
   
   a. Overall, would you say the responses were more positive or negative? Explain.
   b. What might make conversations with parents/caregivers about sexuality difficult? What could make conversations about sexuality easier?
   c. What could be the advantages of communicating with a parent/caregiver about sexuality?

   *Facilitator Note: List the responses on chart paper to this question.*

5. Explain though they have shared advantages and reasons why communicating about sexuality might be important, sometimes there can be reluctance from parents/caregivers and their child to communicate. Additionally, parents/caregivers may want talk with their children about sexuality but may find it difficult to do so. Some may be waiting for the child to bring up a question or start the conversation.
ACTIVITY 2: MAKING THE PARENT CONNECTION

1. Tell the girls that they are going to create suggestions to aid in communication with parents/caregivers about sexuality by participating in a small group activity. As a starting point, explain that you want them to imagine that someone their age wants to talk with a parent/caregiver about sexuality. Give a few examples for why she might want to communicate such as seeking an answer to a question she has about her body, getting some suggestions for dealing with a situation with a friend or romantic partner, or thinking she might be gay or lesbian. Ask the girls to provide two or three other examples of other reasons that are prompting someone their age to want to talk with a parent/caregiver.

2. Explain that it’s common for girls their age to want to talk with parents/caregivers about particular topics or ask specific questions but may have trouble starting a conversation. Explain to the group that they will spend time creating a list of ways to start a conversation, and suggest topics and questions to raise with parents/caregivers.

3. Break the group into three smaller groups and give each group a marker. Distribute the pre-labeled chart paper, Ways to Start a Conversation, Topics to Discuss, and Questions to Ask one to each small group. Explain that each small group will have 3 minutes to list responses on the chart paper provided. Provide additional instructions:
   - The group assigned with the chart paper Ways to Start a Conversation will list suggestions or ideas to start a conversation about sexuality with a parent/caregiver.
   - The group assigned Topics to Discuss will list suggestions and/or ideas for sexuality topics to raise with a parent/caregiver.
   - The group with the chart paper Questions to Ask will list examples of sexuality questions to ask a parent/caregiver.

   Provide prepared possible responses to the participants. Ask the participants if they have any questions. Then tell small groups to begin.

4. After 3 minutes, have each small group swap their chart paper with another small group. Tell the small groups they have 3 minutes to come up with at least three responses that are different than those already listed that relate to the heading and write them on the chart paper. (If necessary, remind the small groups of what they are supposed to be listing from step 3.)

   Have the groups swap once more so that each group has a chance to list responses on each chart paper. Give groups 3 minutes to record responses one last time.

5. After 3 minutes, collect the chart paper from the groups and post next to each other on the wall. Starting with the chart paper with the heading Topics to Discuss, read the responses and ask the girls to identify which topics would be hardest to talk about with a parent/caregiver. Draw a star next to the topics on the chart paper. Continue with the chart paper with the heading Questions to Ask, reading the girls responses aloud and asking the girls to identify which questions would be hardest to ask of their parents/caregivers. Place a star next to the questions on the chart paper. Lastly read responses on the chart paper with the heading Ways to a Start Conversation. Ask the girls to identify which ideas for conversation starters would be hardest to do and place a star next to these responses.
6. Lead a discussion using the following questions:

   a. Which topics and/or questions listed do you think are particularly important for girls your age to talk about?

   b. Why are the starred items difficult to raise with parents/caregivers? Do you think parents/caregivers would have starred the same items? Explain.

   c. Would any of the suggestions to start a conversation help in overcoming the difficulty? Which ones and why?

   d. What would make you more likely to raise questions or start conversations about the any of the topics listed?

   e. What could your parent/caregiver do to make you more comfortable to talk about sexuality? What could you do to let your parents/caregivers know you are ready for the conversation?

**ACTIVITY 3: CLOSING**

Explain that experts recommend that parents/caregivers have ongoing communication about sexuality with their children instead of one big talk. Ask the girls to pick one suggestion that came up in session today that they hope to use in the near future to encourage ongoing communication with parents/caregivers about sexuality.
SESSION 14: ENCOURAGING COMMUNICATION WITH ASKABLE ADULTS

PURPOSE:
To help participants understand the benefits of communicating with Askable Adults about sexuality and relationships.

OBJECTIVES:
By the end of this session, participants should be able to:
1. Define the term “Askable Adult.”
2. Identify at least two ways that Askable Adults differ from friends and/or other adults.
3. Identify at least one benefit of consulting an Askable Adult about sexual health and development topics.
4. Identify at least one individual in her life who can be her Askable Adult.

KEY MESSAGES:
- Askable Adults are approachable, non-judgmental individuals who care about your sexual health and development.
- Askable Adults are friendly people, but are usually more mature and knowledgeable than a peer or friend.
- Askable Adults especially come in handy during emergency situations, like unexpected potential pregnancies, questions about sexually transmitted infections, and abusive relationships.
- Askable Adults can come from a wide range of places, including your Girls Inc. program.

AGENDA:

ACTIVITY 1: Anonymous Sexuality Q&A 5 minutes
ACTIVITY 2: Categorical Brainstorm Activity 15 minutes
ACTIVITY 3: Asking Askable Adults 20 minutes
ACTIVITY 4: Closing 5 minutes
MATERIALS:

- Chart paper, markers
- Pens or pencils (all same color)
- 8.5” X 11” Paper
- 3” X 5” Index cards

PLANNING NOTES:

As a demonstration of the concepts in this session plan, you are asked to serve as an Askable Adult during this session. This requires serious advance consideration of your comfort and attitudes regarding adolescent sexual health and development. Information on being/becoming an Askable Adult can be found in several locations online (Options for Sexual Health has a document as one example: https://www.optionsforsexualhealth.org/sites/optionsforsexualhealth.org/files/askable_parent_web.pdf). It is STRONGLY suggested that you prepare yourself mentally, and consult any Girls Inc. standards regarding mandated reporting, before conducting this session with your group.

ACTIVITY 2:

Determine how many pairs could be in your group given the number of anticipated participants. Cut an 8.5” X 11” sheet of paper into the same number of pieces as the number of pairs in the group. Write a single number in consecutive order (i.e., “1,” “2,” “3,” “4,” “5,” “6”), onto each smaller piece of paper. Once each smaller piece of paper has a number, fold the pieces of paper so the numbers cannot be seen. Put the scraps of paper into a cup or bowl for participants select from at the time of the activity.

ACTIVITY 3:

Write “Askable Adult” at the top of piece of chart paper. Underneath, write the definition below, leaving enough space on the chart paper below the definition to record participant responses in Activity 3. Cover the definition until referencing during Activity 3.

**Askable Adult**: An approachable, non-judgmental source of reliable sexuality and sexual health information.
Source: http://advocatesforyouth.org/

ACTIVITY 4:

This activity involves participants’ reading anonymous questions submitted by other participants in your group. While instructions dictate that participants refrain from putting their names on the cards they submit, you may still run the risk of participants being able to associate a question with its submitter. Cards that are exceptionally specific (therefore easily identifiable) in nature should be excluded from the final distributed set of cards. In the event that this is occurs, feel free to calmly explain to the group why the card was left out without clarifying any particular details of the card itself.
PROCEDURE:

ACTIVITY 1: ANONYMOUS SEXUALITY Q&A

1. Begin by giving each participant a pen or pencil and index card. Instruct the group to think of one topic related to sexuality they have always wanted to know more or have questions about. Instruct them to write a question in relation to the topic down on the index card. For example, while “condoms” may be the topic, instruct participants to clarify the specific aspect of condoms about which they have a question. Give the group a few minutes to come up with a question. Remind participants to refrain from putting their name on the card. Each participant should return a card with something written on it. Though this should not be widely encouraged, instruct participants to write “I have no questions to ask,” if they find themselves struggling to think of a question.

2. After 5 minutes has passed, or everyone has completed the task, personally collect all completed cards from the group members. Place the deck in a secure location, to return to later in the session.

ACTIVITY 2: CATEGORICAL BRAINSTORM ACTIVITY

1. Now ask the group to imagine situations in which they would go to an adult for assistance or advice. This can be any type of situation they can think of. Encourage them to consider a wide range of adults with whom they have a direct relationship (like parents, grandparents/other adult relatives, teachers, sports coaches, etc.).

2. Next, have the participants form a pair with someone else in the group. Give each pair pens or pencils, and paper.

3. Inform participants that they will now play a brainstorm activity game. Instruct pairs to remember the situations or times when they believe seeking out an adult is a good idea. As a pair they will list as many situations as possible on the paper. Encourage the group to think broadly about their list, as the goal of the activity is to come up with as many unique answers (i.e., answers that only they have written) as possible. Each unique answer a pair can produce earns 1 point. Give the group 5 minutes to complete the task.

While they are working, take this time to review the index cards that were collected in the opening exercise, making sure to filter irrelevant or non-questions.

4. After approximately 5 minutes, reconvene the larger group. Have one person from each pair select one-by-one from the folded piece of paper with a number to determine the order in which each pair will share their answers. Ask the pair that received the number 1 to start with one response listed on their paper. Continue with the pair with the number 2, having them report out only a unique response that has not already been shared. Repeat in numerical order until each pair has an opportunity to give a response. After pairs have ultimately shared all of their unique responses, have the pairs tally their points. Determine which pair had the most unique responses and tell the pair they are the winners. Lead a discussion using the following questions:
   a. What was it like to do that activity?
   b. What do you all think of the list you created? Did any of the answers surprise you? Why or why not?
c. Do you believe this list is an accurate representation of situations in which consulting an adult would be a good idea?

d. What about when it comes to sexual topics? Is it a good idea, you think, to seek out an adult when someone has questions about sex or sexuality? Why or why not?

Facilitator Note: Depending on how your group responds, you may wish to acknowledge if sexual/relationship topics were added or excluded the list.

e. What about in non-emergencies? Do you think young people benefit from talking with adults about non-emergency-based sexual topics (like kissing, masturbation, abstinence, virginity, etc.)? Why or why not?

ACTIVITY 3: ASKING ASKABLE ADULTS

1. Explain to the group that adults can be excellent people to consult when it comes to sex and sexual topics. Point out the prepared chart paper with the heading Askable Adult. Ask the group to share whether or not they’ve heard the term before, and provide ideas on what they believe the term means.

2. Uncover the definition for Askable Adult and read aloud. Note that though an Askable Adult is a source for sexuality and sexual health info, they may also be someone to approach with other situations in which a teen may need help.

   **Askable Adult**: An approachable, non-judgmental source of reliable sexuality and sexual health information.

   Source: AdvocatesForYouth.org

3. Ask the group to share ideas on the type of person they believe an Askable Adult might be. Write down their responses underneath the definition on the chart paper. Once all responses have been given, go through the list and assess each response for accuracy, then share the following additional points about Askable Adults:

   - Askable Adults are honest with both their feelings and thoughts. When you ask them questions, they openly share the information they know, and aren’t afraid to say so when they don’t. Askable Adults speak assertively, without making you feel bad about the topics you raise.

   - Askable Adults should not be confused for friends. While they are typically warm and friendly people, they should be treated with the same respect you’d give any other adult in your life. They could be a parent, older sibling, or other family member, or someone in the faith community.

   - Askable Adults are NOT PERFECT. Sometimes they may feel uncomfortable with some of the topics you raise, or may not know the right words to use when they speak. Sometimes they may not tell you what you want to hear. They may have even made mistakes in their youth. More than anything though, they care about you, and believe in your right to accurate sexual health information.

   You should especially feel comfortable to seek out Askable Adults when you are in trouble! This can include a variety of situations like unexpected potential pregnancies, questions about sexually
transmitted infections, abusive relationships, break-ups, etc. More often than not, Askable Adults have access to supports and resources in emergency situations that your friends and peers simply don’t have.

4. Inform the group that you, as facilitator, will now conclude with a demonstration of being an Askable Adult. Begin by redistributing the index cards that participants created at the beginning of the session. Instruct the participants to, one at a time, read the question aloud, so that it could be discussed as a group. Provide assistance as needed for reading the questions aloud and then offer a response.

**ACTIVITY 4: CLOSING**

End by encouraging participants to continue to talk with you and other Askable Adults in their lives about the ideas and concerns on their minds. Ask the group to mentally picture an individual in their lives who that they believe fits the definition and description of an Askable Adult. While participants imagine this person, conclude with the following discussion questions:

a. What do you think it would be like to have a conversation with this person about sex? How do you think it would go?

b. What are some of the difficulties you might encounter during your conversation? What are some ways you think you could deal with those difficulties?

c. What are some things you could do to make the conversation with an Askable Adult go smoothly? What are some things that an Askable Adult could do to make the conversation go smoothly?

d. What do you want to remember about Askable Adults after this session?
Though we are all sexual beings from birth until death, human sexuality as a whole is often misunderstood. For many, sexuality is synonymous with sex or sexual behaviors. **Module 2: The Sexuality Thumbprint** session plans are intended to increase girls’ overall understanding of sexuality and deconstruct aspects that can be confusing for youth.

The module starts with **You Soup: Examining Stereotypes** a session plan for participants to learn about stereotypes and explore distinctions between stereotypes and one’s authentic self. Because sexuality is so highly stereotyped in our culture, this is a perfect starting place for grappling with the individualized nature of sexual and romantic attraction. In **Something about Sexuality**, participants will learn about elements of sexuality and discuss perspectives through game play. **The Sexualitree** will allow participants to examine the sources of common sexuality messages and discuss the impact of messages on one’s sexual growth and development.

Gender identity is often misunderstood as being associated with sexual orientation, when it is actually a very different part of a person’s sense of self. While sexual orientation is about a person’s attraction to other people (or lack thereof), their gender identity is about the way that they feel about themselves and who they are. It is imperative that girls have the language to communicate about these aspects of sexual identity. The **Making Sense of Sexual Identity** session plan provides participants the opportunity to learn about the differences between biological sex, gender identity, gender expression, and sexual orientation and review terms people use with regards to these elements of sexuality. In **Coming Out** participants will be exposed to real-life experiences of coming out as lesbian, gay, or bisexual and examine ways to provide support for people as they continually come out. **Understanding Gender Non-Conforming Identities** will increase participant awareness of the experiences of people who are transgender and gender nonconforming and practice responding in a supportive way when meeting someone.

Reportedly one in four young people experience bullying. Lesbian, gay, bisexual, and transgender youth and youth perceived to be LGBT, as well as youth with disabilities and special healthcare needs, are particularly vulnerable. The final session of this module, **Breaking Down Bullying** will allow participants to gain information on social, verbal, and physical bullying and ways to be a helpful ally particularly for targets of bullying.

The sessions in Module 2 can be delivered as a cohesive series. The session plans are intentionally ordered in the module for concepts and information to be gradually introduced to participants. Concepts in latter sessions may build on content within earlier sessions. While any session plan can be delivered as a stand-alone, if you deliver the session plans in a different order, it is important to recognize that you

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may need to introduce background information that the session plan assumes the girls know but may not have been delivered. Participants who receive the entire content from Module 2 will be able to:

- List ways to support learning about sexuality including one’s gender and sexual orientation.
- Describe the distinctions between biological sex, gender identity, gender expression, and sexual orientation.
- Name three common terms to describe one’s sexual orientation.
- Identify attitudes or actions that can impact learning about and expressing one’s sexual orientation and gender.
- Recognize and name discrimination and prejudice.
- Identify ways to demonstrate respect, equity, and fairness.
SESSION 1:
YOU SOUP: EXAMINING STEREOTYPES

PURPOSE:
To provide participants with the opportunity to uncover and explore the ways that gender stereotypes affect their lives.

OBJECTIVES:
By the end of this session, participants will be able to:
1. Define stereotype.
2. Name one way that stereotypes are harmful and one way that stereotypes are helpful.
3. Describe why sexuality is an important part of one’s identity.

KEY MESSAGES:
- We are all stereotypes and we are all unique, at the same time.
- Judging either yourself or someone else based on stereotypes is not helpful. Every person should be understood based on their own unique “You Soup.”
- Your sexuality, race, ethnicity are important ingredients that make up your unique You Soup.

AGENDA:

ACTIVITY 1: Warm-Up 10 minutes
ACTIVITY 2: Stereotypes or Snowflakes? 15 minutes
ACTIVITY 3: You Soup35 15 minutes
ACTIVITY 4: Closing 5 minutes

MATERIALS:

- Scissors, one per participant
- Pens or pencils, one per participant
- Pictures of snowflakes under microscopes that show how different they can be.
- One sheet of white printer paper for every participant plus a few extra sheets
- Can of soup
- Facilitator Resource: You Soup: Understanding Diversity and the Intersections of Identity
- Handout: You Soup Recipe
- Handout: You Soup Label

PLANNING NOTES:

- This session addresses stereotypes and sexuality. If you have not yet defined sexuality, write the following definition on a piece of chart paper to refer to as part of Activity 3.

  “Sexuality: A person’s gender, gender role, gender identity, sexual orientation, sexual preferences, and the way they affect one’s emotional, physical, social and spiritual life. Sexuality is shaped by family and the societal norms of the community and culture.”

ACTIVITY 1:

- As part of this activity, you are to hold up snowflake pictures to illustrate how each one is unique and different. Conduct an Internet search for “snowflake microscope picture.” Print the examples to show to the group. For maximum effect, print large images of the snowflakes to make it easier to be perceived by the whole group.

  Optional: Tape many different snowflake examples on a piece of chart paper and post the chart paper in the front of the room.

ACTIVITY 2:

- Conduct an Internet search for instructions on how to make a snowflake and prepare one to show the girls during the session. For example, the following site, www.highhopes.com/snowflakes.html, provides pictures, text, and video instructions for making snowflakes. Snowflakes can be made in many, many ways and the pattern examples on this website need not be followed exactly. Decide on which instructions for making a snowflake you will demonstrate and instruct the girls to do in the activity.
Write “Stereotypes” at the top of a piece of chart paper. Draw a line down the space underneath to create two columns on the chart paper. Label one column “Easy” and the other column “Hard.”

**ACTIVITY 3:**

- Read over the Handout: *You Soup Recipe* and Facilitator Resource: *You Soup: Understanding Diversity and the Intersections of Identity* to gain a fuller understanding of the perspective for the session and more smoothly facilitate the activities and discussion.

- Write the following questions on chart paper:
  
  a. What are the base ingredients that make you YOU?
  
  b. What are the early additions that came into your life through your parents or other early experiences?
  
  c. What optional spices and seasonings have you decided are part of you?
  
  d. Do you have any secret ingredients that you haven’t ever told anyone about?
  
  e. How do these four categories of identity mix together in unique ways?

- Photocopy the Handout: *You Soup Recipe*, one per participant.

- Photocopy the Handout: *You Soup Label*, one per participant.

**PROCEDURE:**

**ACTIVITY 1: WARM-UP**

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, ask participants if anyone can define the word “stereotype.” *(Answer: A belief about an individual or group based on the idea that all people of a certain group are the same.)*

2. Tell participants that you’re going to be talking about stereotypes today, mostly as an introduction to the kinds of stereotypes that people make about sex and sexuality.

3. Ask participants to share how they feel about stereotypes. Does it feel good to be stereotyped? Why or why not?

4. Ask participants to think of a well-known group of people. These could be athletes, actresses, musicians, celebrities, politicians, or others in the public eye. Ask participants what is a stereotype made about this group? Do you think this is true of every member of this group?
ACTIVITY 2: STEREOTYPES OR SNOWFLAKES?

1. Tell participants that while every person of a group is not the same, every person has parts of who they are that are stereotyped. Some of those stereotypes are supportive of a positive, healthy identity, and some of those stereotypes contribute to a negative, problematic identity.

2. Ask participants to brainstorm a few stereotypes that they think would make it easier for a person to be strong, happy, and healthy. Write their ideas as they share on the chart paper with the heading “Stereotypes” underneath “Easy.” (Some examples of stereotypes might focus on groups of people being considered smart, creative, strong, beautiful, or wealthy.) Tell them if they do not have any examples, it’s okay and if ideas come up later, you will return to this chart paper and write them out.

3. Ask participants to brainstorm a few stereotypes that they think would make it harder for a person to be strong, happy, and healthy. Write their ideas underneath “Hard” on the same chart paper. (Some examples of stereotypes might focus on groups of people being considered uneducated, poor, lazy, dirty, or less attractive.)

4. Then, lead a discussion using the following questions:
   a. How common are these stereotypes?
   b. How do you feel about these stereotypes?
   c. Is it possible for the stereotypes you described as positive to have negative results sometimes? Why or why not?
   d. Is it possible for the stereotypes you described as negative to have positive results sometimes? Why or why not?

5. Explain to participants that the idea that is most opposite to a stereotype is that everyone is an absolutely unique individual, just like every single snowflake is absolutely unique. Show participants the prepared snowflake pictures to illustrate how each one is different. Ask participants to share their thoughts about the idea that every person is a unique snowflake. Does it feel good to be a snowflake? Why or why not? Is it possible to be a stereotype and a unique snowflake?

6. Pass out one sheet of paper to every participant along with a pair of scissors. Tell the girls they are going to make their own snowflakes. Demonstrate and explain the steps for making a snowflake you prepared, as stated in the Planning Notes. Then, encourage the girls to create their own snowflake. Give participants a few minutes to make their snowflakes.

7. Once the girls have made their snowflakes, distribute a pencil or pen to each participant and ask them to write down at least three traits or abilities about themselves that make them unique onto the snowflake they created. Encourage the girls to include elements of their sexuality such as their gender identity or their sexual orientation. After all of the snowflakes are made, have everyone hold theirs up and share some of the things they wrote down. Emphasize that even though everyone started with the same materials, no two snowflakes are alike.
8. Lead a discussion using the following questions:
   
   a. Are there any stereotypes that could be made about this group? Encourage volunteers to respond with “girls in this group are…” followed by a response. (For example, girls in this group are funny, or can sing really well, or are good at sports.)

   b. How do you feel about being stereotyped in this way? Explain.

**ACTIVITY 3: YOU SOUP**

1. Explain that another way to think about how we each belong to several different groups and how we each are also unique is to compare us to a soup made of many ingredients. We’ll call this a You Soup—that’s Y O U Soup. Distribute the Handout: You Soup Recipe to the participants.

2. Go over the description on the bottom of the page of the handout using your own words appropriate for your group. You might say something like, “The process for making You Soup starts with race, ethnicity, gender, sexuality, and disability status. The early additions are things that children have incorporated into them early in life, like socioeconomic status, geographic location, education, and family structure. These two levels of ingredients are mixed together as you have been growing up, with a few optional or secret ingredients thrown in. You Soup sounds pretty delicious and unique! But what makes it unique are the same elements that are mixed together for lots of people, but there’s no one else who has quite the same exact mixture as you do!”

3. Lead a discussion using the following questions:
   
   a. What do you think about the ingredients listed?
   
   b. Why do you think sexuality is included in the base and broth level of the soup?
   
   c. What does sexuality have in common with the other base and broth ingredients? How is it different than the other base and broth ingredients?

   **Facilitator Note:** If you have not yet defined sexuality, refer to the definition prepared on the chart paper. (See Planning Notes.)

4. Hold up the can of soup for all the participants to see. Explain that in this final part of the session, they are going to design their own You Soup label. Emphasize to the group that a soup can label includes the name of the soup and the ingredients inside.

5. Give each participant a pen/pencil and the Handout: You Soup Label. Tell the girls to create and write the name of their You Soup on the front of the can. For girls who want to be more creative, they can draw a picture on the front of their You Soup can (perhaps representing ingredients or even themselves). On the back of the can they are to list ingredients of their own You Soup. They can reference the Handout: You Soup Recipe to help them figure out what will be a part of their You Soup. Note that they do not have to include all of the ingredients in their soup! Theirs should be uniquely them, with more or less ingredients as is appropriate.
6. Using the chart created in Planning Notes, have the girls consider the following questions as they are creating their You Soup:
   a. What are the base ingredients that make you YOU?
   b. What are the early additions that came into your life through your parents or other early experiences?
   c. What optional spices and seasonings have you decided are part of you?
   d. Do you have any secret ingredients that you haven’t ever told anyone about?
   e. How do these four categories of identity mix together in unique ways?

7. Give the girls about 5 minutes to work on the **Handout: You Soup Label**.

8. After 5 minutes, regain the group’s attention and lead a discussion asking the following questions:
   a. What were some of the ingredients that you listed in the You Soup? Was your family, culture, or sexuality an aspect that you included in describing yourself?
   b. Were any of the ingredients in the You Soup similar to what you listed on your snowflake? Explain.
   c. What ingredients would you want to be a part of your You Soup, but are not currently included?
   d. How could you include those ingredients in your soup?

**ACTIVITY 4: CLOSING**

Conclude the session by noting that the ingredients list that make up their future You Soup can be different than what they listed today. As stated on the **Handout: You Soup Recipe**, they are a work in progress. Ask the participants to identify someone in their life such as a parent/caregiver, trusted adult, counselor, who they think could be helpful in the development of their You Soup and talk with this person about the concepts discussed in the session.
We're all snowflakes. But we're also all stereotypes. Let me try to help you understand that with a hot bowl of You Soup.

In doing the work I do, I often find myself struggling to help people make sense of the two extremes of identity: on one side we have the idea that people in a group are all the same (stereotypes); while the other side supports this idea that everyone is absolutely unique (snowflakes).

I find myself saying “we're not the same, but we're also not that different,” to the furrowing of brows, so I wanted to take a moment here to talk about the relationship of individual identity and social group memberships, as well as introduce a new graphic concept.

THE SNOWFLAKE VS. THE STEREOTYPE

You have been told all your life that you're unique, you're special, like a snowflake. Nobody is like you, you're one in 7 billion (or one in 108 billion, an estimated total number of humans ever, if you want to get technical), and nobody can take that away from you.

Yet at the same time you’ve been told that you can guess that someone else will be like everyone else in a particular group based on their membership in that
I was taught when I was a kid that every snowflake is unique. When I asked Google “are all snowflakes really different?” the response I got was that there are only 1,000,000,000,000,000,000,000,000 different types of snowflakes, so my childhood is a lie.

group (e.g., a gay person will be like gay people). And in your life you’ve seen evidence that supports this idea.

So which is true?

Both. Kinda.

YOU’RE PART SNOWFLAKE

You, at a basic level, are a combination of dozens (or more) of identities that merge to form one unique individual. Some of these identities were granted to you at birth (e.g., race, ethnicity, gender, sexuality), others were imposed on or ascribed to you as a child (e.g., socioeconomic status, geographical location, education), some are your choice throughout life (e.g., religion, hobbies, career), and some aren’t (e.g., ability status, identities falsely assumed of you by others).

Take all of your identities, add them up, and you get you. There has likely never been another person, in all the 108 billion of Earth’s history, whose You Soup ingredient list has been the same as yours. Deeeelish.

A stereotype, defined by Google, is “A widely held but fixed and oversimplified image or idea of a particular type of person or thing.”

AND YOU’RE PART STEREOTYPE

Calm down, Snowflake. Gimme a second here. Remember all those identities I talked about before? Each one of those has a long list of stereotypes attached to it — expectations we make of people based on their group identities. This affects you in two distinct ways.

One, in situations where one of those identities is salient (a fancy word we use to mean “particularly prominent”), folks will tend to ascribe the stereotypes of that identity to you, whether you’re expressing them or not, or be hyper sensitive to anything you might do to reinforce those stereotypes. And if people see you as
a stereotypical X, they will treat you like a stereotypical X.

Two, many of us unknowingly act out stereotypes of group identities we possess, or are drawn (knowingly or subconsciously) to particular groups based on certain stereotypes. Further, some folks act in stereotypical ways when figuring out their identity because they feel like they should (this is called internalizing oppression).

“ONLY THE PURE IN HEART CAN MAKE A GOOD SOUP.”
— LUDWIG VAN BEETHOVEN

So as much as you know you’re a fully unique You Soup, in many situations throughout your life you will only be seen as one or two commonplace ingredients (Rhubarb if you’re lucky, because that’s fun to say).

WHY THIS SUCKS.

You know you’re not one ingredient, you’re a unique flavor that could only be created by a combination of all of your ingredients, in exactly the right proportions (some of us are sweeter, some are sour, but nobody is made of hummus, or we’d be best friends). Yet many times in your life you’re going to be viewed as a one-ingredient dish.
You also know that other people are just as unique, yet whether you realize it or not, you’re constantly seeing them as one-ingredient concoctions as well, and if that one ingredient is one you’ve heard nothing but bad things about, you’ll probably never even taste them and learn their true flavor okay this analogy is getting gross.

**WHY THIS ROCKS.**

As you start forcing yourself to realize that everyone is made up of dozens and dozens of different ingredients, many of which make up a part of your You Soup, you’ll realize something reality-shaking: even though you’re completely unique, you’re really not unique (you’re a unique combination of common ingredients), and that can be awesome.

It’s awesome to know that every person you meet probably shares at least one identity with you, a form of common ground. It’s comforting to know that there are other people out there who know your plight, or have shared in your experiences. In this way, these big-picture group identities are wonderful to have.

**THREE BIG TAKEAWAYS TO MULL OVER**

Okay, so you understand the idea of You Soup, and you have a better idea of how we can be absolutely unique and not absolutely unique, all at the same time. Here’s some food for thought as you continue to chew on this idea okay yes I’m a little addicted to this analogy:

1. **Even though you may share a group identity with someone, you don’t necessarily know their story.** Ever noticed how some foods taste better with other foods in the same bite (like how cheese makes
It’s important to keep in mind that the You Soup isn’t meant to be a diagnostic tool for “figuring out” someone else’s identity, but a tool for individuals to better understand themselves, or explain their identity to someone else.

broccoli edible?). Identities are the same way: the combinations make a huge difference.

2. Even though you may share a group identity with someone, you don’t necessarily know their story. Sorry, this is incredibly important, so I felt I had to say it twice.

3. Be careful deconstructing a person (or yourself) down to the individual ingredients. While this will be a great learning experience and eye-opening in many ways, for every ingredient you know about there is likely one you don’t (this goes for yourself, but more so for others), and those secret ingredients might have the biggest impact of all.

4. Try to have a relationship with an entire person, not with one of their identities. You are inevitably going to be drawn to certain ingredients in others, but a healthier relationship is one that is holistically inclusive of all identities.

YOU SOUP RECIPE

Ingredients:

base & broth
- race
- ethnicity
- gender
- sexuality
- disability status

early additions
- socioeconomic status
- geographic location
- education
- family structure

optional
- hobbies & passions
- religion & faith
- career
- political beliefs

secret ingredients
- personal experiences
- changes to other ingredients
- hidden identities
- misperception of ingredients

Procedure:
Combine base ingredients to create broth and bring to a boil. Add early additions and simmer over low heat for 18 - 25 years, adding optional and secret ingredients to taste. Makes one You.
Front of You Soup Can
Name Your You Soup

Back of You Soup Can
List of Ingredients
SESSION 2: SOMETHING ABOUT SEXUALITY

PURPOSE:
This session provides participants with a basic overview of sexuality and opportunity to share their perspectives on sexuality.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Describe the difference between sex and sexuality.
2. List at least three aspects of sexuality.
3. Identify their thoughts, feelings and opinions on a variety of sexuality-related issues.

KEY MESSAGES:
- Sexuality is way more than just engaging in sexual behaviors.
- Your sexuality is an important part of you.

AGENDA:
ACTIVITY 1: Exploring Sexuality 20 minutes
ACTIVITY 2: Something about Sexuality 20 minutes
ACTIVITY 3: Closing 5 minutes

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MATERIALS:
- Chart paper and markers
- Index card (10–15 per participant)
- Pencils or pens (one color preferred)
- Facilitator Resource: Sexuality-Related Terms
- Facilitator Resource: Elements of Sexuality
- Facilitator Resource: Prompt Cards for Something about Sexuality Game (See Planning Notes.)
- Handout: Definitions of Sex and Sexuality
- Handout: Playing Something about Sexuality

PLANNING NOTES:
- This session involves quite a bit of group discussion to build participant understanding and appreciation of sexuality. This session plan works best when delivered after the girls have already met so there is comfort to share personal perspectives.

ACTIVITY 1:
- Create a chart with “Sexuality” written in a circle, in the center of the chart as shown. (Start of a word web.)
- Photocopy Handout: Definitions of Sex and Sexuality, one per participant.
- Review Facilitator Resource: Sexuality-Related Terms to clarify sexuality-related terms that might come up for the participants. Be prepared to use in the session.
- To create the Elements of Sexuality Flash Cards, photocopy Facilitator Resource: Elements of Sexuality cut out each element and corresponding description. On one side of an index card adhere one element and on the other side the corresponding description. Repeat for each element on the Facilitator Resource: Elements of Sexuality.
  
  If your group size is larger than thirteen, it will be necessary to create duplicate cards of the elements. Create a pile to distribute later with the elements of sexuality face side up.
- Review Facilitator Resource: Elements of Sexuality prior to the session in case questions arise from the girls.

ACTIVITY 2:
- The girls will play Something about Sexuality, a game intended to give them an opportunity to share their thoughts and perspectives on a variety of sexuality-based statements. Develop safety in the group to share thoughts by reminding the girls of the group agreements at the start of the session. This game works best when all of the participants take the game seriously and act in a mature manner. Refer to the group agreements as necessary throughout the game.
Consider giving out sample **Prompt Card** statements prior to the session for group members that need extra time to formulate answers. Be sure to use the same index card and pencil or pen color to maintain the anonymity of the activity.

Photocopy **Handout: Playing Something about Sexuality** and cut out enough instructions to give to the girls. Alternatively, you can rewrite the instructions onto chart paper.

Create the **Prompt Cards** for **Something about Sexuality Game** by copying **Facilitator Resource: Prompt Cards Game Preparation** onto card stock and cutting along the lines to create a complete deck. For increased longevity, laminate the copy first and then cut to create the deck.

Consider pre-selecting the **Prompt Cards** to use in the session given your audience. Shuffle the **Prompt Cards** before starting the game.

Set aside 10–15 blank index cards for each participant to serve as **Answer Cards** during the game.

**ACTIVITY 3:**

Photocopy the **Handout: Appendix A: Finding Help . . . A Resource List** to give to the girls in the concluding part of the session.

**PROCEDURE:**

**ACTIVITY 1: EXPLORING SEXUALITY**

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, explain to the girls that as humans we are sexual beings from before birth until death. Sexuality is a critical part of who we are as people.

2. Display the chart with **Sexuality** in the center of the circle as created in the Planning Note and shown. Note that it is very common for people to focus on the first three letters of the word sexuality—SEX—and think that sexuality pertains to sexual intercourse or sexual behaviors. Sexuality is broader than just the possible sexual behaviors one does. Today they are going to explore aspects of sexuality.

3. Distribute the **Handout: Definitions of Sex and Sexuality** to the girls and explain that these definitions are from experts in the field of human sexuality. Affirm that the words and/or phrases may be unfamiliar, and then read aloud the definitions for sexuality and sex. Provide brief explanations of other terms as needed.

   Ask the girls to point out what differences they notice between the two definitions. Then, ask them to share aloud words associated with the definition of sexuality. Draw lines radiating from the sexuality circle and record their responses at the ends of these lines. Shown is an example of how this “word web” might appear after a few responses:

4. Tell the girls that they are going to become more familiar with aspects of sexuality by participating in a group activity. Distribute the **Elements of Sexuality Cards**, prepared according to the Planning Notes, so that each participant has one.
5. Explain that they have received an element of sexuality, such as body image, community, or friendship, with a description on the back. Over the next 7 minutes they will share descriptions of the elements by doing the following:

- pairing up with another group member
- reading the element of sexuality followed by the description to each other
- swapping cards and finding a new person to form a new pair and repeat until time is called

6. Tell the girls to pair up and begin the activity. Provide assistance as they share the cards with each other.

7. After 7 minutes, regain the attention of the group. Ask the girls to read each element and description aloud to the group. Then lead a discussion using the following questions:

   a. Which elements were familiar to you? Which elements were new to you?
   b. Were there any terms that you were surprised to be considered an element of sexuality?
   c. What else we should add to the sexuality brainstorm after doing this activity? (List responses around the word web.)
   d. Are there any elements that girls your age are more likely to talk about with their family? Which ones? Why?

   **Facilitator Note:** Use the Facilitator Resource: Sexuality-Related Terms to clarify any uncertain terms.

**ACTIVITY 2: SOMETHING ABOUT SEXUALITY**

1. Explain to the girls that they will now play a game that will allow them to share their thoughts on aspects of sexuality, some of which were discussed today.

2. Distribute a copy of the instructions, Handout: Playing Something about Sexuality, to everyone and read the rules of the game out loud to the group. Continue by explaining that this game works best when everyone takes the game seriously, and acts in a mature manner. Ask the girls if they have any questions about how the game works.

3. Pass out the 10–15 blank index cards to each girl. Tell them the blank index cards will be the Answer Cards for them to provide a response to the Prompt Card. The Answer Cards will be read aloud.

4. Determine the participant with the birthday closest to today. Explain that this person will be the first reader.

5. Have the reader select a Prompt Card from the top of the deck. Direct the reader to start the game by reading the first Prompt Card aloud.

6. Provide support, if needed, as they respond to the Prompt Card. Allow time for the group to write down a response. Then, have the reader collect the Answer Cards and pass them to you.
7. Read the responses aloud to the group. Then, lead participants in discussion using the following questions:

   a. Were any of the responses surprising to you? Explain.

   b. Could you relate to any of the responses in particular? Why?

   **Facilitator Note:** If the group is larger than twelve girls, let the girls know that in the interest of time you will be reading ten responses and then read the responses aloud to the group.

   **Facilitator Note:** The strength of this exercise comes from having multiple group members share their perspectives and allowing participants to guide the direction of the conversation. Conversations for the first one or two prompts may be brief until group members feel more comfortable with the game.

8. Repeat steps 5–7 for about 10 minutes.

9. After all the prompt questions have been read, as time allows, lead participants in discussion about the game using the following questions:

   a. What was it like to share your points of with the group? What was it like to hear other group member’s points of view?

   b. Were there some **Prompt Cards** that were easier to respond to than others? Why?

   c. How would you describe sexuality after being a part of this session today?

   d. What would you want other girls your age to know about sexuality?

**ACTIVITY 3: CLOSING**

1. Conclude the session by explaining that as their sexuality continues to grow and develop, questions and concerns can arise. This program is intended to provide them with information that will hopefully address their questions and concerns. Encourage the girls to communicate with their parents/caregivers and other trusted adults in their lives. Pass out the **Handout: Appendix A: Finding Help . . . A Resource List** and explain that it is a resource listing of sources to learn more about the topics discussed today and to possibly get support. Encourage the girls to look at the resource list and identify sources that could be helpful for girls their age.

2. Congratulate the participants on successfully getting to know more about the opinions of others in the group.
SEXUALITY-RELATED TERMS

Below is a short glossary of terms that can come up when talking about sexuality. Paraphrase as needed to facilitate understanding but don’t spend too much time trying to develop full understanding. These concepts are discussed in greater depth in another session. They are included in this session plan in case questions arise from the group.

**Cisgender** – term to describe people whose gender identity, gender expression, and biological sex all align (such as girl, feminine, female).

**Gender Expression** – how people demonstrate their gender identity. The way we dress, the pronouns we use, the way we act, and the way we speak are just a few examples of how we express our gender. Expectations about behavior and appearance for one’s gender are largely socially constructed.

**Gender Identity** – the internal perception of one’s gender, and how they label themselves, based on how much they align or don’t align with what they understand their options for gender to be. Common identity terms include man, woman, genderqueer.

**Gender Expectations/Roles** – society’s expectations about how we should think and act; often from the idea that there are only two genders (male/female or man/woman) and that a person must be strictly gendered as either/or; our biological, social, and legal status as women and men.

**Gender Non-Conforming** – a term to describe people who do not follow the ideas, expectations, and stereotypes about how a person should look or act based on the sex they were assigned at birth. Also an umbrella term to describe people who are not cisgender.

**Sexual Orientation** – the type of sexual, romantic, physical, and/or spiritual attraction one feels for others, often labeled based on the gender relationship between the person and the people they are attracted to (often mistakenly referred to as sexual preference).

**Sexual Preference** – attraction to particular types of people, sexual behaviors (such as intercourse, masturbation, etc.), and things that turn a person on.

**Transgender** – a term that is used to describe people whose gender identity differs from the sex they were assigned at birth. A transgender girl identifies as a girl but was assigned male at birth. It is important to use the words “trans” or “transgender.” The words “transgendered” and “transsexual” are not considered thoughtful or appropriate language. Also an umbrella term to describe people who are not cisgender.

Sources:


**Directions:** To prepare the *Elements of Sexuality Flash Cards*, photocopy then cut out each element and corresponding description. On one side of an index card adhere one element and on the other side its corresponding description. Repeat for each element. Create duplicates for groups larger than thirteen.

### ELEMENTS OF SEXUALITY

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Body Image</strong></td>
<td>Your thoughts and feelings about your body, as well as an image of how others view your body.</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>Expressing your thoughts, feelings, or likes/dislikes with others.</td>
</tr>
<tr>
<td><strong>Dating &amp; Romantic Relationships</strong></td>
<td>Going out with a romantic interest. Being in a romantic relationship with another person. Having a crush on someone and wanting to go out with the person.</td>
</tr>
<tr>
<td><strong>Friendship</strong></td>
<td>Forming emotional closeness with friends and wanting to spend more time with them.</td>
</tr>
<tr>
<td><strong>Gender Identity &amp; Expression</strong></td>
<td>Understanding your gender and what label fits you best. “Man,” “woman,” “genderqueer,” or “transgender” are examples of gender identities. People often use pronouns (she/he/they), clothing, or other actions to communicate their gender to others.</td>
</tr>
<tr>
<td>ELEMENT</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Intimacy</td>
<td>Closeness with another person to comfortably share your private and personal thoughts, feelings, desires, etc.</td>
</tr>
<tr>
<td>Masturbation</td>
<td>Rubbing or touching the sexual parts of your body for pleasure.</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>The period of time when a fertilized egg that has attached to the female’s uterus grows and develops. A full-term pregnancy to birth typically lasts between 36–40 weeks.</td>
</tr>
<tr>
<td>Puberty</td>
<td>Changes to your body (like getting taller, starting to menstruate) and mind, resulting from hormones.</td>
</tr>
<tr>
<td>Sexual Anatomy</td>
<td>The parts of the body that may be used for reproduction. Some of the parts are external and sometimes called “genitals.” Other parts are internal and sometimes referred to as “reproductive anatomy.”</td>
</tr>
<tr>
<td>ELEMENT</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sexual Decision-Making</td>
<td>Deciding what types of behaviors would be okay or not okay to do with others. Knowing the laws around consent.</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>Taking care of your overall hygiene and sexual body parts. Avoiding a sexually transmitted infection or unplanned pregnancy. Going for health exams when suggested.</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Your personal primary pattern of attraction toward others. People often use terms to label and express their sexual orientation. For example asexual, bisexual, gay, heterosexual, or lesbian. You may “come out” or let other people know about your sexual orientation.</td>
</tr>
</tbody>
</table>
Directions: Photocopy and cut along the lines to create a deck of Prompt Cards. Use card stock paper or laminate the sheet of cards prior to cutting to increase their longevity. Shuffle the Prompt Cards before starting the game.

### Prompt Cards Game Preparation

- Something that I loved about being a little kid was…
- Something I wish was different about dating is…
- Something that I would want my daughter to know about love is…
- Something that I wish I heard more often is…
- Something that I wish my parents told me more often is…
- Something I would like to say to someone if they harassed me is…
- Something I would want my son to know about love is…
- Something about relationships that scares me is…
- Something that always brings a smile to my face is…
- Something that makes me feel loved is…
<table>
<thead>
<tr>
<th>Prompt</th>
<th>Prompt</th>
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</thead>
<tbody>
<tr>
<td>Something that I do to make myself feel better when I am feeling down is…</td>
<td>Something that I want to do with a partner 10 years from now is…</td>
</tr>
<tr>
<td>Something I would never want to hear from a partner is…</td>
<td>Something that I would change about my body is…</td>
</tr>
<tr>
<td>Something I think everyone should know about contraceptives is…</td>
<td>Something that makes a person a great partner is…</td>
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<tr>
<td>Something I wish I could tell my parents or caregiver about myself is…</td>
<td>Something I wish that people would notice about me is…</td>
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<tr>
<td>Something I feel no one understands about me is…</td>
<td>Something I wish girls knew about boys is…</td>
</tr>
<tr>
<td>Something I think girls my age are looking for in a partner is…</td>
<td>Something that makes me feel loved is…</td>
</tr>
<tr>
<td>Something I think that people/girls my age don’t get is…</td>
<td>Something I think that parents don’t get is…</td>
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<tr>
<td>Something that concerns me about sex is…</td>
<td>Something related to sexuality that I have a question about is…</td>
</tr>
<tr>
<td>Something related to dating that I have a question about is…</td>
<td>Something I would want to know about a person before having sex is…</td>
</tr>
<tr>
<td>Something I love about my body is…</td>
<td>Something I wish my peers understood about me is…</td>
</tr>
<tr>
<td>Something I think scares people/girls my age about relationships is…</td>
<td>Something I wish boys knew about girls is…</td>
</tr>
<tr>
<td>Something I think girls my age hate about their bodies is…</td>
<td></td>
</tr>
<tr>
<td>Something people my age think about masturbation is…</td>
<td>Something people my age think about sexually transmitted infections (STIs) is…</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Something a person my age might do instead of intercourse is…</td>
<td>Something that feels really intimate for me is…</td>
</tr>
<tr>
<td>Something I don’t understand about sex is…</td>
<td>Something I have a hard time talking about is…</td>
</tr>
<tr>
<td>Something (create your own)</td>
<td>Something I wondered about sex as a younger kid was…</td>
</tr>
<tr>
<td>Something (create your own)</td>
<td>Something (create your own)</td>
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<tr>
<td>Something (create your own)</td>
<td>Something (create your own)</td>
</tr>
</tbody>
</table>
Sexuality
A person’s gender, gender role, gender identity, sexual orientation, sexual preferences, and the way they affect emotional, physical, social, and spiritual life. Sexuality is shaped by family and the societal norms of the community and culture.

Sex
A person’s biological identification of female, male, or intersex. Sex also refers to the act of vaginal, oral, or anal intercourse.

Below are the instructions to play *Something about Sexuality*. Copy and cut along the lines so each participant has a copy of the directions.

### Playing Something about Sexuality

All players should have a stack of blank **Answer Cards** and a pencil or blue/black pen. As a group, determine which player has the birthday closest to today. This player is the reader, and will select a **Prompt Card** from the pile and read it aloud to the rest of the players. All of the players, including the reader, should write down their response to the **Prompt Card** on the blank **Answer Card**. If players do not wish to respond to a Prompt Card, or they feel the card does not apply to them, then they may hand in a blank **Answer Card**. The reader will use the answer box to collect responses from all players and pass the **Answer Cards** to the facilitator. The reader for that turn selects the reader for the next turn. Honest, thoughtful and creative responses are encouraged!
SESSION 3: THE SEXUALITREE

PURPOSE:
To explore sources of sexuality messages and discuss the potential impact of these messages on the growth of one’s sexuality.

OBJECTIVES:
By the end of this session, participants will be able to:
1. List three aspects of sexuality.
2. State three sources that convey messages about sexuality.

KEY MESSAGES:
- We are sexual beings throughout life.
- Sexuality can be shaped by family and the societal norms of the community and culture.
- Messages about sexuality are all around you. Some messages promote healthy sexual growth while others do not. You can decide which messages you would want to keep and which you want to challenge or possibly reject.

AGENDA:

ACTIVITY 1: Exploring Sexuality Messages 20 minutes

ACTIVITY 2: The Sexualitree 20 minutes

ACTIVITY 3: Closing 5 minutes

37 Adapted with permission from model by Rayne, K., & Killermann, S. (2015). The sexualitree.
MATERIALS:

- Chart paper, markers
- Index cards
- Tape or push pins
- Facilitator Resource: *Sexuality-Related Terms*
- Handout: *Elements of Sexuality*
- Handout: *The Sexualitree*

PLANNING NOTES:

- This session involves quite a bit of group discussion to build participant understanding and appreciation of sexuality. Be sure to dedicate the time for group discussion.
- Review Facilitator Resource: *Sexuality-Related Terms* to clarify sexuality related terms that might come up for the participants. Be prepared to use in the session.
- It is strongly recommended that *Session 2: Something about Sexuality* is conducted prior to delivering this session plan. In doing so, the participants will be more familiar with the terms embedded in this session plan and can focus on sources of sexuality messaging and their impact, which is the intent of this session plan.

ACTIVITY 1:

- Write the definition of sexuality below on chart paper.
  
  "**Sexuality:** A person’s gender, gender role, gender identity, sexual orientation, sexual preference, and the way they affect emotional, physical, social, and spiritual life. Sexuality is shaped by family and the societal norms of the community and culture."^{38}

- Photocopy the Handout: *Elements of Sexuality*, one per participant.
- Gather and set aside six index cards for each of the four small groups.

ACTIVITY 2:

- Photocopy Handout: *The Sexualitree*, one per participant.
- Enlarge the Handout: *The Sexualitree* to at least the size of a poster for the group activity. Depending on the capabilities of your printer, you will likely need to take this to an office supply center (FedEx Office, Office Depot, etc.). It needs to be large enough to be seen by the group. Alternatively, draw *The Sexualitree* onto a piece of chart paper. Post the enlargement (or drawing) at the front of the room.

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PROCEDURE:

ACTIVITY 1: EXPLORING SEXUALITY MESSAGES

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Explain to the participants that a person’s sexuality grows and develops throughout life and that today they are going to explore how one’s sexuality is shaped and formed by a number of factors including one’s family, community, culture, peers/friends, and intimate partners.

2. Start the discussion by reading the definition of sexuality aloud that you prepared on the chart paper as stated in the Planning Notes.

   **Sexuality:** A person’s gender, gender role, gender identity, sexual orientation, sexual preference, and the way they affect emotional, physical, social, and spiritual life. Sexuality is shaped by family and the societal norms of the community and culture.

Distribute the Handout: Elements of Sexuality and explain that they are going to focus on a few elements of sexuality today and the messages participants may have faced about the elements. Point out that some, but not all of the elements of sexuality listed on the handout are stated in the definition but are still an important part of one’s sexuality. Review the handout with the participants.

3. Create four small groups. Distribute six index cards and a marker to each small group.

4. Explain to the girls that they are going to focus on the messages that they personally believe, or have heard from family, friends, in the media, or a part of their culture or faith about the elements of sexuality listed on the handout. Some of them will focus on the even-numbered elements while others will focus on the odd-numbered elements.

   - Assign half of the groups to focus on the even numbered elements on the handout and the other half the odd-numbered elements.
   - Ask the group to select a person to be scribe, a person responsible for writing on each index card. Have the scribes write down a different number onto each index card. Those assigned with odd-numbered elements will write a 1, 3, 5, 7, 9, and 11 separately onto each index card. Those assigned with even-numbered elements will write a 2, 4, 6, 8, 10, and 12 separately onto each index card. Note that the numbers they are writing down correspond to the element of sexuality listed on the handout for which they will write messages.
   - Tell the groups that they have 10 minutes to come up with messages that they personally believe, or have heard from family, friends, in the media, or a part of their culture or faith for each element assigned. The group will then decide on one message for the scribe to list onto each index card.

   **Facilitator Note:** Provide additional index cards to a group that expresses a challenge to choosing just one message per element. Make sure that groups first write at least one message for each element assigned.
5. After 10 minutes, lead a discussion using the following questions:
   a. How easy or hard was it to come up with the messages? Explain.
   b. For which elements did your group discuss more than one message?
   c. What are some of the sources of these messages?

   **Facilitator Note:** You do not need to encourage too much elaboration on this question because the next activity will have them think about the sources in greater depth. This question is intended to get participants to start to think about the sources of sexuality messaging.

6. Collect the index cards from each of the groups. Shuffle the index cards.

**ACTIVITY 2: THE SEXUALITREE**

1. Explain to the participants that they are going to discuss the messages in greater depth and the sources from which they come. Distribute the Handout: *The Sexualitree* to the participants.

2. Point out *The Sexualitree* posted on the wall and explain that people’s attitudes and beliefs about sexuality are influenced by a number of sources. Explain the parts of *The Sexualitree* using the text below:
   - The roots of *The Sexualitree* labeled *Cultural* represent messages on sexuality suggested by their community. Community can be more than just where you live, it can also include your cultural background, your faith, or social groups you belong to.
   - The midsection of *The Sexualitree* labeled *Relational* represent messages on sexuality suggested by family members, friends, or others they know around their age.
   - The top of *The Sexualitree* labeled *Intimate* represent messages on sexuality that you personally believe or could be suggested by a dating partner.

3. Tell the girls that they will now talk about the messages they recorded on the index cards at the start of the session and their sources using *The Sexualitree*.
   - Draw an index card collected from the small groups earlier. Review the index card and look for the number listed on the index card and refer to Handout: *Elements of Sexuality* to determine which element of sexuality the message focuses.
   - Share the element of sexuality aloud followed by the message recorded on the card and ask the group as a whole to decide where the message belongs on *The Sexualitree*. Ask for volunteers to share their reasoning for placement.
   - Adhere the index card to the part of *The Sexualitree* based on the majority of the participants’ response. Continue reading and placing index cards on *The Sexualitree* for about 10 minutes.
4. After 10 minutes, lead a discussion using the following questions:
   a. How easy or difficult was it to make a decision about where the message belonged? Were there messages that could have been placed in a different spot on *The Sexualitree*? Explain.
   b. Which messages do you think are positive? Negative? Explain.
   d. How do you think these messages could affect your sexuality?

**ACTIVITY 3: CLOSING**

Tell the girls that today they focused on sexuality messages and their sources. They also discussed how the sexuality messaging might affect their growth. Conclude the session by asking the girls which messages they discussed today they would like to hold onto that promote growth of their healthy sexuality and which messages they would want to challenge or possibly reject.
Below is a short glossary of terms that can come up when talking about sexuality. Paraphrase as needed to facilitate understanding but don’t spend too much time trying to develop full understanding. These concepts are discussed in greater depth in another session. They are included in this session plan in case questions arise from the group.

**Cisgender** – term to describe people whose gender identity, gender expression, and biological sex all align (such as girl, feminine, female).

**Gender Expression** – how people demonstrate their gender identity. The way we dress, the pronouns we use, the way we act, and the way we speak are just a few examples of how we express our gender. Expectations about behavior and appearance for one’s gender are largely socially constructed.

**Gender Identity** – the internal perception of one’s gender, and how they label themselves, based on how much they align or don’t align with what they understand their options for gender to be. Common identity terms include man, woman, genderqueer.

**Gender Expectations/Roles** – society’s expectations about how we should think and act; often from the idea that there are only two genders (male/female or man/woman) and that a person must be strictly gendered as either/or; our biological, social, and legal status as women and men.

**Gender Non-Conforming** – a term to describe people who do not follow the ideas, expectations, and stereotypes about how a person should look or act based on the sex they were assigned at birth. Also an umbrella term to describe people who are not cisgender.

**Sexual Orientation** – the type of sexual, romantic, physical, and/or spiritual attraction one feels for others, often labeled based on the gender relationship between the person and the people they are attracted to (often mistakenly referred to as sexual preference).

**Sexual Preference** – attraction to particular types of people, sexual behaviors (such as intercourse, masturbation, etc.), and things that turn a person on.

**Transgender** – a term that is used to describe people whose gender identity differs from the sex they were assigned at birth. A transgender girl identifies as a girl but was assigned male at birth. It is important to use the words “trans” or “transgender.” The words “transgendered” and “transsexual” are not considered thoughtful or appropriate language. Also an umbrella term to describe people who are not cisgender.

Sources:


THE SEXUALITREE

The Sexualitree is a way to see how we experience sexuality in different ways. Sexuality affects us on different levels of our lives, and each person uniquely.

You and people you are dating or having sex with

Your family, your friends, and everyone else you know

Everyone in your city, state, or country

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<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Body Image</td>
<td>Your thoughts and feelings about your body, as well as an image of how others view your body.</td>
</tr>
<tr>
<td>2. Communication</td>
<td>Expressing your thoughts, feelings, or likes/dislikes with others.</td>
</tr>
<tr>
<td>3. Dating &amp; Romantic Relationships</td>
<td>Going out with a romantic interest. Being in a romantic relationship with another person. Having a crush on someone and wanting to go out with the person.</td>
</tr>
<tr>
<td>4. Friendship</td>
<td>Forming emotional closeness with friends and wanting to spend more time with them.</td>
</tr>
<tr>
<td>5. Gender Identity and Expression</td>
<td>Understanding your gender and what label fits you best. “Man,” “woman,” “genderqueer,” or “transgender” are examples of gender identities. People often use pronouns (she/he/they), clothing, or other actions to communicate their gender to others.</td>
</tr>
<tr>
<td>6. Masturbation</td>
<td>Rubbing or touching the sexual parts of your body for pleasure.</td>
</tr>
<tr>
<td>7. Pregnancy</td>
<td>The period of time when a fertilized egg that has attached to the female’s uterus grows and develops. A full-term pregnancy to birth typically lasts between 36–40 weeks.</td>
</tr>
<tr>
<td>8. Puberty</td>
<td>Changes to your body (such as getting taller, starting to menstruate) and mind resulting from hormones.</td>
</tr>
<tr>
<td>9. Sexual Anatomy</td>
<td>The parts of the body that may be used for reproduction. Some of the parts are external and sometimes called “genitals.” Other parts are internal and sometimes referred to as “reproductive anatomy.”</td>
</tr>
<tr>
<td>10. Sexual Decision-Making</td>
<td>Deciding what types of behaviors would be okay or not okay to do with others. Knowing the laws around consent.</td>
</tr>
<tr>
<td>11. Sexual Health</td>
<td>Taking care of your overall hygiene and sexual body parts. Avoiding a sexually transmitted infection or unplanned pregnancy. Going for health exams when suggested.</td>
</tr>
<tr>
<td>12. Sexual Orientation</td>
<td>Your personal primary pattern of attraction toward others. People often use terms to label and express their sexual orientation. For example asexual, bisexual, gay, heterosexual, or lesbian. You may “come out” or let other people know about your sexual orientation.</td>
</tr>
</tbody>
</table>
SESSION 4:
MAKING SENSE OF SEXUAL IDENTITY

PURPOSE:
To familiarize participants with the distinctions between biological sex, gender expression, gender identity, and sexual orientation.

OBJECTIVES:
By the end of the session, participants will be able to:

1. Describe the differences between biological sex, gender identity, gender expression, and sexual orientation.
2. Recognize terms commonly used for biological sex, gender identity, gender expression, and sexual orientation.

KEY MESSAGES:
- A person’s gender identity, sexual orientation, gender expression, and biological sex are unique parts of a person’s sexual identity.
- A person can be more than just a boy or a girl, male or female, heterosexual or gay.
- A person’s gender identity and sexual orientation cannot be determined by the sexual organs present at birth. One’s gender identity and sexual orientation can only be declared or discovered on one’s own terms.

AGENDA:

ACTIVITY 1: The Genderbread Person Introduction 15 minutes
ACTIVITY 2: Alex and Samantha 25 minutes
ACTIVITY 3: Closing 5 minutes

MATERIALS:
- 16 Index cards
- Facilitator Resource: Alphabet Soup Glossary
- Handout: The Genderbread Person
- Handout: Alex and Samantha Grow Up

PLANNING NOTES:
- This session is based upon Sam Killermann’s model known as The Genderbread Person. Killermann’s website is full of information that will be useful in delivering this session plan. Consider reading Killermann’s article The Breaking Through the Binary: Gender Explained Using Continuums prior to the session. At the time of printing this publication, the article is accessible at: http://itspronouncedmetrosexual.com/2011/11/breaking-through-the-binary-gender-explained-using-continuums/.
- Before delivering this session, be sure to review all of the components and practice communicating the steps. Review the Facilitator Resource: Alphabet Soup Glossary to prepare for questions that can arise. Many, but not all of the terms on the Facilitator Resource: Alphabet Soup Glossary are featured in this session plan. The additional terms are included to help address potential questions that may arise from the group around biological sex, gender identity, gender expression, and sexual orientation.

ACTIVITY 1:
- Enlarge the Handout: The Genderbread Person to provide additional support when reviewing the model and post in front of the room.
- Photocopy the Handout: The Genderbread Person, one per participant.
- Write down the term and the definition for the following sexuality terms on the Facilitator Resource: Alphabet Soup Glossary onto index cards. Write one term and definition per card. Set aside to distribute to volunteers to read in the session.
  - Androgyny
  - Asexual
  - Biological Sex
  - Gender Identity
  - Gender Expression
  - Genderless
  - Genderqueer
  - Pansexual
  - Questioning
- Same Gender Loving
- Sexual Orientation
- Trans-man
- Trans-woman
- Two Spirit

**ACTIVITY 2:**
- Photocopy the Handout: *Alex and Samantha Grow Up*, one per participant.

**ACTIVITY 3:**

**PROCEDURE:**

**ACTIVITY 1: THE GENDERBREAD PERSON INTRODUCTION**

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Explain to the girls that the session today focuses on four components of a person’s sexual identity. These four components are biological sex, gender identity, gender expression, and sexual orientation.

2. Distribute the Handout: *The Genderbread Person* to all the participants. Explain that during this session they will refer to this model to better understand the differences between biological sex, gender identity, gender expression, and sexual orientation. Encourage them to look at the handout and ask them what, if anything, they notice so far.

   *Facilitator Note: Participants may notice the brain, heart, sexual organs, and whole body notations in the graphic.*

3. Point out to participants that there are a number of spectrums on the graphic. The left side of each of the spectrums has an open circle on it, which means that there is a complete lack of that spectrum. The arrow points to the right but has no numbers and no end because it is difficult to compare one person’s identity to another’s, and so identifying where you fall on the spectrum is not an exact science.

4. Ask if there are any volunteers who would be willing to read aloud to the group. Distribute the term cards to the volunteers. Ask the volunteer with the term card *Biological Sex* to read the definition aloud. Make further distinctions on biological sex:

   - Biological sex refers to the physical sex characteristics you are born with and develop including the genitals, body shape, voice pitch, body hair, hormones, chromosomes, etc. Like the two spectrums on *The Genderbread Person* suggest, there is variety in how the body appears. For example, a female can have chin hair, a male can have larger than typical sized breasts, or a person with an
intersex condition can have external sexual organs that are typically female and internal organs that are typically male.

5. Have the volunteer with the term Gender Identity read the definition aloud. Make further distinctions on gender identity:

- Unlike traditional views that one can only identify as a woman or a man, the two spectrums on the Handout: The Genderbread Person suggest there are a variety of gender identities and that our gender identity and sex assigned at birth can differ.

- Ask the volunteers that have the terms Genderless, Genderqueer, Trans-Man, and Trans-Woman, and Two Spirit to read their definitions aloud.

6. Ask the volunteer with the term Gender Expression to read the definition aloud. Make further distinctions on gender expression:

- Though there are rigid standards set forth by the culture to be “feminine” or “masculine,” the two spectrums on the Handout: The Genderbread Person suggest that people express their gender in a variety of ways. It is common for girls their age to want to be able to be self-expressive especially in relation to gender such as choice in clothing, preferred name, applying makeup, etc.

- Ask for one or two examples of “feminine” and “masculine” gender expression. Encourage the volunteer that has the term Androgyny to read their definitions aloud.

7. Ask the volunteer with the term Sexual Orientation to read the definition aloud. Make further distinctions on sexual orientation:

- It is normal for people to be sexually attracted to primarily men and/or women regardless of their own gender identity and regardless of their romantic attraction patterns. The graphic of two spectrums, “Sexually Attracted to” (underneath The Genderbread Person) represent the types of sexual/physical attraction or connection that people have to others.

- It is normal for people to be romantically attracted to primarily men and/or women regardless of their own gender identity and regardless of their sexuality attraction patterns. The graphic of two spectrums, “Romantically Attracted to” (underneath The Genderbread Person) represent the types of romantic/emotional attraction or connection that people have to others.

- If someone is primarily sexually and/or attracted to people who identify as a different gender than themselves, they may identify as Straight or heterosexual. If someone is primarily sexually and/or romantically attracted to people who identify their gender in the same way, they may identify as Gay or Lesbian. The term Gay is more commonly used when referring to males, but can be applied to females as well. The term Lesbian is more used to describe women attracted romantically, erotically, and/or emotionally to other women.

- Many people have sexual and/or romantic attraction patterns that are not exclusively straight or gay. Some of these people identify as Bisexual while others do not.

Note that the terms shared is a short list but certainly isn’t complete. As all of the spectrums on The Genderbread Person suggest, there are forms of attraction and terms that a person may use to describe
their sexual orientation that have not yet been stated. Ask the volunteer with the terms Asexual, Pansexual, Same Gender Loving, and Questioning to read the definitions aloud.

8. Conclude the overview by explaining that though biological sex, gender identity, gender expression, and sexual orientation are parts of our sexual identity, they are independent of one another. Provide a few quick examples while pointing out the components on The Genderbread Person:

- A person can be born with female sexual organs, identify as a woman, express herself femininely, and be attracted to women. (Cisgender & Lesbian)
- A person can be born with female sexual organs, identify as a man, express himself as masculine, and be attracted to men. (Transgender & Gay)

9. Lead a discussion using the following questions:

a. What do you think of this model?

b. What terms were more familiar? Less familiar? Why do you think that might be?

c. Why is it helpful to be aware of these terms?

d. What terms are commonly used among people your age?

e. Note that the words and terms people use for these aspects of sexuality often change. What are some ways you can try to keep up to date on terms people use?

**ACTIVITY 2: ALEX AND SAMANTHA**

1. Tell the participants that for the next few minutes they are going to use their imagination to help make connections with the concepts. Ask the girls to pretend that they have an Aunt Jordan who just announced she’s four months pregnant and shows them a sonogram. Then ask them, what is one of the first questions that you might ask Aunt Jordan?

   *Facilitator Note: If not expressed by the participants, note that a common question that is asked is whether Jordan is having a boy or girl.*

2. Now encourage the participants to imagine that several months have passed and Aunt Jordan has given birth to twins, a son named Alex and a daughter named Samantha. Ask the participants, how is a baby’s sex determined at birth?

   *Facilitator Note: If not expressed by the participants, explain that a health professional will typically will look at the baby’s genitals. If the baby has a penis and scrotum, the baby’s sex is considered male. If the baby has a vulva and vagina the baby’s sex is considered female*

Inform the girls that in some instances a baby can be born with an intersex condition in which the genitalia does not appear to be typically male or female. A person can have an intersex condition for years and not
know. For example, if the changes at puberty that typically occur for girls are not happening, it could prompt a medical professional to do tests to determine if an intersex condition is present.

3. Lead a discussion using the following questions:
   a. Why do you think people commonly ask about the sex of a baby?
   b. Do you think knowing the sex of a baby affects people’s decisions about interacting with a baby? For example, getting a baby clothing or choosing a room color? Why do you think these gender role expectations exist?
   c. What component of The Genderbread Person was determined at Samantha and Alex’s birth? (Biological sex)
   d. What components of The Genderbread Person will become apparent to the twins over time? (Gender Identity, Gender Expression, and Sexual Orientation)

4. Create small groups of four participants. Explain that they will continue to discuss Alex and Samantha and apply their story to better understand the components of The Genderbread Person. Distribute the Handout: Alex and Samantha Grow Up to each small group. Tell the groups that they have 7 minutes to talk about where Alex and Sam are along each spectrum listed. They should put an A along the spectrums to represent Alex and an S to represent Sam.

5. After 7 minutes, reconvene the groups and ask for volunteers to report to the larger group where they believe Alex and Sam are along each spectrum.

6. Lead a discussion using the following questions:
   a. Which spectrums were easier to make a decision about? Explain.
   b. What factors affected your placement of Alex and Sam along the spectrums?
   c. What concerns around gender expression, gender identity, or sexual orientation came up for Alex and Sam? Why might this be?
   d. Who could Alex, Sam, or you talk to about the parts of sexual identity discussed today?

7. Emphasize to the group that they examined Alex and Sam’s story to discuss the components of sexual identity. Only Alex and Sam can truly know where they see themselves best fitting along the spectrums. As early teens they are likely more personally aware of their gender identity and sexual orientation.

**ACTIVITY 3: CLOSING**

Conclude the session by asking the participants to share one thing they want to remember from the session. Distribute Appendix A: Finding Help . . . A Resource List to the participants and note that there are some resources that address the topics on the list if they would like to learn more.
**Androgyny:** (1) a gender expression that has elements of both masculinity and femininity; (2) occasionally used in place of “intersex” to describe a person with both female and male anatomy

**Androsexual/Androphilic:** attracted to males, men, and/or masculinity

**Asexual:** a person who generally does not experience sexual attraction (or very little) to any group of people

**Bigender:** a person who fluctuates between traditionally “woman” and “man” gender-based behavior and identities, identifying with both genders

**Biological sex:** the physical sex characteristics you’re born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

**Bisexual:** a person who experiences sexual, romantic, physical, and/or spiritual attraction to people of their own gender as well as another gender

**Cisgender:** a description for a person whose gender identity, gender expression, and biological sex all align (for example man, masculine, and male)

**Cross-dressing:** wearing clothing that conflicts with the traditional gender expression of your sex and gender identity (for example a man wearing a dress) for any one of many reasons, including relaxation, fun, and sexual gratification

**Drag King:** a person who consciously performs “masculinity,” usually in a show or theater setting, presenting an exaggerated form of masculine expression, often done by a woman; *often confused with “transsexual” or “transvestite”*

**Drag Queen:** a person who consciously performs “femininity,” usually in a show or theater setting, presenting an exaggerated form of feminine expression, often done by a man; *often confused with “transsexual” or “transvestite”*

**Female:** a person with a specific set of sexual anatomy (for example, XX phenotype, vagina, ovaries, uterus, breasts, higher levels of estrogen, fine body hair) pursuant to this label

**Fluidity:** describes an identity that is a fluctuating mix of the options available (such as man and woman, gay and straight); *not to be confused with “transitioning”*

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FTM/MTF: a person who has undergone medical treatments to change their biological sex (Female to Male, or Male to Female), often to align it with their gender identity; *often confused with “trans-man”/“trans-woman”*

Gay: a term used to describe a man who is attracted to men, but often used and embraced by women to describe their same-sex relationships as well

Gender Expression: the ways you present gender, through your actions, dress, and demeanor; how those presentations are interpreted based on gender norms

Gender Identity: how you, in your head, define your gender, based on how much you align (or don’t align) with what you understand to be the options for gender

Genderless: person who does not identify with any gender

Genderqueer: a person who identifies as both a man and a woman, or as neither a man nor a woman; *often used in exchange with “transgender”*

Gynosexual/Gynephilic: attracted to females, women, and/or femininity

Hermaphrodite: an outdated medical term used to describe someone who is intersex; not used today as it is considered to be medically stigmatizing, and also misleading as it means a person who is 100% male and female, a biological impossibility for humans

Heterosexual: a medical definition for a person who is attracted to someone with the other gender (or, literally, biological sex) than they have; *often referred to as “straight”*

Homosexual: a medical definition for a person who is attracted to someone with the same gender (or, literally, biological sex) they have, this is considered an offensive/stigmatizing term by many members of the queer community; *often used incorrectly in place of “lesbian” or “gay”*

Intersex: a person with a set of sexual anatomy that doesn’t fit within the labels of female or male

Lesbian: a term used to describe a woman who is attracted to women

Male: a person with a specific set of sexual anatomy (for example, XY phenotype, penis, testis, higher levels of testosterone, coarse body hair, facial hair) pursuant to this label

Pansexual: a person who experiences sexual, romantic, physical, and/or spiritual attraction for members of all gender identities/expressions
**Queer:** (1) historically, this was a derogatory slang term used to identify LGBTQ+ people; (2) a term that has been embraced and reclaimed by the LGBTQ+ community as a symbol of pride, representing all individuals who fall out of the gender and sexuality norms

**Questioning:** the process of exploring one’s own sexual orientation, investigating influences that may come from their family, religious upbringing, and internal motivations

**Same Gender Loving (SGL):** a phrase coined by the African American/Black queer communities used as an alternative for “gay” and “lesbian” by people who may see those as terms of the White queer community

**Sexual Orientation:** the type of sexual, romantic, physical, and/or spiritual attraction one feels for others, often based on the gender relationships between the person and the people they are attracted to; often mistakenly referred to as “sexual preference”

**Skoliosexual:** attracted to genderqueer and transsexual people and expressions (people who aren’t identified as cisgender)

**Straight:** a man or woman who is attracted to people of the other binary gender than themselves; often referred to as “heterosexual”

**Third Gender:** (1) a person who does not identify with the traditional genders of “man” or “woman,” but identifies with another gender; (2) the gender category available in societies that recognize three or more genders

**Transgender:** a blanket term used to describe all people who are not Cisgender

**Transitioning:** a term used to describe the process of moving from one sex/gender to another, sometimes this is done by hormone or surgical treatments

**Transsexual:** a person whose gender identity is the binary opposite of their biological sex, who may undergo medical treatments to change their biological sex, often to align it with their gender identity, or they may live their lives as the opposite sex; often confused with “trans-man”/“trans-woman”

**Transvestite:** a person who dresses as the binary opposite gender expression (“cross-dresses”) for any one of many reasons, including relaxation, fun, and sexual gratification; often called a “cross-dresser,” and often confused with “transsexual”

**Trans-man:** a person who was assigned a female sex at birth, but identifies as a man

**Trans-woman:** a person who was assigned a male sex at birth, but identifies as a woman

**Two-Spirit:** a term traditionally used by Native American people to recognize individuals who possess qualities or fulfill roles of both genders
The Genderbread Person

Identity

Gender

Expression

Biological Sex

Attraction

Masculine

Sex

Feminine

Romantically Attracted to

Sexually Attracted to

Woman/Female/Feminine

Woman/Female/Feminine

Woman/Female/Feminine

Man/Male/Masculine

Man/Male/Masculine

Man/Male/Masculine

Sexual Identity

How you see yourself. How you identify as "male," "female," "non-binary," or any other word that describes who you are. This is often based on your gender identity and other factors like what feels comfortable for you. For example, someone might identify as male and feel comfortable wearing traditional masculine clothing and accessories, while another person might identify as non-binary and prefer to wear clothing that is more fluid or gender-neutral.

Gender Expression

The way you present gender, through your actions, dress, and demeanour, and how these presentations are interpreted based on gender norms.

Biological Sex

The physical characteristics you're born with, such as sex organs, genitals, body shape, voice pitch, hair, hormones, chromosomes, etc.

Romantically Attracted to

Who you are attracted to romantically. This can include same-sex and opposite-sex attraction.

Sexually Attracted to

Who you are sexually attracted to. This can include same-sex, opposite-sex, and non-binary attraction.

Aunt Jordan noticed early in Samantha and Alex’s life that as fraternal twins they were more similar than different. Though Aunt Jordan and their family would buy more feminine clothing like dresses and skirts for Samantha, she seemed most comfortable, carefree, and at ease, wearing Alex’s clothing. They both had similar interests like playing outside in the dirt, constructing buildings from blocks, going to dance class, and learning karate. When given the choice in clothing and haircut, both twins would request short haircuts and athletic wear, T-shirts, and jeans. On special occasions that required the twins to dress nicely, Samantha, like Alex, would be seen in slacks and a dress shirt despite Aunt Jordan’s suggestion that Samantha wear a dress, or a blouse and skirt.

Now Alex and Samantha are 14 years of age and are moving with Aunt Jordan to a new town and state. Before school begins, Aunt Jordan asks the twins how they feel about starting at a new school. Alex expresses excitement about trying out for the boy’s football team, joining the chorus, and making new friends. Sam expresses nervousness and unease about going to school, particularly how people will respond to using “Sam” instead of Samantha, and whether classmates will give Sam a hard time or ask a lot of questions about keeping a short haircut and dressing more like Alex. Aunt Jordan encourages Sam to keep an open mind, see how the year goes, and let her know if anything happens at school so Aunt Jordan can support Sam.

Fortunately Sam and Alex’s new school turns out to be a welcoming place and they both have made close friends, are involved in chorus, and play sports. Sam met a boy named Jamal and they’ve been dating for months. Alex is trying to get up the nerve to ask out Dave, a close friend he has a crush on. Though Alex has had attraction to boys for a while, he’s not sure if Dave is also gay and doesn’t know how he’d react.
SESSION 5: COMING OUT

PURPOSE:
To normalize the process of coming out, and provide guidance and information on ways to support someone who comes out.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Define coming out.
2. List at least two reasons why someone might not want to come out.
3. List at least two reasons why someone would want to come out.
4. Describe how to be supportive when someone comes out to them.

KEY MESSAGES:
- Coming out can be hard, but it is important. Coming out can be hard even when someone has access to a support system. When they do not have that support system in place, it is even harder.
- Coming out doesn’t happen just once, but people have to come out over and over again to lots of people.

AGENDA:

ACTIVITY 1: Warm-Up 5 minutes
ACTIVITY 2: Coming Out Video 20 minutes
ACTIVITY 3: Helping Someone Out 18 minutes
ACTIVITY 4: Closing 2 minutes
MATERIALS:
- Paper and pencils/pens
- Computer, projector, screen, and speakers to view a coming out video
- Internet
- Preselected videos
- Facilitator Resource: Helping Someone Out Role-Plays
- Handout: Coming Out
- Appendix E: How to Use Role-Play

PLANNING NOTES:
- Preview The Culture of Coming Out on YouTube prior to the session. It is a short clip that provides some insight as to why young people, in particular, are using online formats such as YouTube to come out.
  https://www.youtube.com/watch?v=1upT3vHYXxM

- Be Yourself: Questions and Answers for Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youth (Parents, Families, and Friends of Lesbians and Gays, Inc., 2014) is an excellent resource for youth to increase their personal awareness about coming out. After previewing, consider providing as a resource for youth.
  https://docs.google.com/file/d/0Bz_Rb69kZTYDbTI2dmhWTFc4MGc/preview?pref=2&pli=1 (English)
  www.pflag.org/fileadmin/user_upload/Publications/SeTuMismo.pdf (Spanish)

- Let the group know prior to this session about its content and encourage the girls to come and talk with you ahead of time if they have any questions about the topic. This will allow you the opportunity to check in with girls who might be out personally but not publicly to others and help them navigate their ability to participate in the session. Additionally, you will want to check in with group members who have already come out as lesbian, gay, or bisexual to others and make sure they are aware of the topic and the possibility that group members may have questions about their experience coming out. Let the group members know that they are under no obligation to share (unless they choose) and that you want to make sure not to “out” them in session unless they choose so.

ACTIVITY 2:
- Find a video on YouTube, Vimeo, or another video streaming site that shows a person coming out to someone else. Searching for “coming out video” will provide you with many results. Be sure and preview several videos to find one that offers a depth of conversation. A video that is 5–10 minutes long will likely provide an effective insight into the experience. If you can find a video that represents your participant population as closely as possible, that will allow them to relate most easily. Here are a few examples, which may or may not still be available online, but were available and very high quality at the time of this publication:
If you do not have access to the Internet or can’t show a video, bring in stories of teens coming out. Research online for stories to share. Here are a few suggestions, which may or may not still be available online at the time of this publication:


- **R U Coming Out** is a website that contains a collection of real-life stories of people coming out. The web address is [www.rucomingout.com/about.html](http://www.rucomingout.com/about.html).


Create some questions for dialogue based on the video you chose. Suggested questions include:

- Invite participants to share how they felt watching the video.
- Ask participants how they imagine each of the people in the video felt during the conversation.
- Ask participants what they think might have happened after the video was over, with the relationship between the people shown.
- Ask participants how the conversation could have gone better or could have gone worse.
- Who has the primary impact on whether a coming out conversation goes positively or negatively? The person coming out or the person who is being come out to?
ACTIVITY 3:

- Determine which scenarios from the Facilitator Resource: Helping Someone Out Role-Plays you will use with this group. You may decide to do one, two, or all three of the scenarios depending on how much time you have available at the end of the session for the third activity. Rewrite each scenario onto separate pieces of chart paper to show and read to the group.

- The session plans includes a suggested role-play. Review Appendix E: How to Use Role-Play for guidance on leading a role-play.


PROCEDURE:

ACTIVITY 1: WARM-UP

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session, particularly any agreements concerning confidentiality and speaking for oneself. Ask if anyone knows what the phrase “coming out” or “coming out of the closet” usually refers to. Provide the answer, if necessary. (Answer: When someone becomes personally aware of being LGBTQ, or when someone shares their sexual orientation and/or gender identity with someone else.) Emphasize that the session today will be focusing people’s experiences with coming out as gay, lesbian, bisexual, and/or queer and the ways that people react supportively when someone comes out.

2. Ask if anyone knows someone who is gay. If there is a participant who knows a person who is gay, invite them to share how they learned about the person’s sexual orientation. If none of the participants know someone who is gay or don’t feel comfortable talking about it, ask participants to share how they might feel if someone they knew came out to them.

ACTIVITY 2: COMING OUT VIDEO

1. Tell participants that you are going to show a video of someone coming out for the first time. Ask the following questions.
   a. Why do you think a person might not want to come out?
   b. Why do you think a person might want to come out?
   c. What messages from one’s family or culture might affect coming out?

2. Show the video, lead a discussion with your prepared questions, as suggested in the Planning Notes.

3. Explain to the girls that they just observed one instance of a person coming out in their lifetime. Coming out doesn’t happen just once in a person’s life. People come out over and over again to many different people throughout their lifetime.
ACTIVITY 3: HELPING SOMEONE OUT

1. Distribute the Handout: Coming Out and pens/pencils and go over it with the participants. Depending on the reading level of the group, you may involve the girls in reading by asking for volunteers or inviting specific participants to read sections. You may also read the handout aloud yourself.

2. Explain that you would like them to put into practice the suggestions they just discussed by creating a script between two people that involves coming out. The script should try to include dialogue that addresses at least two of the points to remember from the handout. Tell the girls they will work in pairs to create their script. Break the large group into pairs.

   • Post a chart paper with one of the prepared scenarios of your choosing. (See Planning Notes and Facilitator Resource: Helping Someone Out Role-Plays.) Read the scenario aloud to the group.
   • Pass out paper and pens/pencils to the pairs. Tell the pairs to write a script between the two people in the scenario on the paper provided.
   • They are to begin the script with dialogue from Person A followed by a response from Person B and repeated until they feel the script is complete.

3. Give participants 5 minutes to work in their scripts. Provide assistance as they work.

4. Regain attention of the group. Ask for a pair to volunteer to come to the front to role-play their script. Give the volunteers 3–5 minutes for each pair of volunteers to present their role-play. Remind them of the importance of following the guidelines suggested in the handout.

   Facilitator Note: If time is limited or a role-play is not possible, ask for the volunteers to read their scripts aloud.

5. Invite the volunteers to take their seats, then lead a discussion with the following questions:
   a. What was it like for you to script the coming out situation? Do you feel like this situation was realistic? Why or why not?
   b. What did Person B say or do that seemed to support the person coming out? Was there anything you observed Person B do that was unsupportive? Explain.
   c. How did Person A handle themselves?
   d. What additional support might these two people need at this time?
   e. Do you have any recommendations for either person to be supportive in the future?

6. Repeat with another scenario if time allows. Be sure to leave a few minutes at the end for discussion.

7. Conclude the role-plays with the final round of discussion questions:
   a. What are some supportive ways to react when a person comes out? Why?
   b. When might it be difficult to react supportively if someone comes out to you? When might it be easier to react supportively?
c. What could someone do if they are having a bad or negative reaction, and they want to change their reaction?

(Example answers: Ask for some time to think about it and then come back and talk more later, tell the person coming out that they love them and they want to hear more about how they realized more about their identity, etc.)

d. If someone is coming out and the person they’re talking with isn’t responding well, what can they do?

(Example answers: “The way you’re reacting is really hard for me so can we talk about this more later?” “I can tell this is surprising to you. Would you like me to send you some resources that you can read about what it means for someone to be LGBTQ?” Talk with a different adult, friend, or counselor.)

**ACTIVITY 4: CLOSING**

To conclude the session, ask participants to share one thing they want to remember from the session. Pass out the Appendix A: Finding Help . . . A Resource List and point out that there are resources that address the topic on the list to learn more.
Scenario 1

Person A: You have just recently realized that you are gay. Or maybe you’re bisexual. You’re not quite sure, and you want to talk with someone about it. You go to your best friend for support in trying to figure yourself out.

Person B: Your best friend comes to you wanting to talk about her sexual orientation. She seems to think she’s gay or maybe bi. You want to be supportive, but you’re worried that this means she’s attracted to you, and that’s weird to think about. But you don’t want to say that you’re worried about it.

Scenario 2

Person A: You are 16 years old. Your mother took you to the doctor for a yearly checkup and the doctor asked to speak to you privately, so your mom leaves. The doctor is asking you about birth control, but you’re pretty sure you’re gay and won’t be having sex with anyone who could get you pregnant. The doctor doesn’t know you’re gay, so you decide to tell her. You don’t want her to tell your parents though, because they don’t know you’re gay.

Person B: You’re a doctor with a 16-year-old patient. You talk to all of your patients about STIs and birth control. Your patient tells you that she is a lesbian. You still want to discuss birth control and pregnancy prevention but realize that she may be offended if she thinks you don’t understand that she does not plan on having sex with men.

Scenario 3

Person A: You’re bi, and you have a crush on a girl from your English class. You dated a boy before, so you think that the girl probably doesn’t know you are interested because she thinks you’re straight. You think she’s gay, but you’re not sure. You want to ask her out on a date, but you want to be sure that she knows you’re not just asking her as a friend.

Person B: You’re gay, but you haven’t told anyone, and you’re not ready to yet. You have to figure out some things first, because you worry your parents would probably kick you out of the house if they knew. But you have a crush on a girl from your English class. She comes up and starts talking with you.
When someone comes out to you, it’s important that you:

- React positively.
- Offer verbal and non-verbal support.
- Remember that the act of coming out is not about you, it’s about them.
- Ask how they feel about coming out.
- Tell them that you support them.

If you are unsure of your own emotions about your friend coming out to you, it is important that you process those feelings (at least initially) with someone other than your friend. During your first conversation together, listen and express your positive feelings of support.

After someone has come out to you, it’s important that you:

- Maintain their privacy. Don’t talk with other people about your friend coming out unless you’ve asked them directly if it’s okay.
- Continue to hang out with your friend as you did before. Them coming out doesn’t have to mean that your friendship changes.

Many people plan how they will come out to friends and family in very specific ways. It can be scary, even if you have talked about how open you are about sexual orientation and gender identity.

The most important thing about how you react to someone who comes out to you is this:

**BE KIND.**
SESSION 6: UNDERSTANDING GENDER NON-CONFORMING IDENTITIES

PURPOSE:
To introduce participants to the experiences and lives of transgender and gender non-conforming people and expand their sense of compassion and understanding of people who don’t fit easily into the gender binary.

OBJECTIVES:
By the end of this session, participants will be able to:
1. Define the terms transgender, gender non-conforming, and cisgender.
2. Respond in a supportive way when meeting someone who is transgender or gender non-conforming.

KEY MESSAGES:
- There are many things that people feel are important about themselves, and gender identity and expression are two really important ones. It is important to respect all people and treat them the way that they want to be treated.
- Feeling uncomfortable because of someone else’s gender identity or expression is a normal feeling for something that is new and surprising. A person can be respectful even when surprised and uncomfortable.

AGENDA:
ACTIVITY 1: Introductions 10 minutes
ACTIVITY 2: Understanding More 15 minutes
ACTIVITY 3: Gendered Spaces 15 minutes
ACTIVITY 4: Closing 5 minutes
MATERIALS:
- Chart paper, markers
- Facilitator Resource: Gender Scenarios

PLANNING NOTES:
- This session focuses on transgender and gender non-conforming people. There are a few things to remember before delivering this session:
  - Gender identity is how you think about yourself in terms of gender. Some people identify as a girl, a boy, genderqueer, transgender, and genderless.
  - Transgender is a term that is used to describe people whose gender identity differs from the sex they were assigned at birth. A transgender girl identifies as a girl but was assigned male at birth. It is important to use the words “trans” or “transgender.” The words “transgendered” and “transsexual” are not considered thoughtful or appropriate language.
  - Cisgender is a term to describe people whose gender identity, gender expression, and biological sex all align (for example girl, feminine, female).
  - Gender Expression is how people demonstrate their gender identity. The way we dress, the pronouns we use, the way we act, and the way we speak are just a few examples of how we express our gender. Expectations about behavior and appearance for one’s gender expression are largely socially constructed.
  - Gender Non-Conforming is a term to describe people who do not follow the ideas, expectations, and stereotypes about how a person should look or act based on the sex they were assigned at birth.
  - Transgender and Gender Non-Conforming are often considered umbrella terms to describe people who are not cisgender.

Review the sources of the brief points above to further your learning:


This session also mentions the discrimination transgender and gender non-conforming people face. There is simple language included in the text, but to learn more, access the following publication:
If you have a participant in your group who is either trans identified or gender non-conforming in some other way, it will be important to thoughtfully consider how you approach this session. If the participant has come out to you, you may consider inviting them into a conversation prior to the session where you can talk with them about whether they are out to the other participants and if they are not, do they want to be. It will be paramount that you and any other facilitators are fully respectful of the participant’s decision about how much, if anything, to share with their peers.

It is strongly recommended that you deliver *Session 4: Making Sense of Sexual Identity* prior to delivering this session plan. If not, you will need to provide a brief explanation of the terms gender identity and what it means to be transgender (a blanket term used to describe all people who are not cisgender) and cisgender (a description for a person whose gender identity, gender expression, and biological sex all align).

**ACTIVITY 3:**

Prepare a piece of chart paper with the following questions:

- Why might someone feel awkward in this situation?
- What are three supportive or respectful ways to respond in this situation?
- What are three ways to respond in this situation that would not be supportive or respectful?

Photocopy and cut apart the scenarios in the *Facilitator Resource: Gender Scenarios*; select the specific scenarios you want to use for the group. You need to have one scenario for each group of three participants. You may duplicate scenarios if you expect more than 9–10 participants.

**ACTIVITY 4:**

Prepare a piece of chart paper with the following questions:

- What do you want to remember from this session?
- What are two things you could say to be supportive of someone who comes out to you as trans or gender non-conforming?

**PROCEDURE:**

**ACTIVITY 1: INTRODUCTIONS**

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, tell participants that, even though you all presume to know each other well, you are going to introduce yourselves again. Explain that you would like everyone in the group to say their preferred name, gender identity, and pronoun. The following are some examples you can say to girls:
"Hi, my preferred name is Sara, I identify as female, and I prefer to be referred to as she and her."

"Hi, my name is Martin but I prefer when people call me Mar, which means sea in Spanish. I don’t really identify as male or female, and prefer to be referred to as they/them/their, but it’s okay to refer to me with he/him/his."

"Hi, I want to be called Susan. My parents thought I was a boy when I was born, but really I’m a girl. Please refer to me as she and her."

After providing the examples, demonstrate the introduction beginning with yourself. Then encourage the rest of the group to do the same. After introductions complete, lead a discussion using the following questions:

a. What was it like to do introduce yourself in this way? Do you think introducing ourselves in this way is common? Why or why not?

b. How important is it to tell people which names, identities, and pronouns you prefer to use?

c. If someone felt that their gender identity was different from what people assumed about them, do you think that having this opportunity to introduce themselves again would be helpful? Why?

d. How might it feel to tell a group of people that your gender identity is different from the one they may have assumed it was? Explain.

**ACTIVITY 2: UNDERSTANDING MORE**

1. Remind participants that you’ve already talked about gender identity and what it means to be transgender (a blanket term used to describe all people who are not cisgender) and cisgender (a description for a person whose gender identity, gender expression, and biological sex all align) if you have delivered Session 4: Making Sense of Sexual Identity. Ask participants to recall these terms and write the definitions or descriptions on chart paper. If you did not conduct Session 4: Making Sense of Sexual Identity, provide a brief explanation of the terms.

2. Write the term “Gender Non-Conforming” at the top of a piece of chart paper. Ask participants, based on their understanding, what comes to mind with the term “Gender Non-Conforming.” As participants brainstorm ideas, write their responses on the chart paper. The most important feature to include here is that people who are gender non-conforming do not follow traditional binary gender models: they do not identify, or do not fully identify, with the gender associated with the sex they were identified as at birth.

3. Tell participants you are going to read a series of questions out loud. Ask participants to stand if their answer is “yes” and to be seated if their answer is “no.” Participants should not share anything during this process, just stand or sit silently and watch to see who else stands or sits. Read each of the following questions below allow time for movement after each question:

   a. Have you ever met someone who is transgender or gender non-conforming?
   
   b. Have you ever seen someone in a public space who you think might be transgender or gender non-conforming?
c. Can you think of anyone in the media who is transgender or gender non-conforming?

4. For those still standing, ask them to be seated and lead a discussion using the following questions:
   a. If you answered yes to any of the questions, how did you feel when you were around the person? How might the person who is transgender or gender non-conforming have felt?
   b. How do you think people generally react around people who are transgender or gender non-conforming? Why do you think that is?
   c. Would you consider these reactions to be received as more positive or negative?
   d. What effect do you think people’s reactions have on people who are transgender or gender-nonconforming?

ACTIVITY 3: GENDERED SPACES

1. Using your own words, introduce this next activity with the following: All of us express our gender in different ways and for many trans and gender non-conforming people this is, literally, a life-or-death question. If they are not true to themselves, the psychological strain is immense. It takes a great deal of strength to know one’s self and be true to oneself.

   Despite wanting to be true to oneself, many trans and gender-nonconforming people report experiences with harassment, physical assault, sexual violence, and verbal assault in public spaces. They also face discrimination by others at their school, community, family, and even strangers. This all contributes to many trans or gender non-conforming people feeling unsafe to be out as their true selves. There are people of all genders who give trans and gender non-conforming individuals great respect for being out given the reality of what they face.

2. Tell participants that they’re going to spend a little bit of time thinking about the places that might pose the most difficulty, regarding physical and emotional safety, for someone who is transgender or gender non-conforming. Ask participants to brainstorm places where and times when gender matters most. Write their brainstorms on chart paper. Be sure to include these examples:
   - public bathrooms
   - getting a driver’s license or other form of official government identification
   - registering for school
   - going to the doctor
   - beginning to date someone

3. Now ask participants to brainstorm ways to be respectful of someone’s gender identity. Record their responses on a new piece of chart paper. Be sure to include to these examples:
   - call a person by their preferred name
• refer to a person with their preferred pronouns
• refrain from asking about their genitals
• refrain from asking about their “real” name because the name they have given you is their real name
• maintain the person’s privacy in what they share with you unless they specify otherwise

4. Explain that they will break into groups of three. Each group will receive a scenario and will have 5 minutes to discuss the scenario and respond to a few questions. As they provide responses to the questions they should keep in mind how to be respectful of someone who is trans or gender non-conforming. Post the prepared chart paper created in Planning Notes and review the following questions:
   a. Why might someone feel awkward in this situation?
   b. What are three supportive or respectful ways to respond in this situation?
   c. What are three ways to respond in this situation that would not be supportive or respectful?

5. Form small groups and distribute a scenario to each group. Note that after 5 minutes, they will come back to the large group and discuss the different scenarios. Ask if they have any questions. Allow the groups 5 minutes to work.

6. After 5 minutes, bring the large group back together again. Beginning with one group, have one participant from the group read the scenario and then group members share their answers to the three assigned questions. (Depending on the size of your group more than one small group may have the same scenario.)

7. Continue with another scenario. Go through as many scenarios as you can, allowing time for the final round of discussion questions:
   a. Which of the scenarios do you think was the hardest to know how to address?
   b. What do you think of the supportive or respectful ways to respond that were suggested?
   c. What do you think that your reaction to these scenarios might have been before this session?
   d. What do you hope your reaction to these scenarios might be now?

ACTIVITY 4: CLOSING

Conclude the session by stating that there are many things that people feel are important about themselves, and gender identity and expression are two really important ones. Today they explored ways to respect and be supportive of people who are transgender and gender non-conforming. Ask the girls to respond to the following questions, prepared on the chart paper:

What do you want to remember from this session?

What are two things you could say to be supportive of someone who comes out to you as trans or gender non-conforming?
**SCENARIO 1:** You walk into the women’s restroom at a restaurant and there’s a person washing their hands who is very tall, has broad shoulders, and no appearance of hips or breasts. They are wearing women’s clothing, but your response is surprise to see them in the women’s room.

**Discuss:**
- Why might someone feel awkward in this situation?
- What are three supportive or respectful ways to respond in this situation?
- What are three ways to respond in this situation that would not be supportive or respectful?

**SCENARIO 2:** You’re on a third date with someone named James. You and James have kissed and it was really nice. James tells you that he needs to talk with you about something. After much mumbling and looking very uncomfortable, James tells you that no one believed he was a boy until he was seven.

**Discuss:**
- Why might someone feel awkward in this situation?
- What are three supportive or respectful ways to respond in this situation?
- What are three ways to respond in this situation that would not be supportive or respectful?

**SCENARIO 3:** You see a teacher reading her attendance sheet out loud on the first day of class and you know she is going to call your friend by the wrong name and pronoun.

**Discuss:**
- Why might someone feel awkward in this situation?
- What are three supportive or respectful ways to respond in this situation?
- What are three ways to respond in this situation that would not be supportive or respectful?
SESSION 7: BREAKING DOWN BULLYING

PURPOSE:
To increase participants’ awareness of what constitutes bullying and ways to support a person being bullied.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Define bullying.
2. Correctly identify examples of verbal, social, or physical bullying.
3. Describe ways to be a helpful bystander.

KEY MESSAGES:
- Bullying is very common. There are many different ways a person can experience bullying.
- Bullying is not okay. You can tell a trusted adult such as a parent or caregiver, counselor, or school administrator that bullying is happening to get support.
- Bullying often happens around bystanders. You can be a helpful bystander to a target of bullying.

AGENDA:

ACTIVITY 1: Defining Bullying
10 minutes

ACTIVITY 2: Increasing Awareness of Types of Bullying
20 minutes

ACTIVITY 3: Being an Ally and Closing
15 minutes

42 Special thanks to Dr. Eli Green & Dr. Susan Milstein for their guidance in the development of this session plan.
MATERIALS:

- Chart paper, markers
- Card stock or copy paper (25–30 pieces plus three for signs)
- Tape
- Facilitator Resource: Bullying Situations Cards
- Handout: Types of Bullying

PLANNING NOTES:

- Given the rates of bullying, it is very likely a group member has a history of being a target of bullying. Discussions about this may be triggering for targets of bullying. Some ways to manage this as a possibility is to:
  - In advance, give the participants a heads-up that this session will be happening, and respect participants’ right to opt out of the session, or to leave the session early. Be prepared to manage these circumstances if they arise.
  - Identify an “onsite professional” to be the “go-to” for participants. Ideally, this would be someone with clinical experience who would be available during and after the session if further debriefing or additional support is needed.
  - Make sure you are aware of any policy and procedures for reporting should a personal disclosure arise.

ACTIVITY 1:

- Photocopy Handout: Types of Bullying, one per participant. Review prior to the session to be more informed.

ACTIVITY 2:

- Using three sheets of 8.5”X 11” paper or cardstock, prepare the Types of Bullying Signs. On one piece of paper write or type “Physical Bullying,” on another “Verbal Bullying” and on the last “Social Bullying.” If possible, post to wall prior to beginning activity.

- Prepare the Bullying Situations Cards by reviewing and selecting from the fourteen situations on the Facilitator Resource: Bullying Situations. Select and prepare enough situations to ensure that each small group receives two situations that represent different types of bullying.

Review the answer key provided in the text of the session plan to help lead a discussion. Review the situations in advance in order to be prepared for responses that can arise from the group.

- Appendix A: Finding Help . . . A Resource List is suggested as an option to be provided to participants. Photocopy one per participant if you decide to distribute to the group.
To learn more about types of bullying, at-risk groups, ways to respond, and getting help, consult the following:


- Eyes on Bullying [www.eyesonbullying.org](http://www.eyesonbullying.org) is an online resource that contains a toolkit, activities, and information for caregivers and K–12 youth-serving professionals.


**PROCEDURE:**

**ACTIVITY 1: DEFINING BULLYING**

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Introduce the session by explaining that today’s session is about bullying. Tell the girls you would like to do a quick exercise that shows how common the experience is in their age group.

2. Ask the girls to count off 1, 2, 3, 4 repeatedly until everyone has a number (1–4). Then ask those assigned with the number two to stand up. (Consider having girls raise their hand as an alternative, particularly for girls with limited mobility.) Say that those standing represent the number of students (one in four) who reportedly experience bullying.\(^{43}\) Note that actual rates of bullying may be higher because not everyone feels comfortable reporting it.

3. Thank the girls that are standing for their contribution in raising awareness of bullying. Ask them to take a seat.

4. Explain that bullying may go unreported especially if a person doesn’t know what bullying is or doesn’t know what acts can be considered bullying. Let the girls know that today they will learn about bullying and ways to help someone experiencing bullying by another person.

5. Distribute the *Handout: Types of Bullying* to the group. Read the definition and types of bullying on the *Handout* with the group.

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ACTIVITY 2: INCREASING AWARENESS OF TYPES OF BULLYING

1. Tell the girls that in order to further increase their awareness of bullying, they will work in small groups to discuss examples of different types of bullying. Divide the participants into small groups of three.

2. Explain to the girls that each group will receive “bullying situations.” Point out the Types of Bullying Signs and explain that their task is to read the example of bullying on the card and decide what type(s) of bullying is featured. Note that the situation may feature a combination of physical, verbal, and social bullying. Encourage them to use the handout and work together as a small group to make the decision.

3. Distribute two Bullying Situations Cards to each small group. Give the groups 5–7 minutes to discuss.

4. Pass out tape to each small group. Then, ask the groups to post the cards underneath the sign that represents the type of bullying featured in each situation. If they believe the card features multiple types of bullying they can post the card under at least one of the Types of Bullying Signs. Allow time for the groups to post their Bullying Situations Cards.

5. After the groups have posted the cards, ask the groups to report why they posted the examples as physical, verbal, or social bullying. Below is the answer key to help clarify posting. The situation may feature a combination of physical, verbal, and social bullying:

1. Physical
2. Verbal
3. Social
4. Social/Verbal
5. Social/Verbal
6. Physical/Verbal/Social
7. Social/Verbal
8. Physical
9. Verbal
10. Verbal/Social
11. Verbal/Social
12. Physical/Verbal
13. Physical
14. Verbal
6. Then, lead a discussion using the following questions:
   a. What do you think it might be like for a person experiencing bullying? Why?
   b. Do you think being a target of bullying could affect one’s self esteem? Explain.
   c. Do you think experiencing bullying might affect other areas of a person’s life? Explain.

**Facilitator Note:** Encourage the participants to think about friendship formation; school attendance; joining clubs; playing sports, dating; face-to-face or online encounters with others; being authentic about aspects of identity such as gender, race, sex, sexual orientation, etc.

   d. Why is it important to tell a trusted adult, friend, or peer if you are being bullied?
   e. Who do you think a person could talk to if they are being bullied? Why?

**ACTIVITY 3: BEING AN ALLY AND CLOSING**

1. Explain that instances of bullying often happen around others. Ask participants to look at the examples posted on the wall or think about an example of bullying they might have observed either in real life or in the media. How do you think others might respond when bullying occurs? Why? Ask the participants to provide examples of responses, list on the chart paper.

   Encourage the participants to consider a variety of possible reactions or responses such as doing nothing, telling the bully to “stop,” checking in with the target of the bullying to make sure the person is okay, reporting the instance to a person of authority such as teacher/counselor/parent or caregiver.

2. Tell the participants that people who observe and/or hear instances of bullying occurring in the cafeteria, the hallway, at the bus stop, or online are called bystanders. Using your own words, convey the following about bystanders:

   Experts believe that bystanders can play an important role in instances of bullying. Bystander actions such as encouraging the bully’s behavior, joining in on the bullying, or observing the bullying and not intervening or reporting the bullying are hurtful to the targets of bullying. These actions are hurtful because they allow the bullying to continue and the target does not get support.

   Bystander actions such as discouraging the bullying behavior, defending the target of bullying, helping the target get away from the bully, or getting the target of bullying help from other peers or trusted adults are helpful. These actions are helpful because they sometimes prevent or end instances of bullying, or can result in getting support for the target of bullying.44

3. Direct participants to look at the list of bystander responses in Procedure 1 of this activity. Ask them to identify which responses they think would be helpful to a target of bullying. Place a check mark next to the helpful responses. Ask them to identify which actions on the list they think the target of bullying might need or want from others and put a check next to these responses too.

4. Explain that an ally is defined as, “a group or person who gives help to another person or group.”45 Helpful bystanders can be important allies in the lives of others, especially targets of bullying. For the final part of the session, explain to the group that they will work as allies to come up with ideas to support a target of bullying.

5. Redirect participants back to the examples of bullying on the wall. Ask them to pair up with someone near them, select one example from the wall, and come up with three ways to be a helpful bystander to the target of bullying in the example. They can create their own ideas and/or use the ideas that were developed earlier.

6. Give pairs a few minutes to discuss and then reconvene the group. Ask pairs to share aloud with the rest of the group. For pairs that suggest saying something to intervene, ask for a couple of volunteers to practice saying something aloud directly to the group. Provide suggestions if necessary.

7. Conclude the session by telling the group that bullying is not okay. If they are ever a target of bullying, it’s okay to stand up for themselves, try to get away from the person who is bullying, and report it to a parent/caregiver, trusted adult, counselor, school administrator, brother/sister, friend, or someone else they trust. Encourage them to remember the suggestions for being a helpful bystander as it is important in the lives of others, maybe even someone in this room. Before adjourning, ask the girls to share one way they can be an ally to others outside of Girls Inc.

Directions: Select from the situations below for each small group. Write or type each selected statement onto a separate piece of 8.5” x 11” cardstock to create the Bullying Situations Cards.

1. A classmate frequently and intentionally blocks the wheelchair ramp to make a classmate late to 5th-period class. Now the student is at risk for detention due to tardiness.

2. A teammate loudly says that a dance troupe member would look “so pretty” if she lost 10 pounds every time she arrives to practice.

3. An ex spreads a picture of a former girlfriend’s breasts without her permission. The ex’s friends keep commenting on how “nice she looks in that shirt” despite her telling them to leave her alone.

4. A group of students laugh at a peer with a learning disability every time the person is called on to read out loud in class. The peer is not a confident reader and tries to avoid reading aloud at all costs.

5. A male peer spreads a rumor that a girl is a “lesbian” after she refused to date him due to her religious beliefs.

6. A group of teens continually block a transgender teen’s access to the only gender-neutral bathroom and yell at her that the gender-neutral bathroom is the only one she can use because she “can’t pass” as a “real woman.”

7. A peer with Down syndrome is told by a group of peers for the third time this month that it costs $1 to sit at the lunch table. The group threatened to go to the principal if she doesn’t pay up.
8. Every day while waiting for the bus an older student purposely pushes a smaller, younger student out of the way to get on the bus first.

9. The captain of the girls’ basketball team puts down a fellow team member for being skinny by saying, “I thought all Black women had big butts,” every time they get dressed for a game.

10. A girl’s ex continually threatens to “out” her as bisexual online unless they get back together. She is not out publicly as bisexual, only to her very close friends and former partner.

11. The captain of the math team makes fun of a teammate’s accent before every competition and tells her that no one will understand her so she shouldn’t bother competing with the rest of the team.

12. For weeks the understudy in the school play tells the lead that they hope the person gets food poisoning so they can be the star. The understudy purposely does gag gestures at the lead whenever they are together and has left nasty notes on the lead’s locker.

13. A larger student pushes apart a same-sex couple and threatens to beat them up after school whenever he sees the couple holding hands.

14. Every day during the lunch period, a popular student at the lunch table teases another student who struggles with weight saying things like, “Haven’t you had enough?”
Bullying is unwanted, aggressive behavior that involves a real or perceived power imbalance. It is typically repeated over time or has the potential to be repeated over time.

**Physical bullying** is when one or more people intentionally use physical aggression to inflict bodily injury or property damage. Some examples of physical bullying are:

- hitting, slapping, punching
- kicking, pushing, shoving, tripping
- spitting
- throwing something at someone
- stealing or destroying someone’s belongings
- making mean or rude gestures

**Verbal bullying** is when one or more people intentionally use written or verbal words to inflict emotional harm. Some examples of verbal bullying are:

- teasing, taunting
- name-calling
- sexual comments
- making threats
- putting someone down

**Social bullying** is when one or more people intentionally act to damage someone’s reputation or relationships with peers, significant others, etc. Some examples of social bullying are:

- excluding someone on purpose
- spreading rumors
- saying something disrespectful about someone else
- sharing embarrassing photos of someone

**Cyberbullying** is when electronic devices (cell phones, computers, and tablets, or other communication tools, including social media sites, text messages, chat rooms, and websites) are used to carry out the bullying.

Sexuality experts suggest that sexually healthy adults will appreciate their own body, express sexuality in ways that align with personal values, develop critical thinking skills and practice effective decision-making, express love and intimacy in appropriate ways, and enjoy sexual feelings without necessarily acting on them.46 Young women ages 12–14 are in the midst of personal changes associated with puberty and may be navigating interpersonal relationship changes including forming romantic relationships and possibly sexual relationships with others. **Module 3** contains three Mini-Modules with session plans to give girls the information they need and opportunities to communicate about their bodies and their values around sex and decision-making in order to be sexually healthy.

Puberty can accompany a host of emotions, questions, concerns, and experiences. With little knowledge about what to expect or ways to manage experiences like menarche, puberty can be quite daunting. **Mini Module 3.1** contains session plans to provide girls with an opportunity to learn information but also express their feelings around puberty and their body. This process of normalizing change and debriefing feelings will help girls gain or maintain self-confidence.

The first two sessions of Mini Module 3.1, *Anatomy Academy: Learning the Names of Your Body Parts* and *Deciphering Fact from Fiction about the Sexual and Reproductive Anatomy* will familiarize participants with the terms for the sexual and reproductive anatomy, functions of these body parts, and provide opportunities for them to increase their comfort with communicating about these often taboo body parts. In *Pop Goes Puberty*, participants will learn about the variety of physical, emotional, and social/behavioral changes that accompany puberty. *Go with the Flow: Learning about Menstruation* provides girls with a deeper understanding of the menstrual cycle and options currently available to manage their menstrual and overall hygiene. This is especially important because a girl may start her period between 8-15 years of age. Finally, in *Body Image: Real vs. Ideal* participants will focus on body image including defining body image, exploring factors that can impact one’s body image, and ways to build a positive body image.

As young women mature and possible relationships form, interest in behaving sexually with oneself or others may arise. Sexual expression can include a variety of behaviors, many of which are non-penetrative and may or may not involve another person. In order to set sexual limits with others, youth need to be informed about types of sexual expression and explore their own values around sexual activities. They also need the practice to clearly articulate limits, in a safe environment away from a possible sexual encounter. **Mini Module 3.2** focuses on the values one holds around sexual expression, debunking the myth that being sexually active and engaging in sexual intercourse are the same, and opportunities to practice setting limits when being sexually active with others. **Mini Module 3.2** begins with *The Sexual Health Auction*, a session in which participants will focus on attitudes, values, and beliefs that can impact decisions around sexual expression. *What’s Your Take on Abstinence* allows participants to continue to clarify their personal understanding of abstinence and exploring attitudes and beliefs about abstinence in order to make informed decisions when setting sexual boundaries with others. In the session *Masturbation: A Touchy Subject*, participants will review common myths that
surround masturbation, a common solo sexual behavior. To conclude the mini module, participants will identify the complex array of intimate behaviors that two people can engage in while engaging in abstinence in the session, *Examining the Role of Intimacy in Sexual Decisions.*

Though teen pregnancy is less common for young women under the age of 15, almost 615,000 young women ages 15–19 become pregnant.\(^{47}\) Additionally, nearly half of the new cases of sexually transmitted infections (STIs) in U.S. occur among youth 15–24 years of age. Among sexually active young women 14–19 years of age, an estimated four in ten have a STI.\(^ {48}\) Therefore, it is imperative young people prior to age 14 get information to avoid or reduce the risk of an unintended pregnancy or exposure to a STI. Lack of education or misinformation about safe and reliable options to prevent pregnancy and STI can be a factor in the possibility of an unintended pregnancy or STI exposure. Mini Module 3.3 includes sessions to help girls know the facts about sexual health, facts about what increases the possibility of unintended pregnancy and STI, and ways to reduce risk.

**Mini Module 3.3** begins with a session entitled *It’s the Truth: The Facts about Personal Sexual Health* that allows participants to explore aspects of sexual health and reviews common personal sexual and reproductive health concerns of young people. The next session, *High Risk, Low Risk, No Risk* uncovers behaviors that put a person at risk for an unintended pregnancy and/or a STI. In *Choices and Consequences: Making Decisions about Contraception Parts One and Two*, participants will learn about options for pregnancy prevention and apply contraceptive option information to make decisions about risk reduction. In *STI BINGO* participants will play an interactive trivia game to gain basic information about types of STIs, modes of transmission, and prevention options. *Girls Choose Prevention!* provides participants with an opportunity to delve deeper into STI risk reduction and consider reasons for choosing particular prevention techniques in specific situations. *Condom Comfort* reviews the steps for proper condom application. The final session in this module, *It’s Your Right: How to Access Reproductive Health Services* addresses reasons people seek sexual healthcare services and the steps for a sexual healthcare visit.

Each Mini Module within Module 3 can be delivered as a cohesive series. The session plans are intentionally ordered in the module for concepts and information to be gradually introduced to participants. Concepts in latter sessions may build on content within earlier sessions. While any session plan can be delivered as a stand-alone, if you deliver the session plans in a different order, it is important to recognize that you may need to introduce background information that the session plan assumes the girls know but may not have been delivered. Participants who receive the entire content from Module 3 will be able to:

- Explain the emotional, physical, and social changes that can accompany puberty.
- Describe aspects of sexual health.
- Identify personal attitudes, values, and beliefs with regards to their sexual health and sexual decision-making.
- State three actions one can take for their sexual health.
- List risk behaviors that can impact one’s sexual health.
- Identify key resources for one’s sexual health.

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MINI-MODULE 3.1

Session 1: Anatomy Academy: Learning the Names of Your Body Parts .................................................337

Session 2: Deciphering Fact from Fiction about the Sexual and Reproductive Anatomy ..................351

Session 3: Pop Goes Puberty ..................................................................................................................377

Session 4: Go with the Flow: Learning about Menstruation .................................................................389

Session 5: Body Image: Real vs. Ideal ..................................................................................................405
SESSION 1:
ANATOMY ACADEMY:
LEARNING THE NAMES OF YOUR BODY PARTS

PURPOSE:
To increase comfort using the medical names for the sexual and reproductive anatomy.

OBJECTIVES:
As a result of this session, participants will be able to:

1. Recognize at least three medical terms for the sexual and/or reproductive anatomy.
2. Share attitudes about communicating about sexual and reproductive anatomy.
3. Identify two factors that impact comfort in using medical names for the sexual and reproductive anatomy.

KEY MESSAGES:
- Learning about the sexual anatomy and reproductive anatomy is normal and healthy.
- Knowing the names of the sexual and reproductive anatomy helps you communicate any questions, concerns, thoughts, and/or feelings about your body.

AGENDA:

ACTIVITY 1: This and That

ACTIVITY 2: What’s It Called? Sexual and Reproductive Anatomy

ALTERNATE ACTIVITY: Sexual and Reproductive Anatomy Word Puzzle

ACTIVITY 3: Name It!

ACTIVITY 4: Closing

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MATERIALS:
- Chart paper, markers
- Tape
- Crayons, colored pencils, or colored markers
- Facilitator Resource: External Sexual Organs Overview
- Optional: Handout: What’s It Called? Sexual and Reproductive Anatomy Word Puzzle
- Optional: Handout: What’s It Called? Sexual and Reproductive Anatomy Word Puzzle Answer Key
- Handout: Female External Genitals

PLANNING NOTES:
This session is a basic primer on the medical names of the body parts of the sexual and reproductive systems. This session is intended for audiences that are less familiar with medical terminology. Youth may be more familiar or have greater comfort using slang words for the sexual and reproductive anatomy than medical terms. It can be helpful to get a sense of the language they have encountered or actively use for the sexual and reproductive anatomy and sexual behaviors. Since some settings have restraints in use of explicit language, this plan includes Alternate Activity 2: Sexual and Reproductive Anatomy Word Puzzle. Decide in advance which activity you will conduct for your audience and prepare accordingly.

ACTIVITY 2:
- Label four sheets of chart paper, each with one of the following headings: “Penis,” “Masturbation,” “Sexual Intercourse,” “Vagina/Vulva” at the top. Post the charts on the wall in different parts of the room. Cover the terms up until the start of the activity.
- If you choose to deliver Alternate Activity 2, photocopy the Handout: Sexual and Reproductive Anatomy Word Puzzle and the Handout: Sexual and Reproductive Anatomy Word Puzzle Answer Key, for each participant.

ACTIVITY 3:
- In the final part of the session the participants will draw and label the female external sexual anatomy. The activity is intended to further increase the girls’ knowledge and comfort level with female anatomy, while allowing them to show how female anatomy is different, and that is okay. Please keep in mind the following Facilitator Tips:
  - Acknowledge where the comfort level of your group is. Have they developed a comfort level with themselves? With the group? An established comfort level will lead to increased success with this activity.
- Be strategic in making sure that there is a strong girl leader in each group. It will help the others to feel more comfortable talking about their body parts.
- Acknowledge the setting of where this will take place. This activity has had center-based success; however, school-based or other outreach may require additional planning.

- Copy Handout: Female External Genitals for each participant. Enlarge the handout and post on the wall to help point out the names and parts of the external sexual organs.
- Write the following anatomy terms on a piece of chart paper: “Clitoris,” “Labia Majora,” “Labia Minora,” “Urethra,” “Vaginal Opening,” “Vulva.” Cover up the terms until needed for the activity.
- Gather crayons, colored pencils, or colored markers for the girls to use to draw.
- Review in advance the Facilitator Resource: External Sexual Organs Overview. It is a brief overview of the function of the parts of the external body parts you will be labeling for the girls and helpful if questions arise.

**PROCEDURE:**

**ACTIVITY 1: THIS AND THAT**

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Explain that the primary focus of the session today is to become more familiar with the names of body parts within the sexual and reproductive system. The first activity will show what can happen when something is described using unfamiliar words.

2. Tell the group that three stories will be read aloud that describe common household tasks. They are to guess what task is described in each story.

   **Story 1:** First I took two of those and placed them beside each other. Over one of them I spread this and on the other I spread that. I took this one and placed it on top of that one, making sure this and that were facing each other. Then I put it in my lunch bag.
   
   What did I do? *(Answer: Made a peanut butter and jelly sandwich.)*

   **Story 2:** First I opened it up, then I turned it on. I found out that I had a lot of them, so I opened each one and then responded to each one. When I was done, I visited here and I visited there. I wanted to visit another place, but it was blocked. Finally, it crashed, and I closed it.
   
   What did I do? *(Answer: Used my smartphone/tablet to check email and browse the Internet.)*

   **Story 3:** First I pull this so it doesn’t have those anymore. Slowly I lift this over that, being careful not to disturb that which I just pulled. Next I go around to the other side and do that again. The hardest part is finishing this job when I have to smooth things over, making them neat and flat.
   
   What did I do? *(Answer: Made the bed.)*
3. Once all of the stories have been read, lead a discussion using the following questions:
   a. Was it easy or difficult to figure out the tasks? Explain.
   b. Which task(s) were easier to figure out? Harder to figure out? Explain.
   c. What might have made it easier to figure out the tasks?

4. Tell the group that when people describe the body parts of the sexual and reproductive systems, they sometimes use words and sayings such as “this stuff” and “down there” as substitutes for what they really mean. This can be problematic because other people cannot understand what is being described. Explain that the next part of the session will explore the words people may use for the sexual and reproductive body parts.

**ACTIVITY 2: WHAT’S IT CALLED? SEXUAL AND REPRODUCTIVE ANATOMY**

1. Explain that sometimes people will use words or slang instead of the medical names for the parts of the sexual and reproductive system. They may also use slang words for behaviors that can involve these body parts such as masturbation or sexual intercourse.

   If unable to do prior to session, post the charts, each separately labeled at the top with “Penis,” “Masturbation,” “Sexual Intercourse,” or “Vagina/Vulva” on the wall in different parts of the room.

   If you had already posted them, uncover the charts with the headings for all the participants to see.

2. Read the headings of each of the charts posted around the room and tell the girls that for the following activity they will share examples of words or phrases people may use instead of the words at the top of each chart. They can consider slang words, words little kids use, words adults use, words expressed in the media, etc.

3. Break up the large group into quarters and assign each smaller group a chart paper to gather around. Give a marker to each smaller group. Tell them they have 2–3 minutes to record responses.

   **Facilitator Note:** It is possible groups may want to record curse words. Give instruction for managing this possibility. You might tell them that writing curse words is not allowed. Or tell them to abbreviate or use symbols instead of fully writing the word.

4. After 2–3 minutes, instruct the small groups to go to a different chart and provide responses again in the same time frame. Repeat until each small group has recorded responses on each paper.

   **Facilitator Note:** Alternatively, request responses from the participants for each chart paper separately. List responses directly underneath the word(s) at the top of the easel sheet.

5. After the responses have been recorded, ask for volunteers to read each list beginning with the word(s) listed as the heading of the easel sheet paper.
6. Bring the group back together and lead a discussion using the following questions:
   a. What was it like to do this activity?
   b. What were you thinking or feeling as the lists were read aloud? Explain.
   c. How would you describe the words listed? Are they more positive or negative? Explain.
   d. Why do you think people use the slang words listed?
   e. Are there any words listed that you would want people to avoid using? Which one(s) and why?

7. Explain that though people may avoid using the medical names for the sexual and reproductive anatomy, knowing the medical names for their body is important. Ask the girls if they can provide examples of when/why it would be important to use the medical names for the sexual and reproductive anatomy. If not expressed, explain that communicating questions or concerns to parent or caregiver or health professional, recognizing and/or disclosing abuse, or researching information online, are just a few examples. Sometimes a person may be unfamiliar with the medical terms or may not have opportunities to practice using medical terms. The next activity will allow for continued practice.

**ALTERNATE ACTIVITY 2: SEXUAL AND REPRODUCTIVE ANATOMY WORD PUZZLE**

1. Explain to the girls that they are going to do a puzzle to become more familiar with the medical names that are a part of the male and female sexual and reproductive systems. Pass out the Handout: Sexual and Reproductive Anatomy Word Puzzle to all the girls. Direct their attention to the base of handout that contains the medical terms and read aloud.

2. Form small groups of three or four members and tell them to work together to complete the word puzzle. Provide assistance as needed.

   Distribute the Handout: Sexual and Reproductive Anatomy Word Puzzle Answer Key as the small groups complete the word puzzle.

3. After they have completed the word puzzle, regain the attention of the entire group. Lead a discussion using the following questions:
   a. Were there any of the medical names listed that were familiar? Unfamiliar? Which ones? Why?
   b. Why do you think the medical words are important to know?

   (Provide and discuss responses such as building body self-confidence; communicating in a health class; expressing questions, concerns, thoughts or feelings about one’s body with a doctor and/or trusted adult; recognizing and/or disclosing abuse; researching information online.)
c. Are there times when someone uses slang for the sexual and reproductive body parts instead? Why?

(Provide and discuss responses such as commonly used by peers; communicating with friends; greater familiarity; wanting to fit in with others.)

d. How might we know what words are appropriate to use?

(Provide and discuss possible responses such as communicating with parents/caregivers or trusted adults; paying attention to language others are using; observing how others respond to the language being used; understanding one’s surroundings.)

e. How could you become more comfortable communicating about these body parts?

(Provide and discuss possible responses such as communicating with parents/caregivers or trusted adults; journaling; reading age-appropriate books.)

**ACTIVITY 3: NAME IT!**

1. Explain that in the final part of the session they are going to get to create and review the names for the external parts of a girl’s body. Note that another session will go into greater depth of the names and functions of the sexual and reproductive body parts that are typically female and male.

2. Distribute the **Handout: Female External Genitals** and uncover the chart paper with the terms of sexual anatomy, as prepared according to the Planning Notes.

3. Affirm that sometimes girls are less familiar with their external sexual body parts. Then, name and point out the parts of the anatomy on the **Handout: Female External Genitals** using the following:

   • Tell the participants that the area of soft skin between a girls’ legs is known as the vulva. The vulva includes the clitoris, urethra opening, labia majora and minora, and the vaginal opening. Note that size, shape, and look of the parts of the vulva can be different for each person.

   • State that if a girl were to hold a mirror facing the body parts between her legs, she would see three holes—the urethra opening, vaginal opening, and the anus. Explain that the though the anus is in the diagram, it is not a part of the vulva.

   **Facilitator Note:** Use the **Facilitator Resource:** External Sexual Organs Overview as a reference to provide information about the function of the parts you are pointing out the girls.

4. Tell the girls that they will work in small groups to draw and label the external sexual body parts. Form smaller groups of three to four participants.

5. Once the groups have been formed, give each group a piece of chart paper and a few crayons, color pencils, or color markers that you gathered according to the Planning Notes. Tell the girls they have 5 minutes to draw the anatomy and correctly label the body parts. Give them some further instruction about their drawings:
• Draw large enough to take up the whole side of the chart paper.
• The drawings can be rough but they can get creative about color and the size of clitoris or labia.
• They should draw an arrow to the body part and write down the medical term for the body part. (Reference the Handout: Female External Genitals and the chart paper with the female external sexual anatomy terms.)

6. After about 5 minutes, give tape to each small group and ask them to post the drawing on the wall. Once the pictures are posted, encourage the girls to look at each other’s pictures. Point out that just like the drawings in the room, the vulva looks different for every person.

7. Lead a discussion using the following discussion questions:
   a. What was it like to participate in this exercise?
   b. What was it like to talk about these body parts and use the medical terms?
   c. Did your comfort in communicating about the sexual and reproductive body parts change throughout the exercise? Explain.
   d. After being in this session, what do you think other girls your age can do to increase their comfort communicating about the sexual and reproductive anatomy?

ACTIVITY 4: CLOSING

Conclude by emphasizing that it is common and healthy for girls to want to learn and communicate about the sexual and reproductive anatomy. Knowing the names for the sexual and reproductive anatomy helps one communicate questions, concerns, thoughts, and/or feelings about the body. Ask participants to share one thing about the sexual anatomy they want to remember after being a part of the session. After a few responses, adjourn the session.
Typically Female External Organs

<table>
<thead>
<tr>
<th>Body Part Name</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anus</strong></td>
<td>The opening between the buttocks for the removal of feces (or “poop”) from the body. (Part of the gastrointestinal system. Not a part of the reproductive system.)</td>
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<tr>
<td><strong>Clitoris</strong></td>
<td>A very sensitive organ, made of spongy tissue and many nerve endings that is sensitive to touch. The tip (glans) is located right above the urethra opening and is often hidden by the clitoral hood. The main function of the clitoris is for sexual stimulation. The tissue swells with blood during sexual excitement.</td>
</tr>
<tr>
<td><strong>Labia Majora</strong></td>
<td>Outer folds of skin that are part of the vulva, usually covered by hair.</td>
</tr>
<tr>
<td><strong>Labia Minora</strong></td>
<td>Inner folds of skin that surround the urethral opening, the clitoris and the vaginal opening.</td>
</tr>
<tr>
<td><strong>Urethral Opening</strong></td>
<td>The hole that allows for urine (or “pee”) to leave the body.</td>
</tr>
<tr>
<td><strong>Vaginal Opening</strong></td>
<td>Opening to the vagina. (The vagina is a between the vaginal opening and the uterus, usually about 4–7 inches in length. The vagina is like a balloon in that its walls are collapsed when there is nothing inside it. However, the walls can easily stretch, for example, when a girl uses a tampon. During sexual arousal, the vagina produces lubrication and also can become several inches longer. The walls also stretch during vaginal intercourse and much, much more when a woman delivers a child vaginally.)</td>
</tr>
<tr>
<td><strong>Vulva</strong></td>
<td>The complete external genital organs including the clitoris, labia majora and minora, urethra, and vaginal opening. The vulva looks different for every person.</td>
</tr>
</tbody>
</table>
Sexual and Reproductive Anatomy Word Puzzle

Words to find:

bladder cervix clitoris Cowper’s glands
epididymis fallopian tubes ovary penis
prostate gland scrotum sac seminal vesicles testicle
urethra uterus vagina vas deferens
vulva

What’s It Called? Sexual and Reproductive Anatomy Word Puzzle created using Discover Education Puzzlemaker. Visit www.discoveryeducation.com/free-puzzlemaker to create!
Sexual and Reproductive Anatomy Word Puzzle

Answer Key

[Word puzzle image]

Informed and In Charge
FEMALE EXTERNAL GENITALS

1. Vulva
2. Clitoris
3. Urethral Opening
4. Labia Majora
5. Vaginal Opening
6. Labia Minora
Anus
SESSION 2:
DECIPHERING FACT FROM FICTION ABOUT THE SEXUAL AND REPRODUCTIVE ANATOMY

PURPOSE:
To familiarize participants with the names and functions of the sexual and reproductive anatomy.

OBJECTIVES:
As a result of this session, participants will be able to:
1. Correctly label parts of the sexual and reproductive system.
2. Describe the function of the parts of the sexual and reproductive system.
3. Explain the process of the menstrual cycle and seminal emission.

KEY MESSAGES:
- There are certain parts of the body that make reproduction possible. Your body is changing to accommodate the possibility of reproduction, but it’s recommended to wait, if possible, until you are older so that your body is better able to handle pregnancy and nurture the developing fetus.
- Having sexual intercourse, getting pregnant, and parenting are personal decisions and no one should be pressured or forced into making any of these decisions.
- It is important to communicate with a parent or caregiver, or trusted adult, and medical professional if you are being pressured to have sexual intercourse, or become pregnant. If a girl is pregnant, it is especially important to seek a medical professional as soon as possible.

AGENDA:

ACTIVITY 1: Anatomy Term Review 30 minutes
ACTIVITY 2: Menstruation and Seminal Emission Overview 10 minutes
ACTIVITY 3: Closing 5 minutes

MATERIALS:

- Index cards
- Tape
- Pencil or pen for each participant
- **Facilitator Resource:** Sexual and Reproductive Organs Overview
- **Facilitator Resource:** Vaginal Discharge and Infections
- **Facilitator Resource:** Sexual and Reproductive Anatomy Term Cards
- **Facilitator Resource:** Label It! Female External Sexual and Reproductive Organs
- **Facilitator Resource:** Label It! Female Internal Sexual and Reproductive Organs
- **Facilitator Resource:** Label It! Male Internal Sexual and Reproductive Organs
- **Facilitator Resource:** Female External Sexual and Reproductive Organs
- **Facilitator Resource:** Female Internal Sexual and Reproductive Organs
- **Facilitator Resource:** Male Internal Sexual and Reproductive Organs
- **Handout:** The Menstrual Cycle
- **Handout:** Erections and Ejaculations
- Optional: **Appendix A:** Finding Help . . . A Resource List

PLANNING NOTES:

- The **Facilitator Resource:** Sexual and Reproductive Organs Overview and **Facilitator Resource:** Vaginal Discharge and Infections contain more in-depth information than what is provided to the participants. Review prior to the session for better preparation to explain the anatomy and to address questions that can arise from the group. The information is medically accurate and is more technical than the group may want or need to know. Use your judgment to determine what is most appropriate for your group.

- This session plan includes diagrams of the sexual and reproductive anatomy. The image of the male sexual and reproductive anatomy features a circumcised penis. For a picture of an uncircumcised penis, consider bringing in a medical diagram. Age-appropriate images of the male anatomy can be found in author Robie Harris’ book *It’s Perfectly Normal: Changing Bodies, Growing Up, Sex, and Sexual Health*. At the time of this printing pictures of an uncircumcised and circumcised penis can also be found on the Planned Parenthood website: [www.plannedparenthood.org/teens/my-body/male-anatomy-penis-and-testicles#sthash.LOn0mRx5.dpuf](http://www.plannedparenthood.org/teens/my-body/male-anatomy-penis-and-testicles#sthash.LOn0mRx5.dpuf).

- *Different is Normal—Changing Bodies and Genitals* is a short video by Planned Parenthood that emphasizes the diversity in size and shape of the sexual organs that is discussed in Activity one. Consider showing the video in the session. At the time of this printing the video can be found at [www.youtube.com/watch?v=t9tFk835vjo](http://www.youtube.com/watch?v=t9tFk835vjo).
ACTIVITY 1:

- Prepare enlargements of **Facilitator Resource: Label It! Female External Sexual and Reproductive Organs**, **Facilitator Resource: Label It! Female Internal Sexual and Reproductive Organs**, and **Facilitator Resource: Label It! Male Internal Sexual and Reproductive Organs** to lead the first activity and to explain the functions of the body parts. Post the enlargements along a wall.

- Prepare the sexual and reproductive anatomy term cards. Write each term on **Facilitator Resource: Sexual and Reproductive Anatomy Terms Cards** onto a 3”X 5” index card.

ACTIVITY 2:

- Photocopy **Handout: The Menstrual Cycle** and **Handout: Erections and Ejaculations** for everyone.

- **Appendix A: Finding Help . . . A Resource List** is suggested as an option to provide to participants. It can be located in the Appendix section of this program toolkit.

PROCEDURE:

**ACTIVITY 1: ANATOMY TERM REVIEW**

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Using your own words, explain that this session will provide information about the names and functions of the sexual and reproductive anatomy. Note that sometimes people may avoid using the medical names for the sexual and reproductive anatomy. However, knowing the medical names can be essential for a variety of reasons. Communicating questions or concerns to parent or caregiver or health professional, or researching information about the body, are just a few examples. It is normal and healthy for girls to want to understand their sexual and reproductive anatomy.

2. Point out the enlargements of the sexual anatomy, as stated in the Planning Notes, along the wall. Tell the participants that many of the body parts featured make it possible for reproduction (make babies) and are often called the reproductive or “sexual” or “sex” organs.

3. Tell the girls they are going to do a brief, large group exercise to get a sense of how familiar they are with the names for the sexual and reproductive anatomy. Draw the group’s attention to the lines pointing to the body parts on the enlarged images and explain that they will work as a group to label the parts of the body. Each of them will receive a card with a body part name. They will tape the card on the line that corresponds with the body part they believe it is called. Afterward, you will review the terms and share facts about the body parts.

**Facilitator Note:** It is okay for the girls to pair up for labeling, especially if you aware that they are less knowledgeable and have very little comfort talking about the anatomy. The goal is really for you, as a facilitator, to get their baseline knowledge and to use that awareness to designate possibly more time to the anatomy that you know is less familiar to them.
4. Distribute all the term cards, created in the Planning Notes, to the participants. Encourage the girls to work together and support one another in labeling the diagrams. Tell the girls they have 5 minutes to label diagrams. Provide tape for the girls to post the term cards on the enlargements.

   **Facilitator Note:** Pay attention to what the girls are saying and doing during this exercise. Affirm that it is okay if the terms are unfamiliar or if they are having a hard time deciding where the cards belong. They will review afterward.

5. After 5 minutes have passed, ask the girls to take a seat. Collect any cards that were not taped on the enlargements. Affirm their hard work in labeling the body parts.

6. Review the names and functions of the body parts:
   - Draw the girls’ attention to the enlargement of the **Facilitator Resource:** *Label It! Female External Sexual and Reproductive Organs*. Take a quick moment to assess the terms the participants taped on the enlargement using the **Facilitator Resource:** *Female External Sexual and Reproductive Organs*. Begin with the terms that need correcting and use the **Facilitator Resource:** *Sexual and Reproductive Organs Overview* to explain the function of the body parts. Continue until all the body part names and functions are fully described.
   - Draw the girls’ attention to the enlargement of **Facilitator Resource:** *Label It! Female Internal Sexual and Reproductive Organs*. Use the **Facilitator Resource:** *Female External Sexual and Reproductive Organs* and **Facilitator Resource:** *Sexual and Reproductive Organs Overview* to correct any misplaced cards and to explain the function of the body parts.

   **Facilitator Note:** As you describe the vagina, be sure to emphasize that the vagina produces healthy normal discharge that is needed to keep the vagina and cervix moist, protected and healthy. Note that normal discharge can change from day to day and is different for every woman and changes throughout her life. It may be more noticeable on some days and then not noticeable on others. It may be very clear and wet, or it may be more white or yellow and thicker at times. It may have a slight or mild odor.

   • Draw the girls’ attention to the enlargement of **Facilitator Resource:** *Label It! Male Internal Sexual and Reproductive Organs*. Use the **Facilitator Resource:** *Male Internal Sexual and Reproductive Organs* and **Facilitator Resource:** *Sexual and Reproductive Organs Overview* to correct any misplaced cards and to explain the function of the body parts.

   **Facilitator Note:** As you describe the penis, you may receive questions about the difference between an uncircumcised and circumcised penis. Emphasize that the images provided do not reflect what an uncircumcised penis looks like. (If you have prepared images to show, distribute them to the group.) Simply explain that at birth a male’s penis has loose skin that covers the head of the penis called foreskin. When a boy is circumcised, a health professional or sometimes a specially trained religious professional, will remove the foreskin. The penis will work in the same way but will look different.
7. Explain that though people may be born with the same sexual and reproductive organs, each person’s genitals can have unique differences. For example, the vulva is made up of the same parts (clitoral hood, clitoris, labia minora, labia majora, and urethra), but the size, shape, and look of the organs can be different for each person. Additionally, though the average length of a penis when erect is between five to seven inches, some penises are longer, and some are shorter. Some curve a little to the left, right, up or down when erect. Some are fatter and some thinner. The size of a boy’s penis when soft is different than the size of the penis when it is erect.

People with Intersex conditions are born with sexual anatomy that does not resemble what people typically consider male or female organs to be. Examples include being born with outward organs that are typically considered “female” (vaginal lips, clitoris, and vaginal opening) and internal organs that are typically considered “male” (testicles, epididymis, vas deferens, prostate, seminal vesicles, and Cowper’s glands) or being born with genitals that are harder to characterize as “female” such as a noticeably large clitoris, or lacking a vaginal opening. A person can have an intersex condition for years and not know. For example, if the changes at puberty that typically occur for girls are not happening, it can prompt a medical professional to do tests to determine if an intersex condition is present.

ACTIVITY 2: MENSTRUATION AND SEMINAL EMISSION OVERVIEW

1. Explain that puberty is a period of time in a person’s life when the body matures from a child to an adult. There are many changes that can accompany puberty, including changes to the body parts discussed today. Starting between 8–12 years of age, a girl may first notice breast buds and larger breast growth, followed by pubic hair growth, the vulva changing in size and shape, her vagina will release sticky white fluid called discharge, and eventually menarche (first period). Sometimes pubic hair growth will start before breast growth, depending on the person.

2. Distribute Handout: The Menstrual Cycle to each participant. Use the diagram enlargements and/or pictures on Handout: The Menstrual Cycle while reading the following detailed explanation of the menstrual cycle. Encourage participants to point to various parts of their Handout: The Menstrual Cycle as the explanation is read aloud too:

Sample Explanation of the Menstrual Cycle:

“Getting a period” or “menarche” is part of puberty for girls and usually happens about age 10–14 (average age is 12), or about two to three years after breast growth has started. At the beginning of puberty for girls, the ovary starts to make a hormone called estrogen. Estrogen made in the ovaries causes the breasts to grow, and over time, also causes the lining of the uterus to grow thicker. The first menstrual period occurs because the lining of the uterus has gotten thick enough that some of it sheds. Menstrual blood usually contains only a small amount of blood mixed with other fluids. Menstrual blood can appear pink, red, or brown. Girls’ bodies will release a few tablespoons of menstrual blood over the course of three to eight days.

As a girl gets older, her periods usually become more regular so that they usually occur each month. This is because the ovary, in addition to making estrogen, also releases an ovum (or egg) in a process called ovulation. The egg comes out of the ovary and the part of the ovary that released the egg (called
the corpus luteum) produces a hormone called progesterone. Progesterone causes the lining of the uterus to change in a way that it prepares the uterus to be ready for pregnancy, or causes the entire lining to shed if pregnancy does not occur. Ovulation usually occurs once each month but it is impossible to predict the exact day that it will occur, especially in teens and young women.

The ovum (or egg) comes out of the ovary and moves toward the fallopian tube. Fimbriae, or the fringed ends of the fallopian tube, help move the ovum inside the tube. The ovum waits in the fallopian tube for a day for the possibility of reproduction. If an ovum is not fertilized by a male’s sperm, the ovum breaks apart. The lining of the uterus breaks down and leaves the uterus. The blood and tissue pass through the cervix and out of the vagina.

People call this menstrual bleeding or menstruation.

Many girls wonder whether or not their menstrual cycles are normal. Either on your phone calendar, a period tracking app, or on a paper calendar, record what day each period starts and how many days it lasts. Talk to your doctor if your periods:

- Usually last longer than 8 days in a row
- Are usually heavy enough to soak though pads and tampons in 1–2 hours
- Cause cramps or pain that prevents you from doing your normal activities
- Come more often than every 3 weeks, or less often than every 3 months

3. Tell the participants that boys also experience changes to the sexual and reproductive anatomy during puberty. Starting between 10–13 years of age, a boy may first notice the size and shape of the penis and scrotum growing, followed by pubic hair growth, and later first ejaculation (semen is released from the penis). Distribute Handout: Erections and Ejaculations to the participants.

4. Explain that an erection occurs when the spongy tissue of the penis fills up with blood. This results in the penis temporarily changing in size, becoming stiff, and standing up. Erections can happen spontaneously, particularly during puberty. Males may also wake up with an erection.

Then, use the enlargement of the diagrams and/or pictures on the Handout: Erections and Ejaculations while reading the following detailed explanation of seminal emission. Encourage participants to point to various parts of their Handout: Erections and Ejaculations as the explanation is read aloud:

**Sample Explanation of Ejaculation:**

Starting typically during puberty, males will start being able to ejaculate. This can continue throughout their lifetime. Nocturnal emissions or “wet dreams” are when a male ejaculates while sleeping.

The process of ejaculation starts in the scrotum, a pouch of skin that hangs outside of the body between the legs. This is where the testes are. The testes make millions of sperm every day. After they are produced, sperm move from the testes into the epididymis, where they grow and mature.

During ejaculation, mature sperm from the epididymis travel up the vas deferens (tubes that go up around the bladder and lead into another tube called the urethra), receive fluids from the two seminal vesicles (glands that branch off of the vas deferens), and fluid also comes from the prostate gland.
These fluids help the sperm in two ways. They help the sperm move through the tubes, and they provide food for the sperm to survive. The fluids and the sperm together are called semen. The semen leaves the body through the urethra, the tube that passes through the penis. When the semen comes out of the urethra it is called a seminal emission or ejaculation.

Males can have erections without ejaculation. The blood leaves the penis by returning to the body’s bloodstream and the erection slowly goes away. The penis becomes soft again.

5. Tell the participants that as mentioned previously, many of the body parts featured on the diagrams make it possible for reproduction (make babies). Then, use the enlargements of the anatomy and read through the explanation of how a person can become pregnant:

**Sample Explanation of Pregnancy:**

The possibility of pregnancy typically begins with having sexual intercourse that involves the penis being put into the vagina. This type of sexual intercourse is referred to as “vaginal sex.”

During sexual intercourse, the penis is inside the vagina and millions of very tiny sperm are released. (Sometimes sperm can also be present in the fluids that come out of the penis before ejaculation (usually called “pre-cum”). When a woman becomes pregnant, it is because there is sperm present in her reproductive system when she ovulates. The sperm then travel up into the uterus, and then on into the fallopian tubes where they can live for up to five days. For a pregnancy to occur, sperm need to be present in a woman’s fallopian tube when she ovulates. One sperm joins with one egg in a process called fertilization. A fertilized egg then travels from the tube into the uterus where it can implant (called implantation, which is the medical definition for the beginning of a pregnancy). A pregnancy can result if the fertilized ovum implants inside the lining of her uterus. Sometimes a woman will become pregnant with the help of a doctor to join the sperm and egg and/or to implant the fertilized ovum inside the lining of the uterus.

Sometimes two different eggs are fertilized by separate sperm and the fertilized eggs implant inside the uterine lining. When that happens, a woman is pregnant with fraternal twins. Identical twins occur when a fertilized egg splits into two and they implant inside the uterine lining.

If an ovum is not fertilized by a male sperm, the ovum breaks apart. The lining of the uterus breaks down and leaves the uterus. The blood and tissue pass through the cervix and out of the vagina. This is referred to as menstrual bleeding or menstruation. If a female is having vaginal sex with a male and she “misses her period” or her “period is late” that could be a sign that she may be pregnant. Visiting her medical professional for a pregnancy test is a way to find out.

Abstaining or not having vaginal sex is the surest way to prevent pregnancy. There are methods of birth control that can prevent sperm from entering the vagina (condoms), prevent sperm from entering the tubes (IUDs), and prevent ovulation (pill, patch, ring, injection, or implant).

**Facilitator Note:** If you are delivering the session on pregnancy prevention, later in the program, mention that they will learn about the types of birth control methods and how they work to prevent pregnancy in another session.
6. Explain that though the body is changing to accommodate the possibility of reproduction, it is recommended that girls wait, if possible, until they are older before becoming pregnant so that their body is better able to handle pregnancy and nurture the developing fetus. It’s a personal decision when and if someone becomes pregnant. If a young person does become pregnant, it is important that she seek a medical professional as soon as possible so that she can take care of her health (and that of the developing fetus). Having sexual intercourse, getting pregnant, and parenting are personal decisions and no one should be pressured into making any one of these decisions. It’s important to communicate with a parent or caregiver, trusted adult, or medical professional if any of you are being pressured into making any one of these decisions.

**Facilitator Note:** Provide Appendix A: Finding Help . . . A Resource List to the participants to seek assistance if necessary.

7. Ask the girls the following questions to determine what they know and understand:

a. What body parts make up the vulva? (Answer: The clitoris, urethra, labia majora, labia minora, and vaginal opening.)

b. Is menstruation and ovulation the same thing? (Answer: No. Ovulation is when the ovary releases a mature egg. Menstruation is the shedding of the uterine lining.)

c. What is the difference between an erection and ejaculation? (Answer: Erection is when the penis temporarily fills with blood and becomes stiff and rigid. Ejaculation is when semen is released from the urethra opening of the penis.)

d. What sex cells, produced by the testicles and ovaries, can lead to reproduction? (Answer: Sperm and egg)

e. What can lead to the possibility of pregnancy? (Answer: Sperm is present in the reproductive system around the time of ovulation. The sperm is present in the vagina as a result of having vaginal sex or the semen being placed in the vagina.)

**ACTIVITY 3: CLOSING**

Tell the girls that today they learned about sexual and reproductive anatomy, and functions of the body parts. Lead a final discussion using the following questions:

a. What was it like to learn about the sexual and reproductive anatomy today?

b. What did you learn today that is especially important for girls to know?

c. How will you use the information discussed today?
Directions: Write one term separately onto a 3”X 5” index card.

Typically Female Sexual and Reproductive System Body Parts

External Parts
- Clitoris
- Labia Majora (Outer Lips)
- Labia Minora (Inner Lips)
- Urethral opening
- Vaginal opening
- Vulva

Internal Parts
- Cervix
- Fallopian tubes
- Ovaries
- Uterus
- Vagina

Typically Male Sexual and Reproductive System Body Parts

External Parts
- Glans
- Shaft
- Scrotum
- Urethral opening

Internal Parts
- Cowper’s Glands
- Epididymis
- Prostate Gland
- Seminal Vesicles
- Testicles
- Urethra
- Vas Deferens
### Note to Facilitators

This material is for your review. The information below is more in-depth than what is provided to the participants. Use the content below to provide information that you feel is most appropriate for your group and to help answer questions.

### Typically Female External Organs

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<td>Clitoris</td>
<td>A very sensitive organ, made of spongy tissue and many nerve endings that is sensitive to touch. The tip (glans) is located right above the urethra opening and is often hidden by the clitoral hood. The internal part has a shaft and two crura (or legs) of tissue that extend about five inches in both sides of the vagina. The main function of the clitoris is for sexual stimulation. The tissue fills with blood during sexual excitement.</td>
</tr>
<tr>
<td>Labia Majora</td>
<td>Outer folds of skin that are part of the vulva, usually covered by hair, and are sensitive to touch.</td>
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<td>Inner folds of skin that surround the urethral opening, the clitoris and the vaginal opening that are sensitive to touch.</td>
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<td>Urethral Opening</td>
<td>The hole that allows for urine (or “pee”) to pass out of the body.</td>
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<td>Opening to the vagina.</td>
</tr>
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<td>Vulva</td>
<td>The complete external genital organs including the clitoris, labia majora and minora, urethra, and vaginal opening. The vulva looks different for every person despite comprising the same organs.</td>
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## Typically Female Internal Organs

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<tbody>
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<td>Bladder</td>
<td>A sac-like organ located behind the pubic bone that holds urine. (Part of the urinary system. Not a part of the reproductive system.)</td>
</tr>
<tr>
<td>Cervix</td>
<td>The lower portion of the uterus that is located at the very top of the vagina. The small opening at the center of the cervix allows menstrual blood to leave the uterus. The cervical opening is also the way that sperm can enter into the uterus. When a woman is in labor, the cervix dilates (stretches open) to allow for a vaginal delivery.</td>
</tr>
<tr>
<td>Fallopian Tubes</td>
<td>Typically two tubes that are connected to each side of the uterus. At the time of ovulation, the ovum (egg) is released into the fallopian tube. It is the location where fertilization between an egg and a sperm occurs.</td>
</tr>
<tr>
<td>Ovaries</td>
<td>Two oval-shaped organs inside the body that are each about the size of a large strawberry. The ovaries contain millions of egg cells (ovum) and produce hormones including estrogen, progesterone, and testosterone. There are typically two ovaries in the body, on the right and left sides.</td>
</tr>
<tr>
<td>Ovum (egg)</td>
<td>Females are born with about 1–2 million egg cells, but only about 400 mature eggs are released (or ovulated) during a woman’s lifetime. Each ova is the size of a pinhead and barely visible to the human eye. After ovulation, most ovum are absorbed by the body during the menstrual cycle. If an ova joins with sperm, fertilization can occur. Occasionally, two ovum are released and if both eggs are fertilized, a woman may become pregnant with twins.</td>
</tr>
<tr>
<td>Urethra</td>
<td>The tube that carries urine from the bladder to outside the body. (Not a part of the reproductive system.) The urethral opening is located on the vulva, just above the vaginal opening.</td>
</tr>
<tr>
<td>Uterus</td>
<td>A pear-shaped muscular organ located deep in the pelvic region of a woman’s body. It is located behind the bladder and in front of the rectum. It grows to about the size of a fist in an adult woman and can stretch and grow much larger during pregnancy, but then returns to its normal size a few weeks after the baby is born. The shedding of the uterine lining is what causes menstrual bleeding.</td>
</tr>
<tr>
<td>Vagina</td>
<td>A canal between the vaginal opening and the uterus, usually about four to seven inches in length. The vagina is like a balloon in that its walls are collapsed when there is nothing inside it. However, the walls can easily stretch, for example, when a girl uses a tampon. During sexual arousal, the vagina produces lubrication and also can become several inches longer. The walls also stretch during vaginal intercourse and much, much more when a woman delivers a baby vaginally.</td>
</tr>
</tbody>
</table>
### Typically Male External Organs

<table>
<thead>
<tr>
<th>Body Part Name</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anus</td>
<td>The opening between the buttocks for the removal of feces from the body. (Not a part of the reproductive system.)</td>
</tr>
<tr>
<td>Glans of Penis</td>
<td>Head of penis, soft and sensitive to the touch due to many nerves.</td>
</tr>
<tr>
<td>Scrotum Sac</td>
<td>The pouch located behind the penis that holds and provides protection to the testicles. The scrotum helps to maintain the temperature necessary for the production and survival of sperm.</td>
</tr>
<tr>
<td>Shaft of Penis</td>
<td>Main body of the penis that expands during erection from about one to three inches when soft to about four to six inches when erect.</td>
</tr>
<tr>
<td>Urethral opening</td>
<td>The hole at the tip of the penis that allows for both urination and semen to leave the body.</td>
</tr>
</tbody>
</table>

### Typically Male Internal Organs

<table>
<thead>
<tr>
<th>Body Part Name</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder</td>
<td>A sac-like organ in the pelvic region responsible for storing urine. (Not a part of the reproductive system.)</td>
</tr>
<tr>
<td>Cowper’s Glands</td>
<td>Two small glands that make pre-ejaculatory fluid (pre-cum) to neutralize the acid in the urethra, making the passageway safer for sperm. Though pre-ejaculatory fluid itself does not contain sperm when released, it can carry leftover sperm remaining in the folds of the urethral lining from prior ejaculation. Experts suggest urinating before intercourse to wash away the sperm.</td>
</tr>
<tr>
<td>Epididymis</td>
<td>Two tightly coiled tubes that are the storage sites for mature sperm to wait to exit the body. (Plural is epididymes.)</td>
</tr>
<tr>
<td>Prostate Gland</td>
<td>A walnut-sized gland below the bladder. The prostate gland secretes a thick, milky fluid that forms part of the semen which contains protein (food) that helps the sperm move.</td>
</tr>
<tr>
<td>Seminal Vesicles</td>
<td>Two small organs situated beneath the bladder and connected to the urethra that produce seminal fluid.</td>
</tr>
</tbody>
</table>
**Typically Male External Organs** (Continued)

<table>
<thead>
<tr>
<th>Body Part Name</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sperm</strong></td>
<td>The testicles typically begin to producing the reproductive sperm cells during puberty and continue for the rest of the male’s life. Sperm are shaped like tadpoles and cannot be seen without a microscope. About 200 to 500 million sperm are released per ejaculation and may survive as long as seven days in the Fallopian tubes. Only one sperm is needed to fertilize an egg that can lead to the development of a fetus.</td>
</tr>
<tr>
<td><strong>Testicles</strong> (Testes)</td>
<td>Two oval-shaped glands in the scrotum that produce sperm and are the largest site of production of the hormone testosterone.</td>
</tr>
<tr>
<td><strong>Urethra</strong></td>
<td>The tube through which urine passes from the bladder to outside the body. The urethra is also the passageway for semen as it leaves the body. Urine is typically not released during ejaculation.</td>
</tr>
<tr>
<td><strong>Vas Deferens</strong></td>
<td>Two tubes that carry sperm out during an ejaculation. (Plural is vasa deferentia.)</td>
</tr>
</tbody>
</table>
Normal Vaginal Discharge

The first changes of puberty in girls is due to the hormone estrogen, which is made in the ovaries. Estrogen does many things including causing the breasts to start growing and for the vagina and cervix (the lower portion of the uterus) to make clear and white secretions referred to as “vaginal discharge.” Girls will usually notice this clear or white discharge for several months to a year before they ever have their first menstrual period. Normal vaginal discharge is needed to keep the vagina and cervix moist, protected, and healthy. (You can think about how our eyes make tears and tear drops all of the time to protect and moisturize our eyes.)

Normal vaginal discharge can change from day to day and is different for every woman and changes throughout her life. It may be more noticeable on some days and then not noticeable on others. It may be very clear and wet, or it may be more white or yellow and thicker at times. It may have a slight or mild odor. Taking a bath or shower each day and washing gently with plain water is all that is needed to stay clean. Soaps, sprays, douching, and other “feminine hygiene products” are not recommended.

Vulvar and Vaginal Infections

A woman sometimes may notice that her vulvar area become more tender, itchy, or swollen. She may also notice that her vaginal discharge changes and becomes stronger in odor or heavier in amount. This can occur due to irritation from clothes, soaps, sprays, or bacteria or yeast from other areas of her body. For a woman who has had sexual contact, she could have a sexually transmitted infection. Most of the time, however, STIs do not cause noticeable symptoms, which is why it is important to get tested regularly if a person is sexually active.

Here are some common causes of vulvar irritation, vaginal discharge, and vaginal infection in women:

- Normal vaginal discharge
- Irritation or discharge due to perfumes and irritants in soaps, sprays, creams
- Irritation due to shaving pubic hair, tight underwear (thongs), or tight clothes
- Vaginal infections due to yeast or bacterial vaginitis (these are due to an overgrowth of normally present bacteria/yeast, can be present in never sexually active or sexually active women)
- Irritation after sex—more common when proper lubrication is not used
- Some STIs can cause symptoms, but it’s important to know that testing is the only way to know if someone has an STI. Herpes can cause painful ulcers. Gonorrhea, Chlamydia, and Trichomonas can cause increased vaginal discharge and sometimes pain. These STIs can also cause PID (pelvic inflammatory disease) which is when the infection spreads inside the uterus and tubes. Women with PID may also have nausea, vomiting, fever, and pelvic pain.
Diagnosis and treatment: It’s important to visit a health provider if a woman is concerned about irritation, discharge, pain, or concerned that she may have an STI. A pelvic exam (see section on the well woman visit) may or may not be needed. STI testing can be done often by a urine test alone.

Prevention: There are recommendations to help avoid vulvar irritation and reduce vaginal discharge and vaginal infections.

- Many women find that they have trouble with infections when their overall health is poor. Eat nutritious food, get enough rest, and exercise regularly.
- Since germs thrive in warm, moist places, keeping clean and dry is important. Bathe or shower daily, wash gently with plain water, and wear cotton underpants. After exercising or swimming, change into dry clothes as soon as possible.
- Bacteria spreading from feces can be a cause of infection. Always wipe from front to back after using the toilet and when bathing. Always wash hands after using the bathroom.
- If prone to irritation and infections, avoid wearing nylon or Lycra underwear, thongs or tight-fitting pants. Also avoid contact with douching products, bubble baths, hygiene sprays, and deodorized tampons. (Non-deodorized tampons are fine.)

Douching: A douche is a fluid of mostly water that may also contain vinegar or other chemicals. Douches sold in stores are in a bag or bottle with an applicator used to flush the water inside the vagina. Douching is not recommended because it washes away the natural, infection-fighting bacteria in the vagina. Douching can cause more irritation, discharge, and infection. The vagina is a “self-cleaning” body part and washing on the outside (vulva) with water is all that is needed.

Facilitator Note: You may want to ask participants if they have heard any special information about douching or have any particular questions. This could provide an opportunity to dispel an ongoing myth—that douching with Coca-Cola kills sperm and is a birth control method. False! If it does not come up, the facilitator should determine whether this is appropriate information to provide. Girls at this age may not have heard this myth but may hear it when they get older and depend more on peers for information.
Female External Sexual and Reproductive Organs

1. 
2. 
3. 
4. 
5. 
6. 

Anus
Female Internal Sexual and Reproductive Organs

1. [Label]
2. [Label]
3. [Label]
4. [Label]
5. [Label]

- Bladder
- Urethra
- Anus
Male Internal Sexual and Reproductive Organs

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 
11. 
12.
Female External Sexual and Reproductive Organs

1. Vulva
2. Clitoris
3. Urethral Opening
4. Labia Majora
5. Vaginal Opening
6. Labia Minora

Anus
Female Internal Sexual and Reproductive Organs

1. Fallopian Tube
2. Ovary
3. Uterus
4. Cervix
5. Vagina
Anus
Bladder
Urethra
Male Internal Sexual and Reproductive Organs

1. Seminal Vesicles
2. Vas Deferens
3. Prostate Gland
4. Urethra
5. Cowper’s Gland
6. Shaft
7. Epididymis
8. Testicle
9. Scrotum
10. Glans
11. Urethral Opening
THE MENSTRUAL CYCLE*

*Images reprinted with permission by Sexpressions.
FEMALE REPRODUCTIVE ORGANS

PRE-OVULATION

Girls are born with hundreds of thousands of eggs. At puberty, she begins to mature them, and release one every 20-42 days. Her menstrual cycle begins with the release of the egg, and ends in either menstruation or pregnancy.

Uterine lining is thin.

FEMALE REPRODUCTIVE ORGANS

OVULATION

It is usually difficult to know exactly when a girl is ovulating (releasing an egg). This is one of the reasons that unplanned pregnancies can happen easily.

Uterine lining is thicker.
**FEMALE REPRODUCTIVE ORGANS**

**MENSTRUATION**

Egg sheds out during menstruation

- Egg

Uterine lining is shedding

If the egg is not fertilized by sperm, then the girl sheds the uterine lining because there is not a fetus to feed. This process is menstruation.

**FEMALE REPRODUCTIVE ORGANS**

**IF FERTILIZATION HAS OCCURED**

- Fallopian tube

Once egg is fertilized by the sperm, it takes approximately 6 days to travel down the length of the fallopian tube and implant in the uterine lining

Fertilized egg implants in uterine lining

Uterine lining

A typical pregnancy grows for 40 weeks
**MALE REPRODUCTIVE ORGANS**

**EJACULATION: JOURNEY OF THE SPERM**

**STEP 1**

During ejaculation, sperm leave the testicles.

**STEP 2**

The sperm gets sugar from the seminal vesicle. Now the sperm can swim on their own!

**STEP 3**

The sperm getting protein from the prostate. With this food, they can survive up to 6 days inside another person’s body.

**STEP 4**

Sperm gets fluid from the Cowper’s gland. The Cowper’s gland is also responsible for pre-ejaculatory fluid (pre-cum) secreted after an erection. This fluid is enough to get someone pregnant or to pass on a sexually transmitted infection.

**STEP 5**

When a boy ejaculates, about a teaspoon of semen is released. This semen contains 200 to 500 million sperm, sugar from the seminal vesicle, and protein from the prostate gland. Semen is ejaculated from the penis at about 30 miles per hour!
SESSION 3: POP GOES PUBERTY

PURPOSE:
To examine the physical, emotional, and social/behavioral changes that can accompany puberty and explore the feelings associated with this time of transition.

OBJECTIVES:
By the end of the session, participants will be able to:

1. List three physical, emotional, and social/behavioral changes of puberty that may happen with males and females.
2. Distinguish between the physical, emotional, and social/behavioral changes of puberty that may occur in males and females.

KEY MESSAGES:

- Puberty is a special time for growth and change, which can result in a variety of feelings, questions, and concerns.
- Puberty is caused by hormones or “chemical messengers” in our bodies.
- Not all characteristics of puberty happen at the same time but over several years.

AGENDA:

ACTIVITY 1: Pop Goes Puberty 40 minutes
ACTIVITY 2: Closing 5 minutes

MATERIALS:

- Paper
- Tape
- 40 to 45 eight- to nine-inch round balloons (Alternatives such as paper lunch bags or small gift bags will work too.)
- Facilitator Resource: *Puberty Characteristics*
- Facilitator Resource: *Pop Goes Puberty: Answer Key*

PLANNING NOTES:

ACTIVITY 1:

- Prior to the session, copy *Facilitator Resource: Puberty Characteristics* and cut around each of the Paper Strips. Review the strips before session and consider selecting those that are best for your group. For example, you may find it more beneficial to concentrate on changes that are most relevant for your group.

Wind the selected paper strips around a pencil to make a small tube, slide tube off end of pencil and place in non-inflated balloons through the neck of the balloon. Shake the paper tube down into the round part of the balloon for inflation during the activity.

Optional: Inflate all of the balloons up in advance to save time.

*Facilitator Note:* For participants with a latex allergy, put the strips of paper in lunch bags. Have the participants blow air into the bag and then pop it with their hand. For participants who are triggered by very loud noises, consider putting the paper strips into small gift bags instead.

- On four separate pieces of paper write or type Social ↔, Physical △, Emotional ♥, Facts about Puberty?
  Be sure to include the symbol with each word. Post each sign on a different wall around the room.

ACTIVITY 2:

- Create a chart paper with heading “Puberty Resources” with the suggestions to learn more about puberty like the ones stated below:
  - Puberty Information for Boys and Girls: [www.avert.org/sex-stis/puberty](http://www.avert.org/sex-stis/puberty)
  - Puberty: [www.plannedparenthood.org/teens/my-body/puberty](http://www.plannedparenthood.org/teens/my-body/puberty)
  - *It’s Perfectly Normal: Changing Bodies, Growing Up, Sex, and Sexual Health* by Robie H. Harris
PROCEDURE:

ACTIVITY 1: POP GOES PUBERTY

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, introduce the session by explaining that puberty is a special time for growth and change that everyone experiences. Puberty is caused by hormones, or “chemical messengers” in the body. Puberty has physical characteristics (things that happen inside and outside our bodies), emotional characteristics (which may make us have feelings and emotions we may have never had before) and social/behavioral changes (which affects how we interact with other people). Not all characteristics of puberty happen at the same time but over several years. Girls typically begin puberty between 8–13 and boys 10–14. Physical changes may happen before, after, or at the same time as emotional and social changes. Lead a discussion using the following questions:

   a. What is an example of a physical change of puberty? *(Point out that the physical changes that occur may be different based on whether you are male or female.)*

   b. What is an example of an emotional change of puberty? *(Point out that not everyone goes through the same emotional changes. Also point out that any major emotional issues such as depression, anxiety, uncontrollable anger are not because of puberty alone and need special attention.)*

   c. What is an example of a social/behavioral change of puberty? *(Point out that not everyone goes through the same social/behavioral changes.)*

2. Distribute the non-inflated balloons (or prepared alternative) stuffed with a characteristic paper slips to the participants. Ideally give at least one to everyone. For a smaller size group, you may give two or three to each participant.

   Have each participant blow up the balloon and tie it closed so the air doesn’t escape.

   **Facilitator Note:** If the balloons were inflated ahead of time, distribute the balloons to the participants. Substitute balloon in the text with an alternative you prepared, as suggested in the Planning Notes.

3. Tell the group there is a special characteristic of puberty inside the balloon, and they should pop the balloon and find the little strip of paper inside.

   **Facilitator Note:** Substitute balloon in the text with an alternative you prepared, as suggested in the Planning Notes. For example, you might tell the group to pop the lunch bag or open the gift bag and find the little strip of paper inside.

4. After all the balloons are popped, and the participants have the paper strips, have them pair up or form a small group with two other participants to discuss if the characteristic is a/an:

   - Fact about Puberty
   - Emotional Characteristic of Puberty
   - Physical Characteristic of Puberty
   - Social Characteristic of Puberty
5. Give the participants about 5 minutes to discuss their characteristics. When all the participants are ready, have them take their strip of paper and move to the sign under which they believe their statement belongs.

_Facilitator Note:_ Alternatively, have the participants tape the strips underneath the sign. Use this alternative suggestion particularly if your group is small and you provided each group member with two or three balloons.

6. Have participants read their strips of paper from each category. Use the **Facilitator Resource:** _Pop Goes Puberty: Answer Key_ to provide brief clarification if required.

_Facilitator Note:_ Alternatively, discuss placement as a large group, particularly if the strips are taped underneath the sign.

7. Lead a discussion using the following questions:
   
a. What was it like to do this activity?
   
b. How easy or hard was it to figure out whether the strip was an example of an emotional, physical, social characteristic, or fact of puberty?
   
c. Which facts about puberty do you think are important to know?
   
d. How is puberty different for boys and girls? How is puberty the same? *(Boys: often starts later, voice change more dramatic, penis, testicles, hair grows on face, wet dreams, erections, produce sperm. Girls: breasts develop, hips get wider, eggs begin maturing, periods/menstruation, and vaginal discharge.)*
   
e. What are some special things you can do to take good care of all the parts of your body, especially during puberty? *(Answers may include engaging in physical activity, eating healthy, practicing good hygiene and cleanliness.)*
   
f. Who could you talk to if you have questions or concerns about puberty? *(Answers may include trusted adult, parent/caregiver, sibling.)*

**ACTIVITY 2: CLOSING**

1. In your own words, close the session by stating, “Puberty is not a race but a special time for growth and change. Your body will go through puberty at its own rate and you aren’t in competition with anyone else. Talk to a trusted adult if you have concerns or questions.”

2. Post the prepared chart paper with the heading “Puberty Resources” as stated in the Planning Notes. Encourage the girls to visit the online resources and obtain the print resource to learn more about puberty outside of group.
Directions: Cut around each box to form the paper strips. Then, put one paper strip in each balloon.

- Grow taller
- Skin may get oily
- Voice changes
- Hair grows on face
- Hair gets oily
- Hair grows in underarms
- Hair grows on genitals (pubic hair)
Sweat glands develop

Breasts develop

Hips get wider

Shoulders get wider

Start producing sperm

Penis grows bigger

Testicles get bigger

Body starts producing sex hormones
<table>
<thead>
<tr>
<th><strong>Puberty Characteristics</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wet dreams may occur</td>
</tr>
<tr>
<td>Erections happen “out of the blue”</td>
</tr>
<tr>
<td>Sperm can be released through the penis (ejaculation)</td>
</tr>
<tr>
<td>Start releasing eggs from ovaries (ovulation)</td>
</tr>
<tr>
<td>Periods start (menstruation)</td>
</tr>
<tr>
<td>Start producing vaginal discharge</td>
</tr>
<tr>
<td>Pubic hair usually comes in straight, then becomes curly</td>
</tr>
</tbody>
</table>
Mood swings may occur

May start having sexual thoughts

May start having sexual feelings

Can become interested in others or find them attractive

Sometimes may feel lonely and confused

Concerned about looks

Friendship becomes more important
Stronger feeling of wanting to be liked may occur

May want to “fit in” with others more than before

Want more independence

Thinking about the future

Puberty is a series of events that happen over four to five years

Puberty is an important step toward adulthood

Everyone experiences a different rate of maturation and growth
<table>
<thead>
<tr>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls generally mature two years before boys</td>
</tr>
<tr>
<td>For boys, physical changes of puberty begin from ages 10 to 14</td>
</tr>
<tr>
<td>For girls, physical changes of puberty begin from about ages 8 to 13</td>
</tr>
<tr>
<td>Hygiene and cleanliness will need to become more important</td>
</tr>
</tbody>
</table>
Physical Characteristics

**BOTH**
- Grow taller
- Skin may get oily
- Voice changes
- Hair gets oily
- Hair grows in underarms
- Hair grows on genital area (pubic hair)
- Sweat glands develop
- Body starts producing sex hormones
- Pubic hair usually comes in straight, then becomes curly

**MALES**
- Hair grows on face
- Shoulders get wider
- Start producing sperm
- Penis grows bigger
- Testicles get bigger
- Wet dreams may occur
- Erections happen “out of the blue”
- Sperm can be released through the penis (ejaculation)

**FEMALES**
- Breasts develop
- Hips get wider
- Start releasing eggs from ovaries (ovulation)
- Periods start (menstruation)
- Start producing vaginal discharge

Emotional Characteristics

- Mood swings may occur
- May start having sexual thoughts
- May start having sexual feelings
- Can become interested in others or find them attractive
- Sometimes may feel lonely and confused
- Concerned about looks

Social/Behavioral Characteristics

- Friendship becomes more important
- Stronger feeling of wanting to be liked may occur
- May want to “fit in” with others more than before
- Want more independence
- Thinking about the future

Facts about Puberty

- Puberty is a series of events that happen over four to five years
- Puberty is an important step toward adulthood
- Everyone experiences a different rate of maturation and growth
- Girls generally mature two years before boys
- For boys, the physical changes of puberty begin from about ages 10 to 14
- For girls, the physical changes of puberty begin from about ages 8 to 13
- Hygiene and cleanliness will need to become more important
SESSION 4:
GO WITH THE FLOW:
LEARNING ABOUT MENSTRUATION

PURPOSE:
To review the process of the menstrual cycle and explore options for menstrual hygiene care that is critical because first menstruation for girls begins between 8–15 years of age.

OBJECTIVES:
By the end of the session, participants will be able to:
1. Explain the process of the menstrual cycle.
2. List two menstrual hygiene options.
3. List three facts about each menstrual care product.

KEY MESSAGES:
- Menstruation is a common bodily function that can evoke a variety of feelings. It’s okay to talk about your period with a healthcare provider, parent/caregiver, friend, or sibling.
- Girls have different options to manage their periods. You can choose an option that is right for you.

AGENDA:

ACTIVITY 1: Feelings about Menstruation 55 10 minutes

ACTIVITY 2: Facts about Menstruation 56 15 minutes

ACTIVITY 3: Menstrual Care Products 15 minutes

ACTIVITY 4: Closing 5 minutes


MATERIALS:
- Chart paper, markers
- Index cards
- Pencils or pens (all the same color)
- Bag to collect participants’ anonymous feelings about menstruation
- Facilitator Resource: Menstruation and Menstrual Care Options
- Facilitator Resource: Female External Sexual and Reproductive Organs
- Facilitator Resource: Female Internal Sexual and Reproductive Organs
- Handout: The Menstrual Cycle
- Handout: Menstrual Care Products
- Sample hygiene products (See Planning Notes)

PLANNING NOTES:
- This session is an overview of the menstrual cycle and menstrual hygiene products. It is STRONGLY recommended that this session plan be used after delivering Session 2: Deciphering Fact from Fiction about the Sexual and Reproductive Anatomy. In this session, participants will become more familiar with the anatomical terms and process of menstruation. If Session 2 was conducted, note that the information in this session will be somewhat of a review for girls who attended Session 2. As a facilitator, you may want to let the group know that the information will be review for some of them.
- If you have not yet done so, prepare enlargements of Facilitator Resource: Female External Sexual and Reproductive Organs, and Facilitator Resource: Female Internal Sexual and Reproductive Organs to aid in the discussion around what menstruation is and how it occurs. The Facilitator Resources are in Session 2: Deciphering Fact from Fiction about the Sexual and Reproductive Anatomy. Post the enlargements along a wall.
- Gather the sample hygiene products to show in the session. Consider the following when gathering samples:
  - Pads come in many shapes and sizes including panty liners to heavy, “nighttime” pads. Some pads have “wings” that can help prevent the pad from slipping.
  - Tampons come in many sizes and shapes. Most have applicators but some do not. Get a variety of shapes and sizes if possible.
  - For a reusable menstrual cup, visit www.divacup.com to request the DivaCup Demo Kit.
  - Cloth sanitary napkins can be found online on websites such as www.gladrags.com and www.lunapads.com. A pattern for making a cloth sanitary pad can be found at www.theecofriendlyfamily.com/docs/PadPatternRegularDayLiner.pdf.
  - A local pharmacy or grocery store should have a disposable menstrual cup (Instead® SoftCup), sanitary pad, and tampon.
  - Health providers recommend unscented products as many girls will have irritation from scented products. Please use unscented products for demonstration if possible.
PROCEDURE:

ACTIVITY 1: FEELINGS ABOUT MENSTRUATION

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Explain that the session today will focus on menstruation (getting a period) and hygiene options for menstruation. Tell the participants that while menarche can occur between 8–16 years of age, the majority of girls will start their period when they are 12 or 13 years of age. By age 15 most girls have experienced menarche. It’s healthy to talk about the start of menstruation with a doctor. It’s also helpful to talk about it with a parent/caregiver or another trusted adult.

2. Tell the participants that menstruation is when the lining of the uterus flows out of the vagina. Menstruation usually happens each month for about 3–7 days. However, many girls do not get a period every month when they first begin menstruating. They may even skip several months. A person’s period can change throughout her lifetime.

3. Pass out index cards and a pencil or pen to the participants.

4. Ask the participants to write a feeling and/or thought they have about menstruation (getting your period). In order to maintain some privacy, they should not write their name on the index card.

5. When everyone is done, ask the group to fold their index cards in half and put them in the “secret/anonymous bag.”

6. Read each of the responses to the group and use the following to begin the conversation:
   a. Overall, how does the group seem to feel about menstruation? Why do you think that might be?
   b. Where do we learn about or get these feelings?

7. Mention to the group that despite sharing mixed feelings when it comes to menstruation, it is a normal part of maturing as a woman. It is important to talk to a parent/caregiver, trusted adult, or your doctor if there are things about your period that are very difficult for you.

ACTIVITY 2: FACTS ABOUT MENSTRUATION

1. Distribute Handout: The Menstrual Cycle to each participant. Then, use the posted anatomy enlargements, as stated in the Planning Notes, and/or pictures on the Handout: The Menstrual Cycle while reading the following detailed explanation of the menstrual cycle. Encourage participants to point to various parts of their Handout: The Menstrual Cycle as the explanation is read aloud too:
Sample Explanation of the Menstrual Cycle:

“Getting a period” or “menarche” is part of puberty for girls and usually happens about age 10–14 (average age is 12), or about two to three years after breast growth has started. At the beginning of puberty for girls, the ovary starts to make a hormone called estrogen. Estrogen made in the ovaries causes the breasts to grow, and over time, also causes the lining of the uterus to grow thicker. The first menstrual period occurs because the lining of the uterus has gotten thick enough that some of it sheds. Menstrual blood usually contains only a small amount of blood mixed with other fluids. Menstrual blood can appear pink, red, or brown. Girls’ bodies will release a few tablespoons of menstrual blood over the course of three to eight days.

As a girl gets older, her periods usually become more regular so that they usually occur each month. This is because the ovary, in addition to making estrogen, also releases a mature ovum (or egg) in a process called ovulation. The egg comes out of the ovary and a part of the ovary that produces the egg (called the corpus luteum) produces a hormone called progesterone. Progesterone causes the lining of the uterus to change in a way that it prepares the uterus to be ready for pregnancy, or causes the entire lining to shed if pregnancy does not occur. Ovulation usually occurs once each month but it is impossible to predict the exact day that it will occur, especially in teens and young women.

The ovum comes out of the ovary and moves toward the fallopian tube. Fimbriae, or the fringed ends of the fallopian tube, help move the ovum inside the tube. The ovum waits in the fallopian tube for a day for the possibility of reproduction. If an ovum is not fertilized by a male’s sperm, the ovum breaks apart. The lining of the uterus breaks down and leaves the uterus. The blood and tissue pass through the cervix and out of the vagina. People call this menstrual bleeding or menstruation. The time from the first day of one period to the first day of the next is the menstrual cycle.

Many girls wonder whether or not their menstrual cycles, are normal. Either on your phone calendar, a period tracking app, or on a paper calendar, record what day each period starts and how many days it lasts. Talk to your doctor if your periods:

- usually last longer than 8 days in a row
- are usually heavy enough to soak though pads and tampons in 1–2 hours
- cause cramps or pain that prevents you from doing your normal activities
- come more often than every 3 weeks, or less often than every 3 months
- so painful that you can’t do your normal activities
- so heavy that you often bleed onto your clothes, even when you are remembering to change your pad/tampon every few hours.

2. Lead a discussion using the following questions:

a. Which parts of the anatomy are associated with menstruation cycle? (Answer: The ovary releases hormones that lead to the thickening of the uterine lining. Ovulation, the release of a mature egg from the ovary, usually occurs 14 days before the start of the next menstrual bleeding. The uterine lining that had thickened sheds after an egg is not fertilized and breaks apart.)
b. Why do girls and women menstruate? (Answer: Menstruation is the releasing of the uterine lining that was not needed because pregnancy did not occur.)

c. What is the difference between ovulation and menstruation? (Answer: Ovulation is when the ovary releases a mature egg. Menstruation is when the lining of the uterus sheds.)

d. How common is it for girls to talk about menstruation? Why?

**ACTIVITY 3: MENSTRUAL CARE PRODUCTS**

1. Ask the group to name different types of menstrual care products (such as pads, tampons, cloth pads and menstrual cups). As the products are named, write them on the chart paper. Should the group not name one of the products, provide examples to add it to the list.

2. Tell the group you would like to show them examples of menstrual care products and explain how they are used. Distribute the Handout: Menstrual Care Products. Bring out the menstrual care products for demonstration as stated in the Planning Notes. Use the enlargements of Facilitator Resource: Female External Sexual and Reproductive Organs and Facilitator Resource: Female Internal Sexual and Reproductive Organs to clarify how the products are used, and whether they are placed inside the vagina (tampon or menstrual cup) or externally next to the vulva (sanitary or cloth napkins). Pass menstrual care products around for participants to touch. Provide additional information from the Facilitator Resource: Menstruation and Menstrual Care Options as time allows.

3. After the demonstration, use the following questions to lead a discussion:
   
a. What do you think about the menstrual care products?
   
b. How are the products similar? How are they different?
   
c. What would make a girl or woman choose one product over another?

   **Facilitator Note:** Review that it is safe for girls of any age to choose/wear tampons. Review that a tampon cannot be felt once it’s placed up inside the vagina.

   d. What is something you want to remember from this demonstration?
   
e. What questions do you still have about any of these products?

**ACTIVITY 4: CLOSING**

Conclude the session by introducing the class to the idea of the “go-bag.” Tell the class that this bag should be brought by girls to school in their schoolbags in case of menstrual leaks. Ask the girls to name items they think should be included in the “go-bag.” Provide, if needed, suggestions such as extra pads/tampons/menstrual care alternatives, extra underwear and wet wipes. Then adjourn the session.
The Process of Menstruation

Review the role that each of the following play in menstruation:

- **Pituitary gland**: At the start of puberty the pituitary gland, located at the base of the brain, sends messages to the ovaries to start producing the hormone estrogen. About two to three years after puberty begins, the pituitary sends signals to the ovary to ovulate (release an egg) which produces the hormone progesterone. Monthly menstrual bleeding is regulated by the hormones made by the ovary (estrogen and, after ovulation, progesterone).

- **Ovaries**: The ovaries produce the hormone estrogen, which is responsible for the female changes of puberty (breast growth, uterine lining thickens). When a girl has regular, monthly periods, it is because her ovaries are releasing a mature egg each month (ovulation) that triggers the release of the hormone called progesterone.

- **Uterus**: The lining of the uterus grows thicker in response to the hormone estrogen. The lining of the uterus matures in response to the hormone progesterone, which is produced by the ovary after ovulation. The lining of the uterus sheds 14 days after ovulation unless a pregnancy has occurred.

There is no menstrual cycle during pregnancy because the high level of hormone (progesterone) being produced sends a signal to the pituitary, which in turn, sends a signal to the ovary to NOT release an egg. During pregnancy, a woman may experience bleeding which she can mistake for menstrual bleeding. If a woman thinks she could be pregnant, a pregnancy test should be done immediately.

Common Experiences

Most women will have periods from the age of menarche (age range 8–15) through menopause (average age 52). Women do not have periods when they are pregnant and may or may not have a period when they breastfeed. Women also do not have periods if they have had their uterus removed (called a hysterectomy). Many forms of birth control—used to prevent pregnancy or for medical reasons, like severe menstrual cramps—can safely reduce or stop menstrual periods.

When talking about a menstrual cycle, the “first day” is recorded as the first day of bleeding. Most women will have a cycle that lasts 21–45 days, with an average of 28 days from the start of one cycle to the next cycle. Many girls will have irregular cycles, especially in the first few years of getting her period. If periods are coming more often than every three weeks or not coming at least every three months, it’s good to talk to your doctor about this.

The average amount of blood lost in each period is two to four tablespoons. Menstrual fluid also contains other fluids besides blood. Menstrual blood can appear pink, red, or brown. The blood at times may form clumps called clots.

Menstrual Hygiene Options

The following is additional information about menstrual products as you discuss them.

Sanitary pads (napkins):

Pads are worn during menstruation to absorb the flow of blood. The side of the pad worn next to the body is made of soft, white cotton-covered in gauze. The underside has a plastic, moisture-proof cover to prevent the blood from staining underwear and clothes. There are also adhesive stickers on the underside to hold the pad in place. Some pads have wings that wrap around the underwear to help hold the pad in place and prevent blood from staining the edges of the underwear.

Pads come in many sizes. The smallest and thinnest pads are called “panty liners” or “light days” pads. They are designed to be worn when there is only a small amount of blood (called “spotting”). Some women also wear them when they think they are about to get their period, or when they are pretty sure they have stopped bleeding, but want a small amount of protection just in case. Some women also wear them along with a tampon. There are “regular” or medium pads designed for medium flow, and heavier pads for more absorption. Nighttime pads are usually extra-long and extra absorbent. There are also pads that are designed for preteen and teen girls. These pads may be thinner in width and may be more comfortable for some younger or smaller girls. Some pads are thicker and have straight or contoured shapes. Scented and deodorant pads are also available but are not recommended by most healthcare providers as the perfumes they contain may cause irritation of the skin.

Pads should be changed several times a day (about every four to six hours) or when they get soaked with blood.

Since the pads stay close to the body, no one can tell they are being worn, even when a woman is dressed in pants.

Tampons:

A tampon is a thin roll of cotton and/or other fibers, with a string attached to one end. Tampons may come with or without an applicator, which is used to insert the tampon inside the vagina. Applicators are usually made of cardboard or plastic and may have a straight or curved tip. If there is no applicator, a woman uses her finger to push the tampon inside the vagina.

Although it may be surprising for some to learn, there is no medical or health reason why girls of any age can’t use tampons, even with their very first period. Tampons can be particularly necessary for girls who are swimmers (it is safe and possible to swim during your period if you wear a tampon) or do other activities, like gymnastics, where a pad may not stay put. However, for cultural and other reasons, some adults recommend that girls don’t use tampons until they are older.
Tampons come in different sizes (just like pads) based on the amount of menstrual flow that needs to be absorbed. Junior or small tampons are for light flow, medium or normal for medium flow, and heavy (or super, super plus) tampons are designed for heavier flow. It’s best to use the size of tampon that matches the menstrual flow, which for most girls will be light to medium. A tampon, like a pad, should be changed several times each day (about every four to six hours) or when soaked with blood.

Toxic shock syndrome is a very rare, but serious illness, that has been linked to wearing a tampon for too long (more than eight hours) and using a tampon that is much more absorbent than necessary. Use a tampon that is the right size for the amount of flow, and do not wear a tampon when not on a period.

Just like with pads, avoid using deodorant tampons as they may irritate the vagina.

Cloth Pads and Menstrual Cups

There are other options for menstrual products. Cloth pads are like disposable pads but made from fabrics that can be washed and re-used. Menstrual cups are like tampons in that they go up inside the vagina, but have a cup shape that collects (instead of absorbs) the blood. Menstrual cups may be designed to be disposable, or re-usable with proper cleaning and care.

Dealing with Menstrual Cramps and PMS

Menstrual cramps are the caused by the squeezing of the uterine muscles before and during menstrual bleeding. About three out of four teens have no, mild, or moderate pain with their period. However, one in four teens have more cramps that can limit her ability to do her normal activities. The amount of pain that a woman has with her period varies widely and often changes throughout her life. There are many medical treatments available for teens and women who have bad menstrual cramps.

Premenstrual Syndrome

(PMS) are the symptoms that some, but not all, teens and women experience the week before they get their period. PMS is thought to be due to the changes in hormone levels after ovulation. PMS can cause physical symptoms like breast tenderness, bloating, and headaches. PMS can also cause emotional symptoms like feeling down, irritable, sensitive, or tired. Because PMS is caused by the changes in hormone levels, the symptoms should go away once the menstrual period starts. (If the symptoms do not go away with the period, or come at other times during the month, it’s a good idea to talk to a doctor about what else could be going on.) There are many medical treatments available for teens and women who have PMS.

There are many things that teens can do to help with menstrual cramps and PMS. For example:

- Eat nutritious, healthy foods including fruits, veggies, protein and complex carbs (such as whole wheat breads and grains).
• Stop eating, or greatly limit eating, fast foods and sugary drinks like soda, juices, energy drinks and sweet teas.

• Avoid very salty foods.

• Exercise: Try to do at least 60 minutes each day. This is the goal.

• Sleep enough: 8 hours each night is the goal, and catch up when needed.

• Learn relaxation techniques and ways to handle stress.

• Get help for depression and anxiety (worry), if needed.

For cramps and pain these things can help:

• Use a heating-pad on the lower abdomen (belly), or over the painful part.

• Take a warm bath or shower.

• Use over-the-counter pain meds such as ibuprofen (check with your doctor to make sure this is safe for you to use). This medicine works better when it is used right away instead of waiting until the pain becomes fierce.

• Keep track of bleeding days and days that cramps/pain are a problem. Notice what makes it better or worse (if anything).
THE MENSTRUAL CYCLE

DAY 1 OF MENSTRUATION TO OVULATION IS HIGHLY VARIABLE:
OVULATION CAN BE UNPREDICTABLE

MENSTRUATION

PRE-MENSTRUAL

FROM OVULATION UNTIL THE NEXT BLEEDING IS
ALMOST UNIVERSALLY 14 DAYS

OVULATION

FERTILE PERIOD

MENSTRUATION

A GIRLS’ MENSTRUAL CYCLE CAN BE
ANYWHERE FROM 20-42 DAYS LONG

*Images reprinted with permission by Sexpresions.
FEMALE REPRODUCTIVE ORGANS

PRE-OVULATION

GIRLS ARE BORN WITH HUNDREDS OF THOUSANDS OF EGGS. AT PUBERTY, SHE BEGINS TO MATURE THEM, AND RELEASE ONE EVERY 20-42 DAYS. HER MENSTRUAL CYCLE BEGINS WITH THE RELEASE OF THE EGG, AND ENDS IN EITHER MENSTRUATION OR PREGNANCY.

UTERINE LINING IS THIN

FEMALE REPRODUCTIVE ORGANS

OVULATION

IT IS USUALLY DIFFICULT TO KNOW EXACTLY WHEN A GIRL IS OVULATING (RELEASING AN EGG). THIS IS ONE OF THE REASONS THAT UNPLANNED PREGNANCIES CAN HAPPEN EASILY.

UTERINE LINING IS THICKER
FEMALE REPRODUCTIVE ORGANS

MENSTRUATION

EGG SHEDS OUT DURING MENSTRUATION

EGG

UTERINE LINING

IF THE EGG IS NOT FERTILIZED BY SPERM, THEN THE GIRL SHEDS THE UTERINE LINING BECAUSE THERE IS NOT A FETUS TO FEED. THIS PROCESS IS MENSTRUATION.

UTERINE LINING IS SHEDDING

FEMALE REPRODUCTIVE ORGANS

IF FERTILIZATION HAS OCCURED

FALLOPIAN TUBE

ONCE EGG IS FERTILIZED BY THE SPERM, IT TAKES APPROXIMATELY 6 DAYS TO TRAVEL DOWN THE LENGTH OF THE FALLOPIAN TUBE AND IMPLANT IN THE UTERINE LINING

FERTILIZED EGG IMPLANTS IN UTERINE LINING

UTERINE LINING

A TYPICAL PREGNANCY GROWS FOR 40 WEEKS
Sanitary Pads

These are used during menstruation to absorb the menstrual flow. They are worn outside the body and usually have adhesive tape on one side that attaches securely to the underpants. They can be purchased at drug stores, supermarkets and other places. They can be worn during many activities, but not for swimming. They come in many different shapes and sizes; they also come in many different levels of absorbency (light panty liners to heavy night pads).

Tampons

These are used during menstruation to absorb the menstrual flow. They are inserted into the vagina and have a string at the end that allows it to be pulled out. They may differ in thickness, absorbency and mode of application. They can be purchased at drug stores, supermarkets, and other places. They can be worn for swimming or anytime at all.

Cloth Pads

These are less widely used products to care for the period. They are made from natural cloth and absorb the menstrual flow. They are placed inside underpants and, because they are easy to clean, can be used for up to five years. They are reusable and easy to use. They can be purchased at some pharmacies or health food stores or ordered over the Internet. They can be worn during many activities, but not for swimming.

Menstrual Cups

These are less widely used products to care for the period. They are made from silicone and are placed inside the vagina to collect the menstrual flow. They are reusable and are good for use with any activity, including swimming. They can be purchased at some pharmacies or health food stores or ordered over the Internet. They can be worn overnight and only need to be purchased once per year.

SESSION 5: BODY IMAGE: REAL VS. IDEAL

PURPOSE:
To facilitate a participant dialogue about body image, and increase awareness of the subtle messages presented by print media in the presentation of body types.

OBJECTIVES:
By the end of this session, participants will be able to:
1. Describe aspects of a “positive” or “negative body image.”
2. List characteristics suggested in the media for an “ideal body.”
3. Describe the difference between “ideal body characteristics” and “real body characteristics.”

KEY MESSAGES:
- There is pressure on young people to look and dress a certain way. It’s okay for you to decide what is right for you.
- Media portrayals of the ideal body do not reflect the diversity in body size and shape.
- Thinking positively about your body is an important step in having a healthy body image.

AGENDA:

ACTIVITY 1: Forbidden! Words of Body Image59 15 minutes
ACTIVITY 2: Body Image: Real vs. Ideal60 25 minutes
ACTIVITY 3: Closing 5 minutes

MATERIALS:
- Chart paper, markers
- Cardstock
- Bell or other noise device
- Clips from magazines
- Tape or glue
- Scissors
- Index cards
- Pen or pencil for each participant
- Facilitator Resource: Forbidden! Cards Game Preparation
- Handout: Forbidden! Directions

PLANNING NOTES:

ACTIVITY 1:
- The first part of the session utilizes a guessing game (Forbidden!) to facilitate a dialogue and familiarize individuals with terms associated with body image. Photocopy Facilitator Resource: Forbidden! Cards Game Preparation and cut along the lines to make one deck of Forbidden! Cards. Repeat for each team of five or six participants. Laminate cards for longevity.
- Photocopy the Handout: Forbidden! Directions, one per participant.

ACTIVITY 2:
- Prior to delivering this session, collect magazine or online photos of “ideal body” images for all genders (with diverse ethnicities included). Gather magazines and or online pictures that feature diverse ethnicities, gender identities and/or expression, abilities, age, etc. for the participants to use just in case.
- Prepare a sheet of chart paper with three columns and the headings below for each small group of five: “Ideal Male Body Image,” “Ideal Female Body Image,” “Realistic Body Image.”

PROCEDURE:

ACTIVITY 1: FORBIDDEN! WORDS OF BODY IMAGE

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Begin the session topic by explaining that everyone has a body and a developing body image. Body image is a person’s thoughts and feelings about his/her body, as well as an image of how others
view her/his body. Family, friends, peers, periods of growth and development, and the media are just a few factors that can impact one’s body image. Participants are going to play a quick game that addresses aspects of body image.

2. Divide participants into groups of five.

3. Distribute the **Handout: Forbidden! Directions** to the participants and review with the group. Alternatively, each group can review the rules together in their small groups.

   **Facilitator Note:** Consider the differences in reading ability in the group prior to game play. Should a participant have difficulty with reading comprehension or reading words aloud, consider having participants work as pairs to give clues to the rest of the small group during game play.

4. Pass out a deck of **Forbidden! Cards** to each small group. Tell participants that they may not peek at the cards.

5. Ring the bell or call “start,” and direct the first clue-giver to begin the game.

6. After 10 minutes ring the bell or call “time.”

7. Tell each team to count up their points. The team with the most points wins!

8. Keeping the girls in their groups, use the questions below to discuss the game.
   a. How do you think the guess words relate to body image? Explain.
   b. How would you describe a positive body image? A negative body image?
   c. Do you think any of any of the guess words relate to a positive body image? A negative body image? Explain.
   d. What are some ways a person might develop a positive body image?

9. Collect the decks of cards and define any terms that need clarification.

**ACTIVITY 2: BODY IMAGE: REAL VS. IDEAL**

1. Explain that one way that people are bombarded with images of what is considered the “ideal body” is through print and/or online media messages. These ideals can put pressure on young people to look and dress a certain way. In the next activity they will explore media’s possible influence on one’s body image.

2. Distribute a prepared chart paper and a marker, as created in the Planning Notes, to each small group.
3. Have the groups brainstorm and list several “ideal” characteristics for each title.

Examples:

<table>
<thead>
<tr>
<th>Ideal Male Body Image</th>
<th>Ideal Female Body Image</th>
<th>Realistic Body Image</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tall</td>
<td>Skinny</td>
<td>All shapes and sizes</td>
</tr>
<tr>
<td>Muscular</td>
<td>Hairless</td>
<td></td>
</tr>
<tr>
<td>Deep voice</td>
<td>Large breasts</td>
<td></td>
</tr>
</tbody>
</table>

4. Distribute the magazines and/or online images you prepared in advance for the session. Tell the groups they have 10 minutes to cut out and paste pictures of the “ideal” characteristics of both the male and female body, in addition to what is realistic onto the chart paper provided.

5. Next to each picture have them write the characteristic and discuss these issues with their small group members.

6. After 10 minutes, have each group tape their sheet on the wall. Ask each group to explain their ideas about each category to the larger group.

7. Lead a discussion using the following questions:
   a. Where do we learn about what is ideal and what is not? (parents, toys, friends, television, magazines, Internet)
   b. How many people fit into the “ideal” body images you identified? (If girls answer few, follow up by asking why most people don’t fit into this category?)
   c. How do these media suggestions about what is “ideal” make you feel?
   d. What could someone do if they were feeling uneasy or anxious about their body?
   e. How can you support other girls in your life to be confident in their body?

**ACTIVITY 3: CLOSING**

Conclude by saying that experts suggest thinking differently about your body can improve your body image. Remembering that health and appearance are two different things, and keeping a list of positive qualities is something people can do to change the way they think about their body. Pass out index cards and pen or pencil. Ask the participants to write down five positive qualities about their body. Encourage them to revisit what they listed over the next few weeks and consider writing more down.

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Directions: Copy the following pages and then cut along the lines to make one deck of Forbidden! Cards. Repeat for each team of five or six participants. Laminate cards for longevity.

<table>
<thead>
<tr>
<th>SIZE</th>
<th>APPEARANCE</th>
<th>CLIQUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers</td>
<td>Hair</td>
<td>Fit in</td>
</tr>
<tr>
<td>Large</td>
<td>Looks</td>
<td>Cool</td>
</tr>
<tr>
<td>Clothing</td>
<td>Fashion</td>
<td>Jocks</td>
</tr>
<tr>
<td>Small</td>
<td>Visual</td>
<td>Nerds</td>
</tr>
<tr>
<td>Medium</td>
<td>Mirror</td>
<td>Goths</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WEIGHT</th>
<th>MEDIA</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pounds</td>
<td>Television</td>
<td>Boy</td>
</tr>
<tr>
<td>Fat</td>
<td>Magazines</td>
<td>Girl</td>
</tr>
<tr>
<td>Skinny</td>
<td>Movies</td>
<td>Masculine</td>
</tr>
<tr>
<td>Numbers</td>
<td>Music</td>
<td>Feminine</td>
</tr>
<tr>
<td>Scale</td>
<td>Internet</td>
<td>Identity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXERCISE</th>
<th>SURGERY</th>
<th>NUTRITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move</td>
<td>Cosmetic</td>
<td>Healthy</td>
</tr>
<tr>
<td>Run</td>
<td>Liposuction</td>
<td>Balanced</td>
</tr>
<tr>
<td>Work out</td>
<td>Face lift</td>
<td>Food</td>
</tr>
<tr>
<td>Burn</td>
<td>Nip / Tuck</td>
<td>Groups</td>
</tr>
<tr>
<td>Gym</td>
<td>Botox</td>
<td>Carbs</td>
</tr>
<tr>
<td>COMMERCIAL</td>
<td>DIET</td>
<td>MUSCLE</td>
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<td>------------------</td>
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<td>---------------</td>
</tr>
<tr>
<td>Ads</td>
<td>Less</td>
<td>Big</td>
</tr>
<tr>
<td>Television</td>
<td>Eat</td>
<td>Strong</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Food</td>
<td>Abs</td>
</tr>
<tr>
<td>Model</td>
<td>Weight</td>
<td>Flex</td>
</tr>
<tr>
<td>Product</td>
<td>Calories</td>
<td>Guns</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EATING DISORDER</th>
<th>NAKED</th>
<th>SELF-ESTEEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulimia</td>
<td>Nude</td>
<td>Proud</td>
</tr>
<tr>
<td>Anorexia</td>
<td>Clothing</td>
<td>High</td>
</tr>
<tr>
<td>Binge</td>
<td>Free</td>
<td>Good</td>
</tr>
<tr>
<td>Food</td>
<td>Baby</td>
<td>Low</td>
</tr>
<tr>
<td>Control</td>
<td>Skinny-dipping</td>
<td>Feeling</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>BODY</th>
<th>CELEBRITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color</td>
<td>Breast</td>
<td>Popular</td>
</tr>
<tr>
<td>Hair</td>
<td>Size</td>
<td>Emmy</td>
</tr>
<tr>
<td>Eyes</td>
<td>Appearance</td>
<td>Famous</td>
</tr>
<tr>
<td>Height</td>
<td>Shape</td>
<td>Media</td>
</tr>
<tr>
<td>Weight</td>
<td>Image</td>
<td>People</td>
</tr>
</tbody>
</table>
Forbidden! is a form of verbal charades in which a person gives clues to help teammates figure out a guess word while avoiding certain forbidden words.

1. Each team member will take a turn to be the clue-giver. The clue-giver will pick one of the cards from the top of the deck and keep it hidden from the rest of the team. The card will contain a guess word, written in **BOLD** at the top of the card. This is the word the clue-giver will provide verbal clues for teammates to figure out. The five forbidden words directly underneath the guess word must be avoided. At each turn, the clue-giver must follow particular rules for giving clues:

   a. Use a single word, a phrase, or a sentence. (“Used correctly and consistently, this protects from HIV.” This is an appropriate sentence to use as a clue for a card with the guess word condom and the forbidden words rubber, latex, prophylactic, penis and safer sex.)

   b. Do not use any part of the words printed on the card. (Sex cannot be used as a clue for the guess word sexual.)

   c. Do not use gestures, sounds or hand signals. (Puckering the lips as clue for the guess word kiss is not allowable. Nor is saying the guess word “sounds like” or “rhymes with” the guess word.)

   d. Do not use initials or abbreviations for words listed on the card. (STI cannot be used as a clue for the guess word Sexually Transmitted Infection.)

2. As a clue-giver gives clues, the remaining teammates can call out words until the guess word is correctly stated. Once the guess word is determined, continue clockwise with a new clue giver.

   **Note:** A clue-giver can pass on a card at any time if a guess word is taking too long to be correctly determined. The card that is passed must be set aside and cannot be attempted by another clue giver. Return to this card when all other cards are guessed.

3. Teams will gain one point for every correct guess word. Teams will lose one point if the clue giver uses a forbidden word. There is no penalty for incorrect guesses.

4. Continue the game until the bell rings or “time” is called.
MINI-MODULE 3.2

Session 6: The Sexual Health Auction .................................................................415

Session 7: What’s Your Take on Abstinence? .................................................425

Session 8: Masturbation: A Touchy Subject ..................................................435

Session 9: Examining the Role of Intimacy in Sexual Decisions ....................447
SESSION 6:
THE SEXUAL HEALTH AUCTION

PURPOSE:
To examine values, attitudes, and beliefs around sexuality, sexual health, and sexual expression.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Clarify and explain their attitudes, opinions, and values regarding aspects of one’s sexual health.
2. Describe one factor that can impact one’s sexual decisions.

KEY MESSAGES:
- It’s important to consider your values when making decisions in relation to your sexuality and sexual health.
- People have differing values in relation to aspects of sexuality and sexual health. Communication is key for finding out one’s values.

AGENDA:

ACTIVITY 1: Sexual Health Auction 40 minutes

ACTIVITY 2: Closing 5 minutes

MATERIALS:
- Chart paper, markers
- Tape
- Facilitator Resource: Sexual Health Auction Game Preparation
- Sexual Health Auction Kit
  - 16 9" X 12" white envelopes (to serve as “briefcases”)
  - 16 full sheet 8.5" X 11" pieces of paper
  - Tape
  - Green and cream paper or card stock
  - Marker
- Handout: Sexual Health Auction

PLANNING NOTES:
- This session includes an activity that is based upon the game show, “Deal or No Deal?” Participants will choose one Briefcase (envelope) out of sixteen possibilities, all of which have varying amounts of money. The money in the Briefcase will be used to bid on items that are a part of the sexual health auction.
  - The varied amounts of money are included in game play to add another layer to the groups’ thinking around what they value and how access to these resources could impact the decisions they make.

ACTIVITY 1:
- Write a line down the center of a piece of chart paper to create two columns. On the top of the left column write the words “Should Do” on the top of the other column write “Should Not Do.”
- Use the Facilitator Resource: Sexual Health Auction Game Preparation to create the Sexual Health Auction Kit prior to the session. Only one Sexual Health Auction Kit is needed to deliver the session. It can take about an hour of prep time to photocopy, cut the play money, and prepare the envelopes. Be sure to set aside time to create the kit as it can be used over and over.
- Create the Auction Item Signs by writing or typing each statement listed on the Handout: Sexual Health Auction, onto a different piece paper or card stock. These will be provided to the groups that “win” the auction items.
- Post the Briefcases (envelopes) along the wall or out in a designated area for the participants to choose from later.
- Photocopy the Handout: Sexual Health Auction, one per participant.
PROCEDURE:

ACTIVITY 1: SEXUAL HEALTH AUCTION

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Tell the group that in this session they will explore their personal values—the things they believe in, deeply care about, or deem to be important. But the focus is going to be on values related to sexuality and sexual behavior.

2. Ask participants to think of behaviors they admire—things they do, or things other people do, that they believe are right. (An example might be “helping out a friend who’s in trouble.”). List their responses on the chart paper in the column underneath the heading “Should Do.” Then ask the group to think of behaviors they dislike and believe are not okay. List those in the second column, entitled “Should Not Do.”

3. Explain that they developed lists that are the essence of values—things that are okay or not okay for us, things that we are for or are against. Ask the girls to look at the lists and lead a discussion using the following questions:
   a. Why do you think the behaviors listed underneath the left column are things people should do? What about the behaviors underneath the right column?
   b. What overarching values (the things they believe in, deeply care about, or deem to be important) seem to be important to this group? (Examples might include caring for others, treating people with respect, not hurting or harming others.)
   c. What do you think has informed the beliefs listed? (Examples might include family, the culture, and the community.)

4. Tell the girls in your own words that some of these values are shared by almost everyone; some are found only in some communities or cultural groups; some are found only among certain age groups; and some may be held by only a few people.

5. Explain to the participants in this next activity that they will engage in a special auction in which they will try to secure items that can affect one’s sexual health. Explain that an auction is an event where desired and valued items such as paintings, cars, or other merchandise are made available for purchase. People at the auction call out how much they are willing to pay for the item and the person that is willing to pay the most is able to take the item with them.

6. Tell the participants that in order to participate in the sexual health auction, they will receive play money in a Briefcase of their choice. The Briefcases all have differing amounts of money that will be used to purchase the items during the auction they really believe in, deem to be important, or value. Refer to the Briefcases taped along a wall in a central location for participants to access.

7. Divide participants into small groups. Begin with the following directions:
   - Tell the participants that a representative from each group will pick one Briefcase in the hope of winning a million dollars. The money they get will be used to bid on items during the sexual health auction.
8. Distribute the **Handout: Sexual Health Auction** to each participant and explain that these are the items that are up for auction today. Ask a participant to read the directions out loud to the entire group.

9. Tell participants that each small group must collectively decide what items are important to them that they would like to bid on and how much they would like to bid. However, bids must be made in increments of $50,000. Once they have decided on an item and amount, they will write the amount they intend to bid on the handout. Ask if they have any questions and clarify as needed.

10. Allow groups about 10 minutes to discuss and record bids on the handout.

11. Say to the participants that the sexual health auction will begin with any item the groups want to bid on first.

12. Once the item is selected, tell the groups that the bidding will begin at $50,000. Continue to allow groups to bid increasing increments of $50,000 until a group with the highest bid is determined. Collect the appropriate amount of money from the group and give the **Auction Item Sign** that corresponds with the item won.

13. Allow the group that won to decide which item to bid on next.

14. Repeat step 10 for approximately 20 minutes.

15. Lead a discussion using the following questions:

   a. Which items seemed to be the most valued or desired by the overall group? Why might this be?
   
   b. Which items did your small group want to bid on? Why?
   
   c. Were there any auction items that you wished you had won? Which ones? Why?
   
   d. If your parents (caregiver, trusted adults) were bidding on values for you in this auction, which ones would they try to buy you? Explain.
   
   e. After being a part of this session, how do you think personal values impact sexual decisions?

**ACTIVITY 2: CLOSING**

Conclude the session by explaining in your own words that today they shared their thoughts and feelings about aspects of sexual health they value by participating in the sexual health auction. Ask the girls to share a value about relationships and sexual health and why this is important to know for their relationships outside of Girls Inc.
Follow the directions below to prepare the materials for the Sexual Health Auction.

A Complete Sexual Health Auction Kit Includes:
- 16 “Briefcases” (large envelopes filled with play money)
- Auction Item Signs

Materials:
- 16 9" X 12" white envelopes
- 16 8.5" X 11" pieces of paper
- Tape
- Green and cream paper or card stock
- Marker
- Facilitator Resource: Sexual Health Auction Play Money

Making the Auction Pieces:

1. Go to Google Images at www.google.com/imghp and select an image of a metallic briefcase. Copy and paste the image into a word document. Enlarge the image to fit within an 8.5" X 11" size piece of paper. Print the document so there are 16 sheets of paper, each with an image of the briefcase.

2. Tape the paper to each white envelope. Label each envelope 1–16. Write one number in the middle of each briefcase image.

3. Determine the amount of play money needed for the envelopes. The sum of play money in each envelope should vary and range from $350,000 to $1,000,000.

4. Copy the Facilitator Resource: Sexual Health Auction Play Money onto the green paper or cardstock as needed to achieve the desired sum of play money. One copy will result in $600,000. Cut along the lines to create each $50,000 bill.

5. To complete the briefcases, put the varying amounts of play money ranging from $350,000 to $1,000,000 inside each envelope.

Facilitator Note: Depending on the size of the group, put $1,000,000 in more than one briefcase to ensure that at least one group will have that amount of play money to bid.

6. To create the Auction Item Signs, write each statement from the Handout: Sexual Health Auction on a cream piece of paper or card stock. These will be provided to the group with the highest bid amount.
Directions: Photocopy and cut along the lines to create one $50,000 bill.
Directions: You have just won money to spend at a sexual health auction. Below are the items that will be up for auction. Decide with your group members the items and amount to bid.

1. Being strong, smart, and bold and believing in yourself. ___________________

2. A vaccine that makes you permanently immune to any sexually transmitted infection (STI), including HIV/AIDS. ___________________

3. Delaying sexual intercourse until the time is right. ___________________

4. Ending discrimination, prejudice, and violence against LGBT people. ___________________

5. Making $5 million inventing and marketing “The Automatic Condom” that gets put on correctly every time before sex. ___________________

6. A magic ring to detect if someone has a STI. ___________________

7. A chance to talk honestly with adults you respect about sex. ___________________

8. Feeling confident about your body. ___________________

9. Outlawing all sexual intercourse outside of marriage. ___________________

10. A cure for HIV. ___________________

11. The ability to have sexual intercourse with a desired number of partners without worrying about possible STI risk. ___________________

12. A device that would prevent sexual assault. ___________________

13. Being in love with a romantic partner. ___________________

14. An invisibility cloak to enter STI clinics without being seen. ___________________

15. A loyal and trustworthy life partner. ___________________

16. Becoming a parent. ___________________

17. Being able to freely share thoughts and feelings with a partner. ___________________

18. Feeling safe in your relationships with others. ___________________
SESSION 7:
WHAT’S YOUR TAKE ON ABSTINENCE?

PURPOSE:
To clarify attitudes and beliefs about abstinence in order to make informed decisions when setting sexual boundaries with others.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Define sexual abstinence.
2. Clarify personal attitudes and beliefs about abstinence.
3. Consider reasons for using and not using abstinence.

KEY MESSAGES:
- The decision to abstain can be made throughout a girl’s life.
- Abstinence is a far more complex concept than it is often portrayed.
- Being successful in abstaining often involves knowing what behaviors are included and excluded as part of one’s personal definition of abstinence.

AGENDA:

ACTIVITY 1: Defining Abstinence 10 minutes
ACTIVITY 2: What’s Your Take? 20 minutes
ACTIVITY 3: Yes? No? Maybe So? 15 minutes
ACTIVITY 4: Closing 1 minute

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MATERIALS:
- Chart paper, markers
- Index cards
- Pencils or pens for everyone
- Tape
- Paper or cardstock
- Facilitator Resource: What’s Your Take On Abstinence?
- Handout: Yes? No? Maybe So?

PLANNING NOTES:
- This session starts off with an exploration of the meaning of abstinence. Should groups have a solid foundation, consider dedicating more time to Activity 2 and 3.

ACTIVITY 1:
- Create a chart with the following sentence stems:
  1) When people say, “having sex,” they mean…
  2) “Sexual abstinence” means…
  3) Someone who abstains from “sex” can still…

ACTIVITY 2:
- Write or type “Strongly Agree,” “Agree,” “Not Sure,” “Disagree,” and “Strongly Disagree” onto individual sheets of paper or cardstock. (Preferably use a different color piece of paper on for each position to help cue participants.) Use the tape to post the signs on the walls around the room. Be sure to leave enough room in between each sign for movement.

ACTIVITY 3:
- Draw the following circle on a piece of chart paper.
- Photocopy Handout: Yes? No? Maybe So?, one per participant.

What COULD an “abstinent” person do?
ACTIVITY 4:

Write the following a piece of chart paper:

“For me, abstinence means __________________________________ and NOT to ___________________________________.”

PROCEDURE:

ACTIVITY 1: DEFINING ABSTINENCE

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, explain that words like “sex” and “abstinence” may mean different things to different people. In this session, they will think about what these words can mean, and what behaviors a person’s definition of abstinence may or may not include. Pass out index cards to participants and ask them to write down just a couple of words, or a phrase, to complete each of the following sentence stems. Show the chart created in the Planning Notes and read each sentence stem aloud, one at a time, allowing the girls to write their response.

1) When people say, “having sex,” they mean…
2) “Sexual abstinence” means…
3) Someone who abstains from “sex” can still…

2. Now ask participants to get into pairs to discuss what they wrote. Allow a few minutes. Reconvene the group and lead a discussion using the following questions.

a. What similarities or differences did you notice in your discussions?

b. Some people say that “having sex” means the same thing as “having sexual intercourse.” Do you agree? Why? If you disagree, what else could “having sex” mean?

c. What did you do when you and your partner had a difference of opinion?

d. Why is it important for a person to be very clear about their own opinion of “abstinence” and of “having sex”?

3. Emphasize that, for preventing pregnancy and sexually transmitted infections, abstinence is avoiding oral, anal, and vaginal intercourse. Thank the group for their discussion and ask them to keep their index card for use at the end of the session.
ACTIVITY 2: WHAT’S YOUR TAKE?

1. Tell the participants that over the new few minutes they will explore attitudes and beliefs with regards to sexual abstinence. As a starting point you would like them to consider what a variety of other people think of sexual abstinence. Start with “Most Teens” and ask participants to give:

   - **Thumbs up**...if they think Most Teens think sexual abstinence is “great”
   - **Thumbs down**...if they think Most Teens think sexual abstinence is “not cool”
   - **Arms folded**...if they think Most Teens don’t feel strongly one way or the other about sexual abstinence.

Continue this process with Parents, Television, Religion, Teachers, and Government.

2. Lead a discussion with using the following questions.
   a. Why do you think some groups think sexual abstinence is “great”? “not cool”?
   b. Does it matter to you what other people think about sexual abstinence? Why or why not?
   c. Who might some important people to talk with about their thoughts on sexual abstinence?
      (Encourage them to talk with parents/caregivers, trusted adults, and a romantic partner.)

3. Note that while it may be interesting to look at other people’s opinions, it is more important to know what YOU think about abstinence. Explain that this next activity will allow them to look more carefully at some of the widely debated issues involving abstinence, and compare their opinions to others’.

4. Explain that you will read a statement and they will stand near the sign that most accurately describes their opinion about the statement (whether they **Strongly Disagree**, **Disagree**, are **Not Sure**, **Agree**, or **Strongly Agree**). They are to discuss with others near the same sign why they each hold that opinion.

   **Read the first statement on the Facilitator Resource: What’s Your Take on Abstinence?**

5. After a few minutes, ask one or two people from each group to summarize the reasons individuals in their group took that position. As they do this, facilitate discussion. Tell them that they can move if they become convinced by the reasoning from another group member.

6. Continue the process as you read several of the questions and the participants take new positions. Keep the action moving for about 15 minutes.

7. After 15 minutes, congratulate the participants on their willingness to listen and share their perspectives on abstinence.

   Reemphasize that there can a variety of attitudes and beliefs with regards to abstinence and that these beliefs may or may not change over time. Attitudes and beliefs can impact the decisions a person makes to choose to abstain from oral, anal, and vaginal sex or choose to engage in sexual intercourse. On a chart paper write “Choose Sexual Abstinence.” Ask participants to think about the activity they just did as well
as their own personal experiences and provide responses for why a person would choose sexual abstinence. List responses on the chart paper. Then, write “Choose to Have Sexual Intercourse” on the chart paper. Continue in the same way asking participants to provide responses for why a person might choose to have sexual intercourse, listing responses on the chart paper.

**ACTIVITY 3: YES? NO? MAYBE SO?**

1. Explain that it is important to think of **reasons** for deciding to abstain, or for having intercourse, or for engaging in other sexual behaviors. While it is important to think about what you **wouldn’t** do while “abstaining,” it is also important to think about what you could do.

2. Show the chart paper prepared with an image of a circle with the question that reads, “What COULD an “abstinent” person do?” as prepared in the Planning Notes. Ask participants what sexual behaviors a person **could** engage in and still be “abstinent.” Tell them they may think back to what they wrote before, or ideas that came from the abstinence definitions they received. Take a few responses and write them around the outside of the circle.

3. Distribute the **Handout: Yes? No? Maybe So?** Review the directions. Tell participants NOT to put their names on the worksheet, but to complete the worksheet privately. Allow about 5 minutes for participants to complete the worksheet.

4. Lead a discussion using the following questions.
   a. Which of these were the easiest to decide about? The hardest?
   b. Which of these were in the “maybe” category?
   c. Which of these behaviors could be most risky to a person’s health?
   d. For how long might a person choose to be abstinent? Why?
   e. What could happen if two people in a relationship have different definitions of what abstinence means to them?

**ACTIVITY 4: CLOSING**

Reflect on all the various elements of the session together by reminding participants of the importance of defining “abstinence” for **themselves** so that they understand their decisions and can make their boundaries and decisions clear to a partner. Post the chart paper prepared with the following sentence. Ask participants to complete it privately on the other side of the index card they had from the opening activity of the session.

“For me, abstinence means _______________________________________________ and NOT to _______________________________________________. “
1. Abstinence means not having vaginal intercourse.

2. A person who chooses abstinence is probably someone who can’t get any action.

3. Teens should wait until they’re older before having sex.

4. Schools should teach about abstinence but not about other methods of protection.

5. Abstaining is easy to do.

6. A person who has oral sex is not being abstinent.

7. People should abstain from intercourse if they’re not married.

8. Abstinence can be a choice at any time in life.

9. Any sexual activity will lead to sexual intercourse.

10. The best way to avoid having sexual intercourse is not to touch anyone in a sexual way.

11. Virginity pledges are effective.

12. Sexual activity outside of marriage is likely to cause psychological and physical harm.

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Directions: Decide if you think a person is abstinent if they do the behaviors below. For each item circle YES, NO, or MAYBE.

1. Chat online with a partner about doing something sexual  YES  NO  MAYBE
2. Cuddle with someone with no clothes on  YES  NO  MAYBE
3. Give someone a body massage  YES  NO  MAYBE
4. Give oral sex  YES  NO  MAYBE
5. Have a sexy conversation on the phone  YES  NO  MAYBE
6. Have anal intercourse  YES  NO  MAYBE
7. Have vaginal intercourse  YES  NO  MAYBE
8. Kiss  YES  NO  MAYBE
9. Kiss with mouths open  YES  NO  MAYBE
10. Masturbate when alone  YES  NO  MAYBE
11. Masturbate with a partner  YES  NO  MAYBE
12. Watch or read something that is sexually arousing  YES  NO  MAYBE
13. Receive a body massage  YES  NO  MAYBE
14. Receive oral sex  YES  NO  MAYBE
15. Rub bodies together  YES  NO  MAYBE
16. Touch a girl’s breasts  YES  NO  MAYBE
17. Touch a partner’s buttocks  YES  NO  MAYBE
18. Touch a partner’s genitals  YES  NO  MAYBE
SESSION 8:
MASTURBATION: A TOUCHY SUBJECT

PURPOSE:
To examine common attitudes and beliefs about masturbation in a nonthreatening and nonjudgmental manner.

OBJECTIVES:
By the end of the session, participants will be able to:

1. List basic facts and dispel myths about masturbation.
2. Examine common attitudes and personal feelings about masturbation.
3. Understand masturbation as a healthy form of sexual expression.

KEY MESSAGES:
- Masturbation is a common, healthy, personal form of sexual expression.
- Masturbation is a behavior that people may do throughout their lifetime.
- Masturbation has health benefits such as reducing stress and tension as well as relieving menstrual tension and cramps.

AGENDA:

ACTIVITY 1: Masturbation Words 15 minutes
ACTIVITY 2: Defining Masturbation 10 minutes
ACTIVITY 3: The Facts about Masturbation 20 minutes
ACTIVITY 4: Closing 1 minute

MATERIALS:
- Chart paper, markers
- Tape
- Index cards
- Pencils or pens
- A box of graham crackers OR a box of corn flakes cereal
- Large index cards, pens or pencils
- Facilitator Resource: Just the Facts! Answer Key
- Handout: Just the Facts!
- Optional: One red and one green piece of paper OR red and green stickers for each participant

PLANNING NOTES:

ACTIVITY 1:
- Write the word “Masturbation” at the top of a piece of chart paper.
- Participants are encouraged to eat graham crackers or corn flakes while brainstorming a list words for masturbation. The products, invented by Reverend Sylvester Graham and Dr. John Harvey Kellogg, were made to prevent the urge to masturbate. Check for food allergies before bringing in the products.

ACTIVITY 2:
- Photocopy Handout: Just the Facts!, one per participant. They will each complete privately.

  Facilitator Note: Consider including movement with this activity, particularly for participants who learn better through movement.

Gather and post a green piece of paper on one side of the room and a red piece of paper on the other side of the room. Read the statements aloud and have participants stand near/underneath the sign that represents their position on the statement. They will stand near the green paper for True and red paper for False.

Alternatively write or type each individual statement from the handout onto separate pieces of paper. Adhere each statement on the walls around the room. Provide participants with red and green stickers. Stickers will be used by participants to indicate whether they think the statement is True (green sticker) or False (red sticker). A local stationary store should sell assorted dot stickers.

Adding movement to the activity will likely lengthen the time to review all the facts. Adjust to time by selecting particular statements in advance to address in the session.

- Review the Facilitator Resource: Just the Facts! Answer Key prior to the session to anticipate any follow-up questions.
PROCEDURE:

ACTIVITY 1: MASTURBATION WORDS

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Introduce the session topic by saying that today they will learn the facts about a common sexual behavior: masturbation.

2. Post the chart paper with the heading Masturbation, as prepared according to the Planning Notes. Offer each participant a piece of graham cracker to munch on. Then, invite the girls to share as many words as they can think of that mean the same thing as masturbation. Tell them to include words young children use, words adults use, slang words, etc. List the responses on the chart paper.

3. Lead a discussion using the following discussion questions:
   a. Why do you think there are so many words for masturbation?
   b. How would you describe the kinds of words these are? Funny? Silly? Weird? Rude? Gross? Other?
   c. What do these words say about how people feel about masturbation?
   d. Which words describe male masturbation? Female masturbation? Both?
   e. Why do you think there are so few words describing female masturbation on these lists?

4. Note that researchers have actually found many words for female masturbation. Give a few examples that are appropriate for your group, such as “jill off,” “romance the rose,” “a little southern comfort.” Other languages besides English have many words for masturbation, including different words for male and female masturbation. For example, among the Japanese words for male masturbation, “senzuri” means “one thousand strokes,” and among those for female masturbation, “manzuri” means “ten thousand strokes.”

ACTIVITY 2: DEFINING MASTURBATION

1. Now, say that we need to define clearly what we are talking about when we say the word “masturbation.” Tell them they will have about 5 minutes to work with others in a small group to come up with a definition of masturbation.

2. Form small groups and give each group a large index card and a pen or pencil. Ask them to write their definition onto the index card.

3. When the groups have finished defining masturbation, ask a representative from each group to read the group’s definition. Jot phrases from each group’s definition on the chart paper. Add additional phrases from the sample definition below, as necessary.

   Sample definition:

   Masturbation involves touching, rubbing or stroking one’s own body for sexual pleasure. For a male, masturbation usually involves stimulation of his penis. For a female, masturbation usually involves stimulation of her clitoris, labia, vagina, or breasts.
**Facilitator Note:** Be prepared to offer a definition of *shared masturbation* (masturbation in the presence of a partner) and/or *mutual masturbation* (partners stimulate each other, sometimes guiding each other’s hands), since participants often ask about these terms.

3. Point out that since masturbation involves touching the sexual body parts, it’s important to know that masturbation should always occur in a private setting like your home bathroom or bedroom with the door closed.

**ACTIVITY 3: THE FACTS ABOUT MASTURBATION**

1. Explain that throughout the history of the United States, people have been very concerned with the supposed harms of masturbation. Hold up the boxes of graham crackers and corn flakes, and ask participants to guess what these products might have to do with masturbation. Listen to a few responses.

2. Tell participants that these products were invented by Reverend Sylvester Graham and Dr. John Harvey Kellogg, respected U.S. authorities of the early and mid-1800s. They believed that masturbation caused health problems because a person’s body lost some of its fluid. The plain taste of corn flakes and graham crackers (made without sugar or cinnamon in those days) was supposed to prevent the urge to masturbate. So there’s another myth to add to the one about weak eyesight! Lead a discussion using the following questions:
   a. What other myths have you heard about masturbation? *(Be sure to include things like: causes hairy palms, nosebleeds, acne, warts, headaches, tender breasts, a bent penis, nail biting, tuberculosis, epilepsy, feeble-mindedness, insanity, weakness, obsession with sex, etc.)*
   b. How do you think these myths got started?
   c. Why do you think people are sometimes more uncomfortable discussing masturbation than other forms of sexual expression? *(Explain that while people hear a lot of myths and misinformation about masturbation, the subject is still not talked about very much.)*

3. Tell participants they will now check out some statements that will help them learn accurate information about masturbation.

4. Distribute the **Handout: Just the Facts!** and ask participants to complete the handout in pairs. After about 10 minutes, review the answers, using the **Facilitator Resource: Just the Facts! Answer Key.**

**Facilitator Note:** If incorporating movement with this activity, provide the following alternative instructions. Adding movement to the activity is likely to lengthen the time to review all the facts.

**Option One**

Distribute the handout to participants. Explain that a statement on the handout will be read aloud. They will move near/underneath the Green sign if they think the statement is True or Red sign for False. Read a statement on **Handout: Just the Facts!** and then allow time for participant movement. Ask for volunteers to share why they held this position. Encourage participants from alternative sides...
of the room to share their reason for their position in the room. Follow up with the information provided on the Facilitator Resource: Just the Facts! Answer Key. Continue with as many statements as time allows.

**Option Two**

Distribute the red and green stickers to the participants. Explain that there are statements about masturbation posted around the room. They will read the statement and put a green sticker on the paper for statements they think are True or a red sticker for statements they think are False. Follow up with the information provided on Facilitator Resource: Just the Facts! Answer Key.

5. Conclude the lesson using the following questions:

   a. Which facts surprised you?
   b. Which facts do you think are common knowledge?
   c. Which facts do you think young people should know?
   d. What do you think about the health benefits of masturbation?
   e. What do you want to remember from this session?

**ACTIVITY 4: CLOSING**

Conclude the session by restating that today they learned and discussed facts about a masturbation—a subject that is often not talked about very much. Ask the girls to share one fact about masturbation they would want other girls to know after being a part of this session. Provide the example, if necessary, that masturbation is a common, healthy, personal form of sexual expression that many people may do throughout their lifetime. Encourage a few participants to share facts with the group, and then adjourn the session.
1. Many infants and young children discover that touching their genitals feels good.
   TRUE. Masturbation, or self-pleasuring (as the behavior is generally referred to in childhood), is common throughout childhood, beginning to occur from the age of six or seven months onward. Research shows that many one-year-olds have touched their own genitals for the pleasurable feelings this touch brings. Later in childhood, some children continue to masturbate, some begin to do so, and some stop and start again later. Young children may not understand the adult sexual meaning of this behavior, but they do learn from adults’ reactions, which will likely affect their future feelings about the behavior.

2. Many boys and girls report masturbating during puberty.
   TRUE. During puberty, adolescents begin developing a strong sense of how their bodies function, including their sexual feelings and physical responses, and may begin masturbating more purposefully. In the United States, about one-third of adolescent females and about one-half of adolescent males have masturbated by age 13; three-fourths of males and 44% of females have done so by age 15; by age 18, the rates are 80% of males and almost 60% of females. On average, those who masturbate begin around age 13 (some earlier, some later, some never).

3. Masturbation can help people learn about their own bodies.
   TRUE. Masturbation can help people learn how they like (and do not like) to be touched, how physical and emotional feelings are connected, and how they can reduce tension and stress. It can help people feel more confident with their bodies and less anxious during sexual interactions.

4. Masturbation does not always lead to orgasm/ejaculation.
   TRUE. For people of all ages, masturbation can be a pleasurable activity whether or not it causes a person to reach the stage of arousal called orgasm with its peak in blood pressure, breathing, heart rate, and rhythmic muscular contractions. A person can begin and stop masturbating whenever he or she wishes; there is no goal or end point that a person must reach or always reaches.

5. Masturbation cannot affect a person’s fertility.
   TRUE. This myth has been a cause of much worry in the past. Masturbation does not cause any effect on a woman’s fertility or on her general health. For men, if a male ejaculates several times close together, he may notice a slight decrease in the amount of semen (which is 99% of the fluid). However, there are still millions of sperm in the semen. A healthy male continues to produce millions of sperm daily from puberty throughout his life.

6. Adults sometimes masturbate.
   TRUE. Many adults, married people, people who live with their partners and other people who have regular sexual partners masturbate, as do people without sexual partners and/or who live alone. Among young married men and women just under three-fourths (70%) reported masturbating in the past year; in another study, 85% of males and 45% of females living with a partner reported masturbating in the past year. Researchers conclude that married people are not masturbating to make up for frustrations in their relationships, but as an additional means of enjoying their sexuality.
Masturbation can play a positive role in a relationship when partners’ orgasms occur at different times in a sexual experience. When couples have discussed masturbation, it can reduce the pressure one partner may feel about the need to provide satisfaction for the other partner. Masturbation can also help when one person is busy, sick, tired, pregnant, or simply not interested at a given time.

7. **Masturbation is a behavior that occurs in societies throughout the world.**
   TRUE. Masturbation has not been studied in every country in the world, but it is rare to find a culture in which no one has ever masturbated. According to current studies in 32 countries outside the United States, the range of people who report masturbating varies a great deal. For example, 16% of young, female Chinese participants report masturbating compared with 87% of young women in Australia; for young men the figures are 59% in China and nearly 100% in Sweden.

By comparison, in one U.S. study among adults ages 18 to 59, about 60% of men and 40% of women report having masturbated in the preceding year; in another, 90% of males and about 50% of females report masturbating from time to time. Research in the United States shows this incidence has not changed much for men in the past half-century, but more women, including younger women, are reporting masturbating in recent years. However, it is important to note that most of this research relies on self-reporting. Since not everyone is comfortable being honest when reporting about masturbation, some percentages may be higher or lower in reality.

8. **Some families and religions oppose masturbation.**
   TRUE. Masturbation is not for everyone; some people will choose not to masturbate because of the beliefs and attitudes of their family, religion, or culture, or because of their own beliefs and attitudes. In the United States and in many other countries, attitudes and beliefs about masturbation can range from taboo to enthusiastic approval; however, attitudes are generally becoming more accepting of masturbation.

Interestingly, the written teachings from each of the traditions of Judaism, Christianity, Islam, Buddhism, and Hinduism do not hold single unanimous positions about masturbation, although religious leaders of the first four have historically discouraged the behavior. As a result, there has been, and there continues to be, much debate about masturbation in some religious groups.

9. **Masturbation has health benefits.**
   TRUE. Frequent masturbation does not cause health problems. Generally people stop when they feel their bodies are sexually satisfied. In fact, research indicates that there may be many health benefits to masturbation, such as:

   - Reducing stress and tension as well as relieving menstrual tension and cramps.
   - Avoiding sexually transmitted infections and unplanned pregnancy.
   - Making blood and hormones pump through the body faster, which helps the body produce cells better and helping prevent disease by increasing the flow of white blood cells and building up resistance to infections.
   - Helping prevent breast cancer, prostate cancer and other prostate problems.
Sources:


Directions: Explain to the participants that masturbation refers to any self-touch that creates good feelings. Mark each statement T for True or F for False.

1. _______ Many infants and young children discover that touching their genitals feels good.

2. _______ Many boys and girls report masturbating during puberty.

3. _______ Masturbation can help people learn about their own bodies.

4. _______ Masturbation does not always lead to orgasm/ejaculation.

5. _______ Masturbation cannot affect a person’s fertility.

6. _______ Adults sometimes masturbate.

7. _______ Masturbation is a behavior that occurs in societies throughout the world.

8. _______ Some families and religions oppose masturbation.

9. _______ Masturbation has health benefits.
SESSION 9:
EXAMINING THE ROLE OF INTIMACY IN SEXUAL DECISIONS

PURPOSE:
To identify the complex array of intimate behaviors that two people can engage in while engaging in abstinence.

OBJECTIVES:
By the end of the session, participants will be able to:
1. Describe intimacy.
2. Examine the role of intimacy in sexual decision-making.
3. Identify ways to help people set limits and adhere to them.

KEY MESSAGES:
- Being intimate with someone does not have to include having sexual intercourse.
- A person can be sexually turned on and abstain from sexual intercourse. It is important to think about your options in order to set sexual boundaries with others.

AGENDA:

ACTIVITY 1: Opening Up about Intimacy 10 minutes
ACTIVITY 2: Intimacy Continuum 15 minutes
ACTIVITY 3: Intimacy and Decision-Making 15 minutes
ACTIVITY 4: Closing 5 minutes

MATERIALS:
- Chart paper, markers
- Tape
- Cardstock paper
- Facilitator Resource: *Why Intimate Relationships Can Lead to Intercourse*

PLANNING NOTES:

ACTIVITY 1:
- Write “Intimacy” on a piece of chart paper.

ACTIVITY 2:
- This activity is intended to allow the participants to express their thoughts and opinions about intimacy and behaviors by engaging in a large group activity.
- Create the **Intimacy Cards**, for the activity by writing “Most Intimate” and “Least Intimate” onto separate pieces of cardstock pieces of paper. Post the cards at two different ends of the same wall to create a continuum.
- Write or type each behavior statement onto a cardstock piece paper from those listed below.
  - BEING NUDE TOGETHER WITH LIGHTS ON
  - BORROWING A BATHING SUIT
  - BURPING OR FARTING IN FRONT OF SOMEONE
  - GIVING A BACKRUB
  - GIVING ORAL SEX
  - GIVING SOMEONE YOUR CELL PHONE/HOME PHONE NUMBER
  - HAVING ANAL INTERCOURSE
  - HAVING VAGINAL INTERCOURSE
  - HUGGING
  - OPEN-MOUTH KISSING
  - RECEIVING ORAL SEX
• SAYING “I LOVE YOU” (AND MEANING IT)
• SHARING THINGS YOU’VE NEVER TOLD ANYONE
• SHARING YOUR E-MAIL PASSWORD
• SHARING YOUR LOCKER COMBINATION
• SINGING IN FRONT OF SOMEONE
• SKINNY DIPPING
• SLEEPING IN THE SAME BED WITH SOMEONE
• TAKING A SHOWER WITH SOMEONE
• TELLING SOMEONE THEY HAVE BAD BREATH
• TELLING SOMEONE THEY HAVE FOOD IN THEIR TEETH
• TOUCHING A GIRL’S BREASTS WITH CLOTHES ON
• TOUCHING A GIRL’S BREASTS WITHOUT CLOTHES ON
• TOUCHING GENITALS WITH CLOTHES ON
• TOUCHING GENITALS WITHOUT CLOTHES ON
• USING THE BATHROOM WITH DOOR OPEN

ACTIVITY 3:
- Label four sheets of chart paper with the following age ranges: “12 and Younger,” “13–15 Years Old,” “16–18 Years Old,” “18 and Older.”

ACTIVITY 4:
- Write the following on a piece of chart paper to conclude the session:
  “I feel______________________________”
  “when you _______________________”
  “I wish/I want_______________________”
PROCEDURE:

ACTIVITY 1: OPENING UP ABOUT INTIMACY

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Note that intimacy is important in relationships, but it can be difficult to define. Explain that it can be helpful for people to think about intimacy and how it relates to their decision-making about abstinence, sexual behaviors, and relationships. Referring to the chart paper created in the Planning Notes, ask participants what they think “INTIMACY” means. Discuss participants’ responses. Supplement with these concepts as needed:
   - a deep feeling of personal closeness, support, and sharing
   - being able to completely relax with the other being true to one’s own values
   - being very close, emotionally/physically safe
   - belonging together
   - opening self to the other
   - sharing personal and private thoughts
   - touching in a caring, loving way

Clarify that when two people are “intimate,” it means they care deeply for each other, can tell each other what they really think and feel, and can share their innermost thoughts and know that their partner will still care for them.

2. Lead a discussion using the following questions:
   a. How do you think intimacy develops between two people,
   b. What could make it difficult to build intimacy?
   c. What do you think could be the pros and cons of having intimacy in a relationship?

3. Make the following points about intimacy:
   - Intimacy can occur at varying levels, and that it could have different meanings for different people. Researchers say that intimacy tends to increase gradually and steadily in a relationship as people get to know each other well. Source: Sternberg, R.J. (1986). “A Triangular Theory of Love,” Psychological Review.
   - Couples who are practicing abstinence can still have a very intimate relationship.
   - “Being intimate” is sometimes used to mean having sex—having sexual relations is even one of the definitions in the dictionary! However, when we use the word intimate in this program, we mean a close, personal, caring relationship—we don’t mean having sexual intercourse.
   - People are sometimes confused about the feelings of closeness they share with another person. Some people feel they’re in love; others feel sexually aroused or “turned on.” Some people feel they want to share everything with the other person, including their bodies.
• When people are in more intimate relationships, sexual feelings are likely to develop and sexual behavior may become a possibility. Ask the group why that might be and consult the Facilitator Resource: *Why Intimate Relationships Sometimes Lead to Intercourse* for other reasons to add to the discussion.

**ACTIVITY 2: INTIMACY CONTINUUM**

1. Note that people often have different ideas about what behaviors are more intimate than others. Tell the girls that they are going to discuss intimacy and behaviors, some which are sexual, at greater length by participating in a group activity.

2. Point out the two signs, **Least Intimate** and **Most Intimate**, posted on either ends of the wall. Explain that they will decide where, along a continuum from *least* to *most* intimate, certain behaviors belong, given their own beliefs about intimacy. Note again that there are no “right” or “wrong” answers as people can have different meanings of intimacy. They can think back to the beginning of the session about intimacy in making their decisions.

3. Distribute the **Intimacy Cards**, as prepared in the Planning Notes, to participants. Tell the participants to tape their card along the wall according to how intimate they believe that behavior is.

4. Give participants a few minutes to post the cards.

5. Once the cards are posted, ask for volunteers to share their reasons for posting the cards along the continuum. Encourage the participants to share their reasons for agreement and/or disagreement with card placement. Then, lead a discussion using the following questions:
   
   a. What did you think about when posting the cards along the continuum?
   b. Are there any cards that you would consider to be sexual behaviors? Which ones?
   c. Does a person need to have intimacy in order to engage in a sexual behavior with someone? Why or why not?
   d. How can a person have intimacy with a partner if they choose to abstain from sexual behaviors? Are there any cards listed that would build intimacy without engaging in sexual intercourse?

**ACTIVITY 3: INTIMACY AND DECISION-MAKING**

1. Explain that they will now explore their attitudes and beliefs about when the behaviors along the intimacy continuum are appropriate for girls to engage in. Divide participants into four separate small groups.

2. Provide a differently labeled chart paper with the headings **12 and Younger, 13–15 Years Old, 16–18 Years Old, 18 and Older** to each small group and a marker. Tell the participants to list what intimate behaviors along the age continuum that would be appropriate for the age range listed on the chart paper. Give participants 2–3 minutes to complete. Provide assistance as needed to the groups.
3. Have each group report back what they had listed on the chart paper. Afterward, lead a discussion using the following questions.
   a. What similarities and differences do you notice about the lists? Why might this be?
   b. Are there any behaviors listed on the chart paper that should be moved?
   c. What could you say if a partner suggested doing any of the behaviors listed and you don’t think you are ready?
   d. Encourage the girls to look back at the intimacy brainstorm at the beginning of the session. Ask them to share what descriptions of intimacy in relationships might help in being able to communicate feelings about abstinence and/or the possibility of engaging in a sexual behavior? (Partners who have emotional closeness, comfort in sharing personal thoughts, and actively show caring for one another, create safety in being able to communicate limits.)

**ACTIVITY 4: CLOSING**

1. Conclude the session by explaining that an aspect of intimacy in relationships is being able to openly share personal thoughts and feelings and one way to do so is using a simple model. Uncover the prepared chart paper as stated in the Planning Notes:

   I feel__________________________
   when you _____________________.
   I wish/I want___________________.

   Explain that this model can be used for a variety of reasons including being able to communicating limits around sexual behaviors. For example, a partner might communicate, “I feel comfortable when we hug. I want us to continue to hug,” or, “I feel nervous when you suggest that we have sex. I want to wait until I am older.”

2. Ask for one or two volunteers to complete the model inserting a behavior that is placed along the continuum. Encourage the girls to use the model in their own personal life. Adjourn the session.
When couples share close, loving feelings for one another, their intimacy may result in a greater desire to have sexual intercourse for one or more of the following reasons:

• They spend a lot of time together.

• They care deeply about one another.

• They want to express their love for each other.

• They spend more time alone—just the two of them.

• They want their relationship to grow and change.

• They feel they have made a commitment to each other.

• They may plan on getting married or living together.

• They feel strong sexual desire for each other.

• They want to be recognized as a legitimate couple.

• They want to have and raise a child together.
MINI-MODULE 3.3

Session 10: It’s the Truth: The Facts about Personal Sexual Health ................................................................. 457

Session 11: High Risk, Low Risk, No Risk ........................................................................................................... 473

Session 12: Choices and Consequences: Making Decisions about Contraception Part One .................. 481

Session 13: Choices and Consequences: Making Decisions about Contraception Part Two ............ 497

Session 14: STI Bingo .................................................................................................................................. 503

Session 15: Girls Choose Prevention! ............................................................................................................. 511

Session 16: Condom Comfort ......................................................................................................................... 523

Session 17: It’s Your Right: How to Access Reproductive Health Services ............................................... 537
SESSION 10:
IT’S THE TRUTH:
THE FACTS ABOUT PERSONAL SEXUAL HEALTH

PURPOSE:
To define sexual health, discuss ways sexual health can be achieved on an individual basis, and address common concerns young people have about their personal sexual and reproductive health.

OBJECTIVES:
By the end of the session, participants will be able to:
1. Identify at least two signs of sexual health.
2. State at least two common sexual health concerns of young people.
3. Identify at least two actions to take for one’s personal sexual and reproductive healthcare.
4. Identify at least two facts about personal and reproductive healthcare.

KEY MESSAGES:
- Your body is in the midst of change. It is important to know what is common and what could be a possible concern to share with a loved one or health professional.
- Sexual health includes your physical, emotional, mental, and social well-being.
- Taking care of your body is an important part of your sexual health.

AGENDA:
ACTIVITY 1: Defining Sexual Health69 10 minutes
ACTIVITY 2: The Facts about Personal Sexual and Reproductive Healthcare70 20 minutes
ACTIVITY 3: Personal Sexual and Reproductive Health71 10 minutes
ACTIVITY 4: Closing 5 minutes


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MATERIALS:

- Chart paper, markers
- Optional: Enlargements of Facilitator Resource: Female External Sexual and Reproductive Organs and Facilitator Resource: Female Internal Sexual and Reproductive Organs from the Session 2: Deciphering Fact from Fiction about the Sexual and Reproductive Anatomy of Mini-Module 3.1 or anatomy models
- Handout: Definition of Sexual Health
- Handout: How Do You Measure Sexual Health?
- Handout: The Facts about Personal Sexual and Reproductive Healthcare for Females
- Optional: Handout: The Facts about Personal Sexual and Reproductive Healthcare for Males
- Handout: Personal Care Checklist

PLANNING NOTES:

- This session is not an overview of the types of sexual healthcare exams or guidelines for youth. However, questions may arise. See the following for information:
  
  Guidelines on Sexually Transmitted Infections testing and treatment can be reviewed on the Centers for Disease Control and Prevention website: www.cdc.gov.
  
  Age-related recommendations on pelvic exams can be found on The American College of Obstetricians and Gynecologists website; www.acog.org or Planned Parenthood Federation of America website: www.plannedparenthood.org.

ACTIVITY 1:

- Photocopy the Handout: Definition of Sexual Health, one per participant.
- Optional: Create a chart with the definition of Sexual Health.
- Photocopy the Handout: How Do You Measure Sexual Health?, one per participant. Review it in advance of the session to provide ideas for participants to complete the handout.

ACTIVITY 2:

Optional: Post the diagrams and/or place the anatomy models in a general area for participants to access.

- Create a chart with the heading: Sexual and Reproductive Health Concerns
- Photocopy the Handout: The Facts about Personal Sexual and Reproductive Healthcare for Females, one per participant. Review it in advance in case questions arise from the group.
As an option, there is another handout that focuses on males entitled Handout: The Facts about Personal Sexual and Reproductive Healthcare for Males. Review the handout and determine if you will use it in the session. If so, prepare copies for everyone.

ACTIVITY 3:
- Photocopy the Handout: Personal Care Checklist, one per participant.

ACTIVITY 4:
- Optional: Create a chart with the open-ended statement, “One way I can be sexually healthy is . . . ”

PROCEDURE:

ACTIVITY 1: DEFINING SEXUAL HEALTH

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, introduce the session topic by explaining that the term sexual health is frequently talked about on the news, in school, and among health professionals, but it is rarely defined and is often left for interpretation.

2. Pass out copies of the Handout: Definition of Sexual Health. Ask one of the participants to read the definition aloud. Explain that the definition comes from a statement by The World Health Organization (WHO).

   Facilitator Note: If elected to create a chart, show chart here and have a volunteer read the definition.

   Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.72

3. Use the following questions to lead the discussion with the group:
   a. What do you think about this definition? What parts strike you as important?
   b. How does one become sexually healthy according to this definition?
   c. How easy or difficult do you think it is to achieve this definition of sexual health?

4. Pass out the Handout: *How Do You Measure Sexual Health?* Ask participants to work in pairs to complete the handout. After the participants have completed the handout, lead a discussion using the following questions.

   a. What is one way a person might take care of their physical health? Emotional or mental well-being? Social well-being?
   
   b. Is there any aspect of sexual health that was discussed that might cause a person anxiety? How could a person address their anxiety for their emotional and mental well-being?
   
   c. Who do you think a young person could speak with to learn more or address a sexual health concern?

**ACTIVITY 2: THE FACTS ABOUT PERSONAL SEXUAL AND REPRODUCTIVE HEALTHCARE**

1. Tell the group that one aspect of sexual health is being aware of one’s body and one’s sexual and reproductive health. Write “Sexual and Reproductive Health CONCERNS” on the chart paper and ask the group to brainstorm common concerns, worries, or questions girls their age might have about the “sexual parts of their bodies.” Point out the diagrams and/or models to help the participants generate responses, if you have images and models onsite. Record responses on the chart paper.

2. Lead a discussion using the following questions.

   a. Is there any concern listed that would be helpful to explore with a parent/caregiver, or trusted adult? Health professional? Explain.
   
   b. How might the concern be raised? (Encourage the participants to share their questions aloud.)

3. Distribute Handout: *The Facts about Personal Sexual and Reproductive Healthcare for Females* and ask participants to read through the handout and see if the information addresses any of the concerns they listed. Discuss any questions.

   **Facilitator Note:** If you plan to review sexual and reproductive health care for males, distribute the optional Handout: *The Facts about Personal Sexual and Reproductive Healthcare for Males.* Review it at this time with the group.

**ACTIVITY 3: PERSONAL SEXUAL AND REPRODUCTIVE HEALTH**

1. Distribute copies of the Handout: *Personal Care Checklist.* Ask participants to complete it privately. Assure them that it is completely confidential and will NOT be collected.

2. After the girls are finished, ask the following questions:

   a. Which recommendations surprised you?
   
   b. Which recommendations do many people NOT follow? Why?
c. Which recommendations do you think might be particularly important to follow?

d. What are some ways individuals can follow these recommendations?

**ACTIVITY 4: CLOSING**

Conclude the session by encouraging the participants to think about the session and provide responses for the following open-ended sentence:

*One way I can be sexually healthy is . . .*

After girls have shared their responses, as time allowed, thank the girls for their participation and willingness to share with the group.

Sources:


Sexual health is a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence.

For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled.

1. Sexual health includes physical, emotional, mental and social well-being. Describe at least one example of each:

A sign that a person is **physically** well would be ____________________________________________________
______________________________________________________________________________________________

A sign that a person is **emotionally** or **mentally** well would be __________________________________________
______________________________________________________________________________________________

A sign that a person is **socially** well would be ______________________________________________________
______________________________________________________________________________________________

2. How might disease, dysfunction, or serious illness affect sexual health?

______________________________________________________________________________________________
______________________________________________________________________________________________

3. What steps can a person take to develop positive and respectful attitudes about his/her sexuality and sexual relationships?

______________________________________________________________________________________________
______________________________________________________________________________________________

4. What steps can a person take to help respect, protect, and fulfill sexual rights for her/himself and others?

______________________________________________________________________________________________
______________________________________________________________________________________________
It is COMMON for ADOLESCENT FEMALES to:

- Be at a different stage of physical development from peers of the same age
- Have breasts of slightly different sizes and shapes
- Have occasional lumps in their breasts
- Have breast swelling and tenderness just before their menstrual periods
- Have nipples that turn in instead of out, or hair around the nipples
- Have clear, white, or light yellow vaginal discharge. This can be there most days or only on certain days
- Have a whitish, cheesy substance (smegma) that can accumulate under the clitoral hood or in the folds of the vaginal lips
- Have genital hair that is thicker and curlier than other body hair
- Have cramps before and/or during their periods
- Have a “regular” menstrual cycle length between 21 and 35 days
- Have irregular menstrual periods
- Have wetness in the vaginal area when sexually aroused
- Masturbate occasionally, frequently or not at all (with no resulting physical harm)
- Have vulvar anatomy that looks different for every person. This includes different shapes, sizes, colors of the labia minora, labia minora and the clitoris
- Have labia, breasts and nipples of various sizes, shapes and skin tones

It is extremely unlikely that a woman under age 21 will have:

- Breast cancer
- Cervical cancer

• Uterine cancer

**REASONS that ADOLESCENT FEMALES should talk to their doctor:**

• Severe menstrual cramps that prevent a teen from doing her normal activities

• A menstrual period that lasts longer than 8 days, or is so heavy that it fully soaks a pad or tampon each hour for 3 hours in a row

• Periods more often than every 21 days or no period for 3 months in a row

• No menstrual period ever by age 15

• Pain or burning when urinating

• Itching and/or burning sensation in the vaginal or anal area

• A breast lump that lasts for more than 1 month in a row

• A persistent blister, open sore or non-tender lesion in the genital or anal area

• Pain during sexual intercourse

• Late for period if sexually active

• Before having sex to discuss options for birth control

• To have STI testing at least each year if sexually active and more often if starting with a new partner
It is COMMON for ADOLESCENT MALES to:

- Be at a different stage of physical development from peers of the same age
- Have a temporary increase in breast size
- Have breast swelling or tenderness, or a sore spot under nipple(s)
- Have a flaccid (soft) penis length of one inch to five inches
- Have an erect penis length from four inches to seven inches
- Have a penis that becomes erect at any angle, and may curve to the right or left
- Believe (incorrectly) that penis size is crucial to proper sexual functioning
- Have an ache in the testicles after prolonged sexual arousal (which will go away by itself)
- Have one testicle larger and hanging lower than the other
- Have their testicles hang closer to or further from the body, depending on temperature changes, stress or sexual arousal
- Be “normal” with either a circumcised or uncircumcised penis
- Have a whitish, cheesy substance (smegma) under foreskin, if uncircumcised
- Have a pimple or hairs on the penis
- Have genital hair that differs from other body hair
- Have a natural, healthy genital odor
- Have frequent erections, due to sexual arousal, stress, general excitement or sometimes for no apparent reason
- Wake up in the morning with an erection
- Have erections without ejaculating
- Sometimes lose an erection
- Masturbate occasionally, frequently, or not at all (with no resulting physical harm)
• Have approximately one teaspoon of milky fluid come out of the penis (ejaculate, “cum,” wet dream) when sexually aroused, or while sleeping
• Be unable to urinate at the same time they ejaculate
• Have occasional, short-lived itching around testicles and/or inside thighs (chaffing)

It is UNCOMMON but POSSIBLE for ADOLESCENT MALES to:
• Get breast cancer
• Get testicular cancer
• Have hernias
• Have foreskin adhere to the penis (uncircumcised male)

SIGNS of POSSIBLE PROBLEMS for ADOLESCENT MALES include:
• Brown, red, yellow, green, gray or strong-smelling fluid coming from the end of the penis
• Discharge from the nipple
• Burning, during, or more frequent, urination
• Blister, or open, persistent sore spot around the penis, testicles, anus; or non-tender but open lesion in genital or anal area
• Sharp pain in the testicles that lasts more than a few minutes
• Undescended testicle (anytime after age 2)
• A lump in the testicle that wasn’t there before and stays in place for several weeks
• Mild to moderate pain in the testicle or groin that doesn’t go away in a day or two
• Persistent itching around testicles, inside thighs, or in anal area, even after use of cornstarch or over-the-counter medications
### Directions: This is confidential. DO NOT sign your name. Check the appropriate box to indicate if you do or do not follow the recommendation, or if the item is not appropriate for you at this time.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
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<tbody>
<tr>
<td>1. Wear cotton or cotton-crotch underwear.</td>
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<tr>
<td>2. Change underwear daily.</td>
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<tr>
<td>3. Wash genital area with plain water daily and dry well.</td>
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<tr>
<td>4. Wipe from front to back after a bowel movement.</td>
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<tr>
<td>5. Do not douche, or use feminine hygiene sprays, bubble baths, deodorized menstrual pads and/or tampons.</td>
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<td>6. Check breasts and genitals for changes, including unusual lumps.</td>
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<tr>
<td>7. Understand that pubic hair has a function to protect the genital area.</td>
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<tr>
<td>8. If you decide to shave pubic hair use care and stop if irritation occurs.</td>
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<tr>
<td>9. Use the least absorbent tampons and change tampons, pads, or menstrual cups regularly. (Recommendations vary, but many experts say about every four to eight hours.)</td>
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<tr>
<td>10. Ease menstrual cramps with a heating pad, warm baths, exercise or over-the-counter pain medications. (For severe cramps, consult a physician.)</td>
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<tr>
<td>11. Talk with partner about reproductive and sexual health issues.</td>
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<tr>
<td>12. Understand that most sexually transmitted infections don’t have visual signs (things you can see, like ulcers) or symptoms (things you feel, like pain).</td>
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<tr>
<td>13. Don’t engage in sexual activities that can result in bleeding or skin breakage.</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
14. Wash body parts or objects before inserting in own, or sexual partner’s body.

15. Always use contraceptive methods correctly and know about long-acting reversible contraceptives.

16. Use condoms or dental dams (along with other birth control methods) for sexual activities in which there is contact with a partner’s body fluids.

17. Make appointment for routine physical exam at least once a year or whenever you suspect a problem.

18. Have first Pap smear at age 21. You may need not need a pelvic exam until age 21 as STI testing can be done by urine and blood (HIV).

19. Ask questions and give honest information to sexual healthcare provider.
SESSION 11:
HIGH RISK, LOW RISK, NO RISK

PURPOSE:
To affirm the normalcy of a range of sexual expression and increase awareness with regards to behaviors that can put a person at risk for unplanned pregnancy and/or STI.

OBJECTIVES:
By the end of the session, participants will be able to:

1. Describe how pregnancy can result from penile-vaginal sexual intercourse.
2. Explain what it means to have a sexually transmitted infection.
3. Identify behaviors that can put a person at risk for an unplanned pregnancy or sexually transmitted infection.

KEY MESSAGES:
- People engage in a variety of sexual behaviors. Some behaviors can put you at increased risk for an unplanned pregnancy and/or sexually transmitted infection (STI).
- It is important to know how a pregnancy or STI can happen in order to make safe sexual decisions. It is healthy to be informed and more prepared to take steps to reduce the risk of an unplanned pregnancy and/or STI.
- Abstaining from penile-vaginal intercourse is one way to avoid an unplanned pregnancy. Some sexual behaviors have lower or higher risk for STIs.

AGENDA:

**ACTIVITY 1:** Personalizing Risk

**ACTIVITY 2:** High Risk, Low Risk, No Risk

**ACTIVITY 3:** Playing It Safer and Closing

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MATERIALS:

- Chart paper, markers
- Index cards
- Pens or pencils for the participants
- Optional: Enlargements of **Facilitator Resource: Female External Sexual and Reproductive Organs** and **Facilitator Resource: Female Internal Sexual and Reproductive Organs** from Session 2: *Deciphering Fact from Fiction about the Sexual and Reproductive Anatomy* of Mini-Module 3.1.

**Handout:** *Playing It Safer*


PLANNING NOTES:

- Sexually transmitted infections (STIs) are also commonly referred to as sexually transmitted diseases (STDs). This program toolkit uses STIs because people are often symptom-free. Symptoms are more commonly associated with disease. It reflects the more common experience of having an STI and is a reminder for why it’s important that people get tested.

- This session reviews how a possible pregnancy and/or exposure to an STI can occur. It is strongly suggested that Session 2: *Deciphering Fact from Fiction about the Sexual and Reproductive Anatomy* of Mini-Module 3.1 precedes this session plan. If you intend to deliver this session plan without prior implementation of an anatomy session, use the optional diagrams as stated in the Materials list from the *Deciphering Fact from Fiction about the Sexual and Reproductive Anatomy* session to describe how a possible pregnancy and/or STI can occur.

ACTIVITY 1:

- Consider posting enlargements of **Facilitator Resource: Female External Sexual and Reproductive Organs** and **Facilitator Resource: Female Internal Sexual and Reproductive Organs** from Session 2: *Deciphering Fact from Fiction about the Sexual and Reproductive Anatomy* of Mini-Module 3.1, or use anatomy models to explain the possibility of pregnancy or a sexually transmitted infection.

- Optional: Create a Chart with the three words (“Pregnancy,” “STIs,” “HIV” on the top half of the chart and the “1.,” “2.,” “3.” ranking on the lower half. See Activity 1, Procedure 1 for additional details.

ACTIVITY 2:

- This activity involves participants suggesting examples of behaviors that could place a person at risk for an unplanned pregnancy and/or STI. Should the group have challenges with recall, consider reading the sample statements underneath each risk heading (High Risk, Low Risk, No Risk) in the procedural steps and have the participants categorize by level of risk. Consider writing each sample statement onto pieces of paper to sort underneath the appropriate category.

- Optional: Create two charts each with three columns titled “High Risk,” “Low Risk,” and “No Risk.”

**Appendix A: Finding Help…A Resource List** is suggested as an option to provide participants.
ACTIVITY 3:

- Photocopy the *Handout: Playing It Safer*, one per participant.
- Optional: Create a chart with the following statement:

  TO AVOID UNPLANNED PREGNANCY AND STIs, EVERY PERSON WILL HAVE THE KNOWLEDGE AND SKILLS TO BE IN A “NO RISK” OR “LOW RISK” GROUP.

PROCEDURE:

**ACTIVITY 1: PERSONALIZING RISK**

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, explain that in this session, they will be examining the risks related to sexual intercourse such as unplanned pregnancy and sexually transmitted infections (STIs) like HIV. Give a blank index card and pencil or pen to each participant. Put the following words on the chart paper:

   - PREGNANCY
   - SEXUALLY TRANSMITTED INFECTIONS (STIs)
   - HIV

   Ask participants to think about these possible outcomes associated with having sexual intercourse and rank each of them according to the following:

   1. The most difficult for someone your age to deal with at this time in the life
   2. The second-most difficult
   3. The least difficult

2. After about 2 minutes, reconvene the group and ask for a few volunteers to share their rankings and the reason for their rankings. Then, lead a discussion using the following questions:

   a. Do you think people your age could be at risk for an unplanned pregnancy, an STI or HIV? Why?
   b. How might someone your age facing these outcomes feel?
   c. How much do others your age think about ways they can avoid all these risks? Explain.

3. Tell the participants that it is important to know how a pregnancy or STI can happen in order to make safe sexual decisions. Ask the group if they can describe how a pregnancy can happen. Use the description below to clarify any misinformation:

   The possibility of pregnancy starts with the joining of a sperm and an egg (ovum) or fertilization. About every month, an ovum (or egg) is released from the ovary into the fallopian tube. A male’s sperm that’s ejaculated from the penis into the vagina during sexual intercourse can join with the ovum (called fertilization). Pregnancy occurs when a fertilized egg implants in the uterine wall.

   Pregnancy does not occur every time a couple has unprotected sex, but it can occur at any time, including the first time someone has sex and even if the male partner pulls out before ejaculation (because pre-cum can contain active sperm). Sometimes people who have had unprotected sex and have not been pregnant
worry that they are infertile, or can’t get pregnant. This is not true. 90 out of 100 teens will get pregnant in one year if they have continue to have sex without using birth control.

4. Ask the group if they can describe how a person might be exposed to a sexually transmitted infection (STI), such as HIV. Use the description below to clarify any misinformation:

STIs can be spread from a person to another person by engaging in intimate sexual behaviors. This includes skin-to-skin contact or transfer of fluids by oral, anal or vaginal sex. Fluids that can transmit sexually transmitted infections (STIs) are blood, semen/pre-ejaculate, breast milk, vaginal secretions, and anal secretions. STIs like Herpes and HPV can be transmitted through skin-to-skin contact.

5. Ask the group if they have any additional questions.

**ACTIVITY 2: HIGH RISK, LOW RISK, NO RISK**

1. Tell the participants that in any given group of young people, there will be different ways that people express themselves, including the choice that an individual makes about whether or not to have sexual intercourse. Some sexual behaviors can put a person at risk for an unplanned pregnancy and/or a sexually transmitted infection (STI), like HIV. It’s a personal choice whether or not to engage in sexual behaviors. No one should be forced into making any one of these decisions. It’s important to communicate with a parent/caregiver, trusted adult, or medical professional if being pressured. If a person decides to have sexual intercourse, it’s important to reduce the risk by using a method of birth control to prevent pregnancy and latex condoms or dental dams to prevent STIs.

   **Facilitator Note:** Make Appendix A: Finding Help . . . A Resource List available to the participants to seek assistance if necessary.

2. Tell the participants that pregnancy, as they have just reviewed, can occur as the result of certain sexual behaviors people may engage in, including lesbian, gay and bisexual youth. Explain that the next activity will uncover the sexual behaviors that can put a young person at risk for pregnancy.

   Write “HIGH RISK,” “LOW RISK,” and “NO RISK” on the chart paper (if did not create a chart as mentioned as “Optional” Planning Note). Explain that HIGH RISK behaviors are very likely to result in the possibility of pregnancy, LOW RISK behaviors are somewhat likely to result in the possibility of pregnancy, and NO RISK behaviors are not at all likely to result in the possibility of pregnancy. Ask participants to provide examples of behaviors that could put a teen at HIGH, LOW, or NO RISK for unintended pregnancy. List participant responses underneath the appropriately labeled category.

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79 Facilitators often mention blood, semen, breast milk and vaginal secretions, but emerging research is showing that HIV is also present in medium levels in anal secretions. (The first four fluids have been shown to have high levels of HIV, while saliva, tears, sweat and urine have low to no levels of HIV.) See, for example, Zucker, et al. (2004). Higher concentration of HIV RNA is in rectal mucosa secretions than in blood and seminal plasma, among men who have sex with men, independent of antiretroviral therapy. The Journal of Infectious Diseases, 190, 156–161.

Facilitator Note: Since you are discussing risk of pregnancy in this section, “intercourse” refers to penile-vaginal sex.

Possible answers include:

<table>
<thead>
<tr>
<th>HIGH RISK</th>
<th>LOW RISK</th>
<th>NO RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being undecided about whether to have sexual intercourse and are unprepared with a method of contraception.</td>
<td>Using a reliable method of contraception correctly with every act of penile-vaginal intercourse.</td>
<td>Abstaining from intercourse.</td>
</tr>
<tr>
<td>Having intercourse and not using contraception.</td>
<td>Having intercourse and using contraception sometimes, but not always.</td>
<td>Waiting to have intercourse until later in life.</td>
</tr>
<tr>
<td>Using a method of contraception incorrectly.</td>
<td></td>
<td>Engaging only in outercourse (non-penetrative sexual behaviors such as holding hands, kissing, fondling, masturbation, etc.) with a partner.</td>
</tr>
<tr>
<td>Hugging</td>
<td>Hugging</td>
<td>Hugging</td>
</tr>
<tr>
<td>Kissing</td>
<td>Kissing</td>
<td>Kissing</td>
</tr>
<tr>
<td>Self-Masturbation</td>
<td>Self-Masturbation</td>
<td>Self-Masturbation</td>
</tr>
</tbody>
</table>

3. Again, write “HIGH RISK,” “LOW RISK,” and “NO RISK” on the chart paper (if did not create a chart as mentioned as “Optional” Planning Note). Tell the participants that contracting a sexually transmitted infection (STI) can occur, as they just reviewed, as the result of certain sexual behaviors. Explain that HIGH RISK behaviors are more likely to result in the possibility of contracting an STI; LOW RISK behaviors are less likely to result in the possibility of contracting an STI; and NO RISK behaviors are not at all likely to result in the possibility of contracting an STI. Ask participants to provide examples of behaviors that could put a teen at HIGH, LOW, or NO RISK for contracting an STI. State that the examples should be different from those given above.

Facilitator Note: Since you are discussing STIs, “intercourse” must include penile-vaginal, anal, and oral intercourse.

Possible answers include:

<table>
<thead>
<tr>
<th>HIGH RISK</th>
<th>LOW RISK</th>
<th>NO RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having intercourse without a condom.</td>
<td>Using a condom correctly with every act of intercourse.</td>
<td>Abstaining from intercourse.</td>
</tr>
<tr>
<td>Using a condom incorrectly during intercourse, for example, putting it on only for ejaculation.</td>
<td>Getting self and partner tested for STIs and using a dental dam for having oral sex.</td>
<td>Hugging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kissing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self-Masturbation</td>
</tr>
</tbody>
</table>
4. After completing the two risk continuums on the chart paper, ask the girls to share what similarities and differences they notice about the lists. Then, use your own words to make note of the key differences between risk of pregnancy and risk of STIs:

- A person can get some STIs through sexual contact other than intercourse.
- All sexually active teens are at an increased risk of STIs. Getting self and partner tested before sexual contact and using dental dams and/or condoms with every sexual act reduces the risk. Having unprotected sexual contact and not getting tested increases the risk.
- It is not possible to tell if someone has an STI. All sexually active teens should have regular screening—which means at least every year or more often when engaging with new contacts.

**ACTIVITY 3: PLAYING IT SAFER AND CLOSING**

1. Emphasize that people can usually tell if they will have intercourse soon. Sometimes this is hard to admit to one’s self, but when people think they might have intercourse and are unprepared with contraception and condoms, they are at high risk for unplanned pregnancy and sexually transmitted infections. It is strongly encouraged for young people to wait until they are older to have sexual intercourse, especially so they can be more informed and more prepared to take steps to reduce the risk unplanned pregnancy or an exposure to an STI.

2. To conclude the session, distribute a copy of the Handout: *Playing It Safer* to each person noting that the list was adapted from one originally developed by a class of 7th graders. Ask the participants to complete it privately.

3. After a few minutes, reconvene the group and lead a discussion using the following questions:
   a. Do you have any questions about anything on the list?
   b. Which behaviors do you think are most important?
   c. What might make it difficult to follow any of the prevention recommendations?
   d. What are some ways people can overcome these barriers to adopting prevention behaviors?

4. Before adjourning, ask the girls to share one thing they want to remember for their personal and sexual health.

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Directions: The following is based on a list created by a group of 7th-grade students. Choose five recommendations that you think would be EASY to follow and mark them with E, and choose another five recommendations that would be DIFFICULT to follow and mark them with D.

1. Abstain from sexual intercourse.
2. Be honest with partners about subjects that might be hard to discuss.
3. Choose sexual partners carefully.
4. Communicate assertively and often with your partner about protection.
5. Don’t mix sex and drugs.
6. Enjoy outercourse (sexual closeness without vaginal, oral, or anal intercourse).
7. Follow doctor’s instructions if you become infected.
8. Have periodic tests for sexually transmitted infections.
9. Know a sexual partner well; have a close, caring relationship.
10. Limit number of sexual partners.
11. Recognize that anyone, including you, could get a sexually transmitted infection.
12. Think carefully about your sexual values.
13. Use condoms (male or female) made of latex or polyurethane.
14. Use condom-safe lubricants during vaginal and anal intercourse.
15. Use latex squares or dental dams for oral sex with females.
16. Wait to have intercourse until you are sure you can do so safely.
17. Wait until both partners receive negative test results before having vaginal, oral, or anal intercourse. Then have intercourse only with each other.
18. What else?

__________________________________
__________________________________

SESSION 12:
CHOICES AND CONSEQUENCES:
MAKING DECISIONS ABOUT CONTRACEPTION / PART ONE

PURPOSE:
To examine the decisions that can lead to the possibility of pregnancy and review basic information about contraception.

OBJECTIVES:
By the end of the session, participants will be able to:
1. Name three contraceptive options.
2. Describe how a contraceptive option reduces the risk of pregnancy.

KEY MESSAGES:
- Pregnancy can result from having penile-vaginal sex without using a contraceptive. It is important for girls, regardless of orientation, to know their options for preventing pregnancy.
- Long-acting reversible contraception (IUDs and Implants) work 30 times better than other contraceptive methods to prevent pregnancy. There are also other methods, but these are recommended as first-line because they are safe and work best.
- Reasons for using a contraceptive method are often unique to the person and the situation.

AGENDA:
ACTIVITY 1: Decisions! 10 minutes
ACTIVITY 2: Contraceptive Overview 30 minutes
ACTIVITY 3: Closing 5 minutes

MATERIALS:
- Optional: Enlargement of Facilitator Resource: Female Internal Sexual and Reproductive Organs
- Contraceptive options or pictures of options
- Optional: Medical models to demonstrate proper use or application
- Facilitator Resource: What’s a LARC?
- Facilitator Resource: LARC Details
- Facilitator Resource: How Could That Be?
- Handout: How Well Does Birth Control Work?
- Appendix D: Contraceptive Options Chart

PLANNING NOTES:
- This session is an overview of contraceptive options and decision-making. In order to understand how contraceptives work, it is imperative youth know how pregnancy can occur. Delivery of Session 2: Deciphering Fact from Fiction about the Sexual and Reproductive Anatomy of Mini-Module 3.1 is recommended to occur prior to leading this session because the content includes an overview of anatomy and a short description about how pregnancy happens. If this session is being led without prior implementation of an anatomy session, use the diagrams in Session 2: Deciphering Fact from Fiction about the Sexual and Reproductive Anatomy of Mini-Module 3.1 to review the process of pregnancy.
- Having access to contraceptive options for participants to touch during the session can aid in learning. At minimum, pictures of contraceptives are strongly suggested. Visit www.plannedparenthood.org or https://bedsider.org/en/methods for pictures of contraceptives. Both websites are excellent to stay up to date on contraceptive options. Also, Oops! Emergency Contraception: Birth Control that Works After Sex is a simple graphic that provides an overview on Emergency Contraceptive options. The resource is accessible at www.contraceptionjournal.org/cms/attachment/2020606468/2040327265/gr1_lrg.jpg.
- Review Appendix D: Contraceptive Options Chart in advance to be prepared to provide information to the girls on the options. There is very basic text included in this session plan, but you can supplement using the information from this facilitator resource.
- Review Facilitator Resource: What’s a LARC? and Facilitator Resource: LARC Details in advance of the session in case questions arise. Long-acting reversible contraceptives are discussed quite a bit in this session plan.
MINI MODULE 3.3:
SEXUAL HEALTH AND REPRODUCTION
SESSION 12: MAKING DECISIONS ABOUT CONTRACEPTION / 1

ACTIVITY 1:
- Review the Facilitator Resource: How Could that Be? to understand facts about unintended pregnancy and STI rates among LGB youth. This is not shared with participants.

ACTIVITY 2:
- Photocopy the Handout: How Well Does Birth Control Work?, one per participant.

PROCEDURE:

ACTIVITY 1: DECISIONS!

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Explain that the focus of the session is to share information about ways that pregnancy can be prevented.

2. Note that every year in the United States nearly 750,000 women under the age of 20 become pregnant and must decide what to do about that pregnancy. However, before a woman is faced with that very big decision, she and her partner have already made other important decisions. The first big decision, of course, is whether or not to have sexual intercourse. People who decide to abstain from penile-vaginal and other types of intercourse will not have to make a decision about an unplanned pregnancy or sexually transmitted infection. This includes lesbian, gay, and bisexual people who may have different-sex and same-sex sexual partners.

   Facilitator Note: For more information regarding rates of unintended pregnancy of lesbian, gay and bisexual youth review Facilitator Resource: How Can That Be?

   Facilitator Note: According to the most recent summary on Teen Pregnancy and Canadian youth nearly 30,950 pregnancies are attributed to youth 14–19 years of age.

3. Tell the girls that if a couple decides to have sexual intercourse, another decision they face is whether to use birth control or not. Explain that birth control, or contraception, are methods or devices that are used to prevent pregnancy. Ask the girls if they can name some examples of birth control.

   Explain that couples who decide to have penile-vaginal sex and do not use contraception face the possibility of a pregnancy. Ask the girls to share whether or not they would advise teens who are sexually active to use birth control.


4. Tell the girls that it is helpful to understand how pregnancy occurs in order to make decisions about birth control methods. Use the description below and enlargements of the female anatomy to explain how pregnancy occurs:

**Sample Explanation:**

The possibility of pregnancy typically begins with having sexual intercourse that involves the penis being put into the vagina. This type of sexual intercourse is referred to as “vaginal sex.”

During sexual intercourse, the penis is inside the vagina and millions of very tiny sperm are released. (Sometimes sperm can also be present in the fluids that come out of the penis before ejaculation (usually called “pre-cum”). When a woman becomes pregnant, it is because there is sperm present in her reproductive system when she ovulates. The sperm then travel up into the uterus, and then into the fallopian tubes where they can live for up to 5 days. For a pregnancy to occur, sperm need to be present in a woman’s fallopian tube when she ovulates. One sperm joins with one egg in a process called fertilization. A fertilized egg then travels from the tube into the uterus where it can implant (called implantation, which is the medical definition for the beginning of a pregnancy). Pregnancy occurs when a fertilized egg implants in the uterine wall.

If an ovum is not fertilized by a male sperm, the ovum breaks apart. The lining of the uterus breaks down and leaves the uterus. The blood and tissue pass through the cervix and out of the vagina. People call this menstrual bleeding or menstruation. If a female is having vaginal sex with a male and she “misses her period” or her “period is late,” that may be a sign that she may be pregnant. Visiting her doctor for a pregnancy test is a way to find out.

Pregnancy does not occur every time a couple has unprotected sex, but it can occur at any time, including the first time someone has sex and even if the male partner stops before ejaculation (because pre-cum can at times contain active sperm). Sometimes people who have had unprotected sex and have not been pregnant worry that they are infertile, or can’t get pregnant. This is not true. Ninety out of 100 teens will get pregnant in one year if they continue to have sex without using birth control.

**ACTIVITY 2: CONTRACEPTIVE OVERVIEW**

1. After describing how pregnancy can occur, distribute the Handout: *How Well Does Birth Control Work?* to everyone. Explain that this chart shows how many girls out of a 100 will experience a pregnancy even while using the methods. Emphasize that when the method is used correctly (following instructions) and consistently (all the time) you are less likely to get pregnant.

2. Guide the girls to the top of the chart that features the Implant, IUDs, and sterilization. Explain to the girls that the Implant and IUDs are options available for youth. Sterilization, a surgical procedure to permanently prevent pregnancy is not.

Explain that the Implant and IUDs work really well at preventing pregnancy because they are placed in a girl’s body by a medical professional and work in her body to prevent pregnancy for several years. Unlike other methods, there is no room for her to make any mistakes by using it incorrectly.
Use the diagrams and/or anatomy models and explain the following:

- An IUD is placed inside the uterus by a medical professional. The IUD causes a chemical reaction inside the uterus that blocks the sperm. Pregnancy does not occur because the sperm does not go up inside the tube where fertilization (sperm meeting egg) must occur. An IUD may also contain medicine that prevents ovulation from occurring.

- The Implant is placed by a medical professional into the muscle tissue of the arm and prevents ovulation from occurring. The woman’s body does not release the mature egg, and so pregnancy does not occur.

- The Implant and IUDs do not require any maintenance once inserted. The Implant works for three years and there is a 3-, 5- and 10-year IUD. These long-acting reversible contraceptives (LARCs) can be removed sooner if requested.

**Facilitator Note:** If you have these contraceptive options available for the girls to touch, pass them around.

3. Guide the girls to the middle of the chart that includes the Pill, Patch, Ring, and the Shot. Explain to the girls that the birth control methods in this section are very good at preventing pregnancy when the instructions are followed as intended; however, they are not as reliable as the ones they just discussed. Because each of these methods must be taken on a schedule, it is easier to miss a dosage or application, which increases the chances of a pregnancy.

Use the diagrams and/or anatomy models and explain the following about these methods:

- These hormonal contraceptives prevent ovulation from occurring. The woman’s body does not release an egg, and so pregnancy does not occur.

- The Pill must be taken at the same time each day for maximum protection and effectiveness.

- The Patch is applied to the skin (top of the arm, back, buttock, or abdomen) and changed each week for three weeks.

- The Ring is placed inside the vagina and left in place for up to four weeks.

- The Shot is an injection that needs to be given in the clinic every three months.

**Facilitator Note:** If you have these contraceptive options available for the girls to touch, pass them around. Using the enlarged diagrams or medical model provided, demonstrate vaginal Ring insertion if you are able given the time and setting.

4. Draw the girls’ attention to the bottom of the chart that includes Withdrawal, Diaphragm, Fertility Awareness, and the Condom. Explain to the girls that the birth control methods in this section are less effective than those already discussed. More people become pregnant while using these methods because each one requires that the couple have to use it every single time they have sex.
Use the diagrams and/or anatomy models and explain the following about these methods:

- These contraceptive methods work by preventing the sperm and egg from meeting. In doing so, the egg is not fertilized and cannot implant into the lining of the uterus, so pregnancy does not occur.
- For withdrawal to be used properly, the male’s penis must be removed from the vagina before ejaculation during vaginal sex. This requires great control and personal understanding of impending ejaculation.
- The diaphragm and spermicide is inserted into the vagina prior to sex and left for a period of time afterward to block the sperm from entering into the uterus.
- Fertility awareness involves techniques to determine when a female is ovulating and avoiding sexual intercourse for a period of time when it is likely for the sperm and egg to meet.
- The male condom is placed onto the erect penis, prior to intercourse and collects the semen to block the sperm from entering into the uterus.
- The female condom is placed into the vagina prior to intercourse and collects the semen and blocks the sperm from entering into the uterus.
- The male or female condom can be used at any time with any method discussed today as added protection from pregnancy. (Though using a male and female condom at the same time is not recommended.) Condoms are also strongly recommended to prevent pregnancy and sexually transmitted infections.

Facilitator Note: If you have these contraceptive options available for the girls to touch, pass them around. Provide demonstration of how to apply a condom and female condom if you are able given the time and setting.

5. Explain that Emergency Contraception (EC), which is not listed on the handout, is a way to prevent pregnancy after sex has occurred (for example, if a condom breaks or engaged in unprotected sex). EC pills are available to anyone (even males) of any age. They are over-the-counter and an ID is not required to purchase them. It is also possible to ask your clinic for a prescription for EC (either in advance or to call them if unprotected sex has occurred). EC pills must be taken up to 3–5 days after the sexual encounter, depending on the type of EC.

6. After reviewing the options, lead a discussion using the following questions:
   a. What decisions did we talk about today? Which do you think girls your age are facing?
   b. Why do you think abstinence is the recommended option to prevent pregnancy for girls your age?
   c. Are there any options discussed today that you would recommend for a girl who is or is thinking about becoming sexually active? Which ones and why?
d. What do you think girls should consider when choosing a method of birth control? (Explore factors such as how it’s used, how it is obtained, how well it can work to prevent pregnancy, how comfortable they are using it, whether it can be used without others knowing, etc.)

7. Emphasize to the girls that sexual abstinence, or avoiding penile-vaginal and other types of intercourse, is strongly recommended as a method to prevent pregnancy and reduce the of sexually transmitted infections. Ask the girls to look back at the Handout: How Well Does Birth Control Work? and explain that it shows the differences in the possibility of pregnancy despite using a method of birth control. Explain that IUDs and the Implant work 20–30 times better than pills, and many more times better than condoms to prevent pregnancy. This is the reason that these methods are recommended as the first choice for women of any age who want to start a contraceptive method. Encourage the girls to talk with their parent/caregiver, as well as a medical professional about birth control methods.

**ACTIVITY 3: CLOSING**

End the session by asking the girls to share one thing they learned in session that they want to remember for the future. Ask for a few volunteers to share their responses. Adjourn the session after volunteers share with the group.
Below is a general description of the ways hormonal and non-hormonal LARCs work and affect one’s body.

**LARC = Long-Acting Reversible Contraceptive**

Different kinds of LARC work in different ways. Some are hormonal, and some are non-hormonal. Understanding the basics of how contraception works will help you understand LARC more completely.

Hormonal contraception uses the hormone progestin or a mix of estrogen and progestin to stop a woman’s ovaries from releasing an egg every month. Adding hormones to a woman’s reproductive system creates changes, such as stopping her period or making it more regular, potential weight changes, reduced acne, and more. The hormones used in LARC can be taken while breastfeeding and pregnancy can occur immediately after removal.

Hormonal LARC include implants (Implanon® and Nexplanon®, and the intrauterine contraceptive, Mirena®).

Non-hormonal contraception uses means of preventing fertilization of the egg other than altering a woman’s hormonal balance so that she does not release an egg. One example of a non-hormonal contraceptive is a condom, which works as a barrier between the sperm and the egg by catching the sperm. Non-hormonal contraception LARC change the makeup of uterine fluids resulting in weakened sperm strength and prevention of fertilization. Non-hormonal contraception does not affect breastfeeding or future fertility.

The intrauterine contraceptive ParaGard® is a non-hormonal LARC.

All LARC are highly effective, regardless of which kind they are.
### LARC DETAILS*

<table>
<thead>
<tr>
<th>LARC type</th>
<th>Brand name</th>
<th>What is it?</th>
<th>Is effective up to...</th>
<th>Costs</th>
<th>How does it work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-hormonal intrauterine contraceptive (IUC)</td>
<td>ParaGard®</td>
<td>Small plastic and copper T-shaped device inserted into the uterus</td>
<td>10–12 years</td>
<td>$500–$1,000 to have it inserted</td>
<td>Changes the makeup of uterine fluids resulting in weakened sperm strength and prevention of fertilization.</td>
</tr>
<tr>
<td>Hormonal intrauterine contraceptive (IUC)</td>
<td>Mirena®</td>
<td>Small plastic T-shaped device with low levels of hormones inserted into the uterus</td>
<td>5 years</td>
<td>$500–$1,000 to have it inserted</td>
<td>Thickens cervical mucus keeping sperm out of the uterus, reduces sperm survival, and decreases the lining of the uterus.</td>
</tr>
<tr>
<td>Contraceptive implant (hormonal)</td>
<td>Implanon®</td>
<td>Progesterone-only hormonal implant (matchstick-sized) placed under skin on the inside of the upper arm</td>
<td>3 years</td>
<td>$400–$800 to have it implanted</td>
<td>Keeps eggs from being released, thickens cervical mucus to keep sperm from entering the uterus, and decreases the lining of the uterus.</td>
</tr>
</tbody>
</table>

It is important to recognize that LGB adolescents may have different-sex and same-sex sexual partners. All safer sex sessions need to recognize the important distinction between sexual orientation and sexual behavior, and include LGB people in sexual health messages while not assuming their orientation predicts a specific set of behaviors. Below are facts about unintended pregnancy and STI rates among LGB youth.

1. Lesbian, gay and bisexual (LGB) youth have a much higher risk of teen pregnancy—between two and seven times the rate of their heterosexual peers.

2. Some gay and lesbian teens may have sexual intercourse with different-gender partners as they explore their sexual orientation. In one study, gay male adolescents reported using condoms less often with female partners than with male sexual partners.

3. Some LGB youth report an earlier age at first intercourse, more sexual partners, higher pregnancy rates.

4. High rates of unplanned pregnancy among LGB youth are especially alarming in light of overall declining trends in teen pregnancy across North America in the last two decades.

5. Overall, bisexual or lesbian respondents were about as likely as heterosexual women to have had intercourse, but they had significantly higher rates of pregnancy.

6. In one study of teen parents in 9th and 12th grade, one in three teen fathers reported same- or mixed-sex sexual partners in the past year, as did one in eight teen mothers.

7. Another possible contributor to higher rates of teen pregnancy among LGB youth is having less access to supportive resources, such as feeling connected to family or at school. Disconnected youth may reach for caring connections through parenthood.

8. LGB young adults who experienced rejection by their families were nearly three and a half times more likely to have engaged in unprotected sexual intercourse.

9. Ongoing stigma and harassment may increase distress among LGB youth and cause risky coping behaviors that can lead to pregnancy.

10. LGB teens report similar frequency of intercourse as heterosexual teens.

11. Studies show LGB youth have lower contraceptive use than their heterosexual peers.

12. In one study, LGB youth were more likely to report HIV-risk behaviors than heterosexual teens their same age.

13. People may engage in a number of strategies to either avoid or to cope with stigma. LGB youth may avoid disclosure, while simultaneously engaging in heterosexual dating and sexual behaviors as a form of “camouflage,” to avoid being identified as lesbian, gay or bisexual, and being targeted for stigma.

14. Lesbian and bisexual youth who experience harassment and discrimination may choose pregnancy involvement as a way to deny their orientation.

15. Increased substance use and abuse as a way of coping with stigma can also lead to unplanned, and often unprotected, sexual behavior in LGB adolescents.

16. If sexuality education programs ignore the sexual health concerns of LGB youth, these teens may conclude that the information presented is irrelevant to their lives, and “tune out” important information about contraception and safer sex practices.

17. Risk for teen pregnancy remains higher for LGB teens compared to heterosexual peers. When teen pregnancy rates decreased overall, they actually increased for LGB teens. This suggests pregnancy prevention efforts aimed primarily at heterosexual teens have not been effective for sexual-minority youth, whose reasons for pregnancy involvement may differ.

18. Among those who were sexually active, LGB youth reported more sexual partners, more alcohol use before last sex, and more pregnancy than heterosexual youth. However, LGB youth in schools with gay-sensitive instruction reported less of each of these than did LGB youth in other schools.

19. One study found that LGB youth in schools that had minimal or no gay-sensitive sexuality education had higher rates of teen pregnancy involvement than heterosexual teens and other LGB teens in schools with moderate to high levels of gay-sensitive education.

20. Reducing stigma for lesbian, gay, bisexual and questioning youth, and preventing the harassment and sexual violence they may be targeted for, could be important strategies for preventing this segment of unwanted teen pregnancies.

Sources:


BIRTH CONTROL

WHAT IS YOUR CHANCE OF GETTING PREGNANT?

Less than 1 in 100 women

6-9 in 100 women, depending on method

12-24 in 100 women, depending on method

Sterilization, for men and women

Depo-Provera

Cerazette

The Shot (Depo-Provera)

The Ring

The Birth Control Patch

The Pill

The Contraceptive Diaphragm

Withdrawal

HOW WELL DOES BIRTH CONTROL WORK?

Really, really well

Works, hands-free, for up to...

Okay

For it to work best, use it...

Not so well

For each of these methods to work, you or your partner have to use it every single time you have sex.

Need protection

Use with any other method

Fertility

Condoms, for men and women

Redsider

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SESSION 13:
CHOICES AND CONSEQUENCES:
MAKING DECISIONS ABOUT CONTRACEPTION / PART TWO

PURPOSE:
To practice applying basic information about contraception and assess the considerations that can go into making a decision about contraception.

OBJECTIVES:
By the end of the session, participants will be able to:
1. Name three contraceptive options.
2. Describe how a contraceptive option reduces the risk of pregnancy.
3. Demonstrate how to make contraceptive decisions in a variety of situations.

KEY MESSAGES:
- Pregnancy can result from having penile-vaginal sex without using a contraceptive. It is important for girls, regardless of orientation, to know their options for preventing pregnancy.
- There are many different contraceptive options or devices, means, and methods to prevent pregnancy.
- Reasons for using a contraceptive method are often unique to the person and the situation.

AGENDA:
ACTIVITY 1: Contraceptive Recall 20 minutes
ACTIVITY 2: Making Decisions about Contraception 20 minutes
ACTIVITY 3: Closing 5 minutes

MATERIALS:
- Chart paper, markers
- Facilitator Resource: *Making Decisions about Contraception*
- Handout: *How Well Does Birth Control Work?*
- Appendix D: *Contraceptive Options Chart*
- *Oops! Emergency Contraception: Birth Control that Works After Sex for Everyone*

PLANNING NOTES:
- This session is Part Two of an overview of contraceptive options and decision-making. Delivery of this session should occur after *Session 12: Choices and Consequences: Making Decisions about Contraception Part One.*
- Having access to contraceptive options for participants to touch during the session can aid in learning. At minimum, pictures of contraceptives are strongly suggested. Visit [www.plannedparenthood.org](http://www.plannedparenthood.org) or [https://bedsider.org/methods](https://bedsider.org/methods) for pictures of contraceptives. Both websites are excellent to stay up to date on contraceptive options.
- Review the Appendix D: *Contraceptive Options Chart* in advance of the session to provide information or to clarify misinformation.

ACTIVITY 1:
- Photocopy **Handout: How Well Does Birth Control Work?**, one per participant. This handout can be found in *Session 12: Choices and Consequences: Making Decisions about Contraception Part One.*
- Photocopy **Oops! Emergency Contraception: Birth Control that Works After Sex**, one per participant. The resource is accessible at: [www.contraceptionjournal.org/cms/attachment/2020606468/2040327265/gr1_lrg.jpg](http://www.contraceptionjournal.org/cms/attachment/2020606468/2040327265/gr1_lrg.jpg).

Review the graphic in advance of the session.

ACTIVITY 2:
- Create the **Contraceptive Decision Scenarios** by copying and cutting along the dotted line underneath each scenario on **Facilitator Resource: Making Decisions about Contraception**. Consider using cardstock or laminating it for longevity.
- You will provide possible responses to questions involving the **Contraceptive Decision Scenarios**, as guidance for participants. Review the Example Scenario in the session plan and prepare possible responses: What advice would you give? What contraceptive method would you recommend? Why?
PROCEDURE:

ACTIVITY 1: CONTRACEPTIVE RECALL

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Explain that this session will allow them to think more critically about birth control and make recommendations for pregnancy prevention. Divide the group into four smaller groups.

2. Distribute the Handout: *How Well Does Birth Control Work?* to everyone. Assign each group three different methods from the list below until all the methods have been assigned:

   - Abstinence
   - IUD
   - Implant
   - Pill
   - Patch
   - Ring
   - Shot (Depo)
   - Diaphragm
   - Male Condom
   - Female Condom
   - Withdrawal
   - Emergency Contraception

   Give each group a sheet of chart paper for each assigned method and a marker.

3. Tell the group that they are going to do a quick review of contraceptive options covered in Part One so they can be confident in making a recommendation to others. Tell the groups that they are to use a different sheet of paper for each assigned method and write down the following information for each assigned method:

   - Name of your assigned method
   - How you use this method
   - Why you would choose this method

   Tell the groups they have 10 minutes to complete the task. As groups are working, assess their progress and clarify any misinformation.

4. After 10 minutes, provide the groups tape and instruct them to post their chart paper around the room. Give the groups an opportunity to post their chart paper. Correct any misinformation stated on the charts, particularly how the method is used.
ACTIVITY 2: MAKING DECISIONS ABOUT CONTRACEPTION

1. Tell the groups they are going to make a recommendation to a girl who is interested in preventing pregnancy. Explain that they can use the chart papers posted around the room, the information they learned in the last session, and the Handout: How Well Does Birth Control Work? to make a recommendation for the girl in the scenario.

Read the following scenario as an example and provide responses to the questions aloud so the participants understand the steps of the assignment.

Example Scenario: Marisa and Carla

Marisa and Carla have been in love for more than a year. They haven’t told anyone yet because they worry that some people may be disrespectful toward them. But someone started a rumor that Marisa was gay, so she went out with Derek to prove everyone wrong. She had intercourse without a condom last night and now she’s worried that she could become pregnant. She is also worried that Carla may find out about Derek and her.

What advice would you give?

What contraceptive method would you recommend?

Why?

2. Distribute one of the Contraceptive Decision Scenarios to each small group. Tell the groups that they have 5 minutes to review the scenario provided to them and respond to the questions underneath the scenario.

3. After 5 minutes, ask for a volunteer from each group to read their scenario and share their response to the questions. After each report back, encourage volunteers to share if they have a different suggestion to offer and why.

4. After the last group has completed their report back, lead a discussion using the following questions:

   a. Which couple had the most difficult decision to make? Explain.

   b. Did any couple plan to do anything to prevent sexually transmitted infections (STIs), including HIV? Does everyone need to use a condom even if they’re using another reliable contraceptive method? Explain.

   c. Where these scenarios realistic? What was it like to make recommendations for the character?

   d. What did you learn by doing this exercise? How will you use this knowledge?

ACTIVITY 3: CLOSING

Conclude the session by encouraging the girls to continue learning about contraceptive methods in the future so that they will be able to make informed decisions if/when they or someone they know needs to make a decision about their contraceptive choice.
Directions: Copy and cut along the dotted line underneath each scenario. Consider copying onto cardstock or laminate the paper for longevity.

Scenario 1: Alicia and William
Alicia and William have been going together for over a year. When they began to have intercourse, Alicia got “the pill.” Then a month ago, they had a fight and decided not to see each other for a while. Alicia stopped taking the pill. But last night they got together, talked things over, and decided to continue with their relationship. Tonight, they are alone at William’s place and really want to start having intercourse again.

What advice would you give?

What contraceptive method would you recommend?

Why?

Scenario 2: Lila and David
For the past two months, David has been pressuring Lila to have intercourse. She just knows it will happen soon. She’d rather wait to start having intercourse, which makes it hard for her to start talking about what kind of contraception to use.

What advice would you give?

What contraceptive method would you recommend?

Why?

Scenario 3: Orlando and Florey
Orlando and Florey have been having intercourse once or twice a week for six months. They’ve been using “withdrawal,” and it has seemed to work okay. Then two weeks ago, Florey’s period was late. They worried that she was pregnant and vowed that they would never have unprotected intercourse again. Finally, Florey’s period came. She wants to get a reliable method of contraception, but she’s too embarrassed to go to a family planning clinic.

What advice would you give?

What contraceptive method would you recommend?

Why?
Scenario 4: Jerome and Christina
Jerome respects his family’s strong religious values, including their belief that intercourse should be saved for marriage. Jerome is dating Christina, and he cares for her a great deal. Christina had intercourse in a previous relationship and has been thinking about getting the Depo shot. She thinks it’s natural and right that she and Jerome should show their love for each other by having intercourse.

What advice would you give?

What contraceptive method would you recommend?

Why?

Scenario 5: Yolanda and Paul
Yolanda and Paul have used a condom every time they have had intercourse in the last six months, but last night the condom leaked.

What advice would you give?

What contraceptive method would you recommend?

Why?
SESSION 14: STI BINGO

PURPOSE:
To provide basic facts about Sexually Transmitted Infections (STIs) including modes of transmission, types of STIs, and prevention options.

OBJECTIVES:
By the end of the session, participants will be able to:
1. Name three Sexually Transmitted Infections.
2. List two ways STIs can be transmitted.
3. Correctly name two prevention techniques people can use to eliminate or reduce their risk of contracting or spreading an STI.

KEY MESSAGES:
- Sexually transmitted infections are very common among teens. There are ways for people to prevent a sexually transmitted infection. It is important to know the facts in order to prevent them.
- Usually there are no symptoms of STIs. Getting tested is key for your health.

AGENDA:
- ACTIVITY 1: Defining Sexually Transmitted Infection 15 minutes
- ACTIVITY 2: STI BINGO 25 minutes
- ACTIVITY 3: Closing 5 minutes
**MATERIALS:**

- Chart paper, markers
- **STI BINGO Boards**
- Pencils or pens (or BINGO Markers)
- **Facilitator Resource: STI Bingo Statements**
- **Appendix C: Sexually Transmitted Infections Summary**
- Optional: BINGO Cage (If using a cage, be sure to remove all but numbers 1–28.)
- Optional: Pamphlets or fact sheets about specific sexually transmitted infections
  
  Suggested Source: The CDC: [www.cdc.gov/std/healthcomm/the-facts.htm](http://www.cdc.gov/std/healthcomm/the-facts.htm)

**PLANNING NOTES:**

- Research from the CDC shows that the rates of STIs are very high among adolescents. Nearly half of the 20 million new cases are diagnosed among young people 15–24. One in four sexually active teen females (15–24) has an STI. There is a very good chance that a group member will know someone impacted by an STI.

  Sometimes when talking about STIs, statements such as, “that’s so gross” or “that person must be dirty” may come up. Statements like this can be particularly stigmatizing for people living with an STI and their loved ones. It is especially important to review the group agreements before beginning this session and encouraging the group to be careful in their language throughout the session.

- It is impossible to tell if someone has an STI by looking at them, and many people with STIs do not know they have them. This is even true for HIV—one in eight people living with HIV do not know they are infected: [www.cdc.gov/hiv/statistics/basics/ataglance.html](http://www.cdc.gov/hiv/statistics/basics/ataglance.html). This is why STI testing and condom use is so important.

- Additionally, people may have symptoms that may or may not be related to an STI, and girls may have questions. An example of this is bacterial vaginosis and candidiasis. While neither is considered an STI, they both are a common cause of many of the symptoms associated with bacterial STIs (abnormal discharge or bleeding from vagina, burning or pain when urinating, or pain in abdomen). It is important for facilitators to be knowledgeable of this information as it is relevant for sexual health even if not sexually transmitted.

- Health-related information and statistics can change quickly with time. Because this activity contains statistics, please be sure to check for any changes and updates. In addition to your local or state health department, the following sites can be used for researching prevalence rates of STIs.

  - Sexually Transmitted Disease Surveillance, Centers for Disease Control & Prevention (CDC): [www.cdc.gov](http://www.cdc.gov)

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ACTIVITY 1:

- Review Appendix C: Sexually Transmitted Infections Summary prior to the session to prepare for the possibility of questions from the participants. The CDC has fact sheets on their website www.cdc.gov to gain more knowledge and comfort in the subject matter prior to the session.

- Photocopy the Appendix C: Sexually Transmitted Infections Summary, one per participant.

ACTIVITY 2:

- STI BINGO involves reading trivia statements aloud for the participants to answer. Review Facilitator Resource: STI Bingo Statements to familiarize yourself with the trivia statements and answers.

Prior to the session determine the order in which you will read the statements:

- in the numerical order from lowest to highest
- have the participants randomly select a number between 1–28 and read the statement that corresponds with the number they selected
- use a BINGO Cage to randomly select numbers and read the statement that corresponds with the number that was drawn

- Create the STI BINGO Boards for each participant by following these instructions:
  - Visit the website: www.teach-nology.com/web_tools/materials/bingo/
  - Select the 5” X 5” BINGO Board size.
  - Type each of the responses, written in bold on Facilitator Resource: STI Bingo Statements into the 25 boxes on the website.

  Facilitator Note: There are 28 responses that can be used to create the BINGO Boards. There are 25 boxes on the BINGO Board, remove/add responses to increase diversity of BINGO Boards.

  - Click on “Free BINGO Space” to make the BINGO Board. Then, print the board.
  - Click on “Shuffle Words” to make another BINGO Board, and print. Continue making different BINGO Boards to accommodate the number of participants.
PROCEDURE:

ACTIVITY 1: DEFINING SEXUALLY TRANSMITTED INFECTION

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, introduce the session topic by explaining that today they will learn about Sexually Transmitted Infections.

2. Distribute the Appendix C: Sexually Transmitted Infections Summary to all the participants. Use it to review key points:

   a. Explain that the words, “sexually transmitted” refers to the way the infection is spread. STIs can be spread from a person with an infection to another person during intimate sexual contact such as penile-vaginal sex, penis-anal sex, oral sex (mouth to vulva/penis/anus) and skin-to-skin contact. Direct the participants to the section of the summary that reads, “How It’s Spread.”
   
   b. Explain that there are different types of infections. Direct them to the top of the summary and note that it reads “Viral Infections,” “Bacterial Infections,” and “Parasitic Infections.” These are common types of sexually transmitted infections. STIs caused by bacteria or parasites CAN BE cured with medicine, such as antibiotics. STIs that are caused by viruses CANNOT be cured with medicine yet, but they can be treated to reduce the symptoms, and help the person feel more comfortable. For people living with HIV, treatment can prolong life and prevent the spread of HIV infection.

   Facilitator Note: HIV with treatment is now a chronic disease. A person who is diagnosed and treated early should do very well.

   Ask participants to call out examples of Bacterial, Viral, and Parasitic infections.

   c. Sometimes a person may experience symptoms while others, especially women, may not. For a common STI like Chlamydia, there are no symptoms in 75% of cases. Symptoms can be inside the body such as the vagina or anus and therefore cannot be seen. Direct the participants to the section of the summary that reads, “Possible Symptoms.”
   
   Ask participants to call out examples of symptoms. Remind them that it is more common for a person to have an STI and be symptom free.

   d. Explain that a visit to a doctor, health department, or family planning center for testing is a responsible way to take care of one’s sexual health. It is common to want to know about the testing site’s possible fees, hours of operation, and policies such as if parent permission is needed. All Title X clinics provide confidential care and should be free or very reduced costs. Look online or call the site directly to learn that information. It can be very helpful to have a loved one, such as a parent/caregiver, trusted adult, older sibling, friend, etc. to be there at the appointment. Before the testing process, a loved one may be asked go to the waiting area for privacy purposes and to
provide an opportunity to ask questions and share personal information with the clinician. Most STI testing can be done by urine alone. An HIV test is usually done by a blood sample or a swab wiped inside the cheek.

3. Tell participants that research shows that the rates of STIs are very high among adolescents. Nearly half of the 20 million new cases diagnosed occur among young people 15–24. One in four sexually active teen females (15–24) has an STI. There is a very good chance that a person in the group will know someone impacted by an STI.

**Facilitator Note:** According to the most recent summary on STI rates among Canadian youth in 2011, youth (15–29 years of age) made up 24% of the new HIV cases, almost 63% of the new Chlamydia cases, over 48% of the new Gonorrhea cases, over 14% of Syphilis, and 8% of new Hepatitis B cases.90

4. Lead a discussion using the following questions.
   a. What misinformation about STIs do you think you may have heard?
   b. Why is it important for young people to be informed about STIs?
   c. What do you think people your age might need to know to prevent an STI?
   d. Who is a person (or place) you feel you can go to for help or additional information?

**ACTIVITY 2: STI BINGO**

1. Tell participants that they will play a game that will review facts about sexually transmitted infections. They can use the *Appendix C: Sexually Transmitted Infections Summary* throughout the game. (Distribute optional fact sheets and brochures if provided.)

2. Distribute a *STI BINGO Board* to each participant. Explain that everyone has a different *BINGO Board*. Note that the boxes contain words relating to STIs, such as the types of infections (bacterial, viral, etc.), the names of STIs, bodily fluids, or ways to prevent STIs.

3. Explain the directions to the participants. Trivia statements will be read aloud that relate to STIs. After the statement is read they will be asked to give the correct response, which may be present in the boxes of the *BINGO Board*. Once a correct response is confirmed, you will mark off the response with an X if it appears on the *BINGO Board*. The first person to have five boxes crossed out that line up horizontally, vertically or diagonally should shout, “BINGO!” This person is the winner.

**Facilitator Note:** If you have provided the participants with BINGO markers, tell them to mark their *BINGO Board* using the markers instead of an X.

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4. Start the game by reading a statement from the Facilitator Resource: *STI Bingo Statements* aloud to the group. (Read the first selected statement according to the order you have decided, as stated in the Planning Notes.) After the statement is read, allow time for the participants to provide a response. If the participants are having challenges determining the answer, give them clues to guide them to the answer. Then, clarify the answer using the Facilitator Resource: *STI Bingo Statements*. Provide assistance, if needed, for the girls to locate the possible response on their BINGO Board. Record the correct response on the chart paper to help the participants stay organized during the game.

5. Continue the BINGO game until a winner is determined. If the game ends quickly, explain that the next winner is the person with all the boxes on the BINGO Board crossed out.

6. Lead a discussion to clarify and summarize what was discussed throughout the game and session:
   a. What bodily fluids can contain a sexually transmitted infection?
   b. What types of infections can be cured by medication?
   c. What behaviors can expose a person to a sexually transmitted infection?
   d. What are some ways to avoid exposure to a sexually transmitted infection?
   e. Which ways of preventing sexually transmitted infection would you recommend for a friend? Why?

**ACTIVITY 3: CLOSING**

Explain that today they learned facts about STIs. The information shared today is critical for being able to make decisions about their personal health and safety. Ask them to share one piece of information they found particularly important and want other girls to know. Encourage a few volunteers to share their thoughts. Congratulate them on their investment in their health.
Below are statements that will be read aloud to the group. Correct responses are written in bold.

1. This sexually transmitted virus can result in damage to the liver. **Hepatitis**
2. This sexually transmitted virus is named the Human Immunodeficiency Virus. **HIV**
3. This bacterial STI can cause painless sores called chancres. **Syphilis**
4. Commonly referred to as “crabs,” these parasites attach to the pubic hair and can be cured by medicated shampoos, such as RID® or NIX®. **Public lice**
5. This uncomfortable symptom affecting the urethra can be a motivator to get checked out. **Hurts to pee**
6. This latex barrier prevents the spread of most STIs. **Condom**
7. This latex barrier is placed over the vulva to provide some protection against STIs when engaging in oral sex. **Dental dam**
8. There is a vaccine for this virus, which is the leading cause of cervical cancer in women and anal and oral cancer in men and women. **HPV**
9. These two common bacterial STIs can be cured with antibiotics and typically have no signs or symptoms. **Gonorrhea/Chlamydia**
10. This fluid given to a baby from a female’s breast can transmit HIV. **Breast milk**
11. This virus causes outbreaks of cold sores and genital blisters, and can be spread through oral, anal and vaginal sex as well as skin-to-skin contact. **Herpes**
12. People who have infections may not get tested because they do not experience these. **Symptoms or Problems**
13. This term is used to describe the presence of genital blisters and cold sores caused by the Herpes virus. **Outbreak**
14. These parasites live underneath the skin and can be passed through skin-to-skin contact. **Scabies**
15. This fluid can be transmitted through needle exchange during IV drug use and can spread HIV and Hepatitis. **Blood**
16. This fluid, released from the penis, contains sperm and can transmit STIs. **Semen**

17. This fluid, released by the vagina, can transmit STIs. **Vaginal fluid**

18. In addition to sexual intercourse, HPV can be transmitted in this way. **Skin-to-skin contact**

19. This test is used to confirm that a person is infected with HIV. **Blood test**

20. This group of STIs caused by microscopic organisms can be cured by medicated lotions, shampoos or ointments. **Parasitic infections**

21. This method of preventing pregnancy and infection involves avoiding oral, anal, or vaginal sex. **Ablstinence**

22. This syndrome, caused by HIV, occurs when the immune system is so weak that the body can’t fight off other infections. **AIDS**

23. This group of STIs can be cured with antibiotics. **Bacterial infections**

24. This group of STIs cannot be cured by antibiotics but can be treated with medicine. **Viral infections**

25. These types of pregnancy prevention methods do not protect against STIs. **All methods except condoms**

26. Behaviors such as sex without protection, sharing needles during IV drug use, multiple sex partners, and sex with someone who has an STI are considered to be at this kind of risk for STI transmission. **High risk**

27. Behaviors such as always having sex while using condoms, or dental dams with every partner, every time, are considered to be at this kind of risk for STI transmission. **Low risk**

28. Behaviors such as body massage, sharing eating utensils, showering together and abstinence are considered to be at this kind of risk for STI transmission. **No risk**
SESSION 15:
GIRLS CHOOSE PREVENTION!

PURPOSE:
To explore options to reduce the risk of a STIs with safer sex education that is inclusive of people who are LGBTQI.

OBJECTIVES:
By the end of the session, participants will be able to:

1. Identify at least two safer sex methods that can be used, regardless of one’s sexual orientation or gender identity.
2. Describe the reasons why particular prevention techniques would be used in particular situations.

KEY MESSAGES:
- Sexually transmitted infections do affect youth. There are options they can take to reduce their risk. Being informed is critical in making decisions about your sexual health.
- There are many different ways people can have and enjoy sex, and all types of sex can be had in safer ways. Practicing safe sex is something that anyone of any sexual orientation and gender identity can do.
- In order to successfully use a means of prevention, it may require thinking in advance. You can think about what is needed to be successful at prevention.

AGENDA:

ACTIVITY 1: Ways to Prevent STIs\(^{91}\)  
20 minutes

ACTIVITY 2: What Should They Do?\(^{92}\)  
20 minutes

ACTIVITY 3: Closing  
5 minutes

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MINI MODULE 3.3:
SEXUAL HEALTH AND REPRODUCTION
SESSION 15: GIRLS CHOOSE PREVENTION

MATERIALS:
- Chart paper, markers
- Condom, dental dam, female condom, glove to show participants
- Paper or cardstock
- Facilitator Resource: LGBTQI—A Glossary
- Facilitator Resource: What Should They Do?
- Handout: Safer Sex: The Flow Chart

PLANNING NOTES:
This session addresses safer sex options or ways to reduce the risk of a sexually transmitted infection. This session ideally should follow Session 14: STI BINGO that addresses sexually transmitted infections.

ACTIVITY 1:
- Gather a dental dam, female condom, male condom, and glove to share with participants. If bringing in these items poses a challenge, be sure to at least bring pictures for a point of reference. Samples may be obtained at the pharmacy, local health department or family planning center, or online at sources such as www.condomania.com.
- Write “Ways to Reduce the Risk of STIs” on the top of a sheet of chart paper.
- Review Facilitator Resource: LGBTQI—A Glossary prior to the session to address the terms with the youth.
- Photocopy the Handout: Safer Sex: The Flow Chart, one per participant OR recreate on chart paper.

ACTIVITY 2:
- Create four individual signs, with the numbers “1,” “2,” “3,” and “4.” Write or type each number onto a piece of paper or cardstock. Prior to the session, tape the number signs on the wall on four different sides of the room.

PROCEDURE:

ACTIVITY 1: WAYS TO PREVENT STIs

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, introduce the session topic by explaining that today they will learn about options to reduce the risk of getting or passing along a sexually transmitted infection (STI). In order to avoid or reduce the risk of an STI, it is helpful to be grounded in some facts. Ask participants to identify:

- Facilitators often mention blood, semen, breast milk and vaginal secretions, but emerging research is showing that HIV is also present in medium levels in anal secretions. (The first four fluids have been shown to have high levels of HIV, while saliva, tears, sweat and urine have low to no levels of HIV.) See, for example, Zucker, et al. (2004). Higher concentration of HIV RNA in rectal mucosa secretions than in blood and seminal plasma, among men who have sex with men, independent of antiretroviral therapy. The Journal of Infectious Diseases, 190, 156–161.

Informed and In Charge
- **Fluids that can transmit sexually transmitted infections (STIs).** Write them on the chart. (Answer: blood, semen/pre-ejaculate, breast milk, vaginal secretions, anal secretions.)

- **Ways that STIs can be transmitted.** Write them on the chart. (Answer: infected skin-to-skin contact, transfer of infected fluids, and physical contact with an infected area of the body. Some STIs (HPV and herpes) can be transmitted through skin-to-skin contact or sharing needles during IV drug use.)

- **One thing absolutely necessary to transmit a STI.** Write it on the chart. (Answer: one of the partners must have an STI.)

- **Can you tell if someone has an STI?** (No. Most of the time, STIs do not cause any symptoms. A person needs to be tested to know if they have an STI. A person who has never had any sexual contact does not have STIs.)

2. Point out the chart paper prepared with the heading “Ways to Reduce the Risk of STIs.” Ask the participants to turn to a neighbor and name three ways people can prevent getting or spreading an STI. After a minute or two, ask for responses. Record responses underneath the bolded heading. Add the following to the list if participants do not mention them.

- Abstain from oral, anal, vaginal intercourse (greatest way to reduce risk)
- Get vaccinated
- Use condom for oral, anal, and vaginal sex
- Use dental dam
- Get tested regularly for STIs if having oral, anal or vaginal sex
- Get treated and get partner treated if have an STI
- Use glove
- Limit sexual partners

*Facilitator Note:* If the girls mention birth control methods (such as the pill, patch, or ring) let them know these do not prevent STIs but ideally should be used with a condom for maximum risk reduction. Keep this chart for reference in Activity 3.

3. Distribute the Handout: *Safer Sex: The Flow Chart* (alternatively, post the recreated chart), and explain that whereas some flow charts only address heterosexual couples, the symbols on this chart show that it is designed to include people of all gender identities and sexual orientations. Introduce the acronym LGBTQI, and explain that it includes people who are lesbian, gay, bisexual, transgender, queer/questioning, and intersex. Use the Facilitator Resource: *LGBTQI – A Glossary* to clarify sexual orientation and gender identity.
Facilitator Note: Depending on the ages and maturity of participants, there may be some negative reactions and/or giggles about the flow chart. Refer to established group agreements, as needed. Remind participants that everyone has different things that they enjoy sexually, and if there is something on the chart that they do not find to be sexually appealing, then that is a good thing for them to know and respect about themselves, while respecting that others may enjoy that activity.

4. Review the chart with participants, addressing the following points:

   • The need for safer sex applies to all people, regardless of gender identity or sexual orientation.
   • Getting tested will hopefully encourage a person to make behavior changes to lower the risk of becoming infected or transmitting an infection in the future.
   • Getting tested is the only way to know if a person has an STI. If a person has an STI they need to get treated. Their partner(s) also need to get treated. Add to Have Fun! Get tested for STIs at least once each year and more often if new partners.
   • There are many different ways people can have and enjoy sex, and all types of sex can be had in safer ways. Safer sex is sexy!
   • If sex toys are used, it is important that they are cleaned according to manufacturer’s instructions. Different types of toys will need to be cleaned in different ways but typically with soap and water.
   • Making sure that body parts, such as fingers and penises, have recently been washed with soap and water can help reduce yeast infections and urinary tract infections for partners with female anatomy.

Facilitator Note: It is important to remember that soap and water will not prevent transmission of STIs. Douching is ill-advised, since it can increase yeast infections, and, if STIs are present, douching can increase their severity.

   • Barriers such as condoms, dental dams, and gloves are all essential safer sex items. Male condoms can be used on penises and dildos, female condoms in vaginas, dental dams cover vulvas and anuses for mouth-genital/anal sex, and gloves cover the hands. Show the dental dam, female condom, glove, and male condom. Pass around the samples for the participants to touch.

5. Lead a discussion using the following questions:

   a. What options discussed so far would you recommend for young people your age?
   b. What are the pros and cons of each of these different types of safer sex?
   c. Why do you think that a person might decide not to use safer sex methods?
   d. What could a person say to partner who is not interested in using a safer sex method?
6. Ask participants if they have any questions about the information included on the handout, and answer questions as needed.

**Facilitator Note:** It is always okay to say that you are not sure of a particular answer and then to look up the answer to bring back to the group.

**ACTIVITY 2: WHAT SHOULD THEY DO?**

1. Say to the group that now they will examine why people choose particular ways to prevent STIs.

2. Tell participants that they will soon hear about a teenager who is faced with the possibility of being exposed to an STI unless a method of prevention is used. The teen has figured out that there are four prevention options available at this point in time. Participants will listen to the four options, and then determine which one is the BEST for that teen. They will stand near the sign with the number of the prevention option they think is best for the teen. Let them know that they can, at any time, change their mind and move to another part of the room if they choose. Also remind participants that they need to listen and not put down any person’s point of view.

3. Read the first scenario from **Facilitator Resource: What Should They Do?** Then, read the prevention options in numerical order all the while pointing to the corresponding number sign.

4. Now instruct participants to stand near the number sign of the prevention option they think is best for Isabella. Give participants time to think and move. Once they are in place, tell them that they have two minutes to discuss with someone standing near them about why they thought this option was best for Isabella.

5. Read Scenario 1 from the **Facilitator Resource: What Should They Do?** once again aloud to participants, if needed to remind them of their talking points. Then, ask for volunteers to share why they recommended this option for Isabella.

6. Continue in the same manner with the remaining scenarios, as time permits. Once the scenarios have been discussed, direct participants to return to their seats.

7. Lead a discussion using the following questions:
   a. What do you think is important for teens to consider when deciding on risk reduction?
   b. What are the pros and cons of some of the options that were presented?
   c. Why is it important to know the pros and cons of using these prevention techniques?
   d. What factual information did some of these teens need to know about STIs?
   e. How might a person feel about some of these situations and choices? About abstinence? Condoms? Outercourse? Visiting a doctor?
   f. The last scenario mentioned a person’s reputation. What do you think that meant? How might a person’s reputation influence sexual decisions?
   g. This activity focused on a variety of different options to reduce the risk of STIs. Which would you recommend for girls your age?
ACTIVITY 3: CLOSING

1. Direct participants to look at the list of recommended “Ways to Reduce the Risk of STIs” they developed at the beginning of the session. Explain that in order to successfully use any one of these prevention methods it may require that a person do something. As an example, if a girl has decided that she will use condoms as a means to prevent the spread of sexually transmitted infections, she will need to use the condom correctly every time she has sexual intercourse.

2. Direct the girls’ attention to abstinence stated on the list. Ask the participants to share two things a teen would need to do in order to use abstinence successfully.

3. As time allows, select a risk-reduction technique from the list and ask participants to share how they can successfully use the technique to reduce their risks.

4. Conclude by noting that taking steps for protecting one’s health like what was discussed today often involves identifying steps to take. Congratulate them on identifying steps one can take to reduce the risk of sexually transmitted infection.
Sexual Orientation – Describes whom a person is emotionally, physically, sexually and/or psychologically attracted to. Sexual orientations include:

**Bisexual** – A person emotionally, physically and/or sexually attracted to males/men and females/women. This attraction does not have to be equally split between genders and there may be a preference for one gender over others.

**Gay** – Term used in some cultural settings to represent males who are attracted to males in a romantic, erotic and/or emotional sense. Not all men who engage in “homosexual behavior” identify as gay, and as such this label should be used with caution. The term may also be used to refer to the LGBTQI community as a whole, or as an individual identity label for anyone who does not identify as heterosexual.

**Lesbian** – Term used to describe female-identified people attracted romantically, erotically and/or emotionally to other female-identified people.

**Queer** – An umbrella term, which is sometimes used as a sexual orientation label by people who do not identify as heterosexual. This term works to be inclusive of the complexities and diversity of orientations and gender identities.

Note: “Queer” may be considered an offensive term to some, and should be used with caution.

**Gender Identity** – A person’s internal, psychological sense of who they are as a gendered being. May or may not “match” a person’s assigned biological sex.

**Transgender** – A person who experiences incongruence between biological sex and gender identity. This can cause distress and some transpeople utilize medical interventions such as hormone therapy and/or surgery, to more closely align their biological sex and gender identity.

**Intersex** – A person whose combination of chromosomes, gonads, hormones and/or genitals differs from one of the two expected patterns (male/female).
SCENARIO 1

Isabella is a bisexual teen who is alone with her boyfriend Mark making out in her bedroom. Her parents won’t be home from work for another two hours. They have talked about having sexual intercourse in the future, and Mark suggests there is no better time than now. Isabella and Mark have never been tested for sexually transmitted infections and Isabella is not using any birth control method. Isabella doesn’t have any condoms, but Mark suggests they use the condom he’s had in his wallet for a while. Isabella is not sure she wants to have sex and really does not want to use an old condom. Isabella believes that she could . . .

1. Make an excuse that the timing isn’t right since she’s not sure when her parents will come home.

2. Suggest that they continue making out.

3. Suggest they wait to have sex until each of them has been tested for STIs, and Isabella has started on really effective birth control, and they have gotten new condoms from the clinic.

4. Refuse to have sex with a condom that has been in Mark’s wallet for a while.

What should Isabella do?

SCENARIO 2

Angel and his girlfriend Gabriela have been together for a long time and really love each other. They have not had sexual intercourse for a while because Gabriela was sick. Her doctor told her that she has Hepatitis B. (Most babies in the United States are vaccinated against Hepatitis B but Gabriela never received this vaccine.) Now that Gabriela is feeling better, she’s not concerned about the possibility of spreading Hepatitis B. She doesn’t know that it can be chronic, life-long infection and transmitted even when you’re feeling well. Angel likes to have sexual intercourse with Gabriela but he doesn’t know very much about Hepatitis B, and he isn’t sure what to do. Angel believes that his options are to . . .

1. Make up excuses to not have sexual intercourse until he knows more about the virus.

2. Have sexual intercourse with his girlfriend but insist they use condoms and dental dams.

3. Go to his doctor to be tested and immunized, if possible.

4. Avoid all types of sexual intercourse for now, and suggest they have outercourse—close body rubbing without intercourse.

What should Angel do?
SCENARIO 3

Emily went to a family planning clinic three months ago because she felt some blisters on her vulva. The clinician diagnosed Emily with an outbreak of genital herpes. She has been taking medication regularly to prevent future outbreaks. Though Emily and her girlfriend would like to have oral sex tonight, she is feeling a painful sensation in her vagina. Emily hasn’t told her girlfriend that she has genital herpes but she doesn’t want to put her at risk. Emily believes that she could . . .

1. Abstain from sexual intercourse with her girlfriend until the outbreak has cleared up.

2. Engage in oral sex while using a dental dam or female condom.

3. Masturbate instead while using gloves.

4. Tell her girlfriend she has genital herpes and then allow her to decide what to do.

What should Emily do?

SCENARIO 4

Kaya is a gender queer young person who has been curious about sexual intercourse for a while. Kaya has never had sex. Kaya thinks that Jim, a neighborhood friend would be safe to have sexual intercourse with because he doesn’t have a reputation for sleeping around. One day, while spending time with Jim, Kaya brought up the subject of sex. To Kaya’s surprise Jim also wonders what it would be like. Neither of them want a relationship; they just want to “try sex.” They are alone and have agreed to have sexual intercourse. Though they have agreed to have sexual intercourse, Kaya believes her choices are to . . .

1. Use the condom provided by a friend.

2. Abstain from sexual activity until she gets to know Jim more, then have sexual intercourse at another time and after knowing more about her options for birth control.

3. Use the female condom Kaya got from a health facilitator.

4. Engage in erotic massage instead of having sexual intercourse.

What should Kaya do?
SAFER SEX: THE FLOW CHART

1. Has everyone been tested since their last sexual encounter?
   - Yes: Get tested!
   - No: Pick your pleasure

2. Pick your pleasure:
   - Sex toys
   - Fingers
   - Anus
   - Penis
   - Tongue
   - Vulva/Vagina

3. Has it been washed lately?
   - No: Wash it up!
   - Yes: Is there a barrier?

4. Is there a barrier?
   - Yes: Have fun!
   - No: Get one

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SESSION 16: CONDOM COMFORT

PURPOSE:
To introduce the steps for correct male condom application as well as practice bringing up the subject of condoms with a partner.

OBJECTIVES:
By the end of this session, participants will be able to:
1. Describe the steps for correct condom application.
2. Increase comfort in communicating about safer sex with a partner.

KEY MESSAGES:
- Condoms and dental dams are safer sex options a person can use to reduce the risk of a sexually transmitted infection and pregnancy. Ideally a very good birth control method should also be used to prevent pregnancy too.
- Safer sex methods are most effective when they are used correctly as well as every time a person has sex.
- Communication is critical in making sexual decisions like using a safer sex method.

AGENDA:

ACTIVITY 1: Condom Lineup\textsuperscript{96} 20 minutes
ACTIVITY 2: Bringing Up the Subject\textsuperscript{97} 20 minutes
ACTIVITY 3: Closing 5 minutes


\textsuperscript{97} Adapted with permission from Girls Inc. (2001). Bringing up the Subject. In Girls Inc., Will Power/Won’t Power. New York, NY: Girls Inc.
MATERIALS:

- Card stock paper
- Condoms, dental dam, female condom
- Medical model of penis, or zucchini or banana
- Medical model of female sexual or reproductive system and/or enlargement of 
  Facilitator Resource: Female Internal Sexual and Reproductive Organs, 
  Facilitator Resource: Female External Sexual and Reproductive Organs
- Handout 1: Carmela, Handout 2: Deborah, Handout 3: Leana, and Handout 4: Myra (one differently numbered handout for each small group)
- Handout: Using Condoms

PLANNING NOTES:

ACTIVITY 1:

- Optional: Write “Reasons People Choose Condoms” at the top of a piece of chart paper.
- Prepare the Condom Cards. Write or type each of the following phrases on a separate piece of cardstock paper in bold letters. Shuffle the cards prior to the session.
  - Decide to have sexual intercourse
  - Talk about safer sex
  - Buy/Get condoms
  - Check that package has no rips or tears, and has future expiration date
  - Arousal (getting turned on)
  - Erection
  - Open package carefully
  - Inspect condom
  - Place a drop of lube on the inside tip of the condom
  - Hold condom at tip to leave space at end
  - Put condom on tip of erect penis
  - Roll condom down to base of penis
  - Smooth out air bubbles
  - Intercourse (vaginal, anal, or oral)
- Ejaculation
- Before losing erection, hold condom at base of penis and pull out
- Take off condom
- Throw it away
- Enjoy the good feeling of being safe
- Repeat as necessary

- Practice putting a condom on a model prior to the session to conduct the demonstration later.
- Gather male condoms, a female condom, and a dental dam. Make sure packages are intact and not expired. (If using expired condoms, point out they are for demonstration purposes.) These safer sex products can often be found at a pharmacy, local health department, or local family planning center.
- Gather a medical model of penis, zucchini, or banana and medical model of female sexual or reproductive system or an enlargement of **Facilitator Resource: Female Internal Sexual and Reproductive Organs, Facilitator Resource: Female External Sexual and Reproductive Organs**. These Facilitator Resources are in **Session 2: Deciphering Fact from Fiction about the Sexual and Reproductive Anatomy in Mini-Module 3.1.**

**ACTIVITY 2:**

- At the end of the session participants will work in small groups to create a conversation that is focused around safer sex. Review **Handout 1: Carmela, Handout 2: Deborah, Handout 3: Leana,** or **Handout 4: Myra** and decide which ones to use in the session. Copy enough versions of each handout to be used with each small group of four participants. It is okay if more than one small group has the same situation.

**ACTIVITY 3:**

- Photocopy the **Handout: Using Condoms**, one per participant.

**PROCEDURE:**

**ACTIVITY 1: CONDOM LINEUP**

1. Welcome participants to the session and remind the girls of Group Agreements from the Introductory Session. Then, introduce the session by stating, “Today we will be talking about condoms for protection during vaginal, oral, and anal intercourse.” Explain that condoms have been used by millions of couples for hundreds of years.
2. Post the chart paper with the heading: "Reasons People Choose Condoms." Ask participants to provide ideas for reasons people use condoms. List responses on the chart paper. Make sure to include concepts such as:

- easy to find
- not expensive
- male’s role in preventing pregnancy
- no dangerous side effects (Note that individuals with latex allergy should use alternative condoms made of polyurethane or polyisoprene.)
- good protection against sexually transmitted infections and unplanned pregnancy if used consistently (used every time) and correctly (instructions properly followed)

3. Introduce *The Condom Lineup* by telling participants they can have some fun showing what they know about condom use.

4. Explain that they will receive cards, that when put in the correct order, show the steps for how to use condoms correctly. Putting a condom on correctly is particularly important to reduce the risk of a sexually transmitted infection or unintended pregnancy. Incorrect application of a condom could result in it breaking or slipping off which can make the condom less effective at prevention.

5. Distribute the cards to the participants. Each participant will have one card, unless the group is small, in which case participants can receive more than one.

6. Instruct participants to hold the cards and line themselves up shoulder to shoulder with each other, in the correct order, from left to right.

   **Facilitator Note:** If there are more cards than participants, ask them to tape the cards in the correct order on the wall.

7. After participants have put the cards in line, ask the whole group if the order of cards should be changed. Allow time for group members to help volunteers rearrange the steps if necessary.

8. Once everyone agrees on the order, have each participant read their card aloud. Congratulate the group for what they have done. Check to be sure the order is correct as follows. Have volunteers move in the correct order if need be:

   1. Decide to have sexual intercourse
   2. Talk about safer sex
   3. Buy/Get condoms
   4. Check that package has no rips or tears, and has future expiration date
   5. Arousal (getting turned on)
6. Erection
7. Open package carefully
8. Inspect condom
9. Place a drop of lube on the inside tip of the condom
10. Hold condom at tip to leave space at end
11. Put condom on tip of erect penis
12. Roll condom down to base of penis
13. Smooth out air bubbles
14. Intercourse (vaginal, anal, or oral)
15. Ejaculation
16. Before losing erection, hold condom at base of penis and pull out
17. Take off condom
18. Throw it away
19. Enjoy the good feeling of being safe
20. Repeat as necessary, starting at Step 1, using a new condom each time.

Review the following concepts as you are going over the steps:

- The condom’s expiration date should be checked when the condoms are bought and, if the condom is not new, check it again before having intercourse.

  Vaginal lubrication (or wetness) is a sign a woman is aroused. Without lubrication, a woman may feel pain or discomfort during vaginal intercourse and the condom is more likely to break, because there is more friction. Some women do not naturally lubricate very much, and therefore may need some extra lubricant. Extra lubrication will be needed if a couple practices anal intercourse. Be sure to use a water-based lube like KY jelly or Astroglide. Vaseline and oils are not advised as they may break down latex condoms.

- Look to see that the condom package is sealed and fully dry.

- Open the package carefully so you won’t tear the condom. Push the condom to the side and tear the package open without using teeth or a sharp object.

- Do NOT unroll the condom before putting it on the penis. Look at the rolled condom for obvious tears. If the condom sticks to itself, looks dry or cracked, then don’t use it.
• Unless a condom is pre-lubricated, a drop of water-based lube inside the condom can make the condom feel more comfortable and prevent breakage. Do not to use too much lubricant or the condom may slip off the penis. Oil-based lubricants are not recommended for latex condoms as it will damage the condom.

• Space is left at the tip of the condom to catch the semen (or “cum”). If no space is left, the semen may leak out of the base or the condom may break.

• If a condom is put on the tip of the penis inside out by mistake it should be thrown away because some semen may have gotten on the tip. If the semen contains something infectious, the condom would be exposed to it.

• If a man is uncircumcised (if he has a foreskin) the foreskin should be pulled back before putting the condom on. If the foreskin isn’t pulled back completely before the condom is on, it will stretch the condom at the tip and increase the chance of breaking.

• Air bubbles should be smoothed out once the condom is on to prevent the condom from breaking.

• Holding onto the condom at the base of the penis at time of withdrawal and before the erection is lost is important to prevent the condom from slipping and semen spilling anywhere near the vagina, mouth, or anus.

9. After reviewing the concepts above, lead a discussion using the following questions:

a. What was it like to do this activity?

b. Why is it important to know the steps to putting on a condom?

c. What can affect putting a condom on correctly? (Some examples to explore might be not knowing the instructions, whether or not a partner has an erection, being drunk or high, not having condoms at time of sex, or having intercourse in the dark.)

d. What the differences, if any, would there be to the steps if intercourse…

   • is between two men
   • Is between two women
   • includes oral sex on the male
   • includes oral sex on the female
   • includes oral sex on the anus.

e. What could you say if your partner is refusing to use a condom because they believe sex with a condom does not feel good?

10. Using a real condom, demonstrate the steps of correct condom application. To demonstrate placing a condom over the “penis” use medical demonstrator, zucchini, or banana.
Facilitator Note: If you have additional time and have access to condoms, encourage the girls to practice condom application on the models.

11. Introduce latex squares or “dental dams.” Explain that they are used for oral sex on the vulva or on the anus. Demonstrate how to use the dental dam using a medical model or the enlarged Facilitator Resource: Female External Sexual and Reproductive Organs, as stated in the Planning Notes.

12. Introduce female condoms. Explain that during vaginal intercourse, some couples might choose to use the female condom instead of the male condom, though the two should not be used at the same time due to excessive friction that can cause breakage. Demonstrate how to insert a female condom into the vagina using a medical model or enlarged Facilitator Resource: Female Internal Sexual and Reproductive Organs, as stated in the Planning Notes. (The instructions for application should be include on the female condom and dental dam package.)

**ACTIVITY 2: BRINGING UP THE SUBJECT**

1. Tell the group that for many people, starting to talk with a partner about using condoms can be the most difficult part. Explain that communication is essential for forming and maintaining relationships, setting boundaries, expressing questions and concerns about our changing body to a medical professional, and bringing up the subject of condoms with a romantic partner. Reassure that it is okay for young women and young men to talk about condoms, buy them, and have them available if needed.

2. Point out that some young women in the group may not be in a relationship with a partner at this time, but everyone will practice so they feel comfortable bringing up the subject of male or female condoms and dental dams if they ever needed to.

3. Explain that they will work in small groups to develop a conversation about a couple using a safer sex method such as a male condom, female condom, or dental dam. The conversation can either result in the couple using a safer sex method or deciding not to have sex. It’s up to the group. Encourage the girls to incorporate things the characters would say about their feelings into the conversation. Also include loving, intimate things people might say to each other to make using the safer sex method more sensual or desirable. Use imagination and have fun with it!

4. Divide participants into small groups. Distribute a differently numbered handout to each small group.

5. Tell participants that each handout has a different scenario and beginning statement, either by the person who wants to have unprotected sex or the person who wants to have protected sex. Read the directions on the handout aloud and allow about 10 minutes for groups to complete their scripts. Ask participants to complete the handout together as a group.

6. After groups are finished, ask for one group to volunteer to read their script out loud.

   Continue with other groups as time permits. If groups are willing, and time permits, ask for groups to volunteer to act their scripts out.
7. Lead a discussion using the following questions:
   a. What was easy or difficult to create these conversations? Why?
   b. Was it easier to write a response for the person wanting unprotected sex or the person wanting to use protection? Why?
   c. How did it feel to have someone pressure you? How did it feel getting resistance to your request?
   d. What statements did you include in your conversation that were persuasive in using a safer sex method?
   e. How does participating in activities like this affect your ability to communicate effectively in real life?
   f. What advice would you give someone who is feeling pressured about sexual behaviors in a relationship?

**ACTIVITY 3: CLOSING**

1. Distribute the **Handout: Using Condoms** to the participants. Explain that the suggestions on the handout are important for using a condom correctly as well as every time a person has sexual intercourse. Ask the participants to look at the handout and share a few suggestions for remembering to follow the tips.

2. Encourage the participants to review more carefully after the session with a parent/caregiver, trusted adult, friend, or sibling. Adjourn the session.
Directions: Read the scenario below. Develop a conversation about the couple using a safer sex method (male condom, female condom, or dental dam). The conversation can either result in the couple using a safer sex method or deciding not to have sex. It’s up to the group.

Carmela and her boyfriend Arty have been using withdrawal (“pulling out”) to prevent pregnancy. Arty suggested it because he, “doesn’t like the way condoms feel.” After being Informed and In Charge, Carmela is determined to only have sexual intercourse again with Arty if a condom is used. She knows Arty is not thrilled to put a condom on and would like to use the female condom.

Carmela: I know you don’t like condoms, but I want to try the female condom. I can put it in my body and you’ll be able to feel my body’s heat through it.

Arty: ____________________________________________________________

____________________________________________________________________________________________________

Carmela: _________________________________________________________

____________________________________________________________________________________________________

Arty: _____________________________________________________________

____________________________________________________________________________________________________

Carmela: _________________________________________________________

____________________________________________________________________________________________________

Arty: _____________________________________________________________

____________________________________________________________________________________________________

Carmela: _________________________________________________________

____________________________________________________________________________________________________
Directions: Read the scenario below. Develop a conversation about the couple using a safer sex method (male condom, female condom, or dental dam). The conversation can either result in the couple using a safer sex method or deciding not to have sex. It’s up to the group.

Deborah had an intrauterine device (IUD) inserted by her clinician before she started going out with Jeff. Lately she has been worrying about getting an STI, which could impact her health and ability to get pregnant in the future. Jeff says he’ll never cheat on her, and even wants to get married after college. Deborah thinks that’s a long way off and that a lot could change before then. In order to make sure she is protected against STIs, Deborah wants to use a condom when they have sex, even though she’s using the IUD. Jeff thinks she’s crazy and asks her if she’s been seeing someone else.

Deborah: I care about you. I’m not going outside of what we have. I care about my health and yours too. That’s why I would like us to use a condom.

Jeff: ____________________________________________

_____________________________________________________

Deborah:_____________________________________________

_____________________________________________________

Jeff: ____________________________________________

_____________________________________________________

Deborah:_____________________________________________

_____________________________________________________

Jeff: ____________________________________________

_____________________________________________________

Deborah:_____________________________________________

_____________________________________________________

Informed and In Charge
**Directions:** Read the scenario below. Develop a conversation about the couple using a safer sex method (male condom, female condom, or dental dam). The conversation can either result in the couple using a safer sex method or deciding not to have sex. It’s up to the group.

Leana met Diana a couple months ago but they knew right away that this was going to be serious. They’ve been together every day and are talking about making love next weekend to celebrate their sixth-month “anniversary.” Leana’s had attraction for other women in the past, but her sexual experiences have mainly been with men, which is why she had a contraceptive implant inserted into her arm as pregnancy prevention. She thinks Diana is the best thing that ever happened to her and wants to be closer to her. However, she does not want to take any chances with infections. Leana wants to use a dental dam or condom if they have oral sex but she’s really worried she will hurt Diana’s feelings.

**Leana:** I care about you. I’m not going outside of what we have. I care about my health and yours too. That’s why I would like us to use a dental dam.

Diana: ____________________________________________________________________________________________

____________________________________________________________________________________________________

Leana____________________________________________________________________________________________

__________________________________________________________________________________________________

Diana: ____________________________________________________________________________________________

__________________________________________________________________________________________________

Leana: ____________________________________________________________________________________________

__________________________________________________________________________________________________

Diana: ____________________________________________________________________________________________

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Leana: ____________________________________________________________________________________________

__________________________________________________________________________________________________

Diana: ____________________________________________________________________________________________

__________________________________________________________________________________________________

Leana: ____________________________________________________________________________________________

__________________________________________________________________________________________________

Diana: ____________________________________________________________________________________________

__________________________________________________________________________________________________

Leana ____________________________________________________________________________________________

__________________________________________________________________________________________________
Directions: Read the scenario below. Develop a conversation about the couple using a safer sex method (male condom, female condom, or dental dam). The conversation can either result in the couple using a safer sex method or deciding not to have sex. It’s up to the group.

Justine and Myra are close friends. Myra just started dating her first boyfriend and is unsure about how to talk about sex and using condoms. She is looking to get some advice from Justine who has been sexually active. Myra wants to get some ideas of how to talk about condoms if her boyfriend asks her to have sex.

Myra: I really like my boyfriend and I am not sure what to do if he suggests that we have sex. How do I get him to use a condom?

Justin: ___________________________________________________________________________________________

_________________________________________________________________________________________________

Myra:____________________________________________________________________________________________

__________________________________________________________________________________________________

Justin: ___________________________________________________________________________________________

_________________________________________________________________________________________________

Myra:____________________________________________________________________________________________

__________________________________________________________________________________________________

Justin: ___________________________________________________________________________________________

_________________________________________________________________________________________________

Myra:____________________________________________________________________________________________

__________________________________________________________________________________________________
If you decide to have intercourse, correct use of a condom is the only way to reduce the risk of STIs. Condoms also reduce the risk of pregnancy, but an additional, more effective birth control method should also always be used for penile-vaginal intercourse.

### Getting Condoms

- Anyone, no matter what age, has a legal right to buy condoms at any drug store or clinic.
- Check the expiration date on the package of the condoms so you can be sure that they will keep for a long time.
- Buy some lubricant, especially if the condoms are not already lubricated. *Do not use oil-based lubricants* such as Vaseline, baby oil, or massage oil. They will make the condom break! *Do use water-based lubricants, or those made with silicone or glycerin.* They are usually available in drugstores, near the condoms.
- Try different kinds of condoms to find out which is the best for you and your partner.
- If either partner is allergic to latex, use condoms made of polyurethane (plastic) or polyisoprene (synthetic latex).
- Feel good about buying condoms. You are protecting yourself and your partner.

### Storage

- Keep condoms in a cool, dry place until you need them. The heat of a car, wallet, or back pocket can dry out the condoms, making them easier to break.
- Keep a few condoms within easy reach so you can use them every time you have intercourse.

### Getting Ready

- If you have never used a condom, or you don’t feel comfortable using one, you can practice putting a condom on a model or even your fingers.
- Men who masturbate can practice on themselves or a couple can try it together.
Putting It On

- Check the freshness of the pack by feeling for the air bubble.
- Gently tear the condom package down one edge.
- Be careful not to break the condom by using teeth or fingernails to open the package.
- Take the rolled condom out of the package.
- Use only one condom at a time. Do not use two condoms at once. And, do not use a male condom and a female condom at same time.
- You can put a dab of lubricant on the tip of the penis or inside the tip of the condom to make the penis feel more sensitive.
- Pinch the air from the tip of the condom, and hold on to the tip with one hand as you roll the condom all the way to the base of the penis with the other hand.
- If the erection is lost while you are doing this, relax! It is normal and can usually be taken care of by the partners together.
- When both partners participate, putting on the condom can be enjoyable and pleasurable for both.

Taking It Off

- Soon after ejaculation (coming/cumming) and before the penis becomes soft, hold the condom at the base of the penis and pull out from inside partner.
- Keep the used condom away from your partner’s body and your body.
- If semen spills on either of you, wash it off.
- Wrap the condom in tissue and throw it away.
- Do not use the same condom again.
SESSION 17: 
IT’S YOUR RIGHT: 
HOW TO ACCESS REPRODUCTIVE HEALTH SERVICES

PURPOSE:
To increase familiarity with reasons for seeking sexual healthcare services and steps for going for a visit.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Identify common concerns about sexual health services.
2. Identify situations in which sexual health services would be helpful.
3. Explain how to find and get to appropriate sexual health services in their community.

KEY MESSAGES:

- There are exams that are recommended as girls get older to assess overall sexual health. You can talk with your medical doctor or medical professional for more information.
- There are times in life where seeking a sexual healthcare provider is necessary. It is important to know where to go for sexual healthcare.

AGENDA:

ACTIVITY 1: Places for Sexual Healthcare 10 minutes
ACTIVITY 2: Seeking Sexual Healthcare Profiles 20 minutes
ACTIVITY 3: Steps to Sexual Healthcare 15 minutes
ACTIVITY 4: Closing 2 minutes

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MATERIALS:
- Chart paper, markers
- Index cards
- Tape
- Cardstock paper
- Facilitator Resource: Guide to a Well-Woman Visit
- Facilitator Resource: Profile Cards
- Facilitator Resource: Discussion Triggers for Accessing Healthcare Steps
- Handout: Finding Sexual Healthcare

PLANNING NOTES:
Prepare for the session by reviewing Facilitator Resource: Guide to a Well-Woman Visit. For more age-related information, visit the following websites:


ACTIVITY 2:
- Photocopy the Handout: Finding Sexual Healthcare, enough to match the number of Profile Cards you are giving to each group.
- Photocopy Appendix A: Finding Help . . . A Resource List, one per participant.
- Create the Profile Cards for the participants: Review the Facilitator Resource: Profile Cards and decide which ones to include in the session based on the needs of your group. Photocopy the Facilitator Resource and then cut around each box. Tape the box onto an index card.
ACTIVITY 3:

- Prepare the **Steps to Sexual Healthcare Cards**. Write or type each step on a piece of cardstock/paper or index card. (Note the correct sequence below.)
  - Identify the need or problem
  - Find out where to get help
  - Find out when you can go
  - Decide how to get there
  - Call (or visit) to explain your need or problem
  - Make an appointment
  - Get ready to go
  - Go to appointment
  - Fill out any forms
  - Visit with clinician
  - Get instructions or treatment plan
  - Ask questions
  - Schedule follow-up visit (if needed)
  - Pay (if necessary)

PROCEDURE:

**ACTIVITY 1: PLACES FOR SEXUAL HEALTHCARE**

1. Welcome participants to the session and remind the girls of Group Agreements from the Introductory Session. Then explain that this session will help them learn about getting sexual healthcare whenever in their lives they might need it. Ask the group to provide examples of places to go for sexual healthcare. Write responses on chart paper. *(Answers might include Planned Parenthood or other family planning clinics, STI/HIV testing sites, adolescent clinics, health department, hospital, prenatal clinic, gynecologist, urologist, etc.)*

2. Lead a discussion using the following questions:
   a. Who would you feel most comfortable asking about sexual healthcare?
   b. What do you know about the services offered at each of the places listed? *(Provide additional information as necessary.)*
   c. Why might women go to a family planning clinic? Why might men go to a family planning clinic?
   d. How might someone feel about visiting a sexual health provider? Why?
ACTIVITY 2: SEEKING SEXUAL HEALTHCARE PROFILES

1. Divide participants into small groups. Have each group assign a recorder. Give each group the following:
   - one or more of the Profile Cards, as determined in the Planning Notes
   - Handout: Finding Reproductive Healthcare for each Profile Card they receive
   - directory (or brochures) for local health services

2. Review the directions on the handout and allow about 10 minutes for the groups to complete.

3. After 10 minutes, bring the group back together and ask for the recorder for each group to report briefly on their profile character’s situation and their answers to the handout questions. Encourage responses from other participants as well.

4. Lead a discussion using the following questions:
   a. How important do you think it is for your character to seek a sexual healthcare provider? Explain.
   b. How do you think your character might be feeling about visiting a provider? Explain.
   c. What do you think could happen if your character did not seek a provider?
   d. What might your character need to seek help?
   e. What qualities would you look for in a person or agency that might help you with your sexual health?

ACTIVITY 3: STEPS TO SEXUAL HEALTHCARE

1. Mention to the girls that some people may avoid getting sexual healthcare because they don’t know the steps that are involved; this next activity will help them think more about what usually happens when a person wants to get sexual healthcare.

2. Tell participants that they will each receive a card and their task is to tape the cards on the wall in the order in which these actions would occur when a person is getting sexual healthcare, from the first step to the last step.

3. Shuffle the Steps to Sexual Healthcare Cards so they are not in order and distribute one to each participant. (If the group is small, give participants more than one card.) Have the group begin ordering their cards.

4. After the girls have placed their cards, clarify the placement of the cards using the sequence below. Use Facilitator Resource: Discussion Triggers for Accessing Healthcare Steps to discuss the steps. (Note the correct sequence below.)
   - Identify the need or problem
   - Find out where to get help
- Find out when you can go
- Decide how to get there
- Call (or visit) to explain your need or problem
- Make an appointment
- Get ready to go
- Go to appointment
- Fill out any forms
- Visit with clinician
- Get instructions or treatment plan
- Ask questions
- Schedule follow-up visit (if needed)
- Pay (if necessary)

Facilitator Note: Confidentiality is a huge concern for teens. Let the girls know there is a great clinic finder at www.bedsider.org to find a clinic or provider who will give them confidential care. Title X clinics and Planned Parenthood are a great place to call and ask.

5. Follow up the activity with the discussion questions:
   a. Which cards were difficult to place? Why?
   b. Which step cards would any of you put in a different place along the lineup? Why?
   c. Which of these steps in getting sexual healthcare might be easier to do? More difficult to do? Why? What could make difficult steps easier?
   d. What should people do to make their sexual healthcare appointment most effective?

Facilitator Note: Choose questions from the Facilitator Resource: Discussion Triggers for Accessing Healthcare Steps to expand the discussion about individual steps, as necessary, and as time permits.

**ACTIVITY 4: CLOSING**

Conclude the session by asking the group, “What tips would you give a friend who was considering going for her/his first visit?”
Public health experts suggest that all kids have a well-health visit with a doctor each year, and for young women between 13–15 years of age to have their first visit with a sexual health provider (obstetrician–gynecologist) for screening, preventive services, and guidance. A well-woman visit for young women younger than 21 years of age generally does not include an internal pelvic exam unless indicated by her medical history. For young women under the age of 21, the sexual health clinician may:

- provide information and education
- discuss anatomical development, body image, self-confidence, weight management
- provide immunizations (including the HPV vaccine) if not already done, contraception, screening for STIs if needed, and counseling on STI risk reduction
- if indicated, conduct an external genital exam of the folds of the vulva, vaginal opening, and perineum

As girls get older, they can talk with their healthcare provider about what tests are recommended. Below is a short description of the parts of the exam.

**External genital exam:** The clinician examines the folds of the vulva, vaginal opening, and perineum for signs of cysts, discharge, growths, irritation or other conditions.

**Pelvic Exam:** An internal pelvic exam is generally not needed for young women until they are age 21. A provider may want to conduct a pelvic exam for a teen who is experiencing certain problems, such as abnormal bleeding or pain. A pelvic exam allows the provider to examine the inside of the vagina, the cervix, and to feel the uterus and ovaries. The first step is for the provider to insert a speculum into the vagina. This plastic or metal instrument spreads apart the walls of the vagina and allows the practitioner to examine the vagina and cervix (which is the lower portion of the uterus). The speculum may feel strange and uncomfortable but should not cause pain. If a pap smear needs to be done (usually starting at age 21), the sample is taken from the cervix at this time. The provider then removes the speculum and does a bimanual exam. This is when the provider feels inside the vagina and also feels on the abdomen just above the pelvic bone. This allows the provider to check the uterus and ovaries.

**Pap Smear:** A pap smear is a screening test for cervical cancer and generally recommended for young women starting at age 21. A small brush is used to take a sample of cells from the cervix that is then sent to a lab where they are examined for pre-cancerous changes. Currently, the recommendation for women between ages 21–29 is to have a pap smear every three years.

**STI tests:** Tests for the most common STIs, including Trichomonas, Chlamydia, and Gonorrhea can be done during the pelvic exam. Chlamydia and gonorrhea can also be tested by checking a urine sample. An HIV test is usually done by a blood test, or a swab collected from the inside of the cheek.
**Directions:** Put the teen situations **in bold** on the **Profile Cards.** The possible problem and places where a teen could go for help are written next to each situation. Facilitators may wish to change names to ones that are more appropriate to their groups or to avoid names of participants in the group.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. <strong>Tanya</strong> has such heavy menstrual periods that she wears two tampons and a pad so she won’t stain her clothes. Her best friend told her that going on the Pill would make her periods lighter.</td>
<td><strong>Likely normal.</strong> Tanya could discuss this at a family planning clinic, with her private doctor, or the school nurse.</td>
</tr>
<tr>
<td>2. Jennifer’s period is almost two weeks late. She’s been having sexual intercourse with Tony for three months without using any method of birth control.</td>
<td><strong>Possible pregnancy.</strong> Jennifer could get a pregnancy test at a family planning clinic or private doctor’s office.</td>
</tr>
<tr>
<td>3. Andrea feels discomfort in her vulva and vagina area. Her vulva feels very itchy. Andrea is not sexually active with others.</td>
<td><strong>Possibly a yeast infection.</strong> Andrea can visit her primary care doctor or family planning clinic, or private doctor’s office to get examined, and treated if necessary.</td>
</tr>
<tr>
<td>4. Lila is feeling pain and burning when she urinates (“pees”). She also frequently feels like she has to urinate, though only a small amount is released.</td>
<td><strong>Possible urinary tract infection.</strong> Lila could go to a family planning clinic, or private doctor’s office to get tested and possibly treated.</td>
</tr>
<tr>
<td>5. The condom broke during intercourse between Sofia and her boyfriend last night. She does not want a pregnancy.</td>
<td><strong>Possible risk of pregnancy and STI.</strong> Sofia could call right away to get emergency contraception, or she and her boyfriend could discuss this at a family planning or STI/HIV clinic, or with a teacher or school nurse.</td>
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<tr>
<td><strong>6.</strong> Laura has recently noticed a raised, pink area near the opening to her vagina. It doesn’t hurt, but it seems as if it’s getting bigger.</td>
<td><em>Likely genital warts.</em> Laura could get a checkup at an STI clinic, family planning clinic, or private doctor’s office.</td>
</tr>
<tr>
<td><strong>7.</strong> Michaela recently learned that certain strains of HPV can lead to cervical cancer. She wants to learn more about HPV and whether she could get the vaccination.</td>
<td><em>Michaela is concerned about HPV</em>—how it’s transmitted, how to reduce the risk of exposure, and how it can impact one’s body. Michaela could consult her family doctor or family planning clinic to find out more about HPV and if the vaccination is recommended.</td>
</tr>
<tr>
<td><strong>8.</strong> Emily has been sexually active with her partner and is not using a birth control method. Her period is three weeks late, but she thinks it will come.</td>
<td><em>Likely pregnancy.</em> Emily could discuss this with a school nurse, or at a family planning clinic. The health center can provide a pregnancy test, discuss the test results, and possible options.</td>
</tr>
<tr>
<td><strong>9.</strong> Karen had oral sex with her boyfriend several times. He just told Karen he had intercourse with another woman, without using a condom. Karen doesn’t have any symptoms of STIs.</td>
<td><em>Possible STI.</em> (Often, STIs have NO symptoms.) Karen could go to an STI clinic, family planning clinic, or private doctor’s office to get examined, and treated if necessary.</td>
</tr>
<tr>
<td><strong>10.</strong> Sarah’s breasts hurt, and she feels lumps on the sides of both of them. Karen doesn’t have any symptoms of STIs.</td>
<td><em>Possibly normal since there are lumps on both breasts.</em> Sarah could get, and learn to do, a breast examination at a family planning clinic or private doctor’s office.</td>
</tr>
<tr>
<td><strong>11.</strong> Brenda’s girlfriend Lisa loses her temper a lot. Last week Lisa slapped her in the face when she saw Brenda talking with another girl from class. Last night, Lisa insisted on having sex with Brenda, even though she was tired and didn’t want to.</td>
<td><em>Abusive relationship, possible sexual assault.</em> Brenda could discuss her situation with a school staff person, or women’s health/crisis center.</td>
</tr>
</tbody>
</table>
FIND OUT WHEN YOU CAN GO

1. What dates and times are best for YOU?
2. When is the CLINIC or OFFICE open? (Weekdays? Weekends? Times?)
3. Can go to www.guttmacher.org/statecenter/ to find out the laws about confidential care in your state. All states allow minors to consent to STI testing and many allow minors to obtain birth control. Parental involvement always encouraged.

DECIDE HOW TO GET THERE

2. Do you need directions?

EXPLAIN YOUR PROBLEM AND MAKE AN APPOINTMENT

1. Can you describe your problem or situation using medical terms for body parts?
2. What might you want to ask?
3. Are services confidential? How do you want to be contacted?
4. What is the cost? (How might using insurance affect confidentiality?)
5. Is it important to you whether the clinician is female or male?
6. Do they have someone who speaks your language?
7. Do you need to bring anything to the visit (a date book, menstrual records, information about your concerns, etc.)
8. What do you need to do if you can’t keep your appointment?

GET READY TO GO

1. What do you need to do to get ready? (Write out questions? Get someone trustworthy to go with you? Gather anything needed for visit?)

GO TO APPOINTMENT

1. Why might a person not go to a health-care visit, even though they’ve made an appointment?
2. How can a person get support?

FILL OUT ANY FORMS

1. What kind of information might the healthcare staff need to know?
2. Why do people receiving healthcare need to sign consent forms?
3. What might be helpful to know about one’s medical history? Family history?
4. Why is it important to be honest in providing information?

VISIT WITH CLINICIAN

1. What could be helpful to do during an exam? (Be sure the staff knows if the exam is your first one, talk about feelings, ask questions, and ask for explanations.)

GET INSTRUCTIONS AND TREATMENT PLAN AND ASK QUESTIONS

1. What medications are needed? How will you get them?
2. How can you find out test results?
3. Do you need a follow-up appointment?
4. What behaviors do you need to do, or avoid, to stay healthy?
Directions: As a group, discuss the questions below. Choose a recorder to write down your responses.

1. What is “your” character worried about?

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

2. What might concern your character about getting the sexual healthcare she or he needs?

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

3. Whom could your character talk to about this concern?

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

4. Where could your character go to get help?

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

5. What are two questions your character might want to ask about his or her sexual healthcare?

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
Technology is an evolving influence on sexual development. Awareness of the impact of technology on young people’s sexual development and engagement has long been a factor in traditional sexuality education, but the emerging realities of social media have intensified the importance of discussions even more. The session plans in Module Four: Sex, Media, and Technology provide support for exploring the role media and technology plays in sexual development.

The initial sessions in this module provide a theoretical framework for understanding media, both social and otherwise. Many girls will be aware of media messaging, even if they are not fully immersed in a culture of analysis. In order to begin in a comfortable space, the sessions start with a critical analysis of traditional media with Analyzing Media Messages. The next session, Media and Me, is intended to raise the girls’ awareness of the prevalence of sexuality messages featured in the media and the importance of advocating for increased representation of positive, healthy sexuality messages in media. The Things That Make It Different contextualizes digital media (broadly) and social media (more specifically) in relationship to real-life communication and provides young people with a deeper understanding of the issues at stake when they make decisions about posting, forwarding, tagging, etc. Participants will be introduced to these issues through scholar danah boyd’s (danah does not capitalize her name) conceptual framework of digital media. How IRL Is It? moves beyond the presentation of either imagery or lifestyle to address comparisons between one’s own body and life and the ones that are shown online. Taken together, these five sessions provide a strong framework for thinking about and assessing digital media and the sexual images represented therein. If the girls are not yet highly involved in social media, the focus can remain on the first two sessions, which contextualize more traditional forms of media. If the girls are highly engaged in social media already, the last three sessions are critical.

Diving deeper into media, the following sessions offer specific support for common situations adolescent girls experience around social and digital contexts. This includes searching for sexual health information online, sexting, safety considerations when contemplating meeting face-to-face after meeting someone online, and examining sexually explicit media. In Behind the Music: Music Literacy and Healthy Relationships participants analyze song lyrics for healthy relationships qualities. They will assess the quality of sexual health information online in the session The Resource Adventure: Navigating Your Way Through the World Wide Web. As part the session Sex, Sex, Everywhere! Sexually Explicit Media and Youth, participants will explore what can constitute sexually explicit imagery. The final session, Safety First! Thinking about F2F after Meeting Online will allow participants to examine safety concerns related to meeting people online and in real life. This is timely as a recent study found that nearly 1 in 3 teens who formed an online friendship later met this person face to face.100 These sessions are ideal for a group that already has some experience talking about the issues associated with digital media, both social and otherwise.

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The sessions in Module 4: Sex, Media, and Technology can be delivered as a cohesive series. The session plans are intentionally ordered in the module for concepts and information to be gradually introduced to participants. Concepts in latter sessions may build on content within earlier sessions. While any session plan can be delivered as a stand-alone, if you deliver the session plans in a different order, it is important to recognize that you may need to introduce background information that the session plan assumes the girls know but may not have been delivered. Participants who receive the entire content from module will be able to:

- Participate in critical analysis of sexual imagery and social media.
- Accurately state the messaging behind a media image (movie, song, website, etc.) and assess its validity and appropriateness for supporting healthy relationships.
- Name five ways that digital media is unique.
- Identify sexual imagery and engage in critical conversation about it.
- Make accurate assessments about digital imagery.
- Identify important personal and emotional boundaries as they relate to sexual imagery and social media.
- State their own feelings and values as they relate to sexual media imagery.
- Identify and address safety concerns as they relate to social media.
SESSION 1:
ANALYZING MEDIA MESSAGES

PURPOSE:
To analyze media messages for their sexual content and critique negative messages about sexual behavior.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Accurately describe sexual imagery in advertisements, music, and videos.
2. Name sexually problematic messages in advertisements, music, and videos when they occur.

KEY MESSAGES:

- Everywhere you look you can see and hear messages encouraging you to have sex—on television, in movies, in magazines, and in music.
- You can learn to recognize messages that tell you to be “sexy” or to be sexual with someone and to decide if you want these things on your own terms.
- Media messaging includes cultural perspectives on beauty and worth. You do not have to adhere to any perspectives on beauty and worth other than your own.

AGENDA:

ACTIVITY 1: Warm-Up 10 minutes
ACTIVITY 2: Media Analysis 30 minutes
ACTIVITY 3: Closing 5 minutes

MATERIALS:

- Chart paper, markers
- Tape
- Magazine ads that depict couples in situations that appear to encourage sexual behavior (see Planning Notes)
- Downloaded files or URLs to play, two to three music videos and two to three popular songs that encourage sexual behavior (see Planning Notes)
- Computer, speakers, and monitor or projector
- Handout: Advertisement Media Analysis
- Handout: Video Analysis
- Handout: Popular Music Analysis

PLANNING NOTES:

This activity takes a good bit of planning and preparation, but is well worth the time because of the ways that it invites the participants to actively engage with media representations of sexuality.

ACTIVITY 2:

- Prior to the session put together the media props that you will use for the activity:
  - Gather four to five advertisements that show couples in embraces, in provocative poses, in bed or lying together somewhere, or in various stages of undress.
    Ads can be printed from websites or cut from magazines that appeal to the girls. Be sure to include a mix of popular magazines and websites targeted at young people, girls, and women. Ads should be mounted on construction paper or poster board so they will be sturdy.
    If planning on showing an online music video make sure in advance that there is internet capability. Download them if internet access is not accessible during the session itself. Make sure to cue the videos, especially if the website requires you to view an ad prior to the selected video.
  - Choose one or two songs your girls listen to that describe and/or encourage explicit messages about sexual behavior. Be sure to bring the songs and necessary technology to play the music during the session. Find the lyrics online so they can be read to the group. Some people may have difficulty hearing or understanding the words in rock, rap, or heavy metal music; therefore, providing a copy for each girl or group is recommended. Lyrics for songs can be found at: www.metrolyrics.com or www.lyrics.com.
■ Conduct a check of your electronic equipment, internet connection, projector, and sound before the session. Be sure you know how to operate the technology.

■ Photocopy, collate, and staple copies of the Handout: Advertisement Media Analysis, Handout: Video Analysis, and Handout: Popular Music Analysis, one for each small group.

PROCEDURE:

ACTIVITY 1: WARM-UP

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, introduce the session by explaining that messages contained in media—advertisements, videos, television, movies, and music—often present distorted pictures of how people look and behave.

2. Ask the group to recall two or three specific media messages that suggest or encourage sexual behavior. Ask participants how they felt and what they thought the first time they saw those images. Ask how they felt and what they thought the last time they saw those images.

ACTIVITY 2: MEDIA ANALYSIS

1. Tell the large group that this activity is going to give them the chance to analyze several types of media, such as advertisements, music videos, and music lyrics, think about, and determine what messages these media contain about sexuality and sexual behavior.

2. Create small groups of three or four participants. Distribute the collated and stapled Handout: Advertisement Media Analysis, Handout: Video Analysis, and Handout: Popular Music Analysis to each small group and, using one of the printed ads as an example, go over instructions for the activity:

   “You will work in your groups to analyze a series of advertisements, videos, and songs. For each type of media, there is an analysis chart in your packet of handouts.

   When you see an advertisement like this one (display one of the sample ads), you will use the questions on the handout to analyze the media. Don’t worry about writing complete sentences; just jot down a few words to answer the questions. Let’s do one together using this sample ad. (Go over the questions on the handout with the group and have them fill in their answers for the sample.)

   We’ll repeat the same process with each ad, video, and song. Be sure to use the correct handout for each type of media.”

3. Distribute the prepared advertisements one at a time to each small group and tell them they have 3 minutes to provide responses on the Handout: Advertisement Media Analysis. As small groups work, provide assistance such as giving suggestions if you notice participants are having difficulty with a question, now and for the remainder of the activity.

4. After 3 minutes, regain the attention of the group and ask for one or two small groups to report their responses to questions on the Handout: Advertisement Media Analysis.
5. Show 1- to 2-minute segments of the prepared videos, one at a time. Afterward ask the small groups to select one of the videos to complete the Handout: *Video Analysis*. Give the small groups 3 minutes to complete.

6. After 3 minutes, regain the attention of the group and ask for one or two small groups to report their responses to questions on the Handout: *Advertisement Media Analysis*.

7. Distribute song lyrics if you’ve printed them out or allow girls to look up song lyrics if they have access to the Internet. Play significant portions of the prepared songs, one at a time. Afterward ask the small groups to select one of the songs to complete the Handout: *Popular Music Analysis*.

8. After 3 minutes, regain the attention of the group and ask for one or two small groups to report their responses to questions on the Handout: *Popular Music Analysis*.

9. Lead a discussion using the following questions:
   a. What do you think about the messages about sexuality featured in the media formats?
   b. How noticeable are these messages to you when you typically use these media formats? Why might this be?
   c. What myths do these media examples share? (Possible answers: Women and men should look a certain way to be attractive. It’s important to look sexy. Using certain products makes one sexy. Having sexual intercourse is cool. Adults are having sex all the time, even in the most casual encounters.)
   d. Would you describe the messages as being more healthy or unhealthy? Explain.
   e. What healthy sexuality messages would you want in the media?

**ACTIVITY 3: CLOSING**

To close the session, ask the group to consider this:

“Imagine that you have younger sisters between the ages of 7 and 10. They are not yet as savvy and smart as you are, but they do look up to you and hope to be like you when they grow up. They borrow your magazines, watch the same videos you like, and listen to your music—they see and hear many of the same sexual messages we saw and heard here.”

Ask the participants to share messages they want girls to get about sexuality and relationships.
1. What product or service is the ad selling?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

2. What can the product or service actually do?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

3. What else does the ad imply that it can do?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

4. What basic message does the ad give about sexuality?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
1. What is this video about?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

2. What sexual behaviors are depicted or suggested by the visuals?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

3. How consistent are the lyrics or dialogue with images in the video?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

4. If sexual intercourse is shown or implied, is protection from pregnancy and sexually transmitted infections included in the message?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
1. What is this song actually about?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

2. What sexual messages are contained in the lyrics?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

3. Which lyrics mention a woman or women? Are the messages positive or negative? Why do you think so?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

4. Do any lyrics suggest violence or abuse? If so, which ones?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
PURPOSE:
To raise awareness of the prevalence of sexuality messages featured in the media and the need to advocate for increased representation of positive, healthy sexuality messages in media.

OBJECTIVES:
By the end of this session, participants will be able to:
1. Describe how two types of media (passive and interactive) are used.
2. State two messages about sexuality featured in the media.
3. Explain one way to promote healthy sexuality in response to negative media messages.

KEY MESSAGES:
- Media commonly includes discussions about and images of sex and sexuality.
- It is important that, as you engage with media, you question whether the messages about sexuality are healthy or unhealthy. You can develop a position on the messages about sexuality featured in the media when you are informed.
- If you feel the messages are unhealthy, you have the right to speak up.

AGENDA:

ACTIVITY 1: Digital Media Brainstorm/Warm-Up 10 minutes
ACTIVITY 2: How Media Talks about Sex 15 minutes
ACTIVITY 3: Campaigning for Healthy Sexuality 15 minutes
ACTIVITY 4: Closing 5 minutes
MATERIALS:
- Chart paper, markers
- Small stickers (one sheet of 10 stickers for each participant)

PLANNING NOTES:
If you have the opportunity prior to the session, ask the girls which (if any) social media platforms they use. Otherwise do an internet search to determine what teens are currently using and spend some time learning about them to familiarize yourself with the most current platforms.

Be sure and research what safety or privacy measures and issues exist with the platforms the participants mention. Because social media platform privacy settings can change over time, it is suggested that you conduct an internet search to become more informed. Social media platforms typically have a Help Center that gives guidance on privacy settings. At the time of publication (2015), *PC World* published an article, “12 Simple Steps to Safer Social Networking,” that provides suggestions for managing privacy settings for Facebook, Twitter, Google+, and Instagram. Visit: [www.pcworld.com/article/2031456/12-simple-steps-to-safer-social-networking.html](http://www.pcworld.com/article/2031456/12-simple-steps-to-safer-social-networking.html).

ACTIVITY 1:
- On one piece of chart paper write “List 1” and underneath write the following list of media formats: “billboards, newspaper, magazines, television, movies, radio”
- On another piece of chart paper write “List 2” and underneath write the following list of media formats: “blog, websites, social media, radio talk shows, YouTube.”
- Post the two sheets of chart paper next to one another.

ACTIVITY 2:
- Girls are often aware of many more media formats than they regularly use. To expand your understanding of the types of media the participants actually use, you will take a poll. Be sure to gather a sheet of small stickers for each participant to use during the poll.

ACTIVITY 3:
- As part of this activity you will share a few examples of social media campaigns that promote healthy sexuality. Look for social media campaigns that feature different aspects of sexuality such as healthy relationships, self-esteem, and risk reduction. Social media campaigns can change overtime, so research the Internet prior to the session. Below are a few examples at time of publication (2015):
- **It Gets Better** is an online and social media campaign intended to inspire lesbian, gay, bisexual, and transgender youth, and create worldwide changes to make things better for LGBT youth. Review information on the website: [www.itgetsbetter.org/pages/about-it-gets-better-project/](http://www.itgetsbetter.org/pages/about-it-gets-better-project/).

- **That’s Not Cool** is a multimedia campaign created by Futures without Violence to raise awareness of controlling and abusive behavior that can happen in teen relationships. It was created for youth to get a sense of their personal boundaries around digital do’s and don’ts in a relationship. Review information on the website: [www.futureswithoutviolence.org/children-youth-teens/thats-not-cool/](http://www.futureswithoutviolence.org/children-youth-teens/thats-not-cool/).

**PROCEDURE:**

**ACTIVITY 1: DIGITAL MEDIA BRAINSTORM/WARM-UP**

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Explain that today they are going to discuss different types of media they use, how they are used, and the messages about sex, sexuality, gender, relationships, they might have faced when using the media.

2. Point out the prepared pieces of chart paper as stated in the Planning Notes, with the list of media formats that people use. Ask the girls to describe how they use the media formats on List 1 in comparison to List 2.

3. Tell the girls you would like to further explore the differences in how media formats are used. Write “Passive Media” next to “List 1” and explain that passive media formats are those in which the user does not interact with the content creator. These are also media formats that do not require you to be online or on the phone to use.

   Write “Interactive Media” next to “List 2” and explain that these media formats allow the user the opportunity to interact with the content creator and other users. These media formats often require the user to be online in order to use it and to connect with others.

4. Ask the girls to provide other examples of media formats to add to each list. Encourage them to share why the media format belongs on either list.

   *Facilitator Note:* Do not hesitate to ask participants to explain or describe media formats that are new to anyone in the group, including you. If it is unclear which category one of the ideas goes into, write it off to the side (of either sheet). Come back to the “undecided” list after the brainstorm and ask your participants which category each format fits into best. There are some media outlets that can be used passively or interactively like video games (Xbox Live vs. standard individual play). You can write these in both columns, make a third column of them, or another format that the participants suggest.

5. Explain to the girls that people are often aware of many more media formats than they regularly use. Tell the participants that you would like to get a sense of what types of media they are using. Give each participant a sheet of stickers and ask them to put one next to each type of media that they have used in the last three months. This does not need to be a scientific process. The goal is to have a visual statement about where your participants’ media usage is most heavily focused.
ACTIVITY 2: HOW MEDIA TALKS ABOUT SEX

1. Explain to the participants that they have discussed how media can be used. Now you want them to think about messages about sexuality that can be featured in media. Ask the participants to raise their hands if any of the media examples from Activity 1 include sexual content. (Provide examples, if needed, such as people dating, being in a relationship, coming out, engaging in a sexual behavior, or using sexual language.) Then ask them to shout out which types of media listed frequently include sexual content. Put a star next to these forms of media in each column. (It may be that they come to the conclusion that they are all equally sexual, which is fine. Star them all!) Ask them to share why they think sexual content is included.

2. Ask participants to think about the media messages about sexuality they might have faced while using passive or interactive media. Encourage them to provide examples of messages and list their examples on the chart paper. Remind them not to share names or any personally identifying details.

Facilitator Note: As they discuss interactive media, encourage them to consider social media posts, statements in a comments section of a website, perspectives shared as part of a radio talk show.

3. Lead a discussion using the following questions:
   a. Which messages listed do you think promote positive, healthy sexuality? Which do not? Why?
   b. Are there any messages listed you would want to see changed? Which ones and why?
   c. Do you think there are differences in the sexuality messages featured in passive media vs. interactive media? Explain.
   d. What healthy messages would you want out there about sexuality? (List participant responses to this question on chart paper as they are shared aloud.)
   e. Which of the two types of media (passive or interactive) do you think allows you the opportunity to create a healthy message? Explain.

ACTIVITY 3: CAMPAIGNING FOR HEALTHY SEXUALITY

1. Explain to the participants that as they continue to use media, it is important to think about whether the messages provided are healthy or unhealthy. There have been many examples of groups and individuals who thought that the messages featured in passive media formats listed in Activity 1 were hurtful and started interactive social media campaigns to raise awareness. Provide examples of current social media campaigns that promote healthy sexuality. (See examples in the Planning Notes.)

2. Tell the participants that in this final part of the session they are going to work in small groups to create a tagline or hashtag for a social media campaign to promote healthy sexuality. Break the participants into small groups and tell them they have 5 minutes to create the tagline.
3. After 5 minutes, draw the attention of the groups and have volunteers share their taglines.

4. Lead a discussion with the following questions:
   a. What was it like for you to create the tagline? Why did you create this specific tagline?
   b. How do you think girls your age would respond to your tagline or hashtag? Explain.
   c. Why do you think it is important for girls to be able to recognize healthy and unhealthy sexuality messages in the media?
   d. How could you work to promote healthy sexuality messages today?

**ACTIVITY 3: CLOSING**

Conclude the session by noting that passive and interactive media is all around them, and they will face a lot of different messages. It is important that they think about what they are consuming and whether the messaging is healthy or unhealthy. Since values and definitions around what is healthy can vary from one cultural group to the next, it is critical that they think about what is healthy for them. Emphasize that being a part of this program is intended to help them to become more aware of what is healthy and what isn’t.

Encourage the girls to work with a trusted adult to send a message to passive and interactive media creators who feature unhealthy messages and offer suggestions on ways to make the content healthier. Ask the girls to share an example of a message they would want to discuss with a trusted adult.
SESSION 3:
THE THINGS THAT MAKE IT DIFFERENT

PURPOSE:
To introduce the four important ways that digital media differs from IRL (in real life) engagement and communication, which is critical for decision-making around social media.

OBJECTIVES:
By the end of this session, participants will be able to:

1. List four ways that interactions through social media (persistence, visibility, spreadability, and searchability) are different from interactions in real life.
2. Apply the four unique aspects of digital media to real-life situations.

KEY MESSAGES:
- Social media can be a fun place to hang out and share with your friends.
- It is easy to make mistakes about what you post on social media if you haven’t thought about what is best for you to do in advance.
- It is important to consider four things when you’re on any kind of digital media: persistence, visibility, spreadability, and searchability.

AGENDA:

ACTIVITY 1: Warm-Up  10 minutes
ACTIVITY 2: Digital vs. IRL  30 minutes
ACTIVITY 3: Closing  5 minutes
MATERIALS:

- Chart paper, markers
- Pencils/pens and paper
- Small prize for a competition between pairs of participants. Something like special pencils, stickers, etc., is appropriate.
- Handout: *Digital and IRL* (This is two pages.)

PLANNING NOTES:

ACTIVITY 1:

Optional: Write the following statements on chart paper:

a. “Do you have at least one social media account?”

b. “Do you have at least five social media accounts?”

c. “Are you on social media less than daily?”

d. “Are you on social media every single day?”

e. “Have you ever seen anyone post something embarrassing on social media?”

f. “Have you ever posted anything embarrassing on social media?”

g. “Have you ever thought about your teacher looking at your social media posts?”

h. “Have you ever thought about your future boss or employer looking at your social media account as it looks right now?”

i. “Have your parents/caregivers looked at one of your social media accounts?”

ACTIVITY 2:

- Prepare a piece chart paper with the heading “Four Characteristics about Digital Media to Remember” and bulleted points below by danah boyd:
  - *Persistent* (it stays forever)
  - *Visible* (it’s easy for someone else to see)
  - *Spreadable* (it can be shared between people)
  - *Searchable* (it can be found)

- Prepare a piece of chart paper with the heading “Report Back” and the following underneath:
  - Assigned characteristic of digital media
  - How this characteristic could affect decisions about posting on social media
  - Photocopy Handout: *Digital and IRL*, one per participant
PROCEDURE:

ACTIVITY 1: WARM-UP

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Tell the girls that today they will discuss how interactions through digital media can be different than in real life (or IRL). Ask for a volunteer to define digital media. Confirm or affirm the following:

   *Any information that is made and/or kept on a digital device like a computer, cell phone, or on the internet. This includes social media accounts, but it also includes things like pictures, the government’s website, and more.*

2. Tell participants that social media is one kind of digital media. Ask for a volunteer to define social media. Confirm or affirm the following definition:

   *Websites and apps where users can have profiles, make and share content, and talk with each other. Social media is only one kind of digital media. Social media only includes types of media where people talk with each other. It does not include, for example, a website without a “comments” section such as a website that is designed to give directions to get somewhere.*

3. Ask participants to describe some differences between digital or social media communication and in-real-life communication.

4. Tell the group that you would like to become aware of their personal experiences around social media use. Explain that you will ask a series of questions. Each participant will stand up if her answer is YES, and sit down if her answer is NO. Read each statement below allowing time for movement.

   a. Do you have at least one social media account?
   b. Do you have at least five social media accounts?
   c. Are you on social media less than daily?
   d. Are you on social media every single day?
   e. Have you ever seen anyone post something embarrassing on social media?
   f. Have you ever posted anything embarrassing on social media?
   g. Have you ever thought about your teacher looking at your social media posts?
   h. Have you ever thought about your future boss or employer looking at your social media account as it looks right now?
   i. Have your parents/caregivers looked at one of your social media accounts?

5. After the girls have responded to all the statements, ask any participants who are still standing to take a seat. Invite participants to share what they thought was interesting, surprising, or not surprising about the questions and answers.
ACTIVITY 2: DIGITAL VS. IRL

1. Put participants in pairs and pass out a pencil/pen and paper to each pair. Then, ask each pair to list things that people should think about before they post something on social media. Encourage them to come up with as many as they can in the next 5 minutes. Tell the participants that it’s a competition to see who can come up with the most ideas.

2. After 5 minutes, tell the pairs to count up the number of ideas they listed. Determine which pair had the most items listed. (Give them a small prize.) Then, invite each pair to share the one that they think is most important, meanwhile listing their responses on chart paper. If an idea is shared more than once, put a checkmark by the first time it was shared.

3. Post the prepared chart paper with the heading “Four Characteristics about Digital Media to Remember” as prepared in the Planning Notes. Tell the participants that opportunities and consequences associated with social media use occur because what is shared can remain persistent, visible, spreadable, and searchable. Ask four participants to read one characteristic prepared on the chart paper. Check to make sure that participants understand each term.

   - **Persistent** (it stays forever)
   - **Visible** (it’s easy for someone else to see)
   - **Spreadable** (it can be shared between people)
   - **Searchable** (it can be found)

4. Ask the girls to share examples of how digital media is each of the four characteristics. Potential examples include:

   - **Persistence** of content (picture, text, video) can occur if it is stored on a website or cloud because a copy can exist even if you delete it. Trained specialists can find old pictures and files on tech devices such as a phone or computer even if they are broken or damaged. You don’t have any control over what another person does with a picture you send them. A person can screenshot a social media post or picture and keep it even after you have deleted it or pulled it down from the site.

   - **Visibility** is an issue because when a picture or video is up online, it is easy for anyone to see and to post it on their own social media accounts. Even if something is posted in a password-protected way or time-limited way, they can do a screen shot and post it outside of the password-protected space.

   - **Spreadability** is an issue because it’s easy to take digital media and share it, as in the example about visibility. It is also easy to text and email digital media and forward or share with others.

   - **Searchability** is an issue because it is easy to search someone’s name and find everything that has ever been written about that person online. It is also possible to do an image search and find pictures of the same person even if their name is not associated with those pictures on that website.

5. Explain to the group that they will have a chance to think about digital media and the consequences of posting. Give each participant a copy of **Handout: Digital Vs. IRL**.
6. Assign each participant one of the four identifying characteristics of digital media just discussed. Instruct them to write their assignment on the top of their handout.

7. Have the girls form small groups of three to four with other group members with the same assigned characteristic. Allow girls to move and get settled before giving instruction.

8. Tell the girls they will have 10 minutes to work together with their small group to answer the questions about the scenarios on the handout. Then, as a group, they will report back to the larger group. Show the prepared piece of chart paper with heading “Report Back” as stated in the Planning Notes. Explain that they should prepare to report back the following for each scenario:

   Their assigned characteristic of digital media
   How this characteristic could affect decisions about posting on social media

9. After 10 minutes, gain the attention of the groups. Beginning with Scenario 1, read the scenario aloud. Ask the small group assigned with the characteristic of digital media being “persistent” to report back to the large group. (If there is more than one small group assigned to “persistent” pick one small group to report back to the large group and then ask the other small group assigned “persistent” if they had different responses.) Repeat for the small group assigned with the other characteristics of digital media (“visible,” “spreadable,” and “searchable”).

   **Facilitator Note**: If you find that the small groups are providing responses that are redundant, encourage groups to share only different responses.

10. After all of the groups have had a chance to report out to the larger group, lead a group discussion with the following questions:

   a. When could your assigned characteristic (persistence, visible, spreadable, searchable) be a good thing? When could it be a bad thing?
   
   b. How would the fact that your sister, family members, or friends can see your post impact your feelings about posting something?
   
   c. What kinds of information would you want or not want others to find? Explain.
   
   d. What can you do to help make sure that information you don’t want to have online doesn’t get there?

**ACTIVITY 3: CLOSING**

Conclude by explaining to the participants that as part of the session they discussed how digital media interactions can be different than real life interactions because what is shared online can remain persistent, visible, spreadable, and searchable. Ask for a few volunteers to share what they want to remember from the session and how they will use what they learned in in their life.
Assigned characteristic about digital media:

______________________________________________________

**Scenario 1:**
One of your friends just confided in you that she has a crush on another one of your friends.

Given that you know digital media is more ___________________ (assigned characteristic of digital media above), what are three potential things that could come of you posting about your friend’s crush on social media? Think about the short-term and long-term, positive and negative things.

1. 
2. 
3. 

Given that you know IRL conversations are less ___________________ (assigned characteristic of digital media above), what are three potential things that could come of you talking with a friend who goes to another school about your friend’s crush? Think about both short- and long-term things, positive and negative things.

1. 
2. 
3. 
Scenario 2:
You found a positive pregnancy test in the bathroom trash. The only other person who uses your bathroom is your 16-year-old sister.

Given that you know digital media is more ______________________ (assigned characteristic of digital media above), what are three potential things that could come of you posting about your sister’s pregnancy test on social media? Think about both short- and long-term, positive and negative things.

1. 
2. 
3. 

Given that you know IRL conversations are less ______________________ (assigned characteristic of digital media above), what are three potential things that could come of you talking with your best friend IRL about your sister’s pregnancy test? Think about both short- and long-term things, positive and negative things.

1. 
2. 
3.
SESSION 4: HOW IRL IS IT?

PURPOSE:
To help participants understand that digital media, both social and other kinds, is specifically designed by the creator for the user’s benefit. Some people who consume high quantities of digital media may be hurt or depressed by assumed differences in physical appearance and general quality of life. It may help to understand the nature of such specifically designed social media.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Describe how people choose which words and images to highlight on social media profiles.
2. Describe two differences between profiles on social media and people in real life.

KEY MESSAGES:
- People can post or share only selected moments of their life online, which can make their life seem more exciting, impressive, or important than it really is.
- It is important not to judge someone based on what, if anything, they post.

AGENDA:

ACTIVITY 1: Warm-Up 20 minutes

ACTIVITY 2: Telling Digitally 20 minutes

ACTIVITY 3: Closing 5 minutes
**MATERIALS:**
- Chart paper, markers
- Paper
- Index Cards
- Pens/pencils

**PLANNING NOTES:**
This session plan includes an option for participants to use their digital devices. If you choose to include their digital devices in the session be sure to give the participants a heads-up so they can bring their devices.

If you plan to allow participants to use their digital devices in the session, add a group agreement about device use in the session. You might, for example, add a group agreement about respecting personal devices (not breaking the device or going through the person’s photos or videos without their permission). Or suggest that it is not okay to use the device to record or take photos of others in the session.

**ACTIVITY 1:**
Write “In Real Life,” “Social Media,” and “Observers” onto three separate pieces of paper.

**ACTIVITY 2:**
- Write on one piece of chart paper the following, leaving space between numbers 1 and 2, as you will reference them separately:
  1. “What happened yesterday….”
  2. “Describe yesterday in one of these ways:
     a. 140 characters of text
     b. a picture
     c. description of a six-second video that would be repeated over and over again”

Cover up the chart paper until needed for Activity 2.
PROCEDURE:

ACTIVITY 1: WARM-UP

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, ask participants to brainstorm examples of activities that people do in real life and then post about on social media sites. (Examples might include winning a race, going shopping, attending a friend’s birthday party.) Write their ideas on the chart paper.

2. After you have ten ideas, explain that they are going to do a group exercise to increase their awareness of the similarities and differences between what people do in real life and what is posted over social media. Distribute pens/pencils and index cards to each participant.

Divide the participants into three teams.

3. Give one team the **In Real Life Sign**, another team the **Social Media Sign**, and the last team the **Observers Sign**, as created in the Planning Notes.

4. Using the brainstorm list from before, explain to the girls that they are going to choose activities from the list and pretend to be doing the activities either as they are done in real life OR as they appear on social media. They will take turns as part of the **In Real Life Team**, **Social Media Team**, and **Observing Team**.

Review how the teams work using the text below:

- The **In Real Life Team** will act out the idea for 2 minutes. For example, if the activity is eating dinner, everyone on the team should be sitting down, pretending to eat, maybe chatting.

- After viewing what the **In Real Life Team** acts out, the **Social Media Team** will have one minute to decide what they want to post about the event and then present the created post. They can choose to post a photo, short video, or text. If the post is a photo, they will pose to represent the moment. If the post is a short video, they will act out a six-second action for three loops. If the post is text only, they will write the text on the chart paper. The text can be no more than 140 characters.

- The **Observing Team** will pay attention as the **In Real Life Team** acts and the **Social Media Team** shares the created post and write down how accurate they felt the **Social Media Team** post reflected the In Real Life scene on the index cards provided.

5. Have the **In Real Life Team** choose one of the ideas from the brainstorming list. Give them a minute to decide what they are going to act out. Remind the **Social Media Team** and **Observing Team** of their roles. After a minute, tell the **In Real Life Team** to begin their role-play.

6. Once the **In Real Life Team** has finished their scene or 2 minutes has passed, tell the **Social Media Team** they have a minute to create the photo, message, or six-second video that they would post. They can add a message to accompany their photo if they choose.

7. Have the **Social Media Team** show their post and tell the **Observing Team** to write down on the index cards whether the post accurately reflected the events acted by the **In Real Life Team**.

8. Have two or three volunteers from the **Observing Team** report back their comments of how accurately they felt the **Social Media Team** post reflected the **In Real Life Team** scene.
9. Tell the In Real Life Team that they are now the Social Media Team; tell the Social Media Team they are now the Observing Team; tell the Observing Team they are now the In Real Life Team. Repeat steps 5 through 8 again. Repeat once more so each team has the opportunity to play each role.

10. Ask the girls to return to their seats and lead a discussion using the following questions:

   a. What similarities and differences did you notice between the Social Media Team's posts and the In Real Life Team scene? Were the posts more or less positive? Explain.

   b. What did you think about as you created your posts? Do you think this is similar to the decisions people make about posting? If girls do not bring these up, ask about considering such things as their personal,

   c. Do you think the posts left out any important details of the In Real Life scenes? If so, what was left out and why?

   d. Why is it important to notice differences between how things happen in real life and how they are shown through social media?

11. Point out to the participants that throughout the activity people only “posted” or shared selected moments of their life. Ask the girls why they think people select particular moments to post online. Follow up by asking why a person might choose NOT to post particular moments.

**ACTIVITY 2: TELLING DIGITALLY**

1. Tell the participants that you would like them to continue to think about what happens in real life versus what is shared with others digitally. Ask the girls to raise their hand if they know someone who uses social media as a way to share what is happening in their everyday real life. Ask them why they think the person shares online and what the person might think about before posting. Encourage a few responses.

2. Distribute paper to the girls and uncover the prepared sheet of chart paper with the heading “What happened yesterday...” as stated in the Planning Notes. Tell the girls they have 2 minutes to think about yesterday’s real life events. They can think about their friends, family, school, their thoughts and feelings, or things they listened to or watched. They can focus on the day in full, something specific that they did or that happened, their feelings, or anything else.

   Then, uncover the instructions to describe their day on the chart paper and tell the girls that they have 5 minutes to create a response on the paper provided to them. What they create would represent a possible online post. They are welcome to use the technology that they have with them instead of writing it down on paper. If allowed, they can choose a picture or record a six-second video. Emphasize that while they will be sharing what they created with a partner, they will NOT be posting anything online.

3. Arrange participants in pairs. Tell the girls that like an online post they are going to share their response with their partner without providing any discussion or clarification. Tell the girls to give the piece of paper with their description of yesterday to their partner without talking. Alternatively, they can show their partner the digital images they created on their devices. Remind the participants that if their partner shares a digital device that they shouldn’t look at any other photos or videos. Without talking with their partner, everyone should write a comment or two about the short statement, image, or video and hand the written comment back.
4. After pair-share, bring the large group back, and lead a discussion using the following questions:

   a. Why did you choose to share that part of yesterday with your partner?

   b. Were you hoping for a particular response from your partner? If so, did this affect your description of what happened yesterday?

   c. If you knew that your parent/caregiver, grandparent, boss, teacher, person you have a crush on, younger sister, or someone else were looking at the social media example that you made about yesterday, would you have created it differently? Why or why not?

   d. Do you think people on social media might choose particular activities to share because they think those activities will impress, amuse, or otherwise appeal to their followers? Why or why not?

**ACTIVITY 3: CLOSING**

Conclude the session by telling the participants that the session today focused on the similarities and differences between what people do in real life and what is posted over social media.

People choose particular moments to post over social media for a variety of reasons. Ask the girls to share what they want to remember in the future as they create social media posts and as they look at other people’s social media profiles.
SESSION 5:
BEHIND THE MUSIC:
MUSIC LITERACY AND HEALTHY RELATIONSHIPS

PURPOSE:
To assess song lyrics’ representation of relationships for healthy and unhealthy examples. This forms a basis for understanding one’s own relationship dynamics.

OBJECTIVES:
By the end of this session, participants will be able to:
1. Describe messages about sex and relationships contained in the lyrics of popular music.
2. Identify messages that promote the qualities that define a healthy relationship: honesty, equality, responsibility, and respect.

KEY MESSAGES:
- Song lyrics include many instances of unhealthy relationships. If you can recognize examples of unhealthy relationships in music, you are more likely to recognize them in real life, in your relationships, or in your friends’ relationships.
- Unhealthy relationships do not have to be accepted as either normal or the only way relationships are possible. You can be in romantic and other relationships that provide you with emotional and practical support in an age-appropriate way.

AGENDA:

ACTIVITY 1: Warm-Up
5 minutes

ACTIVITY 2: Rewriting Music
35 minutes

ACTIVITY 3: Closing
5 minutes

MATERIALS:

- Chart paper, markers
- Current music about relationships that can be played for participants
- Device to play music: smart phone, computer, CD player, speakers, etc.
- Lyrics for a few popular songs

PLANNING NOTES:

- If possible, ask participants ahead of time about songs that they listen to so that you can be prepared to play those songs. If one of the participants wants to have a song featured that needs translation, ask a group member if she would be willing to translate for the rest of the group in the session (or knows where you can obtain a translation).

- Choose two songs your girls listen to that contain lyrics about healthy and unhealthy relationship qualities. Music can be gathered from websites that provide or sell music for download. Some websites allow portions of songs to be played free of charge, like YouTube. These short clips are perfect for this session if you have in-class internet access, along with speakers.

- Download lyrics for a few popular songs, which are generally easy to find with simple Internet searches. Sites such as www.metrolyrics.com or www.lyrics.com are a great starting point. Print and copy the lyrics to popular songs in advance for each pair of participants.

- Gather and pre-check a way to play the music for the participants (may include a smart phone, a computer, a CD player, speakers, etc.).

PROCEDURE:

ACTIVITY 1: WARM-UP

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, introduce the session by asking how many of the participants have ever heard a song that was about sex or romance. (This will likely be all of them!)

2. Ask participants for examples/titles of their favorites. As each favorite is shared, ask the participant whether the lyrics described a sexually healthy or a sexually unhealthy relationship and why they feel this way.

3. Lead a discussion using the following questions:
   a. How closely do you listen to the lyrics of the music you like (the words as well as the meaning)?
   b. How are women treated in music lyrics or music video? How are women portrayed? (Use a popular artist/song to help facilitate responses if need be.)
   c. What messages about relationships have you heard from the music you listen to?
ACTIVITY 2: REWRITING MUSIC

1. Tell participants that people are constantly surrounded by messages about sex, love, and relationships in music, whether or not they’re listening to the actual words. Explain that during this session, they are going to listen carefully for the messages in today’s popular music, especially songs that pertain to relationships.

2. Tell participants that first they need to examine what makes a relationship healthy. Write “honesty,” “equality,” “responsibility,” and “respect” on the chart paper and explain that researchers who study relationships describe healthy ones as those having these four qualities. Ask participants for examples of how these look in a relationship.

   Facilitator Note: Remember that examples of honesty, equality, responsibility, and respect might differ based upon cultural backgrounds and values.

3. Ask students to pair up, and distribute an index card to each pair, along with the printed lyrics for the two songs selected in advance for the session. Ask the participants to listen carefully for messages about honesty, equality, responsibility, and respect. They are to make notes on the index card when they hear these qualities mentioned or contradicted in the song.

4. Play significant portions or all of the prepared songs, one at a time. Afterward, lead a discussion using the following questions:
   a. What did these songs say about relationships? Love?
   b. What in the songs seemed healthy? Unhealthy?
   c. What do you think about the messages in these songs?

5. Ask participants to brainstorm types of music. Examples might be “adult contemporary,” “alternative,” “classic rock,” “country,” “dance,” “emo,” “goth,” “grunge,” “hip hop,” “house,” “Latin,” “pop,” “punk,” “R&B,” “rap,” “reggae,” “soul,” etc. Write these on the chart paper as the participants call them out.

6. Tell participants they may now divide into groups based on their favorite type listed on the chart paper. Group size should be about four or five participants per small group. If there are more than five people in any of the groups, ask participants to form an additional group. If a participant is the only person who likes her favorite, ask her to join the group for her next favorite type of music.

   Facilitator Note: Depending on the group size (particularly smaller groups), participants can work in pairs. Working in pairs may also allow for easier agreement on the song and changing the lyrics.

7. Give each group a sheet of chart paper and a marker. Ask them to choose someone to act as the writer. Tell participants they are to think of song titles that talk about sex, love, or relationships within that particular musical genre. Give groups about 5 minutes for this brainstorm, and encourage the writer to list at least five titles on the chart paper.
8. As participants finish, ask them to think of the lyrics of five of the songs they listed and discuss if and how the songs address any of the qualities of a healthy relationship: honesty, equality, responsibility, or respect. It may be useful for participants to listen to songs during this and the following portions of the activity so they can double-check lyrics.

Facilitator Note: If it is appropriate, given the setting, you might suggest the girls use their phones or other internet capable device to look up the lyrics and listen using their headphones or earbuds.

9. After about 5 more minutes, tell participants they are to pick one song that contradicts the qualities of a healthy relationship and that at least one group member knows the lyrics. Explain that they are to develop a new verse for the song. The new verse should introduce one of the qualities of a healthy relationship into the song. They should do their best to match the rhythm and meter of the original song.

Give an example, such as the following, saying that a group of facilitators came up with this new verse for the popular 1980s song by Tina Turner, *What's Love Got to Do with It?*

- What’s truth got to do with it?
- What’s truth? It’s a responsible emotion.
- What’s truth got to do with it?
- Who needs a lie when the truth can be spoken?

Give participants about 10 minutes to work.

Facilitator Note: If it is appropriate, given the setting, you might suggest the girls use their phones or internet capable device to look up the lyrics.

10. As participants are finishing, tell them they have the chance to sing—as a group—their song, including both a verse from the original version, and the new verse they created.

Facilitator Note: Depending on the setting in which you are teaching, you may want to instruct participants to substitute “bleep” for any offensive language when they sing the verses.

11. Give each group a chance to perform.

12. Conclude the activity with the following questions:

a. How did you go about selecting the song to work on? What was most unhealthy about them?

b. What was it like to recreate the lyrics for the song?
c. What was it like to perform the song?

d. Do you think the music industry should take more responsibility for the messages in today’s music? Why or why not?

e. Will your experience today influence how you listen to music in the future? Why or why not?

**ACTIVITY 3: CLOSING**

Tell the participants that the session focused on messages about relationships in music. After this session they will hopefully pay more attention to the messages about sex, love, and relationships featured in music. Thank the girls for their participation in the session and adjourn.
SESSION 6:
THE RESOURCE ADVENTURE:
NAVIGATING YOUR WAY THROUGH THE WORLD WIDE WEB

PURPOSE:
To increase participant awareness of ways to navigate the Internet to find reliable, reputable, and knowledgeable sources for sexual health information.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Identify two characteristics of a reliable Internet resource.
2. Differentiate between a reliable resource and unreliable resource.
3. Demonstrate the ability to find one reliable Internet resource.

KEY MESSAGES:
- The Internet has a lot of useful, correct information, but finding it can be hard. Knowing how to find reliable and up-to-date online resources is important when you’re searching for information.
- There are steps for assessing the information on a website that you can take to know whether it is a reliable or an unreliable resource.

AGENDA:

ACTIVITY 1: Warm-Up 10 minutes
ACTIVITY 2: Searching for Resources 30 minutes
ACTIVITY 3: Closing 5 minutes

104 Adapted with permission by Shields, J.L., & Gaunt, A. (2014). The resource adventure: Navigating your way through the world wide web. In Cooperman, C., Sex ed in the digital age (Volume 1). Morristown, NJ The Center for Sex Education
MATERIALS:
- Chart paper, markers
- Pens/pencils
- Computers, or other internet capable devices
- Cardstock (Optional)
- Facilitator Resource: Topic Jigsaw
- Handout: Tips to Finding a Healthy Website
- Handout: Find Your Way!

PLANNING NOTES:

ACTIVITY 1:

- This session is intended for participants to use Internet-capable devices to assess online sources for information on sexuality and sexual health. You will need to gather Internet-capable devices such as computers, laptops, or tablets in advance of the session, enough for each pair of participants to use. If you are in the affiliate setting, communicate with Girls Inc. staff and administrators to see if any unused laptops or tablets could be used for this session. Consider asking the girls to use their cellphone or other Internet-capable devices for this session, if appropriate. If you are delivering the session at a school, consider asking your key contact or administrator to use a computer lab if there is one on site.

If you are in a setting in which you do not have access to devices or Internet, consider doing online investigating and create sample printouts with search engine results and pages within a website for each small group to assess.

- Photocopy Handout: Tips to Finding a Health Website and Handout: Find Your Way!, one of each for every participant.

- Prepare Topic Cards for each pair of participants. To create them, photocopy and cut out the Topic Cards found on Facilitator Resource: Topic Jigsaw. Optional: Use card stock to make the topic cards for durability.

PROCEDURE:

ACTIVITY 1: WARM-UP

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, ask the girls to raise their hands if they’ve ever learned something on the Internet. Ask a few of the people who raise their hands to share what they learned.

2. Ask participants to raise their hands if they’ve ever read something that wasn’t true or that they didn’t believe on the Internet. Ask a few of the people who raised their hands to share the incorrect information they read online.
3. Lead a discussion using the following questions:
   a. What thoughts and feelings do you have when you use a search engine and get Internet results that closely relate to your area of interest? That do not closely relate to your area of interest?
   b. What, if any, concerns might one have about searching for information about sexuality on the Internet? What concerns might your parents/caregivers have?
   c. What do you think a person should consider before clicking on a site for sexuality-related information?

4. Explain to the girls that the Internet can be a useful source to find information. However, we may find ourselves confused as to what is the best site or frustrated when the site we visit doesn’t provide exactly what is needed. This is especially true when it comes to finding reliable and accurate information about sexuality. In today’s session, they are going to have an opportunity to think about the quality of information that is on the Internet and learn some tips that can help them more easily identify a reputable website when looking for information about sexuality.

**ACTIVITY 2: SEARCHING FOR RESOURCES**

1. Write the words “Pregnancy Belly” on chart paper. Ask participants that if they were to type Pregnancy Belly into an Internet search engine, such as Google, what types of results might appear? Write answers on the chart paper. *(Responses may include: belly button rings/advertisements, week-by-week pregnancy pictures, news articles about pregnant women (or transgender men), videos on birthing, and/or parenting articles.)*

2. Lead a discussion using the following questions:
   a. Why might a person pick the first listed website of an Internet search?
   b. How might it feel if your online search led to thousands of results?
   c. How do you know if the site is a trusted one with correct information?

3. Distribute the **Handout: Tips to Finding a Healthy Website** and explain that this gives some guidance on what to keep in mind when searching for reliable, reputable, and knowledgeable websites for sexual health information.

4. Have the participants work with a partner.

5. Instruct the pairs to put a star next to the bolded characteristic heading that they think is the most important to keep in mind when searching for websites. Allow a few minutes for the girls to review and discuss the handout.

6. Ask for volunteers to share what they felt was most important and why. Address any questions or concerns participants have about the handout.

7. Explain to the participants that they will practice applying the suggestions on **Handout: Tips to Finding a Healthy Website** while doing an Internet search. They will do so while still remaining in their pairs.
8. Distribute a copy of Handout: *Find Your Way!* and a topic card from the Facilitator Resource: *Topic Jigsaw*. Make sure each pair has a computer or Internet-capable device. (Depending on your audience and setting, this may mean passing out devices, having them log into a computer at a computer lab, or having them take out their personal Internet-capable devices. See Planning Notes for suggestions.) Alternatively, if you have prepared printouts in lieu of them searching the Internet, as suggested in the Planning Notes, for the girls to assess, pass them out.

9. Explain to the group that on the card they received is a topic. While still in their pairs, they are to pretend that they are helping an online magazine popular with their peers locate Internet resources for a health issue. Their task is to use the Internet capable device (computer, tablet, etc.) and follow the instructions on the Handout: *Find Your Way!* to complete it for the article. They can use Handout: *Tips to Finding a Healthy Website* to help guide the search for their answers.

10. Allow groups time to complete. Afterward, lead a discussion using the following questions:
   
   a. What was easy/difficult about this activity? Why?
   
   b. What was the outcome? Was your site helpful for your purpose?
   
   c. What tips were most helpful when determining if the site met your needs?
   
   d. When doing an Internet search on sexuality, what are some things you would want to keep in mind after today’s session?

**ACTIVITY 3: CLOSING**

Conclude the session by reminding participants that whenever searching for information on a sexuality topic, it is important to find websites that are reliable and accurate. The tips and suggestions discussed in the session today can help make the research process a little easier. End by asking participants to each call out one way to know if a website is reputable.
Directions: Below is a list of the topics. Copy and cut around the boxes to create topic cards. Distribute a topic card to each pair.

<table>
<thead>
<tr>
<th>Birth Control</th>
<th>Intrauterine Device (IUD)</th>
<th>Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms</td>
<td>Puberty</td>
<td>Sex</td>
</tr>
<tr>
<td>Transgender</td>
<td>Penis</td>
<td>Sexuality</td>
</tr>
<tr>
<td>Semen</td>
<td>Pelvic Exam</td>
<td>Sexually Transmitted Infections (STIs)</td>
</tr>
<tr>
<td>Gay</td>
<td>Period</td>
<td>Vagina</td>
</tr>
</tbody>
</table>
Below are characteristics to keep in mind when searching for reliable, reputable, and knowledgeable websites.

**AUTHOR:**
You need to be certain the information on a website is coming from a reliable source. Click on the links or tabs marked “About Us,” “Background,” or “Biography” to find out more about the author or organization. Do you believe that the author or organization is knowledgeable about the topic? Is the author or website suggested as a trusted source on another website?

**APPROPRIATENESS:**
The Internet contains many different kinds of websites. Use websites with information that relates best to your topic and is recommended for your age. When looking for medically accurate health information, start by visiting websites created by groups such as hospitals, government agencies, colleges or universities. A government web address will end with “.gov” whereas a school web address will end with “.edu”.

**BIAS:**
Information can be used for a variety of purposes. For instance, authors may have points of views they would like to prove, causes to support, or products to sell. Ask yourself, why has this author or organization put this information on the Internet? Does the author have a hidden agenda or favor a particular perspective? Is it to sell a product, provide humor, persuade a reader, give fact, or for some other purpose? Is this clearly and truthfully stated or displayed? Remember to review the information because opinion can often sound like fact.

**DATE:**
Once information is on the Internet, it can stay for as long as the author chooses. The date on the page is important because health information can change a lot over time. Look for the publishing date and use caution when using data or facts that are more than five years old. Be aware that some sites do not include dates. On the Internet, people can write what they want and have it be seen. People can edit and alter information to have it appear as they would like it. It is important to be aware of the quality of information on the website you are using. Reliable websites will provide information that can be verified: Where did the information come from? Does the author provide links to the information? Are sources listed? Are footnotes, endnotes and citations used? Knowing where the information came from can help you determine the credibility of the website.

**SENSIBILTY:**
Looking at only one factor cannot determine the credibility of a website. After critically reviewing the web page, it is important to put all the answers together. Collectively, examining who wrote the information, where it came from, when it was written, what, if any, bias is present, and the accuracy of the data can determine the trustworthiness of a site. For example, just because the information was recently published, does not make it valid. If the recent information can be verified, is it credible? Does the author or organization have a hidden agenda or bias that distorts the information? Once the questions are answered, a person can determine if it makes sense to use the resource.

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Informed and In Charge

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Directions: Follow the steps below and complete the handout as you find the information on Internet resources for an online teen magazine article on the following topic:

1. Topic: ___________________________________________________________

2. Choose the search engine you want to use (choose only one and circle it):
   - Google.com
   - Bing.com
   - Yahoo.com
   - Ask.com
   - Other (please specify): ____________________________________________

3. Go to the home page of the search engine you chose and enter the topic into the search box. What is the total number of possible website results?

4. From the list of results, choose a link that seems the best to do research on your topic. Write the link or name of the website: __________________________________________________________

   Click on the link listed in question 4, and then answer the following questions:

5. Is the site (circle the correct response):
   - A personal page
   - Commercial
   - Educational institution
   - Government website
   - Not for profit organization
   - Other (Explain): ________________________________________________

6. Is an author listed? If yes, please provide the author’s name: ____________________________________________

7. Who is the publisher of the website? Write the name of the organization or author’s name, if it is a personal page: ____________________________________________
8. What is the purpose of the site?
______________________________________________________________________________________________
______________________________________________________________________________________________

9. When was the information published and last updated?
______________________________________________________________________________________________
______________________________________________________________________________________________

10. Does the site provide any of the following (check all that apply):
    - Bibliography
    - Resource list
    - Footnotes
    - Endnotes
    - Links to other sources

11. Does the information seem accurate? (circle and explain)
    - Yes
    - No
    - Why? ____________________________________________________________

12. Why was the information put on the Internet?
______________________________________________________________________________________________
______________________________________________________________________________________________

13. Could the author be biased? If so, explain:
______________________________________________________________________________________________
______________________________________________________________________________________________

14. After answering the questions, does the site seem appropriate for your need? Why/why not:
______________________________________________________________________________________________
______________________________________________________________________________________________
SESSION 7:
SEX, SEX, EVERYWHERE!
SEXUALLY EXPLICIT MEDIA AND YOUTH

PURPOSE:
To define sexually explicit media, identify myths and facts, and explore potential consequences of accessing SEM as a minor.

OBJECTIVES:
By the end of this session, participants will be able to:
1. Define sexually explicit media (SEM).
2. Identify myths and facts about SEM.
3. Examine the potential consequences for accessing SEM.

KEY MESSAGES:
- There’s lot of sexually explicit imagery in media, everywhere you look.
- Just because you see pictures and video of a sexual behavior doesn’t mean that you will want to do those activities now or ever.
- It is important you are aware of the potential consequences for accessing SEM.

AGENDA:
ACTIVITY 1: Warm-Up 10 minutes
ACTIVITY 2: Myths and Facts about SEM 15 minutes
ACTIVITY 3: Consequences of SEM 20 minutes
ACTIVITY 4: Closing less than 1 minute

MATERIALS:
- Chart paper, markers
- Pens or pencils
- Index cards, 5” X 7” (Optional)
- Tape (Optional)
- Facilitator Resource: Myths and Facts about Sexually Explicit Media
- Facilitator Resource: Looking at Some Sexually Explicit Media – Scenarios
- Handout: Getting the Whole Picture

PLANNING NOTES:
- This session is a discussion around sexually explicit media (SEM). Examples of sexually explicit media WILL NOT be shown.
- Given the rates of sexual abuse and sexual assault, it is very likely a group member could have a trauma history. Discussions of SEM could be “triggering” for people who have experienced trauma. Be prepared to manage these circumstances if they arise. Identify an “onsite professional” to be the “go-to” for participants. This would be someone with clinical experience who would be available during and after the session if further debriefing or additional support if it is needed.

In advance of the session, it is recommended that a heads-up be given to the girls, and parents/caregivers, that this session will be happening and respect their right to opt out of the session or to leave the session early.

- Should the discussion prompt a concern that a group member is a victim of sexual abuse, know your reporting requirements. A disclosure can be a critical step in getting support and treatment for this young person. Make sure you are aware of your organization’s policy and procedures for reporting. Know the number for your local sexual assault center. The Rape, Abuse, & Incest National Network (RAINN) has suggestions for responding to a survivor. Visit their online resource https://rainn.org/get-information/sexual-assault-recovery/respond-to-a-survivor in advance of the session. In addition, RAINN has a national hotline, (800) 656-HOPE (4673), that connects callers with a trained staff member from the sexual assault service provider in your area. They also have a National Sexual Assault Online Hotline: https://hotline.rainn.org/online/terms-of-service.jsp.

- Girls Inc. recommends that this session plan come later in a program series because the group needs to have developed a dynamic of trust and openness. This is NOT a session plan to use early on as a group is still learning about each other.
ACTIVITY 1:

- It may be useful to spend a little more time reviewing the Group Agreements at the start of this session or reinforce specific agreements given the activity’s focus. You may want to make the point regarding events that do not fall under confidentiality rules such as situations that seriously threaten a participant’s safety, including sexual abuse or assault. Be prepared to describe how your site requires you to handle this to the girls.

- Write “Media” at the top of one sheet of chart paper. Continue in the same way with the word “Explicit,” and “Sexual.” Post the three sheets of chart paper as follows along one wall:

```
Media    Explicit    Sexual
```

Fold over the chart sheets so that the word on each sheet is covered.

- Write the following onto a sheet of chart paper:

> **Sexually explicit media**—any type of media that depicts uncensored sexual content. The sexual content can be provided in different formats including, but not limited to, photography, illustrations, video, and writing.

Fold over the chart paper until it addressed in the session.

ACTIVITY 2:

- Review the Facilitator Resource: Myths and Facts about Sexually Explicit Media prior to the session to prepare to address questions that could arise from the group.

ACTIVITY 3:

- Photocopy Facilitator Resource: Looking at Some Sexually Explicit Media - Scenarios. Cut out each scenario, enough for small groups of four to five participants.

- Photocopy Handout: Getting the Whole Picture, one for each small group.

PROCEDURE:

**ACTIVITY 1: WARM-UP**

1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Then, tell the girls that you are going to talk about something called “sexually explicit media.” Unfold the first piece of chart paper, and ask participants to give examples of Media. Record their answers on the piece of chart paper. If the girls are having difficulty providing examples, suggest examples such as movies, television, websites, apps, magazines, or videos.

2. Continue with the next chart sheet, and ask participants what Explicit means. Record their responses on the piece of chart paper. If the girls have difficulty defining explicit, suggest that it means “clearly expressed” or “leaving nothing implied,” such as “explicit instructions.”
3. Finally, uncover the last sheet of chart paper and ask participants what Sexual means. Record their responses.

4. After participants have come up with several descriptive words and examples for each sheet of chart paper, praise them for their participation. Next, change the title of Sexual to Sexually and re-arrange the three sheets so that they read Sexually Explicit Media.

5. Ask for a few volunteers to define the term. Uncover the chart paper prepared with the definition and read aloud:

   Sexually explicit media—any type of media that depicts uncensored sexual content. The sexual content can be provided in different formats including, but not limited to, photography, illustrations, video, and writing.

Explain that the term sexually explicit media (SEM) is often used interchangeably with terms like pornography and erotica. SEM may include nudity, sexual intercourse and other sexual acts. SEM is difficult to define because what is or is not considered “sexually explicit” varies from person to person, and culture to culture. For example, a number of societies do not consider the breasts to be sexual or erotic. Explain that for the rest of the session, you will be using the acronym “SEM” to refer to sexually explicit media.

ACTIVITY 2: MYTHS AND FACTS ABOUT SEM

1. Tell participants that they will now play a game in which they will talk about myths and facts about SEM. Divide the class into two teams and have each team choose a team captain. Explain that you will take turns reading a statement to each team. When it is their team’s turn, they are to decide if the statement is a Myth or a Fact. The team captains are responsible for giving a response on behalf of their teams, and they will also need to give a reason why the statement is a Myth or Fact. Points will be awarded as follows:

   • One point if the team responds correctly.
   • One additional point if the team gives the correct explanation.

   **Facilitator Note:** Alternatively, create more teams if you have a very large number of participants.

2. Read the first statement from the Facilitator Resource: Myths and Facts about Sexually Explicit Media to the first team and give the team a minute to discuss before asking the team captain for a response. Use the Facilitator Resource: Myths and Facts about Sexually Explicit Media to determine whether the response is correct and to provide additional information.

3. Continue by posing the next question to the second team, and continue alternating until all questions have been read or as time allows. Declare the winning team and praise the girls for their insight and ideas.

4. Lead a discussion using the following questions:

   a. Did any of the answers surprise you? Explain.

   b. After doing this activity, what can be some examples of SEM?
c. Why do you think SEM exists?

d. How do you think adults in your life feel about SEM? Why do you think they feel that way?

e. How do you think young people feel about SEM? Why?

**ACTIVITY 3: CONSEQUENCES OF SEM**

1. Tell participants they will now have an opportunity to read and assess situations in which teens encounter SEM. In their small groups they will discuss and decide the answers to a series of questions around the teens’ thoughts, feelings, actions and possible consequences.

2. Divide participants into groups of about four to five participants and give each group one of the two scenarios from the Facilitator Resource: *Looking at Some Sexually Explicit Media – Scenarios* and the Handout: *Getting the Whole Picture*. In their small groups, participants will read their scenario and respond to the questions in the handout. At least one group member should be prepared to report the group’s discussion of how the teen accessed the SEM, why it was viewed, and possible consequences with the larger group.

3. After about 5–7 minutes, have the groups report out.

4. Lead a discussion using the following questions:
   
a. What were some of the feelings the characters had as they watched the SEM?

   b. When your groups imagined what would happen next, were the possibilities mostly positive or negative? Explain.

   c. Why do you think some youth access SEM even if they are aware of the consequences?

   d. What advice would you give to friends about avoiding SEM and the consequences of viewing it?

**ACTIVITY 4: CLOSING**

Thank participants for their participation and thoughtful responses. Adjourn the session.
1. **Most television shows for general audiences contain references to sex.**  
   **FACT.** Research has found that 70% of television programs for general audiences contain references to sex.

2. **There is sexual content on all types of TV programs.**  
   **FACT.** Actually, comedies have the highest number of sexual references per hour (8.7). Soap operas have 3.9 references per hour and “reality TV” programs have 3.6 references per hour.

3. **The First Amendment (free speech in the United States) covers only some types of pornography.** *(For Canada state the following: Section 2 of the Charter of Rights and Freedom (Canada) covers only some types of pornography.)*  
   **FACT.** The Supreme Court (U.S. and Canada) has ruled some pornographic content is against the law, and that states have the right to restrict access to sexual content by minors.

4. **Sexually explicit media can be found in art, writing, and educational and/or medical resources.**  
   **FACT.** Sexually explicit media is not limited to electronic media. It can be found in works of art thousands of years old, in the literary works of Geoffrey Chaucer, William Shakespeare, and others, and in many educational and medical resources.

5. **Most children and teenagers have seen sexual explicit media.**  
   **FACT.** Actually, research indicates that 70% of teens have come across pornography online accidentally.

6. **Bare breasts are considered acceptable in some public spaces.**  
   **FACT.** Different cultures define what *sexually explicit* means in different ways. A number of societies do not consider the breasts to be erotic.

7. **Pornography websites make up only a tiny percentage of all websites on the Internet.**  
   **FACT.** Pornography websites only make up only 1.5% of all Internet websites.

Sources:
1. **Tori, 14**, is doing research online for a school project, but soon becomes bored and decides to search sex and other keywords. A website comes up with a sexually explicit homepage and the phrase “You must be 18 or older to enter.” Tori clicks anyway and three more Web pages pop up with a variety of sexually explicit pictures and videos. Tori’s mom walks into the room, sees the computer screen and seems very upset.

2. **Jody, 13, and Shawn, 13**, are friends and decide to go to a party at **Carey’s, 14**, house one Friday night. Someone pops a DVD into the DVD player and people start to gather around to watch, including Jody and Shawn. The video is very sexually explicit and some people start to hoot and holler while others laugh nervously. Some start making fun of the underwear worn by one of the partially nude actors. Others get up and leave the room. Shawn wants to leave, but Jody has joined in with the others, making jokes and laughing. The next day, Carey’s parents find the video in the DVD player.

**Directions:** Photocopy and cut out each scenario. (Optional: Tape onto an index card.) Prepare enough for small groups of four to five participants.
Directions: Read the case study assigned to your group, and then answer the following questions.

1. Why do you think the people in this story chose to watch the sexually explicit media?

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

2. How do you think they felt at the time?

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

3. What do you think will happen next?

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

4. How do you think they might feel then?

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

5. What advice do you think the teens in this story might have for other teens about sexually explicit materials?

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
SESSION 8:
SAFETY FIRST! THINKING ABOUT F2F AFTER MEETING ONLINE

PURPOSE:
To increase the girls’ understanding of the concerns around safety when meeting a person face to face (f2f) after having met online and safety tips to consider. While the rules for younger teens are stricter than the rules for older teens or adults, people of all ages need to be aware of the potential issues and take steps to address them.

OBJECTIVES:
By the end of this session, participants will be able to:

1. Identify ways that someone might be more or less likely to lie to a person they just met in person vs. online.
2. List two reasons why someone might want or not want to meet someone in person after meeting them online.
3. Describe at least the three rules for more safely meeting a digital friend in person for the first time.

KEY MESSAGES:
- Sometimes people who have met online become interested in meeting face to face (f2f). If you want to meet someone f2f after meeting them online, you need to take steps to ensure you do it safely.
- Most people you meet online will be honest (or mostly honest) about who they are. However, some people you meet online will be dishonest about who they are. If someone is honest about who they are, they should not be concerned by you taking appropriate safety measures to make sure they’re telling the truth.

AGENDA:

ACTIVITY 1: Meeting Up
ACTIVITY 2: Practicing
ACTIVITY 3: Closing

20 minutes
20 minutes
5 minutes
MATERIALS:
• Chart paper, markers
• Pencils or pens
• Handout: Safety Tips
• Handout: How to Meet Scenarios

PLANNING NOTES:

ACTIVITY 1:
• Draw a line down the middle of a piece of chart paper. Title the left side “Where to Meet Someone New” and title the right side “What We Know about Someone New.” Draw five or six rows underneath. Hang the chart paper at the front of the room.
• Write the following as headings, each one on a separate piece of chart paper:
  “Lies about Someone New”
  “What We Know about Someone Online”
  “Lies about Someone Online”
Instructions for when to post these prepared pieces of chart paper are included in the procedural steps below.

ACTIVITY 2:
• Photocopy the Handout: Safety Tips, one per participant. Review the handout in advance in case questions arise from the group.
• Photocopy the Handout: How to Meet Scenarios, one per participant. If there is enough time, you may suggest a pair to role-play their script for the group.
• Consider reviewing How to Use Role-Play (See Appendix E) for additional tips on leading a role-play in the Appendix section of this program toolkit.

PROCEDURE:

ACTIVITY 1: MEETING UP
1. Welcome participants to the session and remind the girls of the Group Agreements from the Introductory Session. Tell the participants that there are variety of places and ways to meet someone new, including online. Today they will talk about the safety concerns when meeting a person face to face (f2f) after having met online and ways to keep themselves safe.
2. Point out the prepared chart paper as stated in the Planning Notes with the heading “Where to Meet Someone New.” Ask participants to call out places, other than the Internet or online, where they might meet someone new. List the first five or six ideas in the rows underneath the heading “Where to Meet Someone New.”

3. Point out the right column with the heading “What We Know about Someone New” on the same piece of chart paper. Ask participants to share what information they might have about someone who they met in each of the places that were brainstormed. Take notes on the right side of the chart paper. Make sure that the information is relevant to the location and is basically constricted to the logical flow. For example, if they met someone in class at school, they would know approximately what grade the person is in. While it might be the case that they are an undercover cop masquerading as a middle school student, that is unlikely enough to dismiss it.

4. Hang the chart paper prepared with the heading “Lies about Someone New” to the right of the first piece of chart paper. This new piece of chart paper will be next to the column that reads, “What We Know about Someone New.” Ask the girls to call out things that someone they’ve just met could easily lie about themselves. For example, someone they met in class at school might easily lie about whether their parents are married or not. List their responses on the chart paper.

5. Hang the chart paper prepared with the heading “What We Know about Someone Online.” Ask participants to call out what they might know about someone they have only met online.

Your goal at this stage is to get the girls’ ideas up on paper rather than to guide them in their thinking. Take notes on what they say, even if the ideas are conflicting or confusing. Understanding the dynamics of meeting someone online is complex, and it is okay for the girls to be confused. Some potential things you might know about someone you met online, depending on how you met, is whether you have any friends in common, whether they are interested in movies or music or cosplay, how long they have been a member of a certain online community, etc.

6. Hang the prepared chart paper with heading “Lies about Someone Online” next to chart paper with heading “What We Know about Someone Online.” Ask the girls to call out things that people they’ve just met online could easily lie about themselves. Examples include how old they are, what they look like, where they live, etc.

7. Lead a discussion using the following questions:
   a. What have you heard about meeting someone online?
   b. Why do you think a person might want to meet someone face-to-face after meeting online? Why not? Explain.
   c. Why might someone lie about themselves, either online or in person?
   d. Do you think someone might be more or less likely to lie about themselves to a person they just met in person or online? Explain.
   e. What concerns do you think parents/caregivers or trusted adults might have about in person vs. online meet ups?
**ACTIVITY 2: PRACTICING**

1. Ask the girls how common it is for their peers to meet someone online and then want to meet in person. After a few responses, explain that a recent study found that nearly one in three teens who formed an online friendship later met this person face to face.107 Ask the girls why a teen might want to meet someone face to face after meeting online. Affirm that it is common and that research suggests meeting online may make people more honest.108 Perhaps that is a reason why people who meet online might want to meet in person.

2. Restate some of the concerns that parents/caregivers and trusted adults might have about meeting in person after meeting online the girls just shared. Then, ask the girls what they think would be important to do should a person want to meet someone in real life after meeting them online. You don’t need to write their ideas down.

3. After the participants have made their suggestions, explain that due to safety concerns Girls Inc. advises that girls think very carefully about meeting online friends face to face. But if a girl thoroughly discusses the online friend and the situation with a parent/caregiver and there has been substantial communication online already, there are some safety guidelines to follow. Pass out **Handout: Safety Tips**.

4. Review the handout quickly by emphasizing the bolded points.

5. Lead a discussion using the following questions:
   a. Are there suggestions on the handout that are surprising to you? Which ones and why?
   b. Optional: Do you think that the approach presented in the handout would reduce the risks of meeting someone in person after meeting them online? Why and how?
   c. How realistic is it to follow these guidelines?
   d. Optional: What do you think about the last statement on the handout?
   e. What do you think would be the best thing to do if someone you’ve met online doesn’t want to follow these guidelines?

6. Explain to the girls that hopefully when people are considering meeting in person after meeting online that they actively take steps for their personal safety. You would like them to consider how they could apply the suggestions on the handout in specific situations.

7. Have the group form pairs. Distribute **Handout: How to Meet Scenarios** to the group. Assign half of the pairs to focus on scenario one and the other half scenario two. Tell the girls that they are going to create a script between the two people on the back of the handout. Their script should include at least two safety suggestions. Give participants a few minutes to work in their scripts.

---


8. Ask for two volunteers to come to the front to do a role-play their script. If time is limited and a role-play is not possible, at least ask for the volunteers to share which safety tips they included in their scripts.

9. Lead a discussion using the following questions:
   a. How do you think Person A handled the situation? How do you think Person B handled the situation?
   b. Do you feel like this scenario came to a safe and satisfactory conclusion for both Person A and Person B?
   c. Which steps do you think you can take to ensure your own safety if you’re meeting someone in real life after meeting them online?
   d. Who is someone you could talk to if someone online suggests meeting and doesn’t agree with the steps?

**ACTIVITY 3: CLOSING**

Conclude the session by asking participants to share one thing they want to remember about the possibility of meeting someone face to face after having met online. Ask the girls to share the tips discussed in the session they want to remember to take steps to ensure their safety. Adjourn after two or three volunteers provide responses.
Meeting someone in person after meeting them online poses potential safety risks. There are a few steps that you can take in order to safely meet a person in real life (IRL) after meeting them online.

Before you meet the person:

1. Make sure parents/caregivers or other trusted adults know you’re talking with this person.

2. Tell the person you’re talking with that you need their full name before you can meet them. Do a Google search. Their full name is, of course, easy enough to lie about. Nevertheless, it’s a step in the right direction. Discuss how you know this person and what you found out with your parents/caregivers and make sure they agree that it’s okay for you to meet face to face.

3. Do not give the person your address or information that would provide access to you at school, clubs, or other activities. You might feel differently about them after meeting them and getting to know them better. Even if they are entirely honest about themselves, you might find them annoying and not want them to be able to follow you around.

If you are confident about proceeding with the meeting:

1. Have someone you know come with you. A parent, caregiver, or trusted adult is the best choice. Ask well ahead of time to make sure the person is available. They don’t have to sit with you, but make sure they are able to see you and that you can see them.

2. Pick a public place to meet. Good options are a coffee shop, a fast food restaurant, or a mall food court. Make sure your adult companion is okay with the location.

3. Get the person’s agreement to keep the first meeting brief, around a half-hour or so. You can arrange for the person with you to text you half an hour into the meeting. This provides you an opportunity to gracefully leave the meeting by saying there’s an emergency. Even if everything is going well, stay in public places with them for the duration of your time together.
If you are hoping to meet again:

1. **Still have someone you know come with you.** A parent/caregiver or trusted adult is the best choice. They don’t have to sit with you, but make sure they are able to see you and that you can see them.

2. **Continue to meet in a public place while you and your parents/caregivers build trust and confidence in the person.** This means that you don’t go to their house and they don’t come to your house.

3. **Remember that you’re still very new friends with this person!** Getting to know someone online can make it easy to share more information more quickly than you otherwise might. But you still know very little about each other in real life.

**Always trust your gut!**

If you have even the slightest feelings of worry or concern that there is something odd, continue to meet only in very public places, with your own transportation to and from. Remember that you always have the option to not meet with the person if you have these feelings. This applies to all people at all times, whether you met them first online or in person!

**Don’t trust someone who is unwilling to do these things!**

If the person you’re getting to know online is at all hesitant about you taking measures to ensure your own safety, don’t agree to meet in person, no matter how nice they seem, how much you like them online, or how much they say they like you. Talk with a parent/caregiver for guidance, especially if you are feeling pressure by the person to meet.
**Scenario 1**
(This scenario takes place as a phone call.)

**Person A:** You’ve met a really cool person online and you know they really love the same music you do. You’ve been flirting with them and you would like hang out because you have a crush on them. You call the person to ask them out.

**Person B:** You’ve met a really cool person online and you’re excited to meet them in real life. You want them to come over to your house so that you can listen to music together. You know you’re a cool person too, so you know you’ll have the best time possible if you meet at your house. You don’t have any romantic or sexual attraction to the person, so you don’t see why coming over should be a problem.

**Scenario 2**
(This scenario takes place in a kitchen.)

**Person A:** You’ve met a new friend online and you’re excited about it. You want to meet in person, but you want to be sure that you do it safely. You want to talk with your mother about it. You raise the topic with her while she’s cooking dinner.

**Person B:** You’re a mother of a 13-year-old daughter. She comes to you while you’re making dinner to talk about meeting someone in person who she met online. You think it’s a bad idea and don’t trust that the person is being honest about who they are.
This one-page handout contains a list of suggested people, organizations, and hotlines to get information and/or support for a variety of sexuality related needs. Finding Help . . . A Resource List is stated in the materials section and in the procedural steps of many of the session plans throughout all of the Modules.

Appendix B: Speaking Up . . . Without Putting Others Down
This one-page handout contains information on the distinctions between Passive, Aggressive, and Assertive forms of communication. Speaking Up...Without Putting Others Down is listed in the materials section and in the procedural steps of many of the session plans mainly in Module 1: Healthy Relationships.

Appendix C: Sexually Transmitted Infections Summary
This multi-page handout contains information about sexually transmitted infections (STIs): types of STIs, names of common STIs, modes of transmission, prevention, and symptoms. The STI Chart is listed in the materials section and in the procedural steps of a few of the session plans mainly in Module 3: Sexual Health and Reproduction.

Appendix D: Contraceptive Options Chart
This multi-page resource for facilitators contains concise information about the names and types of contraceptives, how they are intended to be used, how they work to prevent pregnancy, advantages, disadvantages, and effectiveness ranges. The Contraceptive Options Chart is listed in the Planning Notes section of a few of the session plans mainly in Module 3: Sexual Health and Reproduction.

Appendix E: How to Use Role-Play
This guide provides helpful suggestions on how to lead role-play in sessions. Many of the session plans include leading a role-play. It is generally recommended in the Planning Notes particularly of several session plans throughout all the Modules. This guide would be useful to review prior to implementing role-plays.

Appendix F: Guidelines for Answering Questions about Sexuality
This facilitator resource provides guidance on how to answer sexuality questions. This program provides the environment for girls to ask questions they may not otherwise ask. Sometimes, people have concerns and fears about answering sexuality questions. Reviewed prior to implementing any of the activities, this resource offers general guidelines to help ease any anxiety.

Appendix G: Resources

Appendix H: Girls Inc. Preventing Adolescent Pregnancy Acknowledgments
Whatever your situation, you never need to be alone. If you need information, guidance, support, or just a caring person to talk to, all you need to know is where to look.

Depending on whom you feel most comfortable with, you can go to a/an:

- Parent/caregiver
- Other relative
- Friend
- Neighbor
- Doctor
- Teacher/professor
- Guidance counselor
- Coach
- Health department
- Nurse
- Religious/spiritual advisor
- Peer counselor/facilitator
- Family planning clinic
- Youth program adult
- Other trusted adult

If you have questions or concerns about the following issues, you can contact:

<table>
<thead>
<tr>
<th>Dating Violence</th>
<th>HIV/AIDS</th>
<th>Pregnancy</th>
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<tbody>
<tr>
<td>National Domestic Violence Hotline</td>
<td>National AIDS Hotline</td>
<td>Planned Parenthood Health Center Hotline</td>
</tr>
<tr>
<td>1-800-779-SAFE</td>
<td>1-800-CDC-INFO</td>
<td>1-800-230-PLAN</td>
</tr>
<tr>
<td>1-800-87-3224 (TTY)</td>
<td><a href="http://www.aids.gov">www.aids.gov</a></td>
<td><a href="http://www.plannedparenthood.org">www.plannedparenthood.org</a></td>
</tr>
<tr>
<td><a href="http://www.loveisrespect.org">www.loveisrespect.org</a></td>
<td><a href="http://www.thebody.com">www.thebody.com</a></td>
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<table>
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<tr>
<th>LGBTQ</th>
<th>Runaway Hotline</th>
<th>Sexual Assault and Abuse</th>
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<tbody>
<tr>
<td>LGBTQ Hotline</td>
<td>National Runaway Switchboard</td>
<td>Rape, Abuse &amp; Incest Hotline</td>
</tr>
<tr>
<td>1-800-850-8078</td>
<td>1-800-RUN-AWAY</td>
<td>1-800-656-HOPE</td>
</tr>
<tr>
<td><a href="http://www.amplifyyourvoice.org">www.amplifyyourvoice.org</a></td>
<td><a href="http://www.1800runaway.org">www.1800runaway.org</a></td>
<td><a href="http://www.rainn.org">www.rainn.org</a></td>
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<td><a href="http://www.itgetsbetter.org">www.itgetsbetter.org</a></td>
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<td><a href="http://www.genderspectrum.org">www.genderspectrum.org</a></td>
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<tr>
<td><a href="http://www.youthresource.com">www.youthresource.com</a></td>
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<table>
<thead>
<tr>
<th>Sexually Transmitted Infections</th>
<th>Unprotected Sexual Intercourse</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned Parenthood</td>
<td>Planned Parenthood or EC Hotline</td>
<td>National Suicide Prevention Lifeline</td>
</tr>
<tr>
<td>1-800-230-PLAN</td>
<td>(Within 120 hours of intercourse!)</td>
<td>1-800-273-8255</td>
</tr>
<tr>
<td><a href="http://www.plannedparenthood.org">www.plannedparenthood.org</a></td>
<td>1-800-230-PLAN</td>
<td><a href="http://www.suicidepreventionlifeline.org">www.suicidepreventionlifeline.org</a></td>
</tr>
<tr>
<td>American Sexual Health Association</td>
<td>1-888-NOT-2-LATE</td>
<td></td>
</tr>
<tr>
<td>1-919-361-8488</td>
<td><a href="http://ec.princeton.edu">http://ec.princeton.edu</a></td>
<td></td>
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<tr>
<td><a href="http://www.ashsastd.org">www.ashsastd.org</a></td>
<td><a href="http://www.plannedparenthood.org">www.plannedparenthood.org</a></td>
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For LOCAL hotlines and helpful agencies, look through www.yellowpages.com. You might find it helpful to use the topic headings above for your initial search term.

THREE WAYS TO COMMUNICATE:

PASSIVE
Giving in and saying “yes” when you don’t really want to. Not speaking up when you want something. Acting this way to be liked, to be nice or to not hurt the other person’s feelings or to avoid conflict.

Speech: say nothing, lots of “ums”
Voice: soft, whining
Eyes: looking down, looking away
Posture: head down, body fidgeting

What usually happens with PASSIVE communication?
You usually don’t get what you want. The other person wins or you feel like you’ve been used.

Example: You and your partner are making out. The other person starts to unbutton your pants. You don’t want to go that far. But you don’t say anything and let it happen.

AGGRESSIVE
Trying to get your own way or standing up for yourself by putting someone else down or violating that person’s rights. Taking what you want. Threatening or forcing a person to give you something.

Speech: put-down words
Voice: loud, cold, tense
Eyes: cold, staring, angry
Posture: stiff and rigid, hands on hips, finger-pointing

What usually happens with AGGRESSIVE communication?
You may get what you want but the other person feels used and disrespected; may retaliate or escalate.

Example: Your partner starts to unbutton your pants. You don’t want to go that far. You say, “Get off me, you stupid jerk.”

ASSERTIVE
Giving people an honest “no” to things you don’t want. Asking straight for what you do want without putting them down. Not using other people or letting yourself be used.

Speech: honest, direct words
Voice: clear, firm, loud enough to be heard, but not too loud
Eyes: direct eye contact but not staring
Posture: relaxed, balanced, head and shoulders up

What usually happens with ASSERTIVE communication?
You often get what you want. You keep your self-respect. You respect and don’t hurt others.

Example: Your partner starts to unbutton your pants. You say, “Stop. I like you, but I don’t want to go that far.”

---

## Viral Infections

### Hepatitis B

**How It’s Spread**
Vaginal, anal or oral intercourse; sharing needles with someone who has Hepatitis B  
Perinatal transmission from infected mom during pregnancy and delivery.

**How to Avoid**
Avoid sexual intercourse or use condoms; make sure that you were vaccinated as a newborn, or get vaccinated now.

**Possible Symptoms**
Can sometimes have no symptoms  
Flu-like feelings and tiredness  
Jaundice (yellow skin)  
Fever, headache, joint aches

**Possible Effects**
Liver damage or liver cancer  
Death if severe liver disease  
Some people recover completely, others cannot

**Treatment**
There is no cure for Hepatitis B; but there are treatments available. Treatment *immediately* after exposure can sometimes prevent infection.

### Herpes

**How It’s Spread**
Vaginal, anal or oral intercourse; skin-to-skin contact with someone who has herpes.

**How to Avoid**
Avoid genital skin-to-skin contact; avoid intercourse. Use dental dams and/or condoms.

**Possible Symptoms**
Can have no symptoms  
Painful blisters  
Flu-like feelings with first infection

**Possible Effects**
Recurrent outbreaks of blisters  
Pregnant woman can pass to fetus  
Easier infection with HIV/AIDS

**Treatment**
There is no cure for herpes; medication can decrease healing time and help reduce future outbreaks.

---

## Viral Infections

### How It’s Spread
Vaginal, anal or oral intercourse; sharing needles during IV drug use with someone who has HIV/AIDS.

### How to Avoid
- Avoid sexual intercourse or use condoms; needle sharing; blood contact; breast feeding infants if mother is HIV positive.
- Get tested and insist that partners are tested.

### Possible Symptoms
- Early HIV rarely has symptoms
- Weight loss or tiredness
- Flu-like feelings
- Diarrhea
- White spots in mouth
- AIDS has symptoms of serious illness such as pneumonia, cancers

### Possible Effects
- Cannot be cured
- Increased susceptibility to illnesses
- Can cause illness and death
- Pregnant woman who is HIV+ can pass to fetus or baby during breastfeeding.

### Treatment
There is no cure for HIV/AIDS; medications can help with symptoms, prolong life, and reduce transmission of the infection.

Treatment immediately after exposure can sometimes prevent infection.

### How It’s Spread
Vaginal, anal or oral intercourse; skin-to-skin contact with someone who has HPV.

### How to Avoid
- Get vaccinated before ever sexually active if possible.
- Avoid genital skin-to-skin contact; avoid sexual intercourse or use condoms.
- Starting at age 21, women should have a pap smear which screens for cervical cancer.

### Possible Symptoms
- Some HPV strains cause warts on genitals or anus
- Itching or burning around genitals
- Some high-risk HPV strains can cause genital or cervical cell changes that are not be visible.

### Possible Effects
- Warts may go away on their own, or grow and spread
- High-risk HPV can lead to cancers (of cervix, vulva, penis, anus, throat)

### Treatment
HPV vaccine is recommended for girls and boys from age 9 to 26. Warts can be treated with medication or removed. Pre-cancerous changes due to high-risk HPV need to be closely monitored.
### Bacterial Infections

#### Chlamydia

**How It’s Spread**
Vaginal, anal or oral intercourse with someone who has chlamydia

**How to Avoid**
Avoid oral, anal, vaginal intercourse or use condoms/dental dams every time.
Get tested at least each year (test can be done by urine sample; pelvic exam is not needed.)

**Possible Symptoms**
- Can have no symptoms
- Abnormal discharge or bleeding from penis or vagina
- Burning or pain when urinating
- Pain in abdomen (belly) or swollen, tender testicles

**Possible Effects**
- Pelvic inflammatory disease (PID)
- Damage to reproductive organs
- Infertility
- Pregnant woman can pass to fetus
- Easier infection with HIV/AIDS

**Treatment**
Cured with antibiotics. All partners need to be treated to prevent re-infection. After treatment, get tested again in 3 months.

#### Gonorrhea

**How It’s Spread**
Vaginal, anal or oral intercourse with someone who has gonorrhea
Get tested at least each year (test can be done by urine sample, pelvic exam not needed.)

**How to Avoid**
Avoid oral, anal, vaginal intercourse or use condoms/dental dams every time.

**Possible Symptoms**
- Can have no symptoms
- Thick discharge from penis or vagina
- Burning or pain when urinating or having bowel movement
- Pain in abdomen or swollen, tender testicles

**Possible Effects**
- Infections in pelvis
- Damage to reproductive organs
- Infertility
- Skin disease, heart trouble, arthritis, blindness
- Pregnant woman can pass to fetus
- Easier infection with HIV/AIDS

**Treatment**
Cured with antibiotics. All partners need to be treated to prevent re-infection. After treatment, get tested again in 3 months.

#### Syphilis

**How It’s Spread**
Vaginal, anal or oral intercourse with someone who has syphilis

**How to Avoid**
Avoid oral, anal, or vaginal intercourse or use condoms/dental dams every time.

**Possible Symptoms**
- Can at times have no symptoms
- Painless sores on mouth or genitals
- Rash
- Flu-like feelings

**Possible Effects**
- Heart disease
- Brain or nerve damage
- Blindness
- Infertility
- Pregnant woman can pass to fetus
- Death

**Treatment**
Cured with antibiotics.
## Parasitic Infections

<table>
<thead>
<tr>
<th>How It’s Spread</th>
<th>Possible Symptoms</th>
<th>Treatment</th>
</tr>
</thead>
</table>
| **TRICHOMONIASIS**<br>Ssexual intercourse or skin-to-skin contact with someone who has trichomoniasis. | Yellow or green discharge from vagina or penis<br>Burning or pain when urinating<br>Can have no symptoms | Cured with antimicrobials |}

<table>
<thead>
<tr>
<th>How to Avoid</th>
<th>Possible Effects</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid sexual intercourse or use condoms.</td>
<td>Symptoms are uncomfortable&lt;br&gt;Men can get infections in prostate gland&lt;br&gt;Can cause problems during pregnancy</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How It’s Spread</th>
<th>Possible Symptoms</th>
<th>Treatment</th>
</tr>
</thead>
</table>
| **SCABIES**<br>Sexual intercourse or skin-to-skin contact with someone who has scabies. Can also get through non-sexual transmission. | Intense itching usually at night<br>Small bumps or rash on penis, buttocks, breasts, thighs, navel | Cured with over-the-counter or prescription medication |}

<table>
<thead>
<tr>
<th>How to Avoid</th>
<th>Possible Effects</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Limit the number of intimate sexual contacts.</td>
<td>May take several weeks to develop&lt;br&gt;No long-term effects</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How It’s Spread</th>
<th>Possible Symptoms</th>
<th>Treatment</th>
</tr>
</thead>
</table>
| **PUBIC LICE**<br>Sexual intercourse; contact with infested bedding, clothing, upholstered furniture. | Intense itching in genitals or anus<br>Mild fever<br>Feeling run down<br>Irritability<br>Lice or small egg sacs in pubic hair | Cured with over-the-counter medication and thorough cleaning |}

<table>
<thead>
<tr>
<th>How to Avoid</th>
<th>Possible Effects</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Limit the number of intimate sexual contacts.</td>
<td>Itching begins about five days after infestation&lt;br&gt;No long-term effects</td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX D

## CONTRACEPTIVE OPTIONS CHART

### Non-Permanent Methods

<table>
<thead>
<tr>
<th>Method</th>
<th>How It Works</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Effectiveness*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abstinence</strong></td>
<td>not engaging in oral, vaginal and anal intercourse</td>
<td>Eliminates the chance for pregnancy to occur naturally.</td>
<td>Requires commitment and self-control by both partners.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No physical side effects.</td>
<td>Social pressures.</td>
<td>Perfect use: 100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nothing to purchase.</td>
<td>Many people fail to use protection when abstinence ends.</td>
<td>Typical use: unknown, depends on user</td>
</tr>
<tr>
<td><strong>Condom: Male</strong></td>
<td>latex, polyurethane or polyisoprene sheath worn over the penis during intercourse</td>
<td>Provides a physical barrier so sperm cannot meet up with an egg.</td>
<td>May leak or break if used incorrectly.</td>
<td>Perfect use: 98%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Excellent protection from most STIs.</td>
<td>Penis has to be erect to use.</td>
<td>Typical use: 82%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inexpensive, available over the counter.</td>
<td>A fresh one has to be used after each ejaculation.</td>
<td></td>
</tr>
<tr>
<td><strong>Condom: Female</strong></td>
<td>polyurethane or nitrile condom placed inside the vaginal canal</td>
<td>Provides a physical barrier so sperm cannot meet up with an egg.</td>
<td>Requires high level of comfort with one’s body.</td>
<td>Perfect use: 95%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Good protection from STIs.</td>
<td>May be difficult to insert.</td>
<td>Typical use: 79%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Available over the counter.</td>
<td>May become dislodged during intercourse.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alternative for people with latex allergies.</td>
<td>May interfere with spontaneity.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can be inserted up to eight hours before intercourse.</td>
<td>Requires high level of comfort with one’s body.</td>
<td></td>
</tr>
<tr>
<td><strong>Diaphragm/Cervical Cap</strong></td>
<td>rubber or silicone cup placed inside the vagina to cover the cervix and the opening to the uterus</td>
<td>Provides a physical barrier so sperm cannot meet up with an egg; used with spermicide.</td>
<td>Requires high level of comfort with one’s body.</td>
<td>Perfect use: 94% for diaphragm and 91% for cap</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can be inserted in advance of intercourse.</td>
<td>May be difficult to insert.</td>
<td>Typical use: 88% for diaphragm and 84% for cap</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can remain in place for multiple acts of intercourse (diaphragm: 24 hours, cap: 48 hours).</td>
<td>Requires fitting by clinician.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No hormones.</td>
<td>Limited STI protection possibly made worse from addition of spermicide.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Effectiveness of cap is lower for women who have already given birth.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Permanent Methods (continued)</th>
<th>How It Works</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Effectiveness*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fertility Awareness Method</strong></td>
<td>Reduces the chance for pregnancy to occur naturally.</td>
<td>Nothing to purchase. Allowed by some religions that prohibit the use of other methods.</td>
<td>Requires commitment to keep accurate track of menstrual cycle No intercourse for much of menstrual cycle Very difficult to be effective if periods are normally irregular No protection against STIs.</td>
<td>Perfect use: varies by method Typical use: 75%</td>
</tr>
<tr>
<td>(Previously referred to as “rhythm method”) techniques used to determine the most fertile days of a woman’s cycle in which intercourse will not occur or another method is used.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Implant</strong></td>
<td>Keeps eggs from being released.</td>
<td>Continuous protection against pregnancy for three years. Nothing to apply/insert at time of intercourse. 30 second insertion by a physician/medical practitioner Private.</td>
<td>Possible no periods or Irregular menstrual bleeding. No protection against STIs.</td>
<td>Perfect use: 99+% Typical use: 99+%</td>
</tr>
<tr>
<td>Progesterone-only hormonal implant (matchstick-sized) placed under skin on the inside of the upper arm.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Injection (such as Depo-Provera®)</strong></td>
<td>Keeps eggs from being released.</td>
<td>Continuous protection against pregnancy for three months. Nothing to apply/insert at time of intercourse. Menstruation stops for over half of women (advantage if painful/heavy periods) Private.</td>
<td>Requires injection every 3 months in the clinic. Must remember to get the shot regularly. Possible side effects: irregular periods, weight gain, headaches, temporary bone thinning. Return to fertility may take several months after stopping method. No protection against STIs.</td>
<td>Perfect use: 99+% Typical use: 95%</td>
</tr>
</tbody>
</table>
### Non-Permanent Methods (continued)

<table>
<thead>
<tr>
<th>Methods</th>
<th>How It Works</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Effectiveness*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intrauterine Contraceptive: Hormonal (Mirena®)</strong></td>
<td>Thickens cervical mucus keeping sperm out of the uterus, reduces sperm survival, and decreases the lining of the uterus.</td>
<td>Continuous protection against pregnancy for five years.</td>
<td>Must be inserted and removed by clinician.</td>
<td>Perfect use: 99+%</td>
</tr>
<tr>
<td><strong>Intrauterine Contraceptive: Device (IUD) (such as ParaGard®)</strong></td>
<td>Copper and Inflammation affect sperm movement and are toxic to sperm, thereby preventing fertilization</td>
<td>Continuous protection against pregnancy for 10 years.</td>
<td>Rare, but serious health risks (uterine expulsion or perforation, pelvic inflammatory disease).</td>
<td>Typical use: 99+%</td>
</tr>
<tr>
<td><strong>No Method</strong></td>
<td>N/A</td>
<td>Nothing to purchase.</td>
<td>No protection against pregnancy.</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Patch (Ortho Evra®)</strong></td>
<td>Prevents eggs from being released and thickens cervical mucus to keep sperm out of the uterus.</td>
<td>Continuous pregnancy protection for one month.</td>
<td>Must be prescribed by a doctor.</td>
<td>Perfect use: 99+%</td>
</tr>
</tbody>
</table>

| *Effectiveness* indicates the percentage of users who become pregnant in one year if the method is used correctly. |
## Non-Permanent Methods (continued)

<table>
<thead>
<tr>
<th>Contraceptive Option</th>
<th>How It Works</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Effectiveness*</th>
</tr>
</thead>
</table>
| **The Pill** Oral pill containing hormones taken daily. | Prevents eggs from being released and thickens cervical mucus to keep sperm from entering the uterus. | Continuous pregnancy protection for one month (some pills act longer). Nothing to apply/insert at time of intercourse. More regular, shorter periods. Ability to become pregnant returns quickly after stopping method. | Must be prescribed by a doctor. Must remember to take daily. Possible side effects: nausea, breast tenderness, weight gain/loss. Rare, but serious health risks include blood clots, heart attack, and stroke (risks are higher for smokers over 35). No protection against STIs. | Perfect use: 99+%
Typical use: 91% |
| **Ring (NuvaRing®)** Plastic ring infused with hormones inserted into the vagina; hormones are absorbed through vaginal tissue. | Prevents eggs from being released and thickens cervical mucus to keep sperm out of the uterus. | Continuous pregnancy protection for one month. Nothing to apply/insert at time of intercourse. Ability to become pregnant returns quickly after stopping method. | Must be prescribed by a doctor. Must remember to remove ring for one week after being in place for three weeks. Requires high level of comfort with one’s body. No protection against STIs. | Perfect use: 99+%
Typical use: 91% |
| **Spermicides** Chemical gel, foam, cream, tablet, suppository or film placed inside the vagina no more than one hour before intercourse. | Prevents sperm and egg from meeting by killing sperm upon contact. | Available over the counter in a variety of forms. Can add lubrication. | Must be inserted close to each act of intercourse, but no longer than one hour prior. May cause allergic reaction. Possibility of irritation that could facilitate STI transmission. | Perfect use: 82%
Typical use: 72% |
Typical use: 72% |
## Emergency Contraception

<table>
<thead>
<tr>
<th>Copper Intrauterine Contraceptive (IUC) (ParaGard®)</th>
<th>How It Works</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Effectiveness*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small plastic and copper T-shaped device inserted into the uterus (commonly referred to as a LARC).</td>
<td>Copper and inflammation affect sperm movement and are toxic to sperm, thereby preventing fertilization.</td>
<td>Most effective emergency contraception method. Can be inserted up to five days after unprotected intercourse. Can continue to use as long-term, ongoing contraception for up to 12 years.</td>
<td>Requires insertion by a health care professional skilled in ParaGard® IUC insertion.</td>
<td>99% or more effectiveness. Weight does not change effectiveness.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contraception Pills – Ulipristal Acetate (UPA) (ella®)</th>
<th>How It Works</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Effectiveness*</th>
</tr>
</thead>
<tbody>
<tr>
<td>One pill taken up to five days after unprotected intercourse.</td>
<td>May keep the ovary from releasing an egg; delays release of the egg; thickens cervical mucus to keep sperm from entering the uterus. Emergency contraception will not end a pregnancy.</td>
<td>UPA is more effective than Progestin EC up to five days after unprotected intercourse.</td>
<td>May cause nausea, vomiting, breast tenderness and irregular bleeding. Not for regular use. No protection against STIs. UPA may not work in very overweight women.</td>
<td>Depends on timing and medication. UPA is consistently effective each of five days after unprotected intercourse. It reduces the risk of pregnancy up to 85%.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contraception Pills – Progestin EC</th>
<th>How It Works</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Effectiveness*</th>
</tr>
</thead>
<tbody>
<tr>
<td>One or two pills optimally taken up to three days after unprotected intercourse.</td>
<td>May keep the ovary from releasing an egg; delays release of the egg; thickens cervical mucus to keep sperm from entering the uterus. Emergency contraception will not end a pregnancy.</td>
<td>Available over the counter, depending upon age.</td>
<td>May cause nausea, vomiting, breast tenderness and irregular bleeding. Not for regular use. No protection against STIs. It is less effective in overweight women and won’t work in very overweight women.</td>
<td>Depends on timing and medication. Progestin EC is more effective the sooner it is taken after unprotected intercourse. At its best, it reduces risk of pregnancy 75%-88% within three days of unprotected intercourse. It is much less effective more than three days after unprotected intercourse.</td>
</tr>
</tbody>
</table>
*Effectiveness is reported for "Perfect use" and "Typical use."* Perfect use rate refers to the effectiveness of a method for someone who is using it consistently and correctly. Typical use rate refers to the effectiveness of a method for someone who does not necessarily use it correctly and consistently (for example, missing pills, using oil-based lubricant with a condom, going in late for injection, etc.). If a method is 99% effective, 99 women in 100 having sexual intercourse regularly for one year are expected not to become pregnant. If a method is 15% effective, 15 women in 100 having sexual intercourse regularly for one year are expected not to become pregnant.

For more information on Emergency Contraception, review the resource *Oops! Emergency Contraception: Birth Control that Works after Sex* which is available at: [www.contraceptionjournal.org/cms/attachment/2020606468/2040327265/gr1_lrg.jpg](http://www.contraceptionjournal.org/cms/attachment/2020606468/2040327265/gr1_lrg.jpg).

The information on this chart is current as of 2015. Contraceptive options can change and keeping up to date is essential. Consider reviewing the sources below that informed the Contraceptive Options Chart, attend workshops, or visit websites such as:

- **Bedsider**: [https://bedsider.org/](https://bedsider.org/)
  
  Bedsider is an online resource operated by The National Campaign to Prevent Teen and Unplanned Pregnancy that contains information on contraceptive options, where to get contraception, and the ability to compare contraceptive options side by side by a number of features.

- **Centers for Disease Control and Prevention (CDC)**: [www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm](http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm)
  
  The CDC website provides information about contraception, fact sheets, and useful downloadable resources such as an infographic, titled, “Effectiveness of Family Planning Methods” that visually shows the differences in effectiveness rates of contraceptives. Effectiveness of Family Planning Methods can be retrieved from: [www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/contraceptive_methods_508.pdf](http://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/contraceptive_methods_508.pdf).

- **Planned Parenthood**: [www.plannedparenthood.org](http://www.plannedparenthood.org)
  
  The Planned Parenthood website contains information on contraception, videos on how to use contraceptives, and a tool to find a local center for contraceptive and other sexual health services.

Sources:


Purpose

Participants may know the “facts” about sexual health, safer sex, and sexually transmitted infections, but unless they develop decision-making and communication skills for protecting themselves, they remain at high risk. Research suggests role-play is one of the most effective ways to develop the communication, negotiation, and assertiveness skills essential for safer sex behaviors. Skill practice using role-play is an important part of any sexuality education effort, including the sessions in this manual, as it allows participants to apply what they have learned to real-life situations. If not specifically instructed and there is ample time in a session, role-play is probably the best way to use it.

Benefits of Role-Play

Role-play helps participants:

1. Act out a wide variety of feelings and ideas without fear of judgment from others. Since they are “only acting,” they can express and experience feelings and ideas that they often hide.

2. Communicate ideas they may be reluctant to express in real life due to lack of confidence or knowledge, or to peer pressure.

3. Practice making decisions and identifying forces that influence decision making.

4. Evaluate how they solve problems and deal with the consequences of their behaviors.

5. Increase their problem solving capabilities by generating alternatives.

6. Develop understanding and empathy for people who may have different experiences and opinions by acting as another person might in a particular situation.

7. Rehearse communication and assertiveness skills.

Before the Role-Play

1. Prepare yourself to facilitate the role-play. Think about your goals and decide how to organize the role-play to achieve those goals. Note that role-plays can be time-consuming, especially with a large group. Determine how you will manage the time; this may include determining how many role-plays the time allotted will allow. In addition, remember that debriefing and a follow-up discussion are important parts of role-play, so be sure to allow sufficient time for them.

2. Be aware that role-play may trigger strong reactions in an individual who may suddenly realize that the situation or problem in some way applies to her/him. Consider how you will handle this without drawing undue attention to the participant; know what backup support you can call on for the person.
3. Prepare materials you need for the strategy you plan to use. “Character cards” describing each character are useful for getting started. Large “character name tags” help participants stay in their roles and help the audience remember the “actors” are pretending to be someone else, not playing themselves.

4. Decide who needs to know what information about the role-play. What does the audience need to know about the situation? The characters? What do the actors need to know about each other? Are there any “secrets” that need to be maintained for the role-play to be effective?

5. If you have access to recording equipment, consider recording the role-play. Evaluate the pros and cons. Participants often like to see and hear themselves “on stage.” Ensure that all participants consent to being recorded. They can examine their role-playing and get feedback from their peers. Consider how your group will benefit. Will role-play build or decrease participants’ confidence? Can you arrange for smooth, trouble-free use of the equipment? If you do record the role-play, be sure that you, not participants, are fully in charge of the recording so it doesn’t wind up on YouTube!

**Simple Role-Play Strategies**

Role-plays can be structured in a variety of ways, depending on the facilitator’s skill and the group’s level of functioning and willingness to participate. However, participants may have difficulty improvising at first. Using these simple strategies first can provide an opportunity for a person to develop communication skills in ways that are nonthreatening for both facilitators and participants. Establish group agreements that assure all group members will feel safe. Affirm and support participants as they develop these skills.

1. Model a role-play for the group ideally with a co-facilitator (if available) or with a participant.

2. Ask two or three volunteers to act out a few written, realistic dialogues.

3. Ask pairs of volunteers to read or act out written realistic dialogues.

4. Give the participants several written “pressure lines” (such as “You would if you loved me ...”) and ask them in pairs to write one-line responses. Ask participants to read (“role-play”) responses back to you.

5. Have participants do the same as #3 above, but with pairs writing and role-playing their own responses.

6. Create a dialogue with the group. Give them the first line and ask them to suggest how each person could respond in turn. Write the dialogue on a board/flip chart paper. Then ask a volunteer to act it out with you.

7. Create another dialogue with the group. Ask two volunteers to read it aloud.

8. Divide participants into pairs. Distribute a magazine picture of a couple to each pair. Ask pairs to write the opening lines in an imaginary dialogue the couple could have as they begin a discussion about safer sex or other topic. Encourage pairs to develop an exchange of at least four statements and responses. Ask each pair to stand, one at a time, hold up their picture, and speak their dialogue to each other.

9. Divide participants into small groups and give each group a card describing a problem situation. Each group discusses its problem and possible strategies to deal with it. Next tell the group to select one of the strategies and write out a short role-play which they will then present to the entire group.
Steps to Effective Improvisational Role-Plays

1. **Set group agreements.** Explain that role-play is a great way to think about situations people may experience sometime in real life and to practice handling tough problems. Tell participants the success of any role-play depends upon how well they follow the five simple guidelines below:
   
a. People playing roles need to **act** and **think** like the character would in the given situation. Observers need to be quiet and attentive, unless they are assigned another task.
   
b. Role-players should say what comes to mind, not think too much before speaking.
   
c. No one should “put down” the role-players, or anyone else in the room. (Emphasize this guideline.)
   
d. Respect privacy and confidentiality. (Whatever a person has said, either inside or outside the group, is not identified by that person’s name; no asking of personal questions is appropriate; speak for oneself only.)
   
e. Have fun, but stay focused.

2. **Organize the room comfortably.** Depending on the type of role-play you have chosen, consider setting up chairs at the front of the room, since participants usually feel more comfortable sitting than standing, at least at first. Make sure those observing can see and hear the role-play well.

3. **Identify the players.** You may ask for “impromptu” volunteers or ask someone to take on a role beforehand. No one should be forced to role-play, but often a little encouragement in advance works wonders. Pass out character cards or character name tags if needed.

4. **Set the scene.** Describe the situation. Make the issues between the characters clear. Then, draw a verbal picture of the location: “It’s raining outside. You are sitting in the living room in front of the TV. Your mom is upstairs and. . .”

5. **Help characters get into their roles.** Ask one or two questions that will help each player begin to talk as the character might, and think about how that person is feeling. For example, “Derek, tell me about yourself.” “How do you get along with your parents?” “What’s the problem you’re having with your sister?” Spend at most a minute with each character.

6. **Get the role-players started.** Explain exactly where the situation is at this moment. “So, you’ve been discussing this issue and you’re both getting really angry. It’s all yours now, you two!”

7. **Pay attention to the audience as well as the role-players.** If someone seems to be getting upset (flushed, agitated, tearful, head down on desk), handle it in a way that protects and respects the role-player’s privacy and works in your setting.

8. **If necessary, refocus the role-play.** If the role-players are struggling so much that nothing is being accomplished, stop the role-play for a moment. Acknowledge that sometimes role-play (or that particular situation) may be difficult to enact. Make a suggestion to the players or ask observers for a suggestion. Or, ask if a player would like to have someone else try one of the roles, and handle accordingly.
9. **Stop the role-play.** When the problem is resolved or when it seems a good time to discuss the scene, stop the role-play. Remember that debriefing and a follow-up discussion are vital parts of role-play, so be sure to allow sufficient time for them.

10. **Have the audience ask questions of the players with the players remaining in character.** Questions and comments from the audience will help everyone examine the behaviors and alternatives that might have been possible in the situation. Comments and questions should focus on what the player did as the character, *not* on how well the role-player(s) acted.

11. **Debrief the players.** Ask the players how they felt as their character in the role-play. What did they like or dislike about how they handled the problem? If the necessary trust level has developed in the group, ask how similar this situation is to those they have seen in real life. (Stress that no names should be mentioned.)

12. **Discuss the role-play.** The purpose of this discussion is to examine how the characters felt and behaved. It is *not* to evaluate the acting ability of the players. Discussion questions might include:
   a. What feelings do you have about any of the characters?
   b. What could any of the characters have done to improve the outcome of the situation?
   c. How do you think ____________ felt when ____________ (such a thing happened)?
   d. What do you admire about any of the characters?
   e. How difficult would this situation be to resolve in real life? Explain.
   f. What did you learn from observing this role-play?

**Ideas for More Complex Improvisational Role-Plays**

1. **Use doubles.** Have a second participant stand behind each player and occasionally suggest an idea to the player. The player may choose to use or not use the suggestion.

2. **Have role-players begin to act out a scenario.** At the point of highest tension, stop the action by saying, “*Freeze!*” Ask the audience how they think each of the characters is feeling. Ask for suggestions for resolving the conflict. Now have the role-players continue the role-play using one or more of those suggestions.

3. **Reverse roles.** At some point during the role-play, have players switch roles. For example, ask the female to become the male or the passive partner the assertive one, and vice versa. Restart the role-play.

4. **Use groups of three or four who will independently and simultaneously act out a situation.** Include an observer, and give participants points to be looking for in the interaction, as well as guidelines for their small-group discussion afterward. Allow enough time for enough role-plays so that each participant has the chance to play more than one role, including that of the observer.
5. **Use group-assisted and supported role-play.** It’s useful to make character cards (large index cards to which information about one character is affixed) and character name tags (hung around character’s neck during role-play).

_Facilitator Note: Punch two holes at the top of each card. Cut about three feet of yarn for each card, pull the yarn through the holes and knot at both ends to create a name tag that fits loosely around the neck. (See example.)_

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**Adam**

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a. Divide participants into small groups, explaining that each group will focus on one character in the role-play scenario. Give each group one of the role-play character cards and each individual a small index card. The group is to read the description and discuss how its character will act in the role-play. After about 5 minutes, ask the group to select one volunteer to take part in the role-play.

b. Tell the other group members that, as the role-play progresses, they are to write on their cards any suggestions they have for the actor from their group about what else the actor might do or say. At specified times they will be able to deliver these suggestions to their actor, who may choose to use the suggestions or ignore them.

c. Ask the actors to come forward. Help each get into his or her role by asking, “How are you feeling about the situation right now?” Tell the players to begin the scene. Let the role-play continue as long as it seems productive, but no more than 10 minutes.

d. Now ask the actors to return to their own groups to get more suggestions. A new person may assume the role at this time. Have the actors begin again, continuing the role-play. (Group members may also continue to make written suggestions to their actor.)

e. Stop the role-play in time to debrief the actors and help them get out of their roles. Ask each, “How did you feel in the role that you played?”

**Possible Follow-up Questions:**

a. What examples can you give of something a character did or said that encouraged communication? Something that discouraged communication?

b. Why might the characters not have talked about this situation sooner?

c. What would you recommend to the characters about future discussions of this situation?
APPENDIX F

GUIDELINES FOR ANSWERING QUESTIONS ABOUT SEXUALITY

A. Questions Seeking Information

• Be honest. If you do not know the answer, say so. Tell group members you will find the answer and get back to them, or provide resources so they can find the answer themselves.

• Answer questions age-appropriately. Pre- and early adolescents need simpler, more concrete answers.

• Do not give too much or unnecessary information. Try to give simple answers that avoid technical jargon.

• If you are not sure what a person is really asking (in verbal questions only) you might ask, “What have you heard about that?” OR “Can you tell me what you already know about that?”

• After answering the question, you might ask, “Does that answer your question?” Or, if you want to check the person or group’s understanding, ask the person or someone in the group to tell you what she understands.

B. Value-Laden or Opinion Questions

• Do not impose your own personal values.

• Do enforce universal or program values (for example, it is wrong to use physical force to make people do things they don’t want to do).

• Discuss the range of values regarding a specific issue.

• Even when participants ask informational questions about value-laden issues, it is appropriate to discuss the value components.

• Encourage children to discuss values with their parents.

• If participants bring up a value and only discuss one point of view, it is important for you to make sure other points of view are discussed. (You could say something like, “Many people feel that way. However, other people believe . . . ”)

C. Personal Questions

• Feel free not to answer personal questions. You as well as the participants have the right to privacy.

• Never discuss your own sexual behavior.

• Use your own judgment about answering harmless personal questions (such as “Are you married?”, “Do you have kids?”). Remember, sharing about yourself should always be done for a program-related reason—to model appropriate sharing, to build group cohesion, to demonstrate empathy. It should not be done to meet your own needs.

D. Questions about Sexual Behavior

• Answer questions in a matter-of-fact style.
• Avoid giving sex instruction or explanations of sexual technique. You can explain what something is without going into detail about how to do it.
• Use the terms “man” and “woman” rather than “boy” and “girl” when discussing sexual intercourse.

E. General Guidelines

• Be aware of your nonverbal communication. It can communicate distaste and disagreement, even if your words do not.
• It is okay to let group members know that a question is a bit embarrassing. Let them know that you need a little time to think about the best way to answer it and that you will get back to them. (Be sure you do get back.)
• Allow participants and parents to ask questions in their own way. They may use slang or speak limited English and not know the medical or “appropriate” words. If they use slang, make sure that you check out the meaning. When you answer their questions, use the scientific terms.
• Try not to let “shock value” questions get to you. (This is different than an innocent question that you find shocking.) If the participant’s intention was to shock you, then reacting strongly simply reinforces her desire to embarrass you.
• Turn questions about your “feeling” or opinion back to the group so that they can discuss their own ideas. (“I’m interested in what each of you has to say about that.”)
• Use the third person (“a woman,” “girls,” “two people”) rather than the pronoun “you” when answering questions in a group setting. This prevents participants from feeling singled out.
• Use inclusive language. Avoid answers that are sexist or heterosexist.
• Don’t rely on facts alone to make your point. The emotional content of your answer is as important as the informational content.
PUBLICATIONS TO READ

The following books contain sexuality and sexual health information.

**Choices**, by R.A. Hatcher, S.A. Rachel, and A.M. Moynihan. A clear and concise guide to commonly used contraceptive options. Contains simple descriptions of 21 methods, including the instructions for proper use, the advantages and disadvantages. (Bridging the Gap Foundation, 2010.)

**Contraceptive Technology (20th Revised Edition)**, by R.A. Hatcher, J. Trussell, A.L. Nelson, W. Cates Jr., F. Stewart, D. Kowal, and M.S. Policar. The most comprehensive text on contraceptive options; Complete with research on mode of action to prevent pregnancy, rates of effectiveness, advantages and disadvantages, instructions for use and user safety. (Ardent Media, 2007.)

**It’s Perfectly Normal: Changing Bodies, Growing Up, Sex & Sexual Health (20th Anniversary Edition)**, by R. Harris. A simple, age-appropriate book that contains information on topics such as sexual anatomy, puberty, pregnancy and development, pregnancy prevention, birth, types of touch and sexually transmitted infections for youth aged 10 and older. (Candlewick Press, 2014.)

**It’s So Amazing!: A Book About Eggs, Sperm, Birth, Babies, and Families (15th Anniversary Edition)**, by R. Harris. An age-appropriate book that contains information on topics such as sexual anatomy, pregnancy and development, birth, types of touch, and HIV for children aged seven and older. (Candlewick Press, 2014.)


**National Sexuality Education Standards Core Content and Skills, K–12**, by the Future of Sex Education Initiative. This guide puts forth the essential minimum core content for K–12 sexuality education that is developmentally and age-appropriate for students. It reflects expert knowledge on sexuality education and emerging body of research related to school-based sexuality education. (Future of Sex Education Initiative, 2012.)


WEBSITES TO VISIT

The following websites contain sexuality and sexual health information:

www.advocatesforyouth.org
Advocates for Youth contains resources on youth sexual development, adolescent sexual health, parent-child communication and more.

www.amplifyyourvoice.org
Amplify Your Voice is a website hosted by Advocates for Youth. It contains sexual health information by and for gay, lesbian, bisexual, transgender and questioning youth (LGBTQ).

www.ashastd.org
American Social Health Association contains a sexual health glossary as well as information about sexually transmitted infections and other aspects of sexual health.

www.avert.org
Avert primarily contains content about HIV/AIDS and prevention. Also includes information on birth control, puberty, sexual orientation, safer sex and sexual readiness. There are a handful of games to test one’s knowledge regarding safer sex, pregnancy and HIV/AIDS.

www.thebody.com
The Body is a complete HIV/AIDS education resource with information about testing, treatment and stories of individuals living with HIV.

www.cdc.gov/sexualhealth
The Centers for Disease Control and Prevention contains information and statistical overviews on a variety of sexual health-related topics.

www.etr.org
ETR Associates develops pamphlets, videos, computer-based game curricula, books and other resources that address sexual health topics like anatomy, puberty, sexually transmitted infections and teen pregnancy prevention.

www.glsen.org
The Gay, Lesbian & Straight Education Network contains tools, tips and information about sexual orientation, gender identity and ways to help create school environments that accept and support all people.

www.guttmacher.org
Guttmacher Institute contains research-based fact sheets, public policy briefs and presentations on sexual and reproductive health.
www.kff.org
The Henry J. Kaiser Family Foundation produces reports, surveys, issue briefs, charts, slides, fact sheets and public policy overviews on HIV and sexual health.

www.thenationalcampaign.org
The National Campaign to Prevent Teen and Unplanned Pregnancy contains publications such as research briefs, public polling reports, presentations and videos addressing teenage and unplanned pregnancy and other sexual health topics.

www.nih.gov
The National Institutes of Health provide information on a variety of sexual and reproductive health topics.

www.plannedparenthood.org
Planned Parenthood Federation of America connects users to local Planned Parenthood services and contains an assortment of sexuality topics.

www.rainn.org
The Rape, Abuse & Incest National Network produces resources about aspects of sexual violence and operates the National Sexual Assault Hotline.

www.scarleteen.com
Scarleteen is a website for youth and adults that contains sexuality information and sexual health advice.

www.sexetc.org
Sex, Etc. is an interactive website that contains sexuality and sexual health information.

www.siecus.org
The Sexuality Information and Education Council of the United States contains resources about comprehensive sexuality education, teen pregnancy, sexually transmitted infections, sexual orientation and other aspects of sexual/reproductive health.

www.who.int
The World Health Organization provides publications, reports and statistics on sexual health.

NOTE: We recommend you review each resource carefully to determine the appropriateness for any given audience.
RESOURCE DISTRIBUTORS

Review the following resources below to secure videos, pamphlets, brochures, sexual or reproductive anatomy models, and safer sex or contraceptive kit.

Anatomy Warehouse  
(800) 422-1134  
www.anatomywarehouse.com

Jim Jackson and Company  
(800) 827-9063  
www.jimjacksonanatomymodels.com

Channing L. Bete, Inc.  
(800) 477-4776  
www.channing-bete.com

Journeyworks  
(800) 775-1998  
www.journeyworks.com

ETR Associates  
(800) 321-4407  
www.etr.org

Managing Contraception  
www.managingcontraception.com

Human Relations Media  
(800) 431-2050  
www.hrmvideo.com

Newist/CESA 7  
(800) 633-7445  
www.newist.org

Intermedia  
(800) 553-8336  
www.intermedia-inc.com

Sex Ed Store  
(973) 397-5161  
www.sexedstore.com/category/kits/
Work on the original *Girls Inc. Preventing Adolescent Pregnancy*, the precursor program to *Informed and In Charge*, began in the early 1980s with the development and evaluation of the program’s four components followed, about a decade later, by revision of the three curricula to ensure that the program strengthened its attention to issues such as HIV, cultural relevance, and sexual orientation. None of this work would have been possible without the support of funders and other partners and the dedicated involvement of affiliates and the girls they served. The following acknowledges those who supported or significantly participated in these efforts through 2001.

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Keeping Healthy/Keeping Safe HIV Education Project [Incorporated into the Preventing Adolescent Pregnancy Program]: The Robert Wood Johnson Foundation ◆ Metropolitan Life Foundation ◆ The Hunt Alternatives Fund

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THE PEOPLE BEHIND THE PROGRAM

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Carol Nelson, Medical Advisor of Original Edition
Carol Hunter-Geboy, Principal Author of Revised Edition
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